

## Iowa's Race to the Top – Early Learning Challenge Application Appendices Table of Contents

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## Iowa's Race to the Top Grant Application

### Glossary of Acronyms/Terms

<b>Title</b>	<b>Acronym/Term</b>
Area Education Agency	AEA
Camp Quality	CAMP-Q
Child Abuse and Prevention Treatment Act	CAPTA
Child Care Assistance	CCA
Child Care Development Fund	CCDF
Child Care Nurse Consultant	CCNC
Child Care Resource and Referral	CCR&R
Child Development Association	CDA
Child Care Training Series	ChildNet
Child Health Specialty Clinics	CHSC
Classroom Assessment Scoring System	CLASS
Center on Social Emotional Foundations for Early Learning	CSEFEL
Council of Chief State School Officers	CCSCO
Department of Education	DE
Council for Exceptional Children, Division of Early Childhood	DEC
Department of Human Services	DHS
Dual Language Learner	DLL
Department of Management	DOM
Early Care, Health, and Education	ECHE
Early Childhood Advisory Council	ECAC
Early Childhood Comprehensive Systems	ECCS
Early Childhood	EC
Early Childhood Education	ECE
Early Childhood Iowa	ECI
Early Childhood Iowa Professional Development Group	ECIPD
Early Learning Guidelines	ELG
Iowa's Part C Initiative	Early ACCESS
Early Periodic Screening Diagnosis, and Treatment	EPSDT
Environmental Rating Scale	ERS
Elementary and Secondary Education Act	ESEA
Family Development and Self-Sufficiency	FaDSS
Family Support Leadership Group	FSLG
Federal Emergency Management Agency	FEMA
First Children's Finance	FCF
Developmental screening preventive well child visits	1 <sup>st</sup> Five
Program operated by First Children's Finance (DHS)	Growth Fund
Healthy Child Care Iowa	HCCI
Healthy Families America	HFA

<b>Title</b>	<b>Acronym/Term</b>
Healthy Opportunities for Parents to Experience Success	HOPES
Iowa Association for the Education of Young Children	IAEYC
Training Program for Consultants working with Child Care Programs (Iowa State University)	I-CONSULT
Individuals with Disabilities Education Act	IDEA
Department of Public Health	IDPH
Iowa Early Learning Standards	IELS
Individualized Education Plan	IEP
Institutes of Higher Education	IHE
Iowa Quality Preschool Program Standards	IQPPS
Iowa State University – Extension	ISUE
Iowa Training Project for Child Care Nurse Consultants	ITPCCNC
Joint Application Design/Development	JAD
KinderTrack	KT
Kindergarten Entry Assessment	KEA
Market Rate Survey	MRS
Maternal Child Health	MCH
Maternal, Infant and Early Childhood Home Visiting	MIECHV
National Administrator Credential	NAC
National Association of Child Care Resource and Referral Agencies	NACCRRA
National Association for the Education of Young Children	NAEYC
National Association for Family Child Care	NAFCC
National Child Care Association	NCCA
New Staff Orientation	NSO
Positive Behavior Supports and Intervention Strategies	PBIS
Professional Development	PD
Quality Rating System	QRS
Race to the Top Grant	RTTT
State Children’s Health Insurance Program (SCHIP)	<i>hawk-i</i>
State-funded preschool program targeting at-risk children	Shared Visions
State Longitudinal Data System	SLDS
Statewide Voluntary Preschool Program	SVPP
Temporary Assistance to Needy Families	TANF
Tiered Quality Rating and Improvement System	TQRIS
Teaching Staff Competencies	TSC
University of Iowa	UI
University of Northern Iowa	UNI
Child Care WAGES® Project	WAGES



## EARLY CHILDHOOD IOWA Results Framework

### RESULT: HEALTHY CHILDREN

- **Indicator: Low Birth Weight**

Definition: Babies born who weigh under 2,500 grams.

- a. Numerical Method of Measurement: Percentage of babies born who weigh under 2,500 grams
- b. Numerator:
  - Definition: Live births, birth weight under 2,500 grams or 5lbs. 9 oz.
  - Source: Birth Certificates, Vital Statistics of Iowa
  - Agency: Iowa Department of Public Health
- c. Denominator
  - Definition: Number of live births
  - Source: Birth certificates, Vital Statistics of Iowa
  - Agency: Iowa Department of Public Health
- d. Frequency:
  - Annually
- e. Published sources
  - Vital Statistics of Iowa

- **Indicator: Immunized Children**

Definition: Rate of Iowa's children immunized by age 2.

**NOTE:** Data is for patients with a record in the Immunization Registry Information System (IRIS) and the records are in a health care provider's immunization home and the record includes a zip code.

- a. Numerical Method of Measurement: Rate of children immunized in Iowa by age
- b. Numerator
  - Definition: Iowa children who are fully immunized according to the CDC Child and Adolescent Immunization Schedule.
  - Immunization records are in IRIS and the records is in a health care provider's immunization home and include a zip code.
  - Source: Iowa Immunization Program Annual Report, Annual publication
  - Agency: Iowa Department of Public Health/Bureau of Immunization and Tuberculosis
- c. Denominator
 

Definition: All children with a record in the Immunization Registry Information System (IRIS) and the records are in a health care provider's immunization home and the record includes a zip code.

  - Source: Iowa Immunization Program Annual Report, Annual publication
  - Agency: Iowa Department of Public Health/Bureau of Immunization and Tuberculosis
- d. Frequency:
  - Annually
- e. Published sources:
  - Iowa Immunization Program Annual Report

**RESULT: CHILDREN READY TO SUCCEED IN SCHOOL**

- **Indicator: Pre-literacy Skills**

Definition: Kindergartners with pre-literacy skills as measured by the Dynamic Indicators of Early Literacy Skills (DIBELS) or other approved measurement

- Numerical Method of Measurement: Percent of kindergartners with pre-literacy skills as measured by the Dynamic Indicators of Early Literacy Skills (DIBELS) or other approved measurement
- Numerator:
  - Definition: Number of Iowa's kindergarten children who perform skills at increased levels of fluency
  - Source – Dynamic Indicators of Basic Early Literacy Skills (DIBELS) completed with kindergarten children in Iowa's public school districts
  - Agency – Iowa Department of Education
- Denominator:
  - Definition: Total number of Iowa's kindergarten children in the DIBELS data base
  - Source – Student Information System
  - Agency – Iowa Department of Education
- Frequency:
  - Annually
- Published Sources:
  - Data Available on the Early Childhood Iowa Web Site at: [www.empowerment.state.ia.us](http://www.empowerment.state.ia.us)

- **Indicator: Quality Early Learning Environments**

Definition: Quality early learning environments that are NAEYC (National Association for the Education of Young Children) or NAFCC (National Association of Family Child Care) accredited and/or meet Head Start program performance standards, and/or verified QPPS sites, and/or have achieved a QRS level 4-5.

- Numerical Method of Measurement: Number of quality early learning environments that are NAEYC (National Association for the Education of Young Children) or NAFCC (National Association of Family Child Care) accredited and/or meet Head Start program performance standards, and/or verified QPPS sites, and/or have achieved a QRS level 4-5.
- Frequency:
  - Annually
- Published Sources:
  - Early Childhood Iowa Annual Report



**RESULT: SAFE AND NURTURING FAMILIES**

- **Indicator: Incidence of Child Abuse**

Definition: Child Abuse Incidence Rate for Children 5 years and under

NOTE: According to DHS sources, this data represents the rate per thousand that children were determined to have been abused.

- Numerical Method of Measure: Child Abuse Incidence Rate per 1,000 for Children 5 years and under
- Numerator
  - Definition: Number of children 0 –5 years of age whose abuse has been confirmed by the Department of Human Services
  - Source: Statewide Tracking of Child Abuse Reports (STAR)
  - Agency: Iowa Department of Human Services
- Denominator
  - Definition: Number of total children 0 – 5 years of age
  - Source: US Census
  - Agency: Iowa Department of Human Services
- Frequency:
  -
- Published Sources:
  - Iowa Department of Human Services  
<http://www.dhs.state.ia.us/Partners/Reports/ChildFamilyReports/ChildFamilyReports.html>

- **Indicator: Teen Births**

Definition: Births to mothers under age 20

- Numerical measurement: Percent of all births to mothers under age 20
- Numerator:
  - Definition: Number of births to mothers under age 20
  - Source: Birth Certificates, Iowa Vital Statistics
  - Agency: Iowa Department of Public Health
- Denominator:
  - Definition: Total number of births to mothers of all ages
  - Source: Birth Certificates, Iowa Vital Statistics
  - Agency: Iowa Department of Public Health
- Frequency:
  - Annual, by county number of births and number of births to mothers under Age 20
- Published Source:
  - Iowa Vital Statistics

- **Indicator: Domestic Violence Rate**

Definition: Domestic Abuse Rate; and Domestic Abuse Rate where children were present

- Numerical measurement:
 

Domestic Abuse Rate per 100,000  
Percent of domestic abuse incidents where children were present by no children present, children present but not harmed, children present and harmed
- Frequency:
  - Annual
- Source:
  - Iowa Department of Public Safety

- **Indicator: Accredited Family Support Programs in Iowa**

State Board Adopted, June 2011

Definition: Programs that have demonstrated adherence to quality standards as determined by an external review.

- a. Numerical measurement: Percent of accredited family support programs
- b. Numerator:
  - Definition: Number of Family Support programs that have demonstrated adherence to the Iowa Family Support Standards, or comparable standards as demonstrated through an external evaluation
  - Source: Iowa Family Support Program Database
  - Agency: Iowa Department of Public Health
- a. Denominator:
  - Definition: Total number of Family Support Programs that receive some governmental funding
  - Source: Iowa Family Support Program Database
  - Agency: Iowa Department of Public Health
- b. Frequency:
  - Annual
- c. Published Source:
  - Iowa Department of Public Health, Bureau of Family Health, Home Visitation website

**RESULT: SAFE AND SUPPORTIVE COMMUNITIES**

- **Indicator: Crime Rate**

Definition: The rate of serious crime per 100,000 population

a. Numerical Method of Measure: Rate per 100,000 population

b. Numerator:

- Definition: Criminal offenses; i.e., incidence of crime without arrest or conviction reported to the Iowa Department of Public Safety annually. "Serious" offenses include the index offenses of murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft.
- Source: Iowa Based Crime Reporting System
- Agency: Iowa Department of Public Safety

c. Denominator:

- Definition: Total population of area, estimated annually
- Source: US Census Bureau
- Agency: State Census Coordinator, State Library

d. Frequency:

- Available annually, by calendar year

e. Published sources:

- Iowa Uniform Crime Reports, Annual Release
- Iowa's Counties by Goudy, Burke, & Hanson. ISU
- Crime in the United States, published annually by the Federal Bureau of Investigation (contains data adjusted for underreporting by law enforcement [but not for non-reporting to law enforcement by citizens.]

- **Indicator: Juvenile Crime**

Definition: The total arrests of children 18 years and under for any offense

a. Numerical Method of Measure: Total arrests per 100,000 estimated juvenile population

b. Numerator:

- Definition: Number of arrests of persons 18 years or under for any offense
- Source: Incidence Based Crime Reporting System
- Agency: Iowa Department of Public Safety

c. Denominator:

- Definition: Number of persons 18 years or under
- Source: Incidence Based Crime Reporting System
- Agency: Iowa Department of Public Safety

d. Frequency:

- Annually

e. Published sources:

- Iowa's Counties by Goudy, Burke, & Hanson. ISU



- **Indicator: Child Deaths**

Definition: Child deaths due to accidents

- a. Numerical Method of Measurement: The number of child deaths due to unintentional injuries/estimated midyear Iowa population per 100,000 population of children under age 5 years
- b. Frequency:
  - Annually
- c. Published sources
  - Iowa Department of Public Health, Vital Statistics

- **Indicator: Unemployment Rate**

Definition: The number of unemployed persons

- a. Numerical Method of Measurement: The percent of unemployed persons
- b. Numerator:
  - Definition: Number of persons 16 years and older who are unemployed.
  - Source: Annual Average Labor Force Summaries
  - Agency: Iowa Workforce Development
- c. Denominator
  - Definition: Total number of persons 16 years and older employed and unemployed.
  - Source: Annual Average Labor Force Summaries
  - Agency: Iowa Workforce Development
- d. Frequency:
  - Annually
- e. Published sources
  - Iowa Workforce Development Annual Report and website

- **Indicator: Children in Poverty**

Definition: Children under six years of age living in poverty.

*NOTE:* According to KIDS COUNT, the data are based on income received in the 12 months prior to the survey. *SOURCE:* State-level data from U.S. Census Bureau, American Community Survey.

- a. Numerical measurement: Percent of children, under 6, who live in families with incomes below 100 percent of the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget.
- b. Numerator:
  - Definition: Number of children under six years of age living in poverty
  - Source: Kids Count Data Center
- c. Denominator:
  - Definition: Total number of children under six years of age
  - Source: U.S. Census data
- d. Frequency:
  - Annual
- e. Published Source:
  - Kids Count Data Center, <http://www.datacenter.kidscount.org/>

**RESULT: SECURE AND NURTURING CHILDCARE ENVIRONMENTS**

- **Indicator: Child Abuse in a Child care Setting**

Definition: Confirmed abuse by child care providers

- Numerical Method of Measure: Number of confirmed or founded child abuse by home or center-based child care provider
- Definition: Count of children age 0 – 17 in a child care setting whose abuse has been confirmed
  - Source: Statewide Tracking of Child Abuse Reports (STAR)
  - Agency: Iowa Department of Human Services
- Frequency:
  - Annually
- Published sources:
  - Early Childhood Iowa State Annual Report

- **Indicator: Availability of Child Care**

Definition: The number of "slots" or "spaces" potentially available for a child in a licensed or registered setting.

*NOTE:* According to DHS sources, the number of slots represents the statewide capacity of licensed and registered childcare providers. Homes are allowed to care for additional children for special situations, such as snow days, before and after school care, and emergency care. Data collection does not include additional children for special situations.

- Numerical Method of Measure: Count of licensed or registered child care slots available
  - Definition: Number of child care slots available for children, 0 – 13 years of age, in licensed and registered provider settings. The data is based on point-in-time, with the 1998 and 1999 data drawn in August of each of those years.
  - Source: Department of Human Services DCPDMAST report
  - Agency: Department of Human Services
- Frequency:
  - Upon request, point-in-time
- Published sources:
  - Goudy, Burke & Hanson

- **Indicator: Working Parents**

Definition: Children under six years of age, with all parents in the workforce

- Numerical Method of Measure: Percent of children under 6 years with all parents in the laborforce
- Frequency:
  - Annual
- Published Source:
  - American Community Survey, Table B-23008, [www.census.gov](http://www.census.gov)

- **Indicator: Quality Child Care Ratings**

Definition: Participating child care providers at each level of the voluntary quality rating system

- a. Numerical measurement: Percent of participating child care providers at each level of the voluntary quality rating system
- b. Numerator:
  - Definition: Number of participating child care providers at each level of the quality rating system
  - Source: Department of Human Services
  - Agency: Department of Human Services
- c. Denominator:
  - Definition: Number of child care providers participating in the quality rating system
  - Source: Department of Human Services
  - Agency: Department of Human Services
- d. Frequency:
  - Annual
- e. Published Source:
  - Department of Human Services Web site

# **THE IOWA PROFESSIONAL DEVELOPMENT MODEL**

## **EXECUTIVE SUMMARY**

### **What is the Iowa Professional Development Model?**

The Iowa Professional Development Model (IPDM) focuses on improving student learning and engages all educators in collective professional development. The (IPDM) provides guidance for implementing the requirements related to professional development (Iowa Chapter 284.6) as well as processes and tools for local districts to use when designing, implementing, and evaluating the District Professional Development Plan, the Building-Level (Attendance Center) plans, and the Individual Teacher Professional Development Plans.

### **What is the purpose of this type of professional development?**

The intent of the Iowa Professional Development Model is to provide a structure for professional development that is focused, collaborative, and that directly supports the Comprehensive School Improvement Process (CSIP) goals for student achievement.

### **What influenced the formation of the model?**

The model was established in response to state and federal legislation, current trends in education, and research.

- Overwhelming evidence that well designed staff development, fully integrated with effective school improvement practices, can increase student learning.
- Iowa Student Achievement and Teacher Quality Program (SF 476, 2001)
- Federal legislation - No Child Left Behind Act (2002)
- State and National Standards for Staff Development (National Staff Development Council and the Iowa Teacher Quality Program)

### **Who developed the model?**

Quality Professional Development Stakeholder Group. This group includes representatives of the major organizations and role groups involved in professional development and school improvement in Iowa.

### **What are the requirements for school districts?**

Each district is required to submit a district professional development plan as part of The Comprehensive School Improvement Plan. Attendance center professional plans must be developed for each public school. Individual teacher career development plans are required for each career teacher. The individual teacher career development plans are based on the relevant Iowa teaching standards and support the student achievement goals of the school building and district, as outlined in the Comprehensive School Improvement Plan. Individual plans must be developed, in cooperation with the teacher's supervisor.

## **How does a district accomplish gains in student achievement through staff development?**

The process that results in student learning is described in the full text of the Iowa Professional Development Model (see DE Web Page). This process involves teachers and administrators in the collective study of student data, goal setting, determining content, designing training/learning opportunities, and using data to measure targeted outcomes, guiding training decisions, and evaluating the program. The Iowa Professional Development Standards establish expectations for the implementation of this process.

## **What are the Iowa Professional Development Standards?**

The Iowa Teacher Quality legislation established standards for professional development. These standards are to be used in designing, delivering, and evaluating the district career development plans.

### ***The Iowa Professional Development Standards***

*Implementation of a school district's career development plan shall meet the following standards:*

1. *Align with the Iowa teaching standards and criteria;*
2. *Deliver research-based instructional strategies aligned with the student achievement goals established by the district;*
3. *Deliver professional development training and learning opportunities that are targeted at instructional improvement and designed with the following components:*
  - *Student achievement data and analysis;*
  - *Theory;*
  - *Classroom demonstration and practice;*
  - *Observation and reflection;*
  - *Teacher collaboration and study of implementation; and*
  - *Integration of instructional technology, if applicable;*
4. *Include an evaluation component that documents the improvement in instructional practice and the effect on student learning; and*
5. *Support the professional development needs of district certified staff responsible for instruction.*

## **What are the components of the IPDM?**

The model is depicted in a graphic that includes two sections: the **Operating Principals** and the **Cycle of Professional Development**. The components are described on the following pages.



**The Operating Principles** describe actions and priorities essential for the ongoing sustained implementation of professional development at the district, building, and classroom levels. Attention to these operating principles occurs as needed throughout the cycle of professional development.

### **Focus on Curriculum, Instruction, and Assessment**

A clear focus on instruction is essential. Deliberate alignment of instruction, curriculum, and assessment increases the likelihood that professional development efforts will be effective. If the goal is increased student achievement, use the most powerful tools over which the school has control.

### **Participative Decision Making**

Collective action requires a democratic process. Teachers are engaged in decision making and planning for professional development that is aligned with identified student needs. Communication and governance processes are in place to increase the likelihood that decisions made about staff development are binding. When professional development decisions affect a group (rather than an individual), group members must participate in those decisions.

### **Leadership**

Strong leaders are essential for successful professional development efforts. Leaders facilitate the engagement of all faculty members responsible for instruction, address time and resource issues and balance both the pressure and support required to sustain professional development efforts as a priority. For leadership to be pervasive and intense enough to make things happen at the district, building, and classroom levels, it must be distributed through the organization – involving the school board, central office administration, building-level administration, and teachers. Collective professional development aimed at student learning goals requires focused leadership.

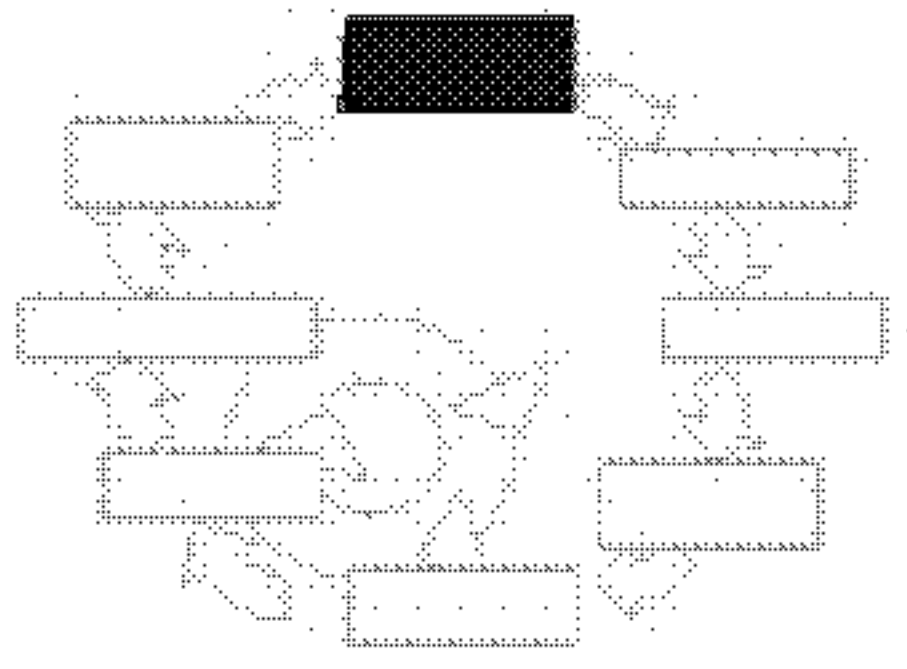
### **Simultaneity**

Schools and districts often have to attend to multiple concerns simultaneously. Professional development efforts balance the resources directed toward and the efforts invested in content, context and processes. To accomplish student achievement gains, focusing on new content is the priority but simultaneously issues of context and process may also need to be addressed. Select a priority in which to invest professional development time and resources and then seek ways to integrate other concerns without losing focus on the major initiative. If multiple initiatives receive equal effort, the probability of succeeding with any of them is reduced.

**The Cycle of Professional Development**, which describes an action research process to study data, set goals, make decisions about the content and the design of professional development, support ongoing learning opportunities, collaboration, and implementation, and evaluate the results. Note that the “cycle within the cycle” components are ongoing, following the planning stage and preceding the summative evaluation stage.



## The Cycle of Professional Development

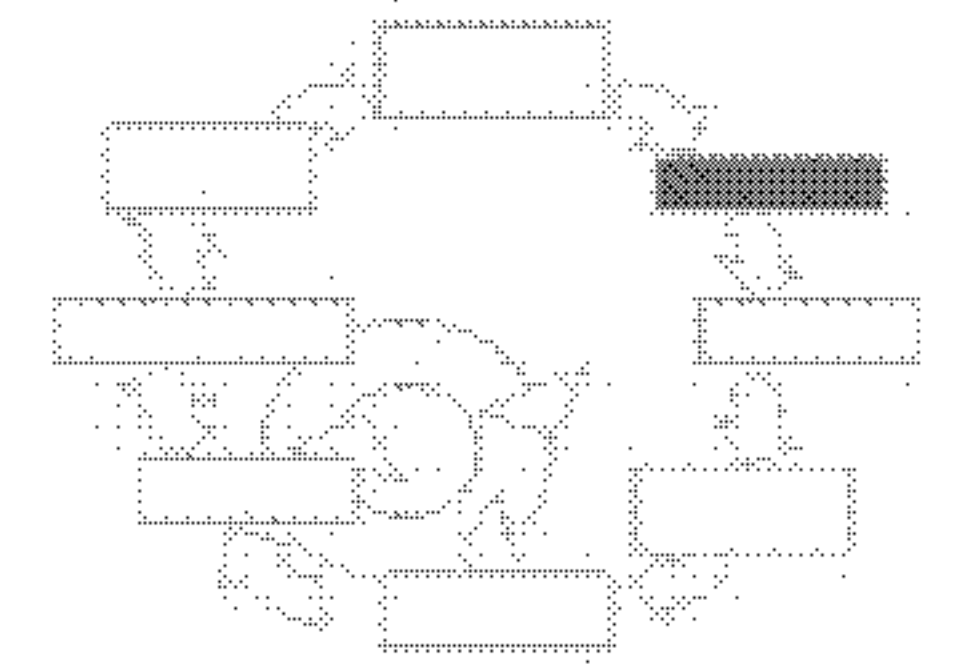


### Collecting and Analyzing Student Data

Identifying student need is the first step in designing professional development intended to improve student learning. Collecting and analyzing information about student performance in areas of interest enables a district and/or school to set priorities. If professional development is to impact student learning, it must precisely align with student need.

### Goal Setting

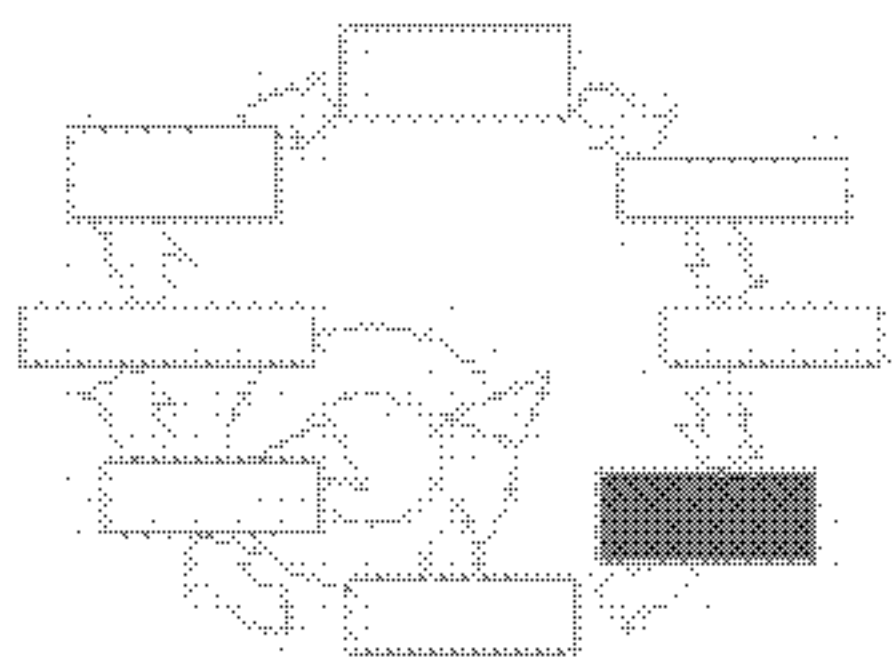
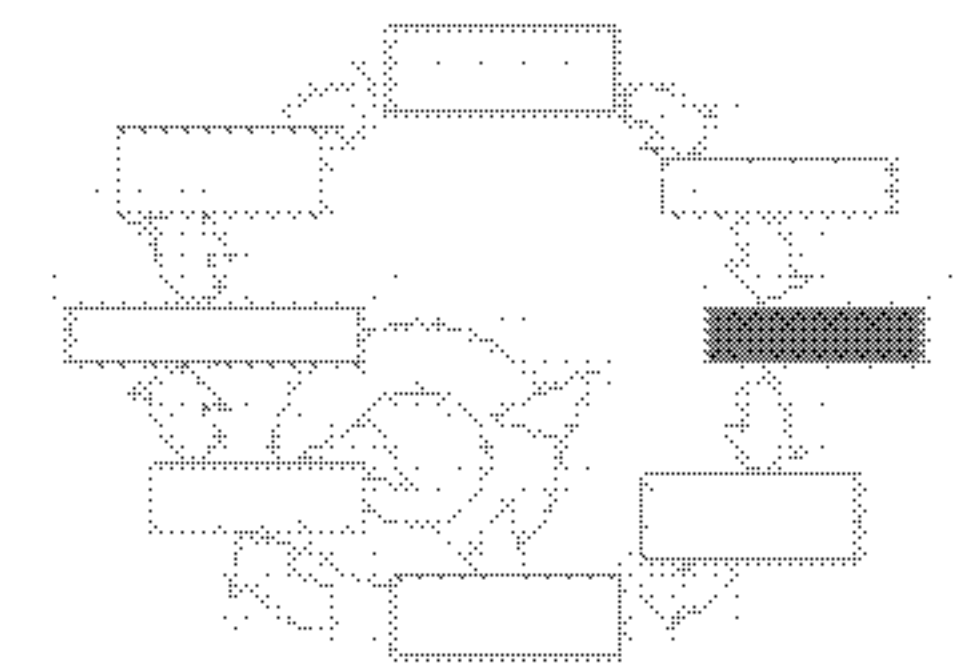
Clear statements of expectations regarding student learning allow schools and districts to focus professional development resources and energy on achievable goals. To meet the goals identified in the Comprehensive School Improvement Plan, the intent of professional development is to increase the learning of all students while attending to the learning needs of subgroups of students. If professional development content is to accomplish the desired increases in student learning, the goals for student learning must be explicit and concrete.



### Selecting Content

Content selected for collective study by schools and districts must be supported by evidence that it can accomplish the goals set for student learning. A district should be confident that the content they choose to study has been found to improve student achievement. A process for selecting content will include:

- A review of research on curricular and instructional innovations with a history of success in the areas identified for student improvement;
- A review of current knowledge and practices in the district/school;
- Alignment with the Iowa Teaching Standards; and
- Documentation that the practices are supported by scientifically-based research.



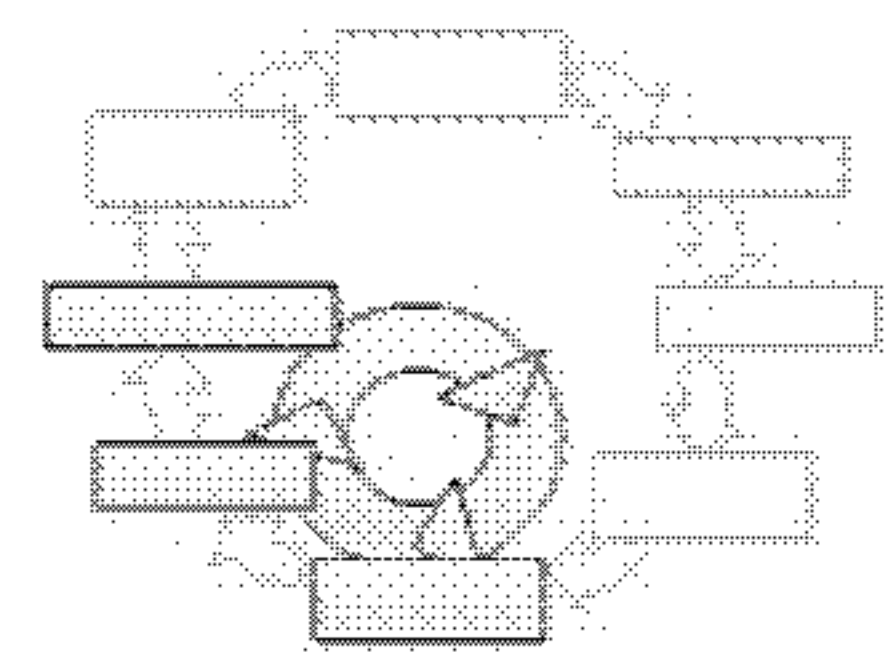
### Designing the Process

The professional development process must ensure that teachers have adequate opportunities to learn and implement new curriculums, instructional strategies, and assessments. Teachers need to have sufficient workshop and workplace supports to develop a deep understanding of the theory of the strategy/model they are learning. Professional development design will build in time for teachers to learn together and to collaborate with each other. If teachers have opportunities to learn new content and implement it in their classrooms, the investment in professional development will pay off in increased student learning.

*If professional development is based on powerful and proven content and implemented as designed, students will benefit.*

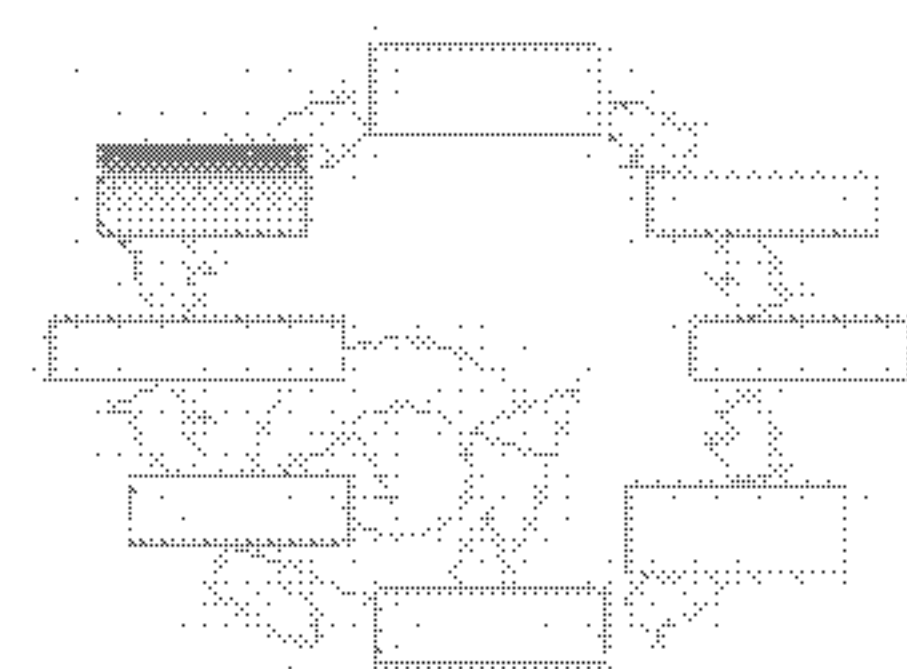
### Ongoing Cycle

Professional development is a continuous process rather than a one-time event. To be able to transfer new learning into the classroom, teachers need multiple opportunities to see demonstrations, plan together, work out problems, rehearse new lessons, develop materials, engage in peer coaching, and observe each other. The collaborative routines needed for supporting these actions must be planned for, supported and monitored. What staff developers learn from the study of implementation will inform decisions about future training, the need for support, and adjustments in the learning opportunities. If new content is to be learned and implemented in classrooms so that students benefit, teachers need ongoing training, the collegiality of peers as they plan and develop lessons and materials and study their implementation, and interim measures to judge the success of their efforts.



### Program (Summative) Evaluation

The effectiveness of professional development is judged by student learning outcomes. Determination of the efficacy of a professional development program is based on two factors: whether or not the content was implemented as planned and whether or not students acquired the desired knowledge/skills/behaviors. This judgment is based on both formative and summative evaluation data. The quality of the evaluation is contingent upon having clearly stated goals that target an improvement in student performance. A professional development program is successful when it achieves its student learning goals.

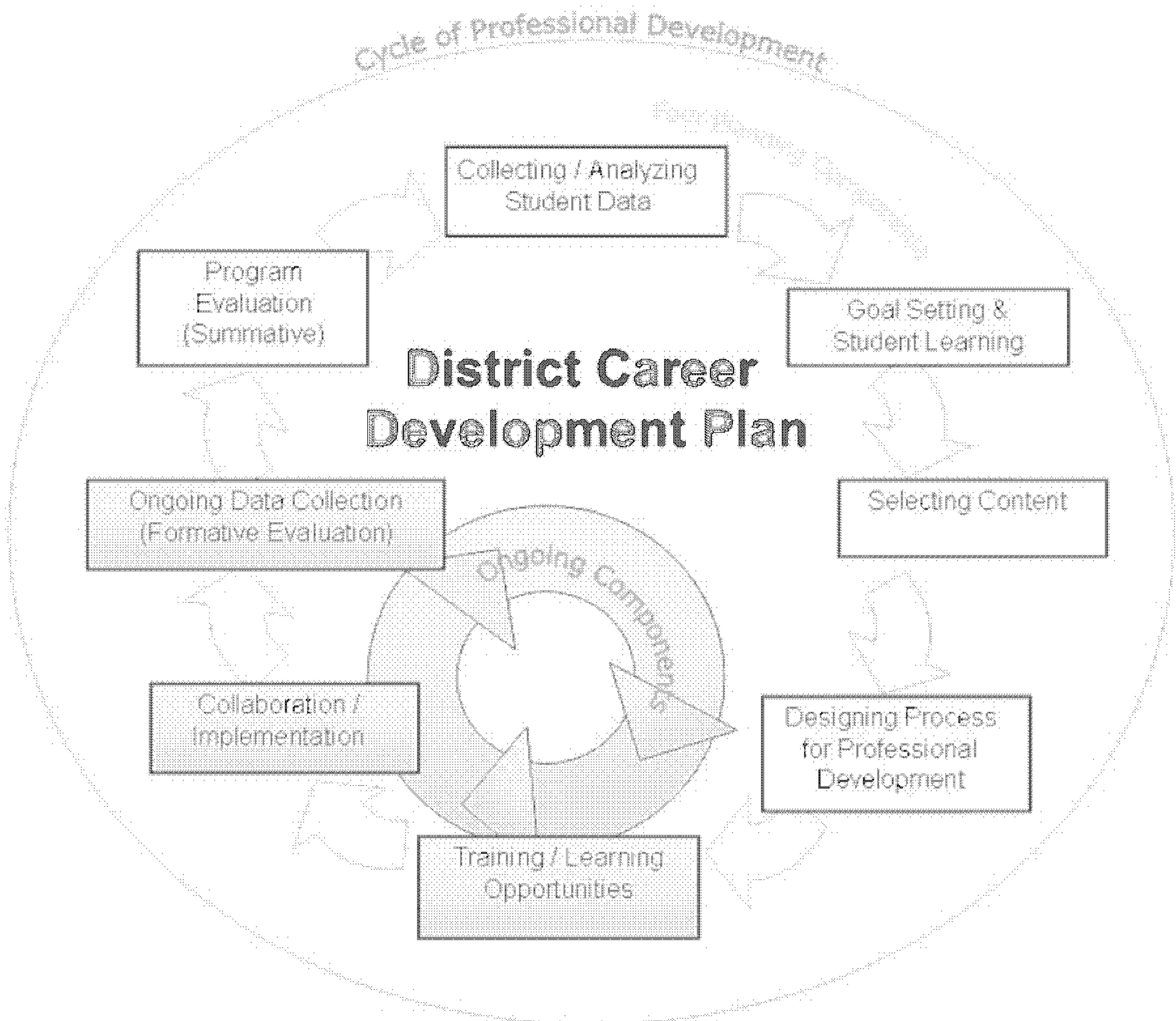


# Iowa Professional Development Model

Student learning – at the center  
of school improvement and staff development

## Operating Principles

- Focus on Curriculum, Instruction, and Assessment
- Participative Decision Making (School & District)...
  - Leadership..
  - Simultaneity



## **Position Qualifications for RTT FTE's/ Staff**

### **Rtt-ELC Grant Coordinator:**

- Manage and coordinate implementation of all grant activities,
- Convene participating agency workgroup to coordinate all projects,
- Provide communication across all agencies and stakeholder groups,
- Participate in all federal TA trainings/meetings, and
- Complete regular and final reports.

The position will be hired. Qualifications include: a Master's Degree and five years of successful teaching and/or administrative experience in PK-12 and/or a post secondary educational institution and possession of a valid Iowa Teaching Certificate; OR seven years of full time post graduate experience in any one or a combination of the following areas: 1. Professional training, teaching or counseling experience in an educational setting; 2. Professional administrative experience in an educational setting; 3. Professional personnel administration including such areas as job analysis, performance appraisal system, selection devices or labor relations; OR professional experience in a major technical program area utilized by the Department of Education; OR an equivalent of the required experience or a combination of the required education and experience to total seven years; on the basis that one year of experience equals thirty semester hours of education.

Desirable Qualifications include: Knowledge and/or experience specific in early childhood or teaching of preschoolers; communicate effectively, both written and verbally; computer skills required would be use of Microsoft Word, Excel, and Power point for projects and communication; work collaboratively with interagency partners; listen effectively and work with diverse groups and partnering agencies; and experience in collection, analysis and reporting of data and results.

### **Rtt-ELC Workgroup Personnel :**

Serve on interagency workgroup to ensure collaboration. The position will be hired.

- Qualifications include: a Bachelor's Degree and five years of successful professional experience in areas of human services, health or early childhood education.
- Desirable Qualifications include: Knowledge and/or experience specific in early childhood; communicate effectively, both written and verbally; computer skills required would be use of Microsoft Word, Excel, and Power point for projects and communication; work collaboratively with interagency partners; listen effectively and work with diverse groups and partnering agencies; and experience in collection, analysis and reporting of data and results.



### Information Technology Specialist 4:

- Analyzes system management processes/systems (availability, change, configuration, problem, project, network and storage management, capacity planning, system performance, data modeling, charge back, information services, disaster recovery, systems security and skills planning).
- Coordinates the availability/allocation of system resources; evaluates impact of workload on resource availability; prepares written/oral instructions for the operation of a major component of an information system; defines/maintains appropriate backup and recovery procedures for critical information and develops procedures for distribution of computing system output.
- Recommends standards, policies and procedures for mainframe and PC based applications; develops short term performance requirements, establishes operational procedures, evaluates impact of new/changed software and monitor performance; analyzes output and makes required changes.
- Installs/upgrades system components (e.g., hardware and software) and develops installation plans, configuring, tuning, placing, testing and training users.
- Analyzes more complex agency operations/procedures and studies components to determine feasibility of adapting to automation; evaluates potential changes in operations/procedures and prepares cost estimates/time lines for completion.
- Prepares data flow diagrams; designs documents, forms, record layouts, etc., to generate, transmit or gather data; adjusts time lines and cost estimates based on design.
- Prepares program specifications, develops data bases or files for testing and tests system using sample data; prepares system documentation and develops program code.
- Coordinates implementation of the systems; develops, coordinates and administers customer training; provides system enhancements and maintenance as required.
- Participates in the development of complex programming code and evaluates alternative methods of program development.
- Convene participating agency data quality workgroup to align data and ensure interoperability with the Statewide Longitudinal Data System;
- Ensure all requirements for Federal, state and local privacy and security laws are complied with; and
- Create and implement data reporting formats for use in continuous improvement and decision making across all participating agencies in a manner that is timely, relevant and accessible.

The positions will be hired. Qualifications include:

- Knowledge of management practices, theories, techniques and methodologies including relationships to the Data Warehouse concept.
- Knowledge of current trends and developments regarding structured business analysis.
- Knowledge of the use of database modeling tools such as Power Designer or Erwin.
- Knowledge of all aspects of Data Warehouse best practices and procedures including requirements analysis, ETL, metadata management, dimensional database design, conformed dimensions, and business intelligence tools.
- Ability to create and use business process maps, flowcharts and diagrams to document and describe technical processes and procedures.

- Ability to analyze the impact of program and/or regulatory changes on existing data structures within the warehouse environment and identify changes required in both data delivery or information access applications.
- Ability to analyze complex and involved agency operations and/or procedures; to study system components and determine feasibility of adapting to automation; to evaluate potential operational and/or procedural changes; and to prepare cost/schedule estimates for project completion.
- Ability to work with business and technical staff to determine and document existing business rules, processes and procedures in conjunction with detailing existing data flows within current operational systems; ability to identify optimal data extraction points based on informational requirements and business processes, and coordinate data extraction process(es).
- Ability to translate and write T-SQL queries to extract data from an SQL Server database; ability to compile, organize and aggregate data to meet business information requests.
- Ability to work with different groups of consumers with various levels of technical knowledge to help them define analytical, management, statistical, and tracking report needs.
- Ability to translate customer requests into technical design documentation.
- Displays high standards of ethical conduct. Exhibits honesty and integrity. Refrains from theft-related, dishonest or unethical behavior.
- Displays a customer service orientation, working with policy, field, and technical staff in determining solutions to meet business requirements while maintaining the integrity and reliability of the data warehouse technical architecture.
- Works and communicates with internal and external clients and customers to meet their needs in a polite, courteous, and cooperative manner. Committed to quality service.
- Displays a high level of initiative, effort, and commitment towards completing assignments efficiently. Works with minimal supervision. Demonstrates responsible behavior and attention to detail.
- Responds appropriately to supervision. Follows policy and cooperates with supervisors.
- Aligns behavior with the needs, priorities and goals of the organization.
- Encourages and facilitates cooperation, pride, trust, and group identity. Fosters commitment and team spirit.
- Expresses information to individuals or groups effectively, taking into account the audience and nature of the information. Listens to others and responds appropriately.

### **EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS**

Graduation from an accredited four-year college or university with demonstrated experience equal to three years of full-time work accomplishing activities related to formal or informal data warehousing decision support systems. Experience should include both technical and non-technical activities, including integrating mapping data needs, data flows and business processes;

OR

substitution of experience of the caliber and scope indicated above for the required undergraduate college education on the basis of one year of qualifying experience is equivalent to one year of undergraduate education;

OR

substitution of twenty-four hours of graduate level course work in a special program curriculum such as Social Work, Public Policy, or Business Administration or related field for each year of the required experience of the caliber and scope indicated above to a maximum substitution of two years;

OR

employees with current continuous experience in the state executive branch that includes experience equal to twelve months of full-time work as a Fiscal & Policy Analyst, Fiscal & Policy Analyst Senior, Management Analyst 4, Income Maintenance Worker 6, Social Worker 6 or Statistical Research Analyst 3. Experience must include both technical and non-technical activities related to formal and informal data warehousing, decision support systems, or significant levels of management analysis and reporting or function in a systems liaison role.

### **SELECTIVE CERTIFICATION**

For designated positions the appointing authority, may request those applicants possessing a minimum of twelve semester hours of education, six months of experience, or a combination of both, or a specific certificate, license, or endorsement in the following areas:

- T-SQL Business Query Writing
- Business Objects Reporter

### **Quality Assurance Coordinator:**

Will ensure that all goals, objectives and outcomes in Iowa's high quality plan for the statewide CCNC system are fully met and that local MCH agencies have the needed support to complete activities in a timely manner. The Coordinator will be instrumental in assuring all CCNCs develop competence and maintain consistent standards of practice. The Coordinator will be responsible for leading the cross agency workgroup in participating fully in health and safety evaluation activities. The Coordinator will also have primary responsibility for ensuring all federal reports are accurate, complete and submitted in a timely manner and that progress on the goals for Iowa are communicated to the larger stakeholder groups who create Iowa's early childhood system.

- The position will be hired. Qualifications include: Graduation from an accredited college or university with major coursework in nursing, a human services or health-oriented field, or education, or nutrition and three years of professional experience in these areas; OR Masters degree in nursing, public health or science, a human services or health-oriented field, or education, may be substituted for one year of the required experience; OR certification as a paramedic and the equivalent of three years of full-time experience as a paramedic; OR an equivalent or combination of the required education and experience, totaling seven years, will be qualifying.
- Desirable Qualifications include: Licensure as Registered Nurse in the State of Iowa by the Iowa Board of Nursing or licensure as a Registered Nurse in accordance with the Nurse



Licensure Compact Administrator's Agreement of the National Council of State Boards of Nursing, Bachelor's of Science in Nursing (BSN) or higher degree preferred; communicate effectively, both written and verbally; computer skills required would be use of Microsoft Word, Excel, and Power point for projects and communication; work collaboratively with interagency partners; listen effectively and work with diverse groups and partnering agencies; and experience in collection, analysis and reporting of data and results.

**Professional Development Coordinator:**

Will be responsible for training components for new CCNCs, including the Iowa Training Project for CCNC and ongoing PD needs for local CCNCs. The PD Coordinator will develop, implement and oversee the CCNC preceptor program. The Coordinator will be responsible for training all CCNCs on updated health and safety nursing assessment tools, based on evaluation results. Will educate local CCNCs on standards of practice and they are developed to assure fidelity to the model. The PD Coordinator will provide training to early care and education providers, CCR&R staff, DHS and DE regulatory staff, and other Early Childhood Iowa stakeholders on health and safety in early care and education environments.

- The position will be hired. Qualifications include: Graduation from an accredited college or university with major coursework in nursing, a human services or health-oriented field, or education, or nutrition and three years of professional experience in these areas; OR Masters degree in nursing, public health or science, a human services or health-oriented field, or education, may be substituted for one year of the required experience; OR certification as a paramedic and the equivalent of three years of full-time experience as a paramedic; OR an equivalent or combination of the required education and experience, totaling seven years, will be qualifying.
- Desirable Qualifications include: Licensure as Registered Nurse in the State of Iowa by the Iowa Board of Nursing or licensure as a Registered Nurse in accordance with the Nurse Licensure Compact Administrator's Agreement of the National Council of State Boards of Nursing, Bachelor's of Science in Nursing (BSN) or higher degree preferred; communicate effectively, both written and verbally; computer skills required would be use of Microsoft Word, Excel, and Power point for projects and communication; work collaboratively with interagency partners; listen effectively and work with diverse groups and partnering agencies; and experience in collection, analysis and reporting of data and results.

A-42

## STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 1426004571A3

DATE: 03/25/2011

## ORGANIZATION:

Iowa Department of Public Health  
 Lucas State Office Bldg  
 Des Moines, IA 50319-0075

FILING REF.: The preceding  
 agreement was dated  
 03/19/2010

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2009	06/30/2010	26.50	On Site	All Programs
PROV.	07/01/2010	06/30/2011	27.20	On Site	All Programs
PROV.	07/01/2011	Until Amended	26.50	On Site	All Programs

\*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Iowa Department of Public Health

AGREEMENT DATE: 03/25/2011

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

FRINGE BENEFITS:

FICA

Retirement

Disability Insurance

Life Insurance

Unemployment Insurance

Health Insurance

Dental Insurance

ORGANIZATION: Iowa Department of Public Health

AGREEMENT DATE: 03/25/2011

**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Iowa Department of Public Health

(INSTITUTION)

*Cheryl D. Christie*

(SIGNATURE)

Cheryl D. Christie

(NAME)

Chief, Finance Bureau

(TITLE)

03.29.2011

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

*Arif Karim*

(SIGNATURE)

Arif Karim

(NAME)

Director, Central States Field Office

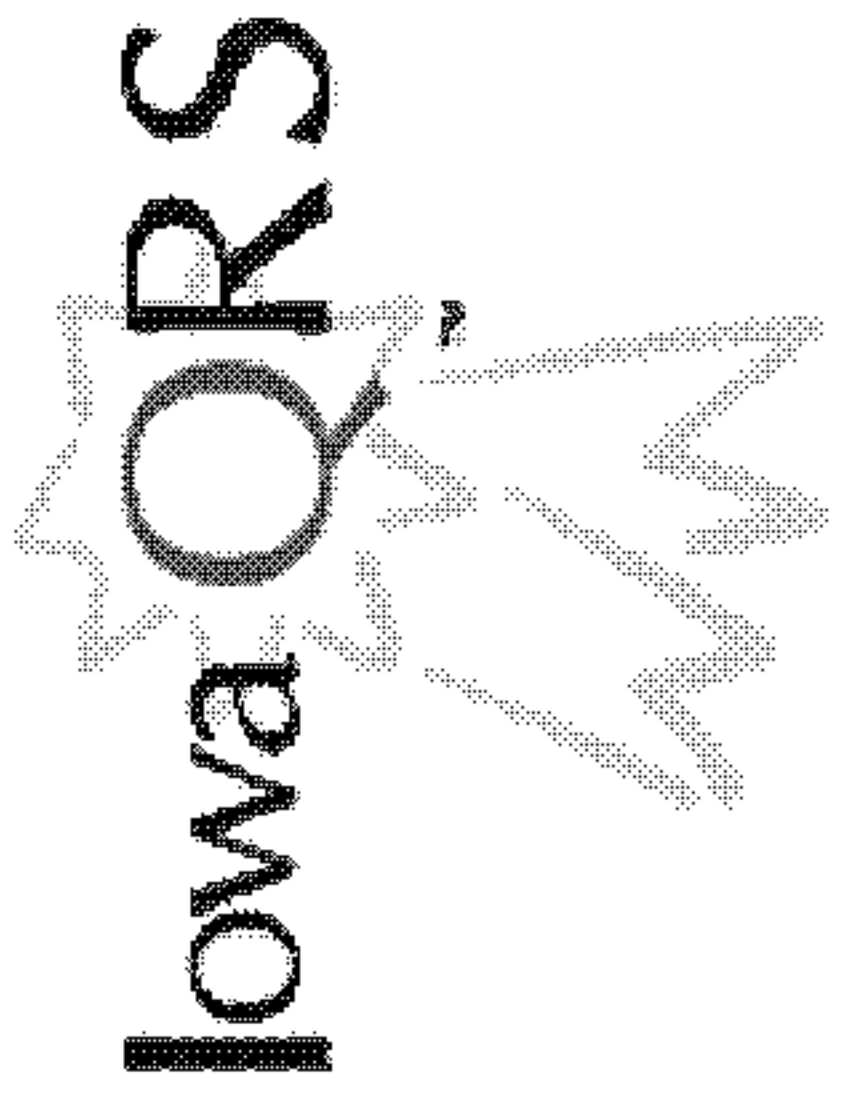
(TITLE)

3/25/2011

(DATE) '0005

HHS REPRESENTATIVE: Wanda Rayfield

Telephone: (214) 767-3261



## Iowa Child Care Quality Rating System

### Child Development Homes

(Effective 2-1-11)

#### Quality Levels 1 and 2

##### Level 1

Provider is registered with the Department of Human Services

##### Level 2

The provider:

- Is registered with the Department of Human Services
- Completes and maintains ChildNet certification
- Participates in federal food program (Child and Adult Care Food Program - CACFP)
- Completes a self-assessment of own professional development
- Writes professional development plan

Quality Levels 3-5

The following amount of points from the menu below are required to reach Levels 3-5:

**At least one point must be earned from each category.**

<b>Level</b>	<b>Points required</b>
3	14-18
4	19-24
5	Minimum of 25 and Family Child Care Environment Rating Scale – Revised (FCCERS-R) assessment score of 5.0 or greater. The assessment must be completed by Iowa State University.

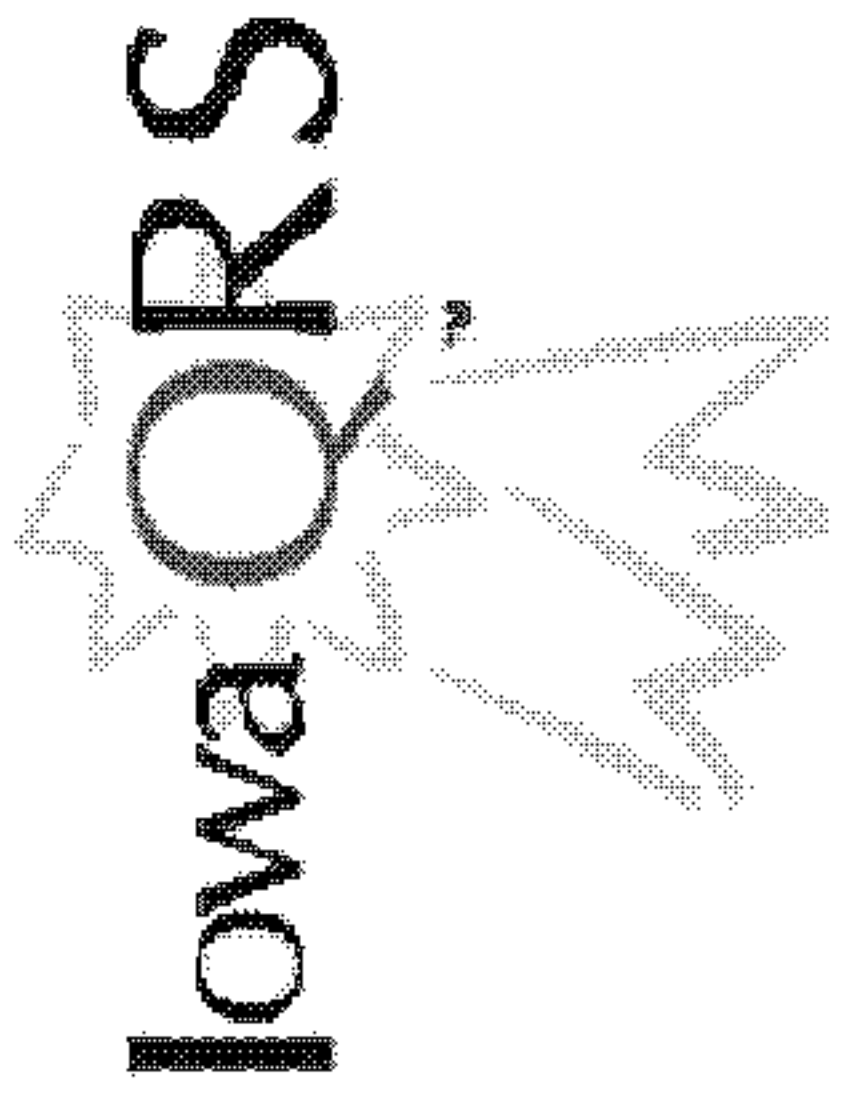


Professional Development Maximum points = 34		Points
<i>Experience and training - programs may earn a maximum of 4 points</i>		
At least 2 years of child care experience and 10 hours additional approved training per year beyond regulatory requirements		2
At least five years of child care experience and 20 hours additional approved training per year beyond regulatory requirements		4
<i>Additional professional development – programs may earn a maximum of 5 points</i>		
Completion of Positive Behavioral Intervention and Supports training, Module 1 and 2 (minimum of 12 hours training)		2
Completion of Program for Infant and Toddler Care modules 1-4		3
<i>Education – programs may earn a maximum of 25 points – points will only be awarded for one of the following criteria</i>		
At least 9 college credit hours in education specific to age group for whom care is provided		5
Child Development Associate (CDA) credential		6
Apprenticeship certificate		7
1 year diploma in early childhood education		8
An associate’s degree in education specific to age group for whom care is provided		10
A bachelor’s degree in education specific to age group for whom care is provided		20
A master’s degree in education specific to age group for whom care is provided		25

Health and Safety Maximum points = 19		<i>Points</i>
Completion of 3 semester hour Health, Safety, and Nutrition class through community or 4-year college (must have been completed within the past 5 years)		5
Other approved health and safety training option (must have been completed within the past 2 years)		2
Development and implementation of an emergency preparedness plan		2
Development and implementation of enhanced health and safety policies		2
Completion of injury prevention checklist with child care nurse consultant <ul style="list-style-type: none"> <li>• Visit completed – 1 point</li> <li>• Starting process of making recommended corrections –2 points</li> <li>• All corrections completed –3 points</li> </ul>		1-3
Completion of child record review with child care nurse consultant <ul style="list-style-type: none"> <li>• Visit completed – 1 point</li> <li>• Development of a plan of action to secure health services for children –2 points</li> </ul>		1-2
Completion of health and safety assessment with child care nurse consultant <ul style="list-style-type: none"> <li>• Visit completed – 1 point</li> <li>• Development of a plan of action to correct deficiencies - 2 points</li> <li>• All corrections completed - 3 points</li> </ul>		1-3

Environment Maximum points = 23		<i>Points</i>
Completes Iowa State University Extension training on Family Child Care Rating Scale- Revised (FCCERS-R)		2
After completing approved training on how to use the FCCERS-R , completes self-assessment & score sheet using FCCERS-R		2
After completing approved training on how to use the FCCERS-R completes child development home improvement plan based on FCCERS-R self-assessment		2
No more than two children under age 2 are in care at any one time and no more than six children total are in care at any one time, including the provider's own children under school age		2
Accreditation by the National Association for Family Child Care		15

Family & Community partnerships Maximum points = 6		<i>Points</i>
Membership in a professional organization specific to age group for whom care is provided		1
Orientation provided for new parents		1
Annual conferences are held with parents		1
At least one group parent meeting is held annually.		1
Annual parent surveys are collected and results are used to inform program practices		2



**Iowa Child Care Quality Rating System**  
**Licensed Child Care Centers, Preschools, and School-Based Programs**

(Effective 2-1-11)

**Quality Levels 1 and 2**

**Level 1**

- Full licensing OR a provisional license with no action to revoke or deny OR operates under the authority of an accredited school district or nonpublic school
- 

**Level 2**

- Full licensing only with no action to revoke or deny OR the program operates under authority of an accredited school district or nonpublic school
- If eligible, participation in federal food program (Child and Adult Care Food Program - CACFP)
- Each room has at all times at least one staff member present who has completed mandatory reporting of child abuse, universal precautions and infectious disease control, cardiopulmonary resuscitation, and first aid
- Basic orientation for all staff prior to beginning work
- Director and staff perform self-assessments of each individual's skills and one of the center overall

Quality Levels 3-5

The following amount of points from the menu below are required to reach Levels 3-5:

**At least one point must be earned from each category.**

<b>Level</b>	<b>Points required</b>
3	17 - 26
4	27 - 33
5	Minimum of 34 points and minimum Environment Rating Scale (ERS) assessment score of 5.0 in each assessed room. The assessment must be completed by Iowa State University.



Professional Development Maximum points = 30		Points
<i>Credential - programs may earn a maximum of 5 points</i>		
Center director has one of the following:		5
<ul style="list-style-type: none"> <li>• Valid National Administrator Credential (NAC)</li> <li>• Valid Aim4Excellence credential</li> <li>• Valid license as a Pre-Kindergarten principal issued by the Board of Educational Examiners</li> </ul>		
OR		
• Staff has completed the Head Start Management Acceleration Program (MAP)		
<i>Education and experience – programs may earn a maximum of 25 points – Each staff member shall indicate the highest applicable education and experience qualification and the total points of all staff will be divided by the number of staff.</i>		<i>Points</i>
15 hours of annual approved training beyond regulatory requirements		2
30 hours of annual approved training beyond regulatory requirements and at least five years of experience working in a child care facility or a program operating under the authority of an accredited school district or nonpublic school		4
At least 9 college credit hours in education specific to age group for whom care is provided		5
Iowa Board of Educational Examiners paraeducator certificate at Level 2, early childhood, plus two years of experience in early childhood education under the supervision of a licensed early childhood teacher		6
Child Development Associate (CDA) credential		6
Apprenticeship certificate		7
1 year diploma in early childhood education		8
An associate's degree in education specific to age group for whom care is provided		10
A bachelor's degree in education specific to age group for whom care is provided		20
A master's degree in education specific to age group for whom care is provided		25



Health and Safety Maximum points = 19		Points
Director, assistant director, or on-site supervisor completes 3 semester hour Health, Safety, and Nutrition class through community or 4-year college (must have been completed within the past 5 years)		5
Other approved health and safety training option (must have been completed within the past 2 years)		2
Development and implementation of an emergency preparedness plan		2
Development and implementation of enhanced health and safety policies		2
Completion of injury prevention checklist with child care nurse consultant <ul style="list-style-type: none"> <li>• Visit completed – 1 point</li> <li>• Starting process of making recommended corrections –2 points</li> <li>• All corrections completed –3 points</li> </ul>	1-3	
Completion of child record review with child care nurse consultant <ul style="list-style-type: none"> <li>• Visit completed – 1 point</li> <li>• Development of a plan of action to secure health services for children –2 points</li> </ul>	1-2	
Completion of health and safety assessment with child care nurse consultant <ul style="list-style-type: none"> <li>• Visit completed – 1 point</li> <li>• Development of a plan of action to correct deficiencies - 2 points</li> <li>• All corrections completed - 3 points</li> </ul>	1-3	

Environment		
Maximum points = 27		
<i>Training and self-assessment - programs may earn a maximum of 9 points</i>		<i>Points</i>
Center director or asst. director completes Iowa State University Extension Environment Rating Scale (ERS) training appropriate to the ages of children in care		2
After completing ERS training, the facility director or assistant director completes a self-assessment and score sheet for at least one third of the facility's classrooms, including at least one classroom in each age group served by the facility		2
After completing ERS training, the facility director or assistant director completes a child care center improvement plan for each room in which the self-assessment was completed		2
After completing Iowa Quality Preschool Program Standards (IQPPS) training, center director or assistant director completes IQPPS self-assessment and develops quality improvement plan		3
<i>Enhanced Ratios - programs may earn a maximum of 3 points</i>		<i>Points</i>
Meets NAEYC or NAA standards for group/class size appropriate to setting (only for programs not accredited by NAEYC or NAA)		3
<i>Accreditation preparation - programs may earn a maximum of 5 points</i>		<i>Points</i>
Accreditation self-assessment approved by NAEYC (only for programs not accredited by NAEYC)		5
<i>Accreditation - programs may earn a maximum of 18 points. Programs may receive points for one of the three options below:</i>		<i>Points</i>
Program is verified by IQPPS		5
Compliance with Head Start Program Performance Standards		6
Accreditation by NAEYC, Council on Accreditation (afterschool or 8 <sup>th</sup> edition standards), or NAA		18

Family & Community partnerships Maximum points = 8		<i>Points</i>
Program or director is a member of a professional organization specific to age group for whom care is provided		1
Orientation provided for new parents		1
Annual conferences are held with parents		1
At least one group parent meeting is held annually		1
Parent advisory board meets quarterly		2
Annual parent surveys are collected and results are used to inform program practices		2

Leadership/Administration Maximum points = 7		<i>Points</i>
All staff receive yearly written evaluation		2
Development and annual updating of an overall center improvement plan		1
All staff have completed professional development plans with the center's overall skill needs in mind		1
All staff who have direct contact with children complete the Iowa State University Extension New Staff Orientation (NSO) training within four months of starting employment		3





# Iowa Child Care Resource and Referral Agencies

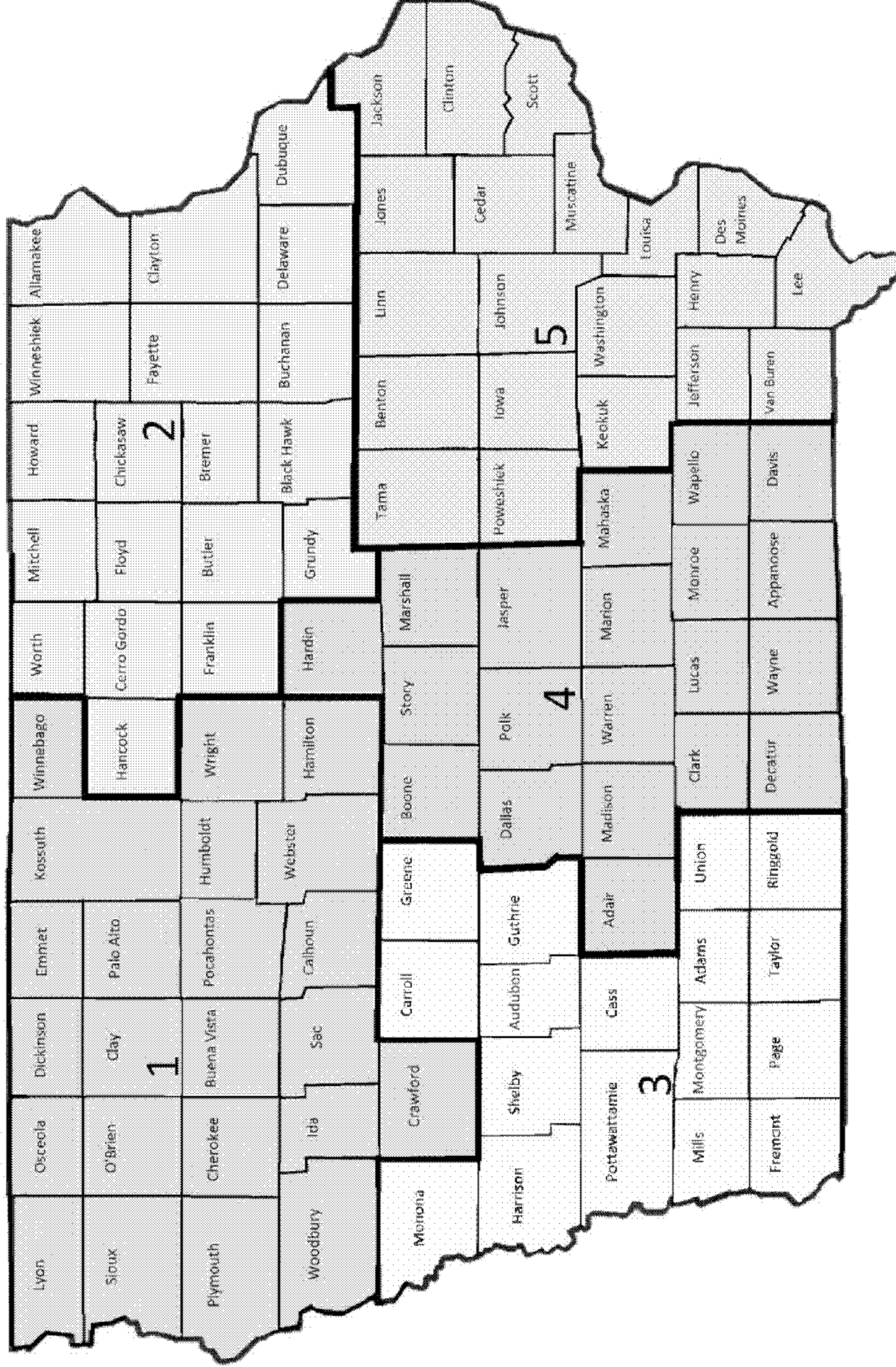
**1** Child Care Resource and Referral of Northwest Iowa  
Mid-Sioux Opportunity  
418 S Marion Street  
Remsen, IA 51050  
(712) 786-2001  
(800) 859-2025

**2** Child Care Resource & Referral of Northeast Iowa  
Exceptional Persons, Inc.  
3675 University Avenue  
PO Box 4090  
Waterloo, IA 50704  
(319) 233-0804  
(800) 475-0804

**3** Child Care Resource & Referral of Southwest Iowa  
West Central Community Action.  
701 10<sup>th</sup> St.  
PO Box 709  
Harlan, IA 51537  
(712) 755-7381  
(800) 945-9778

**4** Child Care Resource and Referral of Central Iowa  
Orchard Place  
808 5th Ave.  
Des Moines, IA 50309  
(515) 246-3566  
(800) 722-7619

**5** Child Care Resource and Referral of Southeast Iowa  
Community Action of Eastern Iowa  
500 E. 59<sup>th</sup> St  
Davenport, IA 52807  
General - (866) 324-3236 227  
Referrals - (855) CHIL01 / 244-5301





**Appendix**  
**First Children' Finance (FCF)**  
**Growth Fund Components**

The Growth Fund is a child care business and quality improvement program. The Growth Fund model offers a well-developed and proven methodology to strengthen and increase the capacity of the child care businesses, while requiring their participation and progress in the state's Quality Rating System. FCF supports structured, volunteer business advisory groups that contribute expertise to the program and the participants. The Growth Fund is initiated as a competitive application process in geographically defined areas. Selected providers participate in a multi-year program that provides them with training, consulting, peer-learning, board development, and grant-based financial support to develop and implement strategic business plans. Fundraising within the community/private sector by the child care programs is a targeted activity of the sustainability plans.

Each Growth Fund class is generally comprised of 5 child care businesses. All program participants receive a full business condition assessment. Upon approval, participants receive their first grant (\$5000/centers; \$2500/homes) to support the development of a business improvement plan. Following approval of the written business improvement plans and required progress reports, providers receive additional grants (2 for centers; 2 for homes) to support implementation of their plan.

The Growth Fund will:

- increase the business viability and sustainability of participating centers so that they will also show improvements in quality services to children and families, especially those living in poverty and in rural communities.
- improve the confidence and business skills of the participants, and in their working relationship with their boards or other business leadership
- increase awareness and appreciation on the part of the Advisors, allowing them to be more effective advocates for children in care.

The following unique program components contribute to a comprehensive and integrated approach to child care business growth, quality improvement and long-term sustainability – all of which contribute to improved outcomes for children.

### Class Structure

Once child care businesses are selected into the program, they are placed into “classes” of approximately 5 businesses. Center-based and home-based classes are separate. Classes are loosely formed within geographic areas to reduce travel time and encourage networking. The class model contributes to sustained results by encouraging long-term peer relationships and mentoring opportunities between older and newer classes. The class model also allows for specialization and training focused on the needs of the class.

### Leadership Teams

In order to apply, participants must identify an internal “Leadership Team”, consisting of at least two people. The first member is the director or home-based provider. The second member may be a board member (nonprofit centers); the business owner (for-profit centers); a member with significant organizational decision-making power (for-profit centers); or an engaged community partner (home-based child care).

### Advisory Teams

The Growth Fund Advisors are a key element of the business and quality improvement process. Advisor activities bring business, community and early childhood leaders together. The Advisors carry out the tasks of selecting the participants, approving business plans and grants, and offering advice to the participants. Throughout the process, these community leaders also obtain a deeper understanding and respect for child care businesses and the challenges they face.

### Eligibility

Eligibility requirements may be customized to focus each class as appropriate to the needs of the service area. The Growth Fund model may be shaped by each region to target highest needs,

including but not limited to rural communities, low and middle income communities, or areas with schools on the “schools needing assistance list.”

Eligibility criteria includes:

- Regulated by the state as a Licensed center or Registered Child Development Home
- Evidence of operation for at least one year;
- Services provide all day, year round programming
- Serves children from low- and/or middle-income families, including children from families participating in the state’s Child Care Assistance program.
- Participation in the Quality Rating System or readiness to initiate the process; and
- Commitment to growth and improvement through the Growth Fund process.

#### Community Partnerships

Growth Fund programs in each area will be facilitated, coordinated and implemented by First Children’s Finance in partnership with local community partners. Partners may include regional Child Care Resource and Referral agencies, local Early Childhood Iowa programs, United Way affiliate groups, community foundations, private foundations and businesses.

#### Grants to Participants

Grants will be awarded following a formal approval process. Centers receive three grants and home-based providers receive 2. Program participants use the first grant to contract with a business development consultant to help identify critical business challenges in areas such as financial systems, marketing, human resources, strategic planning, leadership, governance and/or facilities development. The consultant then helps to write a business improvement plan. Upon approvals, second grants (and third for centers) are awarded to conduct one year of implementation of the plan for home-based participants and two years for centers.

Joint Advisory Team/ Leadership Team Meetings. These meetings are at the heart of the project. Both the Leadership Teams and the Advisors attend. The meetings are structured and give participants the opportunity to give a presentation about their plans and progress to the Advisors.

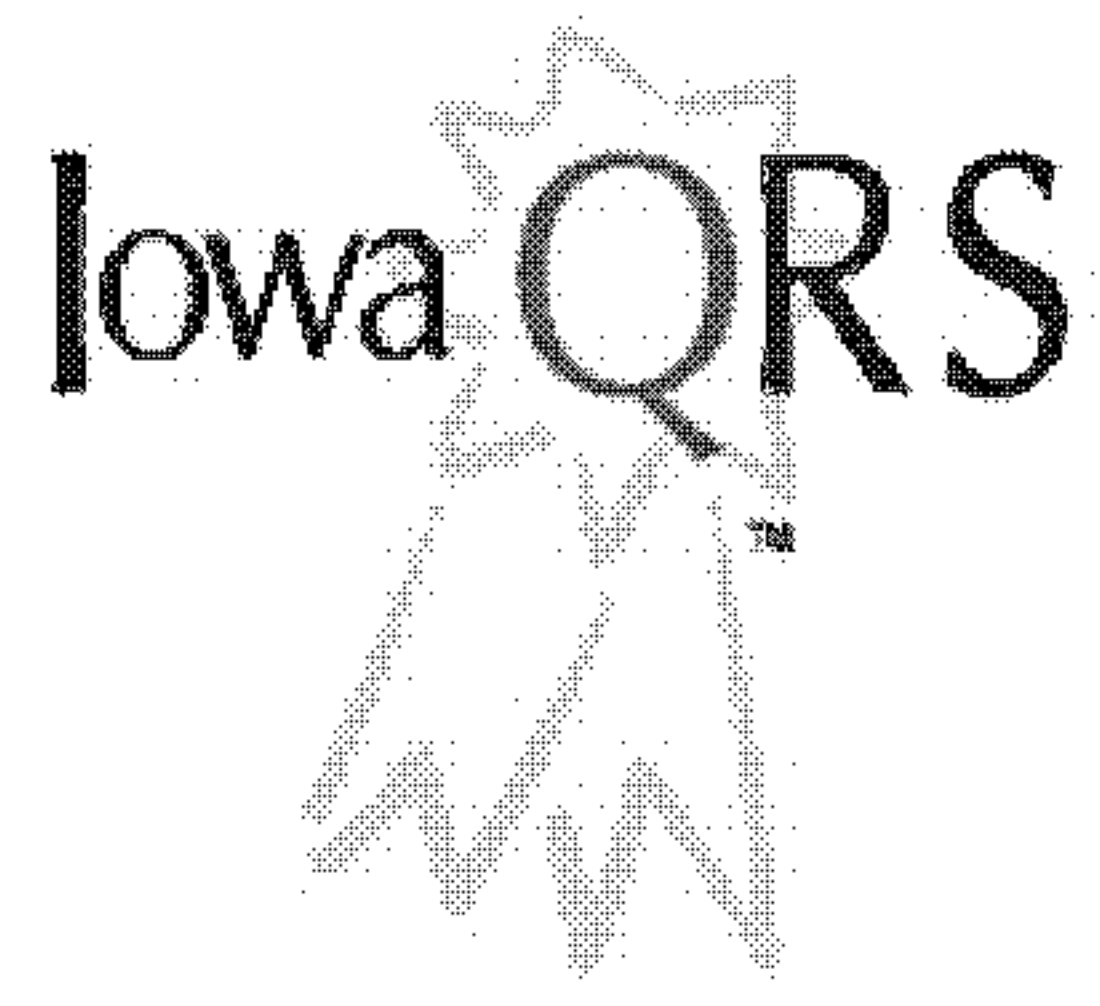
Although somewhat formal, these meetings are designed to be informational, fun and an opportunity for center directors to share progress and grow in their own leadership skills.

Progress Reporting. Leadership Teams will provide written and oral reports to the Advisors on a structured and regular basis at least twice per year. The oral reports are rehearsed informally and then presented formally to the Advisors in conjunction with each Joint Advisory Team/Leadership Team meeting. This is a tremendous growth experience for participants and also builds a sense of pride in the collective accomplishments within the class.

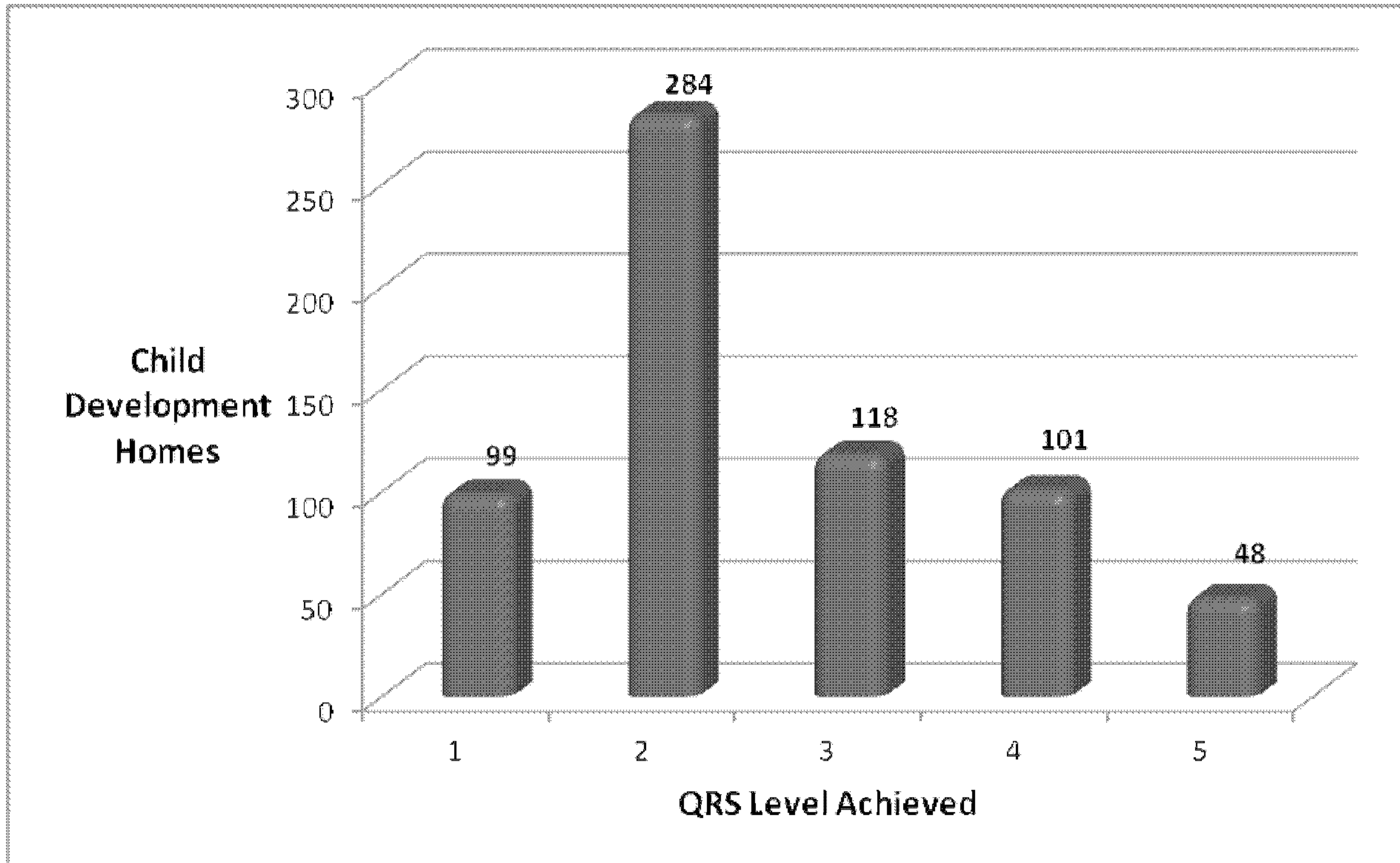
Annual Business Training/Networking Meetings. First Children's Finance provides annual training/networking opportunities to all the participants.

Ongoing Business Consulting. First Children's Finance provides ongoing consulting to the Leadership Teams as needed.

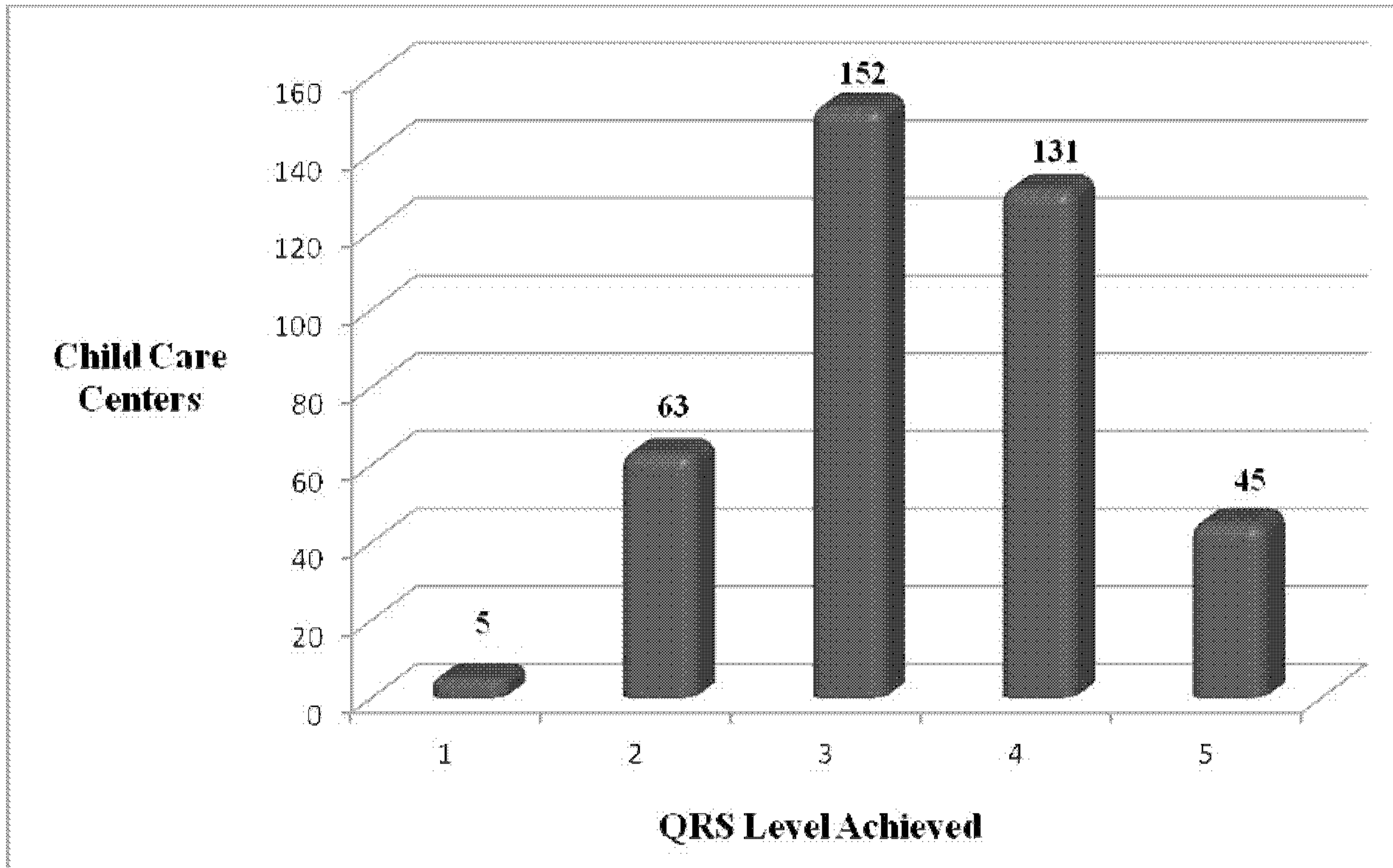




**Quality Rating System Facilities  
September 30, 2011**



**Total Number of Child Development Homes: 650**



Total Number of Child Care Centers: 396

Appendix B-3-1

KinderTrack and Child Care Provider Training Registry - Snapshots

KinderTrack

Child Care: Provider Search Details

Provider Information

Provider Name	Address 1	Address 2	City	State	Zip
Metro Kids - Walnut Street	901 Walnut St		Des Moines	IA	50309

Min Address 1	Max Address 2	Min City	Min State	Max Zip
901 Walnut St		Des Moines	IA	50309

Phone	Fax Number
(515) 242-7977	

Provider/Owner	Status
	Active

License/Registration Issue Date	Provider Type
7/14/2011 12:00:00 AM	Exempt from Licensing

Languages	Approved to Accept Child Care Applications?	OTD Level
	Yes	

**Current Vaccination:**  
As reported by provider  
Last update:

Capacity
Exempt from Licensing

Hours of Operation		
Day	Start	End
Monday	12:00AM	11:59PM
Tuesday	12:00AM	11:59PM
Wednesday	12:00AM	11:59PM
Thursday	12:00AM	11:59PM
Friday	12:00AM	11:59PM

Rates

Program	Amount/Unit	Rate
Preschool (24 to Kindergarten)	Daily	\$11.48
School Age (K and up)	Daily	\$11.48

Provider Meals	Provider Transportation	Transportation Amount
		\$0.00

Registration Fee Charged	Registration Amount	Miscellaneous Fees
N	\$0.00	

[View More Details About this Provider](#)  
[View License Details](#)

[Back to Provider List](#)  
[Another Search](#)  
[Print](#)

## Child Care Provider Training Registry

**Child Care Facility Summary****Details:**

Facility Name: ISU Child Dev Lab School	Address: 4380 Palmer HDFS Bldg Ste 0351
Phone Number: (515) 294-3040	City: Ames
Web Address/URL: <a href="http://www.hs.iastate.edu/cdlab">http://www.hs.iastate.edu/cdlab</a>	State: Iowa
Service Area: Des Moines (New SA5)	Zip Code: 50011
CCA Agreement: Yes	County: Story
License/Registration Expiration Date: 03/01/2012	

**Required Training Report****Accreditations:**

Title	Effective Date	Expiration Date	Status
QRS Criteria-National Association for the Education of Young Children (NAEYC). Council on Accred.	03/31/1998	03/31/2013	Self Reported

**Employees:**

Name	Position	Hire Date	Release Date
<a href="#">Amy Maureen Carlst</a>	Child Care Center Teacher (20 hours or more per week)	May 05, 2003	
<a href="#">Ashley Brown</a>	Child Care Center Teacher (20 hours or more per week)	Sep 24, 2009	
<a href="#">Donna Mae Oliver</a>	Child Care Center Assistant Teacher (20 hours or more per week)	Jan 03, 1978	
<a href="#">Heather Joann Bruno</a>	Child Care Center Teacher (20 hours or more per week)	Aug 16, 2006	
<a href="#">Jamie Dyer</a>	Child Care Center Teacher (20 hours or more per week)	Aug 15, 2007	
<a href="#">Kathy Bergmann</a>	Child Care Center Assistant Teacher (20 hours or more per week)	Aug 01, 2002	
<a href="#">Kimberly J. Venteicher</a>	Child Care Center Director	Feb 14, 2011	
<a href="#">Robyn Cahill Nitchals-Reiersen</a>	Child Care Center Teacher (20 hours or more per week)	Jan 02, 2008	



## Provider/Employee Summary

With the exception of "Trainings Attended", the information on this page is self reported. This information was updated on 02/15/2011

Provider Name: Kimberly Venteicher

Education level: Master's Degree

### Trainings Attended:

Date	Title	Trainer/Organization	Hours
04/16/2011	Quality Matters: Moving Iowa's Early Childhood Programs to Excellence	Iowa Association for the Education of Young Children	6
04/21/2011	Teaching Strategies GOLD® Observation and Assessment Training	CCR&R Region 4	3
05/05/2011	Emergency Preparedness for Child Care Providers-Are You Ready? (2.5 hrs)	CCR&R Region 4	2.5

### Certifications/Required Trainings:

Title	Effective Date	Expiration Date	Status
Cardiopulmonary Resuscitation (CPR)-American Red Cross	05/14/2010	05/17/2013	Self Reported

### Experience:

These are the number of years of experience for each category.

Infant/Toddler Direct Care: 0

Trainer/Instructor: 0

Pre-School Direct Care: 0

Manager/Program Administrator: 6

School Age Direct Care: 0

Total Years of Experience in Child Care: 0

### Languages:

## Iowa Department of Human Services

### Child Care Assistance Program

#### Provider Rates

The tables below illustrate the child care provider maximum payment rates for Basic and Special Needs care based on the type of child care provider and the age of the children cared for:

<b>Table I. Half-Day Rate Ceilings for Basic Care</b>				
Age Group	Child Care Center	Child Development Homes:		Nonregistered Family Home
		Category C	Category A or B	
Infant and Toddler	\$15.81	\$11.73	\$12.24	\$8.19
Preschool	\$12.75	\$11.48	\$11.48	\$7.19
School Aged	\$11.48	\$10.20	\$10.20	\$7.36

<b>Table I. Half-Day Rate Ceilings for Special Needs Care</b>				
Age Group	Child Care Center	Child Development Homes:		Nonregistered Family Home
		Category C	Category A or B	
Infant and Toddler	\$48.96	\$12.63	\$16.07	\$10.24
Preschool	\$28.69	\$12.63	\$14.92	\$8.99
School Aged	\$28.60	\$11.48	\$13.77	\$9.20

\*Please note that a provider can not charge the state more than they charge "private pay" parents.

\*\*Half-day rate = up to 5 hours of care

Iowa Department of Education  
 Early Childhood Web Application Secure Website

IQPPS Verification Visit Result

IQPPS - Criteria Answers

Select District: **Alamakee Corn School District** Upload Criteria Answer

**1. Program Standard 1 - Relationships**  
 THE PROGRAM PROMOTES POSITIVE RELATIONSHIPS AMONG ALL CHILDREN AND ADULTS TO ENCOURAGE EACH CHILD'S SENSE OF INDIVIDUAL WORTH AND BELONGING AS PART OF A COMMUNITY, AND TO FOSTER EACH CHILD'S ABILITY TO CONTRIBUTE AS A RESPONSIBLE COMMUNITY MEMBER.

No.	CRITERIA	Required	Has Met	Notes
1	Teachers work in partnership with families, establishing and maintaining regular, on-going, two-way communication.	No	Yes	Families felt the teaching staff were open and provided multiple opportunities to engage in communication with them.
2	Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperament, activity levels, and cognitive and social development.	No	Yes	
3	Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.	Yes	Yes	
4	Teaching staff talk frequently with children and listen to children with attention and respect. They	No	Yes	
5	Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.	No	Yes	
6	Teaching staff assist children in resolving conflicts by helping them identify feelings describe problems, and try alternative solutions.	No	Yes	
7	Teaching staff counter potential bias and discrimination by:	Yes	Yes	District has collaborated with the AEA 1 to begin providing professional development in Positive Behavioral Intervention and Support
8	Teaching staff promote pro-social behavior by interacting in a respectful manner with all staff and			

# District Corrective Actions

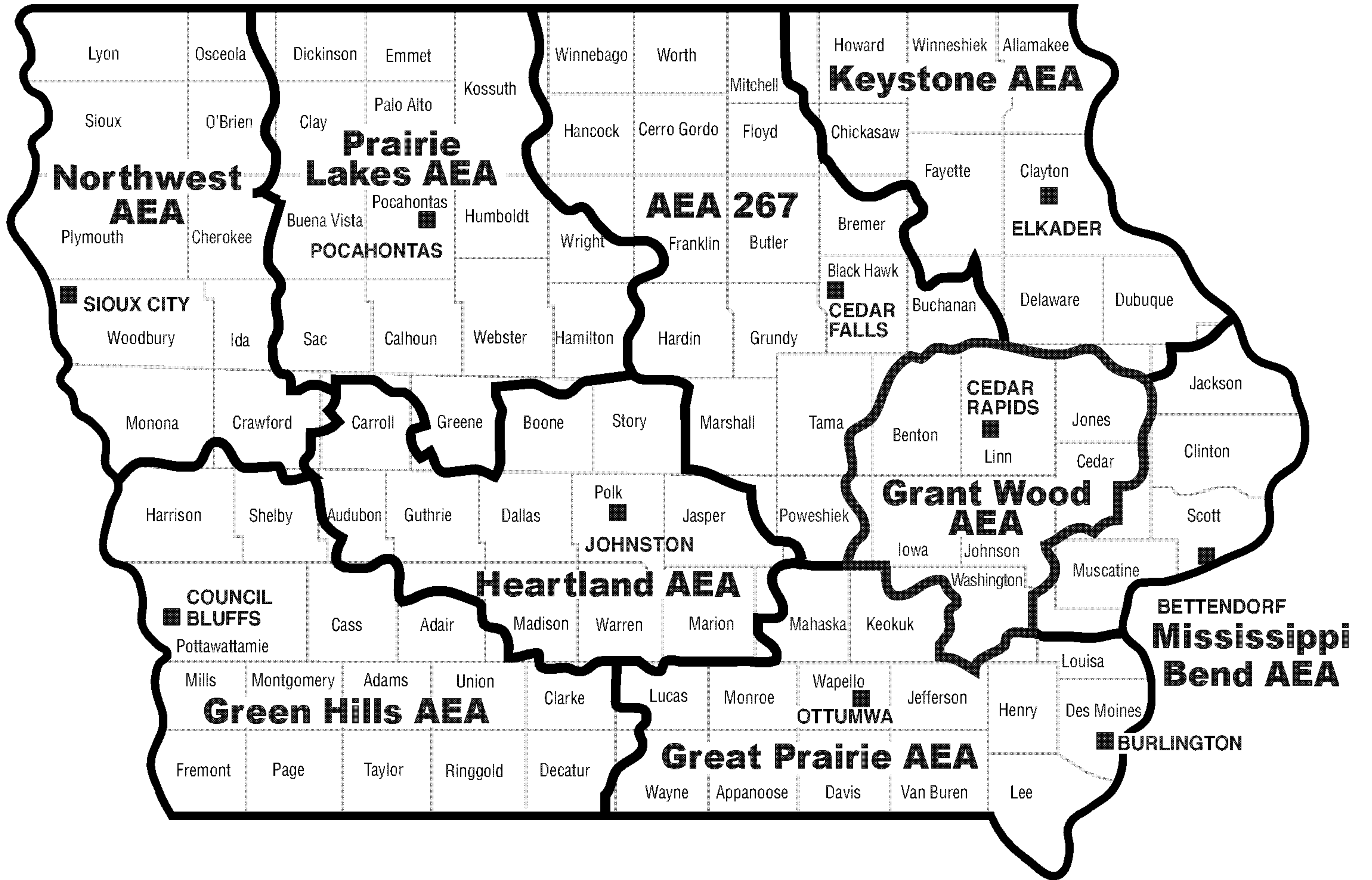
The screenshot shows a web browser window titled 'Early Childhood - Action Plan - Mozilla Firefox'. The address bar shows the URL: <https://www.edinfo.state.ia.us/EarlyChildhood/WebForms/DistrictActions.aspx>. The page header includes 'Early Childhood Services' and 'Iowa Department of Education'. The main content area is titled 'Corrective Action Plan for Assurances and Criteria' and includes a dropdown menu for 'Select District' set to 'Alamakee Comm School District'. The page is divided into several sections: 'Assurances' (Status: Completed), 'Required Criteria' (Time left: visit not available), and 'Other Criteria' (Status: 24 more to be met). A note indicates a minimum of 65% of criteria must be met in each program standard. Two criteria are listed in a table:

ID	Criteria	Notes	District Action Plan
4.9	Teachers or others who know the children and are able to observe their strengths, interests, and needs on an on-going basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.		Teachers will attend Creative Curriculum Gold training to further refine assessment to inform instruction.
4.12	Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress.	While teaching staff have a significant documentation of individual children's interests, skills, ideas and family concerns, there was	Teachers will attend Creative Curriculum Gold training to further refine assessment to inform instruction.

The bottom of the screenshot shows the Windows taskbar with the Start button, open applications, and a system tray displaying the time as 4:41 PM on Friday, 10/11/2011.



# Iowa Area Education Agencies







## Research Base for Child Care Nurse Consultants

Iowa and national data supports the effectiveness of Child Care Nurse (Health) Consultation in early care environments. Child care nurse consultation is a population and evidence based early childhood support that is essential for healthy and successful children, families and communities.

### ***Highlighted Research Based Outcomes:***

**Policy:** Measurable improvement in health and safety policy and practice following consultation and technical assistance from a Child Care Nurse (Health) Consultant.

**Practice:** Health and safety consultation with a Child Care Nurse (Health) Consultant is effective in promoting measureable improvements in specific health and safety practices in child care programs including sanitation (handwashing, diapering, cleaning, etc.), spread of infectious disease (immunization status, illness exclusion, etc.), safe play practices, physical activity, social, emotional and behavioral health; emergency preparedness, nutrition, food safety and sudden infant death syndrome.

**Environmental Change:** Safety improvements are made to the child care environment based on consultation and technical assistance with a Child Care Nurse (Health) Consultant, including storage of hazardous materials, removal of hazardous equipment and availability of safety equipment and supplies.

**Regular Source of Care:** Child Care Nurse (Health) Consultation contributes to a measurable increase in the number of children with up-to-date immunizations and a regular source of medical and dental care.

### ***Published Research:***

Alkon A, Bernzweig J, To K, Wolff M, Mackie JF. Child care health consultation improves health and safety policies and practices. *Academic Pediatrics*. 2009;9(5):366-370

Alkon and Bernzweig 2008, “Child Care Health Linkages Project Evaluation Summary” & “Child Care Health Consultation Programs in California: Models, Services, and Facilitators”, *Public Health Nursing* 25:2, 126-139.

Cole, PS. 2008, “Child Care Health Consultation Improves Health and Safety Practices and Environments in Early Education Settings”, *Indiana Institute on Disability and Community*.

Dellert JC, Gasalberti D, Sternas K, Lucarelli P, Hall, J. Outcomes of child care health consultation services for child care providers in New Jersey: A pilot study. *Pediatric Nursing*. 2006;32(6):530-536



Kotch, J. Infectious disease in out of home child care: the impact of child care health consultation. Chapel Hill, NC: National Training Institute for Child Care Health Consultants; 2008

Pacific Research & Evaluation. Improving the health and safety of children in Oregon's child care: implementation and outcomes of Oregon Child Care Health Consultation program. Portland: Oregon, Office of Family Health. 2008. Available at [www.oregon.gov/DHS/ph/ch/hcco/docs/cchc\\_outcomes.pdf](http://www.oregon.gov/DHS/ph/ch/hcco/docs/cchc_outcomes.pdf)

Quality Enhancement Project for Infants and Toddler. (2002). The University of North Carolina at Chapel Hill, School of Public Health, Department of Maternal and Child Health. Supported by a grant from the NC Department of Health and Human Services, Division of Child Development. *(Iowa participated directly in this study, and continues to use tools from this study)*

Ramler M, Nakatsukasa-Ono W, Loe C, Harris K. The influence of child care health consultants in promoting children's health and well-being: A report on selected resources. Newton, MA and Oakland, CA: Healthy Child Care Consultant Network Support Center. 2006

Snohomish Health District Child Care Health Program. Child care health consultation: evidence based effectiveness. 2009. Available at [www.napnap.org/docs/CCS\\_SIG\\_Evidence\\_%20Based\\_%20CCHP.pdf](http://www.napnap.org/docs/CCS_SIG_Evidence_%20Based_%20CCHP.pdf)



**Healthy Child Care Iowa<sup>1</sup>**  
**Child Record Review**  
Medical or Dental Referral Form<sup>2</sup>



Child Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Name: \_\_\_\_\_

Name of Child Care Business: \_\_\_\_\_

The child care enrollment and health records for this child were reviewed by the child care nurse consultant from \_\_\_\_\_ agency on date \_\_\_\_\_ . During the record review, health issues were identified as of concern or the health information was incomplete. The child care nurse consultant suggests the child receive the following services from the medical or dental health care provider.<sup>3</sup>

*Description of needed service or health care:*

*Results of health care visit:*

We appreciate the health care you are providing to children in our community. If you have questions about the health care record requirements for enrollment in child care, please contact the child care nurse consultant.

Regards,

CCNC place name/address label here

<sup>1</sup> The Healthy Child Care Iowa campaign is funded by the US Department of Health and Human Services to improve the health and safety of children enrolled in Iowa child care. The campaign is a joint venture between the Iowa Department of Human Services and the Iowa Department of Public Health.

<sup>2</sup> This form should be given and explained to the child’s parent. The parent should carry the referral form to the medical or dental health office

<sup>3</sup> The CCNC may need to facilitate a referral to the Child Health Agency for Medicaid or **hawk-i** referral. Call 800-369-2229 to locate nearest Child Health Agency.

**Child Record Review**

Parent Letter: Pre-review

## Notice of Child Health Records to be Reviewed



Dear Parent:

On date your child's enrollment and health records for child care will be reviewed by CCNC name, RN, child care nurse consultant from CCNC employing agency. The review of child records is to assure the optimal health status for all children enrolled in child care. The review of records is provided at no charge to you. The record will be reviewed to answer the following questions.

1. Does the child's record contain emergency contact information?
2. Does the child have a family physician or medical clinic for well child and illness or injury health care?
3. Has the child received well child health services in the last year?
4. Does the child have medical or health insurance to cover the costs of health care?
5. Does the child have a dentist?
6. Has the child received dental care in the last year?
7. Has the child received the full complement of preventive health services appropriate to the child's age?
8. Does the child have special health or developmental needs that may require accommodation to fully participate in activities with playmates?
9. In the last 6 months, has the child needed prescribed or over-the-counter medications in order to attend child care or to participate in usual activities with playmates?
10. In the last 6 months, has the child had an illness that kept the child from attending child care?
11. In the last 6 months, has the child sustained an injury in child care that required medical attention?
12. Is the child fully protected from vaccine-preventable diseases?

You are invited to participate or attend when your child's record is reviewed. You may contact your child care provider to schedule a time that is convenient for you to attend. I encourage you to contact me if you have questions or concerns regarding your child's health or the review of your child's enrollment and health records. You may also use the form below to write a question regarding your child's health.

Regards,

*CCNC name, RN*  
 Child Care Nurse Consultant  
*CCNC contact information*  
 Telephone:

---

✂ clip and return to your child care provider

**Child's Name:****Date:** \_\_\_\_\_**Health Question or Parent Concern:****Parent's Name:****Parent Contact Information:**


---

**Parent Signature**

**Healthy Child Care Iowa<sup>1</sup>**  
**Child Record Review**  
Medical or Dental Referral Form<sup>2</sup>



Child Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Name: \_\_\_\_\_

Name of Child Care Business: \_\_\_\_\_

The child care enrollment and health records for this child were reviewed by the child care nurse consultant from \_\_\_\_\_ agency on date \_\_\_\_\_ . During the record review, health issues were identified as of concern or the health information was incomplete. The child care nurse consultant suggests the child receive the following services from the medical or dental health care provider.<sup>3</sup>

*Description of needed service or health care:*

*Results of health care visit:*

We appreciate the health care you are providing to children in our community. If you have questions about the health care record requirements for enrollment in child care, please contact the child care nurse consultant.

Regards,

CCNC place name/address label here

<sup>1</sup> The Healthy Child Care Iowa campaign is funded by the US Department of Health and Human Services to improve the health and safety of children enrolled in Iowa child care. The campaign is a joint venture between the Iowa Department of Human Services and the Iowa Department of Public Health.

<sup>2</sup> This form should be given and explained to the child's parent. The parent should carry the referral form to the medical or dental health office

<sup>3</sup> The CCNC may need to facilitate a referral to the Child Health Agency for Medicaid or **hawk-i** referral. Call 800-369-2229 to locate nearest Child Health Agency.



**Type of Report**  
 Progress report  
 Final report

C-3-6

**Child Record Review -- Report of Progress<sup>1</sup>**

Child Care Business Name \_\_\_\_\_ County # \_\_\_\_\_ NACCRRAware # \_\_\_\_\_

Business Director/Owner Names \_\_\_\_\_

Address: \_\_\_\_\_

Date the initial Child Record Review was completed \_\_\_\_\_ Date of This Report \_\_\_\_\_

Total number of children enrolled in program _____		Total number of child records initially reviewed _____	
Number of referrals at time of <i>initial</i> Child Record Review <sup>1</sup> _____			
Total number of medical home referrals at time of <i>initial</i> Child Record Review <sup>2</sup>	#	Number & percent of medical home referrals completed	# %
Total number of oral health referrals at time of <i>initial</i> Child Record Review <sup>3</sup>	#	Number & percent of oral health referrals completed	# %
At time of <i>initial</i> Child Record Review total number of health insurance referrals	#	Number & percent of health insurance referrals completed	# %
At time of <i>initial</i> Child Record Review total number of blood lead testing referrals	#	Number of & percent blood lead testing referrals completed	# %
At time of <i>initial</i> Child Record Review total number of immunization referrals	#	Number & percent of immunization referrals completed	# %
Number & percent of child referrals <i>completed</i> and problem is now resolved	# % <sup>2</sup>	Number of children with special needs.	#
Number & percent of child referrals <i>refused</i> by family at time of this report	# % <sup>2</sup>	Number of care plans for child with special needs	#

1. The child care business has a written plan to improve the quality of child health record keeping.  Yes  No

2. Place a mark in the box  indicating the child care business uses HCCI or Iowa Department of Public Health forms.

- Child Injury/Incident Report
- Infant, Toddler, Preschool Age-Child Health Exam Form
- Iowa Department of Public Health Certificate of Immunization
- Iowa School-Age Care-Health Status –Parent Form
- Monthly Medication Records

3. Place a mark in the box  indicating the child care business has a written plan for the following activity or items.

- Annual update of emergency contact information
- Annual updates of child physical exams
- Monitoring system for documentation of immunization status
- Care plan including emergency action plan for every child with special needs.  
 Number of children with completed care plan. \_\_\_\_\_
- Method to document child absence due to illness or injury
- Procedure for documenting injuries
- Method to obtain or conduct child health screening  
 Vision  Hearing  Developmental  Other \_\_\_\_\_
- Provider completed child care facility lead history questionnaire (for lead poisoning prevention) or visual assessment.
- Oral dental health plan that includes daily tooth brushing

4. Place a mark in the box  indicating the child care business has community resource information openly visible and available to all parents on the following topics:

- Child Development and Mental Health
- Maternal and Child Health
- Lead Poisoning
- Early Access / Early Intervention
- Oral Health, I-Smile
- WIC
- hawk-i* and Medicaid
- SIDS (parents of infants)
- Other \_\_\_\_\_
- Immunization
- Vision and Hearing Screening

Reports with Date
Date report given to director/owner: _____
Date report sent to RCCNC: _____
Date report to DHS licensing consultant: _____
<b>OR</b>
Date report to CCRR home consultant: _____

SIGNATURES (required for QRS)
Director or Owner _____
<input type="checkbox"/> Progress is being made <input type="checkbox"/> <b>NO</b> progress made
Child Care Nurse Consultant <sup>4</sup> : _____
Date: _____

Name of Business: \_\_\_\_\_

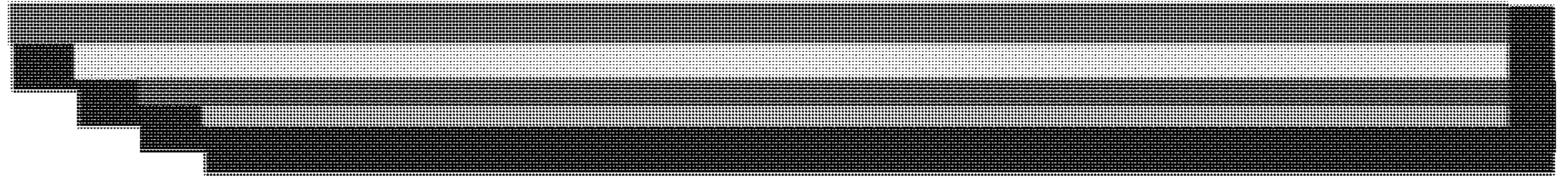
<sup>1</sup> The Child Record Review is part of the Iowa Quality Rating System activities. A final report should not be completed until the child care business has received feedback on child health referrals and made changes to child record keeping practices.

<sup>2</sup> An individual child may have had more than one referral made to a health service. Example, a child may have had a dental referral and a *hawk-I* referral.

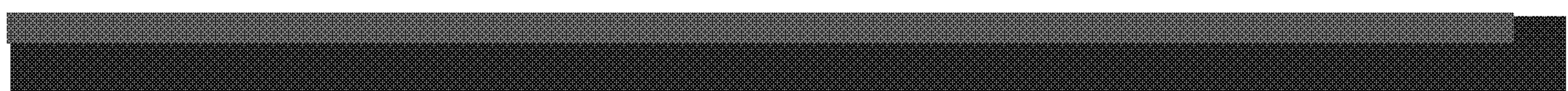
<sup>3</sup> An individual child may have had more than one referral made to a health service. Example, a child may have had a dental referral and a *hawk-I* referral.

<sup>4</sup> The CCNC signature indicates the CCNC reviewed the status of child health referrals by viewing child records or conducting dialog with child's family, discussed referral status with the child care business, and reviewed progress on improving child record keep with the child care business. A copy of the Child Record Review -- Final Report of Findings should be given to the child care business.





Iowa Department of Education  
Iowa Department of Human Services



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# Mathematics and Science

## Area 5

### 5.1 *Comparison and Number*

---

<b>Standard</b>	Infants and toddlers show increasing understanding of comparisons and amount, including use of numbers and counting.
-----------------	--

---

<b>Rationale</b>	<p>Young infants show awareness of small quantity differences (Starkey, Spelke, and Gelman, 1983). Infants and toddlers build their understanding of numbers as they manipulate sets of five and fewer objects (Mix, Huttenlocher, and Levine, 2002). Young children learn number skills as they work with small groups of objects in meaningful, routine tasks. Through counting rhymes, they learn that numerals have a constant sequence. In counting activities, they practice tagging numerals to objects in one-to-one correspondence. Through repeated experiences counting small groups of objects, they learn that the last number in the counting sequence represents the total quantity rather than the name of the last object (Gelman and Gallistel, 1978). Caregivers help children understand numbers and amount by providing many opportunities for children to explore and count small groups of objects and to hear and repeat familiar counting rhymes.</p>
------------------	--

Comparison involves finding a relationship between two things or two groups of things. We know from their behaviors that infants and toddlers are continually comparing objects—mentally grouping objects that are similar in shape, quantity, size, texture, etc. (Thompson, 2001). Comparisons provide the basis for the development of measurement concepts and skills in older infants and toddlers. Caregivers who attach a verbal label to an object or comparison of focus for infants or toddlers (big/small, heavy/light, hot/cold), help children build vocabulary and understanding (Camaioni, 2004).

Working with both two- and three-dimensional shapes provides the basis for geometry (National Council of Teachers of Mathematics, 2000). Infants and toddlers learn to sort or group three-dimensional shapes based on their uses (Rosch, Mervis, Gray, Johnson, and Boyes-Braem, 1976). Infants and toddlers note and use shape differences before they have labels for shapes; for example, they separate objects into those that will roll and those that will not roll. Caregivers help children learn about shapes through providing a variety of toys and materials for young children to explore, compare, and classify, including puzzles and sorting canisters. Caregivers also help children understand shapes by labeling shapes that children are exploring and by using words that suggest comparisons, such as bigger, smaller.



---

**Benchmarks**

The infant:

1. begins to notice characteristics of objects such as size, color, shape, or quantity.

The toddler also:

2. matches and sorts objects by size, color, shape, or quantity.
- 

**Examples of Benchmarks**

At snack time, Carlos finishes all his crackers. He turns to the caregiver and holds up his plate, saying, "All gone." Caregiver: "You want some more crackers, Carlos?" Carlos says and signs: "More." The caregiver puts some crackers on his plate.

The caregiver is helping Mandi get her mittens on. "One, two." Mandi holds up her hands, one at a time, and repeats, "One, two."

Brandon has a large peg board. He puts all the blue pegs in one row, then all the red pegs in another row.

The caregiver sets a box of children's socks on the floor. "Can you help me find the socks that match?" She pulls one sock out to start and Aydan reaches into the box to find the matching sock.

---

**Caregiving Supports**

With infants and toddlers, caregivers:

- describe the groups of objects that the child makes.
- provide space and materials with multiple colors, shapes, and sizes for sorting and grouping.
- use numbers to label actions such as counting shoes or toes or crackers in routine dressing and feeding activities with *each* child.
- use counting finger-plays, rhymes, and songs (for example: one, two, buckle my shoe) with *each* child.

## Area 5 Mathematics and Science

### 5.3 Shapes and Spatial Relationships

<b>Standard</b>	Infants and toddlers show increasing understanding of spatial relationships.
<b>Rationale</b>	Young infants begin to note spatial relationships. The development of binocular vision (seeing with two eyes) at about four months of age (in most children) helps this skill (Slater, 2004). They usually reach for closer objects rather than ones that are further away. Infants and toddlers distinguish shallow surfaces from deep ones and avoid deep steps when they see them (Gibson and Walk, 1960).
<b>Benchmarks</b>	<p>The infant:</p> <ol style="list-style-type: none"> <li>1. takes objects apart.</li> <li>2. fills and empties containers.</li> </ol> <p>The toddler also:</p> <ol style="list-style-type: none"> <li>3. takes objects apart and attempts to put them together.</li> <li>4. shows awareness of his/her own body space.</li> </ol>
<b>Examples of Benchmarks</b>	<p>Rekha fills up the container with water, then, empties it and repeats the action.</p> <p>Riley is working with a four-piece puzzle. He takes out the apple, then, puts it back in its hole.</p> <p>The caregiver is singing “Head, shoulders, knees, and toes” while she shows the actions. Matt touches each body part as it is named.</p>
<b>Caregiving Supports</b>	<p>With infants and toddlers, caregivers:</p> <ul style="list-style-type: none"> <li>• describe spatial relationships, such as “in” and “out,” while <i>each</i> child is exploring the environment.</li> <li>• provide simple, multi-part toys, such as pop beads, snap-together blocks, simple puzzles.</li> <li>• provide multiple containers of various size and shape to fill and empty with toys and for use in sand- or water-play.</li> <li>• provide defined areas that allow <i>each</i> child, including those with movement limitations, to experience personal space for movement or activities.</li> </ul>

## Area 11 Mathematics and Science

### 11.1 *Comparison and Number*

## Area 5 Mathematics and Science

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**Standard** Children understand amount, including use of numbers and counting.

---

**Rationale** During the preschool years, children construct basic understandings of numbers and amount or “how many.” These understandings may differ from the understandings of older children and caregivers. Children initially build their understanding of amount through their hands-on actions with concrete objects. Children learn to count with understanding when they match the counting sequence, one-to-one, with a group of objects (National Council of Teachers of Mathematics, NCTM, 2000). After repeated experiences with small quantities of objects, they construct an understanding of discrete numbers. When caregivers help children link their understandings of objects with conventional numerals (2, 3), children advance their understanding to deal with larger quantities (Mix, Huttenlocher, and Levine, 2002). Counting from the first number, and counting on from one number to another, provides the basis for later skills in formal addition (Fuson and Fuson, 1992).

---

**Benchmarks** The child:

1. shows recognition and naming of numerals (1, 2, 3).
2. counts objects, matching numbers one-to-one with objects.
3. uses language such as *more* or *less* to compare quantities.

---

**Examples of Benchmarks** Amy, Tricia, and Alex are playing in the dramatic play area; Nadia joins them. Amy: “You can’t play here now, Nadia—only three can be here.” She points to the sign in the interest center with the numeral 3 and three stick figures [3 m m m] and then points to each of the three children in the area. “One, two, three—that’s us. You’re four. You have to wait.” Nadia goes to the block area.

Jorge and Damon are playing a board game. Jorge rolls a die and counts with his finger: “One, two, three.” He moves his marker three spaces

**Appendix D**

**Recommendation 2: Teacher Essential Competencies**

**Standard 3: Observing, Documenting, and Assessing to Support Young Children and Families**

	Level 1 Progressing			Level 2 Skilled			Level 3 Mastery Level				
	I	T	P	K	I	T	P	K	I	T	P

**3c: Knowing about and using observation, documentation, and other appropriate assessment tools and approaches**

**Recommendation 2: Teacher Essential Competencies**

**Standard 1: Promoting Child Development and Learning**

	Level 1 Progressing			Level 2 Skilled			Level 3 Mastery Level				
	I	T	P	K	I	T	P	K	I	T	P

**1a: Knowing and understanding young children’s characteristics and needs**

1a.1	X	X	X	X								
1a.2	X	X	X	X								
1a.3					X	X	X	X				
1a.4					X	X	X	X				
1a.5					X	X	X	X				
1a.6									X	X	X	X



Appendix D

Recommendation 2: Teacher Essential Competencies

**Standard 3: Observing, Documenting, and Assessing to Support Young Children and Families**

	Level 1 Progressing			Level 2 Skilled			Level 3 Mastery Level				
	I	T	P	K	I	T	P	K	I	T	P

*I = Infant; T = Toddler; P = Preschool; K = Kindergarten*

**3c: Knowing about and using observation, documentation, and other appropriate assessment tools and approaches**

Appendix D

Recommendation 2: Teacher Essential Competencies

**Standard 3: Observing, Documenting, and Assessing to Support Young Children and Families**

	Level 1 Progressing			Level 2 Skilled			Level 3 Mastery Level				
	I	T	P	K	I	T	P	K	I	T	P

*I = Infant; T = Toddler; P = Preschool; K = Kindergarten*

**3c: Knowing about and using observation, documentation, and other appropriate assessment tools and approaches**

3c.1 Demonstrates developing knowledge of evidence that supports appropriate use of assessment and evaluation strategies	X	X	X	X								
3c.2 Uses assessment and evaluation strategies appropriately	X	X	X	X								
3c.3 Applies current educational, legal, and ethical guidelines when using assessment practices to support children's individual strengths, interests, and needs (e.g., cultural, linguistic, ability diversity)	X	X	X	X								
3c.4 Demonstrates a range of appropriate assessment and evaluation strategies (e.g., family interview, observation, documentation, assessment instrument) to support					X	X	X	X	X			

Appendix D

Recommendation 2: Teacher Essential Competencies

**Standard 3: Observing, Documenting, and Assessing to Support Young Children and Families**

	Level 1 Progressing			Level 2 Skilled			Level 3 Mastery Level					
	I	T	P	K	I	T	P	K	I	T	P	K
<i>I = Infant; T = Toddler; P = Preschool; K = Kindergarten</i>												
<b>3c: Knowing about and using observation, documentation, and other appropriate assessment tools and approaches</b>												
individual strengths, interests, and needs												
3c.6 Develops and adapts instructional strategies based on assessment information												
3c.7 Implements authentic assessment based on observations of spontaneous play												
3c.8 Implements current educational, legal, and ethical guidelines when using assessment practices to support children's individual strengths, interests, and needs (e.g., cultural, linguistic, ability diversity)												

**Appendix D**

**Recommendation 2: Teacher Essential Competencies**

**Standard 3: Observing, Documenting, and Assessing to Support Young Children and Families**

	Level 1 Progressing			Level 2 Skilled			Level 3 Mastery Level					
	I	T	P	K	I	T	P	K	I	T	P	K
<i>I = Infant; T = Toddler; P = Preschool; K = Kindergarten</i>												
<b>3c: Knowing about and using observation, documentation, and other appropriate assessment tools and approaches</b>												
3c.9 Models competence in using assessment and evaluation strategies (e.g., family interview, observation, documentation, assessment instrument)									X	X	X	X
3c.10 Models selection and use of appropriate tools and interpretation of assessment information to implement appropriate practice (e.g., make referrals, design interventions, develop and modify instructional strategies, curriculum, and IFSPs/IEPs)									X	X	X	X

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# IOWA Task Force on Professional Levels and Competencies

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Final Report to the Iowa  
Department of Education

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December 18, 2009

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# IOWA TASK FORCE ON PROFESSIONAL LEVELS AND COMPETENCIES

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## **Iowa Task Force on Professional Levels and Competencies Final Report to the Iowa Department of Education**

Submitted by Stacie G. Goffin, Consultant and Facilitator  
December 18, 2009

### INTRODUCTION

The Iowa Department of Education (DE) convened the Iowa Task Force on Professional Levels and Competencies (PLC Task Force) in Winter 2009 in response to concerns raised by the Early Childhood Iowa (ECI) Professional Development Steering Committee. The first concern related to discrepancies between the Departments of Education's and Human Services' requirements for teaching personnel. Second, clear career transitions between roles in care and education settings overseen by the two departments were missing.

When the task force was officially approved, membership and specific responsibilities were developed by the DE in partnership with the ECI Professional Development Steering Committee, who together issued the Charge to the PLC Task Force. DE also issued an RFP to identify a consultant and facilitator knowledgeable of early care and education issues and experienced with supporting systemic-oriented work. DE Early Childhood Consultant Penny Milburn took responsibility for overseeing this process and also assumed responsibility for overseeing the work of the PLC Task Force.

In late December 2008, Stacie Goffin (Consultant), Goffin Strategy Group, a nationally recognized early care and education consultant and facilitator, was identified for this role through an anonymous, peer review process. She began her work in January 2009 by conducting 13 interviews with DE identified state leaders for the purpose of gathering information about the state's work to date in professional development system building and learning what interviewees saw as necessary for ensuring the task force's success. Soon thereafter, Molly Luchtel, a graduate student at Iowa State University, joined the facilitation team as Recorder.

### OVERVIEW

The first PLC Task Force meeting was held on March 20, 2009. The 17 members<sup>1</sup> convened by the DE were selected to represent a cross section of the state in terms of geographical representation, engagement with early care and education, and diversity of viewpoints. (See Figure 1 for a list of task force members and Appendix A for full biographical information.) Although initially convened for five meetings, the task force ultimately met a total of eight times between March 20<sup>th</sup> and November 3<sup>rd</sup>, 2009.

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<sup>1</sup> Note: Two of the 17 members resigned from the task force due to job responsibilities and were not replaced.

The task force concluded its deliberations with the approval of seven recommendations that identify performance levels and associated essential competencies for early care and education teaching staff (teachers and assistant teachers) and that address next step uses for these recommendations as part of statewide efforts to create a comprehensive, early care and education professional development system. The recommendations also include documents created to facilitate consistent interpretation of the task force's work.

Figure 1 – Members, PLC Task Force	
Name	Position
Mary Ann Adams	Consultant Department of Education Des Moines, Iowa
Mary Airy	Early Childhood Consultant Grant Wood AEA 10 Cedar Rapids, Iowa
Michael Cavin	Consultant Board of Educational Examiners Des Moines, Iowa
Dawn Collins	Child Care Resource and Referral Professional Development Program Manager Department of Human Services Des Moines, Iowa
Delora J. Hade	Early Childhood Instructor Des Moines Area Community Colleges & President, Community College Early Childhood Alliance Ankeny, Iowa
Sally Hartley	Early Childhood Special Education Consultant Northwest AEA 12 Sioux City, Iowa
Susan Hegland	Associate Professor Human Development & Family Studies Iowa State University Ames, Iowa
Penny M. Lingle	Director ECCA Head Start Moorhead, IA
Geri McMahon	Consultant Board of Educational Examiners. Des Moines, Iowa
Barbara Merrill	Executive Director Iowa Association for the Education of Young Children Des Moines, Iowa
Judith Bowstead Nye	Interim Dean Luther College Decorah, Iowa
Carol Rainforth	Training Coordinator Child Care Resource & Referral of Central Iowa Des Moines, Iowa
Jill Uhlenberg	Department Head Curriculum & Instruction University of Northern Iowa Department of Curriculum and Instruction Cedar Falls, Iowa

Terry Wangberg	Director, TriUMPH Early Childhood Program Southwestern Community College Creston, Iowa 50801
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## BACKGROUND

The PLC Task Force was not the first step in the state's professional development system building efforts, however. Moving from a history of efforts to advance the status and competence of Iowa's early care and education workforce, approximately a year earlier the DE convened 25 stakeholders from the Departments of Human Services, Education, Management, and Public Health, plus Area Education Agency (AEA) Directors of Special Education and Instructional Services, AEA early childhood consultants, community college and college/university faculty, Child Care Resource and Referral staff, and Iowa State University Extension. The meeting was organized to develop statewide consensus around an early care and education professional development system tied to personnel standards.

Important decisions resulted from this meeting. Participants, comprised of the state's early care and education leadership, agreed that the National Association for the Education of Young Children's (NAEYC) guidelines for preparing early childhood professionals<sup>2</sup> should form the foundation for the state's professional development system building. These leaders also concurred that this work should move forward with funds available from the Iowa Empowerment Office and in partnership with the ECI Professional Development Steering Committee.

Shortly thereafter, DE was awarded a grant to facilitate next steps in this work, and in July 2007, Dan Haggard was brought to Iowa. The Early Childhood Services Deputy Director of New Mexico's Office of Child Development and widely recognized for his efforts to develop New Mexico's early care and education professional development system, Haggard facilitated a broader stakeholder group of individuals to craft a vision and framework for an early care, health, and education professional development system in Iowa.

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<sup>2</sup> National Association for the Education of Young Children (NAEYC) (2003). *Preparing early childhood professionals: NAEYC's standards for initial licensure, advanced, and associate degree programs*. Washington, DC: Author.



## CHARGE TO THE PLC TASK FORCE

The Charge to the PLC Task Force (Charge; see Appendix B) was issued by the Iowa Department of Education and the Early Childhood Iowa Professional Development Steering Committee. The Charge assigned the task force with responsibility for (1) identifying performance levels for teachers and assistant teachers in early care and education settings for children from birth through kindergarten and (2) developing essential competencies for each of the identified performance levels. The decision to concentrate on the roles of teacher and teacher assistant emerged from role priorities identified during the Consultant's interviews and in recognition that a tight focus was important to producing a successful outcome.

The Charge clearly identified eight results for the task force's work. These eight expectations were integrated into the task force's work and used as a filter for ensuring that the task force fulfilled its mandate. Specifically, the performance levels identified by the task force and associated competencies were to:

- Address all teaching staff in the State's early care and education system, regardless of program type or auspice;
- Ensure teaching staff had the prerequisite knowledge, skills, and dispositions to meet required quality program standards and State early learning standards;
- Address the knowledge, skills, and dispositions individuals need to know and be able to do to be recognized as early care and education teachers or assistant teachers for children from birth through kindergarten;
- Update/revise the State's 2004 Core Body of Knowledge for Best Practices for teaching staff who work with children from birth through kindergarten;
- Identify levels of professional development and recommend competencies associated with each of the professional development/performance levels identified;
- Ensure that the recommended proficiency/performance levels and essential competencies considered required program standards and teacher preparation requirements;
- Ensure that the recommended competencies aligned with the Iowa Core Curriculum essential concepts and skills kindergarten to grade 3; and,
- Ensure that the recommended performance levels and competencies advanced the State's efforts to create a cohesive early care, health, and education professional development system.

## PLC TASK FORCE RECOMMENDATIONS TO THE IOWA DEPARTMENT OF EDUCATION

An overview of the PLC Task Force's seven recommendations and work process follows. The recommendations in full can be found in Appendix D. By way of this final report, the task force is submitting its recommendations to the Iowa Department of Education. The Iowa Department of Education approval process that now begins is outlined in Appendix C.

Approved at the final meeting on November 3, 2009, the PLC Task Force recommendations were forged through small and whole group work, review of the growing literature on competencies for early care and education teaching staff and on professional development system building, extensive debate, and public input. The PLC Task Force voted separately on each of the seven recommendations, each of which it unanimously approved. Appendix E lists the wealth of documents provided in support of the task force's work. Many of these documents can be found at the PLC Task Force web site (<http://www.iowa.gov/educate/ecpd/>).

The first three of the seven recommendations respond to the Charge to identify performance levels for teachers and teacher assistants, accompanied by the essential competencies associated with each level. Recommendations four through seven address the steps needed to ensure that the performance levels and essential competencies become the backbone of ECI's professional development system for early educators. Each of these four recommendations is accompanied by a Rationale statement.

### Recommendation 1

**Create three performance levels for teachers and teacher assistants working with children from birth through kindergarten, regardless of program setting. Embed the performance levels in ECI's Professional Development System.**

The task force recommends that performance expectations for teachers and for teacher assistants be organized by three levels of proficiency: Progressing Professional, Skilled Professional, and Mastery Professional. The roles of teacher and teacher assistant should be viewed as independent of each other. Each role's three performance levels and their associated essential competencies should be embedded in ECI's Professional Development System. The level of performance associated with each of these tiers can be found in Appendix D, Recommendation 1.

### Recommendation 2

**Ensure that each performance level for teachers is associated with essential competencies that articulate performance expectations.**

Recommendation 3**Ensure that each performance level for teacher assistants is associated with essential competencies that articulate performance expectations.**

Honed through repeated internal and external review and editing, the essential competencies associated with each of the three performance levels are based on NAEYC's standards for teacher preparation for initial licensure, advanced, and associate degree programs. Importantly, for the purposes of this work, the NAEYC proposed relationship between their standards and level of formal preparation was ignored and postponed as a task for later work (see below). When more than half-way through their work NAEYC issued an updated position statement on standards for professional preparation programs,<sup>3</sup> the task force reviewed and revised its work to reflect the addition by NAEYC of a new national, teacher preparation standard. See Appendix D, Recommendations 2 and 3 for presentation of the essential competencies recommended for teachers and teacher assistants.

In addition to being organized by performance level, the recommended essential competencies are arranged by the child's age from birth through kindergarten: Infants; Toddlers and Twos, Preschoolers, and Kindergarten. The competencies encompass educating and caring for typically developing children and those with special needs. Ensuring that the competencies addressed the developmental and learning needs and interests of each and every child was a strong value that undergirds the task force's work.

Recommendation 4**Create a Single Teaching Endorsement for Early Childhood Educators Based on the Essential Competencies for Early Care and Education Teachers.**Rationale

The Iowa Board of Educational Examiners (BOEE) has multiple teaching endorsements for early childhood educators. Feedback from institutions of higher education indicates that the presence of multiple endorsements causes confusion among educators. Further, these endorsements are not comparable and as a result may inadvertently endorse uneven levels of performance among early educators. (See Appendix D, Recommendation 4.)

Recommendation 5**Align Iowa's Paraeducator Certification with Current Best Practices in Early Childhood Education.**Rationale

The Iowa Board of Educational Examiners (BOEE) has an approved, voluntary certification for paraeducators working with children in public school settings. With

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<sup>3</sup> NAEYC. (2009). NAEYC standards for early childhood professional preparation programs. A position statement approved by the NAEYC Governing Board. Washington, DC: Author.

stronger early childhood program standards requirements being advanced by state and national organizations, such as Iowa Quality Preschool Program Standards, NAEYC's (National Association for the Education of Young Children) Early Childhood Program Standards and Accreditation Criteria, and requirements outlined in the most recent reauthorization of Head Start, demand is growing for better prepared early care and education teaching staff. These increasing expectations provide an opportunity to review the current paraeducator certification as it relates to early childhood education and the essential competencies for teaching assistants. (See Appendix D, Recommendation 5.

#### Recommendation 6

### **Link Teacher and Teacher Assistant Performance Levels with Early Childhood Education Certifications, Degrees, and Endorsements.**

#### Rationale

The PLC Task Force identified three performance levels for the teacher and teacher assistant teaching roles: Progressing Professional; Skilled Professional, and Master Professional. To ensure that an accessible career ladder is created for these two teaching roles, the recommended performance levels should be coordinated with current early care and education program requirements and associated with state and national teaching staff certificates, credentials, degrees, and endorsements. For the purposes of this recommendation, teaching staff is inclusive of teachers and teacher assistants in all early care and education settings. (See Appendix D, Recommendation 6.)

#### Recommendation 7

### **Create an Assessment Tool to Promote Use of the Early Learning Performance Levels and Essential Competencies by Teaching Staff and Their Supervisors.**

#### Rationale

The performance levels and essential competencies were developed to promote appropriate and consistent performance expectations for teaching staff working with young children from birth through kindergarten. To ensure achievement of this outcome, a widely distributed implementation tool for use by teaching staff and their supervisors is needed to ensure wide spread use of the new competencies.

## THE PLC TASK FORCE'S WORK PROCESS

The PLC Task Force was scheduled to meet five times. When it became evident to the task force that additional, deliberative time was needed, more meetings were added, for a total of eight meetings. All meetings were held in Des Moines and ranged in length from half-day to two days.

Beyond its Charge from the DE and ECI Professional Development Steering Committee, the task force's work was driven by three documents:

1. *Guidelines for Working Together*, behavioral norms and decision-making rules approved at the task force's first meeting on March 20th (See Appendix F);



2. A *Work Plan*, also approved on March 20th (See Appendix G; note that this work plan was approved prior to the addition of three more meetings and the decision to incorporate a more elaborate process for seeking external input); and
3. *NAEYC's teacher preparation guidelines*, a copy of which was provided to each member.

One week prior to each meeting, members received

1. The meeting agenda (All meeting agenda and meeting notes, including PLC Task Force decisions, may be found at the PLC Task Force web site [<http://www.iowa.gov/educate/ecpd/>]).
2. Briefing materials carefully selected to represent current thinking and viewpoints on early care and education teacher competencies and professional development systems. (See Appendix E for a list of briefing documents.)
3. The option to participate in Optional Orientation Calls or speak individually with the Consultant. These calls were organized to review the meeting agenda, pose questions to help participants organize their thinking, and respond to questions.

Meeting agenda were crafted to be results-oriented and sequenced to ensure that the PLC Task Force fully met its Charge. Members were organized into five work groups, each representing one of NAEYC's teacher preparation standards (prior to the addition of a sixth standard in July 2009; see above). A range of facilitation techniques were implemented to allow members from different groups to interact with, critique, and assist one another in reaching consensus on the final recommendations.

Each work group was facilitated by a PLC Task Force member who also assumed responsibility for convening an external work group to broaden the input and expertise available to the task force. These external work groups met between task force meetings two, three, and four; a list of work group members is found in Appendix H. To ensure consistent understanding across work groups, each chair was provided with briefing documents and an annotated agenda for the first meeting. All work group meetings took place via conference calls.

To ensure that its work reflected the most current knowledge base and was well conceived, the PLC Task Force participated in two additional out-reach activities, both of which contributed significantly to the competency development process. First, the PLC Task Force identified individuals with expertise in early childhood care and education to review the task force's emerging essential competencies for teaching staff. Four of the selected individuals would be from in-state; an additional four individuals were to be recognized external experts on teacher competencies.

With input from the ECI Professional Development Steering Committee, DE approved a list of eight reviewers, using selection criteria approved by the PLC Task Force. The eight reviewers (see side bar next page) were asked to respond to the following questions:

- Are there any glaring omissions?
- Are the proposed essential competencies clearly articulated and practice-oriented?

- Do the proposed essential competencies identify the knowledge, skills, and dispositions needed by teaching staff to facilitate children’s learning and development so they will be prepared to succeed in school and beyond?
- Are the proposed competencies truly *core* to the effective practice of teaching staff?

At a more technical level:

- Do the proposed essential competencies align with the rubric/indicator with which they are associated?
- Are the proposed essential competencies aligned with the child’s developmental level, the teaching role, and performance level with which they are associated?
- Do redundancies or overlaps exist that could be eliminated?

Then, following draft approval of the teaching staff performance levels and essential competencies in August, 14 public Stakeholder Input sessions were scheduled to gather input from across the state (See side bar, next page.) Often taking advantage of pre-existing meetings, the sessions were widely publicized via task force members and others’ list serves; information also was provided on the PLC Task Force web site where readers could download the draft performance levels and essential competencies for review prior to attending a Stakeholder Input session.

Facilitated by PLC Task Force members, who were assisted by extensive support documents, attendees were asked six questions, listed below.

1. Are there glaring omissions in the essential competencies for teachers? For assistant teachers? If so, please be specific.
2. Are the essential competencies for teaching staff clearly articulated and practice-oriented?
3. Are the proposed essential competencies truly *core* to the effective practice of teaching staff?

## External Reviewers

### In-state Reviewers

- Kristine Croatt, School Improvement Facilitator for Early Childhood & Elementary Reading  
Keystone AEA  
Dubuque, IA
- Susan Maude, Associate Professor  
Human Development and Family Studies  
Iowa State University  
Ames, IA
- Kathie Readout, Early Childhood Program Director  
Mid-Iowa Community Action, Inc.  
Marshalltown, IA
- Kevin Ryan, Principal  
Fillmore Elementary School  
Davenport, IA

### National Reviewers

- Marquita Davis, Commissioner  
Department of Children’s Affairs  
Montgomery, AL
- Dan Haggard, Deputy Director for Program Early Childhood Services Division  
Children, Youth and Families Dept.  
Santa Fe, NM
- JoAn Herren,  
Senior Fellow  
James MacGregor Burns Academy of Leadership  
University of Maryland  
College Park, MD
- Peter Mangione,  
Co-director,  
Center for Family and Child Studies  
WestED  
Sausalito, CA

4. Do the essential competencies align with the child’s developmental level, the teaching role, and the performance level with which they are associated – for teachers? For assistant teachers?
5. Three performance levels have been identified:  
     Progressing Professional  
     Skilled Professional  
     Mastery Professional  
 How do you respond to these three performance levels? Do they adequately capture differences in the performance levels of teaching staff?
6. Are there any competencies of concern: If so, please explain.

Following the last Stakeholder Input session in early October, responses from the 14 sessions were organized and synthesized for members. This input was given priority at the task force’s next to last meeting in October.

Also guiding the task force’s work were assessment criteria which members used to ensure that their recommendations fully encompassed their responsibilities to DE and the ECI Steering Committee for Professional Development, as well as to children’s future well-being. (Guiding Principles for Task Force Recommendations and Criteria for Assessing the Essential Competencies can be found in Appendices I and J respectively.) To enhance consistent interpretation and future implementation of their recommendations, the task force created a Glossary of Terms (see Appendix K) and a list of Approved Verbs for Use in Essential Competencies (see Appendix L).

In accordance with Iowa’s Sunshine Law, all PLC Task Force meetings were open to the public. To further promote transparency regarding the task force’s deliberations and encourage public awareness of the work, all meeting agenda, Meeting Notes, and briefing materials were placed on the PLC Task Force web site ([www.iowa.gov/educate/ecpd/](http://www.iowa.gov/educate/ecpd/)).

In closing: Convening the Iowa Professional Levels and Competencies Task Force was one more step in the State’s efforts to create a comprehensive early care, health, and education professional development system. Although not new work for Iowa’s early care and education’s leadership, it was a favorable moment in time, thanks to a growing appreciation across the State for the importance of a well prepared early care and education workforce.

#### Stakeholder Input Sessions

- Teach Iowa Advisory Committee, West Des Moines, Iowa
- ECI Council, Johnston, Iowa
- Child Care Resource & Referral Stakeholders, Urbandale, Iowa
- State Child Care Advisory Council, Des Moines, Iowa
- Bureau of Early Childhood Services, DE, Urbandale, Iowa
- Child Development Coordinating Council, Des Moines, Iowa
- Northeast Iowa, West Union, Iowa
- East Central Iowa, Cedar Rapids, Iowa
- Eastern and Southeastern Iowa, Bettendorf, Iowa
- AEA Early Childhood Leadership Network, Urbandale, Iowa
- Iowa Head Start Board, Des Moines, Iowa
- Iowa Community College ECE Alliance at the Iowa Association for the Education of Young Children (IAEYC) Conference, Des Moines, Iowa
- Northwest Iowa, Sioux City
- IAEYC Annual Conference, Des Moines, Iowa

PLC Task Force members recognized that the time had arrived to move beyond conversation and to engage in decision making. The sustained time commitment and focus exerted by PLC Task Force members demonstrated their commitment to this crucial next step in creating a comprehensive professional development system for early childhood care and education. Further, individual task force members and the DE Early Childhood Consultant have agreed to do what is necessary to ensure that the recommendations are carried forward. Notwithstanding current economic circumstances, the dedication exists to move forward. The seven recommendations needed to take this step are herein presented to the Iowa Department of Education for review and approval.



**Crosswalk of RttT Grant Goals with Goals of Other State Plans, Groups and Grants**

**Table 1: SCCAC, CCDF, Early ACCESS Council, Maternal Child Health, ECAC**

RttT Grant Goals	SCCAC (priorities, Sept. 2011)	CCDF (state plan FFY12-13)	Early ACCESS Council (Early ACCESS: MOA Five-Year Action Plan 2008-2013)	Maternal Child Health (Title V Block Grant, 2012 App)	ECAC (Grant Goals (Objectives))
<p><i>Building on Iowa's current quality improvement systems, develop a comprehensive, tiered QRIS system and increase participation rates for programs serving high-need children.</i></p>	<ul style="list-style-type: none"> <li>● <b>Safety and regulation priority:</b> Establish plan on how to move CCRR closer to NACCRRRA standards</li> <li>● <b>Safety and regulation priority:</b> Evaluate all regulations (licensing), and evaluate need for new regulations vs. enforcing existing regulation</li> <li>● <b>Safety and regulation priority:</b> More/better regulation around infant and child health and safety issues. Establish a plan on how to move towards improved regulation regarding infant and child health and safety issues</li> <li>● <b>Safety and regulation priority:</b> Raise the bottom bar: more programs required to be licensed and more licensing consultants to do the work</li> <li>● <b>Safety and regulation priority:</b> Regularly track and report health and safety outcomes for kids in care</li> </ul>	<p>Using a Kaizen model, complete a mapping process for improvement in submission, timeliness and accuracy of child care assistance payments.</p> <p>Examine, compare and analyze the impact of implementing an hourly child care assistance reimbursement method to the current half-day (unit) child care assistance structure.</p> <p>Revise the basis for special needs child care assistance rates so the child care assistance</p> <p>Examine, compare and analyze the impact of implementing an hourly child care assistance reimbursement method to the current half-day (unit) child care assistance structure.</p> <p>Revise the basis for special needs child care assistance rates so the rates better align with actual costs and special education eligibility standards.</p> <p>Standardizing the issuance of a provisional license</p>	<p>Goal 10: Early ACCESS has the capacity to meet the needs of infants and toddlers with suspected Autism Spectrum Disorder and their families.</p> <p>Goal 11: Early ACCESS services are provided in a culturally competent manner.</p>	<p>1. Need Statement: Lack of adoption of quality improvement methods within maternal and child health practice</p> <p>Performance Measure: The degree to which Iowa's state MCH Title V Program improves the system of care measured through the MCH Title V Index.</p> <p>2. Need Statement: Lack of a statewide coordinated system of care for children and youth with special health care needs</p> <p>Performance Measure: The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.</p> <p>3. Need Statement: Lack of health equity in maternal and child health outcomes</p> <p>57</p> <p>Performance Measure: The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the</p>	<p>Diversity (implement Diversity Committee work plan; conduct)</p>

RttT Grant Goals	SCCAC (priorities, Sept. 2011)	CCDF (state plan FFY12-13)	Early ACCESS Council (Early ACCESS: MOA Five-Year Action Plan 2008-2013)	Maternal Child Health (Title V Block Grant, 2012 App)	ECAC (Grant Goals (Objectives))
	<ul style="list-style-type: none"> <li>● <b>Training and PD Priority:</b> Improve/strengthen quality initiatives: CCR&amp;Rs, registry, QRS and professional development</li> <li>● <b>Training and PD Priority:</b> Require participation in QRS</li> <li>● <b>Training and PD Priority:</b> Increase the number of high quality child care environments</li> <li>● <b>Training and PD Priority:</b> Increase number of programs in QRS, accredited homes and centers</li> <li>● <b>Access &amp; Affordability priority:</b> Develop child care assistance rates to encourage quality child care using strategies such as tiered reimbursement or more use of wrap-around using CCA dollars</li> <li>● <b>Access &amp; Affordability priority:</b> Examine, compare and analyze the impact of implementing an hourly child care assistance reimbursement method to the current half day (unit) child care</li> </ul>	<p>Ensure timely and consistent processing of child development home registration applications, including data sharing with CCR&amp;R and other key partners)</p> <p>Decrease injuries in child care settings by the following strategies 1) ensure injury reporting/surveillance strategies are developed by HCCI/DHS 2) determine methods to pull data from HCCI &amp; CCR&amp;R related to providers completing injury prevention checklists and hazard mitigation plans</p> <p>Increase QRS participation</p>		<p>MCH Title V index.</p> <p>4. Need Statement: Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women</p> <p>Performance Measure: Percent of women who are counseled about developing a reproductive life plan.</p> <p>5. Need Statement: Barriers to access to health care including mental health services for low income pregnant women</p> <p>Performance Measure: The degree to which the health care system implements evidence-based prenatal and perinatal care.</p> <p>6. Need Statement: Lack of access to preventive and restorative dental care for low-income pregnant women</p> <p>Performance Measure: Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.</p> <p>7. Need Statement: Insufficient early and regular preventive and restorative dental care for</p>	

RttT Grant Goals	SCCAC (priorities, Sept. 2011)	CCDF (state plan FFY12-13)	Early ACCESS Council (Early ACCESS: MOA Five-Year Action Plan 2008-2013)	Maternal Child Health (Title V Block Grant, 2012 App)	ECAC (Grant Goals (Objectives))
	<p>assistance structure.</p> <ul style="list-style-type: none"> <li>● <b>Access &amp; Affordability priority:</b> Revise the basis for special needs child care assistance rates so the rates better align with actual costs and special education eligibility standards.</li> <li>● <b>Access &amp; Affordability priority:</b> Develop a plan to implement a tiered reimbursement system in Iowa tied to the Quality Rating System.</li> <li>● <b>Access &amp; Affordability priority:</b> Increase subsidy rates to child care providers to current market rate</li> <li>● <b>Access &amp; Affordability priority:</b> Increase number of low income children receiving CCA who are enrolled in quality care</li> </ul>			<p>children ages 5 and under</p> <p>Performance Measure: Percent of Medicaid enrolled children 0-5 who receive a dental service.</p> <p>8. Need Statement: High proportion of children ages 1-4 and under experiencing unintentional injuries</p> <p>Performance Measure: Rate of hospitalizations due to unintentional injuries among children ages 0-14.</p>	
<p><i>Define, collect, analyze and benchmark growth for Iowa's early care and education programs.</i></p>					<p>Diversity (implement Diversity Committee work plan; conduct parent summit; establish ECI parent council)</p>
<p><i>Fully implement Iowa's comprehensive, integrated early care, health and education professional development system and increase the number of</i></p>	<ul style="list-style-type: none"> <li>● Training and PD Priority: Need better pre-registration readiness and necessary training (visits) around child abuse reporting</li> </ul>	<p>Increase in the number of CDH who have completed ChildNet certification (assures compliance with regulations, participation in CACFP, liability</p>	<p>Goal 8: Training opportunities include evidence-informed practices relevant to specific disciplines.</p>		<p>Professional Development (fully implement ECI's professional development framework)</p>



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RttT Grant Goals	SCCAC (priorities, Sept. 2011)	CCDF (state plan FFY12-13)	Early ACCESS Council (Early ACCESS: MOA Five-Year Action Plan 2008-2013)	Maternal Child Health (Title V Block Grant, 2012 App)	ECAC (Grant Goals (Objectives))
<p><i>educators with improved knowledge and skills.</i></p>	<p>and first aid (This could also be addressed under training and professional development)</p> <ul style="list-style-type: none"> <li>• Training and PD Priority: Improve/strengthen quality initiatives: CCR&amp;Rs, registry, QRS and professional development</li> </ul>	<p>insurance, etc)</p> <p>Under the direction of and funding available within the ECI Professional Development component group, implement professional development opportunities in using curriculums and developmental assessment tools</p> <p>Establish under ECI-Professional Development an approval process for training organizations.</p> <p>Increase participation rate in child care training registry,</p> <p>Increase in the # of consultants who have 1) completed the I-Consult training and 2) achieved the consultant credential</p>			
<p><i>Build an integrated early learning data system that allows for timely, relevant and accessible and accurate information.</i></p>			<p><b>Goal 5:</b> Early ACCESS uses data-informed decision-making for state and local system improvement.</p> <p><b>Goal 6:</b> Future five-year action plan is based on results evaluation data and other sources of information.</p>		<p>Early Childhood Data System (convene data work group; make recommendations to improve, link or integrate existing data and/or system to inform stakeholders and the public in Summer 2013</p>
<p><i>Integrate Iowa's early learning agenda with the K-12 reform agenda One</i></p>					



RttT Grant Goals	SCCAC (priorities, Sept. 2011)	CCDF (state plan FFY12-13)	Early ACCESS Council (Early ACCESS: MOA Five-Year Action Plan 2008-2013)	Maternal Child Health (Title V Block Grant, 2012 App)	ECAC (Grant Goals (Objectives))
Unshakeable Vision: World-Class Schools for Iowa.					
Other not relevant to RttT goals			Other internal goals around compliance to IDEA requirements, etc.		

**Table 2: ECI State Board, ECI Strategic Plan, CDCC, Iowa AEYC, ECCS, FaDSS Council, DE Bd of Ed, DE K-12 Reform**

	ECI State Board	ECI Strategic Plan	CDCC (Mission/Goals: IAC 256A)	Iowa AEYC	ECCS (Grant Goals, 2010)
<i>Building on Iowa's current quality improvement systems, develop a comprehensive, tiered QRIS system and increase participation rates for programs serving high-need children.</i>	<p><b>Iowa's early care, health and education system will be evidence-based and collaborative.</b></p> <ol style="list-style-type: none"> <li>Evaluate, develop and implement a collaborative, quality framework for programs within the early care, health and education system.</li> <li>Create the infrastructure to support evidence-based programming.</li> <li>Ensure that Community Empowerment funds are used for evidence-based practices.</li> </ol>	<p>Healthy Children Children Ready to Succeed in School Secure and Nurturing Families Secure and Nurturing Early Care and Education Environments.</p>	<p>The mission of CDCC is to advocate for Iowa's children and families and support model comprehensive child development and parent support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of quality, family-centered comprehensive early childhood services through:</p> <ul style="list-style-type: none"> <li>established minimum guidelines for comprehensive early child development services for at-risk 3 - and 4-year-old children;</li> <li>established parent support programs to enhance the skills of parents in providing for the learning and</li> </ul>	<p>Advance the five result areas in ECI Strategic Plan</p>	

	ECI State Board	ECI Strategic Plan	CDCC (Mission/Goals: IAC 256A)	Iowa AEYC	ECCS (Grant Goals, 2010)
			<p>development of their children;</p> <ul style="list-style-type: none"> <li>• cost-effective child development services for at-risk 3- and 4-year-old children;</li> <li>• comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and</li> <li>• equity of access to these services for all Iowa's children and their families.</li> </ul>		
<p><i>Define, collect, analyze and benchmark growth for Iowa's early care and education programs.</i></p>	<p><b>Iowa's early care, health and education system will be evidence-based and collaborative.</b></p> <ol style="list-style-type: none"> <li>1. Evaluate, develop and implement a collaborative, quality framework for programs within the early care, health and education system.</li> <li>2. Create the infrastructure to support evidence-based programming.</li> <li>3. Ensure that Community Empowerment funds are used for evidence-based practices.</li> </ol>	<p>Healthy Children Children Ready to Succeed in School Safe and Supportive Communities Secure and Nurturing Families Secure and Nurturing Early Care and Education Environments.</p>	<ul style="list-style-type: none"> <li>• established minimum guidelines for comprehensive early child development services for at-risk 3 - and 4-year-old children;</li> <li>• established parent support programs to enhance the skills of parents in providing for the learning and development of their children;</li> <li>• cost-effective child development services for at-risk 3- and 4-year-old children;</li> </ul>		<p>Advance the five result areas in ECI Strategic Plan</p>

	ECI State Board	ECI Strategic Plan	CDCC (Mission/Goals: IAC 256A)	Iowa AEYC	ECCS (Grant Goals, 2010)
			<ul style="list-style-type: none"> <li>comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and</li> </ul>		
<p><i>Fully implement Iowa's comprehensive, integrated early care, health and education professional development system and increase the number of educators with improved knowledge and skills.</i></p>				<p>C. Provide high quality professional development through conferences, T.E.A.C.H., continuing education and leadership development (ongoing).</p>	
<p><i>Build an integrated early learning data system that allows for timely, relevant and accessible and accurate information.</i></p>					<p>Inform decision making for program development, public policy and fiscal management at the state and local levels through use of results accountability data</p>
<p><i>Integrate Iowa's early learning agenda with the K-12 reform agenda One Unshakeable Vision: World-Class Schools for Iowa.</i></p>					
<p>Other not relevant to RtTI goals</p>	<p><b>All empowerment boards will meet state performance and fiscal standards.</b></p> <ol style="list-style-type: none"> <li>Evaluate, redesign and implement a community board evaluation process.</li> <li>Develop fiscal management strategies for</li> </ol>	<p>Safe and Supportive Communities</p>		<p>A. Develop and implement a pro-active communication plan taking advantage of various forms of technology (ongoing). B. Develop and implement a public relations/marketing plan including member</p>	

	ECI State Board	ECI Strategic Plan	CDCC (Mission/Goals: IAC 256A)	Iowa AEYC	ECCS (Grant Goals, 2010)
	<p>Community Empowerment.</p> <p>3. Build a management framework that supports Community Empowerment at the state and local level.</p> <p><b>Expand public and private support for Iowa's early care, health and education system.</b></p> <ol style="list-style-type: none"> <li>1. Increase statewide and local partnerships and investments.</li> <li>2. Develop and implement statewide a First Years First investment model.</li> <li>3. Grow awareness and advocacy of Community Empowerment at the state and local level.</li> </ol>			<p>recruitment and public recognition (ongoing).</p> <p>D. Examine and communicate organizational structure that clarifies responsibilities and roles of staff, Governing board and Executive Committee (time specific).</p>	

**Table 3: FaDSS Council, DE Bd of Ed, DE K-12 Reform**

	FaDSS Program	IHSA	DE Bd of Ed Goals	DE K-12 Reform (Priorities)
<p><i>Building on Iowa's current quality improvement systems, Iowa will develop a comprehensive QRIS system and increase participation by programs serving high-need children.</i></p> <p><i>Define, collect, analyze and benchmark growth for Iowa's early care and education programs in the</i></p>		<ul style="list-style-type: none"> <li>• Be a Voice for Best Practices for ALL Children</li> <li>• Provide Effective Professional Development for Head Start &amp; Partners</li> </ul>	<ul style="list-style-type: none"> <li>• All children will enter school ready to learn.</li> </ul>	

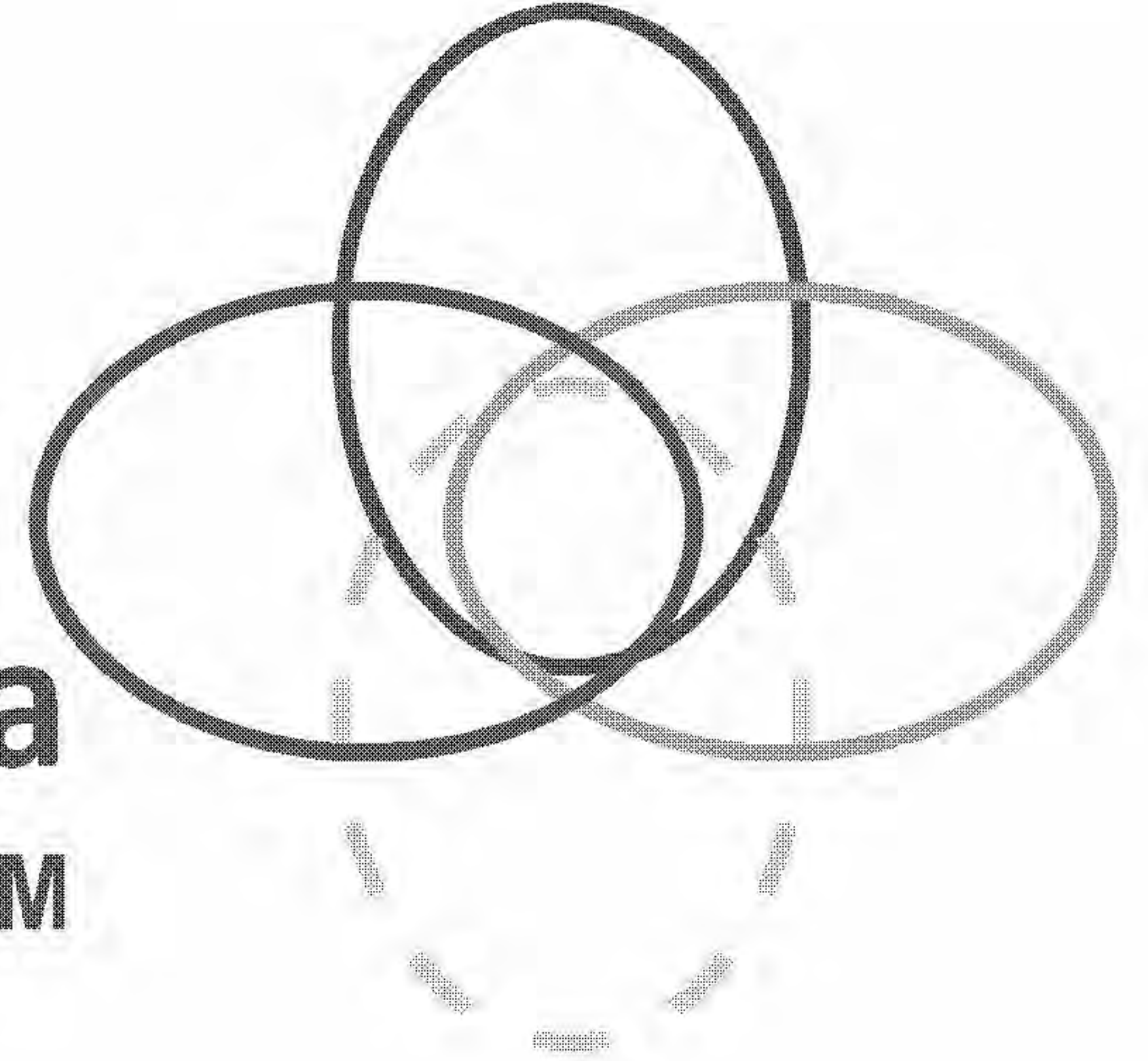


	FaDSS Program	IHSA	DE Bd of Ed Goals	DE K-12 Reform (Priorities)
<i>state.</i>				
<i>Finish full implementation of Iowa's comprehensive, integrated early care, health and education system and increase the number of educators who have improved their skills</i>	FaDSS families value education and life long learning	Provide Effective Professional Development for Head Start & Partners		
<i>Build an integrated early learning data system that allows for timely, relevant and accessible information.</i>	The FaDSS Program is managed in an efficient, cost effective, and family friendly manner.			
<i>Integrate Iowa's early learning agenda into its K-12 education reform agenda.</i>			<ul style="list-style-type: none"> <li>All K-12 students will achieve at a high level.</li> </ul>	<p>(1) getting a great teacher in every classroom, a great principal in every building, and providing the support they need to do their jobs well; (2) raising academic standards and putting in place strong matching assessments; and (3) innovation that boosts learning</p>
<i>Other</i>	<ul style="list-style-type: none"> <li>FaDSS prepares Iowa's most fragile citizens to fully participate in the workforce</li> <li>FaDSS families access quality health care and practice prevention</li> <li>FaDSS families live in safe and peaceful environments free from crime and abuse</li> <li>FaDSS families experience improved living environments</li> </ul>	Develop & Implement Communication and Engagement Plan	<ul style="list-style-type: none"> <li>Individuals will pursue postsecondary education in order to drive economic success.</li> </ul>	





# A POLICY FRAMEWORK for an Early Childhood Iowa PROFESSIONAL DEVELOPMENT SYSTEM



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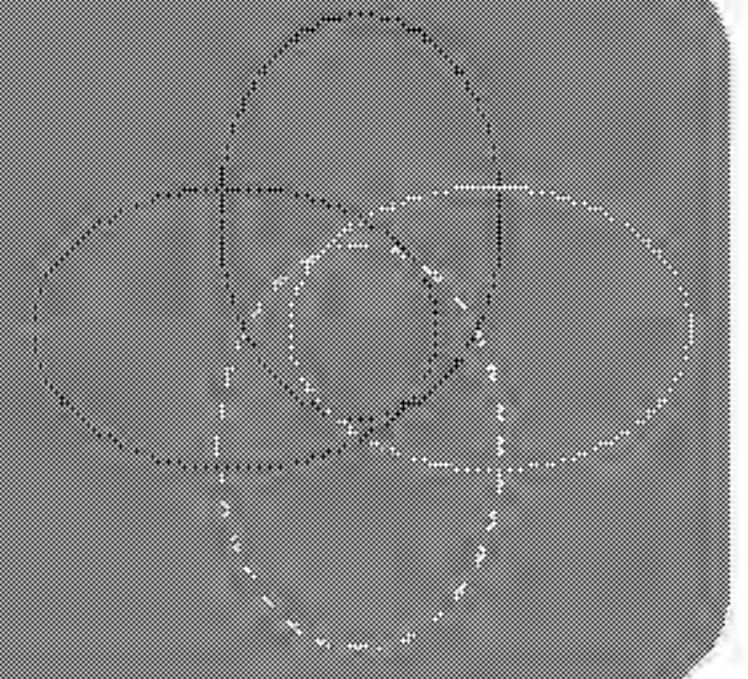
A framework to empower early childhood professionals to improve the quality of services provided to young children and their families

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# INTRODUCTION



Iowa's Early Childhood Professional Development System is fragmented, duplicative and lacks essential resources. This framework addresses these weaknesses by focusing on policies that connect professional development activities to support effective implementation of a coordinated system. **Iowa's Early Childhood Professional Development System will be a system of integrated supports for early childhood professionals that empower them to improve the quality of services provided to young children and their families.** This framework highlights the principles and policy areas that will build and sustain an integrated, comprehensive system uniting the early childhood sectors<sup>1</sup> of early learning, family support, special needs/early intervention and health, mental health and nutrition – and addresses the needs of children ages 0 to 5 and their families. This framework is addressed to policy makers, stakeholders and early childhood professionals.

**Early childhood professionals need preparation, ongoing development and support to ensure that Iowa's youngest children and their families have quality early childhood experiences.** In turn, Iowa's professional development system needs the support of public policies to offer this essential development.

As defined by the National Association for the Education of Young Children's *Workforce Designs* initiative, the principles and policy areas look beyond the status quo; they intentionally promote building and supporting an efficient cross-sector system that decreases duplication and increases accountability and sustainability.<sup>2</sup> **The integrated policies are aimed at the development and retention of a qualified, stable and well-compensated early childhood workforce.**<sup>3</sup> Research points to the knowledge and skills of an early childhood workforce as the cornerstone of high quality early childhood programs.<sup>4</sup>

This policy framework provides a roadmap to create a comprehensive professional development system; addressing professional standards, career pathways, articulation, leadership, evaluation and financing by its delineation of results and performance measures.

<sup>1</sup> See Appendix for definition of Iowa's four early childhood sectors. <sup>2</sup> Policy concepts, direct excerpts, and graphics throughout are used by permission of the National Association for the Education of Young Children (NAEYC), LeMoine, S. (2008). *Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems*. Washington, DC: NAEYC. <sup>3</sup> Iowa's Early Childhood workforce is defined as those individuals in direct service roles (working directly with young children and their families) and in non-direct service roles (working on behalf of children and their families in training, resource and other administrative roles). <sup>4</sup> Shonkoff & Phillips 2000.

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Professional development is facilitated teaching and learning experiences that are designed to support the acquisition of professional knowledge, skills, and dispositions, as well as the application of this knowledge in practice.



# PRINCIPLES FOR POLICYMAKING

The following four principles make it possible for Early Childhood Iowa (ECI) to build and support a comprehensive, integrated professional development system. The principles are aimed at the development and retention of a sustained early childhood workforce.

## **Integration**

Through the existing structure of ECI, an integrated professional development system that crosses the early childhood sectors will be developed. Policies will be created to promote the building and support of an efficient cross-sector system that decreases duplication of efforts and increases sustainability. Policies will be embedded into the early childhood system with appropriate rules, regulations and statutes with leadership across state agencies. Policies will also be embedded in other cross-sector activities that touch the workforce. For example, policies may be embedded in or have linkages to state partners and state initiatives.

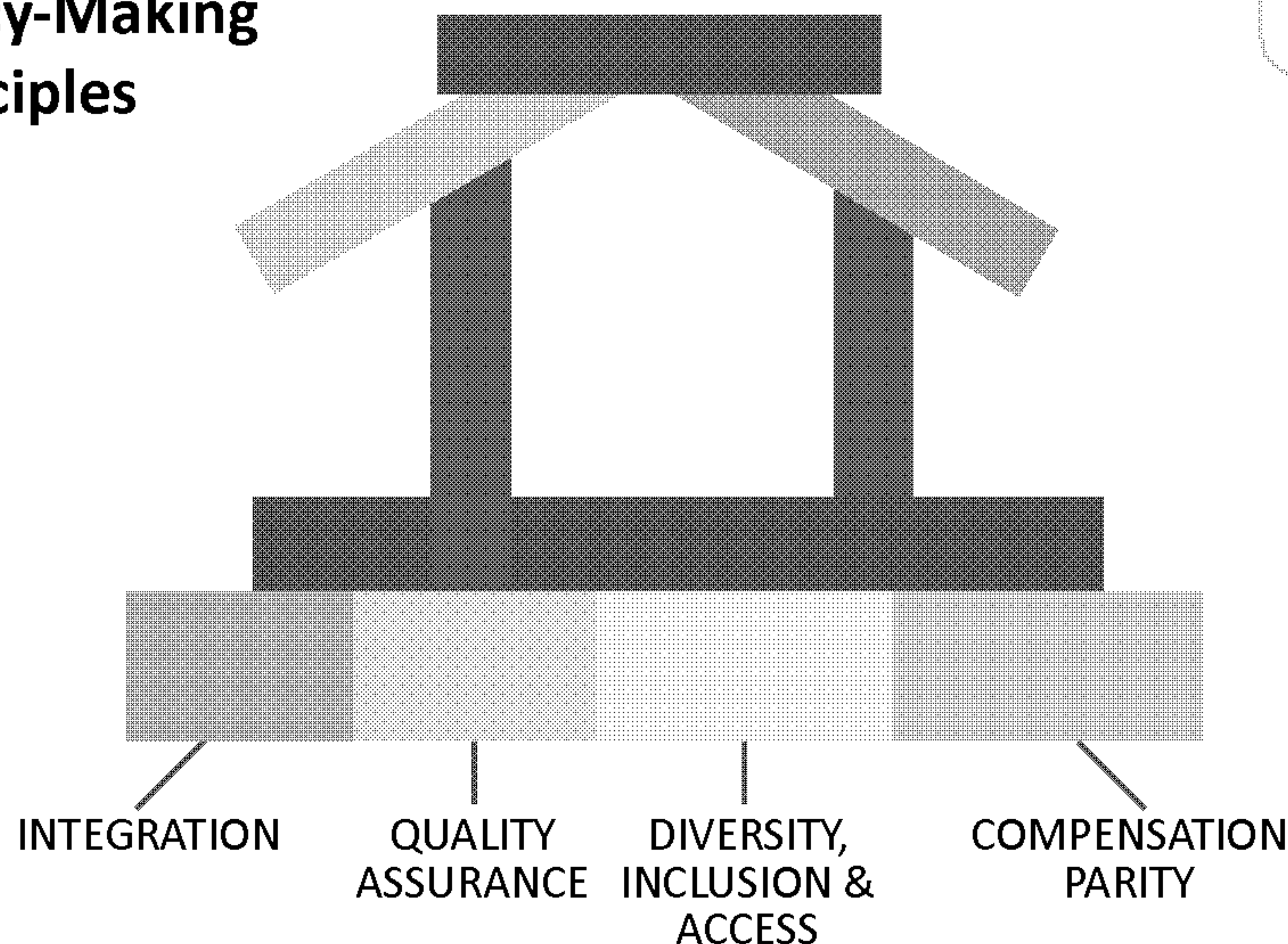
ECI supports consistent practice and integration of professional development policies and regulations across state agencies.

## **Quality Assurance**

Through ECI, mechanisms and processes will be in place to ensure accountability for Iowa's investment in quality professional development that produces positive outcomes. In addition to fiscal accountability, there will be accountability to the early childhood workforce and young children and their families. Quality assurance processes, including ongoing evaluations at the individual, program, and system level, will be built into systems.

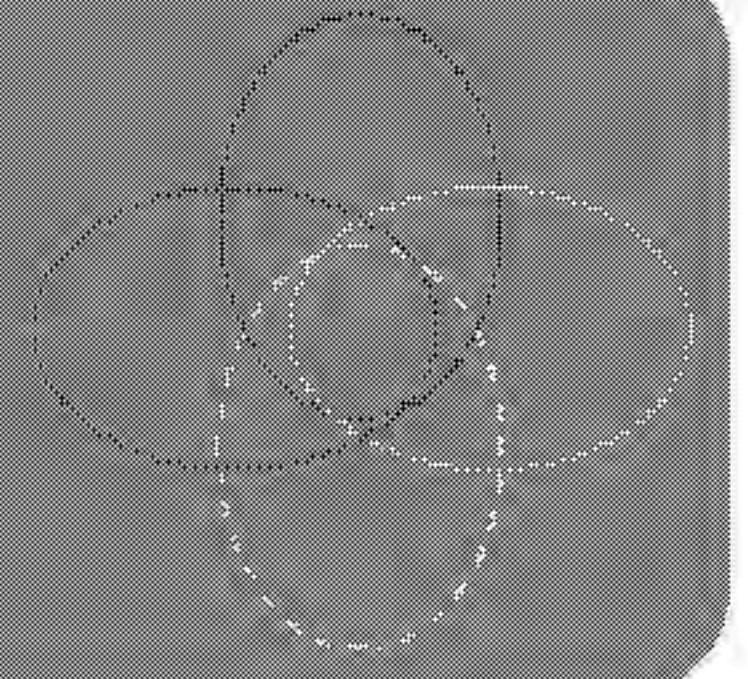
ECI programs will be expected to show evaluation results indicating positive outcomes for children and will be monitored for fiscal responsibility.

### **Policy-Making Principles**





## PRINCIPLES FOR POLICYMAKING



### ***Diversity, Inclusion and Access***

**Diversity** in Iowa is multidimensional. One part of diversity is the human aspect reflecting the varied demographics of Iowa's children, families and practitioners along the dimensions of age, gender, race, ethnicity, language, ability, sexual orientation, socio-economic status, and first and second language development. ECI has created a Diversity Taskforce to serve in an advisory role for the early childhood system and will address diversity gaps.

ECI supports policies that advance the recruitment, development and retention of a diverse workforce.

The goal of Iowa's integrated professional development system is to encourage diversity but minimize discrepancies in individual and sector access to resources and opportunities, providing equal access to the early childhood workforce. **Access** is the how of addressing diversity and inclusion. It includes offering a variety of mechanisms for both background information on Iowa's professional development system and related activities. The early childhood workforce should have access to equitable, high quality professional development.

Attention to **diversity**, **inclusion** and **access** issues—like those of integration and quality assurance—is a crucial part of Iowa's professional development policies. Iowa will create policies that support the recruitment, development and retention of a workforce that includes professionals who reflect the diversity of the children and families served and that is also prepared to work with children and families of diverse cultures and abilities.

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### ***Compensation Parity***

Compensation parity means that compensation is equal or equivalent to other similar fields and the status of the work and individual's education, experience and responsibilities are recognized and rewarded appropriately. Setting standards for what the early childhood workforce should know and can do must go hand-in-hand with compensation parity, or the field will be unable to compete not only with other sectors but also with other industries in which workers have comparable credentials but are better compensated.

ECI supports compensation parity for the early childhood workforce.



## SIX ESSENTIAL POLICY AREAS

Iowa's Early Childhood Professional Development System requires supportive policies to ensure its goals are attainable and successful. The following six essential policy areas make it possible to build and support a comprehensive professional development system. To be effective, each of these policies must be integrated, attending to the early childhood sectors, include quality assurance mechanisms, support diversity, and provide sufficient and sustainable funding. **This framework provides the current status of each early childhood sector in Iowa and defines opportunities and next steps for advancing Iowa's Early Childhood Professional Development System.**

This framework provides the current status of each early childhood sector in Iowa and defines opportunities and next steps for advancing Iowa's Early Childhood Professional Development System.

### *POLICY AREA 1: Professional Standards*

**Professional standards guide the content of professional preparation and continuing education** including qualifications across roles and settings. Professional standards in some cases are determined by program standards. Iowa's early childhood professions require staff to demonstrate their preparedness to successfully fulfill their job duties and to keep their knowledge and skills up to date. Iowa policies will specify qualifications that address levels and content of education as well as ongoing development.

#### *Early Learning*

#### **In Iowa's Current System**

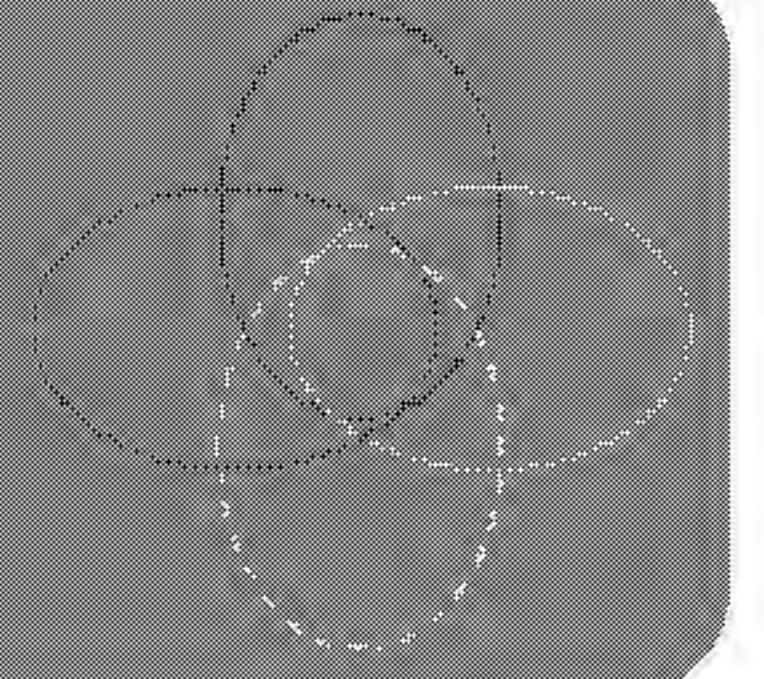
The roles and professional positions in the Early Learning sector are vast and extend among many different types of settings. Iowa's early childhood professionals include those working directly with young children and families as well as those working to support the provision of early childhood services to young children and their families. These early childhood professional roles require different types and levels of competencies<sup>5</sup> but share a common core centered in early childhood education. Current Iowa competencies need ongoing review and revision to ensure implementation of ever changing best practices. These revised competencies will form the basis for career pathways and early childhood training and coursework.

#### **Next Steps**

- Develop, implement and revise competencies and levels utilizing nationally and/or state recognized professional preparation standards.
- Link professional development to competencies and outcomes.
- Incorporate competencies into teacher licensure, endorsements and regulatory requirements.
- Explore creating a credentialing system.

<sup>5</sup> Core competencies are defined as a demonstration of observable skills based on dispositions and knowledge





# SIX ESSENTIAL POLICY AREAS

*Special Needs/  
Early Intervention*

### In Iowa's Current System

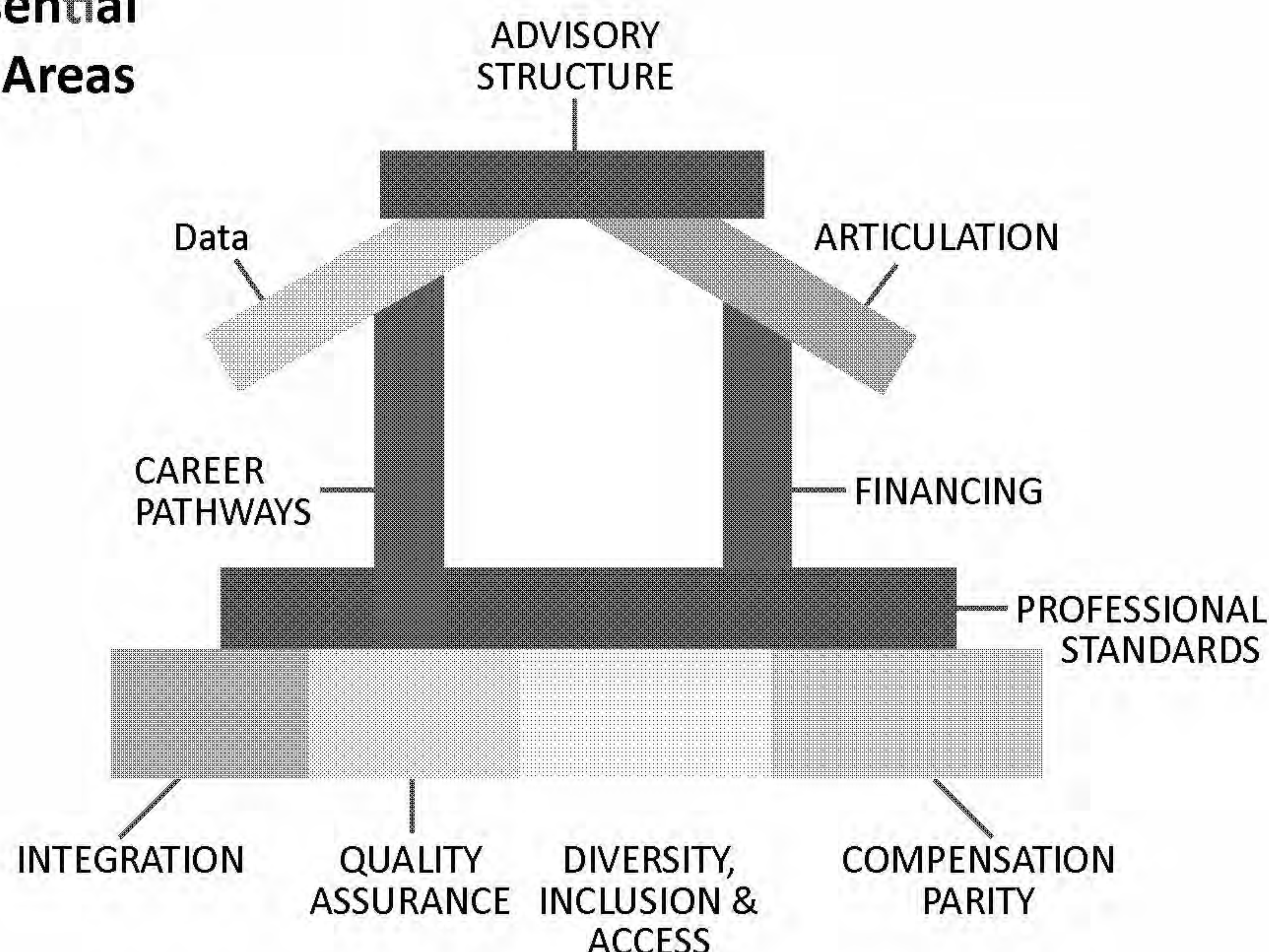
Iowa's early childhood professionals include those working directly with young children with disabilities and their families as well as those working to support the provision of early intervention services. Current Iowa standards need ongoing review and revision to ensure implementation of ever changing best practices. The revised competencies will form the basis for career pathway and early intervention training and course work.

### Next Steps

- Identify, develop, implement and revise competencies and levels utilizing nationally and/or state recognized professional preparation standards.
- Offer professional development addressing special needs/early intervention across programs and roles.

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## Six Essential Policy Areas





## SIX ESSENTIAL POLICY AREAS

### Family Support

#### In Iowa's Current System

Family Support direct service provider and Family Support Supervisor are the two primary professional positions in the Family Support sector. The direct service providers have different job titles depending upon the organization and the program model; these include Parent Educator, Family Development Specialist and Family Advocate. Over 90% of family support staff have a B.A. degree. Major courses of study include education (secondary, elementary and early childhood), health (Registered Nurse), and social work (social work, human services, psychology, sociology, and human development).

The University of Iowa and Iowa State University offer a certification in Family Development. The classes provided last approximately eight days over several months. This type of course assists in providing a baseline of common knowledge to persons entering the family support workforce. The course assists in filling any gaps that may exist in pre-service course work. Relatively few program models, except for Family Development and Self Sufficiency (FaDSS), mandate successful completion of the certification program.

The University of Iowa also offers a comprehensive certification program for Family Support Supervisors that is approximately the same duration as the Family Development Specialist certification course. Currently, no program model mandates completion of the supervisor certification.

The Iowa Family Support Standards<sup>6</sup> contain professional standards for both direct service providers and supervisors. The standards were expanded to create best practice guidelines for Family Support Professional Development.

#### Next Steps

- Implement the Family Support Best Practice Guidelines for Professional Development<sup>7</sup>.
- Develop additional best practice recommendations for training content and providers.
- Explore requiring family support certification for direct service providers and supervisors.

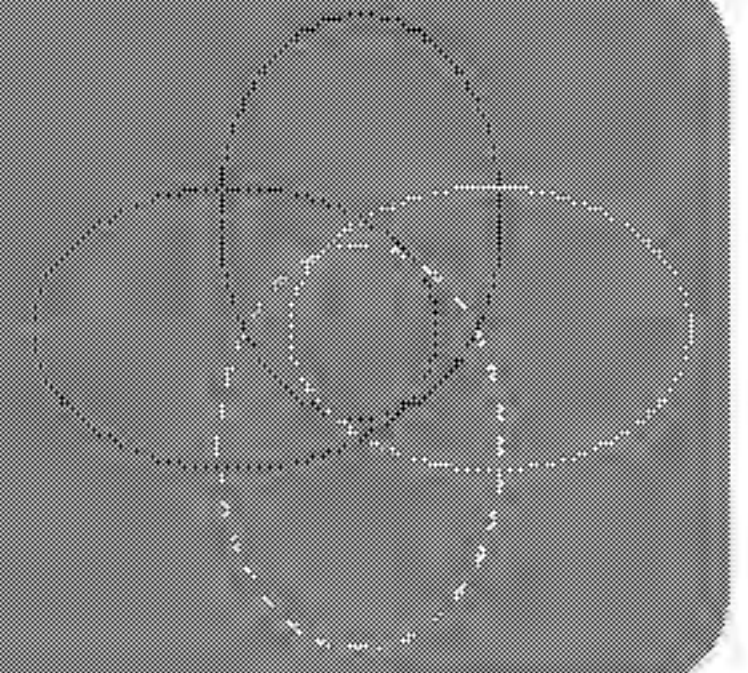
The Iowa Family Support Standards contain professional standards for both direct service care providers and supervisors. The standards were expanded to create best practice guidelines for Family Support Professional Development.

<sup>6</sup> Iowa Family Support Standards: [www.empowerment.state.ia.us/files/family\\_support/iowaFamilySupportStandards7-09.pdf](http://www.empowerment.state.ia.us/files/family_support/iowaFamilySupportStandards7-09.pdf)

<sup>7</sup> Iowa Family Support Best Practice Guidelines for Professional Development: [www.empowerment.state.ia.us/files/family\\_support/iowa%20FamilySupportPDbestpracticesrecommendationsfinal.pdf](http://www.empowerment.state.ia.us/files/family_support/iowa%20FamilySupportPDbestpracticesrecommendationsfinal.pdf)



## SIX ESSENTIAL POLICY AREAS



### Health, Mental Health & Nutrition

#### In Iowa's Current System

There are a variety of early childhood health professional roles that require different types and levels of knowledge and skills but share a common purpose centered in early childhood well-being. Iowa's health professionals include those working directly with young children and families as well as those working to support the provision of early childhood services to young children and their families. National and state standards are in place but additional standards are needed to assure health professionals are well-educated, receive ongoing professional development and possess the ability to implement evidence-based practices. There is a need for an early childhood certification because of the lack of early childhood-specific curriculum/training for health professionals.

#### Next Steps

- Design and implement an early childhood certification to enhance the knowledge of all the health disciplines that impact children.
- Determine an authoritative body to issue the certification.
- Implement a mental health certification to provide services for children ages 0 to 5.
- Develop a set of core competencies to address health, mental health and nutrition.

(b)(6)

There is a need for an early childhood certification because of the lack of early childhood-specific curriculum/training for health professionals.

### INTEGRATED PROFESSIONAL STANDARDS GOAL:

As each early childhood sector determines professional standards, some common core competencies may surface. Policies may need to be developed that ensure cross-sector coordination to better align the precise nature of the competencies themselves and any professional development activities.



## SIX ESSENTIAL POLICY AREAS

### *POLICY AREA 2: Career Pathways*

**Career pathways support the continuous professional development progress of individuals** through clearly defined and easily recognizable pathways. Early childhood professionals need to be able to plan and sequence the achievement of increased qualifications, understand the professional possibilities resulting from such acquisitions, and be appropriately compensated. Policies will recognize and support individuals who change roles within the field and will be linked to appropriate compensation.

#### *Early Learning*

#### **In Iowa's Current System**

There are a variety of career pathways depending on individual roles in the Early Learning sector. For example, Iowa's child care system has a pathway that emphasizes community-based training over formal education, while some preschool programs require a pathway to teacher licensure with an early childhood endorsement. There are often unclear connections between the two pathways. Some of the existing pathways in the Early Learning sector are not rigorous and relevant enough to impact quality. The lack of standardized professional development leads to an undervalued workforce for some roles in this sector. The Early Learning sector needs pathways for professionals that provide supportive services and program administration. Iowa's professional development system should define clear bridges between these pathways.

#### **Next Steps**

- Design career pathway policies aligned with job opportunities that reward investments in professional advancement with compensation.
- Include continuing education and mentoring support as part of all career pathways.
- Design and implement a comprehensive and progressive early childhood credentialing system for all roles within the early learning sector.

#### *Special Needs/ Early Intervention*

#### **In Iowa's Current System**

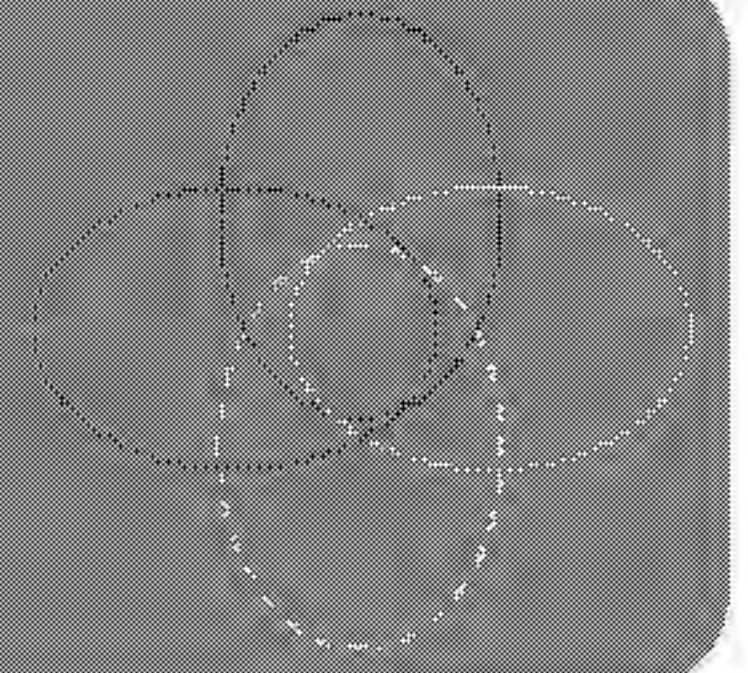
There are no consistent pathways that can be defined by both education and experience. Some roles within the Special Needs/Early Intervention sector have specific career educational requirements currently in place.

#### **Next Steps**

- Identify professional roles, competencies and career pathways that are already available and identify gaps.
- Design and implement competencies for various levels of positions to assure appropriate career pathways across sectors.



## SIX ESSENTIAL POLICY AREAS



### Special Needs/ Early Intervention

#### Next Steps *continued*

- Design career pathway policies aligned with job opportunities that reward

investments in professional advancement with compensation.

- Include mentoring, coaching and continuing education as part of all career pathways.

### Family Support

#### In Iowa's Current System

There are a limited number of supervisory job openings which limits direct service staff moving into management positions. Direct service staff can, however, be encouraged to specialize in some aspect of the field. Individual formal preparation may include CEU expectations, such as social work licensure or nursing licensure. Supervisors should support opportunities for direct service staff to participate in leadership and advocacy activities for their growth and development.

#### Next Steps

- Implement the curricula for Family Support supervisors.
- Design career pathway policies aligned with job opportunities that reward investments in professional advancement with compensation.
- Engage management to support opportunities for direct service staff to participate in leadership and advocacy activities for their professional growth and development.

### Health, Mental Health & Nutrition

#### In Iowa's Current System

There are a variety of health, mental health and nutrition sector identified career pathways.

#### Next Steps

- Design career pathway policies aligned with job opportunities that reward investments in professional advancement with compensation.

(b)(6)

Supervisors should support opportunities for direct service staff to participate in leadership and advocacy activities for their growth and development.



## SIX ESSENTIAL POLICY AREAS

### POLICY AREA 3: Articulation

**Articulation is the transfer of professional development credentials, courses, credits, degrees and student performance-based competencies from one program or institution to another**, ideally without a loss of credits. Developing and implementing policies around articulation assists in creating career pathways and building capacity to meet required professional standards. Iowa colleges and universities need to form articulation agreements that assist early childhood professionals in moving seamlessly through and across undergraduate and graduate degree programs. Grants or specific directions for resource allocations need to be attached to articulation policies; colleges and universities will need fiscal support to change or augment long-standing, institutionalized processes.

Grants or specific directions for resource allocations need to be attached to articulation policies; colleges and universities will need fiscal support to change or augment long-standing, institutionalized processes.

*Early Learning*

and

*Special Needs/  
Early Intervention*

#### **In Iowa's Current System**

The Early Learning and Special Needs/Early Intervention sectors have similar challenges as articulation agreements are limited statewide. The majority of Iowa community colleges have endorsed the four Child Development Associate (CDA) credential courses that have been selected for statewide consistency. However, two-year early childhood course credit does not typically transfer into the early childhood or special education programs within four-year institutions. Also, professional development trainings offered by community-based training organizations have not yet been developed to meet the criteria for college credit.

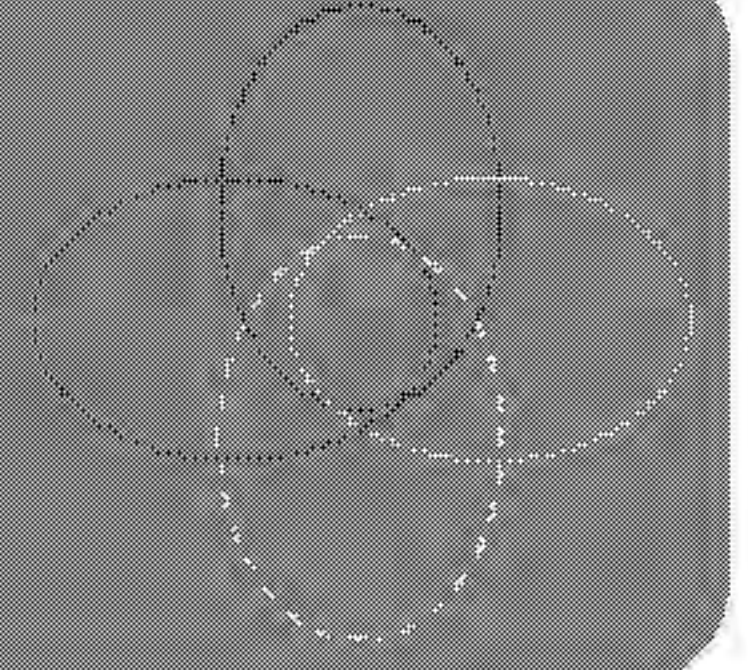
#### **Next Steps**

- Adopt and endorse statewide the Iowa Community College Alliance's common core of courses<sup>8</sup> between the community colleges and four-year colleges and universities. Standardize the number of credits that should be articulated for child care workers who have a CDA credential through non-credit methods.
- Develop strategies to promote articulation agreements among community colleges and institutions of higher education, including securing state funding for community college and four-year college/university early childhood programs to become nationally accredited by NAEYC and NCATE, respectively.
- Make mechanisms that transform diverse training and learning experiences into academic credit, such as assessment of experiential learning, readily accessible to early childhood practitioners.

<sup>8</sup> See Appendix for the Iowa Community College Alliance's common core of courses.



## SIX ESSENTIAL POLICY AREAS



### Family Support

#### In Iowa's Current System

Because of the high percentage of staff that are hired with a B.A. degree, articulation is less of an issue for the Family Support sector at this time. Articulation could become more of an issue if the federal government expands the Nurse Family Partnership program, which requires the family support direct service provider to be a bachelor's prepared registered nurse (Bachelor of Science in Nursing, B.S.N.). Iowa is currently lacking in the availability of B.S.N.s which would make implementation challenging if not impossible.

#### Next Steps

- Explore implementing standards for trainers and curriculum.
- Explore developing a plan to increase the number of bachelor prepared nurses in partnership with the Iowa Department of Public Health.

### Health, Mental Health & Nutrition

#### In Iowa's Current System

Articulation issues may vary based upon individual program and institution for the Health, Mental Health and Nutrition sector. Articulation agreements are limited statewide.

#### Next Steps

- Continue to focus on articulation and partnerships.

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Articulation could become more of an issue if the federal government expands the Nurse Family Partnership program, which requires the family support direct service provider to be a bachelor's prepared registered nurse (Bachelor of Science in Nursing, B.S.N.). Iowa is currently lacking in the availability of B.S.N.s which would make implementation challenging if not impossible.



## SIX ESSENTIAL POLICY AREAS

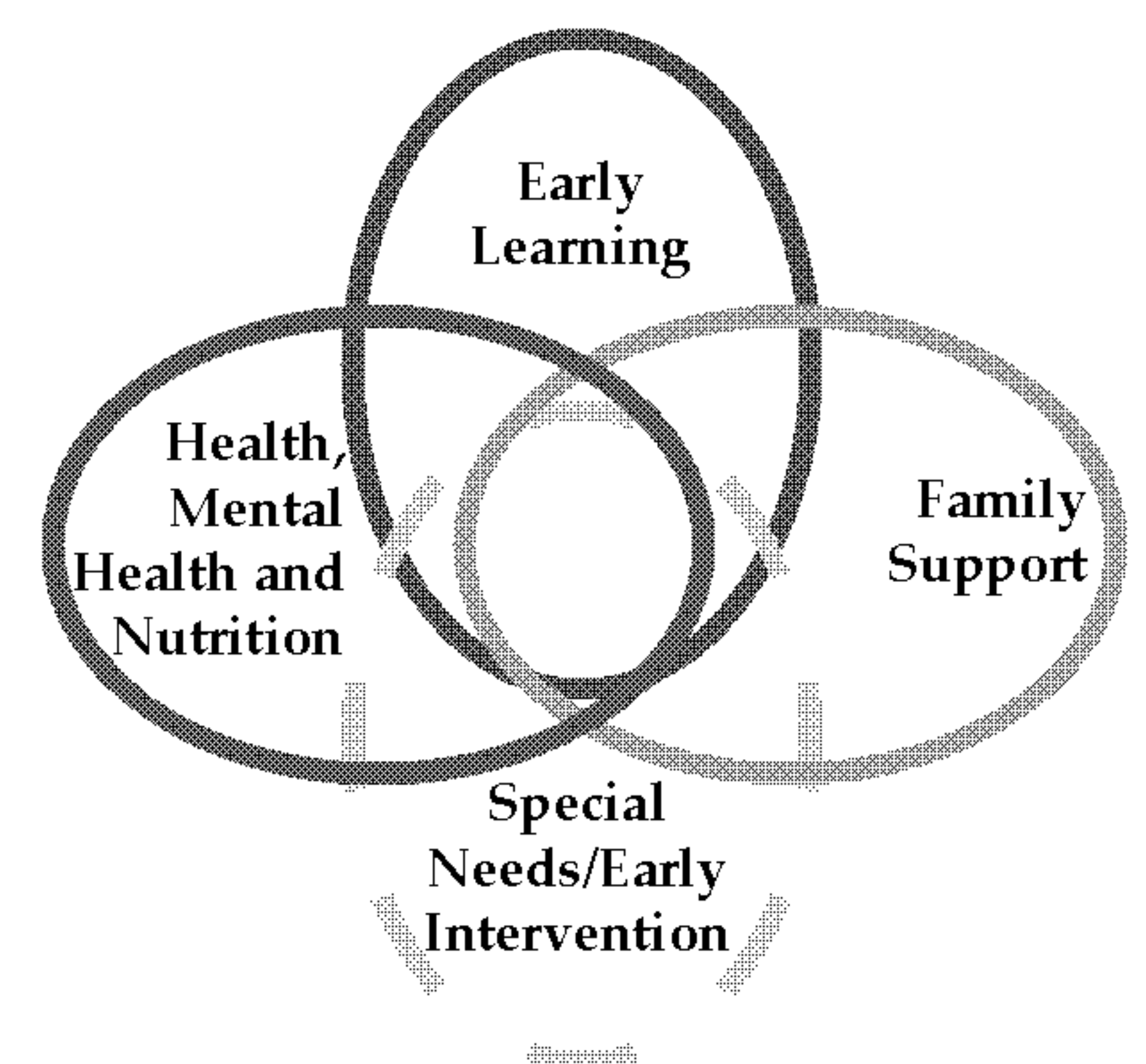
### POLICY AREA 4: Advisory Structure

**Advisory Structure is the coordination mechanism for an integrated early childhood professional development system, which is the Early Childhood Iowa Council, codified in Iowa's 2008 legislative session. The ECI Council was established to oversee the development of a comprehensive, integrated early care, health and education system by encouraging collaboration around desired results.** The Council serves as an alliance of stakeholders for the early care, health, and education systems that affect children ages 0 to 5 and their families. The ECI Council has authority to examine needs and provide policy recommendations for the systems. The ECI structure has a number of component groups serving as working committees, implementing projects and providing expertise in a particular area. The Professional Development (PD) Component Group and its leadership, the Professional Development Steering Committee, are key to the work of implementation of professional development. The PD Steering Committee is the author of this framework. A new structure has been developed as the steering committee implements this framework. Using the four sectors of the early childhood system (early learning, special needs/early intervention, family support, and health, mental health, and nutrition), Iowa is creating four professional development leadership teams, one for each sector. These teams will design, implement and share information about the professional development requirements and opportunities within each sector, creating opportunities for cross-sector integration and collaborations. Two representatives from each leadership team, plus additional at large members, make up the Professional Development Steering Committee. The two co-chairs of this committee also serve as co-chairs for the PD Component Group.

The ECI Council was established to oversee the development of a comprehensive, integrated early care, health and education system by encouraging collaboration around desired results.

### Next Steps

- Support a lead agency to provide infrastructure and funding to coordinate an Early Childhood Professional Development system in Iowa.
- Expand Early Childhood Iowa Council and Professional Development Component Group membership to be more representative from early learning, family support, special needs/early intervention and health, mental health and nutrition sectors including public and private stakeholders.
- Develop mechanisms for improved communication between ECI workgroups and local level programs.
- Support the implementation of the professional development framework.



## SIX ESSENTIAL POLICY AREAS

### **POLICY AREA 5: Data**

**Data are essential to gauge impacts and systems change**, as well as to inform planning, evaluation, quality assurance and accountability. Data to be collected will assist systems planning, identify needed improvements and assess how the system entities and their delivery are changing to be more effective. Iowa policies will specify the methods and collection of specific data and also require nonduplication of efforts, cross-sector data collection, sharing, and alignment. Policies will require comprehensive workforce studies at regular intervals and ongoing collection of professional development utilization and improvement indicators.

Iowa policies will include specific requirements for disaggregated data by type of setting, demographics, and primary financing source(s). Data about Iowa's workforce and how its professional development system is working assists the advisory structure (Early Childhood Iowa Council) and other administrators to assess how individuals are benefiting and how system entities are changing to improve efficiency.

#### *Early Learning*

#### **In Iowa's Current System**

Individual entities collect some professional development and workforce data. Agencies collect data on the number of early childhood staff who attends the trainings offered.

Community colleges and institutions of higher education collect data on retention in early childhood programs, success at transfer institutions, graduation, placement rates and employer surveys. Quantitative data is collected, but qualitative data, including outcomes on community needs assessment indicators, is needed.

#### **Next Steps**

Collect, analyze and disseminate the following data:

- Early childhood workforce data including compensation, benefits, educational attainment, availability, access and barriers to training, turnover and diversity.
- Outcomes for professional development trainings and educational offerings.

#### *Special Needs/ Early Intervention*

#### **In Iowa's Current System**

A variety of tracking and monitoring systems exist collecting broad data. State agencies collect basic provider information and results of individual evaluations, strategic plans, self assessments and other observation tools.

#### **Next Steps**

Collect, analyze and disseminate the following data:

- Data needed regarding the workforce that links to outcome-based results for children with special needs.
- Outcomes for professional development trainings and educational offerings.



## SIX ESSENTIAL POLICY AREAS

### Family Support

#### In Iowa's Current System

The Family Support Leadership group has endorsed the data collection of five outcome measures<sup>9</sup> and corresponding performance measures to be collected across all family support programming by the year 2010. Community Empowerment and the HOPES-HFI programs were fully adopted in 2009. This data is currently collected by the Office of Empowerment and the Iowa Department of Public Health. In addition, effective July 2009, the Office of Empowerment began collecting data regarding the availability of quality family support programming in Iowa.

#### Next Steps

Collect, analyze and disseminate the following data:

- Number of Family Support programs in the state.
- Data from parents regarding the types of supports that are the most valuable and if they are receiving the services they need most.

### Health, Mental Health & Nutrition

#### In Iowa's Current System

Currently, there is no systematic collection of workforce data. Individual agencies and professional associations collect quantitative data of representatives from their workforce. Additionally, the professional development needs of the workforce are not known.

#### Next Steps

Collect, analyze and disseminate the following data:

- Demographics, including age, educational level, expertise and retention of the workforce.
- Workforce data including distribution of the workforce vs. the concentration of children.
- Disease prevalence of children in geographic areas vs. the concentration of the workforce.

### INTEGRATED DATA GOAL:

Comprehensive early childhood workforce data will allow ECI to identify the current status of the workforce, examine the quality of early childhood programs, determine baseline measures, and set objectives for the future. The four early childhood sectors will explore developing a comprehensive data system that reduces duplication and disparities in data collection.

<sup>9</sup> See Appendix for the five Family Support outcome measures.

## SIX ESSENTIAL POLICY AREAS

### *POLICY AREA 6: Financing*

**Financing is defined as appropriate funding to operate Iowa's Early Childhood Professional Development System.** The professional development system requires funding for operation and implementation of ECI framework goals. Policies will incorporate specificity so that funds are used to do the needed or newly required work, as presented in this framework, in order to move the system forward. This is especially important in the early childhood field where resources are scarce.

Funds available for professional development activities are built into the annual budget of some local programs, but what is budgeted is not enough to cover actual costs.

#### **In Iowa's Current System**

Financing for Iowa's Early Childhood Professional Development System is limited. Funds available for professional development activities are built into the annual budget of some local programs, but what is budgeted is not enough to cover actual costs. Typically, funding for professional development activities is allocated within a specific sector and training opportunities are not always opened across sectors.

#### **Next Steps**

When financing sources allow, Iowa's financing policies will support the financing of an integrated professional development system through the following actions:

- **Secure ongoing funding for the early childhood workforce** to increase access to education and ongoing professional development.
- **Explore the creation of a virtual training center** to better align professional development opportunities and reduce duplication.
- **Support incentives and compensation parity** for attainment of additional education and development. Other financing mechanisms such as higher reimbursement rates and grants that reflect the cost of quality do not always take into account or sufficiently address the cost of compensation parity.
- **Secure sustainable funding for the ECI professional development system infrastructure**, which may be linked and/or embedded in the Iowa's larger early childhood system. Infrastructure pieces that require financing may include the advisory body, data systems, support to higher education institutions and training systems, quality assurance processes and support for professional development system planning efforts and implementation of this framework.
- **Design and implement marketing and public relations campaigns** to build relationships with public and private organizations.



## PRIORITIES & OPPORTUNITIES

***Priorities for Iowa's Professional Development System*** - As this framework was being drafted, more than 75 individuals provided input on priorities and the key policies needed to support Iowa's integrated Early Childhood Professional Development System. Participants provided insights through questionnaires and focus groups. **The following five top priorities were identified for advancing Iowa's professional development system:**

1. **Support a lead agency/office and provide infrastructure and funding** to coordinate an Early Childhood Professional Development system in Iowa.
2. **Support adequate compensation** linked to professional development outcomes for practitioners.
3. **Develop and implement pathways, competencies and levels** utilizing nationally or state recognized professional preparation standards.
4. **Link professional development to increased standards, competencies and outcomes.**
5. **Support the implementation of the Iowa Professional Development Model.**

The Professional Development Steering Committee will develop an implementation plan addressing the top priorities, including short and long-term goals for Iowa's professional development system, and integration efforts. Additionally each of the four early childhood sectors will have an individual implementation plan that will identify key players, activities, timelines and resources. Implementation plan activities will be implemented through newly developed early childhood system leadership teams. Leadership teams will report progress and solicit input at Professional Development Steering Committee, PD Component Group and ECI Council meetings.

***Opportunities for Iowa's Professional Development System*** - Opportunities exist for Iowa's Early Childhood Professional Development System that will lead to and sustain an integrated, comprehensive system. There must be greater public understanding of and support for the critical importance of the early years and also for the specialized skills and knowledge needed to work effectively with young children and their families.

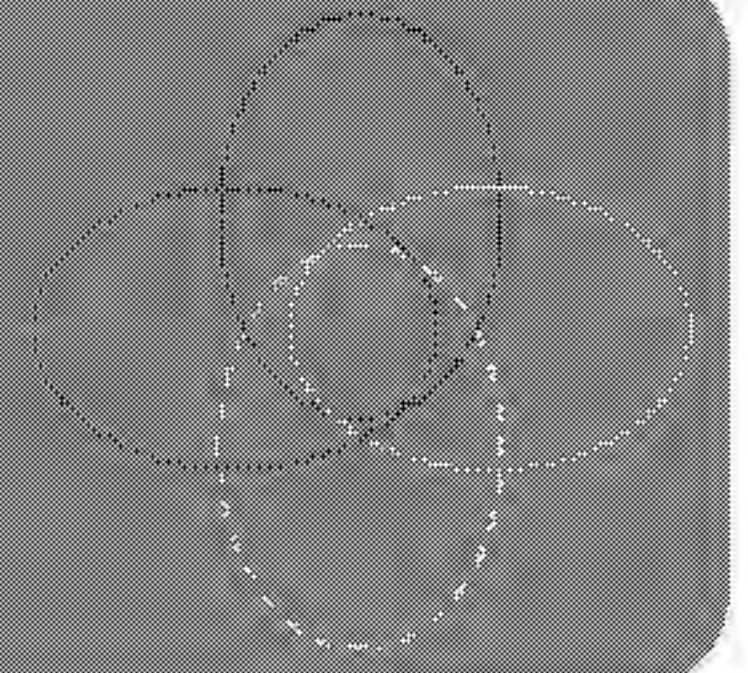
**Opportunities for Iowa's system include:**

- Assimilation of state policies to support an integrated system
- Overarching state policies
- A common definition of outcomes that is applied by all sectors
- Decisions regarding resources that ensure accountability and positive outcomes for children and their families
- A new structure of professional development that supports policies and moves the system forward

Effective integration requires intentionality, which in turn requires organization. If we work independently, without a well-defined vision and capacity to act and react to changing political, social and economic contexts, we will not make the progress that is needed. **If we work together strategically, we can cause changes that we seek for children, families and professionals in the field.**



## CONCLUSION



This framework highlighted four policy-making principles (integration, quality assurance, diversity, inclusion and access, and compensation parity) and six policy areas (professional standards, career pathways, articulation, advisory structure, data, and financing) that will build and sustain an integrated Early Childhood professional development system in Iowa. The principles and policy areas look beyond the status quo to the development and retention of a competent and stable early childhood workforce that address all four sectors. The framework addresses Iowa's Early Childhood Professional Development System weaknesses of fragmentation, duplication and lack of essential resources by focusing on policies that connect professional development activities to support effective implementation of an integrated, coordinated system.

**Early childhood professionals need preparation, ongoing development and support to ensure that Iowa's youngest children and their families have quality early childhood experiences.** In turn, Iowa's professional development system needs the support of public policies to offer this essential development. To build and sustain a competent early childhood workforce, these policies must address the four sectors of the field: early learning, family support, special needs/early intervention and health, mental health and nutrition. The policies should also address all service roles, direct and non-direct, pre-service and in-service, in each sector. Iowa needs competent professionals who know how to do their job but also have an awareness and appreciation for how children are whole individuals and need support from all sectors for their growth and development. The entire system of sectors must work together to ensure that every child, beginning at birth, is healthy and successful.

Research indicates that children who engage in high-quality early childhood programs are more likely to be ready for school and for life.<sup>10</sup> A consistent, skilled, diverse and appropriately compensated early childhood workforce is key to providing such quality services.<sup>11</sup> Iowa will work to build and retain this workforce by planning and implementing a professional developmental system from predominantly fragmented activities and programs.

**Now is a time of opportunity for Iowa to move integrated early childhood system efforts forward.**

<sup>10</sup> Berrueta-Clement et al. 1992; Ramey & Campbell 1999; Reynolds 2000.

<sup>11</sup> Phillips 2008.

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If we work together strategically, we can cause the changes that we seek for children, families and professionals in the field.



**Early Childhood Sectors** (Created by the Early Childhood Systems Workgroup, an ad hoc group of over a dozen national organizations and experts, 2006.)

1. **Early Learning** - All children should have access to early care and education opportunities in nurturing environments where they can learn what they need to succeed in school and life.
2. **Special Needs/Early Intervention** - All children with special needs should be identified as early as possible, assessed and receive appropriate services.
3. **Family Support** - All families should have economic and parenting supports to ensure all children have nurturing and stable relationships with caring adults.
4. **Health, Mental Health and Nutrition** - All children need comprehensive health services that address vision, hearing, nutrition, behavioral and oral health as well as medical health needs.

## IOWA COMMUNITY COLLEGE ALLIANCE'S COMMON CORE OF COURSES

- Introduction to Early Childhood Education
- Child Health, Safety, and Nutrition
- Early Childhood Curriculum I
- Early Childhood Curriculum II
- Child Growth and Development
- Infant/Toddler Care and Education
- Early Childhood Guidance
- Early Childhood Field Experience

## FAMILY SUPPORT OUTCOME MEASURES

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

## REFERENCES

- Berrueta-Clement, J., L. Schweinhart, W. Barnett, A. Epstein, & D. Weikart. 1992. *Changed lives: The effects of the Perry Preschool Program on youths through age 19*. Ypsilanti, MI: High/Scope.
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- Reynolds, A.J. 2000. *Success in early intervention: The Chicago child-parent centers*. Lincoln: University of Nebraska Press.
- Shonkoff, J.P., D.A. Phillips, eds., & the Committee on Integrating the Science of Early Childhood Development. 2000. *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

**STEERING COMMITTEE:** A 14-member Steering Committee provided guidance on the development of this framework:

Tammy Bormann	Community College Alliance, Staff and Consultant
Dawn Collins	Iowa Dept. of Human Services, Child Care & Community Services Bureau
Nancy Dunn	Child Care Resource & Referral, Training Coordinator
Janet Gartin	Iowa Dept. of Management, Family Support
Gretchen Hageman	Iowa Dept. of Public Health, Early Childhood Iowa
Sheila Hansen	Child & Family Policy Center, Policy Analyst
Barb Merrill	Iowa Association for the Education of Young Children, T.E.A.C.H.
Lisa Oesterreich	Iowa State University Extension, Family Life
Tom Rendon	Iowa Head Start State Collaboration Office
Mary Schertz	Iowa Dept. of Education, Early Childhood
Cathy Swackhamer	Iowa Head Start State-based Training & Technical Assistance
Shaneil Wagler	Iowa Dept. of Management, Office of Empowerment
<b>Staff</b>	Lindsay Miller, Iowa Dept. of Public Health
<b>Facilitator</b>	Kevin Pokorny, Private Consultant

This Policy Framework is adapted from the National Association for the Education of Young Children's (NAEYC) *Workforce Designs* initiative, LeMoine, S. (2008). *Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems*. Washington, DC: NAEYC. The full report of *Workforce Designs* is available online at [www.naeyc.org/policy/ecws/](http://www.naeyc.org/policy/ecws/). Additional resources used in development of the Policy Framework are available on the Early Childhood Web site at [www.earlychildhoodiowa.org](http://www.earlychildhoodiowa.org). Iowa's Professional Development System planning work is funded by Iowa Community Empowerment.





Iowa Department of Education Universal Screening Rubric for Reading										
Why use a Universal Screening Assessment: It tells you which students are at-risk for not performing at the proficient level on an end of year outcome measure. Meaning, these students need something more and/or different to increase their chances of becoming a proficient reader.										
What feature is most critical: Classification Accuracy because it provides a demonstration of how well an assessment predicts who many need something more or different. Because resources (time and money) are allocated to these students it is critical that Universal Screening Assessments identify the correct students with the greatest degree of accuracy.										
Name of Screening Assessment: Skill/Area Assessed with Screener:										
Grades: (circle all that apply)	K	1	2	3	4	5	6	How Screener Administered: (circle one) Individual	Group	or
Name of Criterion Assessment used for Classification Accuracy: Accuracy:							How Criterion Administered: (circle one) Individual	Group	or	
Information Relied on to make determinations: (circle all that apply) Manual from publisher      NCRtl Tool Chart      Burrows/Mental Measurement Yearbook      On-Line publisher Info.										
Outside Resource other than Publisher or Researcher of Assessment										
Below is a list of criteria along with the justification. They are provided in the order of importance as it relates to support RtI in Iowa.										
Criteria	Justification	Score 3	Score 2	Score 1	Score 0	Kicked out if:				
Technical Adequacy is Demonstrated for Classification Accuracy (See Additional Sheet)	Assessments need to demonstrate they can accurately determine which students are in need of assistance based on current performance and where they need to be to have reached a level of proficiency in the future. This is evaluated with FP/FN and AUC									

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Cost	Assessments need to be economically viable meaning the cost would be considered “reasonable” for the state or a district to use. Funds that are currently available can be used and can be sustained. One time funding to purchase something would not be considered sustainable.	Free + Printing costs	\$ .01 to \$2.99 per student + Printing costs	\$3.00 to \$4.99 per student + Printing costs	\$5.00 to \$7.99 per student + Printing costs	
Time to Administer and Score	The amount of time needed to administer and score has a direct impact on instructional time. Therefore, assessments need to be efficient to use.	10 minutes or less per student	11 to 15 minutes per student	16 to 20 minutes per student	20 or more minutes per student	
Technical Adequacy is Demonstrated for Criterion Validity if not filled out under Classification Accuracy: (See Additional Sheet)	Assessments need to demonstrate that they actually measure what they purport to measure (i.e., validity). Three types are typically reported: criterion-related, content, and construct. We focused on criterion first (predictive then concurrent), content second (based on alignment with Iowa Core, construct is rarely reported and will not be looked at)	Criterion $\geq .70$	Criterion .50-.69	Criterion .30 -.49	Criterion .10 - .29	
Alignment with Iowa CORE/ Demonstrated Content Validity	Expert Judgment will be used to determine the alignment between the assessment and Iowa Core. List content and specific skill listed in the CORE	Has a direct alignment with the Iowa CORE (Listed under the standards)	Has alignment with Iowa CORE (Broad Band)	Has limited alignment with Iowa CORE BUT is considered a critical skill to teach and assess	Has no alignment with the Iowa CORE and is not considered an essential skill to teach	



<p>Technical Adequacy is Demonstrated for Reliability under different Items (alternate form, split half, coefficient alpha)</p>	<p>Assessments need to demonstrate that the test scores are stable, consistent, and accurate. We focused on internal consistency most and determined that test-retest was not as important because these assessments are typically sensitive to change and we would not expect to see similar scores across time. However, the scores within the test should be consistent.</p>	<p>Alternate Form &gt; .80 Split-half &gt; .80 Coefficient alpha &gt; .80</p>	<p>Alternate Form &gt; .70 Split-half &gt; .70 Coefficient alpha &gt; .70</p>	<p>Alternate Form &gt; .60 Split-half &gt; .60 Coefficient alpha &gt; .60</p>	<p>Alternate Form &gt; .50 Split-half &gt; .50 Coefficient alpha &gt; .50</p>	<p>or assess</p>
<p>Technical Adequacy is Demonstrated for Inter-Rater or Inter-scoring Reliability</p>	<p>How reliable scores are under different Conditions (inter-scoring &amp; inter-rater) is critical to the utility of the assessment. If the assessment is complicated to administer and score it can be difficult with training and scores may differ from person to person. Therefore, it is critical that these scores are strong.</p>	<p>≥ .90</p>	<p>≥ .85</p>	<p>≥ .80</p>	<p>≥ .75</p>	
<p>Training Required</p>	<p>The amount of time needed for training is one consideration related to the utility of the assessment. Assessments that can be learned in a matter of hours and not days would be considered appropriate.</p>	<p>Less than 5 hours of training (1 day)</p>	<p>5.5 to 10 hours of training (2 days)</p>	<p>10.5 to 15 hours of training (3 days)</p>	<p>Over 15.5 hours of training (4+ days)</p>	
<p>Cost for Training and set-up</p>	<p>The cost of the training and set-up are another consideration related to the utility of the assessment. Assessments that do not tack on large added costs would be considered appropriate.</p>	<p>Under \$500 for training and set-up</p>	<p>Between \$500 and \$1,500 for training and set-up</p>	<p>Between \$1,600 and \$2,500 for training and set-up</p>	<p>Over \$2,500 for training and set-up</p>	

<p>Computer Application (assessment and data system)</p>	<p>Many assessments are given on a computer which can be helpful if: schools have computers, the computers are compatible with the software, and the data reporting can be separated from the assessment itself. It is also a viable option if hard copies of the assessments can be used if computers are not available.</p>	<p>Computer or hard copy of assessment available. Data reporting is separate</p>	<p>Computer application only. Data reporting is separate</p>	<p>Computer or hard copy of assessments available. Data reporting is part of the system</p>	<p>Computer application only. Data reporting is part of the system</p>	
<p>Input into State Data System Need to clarify with group</p>	<p>The data needs to be able to be exported and displayed in the statewide data system. The compatibility and feasibility of this is important as to whether or not the state can support it.</p>	<p>Data is SIF compliant and can be imported into state system and displayed</p>	<p>Data is SIF compliant but will take additional programming to get it into the state system</p>	<p>Data is not SIF compliant but can be transferred and imported into state system</p>	<p>Data is not SIF compliant and cannot be transferred into the state system</p>	
<p>Generalizability</p>	<p>The sample used in determining the technical adequacy for an assessment should represent the population in Iowa. While a representative sample by grade is desirable it is often not reported therefore, taken as a whole does the population used to test the assessment mirror Iowa's population.</p>	<p>3 + states or Iowa</p>	<p>2 states</p>	<p>1 state</p>	<p>Sites non-representative of a state</p>	
<p>Disaggregated Data</p>	<p>Viewing disaggregated data by subgroups (i.e. race, economic status, special ed. status) helps determine how the assessment works with each group. This</p>	<p>Race, economic status, and special ed. status are</p>	<p>At least two disaggregated groups are listed</p>	<p>One disaggregated group is listed</p>	<p>No information on disaggregated groups</p>	



E-1-1

	information is often not reported by it should be considered if it is available	reported separately				
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### Additional Sheet for Judging the Criterion Measure

Name of Criterion Assessment: Information Relied on to make determinations: (circle all that apply)	How Criterion Administered: (circle one)    Group    or    Individual
Manual from publisher      NCRtI Tool Chart      Burrows/Mental Measurement Yearbook      On-Line publisher Info.	
Outside Resource other than Publisher or Researcher of Assessment	

- 1) An appropriate Criterion Measure is:
- a) External to the screening or progress monitoring assessment
  - b) A Broad skill rather than a specific skill
  - c) Technically adequate for reliability
  - d) Technically adequate for validity
  - e) A good match with Iowa population (i.e., the sample)

Feature	Justification	Score 3	Score 2	Score 1	Score 0	Kicked Out
<b>Criterion Measure is:</b>						
a) External to the Screening or Progress Monitoring Assessment	The criterion measure should be separate and not related to the screening or progress monitoring assessment. The outside measure should be by a different author/publisher and use a different sample.	External with no/little overlap	External with some/ a lot of overlap	Internal (e.g., subtest to composite on same measure)	Same test at different times	
b) A broad skill rather than a specific skill	We are interested in generalizing to a larger domain and therefore, the criterion measure should assess a broad area rather than splinter skills.	Broad reading skills are measured (e.g., Total reading score on ITBS)	Broad reading skills are measured but in one area (e.g., comprehension made up of two subtests)	Specific skills measured in two areas (e.g., comprehension and decoding)	Specific skill measured in one area (e.g., PA, decoding, vocabulary, spelling)	



c) Technically adequate for Reliability	Student performance needs to be consistently measured. Typically demonstrated with reliability under different items (alternate form, split half, coefficient alpha)	Some form of reliability above .80	Some form of reliability between .70 and .80	Some form of reliability between .60 and .70	All forms of reliability below .50
d) Technically adequate for Validity	The assessment measures what it purports to measure. We focused on criterion-related validity to make this determination. The extent to which this criterion measure relates to another measure that is determined good.	Criterion $\geq .70$	Criterion .50-.69	Criterion .30 -.49	Criterion .10 - .29
e) A good match with Iowa's population	The sample used in determining the technical adequacy for an assessment should represent the population in Iowa. While a representative sample by grade is desirable it is often not reported therefore, taken as a whole does the population used to test the assessment mirror Iowa's population?	3 + states or Iowa	2 states	1 state	Sites non-representative of a state





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## Executive Summary

The Iowa Department of Education (DE) was awarded a grant from the U. S. Department of Education's Institute for Educational Sciences (IES) for the development of a State-Wide Longitudinal Data System (SLDS). During October through November of 2010, the Iowa DE conducted a Visioning Project to collect the organizational needs for the project.

This was the second visioning project following a state wide initiative to collect, identify and prioritize deliverables for the EdInsight educational data warehouse.

Approximately 53% of the Iowa DE was interviewed to define and develop:

- Attributes of successful projects, that will ultimately lead to successful implementation of SLDS
- Questions to answer from the data sets and linkages between data sets
- A common understanding and definition of Longitudinal Data Systems while fostering a forum for open communication
- Feedback on SLDS project mission statement
- Feedback on an inclusive project graphic

Attributes of successful projects were identified as having the following characteristics, in priority:

- Leadership
- Communication
- Planning

These attributes are defined more fully in subsequent sections of this document and should, by transference, imply success for the SLDS project.

The majority of questions to be answered indicated an initial discovery into program effectiveness and performance particularly in the areas of Early Childhood, Special Education and Student Performance. Some questions involved deeper evaluation and analysis of existing data drawing relationships between cost and benefit.

The most common data linkages to other entities were financial information and Department of Health Services (DHS) and gain answers surrounding program expense and welfare, foster care and other DHS programs.

Nearly 60% expressed the wish for SLDS to improve access to data. All bureaus had common opinions over the need for greater and easier data access.

While the majority of requested items were new data sets or linkages, some of the requested items are already available in the EdInsight indicating a need for greater communication on our existing capabilities.

Overriding concerns that could not be solved by this project, but have a high impact were identified as Social Security Number access (for linkages), Family Educational Rights and Privacy Act (FERPA) concerns and long term sustainability of the project.

Next steps will include a state wide visioning project to collect Area Education Agency (AEA), District and School requirements into a comprehensive and cohesive plan for the SLDS and deliverables.



**Project Purpose**

The State of Iowa was awarded an \$8.8MM Grant to build an SLDS. The grant application contained seven major deliverables summarized as:

- 1 – Statewide LDS
- 2 - Standards-Based Interoperability (SIF)
- 3 - ED Facts – EDEN – Graduation Rate
- 4 - EdInsight Data Expansion
- 5 - Post Secondary
- 6 - Workforce
- 7 – E-transcript

The SLDS Visioning Project identified the following objectives and goals:

- Gather needs and communicate the statewide longitudinal data system for the IES grant.
- Develop an organizational understanding of Longitudinal Data Systems
- Engage the organization in the project, open communication, gather buy in and support

The Department of Education visioning meetings were the first phase in a project that will subsequently engage external stakeholders and should prepare the organization for successful definition and delivery of an SLDS. This project will also evaluate any changes over the three years since the first visioning meetings.

ID	Task Name	Start	Finish	Duration	Timeline											
					2010	2011				2012				2013		
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	SLDS Grant	7/1/2010	3/14/2014	4800d	[Gantt bar spanning from Q1 2010 to Q4 2013]											
2	SLDS Visioning Project	7/1/2010	1/28/2011	121d	[Gantt bar from Q1 2010 to Q4 2010]											
3	1.0 - Statewide LDS	8/1/2010	4/1/2014	3070d	[Gantt bar from Q2 2010 to Q4 2013]											
4	2.0 - Standards based interoperability - SIF	7/1/2010	4/1/2013	710d	[Gantt bar from Q1 2010 to Q4 2011]											
5	3.0 - ED Facts - EDEN - Graduation Rate	2/1/2011	1/13/2012	470d	[Gantt bar from Q4 2010 to Q2 2011]											
6	4.0 - EdInsight Data Expansion	1/3/2011	3/14/2014	321d	[Gantt bar from Q4 2010 to Q4 2013]											
7	5.0 - Post Secondary	7/1/2010	7/2/2014	4440d	[Gantt bar from Q1 2010 to Q4 2013]											
8	6.0 - Workforce	7/1/2010	4/1/2014	3700d	[Gantt bar from Q1 2010 to Q4 2013]											
9	7.0 - E-Transcript	7/1/2010	4/1/2014	3700d	[Gantt bar from Q1 2010 to Q4 2013]											

Six visioning sessions were conducted Oct 19-Nov 29 with two bureaus attending each session for a two-hour meeting.

The second phase including AEAs and Districts will begin early in 2011.

### Visioning Methodology / Bureau Participation

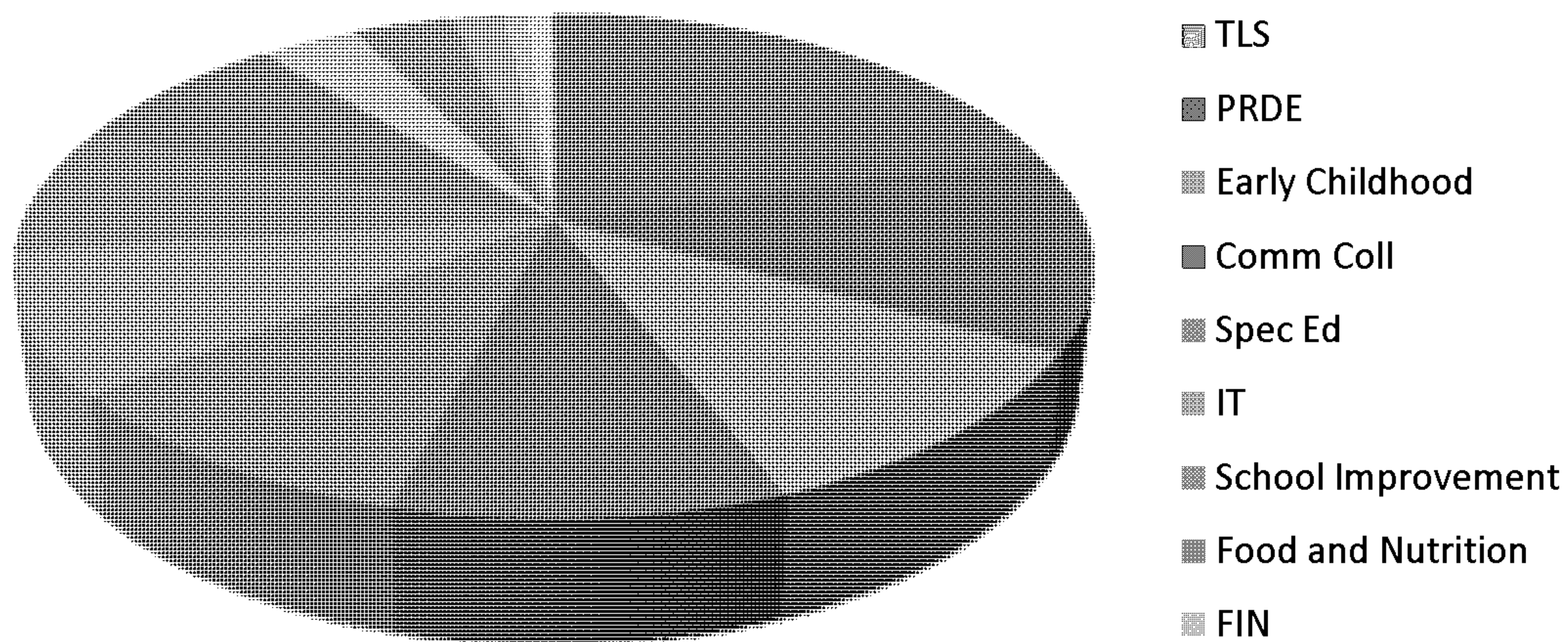
The program was constructed pairing bureaus that did not frequently work together and through conversation and written surveys to collect the direction for the project.

The visioning meetings were co-presented and were half presentation / half participant feedback, surveys and interaction. To summarize the verbatim results and identify patterns, qualitative responses were coded into Primary, Secondary and Tertiary categories then evaluated quantitatively. The companion spreadsheet to this document (SLDS\_Visioning\_Data\_Analysis\_20101201.xls) contains all of the participant responses to each question.

Over half of the participants in the meetings were TLS, PRDE, Early Childhood and Community College. Results should be considered in this context.

Overall, the participation was excellent by agency staff. A total of 53% of the Department of Education participated. Participation by bureau is defined in the following graphic and table:

### Total Bureau Participation



Meeting Date	Bureau	Invited	Attended
11/15/2010	Teaching and Learning Services (TLS)	34	23
11/15/2010	Planning, Research, Development and Evaluation (PRDE)	14	14
10/22/2010	Early Childhood	12	12
10/29/2010	Community College	26	11
11/8/2010	Special Education	33	11
10/15/2010	Information Technology	15	10
10/15/2010	School Improvement	12	9
10/22/2010	Food and Nutrition	25	9
11/8/2010	Finance	5	4
11/17/2010	Internal Admin Svcs	4	4
10/15/2010	School Support & Info	2	2
10/29/2010	PK12	3	1
10/29/2010	Office of the Director	5	1

Total Department of Education Attendees 190 101  
 Total Department of Education Percentage 53%



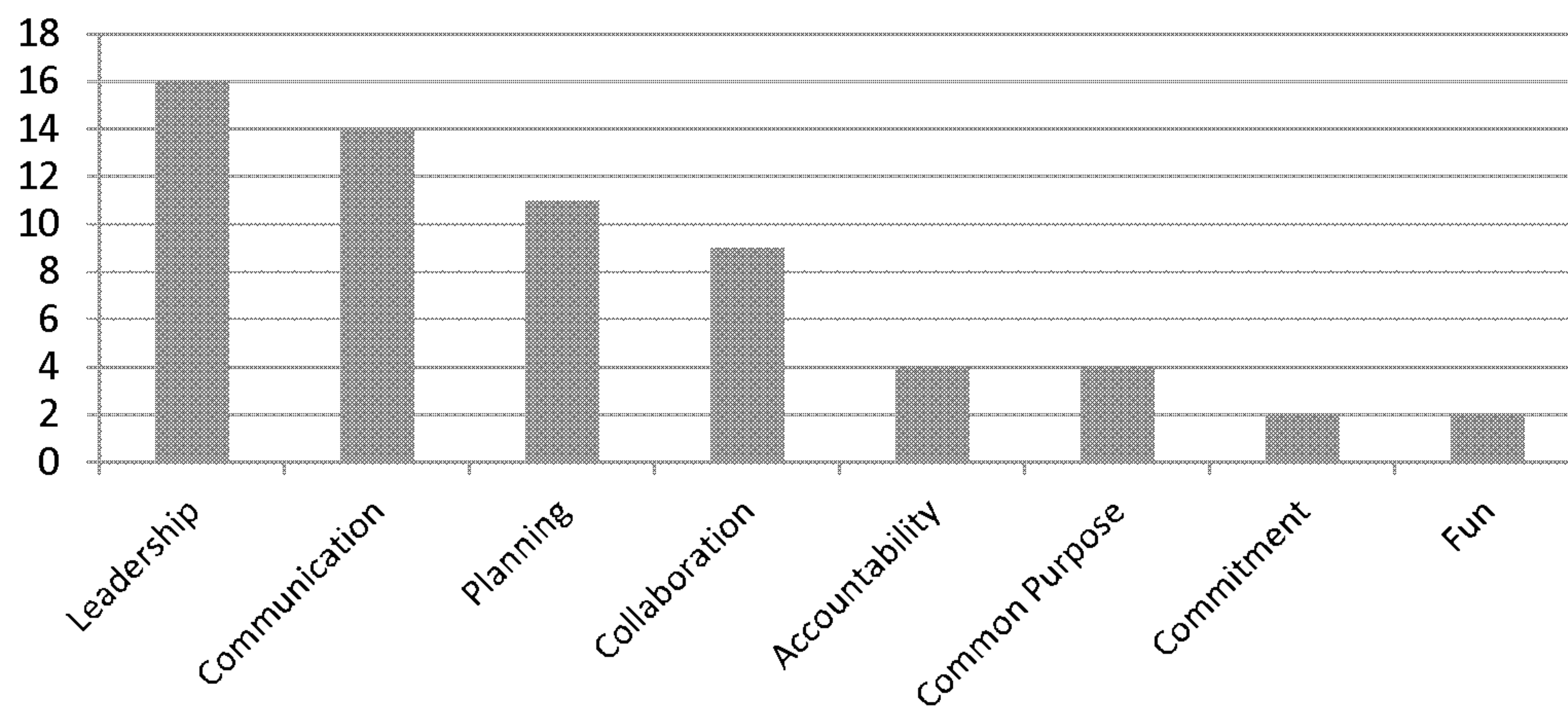
### Attributes of Successful Teams

The intent of this exercise was to identify positive characteristics of projects based on previous experience. By transference, these successful experiences should indicate the necessary attributes to make the SLDS project a success. People were divided into assigned groups to meet independently and reported back to the overall group.

The most common responses are displayed and summarized below.

- Leadership, followed by communication and planning were identified as the key components of successful teams.
- Nearly a quarter of all group comments mentioned communication as being one of the key's to group success.

### Attributes of Successful Teams



Attribute	Definition (from Group)
Leadership	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Modeling good practices</li> <li>• Relationships</li> <li>• Working through barriers and dissention</li> <li>• Consistency</li> <li>• Mutual respect</li> <li>• Recognizing successes</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Listening</li> <li>• Sharing vision, values</li> <li>• Common understanding and language</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Dividing work</li> <li>• Measurable objectives</li> <li>• Evaluation planned from the start</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Collaboration</li> <li>• Team effort</li> <li>• Team support</li> <li>• Various strengths</li> </ul>

### **SLDS Project Mission / Vision Statement**

The purpose of the mission / vision statement was to identify the fundamental, unique purpose, identify what the organization intends to accomplish and provide general direction for the project.

The participants were queried to gather critical feedback and to ensure that the statement was inclusionary to the Department Of Education.

The first version of the SLDS mission / vision was communicated at the All DE Meeting in Ankeny as:

- A unified infrastructure for educational data
- Interconnectivity between all educational entities
- PK-20 system for tracking students throughout their education

The visioning project provided feedback that included the extending the scope both to pre-K (actually birth) to life-long learning (with the consideration of Community College and Workforce linkages). Additional suggestions surrounded 'how' we were going to use the data, not just describing the system itself.

From this input, the following proposed statement was created:

“The Department of Education’s Statewide Longitudinal Data System provides all stakeholders with a unified information network delivering data driven decision making and program evaluation from birth to life-long learning.”

This statement should be validated with the Program Sponsors and qualified in the context of State Fiscal Stabilization Fund Phase II (SFSF II), American Recovery and Reinvestment Act (ARRA) deliverables and Core Agency and State content.

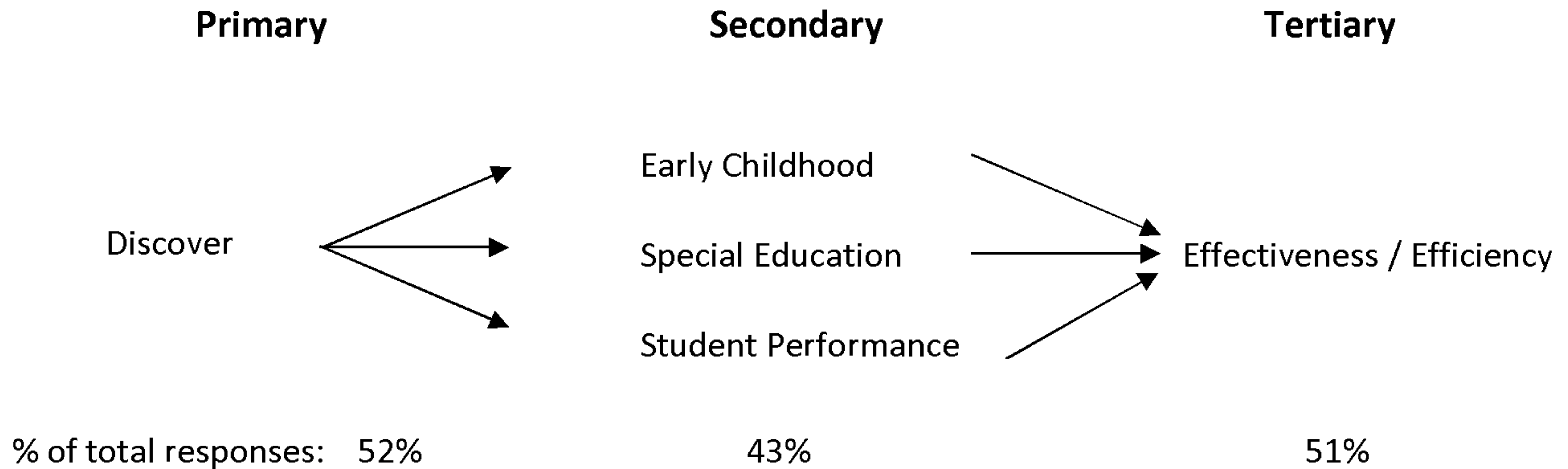


### SLDS Data Needs

The following questions were discussed briefly, and then queried via a written survey. The following represents the analysis of these verbatim written responses.

**1a. What are the questions you can't answer....Now, in 5yrs, in 10 yrs?**

- Most of the questions were 'discovery' in nature, signifying questions we can't answer with the data we have now.
- Early Childhood, Special Ed and Student Performance were the most common subject areas.
- Some questions may/can start to be answered with existing data sets/reporting indicating a need to communicate and train on the existing data warehouse.
- Secondary Areas varied by the bureau invited - Note bureau participation varied (some high and some low, so secondary category counts should be interpreted with attendee counts).
- Effectiveness and Efficiency suggest the need for relatively simple reports (data summarization and descriptive statistics).



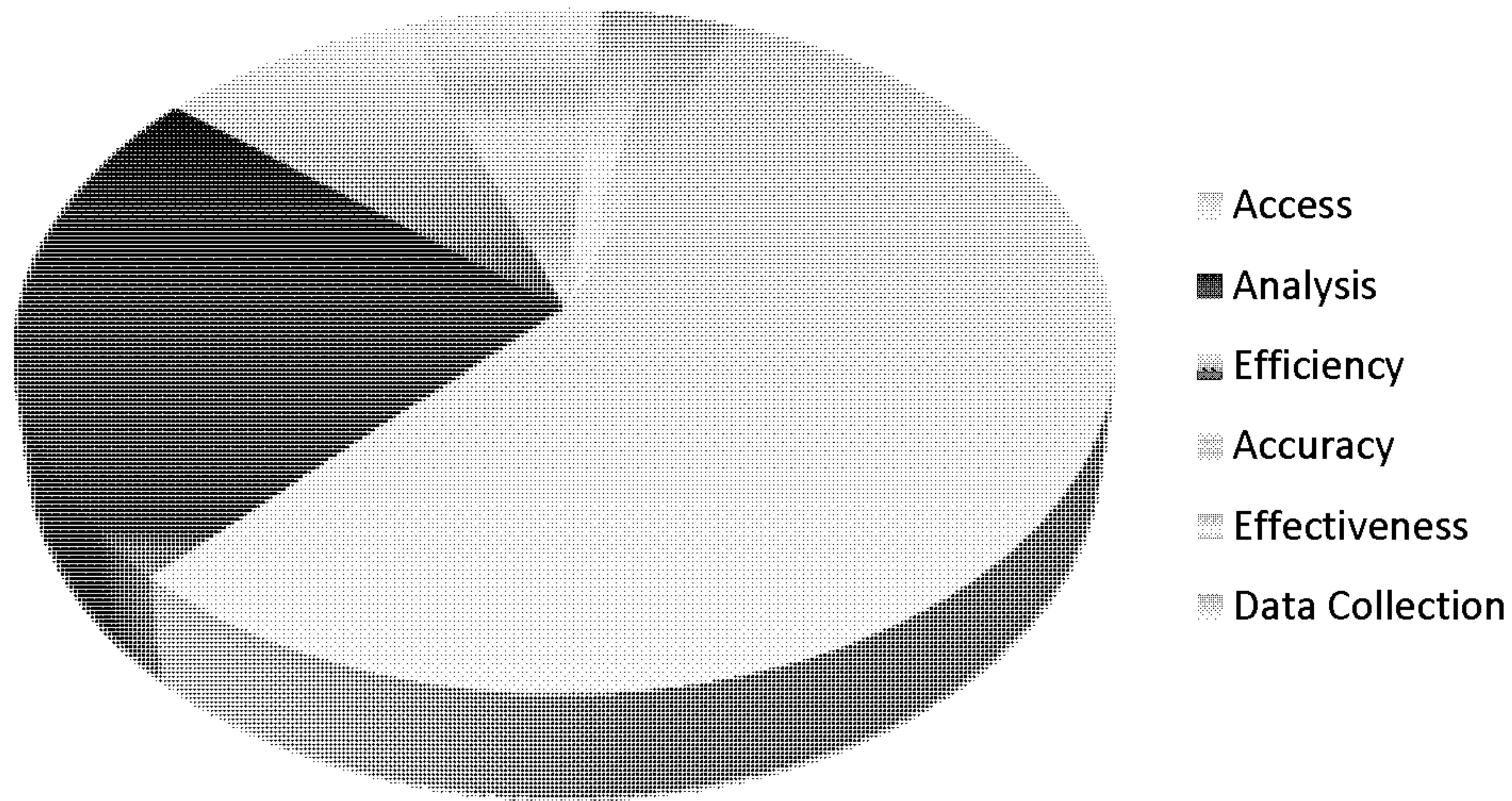
“Over half of the comments indicated the need to understand program effectiveness/efficiency in Early Childhood, Special Ed or Student Performance.”

Please see SLDS\_Visioning\_Data\_Analysis\_20101201.xls for analysis of all responses.

**1b. How would SLDS make life easier?**

- 57% stated that life would be easier through **improved access** to data SLDS would make life easier.
- Improve access to new and existing data sets via better availability and consolidation.
- SLDS could make life easier through improving workplace efficiency (redundancy and disparate data sets).

**Area of Improvement**



**2. What new data sets should the SLDS contain?**

Responses to this question delivered the greatest variation, presumably because each bureau and individual's need is so specific. The responses were categorized into New or Expanded data sets where 87% were new to the warehouse and 13% were expanding on existing collections.

- A wide range of student data was recommended including School Lunch participation and Social / Emotional.
- Expansion on many sets, particularly staff and student level program participation.
- Implied in their comments are the comparisons to others early in the SLDS project, many data sets are exploratory.

Please see SLDS\_Visioning\_Data\_Analysis\_20101201.xls for detailed responses.



**3. What specific questions would you need these new data sets to answer?**

Similar to question 1a, Discovering program effectiveness and cost was the strongest pattern.

- Discovering Program Effectiveness and Cost were the most important questions from the new data sets.
- Facilities effect and cost were frequent mentions.

**4. Linkages: Who/What should these data sets connect to?**

- Most common new link was to Finance (20%) and to DHS.

<b>Data Set</b>	<b>Number of Mentions</b>	<b>Percent of Total</b>
Finance	15	20%
DHS	11	15%
Federal	6	8%
Dept of Ed	4	5%
Post Secondary	4	5%
Iowa Youth Survey	3	4%
Military	2	3%
DOM	2	3%
Medicaid	2	3%
USDA	2	3%

*Department of Ed* refers to data sets from the Iowa Department of Education.

**5. How should SLDS data and reports be accessible?**

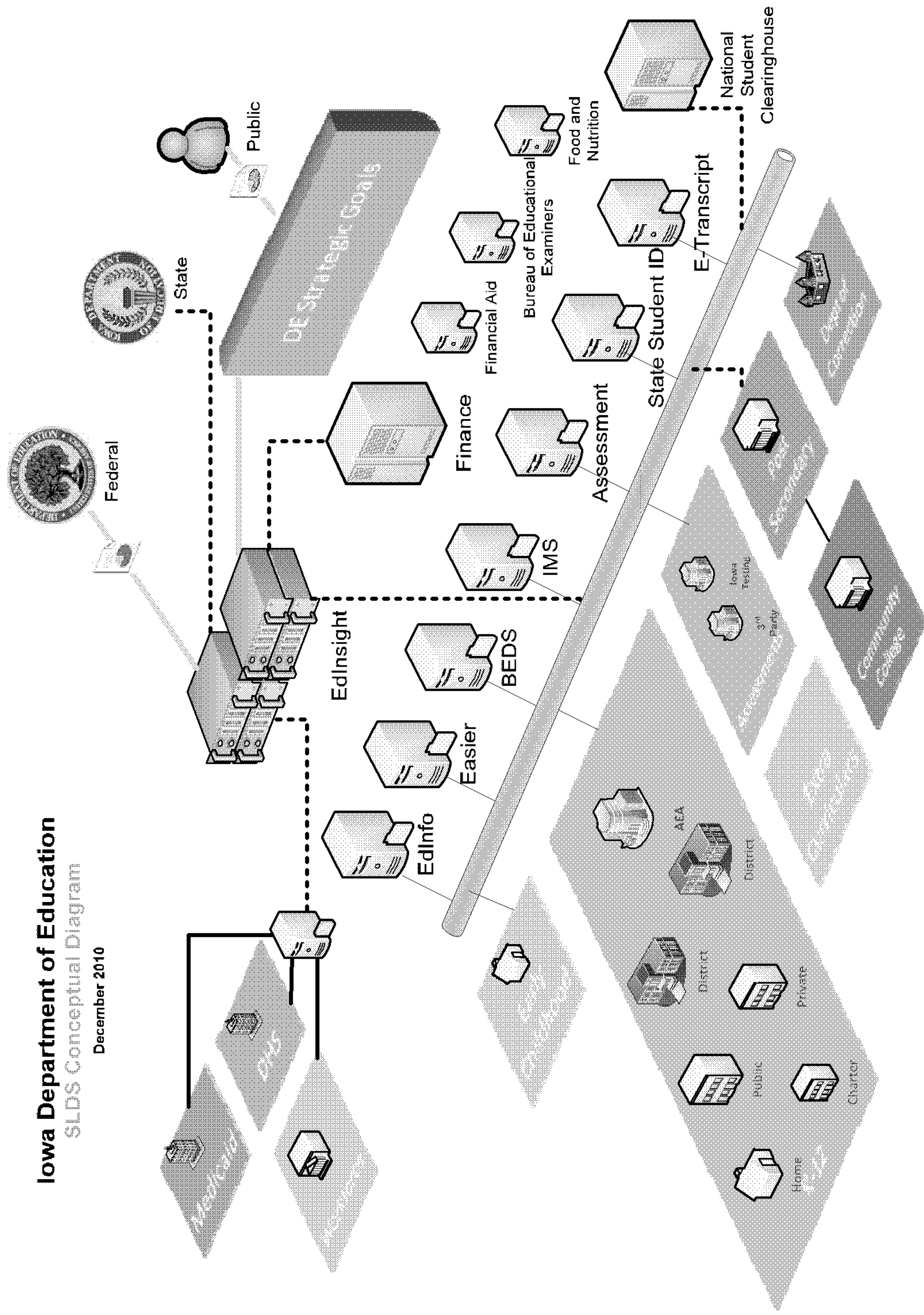
- Generally, people requested intranet availability with a strong Data Dictionary.
- Professional Development or Training was also mentioned.
- Of the 28 responses, 3 requested SQL table views.

**Project Graphic**

The intent was to graphically summarize the SLDS project. Some of the goals were to 1.) Efficiently summarize the SLDS project in a diagram 2.) Create a picture so that everyone could 'see their place' in the project and 3.) Represent data and entities in a conceptual format.

The output was a picture that walked the line of being too inclusive and also being visually efficient. The general consensus was that we may need at least two layers of detail (high level and low level) to effectively convey the concept.

A graphic below is the 'summary' graphic with the detailed in the Appendix.





## Parking Lot Items

A 'parking lot' was created for items that were critical to the success of the project, but were not directly under the control of the division.

- Most popular 'Out of Scope' items were Social Security Number (SSN) access, FERPA and sustainability of the system.

The full list of responses is included in the table below:

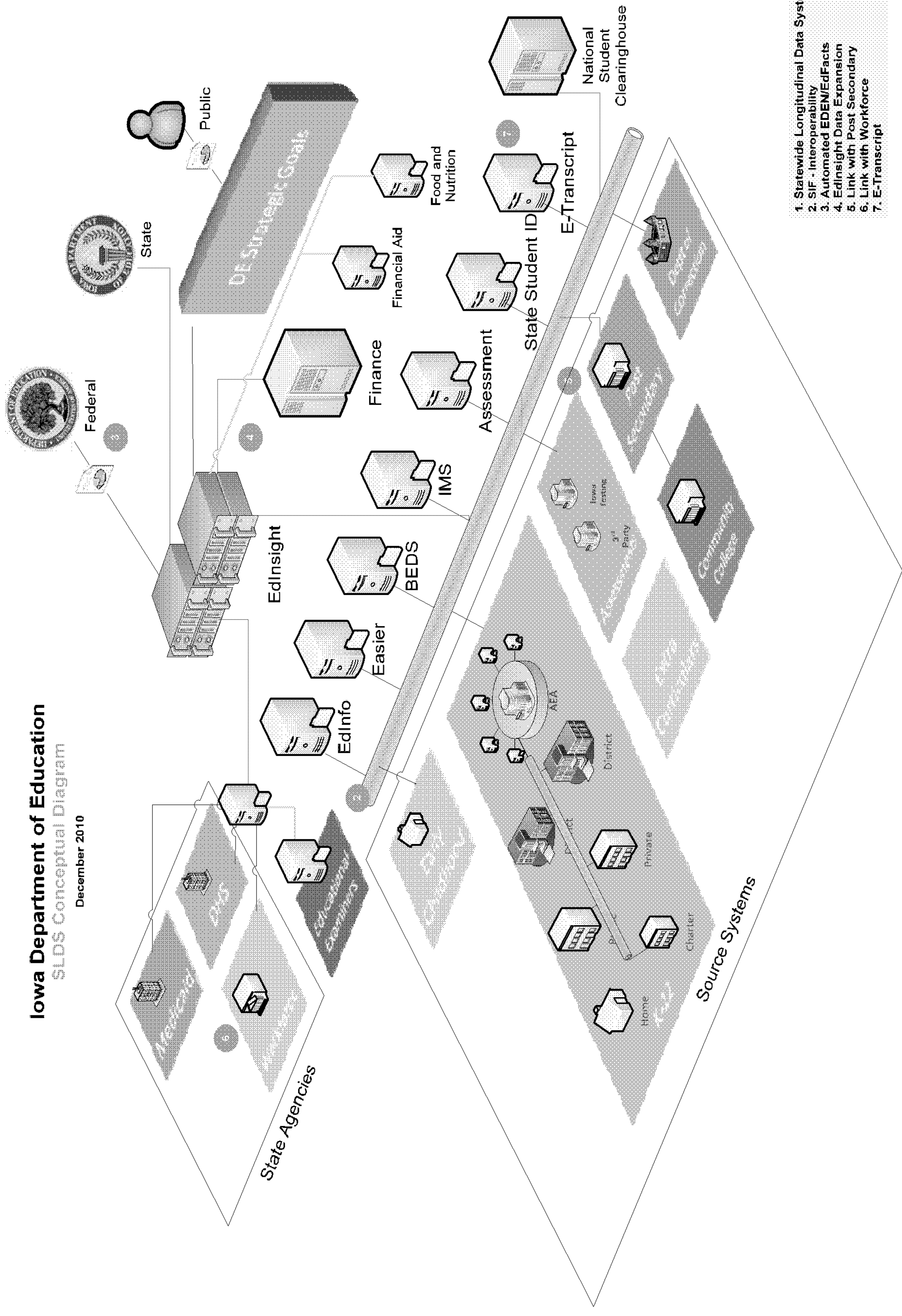
Issue	Number of Responses	Percentage
SSN	4	15%
FERPA	4	15%
Sustainability	3	12%
State Mobility	2	8%
Professional Development	2	8%
Appropriate Use	2	8%
Pre-K Tracking	1	4%
Pre-K Programs	1	4%
Phantom Students	1	4%
Accessibility	1	4%
Timeliness	1	4%
Assessment Alignment	1	4%
DHS Communication	1	4%
HIPPA	1	4%
Private School	1	4%

## Next Steps

- Confirm Grant Project Deliverables with other stakeholders / legislative deliverables (SFSF II and ARRA)
- Complete a similar Visioning / Needs Assessment with AEA's, Districts and Schools.
- Develop a Project Charter including a high level work breakdown structure, roles / responsibilities, in scope / out of scope and success criteria measurements.

Appendix

Detailed Project Graphic





# Letters of Support

October 12, 2011

Jason Glass, State Director  
Iowa Department of Education  
Grimes State Office Building  
400 E 14th Street  
Des Moines, IA 50319-0146

Dear Dr. Glass:


On behalf of the Area Education Agency (AEA) Chiefs and as current chair, we offer support to the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management (Early Childhood Iowa) and Public Health, for Iowa's Race to the Top Early Learning Challenge Grant application. The AEAs consist of nine regional education service units which provide instructional and special education services to local school districts and young children receiving Part B and C services. The AEAs have also been instrumental in the implementation of Iowa's Statewide Voluntary Preschool Program for Four-Year-Old Children. Each AEA employs specialists in early childhood as well as early childhood special education in an effort to improve quality early learning and development of young children in support of increasing achievement.

The AEAs have a stake in supporting districts to create world class schools for Iowa. One of the priorities of the AEA is to understand the status of children at kindergarten entry in order to provide professional development for teachers. Iowa's Race to the Top Early Learning Challenge grant proposal is to support effective use and interpretation of assessment information to guide instruction and learning for high-need children. The AEAs have identified the following key areas to address during the four year grant.

- Continued implementation of a professional development plan that impacts effective teachers and principals by emphasizing research-based curriculum, formative and summative assessments, and strategies to meet instructional needs of high-risk children.
- Use of an integrated Data System that includes unique identifiers for children across state agencies to identify child strengths and concerns and focus technical assistance.
- Implementation of comprehensive kindergarten entry assessment to measure outcomes for children and the impact of technical assistance with preschool programs and interventions.

We appreciate the opportunity to express our support for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and look forward to the implementation of Iowa's Plan.

Sincerely,



Lane Plugge, Ph. D.  
Chief Administrator, Green Hills AEA  
Chair, AEA Chiefs Work Group





October 10, 2011

Dr. Jason Glass, Director  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

RE: Iowa's Race to the Top Early Learning Challenge Grant Application

Dear Dr. Glass:

On behalf of the Iowa Child Care Resource and Referral (CCR&R) Network, we offer our support to the goals and intentions of Iowa's Race to the Top Early Learning Challenge Grant application. Through the participation of the Department of Human Services, which serves in both a Network lead and contracting role, the CCR&R system has been represented in the application process.

As directors of agencies working to meet the needs of low-income parents, child care providers, and community stakeholders across Iowa, and particularly in rural settings, we were pleased to see activities outlined in the High Quality Plans for Iowa that included:

- A focus on all early learning environments, including home-based care.
- An expansion of the First Children's Finance Growth Fund, which links the often-overlooked issue of sustainability with quality improvements, all of which contribute to the *continuity and stability* of high quality care for children.
- Funding to support the collateral costs of increasing provider participation in the state's Quality Rating System, including a meaningful achievement bonus.
- Professional Development opportunities that focus on increasing the competency level of all child care providers.
- Comprehensive screening and assessment that begins in center-based care but is planned to extend into the home-based provider community.
- An integrated data system that establishes a unique identifier for all young children, which combined with a universal Kindergarten assessment for all children, will yield unprecedented levels of information regarding the outcomes of Iowa's investments in early care, health and education.

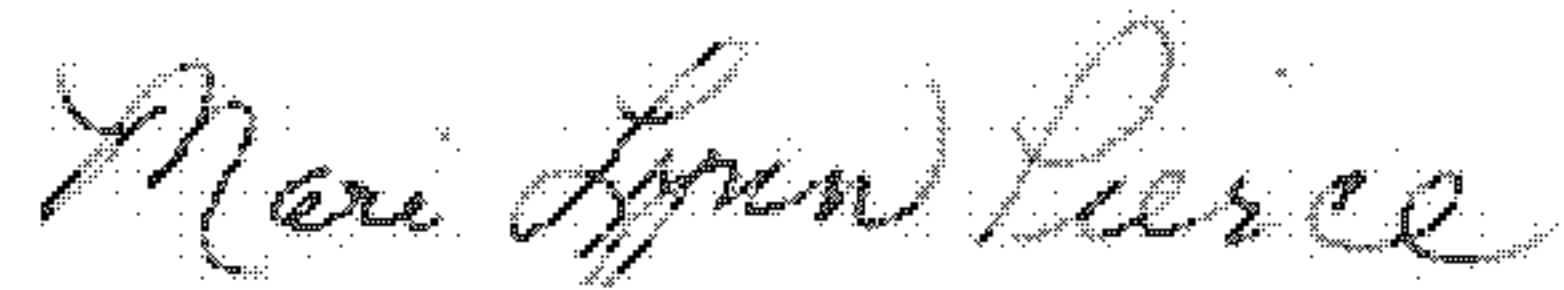
Page 2 – Early Learning Challenge Grant

The CCR&R Network stands at the ready, as it has for more than twenty years, to partner with Iowa's state agencies in supporting child care providers as they improve the quality of their care and the outcomes for the children they serve. We encourage you to approve Iowa's application as a viable candidate to achieve the goals outlined in the Race to the Top Early Learning Challenge Grant.


Sincerely,



Melissa Juhl, Director  
CCR&R of Northwest Iowa



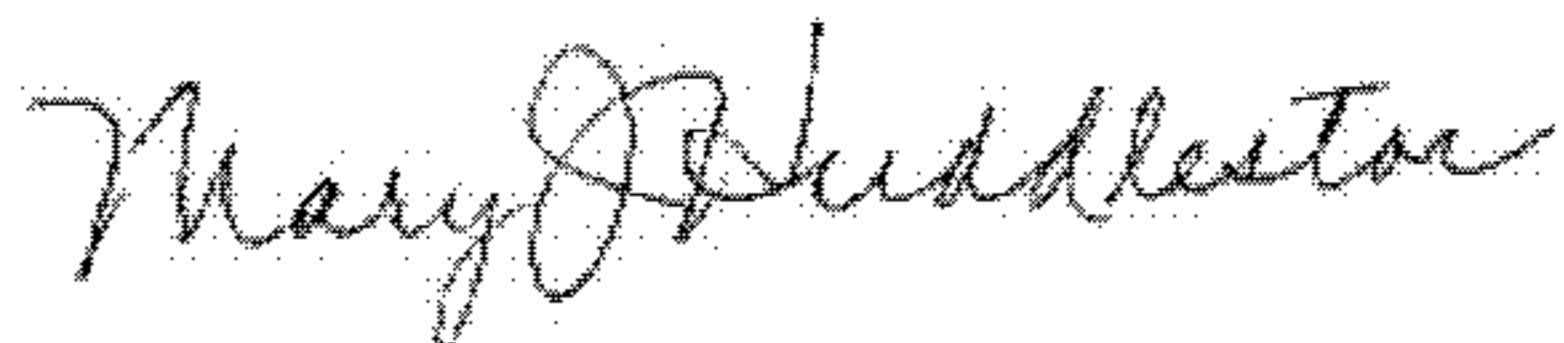
MariLynn Pierce, Director  
CCR&R of Northeast Iowa



Debra Morrison, Director  
CCR&R of Southwest Iowa

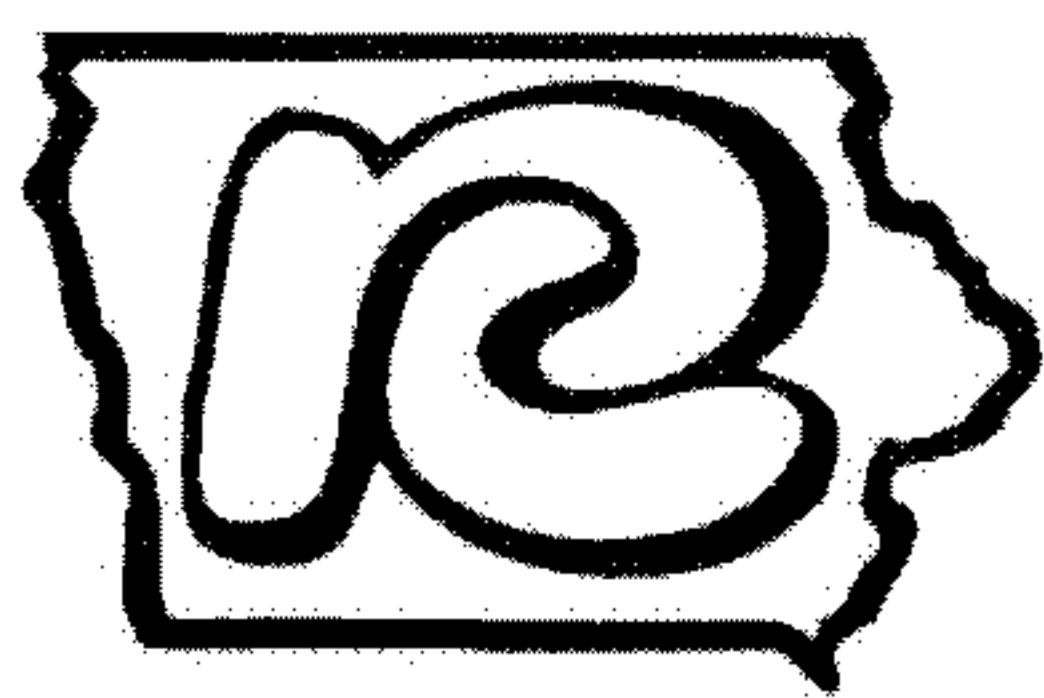
[Director Unavailable]

Cathy Wheatcraft, Director  
CCR&R of Central Iowa



Mary Jo Huddleston, Director  
CCR&R of Southeast Iowa





## **Regents' Center for Early Developmental Education**

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October 4, 2011

Jason Glass, State Director  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Dr. Glass:

On behalf of the Child Development Coordinating Council (CDCC) and as Council Chair, we offer support to the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management (Early Childhood Iowa) and Public Health, for Iowa's Race to the Top Early Learning Challenge Grant application. The CDCC is a Governor-appointed constituent group of state agency, university, and early childhood stakeholders who advise the Department of Education regarding the implementation of Iowa's state funded Shared Visions preschool and family support programs for at-risk children. The CDCC is committed to working with state partners to focus on the early childhood system and build a more unified approach to supporting young children and their families through increasing access and quality to ensure that children enter kindergarten with the skills, knowledge and experiences needed to be successful.

One of the priorities of CDCC and Iowa's Race to the Top Early Learning Challenge grant proposal is to support effective uses and interpretation of assessment information in order to close the achievement gap for high-need children. The Council has conducted program evaluation in the past to examine the relationship between the quality of the environments and positive outcomes for children's school readiness. The Council has identified the following key areas to address during the four year grant.

- An integrated Data System that includes unique identifiers for children in order to study the impact of the comprehensive state preschool program and family support across state agencies.
- A Professional Development plan to address workforce capacity, skill and knowledge for early care and education professionals.
- Use of a comprehensive child assessment system to report outcomes of quality programming and support for at-risk children.

We appreciate the opportunity to express our support for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and look forward to the implementation of Iowa's Plan. If there is anything I or the Council can do to assist you in this endeavor, please do not hesitate to contact me (office phone 319-273-2101; email [betty.zan@uni.edu](mailto:betty.zan@uni.edu)).

Sincerely,

A handwritten signature in black ink, appearing to read 'B Zan', with a long horizontal line extending to the right.

Betty Zan, Ph.D.

Chair, Child Development Coordinating Council

Director, Regents' Center for Early Developmental Education

Associate Professor, Department of Curriculum and Instruction

107 Schindler Education Center

University of Northern Iowa

Cedar Falls, IA 50614-0616



# Iowa Family Child Care Association



October 4, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Mr. Glass:

As the President of the Iowa Family Child Care Association, I am please on behalf of our members to support the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant proposal.

We have worked hard over the years to improve the quality of child care and support the many talented and dedicated professionals who work in family child care. We believe our work makes a difference in school readiness and strive to support those practices which help us reach that goal. We are a state-recognized training entity that aligns its trainings to the state's Early Learning Standards and many of our members are participants in the state Quality Rating Systems. In all these areas, we play an important and unified role in helping Iowa's high need children be healthy and successful. I pledge our association to support the grant by ensuring Iowa's family child care providers are supportive and willing partners in the challenging work of creating high quality, accountable child development homes.

Specifically, I see our work in the following areas:

- Helping our members understand and strive for the highest possible quality based on standards identified by family child care accreditation and the state's new quality rating and improvement system.
- Playing a key role in professional development that aligns with the early learning standards and linking that training to recognized credentials such as CDAs.

- Providing stronger support to family child care providers in using comprehensive assessment systems and following screening standards to ensure needs are adequately addressed.
- Leveraging and expanding on our historic strength of being “family friendly” choice for child care to embrace appropriate family engagement standards.

Sincerely,

*Kathy O'Neill*

Kathy O'Neill, President

Iowa Family Child Care Association



October 7, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Mr. Glass:

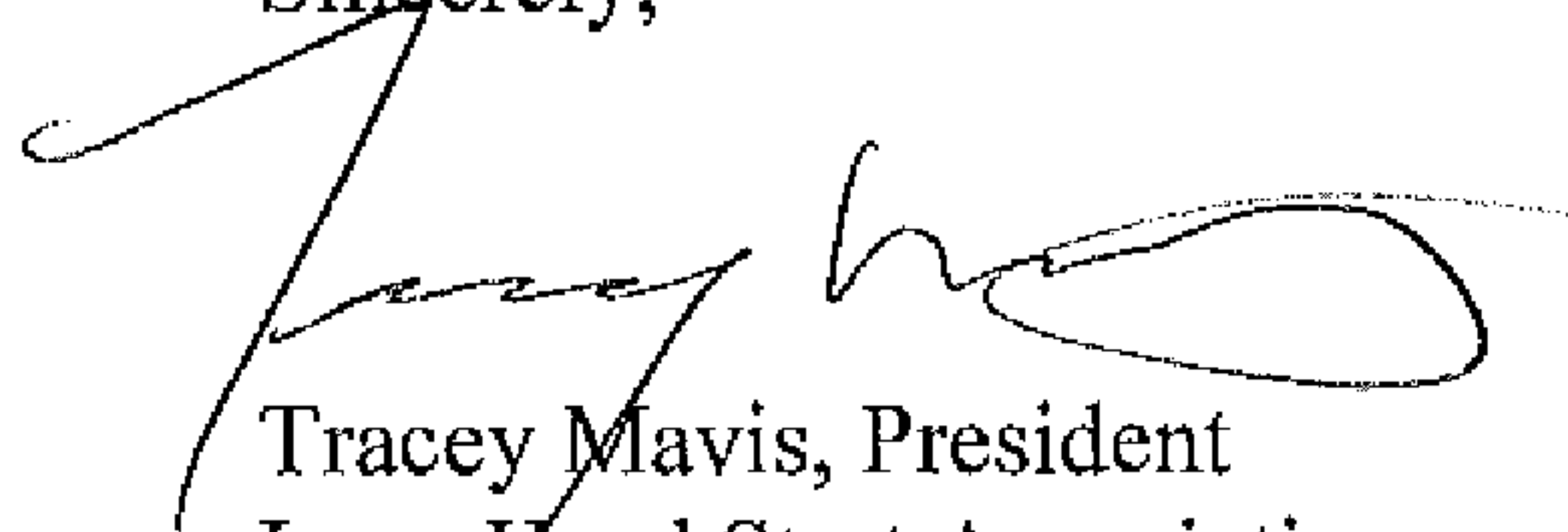
Please accept this letter as our support of the Iowa Head Start Association. As the President of the Iowa Head Start Association, I am please on behalf of our members to support the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant proposal.

Head Start has been active player on a state level through the state's Early Childhood Advisory Council, Home Visitation Grant, professional development system building among other ways. Our board works closely with the Head Start State Collaboration Office to ensure we are participating in state-level conversations and decision-making. We are a state-recognized training entity that aligns its trainings to the state's Early Learning Standards and a number of our members are participants in the state Quality Rating Systems. We have made explicit efforts to take high quality training that originally came to Head Start, such Positive Behavioral Interventions and Supports and I am Moving, I am Learning, and make them available across the state to partners yet aligned to the state's professional development framework. We are proud of our record of helping children with high needs start school prepared for academic success.

I pledge the cooperation of our organization to support the grant by ensuring the Iowa Head Start Association will work with its members to:

- participate in the state's revamped Quality and Improvement Rating System to assure high-quality and accountable programs,
- promote early learning and develop outcomes of our children through a state comprehensive assessment system and efforts to address health, behavioral and developmental needs
- continue to participate in professional development that is aligned to the state's knowledge and competency framework.
- cooperate with the state in its kindergarten entry assessment and its early learning data system.

Sincerely,



Tracey Mavis, President  
Iowa Head Start Association

# IOWA MATERNAL AND CHILD HEALTH ADVISORY COUNCIL

Chair, Mary O'Brien

Mary O'Brien  
Infant Mortality  
Chair

Allison Schroeder  
Parent  
Vice Chair

Jan Mackey  
Social Services

Matt McGarvey  
Insurance (Private Sector)

Dr. Bill Howard  
American Academy of  
Pediatrics, Iowa Chapter

Kate Bennett  
Child Advocate

Cissa Schneider  
Adolescent Medicine

Representative Dave  
Heaton

Becky Parrish  
Family Planning Council  
of Iowa

Linda Klehm  
Iowa State Association  
of Counties

Kim Schroeder  
Regional Child Care  
Health Consultant

Valerie Peckosh  
Iowa Dental Association

Kelly Ward  
American College of  
OB/GYNs

Dave Stout  
Orchard Place - Child  
Guidance Center

Sue Gehlsen  
Advisory Committee for  
Perinatal Guidelines

Stephanie Peters  
Parent

Brian Mehlhaus, MD  
Iowa Academy of Family  
Physicians

Shelley Ackerman, LISW  
Congenital and Inherited  
Disorders Advisory  
Committee

Karen Thompson  
Parent

Karen Klein  
Iowa Dietetic Association

Dennis Groenenboom  
Iowa Legal Aid

October 4, 2011

Jason Glass, Director  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Mr. Glass:

As chair of the Maternal and Child Health (MCH) Advisory Council, I offer support for the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant. Iowa's Maternal and Child Health Advisory Council is committed to working with state partners to focus on the early childhood system and build a more unified approach to supporting young children and their families through increasing access and quality to ensure that children enter kindergarten with the skills, knowledge and dispositions they need to be successful.

Iowa's MCH Advisory Council provides guidance to the Iowa Department of Public Health on issues related to the high need maternal and child health populations. One of the priorities of the local MCH agencies and Iowa's Race to the Top Early Learning Challenge grant proposal is to identify and address the health, behavioral, and developmental needs of children with high needs to improve school readiness. The MCH Advisory Council provides input to local and state partners on the infrastructure of child care nurse consultants to improve the health and safety of early learning environments. The MCH Advisory Council identified the following key areas to address during the four year grant:

- A sustainable infrastructure for Child Care Nurse Consultant
- An integrated Data System that includes unique identifiers for children and integrates across state agencies
- A Professional Development plan that addresses workforce capacity, skill and knowledge for early care, health and education professionals

We appreciate the opportunity to express our support for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to the implementation of Iowa's Plan.

Sincerely,



Mary O'Brien  
Chair, Iowa's MCH Advisory Council



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Title V Local Maternal & Child Health Grantee Committee • Allen Women's Health • American Home Finding Association  
• Black Hawk County Health Dept. • Crawford County Home Health, Hospice & Public Health • FAMILY, Inc. • Hawkeye Area Community Action  
• Hillcrest Family Services • Johnson County Public Health • Lee County Health Dept. • Marion Dept. of Public Health • MATURA Action Corporation  
• Mid-Iowa Community Action • Mid-Sioux Opportunity • New Opportunities, Inc. • North Iowa Community Action • Northeast Iowa Community Action  
• Siouxland Community Health Center • Siouxland District Health Dept. • Southern Iowa Family Planning • St. Luke's Family Health Center • Taylor  
County Public Health • Trinity Muscatine • Visiting Nurse Assoc. of Dubuque • Visiting Nurse Services • Warren County Health Services • Washington  
County Public Health • Webster County Public Health

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October 4, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Dr. Glass:

As chair of the Maternal and Child Health Grantee Committee, I offer support for the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant. Iowa's local Maternal and Child Health agencies are committed to working with state partners to focus on the early childhood system and build a more unified approach to supporting young children and their families through increasing access and quality to ensure that children enter kindergarten with the skills, knowledge and dispositions they need to be successful.

One of the priorities of the local Maternal and Child Health agencies and Iowa's Race to the Top Early Learning Challenge grant proposal is to identify and address the health, behavioral, and developmental needs of children with high needs to improve school readiness. Local Maternal and Child Health Agencies have been working with local and state partners on the infrastructure of child care nurse consultants to improve the health and safety of early learning environments. The MCH agencies have identified the following key areas to address during the four year grant.

- A sustainable infrastructure for Child Care Nurse Consultant.
- An integrated Data System that includes unique identifiers for children and integrates across state agencies.
- A Professional Development plan that addresses workforce capacity, skill and knowledge for early care, health and education professionals.

We appreciate the opportunity to express our support for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to the implementation of Iowa's Plan.

Sincerely,

  
Cari Spear RN, MSN  
Chair, MCH Grantee Committee



"A Private Non-Profit Corporation"



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CAL State
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Dolores Huerta Foundation
- JUAN TRASVIÑA  
MALDEF
- DR. JUAN L. MALDONADO, PH. D.  
Laredo Community College

*NCLR Affiliate*

October 4, 2011

Dr. Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Dr. Glass:

On behalf of Teaching and Mentoring Communities (TMC), I am pleased to express our support to Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant proposal. As the only Migrant Seasonal Head Start Program operating in Iowa, we share the goal that each and every child, including those from the families of migrant and seasonal farm workers, start school ready to learn and on a sound trajectory for a future of academic success.

Since 2008, TMC has provided Migrant Seasonal Head Start (MSHS) services in Iowa to address the needs of migrant farm workers in the state. TMC has been an active member of the Iowa Head Start Association and has worked closely with many state agencies and local organizations to ensure we have aligned standards, assessment and professional development with other early childhood programs in the state. TMC has collaborated with these same agencies to provide health and developmental screenings, connect children with Part B and Part C services, license MSHS centers with the Department of Human Services, and arrange transition when children move on to kindergarten. The various public and private agencies in Iowa have been welcoming and cooperative and we feel closely allied to their efforts to advance school readiness.

TMC would like to demonstrate our support of the grant proposal by ensuring our continued collaboration with Iowa Department of Education and the many other stakeholders previously mentioned.

Sincerely,

(b)(6)

Craig Taskey  
Regional Administrator



October 5, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Mr. Glass:

As the Co-Chair of the Iowa State Child Care Advisory Committee, I am pleased to support the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa Office and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant proposal.

The State Child Care Advisory Committee is a committee within the Early Childhood Iowa structure, within the Quality Services and Programs Component Group. We are a legislated advisory body dedicated to providing input to promote higher quality child care in Iowa. We have begun to develop an action plan to address improving the quality of child care. Our three main priority areas are:

- Safety and regulation
- Professional development, training and workforce issues
- Access and affordability

Iowa has a need to support higher quality in many early childhood environments. Specifically, we support the following areas of the grant:

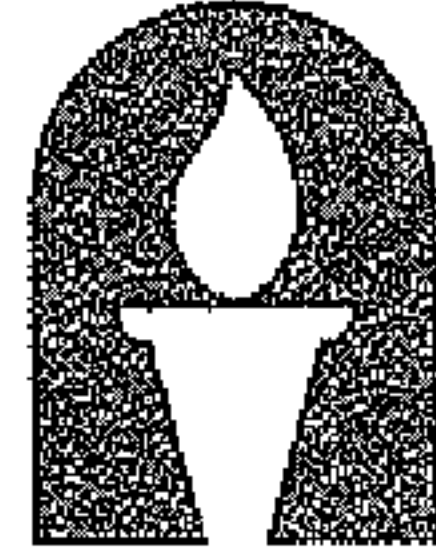
- Incentives to promote more participation in the Quality Rating System (QRS) for child care providers
- Professional development opportunities across the system
- Building of the Healthy Child Care Iowa infrastructure
- Development of a comprehensive assessment system

Sincerely,



Analisa Pearson, Co-Chair  
Iowa State Child Care Advisory Council

**Iowa Association of  
School Boards**  
6000 Grand Avenue  
Des Moines, Iowa 50312-1417  
(515) 288-1991  
1-800-795-IASB (4272)  
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**DISTRICT 8**

Joan Corbin  
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Pella 50219

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George Wheeler  
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Ft. Madison 52627

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377 Cambridge Drive NE  
Cedar Rapids 52402-1400

**IACCT**

Darrell Determann  
P.O. Box 473  
Eagle Grove 50533

**EXECUTIVE DIRECTOR**

Thomas J. Downs

October 4, 2011

Jason Glass, State Director  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Dr. Glass:

On behalf of the Urban Education Network (UEN) of Iowa's school districts and as chair, the UEN offers support to the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management (Early Childhood Iowa) and Public Health, for Iowa's Race to the Top Early Learning Challenge Grant application.

The UEN is comprised of the eight largest school districts and nine other associate member districts in Iowa. Nearly thirty-five percent of Iowa's public school students are enrolled in these districts. This group meets to discuss challenges of the district systems and share answers to resolve these challenges. The Department of Education meets with this group in a collaborative effort to support implementation of the state and federal early childhood programs for both general education and children of special needs.

Iowa school districts provide preschool as well as instructional services to children with special needs. Curriculum directors and principals pay close attention to assessment data related to program quality, staff qualifications and child outcomes. It is very important for districts to attend to the progress of high-needs children in state efforts to boost achievement at kindergarten entry and throughout the school years. The UEN appreciates this opportunity to further partnerships with state agencies in the Race to the Top EL Challenge Grant to implement a comprehensive kindergarten entry assessment that will assist districts in understanding the status and needs of children at kindergarten entry.

We appreciate the opportunity to express our support for potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and look forward to the implementation of Iowa's Plan.

Sincerely,

Dr. Lew Finch, Executive Director  
Urban Education Network of Iowa



100 Hawkins Drive  
247-A CDD  
Iowa City, IA 52242  
319-356-1117  
319-356-3715 (fax)

October 13, 2011

Jason Glass, M.Ed., MA, PhD  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Dr. Glass:

As Director and Chief Medical Officer of Child Health Specialty Clinics (CHSC), Iowa's Title V program for children and youth with special health care needs, I am excited about supporting the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, for Iowa's *Race to the Top Early Learning Challenge* grant proposal.

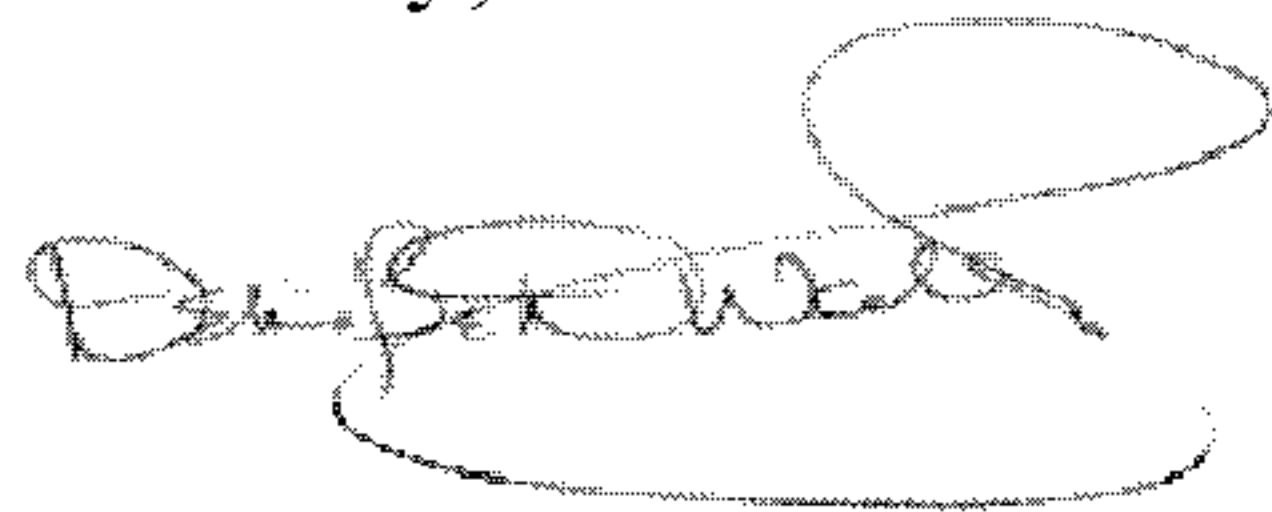
CHSC's mission is to improve the health, development, and well-being of children and youth with special health care needs in partnership with families, service providers, communities, and policymakers. Our vision is to assure a statewide system of care for Iowa's children and youth with special health care needs. Our mission and vision align with Iowa's *Race to the Top Early Learning Challenge* priority of identifying and addressing the health, behavioral, and developmental needs of children with high needs to improve school readiness. CHSC staff work with state and local partners on the infrastructure of child care nurse consultants to improve the health and safety of early learning environments.

CHSC will be involved in the implementation of the following key areas during the four year grant:

- Identifying and addressing the health, behavioral, and developmental needs of children with high needs to improve school readiness.
- Engaging and supporting families through implementation of evidence-based home visiting.
- Supporting an integrated data system that includes unique identifiers for children and integrates across state agencies.
- Developing a professional development plan that addresses workforce capacity, skill and knowledge for early care, health and education professionals.

CHSC is grateful for the opportunity to assist and partner with the Department's *Race to the Top Early Learning Challenge* grant proposal and we look forward to assisting Iowa's efforts.

Sincerely,



Debra B. Waldron, MD, MPH, FAAP  
Director and Chief Medical Officer  
Child Health Specialty Clinics

**Director and  
Chief Medical Officer**  
Debra Waldron, MD, MPH

**Regional Centers**

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Clinton

Council Bluffs

Creston

Davenport

Decorah

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Iowa City

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Oelwein

Ottumwa

Sioux City

Spencer



# Iowa Department of Human Rights

Governor Terry E. Branstad  
Lt. Governor Kim Reynolds  
San Wong, Director

Division of Community Action Agencies    Division of Community Advocacy and Services    Division of Criminal and Juvenile Justice Planning  
Offices of

Asian and Pacific Islander Affairs | Deaf Services | Latino Affairs | Native American Affairs | Persons with Disabilities | Status of African Americans | Status of Women

October 6, 2011

Jason Glass, Director  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Mr. Glass:

As the Administrator of the Division of Community Action Agencies (DCAA) at the Iowa Department of Human Rights, I am pleased to write a letter in support of the Iowa Department of Education's application for a Race to the Top Early Learning Challenge Grant. This application represents a unique partnership between the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health.

The DCAA administers the Family Development and Self-Sufficiency (FaDSS) program, an effort designed to foster stability and economic self-sufficiency for families receiving federal TANF cash benefits. The FaDSS program provides intensive, home-based, strength-focused services by certified family development staff to assist families in overcoming barriers to self-sufficiency. The program served more than 3,020 low-income families last year; including families with more than 3500 children aged 0-5. The DCAA contracts with seventeen grantees for FaDSS services and provides training, technical assistance and monitoring for those grantees.

The DCAA supports Iowa's Race to the Top Early Learning Challenge Grant proposal and will partner with state agencies to implement Iowa's high quality Early Childhood Plan. The DCAA has identified key areas that it will work with partners to implement during the five year grant period, including developing a system to engage and support families of high-need children in order to promote school readiness, and a professional development plan that addresses early childhood workforce capacity, skills and knowledge.

The Division of Community Action Agencies is encouraged by the potential early childhood system changes represented in Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to the implementation of Iowa's Plan.

Sincerely,

A handwritten signature in black ink that reads "W. Brand".

William J. Brand,  
Administrator





September 21, 2011

*for Children and Families*

Jason Glass, Director  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Director Glass:

As chair of Iowa Council for Early ACCESS, I am pleased to write a letter of commitment for the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management (Early Childhood Iowa), and Public Health on Iowa's Race to the Top Early Learning Challenge Grant.

The Iowa Council for Early ACCESS is committed to Iowa's Race to the Top Early Learning Challenge Grant proposal and partnership with state agencies to implement Iowa's high quality Early Childhood Plan. The Iowa Council for Early ACCESS has identified the following key areas important to align quality and care for special needs children.

- Expand the Quality Rating and Improvement System to address the needs of children with disabilities who attend child care centers. Childcare is a natural setting that children with disabilities receive a portion of their IDEA Part C services. Improving quality of care will increase outcomes for children.
- Develop an integrated Data System that includes unique identifiers for children across state agencies and provides longitudinal data to show results of early intervention.
- A Professional Development plan that addresses workforce capacity, skill and knowledge that will strengthen statewide support for early intervention procedures and practices.
- Expand the role of Nursing Consultants in order to improve quality in early childhood environments not only for children being served under Part C services, but for all children in child care environments.

The Iowa Council for Early ACCESS membership includes delegates from the Department of Education, Human Services, Child Health Specialty Clinics, and Public Health and has a productive history together; the Council is committed to helping with the implementation of Iowa's plan.

The Iowa Council for Early ACCESS is very excited for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to the implementation of Iowa's Plan.

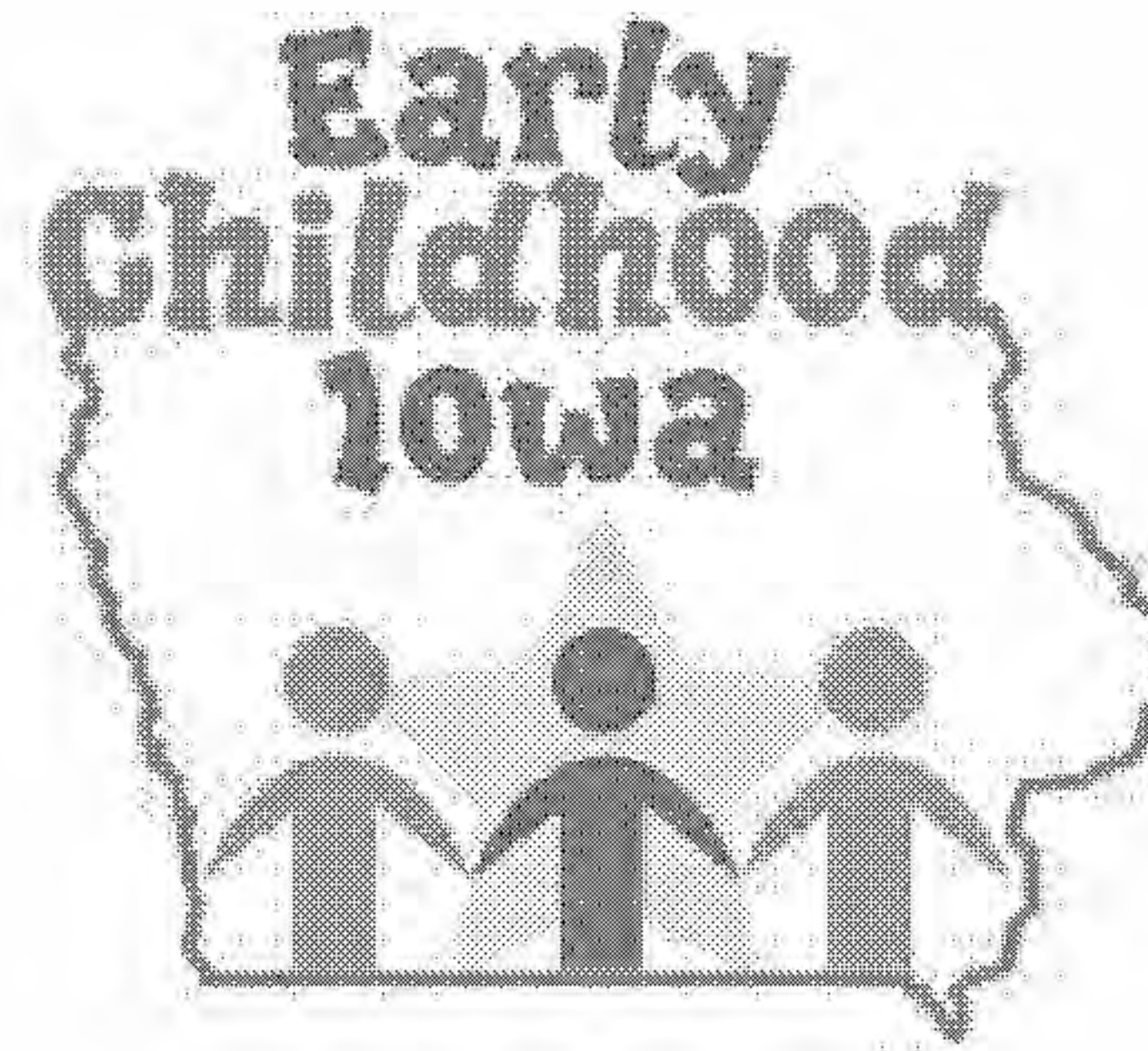
Sincerely,

Julie Hahn  
Chair, Iowa Council for Early ACCESS



October 11, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319



Dear Mr. Glass:

Acting on behalf of the Early Childhood Iowa Stakeholder Alliance Steering Committee (State Early Childhood Advisory Council), I am pleased to write a letter of committed support to the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management- Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant. The Alliance as the ECAC has had the opportunity to provide input on Iowa's application.

The Alliance is committed to Iowa's Race to the Top Early Learning Challenge Grant proposal and will partner with state agencies to implement Iowa's high quality Early Childhood Plan. The Alliance has identified the following key areas that it will work with partners to implement during the five year grant.

- A Tiered Quality Rating and Improvement system that addresses all early learning and development programs.
- An integrated Data System that includes unique identifiers for children and integrates across state agencies.
- A Professional Development plan that addresses workforce capacity, skill and knowledge.
- A universal, comprehensive Kindergarten assessment for all children.

Through our structure and membership, the Alliance has a strong, historical partnership with the Departments of Education, Human Services and Public Health and is committed to helping with the implementation of Iowa's plan.

The Alliance is very excited for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to the implementation of Iowa's Plan.

Sincerely,

(b)(6)

Jeffrey Anderson  
Facilitator  
Early Childhood Iowa Advisory Council





## Early Childhood Iowa

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October 5, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Mr. Glass:

As chair of the Early Childhood Iowa Board, I am pleased to write a letter of commitment for the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management - Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant. The Early Childhood Iowa Board has collaborated with Department of Education and other partners to provide input on Iowa's application.

The Early Childhood Iowa Board is committed to Iowa's Race to the Top Early Learning Challenge Grant proposal and partner with state agencies to implement Iowa's high quality Early Childhood Plan. In addition to the State Agency Directors from Economic Development, Education, Human Services, Human Rights, Public Health and Workforce Development, the Board has four legislators and 15 citizen members from across the state. The ECI Board has identified the following key areas that it will work with partners to implement during the five year grant.

- A Quality Rating and Improvement system that addresses all early learning programs and services.
- An integrated Data System that includes unique identifiers for children and integrates across state agencies.
- A Professional Development plan that addresses workforce capacity, skill and knowledge.
- A universal, comprehensive Kindergarten assessment for all children.

The Early Childhood Iowa Board has a strong, historical partnership with the Department of Education, Human Service and Public Health and is commitment to helping with the implementation of Iowa's plan.

The Early Childhood Iowa Board is very excited for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to the implementation of Iowa's Plan.

Sincerely,

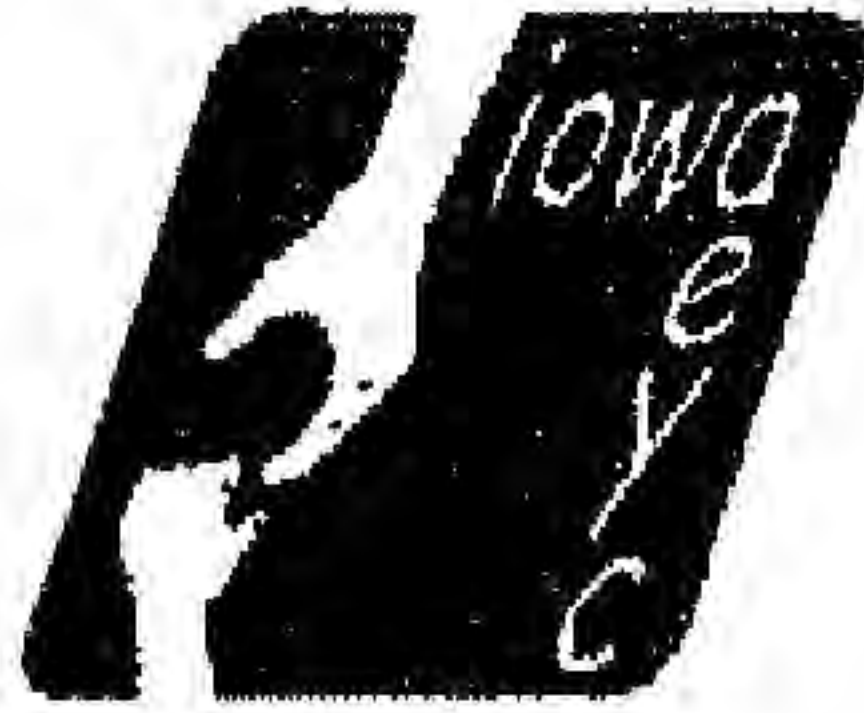
Judy McCoy Davis  
Chair, Early Childhood Iowa

---

c/o Iowa Department of Management, State Capitol, Room 13, Des Moines, IA 50319  
Shanell Wagler (515) 281-4321 Debra Scrowther (515) 281-4537  
Jeffrey Anderson (515) 242-5895  
FAX: (515) 281-4225

Web Page: [www.earlychildhoodiowa.org](http://www.earlychildhoodiowa.org)





## **Iowa Association for the Education of Young Children**

October 6, 2011

Jason Glass  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA 50319

Dear Dr. Glass:

As Executive Director of the Iowa Association for the Education of Young Children, I am pleased to write a letter of commitment for the Iowa Department of Education in partnership with the Iowa Departments of Human Services, Management - Early Childhood Iowa and Public Health, on Iowa's Race to the Top Early Learning Challenge Grant. The Iowa AEYC has collaborated with Department of Education and other partners to provide input on Iowa's application.

The Iowa AEYC is committed to Iowa's Race to the Top Early Learning Challenge Grant proposal and partner with state agencies to implement Iowa's high quality Early Childhood Plan. The Iowa AEYC has identified the following key areas that it will work with partners to implement during the five year grant.

- A Professional Development plan that addresses workforce capacity, skill and knowledge, building upon the framework and accomplishments to date in our implementation.
- A Quality Rating and Improvement system that addresses all early learning programs and services.
- An integrated Data System that includes unique identifiers for children and integrates across state agencies.
- A universal, comprehensive Kindergarten assessment for all children.

The Iowa AEYC has a strong, historical partnership with the Department of Education, Human Service, Management and Public Health and is committed to helping with the implementation of Iowa's plan through our work in professional development system building and early childhood workforce education.

The Iowa AEYC is very excited for the potential early childhood system changes within Iowa's Race to the Top Early Learning Challenge Grant proposal and looks forward to supporting the implementation of Iowa's Plan.

Sincerely,

(b)(6)

Barbara Merrill  
Executive Director, Iowa AEYC

Phone: 515-331-8000  
Fax: 515-331-8995

5525 Meredith Drive, Suite F  
Des Moines, Iowa 50310

info@iowaaeyc.org  
www.iowaaeyc.org