

**Race to the Top - Early Learning Challenge  
Application for Initial Funding  
CFDA Number: 84.412**

Iowa Department of Education – Lead Agency  
Iowa Department of Human Service  
Iowa Department of Public Health  
Iowa Department of Management

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**APPLICATION FOR INITIAL FUNDING UNDER  
RACE TO THE TOP – EARLY LEARNING CHALLENGE**

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### III. DEFINITIONS

*Note: All definitions below are taken from the notice.*

Children with High Needs means children from birth through kindergarten entry who are from Low-Income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays; who are English learners; who reside on "Indian lands" as that term is defined by section 8013(6) of the ESEA; who are migrant, homeless, or in foster care; and other children as identified by the State.

Common Education Data Standards (CEDS) means voluntary, common standards for a key set of education data elements (e.g., demographics, program participation, transition, course information) at the early learning, K-12, and postsecondary levels developed through a national collaborative effort being led by the National Center for Education Statistics. CEDS focus on standard definitions, code sets, and technical specifications of a subset of key data elements and are designed to increase data interoperability, portability, and comparability across Early Learning and Development Programs and agencies, States, local educational agencies, and postsecondary institutions.

Comprehensive Assessment System means a coordinated and comprehensive system of multiple assessments, each of which is valid and reliable for its specified purpose and for the population with which it will be used, that organizes information about the process and context of young children's learning and development in order to help Early Childhood Educators make informed instructional and programmatic decisions and that conforms to the recommendations of the National Research Council reports on early childhood.

A Comprehensive Assessment System includes, at a minimum--

- (a) Screening Measures;
- (b) Formative Assessments;
- (c) Measures of Environmental Quality; and
- (d) Measures of the Quality of Adult-Child Interactions.

Data System Oversight Requirements means policies for ensuring the quality, privacy, and integrity of data contained in a data system, including--

(a) A data governance policy that identifies the elements that are collected and maintained; provides for training on internal controls to system users; establishes who will have access to the data in the system and how the data may be used; sets appropriate internal controls to restrict access to only authorized users; sets criteria for determining the legitimacy of data requests; establishes processes that verify the accuracy, completeness, and age of the data elements maintained in the system; sets procedures for determining the sensitivity of each inventoried element and the risk of harm if those data were improperly disclosed; and establishes procedures for disclosure review and auditing; and

(b) A transparency policy that informs the public, including families, Early Childhood Educators, and programs, of the existence of data systems that house personally identifiable information, explains what data elements are included in such a system, enables parental consent to disclose personally identifiable information as appropriate, and describes allowable and potential uses of the data.

Early Childhood Educator means any professional working in an Early Learning and Development Program, including but not limited to center-based and family child care providers; infant and toddler specialists; early intervention specialists and early childhood special educators; home visitors;

related services providers; administrators such as directors, supervisors, and other early learning and development leaders; Head Start teachers; Early Head Start teachers; preschool and other teachers; teacher assistants; family service staff; and health coordinators.

Early Learning and Development Program means any (a) State-licensed or State-regulated program or provider, regardless of setting or funding source, that provides early care and education for children from birth to kindergarten entry, including, but not limited to, any program operated by a child care center or in a family child care home; (b) preschool program funded by the Federal Government or State or local educational agencies (including any IDEA-funded program); (c) Early Head Start and Head Start program; and (d) a non-relative child care provider who is not otherwise regulated by the State and who regularly cares for two or more unrelated children for a fee in a provider setting. A State should include in this definition other programs that may deliver early learning and development services in a child's home, such as the Maternal, Infant and Early Childhood Home Visiting; Early Head Start; and part C of IDEA<sup>1</sup>.

Early Learning and Development Standards means a set of expectations, guidelines, or developmental milestones that--

- (a) Describe what all children from birth to kindergarten entry should know and be able to do and their disposition toward learning;
- (b) Are appropriate for each age group (*e.g.*, infants, toddlers, and preschoolers); for English learners; and for children with disabilities or developmental delays;
- (c) Cover all Essential Domains of School Readiness; and
- (d) Are universally designed and developmentally, culturally, and linguistically appropriate.

Early Learning Intermediary Organization means a national, statewide, regional, or community-based organization that represents one or more networks of Early Learning and Development Programs in the State and that has influence or authority over them. Such Early Learning Intermediary Organizations include, but are not limited to, Child Care Resource and Referral Agencies; State Head Start Associations; Family Child Care Associations; State affiliates of the National Association for the Education of Young Children; State affiliates of the Council for Exceptional Children's Division of Early Childhood; statewide or regional union affiliates that represent Early Childhood Educators; affiliates of the National Migrant and Seasonal Head Start Association; the National Tribal, American Indian, and Alaskan Native Head Start Association; and the National Indian Child Care Association.

Essential Data Elements means the critical child, program, and workforce data elements of a coordinated early learning data system, including--

- (a) A unique statewide child identifier or another highly accurate, proven method to link data on that child, including Kindergarten Entry Assessment data, to and from the Statewide Longitudinal Data System and the coordinated early learning data system (if applicable);
- (b) A unique statewide Early Childhood Educator identifier;
- (c) A unique program site identifier;

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<sup>1</sup> Note: Such home-based programs and services will most likely not participate in the State's Tiered Quality Rating and Improvement System unless the State has developed a set of Tiered Program Standards specifically for home-based programs and services.

- (d) Child and family demographic information;
- (e) Early Childhood Educator demographic information, including data on educational attainment and State credential or licenses held, as well as professional development information;
- (f) Program-level data on the program's structure, quality, child suspension and expulsion rates, staff retention, staff compensation, work environment, and all applicable data reported as part of the State's Tiered Quality Rating and Improvement System; and
- (g) Child-level program participation and attendance data.

Essential Domains of School Readiness means the domains of language and literacy development, cognition and general knowledge (including early mathematics and early scientific development), approaches toward learning, physical well-being and motor development (including adaptive skills), and social and emotional development.

Formative Assessment (also known as a classroom-based or ongoing assessment) means assessment questions, tools, and processes--

- (a) That are--
  - (1) Specifically designed to monitor children's progress in meeting the Early Learning and Development Standards;
  - (2) Valid and reliable for their intended purposes and their target populations;
  - (3) Linked directly to the curriculum; and
- (b) The results of which are used to guide and improve instructional practices.

High-Quality Plan means any plan developed by the State to address a selection criterion or priority in the notice that is feasible and has a high probability of successful implementation and at a minimum includes--

- (a) The key goals;
- (b) The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation;
- (c) A realistic timeline, including key milestones, for implementing each key activity;
- (d) The party or parties responsible for implementing each activity and other key personnel assigned to each activity;
- (e) Appropriate financial resources to support successful implementation of the plan;
- (f) The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan;
- (g) The information requested in the performance measures, where applicable;



(h) How the State will address the needs of the different types of Early Learning and Development Programs, if applicable; and

(i) How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.

Kindergarten Entry Assessment means an assessment that--

(a) Is administered to children during the first few months of their admission into kindergarten;

(b) Covers all Essential Domains of School Readiness;

(c) Is used in conformance with the recommendations of the National Research Council<sup>2</sup> reports on early childhood; and

(d) Is valid and reliable for its intended purposes and for the target populations and aligned to the Early Learning and Development Standards. Results of the assessment should be used to inform efforts to close the school readiness gap at kindergarten entry and to inform instruction in the early elementary school grades. This assessment should not be used to prevent children's entry into kindergarten.

Lead Agency means the State-level agency designated by the Governor for the administration of the RTT-ELC grant; this agency is the fiscal agent for the grant. The Lead Agency must be one of the Participating State Agencies.

Low-Income means having an income of up to 200 percent of the Federal poverty rate.

Measures of Environmental Quality means valid and reliable indicators of the overall quality of the early learning environment.

Measures of the Quality of Adult-Child Interactions means the measures obtained through valid and reliable processes for observing how teachers and caregivers interact with children, where such processes are designed to promote child learning and to identify strengths and areas for improvement for early learning professionals.

Participating State Agency means a State agency that administers public funds related to early learning and development and is participating in the State Plan. The following State agencies are required Participating State Agencies: the agencies that administer or supervise the administration of CCDF, the section 619 of part B of IDEA and part C of IDEA programs, State-funded preschool, home visiting, Title I of ESEA, the Head Start State Collaboration Grant, and the Title V Maternal and Child Care Block Grant, as well as the State Advisory Council on Early Childhood Education and Care, the State's Child Care Licensing Agency, and the State Education Agency. Other State agencies, such as the agencies that administer or supervise the administration of Child Welfare, Mental Health, Temporary Assistance for Needy Families (TANF), Community-Based Child Abuse Prevention, the Child and Adult Care Food Program, and the Adult Education and Family Literacy Act (AEFLA) may be Participating State Agencies if they elect to participate in the State Plan.

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<sup>2</sup>National Research Council. (2008). Early Childhood Assessment: Why, What, and How. Committee on Developmental Outcomes and Assessments for Young Children, C.E. Snow and S.B. Van Hemel, Editors. Board on Children, Youth, and Families, Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.  
[http://www.nap.edu/catalog.php?record\\_id=12446](http://www.nap.edu/catalog.php?record_id=12446)

Participating Program means an Early Learning and Development Program that elects to carry out activities described in the State Plan.

Program Standards means the standards that serve as the basis for a Tiered Quality Rating and Improvement System and define differentiated levels of quality for Early Learning and Development Programs. Program Standards are expressed, at a minimum, by the extent to which--

(a) Early Learning and Development Standards are implemented through evidence-based activities, interventions, or curricula that are appropriate for each age group of infants, toddlers, and preschoolers;

(b) Comprehensive Assessment Systems are used routinely and appropriately to improve instruction and enhance program quality by providing robust and coherent evidence of--

(1) Children's learning and development outcomes; and

(2) program performance;

(c) A qualified workforce improves young children's health, social, emotional, and educational outcomes;

(d) Strategies are successfully used to engage families in supporting their children's development and learning. These strategies may include, but are not limited to, parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and adult and family literacy programs, parent involvement in decision making, and parent leadership development;

(e) Health promotion practices include health and safety requirements; developmental, behavioral, and sensory screening, referral, and follow up; and the promotion of physical activity, healthy eating habits, oral health and behavioral health, and health literacy among parents; and

(f) Effective data practices include gathering Essential Data Elements and entering them into the State's Statewide Longitudinal Data System or other early learning data system, using these data to guide instruction and program improvement, and making this information readily available to families.

Screening Measures means age and developmentally appropriate, valid, and reliable instruments that are used to identify children who may need follow-up services to address developmental, learning, or health needs in, at a minimum, the areas of physical health, behavioral health, oral health, child development, vision, and hearing.

State means any of the 50 States, the District of Columbia, and Puerto Rico.

State Plan means the plan submitted as part of the State's RTT-ELC application.

Statewide Longitudinal Data System means the State's longitudinal education data system that collects and maintains detailed, high-quality, student- and staff-level data that are linked across entities and that over time provide a complete academic and performance history for each student. The Statewide Longitudinal Data System is typically housed within the State educational agency but includes or can be connected to early childhood, postsecondary, and labor data.

Tiered Quality Rating and Improvement System means the system through which the State uses a set of progressively higher Program Standards to evaluate the quality of an Early Learning and Development Program and to support program improvement. A Tiered Quality Rating and Improvement

System consists of four components: (a) tiered Program Standards with multiple rating categories that clearly and meaningfully differentiate program quality levels; (b) monitoring to evaluate program quality based on the Program Standards; (c) supports to help programs meet progressively higher standards (*e.g.*, through training, technical assistance, financial support); and (d) program quality ratings that are publically available; and includes a process for validating the system.

Workforce Knowledge and Competency Framework means a set of expectations that describes what Early Childhood Educators (including those working with children with disabilities and English learners) should know and be able to do. The Workforce Knowledge and Competency Framework, at a minimum, (a) is evidence-based; (b) incorporates knowledge and application of the State's Early Learning and Development Standards, the Comprehensive Assessment Systems, child development, health, and culturally and linguistically appropriate strategies for working with families; (c) includes knowledge of early mathematics and literacy development and effective instructional practices to support mathematics and literacy development in young children; (d) incorporates effective use of data to guide instruction and program improvement; (e) includes effective behavior management strategies that promote positive social emotional development and reduce challenging behaviors; and (f) incorporates feedback from experts at the State's postsecondary institutions and other early learning and development experts and Early Childhood Educators.



**IV. APPLICATION ASSURANCES AND CERTIFICATIONS**  
**Race to the Top – Early Learning Challenge**  
**(CFDA No. 84.412)**

Legal Name of Applicant (Office of the Governor):  Terry E. Branstad, Governor	Applicant's Mailing Address:  Office of the Governor, 1007 East Grand Ave. Des Moines, Iowa 50319
Employer Identification Number:90-0743434	Organizational DUNS: 808346555
Lead Agency: Iowa Department of Education  Contact Name: Penny Milburn  <i>(Single point of contact for communication)</i>	Lead Agency Contact Phone: 515-281-7844  Lead Agency Contact Email Address:  Penny.Milburn@iowa.gov
<p>Required Applicant Signatures <i>(Must include signatures from an authorized representative of each Participating State Agency. Insert additional signature blocks as needed below. To simplify the process, signatories may sign on separate Application Assurance forms.):</i></p> <p>To the best of my knowledge and belief, all of the information and data in this application are true and correct.                  I further certify that I have read the application, am fully committed to it, and will support its implementation:</p>	
Governor or Authorized Representative of the Governor (Printed Name):  Terry E. Branstad, Governor	Telephone:  515-281-5211
Signature of Governor or Authorized Representative of the Governor:	Date:
Lead Agency Authorized Representative (Printed Name):  Jason Glass, Director	Agency Name:  Department of Education
Signature of Lead Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name):  Mariannette Miller-Meeks, Director	Agency Name:  Department of Public Health
Signature of Participating State Agency Authorized Representative:	Date:

Participating State Agency Authorized Representative (Printed Name): Charles Palmer. Director	Agency Name: Department of Human Services
Signature of Participating State Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name): Dave Roederer. Director	Agency Name: Department of Managment
Signature of Participating State Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name):	Agency Name:
Signature of Participating State Agency Authorized Representative:	Date:

**State Attorney General Certification**

State Attorney General or Authorized Representative of the Attorney General Certification

I certify that the State's description of, and statements and conclusions in its application concerning, State law, statute, and regulation are complete and accurate, and constitute a reasonable interpretation of State law, statute, and regulation:

State Attorney General or Authorized Representative of the Attorney General (Printed Name):

Telephone:

Eric Tabor, Chief of Staff

515-281-3349

Signature of the State Attorney General or Authorized Representative of the Attorney General :

Date:

**Accountability, Transparency, and Reporting Assurances**

The Governor or his/her authorized representative assures that the State will comply with all applicable assurances in OMB Standard Forms 424B and D (Assurances for Non-Construction and Construction Programs), including the assurances relating to the legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards, including Davis-Bacon prevailing wages; flood hazards; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and the general agreement to comply with all applicable Federal laws, executive orders, and regulations.

- With respect to the certification regarding lobbying in Department Form 80-0013, no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; the State will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 C.F.R. Part 82, Appendix B); and the State will require the full certification, as set forth in 34 C.F.R. Part 82, Appendix A, in the award documents for all subawards at all tiers.
- The State and other entities will comply with the following provisions of the Education Department General Administrative Regulations (EDGAR), as applicable: 34 CFR Part 74 -- Administration of Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; 34 CFR Part 76 -- State-Administered Programs, including the construction requirements in section 75.600 through 75.617 that are incorporated by reference in section 76.600; 34 CFR Part 77 -- Definitions that Apply to Department Regulations; 34 CFR Part 80 -- Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, including the procurement provisions; 34 CFR Part 81 -- General Education Provisions Act—Enforcement; 34 CFR Part 82 -- New Restrictions on Lobbying; 34 CFR Part 85 – Government-wide Debarment and Suspension (Nonprocurement).

Governor or Authorized Representative of the Governor (Printed Name):	
Signature:	Date:

## V. ELIGIBILITY REQUIREMENTS

*The State must meet the following requirements to be eligible to compete for funding under this program:*

(a) The Lead Agency must have executed with each Participating State Agency a Memorandum of Understanding (MOU) or other binding agreement that the State must attach to its application, describing the Participating State Agency's level of participation in the grant. (See section XIII.) At a minimum, the MOU or other binding agreement must include an assurance that the Participating State Agency agrees to use, to the extent applicable--

- (1) A set of statewide Early Learning and Development Standards;
- (2) A set of statewide Program Standards;
- (3) A statewide Tiered Quality Rating and Improvement System; and
- (4) A statewide Workforce Knowledge and Competency Framework and progression of credentials.

List of Participating State Agencies:

*The applicant should list below all Participating State Agencies that administer public funds related to early learning and development, including at a minimum: the agencies that administer or supervise the administration of CCDF, the section 619 of part B of IDEA and part C of IDEA programs, State-funded preschool, home visiting, Title I of ESEA, the Head Start State Collaboration Grant, and the Title V Maternal and Child Care Block Grant, as well as the State Advisory Council on Early Childhood Education and Care, the State's Child Care Licensing Agency, and the State Education Agency.*

*For each Participating State Agency, the applicant should provide a cross-reference to the place within the application where the MOU or other binding agreement can be found. Insert additional rows if necessary. The Departments will determine eligibility.*

<b>Participating State Agency Name (* for Lead Agency)</b>	<b>MOU Location in Application</b>	<b>Funds/Program(s) administered by the Participating State Agency</b>
Iowa Department of Education*	Section XIII	<b>\$15,831,506</b>
Iowa Department of Human Services	Section XIII	<b>\$11,727,042</b>
Iowa Department of Public Health	Section XIII	<b>\$14,695,469</b>
Iowa Department of Management	Section XIII	<b>\$2,511,413</b>

(b) The State must have an operational State Advisory Council on Early Care and Education that meets the requirements described in section 642B(b) of the Head Start Act (42 U.S.C. 9837b).



*The State certifies that it has an operational State Advisory Council that meets the above requirement. The Departments will determine eligibility.*

Yes

No

(c) The State must have submitted in FY 2010 an updated MIECHV State plan and FY 2011 Application for formula funding under the Maternal, Infant, and Early Childhood Home Visiting program (see section 511 of Title V of the Social Security Act, as added by section 2951 of the Affordable Care Act of 2010 (P.L. 111-148)).

*The State certifies that it submitted in FY 2010 an updated MIECHV State plan and FY 2011 Application for formula funding, consistent with the above requirement. The Departments will determine eligibility.*

Yes

No

## VI. SELECTION CRITERIA

*Selection criteria are the focal point of the application and peer review. A panel of peer reviewers will evaluate the applications based on the extent to which the selection criteria are addressed.*

### **Core Areas -- Sections (A) and (B)**

*States must address in their application all of the selection criteria in the Core Areas.*

#### **A. Successful State Systems**

##### **(A)(1) Demonstrating past commitment to early learning and development. (20 points)**

The extent to which the State has demonstrated past commitment to and investment in high-quality, accessible Early Learning and Development Programs and services for Children with High Needs, as evidenced by the State's—

- (a) Financial investment, from January 2007 to the present, in Early Learning and Development Programs, including the amount of these investments in relation to the size of the State's population of Children with High Needs during this time period;
- (b) Increasing, from January 2007 to the present, the number of Children with High Needs participating in Early Learning and Development Programs;
- (c) Existing early learning and development legislation, policies, or practices; and
- (d) Current status in key areas that form the building blocks for a high quality early learning and development system, including Early Learning and Development Standards, Comprehensive Assessment Systems, health promotion practices, family engagement strategies, the development of Early Childhood Educators, Kindergarten Entry Assessments, and effective data practices.

Evidence for (A)(1):

- The completed background data tables providing the State's baseline data for--
  - The number and percentage of children from Low-Income families in the State, by age (see Table (A)(1)-1);
  - The number and percentage of Children with High Needs from special populations in the State (see Table (A)(1)-2); and
  - The number of Children with High Needs in the State who are enrolled in Early Learning and Development Programs, by age (see Table (A)(1)-3).
- Data currently available, if any, on the status of children at kindergarten entry (across Essential Domains of School Readiness, if available), including data on the readiness gap between Children with High Needs and their peers.
- Data currently available, if any, on program quality across different types of Early Learning and Development Programs.
- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-4).

- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-5).
- The completed table that describes the current status of the State's Early Learning and Development Standards for each of the Essential Domains of School Readiness, by age group of infants, toddlers, and preschoolers (see Table (A)(1)-6).
- The completed table that describes the elements of a Comprehensive Assessment System currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-7).
- The completed table that describes the elements of high-quality health promotion practices currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-8).
- The completed table that describes the elements of a high-quality family engagement strategy currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-9).
- The completed table that describes all early learning and development workforce credentials currently available in the State, including whether credentials are aligned with a State Workforce Knowledge and Competency Framework and the number and percentage of Early Childhood Educators who have each type of credential (see Table (A)(1)-10).
- The completed table that describes the current status of postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators (see Table (A)(1)-11).
- The completed table that describes the current status of the State's Kindergarten Entry Assessment (see Table (A)(1)-12).
- The completed table that describes all early learning and development data systems currently used in the State (see Table (A)(1)-13).

*Enter narrative here – recommended maximum of ten pages)*

Section (A)(1) – Demonstrating past commitment to early learning and development

Iowa is committed to supporting young children with high needs as evidenced by the detailed history presented in this section and the high-quality plans included in the Race to the Top - Early Learning Challenge application. The state's commitment to young children is evident in the unifying vision that all children beginning at birth are healthy and successful. This is not mere rhetoric but a lived commitment that is manifest through the following:

- a consistent historic pattern of investing in programs and services that serve young children and their families;
- a growing investment despite struggling economic times;
- a substantial body of legislative and policy initiatives and reform; and
- foundational building blocks for a high quality early learning and development system in development or implementation.

Total investments in children with high needs 0-5 has increased 59% since 2007 (refer to Table (A)(1)-4). Meanwhile, over this same time period programs have seen substantial growth in populations served (State-funded Preschool increased 192%, IDEA Part B and C, 21%) or moderate growth (5% for Child Care Development Fund [CCDF]-funded and Head Start programs; see Table (A)(1)-5).

**Financial Commitment**

The state has provided substantial investments in preschool services, maternal and child health, child care, child welfare and family support. State funds dedicated to early childhood programs have more than tripled in the last 15 years, and remained relatively stable. In the area of preschool, the state has invested in three areas to meet various needs. Shared Visions at-risk preschool funding began in 1989 as an explicit commitment to serve children with high needs ages three, four, and five and has remained relatively constant since its inception. In 1990, the Area Education Agency (AEA) Early Childhood Network was created to support the Shared Visions programs. The Shared Visions at-risk programs received a \$1,000,000 increase in 2007. That same year Iowa launched its statewide voluntary preschool program for four-year old

children with a concomitant pledge of \$60,000,000 (approximately one-half of one percent of the state's budget) to ensure every four-year-old child had access to high quality early childhood education. Iowa's funding for locally-based preschool scholarships began in 2004 and has continued through today. These local scholarships are administered through Early Childhood Iowa (ECI), a network of 51 local boards supporting early childhood services across the state. As local funders, they also invest state money in preschool support such as quality improvement, transportation, or professional development. Local boards collaborate with federally funded Head Start to establish blended services extending the dollar and reach of that program. All early learning and development programs and services target children with high needs including the legislative priority to serve children with high needs in the SVPP. The cumulative investment in preschool services has grown by 59% since 2007.

Investments in health have been substantial. The Iowa Department of Public Health and Iowa Medicaid Enterprise are partnering together and committed to establishing medical and dental homes for all children. The expanded State Children's Health Insurance Program (SCHIP), called *hawk-i*, is one reason Iowa has one of the nation's highest percentage of children covered by health insurance (ranks eighth with Connecticut, Minnesota, and Washington). On July 1, 2009, Iowa increased *hawk-i* eligibility from 200% to 300% of the federal poverty level. In 2010, Iowa implemented presumptive eligibility for Medicaid and *hawk-i*, allowing more of Iowa's children with high needs access to health and dental services. The state has also invested in innovative practices like the I-Smile Program creating virtual dental homes in every county to ensure all children with high needs have regular exams, preventive care, and referral to treatment. Iowa is one of the few states to have such a system of care for children beginning at twelve months of age. Iowa's 1st Five Healthy Mental Development program expanded all preventative care visits to include developmental surveillance, children and caregiver depression surveillance, as well as support physicians in making recommended referrals to community services. This past year, the legislature passed with bipartisan support a comprehensive package of mental health reforms that includes specific provision for young children, increasing their access to providers. Iowa has been ranked as the top state in the country by the Commonwealth Fund in providing health services to children. Iowa is one of only two states in the country with a Project Launch Initiative, a Child Health Improvement Partnership, and Help Me Grow replication initiative – all of which, with 1st Five, focus upon ensuring that children entering



through the health portal are connected up with other early learning and development supports they need.

In child care, the state has made steady increases in funding to child care assistance. Participation expanded and provider rates increased three times (2005, 2007 and 2008). The Department of Human Services (DHS) also raised the eligibility ceiling from 140% to 145% of the federal poverty level. DHS has increased funding over the past five years to ensure the state does not need to rely on a waiting list for those seeking child care assistance. When the amount of Temporary Assistance to Needy Families (TANF) transfers to child care decreased as the result of increased caseloads, the state appropriated funds to maintain availability of assistance. Iowa consistently exceeds the Child Care Development Fund (CCDF) required state match and maintained its investment in the Quality Rating System (QRS) since 2006. Investments in child welfare increased while case loads have remained relatively stable. DHS has also supported IDPH in the implementation of Healthy Child Care Iowa since 1998 to focus efforts on improving the health and safety of early learning environments. At the local level Child Care Nurse Consultants positions were created to provide consultation, technical assistance, and assessment on health and safety standards within early learning environments. The nurses are recognized as Child Care Nurse Consultants (CCNC) after they complete a comprehensive training based on a curriculum from the National Training Institute for Child Care Health Consultant (University of North Carolina-Chapel Hill) delivered by IDPH. The CCNC local structure is supported through local Early Childhood Iowa funds, Maternal and Child Health Title V funds, local public health funds, and private foundation funds.

Iowa has built on its historic commitment to family support and home visitation services. During the 1980s, Iowa launched two innovative family support services, one for families receiving TANF called Family Development and Self-Sufficiency (FaDSS) and the Shared Visions Parent Support for at-risk families and their children. State investments in FaDSS remained steady or increased (not more than 5%) throughout the past decade. In 1992, Iowa adopted the Healthy Families America model and expanded family support to nine counties with an initial investment of \$335,000. This investment nearly doubled in 2007.

Beginning in 1998, Iowa invested additional funds, distributed through local ECI boards to support a variety of early childhood services including home visitation. This funding grew from

\$6,810,016 to \$45,684,844 within the span of nine years with a slight decline in recent years. In 2010 allocations for family support programming served 17,396 families with \$15,577,384 in state funding. In 2007, this focus led to the establishment of a state coordinator position that created a common framework of standards, a family support program credential, and common assessment across a variety of local and state-funded programs.

In 2010, IDPH was designated by the Governor as the lead agency for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. The MIECHV program was created in the Patient Protection and Affordable Care Act. It is designed to strengthen and improve programs and activities carried out under Title V – Maternal and Child Health, improve the coordination of services in at-risk communities, and to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

Iowa's at-risk targeted communities were identified in the Iowa Needs Assessment. All 99 counties (communities) were compared against 15 risk factors. There were 15 counties that were deemed at-risk communities. The MIECHV project is being implemented in Black Hawk County and Appanoose and Wapello counties. Black Hawk is expanding the Early Head Start home-based and Healthy Families Iowa models. The partners in Appanoose and Wapello are implementing a newly created Healthy Families Iowa model. Community and state partners selected home visiting models that have been proven effective at mitigating the risk factors present in the their community.

Beginning in 2006, the state appropriated funds for IDEA, Part C (Early ACCESS) services to meet growing caseload demands created by eligibility changes and increased emphasis on enrolling children with high needs in targeted areas including the Child Abuse and Prevention Treatment Act (CAPTA) mental health needs, complex medical needs, or premature birth. That commitment remains to the present day. While the state has experienced significant budget reductions during the recession, including a 10% overall cut in funding in 2009, Iowa's investments in young children's learning and development have been sustained and actually increased, because of strong policy maker commitment to those investments.

## **Children with High Needs Participation in Programs**

Iowa ensures that growing numbers of children have high quality early learning and development experiences prior to kindergarten through increased investments or maintenance of core programs. The participation rates of children have grown steadily in preschool, child care, family support programs, migrant, and IDEA Part B (619) and Part C services. The numbers of children securing health coverage, as well as, medical and dental homes is increasing.

Since 2007, participation in the Statewide Voluntary Preschool Program (SVPP), Iowa's universal preschool program, increased by 35% and the number of school districts offering this program has grown to approximately 93%.

The number of children with high needs using child care grew from 18,684 to 19,433 since 2007. This growth does not reflect children served through child care wrap-around services that extend full-day, full-year care, and education services for children attending Head Start, Title I, and Shared Visions preschools. In 2011, 1,484 children were served through wrap-around funding.

Home visiting programs focus on serving families with children with high needs. According to the 2010 ECI Family Support Annual Report, home visiting programs served 15,188 families. Of those families 10,984 made \$30,000 or less per year and the highest level of education achieved by the head of household in 8,736 of these families was high school diploma or GED. Currently, Iowa is serving approximately five percent of the total low income families. The number of children receiving Medicaid and *hawk-i* who have medical and dental homes has increase 73% in Federal Fiscal Year (FFY) 2007 to 81% in 2010. The percent of Medicaid enrolled children who received at least one well child screen showed similar increases from 72% in FFY2007 to 81% in 2010.

Since 2007, the percentage of children with disabilities served by early childhood special education and Early ACCESS funding has increased 21%. This increase reflects expanded outreach efforts due to changes in eligibility.

### **State legislation, policies and practices**

Over the past five years, the Iowa legislature acted in a bipartisan manner to expand and improve services in Iowa for children with high needs and families. Examples of this commitment include increasing the number of children covered by *hawk-i*; increasing child care regulations by banning smoking, requiring mandatory fingerprinting and background checks, increasing the frequency of inspection of child care homes and centers; increasing state funding for 1st Five to include fourteen counties; and providing funding to ensure comprehensive services such as oral screening and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services in addition to legislation requiring all children entering kindergarten to have a dental screening.

The increasing attention to accountability and quality was highlighted in 2005 when the Iowa General Assembly passed legislation requiring all school districts to administer a kindergarten literacy benchmark assessment to all kindergarten children. In 2006, legislative action funded the launch of the Quality Rating System that measures quality improvement for child care providers along five dimensions. In 2007, legislation provided access to high quality preschool for all four year old children, requiring all programs to have a licensed teacher and meet high quality program standards. As appropriations to ECI increased, the focus on quality was refined in two areas 1) flexibility related to parent choice in preschool scholarships; and 2) support for increasing quality in family support programs. Early Childhood Iowa was defined as a unifying structure for early childhood to incorporate the Early Childhood Advisory Council (ECAC) and state system alignment and coordination. Since 2007, an appropriation has been allocated to fund early childhood professional development. That funding supports a wide variety of professional development projects such as Teacher Education and Compensation Helps (T.E.A.C.H.) and Positive Behavior Intervention and Supports (PBIS) across all early learning and development programs.

### **Building Blocks for an Early Learning and Development System**

Given Iowa's commitment to the early, care health, and education system; it is clear the state has created the foundations for a comprehensive, integrated, and effective early care, health, and education system. The necessary building blocks (described below) are present in the state with two exceptions. The state does not yet have a comprehensive assessment system including a



comprehensive kindergarten entry assessment nor does it have an early childhood data management system.

### Early Learning and Development Standards

Iowa's comprehensive early learning and development standards describe what all children from birth to kindergarten should know and be able to do. The Iowa Early Learning Standards (IELS) include a separate set of standards for infants and toddlers and preschool aged children. The IELS address the essential domains of school readiness including Physical Well-Being and Motor Development; Approaches to Learning Social and Emotional Development; Communication, Language, and Literacy; Mathematics and Science; and Creative Arts. They are universally designed and developmentally appropriate. Revisions to the IELS are in process to ensure they are culturally and linguistically appropriate. A Diversity and School Readiness Committee, a partnership between the Department of Education and the Department of Human Rights, is working to ensure that representatives from Iowa's diverse populations have a voice in the process.

All programs operated by the Iowa Department of Education, including the statewide voluntary preschool program, Shared Visions, and programs funded under IDEA are required to use the IELS. The standards are aligned to the Head Start Child Development and Early Learning Framework, and to most curricula used by early care and education programs in the state (e.g., Creative Curriculum and High Scope). The IELS are also aligned to newly developed teacher and assistant teacher competencies. The IELS are aligned with the Creative Curriculum GOLD Assessment system which operates under the Iowa common license and is available to all early care and education programs. Professional development efforts are beginning to address the IELS. For example, the early childhood programs in Iowa community colleges aligned these standards to a set of core courses common across all their programs and Child Care Resource and Referral (CCR&R) developed and offered child care training on the standards for the past three years. Additionally, all training approved by CCR&R must indicate the IELS domains addressed in the class content.



### Comprehensive Assessment System

While the state lacks a truly comprehensive assessment system that includes screening measures, formative assessments, measures of environmental quality, and measure of the quality of adult-child interactions; components of such a system are in place. Common tools are being used in many early learning and development programs for each of these items. The three high quality sets of program standards implemented in Iowa (National Association for the Education of Young Children accreditation, Head Start Program Performance Standards, and the Iowa Quality Preschool Program Standards) all require screening, formative assessments, environmental quality, and other indicators. Iowa's QRS requires an environmental quality assessment for all top level programs. Assessments measuring the quality of adult-child interactions are common in Head Start programs implementing the CLASS assessments in classrooms, a practice that is beginning to spread to Iowa's SVPP. A growing number of programs use the Center on the Social Emotional Foundations for Early Learning (CSEFEL) developed "Teaching Pyramid Observation Tool" as part of their implementation of the pyramid model described by CSFEL.

The State Longitudinal Data System (SLDS) and Early Childhood Web Application, located at the Iowa Department of Education (DE), collect information on program enrollment, participation, and programs standard quality as well as performance on indicators for SVPP, Head Start, and Shared Vision programs. A state comprehensive data system aligned to the SLDS collects data for all children served under Part B (619) and Part C, including Early Childhood Outcome data. A new data system is poised to be launched that will collect information on challenging behaviors and programs and teachers responses to those behaviors, as well as tracking coaching support. The Iowa Department of Public Health has extensive data collection systems that track child health status including the Immunization Registry Information System (IRIS), Child and Adolescent Data System (CAREs), and the lead prevention program data system. Iowa Department of Human Services collects extensive data related to child care assistance, child care licensing, QRS, child welfare, TANF-funded efforts. FaDSS and other family support programs generate data which is aggregated at the state level. The Iowa Department of Management uses a results accountability framework for all 51 ECI areas to measure a set of indicators related to five desired results: healthy children, children ready to succeed in school, safe and supportive community, secure and nurturing families, and secure and

nurturing child care environments. These data are collected and analyzed at a local and state level on an annual basis. (See Results Framework, in Appendix A-1-1.)

### Health Promotion Practices

Since beginning the early childhood development work, Iowa sought to create a unified early care, health and education system, with health as an equal partner and health services an essential building block to school readiness. The state's commitment to healthy children began with ensuring health care coverage for all children. Next a series of initiatives through the Maternal Child Health Bureau ensured high quality medical and dental homes for all children. The guiding practice provides for the recommended screening, early detection and intervention, and treatment detailed in the Iowa's Early Periodic Screening Diagnosis, and Treatment (EPSDT) periodicity schedule. These standards are based on the American Academy of Pediatrics standards of care. Iowa has leveraged Title V Maternal and Child Health agencies to provide care coordination centers services to ensure access to and the delivery of high quality care. The agencies also provide innovative services including developmental screening for children and caregiver screening for depression and ensure appropriate follow-up (1<sup>st</sup> Five). The I-Smile program also addresses oral health care needs including preventive care and access to dental screening, exams and treatment.

Through expanded collaboration with early care and education programs, these services have become an integral part of Iowa's early learning continuum. Many program standards required in Iowa address health and safety concerns, immunizations and medical records, and developmental screenings and referral to services as needed. The state rules for SVPP address developmental screening, including health, hearing, and vision screening as well as effective referrals to agencies providing health insurance, health care, immunizations, nutrition services, mental health and oral health services. IDPH has provided the state and local infrastructure for Healthy Child Care Iowa and Child Care Nurse Consultants (CCNC). The CCNC provide technical assistance and evaluation of health and safety practices in child care environments. Every CCR&R has a child care consultant with subject matter expertise in health. The position supports child care providers in meeting health and safety regulations, as well as making significant quality improvements in their programs. The CCNC addresses health and safety, injury prevention, hazard mitigation, emergency preparedness, and reviews child records to assure appropriate

immunizations and medical/dental homes, etc. Iowa is unique among states in its requirement that health and safety points be earned to receive a Level 3-5 in the QRS. The QRS requires meeting standards in the area of health and safety in order to achieve a Level 3-5. Early intervention services work closely with IDPH and Child Health Specialty Clinics to ensure special health care needs are addressed for medically fragile children.

### Family engagement strategies

One example of family engagement is the result of Iowa's firm commitment to high quality early learning settings and program standards. The requirements included in the Iowa Quality Preschool Program Standards, Head Start, and NAEYC accreditation dictate best practices in family engagement. The program standards require all DE programs including SVPP, Shared Visions, and all early childhood special education to include family engagement strategies. The Early ACCESS (IDEA, Part C) program adopted its ground-breaking, far-reaching *Guiding Principles and Practices for Delivery of Family Centered Services* that set forth a model for other programs in the state. Family support has grown in importance and emphasis as the state began to unify, expand, and improve its family support programs. Under the leadership of ECI and Project LAUNCH, the Family Support Leadership Group (FSLG); higher standards were established and professional development made available to support implementation. Consensus was reached to collect data on improvements in family development and functioning using common instruments. The FSLG includes the representative from 30 of Iowa's state or local family support programs including Early Head Start, Early ACCESS, Healthy Families Iowa programs, FaDSS, Nurse Family Partnerships, and Shared Visions family support programs. Currently, the National Resource Center for Family Centered Practice at the University of Iowa is working with Iowa's MIECHV program to assist with data collection and evaluation. More recently, efforts began to develop a parent council that will advise, inform, and advocate for improved family-centered support services.

In addition, ECI, through its community boards, creates a structure for leveraging community involvement in strengthening early learning and development systems. The ECI Area Boards include broad-based representation that includes consumers, business leaders, faith community and other community leaders. ECI makes locally-based decisions to strengthen local systems, and has leveraged millions of dollars more in local contributions, often with strong support from

United Way and community foundations. ECI has created many more opportunities for families to participate in supporting their children's development and ensure that services and supports reach children with high needs in culturally, linguistically, and developmentally responsive ways and in environments inclusive of all children.

### Development of Early Childhood Educators

Iowa set the stage for the implementation of a comprehensive, integrated early care, health, and education professional development system. The state developed a framework supporting this vision based on NAEYC's *Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems*. Comprehensive implementation plans were developed that include the adoption of professional standards, career pathways, articulation, data collection and financing across four workforce sectors: health, mental health and nutrition, early learning, family support, and special needs/early intervention. Each sector's implementation plan will be integrated as needed to provide a common knowledge base for the entire workforce yet maintain areas of specialization. The plan also calls for the development of pathways along a continuum of greater knowledge and deeper skills in the field of early childhood education. Finally, in keeping with the NAEYC blueprint principles, the plan strives toward greater integration; quality assurance; diversity, inclusion, and access; and increased compensation for the workforce. Iowa's framework and implementation plan aligns with the RTTT application definition for a Workforce Knowledge and Competency Framework.

Since the development of the framework, concrete action has taken place in each of the areas. Implementation has been linked to the state's Early Childhood Advisory Council (ECAC) grant, the Early Childhood Comprehensive Systems (ECCS) grant, the state CCDF plan, and the ECI strategic plan, with objectives clearly designated in each grant and each system's work plans. A representative advisory structure, the ECI Professional Development Steering Committee, is clearly defined and in place to guide the work. Teaching staff competencies were adopted for the Early Learning and Special Needs/Early Intervention sectors and Family Support Competencies were adopted. Pathways and articulation agreements are being established to assist early childhood educators to move from a Child Development Associate (CDA) to an Associate of Arts (AA) and from AA to bachelor's degree. Data was collected and shared in several ways through the:



- child care workforce study;
- annual catalog of early childhood courses of study at higher education institutions,
- annual T.E.A.C.H. Early Childhood® IOWA report;
- tracking of early childhood licensed teachers through SVPP and Iowa's Board of Educational Examiners; and
- Iowa's voluntary Child Care Training Registry that currently tracks the training of a third of Iowa's ECE workforce.

T.E.A.C.H. Early Childhood® IOWA is a successful education and compensation initiative, designed to establish public and private partnerships to invest in the child care and early education workforce. Since its establishment in 2003, over 1200 teachers, providers and administrators from child care, public school programs, and Head Start have earned college credits towards degrees, credentials, and teaching licenses. The success of this project is due to annual grants procured by multiple funding partners using federal, state, local, and foundation resources.

State and federal funding resources are directed to support professional development to training that focuses on quality initiatives such as Iowa's QRS, Iowa Quality Preschool Program Standards (IQPPS), Positive Behavior Intervention Services, family support program credentialing, as well as health and mental health initiatives. Efforts are currently underway to specifically link the publicly funded training to the goals of the ECI framework and implementation plans, the IELS, and the teaching staff competencies, as well as the soon-to-be established career pathways for all roles within early childhood education. This effort will reduce the duplication of training across systems and identify geographical areas of the state where training is not accessible or gaps persist.

The AEAs are supported by a state appropriation in addition to IDEA, Part B 619 and Part C Early ACCESS funds. This intermediary organization provides professional development, teacher licensure renewal credit, and technical assistance to support early childhood special education beginning at birth. The general and special education personnel in the nine AEAs provide ongoing professional development and onsite mentoring to teachers and administrators in school districts and child care.



### Kindergarten Entry Assessment

The kindergarten literacy benchmark assessment administered by districts since 2005 was intended to help understand the status of children at kindergarten entry. Legislation did not dictate specific assessments, but did require all districts to conduct an assessment that addressed phonemic awareness. The use of a variety of instruments, in addition to the primary focus on literacy assessment, created challenges in understanding the status of children at kindergarten entry. The importance of a kindergarten assessment is understood at the program and state level, but a common assessment instrument that covers all the essential domains of school readiness and is valid and reliable for its intended purposes and the populations assessed is needed to understand the status of children at kindergarten entry. The recently released education reform plan *One Unshakable Vision, World-Class Schools for Iowa* calls for a kindergarten entry assessment. Governor Branstad has made education reform a top priority in his administration, and this blueprint includes a formative, multi-dimensional assessment of children at kindergarten entry and then again at the end of the kindergarten year.

### Effective data practices

The Iowa Department of Education received a five-year grant from the U.S. Department of Education's Institute of Education Sciences to improve the state longitudinal data system and develop an educational data warehouse. These systems work in conjunction with each other to collect and report educational data to assist districts in evaluating individual student and group performance over time. Information about student characteristics, as well as assessment data, is uploaded monthly. The SLDS was expanded over the past five years to collect additional data elements about the characteristics of children, qualifications of teachers, and information about the program standards. Over the past year, the state piloted a process for assigning unique identification numbers to children receiving services funded by ECI and non-state programs such as Head Start, to explore the possibility of including all children in a common data system. The process was feasible and the effort will be expanded in the coming year. Other state agencies such as the Departments of Human Services (DHS), Public Health (IDPH), and Human Rights also have data systems which collect important information on children and families, their well-being and the services they receive, as well as information on early childhood educators. The

challenge that remains is developing the means to link these disparate systems together using a unique identifier assigned to individual children and programs.

<b>Table (A)(1)-1: Children from Low-Income<sup>3</sup> families, by age</b>		
	<b>Number of children from Low-Income families in the State</b>	<b>Children from Low-Income families as a percentage of all children in the State</b>
<b>Infants under age 1</b>	NA	NA
<b>Toddlers ages 1 through 2</b>	NA	NA
<b>Preschoolers ages 3 to kindergarten entry</b>	NA	NA
<b>Total number of children, birth to kindergarten entry, from low-income families</b> <i>The number and percent are from the American Community Survey and are for children under six years old.</i>	97,168*	41.83%*
<p>[Source: U.S. Census Bureau, 2009 American Community Survey Data Set: 2009 American Community Survey 1-Year Estimates] *Data are based on a sample and are subject to sampling variability. The value shown here is based on a 90 percent confidence interval.</p>		

<sup>3</sup> Low-Income is defined as having an income of up to 200% of the Federal poverty rate.

<b>Table (A)(1)-2: Special populations of Children with High Needs</b>		
<i>The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.</i>		
<b>Special populations: Children who . . .</b>	<b>Number of children (from birth to kindergarten entry) in the State who...</b>	<b>Percentage of children (from birth to kindergarten entry) in the State who...</b>
<b>Have disabilities or developmental delays<sup>4</sup></b> Source. U.S. Department of Education, Office of Special Education Programs, Data Analysis Systems, 2007-2009	10,985	5.43%
<b>Are English learners<sup>5</sup></b>	13,279	6.57%
<b>Reside on "Indian Lands"</b>	NA	NA
<b>Are migrant<sup>6</sup></b>	566	0.28%
<b>Are homeless<sup>7</sup></b>	970	0.48%
<b>Are in foster care</b>	586	0.29%
<p>Part C data source is the 618 data tables from the Oct. 1, 2006.</p> <p>Part B data source is the 618 data tables from Oct. 1, 2010.</p> <p>The 2010 Census indicated Iowa has 202,123 children under the age of 5. Since preschool age children do not necessarily access fee or reduced meals and the public K-12 data system does not collect information using the definition in this application, an estimate was created by calculating the percent of students at age 5, 6, 7, 8, and 9 identified in the English language learner, migrant, homeless, and foster care populations. A trend for each type of population was determined and a percent for children under age 5 was calculated based on each identified trend.</p>		

<sup>4</sup> For purposes of this application, children with disabilities or developmental delays are defined as children birth through kindergarten entry that have an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP).

<sup>5</sup> For purposes of this application, children who are English learners are children birth through kindergarten entry who have home languages other than English.

<sup>6</sup> For purposes of this application, children who are migrant are children birth through kindergarten entry who meet the definition of "migratory child" in ESEA section 1309(2).

<sup>7</sup> The term "homeless children" has the meaning given the term "homeless children and youths" in section 725(2) of the McKinney-Vento Homeless Assistance Act (425 U.S.C. 11434a(2)).

<b>Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age</b>				
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>				
<b>Type of Early Learning and Development Program</b>	<b>Number of Children with High Needs participating in each type of Early Learning and Development Program, by age</b>			
	<b>Infants under age 1</b>	<b>Toddlers ages 1 through 2</b>	<b>Preschoolers ages 3 until kindergarten entry</b>	<b>Total</b>
<b>State-funded preschool</b>  Specify: Statewide Voluntary Preschool Program for Four Year Old Children  Data Source and Year: Iowa Department of Education, Bureau of Planning, Research, Development and Evaluation, Project EASIER, October 2010.	0	0	24,116*	24,116
<b>Early Head Start and Head Start<sup>8</sup></b>  Data Source and Year: Head Start Program Information Report, 2010; TMC, Inc	543	1,154	7,604	9,301
<b>Programs and services funded by IDEA Part C and Part B, section 619</b>  Data Source and Year: Iowa Information Management System, Oct. 2010	639	2,968	7,378	10,985
<b>Programs funded under Title I of ESEA</b>  Data Source and Year: Iowa Department of Education, Bureau of Planning, Research, Development and Evaluation, Project EASIER, October 2010.	0	31	1,151	1,182
<b>Programs receiving funds from the State's CCDF program</b>  Data Source and Year: State fiscal year 11  <i>*up to age 5</i>	1,553	7,956	9,389*	18,898

<sup>8</sup> Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.



<b>Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age</b>				
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>				
<b>Type of Early Learning and Development Program</b>	<b>Number of Children with High Needs participating in each type of Early Learning and Development Program, by age</b>			
	<b>Infants under age 1</b>	<b>Toddlers ages 1 through 2</b>	<b>Preschoolers ages 3 until kindergarten entry</b>	<b>Total</b>
<b>Other</b> <b>Shared Visions state funded family support</b> Data Source and Year: Shared Visions Family Support Annual Reports submitted to the DE, SFY2011	362	233	622	1181
<b>Other</b> <b>HOPES program</b> Data Source and Year: HOPES Annual Report-DPH FY11	387	234	107	728
<i>*This is a universal preschool program funded to operate at least 10 hours per week. This number reflects all children participating. Since children often do not attend during meal times and families may not declare free and/or reduced meals, the percent of children with high needs appears to be falsely low.</i>				

<b>Table (A)(1)-4: Historical data on funding for Early Learning and Development</b>					
<b>Type of investment</b>	<b>Funding for each of the Past 5 Fiscal Years</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011 (estimated)</b>
<b>Supplemental State spending on Early Head Start and Head Start<sup>9</sup></b>	\$400,000	0	0	0	0
<b>State-funded preschool</b>  Specify: Shared Visions Preschool and Statewide Voluntary Preschool Program for Four Year Old Children	\$7,700,000	\$22,038,303	\$36,091,374	\$48,306,864	\$71,694,174
<b>State contributions to IDEA Part C</b>  <i>Source: State of Iowa Education Appropriations</i>	\$1,721,400	\$1,721,400	\$1,721,400	\$1,721,400	\$1,721,400
<b>State contributions for special education and related services for children with disabilities, ages 3 through kindergarten entry</b>  <i>Source: State of Iowa Education Appropriations</i>	\$20,585,510	\$22,171,389	\$22,143,625	\$24,819,992	\$25,233,952
<b>Total State contributions to CCDF<sup>10</sup></b>	\$22,315,290	\$39,241,999	\$41,844,552	\$39,300,483	\$34,976,173
<b>State match to CCDF</b>  <i>Exceeded/Met/Not Met (if exceeded, indicate amount by which match was exceeded)</i>	Exceeded \$7,987,999	Exceeded \$24,269,304	Exceeded \$27,175,858	Exceeded \$24,805,425	Exceeded \$20,225,881
<b>TANF spending on Early Learning and Development Programs<sup>11</sup></b>	\$21,733,363	\$20,045,985	\$18,615,621	\$17,296,879	\$15,967,160

<sup>9</sup> Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

<sup>10</sup> Total State contributions to CCDF must include Maintenance of Effort (MOE), State Match, and any State contributions exceeding State MOE or Match.

<sup>11</sup> Include TANF transfers to CCDF as well as direct TANF spending on Early Learning and Development Programs.

<b>Table (A)(1)-4: Historical data on funding for Early Learning and Development</b>					
<b>Type of investment</b>	<b>Funding for each of the Past 5 Fiscal Years</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011 (estimated)</b>
<b>Other State contributions</b> <i>Specify: Shared Visions state funded family support</i>	\$815,260	\$815,260	\$727,106	\$771,102	\$771,102
<b>Other State contributions</b> <i>Specify: HOPES program (Iowa Department of Public Health)</i>	\$574,810	\$506,556	\$574,799	\$477,132	\$680,957
<b>Other State contributions</b> <i>Specify: School Ready Grant Program - Iowa Empowerment Fund</i>	\$40,634,844	\$38,434,844	\$36,955,256	\$32,153,676	\$36,955,256
<b>Other MIECHV funds</b>				\$920,343	\$1,140,642
<b>Other CCNC funds</b>		\$1,249,281	\$1,607,093	\$1,059,000	\$1,200,000
<b>Total State contributions:</b>	\$124,468,476	\$170,494,321	\$187,456,684	\$191,632,296	\$210,566,697

<b>Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State</b>					
<b>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</b>					
<b>Type of Early Learning and Development Program</b>	<b>Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years<sup>12</sup></b>				
	<b>2007</b>	<b>2008</b>	<b>2009<sup>13</sup></b>	<b>2010<sup>17</sup></b>	<b>2011<sup>17</sup></b>
<b>State-funded preschool</b> <i>(October 1 count)</i> <i>Specify: Total of Children Served in Shared Visions Preschool and Statewide Voluntary Preschool Program for Four Year Old Children</i>	7,488	11,831	15,729	21,852*	NA
<b>Early Head Start and Head Start<sup>14</sup></b> <i>(funded enrollment)</i> <i>Source: Head Start Program Information Report, 2010; TMC, Inc</i>	7,877	7,883	7,832	8,247	8,237
<b>Programs and services funded by IDEA Part C and Part B, section 619</b> <i>(annual October 1 count)</i> <i>Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis Systems, 2007-2009</i>	9,057	9,520	10,039	10,985	NA
<b>Programs funded under Title I of ESEA</b> <i>(total number of children who receive Title I services annually, as reported in the Consolidated State Performance Report )</i>	NA	2,235	1,323	1,182	795
<b>Programs receiving CCDF funds</b> <i>(average monthly served)</i>	18,684	19,983	20,618	21,235	19,433
<b>HOPES Family Support Program</b> <i>Source: HOPES Annual Reports – DPH FY07-11</i>	803	795	847	808	616
<i>The IDEA Part C and Part B is based on the 618 data tables from the October count.</i>					
<i>*This figure reflects an unduplicated number of four-year-old children funded.</i>					

<sup>12</sup> Include all Children with High Needs served with both Federal dollars and State supplemental dollars.

<sup>13</sup> Note to Reviewers: The number of children served reflects a mix of Federal, State, and local spending. Head Start, IDEA, and CCDF all received additional Federal funding under the 2009 American Recovery and Reinvestment Act, which may be reflected in increased numbers of children served in 2009-2011.

<sup>14</sup> Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.



**Table (A)(1)-6 : Current status of the State's Early Learning and Development Standards**  
*Please place an "X" in the boxes to indicate where the State's Early Learning and Development Standards address the different age groups by Essential Domain of School Readiness*

Essential Domains of School Readiness	Age Groups		
	Infants	Toddlers	Preschoolers
Language and literacy development	X	X	X
Cognition and general knowledge (including early math and early scientific development)	X	X	X
Approaches toward learning	X	X	X
Physical well-being and motor development	X	X	X
Social and emotional development	X	X	X

*Cognition and general knowledge benchmarks are included in the areas of Communication, Language, Mathematics and Science and Approaches to Learning. Dispositions are included in Approaches to Learning.*

**Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State**  
*Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.*

Types of programs or systems	Elements of a Comprehensive Assessment System				
	Screening Measures	Formative Assessments	Measures of Environmental Quality	Measures of the Quality of Adult-Child Interactions	Other
<b>State-funded preschool</b>  <i>Specify: State policy require research-based child assessment and screening. Instruments are locally determined. State policy requires the implementation and monitoring of program standards.</i>	X	X	X	X	
<b>Early Head Start and Head Start<sup>15</sup></b>	X	X	X	X	

<sup>15</sup> Including Migrant and Tribal Head Start located in the State.

<b>Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
<b>Types of programs or systems</b>	<b>Elements of a Comprehensive Assessment System</b>				
	<b>Screening Measures</b>	<b>Formative Assessments</b>	<b>Measures of Environmental Quality</b>	<b>Measures of the Quality of Adult-Child Interactions</b>	<b>Other</b>
<b>Programs funded under IDEA Part C</b>	X	X			
<b>Programs funded under IDEA Part B, section 619</b> <i>State policy specifies the implementation and monitoring of program standards.</i>	X	X	X	X	
<b>Programs funded under Title I of ESEA</b> <i>State policy specifies the implementation and monitoring of program standards.</i>	X	X	X	X	
<b>Programs receiving CCDF funds</b>					
<b>Current Quality Rating and Improvement System requirements</b> <i>Specify by tier (add rows if needed):</i>			X Level 5		
<b>State licensing requirements</b>					

<b>Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b>State-funded preschool</b> <i>Specify:</i>	X	X	X	X	
<b>Early Head Start and Head Start</b>	X	X	X	X	Dental screening
<b>Programs funded under IDEA Part C</b>		X	X		
<b>Programs funded under IDEA Part B, section 619</b>	X	X	X	X	
<b>Programs funded under Title I of ESEA</b>	X			X	
<b>Programs receiving CCDF funds</b>	X All Levels		X Levels 2-5	X All Levels	
<b>Current Quality Rating and Improvement System requirements</b> <i>Specify by tier (add rows if needed):</i>	X		X	X	
<b>State licensing requirements</b>	X			X	
<b>Other</b> <i>Describe:</i>					
<i>IDEA Part C funds services primarily delivered by Iowa Area Education Agencies (AEA), IDPH entities, and DHS to families in the home setting. These federal funds do not fund program sites.</i>					

<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
<i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i>	
<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
<b>State-funded preschool</b> <i>Specify: Statewide Voluntary Preschool Program, Shared Visions At-Risk Preschool programs.</i>	The statewide voluntary preschool program requires family engagement through at least one home visit by the licensed teacher of the child, one family night, and at least two family-teacher conferences per year. All state funded preschool programs must meet program standards. These standards require that staff know and understand the families, share information between staff and families, and nurture families in advocating for their children.
<b>Early Head Start and Head Start</b>	All families are involved in at least two home visits per year, more often if Early Head Start, at least two family-teacher conferences, family literacy activities, transition activities, and the program's curriculum. In addition, at least 51% of a Policy Council membership must be families.
<b>Programs funded under IDEA Part C</b>	All families that receive Part C (Early ACCESS) services receive service coordination services. Family training, counseling, and home visit services assist the family in understanding the special needs of the child and enhancing the child's development. These services may include group or individual counseling for family in understanding the special needs of the child; guidance, feedback, and emotional support for the family in understanding the special needs of the child; and information, guidance, feedback, and teaching provided to the family on how to help the child grow and develop.
<b>Programs funded under IDEA Part B, section 619</b>	Early childhood special education programs must meet program standards. These standards require that staff know and understand the families, share information between staff and families, and nurture families in advocating for their children.
<b>Programs funded under Title I of ESEA</b>	All DE programs must meet program standards. These standards require that staff know and understand the families, share information between staff and families, and nurture families in advocating for their children.
<b>Programs receiving CCDF funds</b>	All programs receiving CCDF funds must allow parents unlimited access to their children and the provider caring for their children during the programs hours of operation.



<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
<p><i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i></p>	
<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
<p><b>Current Quality Rating and Improvement System requirements</b> <i>Specify by tier (add rows if needed):</i></p>	<p>Programs must select points from family and community partnerships that include choosing family engagement as a way of earning points to reach levels 3-5. These options include holding annual group parent meetings to share information, quarterly parent advisory board meetings to assure that parents have a voice in decisions made about the program, and annual parent surveys to improve program quality based on parent input.</p>
<p><b>State licensing requirements</b></p>	<p>State licensing requirements prescribe that licensed child centers, preschool programs, and registered child development homes must allow parents unlimited access to their children and the provider caring for their children during the programs hours of operation. Licensed child care center and preschool programs must complete and provide to the parent a daily written record for each child under two years of age.</p>
<p><b>Other MIECHV</b></p>	<p>MIECHV programs are required to establish a local Parent Advisory Council that will represent program parents who will review, approve or disapprove policies and procedures of the local MIECHV program.</p>

<b>Table (A)(1)-10: Status of all early learning and development workforce credentials<sup>16</sup> currently available in the State</b>				
<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%</b>	
<b>Child Development Certificate</b>	N	959	6	
<b>Para-Educator Certificate</b>	N	377		
<b>Certified Teacher – Prekindergarten through grade three, including special education</b>	N	2363		
<b>Certified Teacher – Prekindergarten through kindergarten</b>	N	1003		
<b>Certified Teacher – Prekindergarten through grade three</b>	N	2526		
<b>Certified Teacher – Early Childhood Special Education</b>	N	1335		
<b>I-CONSULT Early Childhood Credential</b>		10	10	Credentialed consultants provide supervision and leadership to the other approximate 125 consultants working for (or in collaboration with) Child Care

<sup>16</sup> Includes both credentials awarded and degrees attained.

<b>Table (A)(1)-10: Status of all early learning and development workforce credentials<sup>16</sup> currently available in the State</b>				
<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%</b>	
				Resource & Referral of Iowa
<b>I-CONSULT Early Childhood Peer Mentor Credential</b>		5		
<b>National Administrator Credential</b>	N	863		
<i>Teacher certification is based on competencies however, Iowa has not yet aligned these teaching certificates with the teaching staff competencies developed by the Professional Levels and Competency Task Force.</i>				

<b>Table (A)(1)-11: Summary of current postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators</b>		
<b>List postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators</b>	<b>Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year</b>	<b>Does the entity align its programs with the State's current Workforce Knowledge and Competency Framework and progression of credentials?  (Yes/No/ Not Available)</b>
Clarke University	0	N
Dordt College	12	N
Drake University	1	N
Graceland University	2	N
Grand View University	3	N
Iowa State University	0	N
University of Northern Iowa	0	N
Iowa Wesleyan College	4	N
Loras College	9	N
Luther College	1	N
Marycrest International University	0	N
Mount Mercy College	3	N
Ashford University	0	N
Northwestern College	8	N
Saint Ambrose College	0	N
Simpson College	15	N
University of Iowa	1	N
University of Dubuque	0	N
Upper Iowa University	14	N
Wartburg College	8	N
William Penn College	0	N
<i>The Iowa Board of Educational Examiners issues teacher licenses and endorsements based upon the approved program of study from each of these institutions.</i>		



<b>Table (A)(1)-12: Current status of the State's Kindergarten Entry Assessment</b>					
<b>State's Kindergarten Entry Assessment</b>	<b>Essential Domains of School Readiness</b>				
	<b>Language and literacy</b>	<b>Cognition and general knowledge (including early mathematics and early scientific development)</b>	<b>Approaches toward learning</b>	<b>Physical well-being and motor development</b>	<b>Social and emotional development</b>
Domain covered? (Y/N)	Y	N	N	N	N
Domain aligned to Early Learning and Development Standards? (Y/N)	N	N	N	N	N
Instrument(s) used? <i>Instruments address phonological awareness. Appropriate subtests from Yopp-Singer, Basic Reading Inventory, Phonological Awareness Test, Dynamic Indicators of Basic Early Literacy Skills and Observation Survey are reported.</i>	Y	N	N	N	N
Evidence of validity and reliability? (Y/N)	Y	N	N	N	N
Evidence of validity for English learners? (Y/N)	N	N	N	N	N
Evidence of validity for children with disabilities? (Y/N)	N	N	N	N	N
How broadly administered? (If not administered statewide, include date for reaching statewide administration)	Local control allows for choices from a menu of instruments.	N	N	N	N
Results included in Statewide Longitudinal Data System? (Y/N)	Y	N	N	N	N

<b>Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State</b>							
<b>List each data system currently in use in the State that includes early learning and development data</b>	<b>Essential Data Elements</b>						
	<i>Place an "X" for each Essential Data Element (refer to the definition) included in each of the State's data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
<b>KinderTrack*</b>	X	X	X	X	X	X	X
<b>Child Care Training Registry**</b>		X	X		X		
<b>EASIER (State Longitudinal Data System)</b>	X	X	X	X		X	X
<b>EdInsight, (Education Data Warehouse)</b>	X		X	X			X
<b>Early Childhood Web Application (program standards)</b>		X	X			X	
<b>Board Of Educational Examiners (DE)</b>		X					
<b>Information Management System (special education data system)</b>	X	X	X	X		X	X
*KinderTrack only includes child and family identifiers and demographic information, and child attendance for child care assistance cases.							
**The Child Care Training registry is voluntary; information regarding early childhood educators and programs are only for those individuals and programs who have activated a registry account.							

(A)(2) Articulating the State's rationale for its early learning and development reform agenda and goals. (20 points)

The extent to which the State clearly articulates a comprehensive early learning and development reform agenda that is ambitious yet achievable, builds on the State's progress to date (as demonstrated in selection criterion (A)(1)), is most likely to result in improved school readiness for Children with High Needs, and includes--

(a) Ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers;

(b) An overall summary of the State Plan that clearly articulates how the High-Quality Plans proposed under each selection criterion, when taken together, constitute an effective reform agenda that establishes a clear and credible path toward achieving these goals; and

(c) A specific rationale that justifies the State's choice to address the selected criteria in each Focused Investment Area (C), (D), and (E), including why these selected criteria will best achieve these goals.

Evidence for (A)(2)

- The State's goals for improving program quality statewide over the period of this grant.
  - The State's goals for improving child outcomes statewide over the period of this grant.
  - The State's goals for closing the readiness gap between Children with High Needs and their peers at kindergarten entry.
- Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C).
- Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D).
- Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E).
- For each Focused Investment Area (C), (D), and (E), a description of the State's rationale for choosing to address the selected criteria in that Focused Investment Area, including how the State's choices build on its progress to date in each Focused Investment Area (as outlined in Tables (A)(1)6-13 and in the narrative under (A)(1)) and why these selected criteria will best achieve the State's ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers.

*(Enter **narrative** here – recommended maximum of ten pages)*

(A)(2) Articulating the State's rationale for its early learning and development reform agenda and goals.

The Race to the Top-Early Learning Challenge application has provided a major opportunity for Iowa to embrace a reform agenda that will bring the state closer to its vision of every child, beginning at birth, being healthy and successful. A key focus for the Iowa Board of Education and the ECI State Board during the past ten years has been children ready to succeed in school. Iowa's early learning and development reform agenda aligns to this vision and converges the work across multiple sectors building on a historic commitment to a comprehensive, integrated early care, health, and education system.

Iowa's early learning and development reform agenda includes five ambitious yet achievable goals:

GOAL ONE: Building on Iowa's current quality improvement systems, enhance Iowa's tiered QRIS system, and increase participation rates for programs serving high-need children.

GOAL TWO: Define, collect, analyze, and benchmark growth for child outcomes across Iowa's early care and education programs.

GOAL THREE: 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.

GOAL FOUR: Build an integrated early learning data system that allows for timely, relevant, accessible, and accurate information.

GOAL FIVE: Integrate Iowa's early learning agenda with the K-12 reform agenda One Unshakeable Vision: World-Class Schools for Iowa.

These five goals, and the high quality plans developed to achieve them, are central to the success of Iowa's early care, health and education system. As detailed below, each goal will improve outcomes for high need children and close the school readiness gap.

GOAL ONE: A tiered quality rating and improvement system



High quality programs are the prerequisite for higher child outcomes. Experiences in high quality programs will close the school readiness gap for Iowa's children with high needs. The key to making that happen is a two-fold emphasis: 1) increasing quality across all programs, and 2) increasing access and participation by children with high needs. To increase quality, Iowa's high quality plan, as referenced in (B)(1) significantly expands the number of financially secure center and home-based programs participating in the QRS system and supports continuous quality improvement particularly in rural areas. To boost participation and movement up the QRS tiers, a second high quality plan (see (B)(1)) provides significant increases in achievement bonuses proportionate to the level of quality attained; supports increased training and certification linked to the QRS (e.g., ChildNet, National Administrator Credential, New Staff Orientation (NSO), Environmental Rating Scale (ERS)); and expands technical assistance to promote and support programs participating in the QRS. The overall goal is to increase the percentage of families receiving Child Care Assistance who are served by QRS-rated providers. These plans will better prepare children with high needs for school by improving programs currently serving high needs children and expanding the reach of current high quality, comprehensive programs by increasing their participation in QRS. Another key to increasing the quality of programs is referenced in the C(3) high quality plan addressing the state and local infrastructure of child care nurse consultants (CCNC) to improve the health and safety components of early learning environments.

The other high quality plans increase rating and monitoring by requiring an ERS assessment in lower tiers, making quality rating data and licensing history information publicly available, and validating the QRS system to ensure levels reflect real differences in quality. The information from the validation will be used to make further improvements.

**GOAL TWO: Determining, collecting, and using common child outcome measures.**

This goal is essential for Iowa to determine outcomes for children and the effectiveness of program improvement efforts. Current initiatives coupled with the high quality plans ensure Iowa will reach this goal. While high quality programs are collecting this information, the state has yet to create a common child outcome measurement system that will allow stakeholders to know the status of all early learning and development programs. This information would focus effective strategies to meet the needs of children with high needs and close the achievement gap. The measures need to be able to distinguish types of programming and services for each child to

best determine what mix of early childhood experiences is making the most difference in outcomes.

Efforts to consolidate the collection and reporting of screening measures, formative assessments, measures of environmental quality (e.g., ERS) are important in reaching this goal. This fall Iowa is beginning to collect common formative assessment data in *Teaching Strategies GOLD* among state-funded preschool and Head Start programs. The high quality plan written for Section (E)(1) will establish a common statewide comprehensive kindergarten entry assessment that addresses all of the essential domains of school readiness and is aligned to the Iowa Early Learning Standards (IELS). This assessment will replace the current kindergarten assessment that only assesses early literacy skills. The high quality plan in (E)(2) will develop a comprehensive, early learning data system through the expansion, enhancement and alignment of the existing data systems such as the Iowa Statewide Longitudinal Data System. Part of this plan will include the collection of data related to screening measures, formative assessments, and measures of environmental quality, parts of which are already included in each state agency data systems. The high quality plan in (B)(3) calls for expanding the use of ERS, as well as collecting the comprehensive assessment system data for program rating and monitoring purposes.

Using information gathered from common child assessment is the key to increasing achievement for all children and particularly children with high needs. The high quality plan in (C)(2), will expand the work Iowa has done in this area using an intensive coaching and training effort based on instruments of adult-child interaction such as the CLASS observation instrument and using the Iowa Professional Development Model (See Appendix A-2-1). During the past 2 years, some Iowa Head Start programs have been involved in an effective model of professional development to improve teacher effectiveness. Evaluation data showed significant and sustainable improvements in CLASS scores by participants. The effort will expand the use of an adult-child interaction measure, such as CLASS, to be the primary measure of the quality of adult-child interactions. This work will have the strongest impact on school readiness for high-need children (Hamre & Pianta, 2001).

**GOAL THREE:** A comprehensive, integrated early care, health and education professional development system.

The key to successful child outcomes is high quality educators (Early et al, 2007; NICHD Early Child Care Research Network & Duncan, G., 2003). Iowa's professional development framework will lead to a comprehensive and coherent system with clear targeted competencies, distinguishable pathways individuals can follow, and milestones along each pathway that chart progress on achieving these competencies. Every early childhood educator will have a systematic way to advance to increased levels of competence as represented by credentials and degrees.

A workforce study conducted by Iowa Workforce Development in 2010 reported that 50% of the child care program administrators, 34% of lead teachers in child care programs, 7% of child care center assistant teachers, and 5% of family child care providers hold bachelors' degrees in early childhood or a closely related field. The workforce study did not include state supported preschool and Head Start programs. Meanwhile, of the 657 direct service workers in the family support sector, 437 (or 67 %) had a bachelors' degree or higher in education, health, human services, or a related field. This represents a higher baseline than the child care workforce, but still an area that needs development. The high quality plan in (D)(1) directly addresses this need by creating comprehensive and progressive credentialing systems for early childhood educators and family support workers. In both cases, the plan bases the system on competencies the state has already established for these sectors of the early childhood workforce. Additional efforts in the plan will establish a primary emphasis on infusing cultural competence into all professional development to better support children with high needs, especially dual language learners. Finally, the plan will support and expand the capacity of higher education to train early care, health and education workforce, while increasing access to high education coursework.

As clear career pathways are established and adequate incentives and compensation are put in place, the demand for higher qualified teachers and the promise of greater rewards will motivate an estimated 8,000 to 10,000 practitioners to seek a route that includes formal and credit-bearing coursework.

**GOAL FOUR: An integrated early learning data system**

The data system Iowa is proposing will allow the state to measure system inputs, outputs, and quality and efficiency outcome measures: how much we did, how well we did it, how much change we produced, and what was the quality of the change (Friedman, 2005). This accountability framework represents one of the weakest parts of Iowa's current early care, health and education system. Iowa needs an integrated information management system to collect and report data on children, programs and the EC workforce. It must include a clear data governance structure to maintain integrity, validity and reliability as well as safeguard the information from unsanctioned or harmful uses. It must operate under a transparent policy so relevant data is available to the public and to stakeholders. Acceptable uses of the information must be sanctioned by parent and others consent in order to abide by the data security and confidentiality ethics that guide appropriate data use. The data system envisioned in this application becomes the accountability structure for the entire system. The high quality plan in (E)(2) provides the details on how Iowa will accomplish this through a well planned inclusive representation of all early learning and development programs. It is anticipated at this time that Iowa will create a federated data system to honor the existing work of the current early learning and development providers as well as the participating agencies.

**GOAL FIVE: Linkage to K-12 Reform**

Despite its strong reputation as an educational leader, Iowa's academic performance has been stagnating and, in some cases, slipping in recent years. New state gubernatorial and educational leadership is poised to embark on an ambitious school reform agenda with the vision of making Iowa schools world-class. The reform agenda includes: increasing teacher and principal effectiveness, raising academic standards, putting in place strong assessments aligned to the academic standards (including a new comprehensive kindergarten assessment), and fostering innovation that boosts learning. Iowa's early learning and development agenda provides an early childhood equivalent of the K-12 reform; a complimentary system that also addresses educational effectiveness, high standards, and comprehensive assessment systems. This work continues our efforts related to evidence-based practices and provides a laser-focus on school readiness of each and every child. Iowa's early learning and development reform agenda is designed to build the foundation for the success of K-12 reform by ensuring all children begin



school ready for the challenges and opportunities of kindergarten. The goals and activities in this proposal will be linked to reform efforts aimed at elementary and secondary education. Areas of transition and overlap will be identified and incorporated into high quality plans.

Iowa selected in this proposal to address criteria (C)(2), supporting effective uses of Comprehensive Assessment Systems, and (C)(3), indentifying and addressing the health, behavioral, and developmental needs of children with high needs to improve school readiness. The central reason to address (C)(2) is that the use of comprehensive assessments to guide instruction and program quality remains the weakest area of implementation among all the quality program standards recognized by the state. From conversation with the state-based Head Start T.A. staff and Head Start Region VII Regional Office, it is clear that this continues to be an issue that surfaces during federal monitoring in Iowa. In addition, based on the results of on-site monitoring visits of the Iowa Quality Preschool Program Standards, programs are cited more frequently in the area of assessment. The state's NAEYC accredited programs also struggle with this area, reflecting a national trend (NAEYC, 2011). Because Iowa recently secured a statewide license for *Teaching Strategies GOLD* and has begun working with teacher preparation programs in community colleges and four-year degree institutions to strengthen preservice training in assessment, a renewed emphasis in this area is timely. Finally, because comprehensive assessment holds the promise of driving future change using data at a classroom and program level, it holds the potential to promote meaningful change in teacher and administrator behavior and thereby improve all programs (the purpose of section B). The experience in Iowa of using data to drive change in the state, especially with the work done in our Early Childhood Positive Behavioral Interventions and Supports (EC-PBIS) and Camp Quality, provide evidence that strong assessment practices will continue to sharpen the focus of continuous improvement at the classroom and program level as well as ensure the success of Iowa's entire reform agenda.

Iowa selected (C)(3) to build on the historic strength of the state in working closely with partners in the health services arena. An important and unique aspect of Iowa's achievements in early childhood is partially due to the long standing collaboration with health. Developing a child care nurse consultant (CCNC) system across all Child Care Resource and Referral agencies, the cross-agency collaborative work team that brought EC-PBIS statewide, and the broadly representative work of Project LAUNCH are but three examples of those collaborative efforts. These experiences have shown that by establishing a priority of identifying and addressing

health, behavioral, and development needs; programs and partnerships are strengthened. Iowa's Head Start programs have been extremely successful in ensuring enrolled children are up-to-date on EPSDT. What remains to be done is to ensure this service for children with high needs in other early childhood programs. Work in the area of healthy eating and expanding physical activity began with I am Moving I am Learning, which the state has now expanded into child care settings as a result of a collaboration between the Iowa Head Start Association and the CCNCs.

The state also chose to pursue (D)(1), developing a Workforce Knowledge and Competency Framework and a progression of credentials. Iowa developed a knowledge and competency framework but has yet to develop the credential progression. The far-reaching implementation plan for a comprehensive, integrated early childhood professional development system stands between a framework and needed pathways marked by a progression of credentials. Iowa complete the implementation plan to create the needed infrastructure for ongoing reform of the early childhood professional development system.

Finally, the state chose both selection criteria (E)(1) and (E)(2): understanding the status of children's learning and development at kindergarten entry and building an early learning data system to improve instruction, practices, services, and policies. Now is the time to build the foundation and link to Iowa's new "One Unshakable Vision: World-Class Schools for Iowa" school reform initiative (see goal five). This effort is firmly established in both this initiative and in the high quality plans to be pursued as part of this proposal.

The reason to pursue (E)(2) is to take the progress to be made implementing the high quality plan for (C)(2) from a classroom and program level, to a state level. Iowa is at a great disadvantage due to the lack of data system integration. For almost ten years, the state early childhood system has focused on five result areas: healthy children, children ready to succeed in school, secure and nurturing families, safe and supportive communities, and secure and nurturing child care environments. This focus has been without a common, consistent system of program measurement. The funding from this application E(2) and the ECAC grant will assist Iowa in building an integrated early learning data system. The high quality plan in E(2) will create a federated system for integrating data collected across agencies to enable the state to focus on common indicators and common results.

## References

Duncan, G., & NICHD Early Child Care Research Network, (2003). Modeling the impacts of child care quality on children's preschool cognitive development, *Child Development*, 74, 1454–75.

Early, D., Maxwell, K., Burchinal, M., Alva, S. Bender, R., Bryant, D.,...Zill, N. (2007) Teachers' education, classroom quality, and young children's academic skills: Results from seven studies of preschool programs, *Child Development*, 78(2), 558 – 580.

Friedman, M. (2005) Trying hard is not good enough. Trafford Publishing: Victoria Canada.

Hamre, B. & Pianta, R. (2001). Early teacher-child relationships and trajectory of school outcomes through eighth grade. *Child Development*, 72, 625-638.

**Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C):**

*Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address*

- (C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.
- (C)(2) Supporting effective uses of Comprehensive Assessment Systems.
- (C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.
- (C)(4) Engaging and supporting families.

**Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D):**

*Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address*

- (D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.

(D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

**Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E):**

*Please check the box to indicate which selection criterion or criteria in Focused Investment Area (E) the State is choosing to address*

- ✓ (E)(1) Understanding the status of children's learning and development at kindergarten entry.
- ✓ (E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

**(A)(3) Aligning and coordinating early learning and development across the State. (10 points)**

The extent to which the State has established, or has a High-Quality Plan to establish, strong participation and commitment in the State Plan by Participating State Agencies and other early learning and development stakeholders by--

(a) Demonstrating how the Participating State Agencies and other partners, if any, will identify a governance structure for working together that will facilitate interagency coordination, streamline decision making, effectively allocate resources, and create long-term sustainability and describing--

(1) The organizational structure for managing the grant and how it builds upon existing interagency governance structures such as children's cabinets, councils, and commissions, if any already exist and are effective;

(2) The governance-related roles and responsibilities of the Lead Agency, the State Advisory Council, each Participating State Agency, the State's Interagency Coordinating Council for part C of IDEA, and other partners, if any;

(3) The method and process for making different types of decisions (*e.g.*, policy, operational) and resolving disputes; and

(4) The plan for when and how the State will involve representatives from Participating Programs, Early Childhood Educators or their representatives, parents and families, including parents and families of Children with High Needs, and other key stakeholders in the planning and implementation of the activities carried out under the grant;

(b) Demonstrating that the Participating State Agencies are strongly committed to the State Plan, to the governance structure of the grant, and to effective implementation of the State Plan, by including in the MOU or other binding agreement between the State and each Participating State Agency--

(1) Terms and conditions that reflect a strong commitment to the State Plan by each Participating State Agency, including terms and conditions designed to align and leverage the Participating State Agencies' existing funding to support the State Plan;



(2) “Scope-of-work” descriptions that require each Participating State Agency to implement all applicable portions of the State Plan and a description of efforts to maximize the number of Early Learning and Development Programs that become Participating Programs; and

(3) A signature from an authorized representative of each Participating State Agency; and

(c) Demonstrating commitment to the State Plan from a broad group of stakeholders that will assist the State in reaching the ambitious yet achievable goals outlined in response to selection criterion (A)(2)(a), including by obtaining--

(1) Detailed and persuasive letters of intent or support from Early Learning Intermediary Organizations, and, if applicable, local early learning councils; and

(2) Letters of intent or support from such other stakeholders as Early Childhood Educators or their representatives; the State's legislators; local community leaders; State or local school boards; representatives of private and faith-based early learning programs; other State and local leaders (*e.g.*, business, community, tribal, civil rights, education association leaders); adult education and family literacy State and local leaders; family and community organizations (*e.g.*, parent councils, nonprofit organizations, local foundations, tribal organizations, and community-based organizations); libraries and children's museums; health providers; and postsecondary institutions.

Evidence for (A)(3)(a) and (b):

- For (A)(3)(a)(1): An organizational chart that shows how the grant will be governed and managed.
- The completed table that lists governance-related roles and responsibilities (see Table (A)(3)-1).
- A copy of all fully executed MOUs or other binding agreements that cover each Participating State Agency. (MOUs or other binding agreements should be referenced in the narrative but must be included in the Appendix to the application).

Evidence for (A)(3)(c)(1):

- The completed table that includes a list of every Early Learning Intermediary Organization and local early learning council (if applicable) in the State and indicates which organizations and councils have submitted letters of intent or support (see Table (A)(3)-2).
- A copy of every letter of intent or support from Early Learning Intermediary Organizations and local early learning councils. (Letters should be referenced in the narrative but must be included in the Appendix with a table.)

Evidence for (A)(3)(c)(2):

- A copy of every letter of intent or support from other stakeholders. (Letters should be referenced in the narrative but must be included in the Appendix with a table.)

*(Enter narrative here – recommended maximum of five pages)*

(A)(3) Aligning and coordinating early learning and development across the State.

During the past decade, Iowa has developed structures to align, centralize, and coordinate early learning development programs and policies. These governance structures were centralized through state legislation and supported appropriations or previous grant awards Iowa received. A variety of agencies and councils have come together to define and refine the state work to support a common early learning agenda. This reform agenda builds upon those existing structures. Serving as the lead agency, the DE will coordinate the grant activities across the state agencies in collaboration with the grant management team. The grant management team will consist of representatives from each state agency and work in conjunction with existing ECI staff to accomplish the work. The grant management team will coordinate communication and provide input for decision making across the participating agencies and councils with guidance from the Leadership/Governance Team.

The existing ECI State Agency Directors and Designees will assume the role of the Leadership/Governance Team. This group will be expanded to include representation from the Governor's office and the DE grant coordinator to forward the reform agenda. Grant activities and recommendations will be presented with the State Board of Education, ECI State Board, and the Interagency Coordinating Council-Part C (Iowa Council for Early ACCESS) for necessary policy and program changes, stakeholder input in planning and implementation activities, and updates of system progress. Participating agencies' directors and staff serve on these governance structures, enhancing communication between the groups and infrastructure support.

ECI Stakeholders Alliance described below provides a mechanism for consistent communication in addition to providing representation from a broad spectrum of stakeholders. The ECI structure to assist in focusing the reform agenda is described below.

Early Childhood Iowa State Board

The ECI State Board was created, through legislation, to promote a vision for a comprehensive early care, education, health, and human service system in this state. The board advises state and local efforts. The vision is implemented through strategic planning, funding identification, guidance, decision making, and policy making authority to assure collaboration among state and local early care, education, health, and human services systems. The ECI State Board

disseminates information to the Governor, Iowa General Assembly, and other stakeholders regarding the needs of communities and progress made toward achieving results as measured through the use of the ECI indicators and performance measures. The board consists of the Directors of the Departments of Health, Human Services, Education, Management, Human Rights, Workforce Development, Iowa Economic Development Authority, state staff, legislators, local representatives, and community members.

Early Childhood Iowa Stakeholder Alliance (State Early Childhood Advisory Council)

Early Childhood Iowa Stakeholders Alliance is a confederation of stakeholders in early care, health, and education systems that affect children age zero to five in the State of Iowa. Its purpose:

- overseeing/providing input into the development of a comprehensive, integrated early childhood system for Iowa that meets the needs of children ages 0-5 and families, and integrates the early learning; health, mental health, and nutrition; family support; and special needs/early intervention systems;
- supporting the Early Childhood Iowa State Board in addressing the early care, health, and education systems that affect children ages 0 -5; and,
- advising the governor, general assembly, state ECI board, and other public and private policy bodies and service providers in coordinating activities and policies related to Iowa's comprehensive early childhood system.

The ECI structure consists of various elements including a Steering Committee and six system component groups. The Steering Committee functions as a coordinating body to assure harmonious workings among the six component groups. The ECI structure enables leaders on local ECI Boards to inform and become part of statewide systems development work, thereby ensuring that actions taken at the state level are truly informed by local experience and that family engagement is reflected in planning as well as service delivery. The structure of ECI includes six system component groups that describe the necessary elements of an effective and comprehensive early care, health and education system. They include: Governance, Planning, and Administration; Professional Development; Public Engagement; Quality Services and Programs; Resources and Funding; and Results Accountability.

### Management of the Grant

The participating state agencies are strongly committed to the State Plan and agree to the terms and conditions of the signed MOU and Scope of Work described in the application. In addition, the grant management team members will develop a master Scope of Work plan to track within agency specific goals, indicators, timelines, data, and funds. This master plan will align across agency commitments and facilitate communication of the State Plan implementation and progress.

Each grant management team member will be responsible for the development of a communication plan to inform, obtain feedback, and report grant progress to agency constituent groups. Agencies will use scheduled constituent group meetings to seek ongoing input and provide updates. For example, two councils that will be consistently involved in the grant include: the ECI Alliance membership that represents a wide array of early childhood stakeholders, and the Interagency Coordinating Council-Part C (Iowa Council of Early ACCESS) that provides representation of parents and families of children with high needs.

The grant management team will be critical in their role to inform administrators of necessary decisions and report progress while at the same time work to inform agency specific stakeholder groups. The Lead Agency will create a website to post grant information and grant activity progress. Other technology will be used to periodically provide webinars and conference calls to maintain communication with early childhood stakeholders. Reports provided to the federal office will be available to the public and posted on the website.



## Race-to-the-Top Early Learning Challenge Grant

- Department of Education,  
Division of Learning and Results**
- State Board of Education
  - Area Education Agency (EL Intermediary Orgs.)
  - Iowa Council for Early ACCESS Services (Part C)
  - Child Development Coordinating Council

- Department of Human Services**
- Council on Human Services

- Department of Public Health**
- State Board of Health
  - Maternal and Child Health Advisory Council

### Participating Agencies and Councils

- Department of Management**
- State Early Childhood Iowa Board
  - Early Childhood Iowa Stakeholders Alliance (Early Childhood Advisory Council)
  - ECI Component Groups

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### Leadership/Governance Team ECI State Agency Directors and Designees

<b>Department of Education</b>	<b>Department of Human Services</b>	<b>Governor's Office</b>	<b>Department of Management</b>	<b>Department of Public Health</b>
<b>Iowa Economic Development Authority</b>	<b>Department of Human Rights</b>	<b>Department of Human Rights</b>	<b>Department of Workforce Development</b>	

### Grant Management Team

Lead Agency, Department of Education  
Grant Manager

Representatives from Participating Agencies (Human Services, Management, Public Health)

<b>Table (A)(3)-1: Governance-related roles and responsibilities</b>	
<b>Participating State Agency</b>	<b>Governance-related roles and responsibilities</b>
Iowa Department of Education	Responsible for aligning and coordinating implementation of activities outlined in this grant application. Provide oversight, fiscal accountability, and reporting for all grant related activities. Lead and advise the grant leadership/governance team. Lead and advise participating agencies and councils.
Iowa Department of Public Health	Responsible for coordinating the activities around section (C)(4), related to the state and local CCNC project. Participate in the grant leadership/governance team. Participate in the grant management team. Provide data and information for fiscal accountability and reporting to the lead agency.
Iowa Department of Human Services	Responsible for coordinating the activities around section (B) High Quality Accountable Programs. Maintain and administer the state's QRS Continue facilitation of QRS Oversight Team for program review. Participate in the grant leadership/governance team. Participate in the grant management team. Validate and revise the QRS based upon results of the validation.
Iowa Department of Management	Responsible for coordinating the activities around section (D)(12), addressing a Great Early Care and Education Workforce. Participate in the grant leadership/governance team. Participate in the grant management team. Provide data and information for fiscal accountability and reporting to the lead agency.
<b>Other Entities</b>	
State advisory council on early childhood education and care (Early Childhood Iowa Stakeholders Alliance)	The Early Childhood Iowa Stakeholders Alliance (ECI SA) shall serve as the State Advisory Council initiated through the Head Start federal legislation (42 USC 9801, Section 642B) and shall conform to the requirements of that legislation. (IC 256I) Oversees/providing input into the development of a comprehensive, integrated early childhood system for Iowa that meets the needs of children 0-5 and families, and integrates the early learning; health, mental health and nutrition; family support and special needs/early

<b>Table (A)(3)-1: Governance-related roles and responsibilities</b>	
<b>Participating State Agency</b>	<b>Governance-related roles and responsibilities</b>
	intervention systems. Advises the governor, general assembly, state board, and other public and private policy bodies and service providers in coordinating activities and policies related to Iowa's comprehensive early childhood system.
State Interagency Coordinating Council for Part C of IDEA (State Coordinating Council for Early ACCESS)	The Iowa Council for Early ACCESS (ICEA) exists by the Executive Order of the Governor of the State of Iowa by the authority of Individuals with Disabilities Education Act (IDEA), Part C, The Infant and Toddler Program as stated in subpart G, 303.600. ICEA advises and assists the Iowa Department of Education in the planning, coordination, and delivery of services to infants and toddlers with special needs and their families. The Council currently has 30 members, including members from the signatory agencies. The signatory agencies (the Department of Education as the lead agency, the Department of Public Health, the Department of Human Services, and Child Health Specialty Clinics) are the agencies in Iowa that form the foundation of the coordinated state-wide interagency system.
Early Childhood Iowa State Board	The Early Childhood State Board provides oversight of the Early Childhood Iowa (local) areas (IC 256I); manages and coordinates funding; approves geographic boundaries; strengthens the state structure including interagency (state) levels of collaboration; coordination and integration; adopts rules pursuant IC 17A for the designation; governance; and oversight of (local) boards.
Child Development Coordinating Council	The Child Development Coordinating Council (CDCC) (IC 279.51) advises and assists the Department of Education regarding the administration and implementation of two state funded at risk programs for children ages' birth to five; the Shared Visions Parent Support Program and the Shared Visions Preschool Program. The CDCC advocates for comprehensive child development and family support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of quality, family-centered comprehensive early childhood services.
State Child Care Advisory Committee	The State Child Care Advisory Committee (SCCAC) is a committee of the Early Childhood Iowa Stakeholder

<b>Table (A)(3)-1: Governance-related roles and responsibilities</b>	
<b>Participating State Agency</b>	<b>Governance-related roles and responsibilities</b>
	Advisory Council (IC 256I) to advise and make recommendations to the Governor, general assembly, Departments of Human Services and Education, and other agencies concerning child care.
Other <i>Specify:</i> Maternal and Child Health Advisory Council	The MCH advisory council assists in the development of the state plan for MCH, including children with special health care needs and family planning. The advisory council assists with assessment of need, prioritization of services, establishment of objectives, and encouragement of public support for MCH and family planning programs. In addition, the advisory council advises the [IDPH] director regarding health and nutrition services for women and children, supports the development of special projects and conferences, and advocates for health and nutrition services for women and children. (IAC 641-76.1(135)) The MCH Advisory Council provides oversight for the state and local CCNC funded through this application.

<b>Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils (if applicable)</b>	
<b>List every Intermediary Organization and local early learning council (if applicable) in the State</b>	<b>Did this entity provide a letter of intent or support which is included in the Appendix (Y/N)?</b>
Area Education Agencies Directors	Y
Child Care Resource and Referral Directors	Y
Child Development Coordinating Council	Y
Child Health Specialty Clinics	Y
Department of Human Right – Bureau of Community Action Agencies and FaDSS Program	Y
Early ACCESS Advisory Council	Y



<b>Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils (if applicable)</b>	
<b>List every Intermediary Organization and local early learning council (if applicable) in the State</b>	<b>Did this entity provide a letter of intent or support which is included in the Appendix (Y/N)?</b>
ECI Stakeholders Alliance	Y
ECI State Board	Y
Iowa Association for the Education of Young Children	Y
Iowa Family Child Care Association	Y
Iowa Head Start Association	Y
Maternal and Child Health Advisory Council	Y
Maternal and Child Health Grantee Committee	Y
Migrant Head Start Association	Y
State Child Care Advisory Committee	Y
Urban Education Network	Y
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>	

**(A)(4) Developing a budget to implement and sustain the work of this grant. (15 points)**

The extent to which the State Plan--

(a) Demonstrates how the State will use existing funds that support early learning and development from Federal, State, private, and local sources (*e.g.*, CCDF; Title I and II of ESEA; IDEA; Striving Readers Comprehensive Literacy Program; State preschool; Head Start Collaboration and State Advisory Council funding; Maternal, Infant, and Early Childhood Home Visiting Program; Title V MCH Block Grant; TANF; Medicaid; child welfare services under Title IV (B) and (E) of the Social Security Act; Statewide Longitudinal Data System; foundation; other private funding sources) for activities and services that help achieve the outcomes in the State Plan, including how the quality set-asides in CCDF will be used;

(b) Describes, in both the budget tables and budget narratives, how the State will effectively and efficiently use funding from this grant to achieve the outcomes in the State Plan, in a manner that--

- (1) Is adequate to support the activities described in the State Plan;
  - (2) Includes costs that are reasonable and necessary in relation to the objectives, design, and significance of the activities described in the State Plan and the number of children to be served; and
  - (3) Details the amount of funds budgeted for Participating State Agencies, localities, Early Learning Intermediary Organizations, Participating Programs, or other partners, and the specific activities to be implemented with these funds consistent with the State Plan, and demonstrates that a significant amount of funding will be devoted to the local implementation of the State Plan; and
- (c) Demonstrates that it can be sustained after the grant period ends to ensure that the number and percentage of Children with High Needs served by Early Learning and Development Programs in the State will be maintained or expanded.

Evidence for (A)(4)(a):

- The completed table listing the existing funds to be used to achieve the outcomes in the State Plan (see Table (A)(4)-1).
- Description of how these existing funds will be used for activities and services that help achieve the outcomes in the State Plan.

Evidence for (A)(4)(b):

- The State's budget (completed in section VIII).
- The narratives that accompany and explain the budget, and describes how it connects to the State Plan (also completed in section VIII).

*(Enter narrative here, in particular to address (A)(4)(a) & (A)(4)(c) – recommended maximum of eight pages.)*

Iowa is committed to sustaining the resources and services to achieve the outcomes. The state will examine the use of funds to support effective programs for children with high needs during the course of this grant and make appropriate changes. In the interim, the state plans to use ESEA-Title VI, IDEA Part B and C, Head Start Collaboration Office, and Early Childhood Advisory Council (ECAC) funds to support this work.

The outcomes for a Great Early Childhood Education Workforce (Section D) are focused on infrastructure and system development. The funding reflected in Table (A)(4)-1 indicates the ongoing funding contribution the state will use for professional development services. The sources of these funds include state and federal discretionary dollars from IDEA and state early childhood professional development appropriations. Iowa has committed to funding the infrastructure and system component necessary to implement the Iowa Professional Development Framework through the ECAC grant. Further expenditure for implementation of

the Framework may not be needed after 2013, other than the funding from the RTT-ELC grant. The Iowa Head Start State Collaboration Office (HSSCO) work plan includes collaboration with institutions of higher education to promote professional development through education and credentialing programs for early childhood providers, a portion of the Iowa HSSCO grant will support the Section D outcomes. There will be continued funding through IDEA to support family support credentialing and its alignment to service coordination roles in Early ACCESS.

ESEA-Title VI funding will be used to implement and sustain the Kindergarten Entry Assessment in all of Iowa's school districts.

The MIECHV project will work directly with the Race to the Top project in the implementation of a comprehensive early childhood data system that will serve as a hub for early childhood outcome data. The MIECHV data system Redcap will be linked to the EC hub and will be able to be linked with vital statistics data and early learning data systems to track high need children and identify programs and services systems that improve school readiness indicators for high need children. The MIECHV project will provide leadership for the design and implementation of a comprehensive and progressive credentialing system for family support including supervisory and direct service providers. Iowa's Race to the Top project and staff will provide input. The MIECHV funding does not provide funding for the implementation of an integrated early childhood data system but does provide funding at the state and local level for collaboration and coordination and the implementation of evidence-based practices at the local level.

ECCS funding will be used to support the work of Iowa's Race to the Top project through the support and implementation of the early care, health, and education professional development system work including a focus on the family support structure. Another main focus of Iowa's ECCS project is to be involved in the planning, designing, and implementation of a comprehensive early childhood data system. The ECCS funding provides minimal infrastructure support at IDPH to ensure health is integrated in to the early childhood systems at the local and state level. IDPH has had the ECCS grant since 2003 and Iowa is viewed as an leader in the integration of health with innovated practices being implemented.

The Department of Human Services provides infrastructure support for IDPH to provide state level infrastructure for the Healthy Child Care Iowa. A few of the activities in the memorandum of agreement provides support for training of child care nurse consultants (CCNC) and technical assistance and support for local CCNC. The DHS MOA provides minimal infrastructure funding to IDPH to provide state level infrastructure. More funding is needed to fully implement HCCI and CCNC at the local level and ensure fidelity and full implementation of the evidence-based practice. At the local level CCNCs are funded through a variety of funding sources of Early Childhood Iowa, Maternal and Child Health Title V funds and other community funds. These funding sources are inconsistent and variety greatly throughout the state. The funding and partnership support from local entities for CCNCs has been invaluable to the success of the CCNC but also have provided some inconsistency in the implementation from one area of the state to another. The Race to the Top funding will provide the necessary, consistent support for the CCNC at the local and state level and will continue to show the innovative approach of Iowa's health and safety component in the Quality Rating System. Iowa is a proven leader in health and safety and the Race to the Top funding will continue to put emphasis on this strong component.

The state is committed to sustaining resources to continue the work.

<b>Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.</b>					
<b>Source of Funds</b>	<b>Fiscal Year 2012</b>	<b>Fiscal Year 2013</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>	<b>Total</b>
<i>Child Care State General Funds, TANF, and CCDF Quality Funds</i>	\$11,683,482	\$11,683,482	\$11,683,482	\$11,682,482	\$46,733,928
<i>DHS MOA with IDPH for HCCI and CCNC</i>	\$136,000	\$136,000	\$136,000	\$136,000	\$544,000
<i>ECCS funds</i>	\$140,000	\$140,000	\$140,000	\$140,000	\$560,000
<i>ECAC</i>	\$170,856	\$141,983			\$312,839
<i>IDEA</i>	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
<i>Iowa Head Start State</i>	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000



<b>Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.</b>					
<b>Source of Funds</b>	<b>Fiscal Year 2012</b>	<b>Fiscal Year 2013</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>	<b>Total</b>
<i>Collaboration Office</i>					
<i>MIECHV project</i>	\$1,140,642	\$1,140,642	\$1,140,642	\$1,140,642	\$4,562,568
<i>Title VI of ESEA (state Assessment)</i>				\$300,000	\$300,000
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>					

*Evidence for (A)(4)(b):*

- *The State's budget (completed in section VIII).*
- *The narratives that accompany and explain the budget, and describes how it connects to the State Plan (also completed in section VIII).*

## **BUDGET PART I: SUMMARY**

### **BUDGET PART I - TABLES**

Budget Table I-1: Budget Summary by Budget Category--*The State must include the budget totals for each budget category for each year of the grant. These line items are derived by adding together the corresponding line items from each of the Participating State Agency Budget Tables.*

*Note:* Please see notations below to correct errors that occurred in Excel Workbook templates as downloaded from Rtt website. Following is the response from the Rtt TA team 10/14/11

If you are having difficulty with this line in the budget tables, please make a note at the bottom of the table and include the correct information in your narrative. If there is a problem with the spreadsheet, which it sounds like there might be in this case, we will instruct reviewers that they are not to consider this in their scoring and we can resolve any budget table issues with the highest ranking States during our budget reviews.

Thank you for bringing this issue to our attention and we will look into it further.

Sincerely, Race to the Top - Early Learning Challenge Team

<b>Budget Table I-1: Budget Summary by Budget Category</b> (Evidence for selection criterion (A)(4)(b))					
<b>Budget Categories</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	969,776	1,001,716	1,127,073	1,164,247	4,262,812
2. Fringe Benefits	268,284	277,297	311,566	321,052	1,178,199
3. Travel	0	0	0	0	0
4. Equipment	260,000	1,000,000	1,500,000	1,000,000	3,760,000
5. Supplies	592,200	305,200	348,500	300,900	1,546,800
6. Contractual	1,411,122	1,591,362	1,505,712	1,392,212	5,900,408
7. Training Stipends	0	8,000	0	0	8,000
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	3,501,382	4,183,575	4,792,851	4,178,411	16,656,219
10. Indirect Costs*	177,109	184,186	191,653	199,538	752,486
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	2,959,632	5,456,753	6,085,295	5,995,638	20,497,318
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	*see note below Corrected amt: <b>\$400,000</b>
<b>13. Total Grant Funds Requested</b> (add lines 9-12)	<b>6,738,123</b>	<b>9,924,514</b>	<b>11,169,799</b>	<b>10,473,587</b>	*see note below (incorrect amt from Excel worksheet <del>37,906,023</del> ) correct amt: <b>\$38,316,023</b>

<b>Budget Table I-1: Budget Summary by Budget Category</b> (Evidence for selection criterion (A)(4)(b))					
<b>Budget Categories</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
14. Funds from other sources used to support the State Plan	1,632,498	1,603,625	1,461,642	1,761,642	6,459,407
<b>15. Total Statewide Budget (add lines 13-14)</b>	<b>8,370,621</b>	<b>11,528,139</b>	<b>12,631,441</b>	<b>12,235,229</b>	<b>44,765,430</b>
<p>* The Budget worksheets provided in Excel do not accurately total for lines 12 and 13 on both the "Agency" tab and the "Budget Summary" tables (see "total" column "e"). Response from inquiry to Rtt TA team (dated 10/14/11 via email): "please make a note at the bottom of the table and include the correct information in your narrative". Correct Total for line 12 is \$400,000. Correct Total for line 13 is \$38,316,023.</p> <p><u>Columns (a) through (d):</u> For each grant year for which funding is requested, show the total amount requested for each applicable budget category.</p> <p><u>Column (e):</u> Show the total amount requested for all grant years.</p> <p><u>Line 6:</u> Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6.</p> <p><u>Line 10:</u> If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.</p> <p><u>Line 11:</u> Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.</p> <p><u>Line 12:</u> The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.</p> <p><u>Line 13:</u> This is the total funding requested under this grant.</p> <p><u>Line 14:</u> Show total funding from other sources (including Federal, State, private, or local) being used to support the State Plan and describe these funding sources in the budget narrative.</p>					

Budget Table I-2: Budget Summary by Participating State Agency--*The State must include the budget totals for each Participating State Agency for each year of the grant. These line items should be consistent with the totals of each of the Participating State Agency Budgets provided in Budget Tables II-1.*

<b><u>Budget Table I-2: Budget Summary by Participating State Agency</u></b> <b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Participating State Agency</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>Iowa Department of Education</b>	3,234,553	3,791,816	4,583,399	4,221,738	<b>15,831,506</b>
<b>Iowa Department of Human Services</b>	2,800,583	2,792,107	3,023,826	3,110,526	<b>11,727,042</b>
<b>Iowa Department of Public Health</b>	1,851,629	4,459,233	4,217,389	4,167,218	<b>14,695,469</b>
<b>Iowa Department of Management</b>	483,856	484,983	806,827	735,747	<b>2,511,413</b>
<b>Total Statewide Budget</b>	<b>8,370,621</b>	<b>11,528,139</b>	<b>12,631,441</b>	<b>12,235,229</b>	<b>44,765,430</b>



**Budget Table I-3: Budget Summary by Project**--*The State must include the proposed budget totals for each project for each year of the grant. These line items are the totals, for each project, across all of the Participating State Agencies' project budgets, as provided in Budget Tables II-2.*

<b>Budget Table I-3: Budget Summary by Project</b> (Evidence for selection criterion (A)(4)(b))					
<b>Projects</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>Lead Agency Coordination</b>	711,252	667,280	800,810	820,144	<b>2,999,486</b>
<b>First Children's Finance, Iowa Growth Fund</b>	928,857	928,857	928,865	928,857	<b>3,715,436</b>
<b>Increased QRS Participation</b>	1,279,926	1,279,930	1,503,926	1,559,926	<b>5,623,708</b>
<b>Marketing QRS System</b>	65,000	65,000	65,000	65,000	<b>260,000</b>
<b>Validation of the QRS levels</b>	62,500	62,500	62,500	62,500	<b>250,000</b>
<b>Developing and supporting comprehensive assessment systems</b>	1,319,061	1,347,182	1,343,724	1,355,279	<b>5,365,246</b>
<b>Implement CCNC structure</b>	381,217	2,997,435	2,747,752	2,689,526	<b>8,815,930</b>
<b>Progression of credentials</b>	313,000	343,000	690,000	617,000	<b>1,963,000</b>
<b>Kindergarten entry assessment</b>	367,710	368,490	336,746	152,621	<b>1,225,567</b>
<b>EC Data and Information System</b>	1,309,600	1,874,840	2,690,476	2,222,734	<b>8,097,650</b>
<b>Total Statewide Budget</b>	<b>6,738,123</b>	<b>9,934,514</b>	<b>11,169,799</b>	<b>10,473,587</b>	<b>38,316,023</b>

**BUDGET PART I -NARRATIVE**

*Describe, in the text box below, the overall structure of the State's budget for implementing the State Plan, including*

*A list of each Participating State Agency, together with a description of its budgetary and project responsibilities;*

- The Iowa Department of Education serves as the Governor-appointed lead agency. Other participating agencies are Iowa Departments of Human Services, Public Health and Management (see organization chart in section A(3)).

*A list of projects and a description of how these projects taken together will result in full implementation of the State Plan:*

- Iowa has multi-pronged- initiatives directed towards achieving the goals of increasing the quality and quantity of high quality early childhood programs for high needs children ages birth – 5 years through the following: 1) Enhancing and expanding participation in the state's existing Quality Rating System (QRS) by increasing support for the Iowa Growth Fund; providing achievement bonuses and additional training and technical assistance to improve quality of settings; requiring providers to have an ERS assessment to achieve the top two levels of QRS; marketing high quality settings to parents; targeting public awareness efforts to low-income families to increase their understand of the benefits of selecting high quality care; significantly expanding the regulatory and QRS level of information about providers that is available to the public; and validation of the QRS levels; 2) developing comprehensive formative and summative assessment systems across early care and learning programs; 3) improving health supports by developing a state and local level infrastructure for Healthy Child Care Iowa; evaluating and updating health and safety assessment tools; and implementing improved standards of practice for Child Care Nurse Consultants; 4) expanding Iowa's professional levels and competencies framework; 5) developing and implementing a comprehensive Kindergarten entry assessment; and 6) developing a comprehensive, longitudinal data system for early childhood to improve decision making and inform practice and policies.

*For each project:*

*The designation of the selection criterion or competitive preference priority the project addresses;*

- Selection criteria B(2): expanding the First Children's Finance Growth Fund to programs supporting high needs children; increasing participation in the states QRS system by providing achievement bonuses and additional training and technical assistance to improve quality of settings;
- Selection criteria B(3): expanding ERS level assessments to Level 4 rated providers;
- Selection criteria B(3): significantly expanding the regulatory and QRS level of information about providers that is available to the public;
- Selection criteria B(4): marketing high quality settings to parents, targeting public awareness efforts to low-income families to increase their understanding of the benefits of selecting high quality care;
- Selection criteria B(5): validation of the QRS levels;
- Selection criteria C(2): developing comprehensive formative and summative assessment systems across early care and learning programs;
- Selection criteria C(3): developing a state and local level infrastructure for Healthy Child Care Iowa; evaluating and updating health and safety assessment tools; implementing improved standards of practice for Child Care Nurse Consultants;
- Selection criteria D(1): expanding Iowa's professional levels and competencies framework;
- Selection criteria E(1): developing and implementing a comprehensive Kindergarten entry assessment; and
- Selection criteria E(2): developing a comprehensive, longitudinal data system for early childhood to improve decision making and inform practice and policies.

*An explanation of how the project will be organized and managed in order to ensure the implementation of the High-Quality Plans described in the selection criteria or competitive preference priorities; and*

- Iowa's project will be managed through a dedicated Grant Coordinator who will work for the lead agency and direct all of the workgroups coordinate communication and alignment of all implementation activities and ensure achievement of targets and goals.

The Coordinator will also attend all federal TA meetings and complete all grant reporting activities in a timely manner.

- The Leadership Workgroup will meet monthly and includes dedicated staff from each participating agency to serve on the interagency workgroup. Each Leadership member will be responsible to coordinate the specific activities within their agency and report progress, troubleshoot concerns and report to the larger workgroup. The Leadership Workgroup will all be charged with sharing progress on grant activities to their constituent groups, stakeholders and agency leadership on a regular basis. All participating agencies will participate in grant evaluation and technical assistance activities provided through the grant resources.
- The participating Agency Directors will meet every other month to review grant activities, progress on goals and develop legislative and policy guidance to ensure Iowa's high quality plan is achieved and Iowa's high needs children demonstrate improved achievement.
- Many of the grant activities engage Iowa's regional and local professional development and technical assistance systems. This includes: the Area Education Agencies (AEA), Child Care Resource and Referral, Iowa State University Extension, local public health agencies, Early Childhood Iowa areas and local school districts. Funds have been allocated for the support of many of these entities to work directly with providers in the areas of improving quality of care through program standards, support for children's safe and healthy environments, improving the teaching and learning of young children through professional development and effectively using assessments to enhance children's learning.
- The early childhood data system team will include a project manager and information technology staff. The early childhood information technology staff will work to deploy an early childhood SLDS platform for Iowa. Information technology position roles will include application development, business analysis, extract transform and load/database design and report building.
- Existing applications and data repository in the Department of Education, Iowa Department of Public Health and Department of Human Services will need to be modified in order to provide automated communication with the early childhood



platform. In kind support will be provided by existing information technology staff from each participating agency.

- *Any information pertinent to understanding the proposed budget for each project.  
See High Quality Plans - Sections B, C, D, E*

**BUDGET PART II: PARTICIPATING STATE AGENCY**

*The State must complete Budget Table II-1, Budget Table II-2, and a narrative for each Participating State Agency with budgetary responsibilities. Therefore, the State should replicate the Budget Part II tables and narrative for each Participating State Agency, and include them in this section as follows:*

- *Participating State Agency 1: Budget Table II-1, Budget Table II-2, narrative.*
- *Participating State Agency 2: Budget Table II-1, Budget Table II-2, narrative.*

**BUDGET PART II - TABLES**

Budget Table II-1: Participating State Agency Budget By Budget Category--*The State must include the Participating State Agency's budget totals for each budget category for each year of the grant.*

<b>Iowa Department of Education</b>
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<b>Participating State Agency-Level Budget Table II-1</b> (Evidence for selection criterion (A)(4)(b))					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	515,000	527,875	541,084	554,627	<b>2,138,586</b>
2. Fringe Benefits	139,050	142,526	146,092	149,749	<b>577,417</b>
3. Travel	0	0	0	0	<b>0</b>
4. Equipment	228,000	1,000,000	1,500,000	1,000,000	<b>3,728,000</b>
5. Supplies	569,000	282,000	325,300	277,700	<b>1,454,000</b>
6. Contractual	518,622	468,862	296,212	330,712	<b>1,614,408</b>
7. Training Stipends	0	8,000	0	0	<b>8,000</b>
8. Other	0	0	0	0	<b>0</b>
<b>9. Total Direct Costs (add lines 1-8)</b>	<b>1,969,672</b>	<b>2,429,263</b>	<b>2,808,688</b>	<b>2,312,788</b>	<b>9,520,411</b>
10. Indirect Costs*	102,032	104,583	107,199	109,883	<b>423,697</b>

11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	1,017,849	1,112,970	1,522,512	1,354,067	<b>5,007,398</b>
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	*see note below Corrected amt: <b>\$400,000</b>
<b>13. Total Grant Funds Requested</b> (add lines 9-12)	3,189,553	3,746,816	4,538,399	3,876,738	*see note below (from Excel worksheet <del>14,951,506</del> ) corrected amt: <b>*\$15,361,506</b>
14. Funds from other sources used to support the State Plan	45,000	45,000	45,000	345,000	<b>480,000</b>
<b>15. Total Statewide Budget</b> (add lines 13-14)	<b>3,234,553</b>	<b>3,791,816</b>	<b>4,583,399</b>	<b>4,221,738</b>	<b>15,831,506</b>

**\* The Budget worksheets provided in Excel do not accurately total for lines 12 and 13 on both the "Agency" tab and the "Budget Summary" tables (see "total" column "e"). Response from inquiry to Rtt TA team(dated 10/14/11 via email): "please make a note at the bottom of the table and include the correct information in your narrative". Correct Total for line 12 is \$400,000. Correct Total for line 13 is \$15,361,506.**

Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through contracts, interagency agreements, MOUs or any other sub awards allowable under State procurement law. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

<b>Iowa Department of Human Services</b>
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<b>Participating State Agency-Level Budget Table II-1</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	235,000	240,881	246,912	253,096	975,889
2. Fringe Benefits	65,700	67,343	69,031	70,759	272,833
3. Travel	0	0	0	0	0
4. Equipment	16,000	0	0	0	16,000
5. Supplies	11,600	11,600	11,600	11,600	46,400
6. Contractual	402,500	402,500	402,500	402,500	1,610,000
7. Training Stipends	0	0	0	0	0
8. Other					0
<b>9. Total Direct Costs (add lines 1-8)</b>	<b>730,800</b>	<b>722,324</b>	<b>730,043</b>	<b>737,955</b>	<b>2,921,122</b>
10. Indirect Costs*					0
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	1,933,783	1,933,783	2,157,783	2,236,571	*see note below (from Excel worksheet - 0-) Corrected amt: \$8,261,920
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
<b>13. Total Grant Funds Requested (add lines 9-12)</b>	<b>2,664,583</b>	<b>2,656,107</b>	<b>2,887,826</b>	<b>2,974,526</b>	*see note below (from Excel worksheet - 2,858,722-) corrected amt: *\$11,183,042



14. Funds from other sources used to support the State Plan	136,000	136,000	136,000	136,000	<b>544,000</b>
<b>15. Total Statewide Budget (add lines 13-14)</b>	<b>2,800,583</b>	<b>2,792,107</b>	<b>3,023,826</b>	<b>3,110,526</b>	<b>11,727,042</b>

\* The Budget worksheets provided in Excel do not accurately total for lines 11 and 13 on both the "Agency" tab and the "Budget Summary" tables (see "total" column "e"). Response from inquiry to Rtt TA team (dated 10/14/11 via email): "please make a note at the bottom of the table and include the correct information in your narrative". Correct Total for line 11 is \$8,261,920. Correct Total for line 13 is \$11,183,042.

### Iowa Department of Public Health

<b>Participating State Agency-Level Budget Table II-1</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	219,776	232,960	247,087	262,235	<b>962,058</b>
2. Fringe Benefits	63,534	67,428	71,606	76,086	<b>278,654</b>
3. Travel	0	0	0	0	<b>0</b>
4. Equipment	16,000	0	0	0	<b>16,000</b>
5. Supplies	11,600	11,600	11,600	11,600	<b>46,400</b>
6. Contractual	177,000	377,000	117,000	42,000	<b>713,000</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other					<b>0</b>
<b>9. Total Direct Costs (add lines 1-8)</b>	<b>487,910</b>	<b>688,988</b>	<b>447,293</b>	<b>391,921</b>	<b>2,016,112</b>
10. Indirect Costs*	75,077	79,603	84,454	89,655	<b>328,789</b>

11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	8,000	2,410,000	2,405,000	2,405,000	<b>7,228,000</b>
12. Funds set aside for participation in grantee technical assistance	0		0	0	0
<b>13. Total Grant Funds Requested (add lines 9-12)</b>	<b>570,987</b>	<b>3,178,591</b>	<b>2,936,747</b>	<b>2,886,576</b>	<b>9,572,901</b>
14. Funds from other sources used to support the State Plan	1,280,642	1,280,642	1,280,642	1,280,642	<b>5,122,568</b>
<b>15. Total Statewide Budget (add lines 13-14)</b>	<b>1,851,629</b>	<b>4,459,233</b>	<b>4,217,389</b>	<b>4,167,218</b>	<b>14,695,469</b>

<b>Iowa Department of Management</b>
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<b>Participating State Agency-Level Budget Table II-1</b>					
(Evidence for selection criterion (A)(4)(b))					
Budget Category	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	0	0	91,990	94,289	<b>186,279</b>
2. Fringe Benefits	0	0	24,837	24,458	<b>49,295</b>
3. Travel		0	0	0	<b>0</b>
4. Equipment	0	0	0	0	<b>0</b>
5. Supplies	0	0	0	0	<b>0</b>
6. Contractual	313,000	343,000	690,000	617,000	<b>1,963,000</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other	0	0	0	0	<b>0</b>
<b>9. Total Direct Costs (add lines 1-8)</b>	<b>313,000</b>	<b>343,000</b>	<b>806,827</b>	<b>735,747</b>	<b>2,198,574</b>

10. Indirect Costs*	0	0	0	0	<b>0</b>
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	0	0	0	<b>0</b>
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
<b>13. Total Grant Funds Requested (add lines 9-12)</b>	<b>313,000</b>	<b>343,000</b>	<b>806,827</b>	<b>735,747</b>	<b>2,198,574</b>
14. Funds from other sources used to support the State Plan	170,856	141,983	0	0	<b>312,839</b>
<b>15. Total Statewide Budget (add lines 13-14)</b>	<b>483,856</b>	<b>484,983</b>	<b>806,827</b>	<b>735,747</b>	<b>2,511,413</b>

Budget Table II-2: Participating State Agency Budget By Project--The State must include the Participating State Agency's proposed budget totals for each project for each year of the grant.

**Iowa Department of Education**

<b>Participating State Agency-Level Budget Table II-2 (Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>Lead Agency Coordination</b>	497,982	478,724	487,691	496,887	<b>1,961,284</b>
<b>First Children's Finance, Iowa Growth Fund</b>	0	0	0	0	<b>0</b>
<b>Increased QRS Participation</b>	0	0	0	0	<b>0</b>
<b>Marketing QRS System</b>	0	0	0	0	<b>0</b>
<b>Validation of the QRS levels</b>	0	0	0	0	<b>0</b>
<b>Developing and supporting comprehensive assessment systems</b>	1,319,061	1,347,182	1,343,724	1,355,279	<b>5,365,246</b>
<b>Implement CCNC structure</b>	0	0	0	0	<b>0</b>
<b>Progression of credentials</b>	0	0	0	0	<b>0</b>
<b>Kindergarten entry assessment</b>	367,710	368,490	336,746	152,621	<b>1,225,567</b>
<b>EC Data and Information System</b>	1,004,800	1,562,420	2,370,238	1,871,951	<b>6,809,409</b>
<b>Total Statewide Budget</b>	<b>3,189,553</b>	<b>3,756,816</b>	<b>4,538,399</b>	<b>3,876,738</b>	<b>15,361,506</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount this Participating State Agency plans to spend for each Project in the State Plan. If this Participating State Agency has no role in a particular Project, leave that row blank.

Column (e): Show the total expenditure, across all grant years, for the Project.

The Total Statewide Budget for this table should match Line 15 for Budget Table II-1.



<b>Iowa Department of Human Services</b>
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<b>Participating State Agency-Level Budget Table II-2</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>Lead Agency Coordination</b>	125,100	111,540	114,043	116,609	467,292
<b>First Children's Finance, Iowa Growth Fund</b>	928,857	928,857	928,865	928,857	3,715,436
<b>Increased QRS Participation</b>	1,279,926	1,279,930	1,503,926	1,559,926	5,623,708
<b>Marketing QRS System</b>	65,000	65,000	65,000	65,000	260,000
<b>Validation of the QRS levels</b>	62,500	62,500	62,500	62,500	250,000
<b>Developing and supporting comprehensive assessment systems</b>	0	0	0	0	0
<b>Implement CCNC structure</b>	0	0	0	0	0
<b>Progression of credentials</b>	0	0	0	0	0
<b>Kindergarten entry assessment</b>	0	0	0	0	0
<b>EC Data and Information System</b>	203,200	208,280	213,492	241,634	866,606
<b>Total Statewide Budget</b>	2,664,583	2,656,107	2,887,826	2,974,526	11,183,042

<b>Iowa Department of Public Health</b>
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<b>Participating State Agency-Level Budget Table II-2</b>
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<b>(Evidence for selection criterion (A)(4)(b))</b>
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<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>Lead Agency Coordination</b>	88,170	77,016	82,249	87,901	335,336
<b>First Children's Finance, Iowa Growth Fund</b>	0	0	0	0	0
<b>Increased QRS Participation</b>	0	0	0	0	0
<b>Marketing QRS System</b>	0	0	0	0	0
<b>Validation of the QRS levels</b>	0	0	0	0	0
<b>Developing and supporting comprehensive assessment systems</b>	0	0	0	0	0
<b>Implement CCNC structure</b>	381,217	2,997,435	2,747,752	2,689,526	8,815,930
<b>Progression of credentials</b>	0	0	0	0	0
<b>Kindergarten entry assessment</b>	0	0	0	0	0
<b>EC Data and Information System</b>	101,600	104,140	106,746	109,149	421,635
<b>Total Statewide Budget</b>	<b>570,987</b>	<b>3,178,591</b>	<b>2,936,747</b>	<b>2,886,576</b>	<b>9,572,901</b>

<b>Iowa Department of Management</b>
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<b>Participating State Agency-Level Budget Table II-2</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>Lead Agency Coordination</b>	0	0	116,827	118,747	<b>235,574</b>
<b>First Children's Finance, Iowa Growth Fund</b>	0	0	0	0	<b>0</b>
<b>Increased QRS Participation</b>	0	0	0	0	<b>0</b>
<b>Marketing QRS System</b>	0	0	0	0	<b>0</b>
<b>Validation of the QRS levels</b>	0	0	0	0	<b>0</b>
<b>Developing and supporting comprehensive assessment systems</b>	0	0	0	0	<b>0</b>
<b>Implement CCNC structure</b>	0	0	0	0	<b>0</b>
<b>Progression of credentials</b>	313,000	343,000	690,000	617,000	<b>1,963,000</b>
<b>Kindergarten entry assessment</b>	0	0	0	0	<b>0</b>
<b>EC Data and Information System</b>	0	0	0	0	<b>0</b>
<b>Total Statewide Budget</b>	<b>313,000</b>	<b>343,000</b>	<b>806,827</b>	<b>735,747</b>	<b>2,198,574</b>

**BUDGET PART II - NARRATIVE**

*Describe, in the text box below, the Participating State Agency's budget, including--*

- *How the Participating State Agency plans to organize its operations in order to manage the RTT-ELC funds and accomplish the work set forth in the MOU or other binding agreement and scope of work;*
- *For each project in which the Participating State Agency is involved, and consistent with the MOU or other binding agreement and scope of work:*
  - *An explanation of the Participating State Agency's roles and responsibilities*
  - *An explanation of how the proposed project annual budget was derived*
- *A detailed explanation of each budget category line item, including the information below.*

**1) Personnel****1.0 FTE Rtt-ELC Grant Coordinator will:**

- Manage and coordinate implementation of all grant activities. (Base Salary \$80,000 year one, plus 2.5% raise for each subsequent year)

**4.0 FTE's Rtt-ELC Leadership Workgroup staff will:**

- Serve on interagency workgroup to ensure collaboration (one staff from each participating agency). Salary – varies by agency. Base for DE \$80,000, DPH \$ 46,592, DHS \$79,800, plus 2.5% raise for each subsequent year. For years 1 and 2 DOM will cover the cost of their workgroup staff through the ECAC grant and years 3 and 4 the Rtt grant will cover the base salary of \$91,990, plus 2.5% raise for each subsequent year).

**6.0 FTE's Information Technology 4 Consultants (3 DE, 2 DHS, and 1 DPH) will:**

- Manage implementation of high quality plan for the early learning data system, including the development of standard data structures, data formats and definitions. (one staff from each participating agency). (Base Salary for each is \$80,000 year one, plus 2.5% raise for each subsequent year)

**2.0 FTE's Administrative Assistants (1 DHS, 1 DE) will:**

- Provide administrative support for lead agency grant coordination, workgroup and assessment activities. Work includes tracking grant budget expenditures, processing print and materials orders, correspondence, typing reports, filing, etc. Process and track all



QRS applications, facilitate payment of achievement bonuses, enter information regarding programs into the QRS database for DHS. (Base Salary \$35,000 year one, plus 2.5% raise for each subsequent year)

**1.0 FTE Assessment Consultant (DE) will:**

- Provide leadership and staff to ensure the success of implementation for Iowa's early childhood assessment system and the comprehensive Kindergarten-entry assessment. (Base Salary is \$80,000 year one, plus 2.5% raise for each subsequent year).

**1.0 FTE Quality Assurance Coordinator (DPH - Community Health Consultant) will:**

- Manage and coordinate implementation of all activities related to the evaluation of the CCNC program and tools, Monitor data and reporting mechanisms, including development of the outcome data tracking system, Manage implementation of High Quality Plans 2 and 3 (outcome data system). Provide communication across all agencies and stakeholder groups; complete regular and final reports. (Base Salary for each is \$80,000 year one, plus 2.5% raise for each subsequent year). (Base Salary is \$46,592 year one, plus 2.5% raise for each subsequent year).

**1.0 FTE Professional Development Coordinator (DPH - Community Health Consultant)**

**will:**

- Manage implementation of high quality plans 1 and 3 (preceptor program); coordinate the Iowa Training Project for CCNC and other professional development opportunities for CCNCs; provide communication across all agencies and stakeholder groups and complete regular and final reports. (Base Salary is \$46,592 year one, plus 2.5% raise for each subsequent year).

Explain:

*The importance of each position to the success of specific. If curriculum vitae, an organizational chart, or other supporting information will be helpful to reviewers, attach in the Appendix and describe its location.*

**(see Appendix A-4-1 for desired qualifications for all positions listed below)**

- **Grant Coordinator** The Rtt-ELC Grant Coordinator will ensure that all goals, objectives and outcomes in Iowa's high quality plan are fully met and that all participating agencies

have the needed support to complete activities in a timely manner. The Coordinator will be key in facilitating cross-agency work teams, communicating progress, and engaging key stakeholders and families. 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.

- **Leadership Workgroup staff** : In order to coordinate and oversee the numerous projects proposed in this application, one FTE per participating agency is essential to assure that the goals and activities are completed in a timely and accurate manner. Monthly meetings to align work across initiatives, troubleshoot and resolve concerns for needed adjustments and to ensure focus on goal achievement will ensure quality communication and interagency collaboration across the four years and beyond.
- **Information Technology Consultants**: shall an active member of the inter-agency project management team. The early childhood information technology staff will work to deploy an early childhood SLDS platform for Iowa. Information technology position roles will include application development, business analysis, extract transform and load/database design and report building. Existing applications and data repository in the Department of Education, Iowa Department of Public Health and Department of Human Services will need to be modified in order to provide automated communication with the early childhood platform. Regular meetings of the data workgroup will ensure communication and collaboration across all agencies.
- **Administrative Assistants** With the increase the number activities, correspondence, documentation and reporting integral to the success of the grant, adequate support staff must be available to ensure work is completed in a timely, effective manner.
- **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.

- **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.

## 2) Fringe Benefits

Provide: The fringe benefit percentages for all personnel.

***27% for DE, DHS, DOM and 30% for DHP***

The basis for cost estimates or computations.

***Salaries are based on standard salaries currently paid to DE staff for similar positions. See base salary and raise detail above.***

## 3) Travel

- An estimate of the number of trips. **6**
- An estimate of transportation and/or subsistence costs for each trip. **\$2,000**
- Any additional basis for cost estimates or computations. **(See TA funds category)**

Explain:

- The purpose of the travel, how it relates to project goals, and how it will contribute to project success. ***To attend TA or other required federal meetings.***

## 4) Equipment:

Provide: The type of equipment to be purchased.

- ***E(2) Hardware and software needed to develop and implement the state EC Longitudinal Data System***
- The estimated unit cost for each item to be purchased.
  - ***See Agency Budget Tables II – 1 (Iowa Department of Education)***
- The definition of equipment used by the State.
  - ***Procedure for ordering hardware/software or other equipment request is to provide the Chief Financial Officer of DE with a list a detailed explanation for the business purpose/use.***

Explain:

- The justification of the need for the items of equipment to be purchased.
  - ***Each participating agency budgeted for a laptop computer, docking station and printer \$2,500 (one time only) and general office equipment \$1,500 (one time only) per FTE.***
  - ***See High Quality Plan, section E2 for equipment needed for the EC data system.***

**5) Supplies:**

Provide:

An estimate of materials and supplies needed, by nature of expense or general category (e.g., instructional materials, office supplies).

*See Agency Budget Tables II - 1 and the following High Quality Plans.*

- *C(2) - COMPREHENSIVE ASSESSMENT SYSTEMS*
- *E(1) - KINDERGARTEN ENTRY ASSESSMENT*
- *E(2) - Iowa Statewide Longitudinal Data System.*

*Supplies for activities in high quality plans C(2) and E(1) include printed instructional materials such as books, assessment instruments, and printing. Supplies for activities in high quality plan E(2) includes software and training materials for the support of end users. Each participating agency budgeted for general office supplies, printing, phone at \$2,900 per year/per FTE.*

**6) Contractual**

*See Agency Budget Tables II - 1 and the following High Quality Plans:*

*B(2) - Growth Fund, (B)3 QRS, B(4) Marketing, B5 Validate QRS*

*C(2) - COMPREHENSIVE ASSESSMENT SYSTEMS*

*C(3) - HEALTH, BEHAVIORAL AND DEVELOPMENTAL NEEDS, HEALTH AND SAFETY ASSESSMENTS, STANDARDS OF PRACTICE*

*D(1) - GREAT ECE WORKFORCE*

*E(1) - KINDERGARTEN ENTRY ASSESSMENT*

*E(2) - Iowa Statewide Longitudinal Data System.*

Provide:

*The State of Iowa has followed the procedures for procurement under 34 CFR Parts 74.40 - 74.48 and Part 80.36.*

**8) Other - None budgeted**

**9) Total Direct Costs - See Budget Summary Tables I-1**

**10) Indirect Costs**

*DE rate 15.6%, DPH 26.5%, applied to salary and fringe (SFY2012 DPH Indirect Cost Rate Agreement – Appendix A-4-2)*

**11) Funds distributed to localities, Early Learning Intermediary Organizations, Participating Programs, or other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws.**



*In general, Iowa's AEA, CCR&R and Head Start systems provide professional development, coaching, mentoring and technical assistance to early care and education staff in preschools, child care centers, and family providers across Iowa. The AEA provides additional support for early care settings in ELL and special education services. See Agency Budget Tables II - 1 and the following High Quality Plans for more specific detail.*

*B(2) - Growth Fund, (B)3 QRS*

*C(2) - COMPREHENSIVE ASSESSMENT SYSTEMS*

*C(3) - HEALTH, BEHAVIORAL AND DEVELOPMENTAL NEEDS, HEALTH AND SAFETY ASSESSMENTS, STANDARDS OF PRACTICE*

*E(1) - KINDERGARTEN ENTRY ASSESSMENT*

**12) Funds set aside for participation in grantee technical assistance**

Provide:

*\$400,000 per year for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and participation in TA activities and will be allocated across all Participating State Agencies evenly and across the four years of the grant.*

**13) Total Funds Requested**

*See Budget Summary Tables I-1*

**14) Other Funds Allocated to the State Plan: *None budgeted***

**15) Total Budget**

*See Budget Summary Tables I-1*

**BUDGET: INDIRECT COST INFORMATION**

To request reimbursement for indirect costs, please answer the following questions:

<p>Does the State have an Indirect Cost Rate Agreement approved by the Federal government?</p> <p>YES     <input checked="" type="radio"/></p> <p>NO      <input type="radio"/></p> <p>If yes to question 1, please provide the following information:</p> <p>Period Covered by the Indirect Cost Rate Agreement (mm/dd/yyyy):</p> <p>From: <u>  7  /  1  /  2011  </u>                      To: <u>  6  /  30  /  2012  </u></p> <p>Approving Federal agency: <u>  X  </u> ED   <u>  </u> HHS   <u>  </u> Other</p> <p><i>(Please specify agency):</i> _____</p>
---

Directions for this form:

1. Indicate whether or not the State has an Indirect Cost Rate Agreement that was approved by the Federal government.
2. If "No" is checked, the Departments generally will authorize grantees to use a temporary rate of 10 percent of budgeted salaries and wages subject to the following limitations:
  - (a) The grantee must submit an indirect cost proposal to its cognizant agency within 90 days after the grant award notification is issued; and
  - (b) If after the 90-day period, the grantee has not submitted an indirect cost proposal to its cognizant agency, the grantee may not charge its grant for indirect costs until it has negotiated an indirect cost rate agreement with its cognizant agency.

If "Yes" is checked, indicate the beginning and ending dates covered by the Indirect Cost Rate Agreement. In addition, indicate whether ED, HHS, or another Federal agency (Other) issued the approved agreement. If "Other" was checked, specify the name of the agency that issued the approved agreement.

## B. High-Quality, Accountable Programs

### (B)(1) Developing and adopting a common, statewide Tiered Quality Rating and Improvement System. (10 points)

The extent to which the State and its Participating State Agencies have developed and adopted, or have a High-Quality Plan to develop and adopt, a Tiered Quality Rating and Improvement System that--

(a) Is based on a statewide set of tiered Program Standards that include--

- (1) Early Learning and Development Standards;
- (2) A Comprehensive Assessment System;
- (3) Early Childhood Educator qualifications;
- (4) Family engagement strategies;
- (5) Health promotion practices; and
- (6) Effective data practices;

(b) Is clear and has standards that are measurable, meaningfully differentiate program quality levels, and reflect high expectations of program excellence commensurate with nationally recognized standards<sup>17</sup> that lead to improved learning outcomes for children; and

(c) Is linked to the State licensing system for Early Learning and Development Programs.

Evidence for (B)(1):

- The completed table that lists each set of existing Program Standards currently used in the State and the elements that are included in those Program Standards (Early Learning and Development Standards, Comprehensive Assessment Systems, Qualified Workforce, Family Engagement, Health Promotion, Effective Data Practices, and Other), (see Table (B)(1)-1).

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<sup>17</sup> See such nationally recognized standards as:

U.S. Department of Health and Human Services. (2009). Head Start Program Performance Standards. Washington, DC: U.S. Department of Health and Human Services. PDF retrieved from: 45 CFR Chapter XIII - 1301-1311 [http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII\\_ENG.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII_ENG.pdf)

U.S. Department of Defense. DoD Instruction 6060.2, Child Development Programs (CDPs), January 19, 1993, certified as current August 25, 1998 (to be updated Fall 2011). Washington, DC: U.S. Department of Defense. Retrieved from:

[http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF\\_DETAIL\\_1?section\\_id=20.60.500.100.0.0.0.0.0&current\\_id=20.60.500.100.500.60.60.0.0](http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF_DETAIL_1?section_id=20.60.500.100.0.0.0.0.0&current_id=20.60.500.100.500.60.60.0.0)

American Academy of Pediatrics, American Public Health association, and National Resource Center for Health and Safety in Child Care and Early Education. (2011) Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and education Programs. Elk Grove Village, IL; American Academy of Pediatrics.

- To the extent the State has developed and adopted a Tiered Quality Rating and Improvement System based on a common set of tiered Program Standards that meet the elements in criterion (B)(1)(a), submit--
  - A copy of the tiered Program Standards;
  - Documentation that the Program Standards address all areas outlined in the definition of Program Standards, demonstrate high expectations of program excellence commensurate with nationally recognized standards, and are linked to the States licensing system;
  - Documentation of how the tiers meaningfully differentiate levels of quality.

*(Enter narrative here – recommended maximum of five pages)*

(B)(1) Developing and adopting a common, statewide Tiered Quality Rating and Improvement System.

As a preface to the information that will follow, Iowa distinguishes between a Tiered Quality Rating and Improvement System *for providers* (as defined - “to evaluate the quality of an *Early Learning and Development Program and to improve program improvement*”) from the Program Standards. In Iowa, the TQRIS is known as Iowa’s Quality Rating System (QRS). The Program Standards, as they are defined, “serve as the basis for a (provider QRS)” but more important, serve as the combined *system* elements that are the foundation and support of improving outcomes and increasing likelihood of school-readiness for children. The defined six Program Standards, in and of themselves, are not specific elements that one would expect to find in a child-care provider rating system, but rather are the key elements that are necessary to achieve a comprehensive and quality early care, health and education system for Iowa.

The development of the High-Quality Plans (HQP), where needed in Iowa across the six Program Standards, will complement the quality improvement efforts already encouraged for child-care providers within the existing statewide provider QRS. The combined activities across the Program Standards HQPs and by providers within the QRS will determine the extent to which we are able to support children in the settings where they are cared for and assist children in arriving at kindergarten better prepared to achieve school success.

The Department of Human Services (DHS) administers the state’s QRS and facilitates a cross-agency QRS Oversight Team, which includes representation from the Departments of Human Services, Education, Public Health, Management/Early Childhood Iowa (ECI), as well as Child Care Resource and Referral Agencies, Iowa State University Extension, and child-care providers. Attention will be given over time to where “recalibrations” to the existing provider QRS are



warranted to support the overall goals of access to higher-quality care for low-income children and school-readiness for all children.

### **Tiered Program Standards**

Iowa designed and implemented a voluntary, statewide Quality Rating System (QRS) for child-care providers in 2006. Iowa's model is a five-level system built on a "ladder and menu" approach. Providers must be regulated in order to participate, and doing so allows them to apply to be a Level 1-rated provider. They must meet all the requirements at Level 2 before they can proceed through a menu of options to qualify as a Level 3-5. Within the Level 3 through 5 menu, Iowa's QRS is comprised of five category areas for centers and four for child development homes that include professional development, health and safety, environment, family and community partnerships, and leadership and administration (centers only).

The rating structure for both homes and centers can be found as Appendix B-1-1 and B-1-2.

Iowa's QRS addresses the Program Components in the following ways:

#### Early Learning and Development Standards

Iowa has developed Early Learning Guidelines (ELG) for infants and toddlers and preschoolers. These are referenced in (A)(1) as the Early Learning Standards (IELS). The IELS are imbedded in approved training opportunities for providers. Minor revisions need to be addressed to the ELG's to assure cultural applicability across all age groups and training on the ELGs needs to be implemented more intentionally with an emphasis on provider awareness of the ELGs.

#### Comprehensive Assessment System

Child screening and formative evaluations are not part of the current structure of the QRS. Measures of environmental quality do occur in the form of Environment Rating Scales (ERS) for providers seeking a Level 5 Rating. In order to achieve a Level 5 QRS rating, the program must earn a minimum number of points from the QRS criteria and also achieve a minimum ERS assessment score of 5.0 in each assessed classroom. Assessments of adult-child interactions occur in informal ways but are not a required assessment within the QRS. Iowa's High-Quality Plan for addressing this *systemic* component will be addressed under Focus Area (C)(2).

### Early Childhood Educator Qualifications

The QRS categories for both home and center providers require points for professional development in Levels 3-5. Early childhood educator qualifications are in place for those centers who are also a Statewide Voluntary Preschool Program. Minimum qualifications are in place for child development home providers and staff in licensed child-care centers and preschools. Providers need significant support and access to training and formal education to attain improvements to qualifications. Iowa's High-Quality Plan for addressing this *systemic* component will be addressed under Focus Area (D)(1).

### Family Engagement Strategies

The QRS requires (Levels 3-5) that points be earned in family and community partnerships, which includes such criteria as encouraging orientation with new parents, assuring policies and procedures are provided to parents, holding annual conferences and parent meetings, and conducting annual parent surveys to inform program practices. Iowa's HQP for furthering this *systemic* component will be addressed under Focus Area (C)(4).

### Health Promotion Practices

Among states with provider rating systems, Iowa is unique in the intentional manner in which health and safety has been integrated into the QRS. A required category in the QRS for Levels 3-5, providers have an opportunity to achieve points via on-site visits by child care nurse consultants who may conduct injury prevention reviews, health and safety assessments and child record reviews; completion of college-level Health, Safety and Nutrition classes; completion of enhanced health and safety policies that focus on hazard mitigation, and development and implementation of emergency preparedness plans. Iowa's High-Quality Plan for further addressing this *systemic* component will be addressed under Focus Area (C)(3).

### Effective data practices

Within Iowa's QRS, a host of data are collected on the provider via the application and assessment process. However, the state has struggled to capture the data in an integrated data system with the child-care management system in Iowa known as KinderTrack, and in an integrated manner across state agencies. Iowa's High-Quality Plan for further addressing this *systemic* component will be addressed under Focus Area (E)(2).

**Measurable, Meaningful Standards**

Iowa's QRS has five levels that differentiate program quality while at the same time providing flexibility in the "roadmap" providers select to improve their quality. The standards themselves build on nationally recognized practices and policies, such as those found in the Child Development Associate Credential, the Child and Adult Care Food Program, the Positive Behavioral Intervention and Supports training, National Association of Child Care Resource and Referral Agencies (NACCRRA) and Federal Emergency Management Administration (FEMA) emergency preparedness plans, the National Child Care Nurse Consultant Training Project, the Environment Rating Scales (ECERS-R, ITERS, FCCERS-R, and SACERS), and accrediting entities such as NAEYC, NAFCC, and National School Age Care Alliance.

The degree to which Iowa's QRS can be documented to show improved learning outcomes for children are met will depend on the development of a Comprehensive Assessment System and expanded and integrated data practices and system. Iowa's High-Quality Plan for further addressing these *systemic* components will be addressed under Focus Areas (C)(2) and (E)(2) later in the application.

**Linked to State Licensing**

While participation in QRS is not a requirement to be a regulated provider, the linkage to regulation (or licensing, as the term is used in the application) exists. Only programs regulated by the state, or those that are school-based, school-operated, and under the jurisdiction of the Iowa Department of Education, are eligible participants in the QRS. Iowa licenses more than 1,400 center-based programs (centers and preschools, including Head Start) that serve seven or more children. Iowa "registers" an estimated 4,500-4,900 Child Development Homes.

Registration as a Child Development Home is required when caring for six or more children. Registration is a self-certification process with monitoring targeted at 60% of the homes annually. Iowa does not distinguish relative care. More than 4,300 providers serve five or fewer children in a non-registered capacity, and while legally operating, are ineligible to participate in the QRS.

<b>Table (B)(1)-1: Status of all Program Standards currently used in the State</b>							
<b>List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards</b>	<b>Program Standards Elements<sup>18</sup></b> <i>If the Program Standards address the element, place an "X" in that box</i>						
	Early Learning and Development Standards	Comprehensive Assessment Systems	Qualified workforce	Family engagement	Health promotion	Effective data practices	Other
QRS-all regulated child-care providers and school-based, school operated under the authority of the Dept. of Education	X		X	X	X		
Iowa Quality Preschool Program Standards	X	X	X	X	X	X	
NAEYC Program Standards and Accreditation Criteria	X	X	X	X	X	X	
Head Start Program Performance Standards	X	X	X	X	X	X	
<i>IQPPS, NAEYC, and Head Start are program standard options within the provider menu for QRS. SVPP is required to choose one of these standards.</i>							

<sup>18</sup> Please refer to the definition of Program Standards for more information on the elements.



**(B)(2) Promoting participation in the State's Tiered Quality Rating and Improvement System.**  
*(15 points)*

The extent to which the State has maximized, or has a High-Quality Plan to maximize, program participation in the State's Tiered Quality Rating and Improvement System by--

(a) Implementing effective policies and practices to reach the goal of having all publicly funded Early Learning and Development Programs participate in such a system, including programs in each of the following categories--

(1) State-funded preschool programs;

(2) Early Head Start and Head Start programs;

(3) Early Learning and Development Programs funded under section 619 of part B of IDEA and part C of IDEA;

(4) Early Learning and Development Programs funded under Title I of the ESEA; and

(5) Early Learning and Development Programs receiving funds from the State's CCDF program;

(b) Implementing effective policies and practices designed to help more families afford high-quality child care and maintain the supply of high-quality child care in areas with high concentrations of Children with High Needs (*e.g.*, maintaining or increasing subsidy reimbursement rates, taking actions to ensure affordable co-payments, providing incentives to high-quality providers to participate in the subsidy program); and

(c) Setting ambitious yet achievable targets for the numbers and percentages of Early Learning and Development Programs that will participate in the Tiered Quality Rating and Improvement System by type of Early Learning and Development Program (as listed in (B)(2)(a)(1) through (5) above).

*(Enter narrative here – recommended maximum of five pages)*

**(B)(2) Promoting participation in the State's Tiered Quality Rating and Improvement System**

**Effective Policies and Practices**

Iowa's QRS provides for participation by all of the entities listed with the exception of (3) above programs funded under section 619 of Part B and C of IDEA. In Iowa, funding under 619 is distributed to the AEAs to support early childhood special education programs as indicated in Table (A)(1)-4). These district programs may be included in the QRS and in addition, are required to meet the IQPPS, NAEYC, or Head Start Programs Performance Standards, as well as all federal regulations.

Iowa intends to submit legislative language to significantly expand the number of home providers required to be regulated starting July 1, 2013. The current system of registration would be disbanded, and home providers caring for two or more children would be required to be licensed. This would significantly expand the pool of providers eligible to participate in QRS, as well as ensure an increase in the number of low-income children in the state's child care assistance (CCA) program being served in regulated care.

### **Policies and Practices to Support Help More Families with Children with High Needs**

A recent report by the National Women's Law Center indicates that 37 states were faring worse than in 2010 regarding their child care assistance programs— in that they have either lowered CCA eligibility or provider rates, increased co-pays, or implemented/extended waiting lists.

Iowa is not among those states. In fact, Iowa has undertaken a number of measures within our resources to ensure that low-income families have access to higher-quality care. These include:

- serving all eligible families at 145% of FPL – Iowa has not had a waiting list since 2001;
- the co-pay for CCA is family friendly - is only based on care provided to one child per family;
- eligibility levels are maintained with the most recent Federal Poverty Levels (FPL);
- higher rates are paid for regulated care and for children with special needs;
- modest increases for CCA were made in 2008, although they are not at the rate of the current Market Rate Survey (MRS), and;
- in SFY11, 86% of all children served in the child care assistance program were served in regulated settings.

<b>HIGH-QUALITY PLAN ADDRESSING EFFECTIVE POLICIES AND PRACTICES</b>
Application section: B(2) (b) Implementing effective policies and practices designed to help more families afford high-quality child care and maintain the supply of high-quality child care in areas with high concentrations of Children with High Needs ( <i>e.g.</i> , maintaining or increasing subsidy reimbursement rates, taking actions to ensure affordable co-payments, providing incentives to high-quality providers to participate in the subsidy program).
A. <i>The key goals –</i> Significantly expand, particularly in rural areas, the number of financially secure center and home-based providers participating in the QRS. Through these providers, increase the

number of providers not only serving low-income children but who are financially viable and sustainable to continue making quality improvements.

*B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

Expand the Iowa Growth Fund to Iowa's more rural-based providers, including home providers.

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. A key component of the Growth Fund is a structured, volunteer business advisory group that contributes expertise to the program and the participants. To date, the Growth Fund has been implemented in two of Iowa's five Child Care Resource and Referral (CCR&R) regions to center-based programs. See Appendix B-2-1 for a map of the CCR&R.

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 five child-care businesses. All program participants receive a full business condition assessment. Upon approval, participants receive their first grant (\$5,000/centers; \$2,500/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 (two for centers; two for homes) to support implementation of their plan. See Appendix B-2-2 for more details on the components of the project.

The Growth Fund model can be shaped by each region to target viable programs

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

To participate in the competitive process, providers must, at a minimum:

- be regulated by the state as a Licensed center or Registered Child Development Home;
- show evidence of operation for at least one year;
- provide all-day, year-round programming;
- serve children from low and middle-income families, including children from families participating in the state's Child Care Assistance (CCA) program;
- participate in the Quality Rating System (QRS), and;
- demonstrate the commitment of the Program Leadership and Board (for centers) toward expansion (increased capacity/enrollment) and quality improvement.

**Rationale:**

Too often, funding is directed at child-care providers with little thought of the sustainability of the program. The Growth Fund model is tested and replicable. It can be customized to meet local needs, including targeting rural areas with high concentrations of Children with High Needs. Sustainability/viability is built into the project as an outcome for the provider, which expands Iowa's pool of rated providers to springboard future quality improvement efforts and to address the needs of Children with High Needs.

Rural providers in Iowa often have little or no access to the larger funding sources (foundations and businesses) that are more prevalent in urban areas. The Growth Fund can provide rural Iowa providers customized opportunities and supports that meet their needs and the children and families they serve.

Iowa's experience with the Growth Fund has shown that center-based programs are making decisions to serve fewer low-income families because the current reimbursements through the CCA program do not cover their costs. The Growth Fund helps providers identify a balanced approach to revenue, identifying multiple funding streams and sources and reducing reliance on any one funding source – thereby opening the doors to



children across all income sectors and, in particular, increasing the percentage of Children with High Needs served.

Home providers are often overlooked in terms of sustainability concerns, yet they comprise a large sector of the provider population in Iowa and serve a high percentage of low-income children, particularly in rural Iowa. Iowa will be the second state to expand the Growth Fund into Child Development Home community.

**Where initiated and strategy to implement statewide**

The Growth Fund has been implemented in center-based settings in Northeast and Central Iowa (CCR&R Regions 2 and 4) in both urban and more rural settings. One program was specifically selected because it served a high population of Hispanic children. The experiences of this provider will provide significant lessons as the Growth Fund targets other programs serving diverse populations across the state. Expansion through the CCR&R regions builds upon existing partnerships and will provide for extensive statewide engagement of the private-sector. Roll-out across CCR&R regions also provides further opportunities to garner funding support from Early Childhood Iowa (ECI) Areas to develop a Growth Fund pool in their area. This effort also lays the groundwork to develop QRS cohorts, which can be used to further increase participation by providers, particularly those in rural areas who may feel disconnected from other formal supports. The stage also is set for the development of a peer-mentor role by Growth Fund “graduates” with other financially-struggling centers and homes interested in participating in QRS.

- C. *A realistic timeline, including key milestones, for implementing each key activity.* Iowa will launch two Growth Fund classes (one center-based and one home-based) in each of the five Child Care Resource and Referral regions each year for four years. Each center-based class will participate for three years in the program and at least one year as a graduate/mentor. Each home-based provider will participate for two years and at least one year as a graduate/mentor. The roll-out detailed below represents a significant effort in engaging providers who wish to address significant business challenges while still

serving low- to middle-income children, and who, at the end of this effort, will be sustainable and serving an increased number of Children with High Needs in high-quality programs. More important, it provides the framework and community engagement necessary to increase the saturation rate statewide after the grant period ends.

<b>Calendar Year/Cumulative Number of Participating Programs Center Based Growth Fund</b>	<b>Calendar Year/Cumulative Number of Participating Programs Home Based Growth Fund</b>
2012/25	2012/25
2013/50	2013/50
2014/75	2014/75
2015/100	2015/100

*D. The party or parties responsible for implementing each activity and other key personnel assigned to each activity*

The Department of Human Services has a contractual relationship with First Children's Finance (FCF), which maintains an Iowa branch office and is the proprietor of the Growth Fund. The DHS Program manager and Child Care Bureau Team Lead will be involved with oversight. First Children's Finance's Iowa Director and Business Development Specialists will be responsible for overall implementation of the activities described.

*E. Appropriate financial resources to support successful implementation of the plan*

FCF has contributed almost 4-1 what Iowa has seeded in getting the Growth Fund established. A key component of this public-private partnership is the private engagement at the local level, the fundraising accomplished by providers, and the sustained advisory role that business-related community partners contribute.

Total cost: \$3,715,428

*F. The information requested as supporting evidence, together with any additional information, will help peer reviewers judge the credibility of the plan, the State believes.*

In FCF's experience with implementing Growth Fund projects, the number of centers participating in their state's QRS has doubled from initial contact through a year of program involvement, as well as a 9% increase in the number of low-middle income children served by the program. The infrastructure is in place for Iowa to yield similar or increased results – and more importantly, for the effort to continue through a combination of state, local, and private funding past the life of the grant.

*G. The information requested in the performance measures, where applicable.*

An evaluation to assess the progress and outcomes using the following well-defined indicators will be conducted annually and at the end of each Growth Fund class:

- Increased enrollment and/or capacity;
- Increased enrollment of children from low-income families;
- Increased participation in Iowa's Quality Rating System as well as national accreditation or other quality initiatives;
- Improved business indicators of viability; and
- High self-reported satisfaction in the Growth Fund from all participants.

The additional programs supported under the Growth Fund effort will contribute to the increased number of providers identified in Table (B)(2)(c).

*H. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.*

The Growth Fund project supports Iowa's regulated providers, who are also the eligible applicants in the QRS. This project will make a concerted effort to target the often-overlooked home provider community, which predominately serves rural Iowa and which cares for a high number of Iowa's children. Additionally, as awareness of this project moves through "the provider grapevine," it may yield an additional benefit of more of Iowa's non-regulated providers becoming registered to be eligible to apply for this opportunity.

**HIGH-QUALITY PLAN ADDRESSING INCREASING PARTICIPATION**

Application section: B(2) (b) Implementing effective policies and practices designed to help more families afford high-quality child care and maintain the supply of high-quality child care in areas with high concentrations of Children with High Needs (*e.g.*, maintaining or increasing subsidy reimbursement rates, taking actions to ensure affordable co-payments, providing incentives to high-quality providers to participate in the subsidy program).

*A. The key goals –*

Significantly increase participation in the child-care provider Quality Rating System (QRS) by:

1. Implementing meaningful achievement bonuses proportionate to the level attained.
2. Increasing ChildNet training and certification, which is a requirement for child development homes at Level 2-5. (ChildNet is a 24-hour training series; the certification requires an on-site visit to ensure full compliance with regulations, participation in the Child and Adult Care Food Program, proof of liability insurance, etc.)
3. Increasing the number of Environment Rating Scale (ERS) trainings available.
4. Increasing the technical assistance available to programs interested in QRS.
5. Reinstating a contract with the National Child Care Association to provide National Administrator Credential (NAC) training, a “pointable” item in QRS for centers.
6. Increase the availability of New Staff Orientation (NSO) for center programs.

*B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation.*

1. Increase by 100% the amount of each bonus awarded to programs participating in QRS.
2. Provide additional ChildNet training series through the Child Care Resource and Referral (CCR&R) system. Hire additional Child Care Consultants within the CCR&R system to complete ChildNet certification visits.
3. Double the number of ERS trainings available across the state.
4. Hire additional Child Care consultants within the CCR&R system to provide technical assistance and support to programs.
5. Contract with NCCA to provide NAC training.



6. Provide additional NSO training opportunities for child-care center directors and staff.

**Rationale**

1. Currently, QRS bonus amounts range from \$400 – \$4,000 per program, based on the level achieved and the licensed capacity of the facility. Ratings are in effect for 24 months. When a program re-applies, if they do not increase their level (other than Level 5 programs), they receive half of the bonus amount. Anecdotally, programs report that one of the reasons they do not participate in QRS is due to the amount of the bonus being insufficient to support the quality improvements needed.
2. ChildNet training and certification is a requirement for child development homes wishing to be rated at Levels 2-5. This 25-hour training covers the “basics” of providing child care in the home. Certification includes a visit from a CCR&R Child Care Consultant to verify that the program meets ChildNet requirements.
3. ERS trainings assist programs with understanding the scales and preparing to complete a self-assessment and program improvement plan, as well as preparing for ERS assessments.
4. Child Care Consultants, on staff with CCR&R agencies, provide technical assistance regarding QRS.
5. Programs can earn points in QRS for completing and maintaining the NAC.
6. Programs can earn points in QRS for implementing NSO in child-care centers.

A realistic timeline, including key milestones, for implementing each key activity:

1. The Department of Human Services (DHS) will notify programs that the amount of achievement bonuses is being increased. The increase will be implemented January 1, 2012. Allowing the bonuses to start early in the grant will provide incentives and resources to not only increase participation, but to support programs as they move up QRS.
2. DHS will increase contract amounts to the CCR&R agencies to offer 10 additional ChildNet series (two per CCR&R region), starting January 1, 2012. Each of the five regional CCR&R agencies will receive funding to hire one additional Child Care Consultant starting July 1, 2012.
3. DHS will increase contract amounts to Iowa State University Extension (ISUE) to increase the number of ERS trainings from 27 to 52, effective January 1, 2012.

<ol style="list-style-type: none"> <li>4. DHS will increase contract amounts to the CCR&amp;R agencies to hire one additional Child Care Consultant starting January 1, 2012.</li> <li>5. DHS will contract with NCCA to offer five training series for child-care center directors, starting January 1, 2012.</li> <li>6. DHS will increase the contract with ISUE for NSO training to allow for more center staff to complete the training starting January 1, 2012.</li> </ol>
<p><i>C. The party or parties responsible for implementing each activity and other key personnel assigned to each activity</i>  DHS serves as the administering entity for the QRS. Implementation of activities 1-6 will be the responsibility of DHS, either directly or through contracts administered by DHS.</p>
<p><i>D. Appropriate financial resources to support successful implementation of the plan.</i></p> <ol style="list-style-type: none"> <li>1. Assuming a 15% increase in QRS participation each year, and a 100% increase in the bonus amount, total cost over four years additional costs are:  The increase in participation would require an additional administrative assistant at DHS, costing approximately.</li> <li>2. Offering 10 additional series of ChildNet.</li> <li>3. Offering 27 additional ERS trainings/year.</li> <li>4. Funding one additional Child Care Consultant/CCR&amp;R region.</li> <li>5. Funding five NAC trainings/year.</li> <li>6. Funding additional NSO trainings.</li> </ol> <p>Total cost: \$5,119,706</p>
<p><i>E. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan.</i>  See Appendix B-2-3 for a breakout of QRS participating providers by level as of September 2011. For a voluntary system with a relative modest achievement structure, Iowa has realized significant participation to date.</p>
<p><i>F. The information requested in the performance measures, where applicable</i>  See (B)(2)(c) for baselines and targets.</p>

<p><i>G. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i> All regulated programs and school-based and operated programs are eligible participants in the QRS.</p>
<p><i>H. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.</i> Increasing the number of programs participating in QRS across the state increases the availability and access of quality child care for all children and families.</p>

(c) Additionally, the State must provide baseline data and set targets for the performance measure under (B)(2)(c).

<b>Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System</b>											
Type of Early Learning and Development Program in the State	Number of programs in the State	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target-end of calendar year 2012		Target - end of calendar year 2013		Target-end of calendar year 2014		Target- end of calendar year 2015	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool <i>Specify: Shared Visions and Statewide Voluntary Preschool Program</i>	322*	61	19	80	25	103	32	124	45	161	50
Early Head Start and Head Start <sup>19</sup>	19	8	18								
Programs funded by IDEA, Part C	NA										
Programs funded by IDEA, Part B, section 619	NA										

<sup>19</sup> Including Migrant and Tribal Head Start located in the State.

<b>Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System</b>											
Type of Early Learning and Development Program in the State	Number of programs in the State	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target-end of calendar year 2012		Target - end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
		#	%	#	%	#	%	#	%	#	%
Programs funded under Title I of ESEA											
Programs receiving from CCDF funds	3,818	378	10	416	11	458	12	504	13	554	14.5
Other Registered Child Development Homes <i>Describe:</i>	4665	626	13	689	15	758	16	834	18	917	20
Other Licensed Centers and Preschools <i>Describe:</i>	1,359	424	31	466	34	513	38	564	42	620	46
<p><i>[Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information; and please include any definitions you used that are not defined in the notice.]</i></p> <p>* This number includes some licensed child-care centers. We do not have adequate data resources to unduplicated the number. The targeted increase is reflected in the licensed child-care center targets.</p>											

**(B)(3) Rating and monitoring Early Learning and Development Programs. (15 points)**

The extent to which the State and its Participating State Agencies have developed and implemented, or have a High-Quality Plan to develop and implement, a system for rating and monitoring the quality of Early Learning and Development Programs participating in the Tiered Quality Rating and Improvement System by--



(a) Using a valid and reliable tool for monitoring such programs, having trained monitors whose ratings have an acceptable level of inter-rater reliability, and monitoring and rating the Early Learning and Development Programs with appropriate frequency; and

(b) Providing quality rating and licensing information to parents with children enrolled in Early Learning and Development Programs (e.g., displaying quality rating information at the program site) and making program quality rating data, information, and licensing history (including any health and safety violations) publicly available in formats that are easy to understand and use for decision making by families selecting Early Learning and Development Programs and families whose children are enrolled in such programs.

*(Enter narrative here – recommended maximum of five pages)*

**(B)(3) Rating and monitoring Early Learning and Development Programs.**

**Rating and Monitoring**

Iowa has implemented within its QRS an assessment process of the highest integrity. Providers who wish to be rated at a Level 5 must receive an ERS rating of 5.0. ERS assessors are inter-rater reliable and reliability is maintained within a gold standard on a frequent basis. In order to maintain a Level 5, programs must have an ERS assessment every two years. Iowa has not had the resources to implement a post-rating monitoring system.

**Providing Information to Families**

Information on the status of child-care providers is offered to parents and the public in many ways:

- programs participating in QRS are required to post their QRS rating in their program;
- parents who request child-care referrals from CCR&R receive information about QRS as part of the referral;
- information about a program's rating (level only) is available on the DHS website, and;
- the KinderTrack (KT) system and Child Care Provider Training Registry provide a wealth of information on providers. People who search the KT Provider Portal for a provider can find information related to: 1) Provider name; 2) Address; 3) Mailing address (if different); 4) Phone number/fax number; 5) Type of Provider (registered Child Development Home Category A-B-C, Licensed, Non-registered, Licensed-Exempt); 6) Status (active, cancelled, revoked, etc); 7) License/registration issue date; 8) QRS level; 9) Approved to accept CCA (Y or N); 10) Rates the provider charges; 11) Hours of Operation; 12) Vacancies (if entered by the provider); and 13) Other Attributes if information is provided (provides transportation (Y or N), registration fee (Y or N) and amounts. Information in the Training Registry provides further detailed program and

staff information (e.g., accreditations, employees positions and hire/release dates, education level, training received, certifications, years of experience broken down by Infant/Toddler, Preschool, School Age, Trainer/Instructor, Manager/Program Administrator and total years of experience, languages written/spoken etc.). The Registry indicates whether the information was self-reported by the person/facility or verified. See Appendix B-3-1 for snapshots of the current data available.

## **HIGH-QUALITY PLAN ADDRESSING MONITORING AND PROGRAM INFORMATION**

Application section: B3 Rating and monitoring Early Learning and Development Programs

*A. The key goals:*

To improve the rating and monitoring of QRS programs by increasing the number of programs that are required to complete ERS assessments.

*B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation.*

Revise QRS to require ERS assessments of all Level 4 and 5 programs.

**Rationale for activities**

Currently, Level 5 programs are required to complete an ERS assessment and earn a minimum score of 5.0 in each assessed classroom. Including Level 4 programs in this criteria (perhaps with a requirement of a 4.5 in each assessed classroom) would increase the assurance that the programs meet a consistent indicator of quality. It would also provide assurance that programs at the highest QRS levels have had an on-site assessment.

**Where initiated and strategy to implement statewide**

This requirement would be implemented on a statewide basis.

*C. A realistic timeline, including key milestones, for implementing each key activity.*

Under the High-Quality Plan for increasing QRS participation, funds are identified to significantly increase the amount of QRS bonuses, and provide additional training and technical assistance to QRS programs. These changes will be effective January 1, 2012.

<p>Allowing programs to receive more substantial bonuses will help them make quality improvements in their programs in preparation for more programs being required to complete ERS assessments. For these reasons, the following changes in the assessment requirements are proposed:</p> <p>January 1, 2014: DHS promulgates rules to require all QRS Level 4 and 5 programs to achieve a specific ERS assessment score.</p> <p>January 1, 2014: Contract in place with vendor to employ assessors.</p> <p>January 1, 2014 to June 30, 2014: Assessors receive training and become inter-rater reliable on ERS.</p> <p>July 1, 2014: Rules are effective – assessments begin.</p>
<p><i>D. The party or parties responsible for implementing each activity and other key personnel assigned to each activity.</i></p> <p>DHS would contract with vendor to hire, train, and supervise ERS assessors.</p>
<p><i>E. Appropriate financial resources to support successful implementation of the plan</i></p> <p>Resources would need to be in place to complete 450 ERS assessments per year. This would require hiring, training, and achieving inter-rater reliability for at least 4 staff. Start-up costs of training and inter-rater reliability are estimated at \$56,000/staff, and annual costs are approximately \$70,000/staff.</p> <p>Total cost\$504,000</p>
<p><i>F. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan.</i></p> <p>The current QRS data system is insufficient to provide further background data on the number of providers to date who have attained a Level 4 rating and their corresponding ERS score. Future analysis for changes in the QRS will be supported by the expanded data elements addressed in the High-Quality Plan in Section E2.</p>
<p><i>G. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>All Level 4 and 5 programs (child development homes, licensed child-care centers and preschools, and school-based and operated programs) will be required to complete ERS assessments. There is no differentiation in the requirements based on program type.</p>

*H. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.*

Increasing the number of programs participating in QRS across the state increases the availability and access of quality child-care for all children and families.

## HIGH-QUALITY PLAN ADDRESSING RATING AND MONITORING

Application section: (B)3 Rating and monitoring Early Learning and Development Programs

*A. The key goals:*

Provide expanded information on the participants in the quality rating system, including licensing history and detailed data specific to the QRS level achieved.

*B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation.*

Provide public access to detailed quality rating data and licensing history information by making the information available via the DHS KinderTrack (child care management information system) public portal and the DHS webpage.

### **Rationale for activities**

Currently, the QRS rating and the location of programs are listed on the DHS website. Providing more detailed information, i.e., the number of points earned and the specific criteria met, would give parents a more detailed explanation of the standards their program meets. In addition, providing licensing history for child-care programs would allow parents to make a more thoughtful and well-informed decision when choosing a child-care program. DHS has been directed by the Legislature to provide regulatory information (e.g., licensing status, history of compliance) but has lacked sufficient resources to fully integrate this information into the KinderTrack system.

### **Where initiated and strategy to implement statewide**

The KinderTrack and DHS webpage system are available statewide.

*C. A realistic timeline, including key milestones, for implementing each key activity.*

November 2011 to July 2012: Convene users to identify the range of data that would be of benefit to the public, including identification of corresponding improvements to the DHS webpage; hire project staff.



<p>January to July 2012: Develop and initiate communication plan to inform providers, legislators and stakeholders of plans for on-line access to provider-specific data and solicit concerns/considerations.</p> <p>July 2012 to December 2013: Begin system design/development for regulatory/QRS information; initiate data migration for QRS on existing providers.</p> <p>January 2014 to December 2014: Testing and roll-out.</p> <p>January 2015: Significantly expanded/enhanced provider regulatory and QRS information is available to the public.</p>
<p><i>D. The party or parties responsible for implementing each activity and other key personnel assigned to each activity.</i></p> <p>DHS is the regulatory agency and the administering agency for QRS. DHS regulatory program manager, QRS program manager, CCA/KinderTrack program manager, field staff, statistical staff, and data management staff will all be engaged in this process.</p>
<p><i>E. Appropriate financial resources to support successful implementation of the plan</i></p> <p>A minimum of two dedicated Information Technology staff would need to be employed to achieve the comprehensive and timely design, development and roll-out of information needed in the current data systems.</p> <p>Total - \$1,577,940.</p>
<p><i>F. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan.</i></p> <p>See Appendix B-3-1 for snapshots of the current range of provider information available</p>
<p><i>G. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>Reporting more detailed QRS information would address all participating regulated and school-based and operated programs; regulatory history would apply to registered and licensed programs only.</p>
<p><i>H. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.</i></p> <p>Increased data on providers will address the full range of regulated providers serving children from low-income families, families from diverse backgrounds and children with special needs.</p>

(B)(4) Promoting access to High-Quality Early Learning and Development Programs for Children with High Needs. (20 points)

The extent to which the State and its Participating State Agencies have developed and implemented, or have a High-Quality Plan to develop and implement, a system for improving the quality of the Early Learning and Development Programs participating in the Tiered Quality Rating and Improvement System by--

(a) Developing and implementing policies and practices that provide support and incentives for Early Learning and Development Programs to continuously improve (*e.g.*, through training, technical assistance, financial rewards or incentives, higher subsidy reimbursement rates, compensation);

(b) Providing supports to help working families who have Children with High Needs access high-quality Early Learning and Development Programs that meet those needs (*e.g.*, providing full-day, full-year programs; transportation; meals; family support services); and

(c) Setting ambitious yet achievable targets for increasing--

(1) The number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System; and

(2) The number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.

*(Enter narrative here – recommended maximum of five pages)*

(B)(4) Promoting access to High-Quality Early Learning and Development Programs for Children with High Needs.

**Incentives to Continuously Improve**

Iowa's child-care Quality Rating System (QRS) provides multiple opportunities and incentives for programs to improve their quality and reach higher QRS levels. Achievement bonuses are awarded to Level 2-5 programs at each application. QRS ratings are effective for two years, and programs may re-apply as soon as one year after a rating if they wish to reach a higher level. Bonuses range from \$200 to \$4,000 based on the level achieved and the licensed capacity of the program. Training, which is an integral part of moving up in QRS as programs receive points for the amount of professional development they complete, is available on a statewide basis through the Child Care Resource and Referral system, Iowa State University Extension, AEAs, and other community partners. Technical assistance is available on a statewide basis through the Child Care Consultants employed by the Child Care Resource and Referral agencies; these consultants are funded through the CCR&R contract with DHS as well as contracts between CCR&R and

local ECI areas; these individuals are knowledgeable in all areas of QRS and are available to work with all eligible programs to help them enhance the quality of care they provide.

### **Supports to Help Families**

Families with low incomes are linked to, or are served in, high-quality programs in several manners:

- Wrap-Around Child Care provides funding for families otherwise eligible for CCA whose children attend Head Start, Shared Visions at-risk preschool programs (which are NAEYC accredited), Title I, and Early Childhood Special Education programs. Funding ensures that children already accessing high-quality programs are able to be served full-day, full year.
- Iowa has a statewide CCR&R system, which provided referrals to over 14,000 families in SFY11. This system offers a tremendous opportunity to educate and link families from lower incomes with higher-quality providers. Additionally, they also serve in a resource coordination capacity. By their knowledge of the array of early care, health, education and family support services available in their communities, they can ensure families have information and access to other necessary supports.

Performance measures are set in the DHS budget, as well as the CCR&R contracts to increase the participation rate in QRS. For example, the DHS has set a goal of increasing by 33% the number of providers rated at Level 2 in QRS by SFY2013. Performance measures in the CCR&R contracts require that 9% of all the child-care programs in the region eligible for the QRS must be rated at Level 2. They are further held accountable to ensure that a minimum of 9% of all child-care programs in the region eligible for the Quality Rating System will achieve a Level 3, 4, or 5 rating.

## HIGH-QUALITY PLAN ADDRESSING PROMOTING ACCESS TO HIGHER QUALITY

Application section: B(4)(a) Developing and implementing policies and practices that provide support and incentives for Early Learning and Development Programs to continuously improve (e.g., through training, technical assistance, financial rewards or incentives, higher subsidy reimbursement rates, compensation);

*A. The key goals –*

Increase the percentage of families served in the CCA program who are served by providers participating in the QRS.

*B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

1. Establish procedures for DHS staff at time of application for CCA to ensure that families are aware of providers participating in QRS and the benefits of selecting such a provider.
2. Review the current CCA reimbursement rate structure for children with special needs (and modify if appropriation required and allocated).
3. Re-establish consumer awareness campaign targeted to low-income families on the benefits of selecting higher-quality care.

**Rationale for activities**

1. DHS contracts with CCR&R to provide consumer education and referral (including identifying providers participating in the QRS). More than 70% of all the programs listed with CCR&R indicate they accept children eligible for CCA. A more concerted effort tailored to the front end of the CCA process will complement other efforts aimed at increasing the number of providers in the QRS – thereby increasing access.
2. DHS has had long-standing supports in the CCA targeted to families with children with special needs, including a higher-eligibility level and reimbursement structure. Currently, the data gleaned via the market rate survey process is insufficient for establishing an appropriate level of support for providers based on the needs of the children. The need to



review the reimbursement structure has been identified as a goal in the state's CCDF state plan.

3. Families from lower-income levels benefit from strategies that "reach them where they are" versus broad-based media campaigns. DHS is the lead agency for CCA and other benefit and service programs (e.g. TANF, Medicaid, Food Assistance, child welfare). The agency has a service delivery structure that reaches all of Iowa's 99 counties, and it partners with a host of entities (e.g. Community Action, Head Start, Iowa Workforce Development, Early Childhood Iowa areas). This positions DHS to address outreach efforts targeted to low-income families. Efforts will build on the success of outreach strategies used for the *hawk-i* program and earlier public awareness efforts for the QRS.

#### **Where initiated and strategy to implement statewide**

1. All procedural changes related to the CCA program apply to any family in the state applying for CCA.
2. The CCA reimbursement rate is established as a statewide rate. Any changes to the rate structure will apply to providers serving children with special needs across the state.
3. Outreach activities will be implemented on a statewide basis, with particular efforts made to population pockets of diverse families and higher concentrations of Children with High Needs.

#### *C. A realistic timeline, including key milestones, for implementing each key activity.*

1. January to September 2012: Assess and implement procedural changes to the CCA Employees manual to ensure QRS information is transferred to families at eligibility determination, including necessary communication/training for staff.
2. January to December 2012: Review and make recommendations regarding structural changes to the CCA reimbursement for special needs. If necessary to implement, seek state appropriation increase in 2013 or 2014 legislative sessions and make corresponding adjustments to administrative rules governing the program.
3. January to July 2012: Procure and work with vendor to design/develop a public awareness/engagement QRS campaign targeted to low income families. Campaign to continue through December 2015.

<p><i>D. The party or parties responsible for implementing each activity and other key personnel assigned to each activity</i></p> <p>DHS will be responsible for review of CCA Employees Manual and communication/training of staff; making recommendations for state appropriation and administrative rule changes; and contracting with a marketing firm for outreach activities. DHS will partner with the SCCAC in the review of the CCA reimbursement structure for children with special needs.</p>
<p><i>E. Appropriate financial resources to support successful implementation of the plan</i></p> <p>The majority of this effort can be managed within the existing staff resources for DHS. Outreach and marketing total costs: \$260,000.</p>
<p><i>F. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan.</i></p> <p>The current reimbursement structure for CCA is identified in Appendix B-4-1.</p>
<p><i>G. The information requested in the performance measures, where applicable.</i></p> <p>As detailed in Table B(4)(c)(2), of the more than 19,000 children who benefit from the CCA program, 18% are served in higher rated programs in QRS. The activities identified above, together with other High-Quality Plans developed to increase the number of providers participating in QRS, should go hand-in-hand to increase the annual percentages.</p>
<p><i>H. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>Children eligible under the CCA program can be served in licensed, registered, or non-registered care. Iowa does not distinguish relative care from regulated care. As an incentive to increase the number of regulated providers, the Iowa General Assembly has established policy that maintains CCA reimbursement levels for non-registered care at pre-1996 market rate survey levels. Therefore, any improvements to the CCA reimbursement program will yield benefits to the regulated pool of providers, and may serve to incentivize non-regulated providers to become registered – thereby increasing the pool of eligible providers for the QRS.</p>

*I. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.*

Outreach efforts open the door to understanding and awareness of the benefits of higher quality care. Efforts targeted at an earlier link between CCA eligibility and awareness of higher quality providers, combined with higher rates of reimbursement for children with special needs and a more meaningful achievement bonus for rated providers, may open doors for children with high needs who were previously denied access.

*Additionally, the State must provide baseline data and set targets for the performance measures under (B)(4)(c)(1) and (B)(4)(c)(2).*

<b>Performance Measure for (B)(4)(c)(1): Increasing the number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System.</b>					
	<b>Baseline (Today) Sept. 2011</b>	<b>Target- end of calendar year 2012</b>	<b>Target- end of calendar year 2013</b>	<b>Target- end of calendar year 2014</b>	<b>Target- end of calendar year 2015</b>
<b>Total number of programs covered by the Tiered Quality Rating and Improvement System</b>	1,105	1,215	1,337	1,471	1,619
<b>Number of programs in Tier 1</b>	103	113	124	136	150
<b>Number of programs in Tier 2</b>	344	378	416	458	504
<b>Number of programs in Tier 3</b>	297	327	360	396	436
<b>Number of programs in Tier 4</b>	262	288	317	349	384
<b>Number of programs in Tier 5</b>	99	109	120	132	145

Baseline data is actual and was collected from the DHS QRS database.

<b>Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number of Children with High Needs served by programs in the State</b>	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers of the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target-end of calendar year 2012</b>		<b>Target -end of calendar year 2013</b>		<b>Target-end of calendar year 2014</b>		<b>Target-end of calendar year 2015</b>	
		<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
State-funded preschool <i>Specify: Shared Visions and SVPP</i>	9,000			2250	25	2880	32	4050	45	4500	50
Early Head Start and Head Start <sup>20</sup>	NA										
Early Learning and Development Programs funded by IDEA, Part C	NA										
Early Learning and Development Programs funded by IDEA, Part B, section 619	NA										
Early Learning and Development Programs funded under Title I of ESEA	NA										
Early Learning and Development Programs receiving funds from the State's CCDF program	19,611	3427	18	3770	19	4147	21	4562	23	5018	25

\*QRS Levels 3-5 were included as the "top tiers." Baseline data is actual as of 8-11 and was collected from DHS' QRS database.

<sup>20</sup> Including Migrant and Tribal Head Start located in the State.



(B)(5) Validating the effectiveness of the State Tiered Quality Rating and Improvement System.  
(15 points)

The extent to which the State has a High-Quality Plan to design and implement evaluations--working with an independent evaluator and, when warranted, as part of a cross-State evaluation consortium--of the relationship between the ratings generated by the State’s Tiered Quality Rating and Improvement System and the learning outcomes of children served by the State’s Early Learning and Development Programs by--

(a) Validating, using research-based measures, as described in the State Plan (which also describes the criteria that the State used or will use to determine those measures), whether the tiers in the State’s Tiered Quality Rating and Improvement System accurately reflect differential levels of program quality; and

(b) Assessing, using appropriate research designs and measures of progress (as identified in the State Plan), the extent to which changes in quality ratings are related to progress in children’s learning, development, and school readiness.

*(Enter narrative here – recommended maximum of five pages)*

(B)(5) Validating the effectiveness of the State Tiered Quality Rating and Improvement System.

**Validating Effectiveness**

Iowa’s QRS has only been in existence since 2006 and was recalibrated in 2011. A validation of the tiers has not been undertaken to date.

**Assessing Appropriate Research Designs**

The degree to which Iowa’s QRS can be documented to show improved learning outcomes for children are met will be dependent on the development of a Comprehensive Assessment System and expanded and integrated data practices and system. See Focus Areas (C)(2) and (E)(2).

<b>HIGH-QUALITY PLAN VALIDATION OF QRS SYSTEM</b>
Application section: B5 (a)Validating the effectiveness of the State Tiered Quality Rating and Improvement System; (b) assessing, using appropriate research designs and measure of progress, the extent to which changes in quality ratings are related to progress in children’s learning, development, and school readiness.
A. <i>The key goals –</i> The goals of the (a) validation are to assess the child care Quality Rating System (QRS) and determine if the tiers in the QRS reflect differential levels of quality. The goals of (b) assessment are to determine if changes in QRS ratings affect children’s school readiness.

*B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

One hundred programs with QRS ratings of 2-5 will be selected for Environmental Rating Scale (ERS) assessments. The sample will include programs in both rural and urban areas, all types of programs (child development homes, licensed child-care centers and preschools, and school-based and operated programs), and programs in which at least 20% of the children are High Need. For licensed centers, preschools, and school-based and operated programs, at least one room from each age group served will be assessed and 30% of the total rooms will be assessed.

**Rationale for activities**

The ERS is the overall statewide measure of quality that is being used in Iowa. Programs participating in QRS are familiar with the ERS. The tool is research-based and has a high level of inter-rater reliability and validity.

**Where initiated and strategy to implement statewide**

The validation will take place on a statewide basis.

*C. A realistic timeline, including key milestones, for implementing each key activity.*

Iowa's QRS was recalibrated in 2011 and currently programs may have received their rating through either the "old" system or the "new" system. All programs will convert to the new QRS criteria by 8-1-13.

January 1, 2013: DHS issues contract to entity to support training of individual(s) on ERS tools.

January 1, 2014 to December 30, 2014: Contractor completes assessments of 100 programs, based on the criteria listed in "B".

January 1, 2015 to March 30, 2015: Contractor analyzes data of ERS assessments and reports to DHS regarding the differences in the Levels in QRS.

Additional 'recalibrations' to the QRS will be made based on an assessment of the data that yields from the validation as well as other consideration generated from data, anecdotal experiences, public will, and resources.

<p><i>D. The party or parties responsible for implementing each activity and other key personnel assigned to each activity</i></p> <p>DHS will contract with an outside entity to complete ERS assessments and to analyze the data to determine if different QRS levels reflect different levels of program quality. Assessors will be required to be inter-rater reliable on all ERS tools and will be prohibited from training programs on the use of ERS or in completing ERS assessments on the programs selected for the validation for any other purpose during the contract period. The contractor will submit a plan for the research study and report for DHS approval.</p>
<p><i>E. Appropriate financial resources to support successful implementation of the plan</i></p> <p>Funds will be needed to recruit, hire, and train a sufficient number of individuals to complete the assessments and to analyze the results of the assessments. Approximately 100 programs would receive assessments.</p> <p>Total cost: \$250,000.</p>
<p><i>F. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan</i></p> <p>Iowa has a long-standing history of using the ERS to assess child-care programs. Iowa State University Extension developed and delivered training on the ERS prior to implementation of the QRS. This training is now required for any program to receive an ERS assessment in QRS. In addition, they are the contractor for ERS assessments for QRS and other community initiatives across the state. Currently, programs receive an ERS assessment only if they have earned sufficient points to be rated at Level 5.</p>
<p><i>G. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>ERS assessments will be completed on programs in each of the different types of early learning and development programs that are regulated by the state or eligible to participate in the QRS.</p>
<p><i>H. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.</i></p> <p>ERS assessments will be completed in programs that serve Children with High Needs and programs serving special populations of Children with High Needs.</p>

*The applicant must address two or more selection criteria within Focused Investment Area (C).*

(C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.

### **NOT ADDRESSED IN IOWA'S APPLICATION**

(C)(2) Supporting effective uses of Comprehensive Assessment Systems.

The extent to which the State has a High-Quality Plan to support the effective implementation of developmentally appropriate Comprehensive Assessment Systems by:

(a) Working with Early Learning and Development Programs to select assessment instruments and approaches that are appropriate for the target populations and purposes;

(b) Working with Early Learning and Development Programs to strengthen Early Childhood Educators' understanding of the purposes and uses of each type of assessment included in the Comprehensive Assessment Systems;

(c) Articulating an approach for aligning and integrating assessments and sharing assessment results, as appropriate, in order to avoid duplication of assessments and to coordinate services for Children with High Needs who are served by multiple Early Learning and Development Programs; and

(d) Training Early Childhood Educators to appropriately administer assessments and interpret and use assessment data in order to inform and improve instruction, programs, and services.

*(Enter **narrative** here – recommended maximum of three pages)*

(C)(2) Supporting effective uses of Comprehensive Assessment Systems.

The extent to which the State has a High-Quality Plan to support the effective implementation of developmentally appropriate Comprehensive Assessment Systems by:

(a) Working with Early Learning and Development Programs to select assessment instruments and approaches that are appropriate for the target populations and purposes;

(b) Working with Early Learning and Development Programs to strengthen Early Childhood Educators' understanding of the purposes and uses of each type of assessment included in the Comprehensive Assessment Systems;

(c) Articulating an approach for aligning and integrating assessments and sharing assessment results, as appropriate, in order to avoid duplication of assessments and to coordinate services for Children with High Needs who are served by multiple Early Learning and Development Programs; and



(d) Training Early Childhood Educators to appropriately administer assessments and interpret and use assessment data in order to inform and improve instruction, programs, and services.

*(Enter narrative here – recommended maximum of three pages)*

(C)(2) Supporting effective uses of Comprehensive Assessment Systems

Iowa's history of strong local control has created a patchwork of assessment practices, as evidenced in Table (A)(1)-7. This patchwork system has been fueled by funding accompanied with specific program requirements as early learning and development programs have increased. Policymakers, program developers, families, and communities want information to assist them as they seek to improve services for young children. A comprehensive assessment system maximizes the effective use of resources to promote the early learning and development system. An assessment system also considers whether resources invested in an early care and education system achieve the two goals necessary for successful early learning experiences:

- to support the development and continuous improvement of high quality programs and services that help all young children to be successful; and
- to maximize individual child learning and developmental outcomes.

While a comprehensive assessment system is a challenge in Iowa, the state has made progress in several areas such as common screening implemented by the Department of Public Health (DPH) and a state umbrella agreement with Teaching Strategies for the *GOLD*® online as a tool for a common formative assessment.

Screening measures

The early learning intermediary organization (Area Education Agencies) in collaboration with the state Department of Education developed a Part C procedure manual to guide local providers in choosing screening tools that are norm referenced for birth to three-years-olds, provide standardized administration, and are valid and reliable. The departments of health and human services are working collaboratively on a mental health redesign with a goal of implementing a common screening tool. These components will become part of the data system described in E2.

### Formative assessment

To move toward common data collection instruments and open the door for state aggregation for true statewide system accountability, the state forged an agreement with Teaching Strategies for a statewide license to use their new *GOLD* Assessment. The license is available to all early learning and development programs but is being required for Shared Visions at-risk preschool programs. *GOLD* is an observation-based assessment system for all children from birth through kindergarten grounded in 38 research-based objectives. It addresses the domains of language and literacy development, cognition and general knowledge (including early mathematics and early scientific development), approaches toward learning, physical well-being and motor development (including adaptive skills), and social and emotional development. *GOLD* is aligned with the Iowa early learning standards, *The Head Start Child Development and Early Learning Framework*, and the *Common Core State Standards* for kindergarten. *GOLD* documents children's development and learning over time in order to inform instruction, and facilitate communication with families and other stakeholders. *Teaching Strategies GOLD* may be used to assess all children, including English-language learners, children with disabilities, and children who demonstrate competencies beyond typical developmental expectations. A recently released technical report based on extensive research conducted by The Center for Educational Measurement and Evaluation (2011) at UNC Charlotte concluded that *Teaching Strategies GOLD* is highly valid and reliable. Results of this formative assessment will be included in the data system described later. In addition, the information, as part of a comprehensive assessment system, will assist in answering questions about the effectiveness of instruction, programs and services, and guide professional development.

### Measures of environmental quality

The QRS seeks to improve the quality of care through a system of supports focused on the Environmental Rating Scales. As described in Section B, ISUE provides professional development to home and center providers and supports the development of an improvement plan. Finally, to achieve a level 5 in the Quality Rating System, a program must have an ERS assessment conducted by reliable assessors (See Appendix B-1-2). All programs may participate in the QRS including school-based programs under the auspices of the DE.

The State Board of Education approved quality program standards to support the Board goal “children ready to succeed in school”. Programs may implement the Iowa Quality Preschool Program Standards (IQPPS), Head Start Program Performance Standards, or NAEYC Accreditation. State-funded preschool programs may choose either of these program standards, while the state-funded Shared Visions at-risk preschool programs must follow NAEYC Accreditation. Of the 320 school districts implementing the SVPP, 290 (90%) follow the IQPPS. Monitoring of the IQPPS standards is conducted by a trained team of reviewers lead by the DE in conjunction with early childhood staff from the AEAs. The Early Childhood Web Application collects the results of on-site monitoring and tracks programs success in addressing any corrective actions necessary (See Appendix C-1-1). The information is readily available to DE, AEA, and district staff however; it is not readily available to other state agencies or the public at this time.

In addition, the DE recently developed the Iowa Infant/Toddler Quality Program Standards as a mechanism for improving the quality of infant and toddler care. These new standards are aligned with the NAYEC Accreditation Standards and the IQPPS. The DE will work with the DHS to incorporate the Infant/Toddler Quality Program Standards into the QRS.

#### Measures of quality adult-child interaction

The program standards implemented by programs address quality adult-child interaction to some degree, but these standards alone will not be sufficient to address children with high needs. Head Start programs in Iowa implement the Classroom Assessment Scoring System (CLASS) and the state has conducted some training on the CLASS instrument in conjunction with the Iowa Head Start Association as well as the DE and the AEA.

The CLASS is an observation instrument developed to assess classroom quality and teacher-child interactions linked to children's social, emotional, and cognitive development. A model of professional development using CLASS was successfully studied in Iowa. CAMP Quality (CAMP-Q) is a research-based program of professional development for preschool teachers developed by researchers at the University of Northern Iowa's (UNI) Regents' Center for Early Developmental Education and funded by a Head Start-University Partnership Teacher Effectiveness Grant. Ongoing assessment of classroom practices and teacher-child interactions

using the CLASS (Pianta, La Paro, & Hamre, 2008) provides the focus of professional development and serves as a measure of quality improvement.

An intensive, nine-month CAMP-Q professional development model, based on a five-step cycle, was delivered to lead teachers and assistant teachers together as teaching teams. Because of the vast body of literature linking the Instructional Support domain of the CLASS to child outcomes in literacy and mathematics (Hamre & Pianta, 2001; Howes, et al., 2008; Pianta & Stuhlman, 2004; summarized by the National Scientific Council on the Developing Child, 2004) and the research demonstrating that few preschool programs reach high levels of quality in this domain (NICHD ECCRN, 2000; 2005), the primary emphasis of the professional development was in the area of teachers' use of specific instructional interactions as applied to content area knowledge. CAMP-Q was comprised of: a) bi-monthly, three-hour workshops introducing the dimension(s) of focus; b) classroom observation via bi-monthly videotaping; c) monthly teacher self-reflection using teachers' own classroom videos and CAMP-Q Reflection Guides; d) monthly peer coaching within classroom teaching teams, using teachers' own videos and the CAMP-Q Peer Coaching Guides; and e) monthly individualized coaching of teaching teams, using the CAMP-Q Mentoring Guides. A key feature of CAMP-Q was improving the effectiveness of early childhood supervisors to coach teachers to use effective interactions that promote children's academic and social-emotional development. To ensure sustainability, training and support in coaching and providing feedback are provided through training modules and monthly meetings.

A key feature of this study using the CAMP-Q model was improving the effectiveness of early childhood supervisors to coach teachers to use effective interactions that promote children's academic and social-emotional development. To ensure sustainability, training and support in coaching and providing feedback are provided through training modules and monthly meetings. Because CAMP-Q mentors CLASS-coded all of their teachers' videos, they were familiar with the teachers' areas of strength and weakness with regard to instructional practices and teacher/child interactions and were able to individualize their mentoring to meet the teachers' needs. The design of CAMP-Q allows early childhood programs to implement individualized professional development with increased independence each year.

A randomized control study of CAMP-Q's effectiveness demonstrated that Head Start teachers who participated in CAMP-Q scored significantly higher on the CLASS at the end of the year



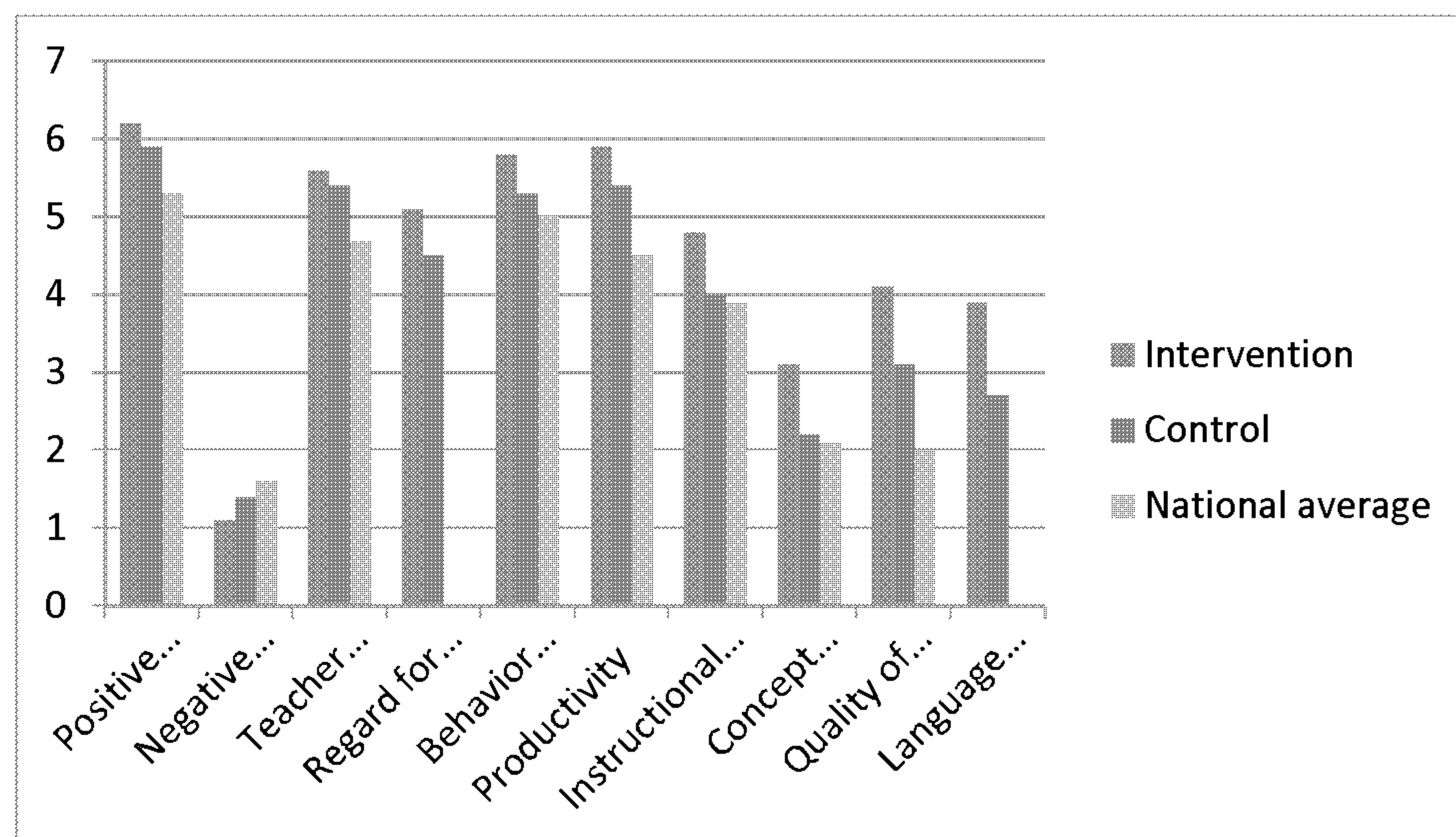
than teachers who were assigned to the control group; these improvements were seen across CLASS dimensions (see Table 1 and Figure 1) (Donegan & Zan, unpublished manuscript). Results suggest that CAMP-Q was effective at improving teacher-child interactions and Head Start supervisors were effective coaches.

After the experimental design study of CAMP-Q that took place in Year 2 of the project with four Head Start grantees, implementation was expanded to 12 additional Head Start grantees across the state in Years 3 and 4 (the last year of the project). In order to ensure sustainability when grant funding ends (April 2012), CAMP-Q project staff required each participating Head Start grantee to identify a staff person to serve as the CAMP-Q Site Facilitator. This person was trained in all aspects of the model, was provided with all of the CAMP-Q resources, and took responsibility for conducting workshops and training and supporting the coaches. Analysis of Year 3 data is taking place at this time.

Table 1: Comparison of End-of Year CLASS Scores

<b>CLASS Dimension</b>	<b>Intervention</b>	<b>Comparison</b>	<b>P value &lt;</b>
Positive Climate	6.2	5.9	0.034
Negative Climate (reverse scored)	1.1	1.4	0.009
Teacher Sensitivity	5.6	5.4	0.047
Regard for Student Perspectives	5.1	4.5	0.003
Behavior Management	5.8	5.3	0.005
Productivity	5.9	5.4	0.023
Instructional Learning Formats	4.8	4.0	0.003
Concept Development	3.1	2.2	0.001
Quality of Feedback	4.1	3.1	0.001
Language Modeling	3.9	2.7	0.001

Figure 1: CLASS Scores by Dimension



## References

Donegan, M. & Zan, B. (in preparation). *The Impact of Reflecting, Coaching and Mentoring on Teacher-Child Interactions in Head Start Classrooms*. Manuscript in preparation.

Hamre, B. & Pianta, R. (2001). Early teacher-child relationships and trajectory of school outcomes through eighth grade. *Child Development*, 72, 625-638.

Howes, C., Burchinal, M., Pianta, R., Bryant, D., Early, D., Clifford, R., et al. (2008). Ready to learn? Children's pre-academic achievement in pre-kindergarten programs. *Early Childhood Research Quarterly*, 23, 27-50.

National Institute of Child Health and Human Development Early Child Care Research Network (2005). Early child care and children's development in the primary grades: Follow-up results from the NICHD study of early child care. *American Educational Research Journal*, 42(3), 537-570.

NICHD ECCRN (2000). The relation of child care to cognitive and language development. *Child Development*, 71(4), 960-980.

National Scientific Council on the Developing Child (2004). *Young children develop in an environment of relationships*. Working paper No. 1. Retrieved 4/18/07 from [www.developingchild.net/pubs/wp.html](http://www.developingchild.net/pubs/wp.html).

Pianta, R., La Paro, K., & Hamre, B. (2008). *Classroom Assessment Scoring System Manual: Preschool (PreK) Version*. Baltimore, MD: Paul H. Brookes Publishing Co.

Pianta, R.C. & Stuhlman, M.W. (2004). Teacher-child relationships and children's success in the first years of school. *School Psychology Review*, 33(3), 444-458.

The Center for Educational Measurement and Evaluation. (2011). *Teaching strategies GOLD assessment system: Technical summary*. Retrieved from Teaching Strategies Inc. on October 13, 2011 from <http://www.teachingstrategies.com/content/pageDocs/GOLD-Tech-Summary-8-18-2011.pdf>.

## **HIGH QUALITY PLAN ADDRESSING COMPREHENSIVE ASSESSMENT SYSTEMS**

*The key goals –*

- I. By 2014, improve the quality of early learning and development programs to maximize individual child learning and developmental outcomes.

*J. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

1. Develop contract with AEAs (Appendix C-2-2) and CCR&R to support FTEs for twenty master teachers to serve as facilitators and trainers to improve adult-child interaction.
2. Develop contract for training in adult-child interaction using the CLASS and formative instruments.
3. Identify early learning and development programs that serve children with high needs such as child-care centers, private preschools, SVPP, Shared Visions, and Head Start programs.
4. Train master teachers to reliability in CLASS, as well as training, and coaching techniques.
5. Identify twenty site mentors and train site mentors to reliability in CLASS.
6. Master teachers train and support the implementation with twenty site mentors in identified programs.
7. Site mentors identify one classroom team (teacher and teacher assistants) and support improving instruction using CLASS in addition to formative assessment data.
8. Maintain twenty site mentors in identified programs and add nine additional site mentors in identified programs in each subsequent year.
9. Explore the use of CLASS for infants and toddlers expected to be released in fall 2012  
Consider training staff in this instrument.

*K. A realistic timeline, including key milestones, for implementing each key activity.*

Winter 2012: Develop contract with AEAs and CCR&Rs to support training and materials.

Winter 2012: Develop contract to support training and use of CLASS and formative assessment.

Spring/Summer 2012: Train master teachers.

Summer 2012: Master teachers train the site mentors.

Fall 2012: Site mentors identify teachers with the program and begin implementation.

Annually: Renew contracts annually based on contractee performance.

Spring 2013: Train nine additional site mentors.

*L. The party or parties responsible for implementing each activity and other key personnel assigned to each activity*

DE will implement these activities in conjunction with DHS, AEAs, and CCR&R staff and identified contractor.

*M. Appropriate financial resources to support successful implementation of the plan*

Total cost: \$5,365,246

*N. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan*

By appropriately training master teachers and adding site mentors and programs each year, the number of trained site mentors who will be available to support teachers across the state will grow from approximately twenty in Year 1 to approximately 47 mentors in Year 4 (see Table 1). These site mentors will be expected to continue to support teachers in improving their instructional practices and increasing the quality of their interactions with children for years to come. This work combined with the Head Start teachers with knowledge in this area will bring the number of teachers reached across the state to approximately 2,000.

These teachers can be expected not only to continue to improve in their instructional practices and interactions with children, but also to provide models for new teachers for years to come.



Table 1: Cascading Number of Participants Across Four Years of Project

<b>Participants</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Master teacher	20	20	20	20
Site mentors	20	29	38	47
Teachers	20	49	107	223

Note: Total number of site mentors each year is calculated by adding the number in the previous year to the number added in the current year.

Note: Total number of teachers is calculated by adding the number of teachers reached each year.

Note: This work will align with the CAMP-Q mentors to reach approximately 2,000 teachers.

*O. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.*

The state will use existing programs that serve children with high needs, geomapping, and the list of schools in need of assistance to identify appropriate sites.

*P. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.*

The state will use information collected through the CLASS, the QRS environmental rating scales, and the child information collected in DE data systems to identify services for children with high needs and target strategies.

(C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.

The extent to which the State has a High-Quality Plan to identify and address the health, behavioral, and developmental needs of Children with High Needs by:

(a) Establishing a progression of standards for ensuring children's health and safety; ensuring that health and behavioral screening and follow-up occur; and promoting children's physical, social, and emotional development across the levels of its Program Standards;

(b) Increasing the number of Early Childhood Educators who are trained and supported on an ongoing basis in meeting the health standards;

(c) Promoting healthy eating habits, improving nutrition, expanding physical activity; and

(d) Leveraging existing resources to meet ambitious yet achievable annual targets to increase the number of Children with High Needs who--

(1) Are screened using Screening Measures that align with the Medicaid Early Periodic Screening, Diagnostic and Treatment benefit (see section 1905(r)(5) of the Social Security Act), or the well-baby and well-child services available through the Children's Health Insurance Program (42 CFR 457.520), and that, as appropriate, are consistent with the Child Find provisions in IDEA (see sections 612(a)(3) and 635(a)(5) of IDEA);

(2) Are referred for services based on the results of those screenings, and where appropriate, receive follow-up; and

(3) Participate in ongoing health care as part of a schedule of well-child care, including the number of children who are up-to-date in a schedule of well-child care.

Evidence for (C)(3)(a):

- To the extent the State has established a progression of health standards across the levels of Program Standards that meet the elements in criterion (C)(3)(a), submit--
  - The progression of health standards used in the Program Standards and the State's plans for improvement over time, including documentation demonstrating that this progression of standards appropriately addresses health and safety standards; developmental, behavioral, and sensory screening, referral, and follow-up; health promotion, including healthy eating habits, improved nutrition, and increased physical activity; oral health; and social and emotional development; and health literacy among parents and children;

Evidence for (C)(3)(b):

- To the extent the State has existing and projected numbers and percentages of Early Childhood Educators who receive training and support in meeting the health standards, the State shall submit documentation of these data. If the State does not have these data, the State shall outline its plan for deriving them.

Evidence for (C)(3)(d):

- Documentation of the State's existing and future resources that are or will be used to address the health, behavioral, and developmental needs of Children with High Needs. At a minimum, documentation must address the screening, referral, and follow-up of all Children with High Needs; how the State will promote the participation of Children with High Needs in ongoing health care as part of a schedule of well-child care; how the State will promote healthy eating habits and improved nutrition as well as increased physical activity for Children with High Needs; and how the State will promote health literacy for children and parents.

*(Enter narrative here – recommended maximum of three pages)*

(C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness

As referenced in Section A, the Early Childhood Iowa system was built around the inclusion of health as a priority component of the system, which has been critical as we have integrated health standards and practices into early learning environments. To improve the Early Care, Health and Education system, Iowa is focusing efforts around expanding the current Child Care Nurse Consultant (CCNC) structure.

### **Progression of Standards**

Iowa is a national leader in providing child care nurse consultants to child-care centers and family child development homes, through a partnership at the state level among the Iowa Department of Public Health (IDPH), the Iowa Department of Human Services (DHS), and Early Childhood Iowa. The child care nurse consultant system consists of the following:

- Healthy Child Care Iowa (HCCI) – IDPH (1 FTE) staff funded through DHS to provide statewide coordination and training for CCNCs.
- Forty-six child care nurse consultants (23 FTE) – funded through a variety of sources, including Title V, Early Childhood Iowa, and other local funding sources to provide on-site consultation to child-care programs. CCNCs are employed by the Title V Child Health agencies, local public health, Head Start, school districts and other community agencies.

(See Appendix C-3-1 for current HCCI Map)

In February 2006, the onsite nursing assessments being provided by CCNCs were integrated into Iowa's new Quality Rating System for child-care providers as the health and safety component. The CCNC services include onsite nursing assessments, consultation and technical assistance, health education, physical assessment, and special needs care planning. Serving as a bridge with early care professionals and health care professionals, CCNCs provide a diverse and holistic health approach, including nutrition and physical activity, child development, social-emotional and behavioral health, oral health (including oral health screens, fluoride varnish), injury prevention, and infectious disease control and prevention.

### **Training to Support Health Standards**

All CCNCs are required to complete the Iowa Training Project for CCNC adapted from the National Training Institute for CCNC at the University of North Carolina - Chapel Hill.

In 2010, CCNCs spent 1,753 hours training early care and education providers on health and safety in Iowa. Training topics included medication administration, injury prevention, emergency preparedness, food allergy, immunizations, health and safety policies, asthma, sun safety, child

abuse prevention and mandatory child abuse reporter laws, sudden infant death, safe sleep environments, nutrition, physical activity and reducing screen time and social-emotional health. CCNCs conduct onsite nursing assessments to identify recalled products and potentially hazardous equipment, as well as, unsafe practices within early care and education. Preventing injuries in early child care and education settings makes a profound impact on school readiness and lifelong learning potential of Iowa's young children. In 2010, CCNCs conducted 946 Injury Prevention Checklists and 287 Health and Safety Assessments.

As part of the nursing assessment process, CCNCs provide ongoing coaching and consultation to early care and education providers. In 2010, CCNCs provided 17,520 hours of consultation and over 27,300 contacts with early care and education providers in Iowa. National data supports the effectiveness of Child Care Nurse Consultation in early care environments. Child care nurse consultation is a population and evidence-based early childhood support, demonstrating measureable improvements. (Appendix C-3-2: Research Base for Child Care Nurse Consultants)

### **Promoting Healthy Practices**

Iowa is instituting a policy to regulate television viewing for children in licensed child-care centers. Per a survey of licensed child-care centers conducted by the IDPH in 2009, only 31.5 % of respondents indicated their child-care centers had a written policy requiring a minimum number of minutes of physical activity each day and one-third (39%) indicated their agency had a written policy on television/computer/media use.

The IDPH and the DHS are working on state policy to limit the amount of television viewing time in child-care centers and provide education to child-care center staff. DHS initiated the rules promulgation process. In addition to the policy change, local training will be conducted on the proposed television-viewing policy for child care nurse consultants and child-care providers. IDPH and Race to the Top partners will share results of the evaluation of the QRS health and safety components and the role of the CCNC with local and state partners at statewide meetings, including ECI Congress, Governor's Public Health Conference, and national early childhood meetings. Iowa has been approached by many states to provide technical assistance and consultation on integration of health and safety assessment into Quality Rating Systems.



**Leveraging Existing Resources**

An additional onsite nursing assessment conducted by CCNCs is the Child Record Review (CRR). (See Appendix: C-3-3). The CCNC uses information from the health and enrollment records, as well as the child-care provider and family to complete the CRR assessment tool. The primary purpose of the CRR is to assist the child's family in accessing health services, including a method of payment, securing a medical and dental home, and coordinating comprehensive preventive care. Families are invited by the CCNC to participate in the CRR process. (See Appendix C-3-3-4, CRR. Parent Letter Preview). Upon completion of the review of records, the CCNC discusses the information with the provider and provides written documentation of the findings to the care provider. In addition, a follow-up letter is provided for each family with outcomes of the record review.). If a referral is needed, the CCNC completes one for the health care provider, and the family is linked to the local Title V MCH agency for care coordination services (See Appendix C-3-3-5). The CCNC coaches the child-care provider to complete missing information; referral follow-up; and the implementation of policy and practice changes (Appendix C-3-6).

The CCNC assists the family in accessing, interpreting and implementing an appropriate special needs care plan in the early care settings. Specific screenings assessed in the CRR are listed in Appendix C-3-3. National data show that child care nurse 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.

Through expansion of the infrastructure and availability of CCNCs, Child Record Review assessments will increase the establishment of medical and dental homes, and procurement of health insurance. In addition, CCNCs will be more available to provide special needs care plan coordination, assure that appropriate care plans are in place, and to plan for emergencies.

<b>Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.</b>					
	<i>Baseline and annual targets</i>				
	<b>Baseline (Today, if known)</b> <i>If unknown please use narrative to explain plan for defining baseline and setting and meeting annual targets</i>	<b>Target for end of calendar year 2012</b>	<b>Target for end of calendar year 2013</b>	<b>Target for end of calendar year 2014</b>	<b>Target for end of calendar year 2015</b>
<b>Number of Children with High Needs screened</b>	<b>80,046</b>	<b>81,620</b>	<b>83,070</b>	<b>84,530</b>	<b>86,000</b>
<b>Number of Children with High Needs referred for services who received follow-up/treatment</b>	<b>5,222</b>	<b>5,713</b>	<b>5,814</b>	<b>5,917</b>	<b>6,020</b>
<b>Number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care</b>	<b>105,440</b>	<b>106,000</b>	<b>106,500</b>	<b>107,000</b>	<b>107,500</b>
<b>Of these participating children, the number or percentage of children who are up-to-date in a schedule of well child care</b>	<b>76%</b>	<b>77%</b>	<b>78%</b>	<b>79%</b>	<b>80%</b>
<p><i>Data pulled from the Medicaid – CMS 416 Report. Most current report for FFY2010 used as baseline. For each data point, the corresponding line from the CMS 416 report is described below:</i></p> <ul style="list-style-type: none"> <li><i>Number of Children with High Needs Screened – Line 9 (Total Eligibles Receiving at least One Initial or Periodic Screen)</i></li> <li><i>Number of Children with High Needs referred for services who received follow-up/treatment – Line 11 (Total Eligibles Referred for Corrective Action)</i></li> <li><i>Number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care – Line 1B (Total Individuals eligible for EPSDT for 90 Continuous Days)</i></li> <li><i>Of these participating children, the number or percentage of children who are up-to-date in a schedule of well child care – Line 10 (Participant Ratio)</i></li> </ul>					

**HIGH-QUALITY PLAN ADDRESSING HEALTH, BEHAVIORAL AND DEVELOPMENTAL NEEDS**

*Q. The key goals –*

By January 1, 2013, implement a statewide funding structure to support state and local CCNCs to improve the health and safety of early learning environments.

*R. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

- Expand the state-level infrastructure at HCCI through hiring two additional staff. Additional professional development, mentoring, data assessment, integration, and evaluation, and the inclusion of statewide standards of practice will greatly increase the need for consultation and technical assistance support for CCNCs statewide.
- Develop a funding formula for needed CCNCs based on the number of EC sites.

*S. A realistic timeline, including key milestones, for implementing each key activity.*

2012: IDPH will hire additional state staff and ensure training through National Training Institute curriculum.

2013: Distribute funding through contracts to Title V MCH agencies. Provide ongoing support, technical assistance, coaching, and professional development through state staff infrastructure and preceptor (coaching) program.

2014: Continue distribution of funding through contracts to Title V MCH agencies to support CCNC programs.

2015: Continue statewide implementation of preceptor program utilizing standards of practice. Evaluate funding formula for necessary adjustments.

*T. The party or parties responsible for implementing each activity and other key personnel assigned to each activity*

IDPH will hire state staff and contract for services of Child CCNCs through Title V MCH agencies. DHS will continue to contract with IDPH for services under HCCI, including current positions that comprise the infrastructure of HCCI to continue state-

<p>level collaboration between departments and improve quality in child care. Title V MCH agencies will hire or contract for services of CCNs. Local community resources such as United Way, child care businesses, ECI, local public health agencies, county governments, CCR&amp;R agencies will continue to support CCNC.</p>
<p><i>U. Appropriate financial resources to support successful implementation of the plan</i></p> <p>Total cost: \$7,745,872</p>
<p><i>V. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>All child care and early learning programs are eligible for CCNC services and through the expansion with Race to the Top the CCNC program will have funding stability in all 99 counties.</p>
<p><i>W. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.</i></p> <p>Historically, over 70% of infants and young children in Iowa spent time in early care and education settings. Young children come into early care and education with increasing complex health needs. Currently, children in care may need a variety of medical aids. Infants, toddlers and young children are entering early care and education with undiagnosed conditions. Fortifying the infrastructure and increasing the availability of child care nurse consultants will assure that this service is accessible to all children in need in early care and education settings.</p>

### **HIGH QUALITY PLAN ADDRESSING HEALTH AND SAFETY ASSESSMENTS**

*I. The key goals:*

By January 1, 2013, evaluate, update, and implement improved health and safety assessment tools and assessment process for CCNCs in Iowa based on updated national standards, current best practice and nursing standards.



<p><i>J. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation</i></p> <p>Establish a workgroup to address the evaluation/revision of nursing assessment tools.</p> <p>Hire a consultant to work with stakeholders.</p> <p>Review QRS criteria to ensure all health and safety components are embedded in points.</p>
<p><i>K. A realistic timeline, including key milestones, for implementing each key activity.</i></p> <p>2012: Contract with experienced evaluator. Recruit stakeholders and form initial evaluation workgroup.</p> <p>2013: Train CCNCs on revised nursing assessment tools, evaluation process and data collection. Technical assistance from evaluation workgroup, state staff and contracted evaluator for CCNCs on implementation and evaluation components, as needed.</p> <p>2014: Review QRS health and safety criteria, role of nursing assessment tools and update nursing assessment tools. Make necessary changes to Iowa QRS process.</p> <p>2015: Evaluate changes made to process or forms used in QRS and impact on CCNC standards of practice, as well as child care and early learning environments.</p>
<p><i>L. The party or parties responsible for implementing each activity and other key personnel assigned to each activity</i></p> <p>Department of Public Health will contract with evaluator, convene stakeholder workgroup, request technical assistance from the Maternal and Child Health Bureau and provide ongoing staff support and coordination for the evaluation. Title V MCH agencies will employ or contract for the services of CCNCs, and participate in the evaluation.</p>
<p><i>M. Appropriate financial resources to support successful implementation of the plan</i></p> <p>Total cost: \$333,000</p>

*N. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.*

Currently there are different assessment tools for child-care centers, school-operated programs, and child-development homes. This is likely to continue with the increase in specialization of early care and education the national standards.

*O. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.*

CCNCs conduct onsite nursing assessments to identify unsafe practices, equipment, and recalled products.

#### **HIGH QUALITY PLAN ADDRESSING STANDARDS OF PRACTICE**

*P. The key goals:*

By January 1, 2014, begin implementing improved standards of practice for CCNCs in Iowa based on updated standards, current best practice, and current nursing standards.

*Q. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

Build a preceptor training to initiate the standards of practice for Iowa CCNCs.

Develop fidelity measures and standards of practice on the updated health and safety assessment tools.

Use contractor to work with stakeholders and evaluate fidelity measures and revise standards of practice.

Develop an outcome database to track onsite assessments used by CCNC.

*R. A realistic timeline, including key milestones, for implementing each key activity.*

2012: Build a preceptor program with clear guidelines and expectations for both preceptor and new CCNCs to enhance the completion of the Iowa Training Project for CCNCs and fully develop the competencies of the role of child care nurse consultant.

Investigate the best data platform for collecting nursing assessment outcomes and begin building outcome database.

2013: Begin statewide implementation of preceptor program using new standards of practice developed in 2012.

Complete and fully implement outcome database, including training on for CCNCs on data entry, and report capability. Purchase equipment for onsite data acquisition. Compile first statewide Child Health service related to health and safety in early learning environments.

Revise standards of practice for CCNCs in Iowa. Utilizing professional development, preceptor program, peer mentoring, and coaching; train all CCNCs on standards of practice.

2014: Continue statewide implementation of preceptor program with experienced and new preceptors utilizing standards of practice.

Continue use of outcome database and compile Child Health reports indicating impacts on child health outcomes for children with high needs.

Utilizing the Iowa Training Project for Child Care Nurse Consultation and preceptor program, train new CCNCs on standards of practice. Monitor and assess the fidelity of standards of practice across the state refining as indicated. Utilize contracted evaluator to conduct an evaluation of the fidelity of standards of practice across the state.

2015: Continue statewide implementation of preceptor program with experienced and new preceptors utilizing standards of practice.

Continue use of outcome database and compile Child Health service area reports, as well as state outcome reports related to health and safety in child care and early learning environments and impacts on child health outcomes for children with high needs.

Utilizing the ITPCCNC and preceptor program train new CCNCs on standards of practice and continue to practice and refine the application based on the findings.

<p><i>S. Appropriate financial resources to support successful implementation of the plan</i></p> <p>Total cost: \$408,000</p>
<p><i>T. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>All child care and early learning programs are eligible for CCNC services and through the expansion with Race to the Top, the CCNC program will be funded with stability in all 99 counties. CCNCs work with providers enrolled in quality initiatives at the state level QRS, IQPPS, as well as those preparing for national accreditation through NAEYC or the NAFCC, while simultaneously working with DHS on referrals for licensed and registered child-care providers who are not meeting minimum standards.</p>
<p><i>U. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.</i></p> <p>Utilizing the outcome database, the state can track the health and safety in early care and education environments over time. The change in health status indicators for children enrolled in early care and education, and plan public health interventions to impact those findings.</p>

(C)(4) Engaging and supporting families.

**NOT ADDRESSED IN IOWA'S APPLICATION.**



## **D. A Great Early Childhood Education Workforce**

*Note: The total available points for (D)(1) and (D)(2) = 40. The 40 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address both selection criteria in Focused Investment Area (D), each criterion will be worth up to 20 points.*

*The applicant must address one or more selection criteria within Focused Investment Area (D).*

### **(D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.**

The extent to which the State has a High-Quality Plan to:

(a) Develop a common, statewide Workforce Knowledge and Competency Framework designed to promote children's learning and development and improve child outcomes;

(b) Develop a common, statewide progression of credentials and degrees aligned with the Workforce Knowledge and Competency Framework; and

(c) Engage postsecondary institutions and other professional development providers in aligning professional development opportunities with the State's Workforce Knowledge and Competency Framework.

Evidence for (D)(1):

- To the extent the State has developed a common statewide Workforce Knowledge and Competency Framework that meets the elements in criterion (D)(1), submit:
  - The Workforce Knowledge and Competencies;
  - Documentation that the State's Workforce Knowledge and Competency Framework addresses the elements outlined in the definition of Workforce Knowledge and Competency Framework in Definitions (section III) and is designed to promote children's learning and development and improve outcomes.

*(Enter **narrative** here – recommended maximum of five pages)*

### **(D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.**

#### **Early Childhood Education Workforce Competency Framework**

Iowa is well on the way on to implementing its Workforce Knowledge and Competency Framework. In 2009, the steering committee of Early Childhood Iowa's Professional Development (PD) Component Group developed a comprehensive, integrated professional development framework for all four sectors of the early childhood system: health, mental health and nutrition; early learning; family support; and special needs/early intervention. Sarah LeMoine, National Association for the Education of Young Children (NAEYC) Director of State

Workforce Systems Policy, has called the Iowa framework, “the most far-reaching effort to integrate systems of any in the country.” Following the development of the Professional Development Framework, the steering committee drafted a comprehensive four-year plan to implement the framework into a working system. Later that same year, the development of competencies for several roles within the Iowa early childhood workforce began. The Iowa Task Force on Professional Levels and Competencies, working under the auspices of the PD Component Group, released competencies for all six teaching staff roles as well as levels (Teaching Staff Competencies or TSCs). The TSCs were developed to mirror the NAEYC professional preparation standards and incorporated the Council for Exceptional Children, Division of Early Childhood (DEC) standards as well as program standards in place in Iowa. Meanwhile, the University of Iowa, using input from a broad array of stakeholders, developed family support worker competencies, incorporating four levels from novice to master. These competencies form the basis for the Iowa Family Support Certification available from both the University of Iowa and Iowa State University, as well as the family support supervisor certification that includes an additional set of competencies for those who oversee family support and home visitation workers. The supervisor certification links the use of the competencies to mentoring and performance evaluation.

Finally, Iowa has developed a series of consultant competencies through the I-Consult project. Developed by Iowa State University, this project provides both training and technical assistance for the foundational steps in consultation. Child-care consultants in CCR&R received training in the competencies and provided training across the state.

All the program standards and quality improvement efforts in the state (e.g., QRS, IQPPS, Head Start, and NAEYC Accreditation) dictate their own level of professional development expectations. Although there are increasing requirements by Head Start and NAEYC regarding teachers and assistant teachers, Iowa has even higher standards for its SVPP by requiring teacher licensure. The state's QRS system acknowledges and promotes increasing levels of training hours, credentialing, and degrees by participating providers. By adopting these marks of quality, the necessary standards are in place to promote increased professional development levels for the workforce.

This work, coupled with a broad, multi-sectored implementation plan, meets all the expectations for a Workforce Knowledge and Competency Framework:

- Evidence based. The framework is based on the *NAEYC's Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems*. The framework uses the six policy areas: professional standards, career pathways, articulation, advisory structure, data, and financing; and its four principles: system integration; quality assurances; diversity, inclusion, and access; and compensation parity. The Teaching Staff Competencies (TSC) are based on the six NAEYC Standards for Early Childhood Professional Preparation Programs and DEC Recommended Practices.
- Early Learning Standards/Culturally and Linguistically Appropriate practices. The framework and the TSCs are aligned to the state's IELS. The framework plan draws on the IELS as does the ECAC grant PD work plan. The framework includes the principal of diversity. Also, ECI's Diversity Committee developed cultural competencies for the early childhood workforce.
- Math and literacy. The IELS include early math and literacy (see Example of Iowa Early Learning Standards in the Appendix D-1-1).
- Use of Data. The TSCs include data collection to inform instruction. (e.g., see Standard 3-C). Program quality data collection occurs through the state's QRS and the verification of IQPPS. Data is also collected on Head Start monitoring and NAEYC accreditation. Data is a key policy area addressed in the competencies (see Appendix D-1-2, Example of Teaching Staff Competencies).
- Behavior Management Strategies. These strategies are incorporated into the TSCs (e.g., see Standard 1-A), IELS (Areas 3 and 9), and receive special focus with the statewide training, coaching, data collection, and system integration work of Early Childhood Positive Behavioral Interventions and Supports. Iowa was a pilot state for the Center for Social and Emotional Foundations for Early Learning (CSEFEL)'s Pyramid Model state implementation.
- Expert feedback. Representation on both the ECI PD Steering Committee and the Professional Levels and Competencies Task Force includes numerous faculty at the state's Institutes of Higher Education (IHEs). The TSCs were reviewed by national experts including Peter Mangione, Dan Haggard, Marquita Davis, and JoAn Herren.

Given this foundation of the Professional Development Framework (teaching and family support competencies), the state will take the next step of completing implementation of its professional development system. Implementation will include addressing all recommendations in the Task Force on Professional Levels and Competencies final report (see Appendix D-1-3). Some of this work has already been outlined in a number of existing plans and initiatives. The HQP in this application incorporates and aligns this with other work. (Those alignments are indicated in the plan by the following acronyms: ECAC=Early Childhood Advisory Council Grant work plan; ECCS=the Early Childhood Comprehensive Systems Grant work plan; Child Care Development Fund (CCDF) state plan; and ECIPD=the work plan of the Early Childhood Iowa Professional Development Component Group. A crosswalk of the plans are shown in Appendix D-1-4. There are additional activities that support professional development and professional development system building that are linked but not included in the high-quality plan. For example, the ECCS Plan calls for developing Level 2 consultants in the I-Consult process; a special effort to align Child Care Resource and Referral training with the TSCs; and developing center director and administrator competencies (also included in Iowa's ECAC grant plan). The state's recently approved CCDF plan includes the development of a training organization approval process that is linked to the TSCs and the state's IELs. Meanwhile, the ECIPD Component group and its four leadership teams are currently addressing a plan to improve Iowa's Child Care Training Registry to meet national standards of verification, develop a training approval system, and include the TSCs. The group will also be exploring how to infuse mentoring and coaching into all career pathways, ensuring cultural competencies are embedded in all professional development activities.

The state has submitted a high-quality plan to address the unfinished work of developing a common statewide progression of credentials and degrees for both teachers and family support workers. The plan assumes credentialing is a series of formal acknowledgements of training and competencies that may include certifications, credentialing, and licensure. This plan will engage postsecondary institutions and other professional development providers in aligning professional development opportunities to Iowa's PD Framework and workforce competencies. To accomplish this, the plan includes six activities:



- 1) embed TSCs across Iowa's PD System;
- 2) design and implement a comprehensive and progressive credentialing system for all roles in the early care and education sectors (including special needs);
- 3) design and implement a comprehensive and progressive credentialing system for family support and home visitation roles (including supervisors);
- 4) promote a more culturally competent workforce;
- 5) align training with TSCs; and,
- 6) support and expand the capacity of higher education to train early care, health, and education workforce and increase access to higher education coursework.

This plan will ensure children with high needs and families across the state will receive the highest quality of services and improve their opportunities for school success.

<b>HIGH QUALITY PLAN ADDRESSING GREAT ECE WORKFORCE</b>
Application section: D1 Rating and monitoring Early Learning and Development Programs
<p><i>A. The key goals:</i></p> <p>Finish implementation of Iowa's comprehensive integrated early care, health and education professional development system and increase the number of educators who have improved their skills.</p>
<p><i>B. The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation</i></p> <p>Finish implementation of the Iowa PD Framework (see Appendix D-1-5), the state will fully infuse the Teaching Roles Competencies (TSC) into new pathways, a system of certification and credentialing, and support a more culturally competent workforce by engaging in these key activities:</p> <ol style="list-style-type: none"> <li>1) Embed TSCs across Iowa's PD System (based on recommendations as accepted by Iowa Task Force on Professional Levels and Competencies; also part of ECI PD implementation plan). (ECAC, link to all training)</li> <li>2) Design and implement a comprehensive and progressive credentialing system for all roles</li> </ol>

in the early care and education sectors (including special needs). (ECIPD)

- 3) Design and implement a comprehensive and progressive credentialing system for family support and home visitation roles (including supervisors). (In ECCS grant.)
- 4) Promote a more culturally competent workforce.

To engage postsecondary institutions and other professional development providers in aligning professional development opportunities with the State's Workforce Knowledge and Competency Framework, the state will also:

- 5) Align training with TSCs (ECAC; ECIPD)
- 6) Support and expand the capacity of higher education to train early care, health, and education workforce and increase access to higher education coursework. (ECAC; ECIPD)

*C. A realistic timeline, including key milestones, for implementing each key activity.*

1. **Embed Teaching Staff Competencies (TSCs) across Iowa's PD System** [based on recommendations as accepted by Iowa Task Force on Professional Levels and Competencies; also part of ECI PD implementation plan] (A related ECAC goal is to link the TSCs to all training.)

2012:

- A. Align Iowa's Paraeducator Certification and CDA with TSCs
- B. Ensure that each performance level for teachers and teacher assistants is associated with essential competencies that articulate performance expectations.
- C. Create a Single Teaching Endorsement for Early Childhood Educators based on the Essential Competencies for Early Care and Education Teachers. (ECIPD). This activity through full approval process and linkage to approved teacher preparation programs will continue from Year 1 to 4.

2013: Create an Assessment Tool to Promote Use of the Early Learning Performance Levels and Essential Competencies by Teaching Staff and Their Supervisors.

2014: Link Teacher and Teacher Assistant Performance Levels with Early Childhood Education Certifications, Degrees, and Endorsements (see Activity #).

1. **Design and implement a comprehensive and progressive credentialing system for all roles in the early care and education sectors (including special needs).** (ECIPD)

2012: Design and implement pathway for all roles in the early care and education sector (including special needs).

2013: Identify and collaborate with partners to implement a progression of credentialing systems.

2014: Link credentialing system with regulatory, compensation and recognition systems such as WAGE\$ and linkages to QRS and related quality programs standards. Continues through Year Four.

2. **Design and implement a comprehensive and progressive credentialing system for family support and home visitation roles (including supervisors).** (In ECCS grant.)

2012: Design and implement pathways for all roles in the family support sector.

2013: Organize a task force under the Family Support PD Leadership Team to research, identify and propose credentialing systems based on the pathway; include competency areas such as mental health, domestic violence, substance abuse and child abuse. The system will include two- and four-year degree milestones which will lead up to or include credentialing using the Iowa Family Support Certification as the cornerstone. The system also will establish a statewide family support examination for all workers prior to working directly with families.

2014: Identify and collaborate with partners to implement credentialing systems.

2015: Promote the credentialing systems, and link program reporting, contract and requirements.

**3. Promote a more culturally competent workforce to better support Dual Language Learners and other high-need populations. (ECAC)**

2012: Align PD efforts across all four sectors to address the “readiness gap” by ensuring more professionals working with diverse children and families exhibit Iowa’s cultural competencies.

2013: Embed cultural competencies in all professional development work to ensure systemic sustainability.

2014: Develop and implement strategies to increase the diversity of Iowa’s early childhood workforce.

**4. Align training with TSCs (ECAC; ECIPD)**

2012:

A. Develop a comprehensive list of all professional development providers and activities within the early learning sector. (FPG Survey; Needs Assessment)

B. Develop an assessment process for all EC sectors training (including a commonly used tool) to evaluate how closely the training is addressing the TSCs and using evidence-based training practices. Continues through Year Four.

2014: Incorporate TSCs into Child Care Registry system and establish plans to link TSCs to all professional development address them.



**5. Support and expand the capacity of higher education to train early care, health and education workforce, and increase access to higher education coursework. (ECAC; ECIPD)**

2012:

- A. Embed TSCs into IHE ECE course work as a complementary step to updating the teacher licensure early childhood endorsements. Continues through Year Four.
- B. Increase access to IHE coursework through scholarships and grants to cover tuition, books, and release time. (ECIPD)

2013:

- A. Develop and implement strategies to promote articulation agreements among IHEs. Continues through Year Four. (ECAC; ECIPD)
- B. Increase access to IHE course work by providing more online and non-traditional hour coursework. (ECIPD)

2014:

- A. Allocate resources and technical assistance to move IHEs into ECADA, NCATE and other appropriate accreditations. Continue through Year Four.
- B. Add primary language supports in the areas of counseling and instruction to increase participation of the DLL workforce, including remedial or ESL classes. Continue through Year Four. (ECIPD)

*D. The party or parties responsible for implementing each activity and other key personnel assigned to each activity*

Early Childhood Iowa (state board, local areas, stakeholder alliance and its component groups and committees, ECI Professional Development Component Group); Iowa Department of Public Health (ECCS Grant work; MIECHV, Project LAUNCH); Iowa Department of Education (Shared Vision Family Support), Iowa Department of Human Services (Child Care Development Fund Plan implementation, QRIS system development, Child Care Registry, child welfare system); Institutions of Higher Education (3 state universities, 30 private colleges, and 15 community colleges); Iowa Board of Educational Examiners; Iowa AEYC; Family Support Leadership Group; Prevent Child Abuse Iowa; Iowa Chapter American Academy of Pediatrics; Iowa Coalition Against Domestic Violence; Department of Human Rights (FaDSS program;

<p>offices of/for/on Asian and Pacific Islanders, Deaf Services, Latino Affairs, Native Americans, Persons with Disabilities, Status of African Americans, and Status of Women).</p>
<p><i>E. Appropriate financial resources to support successful implementation of the plan</i></p> <p>Total cost:\$1,963,000</p>
<p><i>F. The information requested as supporting evidence, if any, together with any additional information the State believes will be helpful to peer reviewers in judging the credibility of the plan</i></p> <p>This high-quality plan for professional development is aligned with four separate work plans: Early Childhood Advisory Council Grant work plan (ECAC), the Early Childhood Comprehensive Systems Grant work plan (ECCS), the Child Care and Development Fund state plan (CCDF), and the work plan of the Early Childhood Iowa Professional Development Component Group (ECIPD).</p>
<p><i>G. How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.</i></p> <p>This High-Quality Plan is based on Iowa's Comprehensive, Integrated Professional Development Framework. It is specifically structured to include all programs and services that fit into four sectors of the early childhood system: health, mental health and nutrition; early learning; professional development; and special needs/early intervention. All programs are represented in the planning and implementation of the framework, including this high-quality plan.</p>
<p><i>H. How the State will meet the needs of Children with High Needs, as well as the unique needs of special populations of Children with High Needs.</i></p> <p>Given the comprehensive nature of Iowa's Workforce Knowledge and Competency Framework, these populations are specifically addressed in this high-quality plan and in each of the related plans. Additionally, specific emphasis is placed on cultural competency to ensure persistent gaps in school readiness, program access, workforce, and cultural</p>

competence are addressed. These competencies are also articulated in our TSCs. Strategic focus has also been incorporated into this and related plans to ensure that children with high needs have access to high-quality preschools with the highest professional development requirements in the state through Iowa's Quality Preschool Program Standards (all teacher's must be licensed), as well as degreed teachers as required by NAEYC accredited programs and Head Start. Because Iowa's largest family support programs (e.g., FaDSS, Early ACCESS (IDEA Part C/Early Intervention), Early Head Start, new federal home visiting programs, and ECI local area family support programs) all have a primary focus on families with high needs, PD efforts that improve the quality of these programs will disproportionately benefit children with high needs.

## E. Measuring Outcomes and Progress

*Note: The total available points for (E)(1) and (E)(2) = 40. The 40 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address both selection criteria in Focused Investment Area (E), each criterion will be worth up to 20 points.*

*The applicant must address one or more selection criteria within Focused Investment Area (E).*

### (E)(1) Understanding the status of children's learning and development at kindergarten entry.

The extent to which the State has a High-Quality Plan to implement, independently or as part of a cross-State consortium, a common, statewide Kindergarten Entry Assessment that informs instruction and services in the early elementary grades and that--

(a) Is aligned with the State's Early Learning and Development Standards and covers all Essential Domains of School Readiness;

(b) Is valid, reliable, and appropriate for the target population and for the purpose for which it will be used, including for English learners and children with disabilities;

(c) Is administered beginning no later than the start of school year 2014-2015 to children entering a public school kindergarten; States may propose a phased implementation plan that forms the basis for broader statewide implementation;

(d) Is reported to the Statewide Longitudinal Data System, and to the early learning data system, if it is separate from the Statewide Longitudinal Data System, as permitted under and consistent with the requirements of Federal, State, and local privacy laws; and

(e) Is funded, in significant part, with Federal or State resources other than those available under this grant, (*e.g.*, with funds available under section 6111 or 6112 of the ESEA).

*(Enter **narrative** here-recommended maximum of eight pages.)*

### (E)(1) Understanding the status of children's learning and development at kindergarten entry.

#### **Understanding the Status of Children at Kindergarten Entry**

As indicated in (A) (1), Iowa's commitment to understanding the status of children at kindergarten entry began in 2005 when legislation was passed requiring school districts to assess all children entering kindergarten using a DE approved benchmark literacy assessment(s). Since this legislation, forces have come together to move kindergarten entry assessment forward; the development of the comprehensive IELS that addresses all the essential domains of school readiness, the request from the ECI Results and Accountability Component group to focus efforts on a comprehensive data system that includes information about the status of children at



kindergarten entry in all areas of development; and conversations about results of the state literacy assessment. The coalescing of these forces, as well as the Iowa education reform effort, led Iowa to the development of a high quality plan to implement a kindergarten entry assessment. The State of Iowa's plan for education reform demonstrates its commitment to reducing the achievement gap for high-need populations. One element of this commitment is ensuring all children are provided quality early learning and development opportunities as they prepare to enter kindergarten. Within this commitment lies the expectation to understand the status of children's learning and development in the essential domains of school readiness which encompass language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development. Iowa's HQP to implement a common, statewide kindergarten entry assessment is one component reflecting the State's efforts to reduce the achievement gap. The goal for this plan is to pilot a common kindergarten entry assessment in the fall of 2013 and statewide implementation in the fall of 2014.

The use of a coordinated comprehensive assessment system, which encompasses a kindergarten entry assessment, will enable Iowa's early childhood stakeholders, including those in the K-12 system, to collect data reflecting early childhood readiness efforts while also directing future PK-12 program and practice policies. This comprehensive assessment system will also serve as one component of the State's education reform initiative to construct a balanced assessment for the traditional K-12 educational structure. In this initiative, the State will incorporate assessments for multiple purposes including benchmarking, screening, instructional planning, and longitudinal evaluation of children and programs.

In building a high-quality plan for implementing a common, statewide Kindergarten Entry Assessment, Iowa will deliberately draw upon the expertise of professionals across the state and the country and Iowa early childhood stakeholders to create a task force to identify an assessment instrument, construct a plan, and implement a statewide kindergarten entry assessment. Task Force membership must be comprehensive and inclusive of all early childhood and K-12 systems to ensure all stakeholders and critical parties are vested in discussion, decision making, and implementation of the statewide plan while remaining mindful of Iowa's goal to

provide a seamless transition from early childhood to kindergarten programs. Representatives from Iowa's Department of Public Health, Department of Human Services, Department of Education, Early Childhood Iowa/Empowerment, college faculty, experts in the field of early childhood and educational assessment, and school practitioners, principals and curriculum directors and leaders from the field including Head Start, child care, and AEAs will serve on the Task Force to lead these efforts.

The Task Force for implementing a kindergarten entry assessment will follow work group/vetting group design. The smaller work group, responsible for the majority of the actual work activities, will utilize the larger vetting group as a review team and a medium through which to share information with other early childhood agencies, the K-12 system, leadership, and constituents. Information and recommendations from the Task Force will be shared with governing agencies, early learning intermediary organizations, and all early childhood stakeholders, including families.

Task force responsibilities will focus on an adherence to basic principles for the assessment of children at the start of formal schooling, as described by the Council of Chief State School Officers (CCSSO) in *Moving Forward with Kindergarten Readiness Assessment Efforts*<sup>1</sup> which include:

- Use of multiple tools for multiple purposes [appropriate tool/intended purpose];
- Addressing multiple developmental domains and diverse cultural contexts;
- Alignment with early learning guidelines and common core standards;
- Collecting information from multiple sources; and
- Avoidance of inappropriate use of assessment information, specifically including high stakes decisions, labeling children, restricting kindergarten entry, and prediction children's future academic and life success.

<sup>1</sup>Council of Chief State School Officers. (2011). *Moving forward with kindergarten readiness assessment efforts*. Position paper of the Early Childhood Education State Collaborative on Assessment and Student Standards. Washington DC: Author. Retrieved August 10, 2011

As identified in the aforementioned document, Iowa's Kindergarten Entry Assessment must align with IELS (See Appendix D-1-1) as well as represent all the essential domains of school

readiness. The IELS are based on child development research and effective practices with young children and consistent with national curriculum standards developed by organizations such as the National Council for the Teachers of Mathematics, the National Council for the Social Studies, as well as the Carnegie Standards, The Head Start Child Outcomes Framework, and the West Ed Program for Infant Toddler Caregivers. The IELS are also aligned with the Iowa Core which identifies the academic expectations for Iowa's K-12 students. This alignment demonstrates the State's commitment to a fluid PK-12 system while also serving as an essential component of a comprehensive assessment system. Task Force members working on a high quality plan for a kindergarten entry assessment will use the IELS and the Iowa Core as resources in reviewing assessment instruments to ensure a complementary relationship between the three entities.

Iowa's Task Force, addressing the implementation of a common, statewide kindergarten entry assessment, will be responsible for following a selection process to identify an appropriate assessment instrument demonstrating acceptable technical adequacy while also being responsive to diverse cultural and developmental variations<sup>2</sup>. The Iowa Department of Education, in conjunction with state and national experts in the field of assessment, has developed a draft document to serve as a protocol in reviewing technical adequacy of reading assessment instruments. It is intended that the Task Force will use this expertise and draft document as foundational elements to create an early childhood assessment protocol to review, evaluate, and select an instrument to assess the essential domains of school readiness. The draft protocol examples (see Appendix E-1-1 and E-1-2 for examples) will be refined to reflect an early childhood focus including specific information in all developmental learning domains as well as address sensitivity to variations in development and cultural appropriateness. Use of the early childhood-focused protocol for determining technical adequacy and cultural sensitivity for selecting assessment instruments, will provide confidence to the Task Force, stakeholders, and practitioners that these crucial considerations for all children, particularly those in high-risk populations, have been addressed.

<sup>2</sup>CCSSO (2011)

As identified in E(1), the results of the currently legislated literacy assessment(s) are collected in the state longitudinal data system and reported to the public annually in the Condition of

Education Report, the Kindergarten Literacy Assessment Report, and the ECI Report. This action reinforces the commitment of Iowa legislators to understand the status of children at kindergarten entry and ensure transparency of communication concerning the status of all kindergarten children. While this action does not specifically focus on high-need children, the DE has conducted some analysis that focuses on high-need children using the longitudinal data system. Unfortunately, all children served in early learning and development programs do not have a unique student identifier so the analysis is currently limited and does not take into account the elements of a comprehensive assessment system. Plans for a federated data system including all essential elements of a comprehensive assessment system would allow for further analysis. Iowa's high quality plan for a federated data system will be described in the E(2).

Iowa's statewide longitudinal data system, located in the DE, began in 2004-2005 and meets all the requirements of a statewide longitudinal data system including common data elements as defined in this application. All students in Iowa, including children receiving Part C and early childhood special education services, as well as targeted and universal preschool, are assigned a unique student identifier. This unique identifier follows a student across their academic careers. This identifier is used across multiple applications in order to provide linkages between various data systems to assess items such as academic growth for students.

#### **HIGH QUALITY PLAN ADDRESSING KINDERGARTEN ENTRY ASSESSMENT**

X. *The key goals* – Establish a common statewide comprehensive kindergarten entry assessment that addresses all the essential domains of school readiness and is aligned to the Iowa Early Learning Standards. The goal for this plan is to pilot the implementation of a common kindergarten entry assessment in the fall of 2013 and statewide implementation in the fall of 2014.

Y. *The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation*

- a) Enact legislation requiring a common comprehensive kindergarten entry assessment.
- b) Develop a communication plan focused on increasing public will to administer a common comprehensive kindergarten entry assessment.



- c) Establish a Kindergarten Entry Assessment (KEA) Task Force and build their knowledge base regarding appropriate assessment for all children and particularly high-need children.
- d) Develop the assessment review protocol including all domain areas with consideration for cultural sensitivity and diverse learners.
- e) Review and select a comprehensive kindergarten entry assessment based upon the results of the early childhood assessment protocol and expertise of the KEA Task Force.
- f) Establish a professional development plan to support the implementation of the KEA.
- g) Establish pilot sites, taking into consideration varying demographic and socio-economic factors of the children; provide professional development to these sites; and implement the KEA.
- h) Revise the professional development plan based on results of the pilot KEA.
- i) Revise of software systems of vendors with whom school districts contract to ensure all KEA data is uploaded to the state longitudinal data system.
- j) Provide statewide professional development to kindergarten teachers, curriculum directors, and administrators to implement the KEA.
- k) Begin KEA statewide implementation.

*Z. A realistic timeline, including key milestones, for implementing each key activity.*

Winter 2012: Communication plan developed and legislation enacted.

Winter 2012: KEA Task Force defines roles and responsibilities of work group and vetting group including established representation from DE, DHS, Head Start Association, AEA, ECI, university faculty, school district principals, teachers, and curriculum directors.

Spring/summer 2012: State and national experts in the areas of assessment development and implementation, cultural competencies and sensitivity for high-need populations as well as diverse learners including high-risk populations meet with Task Force members.

Spring/summer 2012: Assessment review protocols developed by work group and shared with the task force group members.

Fall 2012: The work group utilizes assessment protocol and selects a KEA.

Winter 2013: Establish and implement a professional development plan to administer the KEA and determine KEA pilot sites

Winter 2013: The work group establishes a professional development plan and materials using the state and national experts as well as Iowa's Area Education Agencies.

Summer 2013: Professional development provided to pilot sites.

Fall 2013: Pilot sites implement the KEA.

Fall 2013: Pilot sites upload KEA data to the statewide longitudinal data system.

Winter 2014: Professional development plan revised based on feedback from pilot sites.

Summer 2013: Professional development provided statewide to kindergarten teachers, administrators, curriculum directors.

Fall 2014: Statewide implementation of the KEA.

Fall 2014: Statewide KEA data uploaded to the statewide longitudinal data system.

Winter 2015: Statewide KEA is analyzed using statewide longitudinal data system.

Winter 2015: Statewide KEA data is reported to stakeholders.

*AA. The party or parties responsible for implementing each activity and other key personnel assigned to each activity*

DE administration and staff with expertise in early childhood and K-12 assessment as well as the Iowa K-12 Reform agenda.

*BB. Appropriate financial resources to support successful implementation of the plan*

The DE will use Title VI ESEA funds.

Total cost: \$1,225,567.

(E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

The extent to which the State has a High-Quality Plan to enhance the State's existing Statewide Longitudinal Data System or to build or enhance a separate, coordinated, early learning data system that aligns and is interoperable with the Statewide Longitudinal Data System, and that either data system:

- (a) Has all of the Essential Data Elements;
- (b) Enables uniform data collection and easy entry of the Essential Data Elements by Participating State Agencies and Participating Programs;
- (c) Facilitates the exchange of data among Participating State Agencies by using standard data structures, data formats, and data definitions such as Common Education Data Standards to ensure interoperability among the various levels and types of data;
- (d) Generates information that is timely, relevant, accessible, and easy for Early Learning and Development Programs and Early Childhood Educators to use for continuous improvement and decision making; and
- (e) Meets the Data System Oversight Requirements and complies with the requirements

*(Enter narrative here-recommended maximum of eight pages.)*

(E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.**Building an Early Learning Data System**

In order for key stakeholders to make informed decisions regarding programs, instruction, services and policies/practices for improvement, there is need for data that is timely, easily accessed and based on common definitions to answer these and other related questions:

Regarding children with high needs and their families:

- What are the characteristics of the children and families (Race, ethnicity, employment status, household income, primary language, foster care etc.)?
- What is the health, social-emotional, cognitive status of children at entry and exit of an early learning and development program?
- What types and the quality of early learning and development programs have children and families participated in and the level of participation and attendance?
- Are children with disabilities identified early and did they participate in early intervention programs?

- Do children with disabilities in early childhood special education at kindergarten entry or have they exited the program?
- What State and local investments are made to support the participation of children with high needs in quality early learning and development programs?

Regarding early learning and development programs:

- Where are the high quality programs that meet a standard system of quality measurement through the tiered quality rating and improvement system?
- Are children with high needs being served by high quality programs and to what level of service?
- What are the characteristics of programs that lead to kindergarten readiness?
- What are the characteristics of programs that sustain growth beyond kindergarten?
- What State and local investments are made to support high quality programs that lead to kindergarten readiness and sustain growth beyond kindergarten?

Regarding the early childhood educator workforce:

- What are the qualifications of the workforce?
- What are the characteristics of the workforce (gender, race, ethnicity, education, past experience, professional development qualifications, etc.)?
- What is the turnover rate of the workforce in different types of the early learning and development programs?
- What State and local investments are made to create and sustain a quality workforce?

Since 1998, the participating agencies have worked collaboratively to agree to a set of early child indicators to inform the State ECI Board in their decision making. The data elements reside in multiple data systems across state government and are not easily accessible.

Iowa, like most states, has developed and built data or management systems for the last three decades to provide a repository for program information and data retrieval to create reports. Often times the systems, whether a state initiative or those supported by federal agencies, were designed to meet a mandated reporting requirement and not designed for program improvement



purposes. While state agencies have used the administrative data in these systems to determine child and family outcomes, what is often available is of limited use and does not systematically examine program impact. Furthermore, the data systems, built within program silos, are not interoperable, even within a single agency. For instance, the DHS has separate data systems for Medicaid, child welfare, child care, and for TANF programs.

The desire for outcome data has become paramount to agencies, the legislature and the public, thus the need for an integrated, interoperable approach within and between agencies has come to critical point. While agencies do have existing data sharing agreements for particular programs, actual data integration has not occurred. An example of need for accessible information occurred in the 2011 State legislative session. A bill (House File 45) was passed requiring the Department of Management to develop and make publicly available a database internet site for searching, accessing, and processing data, including the data for the most recent state budget. This will require data pulled together from State accounting system and the State agencies.

The desire and the momentum for developing a comprehensive data system can also be found in the Early Childhood Advisory Council Grant work plan. The ECAC work plan includes a goal of developing a framework for an early childhood data system as required by the grant.

At the September 13, 2011 ECI Stakeholder Alliance meeting, the membership supported the inclusion of developing or enhancing an early learning data system by connecting existing data systems for this application.

Numerous efforts by individual departments have been done or are in development to bridge data within and sometimes across the agencies, these include but are not limited to:

- Data sharing agreements such as between DHS and DE for the Child and Adult Food Program and to meet the requirements of the Fostering Connections federal legislation.
- The DHS data warehouse which includes information about Medicaid, Food Assistance, Financial Assistance, child protection and child welfare services and in the future child care licensing and subsidy.
- The IDPH data warehouse project which includes annual data at the patient level, but has been cleansed of identifying information.

- The IDPH home visitation web-based system to collect and analyze program data to align with ECI and MIECHV program needs.
- The DOM does not have a central data collection system, but is required to collect information from the local ECI area to ensure accountability for ECI Results.
- The DHS child-care data system (KinderTrack) which includes an interactive function between child-care assistance (CCA) providers and DHS for establishing agreements, child attendance records for children served through CCA and for CCA billings. It also includes all child-care home registration information.
- The DHS child-care training registry which allows child-care providers to find and sign up for child-care training opportunities and to establish an account to maintain training history.

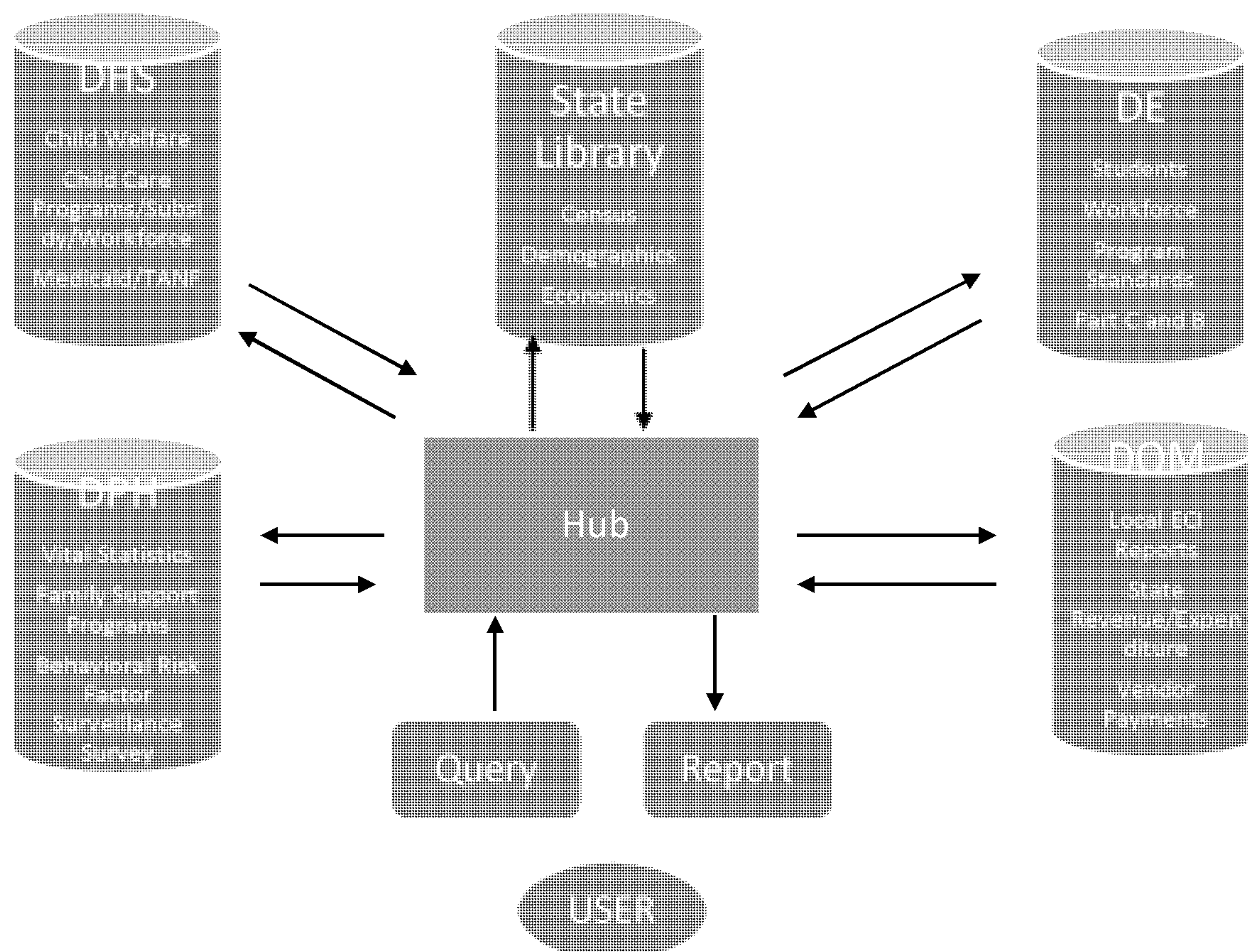
While much progress has been made, Iowa has fallen short in developing a single or integrated data system for the collection, analysis and dissemination of early childhood data.

One of the most promising approaches for integrating data has been the development of the Statewide Longitudinal Data System (SLDS) by the Iowa Department of Education (DE). DE was awarded a grant from the U.S. Department of Education's Institute for Educational Sciences for the development of an SLDS and began the effort in spring 2009. The vision for the SLDS states: "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." (Statewide Longitudinal data System (SLDS) Visioning Project Bureau Report, December 2010 – See Appendix E-2-1) Legislation has also been enacted requiring the use of unique student identification numbers for children served in the SVPP to allow for tracking student educational history.

Within the SLDS project there is a specific desire to include early childhood data for programs administered or funded by the Department of Education, including the State-wide Voluntary Preschool, Shared Vision high-risk preschool program, as well as Part C and Part B services. However, unless a private early learning and development program has relationship with local school districts, data is not currently collected from the program. In addition to K -12 data, the SLDS project plan also includes integrating data from the other end of the spectrum including community colleges and the Iowa regent university system. The plan also includes, at some

point, bringing in data from Iowa Department of Workforce Development and the IDHS child welfare, child care, and Medicaid data systems. (Statewide Longitudinal data System (SLDS) Visioning Project Bureau Report, December 2010 – See Appendix E-2-1).

This grant will support the development of a comprehensive interoperable early childhood data system to retrieve and report data from the DE/SLDS, IDHS, IDPH, IDOM and the State Library, as a part of a federated data system. The figure below provides a high-level conceptual design for the early childhood data system.



A user would be able to request information through a web-based application through a hub. The hub application would seek out the data from the appropriate source and, once retrieved, the meta-data is stored in a repository.

The creation of a federated system has both practical and economic feasibility groundings. In a federated system, each agency maintains full control of its data and systems providing for:

- the assurance of Federal and State requirements regarding privacy and confidentiality within each system for the specific data set forth by the original data systems owner system oversight requirements;
- the user's view generated by the hub adheres to the access and authorization rights set forth by the original data system's owner oversight requirements;
- the assurance of data integrity within each system including but limited to processes to verify the accuracy, completeness, and age of data set forth by the original data system's owner oversight requirements;
- the procedures for determining the sensitivity for data elements and the risk of harm should data be improperly disclosed set forth by the original data system's owner oversight requirements;
- no changes required to the existing systems;
- data that does not need to be duplicated into another database or data warehouse;
- data that is real time when data is retrieved from existing systems and data warehouses;
- already established data system program maintenance and oversight.

Specifically, this grant would support the effort to determine the data needs and the business requirements to support access to the Comprehensive Assessment System (Section C2) data elements collected and stored (or to be collected and stored) in the respective existing data systems. In addition, the existing systems will be assessed whether they meet the requirements of the Essential Data Elements by: establishing common definitions; establishing the rules for unique identifiers for children, families, early learning and development programs; the early learning workforce, early learning and development programs structures and quality; and child participation. To allow for the ease of data exchange, they will be assessed. Business plans and requirements will be developed to meet the conditions, as needed, to meet the requirements for the Essential Data Elements and the Common Educational Data Standards. Finally, the grant would support the building of applications and system modifications needed based on the business plan and the business requirements.

A major issue to resolve is the assurance of meeting the Essential data Elements in Table (A)(1)-13 (profile of all early learning and development data systems currently used in the state). Each of the systems is designed for different purposes. Therefore, none of the systems alone have all



the Essential Data Elements to serve as a base for an integrated early childhood data system. In addition, even where an essential element can be found within several systems, such as unique child identifiers, the identifiers are not the same. At the same time, unique identifiers for some programs, such as licensed school-based child-care centers have unique, but different, identifiers in the DE (EdInsight) and the DHS (KinderTrack) systems. Using this scenario as an example, unless a single unique identifier is established between the agency systems, a common definition and second level identifiers will be necessary to eliminate duplication and to ensure all early learning and development programs are captured when assessing the number of programs serving young children.

A state-wide governance body, appointed by the participating agencies, which also serves on the ECI state board, and by invitation to other agencies, such as the Iowa Departments of Administrative Services and Revenue, will be established to direct and guide the successful completion of the project. This body would consist of decision makers for their respective departments to consider and resolve policy issues as the project develops.

The ECI Stakeholders Alliance Results Accountability Component group, with funding support from the Early Childhood Advisory Council (ECAC) grant would serve in an advisory capacity to ensure the project meets the needs of users. Through a visioning process, the group will initially be responsible for defining key policy questions and the data elements needed to answer the questions, to identify data not currently collected, to identify users (public and private), and identify uses of the data. In addition, this group would serve as testers for mock-system testing and beta-testing.

Under the leadership of the Department of Education, an inter-agency project management team of personnel responsible for data system development and management will be responsible for identifying data sources, assessing structures and interoperability, developing common language and a data dictionary, and for developing data standards. This team will develop the MOU's necessary for federation membership to be reviewed and signed off by the governance body. In collaboration with the ECI Results Accountability Component group, the team will develop a business plan and business requirements. The team will direct the work for developing and deploying the system.

The grant will support a full-time project manager and a full-time information technology or a data quality staff person for each participating agency during the development of the system as well as for technical support during the deployment of the system, as each agency retains proprietary management of its own data.

### **HIGH QUALITY PLAN ADDRESSING EARLY LEARNING DATA SYSTEM**

*The key goals* – Develop a comprehensive, early learning data system through the expansion and enhancement of the Iowa Statewide Longitudinal Data System.

*The key activities to be undertaken; the rationale for the activities; and, if applicable, where in the State the activities will be initially implemented, and where and how they will be scaled up over time to eventually achieve statewide implementation.*

#### Planning Phase (2 years)

- Determine specific key principles, key users, key questions to be answered, key data needed, reporting needs and formats.
- Assessment of systems
  - Develop profiles of existing systems.
  - Determine the overarching design for a federated system.
  - Review data structure, format and definitions of the state data system.
  - Determine the business requirements to meet the Common Education Data Standards as the base standard definitions, codes and technical specifications.
  - Determine business requirements to accommodate the Essential Data Elements.
  - Assess interoperability and the need for upgrades to the application.
- Develop a business plan
  - Determine application needs for linking the disparate data into a federated system.
  - Determine the application needs for collecting the data and information from local ECI areas (IDOM).
  - Define and prioritize components of the system (in concert with the Component group).

- User roles.
- Confidentiality (HIPPA/FERPA and other requirements).
- Inter-agency data-sharing agreements including proprietary issues.
- Draft business requirements
  - Modifications as needed for existing systems.
  - Inoperability requirements.

#### Development and Deployment Phase (2 years – non-sequential)

1. Data preparation and modification as needed
2. Application upgrades as needed for interoperability
3. Construction of base application, if needed
4. Reports development
5. Testing
6. Deployment through phased roll-out
  - a. Training for new users
  - b. User support

*A realistic timeline, including key milestones, for implementing each key activity.*

#### Planning Phase

- Determine key principles, key users, key questions to be answered, key data needed, and reporting needs and formats. (Year 1, 1<sup>st</sup> – 3<sup>rd</sup> quarters)
  - Contract with facilitator to lead process.
  - Develop system needs.
  - Publish a document outlining key system needs for the approval of the governance body and handoff to inter-agency data work team.
- Assessment of systems (Year 1, 3<sup>rd</sup> quarter – Year 2, 4<sup>th</sup> quarter)
  - Develop profiles of existing systems.
  - Review and describe a data structure, format and definitions of the state data systems.
  - Determine the business requirements to meet the Common Education Data

Standards as the base standard definitions, codes and technical specifications.

- Determine business requirements to accommodate the Essential Data Elements.
- Assess interoperability and the need for upgrades to the application.
  
- Monthly reports will be provided to the governance body on progress and results of the assessment.

Development and Deployment Phase (non-sequential) (Year 1, 1<sup>st</sup> quarter – Year 4, 4<sup>th</sup> quarter)

- Acquisition of servers and staff computer;
- Data preparation and modification; upload of historical data into repository;
- Application upgrades;
- Construction of base application, if needed;
- Reports development;
- Testing;
- Deployment through phased roll-out:
  - Training for new users
  - User support
- Monthly reports will be provided to the governance committee or more often if requested.



*The party or parties responsible for implementing each activity and other key personnel assigned to each activity*

- Determine key principles, key users, key questions to be answered, key data needed, and reporting needs and formats. (Office of ECI, ECI Stakeholders Alliance Results Accountability Component Group, Governance)
- Assessment of Systems (Project Manager, Interagency work team, Governance)
- Development and Deployment (Project Manager, Inter-agency work team in collaboration with Stakeholders Alliance Results Accountability Component Group)

*Appropriate financial resources to support successful implementation of the plan*

- Contractor to facilitate determining key principles, key users, key questions to be answered, key data needed, and reporting needs and formats and report for approximately one year. (\$30,000 to \$40,000 to be covered with ECAC grant)
- Project coordinator for four years.
- Dedicated information technology staff for each participating agency for four years
- Data system development and deployment.

Total cost: \$8,097,650.

*How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.*

The Results Accountability Component group, as a part of the visioning will need to ensure input from the different types of programs to make sure the various data needs are addressed.

## **VII. COMPETITION PRIORITIES**

*Note about the Absolute Priority: The absolute priority describes items that a State must address in its application in order to receive a grant. Applicants do not write a separate response to this priority. Rather, they address this priority throughout their responses to the selection criteria. Applications must meet the absolute priority to be considered for funding. A State meets the absolute priority if a majority of reviewers determines that the State has met the absolute priority*

### Priority 1: Absolute Priority – Promoting School Readiness for Children with High Needs.

To meet this priority, the State's application must comprehensively and coherently address how the State will build a system that increases the quality of Early Learning and Development Programs for Children with High Needs so that they enter kindergarten ready to succeed.

The State's application must demonstrate how it will improve the quality of Early Learning and Development Programs by integrating and aligning resources and policies across Participating State Agencies and by designing and implementing a common, statewide Tiered Quality Rating and Improvement System. In addition, to achieve the necessary reforms, the State must make strategic improvements in those specific reform areas that will most significantly improve program quality and outcomes for Children with High Needs. Therefore, the State must address those criteria from within each of the Focused Investment Areas (sections (C) Promoting Early Learning and Development Outcomes for Children, (D) A Great Early Childhood Education Workforce, and (E) Measuring Outcomes and Progress) that it believes will best prepare its Children with High Needs for kindergarten success.

*Note about Competitive Preference Priorities: Competitive preference priorities can earn the applicant extra or "competitive preference" points.*

Priority 2: Competitive Preference Priority – Including all Early Learning and Development Programs in the Tiered Quality Rating and Improvement System. (10 points)

Competitive Preference Priority 2 is designed to increase the number of children from birth to kindergarten entry who are participating in programs that are governed by the State's licensing system and quality standards, with the goal that all licensed or State-regulated programs will participate. The State will receive points for this priority based on the extent to which the State has in place, or has a High-Quality Plan to implement no later than June 30, 2015--

(a) A licensing and inspection system that covers all programs that are not otherwise regulated by the State and that regularly care for two or more unrelated children for a fee in a provider setting; provided that if the State exempts programs for reasons other than the number of children cared for, the State may exclude those entities and reviewers will score this priority only on the basis of non-excluded entities; and

(b) A Tiered Quality Rating and Improvement System in which all licensed or State-regulated Early Learning and Development Programs participate.

*(Enter narrative here – recommended maximum of eight pages)*

Priority 3: Competitive Preference Priority – Understanding the Status of Children's Learning and Development at Kindergarten Entry. (10 points)

To meet this priority, the State must, in its application--

(a) Demonstrate that it has already implemented a Kindergarten Entry Assessment that meets selection criterion (E)(1) by indicating that all elements in Table (A)(1)-12 are met; or

(b) Address selection criterion (E)(1) and earn a score of at least 70 percent of the maximum points available for that criterion.

*For Competitive Preference Priority 3, a State will earn all ten (10) competitive preference priority points if a majority of reviewers determines that the State has met the competitive preference priority. A State earns zero points if a majority of reviewers determines that the applicant has not met the competitive preference priority.*

*Applicants do not write a separate response to this priority. Rather, applicants address Competitive Preference Priority 3 either in Table (A)(1)-12 or by writing to selection criterion (E)(1).*

*Under option (a) below, an applicant does not earn competitive preference points if the reviewers determine that the State has not implemented a Kindergarten Entry Assessment that meets selection criterion (E)(1); under option (b) below, an applicant does not earn competitive preference points if the State earns a score of less than 70 percent of the maximum points available for selection criterion (E)(1).*

*Specify which option the State is taking:*

- (a) Applicant has indicated in Table (A)(1)-12 that all of selection criterion (E)(1) elements are met.
- (b) Applicant has written to selection criterion (E)(1).

*Note about Invitational Priorities: Invitational priorities signal areas the Departments are particularly interested in; however addressing these priorities will not earn applicants any additional points.*

Priority 4: Invitational Priority – Sustaining Program Effects in the Early Elementary Grades.

The Departments are particularly interested in applications that describe the State's High-Quality Plan to sustain and build upon improved early learning outcomes throughout the early elementary school years, including by--

- (a) Enhancing the State's current standards for kindergarten through grade 3 to align them with the Early Learning and Development Standards across all Essential Domains of School Readiness;
- (b) Ensuring that transition planning occurs for children moving from Early Learning and Development Programs to elementary schools;
- (c) Promoting health and family engagement, including in the early grades;
- (d) Increasing the percentage of children who are able to read and do mathematics at grade level by the end of the third grade; and

(e) Leveraging existing Federal, State, and local resources, including but not limited to funds received under Title I and Title II of ESEA, as amended, and IDEA.

*(Enter narrative here )*



## **IOWA PARTICIPATING STATE AGENCY MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding ("MOU") is entered into by and between the Iowa Department of Education ("Lead Agency") and the Iowa Departments of Human Services, Public Health, and Management. The purpose of this agreement is to establish a framework of collaboration, as well as articulate specific roles and responsibilities in support of the State in its implementation of an approved Race to the Top-Early Learning Challenge grant project.

### **I. ASSURANCES**

The Participating State Agency hereby certifies and represents that it:

- 1) Agrees to be a Participating State Agency and will implement those portions of the State Plan indicated in Exhibit I, if the State application is funded;
- 2) Agrees to use, to the extent applicable and consistent with the State Plan and Exhibit I:
  - (a) A set of statewide Early Learning and Development Standards;
  - (b) A set of statewide Program Standards;
  - (c) A statewide Tiered Quality Rating and Improvement System; and
  - (d) A statewide Workforce Knowledge and Competency Framework and progression of credentials.
- 3) Has all requisite power and authority to execute and fulfill the terms of this MOU;
- 4) Is familiar with the State's Race to the Top-Early Learning Challenge grant application and is supportive of and committed to working on all applicable portions of the State Plan;
- 5) Will provide a Final Scope of Work only if the State's application is funded and will do so in a timely fashion but no later than 90 days after a grant is awarded; and will describe the Participating State Agency's specific goals, activities, timelines, budgets, and key personnel ("Participating State Agency Plan") in a manner that is consistent with the Preliminary Scope of Work (Exhibit I), with the Budget included in section VIII of the State Plan (including existing funds, if any, that the Participating State Agency is using for activities and services that help achieve the outcomes of the State Plan; and
- 6) Will comply with all of the terms of the Race to the Top-Early Learning Challenge Grant, this agreement, and all applicable Federal and State laws and regulations, including laws and regulations applicable to the Race to the Top-Early Learning Challenge program, and the applicable provisions of EDGAR (34 CFR Parts 75, 77, 79, 80, 82, 84, 85, 86, 97, 98 and 99).

### **II. PROJECT ADMINISTRATION**

#### **A. PARTICIPATING STATE AGENCY RESPONSIBILITIES**

In assisting the Lead Agency in implementing the tasks and activities described in the State's Race to the Top-Early Learning Challenge grant application, the Participating State Agency will:

- 1) Implement the Participating State Agency Scope of Work as identified in the Exhibit I of this agreement;
- 2) Abide by the governance structure outlined in the State Plan;
- 3) Abide by the Participating State Agency's Budget included in section VIII of the State Plan (including the existing funds from Federal, State, private and local sources, if any, that the Participating State Agency is using to achieve the outcomes in the RTT-ELC State Plan);

- 4) Actively participate in all relevant meetings or other events that are organized or sponsored by the State, by the U.S. Department of Education ("ED"), or by the U.S. Department of Health and Human Services ("HHS"); This would include the state ECI Directors meetings.
- 5) Post to any Web site specified by the State, ED, or HHS, in a timely manner, all non-proprietary products and lessons learned developed using Federal funds awarded under the RTT-ELC grant;
- 6) Participate, as requested, in any evaluations of this grant conducted by the State, ED, or HHS;
- 7) Be responsive to State, ED, or HHS requests for project information including on the status of the project, project implementation, outcomes, and any problems anticipated or encountered, consistent with applicable local, State and Federal privacy laws.

## **B. LEAD AGENCY RESPONSIBILITIES**

In assisting the Participating State Agencies in implementing their tasks and activities described in the State's Race to the Top-Early Learning Challenge application, the Lead Agency will:

- 1) Work collaboratively with, and support the Participating State Agency in carrying out the Participating State Agency Scope of Work, as identified in Exhibit I of this agreement;
- 2) Timely award the portion of Race to the Top-Early Learning Challenge grant funds designated for the Participating State Agency in the State Plan during the course of the project period and in accordance with the Participating State Agency's Scope of Work, as identified in Exhibit I, and in accordance with the Participating State Agency's Budget, as identified in section VIII of the State's application;
- 3) Provide feedback on the Participating State Agency's status updates, any interim reports, and project plans and products;
- 4) Keep the Participating State Agency informed of the status of the State's Race to the Top-Early Learning Challenge grant project and seek input from the Participating State Agency, where applicable, through the governance structure outlined in the State Plan; This will include facilitation of ECI Directors meetings.
- 5) Facilitate coordination across Participating State Agencies necessary to implement the State Plan, ; and
- 6) Identify sources of technical assistance for the project.

## **C. JOINT RESPONSIBILITIES**

- 1) The Lead Agency and the Participating State Agency will each appoint a key contact person for the Race to the Top-Early Learning Challenge grant.
- 2) These key contacts from the Lead Agency and the Participating State Agency will maintain frequent communication to facilitate cooperation under this MOU, consistent with the State Plan and governance structure.
- 3) Lead Agency and Participating State Agency personnel will work together to determine appropriate timelines for project updates and status reports throughout the grant period.
- 4) Lead Agency and Participating State Agency personnel will negotiate in good faith toward achieving the overall goals of the State's Race to the Top-Early Learning Challenge grant, including when the State Plan requires modifications that affect the Participating State Agency, or when the Participating State Agency's Scope of Work requires modifications.

## **D. STATE RECOURSE IN THE EVENT OF PARTICIPATING STATE AGENCY'S FAILURE TO PERFORM**

If the Lead Agency determines that the Participating State Agency is not meeting its goals, timelines, budget, or annual targets, or is in some other way not fulfilling applicable requirements, the Lead Agency will take appropriate enforcement action, which could include initiating a collaborative process by which to attempt to resolve the disagreements between the Lead Agency and the Participating State Agency, or initiating such enforcement measures as are available to the Lead Agency, under applicable State or Federal law.

**III. MODIFICATIONS**

This Memorandum of Understanding may be amended only by written agreement signed by each of the parties involved, in consultation with ED.

**IV. DURATION**

This Memorandum of Understanding shall be effective, beginning with the date of the last signature hereon and, if a Race to the Top- Early Learning Challenge grant is received by the State, ending upon the expiration of the Race to the Top- Early Learning Challenge grant project period.

**V. SIGNATURES**

**Authorized Representative of Lead Agency:**

<hr/>	
Signature	Date
<u>Jason Glass</u>	<u>Director</u>
Iowa Department of Education	Title

**Authorized Representative of Participating State Agency:**

<hr/>	
Signature	Date
<u>Dave Roederer</u>	<u>Director</u>
Iowa Department of Management	Title

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Signature	Date
<u>Charles Palmer</u>	<u>Director</u>
Iowa Department of Human Services	Title

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Signature	Date
<u>Mariannette Miller-Meeks</u>	<u>Director</u>
Iowa Department of Public Health	Title

**EXHIBIT I – PARTICIPATING STATE AGENCY SCOPE OF WORK**

The Participating State Agency hereby agrees to participate in the State Plan, as described in the State’s application, and more specifically commits to undertake the tasks and activities described in detail below.

Selection Criterion	Participating Party	Type of Participation
<p><i>Example Row— shows an example of criterion (B)(1) for the State agency that oversees state-funded preschool, IDEA, and Head Start Collab Office</i></p>	<ul style="list-style-type: none"> <li>• State-funded preschool</li> <li>• IDEA preschool special ed</li> <li>• Head Start Collab Office</li> </ul>	<p><i>Representatives from each program are sitting on the state committee to define statewide QRIS program standards</i></p>
	<ul style="list-style-type: none"> <li>• Head Start Collab Office</li> </ul>	<p><i>Responsible for cross-walking Head Start performance standards with the new Program Standards</i></p>
(A)(3)	Iowa Department of Education	<p>Responsible for aligning and coordinating implementation of activities outlined in this grant application to ensure goals are accomplished and targets achieved.</p> <p>Provide oversight, fiscal accountability and reporting for all grant related activities.</p> <p>Responsible for participating in federal TA and evaluation requirements.</p>
(B)(1)		
(B)(2)		
(B)(3)		<p>Represent DE on the QRS Oversight Team to assist with operations of the QRS Child Care Advisory Committee.</p>
(B)(4)		
(B)(5)		
(C)(1)		
(C)(2)		<p>Contract with entity to provide training and technical assistance regarding CLASS and adult-child interaction to improve instruction. Contract with local intermediary organizations to provide master teachers.</p>
(C)(3)		
(C)(4)		
(D)(1)		<p>Continue participation on the ECI-PD Steering team and the Early Learning work team.</p>
(D)(2)		
(E)(1)	Iowa Department of Education	<p>Responsible for coordinating the development of a common statewide</p>



Selection Criterion	Participating Party	Type of Participation
		comprehensive kindergarten entry assessment that addresses all the essential domains of school readiness and is aligned to the Iowa Early Learning Standards. Responsible for coordinating changes to State Longitudinal Data System to address kindergarten entry assessment.
(E)(2)	Iowa Department of Education	Responsible for coordinating the development of a comprehensive, early learning data system through the expansion and enhancement of the Iowa Statewide Longitudinal Data System.

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Signature (*Authorized Representative of Lead Agency*) Date

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Signature (*Authorized Representative of Participating State Agency*) Date

**EXHIBIT I – PARTICIPATING STATE AGENCY SCOPE OF WORK**

The Participating State Agency hereby agrees to participate in the State Plan, as described in the State's application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Participating Party</b>	<b>Type of Participation</b>
<b>(A)(3)</b>	Department of Human Services	Participate on Grant Management Team
<b>(B)(1)</b>	Department of Human Services	Maintain and administer the state's QRS  Continue facilitation of QRS Oversight Team for program review.
<b>(B)(2)</b>	Department of Human Services	Expand contract with First Children's Finance; provide monitoring and provide data on the Growth Fund to the QRS Oversight Team and RTT-ELCG Leadership Team  Implement enhanced QRS achievement bonus  Administer/expand contracts for the QRS program support funding (e.g., CCR&R, ISU Extension, and NCCA), provide monitoring and provide participation data to the QRS Oversight Team and RTT-ELCG Leadership Team
<b>(B)(3)</b>	Department of Human Services	Revise administrative rules for QRS to implement an ERS assessment for a Level 4 rating  Coordinate changes to the child care management information systems to ensure expanded information is available to the public regarding regulatory status and detailed QRS program information. Develop and implement communication strategies with providers, legislators and stakeholders.
<b>(B)(4)</b>	Department of Human Services	Ensure procedural changes are made in the CCA eligibility process to assure families are aware of the benefits of care from a

Selection Criterion	Participating Party	Type of Participation
		<p>QRS-rated provider.</p> <p>Coordinate review of CCA special needs rate with State Child Care Advisory Committee and develop recommendations for implementation (contingent on recommendations being budget neutral or increased state appropriation)</p> <p>Contract with marketing firm for outreach; provide monitoring and provide updates to the QRS Oversight Team and RTT-ELCG Leadership Team</p>
<b>(B)(5)</b>	Department of Human Services	Contract with entity to validate the QRS tiers using ERS assessments; provide monitoring of the validation contract, and provide outcomes to the QRS Oversight Team and RTT-ELCG Leadership Team
<b>(C)(1)</b>		
<b>(C)(2)</b>		
<b>(C)(3)</b>		
<b>(C)(4)</b>		
<b>(D)(1)</b>	Department of Human Services	Continue participation on the ECI-PD Steering team and the Early Learning work team.
<b>(D)(2)</b>		
<b>(E)(1)</b>		
<b>(E)(2)</b>	Department of Human Services	Participate as part of the cross-agency team to assess, design, and develop a federated data system.

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Signature *(Authorized Representative of Lead Agency)*

Date

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Signature *(Authorized Representative of Participating State Agency)*

Date

**EXHIBIT I – PARTICIPATING STATE AGENCY SCOPE OF WORK**

The Participating State Agency hereby agrees to participate in the State Plan, as described in the State's application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Participating Party</b>	<b>Type of Participation</b>
<b>(A)(3)</b>	Iowa Department of Public Health	Responsible to be part of the RttT Grant Management Team, providing leadership and facilitation to coordinate and streamline all decision making.  Responsible for participating in federal TA and evaluation requirements.
<b>(B)(2)</b>	Iowa Department of Public Health	Representative from IDPH to serve on QRS Oversight Team to provide oversight to the health and safety component.
<b>(B)(3)</b>	Iowa Department of Public Health	Representative from IDPH to serve on QRS Oversight Team to provide oversight to the health and safety component.
<b>(B)(4)</b>	Iowa Department of Public Health	Representative from IDPH to serve on QRS Oversight Team to provide oversight to the health and safety component.
<b>(B)(5)</b>	Iowa Department of Public Health	Representative from IDPH to serve on QRS Oversight Team to provide oversight to the health and safety component.
<b>(C)(3)</b>	Iowa Department of Public Health	Coordinate state and local structure for CCNC, including evaluation of health and safety tools, developing a preceptor program, implementing statewide local CCNC system in local MCH agencies; and developing an outcome tracking data system. IDPH will also investigate possible strategies for sustainability related to the statewide CCNC program.
<b>(D)(1)</b>	Iowa Department of Public Health	Continue participation on the ECI-PD Steering team and the health/mental health/nutrition work team.
<b>(E)(1)</b>		Responsible to ensure the ECI Quality Services and Programs Component Group assists with this work.
<b>(E)(2)</b>	Iowa Department of Public Health	Participate as part of the cross-agency team to assess, design, and develop a comprehensive early childhood data system.

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 Signature (*Authorized Representative of Lead Agency*)

Date

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 Signature (*Authorized Representative of Participating State Agency*)

Date



**EXHIBIT I – PARTICIPATING STATE AGENCY SCOPE OF WORK**

The Participating State Agency hereby agrees to participate in the State Plan, as described in the State's application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Participating Party</b>	<b>Type of Participation</b>
<b>(A)(3)</b>	Iowa Department of Management	Responsible to be a part of the RttT Grant Management team, providing leadership and facilitation to coordinate and streamline all decision making.  Responsible for participating in federal TA and evaluation requirements.
<b>(B)(1)</b>		
<b>(B)(2)</b>	Iowa Department of Management	Support the work of the FCF Growth Fund project by attending project meetings with the contractor.  Representative from ECI to serve on the QRS Oversight Team to assist with operations of the QRS Child Care provider system.  Responsible for assuring that QRS-related items receive input from the ECI Alliance and State Child Care Advisory Committee.
<b>(B)(3)</b>	Iowa Department of Management	Representative from ECI to serve on the QRS Oversight Team to assist with operations of the QRS Child Care provider system.  Responsible for assuring that QRS-related items receive input from the ECI Alliance and State Child Care Advisory Committee.
<b>(B)(4)</b>	Iowa Department of Management	Representative from ECI to serve on the QRS Oversight Team to assist with operations of the QRS Child Care provider

Selection Criterion	Participating Party	Type of Participation
		<p>system.</p> <p>Responsible for assuring that QRS-related items receive input from the ECI Alliance and State Child Care Advisory Committee.</p>
<b>(B)(5)</b>	Iowa Department of Management	<p>Representative from ECI to serve on the QRS Oversight Team to assist with operations of the QRS Child Care provider system.</p> <p>Responsible for assuring that QRS-related items receive input from the ECI Alliance and State Child Care Advisory Committee.</p>
<b>(C)(1)</b>		
<b>(C)(2)</b>	Iowa Department of Management	<p>Responsible to share information through the ECI Area boards and ECI Alliance to garner local input.</p> <p>Responsible to serve on the advisory group for the comprehensive assessment work.</p>
<b>(C)(3)</b>	Iowa Department of Management	<p>Responsible to share information through the ECI Area boards and ECI Alliance to garner local input.</p> <p>Responsible to ensure ECI Alliance and the Quality Services and Programs Component Group, as well as any other applicable committees of the ECI, will be a part of the process for input into the evaluation of the work.</p>
<b>(C)(4)</b>		
<b>(D)(1)</b>	Iowa Department of Management	<p>Responsible for managing the RttT funds for the professional development activities.</p> <p>Responsible to coordinate activities with ECI Professional Development Component Group.</p> <p>Responsible to share information through the ECI Area boards and ECI Alliance to garner local input.</p>
<b>(D)(2)</b>		

Selection Criterion	Participating Party	Type of Participation
<b>(E)(1)</b>	Iowa Department of Management	<p>Responsible to share information through the ECI Area boards and ECI Alliance to garner local input.</p> <p>Responsible to ensure the ECI Quality Services and Programs Component Group assists with this work.</p>
<b>(E)(2)</b>	Iowa Department of Management	<p>Responsible for participating in the development of a comprehensive, early childhood data system</p> <p>Will assume responsibility for procuring and paying for a contractor to conduct the visioning with the ECI Results Accountability group (with others added).</p>

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Signature (*Authorized Representative of Lead Agency*) \_\_\_\_\_ Date \_\_\_\_\_  
 Iowa Department of Education

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Signature (*Authorized Representative of Participating State Agency*) \_\_\_\_\_ Date \_\_\_\_\_  
 Iowa Department of Management