

Race to the Top - Early Learning Challenge

Application for Initial Funding

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Iowa Department of Education – Lead Agency

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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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Definitions:

ABCD II	Assuring Better Child Health and Development Initiative
ACE	Adverse Childhood Experience
ACES	Adverse Childhood Experience Study - an ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA. Over 17,000 Kaiser patients participating in routine health screening volunteered to participate in The Study. Resulting data continues to be analyzed; it reveals staggering proof of the health, social, and economic risks that result from childhood trauma.
AEA	Area Education Agency
Aim4Excellence™	An online national director credential for early childhood administrators from McCormick Center
AIP	Annual Instructional Plan - developed for an English as a Second Language student.
BAS	Business Administration Scale for Family Child Care – A reliable, research-based and easy-to-administer tool for measuring the overall quality of business and professional practices in family child care settings. Providers use the information from the BAS to learn about the quality of their practices and take action toward positive change.
BOEE	Iowa Board of Educational Examiners
BRFSS	Behavioral Risk Factor Surveillance System
C4K	Collaborating for Iowa Kids - a partnership between the Iowa Department of Education and the Iowa Area Education Agencies, working together on a shared vision for education.
CACFP	Child and Adult Care Food Program
CAMP-Q	CAMP Quality

CAPTA	Child Abuse Prevention and Treatment Act
CCA	Childcare Assistance
Creative Curriculum Gold	A research-based comprehensive approach to curriculum based on an understanding of the complex social/emotional, physical, and cognitive development of young children and taking into account the way children learn.
CCR&R	Child Care Resource and Referral - a nonprofit funded by Iowa Department of Human Services, to provide resources, education and advocacy to support quality childcare.
CDA	Child Development Associate Credential™ - based on a core set of competency standards, which guide early care professionals and is the most widely recognized credential in early childhood education and is a key stepping stone on the path of career advancement.
CEM	Cost Estimation Model
CEP	Center on Education Policy
CES	Common Essential Standards
CHDR	Child Health and Development Record
CHN	Children with High Needs
CIE	Community Involvement in Education
CLASS	Classroom Assessment Scoring System – A research-based observational tool that provides a way to evaluate the classroom interactions that boost student learning. It helps teacher to recognize and value the power of their interactions with children.
COP	Community of Practice
COPD	Chronic Obstructive Pulmonary Disease

CSPR	Consolidated State Performance Report - a required annual reporting tool for each State and territory, authorized under the Elementary and Secondary Education Act.
DE	Department of Education (See also USDE)
DHS	Department of Human Services
DINA	Districts in Need of Assistance
DLL	Dual Language Learners
DMM	Distance Mentoring Model
EA	Early ACCESS
EAC	Enhanced Assessment for the Consortium
EAC-KEA	Enhanced Assessment for the Consortium as applicable to Kindergarten Entry Assessment
EAG	Enhanced Assessment Grade
EC	Early Childhood
ECAC	Early Childhood Advisory Councils
ECD	Evidenced Centered Design
ECE	Early Childhood Education
ECERS-R	Early Childhood Environmental Rating Scale - Revised – a research-based tool created to assess the classroom environments serving children 2 to 5.
ECI	Early Childhood Iowa
ECI-LDS	Early Childhood Iowa - Longitudinal Data System

ECISA	Early Childhood Iowa Stakeholders Alliance (also describes as Early Childhood Advisory Council)
ECR3-5	Every Child Reads 3-5 - a statewide initiative led by the Iowa Department of Education with the goal of expanding the capacity of early care and education to use language, reading and writing strategies to enhance the literacy development of children ages 3 to 5 years.
ECSE	Early Childhood Special Education
EHS	Early Head Start
ELDP	Early Learning and Development Program
ELDS	Early Learning and Development Standards
ELL	English Language Learner
ERS	Environment Rating Scale – a research-based assessment tools that measure early childhood program quality. There are 4 ratings scales; they are used to assess infant/toddler classrooms, preschool classroom, school-age classrooms and family child care environments.
ESL	English as Second Language
FaDSS	Family Development and Self-Sufficiency
FCCERS-R	Family Child Care Environmental Rating Scale - Revised – a research-based instrument created to assess the environment of family child care programs conducted in a provider’s home.
FDCRS	Family Day Care Rating Scale
FERPA	Family Educational Rights and Privacy Policy
FFN	Family Friend and Neighbor
FRL	Free and Reduced Lunch

FS	Family Service
FSLG	Family Support Leadership Group
FSU	Florida State University
FTE	Full Time Equivalent
GOLD	Teaching Strategies GOLD Online - an assessment for Early Childhood Programs.
HN	High Needs
HOPES	Healthy Opportunities for Parents to Experience Success
HS	Head Start
HSBS	Head Start Body Start National Center for Physical Development and Outdoor Play
HSPPS	Head Start Program Performance Standards
IAEYC	The Iowa Association for the Education of Young Children - an association of early childhood professionals in Iowa, affiliated with the National Association for the Education of Young Children. (See T.E.A.C.H.)
IAIECMH	Iowa Association for Infant and Early Childhood Mental Health
I-CAT	Iowa Curriculum Alignment Toolkit - developed by the Midwest Instructional Leadership Council for the Iowa Department of Education, to assist Iowa school districts to collect, store, analyze, and use curriculum alignment data.
IDE	Iowa Department of Education
IDEA	Individuals with Disabilities Education Act of 1997
IDHS	Iowa Department of Human Services
IDOM	Iowa Department of Management

IDPH	Iowa Department of Public Health
IECMHC	Infant and Early Childhood Mental Health Credential
I-ELDA	Iowa English Language Development Assessment - a mandatory assessment of limited English proficiency students (K-12) by school districts.
IELS	Iowa Early Learning Standards - developed by the State of Iowa for children ages birth to five years, they fulfill a requirement of the federal government.
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHE	Institutes of Higher Education
IMIL	I am Moving, I am Learning – a proactive approach for addressing childhood obesity in Head Start children which seeks to increase daily moderate to vigorous physical activity, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices every day.
IPDM	Iowa Professional Development Model - provides guidance for implementing Iowa professional development requirements, and processes and tools for local districts to use when designing, implementing, and evaluating professional development plans.
Iowa PITC	Iowa Program for Infant/Toddler Care - an initiative to improve the quality of infant and toddler child care in the state. The Iowa Department of Education and the Iowa Department of Human Services have partnered to bring PITC training to Iowa providers. This project involved the initial "training of trainers" who then go out into their communities and share the special knowledge and related practices uniquely necessary for working with infants, toddlers and their families.
IQPPS	Iowa Quality Preschool Program Standards - provide common understandings about what a quality preschool program should include.
IRRC	Iowa Reading Research Council
I-STAP	Iowa's System to Achieve Results

ISU	Iowa State University
ITERS-R	Infant/Toddler Environmental Rating Scale – a research-based instrument created to assess classroom environments that serve children birth to age 2.5 years.
KEA	Kindergarten Entry Assessment
KPI	Key Performance Indicators
KSA	Knowledge, Skills and Abilities
KT	KinderTrack
LD	Learning Disabilities
LDS	Longitudinal Data System
LEA	Local Education Agency
LOS	Letter of Support
MIECHV	Maternal, Infant and Early Childhood Visiting Program
MOU	Memorandum of Understanding
MVPA	Moderate to Vigorous Physical Activity
NAC	National Administrator Credential - a comprehensive, forty-hour course for Directors and Administrators of child care programs and is an award for demonstrated mastery of administration skills. The NAC is recognized as a mark of excellence that designates individuals who have demonstrated the knowledge essential to managing a child care center.
NACCRRAR E	CCR&R database
NAEYC	National Association for the Education of Young Children (See Iowa AEYC)

NCA	North Carolina Assessment
PAS	Program Administrator Scale – an evidence-based tool designed to reliably measure and improve the leadership and management practices of center-based programs.
PBIS	Positive Behavior Supports – a framework for enhancing the adoption and implementation of a continuum of evidence-based interventions to achieve academically and behaviorally important outcomes for all students.
PCQC	Provider Cost of Quality Calculator
PD	Professional Development
PS	Preschool
PTI	Parent Training and Information, or Parent Training and Information centers (For Iowa, the ASK Family Resource Center in Des Moines. See also CPRC, NPTAC, PTAC and RPTACs)
QPPS	Quality Preschool Program Standards –designed to be used with programs having funding linked to the Iowa Department of Education including those operated by local school districts that are not NAEYC accredited and did not meet Head Start Program Standards.
QRIS	Quality Rating and Improvement Systems - standards for monitoring child care centers.
QRS	Quality Rating System
RESPECT	Recognizing Educational Success, Professional Excellence and Collaborative Teaching - a U.S. Department of Education effort to obtain teacher input on a program that encourages comprehensive reform of the teaching profession.
RFI	Request for Information
RFP	Request for Proposal
RtI	Response to Intervention

SACERS	School Age Care Environmental Rating Scale – a research-based instrument created to assess before and after school classroom environments for school-age children, 5 to 12 years of age.
SCHIP	State Children’s Health Insurance Program
SEAP	Special Education Advisory Panel for Iowa
SLDS	Statewide Longitudinal Data System
SINA	Schools in Need of Assistance
SNAP	Supplemental Nutrition Assistance Programs
STEAM	Science, Technology, Engineering, Arts and Mathematics
STEM	Science, Technology, Engineering and Mathematics
SVPP	Statewide Voluntary Preschool Program
SWVPP-4	Statewide Voluntary Preschool Program for 4-year olds
T2T	Teacher To Teacher Reflection - professional development that includes pre-observation, observation, and post-observation, creating a learning exchange between teachers.
TANF	Temporary Assistance for Needy Families
T.E.A.C.H.	Teacher Education and Compensation Helps Early Childhood® IOWA - a licensed scholarship program of the Child Care Services Association, administered by the Iowa Association for the Education of Young Children.
TIC	Trauma Informed Care
Title I	NCLB Act- Improving the Academic Achievement of the Disadvantaged
Title V	NCLB Act- Promoting Informed Parental Choice and Innovative Programs

TQC	Teacher Quality Committee
TQRIS	Tiered Quality Rating and Improvement System
UDL	Universal Design for Learning

A. Successful State Systems

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

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 five years ago 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 the previous five years 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.**

Iowa is characterized by its strong work ethic, its uniquely collaborative and collegial initiatives, its small town spirit and values, and its commitment to education. Iowa is committed to build upon this culture to serve and engage an increasingly diverse young child population and their families. The State has made significant strides during the last five years to expand its early childhood system in order to respond to children with high needs and to close disparities in children’s health and readiness for success in school, which exist by socio-economic status, race and ethnicity, and special needs.

Iowa's commitment to early childhood education preceded the 1990 First National Education Goal. In fact, in 1974, Iowa was one of the first states in the nation to mandate special education services for children birth to ages 21. This was one year before the landmark 94-142 federal law, which made special education available across the nation for school-aged children and long before the 1986 implementation of Individual with Disabilities Education Act, Part C and 619, which made early intervention and early childhood special education services available nationally.

In the 1980s, Iowa was one of the first states in the nation to develop a comprehensive state preschool program for low-income children, Shared Visions, and to design and implement a two-generation approach to families on welfare, the Family Development and Self-Sufficiency Initiative. These initiatives continue to this day.

Iowa established the Early Childhood Iowa initiative (ECI) (formerly Community Empowerment) in the 1990s, which created a state-community partnership to support young children and their development. ECI has leveraged additional community resources and, as importantly, created a nexus for broader commitments to young children and their families at the community level to respond to unique needs and opportunities, which complements state actions to develop standards of excellence in early childhood at the state level. Governor Terry E. Branstad, now in his fifth term making him the longest serving governor in the state's history, signed the original Empowerment legislation. At that time he commented, "This collaborative approach at the local level will focus the efforts of parents, schools, child caregivers, and health and human services professionals on the well-being of young children. In return for the flexibility given to these local partnerships there will be local accountability for achieving specific measurable results."

ECI is particularly important to a rural state like Iowa, as it brings together community leaders who often assume a "barn raising" approach to ensuring appropriate responses that draw upon the resources available at the local level to meet family needs. ECI leverages substantial local resources and, as important, is key to drawing upon volunteer and natural support networks in supporting and strengthening families. Local ECI Boards require strong family participation

which helps ensure that the needs of children, and particularly children with high needs, are recognized and addressed.

After establishing the ECI, the Iowa government then established a “results framework” for departments to use in developing their budgets, requiring them to determine how their budgets would ensure that the State’s “children begin life healthy and equipped for success in school.” That framework has led to a much more integrated approach to early childhood education which has recognized that achieving that goal requires strong families and communities and effective early childhood services. These include health, family support, early learning, and early responses to any special needs.

In 2011, the Iowa legislature directed ECI to develop and implement levels of excellence rating system for use with the state board’s designation process for area boards. They were to allow for flexibility and creativity of area boards in implementing area board responsibilities and provide authority for the area boards to support the communities in the areas served. The rating system utilizes a tiered approach for recognizing the performance of an area board. The system provides for action to address poor performing areas as well as higher performing areas. If an area board achieves the highest rating level, the state board may allow special flexibility provisions in regard to the funding appropriated or allocated for that area board. The state board determines how often area boards are reviewed under the system. All these efforts in building a high quality early childhood system have been based upon the goal of achieving better outcomes for each and every child, with a special focus upon ensuring that children with high needs start school healthy and prepared for success.

The historical commitment and ahead-of-its-time innovation have taken the state far in providing for its youngest citizens. It is a commitment that is matched with public money to support Iowa’s early learning and development services. Furthermore, it is a commitment that will enable Iowa to continue to innovate, lead, and race to the top in the further development of its early childhood system under this grant.

Financial Commitment from five years ago to present.

Iowa commits \$28,245,794 each year to ECI boards to accomplish the following:

- Expand home visitation and parent education;
- Create quality improvement activities for child care and preschool providers, including professional development and training;
- Increase the availability of infant, shift care, and inclusive child care; and
- Increase access to child care and preschools for children living in low income families.

These resources both help to fill gaps and ensure coordination across other state funding resources and contribute to developing a comprehensive approach to early childhood systems building, as envisioned in the RTT-ELC grant. They also enable actions to be taken at the frontline level that truly respond to the unique needs of children and their families, and particularly families from different cultural and linguistic backgrounds who otherwise might not be included or engaged. Over time, the presence of this funding has also served as the basis for community planning that has leveraged additional funding, from United Ways, Community Foundations, and individual philanthropy and has fostered continued innovation and responses to identified needs, opportunities, and challenges.

One of the outgrowths of this work was recognition that, in addition to ECI funding, Iowa needed to increase other state investments, particularly in preschool. In 2007, Iowa launched the Four Year Old Preschool Program, a new statewide voluntary preschool program (SVPP), which provided grants to school districts through the school funding formula. The purpose is to provide an opportunity for all young children in the State of Iowa to enter school ready to learn by expanding voluntary access to quality preschool curricula for all four-year-old children. This has resulted in a major expansion of the proportion of four-year olds in Iowa who receive a high quality preschool experience. Currently, 314 of 348 school districts participate in SVPP and enroll 21,402 children (over half of all four-year olds in the state), and state funding has increased from \$15 million in 2007-8 school year to over \$60 million in the 2012-3 school year. The legislature made sure that at-risk children would receive top priority by requiring school districts to serve those receiving free or reduced lunches first. SVPP also has been designed to coordinate with other preschool programs – Head Start, Part B preschool, and Iowa’s Shared

Vision program – to maximize both the number of children who receive high quality services and to ensure that children with high needs receive comprehensive and intensive experiences where needed.

In order to both measure the progress of Iowa’s early childhood efforts in improving children’s readiness for school and to guide instruction in the early elementary years, as part of Iowa’s landmark school reform legislation to ensure all children are reading proficiently by the end of third grade, the legislature recently required that all school districts use the GOLD Assessment, a nationally recognized curriculum-based assessment tool that addresses major domains of child growth and learning in its SVPP programs. Iowa purchased a state license and encourage all early learning and development programs to participate where, using an online interface, assessment data can be collected and aggregated.

In the area of child care, the state has steadily increased its funding for child care assistance to ensure the Department of Human Services has no waiting list. The State increased this funding as a result of the decrease in Temporary Assistance for Needy Families (TANF) funds available. Four years ago, Iowa’s share of CCA was \$30 million to the federal share of \$62 million. This year the state’s share is \$67.2 million and the federal share is \$61.4 million. The state has provided increases in the child care provider rate five times in the last eight years (2005, 2007, 2008, 2012, and 2013). The state continues to support the Quality Rating System, which was launched in 2006. The state has also committed to ensuring that Child Care Development Homes and Centers are monitored regularly by passing legislation in 2008 that sets targets for an increased percentage of homes to be visited each year until 100% is met in 2014.

In 2013, legislation was passed requiring the Department of Human Services to complete an evaluation of the Quality Rating System, with funds appropriated for this purpose. The evaluation is scheduled to be completed by December 15, 2013. Iowa is anxiously awaiting the results and recommendations of this evaluation.

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. In Family Support and Home Visitation, Iowa not only has a significant investment from Early Childhood Iowa of 15 million but in 2010 the Iowa Department of Public Health received funding from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Currently, 18 counties participate with an investment of \$7,740,642. Iowa has one of the largest MIECHV competitive grants in the nation on a per capita basis, and Iowa's overall investment in home visiting – through ECI, MIECHV, Healthy Families America, and Shared Visions – means that Iowa served approximately one in four first time parents with virtually all meeting the definition of being families of children with high needs. In 2013, Iowa enacted legislation which sets strong evidenced-based standards for providing home visiting and supports, through the Department of Public Health and ECI, a strong quality improvement program for home visiting programs, including a statewide family development training program for workers.

Investments in health have also been substantial. The Iowa Department of Public Health and Iowa Medicaid Enterprise partnered together in 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 Dental Home initiative 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 12 months of age. Iowa's 1st Five Healthy Mental Development program is nationally recognized and has expanded all well-baby visits to include developmental

surveillance, family stress screening, children and caregiver depression surveillance, as well as support physicians in making recommended referrals to community services.

This past year, the legislature provided for a one million dollar increase in state funding for 1st Five allowing for expansion of the program into additional counties and 1st Five now leverages matching federal funding under Medicaid and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for its screening, care coordination, and referrals, scheduling, and receipt of follow-up services to address both bio-medical and social determinants of health. Iowa has been ranked as the top state in the country by the Commonwealth Fund in providing comprehensive health services to children.¹

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, along with 1st Five, focus upon ensuring that children receive necessary preventive care, as well as early identification and treatment, during a time in life when delays or disabilities have an exaggerated impact due to rapid growth during this stage of life. Iowa continues to lead in developing preventive, developmental, and comprehensive health services for all young children. Iowa's Medicaid and *hawk-i* programs cover over half of all children in Iowa, and almost all children under 200 percent of poverty (a major criterion for defining children with high needs in the RTT-ELC) in Iowa have enrolled and receive primary and preventive health care through these programs.

Beginning in 2006, the state dollars were provided for Early ACCESS (Iowa early intervention or Part C IDEA) services to meet growing caseloads created by eligibility changes and an increased emphasis on enrolling children with high needs, 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.

In 2013, Iowa recommitted \$400,000 for expansion of Early Head Start. These grants had been eliminated during the budget cuts of the recession but policymakers realized the important

¹The Commonwealth Fund, Health System Data Center, retrieved from <http://datacenter.commonwealthfund.org/scorecard/child/17/iowa/>

impact of these grants so they reinstated the grants as the only direct state investment in the federally funded Early Head Start program.

In 2012, as part of a broad education reform by the Governor and Legislature, Iowa created the Iowa Reading Research Council (IRRC) to build a virtual repository of literacy resources for Iowa for 2013. Parent and teacher resources in Iowa were fragmented, inconsistent, and not always screened for relevancy and accuracy. The newly created IRRC utilizes a team of educators, education-based IT staff, and literacy staff to lead the collection effort and screening process for this repository. There was an initial appropriation of two million dollars and an appropriation this year of \$1,331,000. While the legislative focus has been on K-12 educational transformation, the importance of the early years has been recognized, and the IRRC is examining reading and literacy from a birth through high school graduation perspective.

Also, approximately 20 percent of the state's schools will begin the first phase of a statewide roll-out of a Response to Intervention (RtI) system this fall, one of the first states to do so. The effort represents an unprecedented level of cooperation across the educational system. Collaborating for Iowa's Kids (C4K) represents a partnership of local Iowa school districts, intermediary Area Education Agencies, and the Iowa Department of Education. C4K is an unprecedented collaborative with a primary focus on ensuring all children are reading by the end of third grade. C4K includes a universal screening procedure beginning in preschool and progress monitoring tools to identify and address the needs of struggling children, and supports teachers in higher caliber instruction.

RtI is a proven practice to help schools identify and intervene with struggling readers. This is accomplished by adapting instruction to fit those students' individual needs and then monitoring their progress. Iowa committed eight million dollars to this initiative. While the state has experienced significant budget reductions during the national 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 – as a result of strong policy commitment to those investments.

Increasing numbers of children with high needs participating in early learning and development programs.

The growth rate of Iowa's population of young children has increase is now comparable to the U.S. average. From 2000 to 2010, the state's young-child population grew 6.7 percent, compared with 4.8 percent nationally. In fact, the percentage of Iowa's population that is under the age of five is now exactly the same as the U.S. average of 6.4 percent.²

Specific population trends have informed Iowa's approach to serving an increased number of children with high needs including the following:

- Iowa is becoming more diverse. Iowa's Latino population from 2000-2012 increased a remarkable 95.8 percent.³
- Both single parenting and parental work involvement have risen dramatically during the past decades. The percent of births to single Iowa mothers rose from 7 percent to 34 percent between 1970 and 2010, and the state has one of the highest shares of young children with all parents in the work force at 74 percent. These patterns have contributed to an increased need for child care. *The 2013 update on analysis and findings, Early Childhood Needs Assessment, Child & Family Policy Center is attached as Appendix #1*
- There is no one measure that captures "need" among children; rather a cluster of characteristics contribute to positive or negative outcomes. On average, the prevalence of poor early-childhood outcomes is highest among children of less-educated, unmarried or adolescent parents, parents who are depressed, parents with limited incomes who have difficulty meeting basic needs, and children with special needs. Iowa is using the federal definition of "children with high needs" as a starting point in this application, but at many points Iowa also uses additional characteristics of families (particularly in health screening, engagement of families in home visiting programs, and enrollment of children in Part C) to both enroll families and to work with them to meet their and their children's needs.

² United States Census Bureau retrieved from <http://quickfacts.census.gov/qfd/states/19000.html>

³ The State Data Center of Iowa's Latinos, *Latinos in Iowa: 2013*, retrieved from <http://www.iowadatacenter.org/Publications/latinos2013.pdf>

- More than 40 percent of Iowa’s young children live in households below 200 percent of poverty. Nearly one in five (19 percent of the total) live in households below 100 percent of poverty (\$22,314 for a family of four in 2010). In 2010, 17 percent of Iowa first-time births, and eight percent of total births, were to adolescent mothers, almost all of whom were unmarried with less than a high school diploma (see Table A – 1).
- Twenty one (21) percent of Iowa children four months to five years of age are at moderate or high risk of developmental, behavioral, or social delays.
- Children with high needs are not evenly distributed across Iowa. By grouping counties based on population and proximity to major cities, consistent patterns emerge, with children living in the outlying metropolitan counties adjacent to large cities faring the best on average, and children in central-city counties and regional centers—counties anchored by towns of 10,000 to 50,000 people—often faring the worst.
- Different levels of geography show distinct patterns of risk. Analysis of well-being indicators at the county level often shows that risks are relatively dispersed around the state. But when analysis turns to the small neighborhood analysis, specifically of high-poverty (30 percent of the population or more in poverty) census tracts—the vast majority located in Iowa’s largest cities—these stand out as having the greatest challenges by far, ones that require community-wide as well as individual child approaches to address. Some of the resources provided through this grant explicitly focus attention on these neighborhoods.
- Despite variations, there is opportunity to better support children in every Iowa community. Even in relatively unstressed communities, families are struggling to afford child care and other basic needs, struggling to juggle work and school commitments, and challenged with managing special health needs.

Iowa has designed different strategies to identify and serve “children with high needs.” Iowa builds upon the federal definition of “children with high needs” focusing upon all children who

meet the federal definition and also ensuring that Iowa's strategies meet other identified child needs. Young children, in particular, need safe and nurturing homes and communities, and it is critical to respond to the presence of Adverse Childhood Experiences⁴ and to first signs of developmental disabilities and delays. Whether in a poor inner-city neighborhood or an isolated rural one, Iowa believes geography should not be a primary predictor of a child's academic or life success.

For the purpose of developing appropriate responses and high quality early childhood programs, Iowa will ensure that responses match needs and, where possible, early actions prevent future needs. Access to high quality early care and education will be the foundation of Iowa's approach.

Iowa always has focused upon developing a high quality early care and education system, but it has recognized that meeting young children's needs requires much more than simply providing high quality child care. Iowa firmly believes delivering a high quality educational experience must attain the following:

1. It must support consistent quality across the state so each and every child has fair access to quality early learning and development services.
2. It must support and strengthen families and ensure that the communities are safe and provide opportunities for enrichment and success.

Therefore, in addition to developing and expanding high quality preschool programs and continuing to invest in child care and strengthening Iowa's QRIS and its learning standards and accountability framework, Iowa has placed particular emphasis upon ensuring that all children have health care and that this health system serves as an effective "first responder" to child and family needs (particularly around developmental screening and surveillance). Iowa has supported and directed communities to develop, through ECI, high quality home visiting and parenting

⁴ The Centers of Disease Control put Adverse Childhood Experiences (ACEs) at the beginning of a chain of reactions that lead to the adoption of health risk behaviors and ultimately to early death. Because of the compelling research behind this phenomenon, Iowa has seized on the identification of ACEs as another way of identifying children with high needs. See <http://www.cdc.gov/ace/> for more on this topic.

education services that fit the community and connect with other community resources, particularly focusing upon ensuring culturally and linguistically responsive engagements with children from different racial, ethnic, and cultural backgrounds.

Existing early learning and development legislation, policies, or practices.

Iowa has taken several steps during the past years to increase the quality of programs and to strengthen the system of early care, health, and education. In 2004, Iowa developed the Quality Preschool Program Standards (QPPS). The roll out of the standards was significant with the launch of the Statewide Voluntary Preschool Program for Four Year-Olds (SVPP). The Department of Education (DE) designated Early Childhood Consultants (Early Learning Work Team) to develop a set of state standards. The Early Learning Work Team reviewed other state's early childhood program standards and national research regarding program standards and criteria. As a result of the research and comprehensive information of the National Association for the Education of Young Children (NAEYC), the Iowa Early Learning Work Team developed state standards based on all 10 of the NAEYC program standards of the NAEYC program criteria.

Overall, Iowa's QPPS were developed as a beginning point to implement quality standards for early childhood programs to work toward accreditation with NAEYC program standards and criteria. The QPPS were designed to be used with programs having funding linked to the DE including those operated by local school districts: Early Childhood Special Education, Statewide Voluntary Preschool Program and district operated preschools and childcare centers. In order to ensure preschoolers with Individualized Education Programs (IEPs) receive special education services in the least restrictive environment (setting with typical peers), community based early childhood programs serving these children also use QPPS along with other non-district programs that were seeking higher standards to follow.

The QPPS are provided at no cost to programs and are available to download from the Department of Education's website. Early childhood programs are encouraged to complete a self-assessment to evaluate the strengths and needs of their program, to fully implement all criteria, and to be considered among of Iowa's quality early learning environments.

In 2010, Iowa rolled out the Family Support Credentialing program. The purpose is to provide an outside evaluation of family support programs and to ensure it represents a deep and abiding commitment to delivering the highest quality services possible to families and children. The Iowa Family Support Credentialing program is intended for programs that do not have access to an external evaluation. The Iowa Family Support credential is public recognition by the Iowa Department of Management, Early Childhood Iowa Office that a family support program is following best practice standards. The Credential is awarded to programs that complete a Peer Review and are found to be in substantial adherence with all of the Iowa Family Support Standards. The Iowa Family Support credential has been recognized by the Iowa Legislature as an indication of quality practice. The Iowa Legislature encourages all family support programs to have either a national or state credential thus indicating that the program is meeting quality standards. This Family Support Credential is being used with Iowa's home visiting programs, as well, many of which have developed through ECIs even before there were recognized national "evidenced-based" models. The Family Support Credentialing program has proved to be very popular with home visiting programs, and many programs also credentialed under national models (Parents as Teachers, Healthy Families America, and Nurse-Family Partnership) also use the credentialing program in addition to the training staff members receive through those programs.

In 2012, members of the legislatively appointed Task Force on Early Childhood Assessment released a report which recommended the use of one standard school readiness assessment for Iowa school districts to administer. The Task Force on Early Childhood Assessment recommended the GOLD online assessment system for the following reasons, according to its final report:

- The system meets criteria outlined in legislation, which called for a multi-domain assessment that is aligned with the Iowa Early Learning Standards. It is administered at the beginning and end of the school year, and measures student growth and academic skills.
- The assessment is currently used among Iowa school districts to guide decisions about instruction and to help teachers personalize lessons.

- The system generates state and local data that are useful for teachers, as well as generates reports that teachers can share with families.

In 2013, legislation was passed requiring the use of the GOLD Assessment in all Statewide Voluntary Preschool Programs. The legislature also directed school districts to use an evidenced based assessment in kindergarten. Iowa now is participating in the North Carolina consortium in further developing kindergarten through grade three assessment systems based upon the five domains of school readiness and designed to inform instruction in the K-3 years, as well as serving as a benchmark for what children know and can do at the time of kindergarten entry.

A focus on high needs children has been central to Early Childhood Iowa's strategic planning efforts during the last year. Via a strategic planning process, three goals for ECI have emerged including a Collaborative System, a Quality System, and a System Focused on At-Risk and High Needs Children providing a framework for Iowa's early childhood system development efforts. Strategies for the High Needs goal include:

- Collecting and distributing family demographic data and needs assessment for local and state planning as well as raising public awareness.
- Focusing resources and funding to interventions to mitigate risks and needs.
- Developing a diverse and culturally competent workforce.

In the fall of 2013, Iowa will release its annual Behavioral Risk Factor Surveillance System (BRFSS) results. Included in this year's survey was an ACEs (Adverse Childhood Experiences) module to begin to look at the association between negative childhood experiences and later life health outcomes and behaviors. These findings support system development recommendations focusing on the early intervention and prevention strategies for young children and their families. This work and the inclusion of the ACEs module in the BRFSS and the analysis of that data was coordinated and funded by a public/private partnership including IDPH, the United Way of Central, the Mid-Iowa Health Foundation, and other partners.

While Iowa is not yet as diverse as the country as a whole, Iowa is growing much more diverse, and young children are leading the way. Iowa has recognized that this diversity can and should

be a strength, but that it also requires specific attention to ensuring the children from diverse racial, cultural, and linguistic backgrounds are included in high quality programs and that these programs are culturally and linguistically responsive. To that end, the Early Childhood Iowa Stakeholders Alliance has formed a Diversity Advisory Committee which examines all of Iowa's early childhood systems building efforts through a diversity and equity lens. Iowa was the first in the nation to establish such an explicit learning community, which has framed its work around closing five "gaps" that children from different racial, cultural, linguistic, and ability backgrounds can experience:

- A readiness gap related to their health and readiness for success in school.
- A participation gap related to the access to and engagement in programs and services which foster school readiness.
- A cultural and linguistic responsiveness gap in the manner in which early childhood programs respond to children and families from different cultural and linguistic groups.
- A workforce diversity gap in the composition of the current professional workforce in programs serving young children and their families.
- A planning and decision-making gap in the engagement of persons representing different cultural and linguistic backgrounds in developing early childhood programs, services, and systems. [Gaps drawn from the Equity and Diversity Working Group report from the BUILD Initiative].

By being proactive in this work and starting as much as possible at the ground level in developing its strategies, Iowa has found that it has been able to be positive and collaborative in taking action in what can often be a very sensitive and difficult area to discuss and incorporate into planning and action.

Current status in key areas that form the building blocks for a high quality early learning and development system.

The themes 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 are described in detail in later sections of this proposal. In summary:

- Iowa will focus on children with high needs from a research perspective that takes into account brain development, early childhood adversity, and social determinants of health.
- Iowa will strengthen its formal early childhood system through insistence on quality improvement and high quality but also will strengthen informal supports and maximize family and community engagement through fostering resiliency and strengthening families.
- Iowa will build upon its values of hard work, mutual support, fairness, and civic involvement.
- Iowa will continue to build strong state and community partnerships to this end, recognizing that community ownership is vital to developing responsive and effective services in different communities across the state.

With funding from the federal State Advisory Council grant, administered by the Early Childhood Iowa Office at the Iowa Department of Management, a review and revision of the Iowa Early Learning Standards (IELS) took place. The IELS were first developed in 2006 in response to the federal requirements of the Good Start, Grow Smart Initiative. The IELS describe what young children should know and be able to do throughout the first five years of life. The standards are organized in seven content areas, which reflect the skills children need to develop to be ready for kindergarten including the following:

- Physical well-being and motor development.
- Approaches to learning.
- Social and emotional development.
- Communication, language, and literacy.
- Mathematics and science.
- Creative arts.
- Social studies.

The 2012 revision of the IELS was included as a priority in the State Advisory Council grant. In 2011, a subcontract to facilitate this revision and other professional development work was granted to the Iowa Association for the Education of Young Children (Iowa AEYC).

A diverse group of more than 50 stakeholders across early learning, family support, health, mental health, and special needs was invited to be part of the planning, review, and revision writing team. The goal of the IELS Review Committee was to review and revise, as needed, the 2006 standards.

In the 2012 revision, an alignment between the IELS and the kindergarten to 12th Grade Iowa Core has been included to further prove that the knowledge and skills gained in the first five years prepare children for school.

Other content and formatting changes in the 2012 IELS are described below:

- A seventh content area, social studies, was added to describe the role of family, community, and culture in children’s lives.
- Recent research has been added to the rationale for each standard.
- Research and resources used within the rationale are listed at the end of each standard.
- The role of a child’s home language has been added to the communication, language, and literacy content area. Additional benchmarks for preschool English language learners have been defined.
- To be inclusive of all those caring for, working with, or educating young children, the term “caregiver” has been changed to “adult.”
- Additional examples of benchmarks and adult supports have been included to demonstrate the various settings and adults that children will interact with.

The changes in the IELS were not just in revising content but in expanding the impact of the standards across the sectors of early childhood. They were to be used by everyone who cares for and educates young children, including parents and health care professionals. They became a values statement on the part of the state describing its deepest aspirations for its children because these were the foundations on which all of life’s successes would stand. The standards are a

resource to help support and enhance children’s learning and development, as well as inform policy and decision makers. In addition, the standards are a tool to help share information among families, caregivers, child care professionals, family support professionals, health care professionals, teachers, and others who care for or work with children.

Evidence for (A)(1): The State’s baseline data

Table (A)(1)-1: Children from Low-Income⁵ families, by age

	Number of children from Low-Income families in the State	Children from Low-Income families as a percentage of all children in the State
Infants under age 1	14,566	40.6%
Toddlers ages 1 through 2	33,859	42.5%
Preschoolers ages 3 to kindergarten entry	52,018	41.8%
Total number of children, birth to kindergarten entry, from low-income families	100,443	41.9%

Source: United State Census Bureau, 2009-11 Public Use Micro data Sample

Age 3-5 used for preschoolers.

Foster care data source: Iowa Department of Human Services, SFY 2012.

Mothers with high school diploma or less data source: U.S. Census Bureau, American Community Survey Public Use Microdata Sample, 2006-2010. Children in household headed by single parent data source: U.S. Census Bureau, American Community Survey, 2006-2010. (These two variables, along with poverty or low-income status, language/cultural barriers, identifiable child special need, living in a distressed community (<30% poverty) were identified in the Early-Childhood Needs Assessment conducted by the Child and Family Policy for Early Childhood Iowa as high-needs factors among young children.)

⁵ Low-Income is defined as having an income of up to 200% of the Federal poverty rate.

Table (A)(1)-2: Special populations of Children with High Needs

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.

Special populations: Children who . . .	Number of children (from birth to kindergarten entry) in the State who...	Percentage of children (from birth to kindergarten entry) in the State who...
Have disabilities or developmental delays	(Ages birth through 2, Part C, 7-1-12 thru 6-30-13: 5930 OR 1 day count Oct. 26, 2012: 3502)	
Are English learners	3,619	9.0%
Reside on "Indian Lands"	111	.0005%
Are migrant	388	.002%
Are homeless	2,472	1.0%
Are in foster care	5,990	2.5%
Other as identified by the State		
Mothers of young children (0-5) with high school diploma or less	12,729 with less than H.S. 27,781 with H.S. or GED only	8% 17%
Families with children headed by single parent	51,594	30.4%

English language learners data was available for five year olds only. Source: United States Census Bureau, 2009-11 Public Use Microdata sample.

"Indian Lands" data source: United States Census Bureau, 2010 Census, Summary File 1. Note: Includes the Sac and Fox/Meskaki Settlement.

Migrant data source: Iowa Department of Education Migrant Title 1, 2011-12 program year (Note: the number of children 3-5 is 194. Numbers for children 0-2 were not available so our 0-5 estimate is 388.)

Homeless data source: the Iowa Institute for Community Alliances, the Homeless Management Information System (HMIS) Lead Agency for Iowa. 2012.

Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age				
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>				
Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
State-funded preschool <i>Specify: SVPP</i> <i>Data Source and Year:2012</i>	0	0	22,549	22,549
Early Head Start and Head Start⁶ <i>Data Source and Year:2012</i>	627	1,512	7,584	9,723
Programs and services funded by IDEA Part C and Part B, section 619 <i>Data Source and Year:2012</i>	649	2,853	7,467* (some are included in the numbers above when served in inclusive settings)	10,969
Programs funded under Title I of ESEA <i>Data Source and Year:2012</i>	0	46	1,049	1,095
Programs receiving funds from the State's CCDF program <i>Data Source and Year:2012</i>				23,305
Other <i>Specify: Shared Visions</i> <i>Data Source and Year:2012</i>	0	0	1,810	1,810
Other <i>Specify:</i> <i>Data Source and Year:</i>				
<i>Add additional rows as needed.</i>				
<i>[Enter text here to clarify or explain any of these data if needed.]</i>				

⁶ Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-3b: Participation of Children in Early Learning and Development Programs in the State, by Race/Ethnicity

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program in the State	Number of Hispanic children	Number of Non-Hispanic American Indian or Alaska Native Children	Number of Non-Hispanic Asian Children	Number of Non-Hispanic Black or African American Children	Number of Non-Hispanic Native Hawaiian or Other Pacific Islander Children	Number of Non-Hispanic Children of Two or more races	Number of Non-Hispanic White Children
State-funded preschool <i>Specify: SVPP</i>	2,248	88	441	919	35	758	19,130
Early Head Start and Head Start ⁷	1,899	145	105	1,268	18	1,121	6,514
Early Learning and Development Programs funded by IDEA, Part C <i>Source: Web IFSP for 7-1-2012 – 6-30-2013</i>	720	25	117	322	4	351	4,391
Early Learning and Development Programs funded by IDEA, Part B, section 619	457	47	71	688	0	0	204
Early Learning and Development Programs funded under Title I of ESEA	0183	12	24	119	0	0	756
Other: Shared Visions	272	36	36	398	0	0	1,068

⁷ Including Migrant and Tribal Head Start located in the State.

Table (A)(1)-4: Historical data on funding for Early Learning and Development					
Type of investment	Funding for each of the Past 5 Fiscal Years				
	2009	2010	2011	2012	2013
Supplemental State spending on Early Head Start and Head Start⁸	0	0	0	0	0
State-funded preschool <i>Specify: SVPP</i>	36,091,374	48,306,864	71,694,174	58,378,261	58,378,261
State contributions to IDEA Part C	1,721,000	1,721,000	1,721,000	1,721,000	1,721,400
Total State Contributions to CCDF	41,844,522	39,300,483	34,976,173	39,932,130	44,880,087
State Match to CCDF	27,175,858	24,805,425	20,225,881	25,955,885	29,172,057
TANF spending on Early Learning and Development Programs	18,615,621	17,296,879	15,967,160		
Other State contributions	38,257,161	35,381,253	40,747,957		
Total State contributions	1,639,705,536	166,811,904	185,332,345		

⁸ Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State					
Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.					
Type of Early Learning and Development Program	Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years⁹				
	2009	2010	2011¹⁰	2012¹⁷	2013¹⁷
State-funded preschool <i>(annual census count; e.g., October 1 count)</i> <i>Specify: SVPP</i>	4,335	6,122	8,870	9,137	10,102
Early Head Start and Head Start¹¹ <i>(funded enrollment)</i>	7,832	8,247	8,237	9,879	NA
Programs and services funded by IDEA Part C and Part B, section 619 <i>(annual last Friday in October count)</i>	3,772	3,607	3,605	3,502	NA
Programs funded under Title I of ESEA	1,323	1,182	795	772	756
Programs receiving CCDF funds	20,618	21,235	19,433	20,125	19,294

Table (A)(1)-6 : Current status of the State’s Early Learning and Development Standards			
<i>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</i>			
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
<i>Cognition and general knowledge benchmarks are included in the areas of Communication,</i>			

⁹ Include all Children with High Needs served with both Federal dollars and State supplemental dollars.

¹⁰ 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.

¹¹ 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			
<i>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</i>			
Essential Domains of School Readiness	Age Groups		
	Infants	Toddlers	Preschoolers
<i>Language, Mathematics and Science Approaches to Learning. Dispositions are included in Approaches to Learning.</i>			

Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State					
<i>Please place an “X” in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
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
State-funded preschool <i>Specify: State policy requires research-based child assessment and screening. Some instruments are locally determined; however, Teaching Strategies GOLD is required of all state-funded preschool classrooms. State policy requires the implementation and monitoring of program standards.</i>	X	X	X	X	
Early Head Start and Head Start¹²	X	X	X	X	

¹² Including Migrant and Tribal Head Start located in the State.

Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State					
<i>Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
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
Programs funded under IDEA Part C	X	X			
Programs funded under IDEA Part B, section 619	X	X	X	X	
Programs funded under Title I of ESEA	X	X	X	X	
Programs receiving CCDF funds					
Current Quality Rating and Improvement System requirements <i>Specify by tier (add rows if needed):</i>			X (Level 5)		
State licensing requirements					
Other <i>Describe:</i>					
<i>[Edit the labels on the above rows as needed, and enter text here to clarify or explain any of the data, if necessary.]</i>					

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
State-funded preschool <i>Specify: SVPP</i>	X		X	X	
Early Head Start and Head Start	X	X	X	X	Dental Screening
Programs funded under IDEA Part C	X	X	X	X health screening and/or evaluative including vision, hearing, nutrition	
Programs funded under IDEA Part B, section 619	X	X	X	X	
Programs funded under Title I of ESEA	X			X	
Programs receiving CCDF funds	X		X	X	
Current Quality Rating and Improvement System requirements <i>Specify by tier (add rows if needed):</i>	X		X	X	
State licensing requirements	X			X	

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
Other <i>Describe:</i>					
<i>[Edit the labels on the above rows as needed, and enter text here to clarify or explain any of the data, if necessary.]</i>					

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State	
<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>	
Types of Programs or Systems	Describe Family Engagement Strategies Required Today
State-funded preschool <i>Specify: SVPP</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.
Early Head Start and Head Start	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.
Programs funded under IDEA Part C	Parents as IFSP team members; family directed assessments; providers coaching parents to provide intervention strategies into their everyday routines; parents as chair and vice-chair of the Iowa Council for Early ACCESS (State Interagency Coordinating Council); conducting family

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State

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.

Types of Programs or Systems	Describe Family Engagement Strategies Required Today
	assessments to determine strengths, concerns, resources.
Programs funded under IDEA Part B, section 619	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.
Programs funded under Title I of ESEA	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.
Programs receiving CCDF funds	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.
Current Quality Rating and Improvement System requirements <i>Specify by tier (add rows if needed):</i>	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.
State licensing requirements	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.
Other MIECHV	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.
<i>[Edit the labels on the above rows as needed, and enter text here to clarify or explain any of the data, if necessary.]</i>	

Table (A)(1)-10: Status of all early learning and development workforce credentials¹³ currently available in the State				
List the early learning and development workforce credentials in the State	If State has a workforce knowledge and competency framework, is the credential aligned to it? <i>(Yes/No/Not Available)</i>	Number and percentage of Early Childhood Educators who have the credential		Notes (if needed)
		#	%	
CDA	NA	1029	3.5%	*Based on the full direct care and education birth to age 8 workforce estimated at 30,000
Paraeducator	NA	626	2%	*
Teaching license with early childhood education	NA	8651	28%	*
I Consult credentials	NA	30	52%	For CCRR consultants only
National Administrator Credential	NA	259	18%	For center directors only
AIM for Excellence Administrator Credential	NA	75	5%	For center directors only
Family Development Specialist	NA	180	28%	For the family support workers only
Family Development Supervisor	NA	170	85%	For family support supervisors only
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>				

¹³ Includes both credentials awarded and degrees attained.

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		
List postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators	Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year	Does the entity align its programs with the State’s current Workforce Knowledge and Competency Framework and progression of credentials? <i>(Yes/No/Not Available)</i>
<p>12 community colleges offer associates degrees in ECE and early childhood education coursework leading to CDA credentials</p> <p>Des Moines Area Eastern Iowa Indian Hills Iowa Central Iowa Lakes Iowa Valley Iowa Western Kirkwood North Iowa Area Northeast Iowa Southwestern Western Iowa Tech</p>	<p>273 AA/AS degrees</p> <p>150 CDA credentials awarded in previous year*</p>	NA
<p>16 institutions of higher education offer early childhood bachelors degrees leading to teaching licensure</p> <p>Ashford Buena Vista Central Dordt Graceland Grandview Iowa State Iowa Wesleyan Loras Luther Mount Mercy Northwestern Saint Ambrose</p>	<p>264 bachelors’ degrees with teaching licenses with early childhood education</p>	NA

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		
List postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators	Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year	Does the entity align its programs with the State’s current Workforce Knowledge and Competency Framework and progression of credentials? <i>(Yes/No/Not Available)</i>
Simpson University of Northern Iowa Upper Iowa Wartburg		
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>		
*Some of these based on a combination of credit and non-credit		

Table (A)(1)-12: Current status of the State’s Kindergarten Entry Assessment					
State’s Kindergarten Entry Assessment	Essential Domains of School Readiness				
	Language and literacy	Cognition and general knowledge (including early mathematics and early scientific development)	Approaches toward learning	Physical well-being and motor development	Social and emotional development
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

Table (A)(1)-12: Current status of the State’s Kindergarten Entry Assessment					
State’s Kindergarten Entry Assessment	Essential Domains of School Readiness				
	Language and literacy	Cognition and general knowledge (including early mathematics and early scientific development)	Approaches toward learning	Physical well-being and motor development	Social and emotional development
Evidence of validity for children with disabilities? <i>(Y/N)</i>	N	N	N	N	N
How broadly administered? <i>(If not administered statewide, include date for reaching statewide administration)</i>	Local control allows for choices from a menu of instruments.	N	N	N	N
Results included in Statewide Longitudinal Data System? <i>(Y/N)</i>	Y	N	N	N	N

Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State							
List each data system currently in use in the State that includes early learning and development data	Essential Data Elements <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
CARes (Child Health and child oral Health (IDPH))	X		X	X		X	X
Early Hearing Detection and Intervention* (IDPH)	X		X	X		X	X
Newborn Metabolic Screening* (IDPH)	X			X			X
Vital Records (IDPH)	X			X			
Statewide Public Health Immunization Registry (IDPH)	X			X			
First Five* (IDPH)			X	X		X	X
Research Electronic data Capture (RED Cap) – MIECHV* (IDPH)	X		X	X			X
Research Electronic data Capture - State-wide Family Support (REDCap)* (IDPH)	X	X	X	X	X	X	X
IMS –Part B And Part C (IDE)	X		X	X			
Statewide Voluntary Preschool Program (IDE)	X	X	X	X		X	
Board of Examiners – Teacher Licensure		X			X		
Family And Children Services – Child Welfare (DHS)	X		X	X			X
Statewide Tracking and Reporting – Child abuse (DHS)	X			X			X
IABC (soon to be ELIAS) – TANF (DHS)	X			X			X
Kindertrack – Child care subsidy and licensing (DHS)	X		X	X			X

Kindertrack – Training Registry for Child Care (DHS)		X			X		
Promise Jobs Case – TANF (DHS)	X			X			X
ICA (DSH)	X			X			X
IMMIS – Medicaid (DHS)	X			X			X
* All systems are slated to be included in the Bureau of Family Health Data Integration Project, which will integrate all child health data at IDPH as well as home visiting, maternal health and family planning data. Business requirements for this system are currently under development.							

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

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 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 educational gaps 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.**

Too often, children’s ability to access opportunities (high quality child care, other developmental activities in the home and community, follow-up services to address any developmental issue or concern, available parental time to provide nurturing in a stress-free environment, and parental resources to invest in the child’s well-being) depends on the community or neighborhood in which they live or the income and resources of their parents. Iowa’s proposal outlines strategic planning about how to ensure equal access to

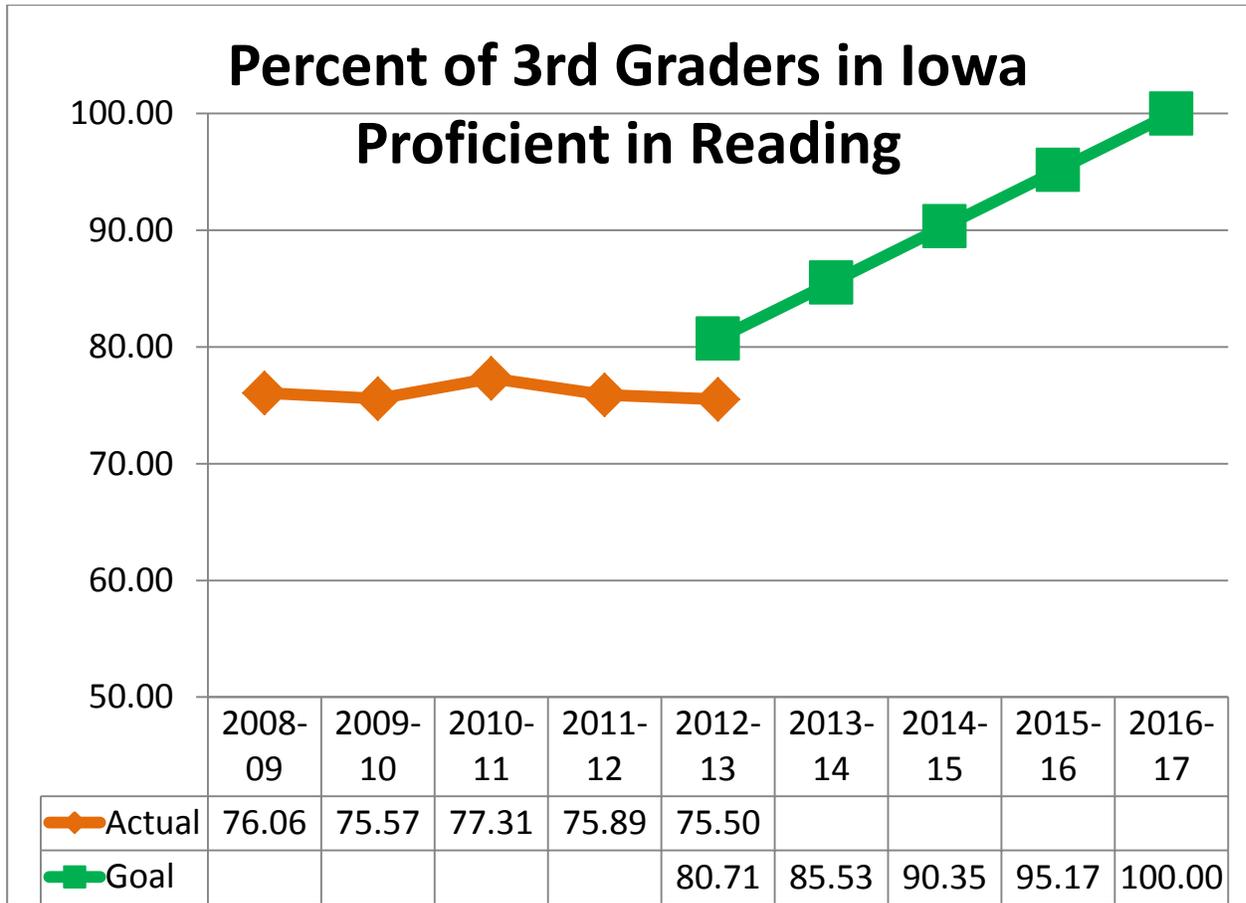
all these opportunities, by building on previous investments and planning focused on a child's earliest years.

Muscatine school superintendent Jerry Riibe's reflection about the current achievement gap in Kindergarten schools for the children who participate in the federal free and reduced lunch program was highlighted in the September 26, 2013 *Muscatine (IA) Journal*. When his grandchild was born, he silently calculated all of the academic degrees of his grandchild's predecessors and what would be available in opportunities in the grandchild's life. At the same time, he thought about the baby being born in the next room to a girl 15 or 16 years old. He reflected, "It was a clarifying moment in my professional life. My grandson will have to work really hard to fail. He'll have good daycare, a quality preschool, and educational trips. The other child is going to have to work very hard to be successful. The achievement gap started before that child was even born."

The RTT-ELC grant will not address all the differences in opportunity that exist between Superintendent Riibe's grandchild and other children – but it will support Iowa in its critical efforts in developing an early childhood system to move much farther in that direction. The high quality plans in Iowa's proposal all seek to respond in ways to ensure each and every child has opportunities to succeed, even if they are not blessed with the current array of supports that the adults in Superintendent Riibe's grandchild's life are equipped to provide.

Ambitious yet achievable goals

Over the past five years, the reading proficiency of Iowa's third graders has remained stagnant (see chart). This stagnation is mirrored in the kindergarten entry data Iowa has collected over this same period. Over the past year and one half the Iowa Department of Education has been restructured and launched its C4K initiative in an effort to change the trajectory of these trends. This grant application is about what more can be done to improve the school readiness of children with high needs in Iowa and ensure their academic success K-12.



1) Includes all 3rd graders taking an Iowa Assessment or Iowa Alternate Assessment

2) Data source: DE AYP database

To accomplish this, Iowa is committing to:

- Engage all its early learning and development programs in a QRS to increase the quality of programs in areas that impact school readiness.
- Develop a comprehensive, integrated assessment system, including expanded screening procedures and a new KEA assessment instrument, to provide necessary support for children in their early years in a timely and effective way.
- Adopt new strategies for engaging parents to support school readiness, including better transitions to school so gains in early childhood are sustained through grade 3.
- Better prepare a competent workforce for addressing children with high needs.

- Develop a proof of concept for a comprehensive integrated early learning data system, linked to Iowa’s Statewide Longitudinal Data System, that paves the way toward more and better information and better decisions about instructional effectiveness, program quality, and improved services.

At their core, these goals are about improving program and educator quality, improving outcomes for children with high needs, and closing the educational gaps between these children and their peers. The problems are real and the solutions are clear.

Research shows that school readiness gaps can be closed by improving the quality of early learning and development programs.¹⁴ Carefully documenting progress of children’s development and learning also closes gaps, especially when done with systematic protocols using a Response to Intervention or Multi-Tiered System of Support.¹⁵ Additionally, well-documented health disparities between dominant and minority culture children, as well as between those of low income and those from the middle class and above, contribute to the school readiness gap. As Kagan and her colleagues note, preventive care and early detection may be particularly inaccessible for poor families.¹⁶ Meanwhile, Ngui and Flores have found that promoting insurance

¹⁴ Barnett, W. Steven, Cynthia Lamy, and Kwanghee Jung. *The Effects of State Prekindergarten Programs on Young Children’s School Readiness in Five States*. New Brunswick, NJ: National Institute for Early Education Research, 2005. See also for a list of studies, Barnett, W. Steven, *Preschool Education Studies: A Bibliography Organized by Research Strengths* New Brunswick, NJ: National Institute for Early Education Research, n.d.

¹⁵ Gettinger, M., and K. Stoiber, K. “Applying a response-to-intervention model for early literacy development in low-income children.” *Topics in Early Childhood Special Education* 27.4 (2007): 198-213. Koutsoftas, A. D., M. T. Harmon, and S. Gray. “The effect of tier 2 intervention for phonemic awareness in a response-to-intervention model in low-income preschool classrooms.” *Language, Speech and Hearing Services in Schools* 40(April) (2009): 116-130. VanDerHeyden, A. M., P. A. Snyder, C. Broussard, K. Ramsdell. “Measuring response to early literacy intervention with preschoolers at risk.” *Topics in Early Childhood Special Education* 27.4 (2007): 232-249.

¹⁶ Kagan, S. L., E. Moore, and S. Bredekamp. *Reconsidering Children’s Early Development and Learning: Toward Common Views and Vocabulary*. Washington, DC: National Education Goals Panel, 1995.

covered and family-centered care improve the use of services and health outcomes for racial and linguistic minority families.¹⁷

Engaged families are important to long-term academic success of children, and when children from high needs families are disconnected from school because of linguistic, cultural, or other social barriers, and disconnected from social services that can help them provide safe and nurturing environments for their children school readiness suffers. Better educated teachers who receive better training also improve school readiness.¹⁸ In their meta-analysis of 33 studies, Kelley and Camilli found significant differences in child outcomes and program quality outcomes if teachers had 4-year degrees compared with teachers that had less education. A summary of seven studies by Early and colleagues found less conclusive results, but still indicated that superior outcomes for children were probably linked to supports of teacher interactions with children. All three studies underscore the importance of a trained workforce in ensuring children gains and helping to close the gap.

In response to clear purpose and compelling strategies, Iowa proposes to address the five goals. While the details of the proposal are included in each section, here is a brief summary of what Iowa will do to close its readiness gap, improve literacy skills to impact grade 3 reading, and ensure a more successful academic career for its children:

Overall summary of the State Plan

Section B: Higher Quality and Accountable Programs

¹⁷ Ngui, E. M., and G. Flores. "Satisfaction with care and ease of using health care services among parents of children with special health care needs: the roles of race/ethnicity, insurance, language, and adequacy of family-centered care." *Pediatrics*, 117.4 (2006): 1184-1196.

¹⁸ Tout, K., M. Zaslow, and D. Berry, "Quality and qualifications: Links between professional development and quality in early care and education settings", in *Critical Issues in Early Childhood Professional Development*, M. Zaslow and I. Martinez-Beck, Editors. 2006, Baltimore: Brookes, 77-110. Kelley, P., and G. Camilli. The impact of teacher education on outcomes in centerbased early childhood programs: A meta-analysis. New Brunswick, NJ: NIEER, 2007. Retrieved from <http://nieer.org/publications/nieer-working-papers/impact-teacher-education-outcomes-center-based-early-childhood>. Early, D.M., et al. "Teachers' education, classroom quality, and young children's academic skills: Results from seven studies of preschool programs." *Child Development* 78 (2007): 558-580.

Iowa is addressing this by making a more intentional effort to engage more programs in its quality rating system that serve children with high needs especially in rural areas where Iowa has seen a drop in access. Stronger accountability measures will be included in the QRS as needed (e.g. the CLASS measurement tool), to focus on precisely those elements mentioned in Early's article (cited above), namely, interactions with children. Rating and monitoring of programs will also be enhanced, increasing stipends and support for programs to engage in the QRS and show improvement by advancing through its levels. Future validation of the effectiveness of the QRS in measuring meaningful differences among programs is also in Iowa's plan.

Section C(2): Comprehensive Assessment Systems

Iowa will create a comprehensive assessment system but strategically focused on a few important measures that will be broadly used among the state's early learning and development programs. The measures will allow for careful analysis of child outcome data to assure providers that children are growing and learning. The approach, based on the Collaboration 4 Kids model, will build the necessary infrastructure for a multi-tiered system of support. It begins with the best instruments available, and then assures professionals are using them in similar ways for similar purposes. When data is analyzed, professionals will have similar approaches to responding effectively to the results. The desired end is a system in which assessment and response are assured through predictable procedures.

C(3): Health, Behavioral, and Developmental Needs

Expanding 1st Five Healthy Development in all 99 counties in Iowa means we assure children with high needs have access to the screening and treatment needed at the very earliest weeks of life during perinatal visits. 1st Five develops referral systems and coordinated care to make sure that health concerns are identified early and treated early. Those referral systems also become available to other early childhood programs using common screening and referral processes. Iowa has struggled to provide adequate mental health care to its youngest children. By expanding promotion and prevention models, and using new practices like telehealth, Iowa plans to make the redesign of its mental health system more responsive to the needs of young children and better connected to early learning and development programs so interventions, if needed, can occur in the natural environment of family and child care/preschool. A new emphasis on Adverse

Childhood Experiences (ACEs) represents an opportunity to expand how children's needs are understood and how valuable the right kind of response to those is to ensure healthy growth and development.

C(4): Engaging and Supporting Families

When Early Childhood Iowa Stakeholders gathered a group of parents last year to listen to their concerns and recommendations to improve early childhood services in the state, parents were quick to point out that they wanted parent education and ways for families to be engaged in the programs that serve them and their children. Iowa has been successful in developing and implementing high standards for family support and targeting those programs at families with high needs children. It has also created a work group for sharing and expanding practices among all the different state- and federally-supported family support programs. What is needed now is: 1) to expand those practices to all early learning and development programs so families are true partners in the growth and development of their children; and 2) to augment those practices by the work of parent advocacy groups (especially in the special education community). True family engagement is only possible if there are meaningful things family members can do that fit within the busy schedules of parents. Focusing their attention on kindergarten transition gives them a purpose to be involved in ways that will sustain themselves throughout the K-12 career of their children. When that effort brings parents and other family members of high needs children into schools and becoming active supports in their children's success, achievement gaps will narrow.

D(1): Workforce Knowledge and Competency Framework

The idea of a workforce knowledge and competency framework is not new to Iowa. The state has been developing this framework and what used to be a haphazard collection of courses and workshops has begun to evolve into a coherent system of competencies and pathways. The movement from competencies to pathways to credentials to smoother pathways via articulation agreements represents the next steps toward a truly integrated, comprehensive early childhood professional development system. This combines four sectors into its system: early learning, family support, special needs/early intervention, and health/mental health/nutrition. Iowa intends to address this need by continuing to development the framework elements, especially at linking

all but also to make specific effort at improving the overall quality of training, professional development and academic coursework.

D(2): Improving Knowledge, Skills, and Abilities

A workforce knowledge and competency framework is of little value if it does not result in professionals with improved knowledge skills and abilities. Iowa’s approach is to first measure these attributes to make sure the framework delivers on its promise. Then it will try to connect all its professional development with targeted on-site consultation, technical assistance, and coaching, to ensure transfer of learning. Finally, it will work to engage more members of the workforce through scholarships, supports and “entry level” training, getting them on the pathway, and moving up the pathway.

E(1): Kindergarten Entry Assessment

Iowa selected this Focus Area to be sure that the promise of a new valid and reliable assessment instrument that covered all the domains of its early learning and development standards would become the single most important measure of the success Iowa’s entire proposal. And its intention to measure dual language learners, children with disabilities and other populations of children with high needs, make it especially valuable and aligned with the purposes of the grant. The Kindergarten Entry Assessment will help teachers, administrators, early learning and development providers, and policy-makers understand the status of high needs children at kindergarten entry and use the data to provide appropriate and adequate responses in terms of instruction, professional development or improved policies and procedures with an end result of narrowing the achievement gap between high needs and non-high needs Iowa children. Iowa is part of a multi-state consortium to develop an entry assessment and a K-3 formative assessment through an Enhanced Access Grant. Such assessment tools will not only give the state an indicator of school readiness, they will provide a way to track progress of children during their early elementary years. The testing and roll out will be covered by a variety of funds, only some of them from the Race to the Top-Early Learning Challenge Grant, and will just begin to be rolled out as this grant is completed. But it is connected to nearly every activity in the grant and will be the culmination of much of the state’s work. While it is impossible to know all the details now, having the project closely linked to the other work can allow us to respond and align as the assessment development work moves forward.

E(2): Interoperable Data Systems

Iowa has more than 50 systems that collect data on early learning and development of young children. While modest data exchanges and integration have occurred, the state is far away from anything worthy of the description “interoperable.” As the state’s system building efforts have evolved over the past 10 to 15 years, specific indicators have emerged to help the state determine whether it is making a difference in terms of children’s health and success. It is currently impossible to aggregate that data in any meaningful or accurate way to answer the system-wide questions of what is work, why and what needs to be done next. Iowa believes the Race to the Top-Early Learning Challenge Grant offers an unprecedented opportunity to begin to build a data system that the state needs and its children deserve. Using grant funds, the state first ensures all critical data is being collected in viable systems with IT upgrades and enhancements. Then it will begin the work of a comprehensive data governance structure that ensures interoperability. Finally, it will begin a few connections and produce a proof of concept. That work will set the stage for building the final system which has for so long seemed unattainable in the state.

Specific rationale that justifies Iowa’s choice to address the Focus Areas

Iowa has selected to address Focused Investment Areas of (C)(2), (C)(3), and (C)(4) because each represents work that remains for the state to better address the needs of its younger citizens, and also because each builds on a set of innovative and tested practices which have yielded promising results. The state chooses not to address Area (C)(1) because the state recently completed a revision of its Early Learning and Development Standards and is currently rolling out an extensive implementation plan that will be used to support many of the sections in this grant. The strategic preference is to push more on the unfinished work, since the core foundations of what Iowa believes its children should know and be able to do are in place and ready to move forward, influencing program quality, measures of children’s growth, improving the competencies of teachers, and organizing gathered information that indicates what is working and what needs to be changed.

Each selected Focused Investment Area also represents areas where the state has important work remaining. After acquiring a statewide Teaching Strategies GOLD

license, Iowa is now collecting common assessment data on children across early learning and development programs. What is needed now is refinement: more specific measures for screening for delays, instructional problems, and skills gaps. With more systematic use of data, the analysis-intervention-evaluation improvement cycle occurs more quickly as do adjustments to assure all children are making appropriate gains. Specifically, C4K will be scaled up in the plans described in Section (C)(2).

Iowa has long known that health, behavioral, and developmental needs must be addressed if a school readiness goal is to be achieved. Strong regulatory and quality efforts have addressed health and safety needs, and its eight years working on early childhood positive behavioral intervention and supports has increased program capacity to address the needs of children with challenging behavior. The work of Iowa 1st Five has proven to be very effective at engaging the health provider community in promotion and prevention health practices that align with the state's Early Periodic Screening, Detection, and Treatment schedule. It has added a level of surveillance for very young children to catch not only issues for children but issues for families such as maternal depression. But 1st Five is not statewide. That will change with the Race to the Top–Early Learning Challenge grant. The Iowa Department of Public Health has also begun to use Adverse Childhood Experiences data to track children at risk for poor long-term health outcomes. This practice represents preventive medicine at its acme. Early intervention is not just about healthy development for young children, but also about adult health and lower health costs to the state over the lifetime of its citizens. Iowa 1st Five and ACEs work will be scaled in the plans described in Section (C)(3).

Family engagement has been strong in Iowa, but mainly through its family support programs. How can we make effective, evidence-based strategies for engaging families part of how all programs function? Iowa's proposal is to do just that, leveraging innovative practices like family support, coordinated intake, and transition practices. Each of these will be scaled up in the plans described in Section (C)(4). The resources from the grant allow the state to scale up these practices for statewide impact, moving the innovation out of the silos into common practice and

common expectations. Consider the impact on the state when we scale up these innovative practices:

Impacts on innovative practices: C4K

- C4K’s approach at developing multi-tiered layers of support now includes ages birth to kindergarten with standardized instrumentation and response protocols.
- C4K will incorporate measures that involve parents and other family members, and response protocols now includes sharing data on child progress and using it to make better decisions about their child.
- C4K’s method of combining reliable and valid instruments with effective and systematic uses of the data from those instruments now includes assessment for other essential domains of child development.

Impacts on innovative practices: 1st Five

- 1st Five is now in all 99 Iowa counties.
- Stronger community partnerships involving health professionals and early learning and development programs now thrive across the state.
- Care coordination practices now drive greater responsiveness by a variety of community-based support services.

Impacts on innovative practices: ACEs

- ACEs is now a common frame for evaluating high needs children and aligns program services around mitigated adverse experiences.
- Trauma Informed Care now informs the work of early childhood professionals across the sectors of health, early learning, family support, and special needs/early intervention.

Impacts on innovative practices: Family Support

- Early learning and development programs now forge new relationship with family support colleagues to ensure families are at the center of all early childhood services.
- Family support now embraces a wider range of skills and strategies, including empowering parents to be advocates and mentors of one another.

Impacts on innovative practices: Coordinated Intake

- Coordinated intake is now how most families engage the world of early childhood services, saturated with a “no wrong door” ethos.
- Common intake procedures now foster local level collaborations to better serve families.

Impacts on innovative practices: Kindergarten transition

- Parents and other families members are actively engaged in their children’s education throughout their K-12 academic career.
- No one in Iowa talks about a preschool “fade-out” effect.

Iowa has selected to address Focused Investment Areas (D)(1) and (D)(2) because its work on fully implementing a professional development framework is not quite finished, and the grant’s resources can help the state bridge the gap between in-place infrastructure and demonstrated improvements in early childhood educators’ knowledge, skills, and abilities. Iowa believes that the foundation of its early childhood system is its early childhood workforce. Improvement in child outcomes and school readiness requires improvements in workforce competency.

Introducing and scaling evidence-based practices requires introducing them to the workforce.

The beginning of all change is professional development. What Iowa’s high quality plans in these areas emphasize is shaping an environment in which the development of the state’s professionals can take place. Then to make sure there is a transfer of skills, training is linked to coaching/technical assistance. Skills are prioritized around evidence-based practices.

Practitioners are given new ways to enter the profession and progress logically and seamlessly through a concatenated set of credentials representing greater acquisition of skills and knowledge.

Iowa has selected to address Focused Investment Areas (E)(1) because of its involvement with the Early Assessment Collaborative, which means the state will benefit from a collective effort to develop an instrument that assesses all the domains from Iowa’s Early Learning Standards. Iowa selected (E)(2) because grant funds will allow the state to move towards a truly comprehensive, interoperable data system. A plan for such a system was developed last year but without funds to actually implement it. In the planning process, I/T professionals in the state and early childhood stakeholders came to a consensus on the value and importance of such a system. The state is poised as it never has been in its history to building an early learning data system.

Together, the focused areas represent a chance to improve the lives of high needs children with higher quality programs and practices. More important is how Iowa is focusing on addressing high needs children in the state. Armed with a sophisticated analysis of demographic trends, Iowa will target concentrations of children and families with high needs in urban census tracts, regional centers, and rural counties with pockets of isolated poor. Armed with data on early childhood adversity, toxic stress, and social determinants of health, Iowa will target children and connect them to high quality early learning and development programs and carefully track their progress to assure long-term success. Armed with data on concentrations of mothers with less than a high school education, Iowa will engage young parents to serve as their child’s first and most important educator and advocate. By targeting the youngest Iowans, the state is building on its legacy of education excellence with a whole child approach that will realize the vision that all children are healthy and successful.

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.

The extent to which the State has established, or has a High-Quality Plan to establish, strong participation in and commitment to 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 on Early Childhood Education and Care, each Participating State Agency, and 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 MOUs or other binding agreements 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; representatives from the disability community, the English learner community, and entities representing other Children with High Needs (e.g., parent councils, nonprofit organizations, local foundations, tribal organizations, and community-based organizations); libraries and children's museums; health providers; public television stations, and postsecondary institutions.

Providing effective oversight, guidance, accountability and coordination for Iowa's reform plan are critical to successful system development and program implementation. The goals and activities planned cross departments, programs, and sectors. They involve partners at the state and local levels and require ongoing input from a variety of stakeholders including parents and

service providers. Only this type of broad governance can provide useful guidance and leadership required for successful coordination, implementation, and sustainability.

During the past decade Iowa has developed structures to align, centralize, and coordinate early childhood focused program and policies at the state level while providing support at the community level to implement them in ways appropriate to the families in the community. 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. The coordination and decision making for this reform agenda builds upon those existing structures.

Early Childhood Iowa (ECI) is Iowa's overarching early childhood system building initiative. The initiative was founded on the premise that communities and state government can work together to improve the well being of Iowa's youngest children. ECI's efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families. Fundamental to Iowa's coordinated early learning and development is Early Childhood Iowa's overarching vision that "Every child, beginning at birth, will be healthy and successful."

ECI's structure, vision, purpose, and descriptions are included as Appendix #2.

A key part of ECI's strategic plan focuses on the continued development of a comprehensive, integrated early childhood system. This focus along with a governance structure that encourages broad input and comprehensive multi system (health, early learning, family support, and special needs) cross sector involvement are strengths of Iowa's system and reform efforts. ECI is composed of a state leadership board (ECI State Board), the Early Childhood Stakeholders Alliance, the local Early Childhood Iowa Boards, and an Office of Early Childhood Iowa.

The ECI State Board was created to promote a vision for a comprehensive early care, education, health, and human service system. 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 Public Health, Human Services, Education, Human Rights, Workforce Development, Iowa Economic Development Authority, state staff, legislators, local representatives, and community members including private and public sector representatives, leaders and service providers from across Iowa's comprehensive early childhood system.

The Early Childhood Iowa Stakeholders Alliance (SA) (also Iowa's designated Early Childhood Advisory Council) is an open group that includes representatives from any organization that touches the lives of children 0-5 in the state, including all the designated representatives mandated in federal requirements and acts in an advisory capacity to the ECI State Board and the system. The purpose of the Stakeholders Alliance includes overseeing/providing input into the development of a comprehensive, coordinated early childhood system that meets the needs of children ages 0-5 and their families while also integrating the early learning, health, mental health, nutrition, family support, and special needs/early intervention systems. Additionally, the ECI SA advises 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:

1. Governance, Planning, and Administration
2. Professional Development
3. Results Accountability
4. Public Engagement
5. Quality Services and Programs
6. Financing and Resources

The Steering Committee includes private and public sector early childhood system representatives and functions as a coordinating body to ensure harmonious workings among the six component groups, to provide leadership to the Stakeholder Alliance, and to function as the stakeholders between their quarterly meetings. 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. ECI SA has involved over 500 state and community leaders in different aspects of planning, innovating, monitoring, and educating – and has created “seats at the table” for individuals to participate and use their own expertise to lead on the variety of system-building activities. By promoting inclusion, ECI SA also has contributed to Iowa’s strong emphasis upon developing culturally and linguistically responsive systems and ensuring that all children, and particularly those with a physical or behavioral or learning disability, are included in early childhood programs and activities and receive the professional services they require to meet their special needs.

Over the past several years ECI has expanded its efforts to include input from varied stakeholders. In 2012, ECI convened a Parent Summit with the intent to better include parents’ voices into the work of system coordination and integration. Over 50 parents from across the state came together to share their thoughts on access, quality, and the effectiveness of Iowa’s early childhood system. Their input has been integrated into subsequent strategic planning efforts and has been brought to the attention of appropriate programs and state agencies. Several regional parent summits were also held over the last year.

Additionally, there is an ECI Diversity Committee, described earlier in this section. This advisory committee is charged with addressing a series of identified gaps and ensure accessible high quality early childhood systems for all children in the state with a focusing on diverse populations.

The ECI Stakeholders Alliance provides a mechanism for consistent communication in addition to providing representation from a broad spectrum of stakeholders across ovals and at the state and local levels. Parents, early childhood educators, and other key stakeholders involved in this

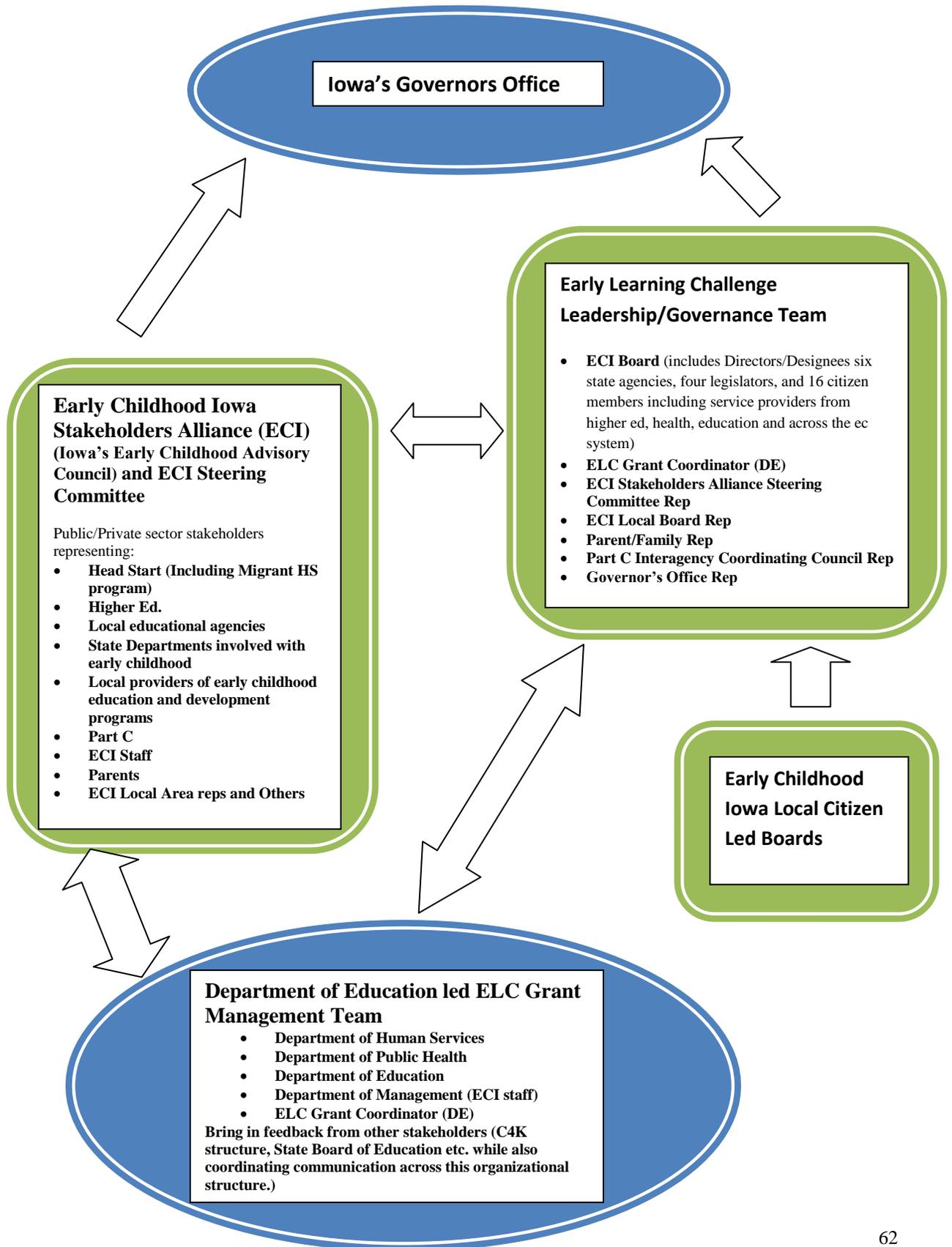
reform agenda are involved with the ECI SA participating in quarterly meetings, and on committees providing their input and perspectives.

There are 39 local Early Childhood Iowa Areas statewide representing all 99 counties. Each area has a citizen-led board to support activities to promote collaboration and develop systems in the community for young children and their families. The local board members are citizens or elected officials. Board memberships include representatives from business, faith, consumer, human services, education, and health. Local Early Childhood Iowa Boards also leverage additional community support and draw in voluntary and community resources that are essential for creating the supporting environment that young children need.

The Early Childhood Iowa Office is housed in the Iowa Department of Management and provides staffing support to the ECI system, both through dedicated staff and assigned staff from the different agencies.

A recent report by a national consulting firm, GOLD System, Inc., included the following, “Early Childhood Iowa has excelled in creating partnerships and collaborative efforts for the benefit of young children. Through careful planning, as well as the use of formal agreements, care coordination and partnership is common among ECI agencies.” While not the only early childhood leadership structure that will be relied on to provide guidance and input for these system reform efforts, ECI is the “umbrella” structure that brings the collaboration and broad representation together and will be a key partner as these efforts move ahead.

Iowa's early learning challenge organizational structure



Serving as the lead agency, Iowa's Department of Education will coordinate the grant activities across the state agencies in collaboration with a grant management team. The proposed goals and activities rely on strong partnerships across Departments and systems. The grant management team will consist of representatives from each state agency and work in conjunction with existing ECI Office staff to accomplish the goals and activities. As the coordinating body, the grant management team will direct communication and provide input for decision making across the participating agencies and councils. Disputes or barriers to implementation will be brought to this group and plans to address these issues will be developed. Periodic evaluations on the status of grant activities will be coordinated by this management team in order to keep all of the representatives apprised of the State Plan progress.

While it is important that there is one group that holds primary responsibility for the management of the grant, the grant management team will not work in isolation. This grant necessitates an open governance structure with opportunities for input, feedback, and collaboration from a variety of stakeholders. To achieve this, Iowa will implement the grant with guidance from a Leadership/Governance Team to provide broad feedback and support for these reform efforts.

The existing ECI State Board will assume the role of the Leadership/Governance Team. This group will be expanded to include:

- Representation from the Governor's office
- The DE grant coordinator
- A representative from the Early Childhood Iowa Stakeholder Alliance's Steering Committee
- An ECI local board representative
- A parent or family of children with high needs representative
- A representative from the Iowa Council for Early ACCESS (the Part C Interagency Coordinating Council)
- Other key stakeholders involved in grant activities to move the agenda ahead and provide overall guidance and more detailed advice from a broader cross sector, department, community perspective.

It also assures the opportunity for Agency Directors and Designees to work together supporting and guiding this agenda. Grant activities and recommendations will be presented to the State Board of Education, the ECI State Board, the State Child Care Advisory Council and the full Iowa Council for Early ACCESS (the Part C Interagency Coordinating Council) 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 as well, enhancing communication between the groups and infrastructure support.

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. The management team as a whole will develop a communication plan for those outside state agencies to assure all stakeholders are apprised of the reform efforts.

The management team will use scheduled constituent group meetings to seek ongoing input and provide updates. For example, while it is a strength that the ECI Stakeholders Alliance and the Interagency Coordinating Council-Part C (that includes mandated parents of children with high needs and public and private provider representation among others) will be represented on the Leadership/Governance team for the grant, the full Alliance and Council will also be resources for the grant management team. There will be consistent communication to take full advantage of these groups and the array of stakeholders represented on them in the implementation of the grant along with input into issues and questions of sustainability. Because the grant plan includes building on the work of C4K to expand the types of universal screenings and age ranges covered by them, the grant governance will also link to the collaborative governance of C4K.

The grant management team will inform administrators of necessary decisions and report progress while at the same time inform agency specific and system wide stakeholder groups and partners. 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.

The participating State Agencies are committed to the State Plan.

Each of the State agencies is deeply committed to the plan described in this proposal. Employees at all levels of Iowa's state government have worked diligently to create a plan that will make the most impact on Iowa's Early Learning and Development Programs and services for Children with High Needs.

The MOU between the lead agency and the participating agencies is attached to this document as Appendix #3

Demonstrating Commitment to the State Plan from a broad group of stakeholders

Iowa's Race to the Top Early Learning Challenge Application has received over 70 Letters of Support from a broad group of stakeholders including:

- Bipartisan support from the State legislature including State Representatives and State Senators.
- Key stakeholders in the education arena (i.e., The School Administrators of Iowa and The Iowa Association of School Boards).
- Organizations that can help the State connect with CHN (i.e., The Department of Human Rights, Community Advocacy Services Division, Division of Community Action Agencies, Iowa Community Action Association, and local early development and education programs.)

Letters of Support are attached to this document as Appendix #4.

Iowa has a long history of broad stakeholder support and input. This tradition will continue with the early and frequent involvement of parents/families including the parents/families of children with high needs, service providers, private and public sector partners, and others from across Iowa’s comprehensive system in the planning and implementation of the ELC reform efforts. All these stakeholders are already involved in Early Childhood Iowa at the state and local levels. They already act in an advisory capacity to State level system development plans, to Iowa policymakers, and to the Governor’s office. Specific to this opportunity these stakeholders (parents, service providers etc.) are part of the ELC Leadership/Governance Team providing direct guidance and advice to the grant management team, the Governor’s office, and other decisions makers as they implement, overcome barriers, and consider sustainability.

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
Iowa Department of Education	<ul style="list-style-type: none"> • Lead Agency for the Early Learning Challenge Grant • Fiscal oversight for ELC grant • Director participation ECI State Board and the ELC Leadership/Governance Team • Convenes the ELC grant management team. • Prepares and submits fiscal and other reporting requirements of ELC grant. • Management and responsibility for activities outlines in MOUs
Iowa Department of Human Services	<ul style="list-style-type: none"> • Management and responsibility for activities outlines in MOUs • Represented on the grant management team and Early Childhood Iowa. • Director participation the ECI State Board and the ELC Leadership/Governance Team
Iowa Department of Public Health	<ul style="list-style-type: none"> • Management and responsibility for activities outlines in MOUs • Represented on the grant management team and Early Childhood Iowa. • Director participation on ECI State Board and ELC Leadership/Governance Team
Iowa Department of Management	<ul style="list-style-type: none"> • Management and responsibility for activities outlines in MOUs • Represented on the grant management team and Early Childhood Iowa. • Director participation on ECI State Board and ELC

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
	<p>Leadership/Governance Team</p> <ul style="list-style-type: none"> • Provides direct link to local ECI Boards to assure direct local input.
Other Entities	
State advisory council on early childhood education and care (Early Childhood Iowa Stakeholders Alliance/Early Childhood Iowa Stakeholders Alliance Steering Committee)	<ul style="list-style-type: none"> • Represented on the ELC Leadership/Governance Team. • Provide ongoing feedback and guidance to the grant management team. • Recommendations to the Iowa legislature and Governor’s Office around early childhood system development as they pertain to the ELC vision, activities and sustainability.
State Interagency Coordinating Council for Part C of IDEA	<ul style="list-style-type: none"> • Represented on the ELC Leadership/Governance Team. • Provide ongoing feedback and guidance to the grant management team.
Other: Early Childhood Iowa State Board <i>Specify:</i>	<ul style="list-style-type: none"> • A central part of the ELC Leadership/Governance Team. • Provide input from Department leadership, legislative and community perspective.
Other: Early Childhood Iowa Local Boards <i>Specify:</i>	<ul style="list-style-type: none"> • Represented on the ELC Leadership/Governance Team. • Provide local input.
Other: ELC grant management team	<ul style="list-style-type: none"> • Programmatic leadership and oversight of ELC grant activities and coordination • Acts in a liaison capacity and point of contact for involved State Departments and the ELC Leadership/Governance Team. Facilitates interagency coordination and decision making while bringing insights into this process from the ELC Leadership/Governance Team. • Annual report on ELC grant activities and progress to ECI and other key partners.
Other: ELC Leadership/Governance Team	<ul style="list-style-type: none"> • Assures parental/family representation and input. • Provides ongoing feedback and input on grant implementation, barriers, sustainability and coordination from a wide variety of key stakeholders including Department leadership, Legislators, service providers, Parents, local leaders

Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils (if applicable)	
List every Intermediary Organization and local early earning council (if applicable) in the State	Did this entity provide a letter of intent or support which is included in the Appendix (Y/N)?
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
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
Migrant Head Start Association	Y
State Child Care Advisory Committee	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.

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 funding; MIECHV 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.

The State's response to (A)(4)(b) will be addressed in the Budget Section (section VIII of the application) and reviewers will evaluate the State's Budget Section response when scoring (A)(4). In the text box below, the State shall write its full response to (A)(4)(a) and (A)(4)(c) and may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

Details for section (A)(4) are addressed in the budget and budget narrative.

Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.					
Source of Funds	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Total
DE	150,000	150,000	150,000	150,000	600,000
DHS	136,000	136,000	136,000	136,000	544,000
DOM	125,000	125,000	125,000	125,000	500,000
DPH	45,000	45,000	45,000	45,000	180,000
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>					

B. High-Quality, Accountable Programs

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

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 that lead to improved learning outcomes for children; and

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

TQRIS based on a statewide set of tiered Program Standards.

Iowa designed and implemented a voluntary, statewide Quality Rating System (QRS) for early learning and development programs (ELDPs) in 2006. The Iowa Department of Human Services (DHS) is charged with administering the state's QRS and convenes a cross-agency QRS Oversight Team. The Oversight Team was convened at the inception of the QRS and provides guidance for the QRS structure and administration. The Oversight Team includes representation from the state Departments of Human Services, Education, Public Health, Management, and from Early Childhood Iowa (ECI), Child Care Resource and Referral Agencies, Iowa State University Extension, and child care providers. The Oversight Team monitors where "recalibrations" to the existing provider QRS are warranted to support the overall goals of access to higher quality care for children with high needs and school-readiness for all children.

The QRS also benefits from input by the State Child Care Advisory Committee. The committee consists of both center and home providers, persons that work for agencies that support the continuum of early learning and development programs, and advocacy representatives, as well as the state agencies of Education, Human Services, Public Health, and Management. Over the years, this group has supported improving the very foundational needs of providers while also increasing quality environments and supports. To that end, in 2013, the committee created two white papers – one on the QRS incentive stipend and one on hours vs. slots for reimbursement. The committee focuses on three main areas: Assessing and Increasing Regulatory Standards, Quality Improvements, and child care assistance. For SFY14 goals, the committee has identified three legislative priorities: encouraging the licensing for all providers, increasing CCA rates to current market price study, and restoring the QRS stipend.

Iowa's QRS model is a 5-level system built on a "ladder and menu" approach. A rating under Iowa QRS is valid for two years. Eligible early learning and development programs include licensed child care centers (which includes community and school-based preschools and Head Start programs), registered Child Development Homes, and school-based, school operated programs under the auspice of the Iowa Department of Education or under the authority of an accredited school district or nonpublic school. Among the programs eligible to participate in the QRS are a number of entities that serve children with high needs. They include Shared Visions and Head Start which serve 100 percent of children who are high needs. Child care programs that serve children accepting Child Care Assistance also serve high needs children, as do programs that serve children on IEPs. More than half of children served by Iowa's Statewide Voluntary Preschool Program would be classified as children with high needs. Because Level 2 and above providers must participate in the Child and Adult Care Food Program (CACFP), establishing income eligibility for children in such programs is another way to measure the impact of QRS participating programs on children with high needs.

At the onset of QRS, the decision was made that programs must be regulated either via DHS or DE to participate, and doing so allows them to apply to be a Level 1 rated provider. Iowa intentionally did not include non-regulated programs (particularly non-registered home providers

who can legally operate in Iowa provided they serve no more than five children at a time) as an incentive to become registered with the state. Iowa also has a differential payment structure under its subsidy program, with registered providers receiving more than 50 percent more in reimbursement than non-registered providers.

The QRS Application is included as Appendix #5

The QRS rating structures for centers is included as Appendix #6

The QRS rating structures for homes is included as Appendix #7

Levels 1 requires licensure or registration (in the case of family child care providers) Level 2 requires CACFP participation and basic training of staff and administrators. At Levels 3 through 5, programs must obtain required points in each of the following categories:

1. professional development
2. health and safety
3. environment
4. family and community partnerships
5. leadership and administration (only for centers, not homes).

In 2011, the QRS was strengthened by using the appropriate Environment Rating Scale (ERS) for the setting and children served (i.e., FCCERS-R, ITERS-R, ECERS-R, or SACERS). The ERS provided greater validity to the QRS ratings and assured parents that programs in the top level of the QRS warranted the ranking.

An ERS assessment consists of a 3 - 3 1/2 hour observation followed by a 30 minute oral interview. Center-based programs requesting an assessment must have at least one-third of all classes assessed and at least one from each rating scale (ITERS-R, ECERS-R, and/or SACERS as appropriate). To receive an assessment, the child development homeowner or center-based director, supervisor, or principal must complete an ERS training for their program.

Iowa maintains two Environment Rating Scale Assessment “anchors,” to assure integrity of the process. Each anchor is required to maintain 85% inter-rater reliability on each scale with

national ERS anchors from Frank Porter Graham Environment Rating Scale Institute. The two Iowa anchors maintain 85% inter-rater reliability with each other on each scale after 10 assessments or every three months.

QRS eligible programs are offered training on the scales as well as self-assessment work prior to requesting a formal assessment. Trainings are conducted by master's level education in early childhood education and themselves are 85 percent inter-rater reliable with the anchors.

Workshops are offered on all ERS assessments throughout the state. The training represents eight hours of instruction over a four week period which includes conducting a self-assessment and developing a program improvement plan that is reviewed by the instructor. A 3-month follow-up survey documents additional program improvements.

Iowa's current QRS addresses the set of program standards in the application in these ways:

Early Learning and Development Standards: Iowa has developed Early Learning Standards (IELS) for infants and toddlers and preschoolers and revised them in 2012. These are embedded in approved training opportunities for providers as well as a recently-developed curriculum to educate ELDPs on the IELS and how they can be included in program curriculum and assessment practices.

Comprehensive Assessment System: Besides achieving a minimum ERS assessment score of 5.0 in each assessed room for Level 5 programs, there is currently no other assessment required by the QRS except as is required by programs following the Iowa Quality Preschool Program Standards, NAEYC accreditation criteria or Head Start Program Performance Standards. The High Quality Plan for addressing this systemic component will be addressed under Focus Area in (C)(2) and expands the use of universal screening tools to ELDPs, including those who participate in the QRS.

Qualified Workforce: The QRS categories for both home and center providers require points for professional development in Levels 3-5. Minimum educational, training, and experience qualifications are in place for child development home providers and staff in licensed child care

centers and preschools. Specific requirements are included in the QRS rating structures in the Appendix #5. Iowa's High Quality Plan (D)(1) will establish clear progress points along career pathways that demonstrate increasing mastery of established teaching role competencies.

Family Engagement Strategies: The QRS requires for Levels 3-5 points to be earned in family and community partnerships. Criteria for this category includes criteria such as new parent orientation, providing parents with program policies and procedures, holding annual conferences and parent meetings, and conducting annual parent surveys. Iowa's High Quality Plan for (C)(4) includes the development of a progressive set of family engagement strategies to encourage programs to achieve increasingly higher levels of commitment to engaging parents. Iowa has placed major emphasis throughout its early childhood systems building on engaging parents as their child's first teacher, nurse, safety officer, and mentor – and this is reflected in the Iowa Early Learning Standards, QRS, and the different training and development programs for early care and education providers.

Health Promotion Practices: Among states with child care 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 (C)(3) acknowledges the emphasis on health and safety already in place with the current QRS. Iowa's child care nurse consultants offer several levels of monitoring and training for centers and homes which address basic health and safety issues, but which go further to review practices related to accommodations for children with special health care and medication needs and to support programs, develop protocols for responding to different health emergencies, and provide support for program operation in ways that promote healthy nutrition and exercise.

Effective data practices: The requirement for ERS scoring for programs represents the use of data to inform practices and lead to continuous quality improvement. Increasingly, an emphasis

has been placed on encouraging all ELDPs to assess children with valid and reliable instruments and use that data to inform instructional practices. While such practices are not required in Iowa's QRS, many programs are using the Teaching Strategies GOLD through a state license and that data is collected at a state level.

The above analysis of the current status of Iowa's QRS makes clear that Iowa has a solid foundation in its current QRS and an excellent opportunity to refine and enhance that system to create a more comprehensive approach to quality.

TORIS is clear and has standards that are measurable, meaningfully differentiate program quality levels, and reflect high expectations of program excellence.

Iowa's QRS has 5 levels which differentiate program quality while at the same time providing flexibility in the roadmap providers select to improve their quality. The standards themselves build off of nationally recognized practices and policies, such as those found in the Child Development Associate credential, the Child and Adult Care Food Program, the nationally-recognized Early Childhood Positive Behavioral Intervention and Supports training, and Program for Infant and Toddler Caregivers (PITC), Child Care Aware, FEMA emergency preparedness plans, the National Child Care Nurse Consultant Training Project, the Environment Rating Scales and accrediting entities such as NAEYC, NAFCC, and NSACA. Iowa's QRS is currently being evaluated by Child Trends to better understand the degree to which the levels differentiate between themselves and reflect true achievements in quality improvement (discussed in detail in (B)(5)).

The degree to which Iowa's QRS will show improved learning and school readiness outcomes for children with high needs will be determined by the state's Kindergarten Entry Assessment which is discussed in E(1) in this application.

TORIS is linked to the State licensing system for Early Learning and Development Programs.

Because Iowa's QRS requires programs participating in the QRS to be licensed or operating under the authority of the Iowa Department of Education or an accredited school district (or to be

registered in the case of child development homes), the QRS is linked to state licensing. Iowa licenses more than 1,300 center-based programs (centers and preschools, including Head Start) that serve seven or more children. About 4,100 Child Development Homes are registered. Registration as a Child Development Home is required when caring for seven or more children. Registration is a self-certification process with monitoring targeted at all homes annually.

Goal 1 – Establish a comprehensive QRS that supports participation and improvements across the full array of child care programs, with a particular focus on encouraging participation for those programs those serving CHN.

Key Activity 1: Reassess and redesign the QRS to incorporate the optimal quality improvement elements to improve sustainable quality and improved outcomes for children of the highest need.

Rationale:

Reassessment and redesign is necessary if Iowa’s QRS is to be “comprehensive.” The reassessment process will consider incorporating stronger expectations to include the IELS into program practices, to engage in assessment activities, to provide points for progress made by providers along career pathways, to implement increasingly effective family engagement strategies, and to collect data to inform program practices. Other considerations include:

- better accommodation of programs already meeting quality standards such as IQPPS, NAEYC, or HSPPS to encourage the engagement and benefit from a common quality metric across all ELDPs in Iowa.
- assessment of cost drivers at both the program and state level utilizing the soon-to-be-released Provider Cost of Quality Calculator (PCQC) and QRIS Cost Estimation Model (CEM) identifying desired data elements for the QRS.
- incorporating as much as possible other monitoring systems (e.g., licensing, CACFP monitoring, NAEYC annual reports and verification, IQPPS verification, and Head Start internal monitoring and federal monitoring).
- incorporating other assessment tools measure program quality (e.g., CLASS, BAS, PAS, etc.).

The Child Trend evaluation directed from the Iowa Legislature provided funding for a QRS evaluation and validation that “shall address the system’s strengths and weaknesses, and shall provide recommendations for change.” A report on that activity is due on December 16, 2013. The redesign will consider areas identified in the Child Trends evaluation work. The state is also anticipating new requirements from the proposed CCDF rules anticipated to go into effect late spring of 2014. Redesign changes should align with alignment these anticipated CCDF requirements.

The state needs to ensure that the most outcome-oriented elements that can be supported by the state are incorporated in the QRS. The steady increases in participation ensure Iowa can sustain growth after the grant is finished.

Providers who are eligible to participate in the QRS are in all 99 Iowa counties.

Benchmarks and Milestones:

January-March 2014 – Review and assess the Child Trends evaluation report and identify key next steps.

April 2014-December 2014 – Identify next generation elements for QRS and determine the appropriateness and readiness for Iowa to implement desired changes.

January 2015 – Begin developing the standards for the desired changes to QRS, establish administrative processes, and communicate with providers.

January 2016 – Redesigned QRS in place.

Table (B)(1)-1: Status of all Program Standards currently used in the State							
List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards	Program Standards Elements¹⁹ <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
Head Start Performance Standards	X	X	X	X	X	X	
IQPPS Verified Standards	X	X	X	X	X	X	
Child Care Licensing			X				
Child Development Homes			X				
NAFCC Accredited	X		X	X	X		
NAEYC Accredited	X	X	X	X	X	X	
Family Support Programs							
Maternal and Child Health programs		X	X	X	X	X	
Healthy Child Care Iowa	X	X	X	X	X		
QRS - all regulated child care providers and school-based, school operated under the authority of the Dept. of Education	X		X	X	X		
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>							

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

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--

¹⁹ Please refer to the definition of Program Standards for more information on the elements.

(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 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).

Implementing effective policies and practices to reach the goal of having all publicly funded Early Learning and Development Programs participate.

Iowa has had remarkable participation rates for a voluntary system with 1,373 providers participating 94 percent at Level 2 or higher. The increase is due in part to performance measures set in the Child Care Resource and Referral (CCR&R) contracts to increase the participation rates.

Another factor is the stipend awarded programs for participating. The current stipend structure provides for an "achievement stipend" at the time a program receives its rating. For homes, the stipend begins at \$400 for Level 1 and increases to \$1,000 for the highest rating. For centers, the stipend begins at \$400 and grows to \$4,000 for the highest level (see chart below). A stipend is awarded at each re-determination or renewal. A program can submit an application to increase its level after 12 months under its initial rating. The rating remains in effect for two years, at which

time the program may submit a new application. In an effort to encourage providers to increase their ratings, legislation was passed in 2008 that required the stipend to be reduced by 50 percent at the time of re-determination or renewal if the program did not increase its level.

Other entities have supported program participation and advancement in the QRS. Local ECI areas have providing funding for materials and training. Many of the trainings that garner QRS points are provided free.

Quality Rating System Achievement Stipend Schedule For Child Development Homes	
QRS level	
2	\$400
3	\$600
4	\$800
5	\$1000

Quality Rating System Achievement Stipend Schedule For Licensed Child Care Centers				
QRS Level	Center licensed to care for up to 25 children	Center licensed to care for 26-50 children	Center licensed to care for 51-100 children	Center licensed to care for more than 100 children
2	\$400	\$800	\$1200	\$1600
3	\$600	\$1200	\$1800	\$2400
4	\$800	\$1600	\$2400	\$3200
5	\$1000	\$2000	\$3000	\$4000

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.

A recent report by the National Women’s Law Center indicates that 37 states had to lower CCA eligibility or provider rates, increased co-pays, or implemented/extended waiting lists since 2010. *Iowa is not among those states.* Rather, Iowa has undertaken a number of measures to ensure that low-income families have access to higher quality care, including:

- Maintaining eligibility levels with the most recent Federal Poverty Levels (FPL).
- Ensuring that the co-pay for CCA is based only on care provided to one child per family.
- Providing higher rates be paid for regulated care and for children with special needs.
- Regular provider rate increases.

GOAL 1 – To expand the supply of high quality early learning and development programs to children in low-income families.

Key Activity 1: Intentional effort to engage early learning and development providers serving Children with High Needs (CHN) to participate in the QRS by expanding CCR&R consultants who serve as “QRS case managers.”

Rationale:

Iowa’s CCR&R system is statewide, serving all 99 counties. CCR&R consultants are required to become I-Consult credentialed. The CCR&R are expected to increase the number of rated providers within their regions. By adding additional QRS case managers (e.g., CCR&R consultants) the state can increase the number of and provide ongoing support to rated providers. Estimates for expanded number of consultants and geographic placement of the FTEs will factor in variables such as provider counts within the CCR&R regions, lower ratio for centers, center classroom vs. programs, and similar considerations. Deployment of staff will be based on a cross-tabulation of data which addresses Children with High Needs (i.e., the Child and Family Policy Center’s Early Childhood Needs Assessment location of families receiving CCA, U.S. Census data, concentrated areas of families eligible for Free and Reduced Lunch, counties with high number of English Language Learners, etc.) with that of provider geomapping and

identification of counties/areas with low QRS participation rates. When the grant ends, the momentum from the participation increase is expected to continue as rates of involvement in the QRS reach a tipping point.

Benchmarks and Milestones:

July 1, 2014 – Funding to CCR&R to support hiring of additional consultants.

October 2014 – Additional staff hired.

November 2014-December 2015 – staff members become I-Consult credentialed.

Key Activity 2: Ensure that expanded training and self-assessment work are available to all participating early learning and development programs.

Key Activity 3: Incentivize provider participation and increase access for families of lower income by revising the QRS stipend structure to provide for a more meaningful stipend, commensurate with expectations of the level, at the time the rating is awarded.

Rationale:

This activity recognizes that providers incur costs and need support along the QRS spectrum and will provide support to prepare and submit an application. Additionally, this activity will ensure that the funding at the time of the rating is more commensurate with the effort it took providers to make the improvements and support providers in the activities that are necessary to maintain and increase their rating. Programs report that one of the reasons they do not participate in QRS is because the stipend is insufficient to support the quality improvements needed.

Currently, QRS stipend amounts range from \$400 to \$4,000 per program, based on the level achieved and the licensed capacity of the facility. When a program re-applies, if they do not increase their level (other than Level 5 programs), they receive half of the stipend amount.

Since stipends represent an elastic incentive that is dependent on perceived value of the QRS

and costs associated with quality improvements, after four years of accelerated stipend rates Iowa anticipates being able to make stipend adjustments to better fit demand. In a successful model, stipends can actually be reduced because greater participation (along with the proposed marketing effort) will be seen as good independent of any reward for participation.

Benchmarks and Milestones:

January-June 2014 – (1) QRS Oversight Team to establish a stipend structure within allocated resources, determine accountability provisions and timeframes. (2) Develop communication strategies with programs.

July 2014 – Implement stipend structure.

Key Activity 4: Explore requiring recipients of other state quality improvement efforts to participate in the QRS (e.g., child care wraparound grant recipients, all T.E.A.C.H. scholarship recipients, recipients of local ECI funding, and programs funded through the Iowa Department of Education and following higher level program standards like IQPPS, NAEYC Accreditation, and Head Start Performance Standards)

Rationale:

There are currently 27 contractors who receive funding from the state to provide child care wraparound services (i.e., full-day, full-year programming in higher quality programs). Some of these contractors manage multiple program sites. If T.E.A.C.H. funders adopted a policy it would provide another incentive to participate in QRS. In addition, requirements from other agencies could drive participation in the QRS of more ELDPs.

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											
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 2014		Target - end of calendar year 2015		Target-end of calendar year 2016		Target- end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool <i>Specify:</i>	322	61	19%	128	40%	193	60%	258	80%	322	100%
Early Head Start and Head Start ²⁰	9,879	1,264	13%	1,482	15%	2,964	30%	7,409	75%	9,879	100%
Programs funded by IDEA, Part C	N/A										
Programs funded by IDEA, Part B, section 619	N/A										
Programs funded under Title I of ESEA	756	0	0%	113	15%	227	30%	562	75%	756	100%
Programs receiving from CCDF funds	2,702	591	22%	730	27%	865	32%	1,000	37%	1,135	42%
Other: Registered Child Development Home	4,100	750	18%	955	23%	1,160	28%	1,365	33%	1,570	38%
Other: Licensed Centers and Preschools	1,340	651	49%	718	54%	785	59%	852	64%	919	69%
<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>											

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

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--

²⁰ Including Migrant and Tribal Head Start located in the State.

(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 written in plain language, and 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.

Goal 1 – To increase monitoring and availability of program information.

Key Activity 1: Support a state-level infrastructure to use the Classroom Assessment Scoring System (CLASS) as a monitoring tool.

Rationale:

Recent research has shown the importance of teacher/child relations in shaping the quality of experiences of children in ELDPs.²¹ CLASS is currently being used for Head Start programs. The grant will support an initial development of reliable assessors, building on the considerable number active in Head Start, and after four years those assessors will be sufficient to address ongoing demand from QRS participants.

Benchmarks and Milestones:

April 2013 – Issue an RFP for building the system necessary to support CLASS to be implemented across Iowa. The RFP will outline the necessity for a cadre of at least 4 trainers/technical assistance providers (1st quarter of grant).

21 Sabol, T J., S. L. Soliday Hong, R. C. Pianta, and M. R. Burchinal, "Can Rating Pre-K Programs Predict Children's Learning?" *Science* 23.341 (6148, August 2013): 845-846.

July 2013 – Work with the awarded contractor to ensure proper training takes place with Teachstone (2nd quarter of grant and ongoing as necessary).

January 2015 – Assure any necessary data items are available to all programs using the CLASS materials (1st year of grant). Determine what data items are important for a public report.

Conduct training sessions about the CLASS system. Training opportunities will be provided to those communities in which there is a significant percentage of children on free and reduced lunch. Roll-out will be extended to both DHS Licensed and school-operated at the same time in those communities. Provide technical assistance to programs to review their data and determine steps to improve.

Ensure implementation by following a model recommended by Teachstone, which includes the necessary technical assistance programs (throughout grant).

Certify trainers to become observers (throughout grant as necessary) (annually tested).

DE/DHS and Oversight Committee will determine what parts of the CLASS system rollout will be included in the revised QRS system. (2 – 3 quarter)

Key Activity 2: Reassess and determine the appropriate assessments and corresponding training/self-assessments to be required or available at Levels 3-5 to provide opportunities for learning and improvement along the continuum of quality (e.g., ERS, CLASS, BAS, PAS, etc.).

Benchmarks and Milestones:

April 2014-December 2014 – Identify next generation elements for QRS and determine the appropriateness and readiness for Iowa to implement desired changes.

Key Activity 3: Increase accountability/integrity of the QRS by supporting state-level QRS Quality Assurance staff to perform audits on-site.

Benchmarks and Milestones:

January-September 2014 – Hire staff, develop monitoring protocols and desired percentages, develop and implement communication strategies with providers so programs are aware of monitoring expectations.

Fall 2014 - Begin monitoring.

Key Activity 4: Establish a marketing campaign to increase the public awareness of the value and distinction of QRS.

Rationale:

Outreach activities will be implemented on a statewide basis, with particular efforts directed to population pockets of diverse families and higher concentrations of Children with High Needs. Because DHS is the lead agency for CCA and other benefit and service programs (e.g., TANF, Medicaid, Food Assistance, child welfare), has a service delivery structure that reaches all of Iowa's 99 counties, and partners with other entities (e.g., Community Action Agencies, Head Start, Iowa Workforce Development, Early Childhood Iowa areas), it is well-positioned to address outreach efforts targeted to low-income families. Efforts will build off of the success of outreach strategies used for Iowa's *hawk-i* (SCHIP) program and earlier public awareness efforts for the QRS.

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 and a more meaningful achievement stipend for rated providers may open doors for Children with High Needs who were previously denied access.

Iowa implemented a successful marketing campaign at the inception of the QRS. After several years, funding was diverted to other system priorities within the QRS. With a renewed focus on marketing and outreach efforts, the QRS will experience increased access to high quality care for CHN.

Benchmarks and Milestones:

January-October 2014 – Procure and work with a contracted vendor to design and develop a public awareness QRS campaign targeted to low income families. This campaign will continue through June 2017.

Key Activity 5: Link CCR&R parent services with the proposed CCDF requirement for expanded consumer education provided to parents receiving Child Care Assistance.

Rationale:

Increased participation in QRS is dependent on ensuring that families with CHN who enter state systems are made aware of the value of selecting higher quality care and which programs offer higher quality care. Furthermore, the federal Office of Child Care seeks to have more specific, targeted information provided to recipients of Child Care Assistance on the programs they choose.

CCR&R parent referral services are currently available statewide in the five CCR&R regions. In SFY13, CCR&R referred over 8,100 families representing more than 12,400 children to child care programs. While information on non-regulated programs receiving CCA has been shared with CCR&R for many years, the effort was focused on the provider support side. Under this effort, the other side of CCA – the parent – will be a focused area for CCR&R services.

Benchmarks and Milestones:

January-September 2014 – Determine and design key fact sheets that can be provided from CCR&R to parents receiving CCA and who request referral assistance from CCR&R.

January 2015 – Incorporate into SFY16 CCR&R contracts and implement the delivery of program information to families seeking CCA/referrals.

September 2014 – Implement improved strategies for regulatory staff to gather and report on program licensing and registration information.

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

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.

Provide support and incentives for programs to continuously improve.

Iowa's childcare Quality Rating System (QRS) provides multiple opportunities and incentives for programs to improve their quality and reach higher QRS levels:

- Achievement stipends are awarded to Level 2-5 programs at the time the rating is issued. QRS ratings are effective for two years and programs may re-apply as soon as 12 months after a rating if they wish to reach a higher level. Stipends range from \$400 from \$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 because 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, and other community partners.
- Consultation 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.

All Consultants are required to achieve an I-Consult credential to ensure integrity and consistency of practice in their efforts to assist providers in improving the quality of their care. I-Consult provides a training, support, and credentialing system for early childhood program (CCR&R) consultants. Through I-Consult programs, consultants learn to provide services that complement other forms of professional development, such as workshops or courses, by providing on-site support to help teachers/caregivers implement the targeted practices. I-Consult instructors and mentors partner with agency supervisors to help individual consultants reflect upon, document, and build competencies in content expertise, building professional relationships, using technical assistance strategies, and applying professionalism and ethics.

Consultants learn to use coaching activities to facilitate the teacher's/caregiver's reflection and intentional practice. Through I-Consult, consultants learn to work in partnership with teachers and providers to assess, plan, achieve and evaluate program improvement goals. I-Consult offers three levels of training over a three year period:

Level 1: Consultant Essentials

Level 2: Consultant Credentials

Level 3: Consultant Mentor Credentials

Consultation Essentials (Level 1) consists of three days of instruction followed by work with a supervisor to observe and reflect on her use of coaching activities and technical assistance

strategies. Consultants earning a Consultant Credential (Level 2) and Consultant Mentor Credential (Level 3) must complete the following requirements for each credential: four days of competency-based instruction, observation, and feedback from instructors, supervisors, and mentors; complete portfolios documenting competency; distribute and collect client feedback survey forms; and participate in a credential validation process that reviews all evidence of competence. After reviewing the evidence presented, the validation conference participants decide whether the evidence is sufficient to award the I-Consult Mentoring Credential or whether additional evidence is needed. A 5-year renewal process is currently being developed.

Low-income families are linked to high quality programs in the following ways:

- Wrap-Around Child Care services to 31 contractors provides funding for families otherwise eligible for CCA whose children attend Head Start, Shared Visions at-risk preschool programs, 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. The Shared Visions at-risk preschool programs are NAEYC accredited child development programs that provide a comprehensive approach to meeting the needs of the children and families they serve. Services to children from families who have income below 130 percent of FPL include providing transportation, immunizations, and other family support services.
- Iowa has a statewide CCR&R system, which provided “live” referrals to over 4,400 families (not including web-based and web-based follow-up) in SFY13. This system offers a tremendous opportunity to educate and link families from lower incomes with higher-quality providers. Additionally, they 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.

GOAL 1 –To promote access to high-quality Early Learning and Development Programs for Children with High Needs by expanding, particularly in rural areas, the number of financially secure center-based providers participating in the QRS.

Key Activity 1: Based on participation levels and resources, a structure will be developed to provide a targeted stipend beyond the base for rated providers serving an established number or percent of CHN.

Rationale:

Many providers have been reluctant to serve CHN, particularly through the Child Care Assistance program, because of the disparity in the state reimbursement rate to the private pay rate.

Since its inception in 2006, the QRS has maintained the same stipend structure, providing for an achievement stipend only. Lessons learned throughout the history of the rating system indicate that providers need more assistance in the preparation of an application for submission. Furthermore, financial support must be more commensurate with the improvements made if the state is to motivate and increase programs' interest in not only achieving a rating but remaining in the system. The limitations of other market forces such as the state reimbursement for subsidy, parents' reluctance to have fees increased to cover costs, etc. make it incumbent on the QRS system itself to support and reward providers. Iowa currently reimburses providers under the state CCA program at the 2004 market rate levels (+ 2%, 2%, and 4% increases that have occurred over the past five years).

Benchmarks and Milestones:

January-June 2014 – (1) Consult with QRS Oversight Team to establish a stipend structure within allocated resources, determine accountability provisions (e.g., documentation required to support thresholds of CHN met, etc.) timeframes to issue etc. (2) Develop communication strategies with programs.

July 2014 – Implement stipend structure.

Key Activity 2: To increase families in rural Iowa having access to higher quality providers, expand First Children's Finance's Growth Fund Program to western Iowa.

Rationale:

Iowa will launch two Growth Fund classes targeting five centers each per the two Child Care Resource and Referral Regions in the western half of the state each year for four years. Each center-based class will participate for two and one half years in the program and at least one year as a graduate/mentor. A focus of professional development in this region will be on Board training and development.

The Growth Fund is a child care business and quality improvement program, which 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 to the participants. To date, the Growth Fund has been implemented in three of Iowa's five Child Care Resource and Referral (CCR&R) regions to center-based programs.

The Growth Fund is initiated as an application process in geographically defined areas. Selected providers participate in a multi-year program which 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 and receive support in writing a business improvement plan. Upon approval, participants receive substantial grants to support the development of a business improvement plan. Following approval of the written business improvement plans and required progress reports, providers receive additional funds to support implementation of their plan.

To participate in the process, under this funding providers must, at a minimum:

- Be regulated by the state as a licensed center.
- Show evidence of operation for at least one year.
- Provide all day, year round programming.

- Serve children from low-income families, including children from families participating in the state's Child Care Assistance (CCA) program.
- Participate in the Quality Rating System (QRS) or complete an application within the first six months of acceptance in the Growth Fund Program.
- Demonstrate commitment of the Program Leadership toward expansion including increased capacity/enrollment and quality improvement.

In consultation with CCR&R consultants, the expansion will target centers in western Iowa serving a high percentage of children who receive CCA, are DLL, etc., those programs with high turnover of staff or programs in areas with schools in need of assistance.

Currently western Iowa has 377 licensed child care centers – 257 in CCR&R of Northwest Iowa and 120 in CCR&R of Southwest Iowa. Both regions have experienced significant center closures and turnover of staff in the past 3-5 years, making access for CHN needs challenging as well as causing diminished returns on quality improvement efforts. Too often funding is directed at child care providers with little thought of the sustainability of the program. The Growth Fund model is tested, proven to be effective, and replicable. It can be customized to meet local needs, including targeting rural areas with high concentrations of children with high needs.

Sustainability 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 foundation and corporate funding sources 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.

The target geographic area is Western Iowa, which has realized a significant increase in centers closures in the past few years, is largely rural, and has increasing numbers of CHN.

The roll-out in western Iowa represents a significant effort in engaging providers who wish to address significant business challenges and who, at the end of this effort, will be sustainable and serve a stable or an increased number of Children with High Needs in high quality programs.

More importantly, it provides the framework and community engagement necessary to increase the saturation rate statewide of viable, high quality programs after the grant period ends.

Experience has already shown that the ‘seed’ investment provided by the state for the Growth Fund effort has generated significant interest by other funders, allowing for the expansion into two other major metropolitan areas (Des Moines and Quad Cities area).

There have been significant, positive results from the Growth Fund Program in Iowa. Of the 31 total centers that have been accepted into the Iowa Growth Fund Program since its launch in 2008, twenty-three (23) centers have completed a business improvement plan and also their first phase of business improvement implementation.

Eligibility for the Growth Fund requires that centers agree to participate in Iowa’s Quality Rating System, provide services to families with low incomes, and work to increase their business sustainability, which often includes increasing overall enrollment. Of the 23 participating Growth Fund centers: Seven have increased their ratings in Iowa’s Quality Rating System, and a total of 17 centers (74%) have either shown an increase in their Iowa QRS rating or have remained stable at a level 3 or above. A total of 1,472 children were served by the centers at the time of application including an average of 46.6 percent of enrollment serving children in low-income families. Many centers report increases in enrollment and profitability.

In addition to in-depth work on their business side, centers have used the Growth Fund Program grant funds to remove barriers to their unique quality and sustainability goals in their business improvement plans. In the most recent classes, centers have made significant improvements in marketing to increase enrollment; building security and surveillance for safety; staff or board development; quality initiatives including Iowa QRS and NAEYC accreditation; parent surveys to improve communications and services; playgrounds for quality and safety; technology and software to improve efficiency and access to resources. In most cases, centers report that the business and program quality improvements also improve enrollment, which has a long term positive effect on the center’s viability and sustainability.

First Children's Finance has experience serving centers that are small and large, independent and umbrella organizations, for-profit (most of rural Iowa) and nonprofit, multiple site and single site programs, Head Starts, Early Head Starts, YMCAs, community colleges, school districts, and church-owned programs. The staff has years of diverse background and extended partnerships in both business and early care and education services. The financial tools used to support the centers are immensely flexible and may be customized to address each center's unique challenges.

The Growth Fund Program will demonstrate success using the following performance measures. Of the centers fully participating in the Growth Fund Program:

1. Increased child care business viability and sustainability. At least 80 percent will demonstrate an increase in child care business strength indicators.
2. Stable or increased enrollment. At least 80 percent will demonstrate stable enrollment or increased enrollment.
3. Stable or increased services to children from low income families or with other high risk factors. At least 80 percent will demonstrate stable or increased enrollment of children from low income families and/or other high risk factors.
4. Completion of a business improvement plan. At least 80 percent will complete a comprehensive business improvement plan that addresses financial management, program operations, leadership and governance, market and marketing strategies, and establishes measurable goals and objectives.
5. Completion of a financial breakeven analysis tool. At least 80 percent will complete a financial breakeven analysis, with break down by classroom, which will become a useful tool for future financial and program decision-making.

Satisfaction Evaluation. At least 80 percent will report high satisfaction with their experience and results from the Program.

Benchmarks and Milestones:

The Growth Fund is a well-established program, which provides for structure and organization around the many and varied activities involved in each class of five centers. Each class of five centers will have its own timeline for receiving information about the Growth Fund Program, submitting applications, acceptance into the program, initial business assessment, breakeven analysis, writing a comprehensive business improvement plan, presenting the plan to a volunteer advisory group for approval, receiving the first grant, implementing phase I improvements, presenting accomplishments to the volunteer advisory group, receiving the second grant, and implementing phase II improvements.

2014 – The Growth Fund Program will start in January of 2014 by contacting partners and stakeholders to inform them of the opportunity to apply for Iowa’s Growth Fund Program, Classes 8 and 9. By March of 2014, information will be distributed announcing the opportunity.

June 2014 – Applications will be collected and five centers selected for each class. The ten centers will receive an assessment, breakeven analysis and business improvement plans will be written by December 2014.

2015 – Class 10 and 11 of the Iowa Growth Fund Program will launch with the same annual timeline that the previous classes did. In addition in 2015, Classes 8 and 9 will be approved for their first phase of improvement implementation and they will receive their first grant. In the spring, the classes will attend a training/peer networking opportunity offered through the Growth Fund Program, during the summer, the centers will provide written and oral presentation of progress to the Growth Fund Program volunteer advisors. In the fall, the classes will attend a second training/peer networking opportunity offered by the Growth Fund Program. By the end of the year, the centers will provide written and oral final presentations of progress to the volunteer advisors.

2016 – Classes 12 and 13 of the Iowa Growth Fund Program will launch with the same annual timeline as the others.

Classes 10 and 11 will conduct phase I improvement implementation with the same annual timeline as the others.

Classes 8 and 9 will be approved for phase II of improvement implementation and they will receive their second grant. In the spring, the classes will attend a training/peer networking opportunity offered through the Growth Fund Program, during the summer, the centers will provide written and oral presentation of progress to the Growth Fund Program volunteer advisors. In the fall, the classes will attend a second training/peer networking opportunity offered by the Growth Fund Program. By the end of the year, the centers will provide written and oral final presentations of progress to the volunteer advisors.

2017 – Classes 14 and 15 of the Iowa Growth Fund Program will launch with the same annual timeline that the previous classes did.

Classes 12 and 13 will conduct phase I improvement implementation with the same annual timeline as the others.

Classes 10 and 11 will conduct phase II improvement implementation with the same annual timeline as the others.

Classes 8 and 9 will join the Growth Fund volunteer advisors as peer support for the new Growth Fund Centers. They will be asked to attend the joint meetings with the centers and share their knowledge and expertise. They will provide advice to First Children's Finance on meeting the ongoing business challenges of quality child care programs.

Subsequent three years – First Children's Finance will continue to work with the Growth Fund Centers to complete their improvement implementation and mentoring. First Children's Finance will work with graduated centers, the Department of Human Services Program Manager, the Child Care Bureau Team Lead, and key stakeholders to create meaningful and accessible statewide business support for quality child care in Iowa.

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.					
	Baseline (Today)	Target- end of calendar year 2014	Target- end of calendar year 2015	Target- end of calendar year 2016	Target- end of calendar year 2017
Total number of programs covered by the Tiered Quality Rating and Improvement System	1,398	1,468	1,541	1,618	1,699
Number of programs in Tier 1	78	82	86	90	95
Number of programs in Tier 2	604	634	666	699	734
Number of programs in Tier 3	226	237	249	262	275
Number of programs in Tier 4	427	448	471	494	519
Number of programs in Tier 5	63	66	69	73	77
<p><i>Include a row for each tier in the State's Tiered Quality Rating and Improvement System, customize the labeling of the tiers, and indicate the highest and lowest tier.</i></p> <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. Also, if applicable, describe in your narrative how programs participating in the current Tiered Quality Rating and Improvement System will be transitioned to the updated Tiered Quality Rating and Improvement System.]</i></p>					

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.											
Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	<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>									
		Baseline (Today)		Target-end of calendar year 2014		Target - end of calendar year 2015		Target-end of calendar year 2016		Target- end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool - Shared Visions and Statewide Voluntary Preschool Program (SWVPP)	3,859	2,383	63	2,645	70	3,023	80	3,401	90	3,779	100
Early Head Start and Head Start ²²	9,879	1,264	13								
Early Learning and Development Programs funded by IDEA, Part C	N/A										
Early Learning and Development Programs funded by IDEA, Part B, section 619	7,109 Total for October 2012. The children are not funded through this funding allocation. 666 of these children are in QRS Programs.	414	62	466	70	532	80	599	90	666	100
Early Learning and Development Programs funded under Title I of ESEA											

²² Including Migrant and Tribal Head Start located in the State.

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.											
Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	<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>									
		Baseline (Today)		Target-end of calendar year 2014		Target - end of calendar year 2015		Target-end of calendar year 2016		Target- end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
Early Learning and Development Programs receiving funds from the State's CCDF program	21,770	3,963	18								
Other <i>Describe:</i>											
<i>[Please list which tiers the State has included as "top tiers," indicate whether baseline data are actual or estimated; and describe the methodology used to collect the data, including any error or data quality information.]</i>											

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

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), that 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.

Validating, that the State's TQRIS accurately reflect differential levels of program quality.

Iowa has already started to address the need. In 2013 the Iowa Legislature dedicated funding to initiate an evaluation and validation of the QRS that “shall address the system’s strengths and weaknesses, and shall provide recommendations for change.”

The legislation also requires that the evaluation include, as cited below:

- An assessment of the validity of the system’s key underlying concepts (key concepts).
- An assessment of the techniques utilized and psychometric properties of the measures used in the system to assess quality (psychometric properties).
- An analysis of the outputs quantified by the ratings process (ratings).
- An analysis of the relationship between the ratings utilized and child outcomes realized (child outcomes).

The DHS is required to submit a final report by December 16, 2013. To facilitate this effort, DHS contracted with Child Trends, a national expert in research and design and the firm that is providing staffing to the effort. Child Trends is also considered to be national experts in QRIS systems. In Child Trends’ initial analysis of the legislation, feedback was provided that indicated that the four components as outlined in the legislation are described in a Quality Rating and Improvement System (QRIS) validation brief sponsored by the Office of Planning, Research, and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services.²³ The authors of the brief define QRIS validation as a “multi-step process that assesses the degree to which design decisions about program quality standards and measurement strategies are resulting in accurate and meaningful ratings.”²⁴ Typically, states address different aspects of validation at different times in the development of a QRIS rather than addressing all of them at once.

A description of the four elements cited in the legislation and Child Trends response within the evaluation contract are identified below:

²³ Zellman, G. L. & Fiene, R. (2012). *Validation of Quality Rating and Improvement Systems for Early Care and Education and School-Age Care*, Research-to-Policy, Research-to-Practice Brief OPRE 2012-29. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/val_qual_early.pdf.

²⁴ Ibid., p. 4

- *Examining Key Concepts:* The first validation approach addresses whether the QRS includes the “right” components of quality. This aspect of validation is typically done in the development of a QRS and can include expert review and a review of the research. Child Trends will review the Iowa QRS components and describe the research evidence for the components. They will also provide information on the extent to which other states have included similar components in their QRS, using the *Compendium of Quality Rating Systems and Evaluations*.²⁵
- *Psychometric Properties:* The second validation approach examines the measurement and psychometric properties (e.g., reliability) of the components. Child Trends will focus this evaluation on the training and inter-rater reliability procedures used for the Environment Rating Scales, other measures, and document reviews. Data for this aspect of the validation will primarily be document reviews of Iowa QRS policies and procedures, interviews with key informants, and documentation of measures used in the QRS. From detailed data for a sample of programs, Child Trends will also explore distributions of components (e.g., the extent to which programs vary in the points received for each particular component such as professional development). This could be helpful in determining whether each component is providing data that differentiates programs along the quality continuum. Some QRS evaluations, such as Colorado’s Qualistar, have found, for instance, that the family partnership measures do not differentiate programs on the dimension (i.e., most programs receive the highest points possible).²⁶
- *Ratings:* The third validation approach examines the distribution of ratings and the extent to which the ratings reflect meaningful differences in quality. To the extent that existing data are available and of good quality (even for a sample of programs), Child Trends will examine the distribution of ratings and explore the extent to which overall rating

²⁵ Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G. & Boller, K. (2010). *Compendium of Quality Rating Systems and Evaluations*. OPRE Report. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

²⁶Zellman, G. L., Perlman, M., Le, V., & Setodji, C. M. (2008). *Assessing the validity of the Qualistar Early Learning quality rating and improvement system as a tool for improving child-care quality*. Santa Monica, CA: RAND Corporation.

distributions vary by program type (e.g., centers vs. homes, nationally accredited programs, Head Start). A similar analysis will be conducted for each of the four components (i.e., professional development, health and safety, environment and family and community partnerships). The report will also include recommendations about how to more thoroughly validate the ratings if the state is interested and has funding available in the future.

- *Child Outcomes:* The fourth validation approach addresses the extent to which ratings are related to children's outcomes. In other words, is development and learning greater for children who attend higher-rated programs as compared to those who attend lower-rated programs? This validation approach is typically done when a QRIS is more mature in its development. There is not enough time or resources to address this aspect of validation. Consequently, Child Trends will include recommendations in the December report about the possible approach, timeline, and cost of conducting a study to examine this aspect of validation.

Assessing, the extent to which changes in quality ratings are related to progress

The degree to which Iowa's QRS will be documented to show improved learning outcomes for children are met will be aligned with the development of a Comprehensive Assessment System and expanded and integrated data practices and system. See Focus Areas (C2) and E(2).

Goal 1- Validating the effectiveness of State Tiered Quality Rating and Improvement Systems.

Key Activity 1: Iowa will collect data to more thoroughly examine the third aspect of validation (i.e., do the ratings meaningfully differentiate programs in quality) and the fourth aspect of validation (are the ratings related to measures of children's outcomes).

Rationale:

Iowa has just begun in 2013 an effort to address the first two aspects of validation. Funding will allow a degree of evaluation and validation activities or the pre-requisite work for them, as determinations on redesign are made.

All program types eligible to participate in the QRS will be included in further evaluation efforts including all subsectors (i.e., homes and centers, school-based, Head Start, accredited, and programs serving children under IDEA that are licensed or regulated by the Department of Education).

One aspect of the evaluation will be to assess the degree to which the state has been successful in expanding the availability of high quality providers and driving access for families of CHN. Additionally, if funding allows, the degree to which care in a higher quality program improved outcomes for those children will be assessed. This evaluation is a one-time expense.

Benchmarks and Milestones:

January-June 2013 – Review Phase I evaluation conducted by Child Trends and determine next steps for Phase 2.

July 2013-December 2013 – Secure vendor to complete Phase 2 activities incorporating the third and fourth aspects of evaluation.

January 2014-June 2016 – Implement a thorough and integrity-based study.

C. Promoting Early Learning and Development Outcomes for Children

(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;

(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, and to effectively solicit and use family input on children's development and needs; and

(e) Articulating guidelines and procedures for sharing assessment data and results with parents, involving them in decisions about their children's care and education, and helping them identify concrete actions they can take to address developmental issues identified through the assessment process.

Iowa's key goals to support the effective use of comprehensive assessment systems:

1. Develop and implement a Comprehensive Assessment System for early care and education providers across all early childhood settings, which promotes assessment practices that encompass data-based decision-making processes to identify children's developmental strengths and needs, plan instructional strategies and learning opportunities, and monitor and promote developmental progress. This is integrated with the systems described in (C)(3) addressing the health, behavioral, and developmental needs for CHN.
2. Establish standardized assessment instrument usage protocols and administration requirements, and provide professional development on instrument usage and the established protocols.
3. Build capacity of early care and education providers to establish and maintain collaborative relationships with children's families to enhance children's development, involve families in the assessment process and decision making about their children's care and education, and identify concrete actions to address developmental strengths and challenges identified through the Comprehensive Assessment System.
4. Build capacity of providers in Early Learning and Development Programs that operate in both in-home and center-based settings in the implementation of a Comprehensive Assessment System including benefits and uses of assessments; use of observations,

documentation, and appropriate assessment instruments to address the strengths, needs, and interests of infants, toddlers, and preschoolers; and establish collaborative relationships with specialized professionals to respond to children's special needs to fully participate within inclusive early learning settings.

The unique needs of children with high needs will be a priority through the proposed process for designing and implementing a comprehensive assessment system. The selected screening instruments must demonstrate evidence that they have been successfully utilized with populations of children with high needs and that they provide useful information for these children. The formative assessments and Kindergarten Entry Assessment will be developed so that results meaningfully support decision making for next steps in supporting learning and development of all children, including children who are English Language Learners or children with disabilities. Professional development activities will also include strategies for assessing and supporting children with high needs and will support education and care providers in appropriate and meaningful ways using what they learn about a child's background and needs to support everyday learning and progress. As with most of the activities in this section, the activities under Goals 1-3 are one-time events to build the infrastructure for a comprehensive assessment system. Goal 4 is ongoing with expenses to be covered by Department of Education funding through IDEA sources and other professional development funds as focused investment on assessment become a priority.

Goal 1- Develop and implement a Comprehensive Assessment System for early care and education providers across all early childhood settings that promote assessment practices that encompass data-based decision-making processes.

This system will:

- Identify children's developmental strengths and needs.
- Plan instructional strategies and learning opportunities.
- Monitor and promote developmental progress.

This will ensure that the components of Iowa’s Comprehensive Assessment System better coordinate efforts among and across agencies to identify and serve all children and to work collaboratively in meeting the strengths, priorities, and needs of children and their families, including children with high needs, including infants, toddlers, and preschoolers with developmental delays and disabilities, from low-income families, and dual language learners.

Key Activity 1: Convene a committee of diverse stakeholders to determine and implement appropriate assessment instruments for screening children birth to age five in Iowa.

Rationale:

Currently, screening in Iowa is conducted across several agencies and settings dependent upon federal regulations, state rules, and local policies. A child may be screened in the same developmental area in more than one setting (redundancy), but screening information may be incomplete or missing about a child’s development in another area. In addition, it is not known how rigorous the screening instruments used in Iowa for children birth to age five are for identifying children with high needs. Programs tend to use a variety of instruments and some are not appropriate to the screening purpose.²⁷ Examining the current screening system in Iowa and carefully reorganizing it will ensure that children with high needs are efficiently and accurately identified in an effort to provide families and early care and education providers with initial data to support decision making to meet the needs of Iowa’s young children. The purpose of the work is to ensure that the components of Iowa’s Comprehensive Assessment System better coordinate efforts among and across agencies to identify and serve all children and to work collaboratively in meeting the strengths, priorities, and needs of children and their families, including children with high needs. This includes infants, toddlers, and preschoolers with developmental delays and disabilities, from low-income families, and dual language learners.

Benchmarks and Milestones:

²⁷Missall, K. N., & S. Wilkinson. *Early literacy survey report: Assessment practices in early childhood*. Des Moines, IA: Iowa Department of Education, Bureau of Early Childhood and University of Iowa, 2012. See also Missall, K. N., *Evaluating early literacy measures of universal screening and progress monitoring: Phase I*, Iowa City: University of Iowa, 2012.

January 2014-June 2014 – Establish a work group (Fixsen’s Transformation Team²⁸) to examine alignment between current practices in implementing Iowa Early Learning Standards/Iowa Core across state departments, medical organizations, institutions of higher education, and local early care, health and education agencies so that early care and education providers know the age appropriate developmental expectations for children birth to age five as well as to ensure smooth transition to kindergarten. The work group will include representatives from:

- Child Care Resource & Referral (CCR&R)
- Child Health Specialty Clinics
- Early Childhood Iowa (ECI) funded family support programs
- Early Head Start (EHS)
- Early Hearing Detection & Intervention (EHDI)
- Family Development and Self-Sufficiency (FaDSS)
- Head Start (HS)
- IDPH Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) funded family support programs
- IDPH Title V Maternal and Child Health Agencies
- Iowa Department of Education (IDE) IDEA Part C & Part B 619
- Iowa Department of Human Services (IDHS)
- Iowa Department of Public Health (IDPH) State funded family support programs
- MIECHV/Early ACCESS statewide coordinated intake and referral system
- MIECHV local coordinated intake systems
- Statewide Voluntary Preschool Program (SVPP)

January 2014-June 2014 – Conduct a gap analysis of the screening instruments administered in the state across agencies and settings for children birth to age five and identify for which ages and areas of development existing screening instruments and protocols are inadequate or are completely missing. Emphasis will be given to the need for screening instruments that will identify growth and development gaps among high needs children. Screening instruments, linked

²⁸ Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Retrieved from: <http://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature>.

to the IELS, should identify the key sensory, behavioral, and developmental issues for children from birth to kindergarten entry. A selected number of developmental domains will be identified for this process.

January 2014-December 2017 – Engage in collaboration with other states to develop a kindergarten entry assessment (see description in Section E-1).

January 2014-June 2014 – Conduct a gap analysis of family-based screening tools available across state departments and lead agencies for maternal depression, drug and alcohol use, domestic violence, and primary caregiver mental health. Use Behavioral Risk Factor Surveillance System (BRFSS) data to screen for high needs children based on Adverse Child Experiences Study (ACES) definitions.

July 2014-December 2014 – Using established criteria from reviews conducted as part of Collaborating for Iowa’s Kids (C4K)/statewide Response to Intervention initiative, engage a work group in rigorous review of screening instruments across developmental areas in an effort to make available information about the technical adequacy of screening instruments commonly used in the state in addition to screening instruments with nationally existing evidence-base. This work group will then identify highest quality assessment instruments based on established psychometric criteria as well as practicality to remedy gaps identified during gap analysis so that all high needs children birth to age five in Iowa can be accurately identified. A selected number of developmental domains will be identified for this process.

January 2015-June 2015 – Continue to work with IDHS to refer all children with documented cases of abuse and neglect to the statewide coordinated intake and referral system for screening.

January 2015-December 2017 – Provide education, training, and assessment tools to public and private providers that serve families with children birth to age five. Professional development will include a review of assessment purpose, standardized assessment protocol, and administration requirements. Identify and target primary care providers, childcare providers who accept state childcare assistance as payment, and other social service providers.

Key Activity 2: Convene a committee of diverse stakeholders to determine and implement an appropriate formative assessment process system for children birth to age five, across all the domains of Iowa’s Early Learning Standards (physical well-being and motor development, approaches to learning, social and emotional development, communication, language and literacy, mathematics and science, creative arts, and social studies).

Rationale:

Iowa does not have a formative assessment process that includes all children birth to age five. Formative assessment tracks the progress of individual children at regular intervals and allows teachers to understand trends and patterns in the progress of Iowa’s young children with high needs. Many early learning and development programs are using Teaching Strategies GOLD through the State’s license. Current use of GOLD as a formative assessment will inform decisions about establishing a formative assessment for Iowa.

Benchmarks and Milestones:

January 2014-December 2014 – Work with stakeholders across multiple agencies and organizations to establish learning progressions and formative processes. Stakeholders will include representatives from:

- Area Education Agencies
- Child Care Resource and Referral
- Early ACCESS (IDEA Part C)
- Early Childhood Iowa Areas
- Early Head Start
- Head Start
- Iowa Association for the Education of Young Children (IAEYC)
- Early Childhood Special Education (IDEA Part B 619)
- Maternal, Infant, Early Childhood Home Visiting Programs
- Statewide Voluntary Preschool Programs
- other early learning and development programs

- institutions of higher education

July 2014-December 2014 – Validation of learning progressions and formative assessments in conjunction with a panel of experts.

January 2015-December 2017 – Development and implementation of professional development on the administration and use of the formative assessment process. Professional development will include review of assessment purpose, standardized assessment protocol, and administration requirements.

January 2014-December 2017 – Development of a technology framework and infrastructure to support the ongoing tools and supports for the formative assessment process and the Kindergarten Entry Assessment. This technology infrastructure would at a minimum have the capacity to exchange information with the state’s longitudinal data system.

Key Activity 3: Convene a committee of diverse stakeholders to determine appropriate measures of environmental quality and measures of quality adult-child interaction and link to QRS.

Rationale:

Although measures of environmental quality already exist across some early learning and development programs in Iowa, there is not a common system among programs. Definitions for and levels of quality are not consistent across early care, health, and education systems. Iowa is seeking to develop a common definition and system of quality among early learning and development programs by revising its Tiered Quality Rating and Improvement System (Iowa’s QRS). Assuring environmental quality, however, is not the only system input to adequately address the needs of high needs children. In addition, existing program standards used by some early learning and development programs across Iowa are not sufficient to identify and address children with high needs. It will be critical for adults who interact with children in early learning and development programs, including home-based programs, to engage in quality interactions to meet their needs and promote healthy development across all areas and close the achievement

gap at kindergarten entry. Thus, Iowa will design professional development for educators and implement the Classroom Assessment Scoring System (CLASS) in an effort to improve adult-child interactions in early learning and development programs that operate in the classroom setting. In addition, Iowa will expand professional development for and implementation of the Family Child Care Rating Scale (FCCRS) and investigate other measures that will assess the quality of child care settings, specifically the quality of caregiver-child interactions for infants, toddlers, and preschoolers attending child development homes.

Benchmarks and Milestones:

Milestones for revising Iowa’s Quality Rating System can be located in Section B of this application.

January 2016-December 2016 – After the QRS has been revised, a work group will complete an alignment between the revised QRS and measures of program quality including program standards from NAEYC, Council for Exceptional Children’s Division for Early Childhood (DEC) Recommended Practices, Iowa Quality Infant and Toddler Program Standards, Iowa Quality Preschool Program Standards (IQPPS), and Head Start Program Performance Standards (HSPPS; see Section B). After the alignment is complete, guidance will be provided to early learning and development programs, including in-home settings, to evaluate the implementation of program quality through QRS.

January 2016-June 2016 – Iowa will develop a contract with Iowa Area Education Agencies (AEAs) and CCR&Rs to increase the capacity of coaches who will serve as facilitators to improve adult-child interaction using the CLASS in infant, toddler, and preschool classroom settings. FCCRS and other measures of quality for in-home early care and education settings will be used as well.

January 2016-December 2017 – Professional development will be provided to increase the capacity of master early childhood educators, supervisors, and administrators to understand the components of the CLASS to achieve reliability and provide coaching based on CLASS data. Steps included in scaling this effort are as follows:

1. Train master teachers to reliability in CLASS, as well as in training and coaching techniques.
2. Identify site mentors and train site mentors to reliability in CLASS.
3. Have master teachers train and support the implementation with site mentors in identified programs.
4. Have site mentors identify one classroom team (teacher and teacher assistants) and support improving instruction using CLASS in addition to formative assessment data.
5. Maintain site mentors in identified programs and add additional site mentors to identified programs in each subsequent year.

January 2015-December 2017 – Professional development will be provided to improve in-home care and home visitation early educators, staff from regional CCR&R, MIECHV and Early ACCESS (EA) to understand FCCRS and other measures of quality for in-home settings, train to reliability, and provide coaching to in-home care providers, and home visitation programs including IDEA Part C. Steps included in scaling this effort are as follows:

1. Identify regional mentors (CCR&R, MIECHV, and EA) and train them to reliability in measures.
2. Regional mentors train and support the implementation with in-home and home visitation early educators.
3. Train master in-home and home visitation early educators to reliability in the measures, as well as in training and coaching techniques.
4. Regional mentors will identify one in-home or home visitation program and improve instruction using the existing measures in addition to formative assessment data.
5. Maintain regional mentors and add additional mentors in each subsequent year.

Goal 2 – Establish standardized assessment instrument usage protocols and administration requirements and provide professional development on purpose and protocols.

Key Activity 1: Organize a collaborative working group with representation from Iowa Department of Education, Department of Human Services, Department of Public Health, Department of Management-Early Childhood Iowa, Child Care Resource & Referral, Iowa Association for the Education of Young Children, other public and private early care and education programs, and institutions of higher education to link assessment instruments that will be identified through activities described in C-2, Goal 1 with standardized protocols for administering identified instruments, and procedures for entering/reporting data using an integrated data system as described in Section E-2.

Rationale:

To ensure comparable, trustworthy, and meaningful data and results, it is critical that assessment procedures are standardized. It is necessary that data be of high rigor to increase confidence when making decisions, particularly for individual children with high needs. In addition, to summarize data for programs, buildings, systems, agencies, and the state, it is important that the data reported is accurate and complete. Establishing protocols for administration of instruments identified and data entry/reporting procedures will ensure that data in the integrated data system described in Section E-2 is accurate and adequate for addressing the continuum of purposes from answering specific questions to required reporting.

Key Activity 2: After protocols for administering instruments identified in C-2, Goal 1 are developed, an advisory group will adapt the framework used by Collaborating for Iowa's Kids or C4K (including universal screening and kindergarten entry assessment, standard intervention protocols, and more intensive/individualized supports as needed, ongoing progress monitoring; and when needed linked to Child Find system) to provide training and learning opportunities that are meaningful and applicable to early care and education providers including in-home settings serving children birth to age five.

Rationale:

Equally important to standardizing assessment administration, the use of data and the actions taken in response to assessment results should also be standardized. The purpose is to have a

coordinated, organized, and systematized method for assuring common collection and use of assessment data across programs and ensure uniformity of process (i.e., all children will be screened; screening will trigger consistent responses, including changes and instruction, and ongoing monitoring; and children not making progress will be either targeted for individualized interventions or referred to appropriate services). The responses to assessment results include systematic ways to use the data to inform and improve instruction, programs, and services; and may also be used to make referrals for additional assessment or for specialized services to support children's development and learning.

Benchmarks and Milestones:

January 2014-June 2014 – Identify and gather an advisory group.

January 2014-June 2014 – Examine the Iowa C4K framework and determine any adaptations needed for consideration of the audience and background knowledge and skills of early care and education providers.

July 2014-December 2014 – Create a plan and timeline for training and learning opportunities.

January 2015-December 2017 – Provide training over time on identified universal screener(s), standard intervention protocols, progress monitoring instruments, referral processes to IDEA Part C or Part B 619 and the integrated data system described in Section E-2. Training and coaching will be provided on the appropriate interpretation and use of results and data collected from identified instruments.

July 2014-December 2017 – Identify regional support centers and other training and technical assistance providers (CCR&R, MIECHV, and AEA) and train mentors within each support center on training and coaching techniques in addition to training on screeners, standard intervention protocols, and progress monitoring instruments, referral processes to early intervention and early childhood special education, and integrated data systems.

Key Activity 3: Provide professional development opportunities to increase assessment literacy among early care and education providers (i.e., data-based decision making and purposes of assessment). Help early care and education providers understand how different assessments align with one another and provide unique information.

Rationale:

Assessment literacy among early care and education providers across the state is uneven.

Key Activity 4: Provide professional development and supports on measures of environmental quality (as described in Section (B) as ERS) and on program quality standards (IQPPS, NAEYC, HSPPS, and Iowa Infant/Toddler Quality Program Standards).

Rationale:

After Iowa's Tiered Quality Rating and Improvement System has been revised, it will be important for all early learning and development programs to understand Iowa's new definitions for quality early care and learning environments so they can learn more about the ways in which they, as early learning and development programs, can achieve high quality environments and programming.

Goal 3 – Build capacity of early care and education providers to establish and maintain collaborative relationships with children's families to enhance children's development, involve families in the assessment process and decision-making about their children's care and education, and identify concrete actions to address developmental strengths and challenges identified through the Comprehensive Assessment System.

Key Activity 1: Establish guidelines and provide resources to assist early care and education providers to include family observations and priorities into assessment information; and interpret and share data/results with families to help them make decisions about their children's care, education, and intervention.

Rationale:

As described in NAEYC position statements, families are significant sources of information about their young children, and in the case of young children with disabilities, there are legal requirements for family involvement. Efforts to gather information and build positive relationships with families whose home language is not English are essential for many reasons. Yet, family members should not be burdened or asked to take on roles for which they are neither prepared nor responsible. The process of assessment should be explained to parents in a way that is meaningful and easily understandable.

Family members have perspectives on, preferences for, and observations about their children that should be utilized to support and encourage families to negotiate health, mental health, and educational services for their children. As part of the assessment process, family strengths, concerns, priorities, and existing resources should be solicited. Information about the family's daily routines and activities, the family's concerns and priorities, and the child's special interests will be useful in planning.²⁹ Program staff should seek this critical information from parents, grandparents, and other caregivers in the home, listening respectfully and with an open mind to the family's goals and concerns for the child, as well as what behaviors and skills the family observes in the child.³⁰ While important for the families of all young children, these discussions are especially valuable when families are linguistically and culturally diverse.³¹

Consistent with NAEYC and DEC position statements, early care, health and education providers, and others involved in early childhood assessment need to regularly inform and update families on a child's assessment results in a way that is respectful, easily understood, and meaningful.³² At the same time, those sharing assessment results and data with families should

²⁹ Wolery, M. "Using assessment information to plan intervention programs." *Assessing infants and preschoolers with special needs* (2003): 517-544.

³⁰ Banks, R., R. Santos, and V. Roof. "Sensitive family information gathering." *Young Exceptional Children* 6.2 (2003): 11-19.

³¹ Santos, Rosa Milagros, Robert M. Corso, and Susan A. Fowler, eds. *Working with linguistically diverse families*. Sopris West Educational Services, 2005.

³² NAEYC, *Early childhood curriculum, assessment, and program evaluation: Building an effective, accountable system in programs for children birth through age 8*. Washington, DC: Author, 2003. Division for Early Childhood

seek to understand families' interpretations of the information and how the results may fit with families' goals for their children. Clearly communicating results and providing guidance about how to use the information are essential components of responsible assessment for educators and service providers working with all families; and this is especially important for those working with families who have children with high needs.

Milestones and Benchmarks:

Year 1: January 2014-June 2014 – Create a cross agency task team including but not limited to representatives from the IDEA Part C Interagency State Coordination Council, Special Education Advisory Panel, CCR&R, and ECI to establish guidelines for family involvement in child assessments including use of data and interpreting results, and making decisions about their children's care, education, and intervention.

Year 2: July 2014-ongoing – Implement guidelines for family involvement in child assessments including use of data and interpreting results, and making decisions about their children's care, education, and intervention.

Year 1: July 2014-ongoing – Ensure that gap analysis is completed and resources developed and used to meet the needs of providers and families.

Year 1: January 2014-June 2014 – Provide professional development on how to engage families in the assessment process and help parents interpret results with “early adopters” identified in C2, Goal 4, Key Activity 1.

Year 1: January 2014-June 2014 – Provide professional development on culturally and linguistically appropriate practices that promote family engagement with “early adopters” identified in C2, Goal 4, Key Activity 1.

(Council for Exceptional Children). *Promoting positive outcomes for children with disabilities: Recommendations for curriculum, assessment, and program evaluation*. Missoula, MT: Author, 2007.

Year 2: January 2015-Dec 2015 – Provide professional development on how to engage families in the assessment process and help parents interpret results with 600 early care and education providers across early learning and development programs.

Year 2: January 2015-June 2015 – Provide professional development on culturally and linguistically appropriate practices that promote family engagement with 600 early care and education providers across early learning and development programs.

Year 3: January 2016-Dec 2016 – Provide professional development on how to engage families in the assessment process and help parents interpret results with 600 early care and education providers across early learning and development programs.

Year 3: January 2016-June 2016 – Provide professional development on culturally and linguistically appropriate practices that promote family engagement.

Key Activity 2: Establish guidance for helping families to be aware of and access local, state, and national resources to identify concrete actions they can take to address developmental issues identified.

Rationale:

As part of the assessment process, family strengths, concerns, priorities, and existing resources should be solicited. Early care, health, and education professionals leading the assessment process should use strengths, concerns, priorities, and resources identified by families to share resources that will be meaningful and useful. It will be critical to provide concrete supports, information, and access to community resources to families. Families need to be empowered to identify solutions that make sense within their cultural and family context and that fit within their child and family's needs.

Milestones and Benchmarks:

Year 1: January 2014-June 2014 – Create a cross agency and family work team to partner with the new statewide Family Support Coordinated Intake (MIECHV/Early ACCESS IDEA Part C) to develop guidance for accessing the new system.

Year 1: July 2014–ongoing – Implement guidance using a public awareness plan that is part of the new Family Support Coordinated Intake system.

Year 1-4: Build the capacity of the ECI family support PD component group to fully use the statewide and local Family Support Coordinated Intake systems.

Year 2-4: Expand access to include local/regional coordinated intake systems as they are developed as part of the MIECHV coordinated intake expansion.

Key Activity 3: Design protocols for engaging families in the development of plans for additional supports for young children in early care, health, and education settings and in home settings when screening data and results suggest that a child and family need additional supports. Additional activities regarding family engagement standards and plans for children with high needs can be located in Section C-4.

Rationale:

Family involvement in the development of a plan to provide additional support is essential to ensure that the plan is well matched to the child and family’s needs. In addition, family engagement in creating action steps to support their children who have high needs can build parent capacity to offer the child supports at home. These must be consistent with supports provided in early care, health, and education classroom settings when providing additional opportunities for the child’s practice and learning in his/her natural environment and within the family’s routines.

Benchmarks and Milestones:

Year 1: January 2014-June 2014 – Form a cross agency and family work team to create protocol for engaging families in the development of plans for additional supports when needed for their children.

Year 1: July 2014-December 2014 – Provide professional development on use of the protocol with “early adopters” identified in C2, Goal 4, Key Activity 1.

Year 2: January 2015-Dec 2015 – Provide professional development on use of the protocol with 600 early care and education providers across early learning and development programs.

Year 3: January 2016-Dec 2016 – Provide professional development on use of the protocol with 600 early care and education providers across early learning and development programs.

Goal 4 – Work with Early Learning and Development Programs to promote the broad use of assessment tools to assess children’s growth and development, and develop the internal capacity at the program level to effectively respond to the needs identified, refer to outside services if needed, and address needs as much as possible within the program to maintain fully inclusive early learning settings and maintain continuity of care.

Key Activity 1: Identify first round of “early adopters” with a priority for those serving high needs children, and ensure that they have priority in professional development activities in Goal 3 Activities 3-5.

Rationale:

As noted in C-2, GOAL C, it will be essential for scale up of training to implement the framework of the comprehensive assessment cycle in an effort to widely impact children with high needs.

Benchmarks and Milestones:

January 2014-June 2014 – Develop needed adaptations to existing C4K framework for implementation with early education and care providers of children birth to age five.

January 2014-December 2014 – Create a plan and timeline for training and learning opportunities.

January 2015-December 2015 – Provide training and implementation supports to 600 early care and education providers across early learning and development programs. Training will include coaches external to early learning and development programs whose capacity will be built to provide ongoing coaching and supports to early care and education providers.

January 2016-December 2016 – Provide training and implementation supports to an *additional* 600 early care and education providers across early learning and development programs. Training will include coaches external to early learning and development programs who will have the capacity to provide ongoing coaching and supports to early care and education providers.

January 2017-December 2017 – Provide training and implementation supports to a third group of 600 early care and education providers across early learning and development programs, for a total of a minimum of 1,800 early care and education providers who will receive training and ongoing coaching and supports by December 2017.

The system will accommodate unique needs of different types of early learning and development programs. Each type of early learning and development program in Iowa will be represented and considered by the advisory and workgroups assisting with the work of Iowa's effort to build a comprehensive assessment system for children birth to age five. The screening and assessment plan will include assessments appropriate for infants, toddlers, and preschoolers in center-based, school-based, and family child-care home settings. Professional development will be provided on screening instruments identified and formative assessments developed. These will be tailored to the needs of providers in each type of setting that address the specific age of children to be assessed. Similarly, professional development on the CLASS will be provided to each type of early education and care provider, but accommodations will be made to ensure that it meets the needs of providers from different types of programs. The new measures of environmental quality

will be designed to collect data from center-based, school-based, and family child-care homes and will be useful with all ages of children (infants, toddlers, preschoolers, and mixed-age groups).

(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; promoting children’s physical, social, and emotional development across the levels of its Program Standards; and involving families as partners and building parents’ capacity to promote their children’s physical, social, and emotional health;

(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 providing information and guidance to families to promote healthy habits at home;

(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, received 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; and

(e) Developing a comprehensive approach to increase the capacity and improve the overall quality of Early Learning and Development Programs to support and address the social and emotional development (including infant-early childhood mental health) of children from birth to age five.

Iowa's key goals to identify and address the health, behavioral, and developmental needs of children with high needs:

1. Improve efforts to ensure that children with high needs are screened, referred, and have received appropriate services including expanding 1st Five in all Title V agencies in Iowa's 99 counties and ECI areas as expansion is scaled.
2. Expand access for early childhood mental health professions by developing an Infant and Early Childhood Mental Health (IECMH) training and by expanding telehealth services to ensure high needs children have access to high quality social/emotional support to promote school readiness.
3. Increase awareness of Adverse Childhood Experiences (ACEs) and how they impact early childhood brain development and school readiness by utilizing a Trauma Informed Care (TIC) approach.

Iowa is a recognized leader, not only in ensuring that all children have health coverage, but also in the content of care those children receive. According to the Commonwealth Fund's report, Iowa ranks first among states in its overall young child health system. Iowa seeks to continue to improve child health and its connections and linkages to other developmental services and supports children's needs to grow and prosper. This includes additional activities to strengthen connections with family support and developmentally appropriate early childhood programs, and to strengthen the health practitioner's role in promoting healthy nutrition and exercise practices in the earliest years of life (e.g., I am Moving, I am Learning³³). Anticipatory guidance and follow-up supports to parents (and early care providers) are key to promoting healthy eating and exercise patterns that will likely stay with a child through life. Linking the early childhood community to the state's Iowans Fit for Life initiative has provided additional supports for healthy lifestyle choices for families and their children.³⁴ The initiative had an early childhood workgroup that promoted nutrition and physical activity in early learning and development

³³The Iowa Head Start Association and CCRR have sponsored numerous training events in I am Moving, I am Learning, including specially designed modules for use by family child care.

³⁴For more on Iowans Fit for Life, go to <https://www.idph.state.ia.us/IowansFitForLife/>.

settings through a variety of strategies including an emphasis on program policy development requiring amounts of time engaged in outdoor play. Similar work has also been carried by the Child and Adult Care Food Program using Team Nutrition grant funding.

Within Iowa's current QRS, all child care providers at a level 2 or above must participate in the federal food program, Child and Adult Care Food Program (CACFP). The CACFP is a federally funded program that provides meal reimbursement to child care centers and child development homes for serving nutritious meals. The objectives of CACFP are to:

- Provide a subsidy to eligible child care institutions for serving nutritious meals.
- Serve nutritious meals and snacks to children in care.
- Foster lifelong healthy eating and physical activity habits.

CACFP serves children birth through age 12 in child care centers. The funds provided for this Program are from the United States Department of Agriculture (USDA). The Program is operated in Iowa through the Bureau of Nutrition and Health in the Department of Education.

The Iowa Department of Public Health recently received funding from the CDC relating to early care and education by completing the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) assessment in child care centers. IPDH will be working in partnership with child care nurse consultants to begin incorporating this assessment into child care centers and support them to making nutrition and physical activity improvements. Children receiving healthy and nutritious meals and children who are physically active are found to be more ready to learn.

EPSDT in Iowa prescribes regularly scheduled, comprehensive screenings that follow the *Iowa Recommendations for Scheduling Care for Kids Screenings*. A review of development is an integral part of every periodic, comprehensive EPSDT screening for children who participate in Medicaid. This review should respond to parental concerns about the child's growth and development. It should also review:

- Developmental milestones.
- Social, emotional, and behavioral health, including PDD and autism.
- Family risk factors, including parental stress.

Health education and anticipatory guidance are required components of each periodic health care visit. They can help families understand what to expect in terms of the child's development, and provide information about the benefits of healthy lifestyles and practices, child safety, and disease prevention.

Finally, the I-Smile program (see Letter of Support from Iowa State Dental Director) has emphasized outreach to high needs families to ensure a true dental home for all children on Medicaid. The work of local coordinators, operating out of Title V funded agencies, includes health education to families to promote preventive practices at home that reduce the incidence of early childhood caries. An evaluation of the Healthy Smiles curriculum, developed in Iowa, found sharp increases in 17 of 18 oral health practices by families including avoiding grazing and increases in sitting at tables together as a family for meals and snacks. Gains as high as 32 percent increase in use of “lip the lip” screening, 10 percent in providing only a single glass of juice and daily brushing of teeth were also reported.

In summary, the history of intensive work on children's health including promoting standards for ensuring children's health and safety, involving parents in this work, linking that work to early learning and development programs through training and ongoing support, and increasing the percentage of children who are up to date on EPSDT is evident in this review of what Iowa has accomplished during the past ten years and the baseline data in Table (C)(3)(d). The goals that follow will build on the models and successes to put renewed focus on screening, young children's emotional health, and engaging in a new method of preventive practices using Adverse Childhood Experiences/Trauma Informed Care approaches.

Goal 1 – Improve efforts to ensure children with high needs are screened, referred, and received appropriate services including expanding 1st Five in all Title V agencies in Iowa's 99 counties and ECI areas as expansion is scaled.

1st Five is a public/private partnership bridging primary care and public health services in Iowa. The 1st Five initiative supports health providers in the earlier detection of social-emotional and

developmental delays and family risk-related factors in children birth to age five and coordinates referrals, interventions, and follow-up.

Iowa's 1st Five Healthy Mental Development Initiative builds upon lessons learned from Iowa's Assuring Better Child Health and Development Initiative (ABCD II). ABCD II was a three-year project funded by the Commonwealth Fund and the National Academy for State Health Policy to improve developmental outcomes and children's readiness to learn. ABCD II focused on Medicaid-enrolled children with the goal of preventing the need for more intensive and expensive care at a later age.

The ABCD II project demonstrated that it is possible to improve patient care through providers' use of the Child Health and Development Record (CHDR), a standardized developmental surveillance tool. The value of public/private partnerships at the community level provides the opportunity to link children and families to services. Iowa's 1st Five uses these best practices to create a system of care between private and public providers that enhances high quality wellness child care.

These lessons learned from ABCD II³⁵ are the cornerstone of the 1st Five Healthy Development Initiative:

1. Identification of community-based intervention services.

Despite multiple gaps and barriers to accessing health care services, care coordinators almost always found some resource to help address the needs of children and families. Care coordinators use their connections from community networking meetings with partners from various agencies to identify how a family can be helped. If the answer is not obvious, they persist or seek to change how processes work. Also, if primary care providers want to make referrals on their own, care coordinators can still serve as a resource to help identify local services and fill in the gaps in providers' knowledge base.

35 Kaye, N. & Rosenthal, J. Improving the delivery of health care that supports young children's healthy mental development, 2008, pp. 32-38. Retrieved from http://www.nashp.org/sites/default/files/ABCD_II_Report_0.pdf

2. Power of physician communication.

Since physicians are viewed as a credible information source, communication between providers and families is very powerful. Referral processes should be formalized between the provider and care coordinator so the family is aware of who can help them remove the barriers they face as they go through the referral process. A provider recommendation can greatly improve the chance that a family will be more receptive when a care coordination contact is made.

3. Significance of building strong provider and community relationships.

Strong relationships with the medical community are key to successful referrals. Care coordinators should establish themselves as professional members of the team who can assist families in getting the care they need. Simple courtesies of the referral process followed within the medical community for years should be observed, such as acknowledging that a referral is received and providing a written follow-up with outcomes, diagnosis (as appropriate), and recommendations for continued care.

4. Standardized surveillance and screening makes a difference.

Standardized surveillance and screening that includes social-emotional health, family stress, and parental depression makes a difference in improving patient care. Overall, the surveillance form did not make doctors lose time; and in fact, with a few, helped speed up the process. Successful care coordination services demand that the local agency set promotion of healthy mental development as a priority that is reflected in all business decisions of the agency.

5. Additional professional training is needed.

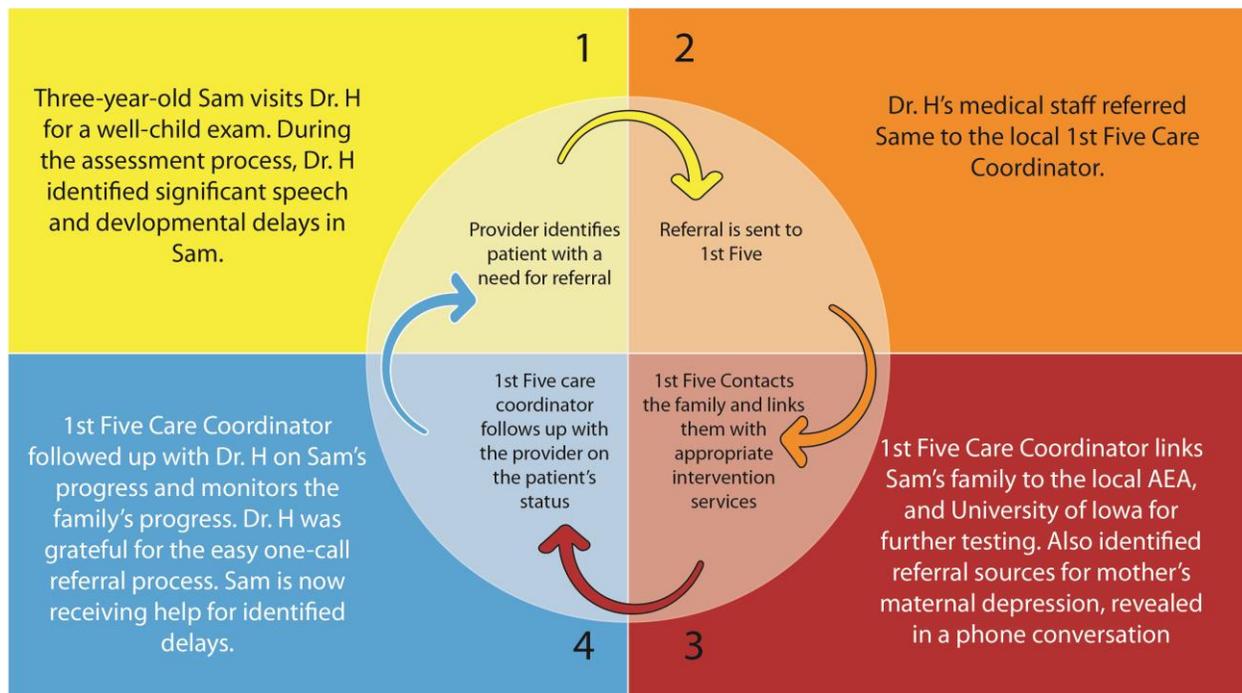
More professional training is needed, especially regarding how to talk about and respond to family stress and parental depression questions. Although pediatric nurses were initially uncomfortable asking parental depression questions, they later recognized that asking about the well-being of the parent is for the betterment of the child patient. This

requires dedicated staff members who should be trained in the goals of healthy mental development and referral follow-up.

6. Providers need a one-call referral source.

Time is a valuable component of all well-child visits, and health care providers do not have time to make multiple phone calls every day. When identifying children and families in need of intervention services, medical practices need a one-call referral source to ensure that patients will be linked to the appropriate resources.

Sam's story is reflective of how 1st Five works:



1st Five's Reach in Iowa 2007-2012

- 7 coordinating sites.
- 13 Iowa counties.
- 83 Health practices.
- 284 Providers.
- 77,000 - Estimated number of children birth to age five reached.
- 4,985 - Families referred from primary care providers into 1st Five.

- 11,736 - Connections from 1st Five out to community services.
- 3.25 - Community connections made for each family engaged in 1st Five care coordination.
- 33% - 93% - Increase share of health providers who include comprehensive developmental surveillance before and after 1st Five involvement.

Iowa will integrate the 1st Five Healthy Development Initiative into primary care practices to cover the entire state by providing funds to the existing 11 Title V Child Health Agencies not covered by state-funded 1st Five. Preference in funding may be given to the agencies determined to be at highest risk for adverse childhood experiences through the BRFSS data or rural counties with a lack of providers who are providing developmental screening based on Medicaid billing for developmental testing.

Additionally, as part of the reevaluation of Iowa's QRS described in Section (B), recommendations will be made to incorporate screening into the QRS. Currently, the Iowa Department of Public Health is piloting strategies to incorporate developmental screening within the child care setting. The pilot will evaluate strategies to include child care within the 1st Five Healthy Development Initiative's referral process.

Research tells us that a significant portion of young children are not receiving adequate developmental surveillance and screening. Current brain research indicates that social and emotional development in young children is as important as physical, cognitive, and language development to promote school readiness.³⁶

- Between 9.5 percent and 14.2 percent of children from birth to age five experience social and emotional development problems, which cause suffering to the child and family and interfere with functioning.

³⁶ Kaye, N. & Rosenthal, J., *Improving the delivery of health care that supports young children's healthy mental development*, 2008. Retrieved from http://www.nashp.org/sites/default/files/ABCD_II_Report_0.pdf

- Nationally, 71 percent of pediatricians use only observation of development to screen children; however, this method identifies only 30 percent of young children with developmental concerns.
- Only one in six children with a developmental concern is identified before starting school, leaving teachers to identify and handle most developmental and behavioral problems in the classroom. These unidentified concerns affect all children in a classroom since teachers must regularly attend to a disruptive child. It is to the benefit of all children to identify and intervene with developmental concerns early.
- When young children do not achieve the milestones linked to healthy mental development, they are at risk to do poorly in the early school years, putting them at increased risk for school failure, juvenile delinquency, and other problems.

Families are less likely to access community-based services when developmental concerns are not identified early. Additionally, many providers are not aware of available resources to refer families to, even when a concern is identified. 1st Five is able to serve as a conduit, linking families to community-based resources that match the needs of the family and child.

While the 1st Five Healthy Mental Development Initiative provides universal surveillance and screening, the Initiative ultimately provides care coordination and support to families with high needs by identifying families where there are developmental concerns, caregiver depression, or family stress. The families across the state referred by their primary care provider for support are more diverse than Iowa's population as a whole and are reflected as follows: White Non-Hispanic (52%), Latino (17%), African American (21%), Asian/Pacific Islander (5%), Native American (1%), Multiracial (3%), Other (1%).

Benchmarks and Milestones:

Year 1 – Community planning funding will be awarded to Title V Child Health agencies to begin to identify local primary care provider offices and other early childhood providers to participate in 1st Five.

Protocols will be developed to include Early ACCESS (IDEA, Part C) and home visiting programs in the 1st Five model. Tools will be refined to trigger the referral process for children with high needs.

Training will be provided on the importance of developmental screening, early childhood brain development, school readiness through partnerships with the Iowa Chapter of the American Academy of Pediatrics, and other training entities.

Year 2-4 – Assure that children are receiving developmental screening. Infuse developmental screening into child care settings, using lessons learned through the Early Childhood Comprehensive Systems Grant, to identify children at risk of developmental delays or disabilities.

Funding will be awarded to Title V Child Health agencies that have completed the activities outlined in the community planning grants to continue working with primary care providers through practice transformation activities, assuring that all children are receiving developmental screening and appropriate referrals and follow-up.

Title V Child Health agencies will develop sustainability/integration plans to incorporate the 1st Five program within the existing Title V child health programs.

Developmental Screening Tools (ASQ/ASQ-SE) will be embedded into the MCH Data Integration project. This information will be incorporated into the data system work described in Section (E)(2).

Goal 2 – Expand access for early childhood mental health professions by developing an Infant and Early Childhood Mental Health training and expanding telehealth services to

ensure high needs children have access to high quality social/emotional support to promote school readiness.

Research suggests that early childhood relationships, experiences, and environments have a direct and profound impact on children's social, emotional, and behavioral development. Children who reside in environments that are safe, nurturing, and responsive are much more likely to experience healthy mental development and to achieve school readiness by the age of five. Conversely, children who are exposed to negative life experiences such as abuse, neglect, poverty, and violence lag behind their peers in physical, cognitive, and social/emotional growth.

The goal is to make a positive impact on children by increasing the skills and knowledge of the professionals who interact with them. The Infant and Early Childhood Mental Health Training will move Iowa's workforce to focus on prevention strategies; recognizing and promoting strategies that enhance children's mental health; providing surveillance and screening; and making referrals for early intervention when indicated.

Telehealth facilitates healthcare directly between patient and provider using the latest technology. A personalized telehealth visit allows the patient and physician to be able to see and talk with each other via video camera and screen, as if in the same room.

Using our skilled primary care providers and current technology, clients located in the most rural areas can have easy access to their primary care provider or numerous specialists. Training of all staff allows for quality telehealth visits.

Benchmarks and Milestones:

Year 1 – The Early Childhood Iowa Professional Development Health/Mental Health/Nutrition work group will develop core competencies for all providers serving young children, especially those with high needs. The workgroup will continue to research what other states are doing for training and core competencies.

Institutions of Higher Education (IHE) will assist in the development of the Infant and Early Childhood Mental Health Training.

IDPH will develop a telehealth infrastructure building grant program to allow for integration of telehealth into rural medical settings for 1-2 communities. This program will be established to deliver affordable health care and education to Iowans living in rural and, often, the most medically under-served communities. The telehealth initiative will increase broadband service and technology in these communities to ensure public safety workers, residents, and health care professionals have access to information and the best training and tools available.

Years 2-4 – IHE will infuse components and competencies of the Infant and Early Childhood Mental Health Credential (IECMHC) into pre-service training.

IDPH and the Iowa Association for Infant and Early Childhood Mental Health (IAIECMH) will research and adopt tools and resources to support the social and emotional requirements of CHN. These tools will be used to support children in their environments.

The IAIECMH will outreach to early care, health, education, and social service providers and other programs that serve high needs children to promote participation in the Infant and Early Childhood Mental Health training.

Provide funding for 1-2 communities per year to expand their capacity for telehealth services through the telehealth infrastructure grant program established in Year One.

Goal 3 – Increase awareness of Adverse Childhood Experiences (ACEs) and how they impact early childhood brain development and school readiness by utilizing a Trauma Informed Care (TIC) approach.

Iowa will increase awareness of ACEs through the development of a statewide ACEs Steering Committee. Building on the work of the Central Iowa ACEs Steering Committee, the new statewide group will expand the awareness beyond Central Iowa to include areas across the state.

Adverse Childhood Experiences Study (ACEs)³⁷ has shown through research that there are strong associations between child maltreatment and the impact on health and social determinants. The study also tells us that as an individual's number of adverse childhood experiences increases (ACEs score), the number of comorbid health and social problems also increases. This study is crucial to work in public health as we seek to ensure early identification and treatment of adverse childhood experiences, as well as promote later life health and well-being.

The ACE study easily links adversity in childhood development to costly medical, psychiatric, and social problems, which in turn also affects the education system. In fact, the Center on the Developing Child at Harvard University found that as a child's ACE score increases, developmental delays are almost guaranteed. A child with an ACE score of seven, has a near 100 percent chance of developmental delays within the first three years of life. Washington State University found that an ACE score of three or more indicated that students are two-and-a-half times more likely to fail a grade, score lower on standardized tests, and bear language difficulties. Those with an ACE score of three or more are also suspended or expelled more often, take part in special education programs more frequently, and overall have more poor health outcomes.

Rationale:

In 2011, a committee in Central Iowa gathered to collaborate on efforts by engaging in ACEs work and thus the Central Iowa ACEs Steering Committee was formed. The steering committee aims to raise awareness of the ACE study and identify effective interventions, minimizing the risk of ACEs. In October 2012, the first ever Iowa ACE outcome questions were added to the state Behavioral Risk Factor Surveillance System (BRFSS). The preliminary data indicates that the demographic profile of Iowa ACE prevalence is mostly related to psychological abuse (35%), substance abuse (27%), and parental divorce (22%). Physical abuse, mental illness, and adult violence are also not infrequent in the state of Iowa, with a 15 percent prevalence rate or greater.

³⁷ Feletti, Vincent J., Robert F. Anda, Dale Nordenberg, David Williamson, Alison M Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks, "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* - May 1998 (Vol. 14, Issue 4, Pages 245-258).

Data indicated that those with the highest ACE score are more likely to be separated from their partners later in life. Those who are multiracial are more likely to have a higher ACE score. The Iowa study also indicated that participants with the highest ACE score are more likely to have no high school diploma.

In terms of health outcomes, the Iowa ACEs data found that those with an ACE score of four or more are found to have a higher incidence of the following conditions later in life: Chronic Obstructive Pulmonary Disease (COPD), connective tissue disorders, clinical depression, vision problems, and diabetes. More ACE related odds of chronic health diagnosis tell us that those with three or more ACEs are at a greater risk of having a heart attack, heart disease, stroke, asthma, and cancer. Those who have the highest ACE score are five times more likely to skip a health appointment because of cost and are less likely to have had a check up in the last 12 months, bear health insurance, and have a primary doctor. In Iowa, the study found that as the number of ACEs increases, the rate of current smokers and previous smokers increases.

With regard to the impact of ACEs on social and emotional well-being and human capital, mental health indicators go up as ACE scores increase. Physical health, mental health, dysfunction, and percent taking medication or treatment for mental health conditions are all more prevalent with higher ACE scores. In addition, those with more ACEs agree that a stigma exists among those who are mentally ill and also agree that a stigma exists for mental health treatment. The Iowa data indicated that those with more ACEs are less likely to own a home and those with four or more ACEs have significantly lower household incomes.

ACE application in primary care practices starts with screening. This approach can help to reduce the number of ACEs by promoting awareness of the ACE Study and by identifying the proper resources for prevention and treatment, through programs such as 1st Five Healthy Development.

Benchmarks and Milestones:

Year 1

- IDPH will integrate the discussion of ACEs into the ECI Alliance committee and workgroups utilizing lessons learned from the Central Iowa ACEs Steering Committee.
- IDPH will continue to collect ACEs data through the BRFSS survey.
- Three to five years of data is needed to determine trends and provide county level data. Iowa currently has one year of ACEs data through BRFSS.
- The ECI Alliance committee focusing on ACEs will develop a training plan to educate early learning providers and other community providers who have an impact on school readiness. Training topics will include adverse childhood experiences, trauma informed care, risk and resiliency, and early childhood brain development.

Years 2-4

- The ECI Alliance will recommend policies to promote knowledge around ACEs and TIC into the child welfare system.
- IDPH and the ECI Alliance will partner with the Child Guidance Center on the annual psychological trauma conference to support a track for early childhood professionals, especially those serving high needs children.
- IDPH will continue to collect ACEs data through the BRFSS survey to collect enough data for trend and county level data.
- The statewide ACEs Steering Committee will continue to implement the training plan, providing education to early childhood providers around the issues of ACEs, TIC, etc.
- Through the Early Childhood Iowa Areas, IDPH will provide funding to local communities for community planning around ACEs and TIC. Preference will be made to those communities determined high risk through the BRFSS data analysis.

The Iowa Department of Public Health will contract with existing Title V Child Health agencies to expand 1st Five Healthy Development. IDPH, through the Iowa Association of Infant and Early Childhood Mental Health, will implement the Early Childhood Mental Health training for early care, health, education, and social service providers. State regent universities will be involved in the development and deliver the training. IDPH will provide staff support to infuse the ACEs work into the ECI Alliance committee which will be a broad sector of providers, including those that service children with high needs.

The selected strategies are particularly effective in meeting the requirements of children with high needs and the unique needs of special populations (i.e., rural isolation, children at risk for developmental delays, children with special health care needs) who will benefit from comprehensive screenings, early identification, and referral to appropriate services.

Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.					
	<i>Baseline and annual targets</i>				
	Baseline (Today, if known) <i>If unknown please use narrative to explain plan for defining baseline and setting and meeting annual targets</i>	Target for end of calendar year 2014	Target for end of calendar year 2015	Target for end of calendar year 2016	Target for end of calendar year 2017
Number of Children with High Needs screened	81,870	82,688	83,514	84,350	85,193
Number of Children with High Needs referred for services who received follow-up/treatment	1,046	1,056	1,067	1,077	1,088
Number of Children with High Needs who	109,486	110,580	111,686	112,803	113,931

Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.					
	<i>Baseline and annual targets</i>				
	Baseline (Today, if known) <i>If unknown please use narrative to explain plan for defining baseline and setting and meeting annual targets</i>	Target for end of calendar year 2014	Target for end of calendar year 2015	Target for end of calendar year 2016	Target for end of calendar year 2017
participate in ongoing health care as part of a schedule of well child care					
Of these participating children, the number or percentage of children who are up-to-date in a schedule of well child care	85%	86%	87%	88%	89%
<p><i>Data from the Medicaid CMS 416 Report. Most current report for FFY2012 used as baseline. For each data point, the corresponding line from the CMS 416 report for ages <1, 1-2, 3-5(combined) is described below:</i></p> <ul style="list-style-type: none"> <i>Number of Children with High Needs screened: Line 9 (Total Eligibles Receiving at least One Initial or Periodic Screen)</i> <i>Number of Children with High Needs referred for services who received follow-up/treatment: Line 11 (Total Eligible Referred for Corrective Action)</i> <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> <p><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 (Participation Ratio)</i></p>					

(C)(4) Engaging and supporting families.

The extent to which the State has a High Quality Plan to provide culturally and linguistically appropriate information and support to families of children with high needs in order to promote school readiness for their children by--

(a) Establishing a progression of culturally and linguistically appropriate standards for family engagement across the levels of its Program Standards, including activities that enhance the capacity of families to support their children’s education and development and help families build protective factors;

(b) Increasing the number and percentage of Early Childhood Educators trained and supported on an ongoing basis to implement the family engagement strategies included in the Program Standards; and

(c) Promoting family support and engagement statewide, including by leveraging other existing resources, such as home visiting programs, family resource centers, family support networks, and other family-serving agencies and organizations, and through outreach to family, friend, and neighbor caregivers.

Iowa’s key goals to provide culturally and linguistically appropriate information and support to families of children with high needs to promote school readiness for their children:

1. Develop a set of culturally and linguistically appropriate standards for family engagement. These standards will be informed by evidence-based practices (e.g., the Head Start Parent, Family, and Community Engagement Framework) and designed to encourage high expectations of families and professionals relative to school readiness and transition of young children to kindergarten.
2. Develop a Community of Practice (COP) consisting of the organizations already engaged in promoting family engagement with families of children with high needs in Iowa (e.g., FaDSS, Early ACCESS, Parent Partners at DHS, PEC, IFAPA, Head Start, PTIC, Parent Educators, Family Support programs) to ensure that early learning and development programs include professional development, technical assistance, and coaching/mentoring support to implement these standards at progressing levels of quality.
3. Implement the culturally and linguistically appropriate standards for family engagement designed in Goal 1.
4. Strengthen cross-sector coordination to develop a comprehensive integrated family support system in Iowa.

5. Engage parents in kindergarten transition through the work of local “kindergarten transition coordinators” to ensure that high needs children are guided by formal program or individual *transition plans* as they start school. The effort will target Schools in Need of Assistance (SINA) and Districts in Need of Assistance (DINA).³⁸

Iowa’s commitment to family engagement and cultural and linguistic responsiveness.

Iowa has made extensive commitments to family engagement in the birth to age five years, including home visiting programs, family support services, and many of the different community based initiatives sponsored by local ECIs. In the past eight years, Iowa has established family support standards, developed a certification program around them, mandated it for state-funded programs, and established the Family Support Leadership Group to help integrate family support services across a variety of state and federal funders including HOPES, Shared Visions Family Support Programs, Early Childhood Iowa, Early Head Start, and MIECHV. Early ACCESS, the state’s Part C/Early Intervention program, developed guidelines and practices for Family Centered Services in 2000 (revised in 2004) that has also shaped the values of family engagement work in early childhood, *The Guiding Principles and Practices for Delivery of Family Centered Services is attached as Appendix #8*. These activities have set the stage making family engagement a hallmark of all early learning and development programs.

During this same period, Iowa has established, at the state level in a partnership between the Department of Education and the Department of Human Rights, a diversity advisory committee to promote cultural competence as a strategic priority of Early Childhood Iowa’s system development work. The committee has ensured that there are culturally and linguistically responsive services by developing and implementing a strategic plan that addresses the five diversity “gaps” identified by the national Diversity and Equity Working Group sponsored by the BUILD Initiative: school readiness, program and services access/participation, cultural competence, workforce diversity, and leadership/decision-making gap. Another product developed by the committee was the ECI Cultural Competences (*The ECI Cultural*

³⁸ Based on building and district performance in reaching Annual Yearly Progress goals established through No Child Left Behind.

Competencies is attached as appendix #9), based on the work of Terry Cross and his colleagues³⁹, which established a set of skills and expected practices to improve service delivery across cultural boundaries which included a series of practices for individuals and programs in developing more successful relationships with children and family who are English learners.

Rationale:

Parent and Family Engagement is an ongoing challenge for educators both at the early childhood and early elementary grade levels, even though it is widely understood as a best practice and even required of some programs in Iowa that must follow NAEYC Accreditation, Iowa Quality Preschool Program Standards, or Head Start Performance Standards.

In their review of the literature on family engagement, Halgunseth, Peterson, Stark, and Moodie⁴⁰ arrived at a comprehensive definition of family engagement with six characteristics that emphasized the multidimensional characteristics of the phenomenon:

- Early childhood education programs encourage and validate family participation in decision making related to their children’s education.
- Consistent, two-way communication is facilitated through multiple forms and is responsive to the linguistic preference of the family.
- Families and early childhood education programs collaborate and exchange knowledge. Family members share their unique knowledge and skills through volunteering and actively engaging in events and activities at schools. Teachers seek out information about their students’ lives, families, and communities and integrate this information into their curriculum and instructional practices.

³⁹ Cross, T. L., Bazron, B. J., Dennis, K. W. & Isaacs, M. R. (1989) *Towards a Culturally Competent System of Care: A monograph on effective services for minority children who are severely emotionally disturbed*. Washington, DC: CASSP Technical Assistance Center. Available online at http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/CLCC_Tab_4_Towards_Culturally_Compent_System.pdf

⁴⁰ Halgunseth, L., Peterson, A., Stark, D. & Moodie, S. (2009). *Family engagement, diverse families, and early childhood programs: An integrated review of the literature*. [Online report.] Washington, DC: National Association for the Education of Young Children and Pew Charitable Trusts. Retrieved from <http://www.naeyc.org/files/naeyc/file/research/FamEngage.pdf>

- Early childhood education programs and families place an emphasis on creating and sustaining learning activities at home and in the community that extend the teachings of the program so as to enhance each child's early learning.
- Families create a home environment that values learning and supports programs.
- Early childhood education programs create an ongoing and comprehensive system for promoting family engagement by ensuring that program leadership and teachers are dedicated, trained, and receive the supports they need to fully engage families.⁴¹

The importance of parent and family engagement is evident in the research literature, in the apparent needs of Iowa's early childhood system building work, and in the emphasis placed on family involvement in what the state recognizes as quality standards for early childhood programming.

The literature on parent and family engagement has long emphasized it as an important component to ensure success in educational programs.⁴² Early childhood programs such as Head Start have emphasized parent involvement from their inception with positive results.⁴³

⁴¹ Halgunseth, L., et al. "Family engagement, diverse families, and early childhood education programs: An integrated review of the literature. Washington, DC: NAEYC and Pre-K Now." (2009).

⁴² Desforges, C. & Abouchaar, A. (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustments: A Literature Review*. Research Report 443. London: DFES. Retrieved from http://bgfl.org/bgfl/custom/files_uploaded/uploaded_resources/18617/desforges.pdf. Caspe, M., Lopez, M., & Wolos, C. (2006/2007). Family Involvement in Elementary School Children's Education. *Family Involvement Makes a difference*, 2. Cambridge, MA: Harvard Family Research Project. Retrieved from <http://www.hfrp.org/publications-resources/browse-our-publications/family-involvement-in-elementary-school-children-s-education>. Weiss, H., Caspe, M., & Lopez, M. (2006). Family Involvement in early childhood education. *Family Involvement Makes a difference*, 1. Cambridge, MA: Harvard Family Research Project. Retrieved from <http://www.hfrp.org/publications-resources/browse-our-publications/family-involvement-in-early-childhood-education>.

⁴³ Parker, F., Piotrkowski, C., Kessler-Sklar, S., Baker, A., Peay, L., & Clark, B. (1997). The impact of parent involvement in Head Start on parents and children: Final report. New York, NY: National Council of Jewish Women. Retrieved from <http://www.eric.ed.gov/PDFS/ED425796.pdf>. Marcon, R. A. (1999). Positive relationships between parent school involvement and public school inner-city preschoolers' development and academic performance. *School Psychology Review*, 28(3), 395-412. Henrich, C. & Gadaire, D. (2008). Head Start and parental involvement. *Infants and Young Children*, 21(1), 56-69.

Parent involvement has also been emphasized in the three quality early childhood education program standards recognized by the State of Iowa. NAEYC program and accreditation standards include the expectation of high quality programs to engage in partnerships with families (Standard 7) as well as the importance of relationships with families (see Standard 1).⁴⁴ These same standards and criteria are echoed in the Iowa Quality Preschool Program Standards.⁴⁵

The Head Start Program Performance Standards⁴⁶ (specific code references in parentheses) require programs to provide parents with opportunities to:

- Visit and observe children and participate with children in group activities. (1304.40(d)(2))
- Participate in programs as employees or volunteers. (1304.40(d)(3))
- Be involved in a policy council and parent committees. At least 51 percent of a Policy Council membership must be parents of currently enrolled children. (1304.50(b))
- Be involved in developing the program's curriculum and approach to child development and education. (1304.40(e)(1))
- Be involved in transition activities. (1304.40(h))
- Enhance parenting skills. (1304.40(e)(3))
- Participate in family literacy services. (1304.40(e)(4))
- Be involved in health, dental, nutrition, and mental health education. (1304.40(f))
- Participate in at least two staff/parent conferences each year. (1304.40(e)(5))
- Receive home visits at least two times a year; more often for home-based programs. (1304.40(i))
- Be involved in community advocacy. (1304.40(g))

The purpose of emphasizing this level of parent involvement in Head Start is to underscore the overall importance early childhood programs and services have placed on parent and family

⁴⁴ National Association for the Education of Young Children (NAEYC). (2006). Introduction to the NAEYC Accreditation Standards and Criteria. [Website.] Retrieved from <http://www.naeyc.org/academy/>

⁴⁵ Iowa Quality Preschool Program Standards are found at http://educateiowa.gov/index.php?option=com_docman&task=doc_download&gid=4211

⁴⁶ The Head Start Program Performance Standards are found at <https://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>

engagement. Early childhood places a unique importance to family involvement because young children are still in the midst of their psychological development whose healthy progression depends on secure attachments with caring individuals (i.e., parents).⁴⁷ Research shows a clear association between secure attachment and later ego-resiliency and toddler problem solving.⁴⁸

Despite the clear value and emphasis of family engagement, successful relationships with parents are not easy, both in schools and early childhood. A 2005 survey found that parent involvement is the third most common cause (20% of respondents) of stress for teachers who had taught for five years or less. Twenty eight percent (28%) of principals reported parents as the most common source of stress ahead of testing, administrative, and management.⁴⁹ A small parenting education agency in West Des Moines reports receiving four to six calls a month from area school personnel about engaging parents to support a struggling student, improve parenting skills, or offer suggestions on how to communicate with parents of high needs students. But when programs put a strong emphasis on family involvement, including home-based activities where parents are reading and engaged in activities, such activities increase.⁵⁰ Effective family engagement is possible and desirable.

Goal 1 – Establishing a progression of culturally and linguistically appropriate standards for family engagement.

Key Activity 1: Gather stakeholders, which include the Family Support Leadership Group, SEAP, Early ACCESS Council, and the State Child Care Advisory Committee, SVPP, and Head Start.

⁴⁷ Bowlby, J. (1969). *Attachment*. New York, NY: Basic Books.

⁴⁸ Arend, R. A., Gove, F., and Sroufe, L. A. (1979). Continuity of early adaption: From attachment in infancy to ego resiliency and curiosity in preschoolers. *Child Development*, 50(4), 950-959.

⁴⁹ MetLife Foundation (2005). *The MetLife Survey of the American Teacher: Transitions and the Role of Supportive Relationships, 2004-2005*. Rochester, NY: Harris Interactive, p. 87. Retrieved from <http://www.eric.ed.gov/PDFS/ED488837.pdf>.

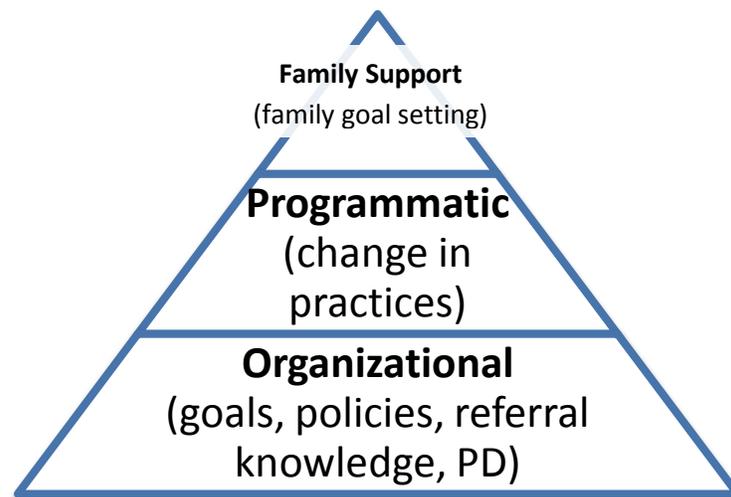
⁵⁰ Gelber, A. M., & Isen, A. (2011). *Children's Schooling and Parents' Investment in Children: Evidence from the Head Start Impact Study*. National Bureau of Economic Research, Working Paper No. 17704. Cambridge, MA: NBER. Retrieved from <http://www.nber.org/papers/w17704>.

Key Activity 2: Ensure appropriate standards are aligned with the ECI Cultural Competences for organization. (See Appendix #9 for ECI Cultural Competence.)

Key Activity 3: Structure standards as a continuum of practices so they have, at a minimum, measurable implementation milestones and concrete family outcomes data.

Key Activity 4: Create a review panel of parents that will evaluate a program's success in implementing the progressive standards for family engagement in early learning and development programs.

Iowa's plan to engage parents begins with setting progressively challenging standards. The standards will begin with organizational actions, then programmatic actions, then specific supports to families. These program structural components for family engagement can be diagrammed as follows:



At a minimum the standards will address the following:

Foundational

- Programs begin by having concrete family engagement goals in their current strategic plans.
- Programs have explicit policies that describe how the program will involve families in program activities, encourage their participation as equal partners in their children's development and education, and ensure that they have a voice in important program decisions.
- Programs include or refer to community-based services targeted at families to promote family well-being, improved parenting practices and promote parents to be advocates for family well-being, and improved services for families and children.
- Programs provide professional development to staff in cultural and linguistic responsiveness competence, strength-based approaches to family support, effective parenting practices, skills and knowledge of effective family engagement, collaboration with community partners and professional ethics for family support workers.

Programmatic

- Programs make specific environmental and relational changes to improve the quality of staff/family interactions and deepen trust and relationships (i.e., newsletters, surveys, home visits, greeting protocols, expanded intake procedures, family mentoring and family navigation, etc.), making sure these materials and all communication is understandable by non-English speaking families.
- Programs intentionally target and change organizational practices to improve family engagement using assessment instruments or checklists based on recognized, evidence-based practices in the field.

Family support

- Programs assist families in meeting their expressed needs through effective and proactive referral.
- Programs assist families in setting family development goals and providing support and referrals to community services to connect them to services relevant to their goals (e.g., Adult Education, Child Abuse and Neglect Services, Child Support Assistance, Domestic Violence Services, Dispute Resolution training, English as a Second Language Classes,

Health Education, Housing Assistance, Job Training, Mental Health and Substance Abuse Services, Parent engagement with IEP/IFSP teams, and Parenting Education).

- Programs measure the effectiveness of engaging families and use that information to change practices.
- Programs measure the well-being of families and use that information to change practice (i.e., Life Skills Progression⁵¹ and Parent Education Profiles⁵²).

Goal 2 – Develop a Community of Practice (COP).

Key Activity 1: Within the first quarter of the grant, identify membership and establish COP.

Key Activity 2: Explore and utilize best practices for COP engagement (number of meetings per year, best ways to meet, share, and work). Opportunities for electronic networking and sharing will be developed and connected, as will ongoing professional development events with outside experts and invited guests.

Key Activity 3: Maintain COP as a vehicle to accomplish Goals 3 and 4 throughout the project.

To elevate the quality and expand the impact of evidence-based family engagement practices, the grant is proposing the development of a Community of Practice (COP) consisting of the organizations already engaged in promoting family engagement with families of children with high needs in Iowa (e.g., FaDSS, Early ACCESS, Parent Partners at DHS, Parent Educator Connections, IFAPA, Head Start, PTIC, parent educators, and family support programs) along with early care and development providers. These groups typically do not work closely with each other let alone share a common educational focus. Their career pathways diverge early on

⁵¹ Wollesen, M. A., & Peifer, K. (2005). *Life Skills Progression: An Outcome And Intervention Planning Instrument for Use With Families at Risk*. Baltimore, MD: Brookes.

⁵² RMC Research. (2006). *Administrator's Guide to Parent Education Profiles (PEP) and PEP Scales*. Portsmouth, NH: Author.

with family engagement specialists typically moving toward social work degrees and early childhood educators moving toward degrees in education. Our plan is to bring these two communities together so early childhood educators can learn from family engagement specialists about effective, strength-based approaches to working with families and even beginning to see their work as a family intervention as much as a child intervention. By having family support workers present the best practices of their field, they will also strengthen their own understanding of family engagement and encourage them to align their actual practices to what they are teaching to early care and development providers.

The COPs will ensure that early learning and development programs have professional development, technical assistance, and coaching/mentoring support to implement these standards at progressing levels of quality. The COP will be an intentional and facilitated series of gatherings among professionals active in the family support field who share among themselves tips and best practices, pose questions about the practical, ethical or theoretical aspects of their work, and support each other in providing increasingly better quality of service to and outcomes for families.⁵³ The leadership and facilitation of the COP will build on the successful work of the Family Support Leadership Group (FSLG), ensuring that the work group is expanded to include representation from Iowa's Special Education Advisory Panel (SEAP) and the work of ASK Resources who serve parents of children with special needs age three and older. These groups bring expertise in specialized competencies of family mentoring and family navigation. The FSLG has provided an essential advisory sounding board for the development and implementation of the MIECHV initiative in Iowa as well as performed a coordinating function among family support programs including MIECHV funded programs, ECI funded family support work, Early ACCESS, Early Head Start home-based programs, Child Health Specialty Clinics, the parent support programs of Shared Visions, Visiting Nurse Services, Prevent Child Abuse Iowa, Parent Partners and FaDSS. The group will deepen its expertise by bringing together more professionals (in addition to current representation by Early ACCESS and Child Health Specialty Clinics) with experience supporting families with children with special needs, introducing all family support workers to concepts like dispute resolution, the use of family

⁵³ See Wenger, E., McDermott, R., & Snyder, W. (2002), *Cultivating Communities of Practice*. Cambridge, MA: Harvard Business School Press.

mentors and family navigators, and the critical role parents play as advocates for their own children. Efforts will be made to share and train these skills in the context of the COP. Clearly these skills are useful for all parents. Conversely, the COP, with involvement by key leaders from the FSLG, will expand competencies of family support to create a more unified body of knowledge geared on the basic tenets of family support:

- Comprehensive, flexible, and individualized to each family based on their culture, needs, values, and preferences.
- Builds on strengths to increase the stability of family members and the family unit.
- Utilizes informal and formal family supports.⁵⁴

The Family Support Issue Brief is attached as appendix #10

In addition, COP can benefit from guidance such as the Family Center Services document as well as a number of innovative projects funded through the MIECHV program in development to improve family support including the virtual home visitor and Learning Management System, a series of online training modules for home visitors and support efforts.

Goal 3 – Implement family engagement standards.

Key Activity 1: Develop a series of professional development opportunities for early learning and development providers that provides them with knowledge of the parent engagement practices and skills in implementing effective parent engagement practices. Professional Development opportunities will include use of the “Parents as Presenters”⁵⁵ work to ensure that these opportunities incorporate parent voices and stories into training experiences.

⁵⁴ Early Childhood Iowa, *Family Support, Issue Brief 4*. Des Moines, IA: author, 2003, n.d.

⁵⁵ Parents as Presenters is a training and support system that encourages and trains parents and other families members to present to pre-service students their experiences and stories about having a child with special needs in their families and is intended shape student attitudes and practices to better develop empowering relationships with families when they begin their professional careers. For more information see http://educateiowa.gov/index.php?option=com_content&task=view&id=926&Itemid=1602.

Key Activity 2: Establish culturally competent practices, including effectively working across linguistic barriers, based on the ECI Cultural Competences within current family support standards and among practices of agencies participating in the COP.

Key Activity 3: Direct COP to identify or create family engagement implementation fidelity checklists or measures and include family well-being measures (e.g., Life Skills Progression, PEP).

Key Activity 4: From COP leaders, create a network of practitioners willing to provide coaching and mentoring support to early learning and development providers.

Implementation requires three elements: 1) professional development; 2) technical assistance and coaching; 3) data collection. With a strong and inclusive COP, training modules can be developed, coaches can be identified and trained, and data collection tools can be identified or developed. Individuals can work with programs as they strive to embed family engagement practices into the routine program activities. The desired end is a more unified vision of family support work that embraces family support, family engagement, and family empowerment and yields more powerful effects in shaping the growth and development of young children and promoting their school readiness.

Goal 4 – Strengthen Iowa’s family support system.

Key Activity 1: In year one, use COP to build upon current work with Early ACCESS (Part C) and MIECHV to address a coordinated “no wrong door,” intake process for Early ACCESS and other programs.

Key Activity 2: Expand family mentor programs (especially from ASK Resources, Early ACCESS, Child Health Specialty Clinics, and the Parent Partner Program⁵⁶ by

⁵⁶The Parent Partner Program is operated by the Iowa Department of Human Services and is designed for parents to help parents who have had their children removed from their homes because of safety concerns. Parent Partners are birth parents who have been through the child welfare systems and have been successfully reunified with their own children. They provide support and motivation for parents to help parents get their children returned to them.

developing more parent mentors who can assist other programs in using parent mentors as a strategy to improve practices. More parent mentors will also allow new families at intake to be matched with competent mentors and allow consideration for such characteristics as race, poverty status, having children with disability, trauma/ACEs, etc.

The establishment of the Family Support Leadership Group brought together different programs, even different missions, but with the common purpose of supporting families. Along with some basic policies and consistent standards, the field of family support in Iowa has been unified as never before. Expanding the group to include professionals who work with families who have children with special needs, will move the state toward greater integration and system cohesion, and giving the group specific tasks to help colleagues on the education side of the early childhood field will further bond the professionals as they work together toward a common goal.

To push the goal even further, the COP will build on current work to better coordinate family enrollment among programs to establish a “no wrong door” intake process, which is a goal of Early ACCESS, but is also needed for other programs. Making identification of programs easier was a key finding during Iowa’s 2012 Parent Summit event (additional information from the Parent Summit Report can be found at http://www.earlychildhoodiowa.org/files/state_system/governance_planning/ECI_ParentSummitFinalReport.pdf). The COP will also expand family mentor and family navigator programs to better serve high needs children when families struggle with connecting to services. These are current practices mainly designed to help children with special needs. With a more integrated family support system, these practices will be reengineered to support parents with high needs children to connect with other community services such as child care assistance, WIC, community mental health, and the like.

Goal 5 – Use family engagement to promote better transitions to kindergarten.

Key Activity 1: Develop an RFP to local communities with school buildings or districts that have been on state watch lists for the longest period of time. RFP would be open to any local non-profit agency but targeted at local ECI areas, Head Start or Community

Action Agencies, or school districts. The RFP would include a series of action steps, based on the work of Pianta and Cox⁵⁷:

- Gather stakeholders, including district and early learning and development program personnel.
- Identify current practices in sharing information, building relations, and fostering alignment across relevant connections: child/school, family/school, early learning and development program/school, and school/community.
- Define goals and transition activities to improve transition experiences for children with high needs as they enter kindergarten.
- Develop evaluation methods to determine effectiveness of transition activities on child achievement kindergarten through grade three.

Key Activity 2: Select grantees for the first round and provide a two-day training on effective and research based transition practices.

Key Activity 3: Monitor transition plan development and the implementation of those plans.

Key Activity 4: Evaluation of the experiences observed in round one.

Key Activity 5: Convene partners (ECI Coordinators, Kindergarten Transition Coordinators, etc.) from across the grantee sites to form a “learning community” as planning and implementation begins.

- Identify and record lessons learned.
- Move ahead on round two of funding.
- Disseminate lessons learned to all ECI local areas and related systems in the state.

⁵⁷ Pianta, R. & Cox, M. (1999). *The Transition to Kindergarten*. Baltimore, MD: Brookes.

The purpose of Goal 5 and its related activities is to use parent engagement as a strategy to promote successful transition practices as children move from the preschool world into kindergarten. The idea is a requirement for Head Start programs and supported by research.⁵⁸ The notion of family engagement assumes there is something for parents and other family members to be engaged with, and that “something” has to be relevant to a family’s interests, abilities, and priorities. Most families, including those with high needs children, acutely feel the pressure to make sure their children succeed “just like everyone else.” To engage families in the work of transition encourages them to be active from the start of their child’s K-12 academic career.

Some of the work of the COP will include practices around promoting effective advocacy by parents, a skill that will serve them well in supporting productive transitions and throughout their academic careers. The idea is rooted in the Head Start performance standard expectation that programs “support and encourage parents to influence the character and goals of community services to make them more responsive to their interests and needs.”⁵⁹

Robert Pianta and other national educational experts have identified the transition period into kindergarten (particularly the period between initial registration in the spring or summer and the first day of school) as a critical time for the child, and developing the child’s relationship with the school. It also is a critical time to begin to build parent engagement and leadership that extends into the early elementary grades, particularly for schools with high proportions of diverse students and students with high needs. These benefits are amplified when parents are actively involved in the transition process.⁶⁰

⁵⁸ Cooper, Carey E., et al. “Poverty, race, and parental involvement during the transition to elementary school.” *Journal of Family Issues*, 31.7 (2010): 859-883.

⁵⁹ See Head Start Program Performance Standards, 1304.40(g) available at <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.40%20Family%20partnerships.htm>

⁶⁰ Hubbell, R., Plantz, M., Condelli, L., & Barrett, B. (1987). *The transition of Head Start children into public school: Final report*. Washington, D.C.: Administration for Children, Youth, and Families.

One benefit of developing formal transition plans and activities is equipping the child for the transition in the child's own life to the school world, better ensuring that it is positive experience so the child can manage the transition well and get off to a good start. A second benefit is educating parents to become more knowledgeable about what they can do to support their child's learning and therefore improved readiness. A third major benefit is strengthening understanding and engagement between families and schools in the ongoing education of children.

Iowa will provide resources to local areas where there are elementary Schools in Need of Assistance (SINA) and Districts in Need of Assistance (DINA)⁶¹ for community placement of a "kindergarten transition coordinator" to ensure that high needs children are guided by formal program or individual *transition plans* as they start school. In partnership with parents, they become parent ambassadors and leaders, and these transition coordinators will develop and implement a range of transition activities for children and for their parents – at the schools themselves and at places where parents and their children go. They will plan and coordinate family engagement activities in partnership with parents in the early childhood programs and the elementary schools. ECI will create a learning community of those ECI areas selected to participate. Through an RFP process, applicants will be required to secure support letters from local school leaders, describe their approach to identifying and enlisting families as ambassadors who reflect the racial, cultural, and language backgrounds of the children who will be entering school; indicate what initial activities they will plan to develop; and agree to participate in a learning community. Experiences in Des Moines (see below) suggest the power of this approach.

Iowa has identified that one of the greatest strategic opportunities for expanding family engagement is precisely the transition period between early childhood and kindergarten. While Iowa schools recognize the importance of strong transitions between early childhood and school and an increasing number of children have some of this transition through their involvement in Iowa's voluntary preschool program, very few schools have any resources dedicated to developing transition plans and activities. At the same time, schools are generally receptive to

⁶¹ Based on building and district performance in reaching Annual Yearly Progress goals established through No Child Left Behind.

developing transition plans if there is support for doing so, and also welcome involving parents and local early childhood providers in developing those transition activities.

Experiences in Des Moines.

Through support from its Early Childhood Iowa Chapter and from United Way of Central Iowa, the Des Moines Community School district selected a kindergarten transition coordinator whose role was to identify and work with parent ambassadors in ten highest poverty elementary schools to develop transition activities and strategies that engaged parents and strengthened relationships between the schools and early childhood providers.

One of the immediate discoveries from this work was that families did not know what kindergarten teachers expected their children to know and be able to do nor did they know what they might do to prepare their children in these areas. They also did not know where they might go for help with developmental concerns they had. United Way and the District developed a “School Readiness” calendar (produced in both English and Spanish) that described, in basic terms, the five domains of school readiness, provided activities that parents could do with their children to support school readiness, and provided a list of resources in the communities to secure help.

As importantly, the parent ambassadors served as disseminators of the calendar and conveners of parent and school meetings during the transition year into school. The result was the development of school and parent relationships and the engagement of parents that then extended into the elementary school year.

In his seminal work, *School Power*, James Comer indicated that the biggest challenge to education in poor, immigrant, and minority schools was “bridging the distance between the culture of the school and the culture of the community.” Both want children to succeed at high levels, but there is often a distance between parents and their children’s education at the moment a child walks through the kindergarten door. This focus upon transition strategies is one designed specifically to better engage families, as experts on their own children, as they move from the earliest learning years into kindergarten.

Iowa believes that this is a “game changing” type of activity because it enables both schools and families to start together in an area both recognize is important, but one in which there are no established roles or expectations.

D. A Great Early Childhood Education Workforce

(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.

Iowa’s key goals to develop a Workforce Knowledge and Competency Framework and a progression of credentials:

1. Develop, approve, and implement a plan to link workforce knowledge and competency frameworks for all primary roles to approved trainings and career pathways.
2. Develop credentialing, linked to competencies, to measure progress along career pathway.
3. Work with institutions of higher education and other PD providers to support the workforce knowledge and competency framework.

4. Improve the quality of provided training and in-service professional development for workforce who work with children/families with high needs.

Iowa will develop a comprehensive workforce development system which places a priority on developing a diverse and professional workforce and providing multiple opportunities for professional development. The system will assess the knowledge level of the workforce and identify the next steps that can advance the workforce in terms of competencies, roles, and compensation. This requires creating ladders of opportunity for currently low-wage child-care workers and family child development home providers who have limited education and, in some cases, are “high needs” themselves. Iowa will target early learning and development providers, at all skill levels and in any kind of program, who care for children with high needs.

The Iowa Legislature recently passed an ambitious education reform agenda for K-12.⁶² This proposal aligns the early childhood workforce system with this agenda’s emphasis on teacher compensation and leadership to ensure common supports are in place for all new and emerging providers and teachers, as well as those providing family support and coaching or consultation.

For the past five years, under the Early Childhood Iowa umbrella, Iowa has been developing a cross-sector professional development system based on the NAEYC blueprint.⁶³ Four years ago, the state developed A Policy Framework for an Early Childhood Iowa Professional Development System (*The Early Childhood Iowa professional development framework 2010 is attached as appendix #11*). The framework addresses policy expectations in the areas of professional standards, career pathways, articulation, data, financing, and advisory structure across the four sectors of the early childhood system: early learning; family support; special needs/early intervention; and health, mental health, and nutrition. Recent developments in the implementation of the framework include:

⁶² See 2013 Iowa Legislature, CCH-215, as amended. Available at http://coolice.legis.iowa.gov/linc/85/external/CCH215_Introduced.pdf

⁶³ LeMoine, S. Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems. Washington, DC: National Association for the Education of Young Children, 2005. Available at http://www.naeyc.org/files/naeyc/file/policy/ecwsi/Workforce_Designs.pdf

1. Professional Standards: Competencies are in process or have been developed and adopted for the various roles in the early childhood workforce, including teaching roles, consultants, family support professionals, program administrators, and adult educators and instructors. Increased numbers of Iowa early learning and development programs following NAEYC accreditation, Iowa's Quality Preschool Program Standards, or Head Start requirements has meant higher degree and professional development expectations for providers.
2. Career Pathways: A progression of credentials and degrees has been designed for teaching roles, and other major roles are under development. (*The Early Childhood Iowa professional development framework is attached as Appendix #12.*)
3. Articulation: A team from T.E.A.C.H. and Early Childhood Iowa attended a National Articulation Summit in North Carolina in April 2013, setting two-year goals. (*The Articulation summit implementation plan is attached as Appendix #13*). Many new articulation agreements have been put in place over the past five years between high schools and community colleges as well as two- and four-year institutions of higher education. A grant to Kirkwood Community College has supported quality improvements at the associate degree programs, specifically addressing professionals who work with children with high needs. A higher education summit is planned for spring 2014 at the University of Northern Iowa.
4. Advisory Structure: Many of the advancements described were overseen by the Executive Committee of the Professional Development Component Group of Early Childhood Iowa. Its four leadership teams – early learning; family support; special needs/early intervention; and health, mental health, and nutrition – involve stakeholders from across the early childhood system in planning and decision making around the development and implementation of Iowa Professional Development Framework.
5. Data: Workforce studies were completed on the early care and education workforce in 2010, on the adult educator/trainer workforce in 2011, and are currently underway for the family support workforce. The voluntary Child Care Training Registry continues to expand in number of trainings offered and in participation across systems. State leadership has begun conversations about sharing workforce data across the Registry,

T.E.A.C.H., and NACCRRA ware systems, including new goals for data collection and coordination set by an Iowa team attending the NAEYC workforce data systems meeting in June 2013.

6. **Financing:** A large MIECHV grant has provided professional development resources to the family support system. Child Care Development Fund quality dollars are the primary source of funding to train the child care workforce. State dollars continue to support cross-sector professional development efforts, including system building work, through Early Childhood Iowa. Local Early Childhood Iowa areas also fund professional development with state dollars.

In summary, since the development of Iowa’s Early Childhood Professional Development Framework the state has coordinated nearly a dozen teams to work systematically on the development of competency standards, pathways and articulation, and, in the process, created an advisory structure, expanded expectations and needs for data, and identified new sources of funding for discrete elements of the framework. This application is requesting additional funding to finish this work since a significant source of funding of the effort until now was covered by the early childhood State Advisory Council grant which ended in August 2013. Funding will be targeted to create milestones along the designed pathways in the form of a variety of credentials that signal progress or specializations needed by professionals to better serve children with high needs (e.g., mental health, infant/toddler, child care consultants). Additional funding in this section will also be directed to improving the overall effectiveness of professional development and its impact on child outcomes.

Goal 1 – Develop, approve, and implement a plan to link workforce knowledge and competency frameworks for all primary roles to approved trainings and career pathways.

Key Activity 1: Approve and adopt competencies for primary roles in workforce – linked to progressing, skilled, and mastery level practitioners, and adopted for primary workforce roles:

- Teaching Roles (includes all assistant teachers, child care providers, etc.)
- Program Administrator (includes all preschool, child care center directors, and all in administrative roles)

- Adult Educators/Trainers
- Family Support Workers
- Family Support Supervisors
- Mental Health Specialist
- Consultants

All roles will be expected to include these general competencies:

- Cultural Competencies
- Universal Early Childhood Competencies

Rationale:

Much of the work described above has set the stage for what is needed to complete and implement the framework. These efforts were completed as part of the scope of work from Iowa’s Early Childhood State Advisory Council grant over the past three years. What remains unfinished is to complete the development of competencies for all workforce roles, the design of career pathways for those roles, the establishment of degrees and credentials along those pathways, and ensuring smooth progress along the pathways with articulation agreements.

Benchmarks and Milestones:

January 2014-July 2014 – Complete development of competencies for primary workforce roles.

August 2014-December 2014 – Competencies are approved and adopted by systems and agencies.

Key Activity 2: Adopt (by ECI) knowledge and competency frameworks with clear career pathways for primary roles in workforce:

- Teaching roles
- Program Administrator
- Family Support Supervisors
- Family Support workers

(Other sections of this plan address the adult educator/trainer and the consultant workforces – see Key Activity 3, below.)

Rationale:

Drafts of teaching roles and program administrator pathways have been completed by ECI's professional development leadership. Competencies and degrees/credentials need to be aligned with these pathways, and pathways for other roles will need approval.

Benchmarks and Milestones:

Summer 2014 – Pathways developed by ECI professional development leadership teams.

December 2014 – Pathways are adopted by systems and agencies for use.

Key Activity 3: Develop a plan to link the workforce knowledge and competency frameworks for all primary roles in workforce (teaching roles, program administrators, adult educators, consultants, family support supervisors, and family support workers) to approved training.

- Review and adopt universal training approval process based on approved competencies and trainer qualifications.
- Determine the need for a training approval state agency or center.
- Workforce and Professional Development Registry System will be used by all in ECE workforce, adding unregistered providers caring for children on Child Care Assistance (CCA) including Family Friend and Neighbor caregivers (FFN), Iowa's Statewide Voluntary Preschool Program (SWVPP), Head Start, Early Childhood Special Education (ECSE), early interventionists, and family support providers.
- Strengthen the Workforce and Professional Development Registry's capacity to collect and report on data on the early care and education workforce, across sectors, including validity of data and the ability to access data reports.
- Set up an approval system for the Registry including all publicly funded professional development aligning to the approved competencies.
- The alignment between professional development offered by Area Education Agencies (AEA), Iowa State University (ISU) Extension, CCR&R, and other

approved training organizations is clear and is indicated on Registry, to support decision making by the workforce.

- Registry contains all non-credit professional development training offered to the early childhood workforce and supported by public funding by 2017.

Rationale:

Iowa's child care training registry is currently in place for child care, but would be enhanced by accommodating the participation of other sectors. A process for approval of training is needed for consistency when new training is proposed. Boundaries between sectors and geographical regions would be reduced, as would duplication of training content, if the state-wide registry was used by all sectors of early care and learning.

Benchmarks and Milestones:

May 2014 – Create advisory committee for the current Child Care Training Registry to transition to a Workforce and Professional Development System Registry.

December 2015 – Entire early learning and development workforce is able to access and use Registry.

December 2016 – Align incentives (e.g., T.E.A.C.H./WAGE\$ supports, ECI area stipends and grants) with demonstrated progression on the Workforce Knowledge and Competency Framework that can be tracked on the registry. (Funding for Registry improvements primarily in section E2.)

Performance Measures:

By end of 2014 – Registry updates have been put in place that will support cross-sector participation.

Following 2014 and through 2017 – The Registry participation is up by 10 percent per year, based on the number of Registry participants using the Registry at least once annually to track professional development.

Goal 2 – Develop credentialing, linked to competencies, to measure progress along career pathway.

Key Activity 1: Create credentials based on the competencies and link to professional development opportunities and higher education for primary roles in workforce:

- All teaching roles, including and an infant/toddler specialist certificate
- Program administrators using National Administrators Credential and/or Administrator AIM (Aim4Excellence™ is an online national director credential for early childhood administrators from McCormick Center)
- Consultants (I-Consult currently in place for CCRR consultants only)
- Family support workers
- Family support supervisors
- Adult educators
- Infant mental health post-bachelors' certificate
- Early childhood teacher license endorsement for working with Dual Language Learners (DLL)

Rationale:

Iowa will draw from national models in constructing a comprehensive approach that provides multiple pathways and choices to the ultimate end of a professional and well-compensated workforce serving Iowa's high needs children. Credentials will provide clearly defined benchmarks on the pathway, serve as incentives for the workforce to move ahead on the Knowledge and Competency Framework, and provide the basis for providing compensation bonuses. Currently, family support and family support supervisor credentials are being developed and moving forward with the support of the MIECHV grant. I-Consult credential is

already completed. In all cases, the credentials will reflect how individuals have achieved mastery in the relevant role competencies.

Benchmarks and Milestones:

July 2015 – All credentials completed and adopted.

September 2016 – Professional development providers (non-IHEs) offering and publicizing available of credentials for non-credit.

September 2017 – IHEs offering and publicizing availability of credentials (family support professionals will access their training on the Learning Management System using Learning Modules which are scheduled to be available in early 2014).

Key Activity 2: Develop a verification/awards process for credentials that would include competency assessment, portfolio development, observations, and interviews.

Rationale:

Verification processes are needed to ensure that those attending training are implementing what they have learned. Credential processes will be created to ensure credentials are awarded consistently across sectors.

Many elements of the verification and awards process are already underway:

- Those earning college degrees, diplomas, and certificates have assessment procedures in place to verify attainment of competencies.
- I-Consult is used with CCR&R consulting staff.
- Family Support Program and Family Development Specialists and Supervisors have certification processes in place.
- Child Abuse Prevention Advisory Committee has been formed to review education, experience, and areas of expertise Iowa should require for a family support endorsement in child abuse prevention.
- Child Development Associate (CDA) credential has verification processes.

- Competencies for a number of roles have been created, approved or in a review process, to provide a foundation for this work.
- Work is underway to create self-assessments and self-instructional workbooks for professional development planning to support completed and approved competencies, for teaching roles and program administrators.

Benchmarks and Milestones:

November 2014 – Self-instructional workbooks for professional development planning completed.

December 2014 – Endorsement for Child Abuse Prevention for Family Support Professionals completed.

September 2016 – Materials to support credentials for the primary roles are completely developed.

September 2016 – Credentials in place and being awarded.

Key Activity 3: Designate a lead agency for administering credentialing process or overseeing credentialing contractors.

Benchmarks and Milestones:

December 2014 – Scope of work for lead agency developed.

September 2015 – A lead agency is determined by grant oversight committee or in response to a RFP.

September 2016 – Credentials in place and being awarded.

Goal 3 – Work with institutions of higher education and other PD providers to support the workforce knowledge and competency framework.

Key Activity 1: Revise early childhood and early childhood special education teacher licenses and endorsements to align with the completed teacher role competencies.

Rationale:

Iowa currently has four early childhood teaching license endorsements and a K-6 teaching license, causing much confusion with the overlap of age groups and grades. Several of these have not been updated for years, despite new state and national expectations. As the Knowledge and Competency Framework is adopted, the overlapping license endorsements need to be streamlined, a decision needs to be made as to the purpose for all the options, and new potential endorsement recommendations should be moved forward. The Iowa Board of Educational Examiners (BOEE) has committed to addressing this need for updated endorsements

Benchmarks and Milestones:

December 2015 – Review committee is established through the BOEE. (The Endorsement 100 is being reviewed beginning immediately.)

December 2016 – Other EC teaching endorsements are revised or eliminated as appropriate.

December 2017 – Determine the potential of adding additional early childhood endorsements specific to:

- Early literacy
- Mental health
- Early intervention
- ESL/English Learners

Key Activity 2: Align higher education coursework with approved competencies.

Rationale:

The competencies already created (or to be developed) must be infused into higher education coursework so that the state has assurances that teacher credentials mean a specific level of mastery of competencies. Similar rationale is appropriate for other credentials discussed above.

Benchmarks and Milestones:

April 2014 – Higher education summit takes place where participants align coursework and competences, and discuss and share strategies to infuse the competencies into their coursework. Gaps in articulation will also be a major topic.

April 2016 – A second summit takes place addressing outcomes from the alignments which will lead to new articulation agreements.

Key Activity 3: Support Early Childhood Associate Degree Accreditation (ECADA) through NAEYC for Iowa’s community colleges.

Rationale:

Only one community college has earned ECADA accreditation currently and four have CAEP (or NCATE as long as it is still valid). Funding is needed to support the payment of fees and staff work time. ECADA represents a rigorous set of requirements for early childhood professional preparation programs, and expanding the number of community colleges in Iowa with this mark of quality would indicate significant quality improvement in pre-service education. When IHEs become accredited using ECADA and CAEP, national alignment assures smoother articulation of credits between 2-year and 4-year institutions. Because of Iowa’s education reform legislation signed into law in July 2013, Iowa’s accreditation of teacher preparation programs will be revamped, continuing to improve the quality and alignment of their academic programs for teachers with 2-year institutions.

Benchmarks and Milestones:

December 2015 – ECADA accreditation process begins for two community colleges early childhood programs.

December 2017 – Two community college early childhood programs receive ECADA accreditation.

Key Activity 4: Develop and execute MOUs between IHEs and relevant state agencies or boards (e.g., BOEE) to link coursework to competencies and support articulation agreements.

Rationale:

Some articulation agreements are in place, but not consistently from EC programs at the community college level to EC programs at the four-year level. The core courses adopted by the Early Childhood Community College Alliance have supported movement toward articulation agreements, but more comprehensive and consistent agreements are needed to assure smooth progression on a variety of career pathways. Based on the two summits planned for 2014 and 2016, the stage will be set for completing negotiations of remaining articulation agreements.

Benchmarks and Milestones:

July 2014 – Key partners for articulation discussions are identified.

July 2015 – Articulation negotiations continue as new licensing endorsement are completed.

December 2017 – New articulation agreements or MOUs are in place among community colleges and Regents institutions.

Goal 4 – Improve the quality of provided training and in-service professional development for workforce who work with children/families with high needs.

Key Activity 1: Create an adult educator/trainer credential based on the approved (1.1.1.) competencies for all approved trainers in the state.

Rationale:

Often, trainers who are employed by other systems in roles such as consultant or program administrator need a way to measure and report on their competence as an adult educator. Adult educator competencies have been created and approved. This activity includes enhancing and improving Iowa's trainer approval processes.

Benchmarks and Milestones:

December 2015 – Create and adopt an adult educator/trainer credential.

December 2016 – Credentialing is promoted and data on number of adult educators/trainers with credential are collected.

December 2017 – ECI Professional Development Component Group Steering Committee will require that all approved adult educators hold this credential.

Key Activity 2: Set up a trainer approval process to support credentialing through the Registry and put standards in place for approved trainings and training organizations.

Rationale:

The DHS Child Care Training Registry is widely used by the child care workforce, but is not widely accessed by other sectors. A cross-sector, strong professional development registry, linked to the Knowledge and Competency Framework, would support this access and would encourage progression on the framework. Registry improvements are funded through (E)(2). Among the foreseen improvements would be more systematic data collection and the incorporation of all publicly funded professional development across the workforce sectors.

Benchmarks and Milestones:

May 2014 – Create advisory committee for Registry to assess current and desired capabilities.

August 2014 – Current training approval process is reviewed and determination of the need for a training approval agency is made.

December 2014 – An entity is selected or created to house credentials. The entity lists them on the Registry.

September 2015 – Recommendations for improvements and changes in Registry are determined, including the inclusion of national registry data points.

September 2016 – All recommendations and retesting of updated Registry is complete.

Key Activity 3: Ensure the commonly used training curricula support program standards align with Iowa Early Learning Standards and Workforce Competencies and are delivered in a manner consistent with adopted professional development quality measures.

Rationale:

ECI PD adopted a professional development quality measures position paper and revised Early Learning Standards in 2013, and the Knowledge and Competency Framework will be in place. To improve quality and integrity of commonly used curricula, they will be assessed using these measures and standards.

Benchmarks and Milestones:

May 2015 – Determine curricula to assess.

November 2015 – Determine or design the tool to use for assessment.

November 2016 – Curricula are assessed and improvements made in course content and delivery.

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

The extent to which the State has a High-Quality Plan to improve the effectiveness and retention of Early Childhood Educators who work with Children with High Needs, with the goal of improving child outcomes by--

(a) Providing and expanding access to effective professional development opportunities that-

(1) Are aligned with the State’s Workforce Knowledge and Competency Framework;

(2) Tightly link training with professional development approaches, such as coaching and mentoring; and

(3) Are supported by strong evidence (e.g., available evaluations, developmental theory, or data or information) as to why these policies and incentives will be effective in improving outcomes for Children with High Needs;

(b) Implementing effective policies and incentives (e.g., scholarships, compensation and wage supplements, tiered reimbursement rates, other financial incentives, management opportunities) to promote professional improvement and career advancement along an articulated career pathway that-

(1) Are aligned with the State’s Workforce Knowledge and Competency Framework;

(2) Tightly link training with professional development approaches, such as coaching and mentoring; and

(3) Are supported by strong evidence (e.g., available evaluations, developmental theory, or data or information) as to why these policies and incentives will be effective in improving outcomes for Children with High Needs;

(c) Publicly reporting aggregated data on Early Childhood Educator development, advancement, and retention; and

(d) Setting ambitious yet achievable targets for--

(1) Increasing the number of postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework and the number of Early Childhood Educators who receive credentials from postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework; and

(2) Increasing the number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.

Iowa’s key goals to improve the effectiveness and retention of Early Childhood Educators who work with Children with High Needs, with the goal of improving child outcomes:

1. Assess knowledge, skills, and abilities of workforce serving children with high needs and their families.

2. Using the Iowa Professional Development Model as a guide, create integrated consultation systems (combining coaching/mentoring/technical assistance offered by Head Start, AEA, ISU Extension, and CCRR), and link to specific skills-oriented training targeted at the workforce who work with children with high needs and their families.
3. Improve access to and availability of high quality professional development offered to workforce, especially those at the beginning stages of the career pathway and who are serving children of high needs and their families.
4. Reward professional growth and effective teaching, directing, and family support with clear career pathways, increased leadership opportunities including serving as a coach/mentor, and increased compensation to impact retention.

Iowa has done a great deal to improve the professionalism of the early childhood and family support workforce. Iowa's preschool program has one of the highest standards in the nation for lead teachers and is designed to have those teachers also serve, in many instances, as coaches and trainers for others in the child care field. Iowa also has established its own T.E.A.C.H. and WAGE\$ programs to enable those in the field to secure additional formal education and support. In particular, Iowa has placed an emphasis upon those who are providing care to children but do not yet have any credential or formal training, through developing multiple approaches (through training and/or higher education) for those providers to secure a Child Development Associate (CDA) credential. Iowa has found that this is a critical stepping-stone for such care providers.

Another example can be found in the area of family support. Over the past four years the University of Iowa – National Center for the Family Centered Practice has offered a 52-hour certification training for family support supervisors. Specifically, this training offers advanced course work for the professional in a supervisory role. The Family Development Specialist Certification is for those professionals in agencies such as Community Action Programs, Head Start, County Extension, and Public Health Nurses who work with individuals and their families. This eight day training covers such topic areas as relationship building and maintenance,

strength-based assessment and self-sufficiency support strategies, and empowerment strategies, and is widely available to the family support workforce.

At the same time, much more work needs to be done and Iowa sees particular opportunities to build, over the long term, an early care and education and family support field of professionals who match the diversity and background of the young children and their families whom they serve. As in many states, Iowa has long had a fragmented early care and education system, with different regulations, resources and supports for the child care, preschool, family support, and early intervention/special education workforces. A great deal of high quality, research-based and evidence-informed professional development has been offered to segments of the workforce.

However, this high quality professional development is typically offered first and predominately to our higher quality programs or the most eager and willing members of our independent child care workforce. Greater alignment and investment in the workforce caring for children with special needs and high needs is needed to ensure all children have high quality, effective caregivers, teachers, and family support professionals. Targeting the professional development at those who most need the supports will result in higher quality programs more able to support children with high needs. To do this, we need to supplement the clear pathways and certifications (as proposed in D(1)) but assure the availability and quality of all levels of professional development.

Iowa believes that, done well and concertedly, greater alignment and investment in the workforce will also serve to create new leaders and professional opportunities for persons within poor, immigrant, and minority neighborhoods – and therefore also will serve community-building as well as providing high quality early care, education, and family support services.

This application is placing a major emphasis upon workforce development through creating both training and professional development opportunities, as well as attainment of formal higher education, Iowa will build upon past successes and create programs and incentives to keep the best and more effective providers, teachers, and family support workers working with Iowa's youngest children. As the professionals make significant progress through the pathways, more

children with high needs will be served by a more effective, better compensated workforce of professionals.

This application is placing a major emphasis upon workforce development through creating both training and professional development opportunities, as well as attainment of formal higher education, and income supports for currently low-wage child care workers through evidence-based programs. As providers, teachers, and family support workers progress through the pathways, more children with high needs will be served by a more effective, better compensated workforce of professionals.

GOAL 1 – Assess knowledge, skills, and abilities of workforce serving children with high needs and their families.

Key Activity 1: Conduct workforce study to assess its education levels, retention, compensation, knowledge, skills, and abilities to establish baseline measures, and compare with program auspice, local communities, and child outcomes.

Rationale:

An early childhood needs assessment was recently completed by ECI, contracting with the Child and Family Policy Center. A full workforce study, of all sectors of the early learning and family support workforce, has not been conducted. Some family support data will be collected by 2014 supported by MIECHV funding.

Benchmarks and Milestones:

2014 – Make decisions as to the information needed on the study.

Late 2014 – Conduct a baseline survey.

Late 2017 – Repeat survey to gather updated data.

Performance Measures:

Workforce data baseline information collected in 2017 as described in section (E)(2).

Key Activity 2: Set targets for improving knowledge, skills, and abilities above baseline (as defined in workforce study) of each sector of workforce working with children with high needs, and fund scalable, creative models for local ECI areas to support the most high needs providers and those with diversity matching the children in their communities. Mini-grants of up to \$40,000 to six ECI areas annually to develop and implement activities to support professional development using high quality, evidence-based training, supports, follow-up consultation will be awarded. Priority will be given to proposals serving high needs/high poverty geographical areas of the state.

Rationale: Local ECI area communities are uniquely qualified to design activities to support the professional development needs of the workforce caring for high needs children in their area, as they may be extreme poverty areas, DLL families, children with disabilities, etc.

Benchmarks and Milestones:

2014 – Criteria will be put in place, high needs areas will be determined, and proposals will be accepted.

2015-2017 – Six proposals will be selected annually from those submitted from high needs areas, and implemented.

Goal 2 – Create an integrated consultation system (combining coaching/mentoring/technical assistance offered by Head Start, AEA, ISU Extension and CCRR), and link to specific skills-oriented training targeted at the workforce who work with children with high needs and their families.

Key Activity 1: Support the development of coaching/mentoring using professional sectors to support Family Support Supervisors, EC-PBIS, PITC, Creative Curriculum, ERS, and CLASS in early learning programs serving children with high needs.

Rationale:

Very high quality consultation to ensure implementation of training in early learning settings occurs across all sectors of our systems, through Head Start (CLASS and PBIS), CCR&R (PITC and PBIS), Area Education Agencies (Creative Curriculum, DMM, and PBIS), Iowa State University Extension (ERS), and many other systems. Iowa lacks a systematic, state-wide effort to ensure that programs serving high needs children have primary access to this consultation, and that cross-sector referrals are made as appropriate. This participation should be linked to TQRIS ratings and tiers. (See section B for CLASS, ERS and I-Consult.)

Benchmarks and Milestones:

2014-2016 – Expand PBIS consultation using the master cadre.

2015-2017 – Expand CLASS consultation.

2015-2017 – Provide priority consultation to programs serving high needs children at lower tiers of the TQRIS.

Key Activity 2: Support continuation of the Distance Mentoring Model (DMM) for ongoing coaching and mentoring of early interventionists.

Rationale:

The Distance Mentoring Model (DMM) is a professional development approach designed to facilitate coordinated and consistent high quality early intervention (EI) services and supports. Incorporating evidence-based practices for professional development with technology strategies and supports, DMM engages EI providers, service coordinators, and program administrators in a systematic change process using implementation science to increase the use of recommended practices with children and families. In a recently published study, Marturana and Woods⁶⁴

⁶⁴ Marturana, Emily R., and Juliann J. Woods. "Technology-Supported Performance-Based Feedback for Early Intervention Home Visiting." *Topics in Early Childhood Special Education* 32.1 (2012): 14-23.

reported effects of DMM including EI providers' increased use of specific coaching strategies and greater diversity of family routine contexts for intervention. In another study by Marturana⁶⁵, using iPads to coach parents resulted in increases in children's early literacy outcomes and the parents increased use of intervention strategies in everyday routines with their children. The DMM is currently being implemented in Iowa with early interventionists, which is a five-year process. The final two years are not currently budgeted in the Iowa IDEA Part C budget.

Benchmarks and Milestones:

2016-2017 – Expand and scale up DMM, following the completion of the current budgeted contract with Florida State University.

Performance Measure:

By Summer 2018, DMM will be implemented with fidelity statewide in Early ACCESS (early intervention).

Key Activity 3: Expand the Distance Mentoring Model (ongoing coaching and mentoring) to targeted programs that serve a large percentage of children and families with high needs.

Rationale:

There is supporting evidence for the Distance Mentoring Model in early intervention (see citations in Goal 2, Key Activity 2); however, it has not been expanded to home visitation and other early learning settings. With the Early Learning Challenge funds, Iowa could expand this professional development approach to these other areas of services for families and children with high needs. Using technology to deliver mentoring to service providers/teachers reduces travel costs and time, especially in rural areas, which nets more time to spend with families. In addition, using technology to deliver coaching to parents and teachers eliminates travel costs and time, which allows for more time for service providers to coach these high needs families.

⁶⁵ Marturana, Emily. "Use Of Mobile Device Applications To Teach Caregivers To Embed Naturalistic Teaching Strategies In Daily Routines." (2012).

Finally, removing logistical boundaries allows for consistent and ongoing mentoring that is more likely to effect change as compared to “business as usual” professional development training workshops.⁶⁶

Benchmarks and Milestones:

Expand to MIECHV counties by 2015, then to Head Start, Shared Visions, and SWVPP by 2016, with plans of expanding widely into child care serving high needs children by 2017.

Goal 3 – Improve access to and availability of high quality professional development offered to workforce, especially those at the beginning stages of the career pathway and who are serving children of high needs and their families.

Prioritize programs and providers serving a high percentage of low income families (Child Care Assistance (CCA), Head Start, free/reduced lunch) or diverse abilities (IEPs, IFSPs) or high needs (located in Schools in Need of Assistance (SINA) areas, Dual Language Learners (DLL), foster care, those living on Indian lands, those providing wrap around services to Head Start, Shared Visions, CCA children, etc.).

Key Activity 1: Ensure targeted programs serving a minimum percentage of children with high needs have priority access to high quality professional development, including coaching, consultation, and mentoring.

Rationale:

Excellent, quality professional development and coaching is available in Iowa, but is typically sought after by those already progressing on a professional development pathway, not often by those most in need of the training. Through the work of this grant, without additional funding, the ECI Professional Development leadership will do a needs assessment of where the high quality training is currently targeted, and, to the extent possible, re-direct the training and

⁶⁶ Trivette, Carol M., et al. "Characteristics and consequences of adult learning methods and strategies." *Practical evaluation reports* 2.1 (2009): 1-32.

consultation funded by other resources to the programs and the workforce most in need of it. Data will need to be retrieved from the systems offering the training or consultation. Programs already in place, such as I-Consult and DMM for consultation, high quality training such as PBIS, PITC, Every Child Reads, etc., will be re-directed to those areas most in need of these supports.

Benchmarks and Milestones:

Spring 2015 – Identify programs that could be targeted and prioritize programs serving high needs children and families, or are themselves a high needs workforce.

2016 – Target training, consultation, and other services to programs with workforce most in need, and/or those serving primarily CHN.

Key Activity 2: Develop original or adapted entry level courses and consultation support for FFN providers, beginning providers, or providers at the lower levels of quality who are serving children with high needs especially those serving CCA, tailored to meet the unique needs of these providers. Ensure courses are evidence-informed and research-based; reflecting needs of the workforce and/or the high needs children and families they serve.

Rationale:

The federal Child Care Bureau is expected to implement new child care regulations that will require states to provide pre-service training to providers accepting CCA, whether or not they are registered or licensed by the state. A new series of courses will need to be developed to meet this need, and this will lead to a credential once all is completed. Content likely will include:

- i. first-aid and Cardiopulmonary Resuscitation (CPR)
- ii. medication administration policies and practices
- iii. poison prevention and safety
- iv. safe sleep practices including Sudden Infant Death Syndrome (SIDS) prevention
- v. shaken baby syndrome and abusive head trauma prevention

- vi. age-appropriate nutrition, feeding, including support for breastfeeding, and physical activity
- vii. procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods
- viii. recognition and reporting of suspected child abuse and neglect
- ix. emergency preparedness planning and response procedures
- x. management of common childhood illnesses, including food intolerances and allergies
- xi. transportation and child passenger safety (if applicable)
- xii. caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities Act (ADA)
- xiii. child development, including knowledge of developmental stages and milestones of all developmental domains (social and emotional, physical and cognitive) appropriate for the ages of children receiving services

Goal 4 – Reward professional growth and effective teaching, directing, and family support with clear career pathways, increased leadership opportunities including serving as a coach/mentor, and increased compensation to impact retention.

Key Activity 1: Offer an enhanced T.E.A.C.H. scholarship model for staff serving high needs children.

Rationale:

There are benefits of heterogeneity and inclusive programs with a mix of children with high needs and those without, and our programs have traditionally isolated children by family income, disabilities, etc. Traditionally, child care providers serving the most high needs children are least likely to be degreed. Staff serving high needs children and families need special supports to be successful in college coursework, as they often are from high needs families themselves. There are also benefits to children with high needs if their parents who may happen to be in the early care and education workforce advance on the knowledge and skills framework. The Meskwaki

Settlement school superintendent shared that child care providers working with 0-3 year olds have no training supports, and that they would like their paraeducators to earn AA or CDAs. Forty additional Head Start staff and child care and family support staff at programs serving more than 33 percent children with high needs, in a SINA designated school district, and to the preschool teachers, paraprofessionals, and family child care providers working with birth - 4 year olds who live at the Meskwaki Settlement will receive an enhanced T.E.A.C.H. scholarship. This will include enhanced counseling, a \$200 Sign-on bonus (to cover start up costs and lessen resistance) for both the program serving HN children, and participant (teacher); successful participants get 50 percent higher compensation increase following successful completion of first three years of contracts; and have priority status for WAGE\$ stipends (if available) when degrees and credentials are completed and they are eligible. Enhanced counseling and professional development consultation will be provided by T.E.A.C.H. Counseling staff. Since T.E.A.C.H. has been active in the state for more than ten years, funded through a variety of public and private sources, sustaining the project is not dependent on grant funding, though expansion of additional scholarships will directly elevate the overall competency of the workforce.

Benchmarks and Milestones:

2014 – Criteria will be put in place and marketing will occur to recruit 40 new participants, contracts will be issued.

2015-2017 – Enhanced T.E.A.C.H. services to support earning of early childhood degrees will continue until degrees are earned.

Key Activity 2: Offer 40 T.E.A.C.H. scholarships annually to targeted sectors of the workforce who are serving more than one-third children and families with high needs and are in roles in need of early childhood college degrees or teaching license endorsements:

- Child care center program administrators in centers serving HN children for EC associates' or bachelors' degrees, or Taking Charge of Change program administrator's training, and/or Aim4Excellence or NAC Administrator credential courses.

- Principals and primary school teachers who already have degrees to earn early childhood endorsements.
- Infant-toddler teachers and child care providers, Early Head Start, early interventionists (Early Access teachers) who work with high needs infants and toddlers.
- Family support providers.

Benchmarks and Milestones:

2014 – Criteria will be put in place and marketing will occur to recruit 40 new participants from the designated targeted workforces. Contracts will be issued.

2015- 2017 – T.E.A.C.H. services to support earning of early childhood degrees will continue until degrees are earned.

Key Activity 3: Provide up to 40 scholarships (average of ten annually) to K-3 grade teachers in Schools in Need of Assistance to secure an early childhood endorsement.

Benchmarks and Milestones:

2014 – Criteria will be put in place, and marketing will occur to recruit new participants from SINA areas to earn early childhood endorsements to existing elementary educator teaching licenses. Participation agreements will be issued.

2015-2017 – Services to support successful completion of early childhood endorsements will continue until they are completed, additional scholarships will be awarded to replace those as endorsements are earned.

Performance Measures for (D)(2)(d)(1): Increasing the number of Early Childhood Educators receiving credentials from postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework					
	Baseline (Today)	Target - end of calendar year 2014	Target - end of calendar year 2015	Target - end of calendar year 2016	Target – end of calendar year 2017
Total number of “aligned” institutions and providers	5 *	7	9	15 #	20 **
Total number of Early Childhood Educators credentialed by an “aligned” institution or provider	NA (In the past five years, over 200 earned degrees or teaching licenses from one of these 5 IHEs)	300	500	5,000	10,000

Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.										
Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)	<i>Baseline and Annual Targets -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	Baseline (Today)		Target- end of calendar year 2014		Target- end of calendar year 2015		Target- end of calendar year 2016		Target- end of calendar year 2017	
	#	%	#	%	#	%	#	%	#	%
Credential Type 1@ <i>Specify: Pre-service Completion Credential</i>	NA	NA	50	.16%	300	1%	500	1.7%	1000	3.3%
Credential Type 2 <i>Specify: Infant/Toddler Credential</i>	NA	NA	50	.16%	150	.5%	250	.8%	350	1.2%
Credential Type 3 <i>Specify: CDA</i>	1029	3.5%	1,229	4.1%	1,454	4.8%	1,729	5.8%	2,029	6.8%
Credential Type 4 <i>Specify: Para educator</i>	626	2%	651	2.2%	701	2.3%	776	2.6%	876	2.9%
Credential Type 5 <i>Specify: AA/AS/AAS</i>	3,000	10%	3,195	10.5%	3,455	11.5%	3,780	12.6%	4,170	13.9%
Credential Type 6* <i>Specify: NAC Credential</i>	259	18.4%	269	19.1%	279	19.9%	289	20.5%	299	21.3%

Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.										
Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)	<i>Baseline and Annual Targets -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	Baseline (Today)		Target- end of calendar year 2014		Target- end of calendar year 2015		Target- end of calendar year 2016		Target- end of calendar year 2017	
	#	%	#	%	#	%	#	%	#	%
Credential Type 7* <i>Specify: AIM Credential</i>	75	5%	135	9.6%	255	18.1%	375	27%	495	35%
Credential Type 8 <i>Specify: Unrelated BA</i>	1,500	5%	1,500	5%	1,500	5%	1,500	5%	1,500	5%
Credential Type 9 <i>Specify: CD/ECE BA with no teaching license</i>	1,500	5%	1,550	5.2%	1,600	5.3%	1,650	5.5%	1,700	5.7%
Credential Type 10 <i>BA with teaching license 100 – 103 – 106 - 262</i>	8,651	28%	2,350	30%	2,550	31.2%	9,782	32.6%	10,318	34.4%
Credential Type 11 <i>BA with teaching license for ECE – ESL Teacher</i>	0	NA	0	NA	0	NA	10	NA	25	NA
Credential Type 12* <i>Adult Educator</i>	0	0%	0	0%	25	4.2%	225	42.5%	475	71%
Credential Type 13 <i>Specify: ISU Infant Mental Health Certificate</i>	0	0%	10	.03%	50	.16%	100	.3%	200	.6%
Credential Type 14* <i>Specify: I-Consult Certificate (baseline using only total CCRR consultants)</i>	30	58 CCRR 52%	60	(#)	90	(#)	120	(#)	150	(#)
Credential Type 15* <i>Specify: Family Development Specialist</i>	180	28%	220	34%	260	40%	300	47%	340	53%
Credential Type 16* <i>Specify: Family Support Supervisor</i>	170	85%	175	87.5%	185	92.5%	195	97.5%	200	100%
<i>Include a row for each credential in the State’s proposed progression of credentials, customize the labeling of the credentials, and indicate the highest and lowest credential. [Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information</i>										

E. Measuring Outcomes and Progress

(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 the school year ending during the fourth year of the grant 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 ESEA).

Iowa’s key goals to understanding the status of children’s learning and development at kindergarten entry.

1. Develop and implement a Kindergarten Entry Assessment (KEA) that addresses all populations including English learners, children with disabilities, and other populations of children in high need. The KEA will provide information to inform the intended and enacted curriculum at the local district level. The instrument is intended to provide information to teachers to make better instructional decisions based on data.
2. Develop and implement a K-3 formative assessment addressing all areas of development. Administrators and teachers will learn how to use the K-3 formative assessment data to address the requirements of high needs children. The data will be analyzed to ensure that the K-3 instructional core is meeting the needs of all children and to determine

populations of children who may need additional instruction to meet state standards (Iowa Core Curriculum).

3. Monitor and support ongoing use of assessment data to guide instruction, ensuring that administrators and teachers demonstrate ability to administer and use data to understand the status of high needs children at kindergarten entry and use the data to provide appropriate and adequate instruction with an end result of narrowing achievement gaps between high needs and non-high needs children.

Iowa has focused great attention on how it can best develop data systems that both identify and respond to individual children based upon their developmental status, and that determine how well Iowa is responding to children in getting them ready for school. Iowa's SVPP program now requires that the Teaching Strategies GOLD system be used at both the beginning and at the end of the preschool year to assess children across the five domains of school readiness including language and literacy development cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development (the GOLD system has six domains, but they include measures of each of the five domains defined by the School Readiness Expert Panel as fundamental to child development, and upon which Iowa's early learning standards are based).

Iowa will develop a common Kindergarten Entry Assessment at the time of a child's entry into kindergarten, drawing upon the experiences of earlier grantees in the RTT-ELC grant and their work. Iowa is part of the North Carolina Enhanced Assessment Grant (EAG) consortium, an effort that will benefit North Carolina's implementation of its grant as well as other state efforts (*The EAG MOU is attached as Appendix #14*). Iowa also wants to ensure that its KEA contributes and connects to early elementary instruction (K-3), ensuring that instructional strategies and family/school/community partnerships in the early elementary grades respond to the whole child and do not take a narrow view of how to achieve critical core standards in language and math.

In addition to designing teacher-administered authentic/observational and direct assessments, Iowa recognizes that families are experts on their own children's development. Particularly at the school level, gathering information from families is important to implementing a more reliable assessment of the child's capabilities and interests (especially in light of diverse racial, cultural, or language backgrounds) and using that assessment as a time for engaging families and developing school and family partnerships. Even the best teacher-administered assessment is unlikely to reveal fully a child's development, interest, and capability when the school culture, language, or socioeconomic setting differs from that which a child has experienced in her or his early years of life. Drawing upon family knowledge is critical to knowing what is unique and special about the child, and how that information can be used in the educational process to ensure the child's inclusion and learning.

Within this application, Iowa will support a "learning community" of interested elementary school leaders wishing to strengthen family engagement and use family knowledge in their education, coupled with parent leaders seeking to better support their school in educating their children. This learning community will draw from work underway at the BUILD Initiative, "Families Know Best," through "action research" to develop tools and strategies of securing family knowledge about their children and using that to better connect families and schools as partners in their child's education.

Expenses for developing, piloting, and training both the KEA and the formative assessment will be covered only partly by funds from the Race to the Top-Early Learning Challenge Grant. Since the state has already committed to being involved in the consortium many activities will be covered by the EAG. Other activities will be covered with additional funds from the Iowa Department of Education. Some funding is being allocated to ensure Iowa stays actively involved in the work of the EAG, and for training when the KEA and formative assessments are scaled statewide in the fourth year of the RTT-ELC grant at the time when the KEA is expected to be ready for widespread use. Exact cost sharing among consortium members is being worked out as this grant is being written, so budget figures represent best estimates at the present time.

GOAL 1 – Develop and implement a Kindergarten Entry Assessment (KEA) that addresses all populations including English learners, children with disabilities, and other populations of children in high need.

Key Activity 1: Participate in the Enhanced Assessment Grant (EAG) consortium to develop a KEA.

Key Activity 2: Analyze and ensure an adequate degree of alignment between the Iowa Early Learning Standards and the Early Learning and Development Standards.

Key Activity 3: Analyze and ensure that KEA is aligned with the standards and is addressing the high need populations including disability, DLL, and poverty. (SRI International, Child Trends, and BUILD will support the consortium in analyzing the alignment to ensure that all populations are being addressed.)

Key Activity 4: Test and validate the KEA with Iowa population – including teacher input through focus groups – ensuring that test samples include a variety of high needs child populations.

Key Activity 5: Develop and implement a professional development plan to train teachers and other professionals to administer the KEA and analyze the data that result.

Assessment information about what children know and are able to do at kindergarten entry is important to a variety of audiences. However, its usefulness in planning educational experiences that address children’s needs throughout the school year is limited because ongoing assessment is necessary to inform teaching and learning. Developing a formative assessment process that builds on information gathered at kindergarten entry and spans kindergarten through third grade would improve continuity across the grade span and significantly impact student achievement. Iowa has therefore joined a consortium of ten states to enhance a formative assessment of the Essential Domains of School Readiness, beginning with a KEA and continuing into third grade. This consortium (North Carolina, Arizona, Delaware, District of Columbia, Iowa, Maine, North

Dakota, Oregon, and Rhode Island; plus South Carolina as a collaborating state) supported by three research partners (SRI International, the BUILD Initiative, and Child Trends) was recently awarded a \$6.1 million grant from the U.S. Department of Education under the Enhanced Assessment Grant (EAG) to enhance the K-3 formative assessment that North Carolina is developing under their RTT-ELC grant (referred to as the North Carolina Assessment or NCA). This section refers to the enhanced K-3 assessment as the Enhanced Assessment for the Consortium (EAC) and where the discussion applies only to the KEA portion, it will be referred to as the EAC-KEA.

Narrative for Goals 1, 2, and 3 and additional questions of E(1) is adapted from language provided by the Consortium in order to directly reflect the work that Iowa has committed to undertake as part of this Consortium and its work in support of understanding the status of children’s learning and development at kindergarten entry.

The Consortium’s theory of action sees assessment as a powerful tool for improving student outcomes. The overall purpose of the EAC assessment system is to provide information that teachers and students can use to guide instruction and learning. The assessment thus must be designed with this primary purpose in mind. The EAC-KEA, the first assessment point in the continuous assessment system, will address the needs of other users as well, including principals, district and regional administrators, state policymakers, and advocates.

A guiding principle of the theory of action is that an assessment of young children must be developmentally appropriate to provide valid information for any audience. Direct assessment, in which an adult asks a child to respond to a number of requests, is challenging for young children for a variety of reasons: They may be unfamiliar with the tasks, confused by the language used, experiencing difficulty following verbal directions, or have limited capacity to respond verbally.⁶⁷ Observation-based assessments, which use regularly occurring classroom activities and products as evidence of what children know and are able to do, are more consistent with recommended practices and provide more valid information for diverse learners, such as children

⁶⁷ National Research Council. *Early Childhood Assessment: Why, What, and How*. Washington, DC: The National Academies Press, 2008.

with disabilities and English learners, because they provide children multiple ways to demonstrate competence.^{68 69}

GOAL 2 – Develop and implement a K-3 formative assessment addressing all areas of development. Administrators and teachers will learn how to use the K-3 formative assessment data to address the needs of high needs children. The data will be analyzed to assure the K-3 instructional core is meeting the needs of all children and to determine populations of children who may need additional instruction to meet state standards (Iowa Core).

Key Activity 1: Develop a K-3 formative assessment. (Iowa will participate with EAG in the development and pilot testing of a K-3 formative assessment.)

Key Activity 2: Develop a professional development plan to train teachers and other professionals to administer and analyze data from the KEA and K-3 formative assessment.

Details on the Consortium activities in support of Goal 2 are described in detail in the section below on alignment with the State’s Early Learning and Development Standards.

GOAL 3 – Monitor and support ongoing use of assessment data to guide instruction, ensuring administrators and teachers demonstrate ability to administer and use data to understand the status of high needs children at kindergarten entry and use the data to provide appropriate and adequate instruction with an end result of narrowing achievement gaps between high needs and non-high needs children.

68 ibid.

69 NAEYC & NAECS/SDE. 2003. “Early childhood curriculum, assessment, and program evaluation: Building an effective, accountable system in programs for children birth through age 8.” Joint position statement. Washington, DC: NAEYC.

Key Activity 1: Develop a cadre of AEA and LEA external and internal coaches to support the implementation of KEA and K-3 assessment.

Key Activity 2: Provide professional development to the cadre, supported by regularly scheduled conference calls and webinars to build its capacity to train K-3 teachers in data based decisions to inform instruction using KEA and K-3 assessments.

This Consortium demonstrates significant state interest in and commitment to the vision of a KEA in the context of K-3 formative assessment. States have joined this Consortium because they believe in this vision and have a need in their state for both KEA and K-3 formative assessments that are aligned and cover multiple domains/content areas. The Consortium brings a wealth of relevant experience and expertise on assessment design and implementation, early childhood policy and programs, K-3 content, stakeholder engagement, and PD. The collective wisdom and experiences across the Consortium will make the assessment more meaningful and useful and will ensure successful implementation. This Consortium provides an opportunity to forge partnerships and relationships across and within states to troubleshoot challenges and engage key players in the enhancement design and implementation.

Consortium states will be involved in all aspects of enhancing the assessment system. All Consortium states will be engaged in Tier 1 activities, which include participating in regular Consortium meetings to provide input and feedback on different stages of the assessment enhancement and conducting broad stakeholder engagement activities in their state. Some states will engage in more resource intensive Tier 2 activities, such as piloting assessment components (i.e., assessment items, report formats, technology enhancements, PD materials), field testing, and conducting more in-depth stakeholder engagement in their state.

Early childhood and early childhood special education specialists at all nine of Iowa's Area Education Agencies work on providing training and technical assistance to early learning and development programs operated by the Iowa Department of Education. These specialists will be

recruited to be part of the cadre of coaches and work to develop internal coaching capacity around the use of the KEA and the formative assessment in individual districts. Representatives from this group meet regularly as the Early Childhood Leadership Network. This group will take a leadership role in supporting the conference calls and webinars as it incorporates use of the KEA and formative assessments into its work with districts.

Is aligned with the State’s Early Learning and Development Standards and covers all Essential Domains of School Readiness.

An important guiding principle of the EAC is that improving student outcomes requires the alignment of standards, assessment, and instruction.⁷⁰ Good formative assessment provides information to guide instruction, thus creating the link between assessment and instruction. The NCA is being developed from high-level claims, which reflect what children should know and be able to do in each of the Essential Domains. These claims are in accord with North Carolina’s Early Learning Standards, the standard course of study for K-12, and the Common Core. The Consortium will improve the KEA portion of the NCA by aligning it with a common set of early learning and development standards (ELDS) being developed under a parallel project facilitated by BUILD and by using evidence-centered design (ECD), which verifies the alignment of standards, constructs, and assessment items.

The ten Consortium (and other interested) states will work with BUILD and the leading experts in ELDS, Catherine Scott-Little and Lynn Kagan, to develop a set of voluntary Common Essential Standards (CES). BUILD has secured resources to start the CES project in Fall 2013. Step 1 in the CES project is the analysis of ELDS for the year before kindergarten across states. The analysis will determine areas of commonality across the sets of standards, the constructs present in all standards, and the degree to which states accord priority to specific standards and constructs. The analysis also will identify important outlier constructs and gaps in the standards that need to be filled. This task is estimated to take about eight to nine months, and results will be shared with the Consortium. The Consortium will use these findings as the basis of its

⁷⁰ Kagan, Sharon L., and Kristie Kauerz, eds. *Early childhood systems: Transforming early learning*. Teachers College Press, 2012.

“reverse-engineered” ECD process to ensure that the EAC is aligned with common constructs across the Consortium states’ ELDS and additional important constructs that are the basis of the CES. The final set of CES will be complete in Fall 2015. The Consortium will review the final CES to determine whether revisions are needed to any EAC items to ensure alignment. Any revisions will be made as part of the second scheduled item validation session using ECD.

The ECD approach focuses on the evidence (what the observer would have to see to know that a child has mastered a skill or competence) needed to determine the presence of a construct in the validation and development of individual assessment items. The ECD process will be reverse-engineered, that is, it will start with proposed assessment items and work toward the corresponding standard and its underlying constructs to validate each learning progression. The cross-state analysis will reveal any gaps in standards within each domain as well as any standards not covered by the NCA assessment items. We expect the EAC assessment will require the development of some new progressions beyond those in the NCA to adequately reflect the CES and K-3 standards in the other Consortium states. More details on how ECD will be used in the development of the EAC are described in the following section (sub criteria (E)(1)(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.

To ensure the EAC meets the highest technical standards and is valid, reliable, and appropriate for the target population and the intended purpose, the Consortium’s assessment will be based on learning progressions and the enhancement process will employ a systematic approach to standards alignment, a research-based process to review and develop assessment content (ECD and Universal Design for Learning⁷¹ (UDL)), comprehensive pilot and field testing, and rigorous psychometric analyses.

The structure of the NCA, which will be reflected in the EAC, is built on learning progressions. Learning progressions define the trajectory students are expected to follow as they acquire new

⁷¹ <http://www.udlcenter.org/>

knowledge and skills in an area.⁷² They provide meaningful information for guiding instruction and also support alignment of curriculum and instruction across grade levels. Equally important for the EAC-KEA, using learning progressions as the foundation for the assessment allows a range of skill levels to be measured at kindergarten entry. Developing a KEA requires learning progressions (i.e., a continuum of knowledge, skills, and abilities) that extend substantially below kindergarten to accommodate children who enter with lower skill levels, including children with developmental delays and disabilities. A good KEA also requires progressions that extend considerably beyond kindergarten for children whose learning is accelerated. To provide information useful for instruction, a KEA must capture the skills levels of the vast majority of the entrants (i.e., no floor or ceiling effects). Developing a K-3 assessment based on learning progressions extending below kindergarten and above third grade puts a structure in place that recognizes and responds to the widely uneven development in young children. Because a major portion of a K-3 learning progression must be addressed for a KEA, significant efficiencies are realized by developing a K-3 assessment that incorporates a KEA, rather than developing a stand-alone KEA. Learning progressions are being developed for the constructs measured in the NCA. As described below, the highly structured ECD process examines the contents of items based on the progressions to determine alignment with a given standard. This ensures that the content of the assessment is aligned with the standards it is designed to assess. The learning progressions will be assessed with a developmentally appropriate observation-based approach that relies on authentic classroom activities, rather than contrived on-demand testing situations, as evidence for what children know and can do.

The methodology for enhancing the NCA is based on the integration of ECD and UDL. ECD identifies the focal knowledge, skills, and abilities (KSAs) to be assessed as well as non-focal skills and abilities needed to perform successfully on assessment tasks/activities/experiences. The integration of UDL principles helps meet the challenge of assessing all children by suggesting flexible materials, techniques, and strategies for assessment and helps mitigate the

72 Heritage, Margaret. "Learning progressions: Supporting instruction and formative assessment." *Washington, DC: A paper published by the Council of Chief School Officers* (2008).

construct-irrelevant variance created by non-focal KSAs.⁷³ UDL also addresses bias and sensitivity based on gender, socioeconomic status, and ethnicity. These issues, particularly as they pertain to English learners and children with disabilities, will be addressed throughout the enhancement process. The rationale for using ECD/UDL is consistent with the state-of-the-art practice called for in this RTT assessment era. Integrating ECD and UDL produces a rigorous, replicable assessment design that carefully considers the interaction between content, task, and learner characteristics in the creation of assessment tasks.

ECD is the recommended approach for developing educational assessments, and it can be applied to a range of content standards and assessment types.⁷⁴ The rigorous multilayer design process central to ECD enables designers to consider systematically the content, task, and learner characteristics that influence student performance. ECD provides a foundation for assessments that can be used to address and document the validity of assessment systems. ECD/UDL provides support for the development of assessment activities for all children that focus on construct-relevant content, minimize the impact of construct-irrelevant skills, and take into account appropriate accessibility options. Take, for example, an item to assess the following Common Core State Standard in mathematics for kindergarten (CCSS.Math.Content.K.G.B.6): *Compose simple shapes to form larger shapes*. The teacher could observe the child working with shapes and ask, “Can you put these two triangles together to make another shape?” If the shape pieces available in the classroom are small and flat, a child with limited fine motor skills may have difficulty manipulating them. Thus, the child’s opportunity to demonstrate a math competency would be limited, and the teacher might erroneously conclude that he/she did not have the skill, when in fact the child could not demonstrate the skill because the right kind of materials were not available. ECD would determine that size and thickness of the materials are irrelevant to the construct. ECD designers would consider characteristics of the materials and how to support the child’s sensory and motor needs in perceiving and responding to the activity.

⁷³ Dolan, R. P., et al. "The universal design for computer-based testing framework: A structure for developing guidelines for constructing innovative computer-administered tests." *National Council on Measurement in Education Annual Meeting, Chicago, IL*. 2007.

⁷⁴ Mislevy, Robert J., Linda S. Steinberg, and Russell G. Almond. "Focus article: On the structure of educational assessments." *Measurement: Interdisciplinary research and perspectives* 1.1 (2003): 3-62.

The comprehensive assessment enhancement plan will ensure that the EAC is ready for wide-scale administration by Fall 2017. This plan is iterative and thus incorporates processes at multiple points for revision based on stakeholder input and feedback from pilot testing.

Online certification modules will be developed to assess inter-rater reliability among teachers and certify them as reliable to administer the KEA portion of the assessment and, if states want this functionality, for administrations at other grade levels as well. To establish reliability, a teacher will view sets of documentation for different children for different progressions and be asked to locate the child's performance on the progression based on the documentation provided. These responses will be compared with master scores to compute reliability. Teachers who fail the reliability check will be given additional training and asked to retake the reliability check until they achieve sufficient agreement with master scores.

The approach to examining the validity of the EAC will be guided by a framework developed by Paul D. Nichols, Jason L. Meyers, and Kelly S. Burling, prominent research scientists in the field, for examining the validity of formative assessments.⁷⁵ A major purpose of the assessment as represented in the theory of action is to provide teachers with information for informing instruction. Another purpose is to provide principals and state administrators with information for program improvement. A set of propositions and claims will be developed with stakeholder input for each of the assessment's intended purposes and uses of the information. These propositions will be used to generate the final plan for the types of information that will provide the evidence for each of the claims. Preliminary plans and examples of the kinds of data that will be collected are presented below.

The content validation that is built into the ECD process will be followed by the collection of quantitative data to identify and inform revisions to the learning progressions. Two rounds of pilot testing will be done to confirm that the assessment measures what it was intended to

⁷⁵ Nichols, Paul D., Jason L. Meyers, and Kelly S. Burling. "A framework for evaluating and planning assessments intended to improve student achievement." *Educational Measurement: Issues and Practice* 28.3 (2009): 14-23.

measure, that the domains and their associated progressions measure one and only one factor, that average performance on the scale advances through the progressions, and that the points on the progressions progress in difficulty. Factor analyses will be used to evaluate each progression's fit within the five domains. Rasch scaling will be used to examine unidimensionality, effectiveness of the rating scale, and item difficulty. Score reliability will also be estimated using the Rasch metrics of person reliability, item reliability, and internal consistency. Item/person maps will be used to evaluate the density of items across the full performance continuum.

Information will be collected on gender, race/ethnicity, disability status, and English language status to support analyses of differential item functioning. These analyses will provide information related to the claim that the items function the same for all types of children, e.g., EL and English-speaking children of equal ability in a domain would be predicted to receive the same rating on learning progressions in that domain. To examine generalizations, reliability and validity findings will be compared across states, grade levels, and characteristics of teachers administering the assessment (external validity).

Given that teachers complete the assessment, an important validity claim is that they can be taught to use documentation to reliably assign the appropriate level on the learning progression. We will assemble documentation (work samples, notes, video clips) for three children at each grade level for all progressions in all domains. A group of master teachers trained on the assessment will use this documentation to identify consensus levels (the gold standard) for these children. Teachers participating in the pilot and fieldwork will be asked to complete the assessment for the three children at their grade level. Agreement between the teachers and the gold standard ratings will be computed at the progression and domain level, providing evidence for the claim that teachers can reliably score the assessment. Information collected through this process will be used to inform revisions in the progressions, exemplars, and the professional development materials. This psychometric analysis will be repeated with the field test data to produce the final statistics for the validity argument for the assessment.

Two rounds of pilot testing will be conducted in five states (Tier 2 activity). There will be a minimum of 100 children for each level of the progression to provide for the computation of the Rasch statistics. Individual classrooms and students will be selected to provide diversity in the sample, including sufficient numbers of children with disabilities and children who are ELs. To ensure a large enough sample size for the proposed analysis, the Consortium will work with the states to recruit 20 schools (four schools per state) for the pilot test. Within each school it will recruit four teachers to participate in the pilot test (80 teachers overall with 20 in each grade level: K, 1, 2, 3). Each teacher will be trained in the assessment and asked to implement one round of the assessment over a three-month period with ten students (800 students total). Nesting effects of assessing children within classrooms/raters, schools, and states will be examined and considered in the analysis.

During Year Four of the EAG project, the full assessment system, including all technology features and revised PD materials, will be field-tested in the same five states that conducted the pilot test and preferably in the same districts and schools. By returning to schools familiar with the EAC, the Consortium will be able to obtain more accurate data because teachers will have greater facility with using the assessment. Also, returning to the same districts and schools will reduce the amount of time and coordination needed for teacher training because of their history with the project, the tool, and the research partners. The field test sample will include at least 750 children at each grade level for a total sample of at least 3,000 children. The field test will be conducted over a school year (three administrations of the assessment) to allow testing of claims about capturing student growth.

Is administered beginning no later than the start of the school year ending during the fourth year of the grant to children entering a public school kindergarten.

The EAC-KEA will be ready for implementation in September 2017.

Is reported to the Statewide Longitudinal Data System, and to the early learning data system, as permitted under and consistent with the requirements of Federal, State, and local privacy laws.

The EAC-KEA will produce scores in each of the Essential Domains of School Readiness that will be suitable for inclusion in the SLDS and early learning data systems in the Consortium states. Domain scores and performance levels for the KEA portion of the assessment in each of the five essential domains will be available in the web-based system for inclusion in state data systems. The EAC project will develop support materials for states that address how the requirements of the Family Educational Rights and Privacy Act (FERPA) and 34 CFR Part 99 apply to the storage and sharing of the KEA data. Consortium states also will be encouraged to develop and communicate to local districts procedures that address assessment data access and sharing related to federal, state, and local privacy laws.

Is funded, in significant part, with Federal or State resources other than those available under this grant.

The EAC assessment system, which includes the contents of the assessment, the PD materials, and the supporting technology, will be available to Iowa free of charge without a licensing fee. The costs of implementing the assessment fall into two categories: (1) setting up and maintaining a secure server to run the assessment system and store the data, also linking the assessment data to other data systems such as the SLDS, and (2) providing teachers and administrators PD related to the assessment. None of these expenses will be covered by this current RTT-ELC grant application.

An additional strength of the Consortium is that four states are RTT-ELC grantees and bring their assessment-related RTT-ELC experiences to the Consortium. If funded under this round of RTT-ELC, Iowa will work closely with the Consortium and the federal project officers to ensure that efforts are not duplicated and resources from different grant programs are leveraged to maximize the impact on improved outcomes for children.

(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 to share with parents and other community stakeholders; and

(e) Meets the Data System Oversight Requirements and complies with the requirements of Federal, State, and local privacy laws.

Iowa's key goals to build or enhance a separate, coordinated, early learning data system that aligns and is interoperable with the Statewide Longitudinal Data System include:

1. Build capacity of current systems to collect and report data relevant to early learning development.
2. Analyze participating agencies' data systems for Essential Data Elements, Common Education Data Standards, and Data System Oversight Requirements.
3. Design and produce proof of concept on interoperable data system.

Iowa believes that it is critical that data be used to improve policy and practice, to recognize strengths as well as needs, and to identify both opportunities and challenges facing different groups of children. Moreover, Iowa recognizes that the key is not just collecting data, but analyzing that data in ways that can guide policy and practice changes. Iowa places a particular emphasis on disaggregating data by race, gender, language, physical/social/emotional/behavioral/environmental special needs, and socioeconomic status to close gaps in participation cultural and linguistic responsiveness that produce disparities in school readiness and success.

In this respect, Iowa also recognizes the critical need to engage different communities in that analysis and development of data systems, as well as programs and policies. Iowa is a national leader in this respect, through the work of the ECI Diversity Advisory Committee and its work to develop a culturally and linguistically responsive early childhood system in the state. Support for explicit work in data system analysis through a racial, cultural, gender, and geographic lens builds on the needs assessment completed under the ECAC funding, drawing in particular on the research community in Iowa at institutions of higher education and promoting scholars of color in the process. Iowa received \$500,000 in additional grants and MOUs to use existing data in the SLDB and from other sources to address key questions related to disparity in educational opportunity and performance among populations of children with high needs.

Goal 1 – Build capacity of current systems to collect and report data relevant to early learning development.

Key Activity 1: Issue RFP for contract IT personnel.

Key Activity 2: Issue RFP for contracted project coordinator/technical writer.

Key Activity 3: Project schedule plan is developed for the project analysis, design, development, implementation lifecycle.

Key Activity 4: Identify data elements to include in the proof of concept.

This grant will support the development of a comprehensive, interoperable early childhood data system to retrieve and report data from the IDE/SLDA, IDHS, IDPH, IDOM, and the State Library, as a part of a federated data system.

It is imperative that the data projects aim to inform critical policy questions. Decisions must shift away from the compartmentalized model that most state agencies are using and toward

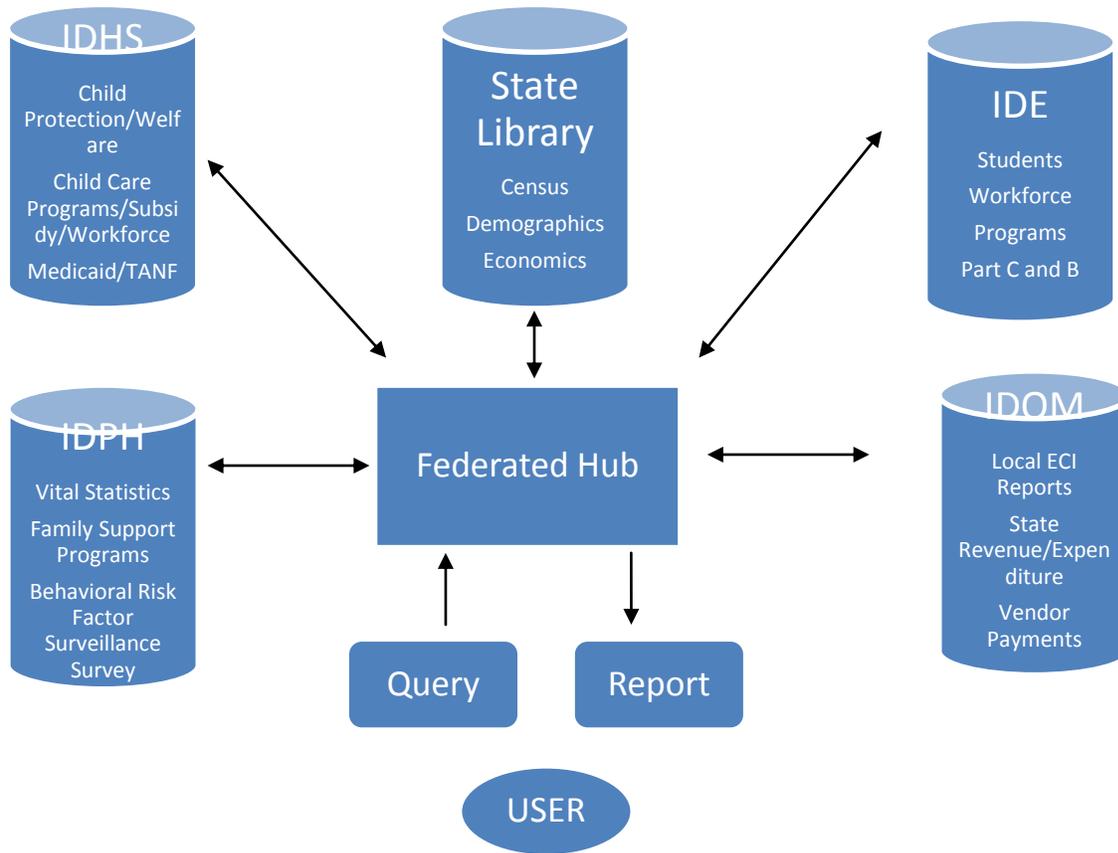
integrated, coordinated, and consistent data. In essence, the desired system will move early childhood programs from:

- compliance-driven data efforts to improvement-driven data systems;
- fragmented and incomplete data efforts to coordinated data systems;
- “snapshot” data to longitudinal data systems.

The early childhood data system will ideally comprise all data that contribute to the ongoing story of how young children in Iowa fare and what factors contribute to their success. A central data hub will pull data from identified sources – ideally in real time – and link them to permit comparisons across programs and over time. The ultimate goal should be a system that is improvement-driven, coordinated, and integrated and strives to provide real time data.

The figure below provides a high-level conceptual design for the early childhood data system.

General Architecture of the Early Childhood Data System



A user with a web-based application will be able to request information through the hub. The hub application would seek out the data from the appropriate source and, once retrieved, provide a report or datasets back to the requestor.

The creation of a federated or quasi-federated system has both practical and economic feasibility groundings. In such a 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 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 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 systems owner system oversight requirements;
- procedures for determining the sensitivity for data elements and the risk of harm should data be improperly disclosed set forth by the original data systems owner system oversight requirements;
- no changes required to the existing systems;
- the avoidance of data redundancy among databases or data warehouses;
- data that is 'real time' because data is retrieved from existing systems and data warehouses;
- using already established data system program maintenance and oversight.

Going forward, the State will need to determine if new governance or oversight bodies are needed or if existing governance, such as the state agency directors or designees to the ECIS State Board, can be modified or expanded. There are multiple issues to be reviewed, refined or discarded: Results Areas and Indicators, data confidentiality, system security, data inventories and definitions. Decisions about data collection practices and system security will need to be determined and group consensus achieved. In addition, data share agreements will need to be drafted and negotiated once the data sources, owners, and capacities for coordination have been determined. Confidentiality agreements, as well as policies regarding access, will need to be created. The governance group will need to develop rules regarding "need to know" access, re-disclosure, appropriate data use, and conditions for access termination. In addition, the access rules will need to be defined and confidentiality agreements signed by those who will have access to the data.

Basic System Requirements Description
Children, Families, Programs, and the Workforce are linked using the Essential Data Elements
Data between systems, to the extent possible, shall adopt common definitions using the Common Education Data Standards for guidance
Security and confidentiality requirements are met as described in the Data System Oversight Requirements
Data Exchange Agreements shall be established so data can be pushed and pulled from existing data systems
An algorithm module will permit matching, in most cases, from existing data systems to create master unique identifiers for children, families, programs, and workforce
For programs and local boards without automated processes, common data entry and storage system shared by these entities to provide both automation and ease of data sharing, but also built-in standards for data collection
System(s) is flexible and can be adapted to future needs
System(s) allows role-based access and restrictions to data
Reports are available and ad hoc reports can be built by some classes of users
System allows for long-term tracking children, programs, and workforce
System is web-based

This grant will support the effort to determine the data needs and the business requirements to support data collection, aggregation and reporting from the Comprehensive Assessment System (grant application Section (C)(2)) data, Kindergarten Entry Assessment data (grant application Section (E)(1)) elements, the QRS system (grant application Section (B)(1)(4)). In addition, the existing systems will need to meet the requirements of the Essential Data Elements: common definitions, 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, business plans and requirements will be developed to meet the requirements for the Essential Data Elements and the Common Educational Data Standards. Finally, the grant will support capacity building of applications and system modifications needed based on the business plan and the business requirements.

The grant will support a contracted project manager/technical writer; a contractor for system design, testing (piloting), user training and implementation; and full-time contracted 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 changes, as each agency retains proprietary management of its own data.

Goal 2 – Analyze participating agencies’ data systems for Essential Data Elements, Common Education Data Standards, and Data System Oversight Requirements.

Key Activity 1: Analyze current systems for the Essential Data Elements including gaps in current systems, data collection system capacity, and interoperability.

Key Activity 2: Develop data inventory and data definitions for current systems.

Key Activity 3: Establish Data Share and Exchange Agreements, as needed.

Key Activity 4: Identify security and privacy policies, user groups, and roles.

Key Activity 5: Develop quality assurance and data integrity policies.

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 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 can only provide input or output data. At the same time, the systems, built within program silos, are not interoperable, even within individual agencies. For instance, the DHS has separate data systems for Medicaid, child welfare, child care, and 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 reached a critical point.

The data framework project conducted by Gold Systems, Inc. included a survey of approximately 65 state and local area ECI programs, which provided information about the current data collection practices (*The GOLD Systems Data Final Report Presentation is attached as Appendix #15*). Iowa learned that data related to early childhood is entered and stored in more than 50 separate software systems with only a few instances of data sharing.

Despite the fact that five data warehouses containing some early childhood data exist, during the Stakeholder Discovery process conducted by Gold Systems, Inc., participants expressed frustration that these data are not accessible. In some cases, participants were unaware of these data systems. Other concerns of data consumers include lack of timeliness in reporting and difficulty in conveying to IT staff the exact data needed. While IT staff members are available to assist in refining data requests, a backlog typically exists. Much of the reportable data is one-dimensional, that is available on occurrences within parameters such as geographical location or date range, but not on underlying or connected factors.

Goal 3: Design and produce proof of concept on interoperable data system.

Key Activity 1: Identify and prioritize results, indicators, and outcomes objectives for the system.

Key Activity 2: Determine business requirements for meeting the Essential Data Elements.

Key Activity 3: Develop business requirements for data collection modules to fill gaps, interoperability, and reporting.

Key Activity 4: Develop business requirements for security and privacy policies, user groups, and roles.

Key Activity 5: Develop and execute RFI (Request For Information) for system business requirements for data collection module, record matching algorithm and processes, interoperability, reporting and user friendly data mining, and system maintenance.

Key Activity 6: Develop and execute RFP for system design, testing (piloting), user training, and implementation.

Numerous efforts by individual departments have been successful to bridge data within and across the agencies including:

- Data sharing agreements, such as between DHS and IDE, for the Child and Adult Food Program and to meet the requirements of the Fostering Connections federal legislation.
- Data sharing agreement between DHS and IDE to exchange food assistance data to assist DE in presumptive eligibility for the Free/Reduced Lunch program.
- 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. Current work includes adding QRS information.
- The IPDH 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.
- IDPH Bureau of Family Health is in the beginning stages to integrate bureau program data and produce an electronic data management system to include case management, referral management, risk assessment, billing, and client and population-level reporting. This system will replace existing separate systems to integrate data collection, case management, and reporting and analysis. Some of the data systems affected are: Maternal Health, Child Health, Oral Health, Family Planning, Maternal, Infant, and Early

Childhood Home Visiting Program (MIECHV), Healthy Opportunities for Parents to Experience Success (HOPES family visitation), and 1st Five.

- 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. Current work includes developing a collection system through the Iowa Grants program (IowaGrants.gov) to collect data from the local ECI area boards.
- In 2011, state legislation 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. Currently it contains static expenditure data that can be queried by the public from several state departments and tax data.
- 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 child care center and child care home 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.
- The IDE Statewide Longitudinal Data System (SLDS) collects information on all students in the four-year-old statewide voluntary preschool program or any other preschool program run by a school. This includes a unique child identifier, a teacher folder number (in most cases), a unique school building and district ID number, and child demographic information. It also has information about the program quality standards for preschool classrooms. It will include the Teaching Strategies Gold assessment data as well. The IDE expanded the State ID system to allow for unlimited ID assignment to Iowa early childhood programs that were either within or outside of school districts. The initial ID system only allowed for ID assignment for those that are in an early childhood program run by a school district, but agreements are under development to assign unique identification numbers for children in Head Start.

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.

A project conducted by Gold Systems, Inc. to assist with developing an early childhood data framework was conducted in 2012-13, funded by the federal early childhood State Advisory Council grant. Through 16 on-site meetings attended by more than 50 participants, the following questions were expressed many times, “Are the programs and services Iowa provides making a positive difference in the lives of young children and their families. If not, what needs to be done differently?”

Hundreds of policy questions were documented, compiled, and analyzed to determine what data would be needed to answer those questions. Through this Stakeholder Discovery, three areas of focus emerged:

- Is Iowa providing the right programs and services?
- Is Iowa’s early childhood workforce trained and effective?
- Are the right people doing the right thing at the right time to improve children’s lives?

The Discovery also generated a number of very specific questions regarding children with high needs and their families, early learning and development programs, and early childhood educator workforce. The proof of concept for the interoperable data system will be designed with these and other questions in mind.

Iowa is proposing to use grant funds to develop a Proof of Concept, an empirical demonstration of interoperability among various data systems using a narrow set of selected data elements. The proven concept of interoperability will pave the way for the development of a comprehensive, coordinated, early learning data system that aligns through the federated hub system described above, including the current SLDS, which itself is under construction. Within the scope of the grant, these first essential steps leading up to a Proof of Concept, often the most time consuming, will be completed.

Benchmarks and Milestones:

January-September 2014 – Identify and prioritize Results, Indicators, and Outcomes objectives.

July-September 2014 – Identify current data share and exchange agreements and the purpose of such agreements, including proprietary issues.

July-December 2014 – Perform an analysis and develop profiles of current systems for the Essential Data Elements including gaps.

July-December 2014 – Develop quality assurance and data integrity policies.

July-December 2014 – Develop quality assurance and data integrity policies.

January-March 2015 – Determine business requirements for meeting the Essential Data Elements.

January-March 2015 – Develop business requirements for security and privacy policies, user groups, and roles.

April-June 2015 – Develop business requirements for data collection, interoperability, and reporting.

April-June 2015 – Develop and execute RFI for system business requirements, including but not limited to data collection, record matching algorithm and processes, interoperability, reporting and user-friendly data mining, and system maintenance.

July 2014-June 2015 – Perform an analysis of current systems as a data collection system and interoperability.

July 2014-June 2015 – Develop data inventory and data definitions.

April-September 2015 – Initiate a data linking proof-of-concept to use as evidence.

July-December 2015 – Establish Data Share and Exchange Agreements, as needed.

July-December 2015 – Develop and execute RFP for system design, testing (piloting), user training, and implementation.

Movement toward a completed early childhood data system is already underway, and legislative champions have pushed through policies and directives to move the state in this direction, especially in connection with the SLDS. Specific examples are referenced here:

- **Iowa Code 256L.8:** [T]he [Early Childhood Iowa] state board, department of education, and school districts and other local education agencies [shall cooperate] in securing unique student identifiers, in compliance with all applicable federal and state confidentiality provisions.
- **Iowa Code Section 279.60, subsection 1 Code 2013:** Each school district shall administer a kindergarten readiness the teaching strategies gold early childhood assessment prescribed by the department of education to every resident prekindergarten or four-year-old child whose parent or guardian enrolls the child in the district, and shall administer a valid and reliable universal screening instrument, as prescribed by the department of education, to every kindergarten student enrolled in the district not later than the date specified in section 257.6, subsection 1 . The assessment shall be aligned with state early learning standards and preschool programs shall be encouraged to administer the assessment at least at the beginning and end of the preschool program, with the assessment information entered into the statewide longitudinal data system. The department shall work to develop agreements with head start programs to incorporate similar information about four-year-old children served by head start into the statewide longitudinal data system.
- **Iowa Code Section 273.2:** [T]he area education agency boards shall work with the department to provide system wide coordination in the implementation of the statewide longitudinal data system consistent with the federal American Recovery and Reinvestment Act of 2009.

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.

Please refer to the MOU between the lead agency and the participating agencies (Appendix #3 for the complete scope of work.

Selection Criterion	Participating Party	Type of Participation
<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>	<ul style="list-style-type: none"> • <i>State-funded preschool</i> • <i>IDEA preschool special ed</i> • <i>Head Start Collab Office</i> 	<i>Representatives from each program are sitting on the state committee to define statewide QRIS program standards</i>
	<ul style="list-style-type: none"> • <i>Head Start Collab Office</i> 	<i>Responsible for cross-walking Head Start performance standards with the new Program Standards</i>
(B)(1)		
(B)(2)		
(B)(3)		
(B)(4)		
(B)(5)		
(C)(1)		
(C)(2)		
(C)(3)		
(C)(4)		
(D)(1)		
(D)(2)		
(E)(1)		
(E)(2)		

Priority 4: Competitive Preference Priority -- Creating Preschool through Third Grade Approaches to Sustain Improved Early Learning Outcomes through the Early Elementary Grades.

The North Carolina Department of Public Instruction (NC DPI) along with 8 other Consortium states (AZ, DE, DC, IA, ME, ND, OR, RI), one collaborating state (SC), and three research

partners, SRI International, the BUILD initiative, and Child Trends, will enhance NC's K-3 formative assessment which includes a Kindergarten Entry Assessment (KEA). The Consortium believes that a KEA as part of a K-3 formative assessment will provide more meaningful and useful information for teachers than a stand-alone KEA. The Consortium proposes to enhance the K-3 assessment including the KEA because a single snapshot of how a child is functioning at kindergarten entry will have limited value and create an implementation challenge since teachers prefer information that can guide instruction for the entire school year. Furthermore, a good KEA must include content that extends beyond kindergarten to capture the skills of higher functioning children so enhancing an assessment that covers kindergarten en

The NC K-3 assessment being developed under their RTT-ELC grant will be enhanced by: (a) aligning the content of the NC assessment to standards across the Consortium and enhancing the validity of the assessment through *evidence-centered design (ECD)* and *universal design for learning (UDL)*; (b) incorporating *smart technologies* for recording and reporting to reduce assessment burden on teachers; and (c) expanding the utility of the assessment to a broader range of users by *soliciting and incorporating input from stakeholders* in the other Consortium states into the design of the assessment. The project will be led by NC DPI with a management team that includes the three research partners (SRI, BUILD and Child Trends) who will work together provide overall leadership and coordination to the project. Project work has been organized around seven major activity areas: (1) overall project management; (2) across- and within-state stakeholder engagement including support for implementation planning; (3) application of ECD/UDL to the assessment content; (4) enhancement of professional development materials; (5) pilot and field testing; (6) psychometric analyses and performance levels; and (7) technology. Each activity team will be led by either NC DPI or one of the research partners and many of the teams will include staff from more than one organization to facilitate cross-project coordination. The Consortium states will play a significant role in the development of the enhanced assessment. All Consortium states will undertake Tier 1 activities including participating in regular consortium calls and meetings; sharing state-developed early childhood and K-3 assessment-related materials including standards; providing input into the review of assessment-related materials; and conducting broad stakeholder outreach activities. Some Consortium states will engage in additional Tier 2 activities including participating in the ECD/UDL co-design

teams; pilot testing the assessment content; pilot testing the assessment supports such as technology enhancements and reporting formats; field testing the assessment; convening state experts to review assessment-related materials; and conducting more in-depth stakeholder engagement activities. The primary outcome of this project will be an enhanced formative K-3 assessment that includes a KEA that provides powerful information for improving student outcomes. The EAC will be a *developmentally appropriate, observation-based formative assessment* based on *learning progressions* that teachers use to guide instruction across the five domains of development and learning. Smart technologies built into the EAC will assist teachers with documentation and scoring, minimizing teacher burden, increasing reliability, and maximizing the EAC's utility so that teachers can use it on a regular basis to inform instruction. Additionally, the EAC will provide meaningful and useful information to the students and families. Students will receive developmentally appropriate information to show where they are in their learning and where they need to go next. Families will contribute evidence for the assessment and will receive information to assist in supporting their child's development and learning. Finally, the KEA will produce a child profile of scores across the five domains. The KEA child profile data will be useful in the aggregate for principals, district and regional administrators, state policymakers, and advocates to inform programmatic decisions around curriculum, professional development, policy development, and resource allocation. In addition, the KEA will be the first assessment point within a K-3 formative assessment system that will inform instruction and learning, improving student achievement.

Priority 5: Competitive Preference Priority -- Addressing the Needs of Children in Rural Areas.

Iowa is writing the competitive preference priority of addressing the needs of children in rural areas. The approach Iowa will take to address the needs begins with the state's segmenting its high needs children by rural areas. The needs assessment completed in 2013 showed that while the majority of children from low income families are in larger urban areas, pockets of rural poverty exist in southern tier counties as well as in sub-state regional centers that form the hub for very small rural communities. By careful segmentation, Iowa will ensure that CHN outreach includes a special targeting of children from these rural areas. Both the needs assessment and the

self-reporting from parents (see *Parent Summit Report* hyperlink in footnotes) reflect the limited access to resources encountered by families and children living in rural areas.

Iowa is also addressing this need by special projects that are targeted to rural areas. First, the use of the Growth Fund (see Section B(4)) is exclusively targeted to child care centers in largely rural western Iowa where the number of centers has declined due to a spate of closures in the past few years. Second, the QRS managers will be spread into rural communities to engage providers in the smallest towns to participate in the QRS and increase their quality. Third, ECI which have presence and engagement at the local county level will be the locus for outreach and programs for a number of programs including working with ACEs project (see Section C(3)) and the transition coordination work (Section C(4)). Fourth, the anticipated expansion of 1st Five includes outreach and engagement with local communities in partnership with local health care providers including those from rural areas. The care coordination work includes connecting families and their physicians with service providers both locally and elsewhere in the state if not available locally. But the coordination contact will be local.

These strategies uniquely focus on rural areas by addressing their needs: more and higher quality centers and home providers in rural communities; using local connectors through local ECI area boards and partners, and ensuring that the rural communities have local care coordination for young children wherever they go for well-baby visits. When rural children have access to better quality programs, more children will be served in higher quality centers and yield more positive outcomes for them. The state will track the percentages of rural providers participating in the QRS and increasing in ratings over the course of the grant to ensure QRS managers are working in sufficient degree with rural providers. By ensuring rural communities with high poverty and other needs are targeted for local ACEs coordination work and transition coordination, rural children will have need identified more quickly, addressed more quickly and supported through their entry into kindergarten.

List the State's Participating State Agencies and Project Names

Step 1: On this spreadsheet tab, the State should list:

- (1) Each Participating State Agency with budgetary responsibilities and
- (2) Each Project name.

States should enter the names of its Participating State Agencies and Projects in the **yellow** boxes in columns D and J below. The order in which States list Agencies is important, because this order will be used throughout the document.

For Example, if a State enters the SEA as Agency 1, the SEA will automatically be listed as Agency 1 through the entire spreadsheet.

Step 2: To enter the budgetary information for each listed Participating State Agency and Project, the State should click on the corresponding blue hyperlink provided in column F.

	Enter Agency Name	Click on Link below to enter Agency budget information	Enter Project Name
<p>For Each Participating State Agency, enter the Agency's name in the yellow boxes.</p> <p>For example, if the State educational agency, is listed as Agency 1, the SEA will be listed as Agency 1 throughout the entire spreadsheet</p>	Department of Education	Department of Education	B(1): Developing and adoptir
	Department of Human Services	Department of Human Services	B(2): Promoting participator
	Department of Management	Department of Management	B(3): Rating and monitoring
	Department of Public Health	Department of Public Health	B(4): Promoting access to hi
	<Agency 5>	<Agency 5>	B(5): Validating the effectiv
	<Agency 6>	<Agency 6>	C(2): Comprehensive Assessr
	<Agency 7>	<Agency 7>	C(3): Health, behavioral, and
	<Agency 8>	<Agency 8>	C(4): Engaging and supportin
	<Agency 9>	<Agency 9>	D(1): Workforce Knowledge :
	<Agency 10>	<Agency 10>	D(2): Improving knowledge, :
			E(1): Kindergarten Entry Asses
		E(2): Interoperable Data Syst	
		GRANT ADMINISTRATION	
		Leveraged Funds	
		<Project 15>	

Consistency Check

If an **ERROR** message is displayed below then there is an inconsistency between the Participating State Agency's budget categories and its Project budget.

Department of Education	ok
Department of Human Services	ok
Department of Management	ok
Department of Public Health	ok
<Agency 5>	ok
<Agency 6>	ok
<Agency 7>	ok
<Agency 8>	ok
<Agency 9>	ok
<Agency 10>	ok

The Total Statewide Budget on the Project Summary tab must match the Total Statewide Budget on the Category Summary tab. To help States ensure that these two budgets match, the Departments have provided a tool, the **Consistency Check**, which compares each Participating State Agency's Budget by Category total to its Project budget total and notes if these numbers are not the same.

OVERALL STATEWIDE BUDGET					
Budget Table I-1: Budget Summary by Budget Category (Evidence for selection criterion (A)(4)(b))					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	165,000	165,000	165,000	165,000	660,000
2. Fringe Benefits	46,200	46,200	46,200	46,200	184,800
3. Travel	23,500	23,500	23,500	23,500	94,000
4. Equipment	20,000	0	0	0	20,000
5. Supplies	9,775	162,900	185,200	231,700	589,575
6. Contractual	6,929,130	7,785,842	10,278,958	10,337,528	35,331,458
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	7,193,605	8,183,442	10,698,858	10,803,928	36,879,833
10. Indirect Costs*	41,186	56,229	58,749	64,003	220,167
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	0	0	0	0
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	400,000
13. Total Grant Funds Requested (add lines 9-12)	7,334,791	8,339,671	10,857,607	10,967,931	37,500,000
14. Funds from other sources used to support the State Plan	456,000	456,000	456,000	456,000	1,824,000
15. Total Statewide Budget (add lines 13-14)	7,790,791	8,795,671	11,313,607	11,423,931	39,324,000
<p>Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.</p> <p>Column (e): Show the total amount requested for all grant years.</p> <p>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.</p> <p>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.</p> <p>Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary</p> <p>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</p> <p>Line 13: This is the total funding requested under this grant.</p>					

OVERALL STATEWIDE BUDGET

Budget Table I-2: Budget Summary by Participating State Agency
(Evidence for selection criterion (A)(4)(b))

Agency Name	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
Department of Education	1,069,411	1,560,529	3,153,016	3,149,586	8,932,542
Department of Human Services	5,081,067	5,346,879	5,535,452	5,649,205	21,612,603
Department of Management	1,160,000	1,400,000	2,136,876	2,136,877	6,833,753
Department of Public Health	480,313	488,263	488,263	488,263	1,945,102
<Agency 5>	0	0	0	0	0
<Agency 6>	0	0	0	0	0
<Agency 7>	0	0	0	0	0
<Agency 8>	0	0	0	0	0
<Agency 9>	0	0	0	0	0
<Agency 10>	0	0	0	0	0
Total Statewide Budget	7,790,791	8,795,671	11,313,607	11,423,931	39,324,000

OVERALL STATEWIDE BUDGET					
Budget Table I-3: Budget Summary by Project (Evidence for selection criterion (A)(4)(b))					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
B(1): Developing	205,000	205,000	205,000	205,000	820,000
B(2): Promoting	3,093,750	3,093,750	3,093,750	3,093,750	12,375,000
B(3): Raating and	1,202,160	1,202,160	1,202,160	1,202,160	4,808,640
B(4) Promoting	329,157	354,969	383,542	497,295	1,564,963
B(5) Validating the	0	200,000	400,000	400,000	1,000,000
C(2): Comprehensiv	47,125	459,125	498,292	534,958	1,539,500
C(3): Health, behavioral,	836,513	844,463	844,463	844,463	3,369,902
C(4): Engaging and	36,000	110,075	787,075	788,475	1,721,625
D(1): Workforce	50,000	110,000	297,000	225,000	682,000
D(2): Improving	285,000	515,000	910,000	960,000	2,670,000
E(1): Kindergarten	6,000	6,000	206,000	181,250	399,250
E(2): Interoperable	625,000	625,000	1,411,876	1,411,877	4,073,753
GRANT ADMINISTR	619,086	614,129	618,449	623,703	2,475,367
Leveraged Funds	456,000	456,000	456,000	456,000	1,824,000
<Project 15>	0	0	0	0	0
Total Statewide Budget	7,790,791	8,795,671	11,313,607	11,423,931	39,324,000

[Return to Instructions](#)

Department of Education

Participating State Agency-Level Budget Table II-1 (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	165,000	165,000	165,000	165,000	660,000
2. Fringe Benefits	46,200	46,200	46,200	46,200	184,800
3. Travel	23,500	23,500	23,500	23,500	94,000
4. Equipment	20,000	0	0	0	20,000
5. Supplies	2,275	154,150	176,450	222,950	555,825
6. Contractual	521,250	865,450	2,433,117	2,377,933	6,197,750
7. Training Stipends	0	0	0	0	0
8. Other					0
9. Total Direct Costs (add lines 1-8)	778,225	1,254,300	2,844,267	2,835,583	7,712,375
10. Indirect Costs*	41,186	56,229	58,749	64,003	220,167
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	0	0	0	0
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	400,000
13. Total Grant Funds Requested (add lines 9-12)	919,411	1,410,529	3,003,016	2,999,586	8,332,542
14. Funds from other sources used to support the State Plan	150,000	150,000	150,000	150,000	600,000
15. Total Statewide Budget (add lines 13-14)	1,069,411	1,560,529	3,153,016	3,149,586	8,932,542

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 subawards 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.

Department of Education

**Participating State Agency-Level Budget Table II-2
(Evidence for selection criterion (A)(4)(b))**

Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
B(1): Developing and adopting a common, statewide TQRIS	0	0	0	0	0
B(2): Promoting participation in the TQRIS	0	0	0	0	0
B(3): Rating and monitoring Early Learning and Development Programs	0	0	0	0	0
B(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs	0	0	0	0	0
B(5) Validating the effectiveness of State Tiered Quality Rating and Improvement Systems.	0	0	0	0	0
C(2): Comprehensive Assessment Systems	47,125	459,125	498,292	534,958	1,539,500
C(3): Health, behavioral, and developmental needs	451,200	451,200	451,200	451,200	1,804,800
C(4): Engaging and supporting families	36,000	110,075	787,075	788,475	1,721,625
D(1): Workforce Knowledge and Competency Framework	0	10,000	247,000	225,000	482,000
D(2): Improving knowledge, skills & abilities	40,000	40,000	475,000	475,000	1,030,000
E(1): Kindergarten Entry Assessment	6,000	6,000	206,000	181,250	399,250
E(2): Interoperable Data Systems	0	0	0	0	0
GRANT ADMINISTRATION	339,086	334,129	338,449	343,703	1,355,367
Leveraged Funds	150,000	150,000	150,000	150,000	600,000
<Project 15>	0	0	0	0	0
Total Statewide Budget	1,069,411	1,560,529	3,153,016	3,149,586	8,932,542

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.

[Return to Instructions](#)

Department of Human Services

Participating State Agency-Level Budget Table II-1 (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	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	0	0	0	0	0
4. Equipment	0	0	0	0	0
5. Supplies	0	0	0	0	0
6. Contractual	4,945,067	5,210,879	5,399,452	5,513,205	21,068,603
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	4,945,067	5,210,879	5,399,452	5,513,205	21,068,603
10. Indirect Costs*	0	0	0	0	0
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	0	0	0	0
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
13. Total Grant Funds Requested (add lines 9-12)	4,945,067	5,210,879	5,399,452	5,513,205	21,068,603
14. Funds from other sources used to support the State Plan	136,000	136,000	136,000	136,000	544,000
15. Total Statewide Budget (add lines 13-14)	5,081,067	5,346,879	5,535,452	5,649,205	21,612,603

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 subawards 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.

Department of Human Services

Participating State Agency-Level Budget Table II-2
(Evidence for selection criterion (A)(4)(b))

Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
B(1): Developing and adopting a common, statewide TQRIS	205,000	205,000	205,000	205,000	820,000
B(2): Promoting participation in the TQRIS	3,093,750	3,093,750	3,093,750	3,093,750	12,375,000
B(3): Rating and monitoring Early Learning and Development Programs	1,202,160	1,202,160	1,202,160	1,202,160	4,808,640
B(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs	329,157	354,969	383,542	497,295	1,564,963
B(5) Validating the effectiveness of State Tiered Quality Rating and Improvement Systems.	0	200,000	400,000	400,000	1,000,000
C(2): Comprehensive Assessment Systems	0	0	0	0	0
C(3): Health, behavioral, and developmental needs	0	0	0	0	0
C(4): Engaging and supporting families	0	0	0	0	0
D(1): Workforce Knowledge and Competency Framework	0	0	0	0	0
D(2): Improving knowledge, skills & abilities	0	40,000	0	0	40,000
E(1): Kindergarten Entry Assessment	0	0	0	0	0
E(2): Interoperable Data Systems	0	0	0	0	0
GRANT ADMINISTRATION	115,000	115,000	115,000	115,000	460,000
Leveraged Funds	136,000	136,000	136,000	136,000	544,000
<Project 15>	0	0	0	0	0
Total Statewide Budget	5,081,067	5,346,879	5,535,452	5,649,205	21,612,603

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.

[Return to Instructions](#)

Department of Management

Participating State Agency-Level Budget Table II-1 (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	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	0	0	0	0	0
4. Equipment	0	0	0	0	0
5. Supplies	0	0	0	0	0
6. Contractual	1,035,000	1,275,000	2,011,876	2,011,877	6,333,753
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	1,035,000	1,275,000	2,011,876	2,011,877	6,333,753
10. Indirect Costs*	0	0	0	0	0
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	0	0	0	0
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
13. Total Grant Funds Requested (add lines 9-12)	1,035,000	1,275,000	2,011,876	2,011,877	6,333,753
14. Funds from other sources used to support the State Plan	125,000	125,000	125,000	125,000	500,000
15. Total Statewide Budget (add lines 13-14)	1,160,000	1,400,000	2,136,876	2,136,877	6,833,753

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 subawards 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.

Department of Management

Participating State Agency-Level Budget Table II-2
(Evidence for selection criterion (A)(4)(b))

Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
B(1): Developing and adopting a common, statewide TQRIS	0	0	0	0	0
B(2): Promoting participation in the TQRIS	0	0	0	0	0
B(3): Rating and monitoring Early Learning and Development Programs	0	0	0	0	0
B(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs	0	0	0	0	0
B(5) Validating the effectiveness of State Tiered Quality Rating and Improvement Systems.	0	0	0	0	0
C(2): Comprehensive Assessment Systems	0	0	0	0	0
C(3): Health, behavioral, and developmental needs	0	0	0	0	0
C(4): Engaging and supporting families	0	0	0	0	0
D(1): Workforce Knowledge and Competency Framework	50,000	100,000	50,000	0	200,000
D(2): Improving knowledge, skills & abilities	245,000	435,000	435,000	485,000	1,600,000
E(1): Kindergarten Entry Assessment	0	0	0	0	0
E(2): Interoperable Data Systems	625,000	625,000	1,411,876	1,411,877	4,073,753
GRANT ADMINISTRATION	115,000	115,000	115,000	115,000	460,000
Leveraged Funds	125,000	125,000	125,000	125,000	500,000
<Project 15>	0	0	0	0	0
Total Statewide Budget	1,160,000	1,400,000	2,136,876	2,136,877	6,833,753

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.

Department of Public Health

Participating State Agency-Level Budget Table II-1 (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	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	0	0	0	0	0
4. Equipment	0	0	0	0	0
5. Supplies	7,500	8,750	8,750	8,750	33,750
6. Contractual	427,813	434,513	434,513	434,513	1,731,352
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	435,313	443,263	443,263	443,263	1,765,102
10. Indirect Costs*	0	0	0	0	0
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	0	0	0	0
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
13. Total Grant Funds Requested (add lines 9-12)	435,313	443,263	443,263	443,263	1,765,102
14. Funds from other sources used to support the State Plan	45,000	45,000	45,000	45,000	180,000
15. Total Statewide Budget (add lines 13-14)	480,313	488,263	488,263	488,263	1,945,102
<p>Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.</p> <p>Column (e): Show the total amount requested for all grant years.</p> <p>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</p> <p>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.</p> <p>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 subawards 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.</p> <p>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.</p> <p>Line 13: This is the total funding requested under this grant.</p>					

Department of Public Health

Participating State Agency-Level Budget Table II-2 (Evidence for selection criterion (A)(4)(b))					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
B(1): Developing and adopting a common, statewide TQRIS	0	0	0	0	0
B(2): Promoting participation in the TQRIS	0	0	0	0	0
B(3): Rating and monitoring Early Learning and Development Programs	0	0	0	0	0
B(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs	0	0	0	0	0
B(5) Validating the effectiveness of State Tiered Quality Rating and Improvement Systems.	0	0	0	0	0
C(2): Comprehensive Assessment Systems	0	0	0	0	0
C(3): Health, behavioral, and developmental needs	385,313	393,263	393,263	393,263	1,565,102
C(4): Engaging and supporting families	0	0	0	0	0
D(1): Workforce Knowledge and Competency Framework	0	0	0	0	0
D(2): Improving knowledge, skills & abilities	0	0	0	0	0
E(1): Kindergarten Entry Assessment	0	0	0	0	0
E(2): Interoperable Data Systems	0	0	0	0	0
GRANT ADMINISTRATION	50,000	50,000	50,000	50,000	200,000
Leveraged Funds	45,000	45,000	45,000	45,000	180,000
<Project 15>	0	0	0	0	0
Total Statewide Budget	480,313	488,263	488,263	488,263	1,945,102

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.

BUDGET PART II - NARRATIVE

1) Personnel

1. Education Consultant, .5 FTE, \$40,000. Salary is based on current salary structure of the Department of Education. Role is to oversee the training and technical assistance of programs to address the emotional and social needs of CHN.
2. RTTT-ELC Grant Coordinator, 1.0FTE, \$80,000. Salary is based on current salary structure of the Department of Education. Role is to oversee the grant and assure effective administration of the activities, contract management, and finances described in this proposal.
3. Grant Administrative Assistant, 1.0FTE, \$45,000. Salary is based on current salary structure of the Department of Education. Role is to support the Grant Coordinator.

2) Fringe Benefits

The fringe benefit percentage for all personnel is 28% for the Department of Education. Fringe benefits are based on standard salaries currently paid to DE staff for similar positions.

3) Travel

An estimate of the number of trips – 4 each year for a total of 16 trips.

An estimate of transportation and/or subsistence costs for each trip – \$1,500

Any additional basis for cost estimates or computations – Mileage reimbursement and incidental costs.

The purpose of the travel, how it relates to project goals, and how it will contribute to project success. To attend Technical Assistance meetings as required as well as the Enhanced Assessment Grant meetings.

4) Equipment

The type of equipment to be purchased – Desktop and laptop Computers, phone/data plan, other start up needs for Grant Coordinator and Grant Administrative Assistance

The estimated unit cost for each item to be purchased – \$10,000 per position.

The justification of the need for the items of equipment to be purchased – Start up costs for new positions.

5) Supplies

Supplies for activities in high quality plans include printed instructional materials such as books, assessment instruments, and printing. Supplies for activities also includes software and training materials for the support of end users.

6) Contractual

1. Reassessing and redesigning QRS including 1.0FTE contract position in addition to a 1.0 FTE contract administrative assistant.
2. 25 QRS Case Managers at \$56,000 for a total of \$1,400,000 per year for a grant total \$5,600,000.
3. ISU extension for I-Consult credentialing of case managers for a total of \$183,000.
4. Contracts with CCR&R for Environmental Rating Scale preparation and assessment for \$75,000 for the grant period.
5. ERS Assessor at \$91,607.
6. QRS participation stipends at an increased rate for a total of \$5,376,572.
7. 4 FTE contracted positions to increase monitoring, technical assistance, and assessments for QRS levels 3-5 for \$1,912,140.
8. 1 FTE contracted at the State level for QRS oversight for \$460,000.
9. Marketing contract services for QRS at \$300,000.
10. Contracting for parent services and consumer education at \$525,925 each year for a total of \$2,103,700.
11. Regulatory staff to gather and report on program licensing and registration information at \$10,200 for a total of \$40,800.
12. State contribution to Growth Fund for rural centers at \$1,564,963 for 10 centers.
13. 1FTE organization and facilitation to convene key stakeholders and implement assessment tools, protocols, including guidance for working with families on issues surrounding assessments at \$70,000 for 3.5 years of \$245,000.
14. Assessment content expert for trainings and workshops at \$25,000 per year for 3 years for a total \$75,000.
15. Meeting expenses at \$2,000 per year for 3.5 years for a total of \$7,000.
16. CLASS assessment training to develop 150 valid and reliable CLASS assessors for \$150,000 each year for 3 years for a total of \$450,000.

17. Contracted trainers and training expenses for 3 days for 250 people at \$98,000 for three years for a total of \$294,000.
18. Contracted trainers and training expenses for Environmental Assessment training for 2 days for 250 people at \$9,250 per year for a total of \$37,000.
19. Contract booster training events for 5 contracted trainers \$300 per day and training expenses for 600 people in the 3rd year and 1,200 people in the 4th year for a total \$70,000.
20. Contracted MCH agencies to establish 1st Five services at 11 new sites at \$70,000 per site for a total of \$770,000.
21. Contract with American Academy of Pediatrics – Iowa Chapter, or other entity for pediatric training at \$75,000 for 4 years for a total of \$300,000.
22. Contract with IHEs to develop training for early childhood and mental health at the pre-service level at \$6,700 for 3 years \$20,900.
23. Contracts with AEAs and Early Access Providers and CCR&R for PBIS Master Cadre Coaching and Mental Health Consultation at \$400,000 for a total of \$1,600,000.
24. Facilitation and coordination grants for local ECI areas to expand ACEs into local and State committees and workgroups at \$10,000 per year for 4 years for a total of \$40,000.
25. Four annual Trauma Informed Care training events at \$10,313 for 4 years for a total of \$41,252.
26. Contracts for state-wide infrastructure and data analysis at \$65,000 per year for 4 years \$260,000.
27. Contracts for training and development about ACEs, Trauma Informed Care at \$25,000 for 4 years for a total of \$100,000.
28. 1.0 FTE contract facilitator and meeting expenses for family support to form the Community of Practice at \$72,000 per year for 3.5 years for a total \$251,000.
29. Contract external expert for COP at \$25,000 per year 3 years for a total of \$75,000.
30. Contract trainings for parent engagement strategies for providers, family mentors, and transition coordinator booster trainings for a 4-year total of \$397,270.

31. Contracts for 10 local transition coordinators at \$50,000 for 2 years for a total of \$100,000.
32. Contract for services including updating the registry, developing credential and coursework, administering credentialing and verification, aligning coursework and competency, and providing ECADA for a 4-year total of \$670,000.
33. Contract training for the articulation summit training event for \$12,000 for one year.
34. Contracts for workforce studies, mini-grants to serve CHN in ECI areas, expanding DMM, developing new entry-level, and scholarship contracts for teachers and administrators for a 4-year total of \$2,670,000.
35. Contract training on KEA for teachers and coaching TA cadre at \$142,750 for one year.
36. 3 FTEs to work on data system implementation at DE, DOM, and DHS at \$450,000 for 4 years for a total of \$1,800,000.
37. Contract for a technical writer at \$175,000 for 4 years for a total of \$700,000.
38. Contract for data system development and employment (proof of concept) \$786,876 for 2 years for a total \$1,573,753.
39. 2.5 FTEs for contract grant administration at DOM, DHS, and DPH at \$280,000 per year for 4 years for a total of \$1,120,000.

Iowa follows the procedures for procurement under 34 CFR Parts 74.40 - 74.48 and Part 80.36.

7) Training Stipends

N/A

8) Other

Technical Assistance costs of \$400,000 as per grant requirement.

9) Total Direct Costs

Four year total of \$36,879,833

10) Indirect Costs

DE rate 11.3%, (SFY2014 DPH Indirect Cost Rate Agreement – see below)

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 the grant budget, this amount is \$0. There are a number of contracted intermediary and local agencies which are procured per the contractual agreements listed in budget item #6.

12) Funds set aside for participation in grantee technical assistance

Iowa has set aside \$400,000 from its Total Grant Funds Requested for the purpose of participating in RTT–ELC grantee technical assistance activities facilitated by ED or HHS.

13) Total Funds Requested

The sum of expenditures in lines 9-12, for each year of the budget.

Grant year #1: \$7,334,791

Grant year #2: \$8,339,671

Grant year #3: \$10,857,607

Grant year #4: \$10,967,931

TOTAL: \$37,500,000

14) Other Funds Allocated to the State Plan

Department of Education – includes SCASS grant, Enhanced Assessment Grant, SVPP, and Shared Visions and participation in ECI professional development component group and EC-PBIS state leadership team.

Department of Human Services – includes current CCR&R contracts, staff resources for the oversight team, and participation in ECI professional development component group and EC-PBIS state leadership team.

Department of Management – includes ECI stakeholder alliance coordination and participation in ECI professional development component group and EC-PBIS state leadership team.

Department of Public Health – includes staff resources for the ACEs work group coordination and planning, sustaining, and expanding screening for the 1st Five model and participation in ECI professional development component group and EC-PBIS state leadership team.

15) Total Budget

Grant year #1: \$7,790,791

Grant year #2: \$8,795,671

Grant year #3: \$11,313,607

Grant year #4: \$11,423,931

TOTAL: \$39,324,000

BUDGET: INDIRECT COST INFORMATION

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

Does the State have an Indirect Cost Rate Agreement approved by the Federal government?	
YES	<input checked="" type="radio"/>
NO	<input type="radio"/>
If yes to question 1, please provide the following information:	
Period Covered by the Indirect Cost Rate Agreement (mm/dd/yyyy):	
From: <u>7 / 1 / 2013</u>	To: <u>6 / 30 / 2014</u>
Approving Federal agency: <input checked="" type="checkbox"/> ED <input type="checkbox"/> HHS <input type="checkbox"/> Other	
(Please specify agency): _____	

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.