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**A. PROJECT ABSTRACT**

This project will accelerate Iowa’s momentum toward a fully coordinated, mixed delivery system of care and education for young children birth through five and their families. Acknowledging the unparalleled brain development that occurs during these early years, our system aims to support optimum experiences for all children, particularly those most vulnerable because of poverty, rurality, and early risks that threaten developmental success. Our long-term goals are that all children enter kindergarten with the skills necessary for success, and that all families have access to the quality services they need to support children’s healthy growth and development starting at birth. To actualize this goal, however, we need more comprehensive information about the nature and extent of school readiness gaps, who is - or is not - served in our mixed delivery system, and how our efforts improve outcomes for vulnerable children.

Nearly 250,000 children under age 5, (21% non-white) live in Iowa, including 68,000 preschool-aged children (i.e., 3-4 years old). The state has one of the highest percentages of households with young children where both, or the only, parent(s) are in the workforce (75% vs. 65% nationwide), and 29% of young children live in rural counties. For more than three decades Iowa has invested in early childhood services, with the last twenty years expanding to systems improvement and capacity building. Milestones include a universal state-funded preschool, a comprehensive program for low-income families, and a legislatively established alliance with a mandated charge to improve program coordination: Early Childhood Iowa (ECI). ECI includes leadership from the Departments of Education, Public Health, Human Services, Workforce Development, Economic Development, and Human Rights with private sector stakeholders, and a system of local area boards that fund and coordinate B-5 services in every county. While we have made great progress, our efforts are incomplete as we share the national challenge of disconnection and scant data to comprehensively document children’s needs, developmental capacities, and services available to support them (Early Childhood Data Collaborative, 2016).

**The purpose of this project is to capitalize on recent work to develop an integrated administrative data system (IDS) that will inform program coordination and quality improvement through a collaborative approach that engages multi-sector ECI stakeholders. Activities propose to understand gaps in existing programs, particularly for vulnerable and underserved children, and use this information to increase parent knowledge, improve professional practice, and raise the overall quality of our B-5 system.**

We propose a phased approach to the statewide needs assessment (with Phase I completed during the current PDG) that will inform strategic planning and implementation of quality improvement activities. We anticipate that our needs assessment and strategic plan will be revised over time as we generate evidence about the performance measures associated with the proposed changes to our mixed delivery system using our IDS in combination with other data collection that we hope to eventually build into the IDS. We anticipate submission and approval of our needs assessment and strategic plan during month 8, leaving the final 4 months of our PDG to focus on Activity 5.
B. EXPECTED OUTCOMES

The ultimate goal of Iowa’s mixed delivery B-5 system is that more vulnerable children will access quality early care and education (ECE) services to transition into elementary school with the physical, cognitive, social-emotional, and behavioral skills they need to succeed (see G. Logic Model, p.48). To reach this goal, we propose activities that will build capacity for ongoing statewide needs assessment, strategic planning, quality improvement, and performance evaluation. We strategically focus on Iowa’s most vulnerable children and families throughout this work. This definition includes those living in poverty, experiencing isolation or who are underserved because they live in rural areas, and children experiencing risks that are also monitored by our public systems (e.g., preterm/low birthweight, inadequate prenatal care, birth to teen mother, parent without a high school diploma, homelessness, maltreatment, parent incarceration or mental illness, substance use). See Table 1 Key Terms, p.15, for more details.

To reach this ultimate goal we will engage in activities to advance outcomes through a Knowledge → Action → Impact cycle. Short-term outcomes will be realized by the increased knowledge gained from cross-system data analytics made possible through our IDS, through improved communication materials and strategies for engaging parents, and by coordinating our professional development training materials and processes. Activities will focus on increasing knowledge about our most vulnerable populations and the critical service gaps and transitions between programs that we have heretofore not been able to document (e.g., unduplicated counts).

Mid-term outcomes are the actions we anticipate executive leaders (e.g., Directors, public and private program managers), parents and families, and providers (e.g., teachers, child care providers, and home visitors) will make using the improved knowledge they have about needs, gaps, and services available. Such outcomes include that programs and policies will be informed
by better evidence, parents will make more informed decisions about quality care, and more providers know and implement high-quality early learning practices that align with Iowa’s QRIS.

Long-term outcomes (i.e., impact) include that our children, particularly those most vulnerable, will have the skills they need across developmental domains to enter kindergarten ready to learn and be successful beyond their elementary school transition. While we don’t anticipate meeting these long-term outcomes through a 1-year PDG effort, we do establish a thorough evaluation plan to track child, family, and programmatic outcomes over time.

C. IOWA’S B-5 MIXED-DELIVERY SYSTEM AND VISION STATEMENT

Iowa’s B-5 mixed delivery system provides comprehensive services including early care and education, a robust family support network of home visiting and parenting programs, and health/mental health and nutrition services. While our efforts reflect shared commitments to comprehensive services, we also share the national challenge of fragmented services that are not well coordinated. The benefits of our mixed delivery system are that it includes state and federally funded programs, public and private providers, and makes services available in a variety of modalities and locations in an attempt to meet individual family needs. Our vision for a comprehensive B-5 mixed delivery system is that coordinated services, informed by an integrated data system approach for evaluation and ongoing quality improvement, support all children to access quality early care and education and transition to elementary school with the physical, cognitive, social-emotional and behavioral skills they need to succeed.

Calling attention to this vision and supporting this PDG is a legislatively established structure designed for coordination and integration: Early Childhood Iowa (ECI). ECI incorporates public and private stakeholders and executive leaders from all departments with public programs serving young children and their families in strategic planning and systems
coordination to advance Iowa’s vision. Stakeholders include (but are not limited to) non-profit and for profit child care, Early Head Start/Head Start, public and private preschools, early intervention and special education, parents and teachers, and advocacy organizations. Given the purpose and representation, ECI is the perfect home for system coordination. The regular convening of stakeholders supports a shared understanding of the complexity of our B-5 system and leverages cross-sector expertise to aid problem-solving and collaborative decision making.

The following will outline (a) Iowa’s B-5 system landscape, including the policies, programs, and funding that support each component and progress and challenges to date that create opportunities for improvement; and (b) our vision of how ECI capacities can be expanded through this PDG to increase the quality, alignment, and efficiency of our B-5 system.

**Current Landscape of Iowa’s B-5 system: Progress, Challenges, and Opportunities.**

Iowa’s B-5 mixed delivery system includes comprehensive services, multiple service delivery options, and funding from local, state and federal sources. This system prioritizes services for vulnerable and underserved children. The following section first provides a description of each key component (i.e., early care and education, family support/home visiting, and health/nutrition) and collaboration successes to date. We then summarize significant challenges that provide opportunities for improvement across components through this PDG.

**Early care and education (ECE).** Iowa ECE includes a blend of public and private providers, universal and targeted programs, home- and center-based options, and subsidized care. Preschool (i.e., age 3-4) programs included in Iowa’s *Every Student Succeeds Act* plan require use of Iowa’s Early Learning Standards to support quality. Head Start (federal) for low-income children has operated in Iowa since 1965, currently administered by 19 grantees (including one Migrant and Seasonal Head Start) serving 6,500 children. Iowa was one of the first states in 1998
to implement a comprehensive, targeted state-funded (Department of Education) preschool program for low-income children (Shared Visions). In partnership with the Department of Human Services to provide wrap around care, Shared Visions is able to offer full-day care for 1,300 children in 37% of Iowa’s 99 counties. Statewide Voluntary Preschool, funded by the Department of Education, began in 2007 and provides part-day free preschool in public schools (or community settings through contracts) for any 4-year-old, and serves 24,600 children in 98% of school districts. There are also private sector options, including 2,641 registered child care homes and 1,530 licensed child care centers. Most care is funded by families, but child care assistance is available for families under 145% FPL (paid by CCDBG funds).

For children with special needs, Iowa strives to serve as many as possible in full-inclusion classrooms. Funding from Part B supports 4-year-old children through the Department of Education (including some funding for ECE in full-inclusion and self-contained classrooms), while IDEA Part C (Early ACCESS) early intervention services are provided in natural environments for infants and toddlers (e.g., homes, child care). Early ACCESS is funded by federal and state sources and represents a partnership between Public Health, Human Services, Education (lead agency) and University of Iowa Child Health Specialty Clinics.

Fortunately, some coordination already exists within these programs and many programs use multiple funding sources to provide maximum “slots” in one location. Statewide Voluntary Preschool often operates together with community partners including licensed child care centers and Head Start. These partnerships allow some children to attend a Head Start classroom in the morning while participating in Statewide Voluntary Preschool in the afternoon – though the experience of families is within one location during the same day. Similarly, some local educational agencies operate infant/toddler and afterschool programs that are also licensed child
care providers. In this case, some children may participate in child care for a full day, while others attend public school until dismissal and then participate in child care during the afternoon at the same location as other children. One other example is that approximately one-third of Shared Visions grantees are also licensed child care or Head Start programs. These Shared Visions classrooms serve children who are funded from different sources in the same classroom (i.e., some with state dollars and some whose families are paying privately for their care).

**Family support (home visitation).** Coordinated by the Department of Public Health, our network of family support programs is a key component of the B-5 system. These programs represent a mixed delivery system with multiple funding sources. In FY17, this blended funding structure supported nearly 135,000 home visits to over 14,000 families using state ECI and Education funds (10,700 families), Department of Human Services prevention funds (1,500 families), and federal funds from Early Head Start (1,000 families), and MIECHV (900 families). MIECHV federal funding often supports improvements in state- or federal-funded programs and increases capacity to serve more families. The Early Head Start grantee in Waterloo, for example, used MIECHV funding to support 33 additional slots to its current federal enrollment of 155. Many federal grantees (e.g., MIECHV or Early Head Start) also supplement funding with ECI dollars to improve quality overall or increase the number of slots. Iowa uses quality standards and benchmarks from each national model (e.g., Head Start Performance Standards, Nurse Family Partnership accreditation guides), and also sponsors a family support credentialing process to ensure that programs not operating under a nationally sanctioned model meet minimum quality standards (e.g., requiring bachelor’s degrees).

Home visiting programs use a coordinated intake system called *Iowa Family Support Network* (see also D3, p.27). This Network is a partnership between MIECHV and IDEA Part C
systems that each provide funding. An online version of home visitation called *Parentivity.com* is also available to families through this Network. *Parentivity.com* was created by Iowa and is now a national resource for online support – including connecting parents to each other. We are also one of the only states that has a one-system data collection enterprise that includes all programs, models, and funding streams in one platform. This system allows family support workers to enter information about participating families in one location and facilitates statewide reporting and program evaluation. Over the last decade, the Department of Public Health has made progressive improvements in the system which now collects common performance indicators across its nearly 200 programs – infusing a data culture statewide. As a national leader in home visitation, Iowa was one of 12 states recruited to participate in the Mother and Infant Home Visiting Program Evaluation, where over one-third of the participants were Iowans. Due to the data system capacity, Iowa was recently selected as one of six states to participate in a Pew Foundation-funded pilot effort to promote the use of “gold standard” performance indicators for national effectiveness evaluations in home visitation.

**Health and nutrition programs.** Health and nutrition programs provide services using state and federal funding including preventative and essential health care (inc. prenatal care); early screening; mental and oral health services; nutrition and food security programs. Medicaid and hawk-i (Iowa’s SCHIP), for example, use state and federal dollars to provide health insurance coverage using sliding fee scales such that no family pays more than $40 per month for child health care. Iowa’s Maternal and Child Health programs (Title V federal funding) provide preventive services to Medicaid eligible and other low-income women, while 1st Five is a state funded care coordination program that provides referral and support for pregnant and postpartum women with particular attention to women at risk of maternal depression.
Families access health and nutrition services both directly and through ECE programs. Some health and nutrition services, for example, are provided by ECE programs as part of their comprehensive approaches but rely on contracts with health and nutrition programs to deliver services. The Child and Adult Care Food Program (federal funds) is one example, where funding supports the provision of nutritious meals in child care, preschool, and Head Start programs. Iowa ensures as many children as possible are served under this food program by making participation a requirement in our QRIS. State funding has also helped ensure all children have dental care by making a dental hygienist available in every Title V agency who provides screenings, fluoride varnish applications, and referrals to dentists when needed. Another example is the expansion of our Child Care Nurse Consultant system. Jointly funded by local ECI Area Boards, Title V, United Way, Public Health and community health grants, the program funds nurses to provide care in child care settings, particularly for children with special health needs.

**Challenges and Opportunities**

While Iowa has made progress in providing a variety of options and choices for families across our B-5 system, we acknowledge a number of challenges in fully implementing a coordinated and effective system. Few incentives exist for local education agencies to coordinate with community partners, for example, resulting in some areas experiencing a declining Head Start 4 year-old enrollment (down 20% statewide in the last 10 years) and the closing of more than 65 child care centers in rural counties in the past six years.

We also have questions about how our family support and Child Care Assistance programs are coordinated and integrated with ECE. Reports suggest that the number of children served in wrap-around care through Child Care Assistance (which provides additional time in care for children enrolled in Head Start or Shared Visions programs) is half what it was ten years ago.
ago. We also know that only 15% of eligible families actually use Child Care Assistance, and many of our children receive care outside of regulated or registered providers (e.g., informal relative or kinship care) and therefore are not subject to quality standards or monitoring. We need better information about exactly what’s happening between and within these programs to have a more strategic approach to coordination and engagement with families who could benefit from these services but are not currently enrolling.

Some of these challenges may be results of federal or state policies that create barriers for collaboration. For example, fiscal policies that do not include reimbursement for referral and transition activities with other programs dis-incentivize collaboration. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), for example, has requirements and policies that make it difficult to blend funding or coordinate with others. Another challenge is the lack of alignment between quality standards such that programs are challenged to respond to multiple accountability mandates and reporting requirements if they attempt to work across multiple programs and funding sources. Some initial work has happened as part of the development of Iowa’s new QRIS, where all standards of quality that exist are supported and given value under a single framework, but this is still an optional system for most providers.

One of our most basic challenges that seems to preclude an ability to address the above patterns is that we lack comprehensive, empirical data about program enrollment, coordination and collaboration across critical transitions among programs and between ECE and elementary school, and to what extent our services are reaching (and effectively supporting) our most vulnerable children. Toward that end, we have recently developed an integrated data system (IDS) to bridge gaps in knowledge by bringing together information about service enrollment and outcomes from public health, education, and human service sectors (see D1, p.13 for more
details). We believe an IDS will not only allow us to document, for the first time, unduplicated counts of children across our programs, but also make more informed plans for coordination.

**Early Childhood Iowa: A Collaborative Vision for Iowa’s B-5 Mixed Delivery System**

Recognizing the need for coordinated, comprehensive services Iowa has made significant investments in programs for young children as summarized above. Culminating from these efforts was the 1998 creation of a legislatively governed alliance, *Early Childhood Iowa* (ECI; Iowa Code Chapter 256i), that also serves as the State Early Childhood Advisory Council as per Head Start Act (2007). Led by a State Board comprised of Department Directors (including Education, Public Health, Human Services, Human Rights, Workforce Development, and Economic Development) and governor-appointed citizens, ECI is charged with being the only *systemic* voice to promote young children’s wellbeing across multiple developmental domains. To support this charge, the Board is responsible for statewide strategic planning, fundraising, and decision-making, while local boards representing 38 geographic areas identify local needs and service coordination opportunities that can be enhanced with state funding.

The legislative structure and organization of ECI (see Appendix D) present a unique opportunity for interdisciplinary collaborations and a framework for our PDG. It is housed within the Department of Management which affords access to the Governor’s office and offers a neutral space for agencies to consider child and family needs. The incorporation of public and private members on local and state boards facilitates “top-down, bottom-up” communication to facilitate decision-making. These structures have been useful in supporting ECI’s success to date, including the recent revision of the Iowa Early Learning Standards which now align with the state’s Common Core curriculum and Iowa Core Standards.

In addition to the State Board, the ECI Stakeholder Alliance joins representatives from
across the B-5 system for quarterly meetings that attract 40-80 stakeholders. As Iowa’s State Advisory Council, it includes representatives from nearly every organization that serves or advocates for children B-5. Stakeholders include (but are not limited to) non-profit and for profit child care, Early Head Start/Head Start, public and private preschools, early intervention and special education, parent and teachers, faith-based communities, local public health officials, nutrition advocates, child care nurse consultants, and advocacy organizations. Private entities participating in the Alliance also include the Iowa Head Start Association, Iowa Association for the Education of Young Children, Child Care Resource and Referral, Child and Family Policy Center, Prevent Child Abuse Iowa, Iowa Association for Infant & Early Childhood Mental Health, and private institutes of higher education.

The Alliance operates Component Groups that bring leaders and providers, inside and outside of state government, together for focused conversations to improve the system in key areas including: (1) Results Accountability, (2) Governance, Planning and Administration (including a Family Engagement subcommittee), (3) Public Engagement, (4) Professional Development, and (5) Quality Services and Programs. Each Component group will have a key role in implementing the PDG (see also E. Organization and Management, p.40). Finally, the constellation of 38 Area Boards (geographically distributed) bring together local leaders from public, business, the faith community and families to consider local needs, support program collaboration, and “fill gaps” with grants to service providers to address local needs.

Iowa will leverage the ECI structure of engaged stakeholders in a focused process to (1) use our IDS to complete a comprehensive statewide needs assessment and strategic plan; (2) increase parent knowledge of quality services; and (3) improve overall program quality by sharing and implementing best practices statewide. Our expectation is that these activities will
improve the overall quality of Iowa’s B-5 mixed delivery system through a deliberate

**Knowledge → Action → Impact** cycle that will continue well beyond this one-year PDG. We believe that if we are successful in this PDG, our B-5 system will gain considerable momentum toward actualizing our mixed-delivery system vision that *more vulnerable children access quality early care and education services to transition to elementary school with the physical, cognitive, social-emotional, and behavioral skills they need to succeed.*

**D. APPROACH TO ACTIVITIES 1 THROUGH 5**

We propose to use our IDS to update our statewide needs assessment (Activity 1) and strategic plan (Activity 2). Our approach, informed by a comprehensive logic model (see G. Logic Model and Evaluation, p.48), is to advance outcomes in our B-5 system through an iterative process of **Knowledge → Action → Impact**. Activities 3-4 focus on gathering feedback from parents and providers across our B-5 system and building capacities for improved communication and sharing best practices. Activity 5 (which we anticipate will be revised after our needs assessment and strategic plan are approved) will improve quality by focusing on improving our B-5 workforce using a professional development “hub” that connects providers with coaches and resources to more effectively implement improved practice.

**D1. Statewide Needs Assessment**

Iowa’s current statewide needs assessment evolved in collaboration with ECI leadership over the last several years; we propose updating this using our IDS. With stakeholders from the ECI Alliance and Workgroups, the existing assessment identifies target populations and outcome indicators using publicly available national data (e.g., American Community Survey) and aggregate counts of characteristics and experiences from single-system state data sources (e.g., Department of Education reported counts of children enrolled in Statewide Voluntary Preschool
or Department of Human Services and Public Health reported counts of home visiting slots).

While this is a good start, it does not sufficiently inform a comprehensive B-5 strategic plan. We know we are not adequately serving all B-5 children, as evidenced by our *Condition of Education Report* suggesting only 68% of kindergarteners meet basic early literacy benchmarks, and there is a range of proficiency across schools and for low-income and minority students of over 40 percentage points (42%-85%). Reports also suggest children are under enrolling, particularly those most vulnerable due to family income. Nearly 35% of eligible children do not enroll in state-funded preschool programs, and only 22% of students in Statewide Voluntary Preschool qualify for free/reduced lunch compared to 42% in the overall population. Further, though enrollment reports indicate nearly 25,000 children participate in Statewide Voluntary Preschool, 1,300 enroll in Shared Visions, and 6,500 attend Head Start, we do not know unduplicated counts of children across programs. We also don’t know whether or not some of these same children are being served in other settings (e.g., licensed or regulated/unregulated care) or if they are income eligible for child care assistance. Perhaps most critical, the question “*Who are we missing?*” is not currently answerable. We need relevant information about program enrollment, whether we are serving our most vulnerable populations, and whether or not our programs are impacting the child outcomes we care most about.

*Activities to conduct our needs assessment include* (a) *using our IDS to determine unduplicated counts of children among preschool (ages 3-4) programs, the extent to which our programs are serving vulnerable children, and outcomes associated with participation* (b) *studying the quality and availability of ECE programming through statewide data collection and integration with existing QRIS data, and* (c) *identifying gaps in data capacities that could be included in future development work to inform the next phase of our needs assessment.*
Key terms. Based on program eligibility criteria or national definitions, we anticipate the definitions of these terms will evolve over time, particularly as we complete phases of our needs assessment and further refine our understanding of “vulnerable or underserved children.”

Table 1. Key Terms and Definitions

<table>
<thead>
<tr>
<th>Definition</th>
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<td><strong>Vulnerable children:</strong> Children experiencing family poverty; homelessness; child welfare involvement; maltreatment; birth to a teen parent; parent without a high school diploma, with identified substance abuse or mental illness, or who is illiterate or incarcerated; children with disabilities</td>
<td>Head Start, CCDF, Shared Visions, Early ACCESS, ECSE</td>
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<td><strong>Underserved children:</strong> Children who might qualify for services but are not enrolled, likely including disproportionate numbers of minority children (including immigrant or refugee families), children living in rural areas, and those with disabilities</td>
<td>Early Childhood Iowa</td>
</tr>
<tr>
<td><strong>Children in rural areas:</strong> Iowa has 88 rural counties (out of 99), assessed as geographic units outside of urban areas (census block groups that have a population density of 1,000 people per square mile)</td>
<td>US Census Bureau; Woods &amp; Poole (2017)</td>
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<tr>
<td><strong>Quality early care and education (ECE):</strong> Based on federal and state standards for program accreditation and quality ratings. These often include multiple physical, economic, and cultural dimensions</td>
<td>NAEYC, NAFCC, QRIS, QPPS, FSC</td>
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<td><strong>Availability of ECE:</strong> Based on the national estimates of child care deserts, calculated as the ratio of the number of age-eligible children divided by the number of possible slots across providers (not to exceed 3-to-1)</td>
<td>Center for America Progress</td>
</tr>
<tr>
<td><strong>B-5 mixed delivery system:</strong> comprehensive services across health, mental health, nutrition, family support, and home- and center-based environments that are inclusive of vulnerable children including those with disabilities, offered by a variety of programs and providers supported with a combination of public and private funding.</td>
<td>Early Childhood Iowa</td>
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Notes: 1 Child Care Development Fund (CCDF), Early Childhood Special Education (ECSE), National Association for Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), Quality Rating Improvement System (QRIS), Quality Preschool Program Standards (QPPS), Family Support Credential (FSC).

Description of Iowa’s children. Iowa is home to nearly 250,000 children under age 6 (21% nonwhite), with 75% of those with both or the only parent in the workforce. Single parent households comprise 26%, and 29% live in rural counties. While Iowa’s child poverty rate (<100% FPL) hovers near the national average (18%), another 23% of children are between 100-
200% FPL whose families also struggle to meet basic needs. Further, significant disparities exist for Black and Hispanic children whose poverty rates are more than double their counterparts (45% and 36%, respectively). Nearly 6,700 children between ages 3-5 have had parental rights terminated and live in foster families, and 9,600 are served in our early childhood special education and early intervention programs (IDEA part B and C).

**Iowa’s Early Childhood Integrated Data System (IDS).** Recent attention to legislative authority within ECI (Iowa Code 256i) and the Head Start Act of 2007 (H.R. 1429-642b) to support coordination with an IDS has propelled us from an idea into realized potential. Building from an independent evaluation of cross-systems data infrastructure using funds from our Early Childhood Advisory Council Grant, an IDS was incorporated into the ECI Strategic Plan in 2015. A Board-appointed IDS Taskforce (a subcommittee of the Results Accountability Component group) next developed plans with support from two competitive state training and technical assistance grants from the *Annie E. Casey Foundation (through Actionable Intelligence for Social Policy)* and *Third Sector Capital Partners*. This Taskforce met biweekly for the last 18 months to solidify our IDS mission and vision, update data inventories and identified priority areas, and establish a State-University Partnership governance structure to guide IDS procedures and ensure data are *used* to improve programming and outcomes. Recent implementation of these initial IDS plans includes securing of data sharing agreements, established data security plans, and pilot data integrations and analytics.

These partnership-building efforts across departments and with ISU over the last several years have accelerated Iowa’s capacity for collaborative data analytics to actualize the intent of the 1998 ECI legislation to create an effective, efficient and coordinated B-5 system. This partnership co-constructed the current PDG proposal that reflects identified priorities of ECI,
practical realities of programs and agencies, and is connected with leaders in multiple Departments to ensure the findings are translated into practical solutions. With the current PDG funds we will complete a comprehensive needs assessment (as described below) and also advance our IDS by: (1) securing expert consultation to inform long-term technology solutions with flexibility to incorporate new datasets in the next several years, and (2) securing additional legal agreements to fill gaps in data and analytic capacities and fully capture our B-5 system.

**Proposed Needs Assessment Activities.** We will conduct a revised needs assessment with this PDG (Phase I) that will inform ongoing cyclical assessments at regular intervals during later years. After Phase I is completed we will update plans for Phases II and III (to be completed in subsequent years) to incorporate what was learned, secure legal agreements to expand the IDS with additional datasets, and begin work on acquiring and integrating these data to support analytics in the next needs assessment phase.

Five activities during the current PDG (Phase I) will help us understand Iowa’s current B-5 system and build capacity for ongoing evaluation and periodic updates to extend beyond the current grant into Phases II and III. These activities include analyses using the IDS to understand unduplicated counts of children across programs and outcomes related to participation in 3-4 year old ECE programs, and surveys and interviews with providers to assess the quality and availability of programming. As we complete these activities, we will further document gaps in data and research capacities to inform Phases II and III.

**D1.1. Leverage existing needs assessments.** We will collect and summarize existing reports, assessments, and strategic plans (see also D2, p.22) to identify opportunities for alignment with our logic model and foci. These include plans and reports previously developed for ECI, Child Care and Development Fund, MIECHV, Title V, IDEA Part C and B 619, and the
Head Start State Collaboration Office needs assessment. This review will synthesize relevant
targets, indicators, and goals to refine our logic model and needs assessment approach. While we
have a clear plan for anticipated questions to target in our needs assessment, we also believe
flexibility to accommodate modifications based on what we find in this review will be necessary.

**D1.2. Conduct IDS analytics.** We will use our IDS to explore child and family
participation in ECE programs with a focus on identifying (a) unduplicated counts of children
across programs and (b) the needs and service utilization patterns of our most vulnerable
children. Using administrative data from Head Start and the Departments of Education, Public
Health, and Human Services we will identify unduplicated counts of children across programs
and investigate program participation relative to outcomes. These analyses will happen in phases,
with Phase I completed during this PDG grant and subsequent phases addressing data and
research gaps that are identified during Phase I by incorporating additional data systems.

Phase I (i.e., the current grant) will focus on the ECE participation of 4-year-olds during
the year before they enter kindergarten across our Statewide Voluntary Preschool, Shared
Visions programs, Head Start, and subsidized child care programs. Data sharing agreements have
already been navigated between ISU and Departments of Education and Public Health to
complete Phase I (and we are working on agreements with Human Services, currently).

Datasets and indicators for Phase I analyses include vital statistics birth records,
preschool and Head Start enrollment and attendance, Teaching Strategies GOLD ® preschool
assessment data, kindergarten enrollment and attendance, and kindergarten literacy assessments.
Public Health Vital Records track approximately 40,000 births in Iowa annually and contain
health and social risk indicators that are well documented as predictors of school achievement
(e.g., low birthweight, preterm birth, low maternal education, teen motherhood). GOLD is
required for all state-funded preschool programs, is being used by all Head Start grantees, and is also available to other programs under a state-funded umbrella agreement. GOLD includes a range of outcomes including social-emotional, physical, language, cognitive, literacy, mathematics, science and technology, social studies, the arts and English language acquisition. The Formative Reading Assessment System for Teachers (FAST, Fast Bridge Learning) is collected by 98% of elementary schools during the first two months of kindergarten. FAST assesses children’s skills in print concepts, letter names, and early phonemic awareness.

Phase I will integrate data for the two most recent birth-to-kindergarten cohorts of children to identify the current state of ECE use, experiences, and outcomes. This piece of the needs assessment will address the following questions: (1) **who are the children participating in our programs, and how do these characteristics differ for children NOT participating?** (2) **What are the unduplicated counts of children across programs?** (3) **Who are our underserved populations, including those vulnerable children who are eligible but are not participating in our programs and children living in rural areas?** (4) **How does program participation relate to kindergarten outcomes including literacy, attendance, and behavior?** And, (5) **what are the experiences and outcomes for children with disabilities (i.e., IDEA Parts B and C)?**

Our data integration approach will start with birth records integrated with kindergarten enrollment so we capture the entire population of children who are born in Iowa and attend public school kindergarten. Because our state has very few private and parochial schools and low in-state/out-of-state migration, this approach will capture a high percentage of all children 0-5. We will then integrate ECE program enrollment data for children who participated. With this foundation, our exploration of who is **in** our ECE programs will also facilitate the exploration of who is **not in** these programs. Demographic and family characteristic information from birth and
kindergarten records including biological birth risks (preterm/low birthweight, inadequate prenatal care), birth to a single or teen mother, low maternal education, and poverty (by proxy from Medicaid-paid birth indicators and free and reduced priced lunch status) will allow us to describe the children who are both participating, and not participating in our ECE programs.

**D1.3. Identify gaps in data and research.** During our current needs assessment, we will also identify priorities for IDS expansion in future phases to capture more B-5 indicators. Identified gaps (i.e., places we have prioritized but currently are not in the IDS) include two key components: family support/home visiting programs and health/nutrition programs. As a result of what else we find in D1.2 (above), we may identify additional data systems that we want included in future needs assessments and secure legal agreements (which could occur during the current PDG) so they are ready for analysis in future phases. These future phases of the needs assessment (once the IDS capacity is expanded) could examine questions including, but not limited to: What are the unduplicated counts of children participating in home visiting (HV) programs before kindergarten entry? How do HV participation patterns relate to children’s transitions into preschool and kindergarten? And When and how are children receiving health and nutrition services between birth and kindergarten (e.g., Title V, CACFP, WIC, SNAP), and how are these services associated with child outcomes?

**D1.4. Identify ECE quality and availability.** This activity will fill one known gap in our administrative data systems that prevent us from using our IDS to study quality and availability. This limitation is that we don’t capture the complete picture of program quality and availability through our accreditations, licensing, and QRIS processes. We do not know, for example, the extent of waiting lists for programs, how many unduplicated “slots” are serving children of different ages or our most vulnerable populations, or the extent to which programs accept child
care assistance but cap enrollment at a limited number of eligible children. We propose to
generate a statewide survey and interview process to collect this information. First, we will
compile a list of known providers using our stakeholder networks including Iowa’s Child Care
Resource and Referral, Head Start State Collaboration Office, Early ACCESS, and Department
of Human Services. We will use a snowball sampling approach to build this list over time as we
begin data collection (i.e., as we talk with providers we will ask if they know of any other
providers that are not currently on our list). The data collected will include information about
each program’s workforce, child enrollment and waiting lists, care availability for families with
nontraditional work hours or who are pursuing education or job training, and other quality
indicators that are not currently in our administrative data systems.

Preliminary estimates suggest Iowa has approximately 20,000 direct care providers
serving nearly 160,000 of the 240,000 children aged 0-5. As of July 2018, this included 1,907
Department of Education operated preschools and Department of Human Services licensed
centers and 2,638 registered Child Development and Child Care Homes. These data will be used
in conjunction with the IDS data about child enrollments to generate estimates of program
quality and availability, including geographic analyses of services and gaps.

D1.5. Expand IDS capacities for state and local use. This activity will build sustainable
IDS processes for state and local decision-makers. At the state level, this includes expanding the
IDS with advanced technology solutions. We will seek expert consultation and conduct a
thorough “technology needs assessment” to inform technology advancements. This will likely
include moving from stand-alone PC computing to high-powered secure servers and restricted
VPN access for the integration team. Our PDG budget includes initial cost estimates for these
improvements, which will be refined through consultation that was not possible pre-proposal.
We also anticipate building capacity for needs assessment and strategic planning at the local level. In our rural state, we have considerable diversity in the types and quantity of B-5 programs accessible to families. In geographies with small numbers of residents, ECE programming may be scarce or may be driven by the workforce capacity rather than by the actual needs of families living there. Creative approaches to filling gaps are needed, and we believe the availability of information and ability to share strategies statewide will facilitate this. Proposed activities include building a web-based application to facilitate local stakeholders’ access to population-based, but locally-specific information about child and family needs relative to other areas of the state that could be partners for sharing best practices; and (in subsequent needs assessment phases) sharing resources and strategies for families to connect with local programs.

Similar to the phased approach proposed for IDS analytics (D1.2, above), we anticipate our first step will include building a self-sustaining website (i.e., it will routinely update information without the need for manual inputs). This website will first include national, publicly available data that can be “repackaged” into more usable formats. Future steps will incorporate IDS data elements (such as the child and family outcomes indicators in this PDG that will inform program performance monitoring and targeted quality improvement) and explore family-friendly engagement tools to facilitate increased parent knowledge and choice within the B-5 system. To ensure this work enhances, rather than duplicates, existing capacities we will deliberately engage multiple stakeholders including the State Data Center (a federal-state cooperative with the US Census Bureau) to co-construct a useful platform with expansion capacity.

**D2. Strategic Plan**

The State intends to revise an existing strategic plan that was originally created through our Early Childhood Advisory Council grant to guide ECI coordination and collaboration. We
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will leverage current ECI stakeholders and strategic planning efforts to generate a comprehensive plan that (a) strengthens collaboration and coordination recommendations across our B-5 mixed delivery system as defined in this PDG, including attention to transitions between ECE and elementary school, (b) incorporates findings from the needs assessment (see Section D1, p.13) about strengths and barriers for Iowa’s vulnerable and underserved populations, and (c) includes new or updated Federal, State and local statutory requirements that changed since the prior plan.

Using our ECI organizational structure (see Appendix D), this work will be conducted with the ECI Governance Component group. This group includes members representing the Departments of Management, Education, Health, and Human Services; Area Education Agencies; ECI Area Boards; Head Start; Child Care Resource and Referral; Iowa Association for the Education of Young Children, private early childhood providers, and advocacy organizations including the Child and Family Policy Center (Iowa’s Kids COUNT grantee). Many of these stakeholders were involved in the creation of the existing plan (see D2.1, p.24). They continue to be important partners as we understand the direct implications this plan will have across departments and with public and private providers of ECE and family support.

**Current ECI Strategic Plan.** Informed by ECI’s mission to advance program coordination, a strategic plan was first developed in 2012, revised in 2015 and is currently in its third revision through facilitated meetings with the State Board, Stakeholders Alliance, and local early childhood leaders. This plan articulated guiding principles, goals, and strategies for coordination that are used to direct the work of ECI Component groups. It acknowledges the complexity of our B-5 system and that strategies will take a “system of systems,” including private and public sectors. We believe our current plan is a good start and look forward to the PDG opportunity to update and improve it using a comprehensive needs assessment.
Three goals in the current plan will be strengthened through the proposed revision. **Goal 1:** Maintain and Promote a Solid Infrastructure to Advance the Early Childhood System; **Goal 2:** Ensure Equitable Access to High Quality Services for Young Children and their Families; and **Goal 3:** Build Public Will for Supporting Young Children and their Families. We envision that these goals will remain, as they reflect a shared commitment by a full range of early childhood stakeholders, but the revised plan will strengthen each goal area through the following activities.

**Proposed Strategic Plan Activities.** Using the current plan and goals, revision activities will engage stakeholders in a process similar to what was done for the current plan but including critical information that was previously missing and will be addressed through our improved, IDS-based statewide needs assessment (as described above in D1).

**D2.1 Update the Strategic Plan.** Partners in the ECI Stakeholders Alliance (as discussed above) will be engaged in a strategic plan revision that will incorporate findings from the needs assessment. Using our IDS, this will be the first time we have integrated information about the participation of 4-year-olds during the year before they enter kindergarten across our Statewide Voluntary Preschool, Shared Visions, Head Start, and subsidized child care programs. This new data on unduplicated counts will help us determine the extent to which vulnerable and underserved populations participate in preschool programs, if/how they transition between programs, and whether or not the children served are ready for kindergarten.

This information will indicate where service gaps exist and allow for strategic targeting of resources in the plan. We will also benefit from the survey and interview data collected from providers to shed light on service gaps, caps, and provisions for families with nontraditional hours or needing nontraditional care. While we cannot predict exactly how our existing goals may be expanded (as they will rely on results from our needs assessment), we anticipate they
could be expanded in the following ways. For **Goal 1**, we may likely strengthen recommendations for aligning our ECE policies across state departments (for example, with regard to our income eligibility requirements that are currently different and potential barriers for our most vulnerable families), and ensuring that we incorporate new or evolving federal and state requirements (e.g., recent CCDBG requirements). For **Goal 2**, issues of equity in access will be enhanced (for vulnerable and rural children, particularly), as well as expanded opportunities to strengthen transitions into elementary school. For **Goal 3**, we will use findings from our needs assessment to develop strategic communications plans for the public (including parents, teachers, and providers) to increase awareness of the benefits of ECE and how to access quality services.

To accomplish this revision we will supplement the work of existing personnel and leadership that will be engaged by using PDG funds to acquire expert facilitation and writing services. The facilitator will convene meetings and organize group processes to support consensus building. They will also support the writing of the strategic plan to help ensure the revised plan aligns with results from the needs assessment and articulates critical indicators we can use moving forward to monitor progress and improve outcomes over time.

This facilitator, in collaboration with leaders from the ECI Office and Governance Component group will implement a work plan with timelines and milestones to carry out the following activities: (1) Collaborate with the needs assessment team to fully understand the results and develop with the needs assessment team a clear, concise and easily understood report; (2) Convene and facilitate working meetings with a core strategic planning team, consisting of private and public members of the ECI State Board, Stakeholders Alliance, and Governance Component workgroup to review the needs assessment, results of the review of other strategic plans, and draft revisions to the strategic plan; and (3) Engage in a revision process that will
involve presentations with leadership so that a final plan will be approved by the ECI State Board and Stakeholder Alliance prior to submission to the ACF federal team for approval.

**D2.2 Ongoing plan for monitoring and improvements.** Similar to the cyclical process proposed for our needs assessment (see D1, p.13), we anticipate our ECI Strategic Plan will be routinely updated as we develop activities that address the plan, monitor the implementation of those activities, evaluate their impact on child and family outcome indicators (see also G. Logic Model and Evaluation Plan, p.48), and revise the plan over time. We will benefit from the current PDG investments by more clearly tracking indicators and monitoring improvements using our IDS in partnership with ISU. Given our intent to fully sustain our IDS capacity past the current grant, we look forward to learning from this current process to improve our ability to use these types of analytics and process evaluation strategies after the grant period. Some initial indicators that we are currently aware of could include enrollment and attendance data, and the Teaching Strategies GOLD Assessment and the Formative Assessment System for Teachers (FAST) to monitor children’s reading, math and behavior outcomes.

**D3. Maximizing Parental Choice and Knowledge**

As a rural state, Iowa shares with other states the challenge of integrating and coordinating a mixed delivery system of public and private providers. We also understand that navigating exactly “what are” quality services and “how” to access them for families is a significant barrier. Our state has invested, through ECI, considerable time to identify how to add a family voice to early childhood systems building work. For this PDG, we will partner with our existing ECI stakeholders through the Family Engagement committee and our system of 38 Areas Boards who are charged with identifying local needs and providing supportive resources to improve quality.
These groups will help us with family recruitment and engagement, improving our understanding of barriers and gaps in the B-5 system and developing new communication strategies to ensure timely, accurate and purposeful information in culturally and linguistically sensitive ways to increase parent knowledge and choice. Below we discuss existing approaches that promote family engagement and outline activities we will pursue during the current grant.

**Current Approaches to Parent Engagement.** Family engagement is a key requirement included in most standards that govern ECE services (e.g., Iowa Quality Preschool Program Standards, NAEYC accreditation, and the Head Start Performance Standards). Programs using the Iowa Quality Preschool Program Standards or NAEYC accreditation must establish and maintain collaborative relationships with families that are sensitive to family composition, language, and culture. Head Start requires similar standards for its grantees, but goes further by expecting grantees to establish family a development plan that supports well-being, safety, health and economic security as well as fosters parenting skills that promote their own children’s learning and development. They are required to use the Head Start Parent Family and Community Engagement Framework that provides a comprehensive set of practices designed to support the parents’ role as caregivers, educators and advocates.

Iowa’s Family Support programs also require positive, respectful and collaborative relationships with families. Within the work of the Family Support Leadership committee (a subcommittee of ECI Quality Services and Programs component group), ideas for engaging families are regularly exchanged and include sharing best practices. A coordinated intake process also facilitates family engagement in family support, called the **Iowa Family Support Network** (see also section B. p.7). This multi-agency collaborative website includes referral information for early intervention (IDEA C), early childhood special education (IDEA Part B), family
support (e.g., home visiting), group-based parenting programs, and family resources across a range of programs including health, mental health, nutrition, and adult education.

Beyond specific programs, we also know multiple family forums hosted across public sectors that bring together families for “community fairs” to share information about program resources and opportunities for enrollment. Some Iowa communities, for example, host annual “Health Fairs” that include information about area early childhood programs. Some ECI Area Boards also host “Parent Fairs” to support family’s ability to enroll their children in preschools or transition to kindergarten.

**Proposed Activities to Increase Parent Choice and Knowledge.** These activities will seek to better understand family perspectives on our B-5 systems and improve communication materials and processes to facilitate improving parent knowledge about the B-5 system.

**D3.1. Conduct family focus groups.** Recognizing the importance of “family voice” in B-5 programming, this activity will intentionally gather feedback from diverse groups of families about what is working and what gaps and barriers they experience. Families will also be asked about what supports would most help them play an active role in their children’s care. In collaboration with our ECI Area Boards and using the community- and family-fair forums discussed above, we will partner with providers to identify families for participation. We will deliberately seek to identify families of different types (e.g., fathers, grandparents raising grandchildren, young mothers, and foster families) and from diverse backgrounds (e.g., immigrant and refugee populations, and those whose primary language is not English).

We propose to conduct at least 25 focus groups that are geographically and demographically representative and capture experiences of families participating in multiple sectors of our mixed delivery system (e.g., family support, IDEA parts B and C, preschool and
Head Start). Questions will be developed to draw out and give value to families’ stories, including what factors led them to seek information, in what form they prefer to receive information, resources accessed and their relative helpfulness, and specific information around aspects of programs that solicit more or better quality family engagement. We will also explore family experiences in transitions between programs and between ECE and elementary schools. Questions will be generated to inform the design of the larger system, such as how to streamline intake services, where service gaps exist and how to fill them, effective strategies to address barriers to entering the B-5 system and accessing services.

**D3.2. Plan and test enhanced communication and engagement strategies.** Working with our ECI Family Engagement committee, we will discuss the focus group findings and generate ideas for improved communication strategies including an integrated marketing communications plan. The Iowa Family Support Network is a strategic “connection point” for many families. The PDG provides a unique opportunity to expand this coordinated intake platform and more highly market it so that all families can access the information it provides. We will also develop strategic communication materials and processes that are most likely to reach parents in their preferred forms of communication. We will hire a communications consultant and purchase translation services to help develop the plan and ensure communications are culturally and linguistically appropriate. Because much of this work will be done in local communities, tools and strategies will be developed to support ECI Area Board directors. These will include customizable templates for consistent yet localized message delivery across a wide variety of platforms (e.g., social media, websites, brochures, posters, videos, etc.). We will then create ongoing feedback loops with families using ECI Area Board networks using relationships families already have with providers and programs that are connected with local
boards. Through informal and planned conversations and discussions at a local level, families will provide feedback on receptivity to enhanced messaging efforts and changes or augmentations to the local B-5 mixed delivery system.

We will identify ECI Area Boards that want to test these strategies to inform quality improvement plans for Activity 5. We could test improved communications within existing “health fairs” or “parent fairs,” for example, and solicit feedback from families participating. In an interactive setting, families could (a) receive information about child development around a particular topic and programs in the area, (b) receive support in accessing programs and transitioning between them, and (c) be given an opportunity to provide feedback on what they have appreciated and barriers they continue to experience in accessing services. Using enhanced technology and data collection capacities (see also G. Program Evaluation, p.48) we could create routine mechanisms for feedback for our overall system and for individual family engagement efforts. Our goal would be to generate a system that provides multiple methods of effective communication, reaches families where they live and in the methods that speak to them best, taking into consideration family realities and in ways that honor their voices and ensures their partnership in the development and education of their children.

D4. Sharing Best Practices

While we believe Iowa’s system of early childhood professional development has been improving, including participating in several national technical assistance opportunities, we continue struggle with sharing best practices across all the components of a B-5 mixed delivery system. Training and technical assistance system remain in silos, and rarely are recommended practices promoted and implemented system wide. This system often leaves providers with multiple messages about similarly important content (e.g., the importance of trauma-informed
practice) but an indiscriminate list of “how to implement” what might be most effective for the populations they are serving. Fortunately, coordination structures afforded by the ECI Professional Development Component group gather diverse stakeholders and provide a ripe opportunity to build a “best practices for sharing best practices” approach for Iowa.

We have three goals for the activities provided in this section that we believe will support improvements in program quality within programs (i.e., targets for Activity 5), and ultimately improve transitions across programs and into elementary grades to improve developmental outcomes for all Iowa children. First, we will widely distribute and train providers on the recently revised Iowa Early Learning Standards, which represents an unprecedented effort between departments and providers to offer a statewide framework that meets all national standards and provides a common language for use across program types. Second, we will gather input from providers to identify new and novel ways to strengthen training resources and provider networks. Third, we will implement some of the best ideas generated to better coordinate and make accessible the multiple online and in-person training opportunities provided by disparate departments and service sectors currently.

**Current Efforts for Sharing Best Practices.** Extensive details about the plethora of training, coaching, and sharing models across our B-5 mixed delivery system are beyond the scope of this proposal. However, there are three specific areas of current work that we will address in our PDG: (1) statewide training of our Iowa Early Learning Standards 3rd Edition, (2) online training registries and professional support, and (3) a network of provider professional development and coaching models across family support and early care and education programs.

**Iowa Early Learning Standards - 3rd Edition.** Iowa’s recently released ESSA plan includes the Iowa Early Learning Standards as part of the state’s established academic standards.
This 3rd edition includes standards and benchmarks across the range of B-5, providing a common understanding for what young children should know and be able to do and a continuum of developmentally and culturally appropriate standards. Over a facilitated process of several months, the 2012 Standards were revised by a team of 70 stakeholders, including home- and center-based childcare providers, public school educators and administrators, Area Education Agency professionals, families, and state and national experts. They were reviewed by national early childhood content experts and independently cross walked with a national evidence-based curriculum and assessment. Further, they were strategically aligned with the Iowa CORE Standards for the end of kindergarten to support the transition into elementary school. To promote consistent implementation across providers, a 120 minute orientation was created to ensure a “common language.” Once implemented, it will be a requirement for any provider that participates in the QRIS, accessible through the Area Education Agency online platform and in-person trainings provided by Child Care Resource and Referral.

**Online training registries and professional support.** The Department of Human Services houses an online child care training registry that is a central location for early childhood professionals to access Department-approved training. Trainings are searchable by county or keyword and are offered in a combination of in-person and on-line methods. Current plans for revising this system include adding verifiable workforce data, creating connections to professional development plans to support individual career pathway goals, and improving features which may encourage a broader provider base and training usage.

The Department of Public Health also has a national partnership with HRSA to update and use the **Institute for the Advancement of Family Support Professionals.** This online resource is a dynamic “learning map” offering educational opportunities and a roadmap of
competencies for home visiting providers that lead to quality service delivery and illuminates career pathways for home visitors. Foundational work to inform the national competencies outlined through this Institute was conducted in Iowa and is now a framework for others to use.

**Training and Coaching Models.** Empirical research consistently shows that professional development practices that include peer coaching lead to more effective and sustainable quality improvement. Over the past ten years, Iowa’s professional development work has been informed by implementation science that focuses on coaching as a key mechanism of quality improvement. Our goal is to incorporate peer coaching into statewide efforts, with a particular emphasis on social-emotional learning and trauma-informed practice for vulnerable children, as these efforts are not yet systematically coordinated across our mixed delivery system.

One example is the implementation of the Distance Mentoring Model to support the implementation of family guided, routines-based interventions. The Department of Education, working with Florida State University, is using coaching to incorporating evidence-based practices for professional development with technology strategies and supports. The process engages early interventionists, service coordinators and program administrators in a systematic change process to increase the use of recommended practices with children and families.

Another example is Iowa’s Early Childhood Positive Behavioral Interventions and Supports (PBIS). Both training and coaching have been key elements in ensuring that best practices are being implemented in settings across the B-5 mixed delivery system. Currently, whether implementation is occurring in district preschools, Head Start, family child care or family support programs (the state has worked to develop training to implement PBIS in each of these settings), a coaching system is developed using the training and technical assistance support system already in place. Separate training and support for coaches across these settings is
offered to ensure coaching is available to all programs “doing” PBIS.

An example of training that has not infused a coaching model to date is the work of Department of Public Health which emphasizes social and emotional learning through a public health/mental health lens. In partnership with ECI and the Iowa Association for Infant and Early Childhood Mental Health (launched in 2013), the Department developed a strategic plan to focus on training for providers including emphasis on Adverse Childhood Experiences and supporting providers to use a trauma-informed approach for building hope and resilience in families.

**Proposed Activities to Enhance Sharing Best Practices.** Activities will capitalize on existing state supports including training and technical assistance groups to coordinate and advance our sharing of best practices statewide. District preschools, for example, receive training and technical assistance from a network of early childhood and early childhood special education consultants housed in 9 Area Education Agencies across the state. A national technical assistance center is also available – the Early Childhood Personnel Center. Head Start relies on a regional (Region VII) system that also connects with a network of national training and technical assistance centers. Child care is supported by five regional Child Care Resource and Referral agencies that deploy child care consultants to support family and center-based child care.

The ECI Professional Development component group will be integrally involved, as their work focuses on three key areas of early childhood programming that fit well with our PDG goals: early learning; family support; and health, mental health, and nutrition. We will work with this group and the above training and technical assistant networks to (1) distribute and provide training statewide for the Iowa Early Learning Standards; (2) gather input from providers; and (3) use input to streamline and coordinate our online and in-person training resources.

**D4.1. Distribution and training of the Iowa Early Learning Standards (IELS).** As we
face the challenge of statewide training on the Iowa Early Learning Standards, this is a perfect opportunity to test a variety of sharing mechanisms such as online training; product distribution through AEA, Head Start and Child Care Resource & Referral; and training and coaching combinations to ensure implementation. If successful, they will become our operative models for sharing other best practices. The IELS have a potential impact on an estimated 20,000 direct care providers who serve more than 167,000 young children in Iowa. To date we have successfully raised funds to distribute only 5,000 copies of the IELS and conduct a small number of trainings.

To fully share these best practices across our provider network, we propose working with 2 state-level coaches, using implementation science frameworks to train additional ‘internal coaches’ for the early childhood workforce to implement the IELS with fidelity and consistency statewide. Every child care home provider and center teacher, as well as Statewide Voluntary Preschool classroom teachers and home visitation providers, will receive a copy of the 3rd edition (estimated 12,000 copies during the first year). Providers will gain foundational information contained in current Iowa modules and state-level coaches will support internal coaches as they work with providers and teachers to implement the standards. The internal coaches will develop relationships to help providers deliver developmentally appropriate activities and lessons, and to be seen as a specialist in implementation. Internal coaches may include current staff within the Iowa Area Education Agencies, Iowa Child Care Resource & Referral agencies, Head Start, and MIECHV-funded home visitation programs. The two state-level coaches will support their network of internal coaches using face-to-face or online meetings. Internal coaches may use the same approach to support providers.

**D4.2. Gather input from providers.** We will recruit providers to participate in focus groups similar to the structure previously outlined for parents and families (see section D3.2,
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p.29), but using our IELS distribution and training network from D4.1 (above). Local ECI areas will support recruitment in intentional and specific ways based on geographic needs and their understanding of the uniqueness of the local B-5 system. We will include providers from child care centers, family child care homes, school districts, Early ACCESS (IDEA Part C) providers, MIECHV home visiting programs, Head Start, Early Head Start, and health care providers.

Using focus groups, we want to learn about the supports needed to both recruit new ECE professionals and advance ECE professionals educational and career trajectories. We will target individuals that are participating in T.E.A.C.H scholarships or the Child Care WAGE$ program. T.E.A.C.H. (Teacher Education and Compensation Helps) is a comprehensive scholarship program funded by ECI that provides the early childhood workforce access to educational opportunities. WAGE$ is a salary supplement program that offers stipends to the early care and education workforce, based on an individual's level of education and commitment to their program. The questions addressed in these focus groups will explore workforce professional learning needs (particularly relative to the IELS and content on trauma-informed practice and social-emotional development), how to best collect and disseminate best practices in working with vulnerable and underserved populations, and ideas about specific resources needed to better coordinate across our rural state.

**D4.3. Enhance training materials and coordinate best practices sharing opportunities.**

Using what we learn from the activities above, we will enhance and coordinate our online, print, and in-person approaches for training and the coordinated sharing of best practices. We are anticipating innovative ideas about how to improve the system and reduce the duplication of efforts (particularly where similar content is being delivered in different ways or using different terminologies). One advancement will be the investment in an Iowa-specific set of modules on
the *Institute for the Advancement of Family Support Professionals* website. Currently, our providers access the same content available nationwide. With minimal PDG resources (i.e., $25,000), however, we will develop an Iowa-specific “dashboard” where we can incorporate specific topics, trainings, and shared best practices to support our home visiting workforce.

Another idea we will explore is to condense our multiple online training modules that exist currently across various early childhood care, health and education programs to better streamline sharing the same message with diverse practitioners who support young children B-5 and their families. This would allow providers to access a common message so that the experience of families would seem more consistent and pervasive. Having multiple entry points on existing websites housing training and technical assistance (such as the Department of Human Services training registry) could be a resource to expand and utilize for common messaging.

We also anticipate identifying opportunities to coordinate in-person training. It is our intent that as we develop such coordinated approaches, we can inform the creation of an Iowa early childhood professional “hub” that will systematically incorporate and make accessible coaching networks in Activity 5 (below) to improve the overall quality of our B-5 system.

**D5. Improving Overall Quality**

After our needs assessment is complete and strategic plan approved, we will implement activities informed by that plan to improve the overall quality our B-5 system. We anticipate 4 months remaining after our plan approval, and reserve $150,000 for activities in this time frame.

**Proposed Activities to Improve Overall Quality.** As evidence suggests the most important ingredient for high quality programs is a well-trained, competent workforce, our quality improvement efforts will focus on advancing Iowa’s B-5 workforce through a *knowledge-action-impact* process (see also G. Logic Model and Evaluation, p.48). Our currently
proposed activities to build on Activities 1-4 include two areas of quality improvement (pending their inclusion in the final strategic plan): (1) improve the quality of our B-5 professionals by intentionally supporting the development of career trajectory plans, and (2) the development of a coordinated professional development “hub” with online resources and access to statewide B-5 coaches for training and implementation support to improve overall program quality.

**D5.1 Improve the Quality of the Professional.** Our approach to creating a well-trained, competent workforce is to provide a clear career pathway that shows how each individual professional can improve skills and accrue credentials. In this activity we envision supporting practitioners to find a clearer entryway into our early care and education career pathway, as interactively developed through the website www.ecieducationpathway.org, and support intentional progressions on this pathway with more credentials and increased compensation. Within the final four months of the grant, we want to support the number of workforce participants with professional development plans that describe their intent to make progress along the early care and education career pathway. We will accomplish this by (1) identifying ECE settings to target with recruitment and outreach to ECE professionals beginning with providers identified in D4.2, above; (2) providing counseling and support to these professionals that result in written professional development plans that outline career goals and connect with programs such as T.E.A.C.H and WAGE$; and (3) offering, where possible, support and incentives to encourage individuals to stay in their jobs and improve their education. Coaches who supported Activity 4, above, will be used across our Iowa network to provide this professional development support, and train internal (i.e., local) coaches to do the same.

**D5.2 Establish a Professional Development “Hub” for B-5.** This proposed activity (that will be modified based on the results of our needs assessment and strategic plan) will create a
professional development “hub” for B-5 early care providers. This “hub” will connect the online resources we improve and streamline in Activity 4 with a network of professional coaches that can be accessed across the state to support professional B-5 providers with the implementation of best practices. These coaches will be identified from the four training and technical assistance systems we currently have supporting our district preschool, Head Start, child care and family support – and will likely be the same set of coaches we use for the professional development planning efforts describe in D5.1, above. Using the network of the Iowa Head Start Association, for example, we will bring professionals together and identify opportunities for coaching support. We will use natural geographical clusters as locations to create cross-sector hubs. We anticipate adopting a common coaching model that emphasizes evidence-based practice and implementing them to fidelity. We anticipate coordinating these hubs using an online coaching support system that offers a web-based platform for sharing and embedding video with comments and feedback, ideal for distance-coaching and highly valued for geographically dispersed, rural service areas like we find in Iowa. This system will also be used to collect utilization data so coaching and mentoring activities can be monitored at a state level to assess the function and impact of coaching across the state and across the B-5 Mixed Delivery System.

Coaches to monitor and implement the “hub” will be coordinated from existing networks, such as those discussed in Activity 4. Coaches will support current content area foci, as well as additional areas that could be identified through the collection of feedback from providers. Content areas will include, but are not limited to, the Iowa Early Learning Standards, Positive Behavioral Interventions and Supports, Adverse Childhood Experiences, and the use of evidence-based Trauma-Informed Care practices. Supporting frontline workers in implementing practices that promote early mental health provides the promotion and prevention foundation in
Iowa's emerging mental health system. With a recent prioritization of mental health from Iowa’s Governor, coaches will also support the training and certification of professionals to become Early Childhood Mental Health Consultants. In the four remaining months of the grant, we expect to build a network of coaches that will be accessible through a professional B-5 “hub” that will help providers identify needs, access resources, and connect with coaches to support implementation of best-practices statewide.

E. ORGANIZATIONAL CAPACITY AND MANAGEMENT

ECI will be responsible for coordinating and implementing the PDG, with support from our land-grant university (ISU) and each state department that provides services for children B-5. We involve individuals from these agencies with solid histories of successful system building, program planning and coordination, management, and rigorous evaluation. We also propose a project management team approach that capitalizes on existing stakeholder groups that will be leveraged while enhancing a culture of collaboration and coordination. This section summarizes the roles and responsibilities of contributing organizations and our management approach.

ECI State Office, Iowa Department of Management

ECI is the “right home” for PDG as the state leaders with legislative authorization to recommend program and policy changes in service of a coordinated B-5 system. The State Office coordinates all the work of ECI, including the State Board, Stakeholders Alliance, Component Groups, and all 38 Area Boards. They manage an annual budget of $26.7M, including $25.5M that is allocated to local areas through competitive grants for improving the B-5 system and $800,000 providing statewide professional development support. They also have a history of successful organization and management of externally-funded grants, including leading the work of the State Early Childhood Advisory Council Grant (ECAC) in 2010 that
enabled Iowa to strengthen the alignment of state and federally funded programs through the Stakeholders Alliance. ECAC funded our first statewide needs assessment, a strategic plan focusing on vulnerable children, a data-needs inventory of multiple data systems that informed our IDS development, and helped develop career ladders and revise our early learning standards.

ECI leaders Wagler and Anderson have extensive histories of system transformation work both within their current roles and through prior work in Iowa departments. Wagler has been in her current role since 2004 and previously served as an ECI community liaison and coordinator with the Workforce Development local boards. She will serve as the PDG PI, overseeing all project deliverables and coordinating across departments to ensure we meet our goals. Anderson was a bureau chief for the Department of Human Services and has experience overseeing federally funded programs for child care and child welfare services. He currently facilitates the ECI Stakeholders Alliance and Component groups. Since joining ECI he successfully managed the ECAC and National Governor’s Association grants. As the state leader for the IDS development work in partnership with ISU, Anderson has been instrumental in coordinating with departments to create governance processes that will facilitate its ability to inform statewide priorities including the work of the current proposal.

Each element of the ECI organizational structure (see Appendix D) will support this PDG. The State Board and Stakeholder Alliance will provide overall feedback and guidance as decision-makers and implementers (respectively) of the strategic plan. The IDS Resource Center (ISU) will support analytics, needs assessment, and program evaluation. Area Boards will help with Activities 3, 4, and 5 using their connections with local provider networks and families, and through their grant making role to local B-5 agencies. The Component groups (subgroups of the Alliance) will each support PDG activities and provide leadership in implementing the work. The
Governance component group will help revise and recommend elements for the strategic plan. Results Accountability will work with the IDS Resource Center to inform the needs assessment, digest findings, and support ongoing performance evaluation of the entire ECI system during and beyond the grant period. The Family Engagement subcommittee of the Governance component group will support family recruitment for the focus groups and development and dissemination of communications materials generated in Activity 3. The Professional Development component group will work across Activities 4 and 5 to connect ECE professionals with the work, inform the improvement of training materials and implementation of the IELS, and develop the professional development “hub.” The Quality Programs component group will help oversee implementation of the “hub” and leadership training efforts in Activity 5. This structure will help implement PDG activities and also provide a sustainable mechanism for work to continue beyond this one-year effort (see also H. Sustainability Plan, p.56).

**Iowa State University**

Iowa’s land-grant university (ISU) will support the overall management and organization of this project, as well as specific activities related to implementing the IDS, conducting analyses for the needs assessment, and coordinating the performance evaluation plan (See Appendix C for letter of commitment). ISU has a strong history of managing large grants, including a national laboratory and five federal research labs. In FY2018, ISU received 1,347 external contracts and grants totaling $509.3M, with individual projects ranging up to $7.8M.

Work related to the IDS, needs assessment, and program evaluation will be led by ISU faculty Rouse and Dorius, who have been leading the IDS development and bring unique expertise and a shared commitment to early childhood systems coordination. Collectively, they have been research partners with state and local departments of education, human services, and...
public health for over 3 decades. Rouse is a child clinical and school psychologist with expertise in the development and use of IDS for social policy research in Philadelphia and Arkansas, with substantive published research about early childhood risk and protective factors related to school readiness. Dorius is a family demographer with expertise in data harmonization and substantive research examining family level inequalities in health, wealth, and education. In addition to the IDS, Rouse and Dorius manage multiple state contracts to use administrative data for program improvement in home visiting and child support. For PDG, Rouse will provide leadership on project deliverables and facilitate policy-relevant communications derived from the needs assessment and program evaluation work. Dorius will lead the data integration and analytic work and coordinate with ISU’s Data Science for the Public Good initiative to foster dissemination.

The PDG team will benefit from ISU’s focus on science and technology, with a rich diversity of technically skilled faculty and students, Data Science training programs, cutting-edge facilities, and an outstanding tradition of cross-disciplinary research. Each year, for example, ISU’s Cooperative Extension reaches more than 1 million people directly and 4 million more via online training and translating research into practice. On campus, the University Translational Research Network (U-TuRn) promotes community and government partnerships and maintains institutional access to GivePulse - a community tracking tool that allows users to measure the impact of their outreach and engagement efforts. Faculty and students participating in this project will also have access to considerable high-end computing and data security support, including a Geographic Information Systems (GIS) facility and a protected, customized Box system called CyBox that provides unlimited storage and a flexible system for sharing within distributed projects (i.e., within ISU and with outside users).
Project Management Plan

Our ECI collaboration will advance to a new stage of partnership through this grant, as we test IDS models and procedures to advance data-driven decision making, revise our statewide needs assessment and strategic plan, and develop coordinated approaches for sharing best practices and engaging families. As such, we need a detailed plan for working together to ensure leadership goals are translated into practical solutions, communication among stakeholders is timely and accurate, and progress on all deliverables is tracked in real time. Toward that end, we propose a working Leadership Team representing all departments and ISU with dedicated time and commitments to the PDG that will coordinate the work. ECI Component groups will also have a key role as conduits to carrying out the activities (as discussed above).

**Leadership Team** will include ECI leaders Wagler and Anderson, a PDG Director (who we anticipate will be contracted from within one of the state departments who has early childhood system expertise), ISU lead (Rouse), and Director-appointed leaders from Education, Human Services, and Public Health to represent their Directors for decision-making and activity implementation. Early childhood program experts and administrators from Education who have been involved in creating the priority activities for the PDG include Amanda Winslow and Tom Rendon, who are also founding members of the IDS Taskforce. Their experience with statewide preschool and Head Start helped shape PDG activities for sharing best practices, enhancing parent knowledge and choice, and improving the overall quality of our B-5 system. Rendon serves as the coordinator of the Head Start State Collaboration office, a role he has held since 2003. Human Services program experts and administrators have also been involved, including Ryan Page who provides leadership in the ECI Stakeholders Alliance and within DHS’s Child Care Bureau. Program and evaluation experts from public health will also be included, such as
Betsy Richey, a member of the IDS leadership team who represents the research and data capacities for public health, and Janet Horras who leads the state’s home visiting programs.

The Leadership Team will meet biweekly throughout the grant to ensure all deliverables are met. Subgroups from this leadership team will meet on alternate weeks to focus on prioritized projects within each activity (i.e., needs assessment team, family engagement team, etc.). These subgroups will include additional team members who are conducting the work, including but not limited to Co-Chairs of the ECI Professional Development and Family Engagement Committees.

**Project management** software will facilitate communication and allow creation of digital workspaces to topically organize discussions. These workspaces will house project related conversations, document questions and answers, and provide a forum for sharing text, pictures, PDFs and other project-related products. New participants can review discussion histories for onboarding. All PDG team members will be included, and the PDG Director will closely monitor communications to clarify questions, identify bottlenecks, and resolve differences as they arise.

To facilitate **shared decision-making**, Leadership Team meetings will involve project updates, discussing feedback, and problem solving (See G. Process Evaluation, p.52). Strategies for local and national dissemination will be generated, with support from a PDG-funded Communications Consultant to develop coordinated plans for stakeholders (e.g., programs who need information about the needs assessment; families who need information about program availability/quality). Products will be reviewed by the leadership team prior to dissemination.

To fully integrate the work of this PDG with existing ECI structures and maximize the system transformation potential, we will utilize the ECI State Board, Stakeholder Alliance, and Area Boards throughout the grant process. The State Board and Stakeholder Alliance each meet five times per year, while Area Boards meet monthly. Each meeting will involve updates from
the Leadership Team with feedback across activities, including the strategic planning process. As per their mandated role, the State Board will provide guidance as determined to strengthen early childhood programming and adopt strategies to enhance items identified.

**F. PROJECT TIMELINE AND MILESTONES**

Table 2 presents monthly targets for PDG activities. We anticipate the needs assessment can begin immediately (since we have the ISU agreements already in place), but other activities will require onboarding our PDG Director, consultants, and merit staff before work can begin in month 2. Our key milestone is federal approval of our needs assessment and strategic plan (Activities 1 & 2) scheduled for month 8, with 4 months left in the PDG period for Activity 5.

Table 2. Project Timeline and Milestones (in months)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
<th>Month 7</th>
<th>Month 8</th>
<th>Month 9</th>
<th>Month 10</th>
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<th>Month 12</th>
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<tbody>
<tr>
<td>Onboard staff, consultants &amp; contracts</td>
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<td><strong>1. Needs Assessment</strong></td>
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<tr>
<td>D1.1 Leverage existing assessments</td>
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<td>D1.2 Conduct IDS analytics</td>
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<td>D1.3 Identify gaps in data and research</td>
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<td>D1.4 Identify ECE quality and availability</td>
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<td>D1.5 Expand IDS capacities</td>
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<td>Write needs assessment report</td>
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<td><strong>2. Strategic Plan</strong></td>
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<td>D2.1 Update strategic plan</td>
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<td>D2.2 Plan for ongoing monitoring</td>
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<td>Strategic plan Directors approval</td>
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<td>Federal Approval of 1 and 2</td>
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<td><strong>3. Maximizing Parental Choice</strong></td>
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<td>D3.1 Conduct focus groups</td>
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<td>D3.2 Enhance communications strategies</td>
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<td><strong>4. Sharing Best Practices</strong></td>
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<td>D4.1 IELS distribution and training</td>
<td>X</td>
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<td>D4.2 Gather input from providers</td>
<td>X</td>
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<td>D4.3 Enhance materials</td>
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<td><strong>5. Improving Overall Quality</strong></td>
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<td>D5.1 Career plans and leadership training</td>
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<tr>
<td>D5.2 Establish training “hub”</td>
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</table>
We will establish the Leadership Team and staff in month 1. As we are working to either identify existing contracts we can supplement or prepare RFP processes currently, we hope to have a relatively quick “startup,” and anticipate month 2 will commence multiple parallel activities by coordinated groups responsible for IDS analytics, survey/interview of ECE quality and availability, and updating the strategic plan which will continue through month 5. Month 6 will include summarizing the needs assessment findings into a report to inform the final strategic plan and updating plans for ongoing monitoring. During this time we will also summarize gaps identified in our data and analytics to inform expanded IDS capacities and future needs assessments. These expansion activities will continue through the duration of the grant.

Simultaneous with the above will be sequenced tasks in Activities 3 and 4 to engage families and providers. Family focus group recruitment will occur in month 2, followed by completion of focus groups and writing results in months 3-5. We anticipate this effort will include 25 groups of 6-8 families each for a total reach of approximately 175 families. At the same time, a team of coaches will be distributing and training the IELS statewide and collecting information from providers during months 2-5. We aim to reach up to 12,000 providers during this time, with group trainings conducted by 4 coaches. After these activities are completed and evaluated, we will work to enhance communication and training materials during months 6-8.

Activities to improve quality (currently proposed as improving career development plans and the training hub) will commence in month 9 after completing the needs assessment, family focus groups, IELS training and provider feedback, and federal approval of the strategic plan.

Progress on timelines and milestones will be tracked weekly by the PDG Director (overall tasks) and ISU project manager (IDS, needs assessment, and performance evaluation). Using tracking tools and project management software described above (see E. Project
Management, p.44), we will identify factors that may be impeding progress and commence problem solving immediately to maximize our ability to maintain the aggressive timelines proposed. We also acknowledge unexpected roadblocks may impede progress, and will regularly revisit our ultimate goal and logic model and adjust as necessary to maintain progress.

**G. LOGIC MODEL AND PROGRAM PERFORMANCE EVALUATION PLAN**

Our outcomes-oriented logic model demonstrates how our B-5 mixed delivery system can achieve sustainable, system-wide quality improvement (see Figure 1. Logic Model, p.49). This model is constructed in an Iowa-specific context where stakeholders develop priorities that align with our mission and vision; local dynamics, laws, and norms influence successful uptake of changes; and stakeholder buy-in is needed *vertically* from families with young children to executive leaders and *horizontally* from providers across diverse agencies. Our process, fiscal, and impact evaluation plans include monitoring all activities in this PDG as detailed below.

Our process leverages a range of stakeholder and financial inputs to support PDG funded activities, including (1) a statewide needs assessment using an IDS to document unduplicated counts of children in programs, and (2) a strategic plan informed by our needs assessment, logic model and evaluation plan. Stakeholders input has also guided the proposal for three additional sets of activities: (3) maximizing parental choice and knowledge via focus groups, strengthening networks, improving our messaging platform, and developing new lines of communication; (4) sharing best practices among B-5 providers by implementing our Iowa Early Learning Standards, gathering provider input, and improving written and online training programs to streamline, de-duplicate, and create common languages; and, (5) improving the overall quality of our workforce by supporting career planning and creating a professional development hub that integrates the state’s training and technical assistance systems using coaching models.
Figure 1. Logic Model

**ULTIMATE GOAL:** More vulnerable children access quality early care and education services to transition to elementary school with the physical, cognitive, social-emotional, and behavioral skills they need to succeed.

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 &amp; 2. Needs Assessment and Strategic Plan</td>
<td>Reports, issue briefs, presentations, and town halls to share findings and use information for decision-making</td>
<td>State and local leaders have greater access to timely information about population needs and services</td>
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<tr>
<td>FCI State Board, Stakeholder Alliance, and Area Boards</td>
<td>- IDS analytics</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Identify gaps in data and ECE</td>
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<td></td>
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<tr>
<td></td>
<td>- Update plan</td>
<td></td>
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<td></td>
<td>3. Maximize Parental Choice:</td>
<td>Strategies to engage diverse parent groups; focus group reports; strategic communication materials &amp; templates created; processes developed</td>
<td>Families have accessible information about program choices and quality across our B-5 mixed-delivery system</td>
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<td></td>
<td>- Strengthen networks</td>
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<td></td>
<td>- Conduct focus groups</td>
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<td></td>
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<td></td>
<td>- Enhance communication</td>
<td></td>
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<tr>
<td>IDS Taskforce and Resource Center</td>
<td>4. Share Best Practices:</td>
<td>Strategies to train &amp; implement IELS; provider-informed training tools targeting areas of need (e.g., trauma-informed care)</td>
<td>Providers have access to information about best practices and supports to assist their daily work</td>
</tr>
<tr>
<td></td>
<td>- Distribute IELS</td>
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<tr>
<td></td>
<td>- Gather input</td>
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<td></td>
<td>- Enhance training materials</td>
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<tr>
<td>Families</td>
<td>5. Improve Quality Overall:</td>
<td>Professional development hub with coaching models; career planning; leadership modules</td>
<td>Providers/leaders have access to resources on coaching, career planning, &amp; leading</td>
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<tr>
<td></td>
<td>- Career development</td>
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<td></td>
<td>- Training hub</td>
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<td>B-5 Providers</td>
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<td>PDG funding</td>
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<tr>
<td>Training &amp; coaching network</td>
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<td>State &amp; ISU technology</td>
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<td>Pk &amp; K assessments</td>
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These activities will lead to outputs that align with our needs assessment and strategic plan and include proposed products we believe will support our short-term outcomes of improving statewide “knowledge” about quality services and family needs. Proposed products include: (1 & 2) reports, issue briefs, presentations, and town-hall style meetings to communicate findings of the needs assessment and strategic plan to aid decision making; (3) novel strategies to engage diverse parent groups, focus group reports, communication materials and templates, and an integrated marketing communication plan; (4) strategies to train and implement the IELS and revised provider-informed training tools that target areas of need, including trauma-informed care, and, (5) a training hub for providers that supports professional development planning and to connect with statewide and local coaches to support best practices implementation.

We plan to use a university-supported community impact tracking tool to collect information about these activities and outputs. This tool will help the PDG Director communicate and schedule events with families, providers, and community groups who participate in meetings and trainings and measure the impact of our outreach and engagement efforts via surveys administered from the tool.

Our goal is that the proposed activities and resulting outputs will facilitate our ability to transform our B-5 system through a cycle of short-term (knowledge), mid-term (action), and long-term (impact) outcomes. In this cycle, evidence from our IDS and the field (knowledge) is used to change practices (action) which in turn improves outcomes (impact) that we can continue to monitor and evaluate, informing the next cycle of knowledge → action → impact.

In the short-term we anticipate increasing knowledge of stakeholders, including: (1 & 2) State leaders and ECI Area Board directors will have greater access to timely information about the B-5 system needs and services; (3) families will have greater access to information about
program choices and quality; (4) providers and professionals will have higher quality online and in-person training that shares best practices; and (5) state and local leaders and providers will have greater access to coordinated training and professional development through the “hub.”

In the mid-term, we anticipate knowledge will translate to **action**, such that (1 & 2) ECI leaders will use IDS reports for decision-making, prioritizing, and resource allocation; (3) more vulnerable families will enroll their children in high-quality early learning and support programs; (4) more providers will implement high quality practices and procedures; and (5) more providers and local leaders will advance their career goals and leadership potential. These actions will then positively **impact** the B-5 system such that families will experience greater support within programs and during key transitions, the IDS will be a self-sustaining resource for ongoing system improvement, program-level QRIS and other ratings will rise, and developmental outcomes of all children, particularly those most vulnerable, will be strengthened.

**Figure 2. Program Evaluation Framework**
Metrics to Examine Proposed Process, Cost, and Program Impacts

Stakeholder groups in our logic model will participate in a quarterly process evaluation through their roles on the Leadership Team or workgroups (see also E. Organization and Management, p.40). Process and costs will be evaluated for each activity and output, while outcomes will be evaluated based on their impact. As noted in the FOA, national experts will advise our plan if selected; we look forward to making improvements in consultation with ACF.

Process Evaluation. The Evaluation of Input Coordination is crucial for long-term stability, and we will implement a detailed tracking plan to provide quarterly “check ins” with partners toward this end. This plan will include dedicated leadership in each workgroup responsible for quarterly reporting of the relevant people, tasks, and timing for each activity they lead; member checks from all teammates to validate understanding; comprehensive quarterly reports that collect input from all workgroups for review with the PDG Director, and summaries and action steps generated by the team and overall to facilitate ongoing process improvement.

Evaluation of Activities related to family engagement, provider resources, and quality improvement processes will largely be conducted via focus groups and online surveys after each activity. We anticipate that our evaluation will capture stakeholder’s responses to new ideas, communication strategies, and training opportunities. Participants will rate whether the experience met their expectations, the quality of the experience as a whole, presenter’s knowledge/expertise on subject matter, subject matter usefulness, quality of visual aids and instructional materials, breakout discussion usefulness, appropriateness of experience length, convenience of the program day and time, and the overall rating. People will have an opportunity to provide feedback on whether the experience changed behaviors (e.g., did they act as a result of the information/training) and whether they would recommend the experience to others. This
information will be used to identify strengths and areas for improvement to inform the ongoing
development of the programs/trainings/presentation.

**Evaluation of Outputs** will largely include a detailed assessment of the various products
described in the logic model, including the number of counties served, number of people served,
number of programs/trainings/presentations provided, number of educators/facilitators and
families involved, number of surveys generated, response rates to surveys, the number of ‘hits’
on websites, the number of new online materials and modules created, and the number of times
training materials have been downloaded, among others.

**Cost Evaluation.** Following the strategic plan approval, the PDG Director will assemble
a cost analysis team with subject matter experts from the ECI Stakeholder Alliance to estimate
the potential costs of programmatic changes. As noted in Figure 2, this includes an assessment of
direct costs (i.e., the costs incurred to produce the product or service such as capital investments,
changes in taxes and licensing costs, or annual maintenance) and indirect costs (i.e., the costs to
run the program but not necessarily to produce the product or service, such as initial and ongoing
training, changes in space or facility requirements, or labor hours for implementation). Costs will
be estimated at current rates and projected inflation/expansion costs. After activities have been
carried out and outcomes assessed, the team will reconvene to evaluate the effectiveness, utility,
and benefits of the project relative to the actual costs incurred to inform future priorities.

**Outcomes Evaluation: Knowledge → Action → Impact.** To evaluate outcomes in the
short-, mid-, and long-term we will use an ongoing assessment tool where goals are documented
and target outcomes (at least one per goal) are set to be realistic, customized, and measurable.
Each new coordination activity or training material that develops out of the needs assessment and
strategic plan will identify for each goal: a goal statement, target outcome(s), steps to achieve
each target outcome, the person responsible, and the time frame. The ISU team will work with
the PDG Director to identify and obtain results for analyses/action plans for programs lasting
more than 3 months. In the future this will be done on yearly cycles. Short-term goals for
knowledge acquisition will include the collection of indicators including, but not limited to, the
number of ECI State Board and Stakeholder Alliance meetings that use and discuss IDS findings,
the number of policy decisions and program goals that include needs assessment findings, the
number of issue briefs or reports shared with ECI Area Boards. The PDG Director will compile
reports provided by ISU on these indicators and communicate findings to state stakeholders.

The mid- and long-term outcome evaluation will be conducted with the expertise and
advice of ACF, the evaluation consultant, the PDG Director, and the ISU team, and may be
completed after the first year of this grant. Multi-modal evaluation tools will assess cross-system
indicators. For many identified outcomes (e.g., child access to ECE programs or improvements
in physical, cognitive, social-emotional, and behavioral skills) the goal is that IDS data will be
used and increasingly improved to support this purpose. As new indicators and metrics are
identified, the IDS will expand to support the needs of agency personnel and providers statewide.
This process will also help the PDG Leadership Team identify missing indicators and improve
the quality of indicators already in the system. For new data collection efforts (see also D1.
p.13), evaluation metrics will be developed alongside the new data collection tools. The creation
of metrics will be co-constructed by the IDS team, evaluation expert, and ECI stakeholders to
assure that they will maximally inform program quality improvement over time.

Our mixed-method, multi-phase evaluation framework depicted in Table 3 articulates
specific roles and responsibilities of each key stakeholder. The PDG Director and ISU/IDS team
will lead the work throughout the grant, and an evaluation consultant will help manage the
Table 3. Methodological Approach to Iowa’s Three-Part Evaluation Plan

<table>
<thead>
<tr>
<th>Stakeholder Category</th>
<th>Role &amp; Engagement Plan</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDG State Leadership Team</td>
<td>Coordination support; Throughout project</td>
<td>Sponsor evaluation; advise bases for interpretation of findings (objectives, contractual specifications, laws and norms, comparison groups, etc.); review draft report for clarity and fairness prior to finalization; release reports; coordinate with communications expert on messaging platform and delivery channels</td>
</tr>
<tr>
<td>PDG Project Director</td>
<td>Lead; Ongoing and at all parts of evaluation</td>
<td>Determine delivery schedule of evaluation services and products; edit reports; coordinate stakeholders to assure evaluation team has access to necessary people; identify objectives of programs for evaluation; coordinate with communication expert on material preferences, format, language, and design; cost evaluation</td>
</tr>
<tr>
<td>ISU (IDS Center &amp; Consultant)</td>
<td>Technical support; Ongoing and at all parts of evaluation</td>
<td>Create investigatory framework, instrumentation, sample, methods of interpretation; recruit and coordinate an evaluation consultant to collect evaluation data; create evaluation reports; advise on delivery schedule</td>
</tr>
<tr>
<td>ECI Board &amp; Stakeholder Alliance Leads</td>
<td>Advise &amp; audience for results; issue briefs, presentations, reports, website</td>
<td>Advise evaluation and communication development to promote processes that are free of bias and honor the needs and rights of all stakeholders equitably, taking appropriate account of their gender, ethnicity, and language backgrounds; provide feedback on key findings from strategic plan, assess website material quality, access, and use</td>
</tr>
<tr>
<td>ECI Stakeholder Alliance Workgroups</td>
<td>Advise &amp; audience for results; issue briefs, presentations, reports, website</td>
<td>Connect evaluators with parents, family members, and providers in stakeholder network; facilitate activities 1-5 in logic model; provide data for process evaluation; participate in cost evaluation team</td>
</tr>
<tr>
<td>Area Boards</td>
<td>Audience for results; issue briefs, presentations, reports, website</td>
<td>Provide feedback on provider training tools, coaching strategies, coordination of training; co-establish leadership academies; distribute materials to stakeholders</td>
</tr>
<tr>
<td>Families</td>
<td>Participants; Town halls, focus groups, surveys</td>
<td>Attend events and participate in evaluation process, provide feedback on key findings from needs assessment</td>
</tr>
<tr>
<td>Providers</td>
<td>Participants; Surveys, trainings, surveys, website, professional development plan</td>
<td>Attend events and participate in evaluation process, provide feedback on key findings from strategic plan, assess website material quality, access, and use</td>
</tr>
</tbody>
</table>
evaluation process. Each of the stakeholders identified on our team is responsible to work together to uphold a set of shared evaluation objectives that ensure ECI Area Boards, providers, and families have a channel to provide direct feedback to ECI and program leaders through focus groups, surveys, town halls and other formats; that the IDS will create a more unified understanding of families’ experiences across the B-5 system; and that feedback processes can be replicated to drive iterative improvements to the system as a whole.

H. SUSTAINABILITY PLAN

The key to Iowa’s sustainability plan is that our grant activities are being developed within an existing leadership structure that includes commitments and cooperation from a wide range of stakeholders and executive leaders who share a unified goal of supporting young children and their families, facilitating our ability to improve practices and outcomes across agencies and beyond a single grant cycle. We will use the collaborative structures within ECI and across our B-5 system during the PDG to strengthen and build sustainable capacities (e.g., procedures and processes for using the IDS; communications templates for use with families; improved websites for information and access; coordinated professional training materials; and a training “hub” to connect professionals with resources and coaches). Further, we believe these capacities will put Iowa in a better place to leverage additional future resources.

**Early Childhood Iowa.** Iowa’s legislatively established collaborative structure, ECI, is an ideal context for a sustainable PDG effort. The work proposed does not present new ideas for ECI, but merely strengthens our existing commitments and accelerates work that began 20 years ago. ECI’s vision is broad and encompasses the entire B-5 system. ECI was deliberate in its makeup: leadership at every level includes both public and private sector, and diverse service systems. Further, because ECI is mandated in Iowa Code with dedicated resources (i.e., $26.6M
annually), it has a strong foundation for future growth and sustainability.

**Sustainable Capacities and Resources.** The infusion of PDG funds will enable Iowa to establish processes and products we can leverage in the future to continue to improve our programs. We are accelerating these plans from existing momentum whereby stakeholders previously engaged in efforts including the development of the IDS, statewide strategic planning, family engagement, and coordinated professional development will continue to be involved during and after the PDG.

Our plans to fully operationalize an IDS for policy research, strategic planning, and local knowledge ➔ action ➔ impact loops will infuse the resources necessary to strengthen this system so that it can be sustained by individual analytic projects over time. We have business models from existing IDSs that have been similarly built (see also www.AISP.upenn.edu), with estimates indicating up to 90% of these systems budgets could eventually be sustained through grants and contracts to conduct analytic work such as the needs assessment analytics proposed here. We anticipate building the IDS “client base” over time, and see considerable value in this PDG as a test case for demonstrating effective and efficient use to inform program quality improvement and systems change.

The development of family engagement and professional development communications materials and processes for sharing will also be a sustainable resource. PDG will allow us to develop and test communications templates and processes in a context where we have built in “implementers” (e.g., ECI Area Boards, AEA and Child Care Resource and Referral coaches) to continue the work post-PDG. Because we are bringing together stakeholders with existing commitments to professional development and dedicated funding to do so (e.g., $800,000 in ECI professional development funding, alone), we anticipate that once these capacities are built, we
will utilize existing resources to support sustainability and continuous improvement. Existing dollars within ECI, MIECHV, Statewide Voluntary Preschool, Head Start, and DHS’s contracts with Child Care Resource and Referral are committed to B-5 professional development. We will leverage these funds to support the professional training “hub,” strengthen a common coaching model that builds on what we learn from this PDG, and de-duplicate efforts so we can more efficiently manage state and federal resources.

**Leveraging Capacities to Access Additional Funding Sources.** As a result of our successful capacity building efforts, we also believe Iowa will be in a good place to leverage additional resources to support continuous quality improvement. Increasingly, federal grant initiatives are looking to IDS capacities to facilitate population-level research, such as the National Science Foundation’s Data Science portfolio and the Institute of Education Sciences investments in State Longitudinal Data Systems and subsequent use in the Partnerships and Collaborations portfolio. The IDS could also be leveraged in future statewide needs assessments that have dedicated funding and may increase the likelihood of Iowa’s obtaining resources for such work (e.g., MIECHV, Title V). We have also had conversations with local foundations who understand the value of an IDS to support intervention development and program evaluation. The Mid Iowa Health Foundation, Iowa Women’s Foundation, and United Ways of Iowa are just a few examples of supporting structures who already invest in local innovation to support vulnerable families and have expressed interest in utilizing the IDS to further their initiatives through enhanced evaluation and needs assessment opportunities for their grantees.

**I. DISSEMINATION PLAN**

We will share information about this project during and after the grant year. PDG updates will be a regular agenda item at all ECI monthly and quarterly meetings of the State Board,
Stakeholder Alliance, and Area Boards. We also anticipate two statewide “mini-summits” to disseminate findings, one to share results from the needs assessment and another at the end to discuss planning and next steps. Written and online communications will be disseminated through our provider networks and health and community fairs. The purpose of these communications will be to share findings and also gather feedback about our progress and inform next steps (see also G. Performance Evaluation, p.48, which has more details about sharing and collecting feedback from audiences throughout the PDG). We will also discuss our PDG efforts at the ACF PDG grantees meeting and at national conferences such as the National Association for the Education of Young Children and the ACF National Research Conference in Early Childhood. While the purpose of this project is not generalizable knowledge, if the team determines some analytic findings may be publishable, we will work collaboratively to write manuscripts or presentation proposals toward that end.

J. BUDGET AND BUDGET JUSTIFICATION

Iowa requests $3,084,674 to support this PDG, including allocations across each activity and for overall support (i.e., technical assistance and project management) that includes funds for 4 team members to attend the annual grantee meeting in Washington D.C. General descriptions of the types of funds included by each activity category are provided in Table 1 followed by a narrative justification. Specific line-item details for each item relative to the object class categories are provided in Table 2 followed by a narrative justification. Table 3 details the state funds that will be used to match (30% of total costs) PDG funds, followed by a narrative justification.

Table 1. Funding requested by activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Funds requested</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall project management and direction</td>
<td>$356,720</td>
<td>11.6%</td>
</tr>
<tr>
<td>Activity 1. Needs Assessment</td>
<td>$700,000</td>
<td>22.7%</td>
</tr>
<tr>
<td>Activity 2. Strategic Plan</td>
<td>$325,000</td>
<td>10.5%</td>
</tr>
<tr>
<td>Activity 3. Maximizing Parent Knowledge and Choice</td>
<td>$401,950</td>
<td>13.0%</td>
</tr>
<tr>
<td>Activity 4. Sharing Best Practices</td>
<td>$466,475</td>
<td>15.1%</td>
</tr>
<tr>
<td>Activity 5. Improving Overall Quality</td>
<td>$150,000</td>
<td>4.9%</td>
</tr>
<tr>
<td>Program Performance Evaluation</td>
<td>$404,104</td>
<td>13.1%</td>
</tr>
<tr>
<td>Indirect costs (10% de minimis)</td>
<td>$280,425</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$3,084,674</strong></td>
<td></td>
</tr>
</tbody>
</table>
Overall project management ($356,720) includes funding for the full time PDG Director and Administrative Coordinator, and part-time effort from members of the ISU team that will support project management including the PI, project manager, and individual Co-PIs who will be managing the analytic work. Collectively, this team will ensure all deliverables are met. Local travel for the Director to attend statewide meetings is also included. Funds for supplies, printing, the communications consultant, and travel to ACF grantees meeting are also included as these resources are distributed across activities to support the overall project objectives.

Activity 1 funding ($700,000) will support the ISU team including data integration and analysis time, research assistants to collect survey/interview data, consultants for technology and program evaluation, and equipment and supplies to advance the IDS and complete the analytic work.

Activity 2 funds ($325,000) include support for a hired planning consultant/facilitator and paid time for ISU teammates to ensure the needs assessment informs the strategic plan development.

Activity 3 funds ($401,950) includes a contract to conduct family focus groups and write reports and the fee to improve the Institute for Advancement of Family Support website. Local travel for the Director and Administrative Coordinator to attend focus groups is also included here. Communications materials, printing, and the communications consultant time were counted in the overall project management line, above, and not counted here.

Activity 4 funds ($466,475) include printing and distributing of the Iowa Early Learning Standards and funds for coaches to train on implementation of these standards. Coaches will also collect information from providers to inform improvement of training materials. Funding for materials improvements is allocated with the overall project management team above.

Activity 5 funds ($150,000) will be spent in the last 4 months, after federal approval of the needs assessment and strategic plan. Funds will support coaches to deliver training statewide through our professional development “hub,” including development of career plans for providers.

Program Performance Evaluation funds ($404,104) are allocated to the ISU team to cover personnel (PIs, project manager, graduate students), supplies, and a program evaluation consultant to collect and analyze data across the entire 12 months of the project.

Indirect costs ($280,425) are calculated at the de mimimis rate of 10%, as the DOM does not have a negotiated rate approved by HHS.

**Table 2. Funding by Object Class Category**

<table>
<thead>
<tr>
<th>Object Class Category</th>
<th>Funds requested</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel and Fringe Benefits</td>
<td>$ 0</td>
<td></td>
</tr>
<tr>
<td>Travel (out of state/overnight)</td>
<td>$ 8,000</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>$ 3,500</td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Director</td>
<td>$ 96,900</td>
<td></td>
</tr>
<tr>
<td>Administrative Coordinator</td>
<td>$ 63,150</td>
<td></td>
</tr>
<tr>
<td>ISU (management, needs assessment, evaluation)</td>
<td>$ 1,404,104</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Strategic Plan</td>
<td>$ 125,000</td>
<td></td>
</tr>
<tr>
<td>Family Focus Groups</td>
<td>$ 375,000</td>
<td></td>
</tr>
<tr>
<td>Institute for Advancement of Family Support</td>
<td>$ 25,000</td>
<td></td>
</tr>
<tr>
<td>Professional Training</td>
<td>$ 616,475</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications Consultant</td>
<td>$ 60,000</td>
<td></td>
</tr>
<tr>
<td>Local travel</td>
<td>$ 3,120</td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>$ 24,000</td>
<td></td>
</tr>
<tr>
<td><strong>Indirect Charges</strong> (10% de minimis)</td>
<td>$ 280,425</td>
<td></td>
</tr>
</tbody>
</table>

**Budget Justification by Object Class Category (see Table 2)**

**Personnel and Fringe.** (none requested)

**Travel.** Travel costs for key project staff (4) to attend required ACF-sponsored meeting. Estimates of $2,000/person will cover airfare ($810), lodging ($250 x 3), meals ($40/day x 3), and ground transportation/parking ($140).

**Supplies.** Estimated costs for two laptop computers ($1,500 each) and $500 for project supplies including meeting materials, flip-charts, files, binders, etc.

**Contractual.** As our intent through this PDG is not to build capacities that are unsustainable beyond our 1 year. We are proposing to recruit temporary support that will help us manage the work and direct system-wide improvements that can then be sustained by existing staff after the PDG. To do this requires the use of multiple contracts for temporary help, so as not to create “budget-line staff” that may be difficult to sustain.

**Project Director** (total cost $96,900) will be secured through either an interagency agreement with another state department for the position at the Program Planner 3 classification (which has comparable salary and benefits as proposed) or through a temporary employment agency under a master contract with the Department of Administrative Services. This person will provide oversight and capacity to the PDG Leadership Team across four key tasks: oversee the coordination of activities (i.e., schedule meetings, draft agendas, produce quarterly reports); coordinate the work of consultants (i.e., oversee contracts and invoicing and coordinate data collection); build capacity for Leadership Team (oversee needs assessment and development of strategic plan, coordinate external technical assistance); develop internal/external communication plan (coordinate with stakeholders, develop/identify website material, create E-newsletter), along with other duties as assigned. PI Wagler will work with state Departments to identify the best internal candidate with sufficient experience with ECI and Iowa agencies to ensure necessary knowledge of our B-5 system and capability to quickly onboard with the current project. The salary and benefits for a 1.0FTE is at the state negotiated rate of $33.65 per hour or $70,000 and a recruitment and placement fee, including worker’s compensation (38% or $26,600).

**Administrative Coordinator** (total cost $63,150) will be secured under a master contract with the Department of Administrative Services. This person will work directly with the Project Director to assist with meeting schedules and materials, record management, data entry, and overall project management support. The salary and benefits for a 1.0FTE is at the state...
negotiated rate of $22.00 per hour or $45,760 annually and a recruitment and placement fee, including worker’s compensation (38% or $17,390).

ISU (total cost $1,404,104) will be the subcontractor for the IDS work, including management, needs assessment, and program evaluation (see ISU Subcontract, p.63, for line-item details and budget justification). Additional support from this team includes participation in the Leadership team, overall project management support, and coordination with the strategic planning team to ensure the needs assessment is coordinated and informs the plan.

Strategic Plan (total cost $125,000) will be supported through an RFP-generated contract to identify a vendor for facilitating the revision of our strategic plan. Services will include, but are not be limited to: collaborate with the Leadership and needs assessment teams; identify and analyze other needs assessments, strategic plans, reports and policy agendas to assess alignments and leverage resources; convene and facilitate working meetings with a strategic planning team consisting of private and public members of the ECI State Board, Stakeholders Alliance, and Governance workgroup; engage in a revision process that also involves state leadership so that a final plan is approved by the ECI State Board prior to submission to the ACF federal team for approval. Costs for this contract were estimated based on similar projects with a fixed cost for personnel salaries and benefits, facilitation, materials and room rentals, travel, and writing time.

Family Focus Groups (total cost $375,000) will be supported through an RFP-generated contract to identify a vendor to conduct 25 focus group statewide to identify family needs and generate recommendations for communication strategies to increase parent knowledge and choice. Services will include, but not limited to: collaboration with ECI stakeholders including the Board, Alliance, Area Boards, and Family Engagement committee to support planning and recruitment of participants; data collection and analysis; an aggregated report of findings and recommendations; and collaboration with the Communications consultant (see below) to translate findings into practical solutions. The budget estimate is based on a similar project that was recently completed within another state department and national estimates of statewide focus groups, and includes fixed cost for personnel salaries and benefits, facilitation, materials and room rentals, travel, analysis, and writing time.

Institute for the Advancement of Family Support Professionals (total cost $25,000) will include an upgrade to the current website to allow for Iowa-specific content and modules to be added. This cost is a standard fee from the developers to create state-specific content.

Professional Training and Coaching (total cost $616,475) will be supported by either extending existing contract(s) with one or more of the state’s professional development contractors or issuing a new RFP for some or all pieces of this work (specific contractors will be selected post-awards). The contractor(s) will be responsible coordinating a statewide Iowa Early Learning Standards (IELS) orientation training for all early childhood providers, including the printing and distribution of the revised IELS for participants. The contractor will also inform the creation of a coaching plan that will be then implemented in Activity 5 through a “professional development hub” to assist ECE providers in developing career trajectories, the application of the IELS, and other content-specific needs such as trauma-informed care. “Hub” coaches will also work to train internal coaches to continue to carry out the work (i.e., coaches within specific programs or geographic areas). The budget is based on identified needs for a professional development coordinator (estimated salary/fringe $72,700); 4 state-level coaches (estimated salary/fringe $60,000); printing 12,000 copies of the IELS at $19.00 per copy (exact cost from...
prior printing contract); local travel for meeting and coaching statewide (up to 2,000 miles at $0.39/mile); and funds for supplies and negotiated/previously approved indirect rates as allowed.

**Other.** Communications Consultant (total cost $60,000) will be recruited from the Iowa Targeted Business (TSB) program. The consultant will work with the Public Engagement Component Group, the Family Engagement subcommittee and the “Professional Development Hub” to develop methods and materials to engage and educate parents and ECE providers in seeking and developing quality ECE services. This estimate is based similar projects including public awareness campaigns in similar timeframes. Local travel (total cost $3,120) will include two team members (likely the Project Director and Administrative Coordinator) to attend 25 focus groups average of 100 miles round trip at $0.39 per mile; travel expense for Project Director for additional meetings across the state at 30 trips at an average 100 miles round trip at $0.39 per mile. Printing costs (total cost $24,000) are needed for meeting materials, communications materials, distributing reports, and posters/banners/flyers as determined through the communications consultant work.

**Indirect.** Indirect costs (total $280,425) are requested at the de minimis rate of 10%. DOM does not have an approved rate from HHS or another cognizant federal agency.

**ISU Subcontract Budget and Justification by Object Class Category (total $1,404,104)**

The Department of Management will execute a contract with Iowa State University to provide services in support of the overall PDG goals with resources to support leadership and management, IDS analytics and survey work for the needs assessment, coordinating with strategic planning team, and program evaluation. Services will include using the integrated administrative data system (IDS) for analytics; preparing a long-term plan for the sustainability of the IDS; and coordinating and implementing the program evaluation plan.

**Personnel.** (total cost $489,178). Rouse (PI) will direct ISU work and coordinate with PDG Director to ensure completion of all deliverables, attend Leadership Team meetings, and supervise staff. Dorius (CoPI) will direct technology, integration, and analysis efforts, including co-supervision of the data analyst, postdoc, and graduate students. Peterson, Choi, and Lippard (CoIs) will support data collection and analytics focusing on topics of expertise including child care quality, children with special needs, and home visiting. All PI/CoPIs will be involved in dissemination. A project manager will be hired to help Rouse manage all deliverables, including scheduling, meeting documentation, staff allocations, budget management, and communications. Data analyst will be responsible for data integration. The Postdoc and graduate students will participate in analyses of the integrated data, collecting ECE quality data, report writing and dissemination. Two IT support staff (75% each) will help set up and manage all computer hardware, software, servers, build web-based data portals, and provide data security oversight.

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Annual Salary</th>
<th>Effort</th>
<th>Person-month Effort</th>
<th>Requested Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI</td>
<td>Rouse</td>
<td>101,256</td>
<td>30%</td>
<td>3.6</td>
<td>30,377</td>
</tr>
<tr>
<td>Co-PI</td>
<td>Dorius</td>
<td>97,596</td>
<td>15%</td>
<td>1.8</td>
<td>14,639</td>
</tr>
<tr>
<td>Co-I</td>
<td>Peterson</td>
<td>155,991</td>
<td>5%</td>
<td>(in kind)</td>
<td>0</td>
</tr>
<tr>
<td>Co-I</td>
<td>Choi</td>
<td>93,863</td>
<td>7.5%</td>
<td>.9</td>
<td>7,040</td>
</tr>
<tr>
<td>Position</td>
<td>Name</td>
<td>Quantity</td>
<td>Percent</td>
<td>Rate</td>
<td>Cost</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>----------</td>
<td>---------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Co-I</td>
<td>Lippard</td>
<td></td>
<td>15%</td>
<td>1.8</td>
<td>14,242</td>
</tr>
<tr>
<td>Postdoc</td>
<td>Ku</td>
<td></td>
<td>50%</td>
<td>6</td>
<td>24,000</td>
</tr>
<tr>
<td>Grad Assistants (4)</td>
<td>To Be Named</td>
<td></td>
<td>50%</td>
<td>24</td>
<td>98,880</td>
</tr>
<tr>
<td>Sr. Project Manager</td>
<td>To Be Named</td>
<td></td>
<td>100%</td>
<td>12</td>
<td>80,000</td>
</tr>
<tr>
<td>Sr. Data Analyst</td>
<td>To Be Named</td>
<td></td>
<td>100%</td>
<td>12</td>
<td>100,000</td>
</tr>
<tr>
<td>IT personnel</td>
<td>To Be Named</td>
<td></td>
<td>150%</td>
<td>18</td>
<td>120,000</td>
</tr>
<tr>
<td>Federal Request</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>489,178</td>
</tr>
</tbody>
</table>

**Fringe Benefits.** (total cost $137,365). Fringe for PIs is faculty rate; project manager, data analyst, and IT personnel are at the P&S rate.

<table>
<thead>
<tr>
<th>Fringe Category</th>
<th>Faculty</th>
<th>Postdoc</th>
<th>Grad Assistant</th>
<th>P&amp;S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health/Dental Insurance</td>
<td>9.3</td>
<td>21.4</td>
<td>7.4</td>
<td>15.5</td>
</tr>
<tr>
<td>Retirement</td>
<td>9.6</td>
<td>4.6</td>
<td></td>
<td>9.6</td>
</tr>
<tr>
<td>Life/Disability Insurance</td>
<td>1.0</td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Social Security/Medicare</td>
<td>6.7</td>
<td>6.5</td>
<td></td>
<td>7.3</td>
</tr>
<tr>
<td>Other</td>
<td>.9</td>
<td>.5</td>
<td></td>
<td>.4</td>
</tr>
<tr>
<td>Total</td>
<td>27.5%</td>
<td>33%</td>
<td>7.8%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

**Travel.** (total cost $12,800). The ISU IDS team (4) will travel to a national IDS network meeting and visit 1 existing IDS site to gather consultation and inform IDS capacity building. Estimates of $1600/person (x8) will cover airfare ($550), lodging ($250/night x 3 nights), meals ($40/day x 4 days) and ground transport/parking ($140).

**Equipment.** (total cost $80,000). For the purchase of dedicated servers to securely house IDS data. The preliminary estimate is based on the number of anticipated datasets obtained across the year and to accommodate growth over the next several years, and is 4 at $20k each (total cost $80k).

**Supplies.** (total cost $24,000). Supplies needed for the work include 1 laptop and 4 desktop computers (5x$2000), 2 printers (2x$100), and 2 desk/cubical units and chairs (2x$2000) for staff and students hired specifically for this project; Stata (4x$1295) and Mplus (2x$895) statistical software; project management software ($150x13); and $880 for research supplies such as files, binders, easel tablets, markers, white boards, etc.

**Other.** (total cost $216,198). **Local Travel:** PIs will travel 2 times/week x $25/trip x 50 weeks from Ames to Des Moines for Leadership Team and workgroup meetings. **Tuition remission:** for fall, spring, and summer semesters ($12,072.50 each) is included for the 4 graduate students. **Consultants:** Two will be solicited, one to advise on increasing capacity of the IDS IT infrastructure ($80k) and another to support the performance evaluation plan and implementation ($80k). These estimates are based on market value for similar services procured for prior projects. **Phone service:** $17/month x 12 months for each of the 2 new full-time project staff (Project Manager and Senior Data Analyst). **Printing services:** $5000 for meeting materials, needs assessment reports, IDS data processing reports and documentation, and local dissemination.

**Indirect.** (total cost $440,563). Iowa State University Federal Negotiated Indirect Rate is 53% of the Modified Total Direct Costs (total costs minus equipment and tuition).
Table 3. Commitment of Non-Federal Resources (i.e., Match Dollars Proposed)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Match amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECI Office Personnel</td>
<td>$ 296,726</td>
<td>State Administrative Funds</td>
</tr>
<tr>
<td>ECI Professional Development</td>
<td>$ 628,676</td>
<td>State Prof. Dev. Funds</td>
</tr>
<tr>
<td><strong>Total (30% of PDG request)</strong></td>
<td><strong>$ 925,402</strong></td>
<td></td>
</tr>
</tbody>
</table>

**ECI Office Personnel.** The 2.0FTE (Wagler and Anderson) contribute 100% of their time to working at the state and local levels to support coordination of Iowa’s B-5 system. Wagler, administrator for ECI, is primarily responsible for managing the affairs of the ECI State Board, coordinating the work between state agencies, and working with the Governor’s Office and the state legislature on early childhood system building. Anderson is primarily responsible for managing the work of the ECI Stakeholders Alliance and its component work groups, and manage the ECI state professional development fund. Both provide technical support to the 38 ECI Area Boards. The salaries and benefits are based on actual amounts for the positions. Combined salaries are $215,175. The fringe benefits (FICA, Retirement, Health/Dental, Life Insurance and Disability) total $81,551 or 37.9%.

**ECI Professional Development.** State ECI funds for professional development will also be used as match. These funds include contracts with Iowa coaching networks to provide training and support for ECE professionals statewide. These contracts include support implementing the Positive Behavioral Interventions and Supports in ECE programs, a community health consultant to oversee the work of developing an emerging infant and early childhood mental health system of consultation to ECE environments, the Iowa Family Support Technical Assistance Network which provides professional development and coordinates the credentialing of family support programs, and T.E.A.C.H. scholarships that provide tuition and educational expenses for ECE providers to earn or renew a CDA or work toward an associates or bachelor’s degree in early childhood. As the work of PDG will use these networks and contracts to enhance training and collaboration among the B-5 workforce, these funds will be used as match.

**J. BONUS POINTS - UNDUPLICATED COUNTS**

Iowa’s proposal will utilize an IDS to conduct a statewide needs assessment using data from departments of health, human services, education and Head Start. This IDS approach will provide, for the first time, an ability to document unduplicated counts of children across our 4-year-old ECE programs during the year before they enter kindergarten. Future phases of our needs assessment will expand this approach to other B-5 sectors, including across our comprehensive network of family support and health and nutrition programs.