



Early Childhood Funding Parameters and Limitations

Via the Early Childhood Iowa State Board

Annually, the Department of Human Services transfers federal dollars from the Temporary Assistance to Needy Families (TANF) Program to the Child Care Development Fund (CCDF). The Department distributes these funds to community empowerment areas to enhance the capacity and quality of child care services to help parents obtain or retain employment.

Examples of Allowable Activities

Capacity Building

- Increase access to infant, 2nd and 3rd shift, and inclusive child care through provider recruitment and support.
- Increase children’s access to Head Start, Early Head Start, and other evidence-based child development and child care programs, through provider support.
- In partnership with Child Care Resource and Referral, provide information to help parents select quality child care environments (comprehensive consumer education).

Quality Improvement

- Recruitment of and assistance to home- and center-based child care providers in meeting registration, licensure, and quality rating system or accreditation standards. Examples include, but are not limited to:
 - Home- and center-based child care consultants
 - Child care nurse consultants
 - The completion of self-assessments and program improvement plans
 - Limited equipment purchases and minor facility remodeling to meet health and safety standards required by licensing or registration, e.g., purchase of cribs for infants, installing a sink in an infant room, installing egress windows.
- Provide training and professional development opportunities for home- and center-based child care and preschool providers with community partners such as Child Care Resource and Referral, community colleges, and ISU Extension. Examples include, but are not limited to:
 - Health and safety training
 - Use of developmentally appropriate practices, discipline and curriculums
 - Integrating inclusive and culturally competent practices
 - Program for Infant and Toddler Caregivers (PITC)
- Partner with T.E.A.C.H. Iowa to provide tuition assistance to home- and center-based child care and preschool providers to enroll in early childhood education coursework at community colleges.

Other Important Information

- The Department of Human Services (DHS) distributes Early Childhood funds to an Early Childhood Iowa Area (ECIA) based on the Area’s redesignation status.
- The following three actions must happen before an ECIA receives the 1st quarterly payment:
 - The ECIA must submit an annual budget that includes a signed fiscal expenditure assurances statement to the Early Childhood Iowa Office and DHS must approve the budget.
 - A grant agreement or contract with all required signatures is on file at DHS.
 - A signed copy of the ECIA’s fiscal agent agreement is on file at DHS.
 - DUNS numbers and office addresses for both the ECIA and fiscal agent.
- The ECIA cannot use these funds to supplant state child care assistance (subsidy) to eligible recipients.
- When funding child care scholarships, the family’s income must be between 146-185% of the Health and Human Services Poverty Guidelines, although this is not encouraged due to potential federal reporting requirements.
- ECIA’s cannot fund ECIA staff salary out of Early Childhood program funds for duties such as, administrative support for the board (i.e., issuing and management of contracts, processing payment claims, etc.), community collaboration and early care, health and education systems building.
- The ECIA’s 2nd quarter funds and any future funds may not be paid until the ECIA submits a complete annual report.
- Best practice is to not enter into contracts with contractors or providers until DHS approves the ECIA’s Early Childhood budget.

Performance Measure Reporting Requirements
In the Annual Report, ECIA's must document program or service performance measures through input, output, quality/efficiency and outcome data.
Administrative Expenses
Administrative expenses cannot exceed 5% of the yearly Early Childhood funds the ECIA receives.
Funds are Administered
DHS administers Early Childhood funds.
Funds are Distributed
The amount of Early Childhood funds an ECIA receives is based on a percentage of the average number of monthly statewide Family Investment Program (FIP) cases for families with children 0-5 in the preceding state fiscal year.
Time Limitations
On 6/4/10, the Early Childhood Iowa State Board adopted a policy limiting the Early Childhood grant carry-forward amount to 20% of the grant amount. http://www.empowerment.state.ia.us/files/policies_reports/IEB%20EC%20carry-forward%20policy%206-10.pdf
The ECIA must expend Early Childhood funds within two state fiscal years.
<i>Sources:</i> <i>Iowa Code chapters 28, 256I</i> <i>Iowa Administrative Code 441-169</i> <i>Section 658E of the Child Care & Development Block Grant of 1990, as amended</i> <i>45 CFR §98.10 - 98.18</i>



School Ready Funding Parameters and Limitations Via Early Childhood Iowa State Board

The School Ready Funds, through a State appropriation, are utilized to support a comprehensive school ready children plan designed by the Early Childhood Iowa area (ECIA) boards. Most of the funding is targeted for categorical purposes with specific parameters. These funding categories include Administration, Preschool Programming Support for Low Income Families, and Family Support Prenatal through Five. Quality Improvement Efforts and Other Services (General Aid) have less restrictive parameters. Early Childhood Iowa area boards must adhere to requirements specific to each funding category.

Examples of Allowable Activities

Family Support Prenatal through Five – ECIA Boards are strongly encouraged to support programs implementing evidence-based family support and parent education practices.

See Tool FF http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ff.pdf

Required Performance Measures are necessary for each activity and must be itemized on the Annual Report.

Preschool Programming Support for Low Income Families – This categorical funding was legislated to assist low-income parents with tuition for preschool and other supportive services for children ages three, four, and five who are not attending kindergarten in order to increase the basic family income eligibility requirement to not more than 200 percent of the federal poverty level; and for preschool program expenses not covered under chapter 256C (Statewide Voluntary Preschool Program for Four-Year-Old Children). In addition, if sufficient funding is available after addressing the needs of those who meet the basic income eligibility requirement, a community empowerment area board may provide for eligibility for those with a family income in excess of the basic income eligibility requirement through use of a sliding scale or other copayment provision.

See Tool CC http://www.empowerment.state.ia.us/common/pdf/kit_tools/toolcc_A.pdf

Required Performance Measures are necessary for each activity and must be itemized on the Annual Report.

Quality Improvement Funds – These funds are used to improve the quality of early care, health and education projects and programs that:

- Support quality improvement efforts.
- Are evidence-based, quality practices and services, that have been proven to positively affect outcomes for children
- Produce and document expected performance outcomes
- Align with the community plan and identified ECIA priorities.

See Tool II http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ii.pdf

Required Performance Measures are necessary for each activity and must be itemized on the Annual Report.

Other Funds (General Aid) – These funds do not have categorical requirements, however, they must:

- Be used to support early care, health and education for children and families prenatal through age five.
- Demonstrate effectiveness through documented and reported performance measures.
- Not be used for administrative costs (legal fees, fiscal agent fees, insurance, or the role of coordinator when doing board administrative functions, etc.)

Required Performance Measures are necessary for each activity and must be itemized on the Annual Report.

Other Important Information

- A completed agreement with all required signatures must be on file at the Department of Education before grant funding will be released.
- School Ready funds are awarded to Early Childhood Iowa area boards on an annual basis (pending funding availability and Designation). Receipt of funding is subject to submission of the required Annual Report (due September 15th) documenting progress toward the results identified in the community plan.
- Proposed annual budgets are to be submitted through the Early Childhood Iowa Office and must be approved by the Department of Education prior to release of the funds to an ECIA.
- As per the Early Childhood Iowa State Board, October 9, 1999, meeting “Local Empowerment Boards shall not use Empowerment funds to purchase real property that would be subject to taxes.”
- Best practice is to not enter into contracts with contractors or providers until the Department of Education approves the ECIA’s School Ready budget.

- Areas must be mindful not to supplant other state and federal funds.

Performance Measure Reporting Requirements

In the Annual Report, Early Childhood Iowa Areas must document program or service performance measures through input, output, quality/efficiency and outcome data. State required measures must be reported on all funds utilized to support programs or services.

Administrative Expenses

Administrative expenses are limited to 3% of the annual School Ready funds received by the ECIA.

Funds are Administered

The Department of Education administers School Ready funds.

Funds are Distributed

Through a formula approved by the Iowa Empowerment Board which allocates the annual School Ready appropriation as follows:

- 45% is allocated based on the percent of the population that is age 0-5 and at or below 185% of the poverty level or less.
- 35% is allocated based on the percent of the population that is age 0-5.
- 20% is distributed equally among all 99 counties.

Through a formula approved by the Iowa Empowerment Board, Quality Improvement funds are allocated as follows:

- 30,000 base to each ECIA
- Remaining funds are allocated through the SR formula articulated above.

Time Limitations

For fiscal years beginning July 1, 2008, Early Childhood Iowa areas reporting a carryover balance of school ready funds in excess of 20% of the current year's allocation will receive a reduction equal to the excess amount above the 20% in their next year's school ready allocation, based on accrual reporting.

Sources: IA Code Chapter 256I



Early Childhood Iowa School Ready Funds Preschool Programming Support for Low-Income Families

Legislative Language

The 2010 General Assembly included statutory requirements for the use of School Ready (SR) funds.

Iowa Code, chapter 256I.9

SCHOOL READY CHILDREN GRANT PROGRAM.

1. The state board shall develop and promote a school ready children grant program which shall provide for all of the following components:

3. A school ready children grant shall, to the extent possible, be used to support programs that meet quality standards identified by the state board. At a minimum, a grant shall be used to provide all of the following:

- a. Preschool services provided on a voluntary basis to children deemed at risk.
- b. Family support services and parent education programs promoted to parents of children from zero through age five. Family support services shall include but are not limited to home visitation. Of the funding from all sources that an area board designates for family support programs, at least sixty percent shall be committed to programs with a home visitation component.

SF 2376 (2010 enrolled bill) 11. IOWA EMPOWERMENT FUND — PRESCHOOL TUITION ASSISTANCE

b. The amount appropriated in this subsection shall be used for early care, health, and education programs to assist low-income parents with tuition for preschool and other supportive services for children ages three, four, and five who are not attending kindergarten in order to increase the basic family income eligibility requirement to not more than 200 percent of the federal poverty level. In addition, if sufficient funding is available after addressing the needs of those who meet the basic income eligibility requirement, a community empowerment area board may provide for eligibility for those with a family income in excess of the basic income eligibility requirement through use of a sliding scale or other copayment provisions.

Preschool Programming Support for Low Income Families

Early Childhood Iowa Area (ECIA) Boards must not supplant state and federal funds. Examples of state or federal funds that need to be considered include:

- State-administered child care assistance for eligible families;
- State-funded preschool programs (Shared Visions, Statewide Voluntary Preschool Program for Four-Year-Old Children); and
- Head Start for eligible children.

ECI standard budget templates must include adequate information to ensure all legislative requirements of the funds are met. In addition to the narrative provided, it will be accomplished through the area board's agreement with assurances included in the budget template.

For the most current HHS Poverty Guidelines go to:

<http://www.empowerment.state.ia.us/files/2011%20Federal%20Poverty%20Guidelines.pdf>.

Definition of Quality Preschool Programs

The Early Childhood Iowa State Board strongly recommends that ECIAAs support the implementation of evidence-based, quality practices and services with proven positive outcomes for children. Boards are also encouraged to use these funds to help families access quality preschool services and to support preschool programs that strive to achieve high quality program standards.

Research offers evidence that a high-quality, research-based preschool program, especially for low-income children, lays the foundation for later school success. Children who attend high quality preschool exhibit stronger language, math, thinking, and social skills. They are better prepared to cooperate in kindergarten and elementary school and their relationships with peers are more positive. Participating children are less likely to need special education services or the service intensity is less. They are also more likely to remain in school. As children continue to develop, they are less likely to be in trouble with the law and, consequently, avoid incarceration.

The following are essential elements that create a high quality preschool program.

1. Early Childhood Standards
 - Preschool program standards -- Iowa Quality Preschool Program Standards (IQPPS), National Association for the Education of Young Children (NAEYC), Head Start Program Standards, National Association for Family Child Care (NAFCC).
 - Student Standards and Benchmarks -- The Iowa Early Learning Standards (ELS)
2. Teacher Qualifications
3. Teacher Compensation
4. Assistant Teacher/Paraprofessional Training
5. Maximum Class Size
6. Professional Development
7. Strong Administrative Support and Leadership
8. Family Involvement

More detail regarding these elements can be found at [High Quality Preschools Issue Brief \(2007-05-22\)](http://www.iowa.gov/educate/index.php?option=com_docman&task=doc_download&gid=3569):
http://www.iowa.gov/educate/index.php?option=com_docman&task=doc_download&gid=3569

More information about quality preschool curriculum, assessment, high quality teachers, professional development, etc. can be found at http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=940&Itemid=1279

Additional measures of program quality are evidenced by having:

- Achieved an average score of 5 (with no subscale scores under 2) on the Early Childhood Environmental Rating Scale – Revised (ECERSR) or Family Child Care Rating Scale (FCCRS) completed by an outside evaluator with an established 85% inter-rater reliability within six months of the observation, or
- Achieved a Level 3, 4 or 5 on Iowa’s Quality Rating System (QRS).

**Outcomes of Quality
Preschool Support**

ECI RESULT AREA: Children ready to succeed in school.

Indicators:

- Pre-literacy skills
Definition: Percent of kindergartners with pre-literacy skills as measured by the Dynamic Indicators of Early Literacy Skills (DIBELS) or other approved measurement
- Children in Quality Preschool Settings
Definition: Percentage of children, ages three and four, who have participated in a preschool program that is NAEYC (National Association for the Education of Young Children) accredited, and/or meets Head Start program performance standards, or meets a comparable set of standards.

Use of Funds for Preschool Programming and Support for Low Income Families

ECIA boards are to use funds to assist low-income families with children ages three, four and five with access to a quality preschool program. This assistance includes:

- Preschool tuition for children whose families are at or below 200% of poverty; and
- Transportation assistance to and from preschool.

The ECIA board may fund any of the following as a supportive service to preschools, based on the community plan and priorities (i.e., the service must be provided in the preschool setting or for the children attending a preschool program, ages three, four and five, and their families):

- Preschool tuition for children whose families are above 200% of poverty level using a sliding fee or co-pay option;
- Transportation to and from preschool;
- Field Trips;
- Extension of the preschool day;
- Summer kindergarten preparation program;
- Health services (dental, lead services or mental health services);
- Family support and parent education (*For further information, See Tool FF*);
- Initiatives to meet or maintain quality preschool accreditation or levels/standards (NAEYC, IQPPS, QRS, etc.);
- Preschool coordinator (scholarship processing, quality support to programs);
- Personnel (i.e., staff for inclusive settings, to perform screenings, salaries)
- Child Care Nurse Consultants
- Program enhancements to meet, increase or maintain quality preschool accreditation or quality levels/standards (evidence-based curriculum, materials, etc.);
- Professional development targeted toward quality initiatives and standards (curriculum, assessment, program standards, etc.). Technical assistance and coaching (from a qualified provider) to foster the development of quality initiatives and preschool programming.

Collaboration

ECI is built upon a foundation of collaboration in order to make a difference in the lives of young children and their families. With this foundation in mind, local ECI areas are encouraged to collaborate with local child care centers, preschool programs, child development homes, Head Start agencies, Shared Vision grantees, School Districts (tuition, Statewide Voluntary Preschool Program for Four-Year-Old Children and/or Early Childhood Special Education programs), Child Care Resource and Referral Agencies, Iowa State University Extension, Area Education Agencies, local

public health agencies, local maternal and child health agencies, community mental health centers, primary care providers, dentists, local transit authority and family support providers.

Accountability

School Ready Budget Form:

- Document projected expenditures for the current fiscal year and estimated carry-forward amounts (if applicable) on the SR budget form for Preschool Programming Support for Low Income Families.
- Document through input, output, quality/efficiency and outcome data the required performance measures within the ECIA Annual Report.

All funds used in this category of funding have state required performance measures. Failure to report annually the state required performance measures may jeopardize the Early Childhood Iowa Area's levels of excellence rating and may trigger the Early Childhood Iowa State Board to enact the Expenditures and Reporting Policy, http://www.empowerment.state.ia.us/files/policies_reports/reporting_policy.pdf.

**Contractual
Agreements
with
Programs**

The Early Childhood Iowa Area board will determine the contractual agreements at a local level with program providers. They may also require additional performance measures which are not reported to the state. ECIA's are strongly encouraged to include in their contracts with program providers the performance measures reporting requirements.

**Technical
Assistance**

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**Early Childhood Iowa
School Ready Funds
Family Support & Parent Education
Iowa Administrative Code (IAC), 349, Chapter 1**

School Ready Allocation

The 2010 General Assembly included statutory requirements for the use of School Ready (SR) funds in order to enhance current efforts to provide family support services and parent education programs for families with children.

Legislation specifically states:

SF 2088 enrolled:

Sec. 286. NEW SECTION. 2561.9 School ready children grant program.

1. The state board shall develop and promote a school ready children grant program which shall provide for all of the following components:

3. A school ready children grant shall, to the extent possible, be used to support programs that meet quality standards identified by the state board. At a minimum, a grant shall be used to provide all of the following:

a. Preschool services provided on a voluntary basis to children deemed at risk.

b. Family support services and parent education programs promoted to parents of children from zero through age five. Family support services shall include but are not limited to home visitation. Of the funding from all sources that an area board designates for family support programs, at least sixty percent shall be committed to programs with a home visitation component.

SF 2376 enrolled

12. IOWA EMPOWERMENT FUND = FAMILY SUPPORT AND PARENT EDUCATION

b. The amount appropriated in this subsection shall be used for family support services and parent education programs targeted to families expecting a child or with newborn and infant children through age five and shall be distributed using the distribution formula approved by the Iowa empowerment board and shall be used by a Early Childhood Iowa area only for family support services and parent education programs targeted to families expecting a child or with newborn and infant children through age five. The programs funded under this subsection shall have a home visitation component.

HF 2531 enrolled:

Sec. 86. SCHOOL READY CHILDREN GRANT REQUIREMENT. For the fiscal year beginning July 1, 2010, and ending June 30, 2011, the early childhood Iowa state board may grant a school ready children grant waiver as to the required percentage of family support program to be committed to a home visitation component to an early childhood Iowa area that is funding the teaching interventions to empower and strengthen families program and is more than 10 percent away from meeting the required percentage.

Definition of Family Support (IAC)

Family support services are community-based services that promote the well being of children and families.

Family support programs have the following characteristics:

- Family driven, meaning there is a true partnership with families;
- Comprehensive, flexible, and individualized to each family based on their culture, needs, values and preferences;

- Build on strengths to increase the stability of family members and the family unit;
- Utilize informal and formal family support.

Definition of Parent Education (IAC)

Parent education programs implement organized and planned meetings designed to support parents' efforts to enhance their children's health and development.

Parent education programs have the following characteristics:

- Provides parents' with information, skills, support systems and confidence in their parental role in order to support, nurture and promote children's health and development;
- Strengthens positive relationships between parent and children;
- Builds on parents' strengths and utilizes their experiences, ideas and knowledge;
- Provides information that meets the needs of parents for specific content and shared in a manner that is responsive to parents' learning style, education and culture.

NOTE: Parent education may be provided in a group setting or one on one in a family's home or alternate location. Refer to the definition of home visitation for additional information about the use of an alternate location. Parent education is limited in scope and duration, lasting a minimum of six weeks and utilizes standardized curricula. One day, stand alone events such as a child fair, are not eligible for funding with this funding stream.

Definition of Home Visitation

Home visitation is a strategy to deliver family support or parent education services. A home visit is a face-to-face visit with a family in their home, or other alternate location, to facilitate meeting the family's goals. Temporary use of an alternate location may happen when meeting in the family home presents safety concerns for the worker or the family or on rare occasions to facilitate meeting the program's outcomes such as medical appointments or school staffing. Home Visits are calculated based on the number of times you meet with the family. They are NOT multiplied by the number of children present.

Definition of a Home Visitation Component

A home visitation component is defined as a family support service that uses home visitation as the primary method for service delivery. Home visits are provided at regular intervals throughout the year and meets the definition of home visitation provided in this guidance.

Outcomes of Family Support and Parent Education:

Family Support and Parent Education services promote the following outcomes:

1. Improve family functioning, problem solving and communication
2. Increase social support for families
3. Connect families to additional concrete supports
4. Increase knowledge about child development and parenting
5. Improve nurturing and attachment between parent and child

Effective Family Support and Parent Education Programs

Early Childhood Iowa Area boards shall encourage all family support programs in their community to implement a centralized or coordinated intake process. The purpose of the centralized or coordinated intake process is to ensure:

- Families are matched with the most appropriate service available
- Eliminates duplication
- Maximizes referrals
- Ensures coordination

Early Childhood Iowa Area boards shall fund programs that adhere to the Iowa Family Support Standards or comparable state or national standards in order to make the best investment possible with public funds.

Early Childhood Iowa Area boards are strongly encouraged to support programs that meet, or are diligently working toward meeting, the definition of evidence based program or a promising program.

Definition of Evidence based Program

"Evidence-based program" means a program that is based on valid and reliable scientific evidence demonstrating that the program is effective. The program may be enhanced when necessary to respond to individual family needs and cultural values if the enhancements do not compromise model fidelity. The program must be evaluated onsite by the developer or their designee at a minimum of every five years to ensure that the program is continuing to maintain model fidelity. The program has demonstrated significant and sustained positive outcomes when evaluated using well-designed and rigorous randomized controlled research designs or quasi-experimental research designs, and the evaluation results have been published in a peer-reviewed journal.

Definition of Promising Program

"Promising program" means a program model that conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national or state organization that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement. The program must be evaluated onsite to ensure adherence to the Iowa Family Support Standards or a comparable set of standards. Evaluation must occur at least every five years and be completed by an independent review team not associated with the program or organization.

Definition of Research based

"Research-based program" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based program or promising program.

Use of Funds for Family Support and Parent Education

The school ready funds designated for family support services and parent education programs must be used to directly support individuals who function in the role of parents.

Sixty percent of all funds that the local board expends on family support programming must include a home visitation component. This includes all funds the local board has control over, federal, state and local.

Budgets must include adequate information to document if the program has a home visitation component.

- Family support or parent education program utilizing a home visiting service delivery model

Examples: Healthy Families Iowa accredited programs

Home-based Head Start or Early Head Start program (Services delivered primarily to the parent(s) in the home with a monthly group socialization activity for the children)

Parents As Teachers national or state credentialed programs

Nurse Family Partnership

Healthy Start

- Parent education groups

Examples: Nurturing Parenting

Incredible Years

DARE to Be You

Food and Nutrition Educational Program

Triple P: Positive Parenting Program

Raising a Thinking Child: I Can Problem Solve for Families

- Include costs associated with program operations (training, supervision, curriculum, etc) in total program costs.

Eligibility Criteria

75% of the families enrolling in the long term or intensive home visitation program on or after July 1, 2011 must meet one of the following criteria in addition to having a child between the ages of 0 through 5:

- Have an income at or below 200% of the federal poverty level
- Have a parent that has achieved a high school diploma or less education
- Have a child that has a current Individualized Family Service Plan (IFSP) or Individualized Educational Plan (IEP)

There is no eligibility criteria (other than having a child that is age eligible) for families enrolling in a group based parent education program or a short term home visitation program.

Income or educational eligibility may be self declared at enrollment by the enrolling parent(s.) Verification of income or education is not necessary.

75% is calculated by each long term and intensive home visitation program funded by the ECI Area board. Each program must meet the eligibility criteria for 75% of the families newly enrolled on or after July 1, 2011.

Families that are deemed eligible for the services because of a current IFSP or IEP must sign a release of information with the family support program so they may coordinate services with the Area Education Association (AEA.)

An IEP or IFSP refers to enrollment in Part B or Part C of the Individuals with Disabilities Education Act (IDEA.)

Accountability System

School Ready Budget Form:

- Document projected expenditures on the SR budget forms to support family support services and parent education programs for families with children prenatal – 5 years.

ECIA Annual Report – Performance Measures School Ready Funds:

- Document through input, output, quality/efficiency and outcome data at a minimum the required performance measures of family support services and parent education programs.
- Beginning with the 2012 Annual Report, long term and intensive home visiting programs will also be required to report the percentage of families newly enrolled on or after July 1, 2011 that meet the eligibility criteria.

All funds used to financial support a family support or parent education program have state required performance measures. **Please see sample annual report for a complete listing of Performance Measures.** Failure to report annually the state required performance measures or comply with the eligibility criteria may jeopardize the Early Childhood Iowa Area’s continued designation and may trigger the Early Childhood Iowa State Board to enact the Expenditures and Reporting Policy.

All programs shall use the following approved tool to report on the required performance measures:

- Long-term and intensive, in-home, family support services must use the modified Life Skills Progression Instrument.
- Short term, in-home or group based parent education programs must use the Protective Factors Survey.

Contractual Agreements with Programs

The Early Childhood Area local board will determine the contractual agreements at a local level with program providers. They may also require additional performance measures to be reported. ECIA’s are strongly encouraged to include in their contracts with program providers the performance measures reporting and eligibility requirements.

Technical Assistance

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**Community Empowerment
School Ready Funds**
Efforts to Improve the Quality of Early Care, Health & Education Programs

School Ready Allocation	<p>The 2006 General Assembly included statutory requirements for the use of School Ready funds for efforts to improve the quality of early care, health and education programs.</p> <p>HF 2769 specifically states: <i>\$3,500,000 is allocated for efforts to improve the quality of early care, health and education programs. The Iowa Empowerment Board may reserve a portion of the allocation, not to exceed \$100,000 for the technical assistance expenses of the Iowa Empowerment Office and shall distribute the remainder to community empowerment areas for local quality improvement efforts through a methodology identified by the board to make the most productive use of the funding, which may include use of the distribution formula, grants, or other means.</i></p> <p>The Iowa Empowerment Board at their March 2007 meeting set the distribution of these funds as follows: \$30,000 base/CEA with the remaining money to be designated through the School Ready formula.</p>
Recommendations for Quality Improvement Efforts to Receive Funds	<p>SR funds shall be used to support quality improvement efforts, being mindful to not supplant other state and federal funds.</p> <p>The Iowa Empowerment Board strongly promotes the implementation of evidence-based, quality practices and services that have been proven to positively affect outcomes for children. CEA Boards are strongly encouraged to use these funds to improve the quality of early care, health and education projects or programs with consideration given at a minimum to the following:</p> <ul style="list-style-type: none">• There is evidence that supports the potential effectiveness of the project to be funded;• It aligns with your community plan and your identified CEA priorities;• There is the ability to document expected performance outcomes ; and• Consideration has been given as to how the proposed quality improvement effort enhances existing initiatives and collaborates with early care, health and education partners in your CEA.
Use of Funds	<p>Suggestions of quality improvement early care, health and education efforts are listed at the end of this tool. The list provided is not inclusive. These are suggestions for CEA Boards to consider in conjunction with their CEA Community Plan. CEA Boards are not required to choose quality improvement efforts from this list. The CEA may continue a project that they began in 2007 or they may start a new project(s).</p>
Collaboration	<p>CEA should collaborate with local partners to ensure that the funded efforts improve the quality of early care, health and education programs</p>
Accountability System	<p>School Ready Budget Form: Document projected expenditures for current fiscal year to support quality improvement efforts</p> <p>CEA Annual Report – Performance Measures: Document in the Annual Report the efforts’ performance measures through input, output, quality/efficiency and outcome data. (Due September 15th of each year)</p>
Contractual Agreements with Programs	<p>CEA Board will determine the contractual agreements at a local level with program providers.</p>
Technical Assistance	<p>Contact: Shanell Wagler, Facilitator Office of Empowerment Iowa Department of Management 515-281-4321; Shanell.Wagler@iowa.gov</p>

Quality Improvement Use of Funds: Examples

Suggestions of quality improvement early care, health and education efforts are listed below. **This list is not inclusive.** These are suggestions for CEA Boards to consider in conjunction with their CEA Community Plan, and CEA Boards are not required to choose quality improvement efforts from this list.

Local efforts that are linked to broader state or national efforts to promote high quality early care, health and education services, such as:
Support local provider participation and advancement in Iowa's Voluntary Quality Rating System (QRS) Refer to QRS – Empowerment Support on the state empowerment website – http://www.empowerment.state.ia.us/files/resource_links/qrs_support.pdf
Support QPPS Facilitators trained to provide coaching to programs implementing QPPS; Address quality issues in preschool/child care settings that have identified needed areas of improvement after completing the Iowa Quality Preschool Program Standards (QPPS) self-assessment and quality improvement plan. Refer to: http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=681&Itemid=1571 .
Help programs respond to facility concerns/ violations identified during Child Care Licensing visits
Respond to findings of the ISU Early Childhood Incentive Study Such as: <ul style="list-style-type: none"> ▪ Hiring bonuses for child care staff with a specified levels of education (AA or BA in early childhood education) ▪ Year-end bonus for child care staff who complete a specified level of additional training. ▪ Retirement planning services for people working in the early childhood field ▪ Offer sessions to child care directors on cost-effective employee benefit options and benefit administration. Refer to: http://www.empowerment.state.ia.us/iowa_board/benefits_rewards.html .
Support for NAEYC Center Accreditation or Family Day Care Home Accreditation Refer to: http://www.naeyc.org/accreditation/ Refer to: http://www.nafcc.org/accreditation/about_accreditation.asp
Support for quality preschool programs so they can maintain best practices and continue to comply with quality standards such as: <ul style="list-style-type: none"> • NAEYC and NAFCC Accredited Programs • Shared Visions programs • Early Head Start and Head Start programs • Even Start programs Refer to Early Childhood Programs and Services at: http://www.iowa.gov/educate/index.php?option=com_content&view=article&id=1229&Itemid=2113 Refer to: http://www.naeyc.org/accreditation/ Refer to: http://www.nafcc.org/accreditation/about_accreditation.asp
Support Early ACCESS early intervention services, including service coordination, for infants and toddlers and their families Refer to: http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=633&Itemid=1270
Support funding for Child Care Nurse Consultant affiliated with an MCH Agency Refer to: http://www.idph.state.ia.us/hcci/default.asp Refer to: http://www.state.ia.us/earlychildhood/docs/ChildcareIssueBriefUpdate.pdf
Support implementation of Healthy Child Care Iowa Quality Assessment Tools (Business Partnership Agreement, Owner/Director Survey, Injury Prevention Checklist, Child Record Review, Health and Safety Assessment) by an Iowa Department of Public Health Child Care Nurse Consultant and support needed improvements Refer to: http://www.state.ia.us/earlychildhood/docs/ChildcareIssueBriefUpdate.pdf Refer to: http://www.idph.state.ia.us/hcci/default.asp

3/2/07

Updated 4/8/10; 6/14/10

<p>Support implementation of oral health efforts for children, Birth – Five years of age Such as:</p> <ul style="list-style-type: none"> • Support to local Maternal and Child Health (MCH) agencies for the Access to Baby and Child Dentistry program (ABCD) • Funding to support dental care services for children with no payment source • Funding to support dental care services for pregnant women with no payment source • Funding for oral health education for prenatal classes and family support programs • Funding for screening and varnish for children by physicians and other non-dental professionals <p>Refer to: http://www.idph.state.ia.us/hpcdp/oral_health_programs.asp</p>
<p>Support hawk-i outreach efforts Refer to: http://www.idph.state.ia.us/coveringkids/default.asp</p>
<p>Provide training and support for training of professionals to implement maternal depression screenings</p>
<p>Implement a medical home model with primary health care providers</p> <p>Support establishment and spread of the medical home model among primary care providers - pediatric and family practice – in the CEA. This can be done by supporting participation of primary care practices in a year-long learning collaborative experience where practices learn how to provide a medical home model of care.</p> <p>A medical home provides cost-effective care that is planned in partnership with families. For the 0-5 population, a medical home will offer high quality early childhood screening, problem identification, and treatment. Also, a medical home will assure that young children receive needed and coordinated early intervention and other community-based services.</p> <p>Refer to: http://www.medicalhomeinfo.org/states/state/iowa.html</p>
<p>Implement strategies to support healthy mental development of young children:</p> <p>Funding to support a healthy mental development coordinator to work with primary care practices on the integration of healthy mental development for children 0-5 years. Support for training to build the capacity of local primary health care providers to provide healthy mental development screening, referral, and follow-up.</p> <p>Refer to: www.iowaepsdt.org http://www.state.ia.us/earlychildhood/docs/MentalHealthIssueBriefFinal.pdf</p>
<p>Support Ready to Learn family book clubs that provide families with books, information on child development, media literacy, and how to support their children’s learning. Clubs can be offered as parent group meetings and/or home visits.</p> <p>Refer to: http://www.iptv.org/education/rtl-about.cfm Contact: Tammy Lorch, Ready to Learn Coordinator at tammy.lorch@iptv.org</p>
<p>Support Ready to Learn provider book clubs that implement quality professional development training for child care/preschool providers to equip them with books, information on child development and media literacy, and ways to support children’s learning (i.e. uses Every Child Reads strategies).</p> <p>Refer to: http://www.iptv.org/education/rtl-about.cfm Contact: Contact: Tammy Lorch, Ready to Learn Coordinator at tammy.lorch@iptv.org</p>
<p>Facility improvements related to health and safety issues as identified by any of the quality program standards listed in Tool CC(A). Refer to: http://www.empowerment.state.ia.us/files/toolkit_tools/toolcc_A.pdf</p>
<p>Purchase of equipment and materials needed to improve program quality as identified by any of the quality program standards listed in Tool CC(A). Refer to: http://www.empowerment.state.ia.us/files/toolkit_tools/toolcc_A.pdf</p>
<p>Professional Development/Training for local early care, health and education staff to improve the quality of services in order to meet the quality program standards.</p>

Quality issues in connection with Community Empowerment School Ready Funds for Preschool Support Scholarships and Family Support/Parent Education programs, such as:

Center improvements (facilities, equipment, materials, training, accreditation support) needed to comply with Iowa Empowerment Board quality preschool recommendations at sites involved in the Scholarship project.
Refer to Tool CC(A): http://www.empowerment.state.ia.us/files/toolkit_tools/toolcc_A.pdf

Start-up training and educational materials needed for new or expanded family support/parent education programs with a home visitation component.
Refer to: <http://www.state.ia.us/earlychildhood/docs/EvidencedBasedPrgmAssessmentI.pdf> and <http://www.state.ia.us/earlychildhood/docs/EvidenceBasedHomeVisitingTool.pdf>

Enhance the implementation of quality practices in Family Support and Parent Education programs
Such as:

- Financial support to expand a quality program to serve additional children and families.
- Financial support to reduce caseloads and provide more intensive services to higher risk children and families.
- Independent evaluation of the effectiveness of a family support or parent education program.
- Financial support to add a health (physical, dental, nutrition, mental) component to an existing family support program that does not have a health component.
- Create opportunities for collaboration between family support / parent education programs and high quality early learning center-based opportunities.
- Financial support for high quality pre-service and in-service training for family support and parent education staff.
- Financial support for high quality training for leadership staff of family support and parent education programs.
- Financial support for adequate wages and benefits to support and retain high quality staff.

Refer to: <http://www.state.ia.us/earlychildhood/docs/EvidencedBasedPrgmAssessmentI.pdf>

and <http://www.state.ia.us/earlychildhood/docs/EvidenceBasedHomeVisitingTool.pdf>

Support for Community Empowerment Areas to support CEA Coordination

Facilitate community collaboration and partnerships to enhance a comprehensive and integrated early care, health and education system at the local level

Refer to Tool I(B): http://www.empowerment.state.ia.us/files/toolkit_tools/toolI_b.pdf

Financial support for a paid staff person in order to provide opportunities for CEA Boards to meet Board responsibilities, address local needs or implement quality early care, health and education efforts

Allowable expenses would include, but are not limited to:

- Financial support for salary/benefits of a paid staff person(s)
- Board support/general office expenditures, such as board support, office supplies, equipment, internet services, postage, office rent, marketing costs, mileage/travel

The following are NOT allowable expenses for SR Quality Improvement funds:

- Fiscal agent fees and responsibilities
- Liability insurance

Refer to Tool GG: http://www.empowerment.state.ia.us/files/toolkit_tools/tool_gg.pdf



Community Empowerment COMMON RESULTS LANGUAGE FRAMEWORK for Result-based Accountability

Accountability:

At the core of accountability, the following questions need to be asked and answered about young children and their families:

- What difference have board decisions and services made in the lives of young children and their families?
- What can young children and their families served do now that they could not do before?
- How have their behaviors, knowledge, skill, attitudes or conditions of the young children and families changed because of board decisions and services?
- Have the lives of young children and their families served become better off then before the decisions and services were implemented?

Adapted from National Conference of State Legislators (NCSL)

Background:

- Because of the commitment to results-oriented government in Iowa, the Legislative Fiscal Bureau and the Department of Management convened a team to develop a *common results language framework*. Representatives from Iowa State University Extension and Empowerment were part of the team.
- Mark Friedman, through the AE Casey Foundation, met with the team and empowerment representatives and indicated support for the terminology with the addition of some “plain English” descriptions which were incorporated.
- The strategy called for a results-based framework and common terminology first within the Community Empowerment context. Community Empowerment a successfully implemented the framework. The Iowa Empowerment Board approved the terminology at its April 14, 2000 meeting.

This model, known as the Accountable Government Act or AGA, has now spread across the executive and legislative branches.

There are two types of accountability: Results Accountability and Performance Accountability

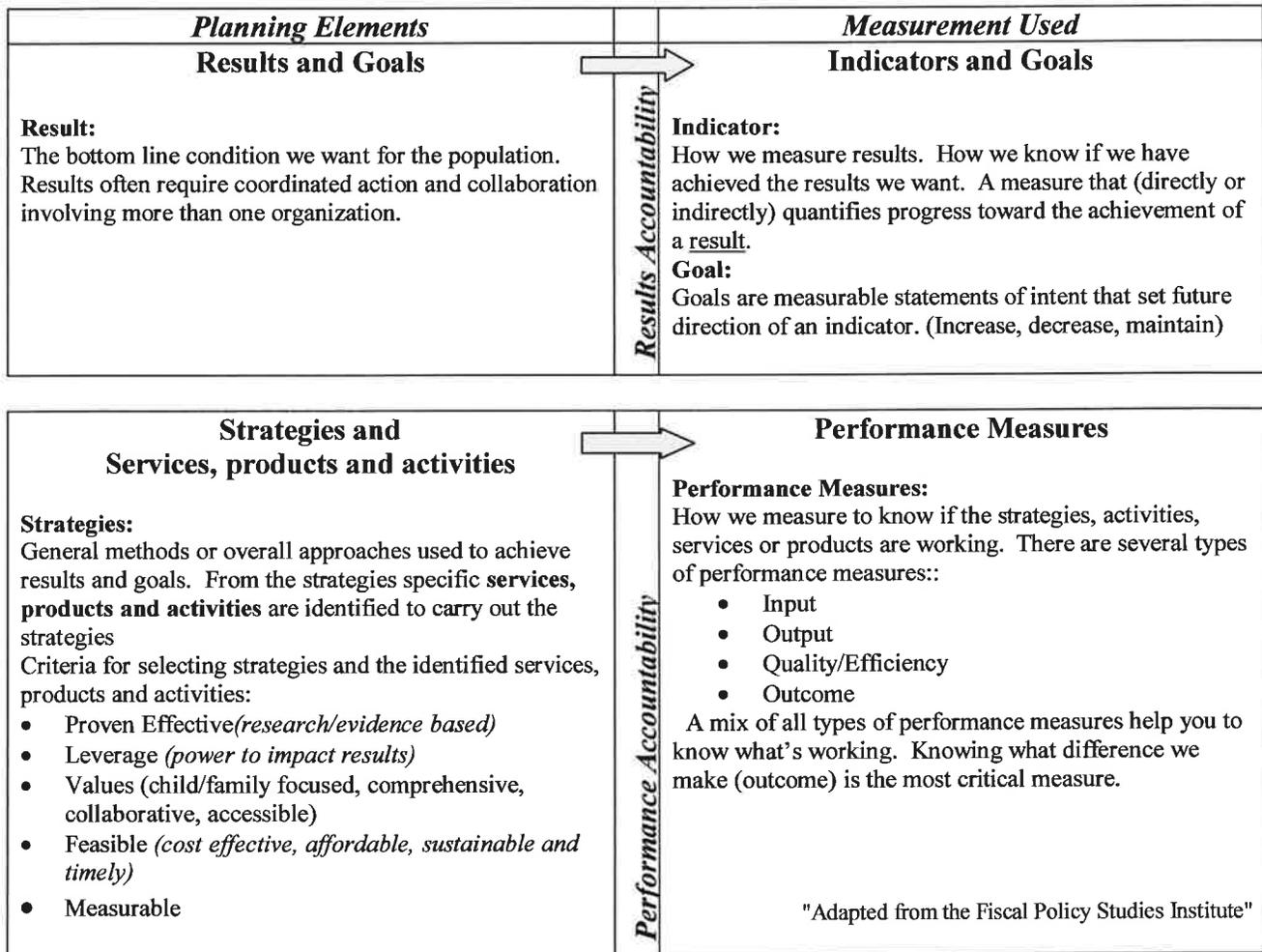
Results Accountability:

Accountability at the systemic and policy level. The desired results/goals and indicator measures are shared responsibilities across organizational boundaries and reflect the desired results for the population.

Performance Accountability:

Accountability at the strategic and programmatic level. This is the work done to "turn the curve" for better results or outcomes. Strategies are globally defined best practices to positively impact the lives of children, individuals and families served. Specific activities, services or products are employed and performance measures are used to know if what we are doing is making a positive difference.

A visual representation of accountability:



Terminology

1. Demand

Definition: the estimated level of need for any program, activity, or service, including who needs to access it?

Population-based information and data is used to document needs and to describe young children, their families and community look like in terms of assets and conditions needing improvement. The information for demand is best accumulated through a comprehensive community assessment, which includes data from a variety of sources including demographic data, service availability data, information from families of young children, and an assessment of community collaboration efforts.

2. Result

Definition: the effect desired for Iowans.

Results are about the bottom line *ends* to be achieved in order to promote the well being of all young children and their families, whether that is statewide or at the local level.

State and local policymakers should state the specific results they want to see achieved so those charged with implementing policy can suggest measurable strategies, and propose initiatives.

In most cases, no single entity, service or program can help young children and families achieve desired results, it takes a collaborative effort.

The statewide Community Empowerment results for all of Iowa's young children and their families are:

- *Healthy Children*
- *Children Ready to Succeed in School*
- *Safe and Nurturing Families*
- *Safe and Supportive Communities*
- *Secure and Nurturing Childcare Environments*

3. Indicator

Definition: A measure that indirectly quantifies the achievement of a result.

Indicators can be statewide indicators or local indicators, but no matter the geographic boundary, the data used to measure the indicators are based on whole populations, such as all children or whole sub-populations. For example all children 0-5 years old, or all children 0-5 living in poverty.

Most times a result, such as healthy children, cannot be directly measured.

Indicators of aspects of health or healthy behaviors can be measured as a sign of the condition of the health of young children, such as the rate of immunization by age 2.

Statewide indicators and local indicators can be the same thing. Other local indicators of Healthy Children, can also be determined by the local empowerment area such as the rate of lead screening for all young children (which is not a statewide indicator). However, all local indicators need to align with the five statewide results.

The statewide Community Empowerment Result Indicators are:

Result	Indicators
Healthy Children	<ul style="list-style-type: none"> • Low Birth Weight • Immunized children
Children Ready to Succeed in School	<ul style="list-style-type: none"> • Pre-literacy skills • Children in quality preschools
Safe and Supportive Communities	<ul style="list-style-type: none"> • Crime Rate • Juvenile Crime • Employment Rate
Secure and Nurturing Families	<ul style="list-style-type: none"> • Incidence of Child Abuse • Teen Births
Secure and Nurturing Child Care Environments	<ul style="list-style-type: none"> • Availability of child care • Child Abuse in a child care setting • Quality child care ratings

4. Goals

Definition: Broad measurable statements of intent to set a future direction.

3- 5-year measurable, numerical *indicator* goals should be set at the statewide, as well as at the local level.

The measurable goal communicates the direction of (more, less, maintain) the indicator data, based upon trend information, comparison to like communities or the state, or those set by others such as state, federal or professional standards or benchmarks.

5. Strategy

Definition: General methods or overall approaches used to achieve goals and ultimately the desired results.

A Strategy or strategies do not tell you specifically what to do; they provide approaches to reach the goals. Examples of strategies include, parent support services, child care, preschools, and professional development. From these strategies should emerge specific services, products and activities.

6. **Activities, Services and Products**

Definition: Direct, indirect or contracted means to carry out the strategies.

These are the services and programs Community Empowerment areas collaboratively support or, if necessary fund, to reach set goals and in the end, the desired results.

7. **Performance Measures**

Definition: measures that assess a program, activity, or service.

Performance measures include:

a **What has been invested (input measures):** The financial and nonfinancial resources invested, used, or spent for programs, activities or services.

b. **What has been provided or produced (output measures):** A quantification of the programs, activities, or services produced or provided.

c. **How well the services, products or activities have been delivered (quality, efficiency, and customer satisfaction measures):** Measures of the quality, speed, accuracy, cost, unit cost, or productivity associated with a given program, activity or service.

d **How did conditions change for the young children and families served or what difference did the work of the provider make on its customers (outcome measures):** The measurable effect on customers, clients, the environment, roads, etc., of a program, activity, or service. In other words, what difference did the program make for those served?

FY12 EQ Statewide Performance Measures
Inputs, Outputs, & Quality/ Efficiency Measures

	Inputs	Outputs	Quality/ Efficiency
Direct Services	Amount of funding per funding category	# of Children Served by Age	% of children screened for: (list screening) - NA for transportation services & crisis/ emergency care
	Additional funding and source	# of Families Served	Of the children screened, % referred on for additional services or treatment - NA for transportation services & crisis/ emergency care
		# of Services Provided	Cost per child for the service
		# of children that complete/ maintain - 9/ < 9 months	

	Inputs	Outputs	Quality/ Efficiency
Indirect Services	Amount of funding per funding category	# Services provided	Cost per service
	Additional funding and source	# of Technical Assistance contacts (NA option)	
		# of visits to early learning environments by a consultant (NA option)	For services related to an early learning environment:
		# of early learning service providers participating in quality improvement activities (NA option)	% of programs participating in a quality initiative (NA option)
		# of registered homes/licensed centers involved in quality improvement activities (NA option)	% implementing an evidence based curriculum (NA option)
	# of public relations contacts (NA option)		

	Inputs	Outputs	Quality/ Efficiency
Family Support	Amount of funding per SR funding category	# of children (ages 0-5) participating in family support/ parent education program (unduplicated)	# and % of children, prenatal-5 years, that are age eligible and screened for developmental delays
	Additional funding and source	# of families participating in family support/parent education program (unduplicated)	# of those children screened that your program referred to early intervention services
		# of home visits completed	# and % of direct service staff with a Bachelor's level education or higher (health, human services, or education related field)
		# of group parent education meetings offered	# and % of direct service staff with a Bachelor's level education or higher in an unrelated field
		Ethnicity of head of household	# and % of direct service staff that are Registered Nurses that are not included in either of the above categories
		Marital status of head of household	# and % of programs that have a national or state credential or have been accepted into the process
		Household size	# of newly enrolled families and # and % of newly enrolled families that meet one or more of FSELigibility criteria (income at or below 200% FPL, one or more parents with high school diploma or less, and/ or one or more children (0-5) have IFSP or IEP)
		Federal Poverty Level	
		Education level of head of household	

	Inputs	Outputs	Quality/ Efficiency
EQ Area Director	Amount of funding per funding category	# of community collaboration meetings convened	% of EQ area compliance with EQ office defined submissions within the requested timeframe.
	Additional funding and source	# of community collaboration meetings attended (not hosted by EQ board)	% of contracts monitored fiscally
		# of EQ statewide EQ Area Directors meetings attended	% of contracts monitored programmatically
		# of hours of professional development activities participated in pertaining to job duties	

Direct Outcome Measures

Category	Outcomes			
Health	%screened that needed follow up services/treatment that received the service.			
Car Seat	%of parents that can correctly install child car seat after attending the car seat safety check	%of car seats safely installed prior to the car seat safety check as reported by the car seat safety technician		
Dental	% of children who need dental treatment that went to a dentist	% of children who are cavity free.		
Early Care & Education	%of children demonstrating age appropriate skills as measured by:	%of children who were not demonstrating age appropriate skills as reported above that did demonstrate growth toward age appropriate skills as measured by:	%of staff turnover	
Literacy	%of parents that report an increase in reading to their children each day	%of parents that report an increase in talking with their children about new words in stories		
Prenatal/ Postnatal	%screened that needed follow up services/treatment that received the service			
Transportation	%of days that children attended preschool that were provided transportation			
Crisis/ Emergency Care	%of families that report decreased stress	%of families that are connected to additional concrete supports	%of families that participate in parent education opportunities	

Indirect Outcome Measures

Category	Outcomes			
Child Care Nurse Consultant	%of children with special health care needs with a special needs care plan in place at the child care facility	%of providers receiving onsite assessment and consultation that improve health and safety conditions in their early learning environments		
Child Care Consultant	%of participants that improve health and safety conditions in their early learning environments	%increase or maintain in the number of registered child development homes/licensed centers	%increase or maintain in the number of child care slots in regulated child care (includes registered & licensed slots)	%of participants able to incorporate developmentally appropriate activities to create an improved learning environment
Emotional / Behavioral Services	%of participants with improved self confidence and competence in dealing with child emotional/behavioral challenges			
hawk-i Outreach	%of children applying for hawk-i who actually enroll in the program			
Improved Early Learning Environments	%of programs that improve, or maintain at the highest level, their rating in a quality initiative (NA option)			
Preschool Scholarship Coordination	%of children applying for preschool scholarships who actually receive the scholarship.	%of children applying for the scholarship that did not receive because of (list reasons):		
Professional Development	%of ratings/ certifications/ credentialing/ renewals that were a direct result of professional development opportunities			
Public Awareness including Child/Health Fair	%of parents with an increased awareness of EI and early childhood services available to their child			
Quality Improvement for QRS	%of child care providers rating at least a 3 or improving in the QRS system			
Resource Libraries	%of participants that increased their knowledge of early childhood growth and development because of the resource library			
Centralized Intake	%of families that received a referral that enrolled in a local program	%of families applying for a referral that did not enroll in a local program		

Family Support

Category	Outcomes				
Family Support	%of participating families that improve or maintain healthy family functioning, problem solving and communication	%of participating families that increase or maintain social supports	%of participating families that are connected to additional concrete supports	%of participating families that increase knowledge about child development and parenting	%of participating families that improve nurturing and attachment between parent(s) and child(ren)

EI Area Director

Category	Outcomes		
EI Area Director	%of contracts that meet all areas of service contract compliance: spending on target, reports timely and complete, outcome benchmarks achieved	%of EI Board meetings that meet quorum and adhered to Chapters 21 and 22 of Iowa Code	%of contracts monitored that did not require corrective action.

Exhibit A

CERTIFICATION OF COMPLIANCE WITH PRO-CHILDREN ACT OF 1994

Contractors must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

The Contractor further agrees that the above language will be included in any subawards that contain provisions for children's services and that all subcontractors shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1000 per day.

Signature: _____

Title: _____

Organization: _____

Date: _____

Exhibit B

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS

By signing and submitting this Contract, the Service Provider is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the Service Provider knowingly rendered an erroneous certification, in addition to other remedies available to the Board with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. The Service Provider shall provide immediate written notice to the person to whom this Contract is submitted if at any time the Service Provider learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, contract, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Contract is submitted for assistance in obtaining a copy of those regulations.
4. The Service Provider agrees by submitting this Contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 2 CFR 180, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Board with which this transaction originated.
5. The Service Provider further agrees by submitting this Contract that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business

dealings.

8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 2 CFR 180, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Board with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS

(1) The Service Provider certifies, by submission of this Contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Where the Service Provider is unable to certify to any of the statements in this certification, such Service Provider shall attach an explanation to this Contract.

(Signature)

(Date)

(Title)

(Company Name)

Exhibit C

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

A. No federal appropriated funds have been paid or will be paid on behalf of the Sub-Grantee to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of the Congress, an officer or employee of the Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan or cooperative agreement.

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of the Congress, or an employee of a Member of Congress in connection with this Contract, grant, loan, or cooperative agreement, the applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. The Service Provider shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C.A. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: _____

Title: _____

Organization: _____

Date: _____

7.0 INDEMNIFICATION

The Contractor agrees to defend, indemnify and hold the State of Iowa and C/JECI, and their officers, agents and employees, harmless from any and all liabilities, damages, settlements, judgments, costs and expenses, including reasonable attorney's fees of the Attorney General's Office, and the costs and expenses and attorney fees of other counsel required to defend the State of Iowa, C/JECI or their officers, agents or employees related to or arising from:

- 7.1 Any violation of this Contract; or
- 7.2 Any negligent or intentional acts or omissions of the Contractor, its officers, owners, employees, agents, board members, contractors or subcontractors or any other person in connection with the goods or services provided under this Contract; or
- 7.3 Claims for infringement of patents, trademarks, trade secrets, or copyrights, or other intellectual property arising under this Contract; or
- 7.4 The Contractor's performance or attempted performance of this Contract; or
- 7.5 Any failure by the Contractor to comply with all local, state and federal laws and regulations.
- 7.6 Any failure by the Contractor to make all reports and any payments required to conduct business in the State of Iowa, including, but not limited to, Federal and State withholding; taxes; and other fees or costs required of the Contractor

8.0 INSURANCE

8.1 The Contractor, and any subcontractors performing the services required under this Contract, shall maintain in effect, with insurance companies authorized to do business in the State of Iowa, at its own expense, insurance covering its work. The Contractor's insurance shall, among other things, insure against any loss or damage resulting from or related to the Contractor's performance of this Contract. All such insurance policies shall remain in full force and effect for the entire life of this Contract and shall not be canceled or changed except after thirty days written notice to C/JECI.

Unless otherwise requested by the State, the Contractor shall, at its sole cost, obtain the insurance coverage(s) set forth below:

Type of Insurance	Limit	Amount
General Liability	Per incident	\$1 million
Automobile Liability, including any auto, hired autos and non owned autos	Per incident	\$1 million
Workers' Compensation	<ul style="list-style-type: none">• As required by Iowa law	
Professional Liability Insurance	Per incident	\$500,000

8.2 All insurance policies required by this Contract shall provide coverage for all claims arising from activities occurring during the term of the policy, regardless of the date the claim is filed or expiration of the policy.

8.3 The Contractor and any of its subcontractors performing work on this project shall submit certificates of insurance described above at the time of execution of this Contract. The receipt of such certificates does not constitute approval of the coverage contained on the certificates, and the Contractor remains responsible for determining that its insurance coverage meets each and every requirement of this Contract. Acceptance of the insurance certificates by C/JECI shall not act to relieve the Contractor of any obligation under this Contract.

9.0 CONTRACT ADMINISTRATION

9.1 Independent Contractor. The status of the Contractor, and all subcontractors, shall be that of an independent contractor. C/JECI shall not provide the Contractor with office space, support staff, equipment or tools, or supervision beyond the terms of this Contract. The Contractor shall be responsible for payment of all taxes, fees and charges when due.

9.2 Compliance with Equal Employment and Affirmative Action Provisions. The Contractor shall comply with all provisions of federal, state and local laws, rules and executive orders which apply to insure that no client, employee or applicant for employment is discriminated against because of race, religion, color, age, sex, national origin, or disability. The Contractor, if requested, shall provide state or federal agencies with appropriate reports as required to insure compliance with equal opportunity laws and regulations. The Contractor shall insure that its employees, agents and subcontractors comply with the provisions of this clause.

9.3 Compliance with Laws and Regulations. The Contractor, its employees, agents and subcontractors, shall comply with all applicable state and federal laws, rules, ordinances, regulations and orders. The Contractor, its employees, agents and subcontractors shall also comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work to be performed under this Contract. The Contractor shall have and implement written policies and procedures that are in compliance with Iowa law for reporting abuse of children and dependent adults and for maintaining the confidentiality of such information. The Contractor shall ensure that its employees, agents, and subcontractors comply with the provisions of this clause.

Tobacco Smoke Prohibited. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. Federal programs include grants, cooperative agreements, loans or loan guarantees and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the

responsible party.

The Service Provider certifies that it and its subcontractors will comply with the requirements of the Pro-Children Act of 1994 and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The Service Provider shall execute the Certification of Compliance with the Pro-Children Act of 1994 attached as **Exhibit C** and provide the original certification when it executes this Contract.

Suspension and Debarment. The Service Provider certifies pursuant to 2 CFR 180 that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Contract by any federal Board or agency. The Service Provider shall execute the certification regarding debarment attached as **Exhibit D**.

Lobbying Restrictions.

The Service Provider shall comply with all certification and disclosure requirements prescribed by 31 U.S.C. Section 1352 and any implementing regulations and shall be responsible for ensuring that any subcontractor fully complies with all certification and disclosure requirements. The Service Provider shall execute the certification regarding lobbying restrictions attached as **Exhibit E**.

9.4 Authorization. Each party to this Contract represents and warrants to the other that:

9.4.1 It has the right, power and authority to enter into and perform its obligations under this Contract.

9.4.2 It has taken all requisite action (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Contract, and this Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.

9.5 Successors in Interest. All the terms, provisions, and conditions of this Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns, and legal representatives.

9.6 Cumulative Rights. The various rights, powers, options, elections and remedies of either party provided in this Contract, shall be construed as cumulative and no one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, or shall in any way affect or impair the right of either party to pursue any other equitable or legal remedy to which either party may be entitled as long as any default remains in any way unremedied, unsatisfied, or undischarged.

9.7 Severability. If any provision of this Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of this Contract.

9.8 Time is of the Essence. Time is of the essence with respect to the performance of the terms of this Contract.

9.9 Choice of Law and Forum. The terms and provisions of this Contract shall be construed in accordance with the laws of the State of Iowa. Any and all litigation or actions commenced in connection with this Contract shall be brought in an appropriate Iowa forum.

- 9.10 Use of Third Parties.** C/JECI acknowledges that the Contractor may contract with third parties for the performance of any of the Contractor's obligations under this Contract. All subcontracts shall be subject to prior approval by C/JECI. The Contractor may enter into these contracts to complete the project provided that the Contractor remains responsible for all services performed under this Contract. All restrictions, obligations and responsibilities of the Contractor under this Contract shall also apply to the subcontractors. C/JECI shall have the right to request the removal of a subcontractor from the Contract for good cause.
- 9.11 Third Party Beneficiaries.** There are no third party beneficiaries to the Contract. This Contract is intended only to benefit C/JECI and the Contractor.
- 9.12 Not a Joint Venture.** Nothing in this Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties hereto. Each party shall be deemed to be an independent contractor contracting for services and acting toward the mutual benefits expected to be derived herefrom. No party, unless otherwise specifically provided for herein, has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to the Contract. If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of this Contract, and for any default of such activities and obligations.
- 9.13 Assignment and Delegation.** This Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the other party. For purposes of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment.
- 9.14 Solicitation.** The Contractor warrants that no person or selling agency has been employed or retained to solicit and secure this Contract upon an agreement or understanding for commission, percentage, brokerage or contingency excepting bona fide employees or selling agents maintained for the purpose of securing business.
- 9.15 Amendments.** This Contract may be amended in writing from time to time by mutual consent of the parties. All amendments to this Contract must be fully executed by both parties.
- 9.16 Additional Provisions.** The parties agree that if an Addendum, Attachment or Exhibit is attached hereto by the parties, and referred to herein, then the same shall be deemed incorporated herein by reference.
- 9.17 Confidentiality.** Contractor shall not use confidential information for any purpose other than carrying out Contractor's obligations under this Contract. The Contractor shall establish and enforce policies and procedures for safeguarding the confidentiality of such data.
- 9.18 Records Retention and Access.** The Contractor shall maintain books, records, and documents which sufficiently and properly document and explain all charges billed to C/JECI throughout the term of this Contract for a period of at least five years following the date of final payment or completion of any required audit begun during the aforementioned five years, whichever is later. Records to be maintained include both financial records and service records. The Contractor shall permit the Auditor of the State of Iowa or any authorized representative of the State, and where

federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States government, to access and examine, audit, excerpt and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records or other records of the Contractor relating to orders, invoices, payments, services provided or any other documentation or materials pertaining to this Contract, wherever such records may be located.

9.19 Express Warranties. The Contractor expressly warrants, within the standards of care used within the industry, all aspects of the goods and services provided or used by it in the performance of this Contract.

9.20 Replacement of Contractor's Staff. The Contractor will remove and replace personnel it assigns to perform services under this Contract if C/JECI has a reasonable objection based on performance and/or interpersonal relationship issues and is not requesting the removal for arbitrary reasons. In lieu of removing an individual about whom C/JECI has objections, the Contractor may reassign the individual to another role in performing the Contract, subject to the approval of C/JECI, which it will not withhold unreasonably.

9.21 Headings or Captions. The paragraph headings or captions used in this Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.

9.22 Integration. This Contract represents the entire Contract between the parties and neither party is relying on any representation that may have been made which is not included in this Contract.

9.23 Supersedes Former Contracts or Agreements. This Contract supersedes all prior Contracts or Agreements between C/JECI and the Contractor for services and products provided in connection with this Contract.

9.24 Counterparts. The parties agree that this Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same instrument.

9.25 Waiver. Except as specifically provided for in a waiver signed by duly authorized representatives of C/JECI and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.

9.26 Obligations Beyond Contract Term. This Contract shall remain in full force and effect to the end of the specified term or until terminated or canceled pursuant to this Contract. All obligations of C/JECI and the Contractor incurred or existing under this Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of this Contract.

9.27 Notices. Notices under this Contract shall be in writing and delivered to the representative of the party to receive notice (identified below) at the address of the party to receive notice as it appears below or as otherwise provided for by proper notice hereunder. The effective date for any notice under this Contract shall be the date of mailing which may be affected by certified U.S. Mail, return receipt requested, with postage prepaid thereon or by recognized overnight delivery service, such as Federal Express or UPS: