



Iowa Department of Human Services

Child Care Assistance

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Iowa's Child Care System

- There are many state and local players in the 'constellation' of the child care system – organized under Early Childhood Iowa (ECI)
- Key ECI state partners: Departments of
 - Human Services - Workforce Development
 - Education - Economic Development
 - Public Health - Management
- All partners in ECI have adopted a common vision for Iowa.
 - “Every child, beginning at birth, will be healthy and successful.”

What are our guiding principles for DHS child care services ?

- **Child Focused Services**
- **Family Friendly Policies and Practices**
- **Fair to Providers**

What is our goal?

Child care services, and in particular for those children living with parents of low income, are provided in safe, healthy, and nurturing child care settings that promote child development and school-readiness.

What are our key strategies?

- Support parent employment by providing and expanding child care choices across the range of child care settings.
- Provide a solid foundation, through regulation for basic health and safety in child care settings.
- Provide a means for quality improvement through the state's Quality Rating System (QRS), provider consultation and training, and supporting continuity of care.

Who is eligible for Child Care Assistance?

- Families are eligible if their income is below 145% of the Federal Poverty Level (FPL).
 - A family of four can earn up to \$2,701 in monthly gross wages (\$32,412 annual gross wages.)
 - For a family of four, this is equivalent to 44% of the State Median Income (SMI). Note: The SMI for a family in Iowa is \$6,118 a month.
- Parents must be working at least 28 hours per week or in school full-time.

Eligibility continued

Families are eligible without regard to income when:

- there is a need for protective child care;
- the family is receiving benefits under the Family Investment Program (FIP); or
- the family is participating in a PROMISE JOBS approved activity.

Key FY2011 Client Information

- Approximately 90% of all families receiving CCA, need assistance because they are employed (an increase of 3% over SFY2010.)
- Only 10% of all children receiving CCA reside with a family also receiving FIP benefits (a decrease of 5% over SFY2010.)
- Children served are the most vulnerable.
 - 18% infants and toddlers
 - 46% preschool age children
 - 35% school age children

Key FY2012 Provider Information

There are

- 1,400 licensed child care centers;
- 4,800 registered child development homes; and
- 3,700 non-registered providers paid under CCA

FY2013 Budget Review

- Primary funding streams for child care
 - Federal - Child Care Development Fund (CCDF)
 - Transfer of TANF into child care – limitations exist on the amount/percent that can be transferred annually into CCDF (*capped*)
 - State - Appropriation - general funds (includes child care assistance appropriation and transfer for protective child care)
- Funding for FY2013 is currently projected \$870,370 below FY2012
- Governor's recommendation funds FY2012 shortfall with CHIP contingency
- Governor's recommendation for FY2013
 - Funds at low end of range - *not correct*
 - Range is \$8M to \$12.8M need with \$10.4M midpoint
 - CFS transfer is an additional \$3.7M
 - Includes some CHIP contingency

How is Funding Used

- Child Care Assistance (CCA) = \$104.2 M
 - Projected to serve 24,000 children
- Eligibility and Regulatory = \$4.2 M
 - Eligibility determination
 - Licensure activities including spot checks and record checks

How is Funding Used

- Quality Improvement = \$15.2 M
 - Quality rating system
 - Child Care Resource and Referral
 - Wraparound contracts
 - KinderTrack/Training Registry
 - Healthy Child Care Iowa
 - Early Childhood Iowa (ECI) including misc contracts to support providers (\$6.3M)

How is Funding Used

- Other = \$5.6 M
 - Policy and administration
 - Payment Processing

Ongoing Challenges

- Meeting the need
- Maintaining monitoring expectations for child development homes (80% 7/1/12)
- Maintaining basic health and safety standards
- Maintaining current quality efforts
- Provider rates