



POLK COUNTY EARLY CHILDHOOD IOWA

2011 Community Plan

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Section I: General Information

Identification of the Early Childhood Iowa Area (ECIA)

Polk County ECI is a single county ECI. The county is home to a child population of 109,925, which represents approximately 25.5% of the total county population. Between 2000 and 2010 Polk County grew by 15%, which was slightly larger growth than that experienced by the child population which grew by 14.1% (Iowa Kids Count, 2011). However, suburban areas of the county grew much more rapidly than its urban center, with the suburbs experiencing 29% population growth compared to 2.4% in the city of Des Moines. In fact, in 2010 Des Moines residents represented the minority of the county's population for the first time ever, making up 47% of the county's total population (Iowa Kids Count, 2011).

Between 2000 and 2010 the total population increase of children ages 0-17 residing in Polk County was 14.1%; which compares to a .8% decrease in the child population of the State of Iowa and a 2.6% child population increase in the United States (Iowa Kids Count, 2011). While this increase in child population within Polk County is significant compared to the state and nation, the change in population demographics is even more notable. In 2010, non-white residents of Polk County represented 19.3% of the population and non-white children represented 29.3% of the child population. The percent change in the non-white child population, between 2000 and 2010, was 71.6% in Polk County. This compares to an increase in the white child population of .3% in Polk County. Overall, the non-white population has increased substantially in Polk County when compared to both the State of Iowa and the nation (Iowa Kids Count, 2011). Figure 1 details this comparison.

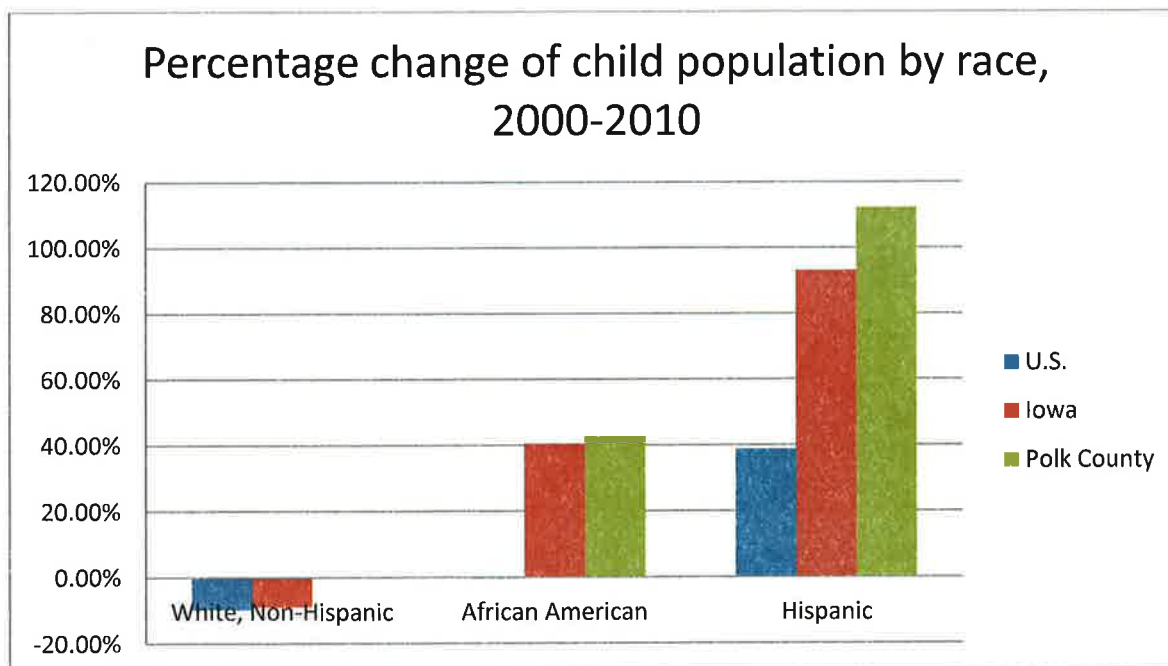


Figure 1: Percent change of child population by race, 2000-2010 (Iowa Kids Count, 2011).

These changes are even more compelling when accounting for the fact that in Iowa, the non-white population is more likely to be comprised of recent immigrants – from other states and countries. These individuals are more likely to young and economically disadvantaged due to low-wage job opportunities and limited education (Iowa Kids Count , 2011). However, these populations are key to our economy and their children represent both our future workforce and community leaders. Therefore, according to the Child and Family Policy Center, it is essential that "These children [receive] high-quality, culturally competent, education and human services if they are to grow into the adults Iowa needs to prosper in the future."

According to the Iowa Kids Count Data Center, child poverty in Polk County increased from 11% in 2005 to 15.4% in 2009; an growth of 40%. Additionally, unemployment rose from 4.3% to 5.7% and food assistance access increased from 7.1% to 11.4% (Annie E. Casey Foundation, 2009).

While the Polk County ECI Board is focused on providing services to Polk County, the activities of the School Readiness (SR) Partnership have a multi-county perspective. While Polk County is by far the largest share of the SR Partnership’s purview, the SR Partnership also serves Dallas and Warren County. These counties are home to 31,229 children combined – just under one-third of the child population of neighboring Polk County (Iowa Kids Count, 2011). However, suburban counties across Iowa grew more rapidly than Polk County’s urban center of Des Moines. In fact, Dallas County was not only the fastest growing county in Iowa, but one of the fastest growing counties in the nation with a total population increase of 62%, and an increase in its child population of 67%.

Within this rapidly growing child population in Dallas and Warren counties, the percent change in the non-white child population has also increased. Overall, non-white children account for only 16.6% of the population in Dallas County and 7.5% of the child population in Warren County (Iowa Kids Count , 2011). Table 1 provides comparison of the child population in 2010 for these Iowa Counties, the state and nation.

	Child Population, 2010	Percent of White, Non-Hispanic, children, 2010	Percent of non-white children, 2010	Percent of African American children, 2010	Percent of Hispanic Children, 2010
U.S.	74,181,467	53.50%	46.50%	14.60%	23.10%
Iowa	727,993	81.50%	18.50%	4.30%	8.70%
Polk County	109,925	70.70%	29.30%	8.30%	12.40%
Dallas County	19,221	83.40%	16.60%	1.90%	9.10%
Warren County	12,018	92.50%	7.50%	0.60%	3.40%

Table 1: Child population, 2010, by region (Iowa Kids Count , 2011).

Despite relatively low minority populations, Dallas and Warren Counties have experienced greater change in non-white child population between 2000 and 2010 than Polk County. Yet, unlike Polk County where the white child population grew by only .3% in this decade, the percent change in the white child population was 56.4% in Dallas County and 5.6% in Warren County (Iowa Kids Count , 2011). Table 2 provides comparison of the change in child population between 2000 and 2010 for these Iowa Counties, the state and nation.

	Percent change in child population 2000-2010	Percent change in White, Non-Hispanic, child population, 2000-2010	Percent change in non-white child population, 2000-2010
U.S.	2.60%	1.20%	17.98%
Iowa	-0.80%	-0.30%	39.10%
Polk County	14.10%	0.30%	71.60%
Dallas County	67.30%	56.40%	158.40%
Warren County	9.40%	5.60%	96.90%

Table 2: Percent change in child population, 2000-2010, by region (Iowa Kids Count , 2011).

Overall, these three counties comprise the Urban and Suburban center of the State of Iowa. They have experienced significantly different growth between 2000 and 2010, when compared to rural Iowa and each other.

While there is some shared planning across Polk, Dallas, and Warren County through the SR Partnership, this community plan only covers the work and investments made within Polk County. The PCECI Board makes investments geared at improving school readiness outcomes for at-risk children, ages 0-5, in Polk County.

Use of the Community Plan

At the urging of leaders from the business, education, and human service communities in Polk County, Polk County developed an "Early Childhood and School Readiness Business Plan" in 1999 that has guided the work of Polk County ECI. Leaders directed this Business Plan to be developed for all children in Polk County (and not just "at risk" children), to be grounded in child data and evidenced-based practices, and to identify potential cost-benefits or returns-on-investment in order to prioritize community investments. Polk County ECI and the SR Partnership have continued to develop, refine, and enhance this Business Plan, but its fundamental structure remains the same. Importantly, the Business Plan starts with the universal needs of children, then assesses how well these needs are met in Polk County and where the gaps exist. It then describes the different "product lines" that research and evidence show can address them. The Polk County ECI and SR investment plans are based upon addressing the universal needs of children in the four core areas

Vision

- State the ECIA's vision
- Describe the process the ECIA board used to develop the vision

The Polk County Early Childhood Iowa (Polk County ECI) Board's vision aligns with the state's global vision that "every child, beginning at birth, will be healthy and successful."

Mission

The Polk County ECI Board's mission is to work with community partners, within the statewide Early Childhood Iowa framework, to make investments and programming that achieve long-term positive results for young children.

Geographic/Demographic Profile for the Early Childhood Iowa Area

Polk County is the largest county in Iowa and has Iowa's largest city, Des Moines. It also is one of the most rapidly growing and diverse of Iowa's counties, with young children leading the way on both counts.

Nine school districts are located within the borders of Polk County they are Ankeny, Bondurant-Farrar, Dallas-Center Grimes, Des Moines, Johnston, North Polk, Saydel, Southeast Polk, and West Des Moines. These school districts are a mix of urban, suburban and rural districts, and serve a total of 66,493 students. Students within these districts have varying levels of need, with percentage of children on free and reduced price lunch (FRPL) ranging from 10.2% in Ankeny to 62.6% in Des Moines (Iowa Department of Education, 2011).

Table 3 provides a snapshot of the student population enrolled at each of these Polk County districts.

2009-2010 Enrollment Overview							
District	Enrollment	FRPL eligibility (number)	FRPL eligibility (percent)	ELL (number)	ELL (percent)	Minority (number)	Minority (percent)
Ankeny	8,162	833	10.2%	67	.9%	707	8.6%
Bondurant Farrar	1,301	229	17.6%	17	1.3%	60	4.5%
DMPS	30,050	18,811	62.6%	4,354	13.8%	15,801	48.8%
Johnston	5,989	850	14.2%	160	2.8%	999	16.1%
North Polk	1,222	134	11.0%	N/A	N/A	46	3.7%
Saydel	1,322	624	47.2%	32	2.4%	161	11.6%
Southeast Polk	5,992	1,558	26.0%	101	1.7%	648	10.8%
Urbandale	3,692	694	18.8%	446	11.9%	701	18.5%
West Des Moines	8,763	1,875	21.4%	469	5.4%	1,976	22.5%

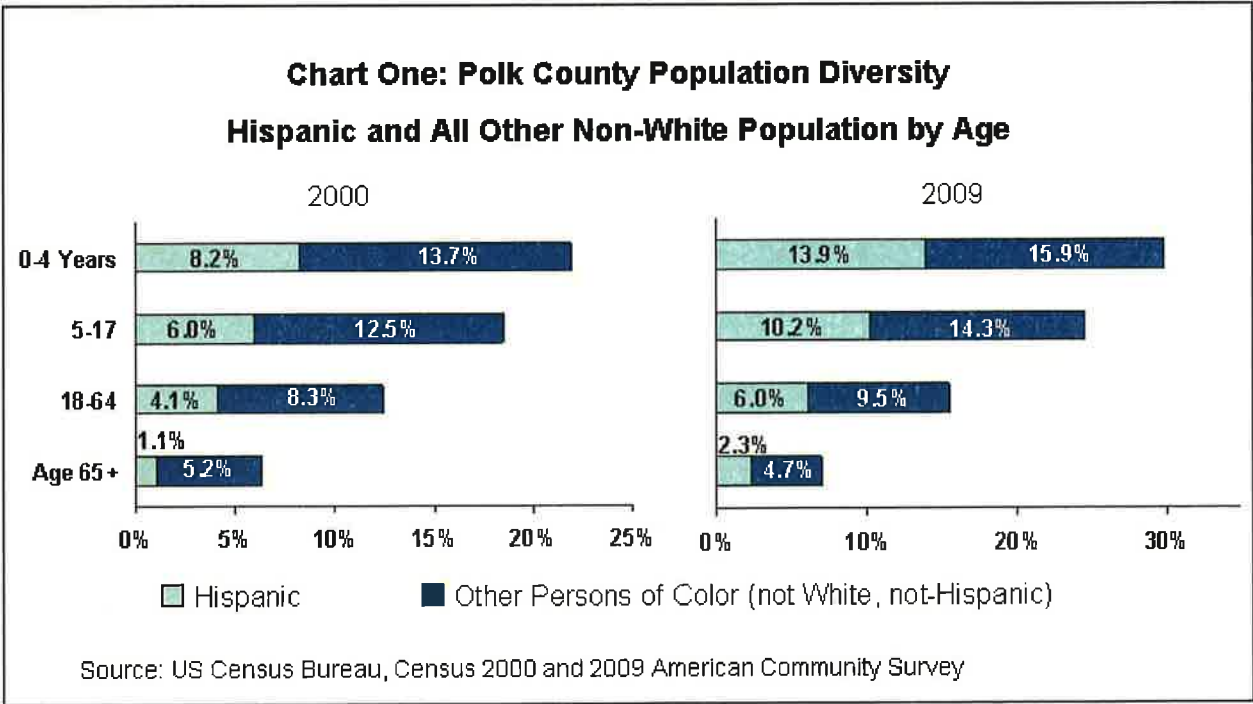
Table 3: Enrollment data, by district (Iowa Department of Education, 2011)

In addition to large ranges in FRPL rates, English Language Learned (ELL) and Minority enrollment also varies greatly within the county. Much like student demographics between districts, indicators of school success and academic achievement vary. Fourth grade reading proficiency varies from 64.36% in Des Moines to 90.69% in Johnston, with two-thirds of districts scoring greater than 85% proficiency (Iowa Department of Education, 2011). High school dropout rates also vary from .2% in North Polk school district to 7.0% in Des Moines Public Schools, with 89% of districts at 2.0% or less (Iowa Department of Education, 2011). Overall, Des Moines Public Schools serves 45% of the total student enrollment in Polk County, and has demonstrated many of the challenges of large urban districts – with high FRPL and dropout rates, and a 4th grade reading proficiency that, while improving, is nearly 18 percentage points under the county average.

According to an August 2011 Kids Count report entitled: And the Children Lead the Way: Diversity and Population Change in Iowa Iowa’s metro counties (including Polk) saw 5.1% population growth in children ages 0-17 versus a negative population change of 5.5% in non-metro counties for the same population group.

It is estimated that 35,000 of the 109,925 children in Polk County are ages 0-5, and overall, children make up approximately 25.5% of the total county population. Polk County makes up almost 20% of the total state population (Iowa Kids Count , 2011).

Between 2000 and 2009, Polk County’s population grew by 14.6% overall, but its young child population (0-4) grew by nearly one-quarter, by 23.7% overall. While 17.2% of Polk County’s overall population is of color (other than White, non-Hispanic), 29.2% of the young child population is of color. Polk County’s 2000 and 2009 populations are shown in Chart One, by age and ethnicity.



In 2010 non-white residents made up approximately 19.3% of the total population and 29.3% of the child population. Included in the non-white child population are 8.3% African-American, and 12.4% Hispanic children. The overall percentage change in the non-white child population from 2000-2010 is 71.6%, as compared to 0.3% growth in the white child population for the same time period.

Overall, Polk County saw 15% population growth during the past ten years. The city of Des Moines grew slightly but the suburban portions of the county grew by 29%. For the first time residents of the City of Des Moines represent a minority of the county's total population, falling from 53% of Polk County's total population in 2000 to 47% in 2010.

There are significant shifts in racial make-up in the Des Moines area, particularly among young children. The total child population in Des Moines proper grew by 2.3%, but the number of white children dropped by 21%. At the same time the number of white children in suburban Polk County grew 17%.

Further, there are very significant differences in where growth in Polk County has occurred, with most of the overall population growth occurring outside the city of Des Moines but most of the growth in children of color occurring within Des Moines. Polk County ECI has paid particular attention to developing strategies that can respond to changing demographics and growth patterns within Polk County, including substantial disaggregation of data to the neighborhood (often the census tract) level. This has enabled Polk County ECI to identify areas of greatest need and opportunity and to target strategies on a geographic basis.

In addition to risk factors and challenges presented by serving such a diverse population Polk County has other risk factors that define the types of programs and services that the PCECI board needs to offer. Polk County has seen improvement on some key indicators of child well-being including child abuse rate, teen pregnancy, and various measures of child care quality.

Section II: Community Needs Assessment

Development of the PCECI Community Needs Assessment

The Polk County ECI board utilizes extensive data in order to analyze, assess and understand community needs. This includes active engagement of stakeholders, community partners, and funded programs in order to request and access data, as well as share understanding of the assessments conducted by these entities in our community.

The Polk County ECI board has a culture and history of continuous evaluation of all aspects of the community plan. The board and our stakeholders are purposefully meeting with funded programs, evaluating outcomes, and discussing changes in broad community indicators that measure changes in conditions for young children and their families in Polk County and surrounding areas. In our new community plan, data tell us that we have made gains in many of our community priorities but we still have gaps in services for children's mental health. To address this gap in services, the Polk County ECI board is partnering with Project Launch and United Way of Central Iowa to fund mental health clinicians for children 0-5.

The Polk County ECI Board has a strong partnership with United Way of Central Iowa in its data identification and collection work. The United Way has established the Local Learning partnership, which has been serving as a data repository on child and family data for all of Polk County. This partnership and has made particular efforts to secure administrative data from health, education and human service agency sources and then disaggregate, or break down, that data geographically by census tract. The Child and Family Policy Center partners with United Way of Central Iowa in developing the Local Learning Partnership and was commissioned by the School Readiness Partnership.

Polk County ECI and the School Readiness (SR) Partnership have played a key leadership role in working with data holders to establish memoranda of agreement to secure the administrative data that enables this detailed analysis.

Some of the data, particularly data used for indicators, has been secured through administrative data sources such as: health department vital records and lead screening data, child care subsidy and child care resource and referral data bases, department of human services child abuse reporting information, area education agency special education (Part C and Part B) data, and local school district kindergarten entry assessment and preschool data. While countywide data is usually available through existing reports, the Local Learning Partnership has been able to develop memoranda of agreements to secure non-identifying individual-level data to further break down and analyze information by geography, income level, and racial and other demographic characteristics.

Much of the data collected has required cooperation from a large variety of nonprofit organizations servicing young children and their families, especially those collected for the Environmental Scan. While the data collected provides valuable information, the data lacks details regarding the work of a variety of programs which offer home visiting and the story of the children who receive services. In order to gather such details, the Child and Family Policy

Center has developed different tools and protocols for the collection of this data. Polk County ECI and SRP are helping to secure cooperation from direct providers and agencies to extend the information base and more fully complete assessments.

In addition to these activities, the Strong Families Initiative, an action research project involving young children and their families within a particular census tract in Des Moines, includes a family assessment instrument that tracks involvement of participating families across all product lines, in effect helping to determine the degree to which all families are being reached and their level of connection to the different resources their children need to succeed.

Overall, Polk County ECI serves as a community leader in collection and analysis of community data. This includes establishing and maintaining partnerships which allow for collection of quality data, development of new data collection tools, analysis and assessment, and identification of gaps and community needs

Analysis of the PCECI Needs Assessment Data Collected

The work of Polk County ECI is outlined in the "Early Childhood and School Readiness Business Plan" created in 1999 by stakeholders from business, education and human services communities. The Business Plan is continually refined and enhanced in order to utilize cost-benefit and return-on-investment data regarding current evidence-based practices implemented in the community. With this information the different "product lines" are kept relevant with current research based strategies to address them. The Polk County ECI and SR investment plans are based upon addressing the universal needs of children in the four core areas; Quality Early Learning, Mental and Physical Health, Parent Education and Resilient Families, and Community Support.

As Polk County ECI has progressed in this work, it has taken a lead among community school readiness efforts across the country in focusing specific attention and action on three overarching dimensions within all these product lines:

- Responding to the growing cultural, racial and language diversity of the young child population.
- Recognizing the need to support natural, informal networks for young children and their families as well as formal, public services.
- Giving attention to neighborhood needs and focusing resources geographically, where the needs are greatest.

The Business Plan and subsequent and ongoing community scans and assessments have identified current levels of investment, levels of need and opportunity, and consequent investment "gaps" in each of these product lines, both in terms of children who could benefit from services and funding that could be provided. The following summarizes these needs assessments according to product lines, including a gap analysis.

QUALITY EARLY LEARNING: Early Care and Education Needs Assessment/Gap Analysis.

Overall, the major "gap" in terms of funding and children served is in the availability of quality, affordable child care. While substantial funding is provided through the child care subsidy program for very low-income working families (145% of poverty or less), there remains a fundamental mismatch between what families above that level can afford to pay for care and what is required to provide quality child care arrangements (and pay workers at levels that can enable them to raise their own families). Overall, state subsidies for preschool-aged children total approximately \$8 million annually within Polk County, but at least \$20 million more would be needed to raise the eligibility level (on a sliding fee schedule) to 200% of poverty and to raise reimbursement levels to pay staff at levels where assurances of quality can be made.

Clearly, Polk County ECI and SR do not have funds available to fill this gap, but have sought to be strategic in making a number of investments to improve quality among existing providers and to support all care arrangements (including family, friend, and neighbor care) to improve the safety and developmental appropriateness of early childhood care settings. This has included investments in supporting inner-city centers to become NAEYC-accredited, investments both in nurse consultants and mental health consultants for child care, TEACH scholarships, and Play+Learn groups for family, friend, and neighbor caregivers.

In particular, Polk County ECI has enlisted the support of the SR Group and Women's Leadership Connection around professional development and quality in early care and education. Polk County ECI has partnered with the Women's Leadership Connection and Mid-Iowa Health in financing nurse consultants and a mental health consultant to help centers and homes address challenging behaviors and other mental health needs of children in their care.

QUALITY EARLY LEARNING: Preschool Needs Assessment/Gap Analysis. Polk County ECI and SR work to strengthen preschool experiences and opportunities for three- and four-year olds even prior to establishment of the Voluntary Preschool for All program, with an emphasis upon providing comprehensive preschool opportunities to all low-income (under 185% of poverty) preschool children in Polk County. This included securing federal and Prairie Meadows funding for expanding high quality preschool programs in partnership with the Des Moines Independent School district, which also led the way for Des Moines to be in the first round of grantees of Voluntary Preschool programs. With continued support from Prairie Meadows (a \$250,000 preschool legacy grant announced in December, 2010) and expansion of Voluntary Preschool to all Polk County schools, Polk County ECI now is focusing upon coordinating and integrating these preschool program efforts with other family child care needs and ECI's own preschool funding. Polk County ECI has had a long-standing emphasis upon building a high quality preschool system as part of the Business Plan. Polk County ECI has collaborated with Polk County school districts, and has been able to leverage other funding sources. As a result, Polk County ECI's current emphasis is upon ensuring coordination of preschool services and effective outreach to children who can most benefit from them, through coordination with other ECI and SR funded programs. For the 2010-2011 school year alone (see Table One), 954 additional children are now being served under Voluntary Preschool for All, with 2504 children served by Voluntary Preschool for All county-wide. An additional 1700 preschoolers (both 3 and 4 year-olds) are served by Part B preschool, Shared Visions, Head Start, and ECI preschool. Overall, Polk County's four-year old population is 7,000 children, and its population of four-year old children under 185% of poverty is approximately 3,000, which means there is sufficient availability of preschool programs to serve the most vulnerable children, provided there is effective outreach to them and any barriers to participation (e.g. transportation or needs for other child care coverage) are met.

Over the next year, the Polk County ECI and the SR Partnership are planning to work closely with the ten school districts serving 95% of Polk County's children to assess the next steps that can be taken to ensure coordination, address barriers to participation, and provide for continued growth and development given the expansions of preschool for all.

MENTAL AND PHYSICAL HEALTH: Health Care Coverage Needs Assessment/Gap Analysis. Over the last three years, Iowa has made great strides in expanding public health insurance coverage for children, covering 60,000 more children under these two programs statewide. Polk County has been a leader in this expansion, with child coverage increasing by nearly 12,000 in Polk County, a growth of 42.7%. Overall, 34.8% of children in Polk County now are covered under Medicaid or hawk-i. Figures are even higher for the under-five population, and with the expansions of coverage it is estimated that fewer than 3% of Polk County's youngest children do not have health coverage. The major area of concern for lack of coverage is

among Polk County's undocumented immigrant child population, but Polk County's safety net providers – Broadlawns (and IowaCares), Primary Health Care, and La Clinica all work not only to provide health services to deal with illness and injury, but primary care to this population.

Iowa's Early Periodic Screening, Diagnosis, and Treatment EPSDT outreach efforts, through Visiting Nurse Services, as well as other outreach work, contribute to ensuring that all young children in Polk County have coverage and access to a primary care practitioner (medical home). Through state and federal actions and the support of the local provider community, the health insurance gap for children (although not their parents) has been virtually eliminated.

MENTAL AND PHYSICAL HEALTH: Use of Health Services Needs Assessment/Gap Analysis.

While insurance coverage is the first step to addressing children's health needs, it does not guarantee that children receive all the health services they need for their healthy development. Polk County ECI has worked with the Polk County Health Department, Visiting Nurse Services, Polk County's safety net providers, the Child and Adolescent Guidance Center, and Mid Iowa Health Foundation, in particular, to identify and address gaps in service provision, including access to dental care, mental health services for young children, and developmental screenings and follow-up services to address both child developmental issues and social determinants that affect health.

Polk County ECI, Mid Iowa Health, and the Women's Leadership Connection all helped to finance and expand Polk County's First Five Initiative to increase the level of physician screening of young children and follow-up services for developmental issues and concerns. Polk County ECI has supported the Polk County Health Department in securing funding for lead screening and response and for expanding dental care services to low-income children in Polk County. Because of the leadership within the Polk County health and human services community, Polk County is the local site for the state's Project LAUNCH Initiative, building upon the infrastructure developed by the Polk County Health Department and Visiting Nurse Services in engaging the health community in addressing all the factors that contribute to children's development and success in school. Polk County ECI continues to provide focused funding support to strengthen the comprehensiveness of child health services provided to young children and to foster continued diffusion of innovation of exemplary and evidenced-based practices.

PARENT EDUCATION AND RESILIENT FAMILIES: Public Messages and Supports to Families Needs Assessment/Gap Analysis.

Through the school readiness component of the Making Connections Initiative sponsored by the Annie E. Casey Foundation, the School Readiness Leadership Group of parents and community leaders from the most vulnerable neighborhoods in Des Moines sponsored "School Readiness Action Circles" for groups of parents to develop plans for working with their elementary schools to support young children and their families in getting their children ready for kindergarten. Some groups were based within housing projects, others within different ethnic groups (including Hispanic/Latino, Thai, African-American, and Sudanese), and others within different family types (including teen parents and grandparents raising their grandchildren). While each group developed its own specific strategies for preparing their children for kindergarten and building stronger relationships with schools, all identified three common needs: (1) information on what schools expected children

to know and be able to do at the time of kindergarten entry; (2) general guidance to parents and grandparents on what activities and roles they could play in preparing their children in these areas; and (3) information on where to go for help if children had delays or issues that required more than the attention of family and friends.

Polk County ECI and the SR Partnership have taken the lead in addressing all three of these issues in broad messaging activities and strategies. They worked with the Des Moines Independent School District to develop a "checklist" of skills generally expected of children by the time they enter school, which conforms both with the state's Early Learning Standards and the First National Educational Goal Panel's recommendations. This has been included in a "School Readiness Calendar" that provides practical information on what parents can do to support children in developing those skills and contact information for resources available to young children to provide additional help, when needed. In effect, the "School Readiness Calendar" provides answers to all three needs identified by the diverse groups of parents involved in School Readiness Action Circles. It further is used as a communications piece and resource by a variety of community-based programs and home visiting efforts.

Through the leadership of Barry and Michelle Griswell and their contributions to United Way of America, Polk County also is a lead community nationally in promoting "Born Learning" as a major community public awareness campaign promoting everyday activities to strengthen young children's healthy growth and development.

Polk County ECI and the SR Partnership continue to support such broad-based community-building activities around early childhood and school readiness.

PARENT EDUCATION AND RESILIENT FAMILIES: Home Visiting and Parenting Education Services Needs Assessment/Gap Analysis. The Polk County Early Childhood and School Readiness Business Plan estimated that approximately 20% of all families with young children (0-5) would benefit from and could be enlisted to participate in at least two years involvement in evidenced-based home visiting and family support programs. Currently, there are approximately 26,000 families with children under the age of six in Polk County, and 10,000 families with children under the age of two (e.g. the Business Case indicated that the initial focus should be on serving families with children 0-2). This leads to a "needs" or "opportunity" assessment of 2,000 families with children 0-2 and an additional 3,200 families with children 3-5 who would benefit from evidenced-based home visiting and family support programs.

"Evidenced-based" home visiting programs share common characteristics of having skilled and knowledgeable staff who are able to build relationships with families they serve, continuity of involvement with those families over a period of time (generally, at least two years), a level of involvement and relationship development to enable home visitors to be a significant source of information and support (generally at least monthly visits or contacts), provision of health and child development information and guidance to parents and young children, and effective referrals to meet identified child and family needs.

There are many programs and services in Polk County that connect with families and provide at least some of program's elements. In the Family Opportunity Program, FaDSS offers many

of these services, through a family self-sufficiency lens, although it serves families with older as well as younger children. Help Me Grow within the Des Moines Public Schools offers such support, through an educational development lens. The Child and Adolescent Guidance Center offers such services to families with significant mental health concerns. Under Medicaid and the child protective service system, Behavior Health Intervention Services (BHIS, formerly known as remediation) services offer family counseling and therapy and family team meetings help build overall plans that involve informal as well as formal supports. Most of these, however, respond to existing identified needs, however, rather than being preventive in focus.

More preventive family support and parenting education services often are provided through community organizations, including self-help and mutual assistance programs in faith institutions and civic organizations, parent-child activities in libraries and recreational programs, and family engagement and welcoming activities within such community organizations as Hispanic Educational Resources, Creative Visions, Urban Dreams, Big Brothers and Big Sisters, YWCA programs, and the Young Women's Resource Center.

Polk County ECI has worked to identify and describe such resources, with a further perspective of developing an intentional home visiting and family support system that can reach out to and enlist families, using evidenced-based practices, and linking these families to other community supports. Polk County ECI has worked with Visiting Nurse Services as a flagship home visiting program to provide coordination and common intake and training for its home visiting and family support programs funded under ECI. Further, VNS has been successful in securing federal Healthy Start funding and being a partner in the Project LAUNCH initiative to further engage in outreach and home visiting within select vulnerable neighborhoods in Des Moines.

This also has enabled Polk County ECI to target its resources effectively and work to serve the most vulnerable families through its home visiting and parenting education programs. Currently, Polk County ECI's home visiting funding serves provide home visiting and family support services to over 1,000 Polk County families with young children, alone, and, coupled with other grants and initiatives and community programs, approach serving 2,000 families with young children overall, the majority of whom do have children birth to age two.

While not yet serving all who can benefit, Polk County's array of services and supports and ability to connect them into a network is helping to ensure effective use. The University of Iowa's evaluation of the home visiting programs funded under Polk County ECI under the direction of VNS show very strong outcomes on critical performance measures associated with children's developmental growth and learning.

COMMUNITY SUPPORT: Safety and Economic Stability and Opportunity Needs Assessment/Gap Analysis. The African proverb, "It takes a village to raise a child," recognizes that children's healthy development is dependent upon a safe and supportive community environment. Polk County ECI has taken leadership in supporting community actions to strengthen community support for school readiness (e.g. Born Learning and the School Readiness Calendar, described previously) and in addressing specific health and safety concerns (e.g. lead screening, nurse consultants and mental health consultants). At the same

time, families and their young children need economic stability in their homes and communities and safe streets and places to play. Clearly, poverty and the lack of resources to meet young children's basic needs contribute to the gaps in school readiness among young children that exist by income, race and ethnicity, and geography.

Polk County ECI has plays a particular role in providing information on these gaps, pointing to the need for neighborhood-based strategies, economic supports to parents (including employment opportunities), and attention to issues of diversity and equity of opportunity. The Polk County Early Childhood Environmental Scan, the Polk County Health Chartbook, and the Polk County Early Childhood and School Readiness Plan all provide information that point to needs for specific focus upon vulnerable neighborhoods, low-income families, and children of color in order to achieve ECI goals and objectives.

While Polk County ECI itself does not make investments in adult education and workforce development activities, its strong connections with United Way of Central Iowa and the SR Group (which covers youth development as well as young child development) provide opportunities for connecting families and young children other supports in the community that focus upon poverty reduction, family economic self-sufficiency, and community-building. In particular, United Way's Community Impact work includes coordinated work and staffing of three major segments of activity: young children and school readiness, family economic success, and family and community health.

In all, Polk County ECI fully engages the community in order to analyze data by which to assess needs, determine progress and identify gaps.

Priorities of the PCECI Area Board

Analysis of the Information collected to identify priorities

The Polk County Early Childhood Iowa Board and its predecessors the Polk County Empowerment Board, the School Readiness Partnership and the Human Service Planning Alliance have engaged in many community needs and community planning assessments in the 12 years that Polk County has been a designated empowerment/Early Childhood Iowa Board. A unique and remarkable aspect of Polk County's current ECI work is that it stems from the original Early Childhood Business Case commissioned by partners of the original Polk County Empowerment Board (the Human Services Planning Alliance) authored in 2000 by the Child and Family Policy Center and updated in 2003, 2005, 2008, 2009 and 2011. This plan is a research-based plan that identifies 4 universal needs for young children and provides a framework for community's to develop and invest in programs and strategies to meet the four universal needs, which will ultimately improve outcomes for young children 0-5. In addition to being recognized nationally, the Polk County Early Childhood Business Case was used as the basis for the creation of the state-wide Early Childhood Iowa System Framework.

The current PCECI community plan priorities outlined in the matrix below represent a slightly updated version of the original 4 universal needs and are the current priorities of the Polk County Early Childhood Iowa Board.

Priority	Rationale for Identification or Deletion of Priority
Parent Education and Family Support Programs	<p>Rationale and Analysis-All children need consistent and caring adults that nurture and protect them, provide continuity in their lives, and act as their children's first and most important teacher. This includes:</p> <ul style="list-style-type: none"> • Broad-based public messages, tools, and resources available to parents (also grandparents and other primary adult figures in their children's lives) that support their nurturing and offer opportunities to engage their children in developmental programs and activities • Home visiting programs to reach out and engage families with young children who may be isolated or stressed and provide guidance and support in nurturing children their children and • Parenting education and family support programs that engage parents in activities with others and build resiliency and reciprocity in supporting children's development. <p>PCECI Priority-Coordinate and support research-based parent education and family support programs that promote positive child development and early learning</p>

<p>Quality Early Learning Environments</p>	<p>Rationale and Analysis- All children need to be in safe and supportive settings throughout the day that provide nurturing and developmental opportunities. This includes:</p> <ul style="list-style-type: none"> • Ensuring the affordability, availability and quality of formal child care settings for parents who need that child care while they work or pursue education; • Providing opportunities on a volunteer basis, to informal, family, friend and neighbor caregivers to support the nurturing of children in their care; and • Providing specific, enriched preschool opportunities for three- and four year olds, based upon research that can enable children to start kindergarten with cognitive and social skills needed for success. <p>PCECI Priority-Children will have access to quality early learning environments that provide nurturing and positively influence school readiness outcomes.</p>
<p>Physical and Mental Health Services</p>	<p>Rationale and Analysis-All children need access to health services that meet their healthy developmental needs and respond to both medical and social determinants of health. This includes:</p> <ul style="list-style-type: none"> • Timely and available health services to address illness, injuries, and identified conditions requiring ongoing medical care; • Health coverage that provides for a medical home offering primary and preventive health services to ensure healthy child trajectories, including assessments and referrals that address detected developmental and social needs, including addressing family stress and social determinants of health; and • Dental care vision screening and response, and behavioral and mental health services, including services that can address parental depression . <p>PCECI Priority-Children and families have will have access to primary and preventive health services that meet their developmental needs.</p>
<p>Safe and Supportive Communities</p>	<p>Rationale and Analysis-All children need to live in neighborhoods and communities that are safe and supportive of their growth, with their parents economically stable. This includes:</p>

	<ul style="list-style-type: none"> • Assurances that homes and neighborhoods are free from environmental and safety hazards, including lead paint, and that homes, streets, parks and community programs are free from violence and safety hazards; and • Links to necessary services so that families have the economic stability to meet basic food, shelter, clothing and housing needs for their youngest children and can respond to unexpected financial needs without falling into states of emergency. <p>PCECI Priority-Promote coordinated and supportive neighborhood based services.</p>
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Identified Priorities

List the priorities adopted by the ECIA Board based on the information above.

- Coordinate and support research-based parent education and family support programs that promote positive child development and early learning.
- Children will have access to quality early learning environments that provide nurturing and positively influence school readiness outcomes.
- Children and families have will have access to primary and preventive health services that meet their developmental needs.
- Promote coordinated and supportive neighborhood based services.

Indicators of the PCECI Board

Analysis of the Information collected to identify indicators

The Polk County Early Childhood Iowa (PCECI) Board draws upon research and evidence of effective programs and practices. The PCECI Board has developed a strategic investment framework, starting with a 1999 Business Plan. That Business Plan, which has been used as a basis for planning and has been periodically updated, is based upon ensuring that all children have what they need to progress and succeed across the product lines of: quality early learning, mental and physical health, community support, and parent education. The Board has adopted 15 core school readiness indicators that guide local planning for young children. The indicators selected point to a core set common to school readiness indicators. The core indicators provide a point in time measurement of our success around our community plan priorities. Annual monitoring key school readiness indicators can signal if things are moving in the right direction and if they are not. Measuring progress over time leads to more informed decisions about programs, policies and investments. Each of the core indicators had been selected as a high priority school readiness indicator by multiple states involved in the school readiness indicators initiative. The core indicators reflect conditions that can be altered through state policy actions. A change in one or more of the core indicators will influence children's school readiness. Each of the core indicators is currently measurable using state and local data.

Indicator	Rationale for Selection of Indicator
<i>Child Abuse Rate</i>	<i>Children who have been neglected or physically or sexually abused are more likely to have cognitive and emotional problems. Abuse and neglect are strongly linked with many negative outcomes for children including poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy. Children are most at risk of maltreatment if their families are overwhelmed by multiple problems such as inadequate income, lack of a job, inadequate housing, emotional stress, drug or alcohol abuse, mental illness or domestic violence.</i>
<i>Percent of live births of mother under age 20</i>	<i>Children born to teen mothers are more likely to be born low birth weight, suffer poor health, experience behavior problems, and have limited language and literacy skills. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development.</i>
<i>% of children with elevated lead levels in blood (>=10µg/dl)</i>	<i>Children with elevated blood lead levels in early childhood are more likely to have a lowered IQ and behavioral problems, resulting in academic failure, need for special education services and increased risk of juvenile delinquency. Lead exposure is a significant problem, especially in poor and urban communities. The lack of affordable housing forces many low-income families to live in older dwellings with deteriorating lead paint, placing children at risk for exposure to lead-based paint chips and lead-contaminated dust and soil.</i>

<i>% of children under six living below poverty</i>	<i>Poverty during early childhood can have negative effects on children's health and development. On average, poor children between the ages of two and five have significantly lower scores on intelligence and verbal tests than other children. They are more likely to experience behavioral problems that compromise learning. Poor children are less likely to be ready for school due to the lack of economic resources in the family as well as the social factors associated with poverty, such as low parental education, teen parenting, and lack of community resources.</i>
<i># of child care programs at a level 3,4, or 5 on the State QRS</i>	<i>High-quality child care provides a safe and nurturing learning environment for infants and young children. Children who have received high quality child care score higher on tests of both cognitive and social skills in their early childhood years than children in low-quality care. To obtain national accreditation, early childhood programs must meet specific quality standards, such as low child-teacher ratios, increased teacher training, improved facilities and formalized management procedures.</i>
<i># of registered home childcare providers</i>	<i>High-quality child care provides a safe and nurturing learning environment for infants and young children. Children who have received high quality child care score higher on tests of both cognitive and social skills in their early childhood years than children in low-quality care. To obtain national accreditation, early childhood programs must meet specific quality standards, such as low child-teacher ratios, increased teacher training, improved facilities and formalized management procedures.</i>
<i>Rate of Immunizations by age two</i>	<i>Receipt of timely, age-appropriate immunizations usually indicates that a child has access to regular medical care. Vaccines are cost-effective tools that prevent children from developing severe diseases. Children without a regular medical provider are less likely to have timely immunizations. Late or missing immunizations can result in preventable illnesses that can lead to long-term physical and developmental problems</i>
<i>Low Birth Weight Infants</i>	<i>Infants born weighing less than 2,500 grams (5.5 pounds) are at greater risk for physical and developmental problems than infants of normal weight. Children who are born at a low birth weight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade. Teens, women who smoke, Black women and women with inadequate prenatal care are more likely than other women to have an infant who is born low birth weight</i>
<i>% of children (under 18 years) with health insurance</i>	<i>Children and families with health insurance are more likely to access primary health care services that can prevent health problems or address existing chronic or acute health conditions. Lack of health insurance can</i>

	<i>affect a child's school attendance and ability to participate in school activities. Lack of health care or delays in treating children's health problems can negatively affect cognitive, emotional, behavioral, and physical development, sometimes with lifelong consequences.</i>
<i>% of women who receive adequate prenatal care (Kotelchuck Index)</i>	<i>Early, comprehensive, prenatal care increases the likelihood that a child will be born healthy. Prenatal care presents a critical opportunity to identify and treat maternal health conditions that threaten the birth of a healthy child. Mothers who receive good prenatal care are less likely to have preterm or low birth weight infants and are more likely to obtain regular pediatric care for their young children</i>
<i>% of children with untreated cavities in Pre-School</i>	<i>Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school, and reduced self-esteem. Children from families with low incomes had nearly 12 times as many restricted-activity days (e.g., days of missed school) because of dental problems as did children from families with higher incomes.</i>
<i>Fourth Grade Reading Score</i>	<i>Fourth grade reading scores are a key predictor of future academic success, a reliable indicator of a child's school readiness and a measure of whether or not children's needs have been met between birth and fourth grade. Students who cannot read proficiently by fourth grade are more likely to be absent from school, exhibit behavior problems, have low self-confidence, and perform poorly in school</i>
<i>% of children with pre-literacy skills (DIBELS, PAP & PAT)</i>	<i>Language proficiency is a key predictor of school success. Early literacy skills (size of vocabulary, recognizing letters, understanding letter and sound relationships) at kindergarten entry are good predictors of children's reading abilities throughout their educational careers. Language and literacy skills enable children to develop cognitive skills and knowledge and to interact effectively with peers and adults.</i>

Adopted Indicators

Complete the following matrix for the indicators adopted by the ECIA Board, and link each indicator to the state result areas.

For column 2 of the matrix, use the following key:

- A – Children Ready to Succeed in School*
- B – Healthy Children*
- C – Secure and Nurturing Families*
- D – Safe and Supportive Communities*
- E – Secure and Nurturing Child Care Environments*

EARLY CHILDHOOD IOWA AREA INDICATORS

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify Year			Goal (numerical value & projected timeline)	Progress Update (Brief Analysis of data)
Child Abuse Rate (per 1000 children - unique count)	A,B,C,D,E	Prevent Child Abuse Iowa Website	14.44 (07)	11.75 (08)	13.86 (09)	12.88 (10)	12.36 (end of 11)	<ul style="list-style-type: none"> The overall child abuse rate in Polk County rose from 1999-2006. In part due to the high number of drug-affected children being identified in Polk County Since the 2007 peak it has declined significantly Home and group based parent education programs focus on child abuse prevention
Percent of Live births of mothers under age 20	A,B,D,E	IDPH - vital stats	9.02 (07)	8.58 (08)	8.09 (09)	7.25 (10)	6.66 (end of 11)	<ul style="list-style-type: none"> Overall trend decline however information shared anecdotally about teens continuing to have babies at younger and younger ages Family support programs funded by ECI and others target this high-risk population for services
% of children with elevated lead levels in blood (>=10µg/dl)	A,C,D,E	Lead Poisoning Prevention Program - IDPH	4.3% (06)	3.8% (07)	2.6% (08)	2.3% (09)	1.6 (end of 10)	<ul style="list-style-type: none"> With support from PCECI the Polk County Lead Coalition has been working on this issue for the past 10 years. The goal of this project is to promote community awareness around the hazards of lead paint and eliminate lead poisoning. Polk County has seen remarkable progress toward the elimination of lead poisoning. Many preschools, including Head Start, offer lead testing to parents PCECI works with childcare centers, preschools, and home visiting programs to promote/ mandate lead testing

% of children under six living below poverty	A,C,D,E	American Community Survey (ACS)	16.9% (07)	17.4% (08)	19.3% (09)	18.7% (10)	18.1% (end of 11)	<ul style="list-style-type: none"> This number was decreasing since the baseline of 2004 but has risen steadily since the economic downturn in 2008.
# of child care programs at a level 3,4, or 5 on the State QRS	A,B,C,D,E	DHS	41 Summer 08	47 Summer 09	57 Summer 10	43 Summer 11	44 (end of 12)	<ul style="list-style-type: none"> PCECI, CCR&R and other community partners continue to support providers to enter and advance in the State QRS This year we have seen a decline in QRS participation due to the QRS recalibration that has caused some providers to delay their QRS application
# of registered home childcare providers	A,C,D,E	Child Care Resource & Referral of Central Iowa	785 (07)	907 (08)	878 (09)	812 (10)	821 (end of 11)	<ul style="list-style-type: none"> Number of registered home childcare providers is generally declining partly due to new DHS requirements for documenting training hours The recalibrated QRS will be a motivator to increase this number. As parents become more educated they will be more likely to demand a more professional level of care giver
Rate of Immunizations by age two	A,B,C,D,E	IDPH	93% (07)	87% (08)	66% (09)	73% (10)	80% (end of 11)	<ul style="list-style-type: none"> Many programs are using this as an indicator of success at the performance measure level Though programs are showing success at the performance measure level, community data is incomplete Programs that target immunization compliance for preschool, childcare and home childcare are marginally successful due to lack of enforcement at the state level.
Low Birth Weight Infants	A,B,D,E	IDPH	7.3% (06)	7.2% (07)	6.9% (08)	6.8% (09)	6.6% (end of 09)	<ul style="list-style-type: none"> Polk County home-visiting programs including those funded by PCECI target high-risk populations to increase positive birth outcomes especially at-risk and minority populations.

<p>% of children (under 18 years) with health insurance</p>	<p>A,B,C,D,E</p>	<p>Small Area Health Insurance Estimates (SAHIE) and American Community Survey (ACS)</p>	<p>94.8% (2007)</p>	<p>94.4% (2008)</p>	<p>95.8% (2009)</p>	<p>95% (2010)</p>	<p>95% (2011)</p>	<ul style="list-style-type: none"> Data specific to the 0-5 population is not available on this indicator. The board is using this indicator as it provides information about children's health insurance from both public and private sources.
<p>% of women who receive adequate prenatal care (Kotelchuck Index)</p>	<p>A,B,D</p>	<p>IDPH</p>	<p>73.7% (07)</p>	<p>77.1% (08)</p>	<p>80.1% (09)</p>	<p>82.4% (10)</p>	<p>85.3% (end of 2011)</p>	<ul style="list-style-type: none"> Adequate prenatal care is the focus of many of our community health programs Family support programs as well as community health clinics are working with high-risk, low-income pregnant women on this indicator Prenatal visits are not always scheduled by doctor's offices during the first trimester
<p>% of children with untreated cavities in Pre-School</p>	<p>A,B,C,D,E</p>	<p>Des Moines Health Center, Inc.</p>	<p>24% (06)</p>	<p>21% (07)</p>	<p>24% (08)</p>	<p>19% (10)</p>	<p>21% (end of 2011)</p>	<ul style="list-style-type: none"> Des Moines Health Center with support of ECI continues to expand dental services to low-income preschool children in Polk County. The trend indicates that we are making progress on the children we are serving We saw an increase locally in this area as our service numbers continue to increase
<p>Fourth Grade Reading Score</p>	<p>A,B,C,D,E</p>	<p>Iowa Department of Education</p>	<p>77.4% (07)</p>	<p>74.04% (08)</p>	<p>79.30% (09)</p>	<p>75.2% (10)</p>	<p>75.9% (end of 2011)</p>	<ul style="list-style-type: none"> Trend continues to increase due to emphasis by school districts on reading scores.
<p>% of children with pre-literacy skills (DIBELS)</p>	<p>A,B,D,C,E</p>	<p>Iowa Department of Education</p>	<p>45.29% (2006-2007) 55 Buildings reported</p>	<p>65.34% (2007-2008) 21 Buildings reported</p>	<p>49.93% (2008-2009) 19 Buildings reported</p>	<p>45.11% (2009-2010)</p>	<p>45.17% (2010-2011)</p>	<ul style="list-style-type: none"> As a result of Polk County School Readiness Partnership, the community set a target of 700 additional of kindergartners entering school proficient in pre-literacy skills (Fall 2009). Measuring this important indicator is a barrier as school districts have different assessment tools

<p>% of children with pre-literacy skills (PAP & PAT)</p>		<p>Child and Family Policy Center</p>		<p>Rhyming – Discrimination = 55.65% Rhyming – Production = 41.26% Segmentation – Sentences = 28.36% Segmentation – Compound Words = 76.46% Blending – Compound Syllables = 62.24% Blending – Phonemes = 19.49% (Fall 2008 scores for DMPS and Ankeny)</p>	
<p>% of children with pre-literacy skills (Yopp Singer)</p>		<p>Iowa Department of Education</p>	<p>13.33% (2007-2008) 2 Buildings reported</p>	<p>15.79% (2008-2009) 2 Buildings reported</p>	

Methodology for target setting: Increase/decrease the average yearly differential between consecutive years and multiply that value by the total number of projected years from the last data available year

Strategies of the PCECI Board

In 1999, Polk ECI adopted an "Early Childhood and School Readiness Business Plan" that served to guide the work for Polk County ECI. The Business Plan has evolved and currently addresses the needs of children through the four community plan priority areas: Quality Early Learning Environments, Mental and Physical Health Services, Parent Education and Family Support Programs, and Safe and Supportive Communities.

Community Plan Priority 1: **Parent Education and Family Support Programs:** The goal of this priority area is to coordinate and support research based parent education and family support programs that promote positive child development and early learning.

- Broad based public messages, tools, and resources available to parents (and grandparents and other primary adult figures in children's lives) that support their nurturing and offer opportunities to engage their children in developmental programs and activities
- Home visiting programs to reach out to engage families with young children who may be isolated or stressed and provides guidance and support in nurturing their children; and
- Parenting education and family support programs that engage parents in activities with others and build resilience and reciprocity in supporting children's development.

Funded programs in this area include: Early Childhood Iowa Healthy Start/ Empowerment Family Support Project. Polk County ECI has support programs and help families get their children ready for kindergarten. Groups were identified based on a variety of factors including family type, culture, or neighborhood. Each group was given support to develop their own strategy for preparing children for kindergarten. Preventive family support and parenting education services programs are provided by community organizations and support by Polk County ECI.

Community Plan Priority 2: **Quality Early Learning Environments:** Children have access to quality early learning environments that provide nurturing and positively influence school readiness outcomes.

Actions taken by Polk County ECI to move these systems forward include:

- Working to assure affordability, availability, and quality of formal child care settings for parents so that they may work or pursue education. These environments
- Provide opportunities, on a voluntary basis, to informal caregivers to support the nurturing of children in their care; and

- Providing specific enriched preschool opportunities for three and four year olds, based upon research, that can enable children to start kindergarten with the cognitive and social skills needed to success.

Programs funded to achieve this goal include: preschool programming support in Polk County school districts, Reach for the Stars, Shared Services, child care and preschool consultants, TEACH, comprehensive training and professional development plan, and an Early Childhood Quality Assurance Coordinator.

Community Plan Priority 3: **Physical and Mental Health Services:** The goal is that children and families have access to primary and preventative health services that meet their developmental needs.

Ways in which these priority goals have been moved forward:

- Ensuring timely and available health services to address illness, injuries, and identified conditions requiring ongoing medical care;
- Providing health coverage that provides for a medical home offering primary and preventive health services to ensure healthy children;
- Conducting developmental assessments that ensure early identification and response to development issues and concerns (particularly through early ACCESS), but also that address family stress and other social determinants of health (Particularly through First Five); and
- Providing dental care and vision screening and response, and behavioral and mental health services, including services that can address parental depression.

Funded programs include: Smile Squad, La Clinica, Mental Health Consultant, Blank Children's Health Clinics, Child Care Nurse Consultant, and First Five.

Community Plan Priority 4: **Safe and Supportive Communities:** Promote coordinated and supportive neighborhood based services.

Actions taken by Polk County ECI to move these systems forward include:

- Assurances that homes and neighborhoods are free from environmental and safety hazards, including lead paint, and that homes, streets, parks, and community programs are free from violence and safety hazards for young children; and
- Links to necessary services so that families have the economic stability to meet basic food shelter, clothing, and housing needs for their youngest children and can respond to unexpected financial needs without falling into states of emergency.

Funded programs in this area include: lead poisoning prevention program, outreach and interpreters, respite programs, and family, friend, and neighbor support programs.

Over time, Polk County ECI has taken a lead in community school readiness efforts and has focused attention on three, overarching dimensions within these product lines. The first is

responding to the growing cultural, racial, and language diversity of the young child population. Each of the priorities must be addressed in a way that recognizes and values families' cultural and language backgrounds and helps young children appreciate their heritage while learning tolerance and appreciate for other cultural and language backgrounds and experiences. Secondly, Polk County ECI recognizes the need to support natural, informal networks for young children and their families as well as formal, public services. All children need a variety of caring adults in their lives and often grandparents and other relatives are the caregivers for young children. Offering support to these care givers strengthens their care-giving and expands community resources. Finally, giving attention to neighborhood needs and focusing resources geographically where needs are greatest. By mapping child data and resources by neighborhood, it is possible to identify neighborhoods with particular needs and opportunities.

In reviewing the community plan priorities, there are areas in which Polk County ECI cannot fulfill all needs due to resource limitations.

In the area of Quality Early Learning Environments, there is a gap in the availability of quality, affordable child care. While subsidy programs exist for very low-income working families, there is a significant gap between what families above the income guidelines can afford and the cost of what child care is offered. Polk County ECI has been strategic in making a number of investments to improve quality existing arrangements and to support informal care giving relationships.

Additionally, while preschool programs in Polk County have the capacity to serve all of the County's low income children, other barriers to providing this education exist. These barriers include: transportation, educating parents of programs available, and other child care coverage needs.

In the area of Mental and Physical Health Services, Polk County ECI has been a leader in ensuring that all children have health insurance, resulting in more children receiving the medical care as needed. However, other needs such as dental, mental health needs are not always being met. Polk County ECI has worked with community partners to address these gaps and will continue to do so.

PCECI Board's Process for Awarding Funds

The PCECI board uses a written reapplication process during which existing or potential new programs can apply for funding to further the priorities of the PCECI board's community plan. The reapplication process will be approved by the board at the March meeting and posted on the website. The reapplications will be due back to the PCECI Office on the designated date set forth in the materials.

The contents of the reapplications and clarifications thereto submitted by the successful applicant shall become part of the contractual obligation and incorporated into the ensuing contract. All proposals shall describe the proposed in detail and include all integral elements necessary for successful implementation and operation of the required services. Upon approval these conditions shall become binding.

Applicants may be required to respond to questions concerning their proposal in-person or in writing during the grant review process. Applicants will be provided adequate notification of date, time, and location.

Proposal Objectives:

- Funding will serve families and children ages 0-5 in Polk County. Programs that are focused on the PCECI Board's community plan priorities.
- Funding will assist programs that have a research-base and demonstrated results to impact identified needs.
- Programming is to adhere to the principle that no discrimination will be practiced as to race, religion, sex or national origin.
- Applicants shall be able to demonstrate the ability to implement programs/ services that support the purpose and program goals.
- Programs will compliment the current continuum of services to avoid duplication of effort. Promote collaborative and innovative problem-solving to meet the needs of our community.
- Demonstrate the effectiveness of projects through outcome evaluation processes.

The PCECI Director will initially review each proposal for completeness. All required elements must be present before the proposal will be sent to the second phase. Proposals lacking the required elements will be return to the applicant and information will not be forwarded onto the board for review.

The PCECI Board will review proposals and make final funding decisions in May or June, based on the legislative timeline

Additionally, the Board has outlined the following process for appeals, detailed in policy A-1.26:

Once the reapplication process is complete and the budget is approved, contractors will receive written notice of their contract funding and provisions. Contractors who are denied funding may appeal to the PCECI Board. Appeals must be in writing and be received within five (5) working days of the date of the notification to the applicant. Appeals must be based on the contention that the process violated state or federal law,

that policies or rules did not provide adequate public notice or involved a conflict of interest by board. The PCECI Board will review the appeal and mail a notice to the appellant within five (5) working days of review.

Appeals for all other reasons must be based on the contention that the process violated state or federal law, that policies or rules did not provide adequate public notice or involved a conflict of interest by the board or committee handling the grant or scholarship process. The PCECI Board will review the appeal and mail a notice to the appellant within five (5) working days of the review.

Section III: Fiscal Assessment

PCECI Fiscal Assessment

There are a wide variety of funding sources to serve young children and their families, many of which include federal funding and operate under state guidelines and direction. PCECI funding and other local funding is a small share of overall funding, but can build upon these federal and state funding sources to fill in gaps and enhance the quality of state and federal programs. The Business Plan and environmental scanning completed periodically for PCECI are used to make strategic decisions of how to best use this funding to strengthen and enhance existing services funded in Polk County as well as to fill in gaps where there is not available funding.

Capturing the full range of funding for early childhood requires collection of information from multiple sources, including state data systems, federal data systems, and local data systems. There are literally hundreds of different programs at the community level that engage young children and their families, and many of these have some level of community funding support, although not necessarily through Polk County ECI or other major funders. The Polk County Early Childhood Environmental Scan identified the wide range of such programs and their funding sources across the areas of health, early care and education, preschool, home visiting and case management services, other parenting and family supports, and other public and community investments.

The tables below provide an update to the general fiscal estimates found in that report for home visiting and family support, early care and education, preschool services, and investments in improving child health and mental health beyond basic child health insurance coverage under Medicaid, *hawk-i*, and safety net providers. While some of these represent estimates and are based upon identifying portions of larger funding sources that then go to support young children, they provide a sound overall framework for understanding the overall Polk County young child population and its needs. Further, they are critical to Polk County ECI planning activities and ensuring that programs and services with the same goals and purposes are delivered in a coordinated and effective manner.

They also show the role that Early Childhood Iowa funding can play to improve the ability of other large state and federal funding sources for child care and preschool to operate effectively, through providing wrap-around supports and filling gaps. As the public investments in early childhood, such as ECI decline and private investments such as United Way's Women's Leadership Connection experience decreases in revenue, investments in young children are often the first to be reduced. As a community and a statewide system we must recommit ourselves to investing in our youngest citizens. Research continues to stress the importance and impact of the first five years of a child's life. Although, overall public investment for the same time period remains relatively low.

As stated above, between 2000 and 2009, Polk County's population grew by 14.6% overall, but our young child population (0-4) grew by nearly one-quarter. While 17% of Polk County's overall population is of color (other than white, non-Hispanic) 29% of the young child population is of color. Further there are very significant differences in where growth in Polk County has occurred, with most of the overall population growth occurring outside the city of

Des Moines but most of the growth in children of color occurring within Des Moines. Polk County ECI has paid particular attention to developing strategies that can respond to changing demographics and growth patterns within Polk County, including substantial disaggregation of data to the neighborhood or census tract level. This has enabled PCECI to identify areas of greatest need and opportunity and to target strategies on a geographic basis.

This type of information is obviously concerning it terms of fiscal assessment because shrinking fiscal resources coupled with ever growing at-risk populations could weaken the gains Polk County has made in improving outcomes for young children and their families.

Fiscal Assessment Matrix

In the last column of the matrix, *Agency's Level of Collaboration*, based on the following definitions, indicate your perception of the level of collaboration that currently exists with each entity listed:

- *Communication – There is a process for the exchange of information and common understanding.*
- *Contribution – There are mutual exchanges through which partners help each other by providing some of the resources and support needed to reach their independent goals.*
- *Coordination – There is a deliberate, joint, often formalized relationship among partners involving communication, planning and division of roles, and longer term goals.*
- *Cooperation – There is a defined relationship in which partners plan together, negotiate mutual roles and share resources to achieve joint goals.*
- *Collaboration – Partners engage in a process through which they constructively build an interdependent system which includes a common mission, comprehensive communication and planning, pooled resources, and shared risks and products.*

PCECI FISCAL ASSESSMENT RESULTS MATRIX (CONDUCTED FY'10-11)

(Codes for identifying sources of funding: Federal Funding =F, State Funding=S, Local Funding=L, Private Funding=P, ECI Local Funding=E)

AGENCY AND ORGANIZATION SERVICES

Agency/ Organization	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Visiting Nurse Services of Iowa	1111 9 th Street, Des Moines, IA 50314	Maternal and child health services; adult health services; family health services. Includes home visits and support given to pregnant and parenting families in Polk County. Trained nurses or other health care professionals conduct these visits.	0-17	3	\$9,290,948	F, S, L, P, E	Coordination
Child Care Resource and Referral of Central Iowa	Various training locations.	<i>Caregiver Education:</i> Child Caregivers (Center and Home Based) are provided numerous opportunities for educational activities including the Child Net series for in home providers which includes 10 sessions in areas such as developmentally appropriate play, safety, running a business and other areas. Also other sessions in areas such as literacy, PITC (Iowa Program for Infant and Toddler Caregivers)	0-17	2,306	\$17,777,933 ¹	F, S, L, P, E	Coordination

¹ Represents entire budget of Orchard Place, Child Guidance

Agency/ Organization	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
		training, educational play, behavior challenges, school readiness, discipline, health and nutrition, asthma, medication administration, music, mandatory child abuse reporting and others. Spanish speaking classes are also available.					
Des Moines Public Schools	901 Walnut Street, Des Moines, Iowa 50309	The Des Moines Public Schools Exist So That Graduates Possess the Knowledge, Skills and Abilities to Be Successful at the Next Stage of Their Lives.	30,050	4-18	\$433,122,904	F, S, L, E	Cooperation
Polk County Health Department	1907 Carpenter Ave Des Moines, Iowa 50309	Clinical services, community health, health planning, laboratory testing and screenings, education, disaster response, disease prevention and lead poisoning prevention.	0-17	15,000 clinical visits per year	\$6,000,000	F,S, L,E	Cooperation
Iowa Health Systems	1200 Pleasant Street Des Moines, Iowa 50309	Various primary and preventive health services.	Prenatal to 18	35,000	\$2.3 Billion ²	F,S,L,E	Coordination
Des Moines Health Center	1111 9 th Street, Ste 190 Des Moines, IA 50314	Dental and pediatric clinic to promote high standards of health, education and prevention	2-18	7500	\$2,439,126	F,S,L,E	Cooperation

² Represents entire budget for Iowa Health Systems

Agency/ Organization	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Iowa Association for the Education of Young Children	5525 Meredith Dr, Ste F Des Moines, IA 50310	of disease Professional association for early childhood professionals; promotes leadership and professional development in the field, supports accreditation and excellence in early childhood education programs; builds public awareness through advocacy and outreach.	0-5	5,000+	\$1,289,799	S, L, E	Cooperation
Prairie Meadows Race Track and Casino		Grants for high quality preschool programs serving low-income children			\$250,000	L	Contribution

EARLY CARE ENVIRONMENTS

Child Care Home, Licensed Centers, Preschools	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Bear Basics	135 Douglas Des Moines, Iowa 50310	Childcare	0-12	135		S, L	Coordination
Bidwell/Riversi de CDC	1203 Hartford Ave Des Moines, IA 50315	Childcare	2-5	60	\$629,708	S, L	Coordination
Capitol Park ELC	800 East 12 th Street Des Moines, IA 50316	Childcare	0-5	104		S, L	Cooperation
CFI Child Development	801 Forest Ave Des Moines, IA 50314	Childcare	2-12	90		S, L	Coordination

Child Care Home, Licensed Centers, Preschools	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Center							
Early Enrichment Center at Oakridge	1236 Oakridge Drive Des Moines, IA 50314	Childcare	0-12	100		S, L	Cooperation
8 th Street Child Care	907 8 th Street Altoona, IA 50009	Childcare	0-12	110		S, L	Coordination
Evelyn Davis ELA	1409 Clark Street Des Moines, IA 50314	Childcare	2-5	60	\$490,651	S, L	Coordination
Grandview Child Development Center	3451 Hubbell Ave Des Moines, IA 50317	Childcare	0-12	50		S, L	Coordination
Grandview II	3004 E 38 th Street Des Moines, IA 50317	Childcare	0-12	75		S, L	Coordination
Connigo Child Care Center	Hispanic Educational Resources 828 East Scott Street Des Moines, IA 50309	Childcare	2-12	90		S, L	Coordination
Wonder Years Academy	3838 M.L.King Jr Pkwy Des Moines, IA 50310	Childcare	0-12	60	\$399,546	S, L	Coordination
Teddy Bear Town	3725 52 nd Street Des Moines, IA 50310	Childcare	0-5	12		S, L	Coordination
All Star Day Care	1922 SW 1 st St Des Moines, IA 50315	Childcare	0-12	60		S, L	Coordination
Color My World	2900 Easter Lake Dr. Des Moines, IA 50320	Childcare	0-12	90		S, L	Coordination
House of Mercy	1409 Clark Street Des Moines, IA 50314	Childcare	0-12	65	\$7,711,713	S, L	Coordination

Child Care Home, Licensed Centers, Preschools	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Tender Years	5800 Merle Hay Rd Johnston, IA 50131	Childcare	0-12	75		S, L	Coordination
West Des Moines Child Care Academy	1721 25 th Street, Suite 200 West Des Moines, IA 50266	Childcare	0-12	100		S, L	Coordination
Des Moines Public School Preschool Programs	Various locations.	Provision of 1/2 day and full day preschool	3-5	1,499		S, L, E	Cooperation
Des Moines Catholic Diocese	Holy Trinity 2922 Beaver Ave Des Moines, Iowa 50310 St. Anthony 16 Columbus Ave Des Moines, Iowa 50315 St. Joseph 2107 East 33 rd Street Des Moines, Iowa 50317 St. Teresa 5810 Cara Carpenter Ave Des Moines, Iowa 50311 Holy Family 1265 E. 9 th Street Des Moines, Iowa 50316 St. Augustin 4320 Grand Ave	Provision of 1/2 day preschool	3-5	240		S, E	Contribution

Child Care Home, Licensed Centers, Preschools	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
	Des Moines, Iowa 50312						
	Christ the King 701 Wall Ave Des Moines, Iowa 50315						
Westminster	4114 Allison Ave Des Moines, Iowa 53010	Provision of ½ day preschool		40		S	Contribution
Science Center of Iowa	401 W. Martin Luther King Jr. Pkwy Des Moines, Iowa 50309	Provision of ½ day preschool		65	\$4,663,227	S, P, E	Contribution

FAMILY SUPPORT AND PARENT EDUCATION OPPORTUNITIES

Program Name/Model	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Project Launch Nurse Family Partnership	1111 9 th Street, Des Moines, IA 50314	Nurse support for pregnant and parenting teen	Prenatal-2	125	\$280,000	F	Collaboration
Healthy Start Grant	1111 9 th Street, Des Moines, IA 50314	Intensive Research Based Home Visiting	Prenatal-2	750	\$900,000	F	Collaboration
HOPES/Healthy Families (TANF)	Primary Health Care 976 Oakridge Drive	Provides support and parenting education for at-risk families in Polk County for pregnant and parenting families	Prenatal-4	125	\$900,000	F	
Early Head Start	321 Euclid Avenue Des Moines, 50313	Provided comprehensive child development information for families	0-5	125	\$560,000	F	Contribution

Program Name/Model	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Shared Visions/Family Center	Various Locations	with young children. High quality preschool for low-income children	3-5	90	\$100,000	S	Contribution

HEALTH SERVICES

Health Service	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Child and Adult Food Program	Polk County Youth Services	The Child and Adult Care Food Program (CACFP) is a federally funded program that provides meal reimbursement to child care centers, adult day care centers, emergency shelters and child care homes	0-12		\$2,000,000	F	Contribution
Child Care Nurse Consultants	Visiting Nurse Services 1111 9 th Street, Des Moines, IA 50314	Health and safety consultation for child care programs	0-12	5000	\$276,500	E (\$155,000) L (\$121,500)	Cooperation
Child Care Mental Health Clinician	Orchard Place 808 5 th Ave Des Moines, Iowa 50309	Mental health screening, observation and consultation for child care	0-12	1100	\$137,000	E (\$22,000) L (\$115,000)	Cooperation
First Five	Visiting Nurse Services 1111 9 th Street, Des Moines, IA 50314	Well child mental health screening and referral	0-5	325	\$99,000	E (\$24,000) S (\$75,000)	Cooperation

OTHER SERVICES/PROGRAMS

Service/Program	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Department of Human Services Child Care Subsidy Funds (0-5)	River Place Office	Child care scholarships for children under 145% of the federal poverty level	0-12	20,000	\$10,400,000	S (\$3,000,000) F (\$7,400,000)	Contribution
Early Access Part C	Various	Early ACCESS is an early intervention system for families of children birth to three years of age who have or are at-risk for developmental delays.	0-3	318	\$404,850	F	Contribution
Special Education/Part B	Various	Special education services for preschool children identified as special education or at-risk of being identified as special education	3-5	225	\$900,00	F, S	Contribution

Section IV: Community Collaboration

Collaboration and Partners

One of the strengths and levels of excellence within Polk County ECI is its collaboration and coordination of services for children prenatal through five, as described in earlier sections of the community plan. In particular, the strong partnerships with the School Readiness Partnership, co-lead by Polk County ECI staff, and the Women's Leadership Connection of United Way of Central Iowa has leveraged substantial resources and contributed to an integrated and coordinated approach to meeting young child needs. The emphasis upon results accountability and performance tracking and measurement in all ECI, SR, and Women's Leadership Connection funding has helped to support coordination and emphasis upon effective referrals across different early childhood programs. ECI's specific emphasis upon First Five and establishing a home visiting network under the leadership of VNS have created strong synergy across programs and services focused upon healthy child development.

In addition, Polk County ECI has developed strong relationships with school districts that have extended the focus of attention to early elementary educational success, with fourth grade reading proficiency as long-term indicator by which to measure ECI success. The Project LAUNCH initiative is indicative of this birth to eight focus, and the SR Partnership's work in the early elementary years is a logical extension of ECI's work.

Connections through United Way's Community Impact work with family economic success provide additional opportunities for coordinating to ensure that parents not only are their children's first and most important teachers, but also are in the position to be their children's breadwinners and able to meet all their children's basic economic needs.

Polk County ECI continues to partner with United Way of Central Iowa and the state and local public health departments to create and fund a system of supports and services that prevent the spread of infectious diseases, prevent child injuries, create health emergency protocols, provide assistance with medication, and provide care for children with special health care needs, in licensed or registered child care facilities. Polk County ECI's support of these services are on-going and include funding for two FTE Child Care Nurse Consultants and provide training and incentives for programs who complete activities that improve health and safety within the child care environment.

Funding of the Child Care Nurse Consultant (CCNC) program allows nurses to provide onsite consultation for child care providers. These CCNC specifically target child care practice and policy as it affects the health and safety of children in child care. The CCNC provide education and support to child care providers to prevent the spread of infectious disease. The prevention of infectious disease is best accomplished when each child is fully immunized according to the American Academy of Pediatrics recommended schedule. Immunization audits provide an opportunity for the nurses to review immunization records and make referrals for all children in need of updated immunizations to prevent the spread of disease to other children in child

care. The CCNC also explain the etiology of infectious diseases in layman terms, train staff on proper infection control procedures and assist child care providers in making a determination of when children should be excluded from child care. Infectious diseases that are found in child care such as Shigella, MRSA, Pertussis and Hand, Foot and Mouth disease can be controlled by following best practice protocol trained by a CCNC. The CCNC utilize standardized assessment tools to identify potential hazards to children in child care such as choking, strangulation, burns, falls, and poisoning. Once the injury hazards are identified, the CCNC make routine follow up assessments for improvements in practice and policy. The CCNC routinely work with child care providers in need of assistance for children with special health care needs. Children with diabetes, asthma, and allergies are especially at risk for health related emergencies such as severe difficulty breathing, shock, and anaphylaxis reaction. The CCNC provides education regarding medical conditions and help put in place a special needs care plan. This care plan gives child care providers the information they need to care for children in a safe manner, including routine and emergency rescue medications. The CCNC help to coordinate a care plan that involves the child care provider, family and the primary care provider. The CCNC provide the resources necessary for child care providers to develop emergency protocols in response to potential environmental threats, including fires, tornados or flooding.

Finally, Polk County has had a decade-long partnership with the Annie E. Casey Foundation in its ten-community Making Connections Initiative, which has focused upon two of Des Moines' most diverse neighborhoods. As the emphasis on young children and their families within this initiative has moved from a birth to kindergarten focus to a birth to third grade focus, the Polk County ECI and the SR Partnership have been able to participate in ensuring strong transitions into school and through the early elementary grades. There is increasing emphasis upon ensuring that the gains made from birth to kindergarten be reinforced in the early elementary years, with a focus upon the whole child and the outcome that all children are on-grade in reading at the end of third grade. While Polk County's ECI focus remains on the birth to kindergarten years, its work also contributes to innovation and action in the early elementary grades.

Section V: Review and Evaluation

The Polk County ECI board has a culture and history of continuous evaluation of all aspects of the community plan and board operations. The board and our stakeholders are purposefully meeting with funded programs, evaluating outcomes, and discussing changes in broad community indicators that measure changes in conditions for young children and their families in Polk County and surrounding areas. For example our new community plan data tells us that we have made gains in many of our community priorities but we still have gaps in services for children's mental health. To address this gap in services, the Polk County ECI board is partnering with Project Launch and United Way of Central Iowa to fund mental health clinicians for children 0-5 and to expand the current mental health services a more generalized child care population.

As the Polk County ECI board evaluates the latest version of our community plan as well as new information on community wide indicators, the board has a high priority on increasing the number of research or evidence based programs that are funded with limited ECI funding. Please see the fiscal year 2010-2011 for a full listing of performance measures of programs currently receiving funding from PCECI.

The board looks forward to partnering with the state to identify and promote those programs that have a research component and measurable outcomes that are easily communicated to all stakeholders.

Using the Results Based Accountability model partnered with the community results team structure allows our community to be purposeful about evaluating disparities in academic achievement and other social conditions including reading proficiency, access to quality child care and health services related to race, ethnicity language skills and other factors. Collaboratively our community identifies, develops and executes actions and strategies to close the gaps.

This year, Polk County took a step forward in our ability to measure our progress towards our priorities and indicators. Through a partnership led by United Way of Central Iowa, we are introducing two web-based tools that will assist us to gather data related that measures our progress towards community goals. The Results Scorecard and Efforts to Outcomes (ETO) are systems for gathering program level data based on common performance measures and reporting collective data in the areas of education, income and health. This data collected from a variety of programs will provide us valuable information about the scope and effectiveness of our current program interventions and provide the vehicle for us to make informed decisions about future programming.

The Results Scorecard system allows programs to report bi-annually on state and locally required performance measures. The board has the fiscal year 2011 data in the form of a PCECI results scorecard. This scorecard looks at each of our community plan priorities and

aggregates performance measure information to show the board and the community the collective results of our investments.

The PCECI board's mission is to convene early childhood partners and stakeholders to make investments in initiatives that achieve long term positive results for young children and increases their readiness to enter kindergarten. As a funder, coordinator, and convener of those with interest in issues related to young children and their families in Polk County, the PCECI board is the only known entity in Polk County with a legally defined responsibility for community planning and accountability around the result area of school readiness.

As we move towards full implementation of the electronic data collection and evaluation tools Results Scorecard and the Efforts to Outcomes software we will have some exciting new tools for evaluation. In addition to the program information gathered from this effort, the Levels of Excellence Process is an opportunity for us to re-visit our broad based school readiness community plan.

Several key programs and initiatives funded by PCECI are undergoing rigorous evaluation processes. The Early Childhood Iowa and Healthy Start home visiting projects contract with the University of Iowa—College of Public Health Department of Epidemiology, to provide an on-going evaluation of the primary home-visiting program funded by PCECI. This summer the lead evaluator Anne Wallis met with a group of stakeholders to the family support project including families and consumers to review the evaluation and seek input on what things should be deleted or added to make the end product more valuable.

In addition to our evaluation of family support we have an ongoing project with the evaluation department at the Des Moines Public Schools to track preschool children that received funding from PCECI and evaluate their educational outcomes as they progress through kindergarten and into 4th Grade. Two preschool classrooms funded by PCECI have longitudinal data going back eight years.

In summary Polk County Early Childhood Iowa and our partners have provided local and state leadership for the past 12 years in the following areas related to excellence in providing

- Comprehensive and Integrated Planning – Polk County ECI as Integral Part of All Community Planning from Whole Child Perspective and Children's Universal Needs
- Broad-Based Involvement in Planning – Role of Family and Community Leaders in Planning
- Data-Driven Analysis and Priority Setting – Focus Upon Changing Demographics and Implications, with Further Breakdown of Data by Geography and Household Characteristics
- Emphasis upon Results-Base Accountability – Performance Measures and Overarching Framework for Employing Evidenced-Based Strategies
- Adoption of Evidenced-Based Strategies and Continuous Program Improvement
- Service Coordination and Integration Across Different Product Lines

Because of its leadership, the federal interagency working group on early childhood highlighted Early Childhood Iowa as a statewide system and Polk County's Early Childhood Iowa as a community example for cutting-edge work in early childhood systems building.