



POLK COUNTY  
EARLY CHILDHOOD IOWA

# Community Plan

Fiscal Year  
**2015**

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## Table of Contents

<b>Section I: General Information</b>	1
Identification of Polk County Early Childhood Iowa	1
Use of the Community Plan	2
Polk County Early Childhood Iowa Board Vision and Mission	3
Polk County Geographic and Demographic Profile	4
<b>Section 2: Community Needs Assessment</b>	24
Development of the Community Needs Assessment	24
Other Data and Resources Reviewed	24
Analysis of the Needs Assessment Data Collected	25
Priorities and Related Strategies of the Polk County ECI Board	30
Community-wide Indicators of the Polk County ECI Board	37
Indicator Trend Matrix	41
Process for Awarding Funds	44
<b>Section 3: Fiscal Assessment</b>	46
Polk County ECI Fiscal Assessment	46
Process Used to Gather Fiscal Information	46
Utilization of Fiscal Information	46
Polk County ECI Funds and Collaborative Funding	47
Polk County ECI Fiscal Assessment of Major Sources of Funding FY15	48
<b>Section 4: Community Collaboration</b>	54
Polk County ECI Leadership	54
Polk County ECI Board Collaborations and Strategic Partnerships	55
Polk County Early Care Environments and Meeting Health Needs	60
<b>Section 5: Review and Evaluation</b>	64
Effectiveness of the Community Plan	64
Program Effectiveness	65
Board Roles, Responsibilities and Operations	65





Polk County ECI began as an Empowerment area. Community Empowerment was established through bipartisan support during the 1998 legislative session in an effort to create a partnership between communities and state government committed to improving the well-being of young children and their families. In 1998 Governor Terry Branstad signed the original Empowerment legislation. In 1999 Polk County was one of 16 areas which received Empowerment Designation, operating in Polk County as part of the Human Services Planning Alliance. By 2001 there were 58 Empowerment Areas. During the years 2000-2010 the local area operated as Polk County Empowerment. In May 2010 the Polk County Empowerment Board voted to change its name to Polk County Early Childhood Iowa to parallel the change of the State Empowerment Board to Early Childhood Iowa.

In 2010, legislation also changed the re-designation process used by the State for area ECI boards to a rating system: Levels of Excellence. Polk County Early Childhood Iowa was one of two local areas which participated in the pilot of the Levels of Excellence evaluation and designation process in 2010. Participating in the first cycle of Levels of Excellence, Polk County ECI submitted Levels of Excellence materials in December 2011, including *Community Plan 2011*, and participated in site visits in the spring of 2012. In July 2012 Polk County ECI received the designation level “Compliant.”

## Use of the Community Plan

The Polk County Early Childhood Iowa *Community Plan* is a living document created to guide the work of the local board. It is also intended for a broader audience of community partners and early childhood advocates to identify community strengths, community challenges and the needs of children and families which the local area works to meet. Understanding the extensive needs of Polk County children and families and developing a system of comprehensive services to meet these needs, including overcoming barriers to accessing services, is a complex undertaking. This document is intended as a tool to help with these efforts including the planning, decision making and establishment of priorities for the local board and community partners.

The previous *Community Plan 2011* was used to inform an address made in February 2013 by a Polk County ECI Board member to the Iowa Legislature Education Appropriations Subcommittee. Demographic information from the previous plan was shared with all subcommittee members. *Community Plan 2015* will be shared with all Polk County legislators. The demographic information will also be used by staff and board members to present the case for investment in early childhood to a variety of Central Iowa civic organizations in 2015.

The board continuously seeks input from community partners throughout each fiscal year. This includes meeting with service providers and their clients throughout each year. In spring of fiscal years 2012 and 2013 board members met with program providers to discuss program-specific outcomes and challenges. These meetings represented over 40 hours of volunteer time each year, in addition to the scheduled monthly board meetings. During these meetings members and providers discussed community needs and barriers to services for families and children. In the fall of 2013, board members met with small groups of service providers and their clients,

organized around Results Areas, to discuss successes and challenges. In spring of 2014 the Board also completed evaluations of program-specific outcomes and data for all funded programs.

Throughout fiscal year 2014 board members divided into two committees, Preschool and Child Care, to conduct site visits and meetings with early childhood program directors, preschool providers and child care center directors, representing over 42 hours of volunteer time with providers at their locations. Fiscal year 2015 began with a convening of family support programs and their clients to discuss the needs of Polk County families and ideas for solutions and collaborations. This 2-hour meeting was attended by board members and over 70 family support staff and clients. Board communication and collaboration with community partners is more completely described in Section 4.

It is difficult to provide a clear and comprehensive picture of the multifaceted web of needs and services without partnerships across the community. The Board is grateful to contributing service providers and the individuals providing input through meetings and completion of surveys. It is hoped, in addition to being of use to the Board, the resulting *Community Plan* will contribute positively to the work of partners and to the well-being of families in Polk County.

The *Community Plan* will be shared with community partners electronically. The Board Indicators, Priorities and Strategies of the plan will be part of all community conversations and also the annual program review and investment process. The *Community Plan* will be available on the Polk County ECI web site.

## **Polk County Early Childhood Iowa Board Vision and Mission**

### **Vision**

Every child will be healthy and successful.

### **Mission**

The Polk County Early Childhood Iowa Board's mission is to work with community partners to make investments in programming to achieve long-term positive results for children.

### **Process to Develop Statements**

During the March 2014 meeting members were presented with an evaluation process for the Board vision and mission statements. Members reviewed the vision and mission statements as well as those of other local areas. After adjournment members worked in two groups to revise or refine the two statements. Prior to the April 2014 meeting members received draft statements incorporating the changes decided upon by both groups in March. Statements were then reviewed, discussed and approved at the April 2014 meeting.

## Polk County Geographic and Demographic Profile

### Map of Cities within Polk County

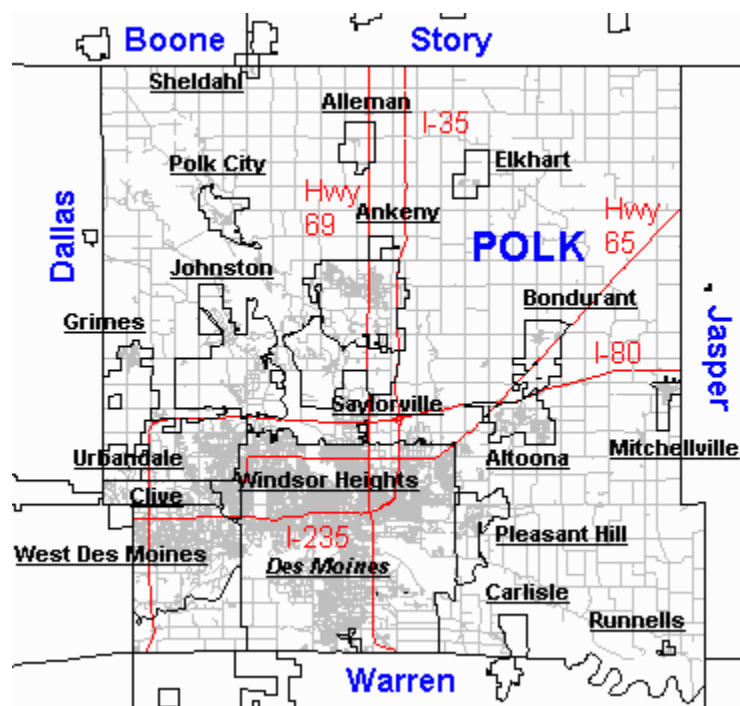


Figure 2. Cities within Polk County, Iowa.

Polk County Population Growth and Trends		
Population	Polk County	Iowa
Population, 2013 estimate	451,677	3,090,416
Persons under 5 years, percent, 2013	7.2%	6.3%
Persons under 18 years, percent, 2013	25.3%	23.4%
White alone, not Hispanic or Latino, percent, 2013	79.7%	87.6%
Black or African American alone, percent, 2013	6.5%	3.3%
Asian alone, percent, 2013	3.9%	2.0%
Hispanic or Latino, percent, 2013	8.0%	5.5%
Two or more Races, percent, 2013	2.2%	1.6%
Foreign born persons, percent, 2008-2012	8.1%	4.3%
Language other than English spoken at home, % age 5+	12.1%	7.1%
Median household income, 2008-2012	\$58,096	\$51,129
Persons below poverty level, %, 2008-2012	11.3%	12.2%

Source: U.S. Census Bureau State and County Quick Facts



Polk County is the most populous county in Iowa. In 2000 the population of the county was 374,601; in 2010 it was 430,640; and in 2013 is estimated to be 451,677. Since the inception of the U.S. Decennial Census in 1850 the population of the county has continued to increase with each decade, and this trend is projected to continue.

Historical Population of Polk County, Iowa						
Year	1850	1900	1950	2000	2010	Est. 2013
Population	4,513	82,624	226,010	374,601	430,640	451,677

Polk County has a population density of 787 persons per square mile while the state's population density is only 55 persons per square mile. The county has a total area of 592 square miles of which 574 square miles is land and 18 square miles (3.0%) is water. The county is bisected by the Des Moines River.

Within Polk County, the city of Des Moines is the county seat and also the capital city of Iowa. The city is comprised of 80.87 square miles of land and has a population of approximately 212,215. Approximately 25 percent of the city population is younger than 18. In Des Moines the population of children ages 0-4 is 16,836. The median household income (2008-2012) in Des Moines was \$44,862, and 17.7 percent of persons live below the poverty line.

As Iowa's capital city, Des Moines is a hub of government action, business activity, and cultural affairs. With a metro population of 569,633, the greater Des Moines community is a bustling urban area. Major industries in Des Moines are insurance, government, manufacturing, trade and health care services. Des Moines businesses draw employees from a five-county area.

Downtown Des Moines offers amenities usually found only in major cities: unique shopping in the East Village; dining at world class restaurants; countless entertainment opportunities at Wells Fargo Arena and the Civic Center; educational opportunities at the new Science Center of Iowa, Central Library, and Pappajohn Sculpture Park; and professional sporting venues. The city boasts unique housing options with city center lofts and townhome developments, has one of the nation's largest farmers' markets and is home to a top-ranked art festival. The community also has a vibrant outdoor scene: summer concerts along the banks of the Des Moines River or on the steps of the State Capitol; trails along the Principal Riverwalk; and connection of the entire metro by a series of parks and trails. Des Moines' Gray's Lake Park is a popular location and is site of the annual Hy-Vee Triathlon. Central Iowa is intertwined with more than a hundred miles of trails for biking, running and walking.

In addition to Des Moines the other cities of Polk County include: Alleman, Altoona, Ankeny, Bondurant, Carlisle, Clive, Elkhart, Granger, Grimes, Johnston, Mitchellville, Norwalk, Pleasant Hill, Polk City, Runnells, Sheldahl, Urbandale, West Des Moines and Windsor Heights. While the city of Des Moines is the economic hub of the metropolitan area, the majority of county residents now live outside of Des Moines proper. Between 1990 and 2010, Des Moines' total population grew 5 percent while the population in the rest of Polk County grew 65 percent.

Projections to 2025 show a continuation of differential growth with communities outside Des Moines expected to represent over 55 percent of Polk County's total population by 2025.

### Population Growth and Decline in Polk County 2000-2010

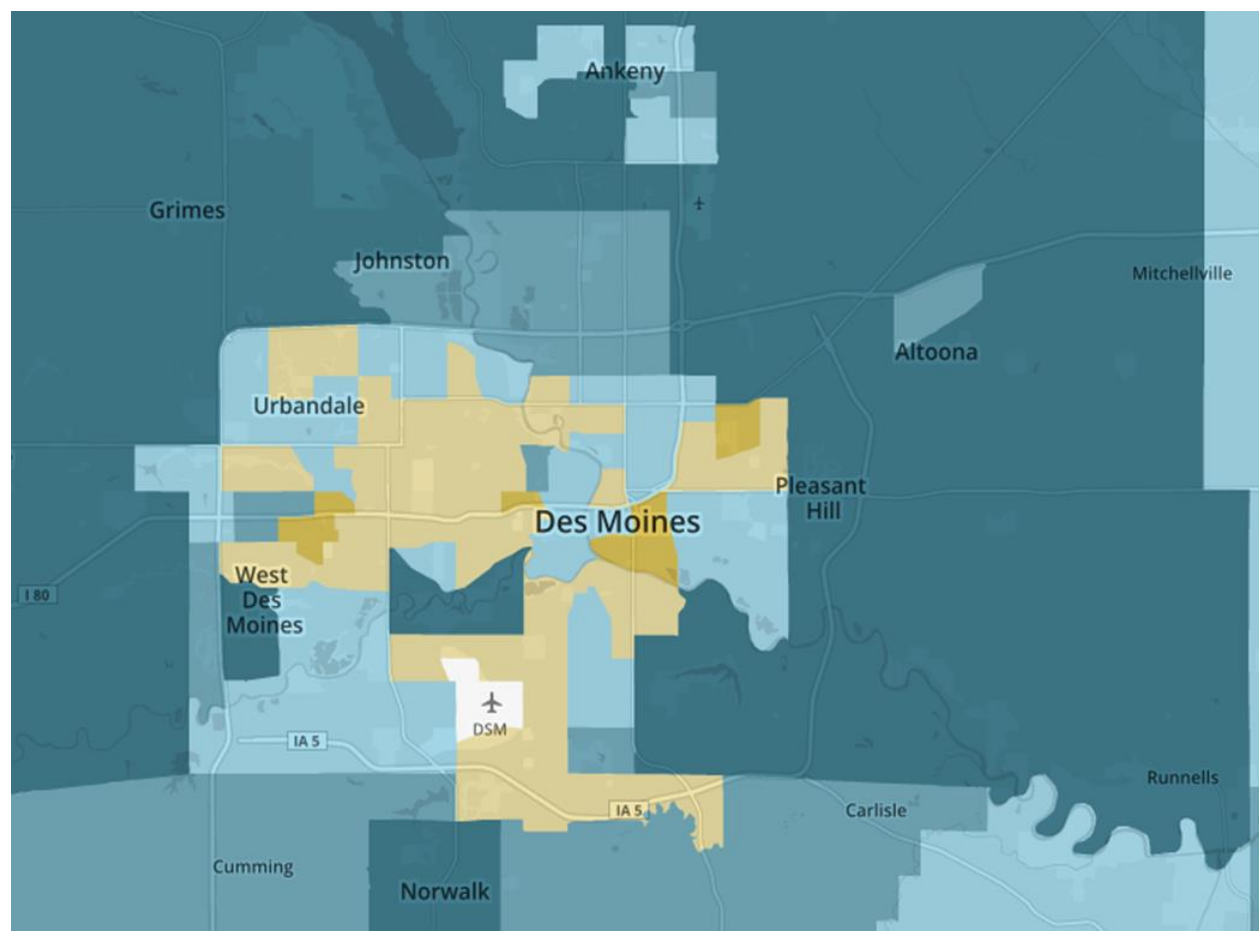


Figure 3. Map of population growth and decline in Polk County 2000-2010 (Projects.NYTimes.com)

2010 population in Polk County		Change from 2000
430,640		+15%
Race/ Ethnicity	Share of Population	Change from 2000
Whites	81%	+7%
Blacks	6%	+42%
Hispanics	8%	+98%
Asians	4%	+55%
Native Amer.	0%	+2%
Multiracial	2%	+59%
Other groups	0%	+14%

Change in population since 2000	
	Over 20% increase
	10% to 20%
	0% to 10%
	0% to -10%
	-10% to -20%
	Over 20% decline

Polk County is one of the most vibrant areas of Iowa, with overall growth rates well exceeding those of the state as a whole and with a generally younger population. It is frequently noted that the rural areas of Iowa are losing population. Central Iowa is the only area of Iowa that has experienced an increase of more than 20 percent in population growth from 2000 to 2010 as illustrated in this map of Iowa's population growth and decline.

#### Population Growth and Decline in Iowa 2000-2010

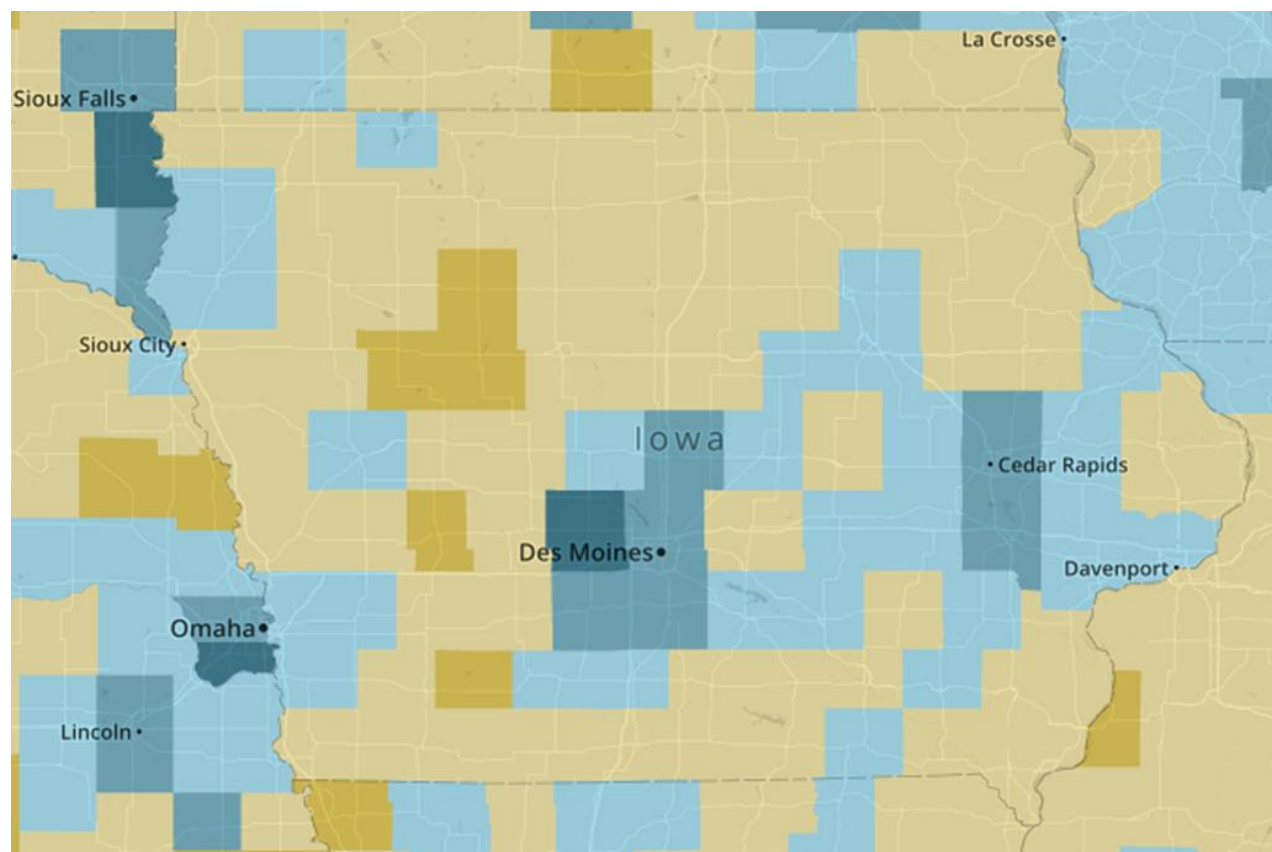


Figure 4. Map of population growth and decline in Iowa 2000-2010 (Projects.NYTimes.com)

2010 population in Iowa		Change from 2000
3,046,355		+4.1%
Race/ Ethnicity	Share of Population	Change from 2000
Whites	89%	0%
Blacks	3%	+43%
Hispanics	5%	+84%
Asians	2%	+45%
Native Amer.	0%	+8%
Multiracial	1%	+64%
Other groups	0%	+31%

Change in population since 2000	
	Over 20% increase
	10% to 20%
	0% to 10%
	0% to -10%
	-10% to -20%
	Over 20% decline

As Polk County gains population it is becoming more racially and ethnically diverse, and children are leading the way. In Polk County nearly 29 percent of children are of color or Hispanic descent, compared with 17 percent of working-age adults and 7 percent of seniors.

Projections to 2025 show that growth in the child population will be primarily driven by growth in communities of color, particularly among Hispanics. This increasing diversity brings vitality to communities and also a growing need for cultural and linguistic competency across all early childhood systems and providers of care and services for children and families.

The racial and ethnic mix of Des Moines residents is quite different from that in the non-Des Moines parts of Polk County. In suburban Polk County nearly 85 percent of children are white, non-Hispanic, compared with 91 percent of working-age adults and 97 percent of seniors. In Des Moines 54 percent of children are white while 74 percent of working-age adults and 88 percent of seniors are white.

The ethnic and racial diversity of the metro area is comprised of many different populations, creating micro-diversity. In Des Moines, the public school system has been “minority majority” since 2011 serving students that speak 100 different languages and dialects and come from Myanmar, Mexico, Thailand and more than 80 other countries. The numbers of English Language Learners has increased 8 percent this school year, and if these 6,163 students were in a separate district it would be the 15<sup>th</sup> largest district in Iowa. This school year in Des Moines Public Schools 43 percent of students are white, down from 50 percent five years ago while the percentages of students of color have risen each of the last five years. (Des Moines Register, November 26, 2014)

Keeping pace with the linguistic diversity of families in Polk County is a challenge for service providers working with young children and their families. Translators are not readily available for all languages and dialects. Community Partners such as Des Moines Health Center must utilize telephonic translation services, not ideal for the delivery of dental health services. Strategic partner Visiting Nurse Services of Iowa employs translators representing approximately 20 languages and dialects.

The linguistic diversity within Polk County is representative of the fact that many residents are arriving as very recent refugees or immigrants. This refugee and immigrant population faces more than just language barriers to accessing services.

The Polk County ECI Board strives with great intention to assure services are culturally and linguistically competent and equally accessible to all children and families. An example of creative partnerships needed to meet the needs of all families is the Board support provided to Lutheran Services in Iowa’s Refugee Child Care Provider Training, a program involving collaboration with Child Care Resource & Referral and which is training cohorts of refugees to provide high quality in-home child care. The Board is cognizant of the importance of adopting a broad, inclusive view of how the early childhood systems and services in place approach access and cultural competency. Increasing system flexibility and effectiveness improves the early-childhood system for all children.

## White, non-Hispanic percentage of population by age group, 2010

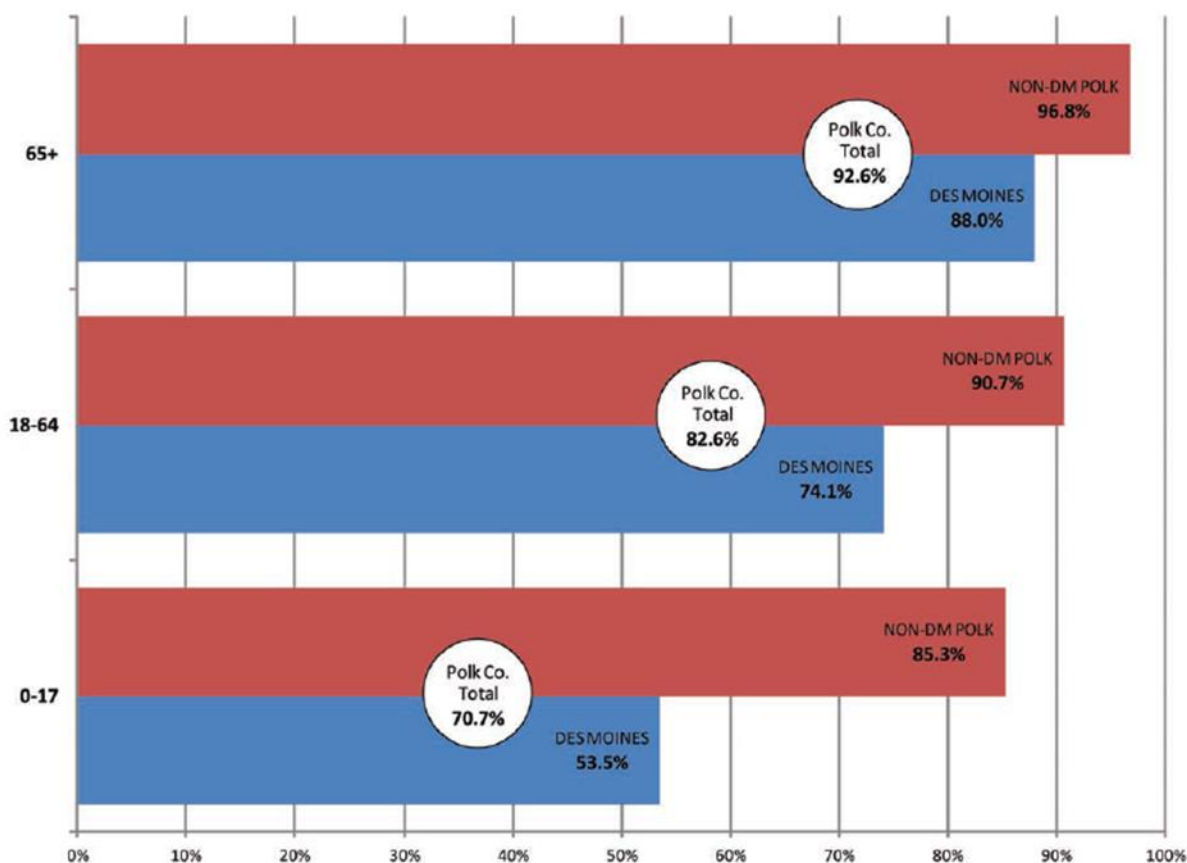


Figure 5. White, non-Hispanic percentage of population by age group, 2010, Polk County Health Chartbook 2013.

## Economic Well-being

Disparate growth trends and growing diversity present challenges. The challenges are reflected in the major disparities by race and ethnicity across virtually every measure of child well-being. Those include health outcomes, educational attainment and family income—all areas where children of color, in particular African American and Latinos, are faring much more poorly than their non-Hispanic white peers. Income disparities are notable. Low-income children are highly concentrated in Des Moines.

Regardless of location, children—and in particular young children—are the age group most likely to be poor. And children of color are much more likely than their white peers to live in poverty.

Poverty is the overarching challenge facing children and families in Polk County, its effects well documented on healthy development and well-being. Polk County stakeholders interested in the implications of Adverse Childhood Experiences to improve practice and inform policy organized



a one-day summit “Developing Brains” in September 2014. As noted in the keynote address by Dr. Dipesh Navsaria, University of Wisconsin School of Medicine:

Poverty is neurotoxic and this knowledge needs to inform policy and investments in early childhood. Toxic stress is the key intergenerational transmitter of social and health disparities. Solutions need to build capabilities, build capacities, address root causes, be based in communities and home, have long-term effects, address prevention, be evidence-guided, be scalable and leverage the first 1,000 days.

(Accessed November 2014 from [www.iowaaces360.org](http://www.iowaaces360.org) Developing Brain Conference)

Iowa is dotted with 32 high and concentrated poverty census tracts, nearly a quarter of which are in Des Moines: U.S. Census Bureau Tracts 12, 26, 27, 48, 49, 51 and 52. Within these census tracts, 25 percent lack a high school degree, nearly 61 percent are single parents and 44 percent live in poverty. These seven tracts in Des Moines share the low-income, low educational attainment and related hardships of disadvantaged communities of concentrated poverty.

### Map of U.S. Census Tracts of High and Concentrated Poverty in Des Moines, Iowa

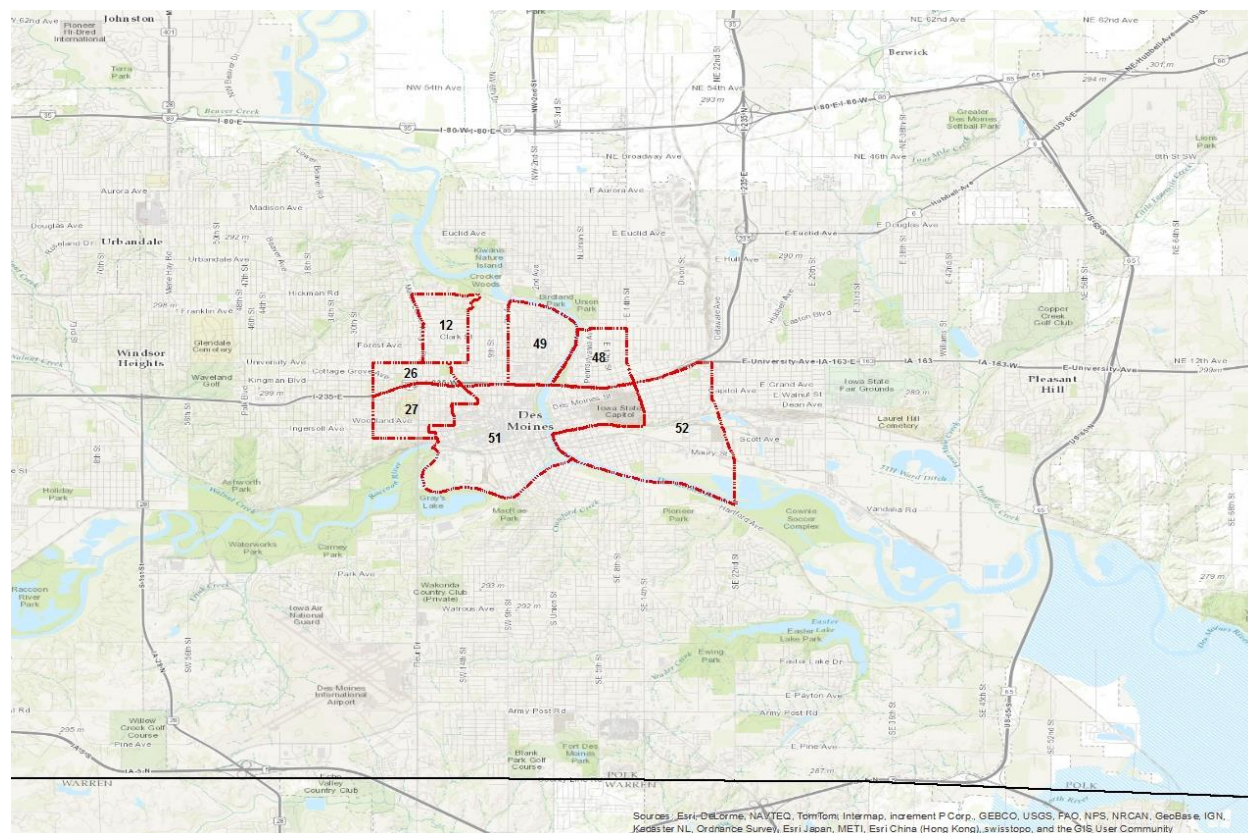


Figure 6. U.S. Census Tracts 12, 26, 27, 48, 49, 51, 52 (2010).

### Percentage of Population by Poverty Level and Age, Central Iowa, 2012

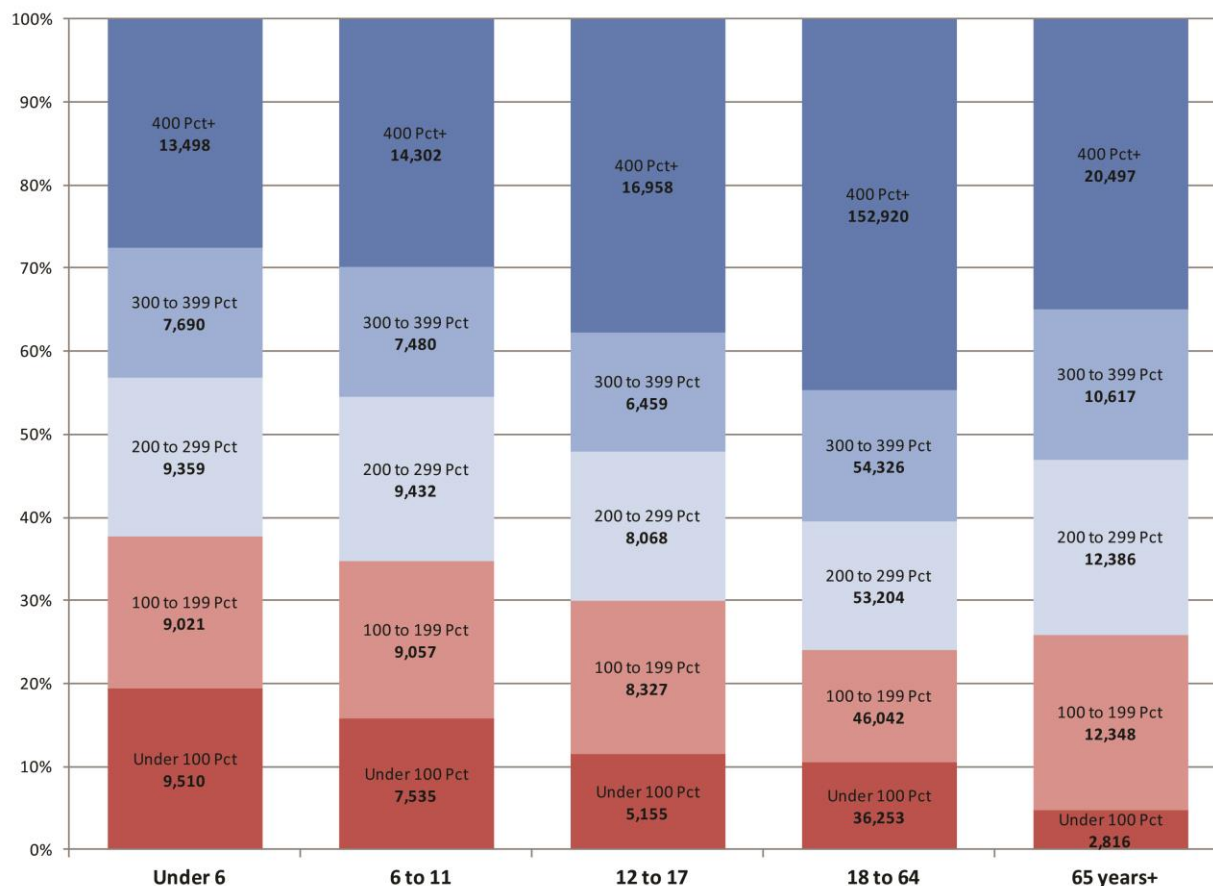


Figure 7. Percentage of population by poverty level and age, Central Iowa, 2012 (U.S. Census Bureau, 2008-12 American Community Survey 5-year Estimates)

Following the trend of poverty level and age for Central Iowa illustrated in Figure 7, it is estimated Polk County's 2013 population age 5 and younger is 39,164, and that 8,280 of these children age 5 and younger live below 100 percent of the Federal Poverty Level (FPL) of \$23,550 for a family of four. (U.S. Census Bureau) The percentage of children whose families are struggling financially grows when considering what families need to earn to fully support themselves. Experts gauge that figure to be more than double the poverty level.

## Percentage of Population under Age 12 under 200 Percent of Poverty Des Moines and Non-DM Polk, 2012

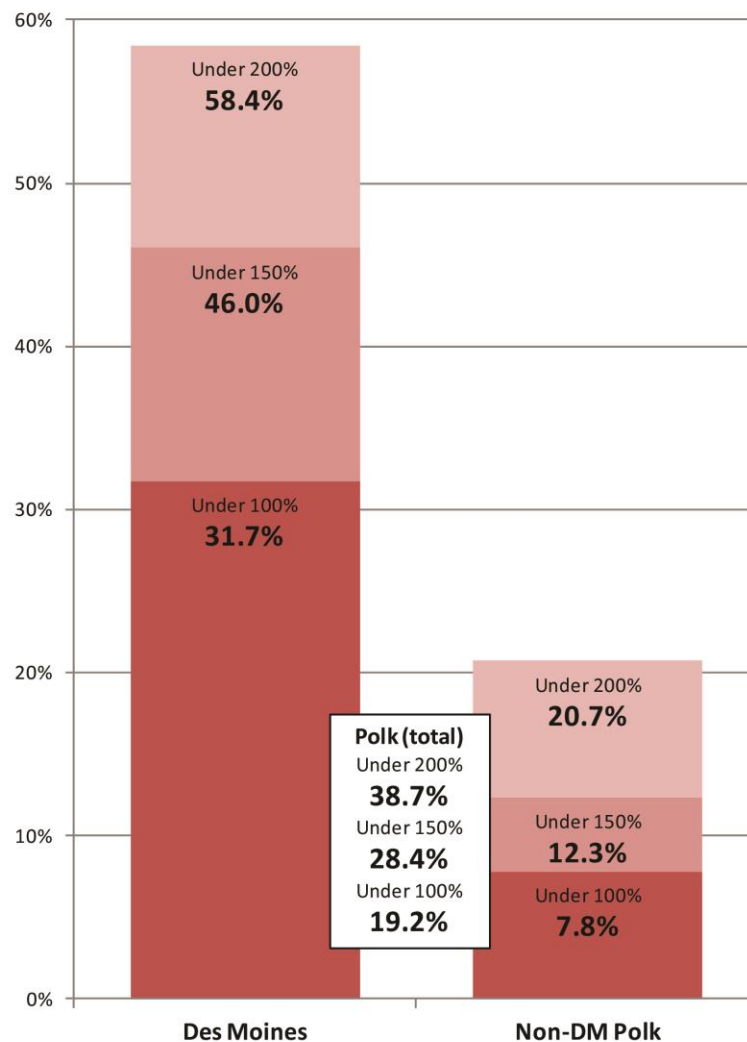


Figure 8. Percentage of population under age 12 under 200 percent of poverty in Polk County, Des Moines and non-Des Moines Polk County (U.S. Census Bureau, 2008-12 American Community Survey 5-year Estimates)

In 2011 in Polk County 11,088 children enrolled in the food and nutrition assistance program for Women, Infants and Children (WIC): 43 percent White, 16 percent Black, 31 percent Hispanic, 10 percent Multiple Races. (Iowa Department of Public Health)

The median household income of Polk County households during 2008-2012 was \$58,096. (U.S. Census Bureau, 2008-12 American Community Survey 5-year Estimates)



## Cost of Living in Iowa: Basic Family Budgets

The Cost of Living in Iowa, 2014 Edition: Basic Family Budgets							
Polk County							
	Single Individual	Single Parent		Two Working Parents		Two Parents, One Working	
		One child*	Two children**	One child*	Two children**	One child*	Two children**
<b>Families without health insurance from employer</b>							
<u>Monthly Expenses</u>							
Child care	\$0	\$589	\$941	\$589	\$941	\$0	\$0
Clothing & household expenses	201	317	349	349	403	349	403
Food	263	382	574	595	765	595	765
Health care	262	408	575	670	857	670	857
Rent and utilities	525	783	1,090	783	1,090	783	1,090
Transportation	490	490	490	734	734	490	490
Monthly total	\$1,740	\$2,969	\$4,018	\$3,720	\$4,790	\$2,887	\$3,605
<b>Annual Total Basic Expenses</b>	<b>\$20,884</b>	<b>\$35,627</b>	<b>\$48,218</b>	<b>\$44,639</b>	<b>\$57,486</b>	<b>\$34,640</b>	<b>\$43,254</b>
<b>Families with health insurance from employer</b>							
Monthly health care savings	142	122	190	273	436	273	436
<b>Annual Total Basic Expenses</b>	<b>\$19,181</b>	<b>\$34,159</b>	<b>\$45,942</b>	<b>\$41,364</b>	<b>\$52,256</b>	<b>\$31,365</b>	<b>\$38,024</b>

\*One child age 2 or 3 \*\*One child age 2 or 3, one child age 6-10

Figure 9. The Cost of living in Iowa, Part 1 Basic Family Budgets, February 2014, Iowa Policy Project. Appendix 3.

## Family Supporting Hourly Wage by Region

Region	Annual Before Tax Earnings Needed				Family Supporting Hourly Wage			
	Single Parent		Married Couple: Two Children		Single Parent		Married Couple: Two Children	
	One child	Two children	One Works	Both Work	One child	Two children	One Works	Both Work
Statewide	\$41,656	\$56,135	\$50,004	\$67,574	\$20.83	\$28.07	\$25.00	\$16.89
Polk, Dallas & Warren	42,111	57,177	49,939	67,615	21.06	28.59	24.97	16.90

Figure 10. The Cost of living in Iowa, Part 1 Basic Family Budgets, February 2014, Iowa Policy Project. Appendix 3.

## Polk County Families

There are 108,321 families living in Polk County. Of these 82,125 are two parent households. Single women head 18,776 families. Single parent families are 31.4 percent of the total households. In 2010 over 2,500 children under age 18 were being raised by their grandparents. In 2013 there were 188,671 housing units with a homeownership rate of 70 percent. (U.S. Census Bureau, American Community Survey 2013 1-year Estimates)

There are 33,424 children under 5 years of age in Polk County, representing 7.2 percent of the population. In Iowa 6.3 percent of population is under age 5. The county population of children under 18 years of age is 25.3 percent or 114,274.



## Private Schooling

In addition to public school districts, there are 32 private schools in Polk County, serving 6,834 students. The majority of these, 72 percent, are religiously affiliated. The Diocese of Des Moines operates 10 parochial schools preschool-grade 8 and 1 high school. ([www.privateschoolreview.com](http://www.privateschoolreview.com))

## Home Schooling

In May 2013 Governor Branstad signed House File 215, a sweeping educational reform bill aimed at improving the state's public schools. Attached to this bill was removal of all homeschool regulation. Prior to this, Iowa law required homeschool parents to turn in a form with their children's names and ages and an outline of their plan of instruction to the local district each summer. With the signing of HF215 homeschooling parents are not required to report to any entity that they are homeschooling their children. One result is that it is hard to report on the numbers of children being independently homeschooled within Polk County. The districts provided historical numbers from the last required reporting which occurred in summer 2012. Currently districts are aware only of homeschooled students who are dual enrolled and those enrolled as "assisted." From these numbers it appears that a minimum of 750 children are receiving home schooling in Polk County; the actual number could be much higher.

## Public School Districts

The following table provides a brief look at the populations served within each public school district and within Polk County as a whole. The 10 districts range in size from North Polk serving 1,438 students to the state's largest district, Des Moines Public Schools, serving 33,278. There is great economic diversity from district to district, as indicated by eligibility for Free or Reduced-Price Lunch (FRPL) ranging from 12.3 percent eligible students in Ankeny and North Polk to approximately 72 percent, or 23,859 students, in Des Moines Public Schools. Diversity of the population ethnically, racially and linguistically also varies greatly. Enrollment of Limited English Proficient students range from less than 1 percent in districts Bondurant-Farrar, Dallas-Center Grimes and North Polk to 10 percent in Urbandale and 16 percent in Des Moines in 2012.

School Year 2012-13 Enrollment Overview for Polk County School Districts							
District Name	Total Enrollment PK-12	FRPL (# eligible)	FRPL (% eligible)	LEP (#)	LEP (%)	Minority/ non-white (#)	Minority/ non-white (%)
Ankeny	9,486	1,169	12.3%	87	0.9%	989	10.4%
Bondurant-Farrar	1,611	287	17.8%	8	0.5%	122	7.6%
Dallas Center – Grimes	2,537	423	16.7%	9	0.4%	168	6.6%
Des Moines Public Schools	33,278	23,859	71.7%	5,467	16.4%	17,906	53.8%
Johnston	6,570	965	14.7%	189	2.9%	1,214	18.5%
North Polk	1,438	177	12.3%	11	0.8%	75	5.2%
Saydel	1,373	731	53.2%	37	2.7%	181	13.2%
Southeast Polk	6,735	1,954	29.0%	127	1.9%	934	13.9%
Urbandale	4,099	1,039	25.4%	414	10.1%	874	21.3%
West Des Moines	9,289	2,760	29.7%	727	7.8%	2,589	27.9%
Polk County Total	76,416	33,364	43.7%	6,989	9.1%	25,052	32.8%
State of IOWA Total	500,601	201,687	40.3%	23,820	4.76%	101,122	20.2%
FRPL = Free or Reduced Price Lunch				LEP = Limited English Proficient			

Source: Iowa Department of Education, Student Reporting in Iowa, Fall 2012.

## Polk County Public School Districts: Free and Reduced-Price Lunch Enrollment

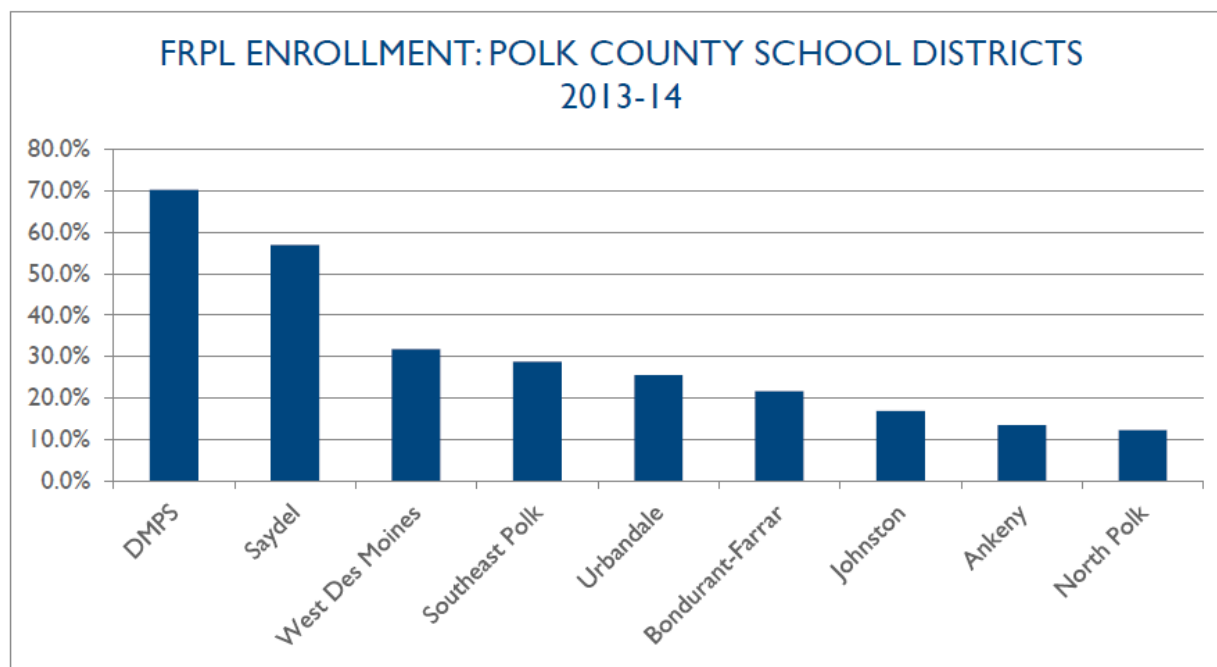


Figure 12. FRPL Enrollment, DMPS Fiscal Year 2015 Preliminary Budget & Financial Statements, 2014.

Children from families with incomes at or below 130 percent of the poverty level are eligible for free lunch and children from families with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced lunch, according to the National School Lunch Program.

### Des Moines Public Schools

The Des Moines Public Schools (DMPS) district is the largest provider of public education in Iowa and serves 44 percent of the children PK-12 in Polk County and 7 percent of PK-12 students in Iowa. Des Moines Public Schools shares many of the challenges of large urban districts with high FRPL eligibility, high percentages of English Language Learners and lower than national achievement levels on reading and math proficiency.

Since 2011, DMPS has experienced an increase in enrollment, bucking the trend in urban districts nationwide. Using a simple regression analysis, the Iowa Department of Education (DOE) projects district enrollment for three years beyond the current school year. The DOE projects the district's enrollment will surpass the fiscal year 2002 peak in the next few years, as shown in the chart that follows.

## Des Moines Public Schools Enrollment 1999 – 2017 (Estimated)

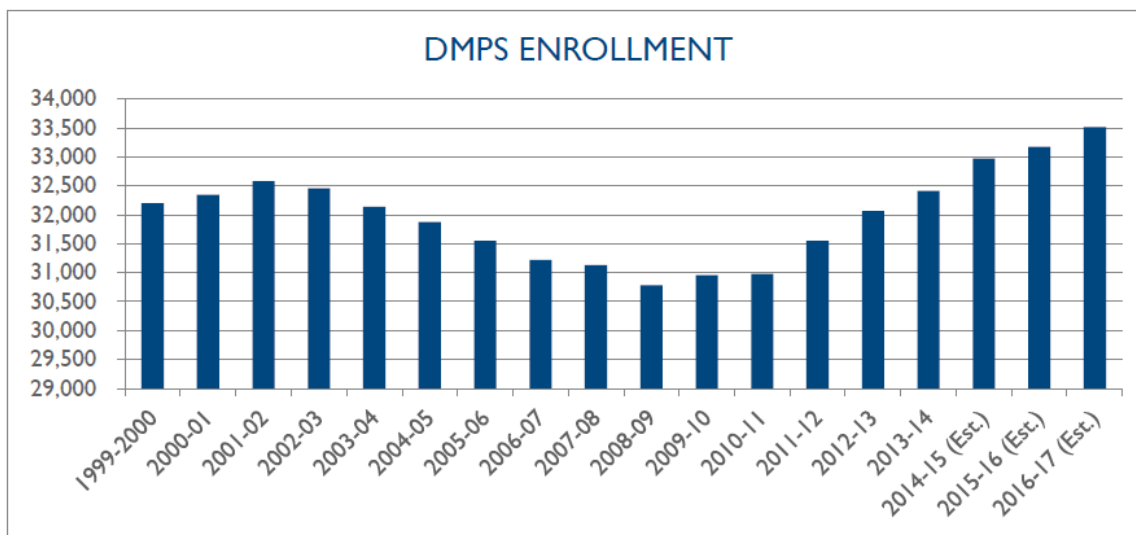


Figure 13. DMPS Enrollment, DMPS Fiscal Year 2015 Preliminary Budget & Financial Statements, 2014.

Seventy percent of the students in the DMPS district are low-income, based on eligibility for Free or Reduced-Price Lunch (FRPL). The percentage of DMPS students enrolled in the FRPL program is substantially higher than the state average, and DMPS has the highest poverty rate in Polk County (based on FRPL enrollment).

## Des Moines Public Schools Enrollment by Race/Ethnicity 2013-2014

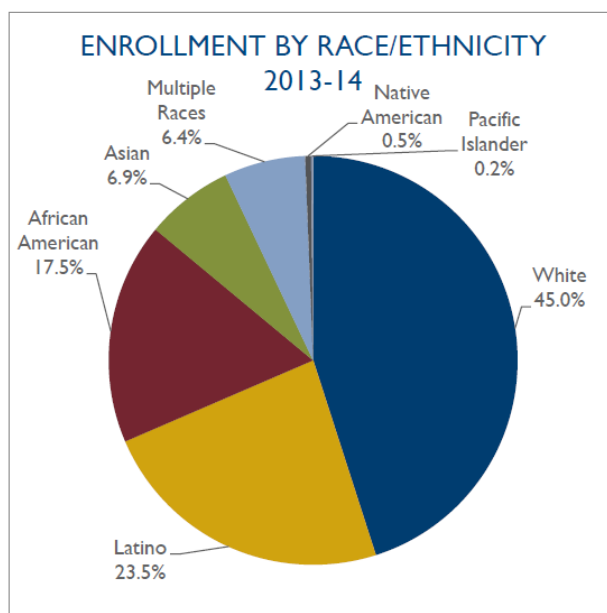


Figure 14. Enrollment by Race/Ethnicity, DMPS Fiscal Year 2015 Preliminary Budget & Financial Statements, 2014.



DMPS minority enrollment has steadily increased to 55 percent of all students. Latino families are the fastest growing demographic segment of both the city and the schools.

#### Des Moines Public Schools English Language Learner Enrollment 2004 - 2014

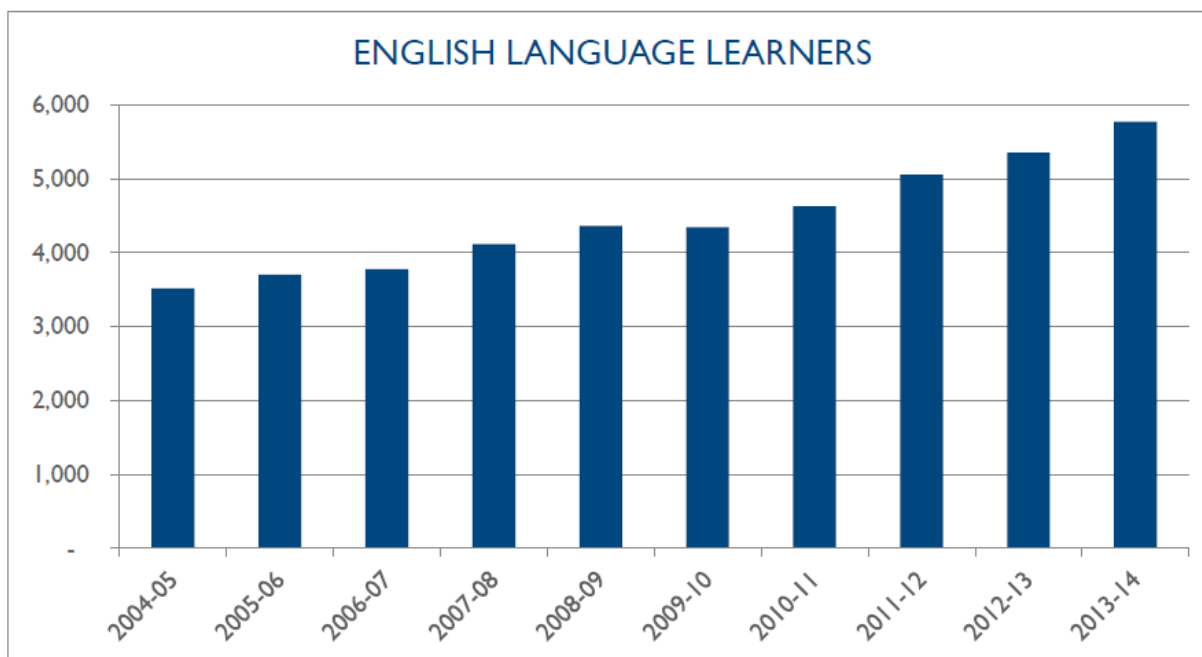


Figure 15. English Language Learner Enrollment from DMPS Fiscal Year 2015 Preliminary Budget & Financial Statements, 2014.

In the last decade, DMPS has experienced a 74 percent increase in the number of students enrolled in English Language Learner (ELL) classes and a 424 percent increase in 20 years. DMPS students speak more than 100 different native languages, and currently 19 percent of the entire student body is ELL. Ninety teachers, 45 bilingual community outreach workers, and six additional support staff are necessary for the ELL program to operate. ELL sites are located in five high schools, eight middle schools, 31 elementary schools, three Intensive English Language Centers, and at Future Pathways. If the over 6,000 ELL students formed a separate district it would be the 15<sup>th</sup> largest in the state.

#### Higher Education in Polk County

In Polk County 36 percent of the population 25 years and older hold a Bachelor's degree or higher; over 40 percent of the population 25 and older hold an Associate's degree or higher. (U.S. Census Bureau) Polk County is the location of a variety of institutions offering higher education for adults beyond high school: American Institute of Business (AIB), Des Moines Area Community College (DMACC), Des Moines University, Drake University, Grand View University, Mercy College of Health Sciences and Upper Iowa University. Additionally courses are offered through these institutions: Central College, Faith Baptist Bible College and Theological

Seminary, Graceland University, Grinnell College, Iowa State University, ITT Technical Institute, Kaplan University, Simpson College, University of Phoenix, University of Iowa, University of Northern Iowa, Vatterot College and William Penn College for Working Adults.

## Preschool

Tallying children served by preschool programs in Iowa, and their costs, is a significant challenge because programs are operated and funded in many different ways. The U.S. Census Bureau documents the number of children in preschool as reported by parents; it finds that just over 7,000 Polk County children are enrolled in some form of preschool, 55 percent in public programs. Comparing total preschool enrollment to total kindergarten enrollment, the highest participation rates are in non-Des Moines Polk and lowest in the city of Des Moines.

### Public and Private Preschool Enrollment and Kindergarten Enrollment, 2010-2012

	Total preschool enrollment	Public preschool enrollment	Private preschool enrollment	Share in public preschool	Total kindergarten enrollment	Ratio preschool to kindergarten enrollment
Polk	7,290	4,156	3,134	57.0%	6,512	1.12
Des Moines	3,054	1,777	1,277	58.2%	3,221	0.95
Non-DM Polk	4,236	2,379	1,857	56.2%	3,291	1.29

Figure 16. U.S. Census Bureau, American Community Survey, 2010-12 Three-year Estimates

Iowa has seen gains in the share of children attending public preschool programs. Iowa's Statewide Voluntary Preschool Program (SVPP), established in 2007, funds preschool experiences of 10 hours per week for 4-year-olds. It is administered through local school districts. Districts can operate preschools themselves or contract with other providers, and districts decide how many classrooms and slots to establish. The costs for SVPP are included in the school-aid formula and paid by the state (.5 weighting), but districts seeking to add classrooms or slots must fund them for the first year of expansion without school aid formula funding. There are no income eligibility requirements for children enrolling in SVPP.

All Polk County school districts participate in SVPP. The number of 4 year olds enrolled in these classrooms for school year 2012-13 was approximately 4,300. The amount of time offered and the costs to families vary from district-to-district and within districts as well. Some children attend for the minimum of 10 hours per week and some are attending for a full-day 5-days-a-week preschool experience. Many districts offer a range of attendance options and range of tuition costs. Districts respond in a variety of ways to the tension between funding of 10 hours a week and the reality of families needing full-time care for their children. Additionally districts are well aware of the need for quality preschool for at-risk children to prepare these children for success in school.

Often a district solution for providing more instruction for at-risk children involves combining funding sources (braiding of funds) to expand the hours a student may attend. Additional



funding sources include Head Start and Shared Visions and Early Childhood Iowa funds. Polk County ECI provides preschool programming support to 10 districts within Polk County.

Head Start is a federally funded preschool program that provides classroom-based early education and other supports to 3- to 5-year-olds from families under 100 percent of poverty. It also provides home-based early-learning opportunities to low-income toddlers and their families through Early Head Start. Currently Early Head Start has the capacity to serve 88 children through part-time in home care in Polk County. To expand this capacity by approximately 100 percent the Polk County ECI Board facilitated and contributed to a collaborative application for Early Head Start–Child Care Partnership funding. See Section 4 for further information on this collaboration.

Shared Visions is a state program for at risk children ages 3-5 for families with incomes up to 130 percent of poverty. Shared Visions also funds family-support services. There are 6 Shared Visions programs in Polk County, and it is in place in 51 counties statewide.

Part B preschool (named for the section of the federal Individuals with Disabilities Education Act and often referred to as Early Childhood Special Education) provides preschool for children with disabilities ages 3 through 5. To the extent appropriate, services are to be provided in early-childhood settings with typically developing peers.

### Early Care Learning Environments

The Polk County ECI Board partners with Child Care Resource & Referral (CCR&R) to improve the quality of care, funding improvement grants, professional development and the work of consultants. Polk County is part of the multi-county area serviced by CCR&R Region 4. CCR&R annually reports on available child care programs for each county and the state. The two tables that follow are from 2014 Data Sheets produced by Child Care Resource & Referral.

Child Care Programs and Available Space Listed with CCR&R in 2014		
	Polk County	State of IOWA
<b>Total PROGRAMS</b>		
Licensed/Registered Programs	952	5,438
Non-registered homes	591	2,920
Total Programs	1,543	8,358
Programs with QRS level of 3-5	79	655
Programs with National Accreditation	25	151
<b>Total SPACES</b>		
Licensed/Registered Spaces	31,006	155,253
Non-registered spaces	2,955	14,603
<b>Total SPACES</b>	33,961	169,856

Average Child Care Rates per Week in Polk County in 2014							
	Infant (0-12 months)	Toddler (13-23 months)	Two Year Olds	Three Year Olds	Four & Five Year Olds	Before & After School	Full Time School-Age
<b>DHS Registered Child Development Homes</b>	\$140.23	\$143.37	\$136.60	\$132.93	\$131.77	\$68.00	\$117.07
<b>DHS Licensed Centers</b>	\$211.63	\$210.77	\$185.08	\$174.39	\$168.18	\$86.14	\$142.24

A family earning the median income of \$73,440 (Polk County families with children under 18 years) with one infant in child care would pay 10 percent of their income before taxes, if their child was in a registered home and 15 percent of their income before taxes if their child was in a licensed center. (State Library of Iowa, [www.iowadatacenter.org](http://www.iowadatacenter.org) and NACCRRAware database.)

There are 1,108 programs out of the total 1,543 in Polk County reporting that they accept Child Care Assistance. (CCR&R Polk County Data Sheet 2014) In July 2014 there were 1,445 children in Polk County who received CCA and 6,138 in the state (Department of Human Services). A DHS February 2014 document identified 5,682 eligible children in Polk County and 24,483 eligible in the state (all programs: CCA, Promise Jobs, Protective).

For more than a decade the Polk County ECI Board has supported a coalition of Des Moines area child care centers serving a high percentage of CCA children. The centers in the coalition range from 57 to 96 percent of CCA enrolled children. The 18 child care centers currently in the coalition have approximately 1,334 slots for children ages birth through 5.

## Summary

Polk County population continues to grow and to experience growth in diversity, particularly among young children. The growth of our child population is also a growth of children living in poverty. There are neighborhoods of concentrated poverty which are also the neighborhoods of our most at-risk children and families.

The linguistic diversity in our population poses challenges for providers, requiring the skills of translators of many different languages and dialects. The ethnic and cultural diversity within our population requires providers to develop practices to ensure services are culturally and linguistically competent and equally accessible to all children and families. Additionally, cultural differences regarding the roles of parents, families and early education must be considered in outreach efforts and communication with families.

Polk County's large refugee population is extremely under-supported, arriving in our community with high needs. Recent refugee and immigrant families often live in underserved neighborhoods creating additional barriers to accessing needed services.

Transportation continues to be a huge barrier for low-income families. Lack of access to services, including enrolling in preschool, is an issue that continually arises in meetings with community partners and families. Affordable housing is often not located near public transportation lines. Large-scale subsidized apartment complexes have been built in the metro area without considering the needs of families for access to transportation, schools and other necessary services.

Polk County is fortunate to be the location of a variety of human and health services. However, there are still long waiting lists for children seeking the care of health specialists. There are too few health professionals in early childhood mental health. There are far too few pediatric dentists who will serve children with Medicaid coverage.

Polk County's role as the economic hub of Central Iowa provides a variety of employment opportunities. Business and civic leaders place importance on the factors which influence the livability of our community for employees. In planning for the growth of Central Iowa these community leaders are receptive to the message of the high return on investment for investments in early childhood development for children in low-income families. There is potential for partnership with the business and civic community to improve the health and success outcomes for all children.

## Section 2: Community Needs Assessment

### Development of the Community Needs Assessment

As a part of the process to complete the needs assessment the Board circulated two surveys:

- Parent/Guardian Survey for Polk County Early Childhood Iowa 2014
- Service Provider Survey for Polk County Early Childhood Iowa 2014

Both surveys and the compilation of responses for each are included in Levels of Excellence materials. The questions for the surveys were compiled through the work of a Board Community Plan task force. The questions were designed to collect information about the strengths, needs and gaps in service in Polk County. Drafts of both surveys were circulated to all Board members for review and input. Once finalized both surveys were created using an online survey service and circulated during fall 2014.

By the end of October 2014 over 460 families responded to the Parent/Guardian Survey. The Parent/Guardian survey link was distributed to all funded partners, a coalition of 18 child care centers, 762 child care providers in Polk County and Board members. The request was made of programs and centers that they share the online link to all clients and to others that they share the link as widely as possible among their contacts. The Parent/Guardian Survey was translated into Spanish in hardcopy. The Parent Guardian Survey was distributed to families in hardcopy through child care centers. Hard copies were used by case managers of various programs to survey clients not literate in English. In these cases the services of translators were required. The Board is grateful to all in the community who helped in the distribution of the surveys and to all the parents and guardians who completed a survey. Community partners, Child Care Resource & Referral and Visiting Nurse Services of Iowa, were valuable contributors to the effort to widely distribute the survey.

The Service Provider Survey was distributed as an online survey. The Survey was sent to all funded programs and non-funded programs providing services to young children and their families. There were 26 responses to this survey.

### Other Data and Resources Reviewed

In addition to the survey results the process used by the Polk County ECI Board to complete the needs assessment and compose the Community Plan included evaluating data from a wide variety of local, state and national sources. These included: Iowa Kids Count 2013; Kids Count Data Center; Polk County Health Chartbook 2013; Early Childhood Needs Assessment produced by Child & Family Policy Center; Iowa Prenatal Care Barriers Project Data from 2012; Iowa's Child Death Review Team Report to the Governor and General Assembly 2011 Annual Report; Fiscal Year 2015 Preliminary Budget and Financial Statements of Des Moines Public Schools; Centers for Disease Control 2011 Pediatric Nutrition Surveillance Iowa; Visiting Nurse Services of Iowa Des Moines Healthy Start Federal Grant 2014; Institute for Children, Poverty & Homelessness: Meeting the Child Care Needs of Homeless Families, How do States Stack Up;

Iowa Immunization Program Annual Reports 2010, 2011, 2012, 2013; Iowa Department of Public Health Polk County Health Snapshot 2010, 2011; Prevent Child Abuse Iowa Data Dashboard; Iowa Public Health Data Dashboard; Iowa Maternal and Child Health Comprehensive Title V Assets and Needs Assessment; Maternal and Child Health Services Title V Block Grant: State Narrative for Iowa 2014; Medicaid Birth-Demographics 2012; Factors associated with infant low birth weight among Medicaid reimbursed births in Iowa 2010; Annual Report on Iowa's Dental Home Initiative for Children 2013; First Focus A Snapshot of Children in Poverty 2013; Child Care Resource & Referral Polk County and Iowa Data Sheets Fiscal Years 2011-2014; U.S. Census Bureau.

## **Analysis of the Needs Assessment Data Collected**

The information within the plan reflects the collaborative input of community members and partners. Included are responses of families and service providers to a survey of needs circulated in 2014. The plan also reflects the passionate involvement of the members of the Polk County ECI Board. Revisions to Board Vision, Mission, Priorities and Indicators were preceded by debate, discussion and member and community input.

### **Parent/Guardian Survey Respondents**

The 460 respondents to the Parent/Guardian Survey fairly represent the ethnic, linguistic and economic diversity of our community. The gender responses were overwhelmingly from women, representing 95 percent of respondents. The ages of respondents ranged from 17 to 59, with the vast majority, 259 respondents, in the age range of 30-39. Forty-nine percent of respondents were white. English was spoken in the homes of 58 percent of respondents; thirty percent indicated they speak a language other than English or Spanish in their home. Household size averaged 4 family members, with a maximum of 13 and minimum of 1. Forty-two percent of respondents were employed full-time. Family income levels ranged from under \$30,000 to over \$110,000. Fifty percent of respondents reported family income of under \$30,000. Fifty percent of respondents indicated their highest level of education was college undergraduate or graduate degree. Sixty-four percent of respondents indicated they were married; though this question was skipped by nearly a quarter of total respondents, perhaps indicating the complicated nature of families and parent relationships in 2014.

In order to inform how the Board reaches families respondents were asked if they had a computer with internet connection in their home and if they used Facebook. Responses indicate that 73 percent have a computer with internet and 76 percent use Facebook.

We asked several questions about preventative health care; answers indicated families were accessing health care and dental care which probably reflects our community's level of insured children of 96 percent. A high percentage of respondents, 30 percent, had taken their child to an emergency room during the last year.

Regarding child care, 54 percent of respondents have children ages 0-5 in child care with approximately half in a child care center and the other half in home-based child care, care with

family/friend/neighbor or in preschool. The majority of children ages 0-2 were in care with family/friend/neighbor or home-based provider care. Most children ages 2-4 were in child care centers, and the majority of 4-5 year olds in care were in preschool. Small percentages reported using child care during evenings, overnight and on weekends. Sixty-two percent of respondents indicated that program reputation for quality was the most important reason for choosing their child care.

When asked where they get advice on parenting respondents overwhelmingly indicated that family and friends are who they turn to. This supported the importance of working with parents to develop parenting skills and knowledge of child development. This response indicates efforts to inform parents will impact other parents not directly served by programs. Additionally this shows the opportunity of resources and programs to provide positive impact across generations as the parents now served advise others. Respondents chose help with assessment of developmental and behavioral concerns as their most pressing need. This reinforces what we know is a great need for mental health and behavioral professionals to serve the community's pediatric population. Additionally respondents chose parenting skills and knowledge as the top area they would like support with. Corresponding to demographic information presented in Section 1, the cost of living is the top challenge identified by respondents to family well-being and success. Respondents were able to provide open responses to this question and responses indicate the need for English as Second Language (ESL) classes and ESL classes which include child care.

Of great interest, though most complicated to summarize, are respondents' answers to the two open-ended questions:

- What is your greatest need as a parent?
- What is your children's or child's greatest need?

All individual answers to these questions are included in the Levels of Excellence materials. Answers to needs of parents can be broadly grouped to include: transportation, income, time, housing, English and parenting skills. The individual answers show the breadth and depth of needs of the families in our community. The answers regarding children's need show the importance parents and guardians place on education for their children and the desire for their children to be prepared to succeed in school and life. These answers and all information provided through the survey will be used by the Board to inform their work and programmatic and funding decisions.

### **Service Provider Survey Respondents**

The 26 respondents to the provider survey provided information regarding their specific programs. Respondents also answered questions regarding the needs of the families they serve. The top three needs identified were parenting resources, assessment of children of developmental or behavioral concerns and help with transportation. The top three factors for meeting needs for child care and preschool for families were availability, affordability and quality. In order to meet the health needs of children service providers identified transportation to and from services as the thing most needed by families. The most important things to

contribute to family and household success were to assist families with limited English proficiency, address the impact of poverty on parenting and to address the mental health needs of household members.

Collectively service provider responses pointed to the pervasive impact of poverty on families. They also highlighted the need for English classes and support for parents learning English. Providers consistently indicated transportation as a barrier for families. As with the Parent/Guardian Survey mental health and behavioral supports were identified as needs for families of Polk County.

## Community Need

### Families

Single parents have more than tripled as a share of American households since 1960. Single mothers account for one-quarter of U.S. households. Single fathers make up 6 percent. (The Mysterious and Alarming Rise of Single Parenthood in America, *The Atlantic*, September 3, 2013) In Polk County 30 percent of children live in a household headed by a single parent.

Single parent households vary socioeconomically from married households. For a variety of reasons single parents work less and earn less because they are the sole care takers for their children. Child care subsidies can be incredibly important in supporting single parents in getting and maintaining a job. “Children living in a household headed by a single parent” is a new Indicator the Board has determined to track to assess how to support single parents as well as two-parent families.

### Preschool

A special challenge in the current preschool environment in Iowa—even taking into account availability in Polk County of Head Start, Shared Visions and ECI support—is enrolling low-income children and children of color. High quality preschool programs are particularly crucial for low-income children and children vulnerable due to family stress or special needs. However, as indicated by data, higher-income children are more likely than lower-income children to attend preschool.

A 2013 statewide analysis of the Statewide Voluntary Preschool Program (SVPP) undertaken by the Child & Family Policy Center showed that Black, Latino and English Language Learners are much less likely to have participated in the program, as are low-income children. Low-income children and children of color are also underrepresented among children whose parents reported upon kindergarten entry that their child had a preschool experience of any kind.

Census data for Central Iowa shows similar gaps. (See the following table for levels of preschool enrollment by poverty status.) There are many reasons poor children and children of color are underserved—from lack of transportation or wrap-around care to language or cultural barriers. There is currently nothing in SVPP legislation to encourage or require local districts to reach out specifically to these populations or to support the services needed to do so. Nor is



there funding support for districts to provide the outreach necessary to enroll these students or to provide the support needed for at-risk children and their families to succeed as they enter preschool.

### Share of Central Iowa 3- and 4-year olds Enrolled in Preschool by Poverty Status

	Below 100 pct of poverty	At or above 100 pct of poverty	Total
All 3- and 4-year-olds	3,339	13,767	17,106
Enrolled in preschool*	1,348	8,677	10,025
Pct in preschool	40.4%	63.0%	58.6%

Figure 17. U.S. Census Bureau, American Community Survey, 2010-12 Three-year Estimates. *These figures are slightly lower than those in Figure 16 because they exclude a small number of children for whom poverty status is unknown.*

It is critical to increase funding in preschools, particularly in underserved areas and among low-income children who are underrepresented in current preschool enrollment. A more equitable overall preschool program (and one that is successful in reaching the children most likely to experience subsequent school difficulties) requires additional outreach efforts and a strategic focus on enrolling underserved populations.

The Polk County ECI Board convenes the Preschool Advisory Group with membership of area public school district early-childhood coordinators. (Described in Section 4.) These directors of early childhood programs identify a variety of barriers for lower-income families, including transportation, the limited number of hours preschool operates (which makes it difficult for parents to obtain child care while working) and other family stresses. These hinder participation even when a program is tuition-free.

Improving access to preschool for children in Polk County will require addressing these barriers, as well as funding the needed preschool slots themselves.

### Early Care Learning Environments

Dramatic changes in the economy and work patterns over the last 40 years have meant that in the majority of families with young children, both parents, or the only parent, work outside the home. The vast majority, 79 percent, of Polk County families with children under 6 have all parents in the workforce. Changes in welfare policy also have required single parents of young children to seek and obtain employment. These changes mean the majority of young children, even in the infant and toddler years, spend a portion of their time in some form of child care.

Unfortunately, there is a disconnect between what most parents can afford to pay for child care and the compensation needed to ensure good-quality, developmentally appropriate care. Child Care Assistance (CCA)—the state's primary means of providing child care for low-income working families—serves only a share of families who could benefit. Meanwhile, the research is



clear that good quality care supports child growth and development, and that poor quality care can set back school readiness.

Strategies to enhance the affordability and quality of all types of child care settings—center-based; home-based; and family, friend and neighbor care—are needed to ensure that care improves children’s readiness for school.

The need for child care is particularly great in Iowa, which ranks second in the nation in the percent of children under age six with all parents in the labor force (79 percent). The majority of child care requests by age fielded by Child Care Resource & Referral are for infant care, representing 33 percent of the requests received.

The state has steadily increased its funding for CCA. Four years ago, in 2009, Iowa’s share of CCA was \$30 million to the federal share of \$62 million. In 2013 the state’s share was \$67.2 million and the federal share was \$61.4 million.

Iowa’s CCA program’s income eligibility limit of 145 percent of poverty (\$34,147 for a family of four) is one of the lowest in the country. In 2013, only seven states had a ceiling lower than Iowa’s. In 30 states the threshold was 165 percent of poverty or higher, and in 16 of those, the threshold was at or above 200 percent.

The rate Iowa pays to child care providers participating in the program is also among the nation’s lowest. The Iowa legislature has approved three increases of payment rates to providers in recent years: 2 percent increases in 2008 and in January 2013 and a 4 percent increase in July 2013. These increases have moved reimbursement closer to market rates for care, but CCA reimbursements still remain below national standards. Low reimbursement rates are a disincentive for quality providers to participate and also motivate many providers to accept CCA but drastically limit the number of CCA children they will accept.

Polk County ECI Board support over more than ten years to improve the quality of child care centers serving high percentages of CCA children has been a response to a community lack of enrollment slots for CCA children in high quality child care environments and particularly in low-income neighborhoods needing access to quality care.

In addition to low reimbursements to providers the current structure of CCA is problematic for families. When low-income working parents in Iowa get a better job or a pay raise that pushes them even slightly above 145 percent of poverty, they find themselves suddenly much worse off. For example, as a married couple with two children, both working, moves from just below to just over the threshold, they see their total resources fall by \$8,905. A single working parent in the same situation sees his or her total resources fall by \$4,890.

In 2012 the average annual tuition in Iowa for a 2-year-old in a child care center reached \$7,061, higher than the annual tuition at one of Iowa’s Regents institutions. Iowa wages have been virtually stagnant since 2000; the median wage (adjusted for inflation) was \$15.86 per hour at the start of 2000 but by January 2012 had actually fallen slightly to \$15.62. Resident tuition for academic year 2012-13 at the University of Iowa was \$6,678, at ISU and UNI \$6,648; this does not include mandatory fees. (Iowa Policy Project, *The State of Working Iowa 2012*.)

In addition to the important role of high-quality child care in healthy development, child care also plays an important role in family economic success. Parents with safe, reliable child care are less likely to face child care-related emergencies that interfere with work. Assistance with child care can help families stay in the labor force and move up the career ladder.

## Priorities and Related Strategies of the Polk County ECI Board

Board members met with service providers, funded and not funded, to discuss the areas of need in our community and gaps in service. (See Meeting Minutes November 19, 2014.) Five groups comprised of members and providers were organized around the five Results Areas. Groups were given relevant indicator data and all of the compilation of survey results. The groups brainstormed and made notes. They presented the results of their work to the whole group. The results of this meeting were then compiled and were circulated to all participants for review and input. The following Priorities and related Strategies are a direct result of this collaborative process which involved Board members and community partners.

Healthy Children
<p><b>Priority: Underserved and at-risk children have access to health and dental care.</b></p>
<p><b>Rationale:</b> While a high percentage of children younger than 18 are insured, there remains a small percentage (approximately 4 percent in 2013) with no insurance. These are extremely at-risk children.</p> <p>Polk County ECI Parent /Guardian Survey results support this priority:</p> <ul style="list-style-type: none"> <li>• Q35 “What are the top three areas you would like support with?” A total of 316 out of 399 respondents selected “Child Health”, Child Dental Health”, and/or Child Mental Health.”</li> </ul>
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Support clinics and programs that provide health and dental care to under-served.</li> <li>• Identify pediatric dentists in Polk County and determine if they accept Medicaid. Develop action plan to increase numbers of pediatric dentists who will accept Medicaid.</li> <li>• Provide hearing, vision and dental screenings at all Coalition child care centers.</li> <li>• Support public awareness of resources available for uninsured children.</li> <li>• Encourage VNS to promote their Care for Kids program that transports children with Medicaid through creative venues (radio, billboard, clinics).</li> <li>• Post information about the Care for Kids program at all coalition child care centers.</li> <li>• Identify and collaborate with community serving the 0-5 population.</li> </ul>
<p><b>Priority: All children are fully immunized by age 2.</b></p>
<p><b>Rationale:</b> In Polk County 2-year-olds who are up-to-date on immunizations have dropped from 84.4 percent in 2000 to 73 percent in 2013.</p> <p>Polk County ECI Parent /Guardian Survey results support this priority:</p>

- The survey did not directly question parents/guardians regarding immunization of their children or attitudes toward immunization. The diversity of respondents, majority are non-white, 51 percent, and 42 percent speak a language other than English in their homes, and the diversity of the young children population in Polk County support need for outreach and public awareness to ensure parents of young children are fully informed regarding immunizations.

**Strategies:**

- Ensure family support programs provide information about immunizations (in many languages).
- Promote public awareness efforts of importance of immunizations (in many languages).
- Support clinics and programs that serve at-risk populations.
- Collaborate with Polk County Public Health to create action plan to address immunization rates.

**Priority: Increase number of women who begin prenatal care in the first trimester.**

**Rationale:** In Polk County women who began prenatal care in their first trimester were 85.4 percent in 2012, a lower percentage than the 87.1 percent in 2000.

Polk County ECI Parent /Guardian Survey results support this priority:

- The survey did not directly query participants regarding care during pregnancy. Polk County demographics, including high populations of recently arriving refugees and immigrants, indicates outreach and public awareness would positively increase accessing prenatal care.

**Strategies:**

- Support home visiting programs that provide perinatal support and perinatal depression screening and referral.
- Promote public awareness efforts of importance prenatal care (in many languages).
- Contact Iowa Barriers to Prenatal Care to inform action plan.

**Children Ready to Succeed in School**

**Priority: Increase availability and accessibility to preschool for all children.**

**Rationale:** Currently public school districts have limited capacity to deliver preschool. Most enroll on first come first serve basis and have a waiting list throughout the school year.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q34 “What three things might help you and others parenting children age 0-5?” Forty percent of respondents selected transition to Kindergarten.
- Q38 Was the open-ended question, “What is your children’s or child’s greatest need?” Of the 290 total responses 79 indicated needs for: preschool/education/getting ready for Kindergarten

**Strategies:**

- Advocate for restoration of ECI funds to 2008 levels so more at-risk children can be enrolled.
- Build public awareness that transportation is a barrier for 4-year-olds to experience high quality preschool.
- Continue to support public and private efforts to transport children to preschool.
- Support outreach efforts to educate parents about importance of high quality preschool experience.

**Priority: Increase support for assessment and support of mental health and behavioral interventions for children in preschool classrooms.**

**Rationale:** Current funding levels of SWVPP are not adequate to budget for social workers, family support, nurse, or food programs. Most at-risk children are in great need of assessment and support, and their parents/guardians need help connecting with resources.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q34 “What three things might help you and others parenting children age 0-5?” The top selection was “Help with assessment of developmental or behavioral concerns” selected by 50 percent of respondents.

**Strategies:**

- Advocate for restoration of preschool funding from .5 to .6 for public school districts.
- Encourage collaboration of family support programs and preschool programs.

**Priority: Increase enrollment of at-risk children in quality preschool.**

**Rationale:** A 2013 analysis of SVPP data by Child & Family Policy Center showed that Black and Latino children and English Language Learners are much less likely to have participated, as are low-income children. Low income children and children of color are also underrepresented among children whose parents reported upon kindergarten entry that their child had a preschool experience of any kind.

Polk County ECI Parent /Guardian Survey results support this priority:

- The majority of respondents are non-white, 51 percent, and 42 percent speak a language other than English in their homes. Yet only 40 percent reported having a child or children attending preschool.
- Q30 “Did your 3 or 4 year old stay in child care rather than attend preschool? Why/ Why not?” Thirty percent responded yes, and in the 113 comments were “because I drop him off before I go to work and Pick him up after I get off”, “because I could not find a full-time preschool”, “no transportation to preschool program”, “transportation”, “on waiting list”.

**Strategies:**

- Build on the success of the preschool transportation pilot; document the outcomes for children with preschool experience and use to advocate and create public awareness.
- Build public awareness that transportation is a barrier for at-risk 4-year-olds to

<p>experience high quality preschool.</p> <ul style="list-style-type: none"> <li>• Continue to support public and private efforts to transport at-risk children to preschool.</li> <li>• Support preschool program outreach efforts to at-risk populations.</li> </ul>
<p><b>Priority: Increase parent/guardian knowledge and ability to prepare children for Kindergarten success.</b></p>
<p><b>Rationale:</b> Parents and guardians are key to preparing children to enter school, and parents are motivated to prepare their children for success in school.</p> <p>Polk County ECI Parent /Guardian Survey results support this priority:</p> <ul style="list-style-type: none"> <li>• Q34 “What three things might help you and others parenting children age 0-5?” Forty percent of respondents selected transition to Kindergarten.</li> </ul>
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Educate parents on value of quality programs and what school readiness means through efforts such as the school readiness Getting Ready for Kindergarten Calendar (English and Spanish).</li> <li>• Identify family literacy efforts to support.</li> <li>• Support literacy events held by partners in the community.</li> <li>• Provide books and reading strategy information for children and their families to use at home.</li> </ul>

<p><b>Safe and Supportive Communities</b></p>
<p><b>Priority: Increase community-based support for families with young children.</b></p>
<p><b>Rationale:</b> The percentage of children age 0-5 who live below the poverty level in Polk County continues to rise from 12 percent in year 2000 to the most recent estimate for 2013 of 21 percent. (U.S. Census Bureau) Meanwhile the percentage of children in families receiving assistance through WIC and FIP has continued to decline since 2000.</p> <p>Polk County ECI Parent /Guardian Survey results support this priority:</p> <ul style="list-style-type: none"> <li>• The need to increase comprehensive supports is indicated by the range and diversity of responses given to the open-ended questions Q37 “What is your greatest need as a parent?” and Q38 “What is your children’s or child’s greatest need.”</li> <li>• Q 36 “What are the top three challenges for your family’s well-being and success?” the top selection was “Cost of living / Cost of services” selected by 70 percent of respondents.</li> </ul>
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Communicate with 2-1-1 to ensure comprehensive resources and programs for young children are included in information provided.</li> <li>• Promote community referral access, including 2-1-1 and centralized intake with VNS.</li> <li>• Document existing directories or sources of resources for families and identify gaps.</li> </ul>

<ul style="list-style-type: none"> <li>• Identify existing formal and informal community supports.</li> <li>• Increase informal community and neighborhood networks to support all children.</li> </ul>
<b>Priority: Encourage family-friendly workplace policies.</b>
<p><b>Rationale:</b> Seventy-nine percent of Polk County families with young children have all parents in the workforce.</p> <p>Polk County ECI Parent /Guardian Survey results support this priority:</p> <ul style="list-style-type: none"> <li>• Open-ended Q37 “What is your greatest need as a parent?” included many responses relating to time: “more time,” “quality time,” “flexible workplace,” “support as a single parent – workplace awareness.”</li> </ul>
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Identify and promote family-friendly workplace policies and practices.</li> <li>• Recognize employers for family-friendly policies and practices.</li> <li>• Recognize employers providing high quality child care for employees.</li> </ul>
<b>Priority: Increase low-cost and no-cost community activities and events for young children and their families.</b>
<p><b>Rationale:</b> Opportunities for families to connect with other parents and other children can strengthen parent confidence and skills. Connection to others through shared experiences can also strengthen neighborhoods and communities.</p> <p>Polk County ECI Parent /Guardian Survey results support this priority:</p> <ul style="list-style-type: none"> <li>• Q34 “What three things might help you and others parenting children age 0-5?” Forty-seven percent identified “Community events for families” making this the third identified help to families.</li> <li>• Q36 Twenty-three percent of respondents identified “Not being connected to others” as one of the top three challenges to their family well-being and success.”</li> </ul>
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Collaborate with organizers of community and neighborhood events to promote activities for families with young children ages 0-5.</li> <li>• Include resources and parenting information at community-held events.</li> </ul>

<p style="text-align: center;"><b>Secure and Nurturing Families</b></p>
<b>Priority: Increase opportunities for development of positive relationships between children and parents.</b>
<p><b>Rationale:</b> Positive parent-child relationships are the foundation of children’s success. A healthy relationship between parent and child allows a child the ability to experience emotional</p>

well-being, manage emotions and behaviors, engage with others and adjust to new situations. Through parent-child interactions children learn the skills they need to engage with others and to succeed in different environments.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q37 “What is your greatest need as a parent?” solicited many answers which shared the underpinning of this particular response “to provide the best care with love.”

**Strategies:**

- Support public awareness of healthy bonding and attachment.
- Support parent education programs, including affirmative parenting classes.
- Support home visiting family support programs.

**Priority: Increase opportunities for parents to learn about healthy child development and parenting.**

**Rationale:** Knowledge of developmental needs helps parents hold appropriate expectations and to use appropriate discipline. Parenting skills are acquired not innate. Increased knowledge can lead to increased resiliency for parents.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q35 “What are the top three areas you would like support with?” The top choice, selected by 62 percent of respondents was “parenting skills and knowledge.”

**Strategies:**

- Encourage Early Childhood Iowa to identify statewide public awareness messages.
- Collaborate with providers of child care and early education to deliver parenting programs.
- Seek ways to coordinate communication of community service providers and resources to parents.

**Priority: Increase the number of families who have the resources they need to provide a safe and stable home for their children.**

**Rationale:** Poverty is detrimental to the health, safety and well-being of parents and their children.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q36 “What are the top three challenges for your family’s well-being and success?” The number one identified was “cost of living/cost of services,” chosen by 70 percent of respondents.
- Q35 asked “What are the top three areas you would like support with?” and 39 percent responded “income.”

**Strategies:**

- Collaborate with community programs and agencies serving families to provide resources and connections.
- Identify supports for single parents.



- Support wage and training for child care work force.
- Collaborate with workforce training to incorporate planning tools for parents to set goals for their families and children.
- Support public awareness efforts regarding the cost of living for families and the cliff effect on working families receiving assistance.

### Secure and Nurturing Early Learning Environments

**Priority: Increase the number of high quality early care and education environments for all children.**

**Rationale:** The number of registered home child care providers has continued to drop since 2008.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q24 “What are the most important reasons for the child care you use?” The top reason for the child care chosen was “program reputation or quality.” Sixty two percent of respondents selected this response.

**Strategies:**

- Identify funding to promote Iowa’s Quality Rating System to parents and providers.
- Collaborate with CCR&R to provide provider incentives for participation in QRS system.
- Create public awareness of quality standards and resources to locate quality child care.
- Promote children’s health and safety in early learning environments by supporting child care nurse consultants.

**Priority: Increase accessibility and affordability of high quality early care and education environments for all children.**

**Rationale:** Seventy-nine percent of families with young children need child care because all parents are in the workforce. Iowa’s CCA income eligibility limit of 145 percent is one of the lowest in the country; only 7 states have a lower ceiling.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q20 Fifty-four percent of respondents have children ages 0-5 in child care.
- Q23 “If you have children ages 0-5 cared for by friend, family or neighbor, why did you choose this care?” The top reason was “cost” chosen by 69 percent of respondents.
- Q36 “What are the top three challenges for your family’s well-being and success?” The top response was “cost of living/cost of services” chosen by 70 percent of respondents.
- Q36 “What are the top three challenges for your family’s well-being and success?” This open-ended question elicited this response from one parent: “Quality child care at an affordable price for working parents. Day care for 2 children is 1.5 times my mortgage! This is a problem.”



**Strategies:**

- Advocate for raising the income eligibility level for child care assistance.
- Create public awareness of the cliff effect on families.
- Advocate for raising the Child Care Assistance reimbursement rate for providers.
- Collaborate with CCR&R to incentivize registration of home providers.

**Priority: Increase parent awareness of brain development and developmental needs of young children.**

**Rationale:** Parents are motivated to do what is best for their children and would like information.

Polk County ECI Parent /Guardian Survey results support this priority:

- Q34 Forty percent of respondents selected “Parenting Classes” and forty percent selected “Parenting Resources” as things that would be helpful.
- Q35 Sixty-two percent identified “Parenting Skills and Knowledge” as the top area in which they would like support.

**Strategies:**

- Develop links to parent resources on the Polk County ECI web site.
- Identify no cost programs that parents can enroll in to receive daily parenting skills texts.
- Sponsor affirmative parenting classes.
- Include brain development and healthy development information during community events.
- Identify parent-to-parent and other models of parent support.

## Community-wide Indicators of the Polk County ECI Board

### Analysis of the Information collected to identify Indicators

The Board conducted an evaluation of past Indicators and the trend data from 2000 to present. (See Meeting Minutes October 22, 2014.) The framework for the discussion was provided by the newly revised Board Vision and Mission Statements. (See Section 1.) Indicators were evaluated in context the five Results Areas. The 15 Indicators included in the *Community Plan 2011* began the discussion. Board discussion included consideration of a wide range of other possible indicators. During discussion it became clear that there are more specific and easily quantifiable indicators for Results Area: Healthy Children. As a community and at the state level there is little quantifiable and reliable data to indicate Results Area: Children Ready to Succeed in School.

Board discussion generated a list of indicators, generally 5 to 7 per Results Area. This list was then circulated to members via online survey. Nineteen board members submitted their ranking of these priorities. Results were tabulated to identify the top three indicators for each of the five Results Areas.

The Board chose to delete 10 of the 15 Indicators included in *Community Plan 2011*:

2011 Indicator	Rationale for no longer tracking
Percent of live births of mothers under age 20	The Board chose to follow teen births to determine local efforts that might continue the downward trend for this indicator.
Percent of children with elevated lead levels in blood	While the Board continues to support local preventative programs and remediation the percent is not large enough to indicate community-wide health. Additionally this is a function of the housing stock in Polk County rather than an indicator directly reduced through efforts of the Board.
Percent of children under six living below poverty	The Board will always include this information as it looks at community demographics. However the Board does not directly fund any program that affects this number. The board determined that the number of children ages 0-4 receiving WIC services is a more informative indicator.
Low birth weight infants	The Board is focusing on prenatal care as indicator.
Percent of women who receive adequate prenatal care (Kotelchuck Index)	The word “adequate” was too general. This was modified to the new Indicator: Mothers who began prenatal care in first trimester. This seemed to be more important to the efforts the Board funds and seeks to support.
Percent of children with untreated cavities in pre-school	This previous indicator was only data from children seeking care at Des Moines Health Center. This did not seem a broad enough population to represent community-wide health.
Fourth grade reading score	The Board sought a more timely assessment of the impact of literacy and early education efforts. The Board is working with public school districts to gather GOLD data that can support Board investments in quality early learning and literacy efforts.
Percent of children with pre-literacy skills (DIBELS)	The Department of Education on literacy is too inconsistent and variable from district to district to be an indicator. Department of Education Kindergarten Literacy data provided to ECI 2011-2012 provided only 18 elementary buildings reporting in all of Polk County.
Percent of children with pre-literacy skills (PAP & PAT)	See above.
Percent of children with pre-literacy skills (Yopp Singer)	See above.

The Board chose to continue to track 5 of the indicators included in *Community Plan 2011*:

<b>2011 Indicator</b>	<b>Rationale for continuing to track</b>
Rate of immunizations by age two	The rate has fallen steadily and substantially since 2000. This fall corresponds to the rise in child poverty levels and in our increase in recent refugee and immigrant populations. This continues to be an indicator of the health needs of our most at-risk children.
Children under 18 years with health insurance Hawk-I (CHIP), Medicaid, Private	This has improved gradually since 2000. Given the recent and rapid changes in health care the Board feels it is important to keep tracking this Indicator. The percent of uninsured continues to be a community need the Board seeks to meet.
Child Abuse and neglect for children ages 0-5	This indicator was modified from the previous rate which included all ages birth through age 17. This continues to be a relevant indicator of safe and supportive communities.
Child care programs at a level 3, 4, or 5 on Iowa's QRS	The Board believes this is a good indicator of an increase in quality in child care. The Board supports the state system and invests substantially in quality improvement efforts of local child care providers.
Number of registered home child care providers	The Board supports state efforts to increase this number. Locally the Board supports the work of CCR&R with community providers in order to increase this number.

The Board chose to add these new Indicators to better track the needs of the community:

<b>2015 Indicator</b>	<b>Rationale for tracking</b>
Mothers Who Began Prenatal Care in First Trimester	This new indicator replaces the previous: Percent of women who receive adequate prenatal care (Kotelchuck Index). The word "adequate" was an ambiguous term. The Board seeks to identify efforts to directly impact this new indicator.
Children ages 3-4 enrolled in preschool	The Board feels this is important to track to determine who is accessing preschool and community barriers to enrollment. Given the diversity of our community population the Board is motivated to make strategic investments which will increase the level of preschool participation by children currently under-represented in enrollment.
Children demonstrating age-appropriate socio-emotional skills (GOLD Assessment)	The Board is working with local districts to gather this data. GOLD use is a recently

	legislated mandate for use in state-funded preschool classrooms. There are 5 domains that are assessed 3 times in the year. This domain is indicative of school readiness. This domain also will indicate the value of high quality preschool experience for at-risk populations.
Children demonstrating age-appropriate literacy skills (GOLD Assessment)	The Board is working with local districts to gather this data. GOLD use is a newly legislated mandate for use in state-funded preschool classrooms. There are 5 domains that are assessed 3 times in the year. The literacy domain is indicative of school readiness. This domain also will indicate the value of high quality preschool experience for at-risk populations.
Children ages 0-4 receiving food and nutrition services for WIC	The number of children receiving benefits is more indicative of the number of children in need than the children living in poverty previously tracked.
Families receiving FIP financial assistance	The number of families receiving temporary cash assistance is indicative of community need.
Teen births ages 15-19	Birth rates for females ages 15-19 have fallen to historic lows. The Board is interested in supporting programming to further decrease this rate.
Children living in household headed by single parent	This data is steadily increasing and is indicative of parents and children in need of increasing supports.
Children under age 6 with all parents in workforce	This data supports the critical importance of child care and early learning environments not only for children but also for parents.
Number of registered/licensed available child care slots listed with CCR&R	The Board is interested in tracking this as the child population increases. The Board determined that the number of slots are more vital to track than the number of providers. The Board will continue to invest in efforts to increase participation of providers in licensing and registration.

## Indicator Trend Matrix

The following chart lists all the indicators chosen by the Board organized by Results Area.

Polk County Early Childhood Iowa Indicators									
	Iowa	Polk County							Iowa
	2000	2000	2008	2010	2011	2012	2013	2014	2013
Healthy Children									
2-year-olds up-to-date on immunizations	85.9%	84.4%	87.0%	73.0%	66.0%	74.0%	73.0%		71.0%
Children under 18 years with health insurance Hawk-I (CHIP), Medicaid, Private	94.0%	94.3%	95.8%	95.0%	96.9%	96.8%	96.1%		95.9%
Mothers Who Began Prenatal Care in First Trimester	87.1%	88.8%	70.7%	77.8%	85.2%	85.4%			84% *2012
Children Ready to Succeed in School									
Children ages 3-4 enrolled in preschool		47.1%	46.7%	48.1%	48.1%				
Children demonstrating age-appropriate socio-emotional skills (GOLD Assessment)									
Children demonstrating age-appropriate literacy skills (GOLD Assessment)									
Safe and Supportive Communities									
Child abuse and neglect of children ages 0-5				1.9%	2.2%	2.3%	2.4%		2.6%

Children ages 0-4 receiving food and nutrition services for WIC	28.2% *2003	22.1%	22.2%	24.3%	23.7%	22.6%			26.6% *2012
Families receiving FIP financial assistance	1.8%	2.1%	1.4%	1.8%	1.6%	1.5%			1.3%
<b>Secure and Nurturing Families</b>									
Teen births ages 15-19	3.4%	4.8%	4.2%	3.4%	3.3%	2.6%			2.4% *2012
Children living in household headed by single parent	24.9%	27.6%	29.9%	31.4%	29.6%	29.9%	31.0%		29.8%
Children under age 6 with all parents in workforce	69.9% *2005	75.4% *2005	76.1%	78.7%	72.5%	70.8%	79.2%		77.0%
<b>Secure and Nurturing Early Learning Environments</b>									
Child care programs at a level 3, 4 or 5 on Iowa's QRS	NA	NA	24	78	45	57	45	74	558 *2014
Registered home child care providers	NA	731	813	812	810	730	736	659	3,464 *2014
Number of registered/licensed available child care slots listed	NA	19,653	22,826	22,914	23,260	22,524	22,852	22,517	127,774 *2014
	2000	2000	2008	2010	2011	2012	2013	2014	2013
	Iowa	Polk County							Iowa

Population age 5 and under	Iowa	Polk County							Iowa
	2000	2000	2008	2010	2011	2012	2013	2014	2013
	189,276	33,334	40,268	38,879	38,000	39,201	39,164		236,196

## Source of Data for Each Indicator

<b>Polk County Early Childhood Iowa Indicator Data - Definitions and Data Sources</b>
<b>State Result Area: Healthy Children</b>
<b>2-year-olds up-to-date on immunizations</b>
<b>Definitions:</b> Percentage of assessments conducted at public sector clinics where the children were fully immunized at age 24 months <b>Data Source:</b> Iowa Department of Public Health
<b>Children under 18 years with health insurance Hawk-I (CHIP), Medicaid, Private</b>
<b>Definitions:</b> Percentage of children under age 18 insured <b>Data Source:</b> U.S. Census Bureau American Community Survey
<b>Mothers Who Began Prenatal Care in First Trimester</b>
<b>Definitions:</b> Percentage of live births where the mother began prenatal care during the first trimester of pregnancy <b>Data Source:</b> Iowa Department of Public Health
<b>State Result Area: Children Ready to Succeed in School</b>
<b>Children ages 3-4 enrolled in preschool</b>
<b>Definitions:</b> Percentage of children age 3-4 enrolled in some form of preschool as reported by parent(s) <b>Data Source:</b> U.S. Census Bureau
<b>Children demonstrating age-appropriate socio-emotional skills (GOLD Assessment)</b>
<b>Definitions:</b> Percentage of preschool 4 year olds assessed with pre- and post-test who demonstrated age-appropriate skills in socio-emotional domain <b>Data Source:</b> Polk County Public School Districts
<b>Children demonstrating age-appropriate literacy skills</b>
<b>Definitions:</b> Percentage of preschool 4 year olds assessed with pre- and post-test who demonstrated age-appropriate skills in literacy domain <b>Data Source:</b> Polk County Public School Districts
<b>State Result Area: Safe and Supportive Communities</b>
<b>Child abuse and neglect of children ages 0-5</b>
<b>Definitions:</b> Rate of children who are confirmed to have been abused or neglected during the year <b>Data Source:</b> Iowa Department of Human Services (Prepared by Prevent Child Abuse Iowa)
<b>Children ages 0-4 receiving food and nutrition services for WIC (Women, Infants, Children)</b>
<b>Definitions:</b> Percentage of children age 0-4 who are receiving services through the Women, Infants and Children Program <b>Data Source:</b> Iowa Department of Public Health
<b>Families receiving FIP financial assistance</b>
<b>Definitions:</b> Percentage of individuals receiving Family Investment Program financial assistance during the year <b>Data Source:</b> Iowa Department of Human Services
<b>State Result Area: Secure and Nurturing Families</b>
<b>Teen births ages 15-19</b>
<b>Definitions:</b> Percentage of females age 15-19 giving birth <b>Data Source:</b> Iowa Department of Public Health
<b>Children living in household headed by single parent</b>
<b>Definitions:</b> Percentage of families with children that are headed by a single parent



<b>Data Source:</b> U.S. Census Bureau
<b>Children under age 6 with all parents in workforce</b>
<b>Definitions:</b> The share of children under age 6 whose resident parents are in the civilian labor force. <b>Data Source:</b> Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008-2013 American Community Survey
<b>State Result Area: Secure and Nurturing Early Learning Environments</b>
<b>Child care programs at a level 3, 4 or 5 on Iowa's QRS</b>
<b>Definitions:</b> Programs participating in the state QRS system <b>Data Source:</b> Child Care Resource & Referral Polk County and State of Iowa Data Sheets
<b>Registered home child care providers</b>
<b>Definitions:</b> DHS Registered Child Development Homes <b>Data Source:</b> Child Care Resource & Referral Polk County and State of Iowa Data Sheets
<b>Number of registered/licensed available child care slots listed</b>
<b>Definitions:</b> Total registered/licensed spaces listed with CCR&R. Includes Child Development Homes, Centers and Preschools. Does not include DOE operated Centers, Preschools or Before/After Programs. <b>Data Source:</b> Child Care Resource & Referral Polk County and State of Iowa Data Sheets

## Process for Awarding Funds

The process for awarding funds is included in the Polk County ECI *Process and Procedures Manual*: Policy ID 5.1 Program Funding and RFP Process. The Polk County ECI Board uses a written application process during which existing or potential new programs can apply for funding to further the Priorities of the Community Plan. The reapplication process begins in January as the Board determines the process, timeline and information that will be requested. (Examples from recent years of application and reapplication materials are included in Levels of Excellence materials.) After Board approval all information and related forms are uploaded to the Polk County ECI website. This typically occurs before or by the beginning of March. Currently funded programs are informed of the potential for funding of new programs. Programs identified throughout the year as of interest to the Board are contacted directly and encouraged to apply. Announcement of the process is also distributed through social media. Programs are given a minimum of 30 days to complete and return all application materials. Applications for new funding are reviewed by all members of the Board. Applicants may be required to respond to questions regarding their proposal in-person or in writing.

Currently funded programs must submit data for the first half of the fiscal year by January 30<sup>th</sup>. (See *Policy and Procedure Manual* Policy ID: 5.3 Performance Measures Reports.) At this time programs also must complete a narrative that describes the work they do, who is served, the factors influencing outcomes and share success stories. Programs reapplying for funding as well as those applying for new funding must submit detailed budget information and identify all sources of funding.

Given the number of programs seeking renewal funding, each program's outcomes data and narrative are reviewed by member work groups. Members of each work group complete a

scoring rubric. These work groups then meet with program staff to discuss the outcome data and narrative and to ask any questions they may have. Results of the scoring and meetings with programs are then shared by each work group to the full Board. All committee and work group meetings are subject to open meeting laws.

All funding decisions include consideration of the *Community Plan* and its Priorities and Strategies. The Polk County ECI Board follows established fiscal process and procedures. (See LOE Section 3 Fiduciary/Fiscal materials.) The Board waits to finalize funding amounts and to approve the budget until after the State budget has been signed by the Governor, and the ECI TA team has sent written notification of the actual funds to be received by the Polk County ECI Board. The Polk County ECI Board then waits for budget approval by the ECI TA team prior to issuing contracts.

Programs may request review of the award decision by filing a written appeal within ten working days after receipt of the award notification. The appeals process is included in the *Policy and Procedures Manual* Policy ID 5.2 Program Funding Appeals Process. Programs desiring information about programs funded and amounts received may obtain information by attending board meetings or by requesting this information from Polk County ECI staff.

## Section 3: Fiscal Assessment

### Polk County ECI Fiscal Assessment

The fiscal assessment is an outline of financial resources and service providers in Polk County serving young children and their families. As Iowa's largest county, a complete fiscal assessment of Polk County is a complex undertaking requiring substantial staff time. In Polk County there are hundreds of programs serving young children and their families. Child Care Resource and Referral data reports more than 1,500 programs providing child care in Polk County.

### Process Used to Gather Fiscal Information

To identify community resources Polk County ECI documented federal, state, local and private funding sources for children age birth through five and families. Fiscal information was gathered by surveying service providers (both funded and not funded by Polk County ECI) and by gathering fiscal information from public record. Polk County ECI conducted a service provider survey in fall 2014 and included a request for funding information from each respondent. Additionally, the Polk County ECI Board requires all programs seeking funding or a renewal of funding to annually submit a detailed budget outlining all revenue sources and anticipated expenses.

No program or agency was intentionally left out of the service provider survey or the fiscal assessment, and Polk County ECI welcomes additions or corrections. As noted, the fiscal assessment is an outline. Given the scale of services and size of population served a report of 100 percent of funding dollars in Polk County was not obtained. As information becomes available it will be added to assist ongoing Polk County ECI discussions of community needs. The fiscal assessment is a component which informs the work and strategic role of the Polk County ECI Board in the early childhood community.

### Utilization of Fiscal Information

The fiscal assessment and state and federal funding trends are indicators of potential community needs. In conjunction with the fiscal assessment the Polk County ECI Board utilizes demographic information of the county's population of children ages 0-5 (approximately 40,000 children) and the longitudinal trends of indicator data to evaluate community needs, inform funding decisions and periodically refine the local *Community Plan*.

The Board uses the information of the fiscal assessment to inform their annual funding decisions. The broader funding picture is a component of the program review that the Board undertakes each spring for currently funded programs and new programs seeking Polk County ECI funding for the first time. In addition to a review of program outcomes, a fiscal review of each program is also part of the funding decision-making of the Board. The annual Polk County

ECI funding process requires programs to report all other funding received and the sources of funding.

## Polk County ECI Funds and Collaborative Funding

It is the Polk County ECI Board's general practice to not be the sole source of funding for any program it supports. As part of the Board's annual review programs are required to provide a detailed budget in which all sources of funding are identified. Additionally, when making funding decisions the Board looks for evidence a program is sustainable or is seeking a variety of revenue sources and implementing practices in order to develop sustainability.

The ability of programs to combine funding sources and to develop sustainability has become increasingly critical as funding for Polk County ECI has been substantially reduced since 2008.

### Polk County ECI Funding History

<b>Fiscal Year</b>	<b>Early Childhood</b>	<b>School Ready</b>	<b>Fiscal Year TOTAL</b>
	Federal TANF \$	State \$	
08	\$965,766	\$4,300,024	\$5,265,790
09	\$1,071,168	\$4,324,096	\$5,395,264
10	\$1,043,025	\$3,341,554	\$4,384,579
11	\$993,091	\$2,820,547	\$3,813,638
12	\$ 1,019,240	\$2,659,055	\$3,678,295
13	\$1,003,071	\$2,652,898	\$3,655,969
14	\$1,040,015	\$2,610,577	\$3,650,592
<b>15</b>	<b>\$1,083,691</b>	<b>\$2,652,567</b>	<b>\$3,736,258</b>

\*Yellow EC funds are Federal \$. FY14 forward all EC and SR funds are state funds.

## Polk County ECI Fiscal Assessment of Major Sources of Funding FY15

All programs and agencies are located in Polk County.

Codes for sources of funding: ECI Local Funding=PCECI, Federal Funding=F, State Funding=S, Local Funding=L, Private Funding=P

In last column, *Agency's Level of Collaboration*, the following definitions are used to indicate 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.

Program & Agency	Type of Service Provided	Ages of Children Served	Number of Children ages 0-5 served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Healthy Start & Empowerment / VNS	Family Support	0-2	685	\$2,718,000	PCECI, F, P	Contribution
Early Childhood Family Support / DMPS	Family Support	3-5	100	\$275,000	PCECI, S	Collaboration
SWVPP / 10 public school districts	Preschool	4	4,227	\$8,188,092	PCECI, S	Contribution
1 <sup>st</sup> Five / VNS	Case Management	0-5	800	\$240,106	PCECI, F, S, L	Contribution
Smile Squad / Des Moines Health Center	Preventative Dental	2-17	4,000	\$2,153,000	PCECI, P	Collaboration
La Clínica de la Esperanza / UnityPointHealth	Health Clinic	0-17	570	\$90,000	PCECI, P	Contribution

<b>Program &amp; Agency</b>	<b>Type of Service Provided</b>	<b>Ages of Children Served</b>	<b>Number of Children ages 0-5 served</b>	<b>Yearly Estimated Funding</b>	<b>Identified Sources of Funding</b>	<b>Agency's Level of Collaboration</b>
Lead Poisoning Prevention / Polk County Public Health	Preventative Health	0-5	300	\$52,000	PCECI, S, L	Contribution
Respite Options / LSI	Crisis Respite	0-5	20-30	\$40,000	PCECI, P	Contribution
Blumenthal Crisis Nursery / YESS	Emergency care ages 0-5	0-5	75	\$250,000	PCECI, F, S, L	Contribution
Refugee Child Care Provider Training / LSI	Professional Development	0-14	75	\$153,000	PCECI, F, P	Collaboration
CCR&R / Orchard Place	Child Care Consultants, Quality Improvement Grants, Professional Development	NA	NA	\$627,050	PCECI, F, S	Collaboration
T.E.A.C.H. and WAGE\$ / Iowa AEYC	Professional Development, salary incentive	0-14	2,500	\$1,604,000 (statewide efforts)	PCECI, other ECI, F, S, P	Collaboration
Child Care Nurse Consultant / VNS	Child Care	0-5	500	\$276,000	PCECI, P	Contribution
Des Moines Area Child Care Coalition Resource Team	Child Care Consultants	0-5	1,334	\$150,000	PCECI, P	Collaboration
United Way of Central Iowa WLC	Parent Education	0-5	1,334	\$92,480	P	Collaboration

<b>Program &amp; Agency</b>	<b>Type of Service Provided</b>	<b>Ages of Children Served</b>	<b>Number of Children ages 0-5 served</b>	<b>Yearly Estimated Funding</b>	<b>Identified Sources of Funding</b>	<b>Agency's Level of Collaboration</b>
United Way of Central Iowa WLC	Support for Early Learning Environments	0-5	1,334	\$1,085,195	P	Collaboration
Iowa Child Abuse Prevention Programs (ICAPP) / Prevent Child Abuse Iowa	Community Development , Parent Development , Sexual Abuse Prevention	0-17	69	\$20,000	F, S	Communication
Community Based Child Abuse Prevention Program (CBCAP) / Prevent Child Abuse Iowa	Parent Development Services	0-17	91	\$16,000	F, S	Communication
HOPES Healthy Families Iowa / LSI	Family Support	0-4	65	\$250,000	S, P	Communication
Des Moines Area Religious Council (DMARC)	Child Care Scholarships	0-5	30	\$40,000	P	Communication
FaDSS	Family Development and Self Sufficiency grants	0-17	189 Families	\$1,685,341	F, S, L	Communication
Shared Visions Family Support	Family Support	3-5	96	\$36,820	S	Communication



Program & Agency	Type of Service Provided	Ages of Children Served	Number of Children ages 0-5 served	Yearly Estimated Funding	Identified Sources of Funding	Agency's Level of Collaboration
Early Access Part C	Early intervention for developmental delays	0-3	315	\$404,850	F	Communication
Special Education / Part B	Services for identified at-risk children in preschool setting	3-5	225	\$900,000	F, S	Communication
Medicaid Payments for young children	Health and Dental Care	0-5		\$86,937,281	F, S	Communication
CHIP/hawk-i	Insurance	0-17	45,000	\$7,233,634	F, S	Communication
Child Care Assistance / DHS	Financial Assistance	0-14	1,500	\$24,495,979	F, S	Communication
Head Start / Drake University	Early Education	3-5	733 (279 Drake + 454 DMPS)	\$6,794,800	F, S, P	Collaboration
Early Head Start / Drake University	Early Education and Home Visiting	0-3	88	\$976,465	F, P	Collaboration
New Directions Shelter / Hawthorn Hill	Emergency Shelter for Mothers and Children	0-17		\$320,000	P	Communication

<b>Program &amp; Agency</b>	<b>Type of Service Provided</b>	<b>Ages of Children Served</b>	<b>Number of Children ages 0-5 served</b>	<b>Yearly Estimated Funding</b>	<b>Identified Sources of Funding</b>	<b>Agency's Level of Collaboration</b>
Parenting Way, Inc.	Parenting Education and Resources	0-17		\$160,000	P	Communication
Easter Seals Iowa	Child Care, Preschool, crisis care, family support	0-17	500	\$2,000,000	S, P	Communication
St. Joseph Emergency Family Shelter / Catholic Charities	Family Emergency Shelter	0-17	126	\$300,000	F, P	Communication
Center for Life Counseling Program / Catholic Charities	Mental Health, Family Support	0-17			S, P	Communication
Link Associates	Family Support/Respite	0-17	3-4		S, P	Communication
Courage League Sports	Adaptive recreational activities	0-17	2,125	\$120,000	P	Communication
Perinatal Services / Young Women's Resource Center	Parent Support/Child Care	0-17	100	\$300,000	P	Communication
Preschool Transportation Pilot / VNS	Transportation	4	12	\$35,000	P	Communication

<b>Program &amp; Agency</b>	<b>Type of Service Provided</b>	<b>Ages of Children Served</b>	<b>Number of Children ages 0-5 served</b>	<b>Yearly Estimated Funding</b>	<b>Identified Sources of Funding</b>	<b>Agency's Level of Collaboration</b>
Girl Scouts of Iowa	Out of school activities for girls in Kindergarten	5	255	\$112,300	P	Communication
Refugee Resettlement / Catholic Charities	Support for recent refugees	0-17	22	\$154,000	F, P	Communication

## Section 4: Community Collaboration

### Polk County ECI Leadership

Polk County ECI has a strong history and continued role as collaborator within the early childhood community. The Polk County ECI Board convenes community conversations with program providers throughout each fiscal year. These conversations inform the Board's implementation of the Polk County ECI Community Plan, including evaluation of the effectiveness of Board Strategies and the impact of these on Board Priorities. Program staffs who have participated are positive about these opportunities to meet with other service providers to discuss the work being done in the community, resources available for the work and the challenges of meeting the needs of families. These conversations facilitate collaboration amongst service providers, many of whom do not have an occasion to meet together other than meetings organized by the Polk County ECI Board. These conversations are in addition to committee and task force work by the Board, program presentations during monthly Board meetings and the Board's annual process of program review.

Polk County ECI organized four roundtable gatherings in fall of 2013 on these themes: Preschool and Early Learning; Family Support and Parent Education; Child Care; and Health, Mental Health and Nutrition. The Board met with over 34 program staff from funded programs. Key players providing services met to discuss with each other and Board members their programs and the needs of the children and families these programs serve.

Polk County ECI convened an Early Childhood Family Support Forum in August 2014. The room was filled beyond capacity when Polk County ECI Board members joined with more than 40 family support workers and clients representing over 10 different agencies and programs for a discussion of Family Support in Polk County. The in-depth conversation explored existing resources and current gaps in Family Support for families of Polk County.

Fifteen program staff from across the community met with the Polk County ECI Board in fall 2014 to work in small groups focused on the five legislated results areas: Healthy Children; Children Ready to Succeed in School; Safe & Supportive Communities; Secure & Nurturing Families; and Secure & Nurturing Early Learning Environments. This created the opportunity for community programs to learn about ECI as a state and local initiative as well as for programs to share their work with all attending.

The Polk County ECI Board maintains a diverse membership representing a vital and deep involvement and knowledge of early childhood issues. Members sit on other community boards including Children & Families of Iowa and United Way of Central Iowa's Women's Leadership Connection, which is focused on early childhood. Polk County ECI members have a breadth of professional experiences which include Head Start, DHS licensure of child care, Character Counts, adolescent and juvenile justice, workforce development and public policy. Members volunteer across the community. In all roles, professional and volunteer, members represent Polk County ECI and gain awareness of the needs of children across our community.

The Polk County ECI Board maintains two committees, Preschool and Early Childhood, which meet throughout the year to conduct site visits to programs, meet with program directors and staff and to discuss emergent needs. These groups report back to the Board on topics such as community need, state policies affecting programs and to make recommendations for ways to strategically collaborate with programs.

In addition to local efforts, the Polk County ECI Board seeks opportunities to promote statewide ECI efforts and messages. In March 2014 Polk County ECI hosted a daylong ECI Cultural Competence Training which was fully enrolled with 30 participants. In November 2014 Polk County ECI facilitated a gathering of ECI area directors. This gathering focused on Early Childhood Iowa as a state initiative, how to improve the early childhood system and how to create public awareness and advocate for investment in early childhood. A majority of ECI directors attended and the assembled provided information and feedback to Every Child Counts and the Child & Family Policy Center as they sought to formulate their agenda for the next legislative session.

## **Polk County ECI Board Collaborations and Strategic Partnerships**

### **United Way of Central Iowa**

For more than a decade, United Way of Central Iowa and Polk County ECI have collaborated closely to leverage the resources of both organizations to invest in early childhood. Both coordinate efforts to build on past successes, increase positive program outcomes and meet needs as they arise within the community. Both organizations collaborate to identify important performance measures for co-funded programs. Both concentrate on results accountability for funded programs and documentation of program outcomes.

United Way of Central Iowa's Women's Leadership Connection is focused on early childhood and has invested substantial resources in Central Iowa to improve early education for all children to ensure they are ready for success in kindergarten. Polk County ECI collaborates with the Women's Leadership Connection to make investments to improve the accessibility and quality of care available for young children. The two organizations include board members with membership on both boards, ensuring efforts are coordinated to maximize the impact of the programs supported.

A focus of this strategic collaboration has been creation and support of the Des Moines Area Child Care Coalition, 18 child care centers supported by investments from both Polk County ECI and Women's Leadership Connection. In existence for more than a decade, the Coalition is a collaborative group of high-quality child care centers serving high percentages (80-100 percent) of state subsidized children. The majority of Coalition centers are located in neighborhoods of concentrated high poverty in Des Moines. Support of the Coalition is understood by the boards of both organizations as an opportunity to collaboratively develop a comprehensive, integrated early childhood system of care to serve our most at-risk children in early care environments.

The Des Moines Area Child Care Coalition centers include:

- A center offering bilingual child care (Hispanic Educational Resources Conmigo Early Education Center)
- Two centers each located within DMPS high schools and offering child care for parenting teens (Little Scarlets at East High School and Teddy Bear Town at DMPS Central Campus Scavo Alternative High School)
- A center providing care for the children of parenting women with addiction residing in transitional housing while receiving clinical services (House of Mercy)
- A center with two therapeutic classrooms for children with socio-emotional challenges (Children & Families of Iowa Child Development Center)

The co-funding by Polk County ECI and Women's Leadership Connection is used to provide Coalition Centers the support of a Resource Team that includes child care consultants, mental health consultants and Child Care Nurse Consultants. Funding is used to enact center action plans as they progress with accreditation and QRS participation. Funding also supports professional development for center staff.

### **Polk County Child Abuse Network Prevention Council**

In fall 2014 Polk County ECI sponsored free affirmative parenting classes at one of the Coalition centers. Trainers were provided by Polk County Child Abuse Network Prevention Council. The program was designed by The Incredible Years and will continue in the spring. Child care and meals were provided for all participants. Participating parents were very positive in evaluation comments. In response to parent requests, delivery of the program in Spanish is being explored.

### **Early Head Start**

During summer 2014 Polk County ECI provided critical leadership that led to community collaboration and resulted in the submission of the Early Head Start Child Care Partnership application for federal funding to support high quality care for children ages 0-3. The collaborative application was submitted in August 2014 by our community's Head Start Grantee: Drake University Head Start. In December 2014 the Health and Human Services Administration for Children and Families announced that our grant application was awarded full funding: \$1.1 million dollars for the first year and funding at that level for the next five years.

When the federal funding announcement was released in early June 2014 it was not clear if our community would create the new collaborative relationship necessary to meet the requirements of the grant. Polk County ECI convened the critical organizations and convinced all to commit to the collaborative application and the eventual collaborative delivery of services. Our local application pulled together Drake University Head Start, Polk County ECI, United Way of Central Iowa, Children & Families of Iowa and the child care centers of the Child Care Center

Coalition supported by Polk County ECI and Women's Leadership Connection. Polk County ECI wrote a section of the application, the Project Description: Community Need and Objectives.

This successful application builds a new partnership between Drake Early Head Start and eight child care centers of the Des Moines Area Child Care Center Coalition. With the award of this funding the Early Head Start Child Care Partnership will expand centers' capacity for infant and toddler care, increase financial support of the centers and their staffs and will double our community capacity to provide Early Head Start care. Currently Drake Early Head Start serves 88 eligible children in part-time, home-based care. With the new funding for this Partnership Early Head Start will serve an additional 90 children ages 0-3 by providing full-day, full-year high quality center-based care for the children who need it most.

The collaborative goals of the Partnership include: 1) Improve outcomes for children by providing comprehensive, full-day, full-year experiences in a quality learning environment facilitated by highly qualified staff; 2) Provide support and education to parents to improve self-sufficiency and competency in their roles as parents; and 3) Increase staff qualifications and skills through instructional coaching and quality, comprehensive professional development.

A requirement of the application was community and state-based in-kind funding to leverage the federal funds for expanding capacity. The long-standing collaborative relationships of Polk County ECI and Women's Leadership Connection provided strong evidence of our community's ability and will to support high quality early care. The new Early Head Start Child Care Partnership builds on the more than ten year's support provided to Coalition Centers to support working families by providing full-day, full-year high quality early learning for infants and toddlers.

## Preschool

Polk County ECI has effective collaborative relationships with the ten public school districts within the county. The Preschool Advisory Group was created by Polk County ECI and consists of the directors of each of the ten district early childhood programs. The group meets quarterly. Preschool Advisory Group meetings are opportunities for discussion of local policies, trends and program needs. Two barriers cited for children accessing preschool programming through Statewide Voluntary Preschool Program is the need of families for full-time care and the lack of funding for transportation for four year olds to get to preschool classrooms.

The Polk County ECI Executive Director collaborates with six central Iowa ECI area directors to annually compile a communication tool of Central Iowa preschool resources.

The Polk County ECI Executive Director participates in monthly meetings of Des Moines Public Schools Early Childhood Advisory, a collaborative group which includes a variety of educational professionals working in early childhood: social workers, mental health professionals, school nurses, Head Start staff, parochial school teachers and administrators, private preschool directors, Department of Education staff, child care center directors and child care consultants.



Meetings are chances to learn of the goals and strategies of the DMPS early childhood program, DOE directives and state initiatives. Participants in the Early Childhood Advisory also discuss the needs of the families and children enrolled in their programs.

Through the close collaborative relationship with DMPS, the Polk County ECI Board became aware of an underserved population: residents of a subsidized apartment complex, living in poverty and not on any transportation routes. The majority of residents are recent refugees and do not speak English in their homes. Many are not literate in their first language. The majority of children from this complex, including the English Language Learners, have been entering Kindergarten with no preschool experience; only 2 of 34 children entering Kindergarten in 2013 had a previous preschool experience.

To creatively meet the need of these at-risk four-year-olds Polk County ECI facilitated meetings with DMPS, the property owner, the Polk County Board of Supervisors, Des Moines City Council Members, the Community Foundation of Greater Des Moines and Visiting Nurse Services.

Focused networking led to private contributions to fund a pilot transporting 12 children of the complex to full-day preschool for this school year. The Polk County ECI Board is committed to supporting this pilot and to continue to work in the community and with policy makers to fund transportation so that at-risk four-year-olds are able to have a high quality preschool experience before enrolling in Kindergarten. This pilot to transport preschoolers is an example of Polk County ECI's role of convener, collaborator and problem-solver within our local community.

## **Project LAUNCH**

Project LAUNCH, a statewide initiative funded from October 2009 through September 2014, involved community-wide collaboration of early childhood stakeholders and included Polk County ECI staff participation. Federal grant funds from the Substance Abuse and Mental Health Services Administration were used to develop a sustainable, systemic community-approach to promoting social, emotional, and behavioral health for young children and their families. Locally Project LAUNCH targeted children ages birth through eight years old within a designated area in inner city Des Moines. Through a contract with Visiting Nurse Services, programs provided focused on families in poverty and those from minority populations traditionally underserved. Project LAUNCH in Polk County involved partnerships between the Iowa Department of Public Health, Visiting Nurse Services of Iowa and the Polk County Health Department. The goals were:

- Build infrastructure to increase capacity and integration of children's mental health services into Iowa's early childhood system of care
- Deliver family-centered, evidence-based services for children living in a targeted community and at-risk for poor social-emotional outcomes
- Promote sustainability and statewide spread of best practices for system development

Strategies implemented to meet these goals were:

- employ evidence-based practices including standardized developmental screening in primary care
- Implement the Nurse-Family Partnership within inner city Des Moines
- Teach Positive Behavior Implementation Supports to parents and child care providers
- Provide mental health consultation services to professionals working with young children and their families

A local Young Child Wellness Council provided oversight for the Polk County Project LAUNCH efforts and included Polk County ECI and 25 community stakeholders representing child wellness in the Des Moines area. Like the state council, the local council adopted the Early Childhood Iowa vision "Every child, beginning at birth, will be healthy and successful." The efforts of the Council led to the creation of the nascent Iowa Association for Infant and Early Childhood Mental Health in which Polk County ECI will continue to be involved as it evolves. Through participation on the Young Child Wellness Council and the evaluation of community needs, Polk County ECI and United Way of Central Iowa determined the need for mental health consultants to support the children and staff of the child care centers of the Des Moines Area Child Care Coalition. These consultants are full members of the Resource Team that support the centers of the Coalition.

### Community-wide Involvement

As Iowa's largest county and capital city there are many Polk County community groups, efforts and forums in which Polk County ECI is involved and actively contributes to work to improve our community. Polk County ECI looks for avenues to build public awareness of early childhood issues and to include these in community planning efforts. The Greater Des Moines Partnership is an economic and community development organization. The Community Foundation of Greater Des Moines improves the quality of life for all through charitable giving and providing leadership on important community issues.

Polk County ECI has worked with the Community Foundation to build awareness of community needs and to connect donors with projects to meet these needs. The Community Foundation identified private donors to support the pilot project to transport the at-risk 4-year-olds from a subsidized apartment complex to DMPS classrooms. Partnering with the Community Foundation builds public awareness of the needs of our low-income families and leverages private funds to meet community need.

Both the Greater Des Moines Partnership and Community Foundation are providing leadership for Central Iowa's Capital Crossroads focused on strategically planning for successful growth and future in Central Iowa. Polk County ECI has been involved in the Urban Core Initiative supported by the Community Foundation.

Polk County ECI is an active participant in the Refugee Planning Team, an alliance of stakeholders working to meet the needs of refugees in our community. From July to October

2013 there were more than 15 hours of facilitated sessions. The work from these sessions resulted in the *Refugee Community Plan: Des Moines 2014*. (See LOE Materials for a draft.) This work also resulted in the Governor's request to create a refugee task force. (See LOE materials for *Governor's Refugee Task Force – Concept Paper*.)

### **Early Childhood Iowa Groups**

The Polk County ECI Executive Director participates in the ECI North/Central Regional Directors Group. This group meets quarterly to share Early Childhood Iowa resources and information. Throughout the year this group circulates information and resources and holds telephonic meetings when need arises. This group functions as informal professional development for involved ECI area directors.

The Polk County ECI Executive Director also participates in the ECI Public Engagement Component Group, the ECI Stakeholder's Alliance and the ECI Stakeholder Strategic Planning Work Group. Information from each of these ECI-focused groups is shared with the Polk County ECI Board by the Executive Director during Board meetings and in Administrative Reports. Polk County ECI Board members have participated over the years on a variety of ECI component and work groups. The current Polk County ECI Board Chair is actively engaged in the ECI Public Engagement Component Group and the ECI Stakeholder's Alliance.

### **Polk County Early Care Environments and Meeting Health Needs**

Polk County ECI partners with Visiting Nurse Services, various programs and the state and local public health departments to create and fund a system of supports and services to prevent the spread of infectious diseases, prevent child injuries, create health emergency protocols, provide assistance with provider administration of medication and create plans of care for children with special health care needs.

### **Child Care Nurse Consultants**

Polk County ECI partners with Visiting Nurse Services to fund Child Care Nurse Consultants (CCNC). Funding of the CCNCs allows nurses to provide onsite consultation for child care providers. These CCNCs target child care provider practice and policy as it affects the health and safety of children in child care. The CCNCs 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 of child care centers 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 provides onsite nurse consultation, technical assistance and training to child care providers and early education businesses for the promotion of best practice standards in regards to children's health and safety. Each CCNC is a Registered Nurse, preferably with a Bachelor's Degree, specially trained and certified through the Iowa Training Project for Child Care Nurse Consultants using a nationally approved, evidence based curriculum relating to

health and safety in child care. Following certification, the CCNC continue to partner with the Iowa Department of Public Health for ongoing training and best practice policy updates.

Visiting Nurse Services (VNS) of Iowa has four Registered Nurses who have completed the CCNC training. The additional capacity of trained CCNC staff that can function in multiple programs within VNS allows the flexibility to serve a significant number of child care providers within Polk County. Polk County ECI funds support the salaries, benefits and infrastructure for the CCNC to provide services to child care providers in Polk County. The CCNC services include utilization of standardized tools to complete assessments of the physical environment relating to injury prevention, review of child records relating to health information and assessment of health policy and procedures along with best practice recommendations for improvements. The CCNC may respond to issues of childhood communicable diseases, infection control, child development, safety and injury prevention, nutrition and family health.

The CCNC provides a unique perspective to child care providers regarding issues of health and safety in child care. Educating providers on issues relating to health and safety is only the first step in achieving a safe and supportive setting for children during the day. The CCNC must then support and empower the child care providers to incorporate this education to improve daily practice. The Correctly Compliant program works with Polk County Health Department to audit immunization records for 145 child care and preschool providers operating in Polk County. In addition to auditing over 12,000 immunizations records, CCNCs offer IRIS immunization record look up and technical assistance regarding immunization requirements and immunization record keeping. The program also provides an Immunization Help Desk phone line, staffed during regular business hours, to answer immunization questions from providers, families and community partners.

CCNC services are available to all child care centers, preschools and home care providers operating in Polk County. There are approximately 250 child care center providers/preschool programs, over 650 DHS registered home care providers, and nearly 600 non-registered home care providers operating in Polk County. These providers have the capacity to serve over 33,000 children. There are no eligibility requirements for receiving the services of the CCNC. The CCNC are available to work onsite with all child care providers, including non-registered providers. Services are currently provided to 148 child care providers in Polk County through CCNC and onsite immunization audits. The services are provided without fee to providers.

The CCNC serve child care providers based on individual need. They may go on site on a routine basis, each week or each month. Because of the strong relationship built between child care provider and CCNC, ongoing services have been consistently provided over multiple years. This enables the CCNC to impact children most at risk for poor health and injury, including children with special health care needs.

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 provide education regarding medical conditions and help put in place special needs care plans. These care plans give 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 care plans that involve the child care provider, family and primary care health 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.

The Polk County ECI Board provides funding to support Child Care Nurse Consultants so early care environments in our community have the support and access to staff to address the spread of infectious diseases, prevent child injuries and put health emergency protocols in place.

### **Polk County Public Health Lead Poisoning Prevention and Healthy Homes Program**

The Polk County Health Department is another critical partner working to improve the health of our community's young children. Polk County ECI supports the department's Lead Poisoning Prevention and Healthy Homes Program, a comprehensive environmental program that strives to provide safe, healthy housing and to reduce cases of childhood lead poisoning associated with poor housing conditions. The intent of the program is to decrease negative health conditions and eliminate lead poisoning by increasing childhood screening, providing education and medical information and implementing lead hazard control measures.

In visiting hundreds of homes over the years, program staff have discovered that lead is almost never the only health hazard in the home. There are often asthma triggers, pest infestations, evidence of mold and other potential health hazards. Polk County Health Department's Nurse Case Manager has been trained as a Healthy Homes Specialist. This allows her to conduct "healthy homes assessments" in which she inspects the home for additional health hazards. Incorporating the "healthy homes assessment" the Polk County Public Health Nurse works with families to develop an action plan that includes identifying additional community resources and making referrals for families.

The program consists of both medical case management to address health related issues and also environmental case management to address any environmental hazards. Medical Case Management and Healthy Home issues are conducted by the Nurse Case Manager, and consist of follow-up activities at no cost to a family for all children in Polk County with blood lead levels greater than 10 micrograms per deciliter. Medical case management includes, but is not limited to, follow-up blood lead testing, medical evaluation, home nursing and outreach visits, nutrition evaluation, developmental assessment and care coordination. Medical case management includes all the services necessary to evaluate the health and development of a child with a blood lead level greater than 10 micrograms per deciliter and to treat any conditions identified in the evaluation.

Environmental case management is conducted by lead housing professionals who work in collaboration with the Nurse Case Manager and perform inspections to identify hazards in all dwellings associated with an Elevated Blood Level child. During fiscal year 2013 approximately 4,500 children were tested, with approximately 40 children identified with elevated levels (>10 ug/dl). The Nurse Case Manager typically has an "open case" list of approximately 120 children, with approximately 30 new cases within each fiscal year. These are children who have been

identified with elevated blood lead levels, and their blood lead levels remain above the closure criteria. Follow-up activities include: education, outreach and continued medical and environmental follow up until the child's lead level drops, hazards are repaired and case closure criteria is met.

Children under the age of six are at greatest risk, and because lead poisoning causes permanent neurological damage, lead poisoned children are far less likely to enter kindergarten developmentally on track in terms of literacy, social-emotional and intellectual skills. Childhood lead poisoning can cause: behavioral and learning disabilities; decreased muscle and bone growth; nervous system and kidney damage; speech and language problems; and lowered IQ. The annual cost of special education for one child, with a blood lead level greater than 25 micrograms per deciliter is estimated at about \$13,000. The Polk County Lead Poisoning and Healthy Homes Program offer resources and services to prevent these health risks and provide safe and healthy environments to vulnerable populations.



## Section 5: Review and Evaluation

### Effectiveness of the Community Plan

The Polk County ECI Board engages in year-round activities which inform the evaluation, use and periodic revision of the Polk County ECI *Community Plan*. Program outcomes are annually reviewed and evaluated in context of the Priorities established by the Board in the *Community Plan*. The information shared by program staff in meetings with the Board is considered as the *Community Plan* is reviewed for relevance and effectiveness.

The size of Polk County's young child population, approximately 40,000 children age 5 and under, mandates that the Board and its single staff coordinate and collaborate with other agencies in order to meet community need and accomplish required reporting and documentation. In the past Polk County ECI has collaborated with agencies to produce an "Early Childhood and School Readiness Business Case." The first such document was created in 1999, and the most recent iteration "A Business Case for Early-Childhood Investment in Central Iowa" was produced in summer 2014. In the past this document has been the core of the Polk County ECI *Community Plan*. The current Board made the decision to continue to support production of this "Business Case" but to use the Levels of Excellence process to create a detailed *Community Plan* more specific to Polk County, to ECI and to the needs of the population of children age 0 through 5 in Polk County.

During fall 2014 staff of community partner programs contributed to work focused on revision of Priorities and Strategies for inclusion in the *Community Plan*. All program information is considered as the Board evaluates the *Community Plan* and the included Board Priorities, Strategies and Indicator Data. The rapidly changing demographics of Polk County also influence evaluation and revisions to the *Community Plan*.

The Polk County ECI Board has a collaborative partnership with the Data Team of United Way of Central Iowa. Since 2011 programs funded by both organizations have utilized Results Scorecard, an online data system, to biannually record program outcomes. The Results Scorecard data system allows data to be aggregated from all funded programs. Data can be organized by results and indicators.

This year's Board review and revision of Polk County ECI Indicators will correspond with revisions to the categories used to aggregate data. Aggregated data will be used to determine if Strategies identified in the Community Plan and the subsequent funding decisions made by the Board are effectively impacting Board Priorities.

Annual efforts include updating community-wide indicator data to enable the Board to review trends. New board members are introduced to the *Community Plan* during their orientation meeting. Components of the *Community Plan* are revised annually while the entire plan is substantially revised and updated at a minimum of every three years.



## Program Effectiveness

Programs supported by Polk County ECI report on state and locally required performance measures. Program outcome data is documented at the end of January and end of July in Results Scorecard for each Early Childhood Iowa performance measure.

Program data is evaluated annually and looked at longitudinally for trends. Additionally, funded programs are required to submit narratives annually at the end of January. The narratives provide descriptions of the program, the population served, program outcomes, as well as challenges to providing services and barriers to children and families accessing services. Programs are encouraged to share client narratives exemplifying the impact made on individual children and families.

Program outcomes data and narratives are evaluated by the Board prior to meeting with programs. Meetings with program staff inform the annual review and evaluation cycle of the Board which occurs in spring. When board members meet with programs they can ask questions regarding reported outcomes. Program meetings include a discussion of program challenges and successes. The annual review includes board members scoring and commenting on program outcomes data and presentations. These results are tabulated and shared with the Board prior to funding discussions.

Program outcomes are evaluated for trends and evaluated in context of the priorities established by the Board in the Polk County ECI *Community Plan*. The Polk County ECI *Community Plan* and the included Board Priorities, Strategies and Indicator Data provide the lens through which the Board reviews programs. The process for awarding funds, which includes evaluation of program effectiveness, is more thoroughly described in Section 2.

Performance measures and related outcomes are compiled annually and reported in the Annual Report using the state template. Annual Reports are available on the Polk County ECI website.

## Board Roles, Responsibilities and Operations

The Polk County ECI maintains a full roster of 15-20 citizen members. Members commit to a full schedule of board meetings held 1.5 hours each of 11 months of the fiscal year. Prior to the first meeting of the board in the fiscal year new Board members attend an orientation meeting which focuses on board roles, responsibilities and operations. Members are provided a comprehensive book of materials which are also archived online. Within these materials is a calendar of monthly activities required of the Board. (See LOE Operational Optional 1 materials submitted for FY15 Board Book.) Board member materials are updated annually prior to new member orientation and distributed to returning members as well.

Financial reports for all revenue and all expenditures for School Ready and Early Childhood funds are reviewed and approved at each monthly board meeting. This review provides an opportunity for members to ask questions about financial and operational aspects of funded programs. As required by the state financial reporting is reviewed by the Board prior to submission to the state. The results of any financial reviews conducted by the state are

discussed and fully reviewed by the Board. At the Board's request the fiscal agent attends meetings to present audit information and related updates regarding fiscal processes.

Members are fully engaged in continuous evaluation of community need and the effectiveness of funded programs. As mentioned in Section 4, throughout the year the Board convenes programs to discuss community need and challenges to meeting these needs. Board members serve on either the Preschool or Child Care committee. These groups meet onsite with programs to gain in-depth information which they share with the whole board. As members identify need for more information programs and program staff are invited to present throughout the year at regularly calendared board meetings.

To meet the substantial volume of work required of the Board, members use committees, task force groups and work groups to effectively and efficiently accomplish all that is required of an area of the size of Polk County ECI. Examples of work done in smaller groups include recruitment and nominations of new members to ensure the Board maintains required membership, gender equity, ethnic diversity and geographic balance. Recruitment of new members is led by board members. Members lead annual reviews of governance issues, including the Polk County ECI Bylaws and the Policy and Procedure Manual. Task force groups are formulated as need arises.

In the spring of each year the Board conducts a self-evaluation. Responses are tabulated and shared with members. The Board also annually conducts a performance evaluation of the Polk County ECI Executive Director. Results are shared with members and the Executive Director. Fiscal year 2015 the board will conduct a survey of community partners. The Polk County ECI Board meeting in June is the Annual Meeting at which the agenda includes:

- Elect Board Chair and Vice Chair
- Approve new board member nominations
- Board Conflict of Interest Disclosure
- Review results of Board Self-Evaluation
- Renew fiscal agent and employer of record agreements
- Approve next fiscal year Budget
- Approve next fiscal year Contracts

Providers and community members are encouraged to attend Board Meetings and are free to contact board members or the Executive Director at any time.

Polk County ECI meeting agendas and minutes are available on the Polk County ECI website and reflect the year-round review and evaluation activities of the Board, including but not limited to:

- Reporting and review of monthly program expenditures, balances, percentage of funds expended
- Review of individual program performance
- Program site reviews completed by Executive Director and reported to the Board

- An Annual Meeting with required agenda items for approval (listed above)
- Annual review by members of their role and responsibilities
- Annual review by members of issues of confidentiality and conflict of interest
- Review of each fiscal year's Annual Report prior to submission by the Board
- Review of Annual Report review completed by the ECI TA team
- Annual performance evaluation of the Polk County ECI Executive Director completed by the Board

The Polk County ECI Board takes their responsibilities to identify community needs and to provide oversight of funded programs seriously. The Board is committed to providing fiscal and operational oversight and review of program effectiveness.







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