



POLK COUNTY
EARLY CHILDHOOD IOWA

Community Plan

Fiscal Year

2019



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Section I: Community Information

Early Childhood Iowa

Early Childhood Iowa (ECI) is Iowa's state initiative to provide resources for local decision making and local solutions to support children and families. The state initiative includes 38 local ECI area boards which serve all of Iowa's 99 counties. The Early Childhood Iowa State Board, with implementation through the ECI State Office housed in the Department of Management, leads the initiative to ensure fiscal and programmatic accountability with the statewide goal of creating positive outcomes for young children and their families. ECI brings members of each community together as a local area board to identify strengths, needs, and gaps in services in the community. ECI area boards work to identify resources for young children to grow to be healthy and ready for success in school and life. Serving children prenatal through age five, ECI works across the state through local ECI area boards to strengthen families, increase access to quality early learning environments, raise the quality of child care and preschools, and to improve child health and development.

Polk County Early Childhood Iowa

The Polk County Early Childhood Iowa Board invests in programs within Polk County to serve families with children, prenatal through age five, to serve the 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.

The Polk County Early Childhood Iowa Board maintains membership of 15–20 individuals. The Board places a high priority on recruiting diverse membership. Recruitment focuses on maintaining diversity which is representative of the families living in Polk County and includes diversity of ethnicity, race, home language, country of birth, location of residence in rural and urban areas, profession, and age.

Polk County Early Childhood Iowa (Polk County ECI) is a single county area. The three Early Childhood Iowa areas bordering Polk County ECI are: 4 R Kids (Adair, Dallas, Madison, and Warren Counties); BooST Together for Children (Boone and Story Counties); and JMP (Jasper, Marion, and Poweshiek Counties). Polk County ECI has a collaborative relationship with surrounding ECI areas and works with these areas to ensure all children and families have

access to services. Supporting the vision of the Board, Polk County ECI places priority on providing services to all children and families in need of services.

2018 Map of Early Childhood Iowa Areas



Figure 1. ECI Area Map 2018. www.earlychildhoodiowa.org.

Background

Polk County ECI began as an Empowerment area. Community Empowerment was established through bipartisan support during the 1998 legislative session 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.

Community Plan

The Polk County Early Childhood Iowa *Community Plan* guides 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. It is a complex undertaking to evaluate the diverse needs of Polk County children and families and to identify comprehensive services to meet these needs, including identifying barriers to accessing services. This document is a tool to help with these efforts including the planning, decision making, and establishment of priorities for the local board and community partners.

The board continuously seeks input from community partners throughout each fiscal year. This includes meeting with service providers throughout the year. Funded community partners attend monthly board meetings. In spring board members meet with each program to discuss program-specific outcomes and challenges. These spring meetings with programs represent over 40–60 hours of volunteer time each year, in addition to 11 monthly board meetings and committee work. During monthly board meetings and the spring program review meetings members and program providers discuss community needs and barriers to services for families and children. In the spring of each year the Board reviews data for all funded programs and completes evaluations of program-specific outcomes.

It would be challenging to provide a comprehensive picture of the multifaceted web of needs and services without partnerships across the community. It is hoped, in addition to being of use to the Board, the resulting *Community Plan* will contribute positively to the work of partners. The Board is grateful to contributing service providers for the high quality services they provide within the community and to the individuals providing input through board meetings and sharing of resources and information. The Board would like to acknowledge current community partners:

Child Care Resource & Referral, Region 4

Dental Connections

Des Moines Public Library

Ethnic Minorities of Burma Advocacy and Resource Center

Iowa Association for the Education of Young Children

Lutheran Services in Iowa

Polk County Health Department

EveryStep (formerly Visiting Nurse Services of Iowa)

Public School Districts:

Ankeny, Bondurant-Farrar, Dallas Center-Grimes, Des Moines Public, Johnston, North

Polk, Saydel, Southeast Polk, Urbandale, West Des Moines

Non-profit child care centers:

Bidwell Child Development Center, Capitol Park Early Learning Center, Children & Families of Iowa Child Development Center, Children & Families of Iowa Teddy Bear Town, Grandview Child Development Center, Conmigo Early Education Center, Oak Academy, Wonder Years Academy

The following community documents were reviewed to provide a comprehensive examination of community resources and needs:

- Central Iowa Community Health Needs Assessment 2016, Capital Crossroads/Greater Des Moines Partnership. [PDF here.](#)
- Child Care Assistance Data Sheet Iowa Department of Human Services. [PDF here.](#)
- Children's Defense Fund, 2015 Iowa Fact Sheet. [PDF here.](#)
- Condition of Education 2017 Annual Report, Iowa Department of Education. [PDF here.](#)
- Des Moines Public Schools, 2017–2018 Preliminary Budget and Financial Statements. [PDF here.](#)
- Des Moines School Early Childhood Family Strengths Survey Results, Fall 2017 (1,075 surveys)
- Drake University Head Start/Early Head Start Needs Assessment, March 2018
- Early Childhood Iowa State-wide Needs Assessment 2018. [PDF here.](#)
- Early Childhood Iowa Strategic Plan 2016–2018. [PDF here.](#)
- Enhancing African American Youth Academic Success in Polk County 2018. Iowa State University Extension and Outreach, Polk County. [PDF here.](#)
- Iowa ALICE Report: Asset Limited, Income Constrained, Employed, 2016, United Ways of Iowa. [PDF here.](#)
- Iowa ALICE Report: Asset Limited, Income Constrained, Employed 2018, United Ways of Iowa. [PDF here.](#)
- Iowa Child Maltreatment Prevention Needs Assessment, Prevent Child Abuse Iowa, December 2017. [PDF here.](#)
- Kids Count Data Book 2018: State Trends in Child Well-Being, The Annie E. Casey Foundation. [PDF here.](#)
- Polk County Decategorization, FY17 Child Welfare & Juvenile Justice Services Plan, August 2016. [PDF here.](#)
- Polk County Health Data. Online resource: www.polkcountyiowa.gov/health/reports-data/polk-county-health-data/
- Polk County Health Report: A demographic, socio-economic, medical and well-being report of Polk County, Iowa, October 2016. [PDF here.](#)
- Women in Iowa: 2018 State Data Center of Iowa and Iowa Department of Human Rights Office on the Status of Women, March 2018. [PDF here.](#)

Polk County Geographic and Demographic Profile

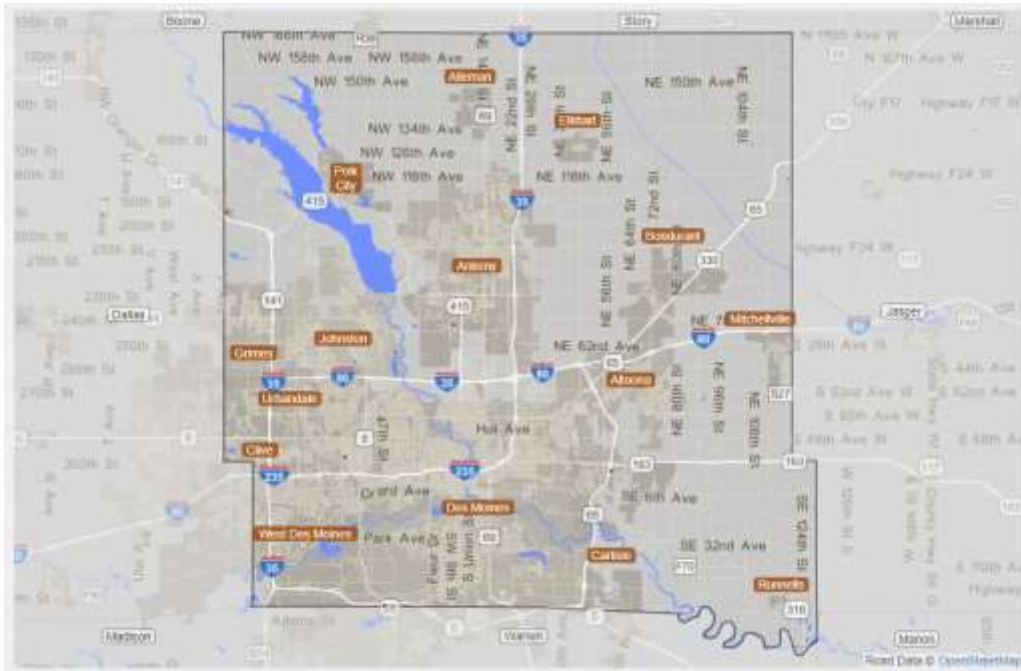


Figure 2. Cities within Polk County, Iowa.

Polk County, located in central Iowa, is the most populous county in 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 rural areas of Iowa are losing population. Central Iowa is the only area of Iowa which experienced an increase of more than 20 percent in population growth from 2000 to 2010. In the same period of time Polk County population grew by approximately 20 percent. In 2000 the population of the county was 374,601; in 2010 it was 430,640; and in 2017 is estimated to be 481,830. Since the inception of the U.S. Decennial Census in 1850 the population of Polk County has continued to increase with each decade, and this trend is projected to continue.

Polk County Population Estimates (1980-2040)

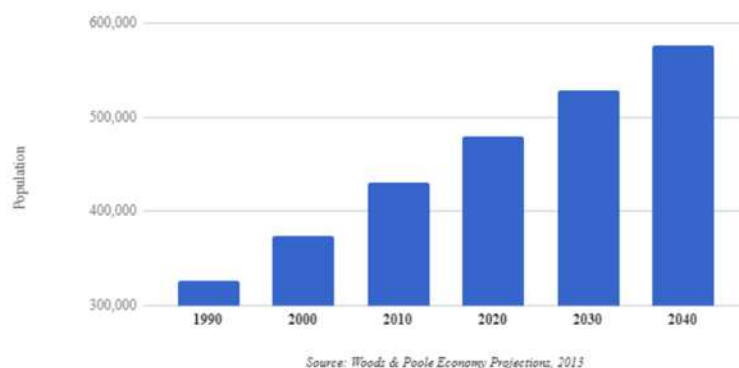


Figure 3. Polk County population estimates.

Polk County includes the city of Des Moines, which is the county seat and also the capital city of Iowa. Des Moines is comprised of 80.87 square miles of land and has a population of approximately 212,215. As Iowa's capital city, Des Moines is a hub of government action, business activity, and cultural affairs. With an estimated metro population of 645,911 the greater Des Moines community is an 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.

In addition to Des Moines, Polk County includes the cities of Alleman, Altoona, Ankeny, Bondurant, Clive, Elkhart, Granger, Grimes, Johnston, Mitchellville, 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. Between 2000 and 2010 Polk County's population grew 15 percent. The cities that experienced the largest percentage population increases during this time frame were Granger (113.4 percent), Bondurant (109.1 percent) and Johnston (99.85 percent). The cities that saw the greatest increase in children less than five years old were: Granger (319 percent), Elkhart (230 percent), and Bondurant (178 percent).

Geography	Population 2000	Population 2010	% Change
Alleman	439	432	-1.6%
Altoona	10,345	14,541	40.6%
Ankeny	27,117	45,582	68.1%
Bondurant	1,846	3,860	109.1%
Carlisle	3,497	3,876	10.8%
Clive	12,855	15,447	20.2%
Des Moines	198,682	203,433	2.4%
Elkhart	362	683	88.7%
Granger	583	1,244	113.4%
Grimes	5,098	8,246	61.7%
Johnston	8,649	17,278	99.8%
Mitchellville	1,715	2,254	31.4%
Pleasant Hill	5,070	8,785	73.3%
Polk City	2,344	3,418	45.8%
Runnells	352	507	44.0%
Saylorville CDP	3,012	3,301	9.6%
Sheldahl	336	319	-5.1%
Urbandale	29,072	39,463	35.7%
West Des Moines	46,403	56,609	22.0%
Windsor Heights	4,805	4,860	1.1%

Figure 4. Polk County Cities. Source: CensusViewer-Cities Iowa. Polk County Health Report 2016.

As Polk County gains population it is becoming more racially and ethnically diverse, and children are leading the way. 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 providers of care and services for children and families.

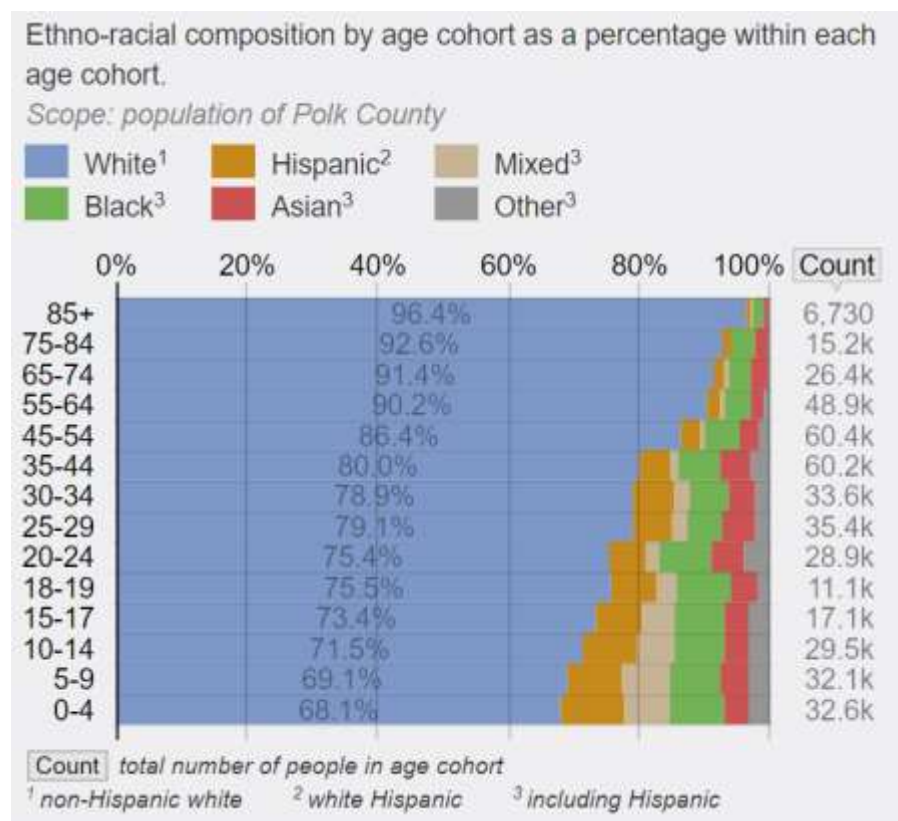


Figure 5. Ethno-racial composition by age cohort as a percentage within each age cohort. StatisticalAtlas.com.

The racial and ethnic mix of Des Moines residents is different than other areas of Polk County. In suburban Polk County 68 percent of children age 0–4 are White/non-Hispanic while in the city of Des Moines 53 percent of children are White/non-Hispanic. In Des Moines, the public school district has been “minority majority” since 2011, serving students that speak 100 different languages and dialects and come from more than 80 countries. If the 7,026 DMPS students who are designated as Limited English Proficient (LEP) were in a separate district they would make up the fourteenth largest district in Iowa.

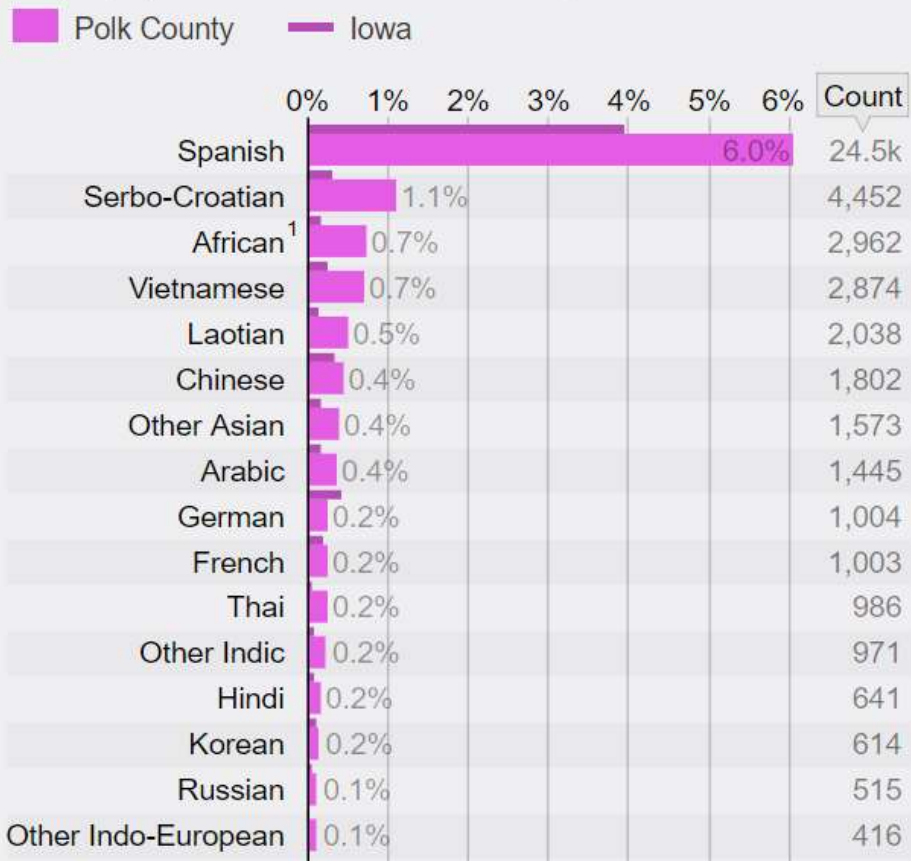
The largest Polk County racial/ethnic groups are White (85.3 percent) followed by Hispanic (8.4 percent) and African American (7 percent). The median age for residents is 35 years young.

Population	Polk County	Iowa
Population, 2017 estimate	481,830	3,145,711
Persons under 5 years	41,526 (7.2%)	246,991 (6.3%)
Persons under 18 years	25%	23.3%
White alone, not Hispanic or Latino	85.3%	91.1%
Black or African American alone	7%	3.8%
Asian alone	4.9%	2.6%
Hispanic or Latino	8.4%	6%
Two or more Races	2.3%	1.9%
Foreign born persons, 2012–2016	8.7%	4.9%
Language other than English spoken at home, % of persons age 5 and older	12.4%	7.5%
Median household income, 2012–2016	\$61,684	\$54,570
Persons in poverty	10.9%	11.8%

Figure 6. Source: U.S. Census Bureau State and County Quick Facts 2017.

Percentage of the total population living in households in which a given language is spoken at home.

Scope: population of Iowa and Polk County



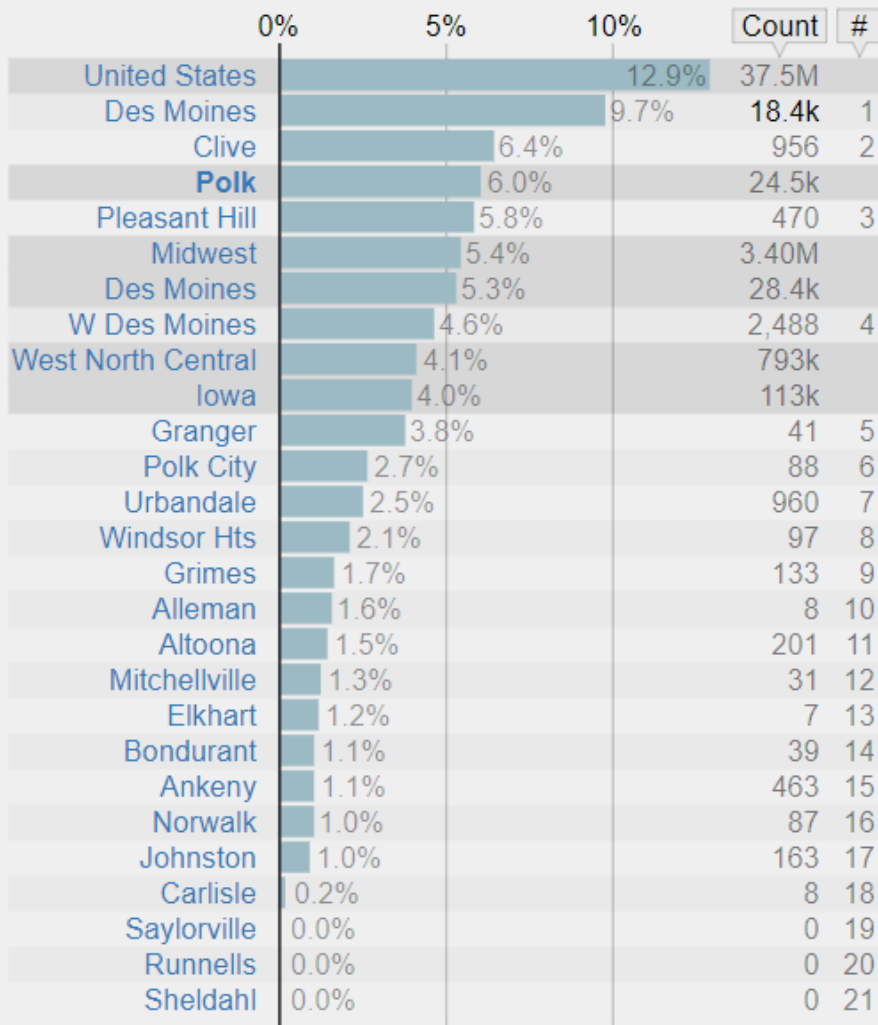
Count number of people speaking given language at home

¹ Amharic, Ibo, Twi, Yoruba, Bantu, Swahili, Somali

Figure 7. Languages spoken at home. StatisticalAtlas.com.

Percentage of the total population living in households in which Spanish is spoken.

Scope: population of Polk County, selected places in Polk County, and entities that contain Polk County



Count number of people speaking Spanish at home

rank of place out of 21 by percentage speaking Spanish at home

Figure 8. Spanish spoken at home by place. StatisticalAtlas.com.

Polk County Families and Children

The Polk County population of children age zero through five continues to grow annually and has increased over the last five years to 41,526. (Woods & Poole Population estimates December 2016) It is estimated that 25 percent of Polk County's population is under 18 years of age, or approximately 120,457 individuals.

Census numbers in 2010 identified 108,321 families with children living in Polk County. Of these 82,125 were two parent households. Single women headed 18,776 families. Single parent families are approximately 31 percent of the total households. In 2010 over 2,500 children under age 18 were being raised by their grandparents.

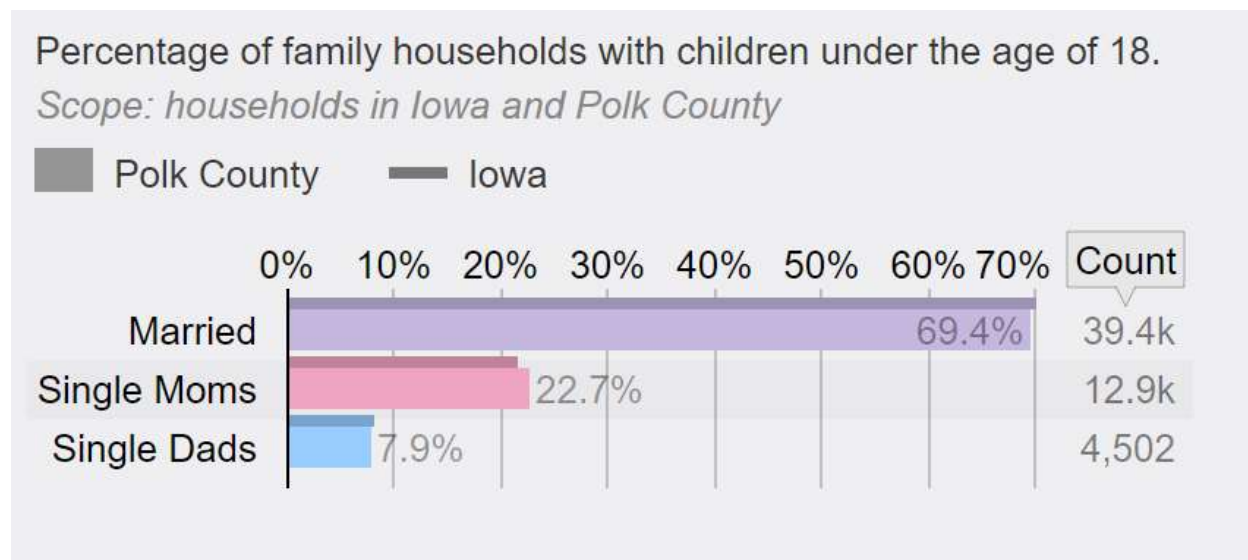


Figure 9. Family Household Types. StatisticalAtlas.com.

Children are more likely to be living in poverty than any other age group. In Polk County 14.3 percent, or more than 17,225, children under age 17, live in poverty. (Kid Counts Data 2016) The 2018 Federal Poverty Level (FPL) is \$25,100 for family of four. The *Polk County Health Report* estimates between years 2011–2015 that 20,381 Polk County residents under 18 years old lived below poverty level or 18 percent of the total county 0–18 year old population. Inside this group, an estimate of 6,436 children 0–5 year old lived below poverty or 19.6 percent of total 0–5 children in the county. The percentage of children whose families are struggling financially grows when considering what families need to earn to meet basic household needs. Experts gauge that figure to be more than double the federal poverty level.

A comparison of Polk County individuals below poverty level based on race and ethnicity shows a great level of disparity. During 2010–2014, more African Americans proportionally lived below poverty level at 36 percent, than Hispanics 25.5 percent, Asians 15 percent, and Whites 9.8 percent.

Correspondingly, children of color in Iowa are disproportionately poor: more than two in five African-American children and more than one in four Hispanic children live in poverty, compared to nearly one in eight White children. (Children’s Defense Fund, 2015 Iowa Fact Sheet)

Regardless of location, children—and in particular young children—are the age group most likely to live in poverty. In 2014, 20.5 percent of Polk County households with children under 18 years old were living below the poverty line in comparison with 11.7 percent of 18–64 year olds and 8.4 percent of people over 65 years old. And children of color are much more likely than their white peers to live in poverty.

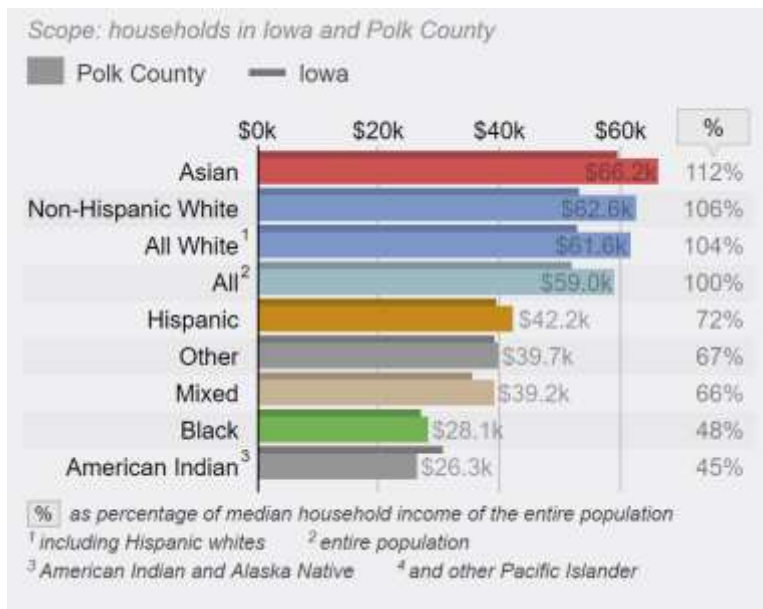


Figure 10. Median income by race. StatisticalAtlas.com.

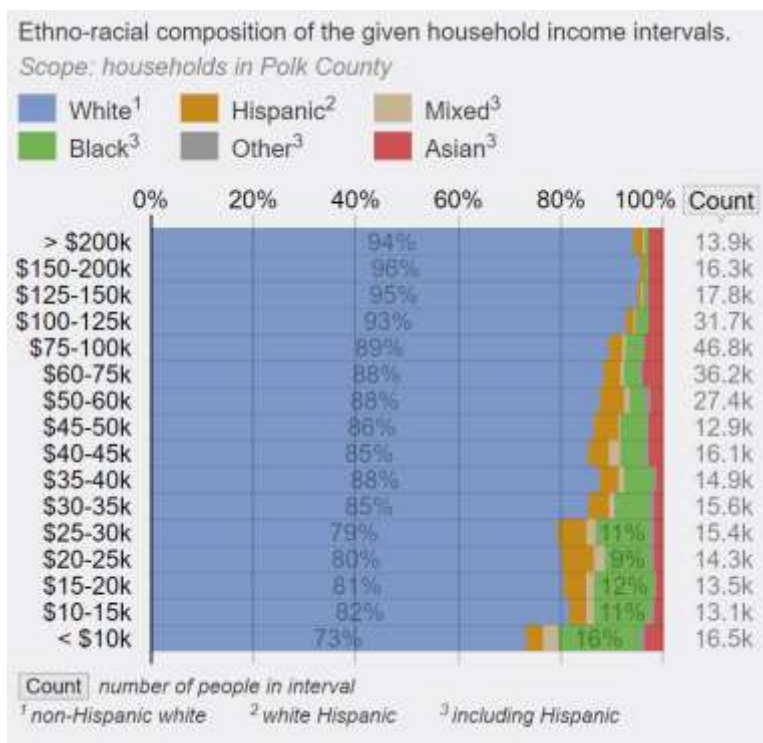


Figure 11. Household Income Distribution by Race. StatisticalAtlas.com.

Multiple research studies have documented that living in communities with a large concentration of people in poverty adds burdens to low-income families. Problems associated with living in poverty areas, such as, higher crime rates, poor housing conditions, and fewer job opportunities are exacerbated when poor families live clustered in high-poverty neighborhoods. (See “The Enduring Challenge of Concentrated Poverty in America: Case Studies From Communities

Across the U.S.A.,” a joint project of the Community Affairs Offices of the Federal Reserve System and the Metropolitan Policy Program at the Brookings Institution. Federal Reserve Bank of Cleveland, 2008.)

The U.S. Census Bureau designates a census tract with a poverty rate of 20 percent or more as a “poverty area.” Polk County includes 17 census tracts with a rate of 20 percent or higher. These neighborhoods of concentrated poverty all lie within the city of Des Moines and range from 20 percent to 42.5 percent of residents living in poverty. Tracts are highlighted in yellow on the following map.

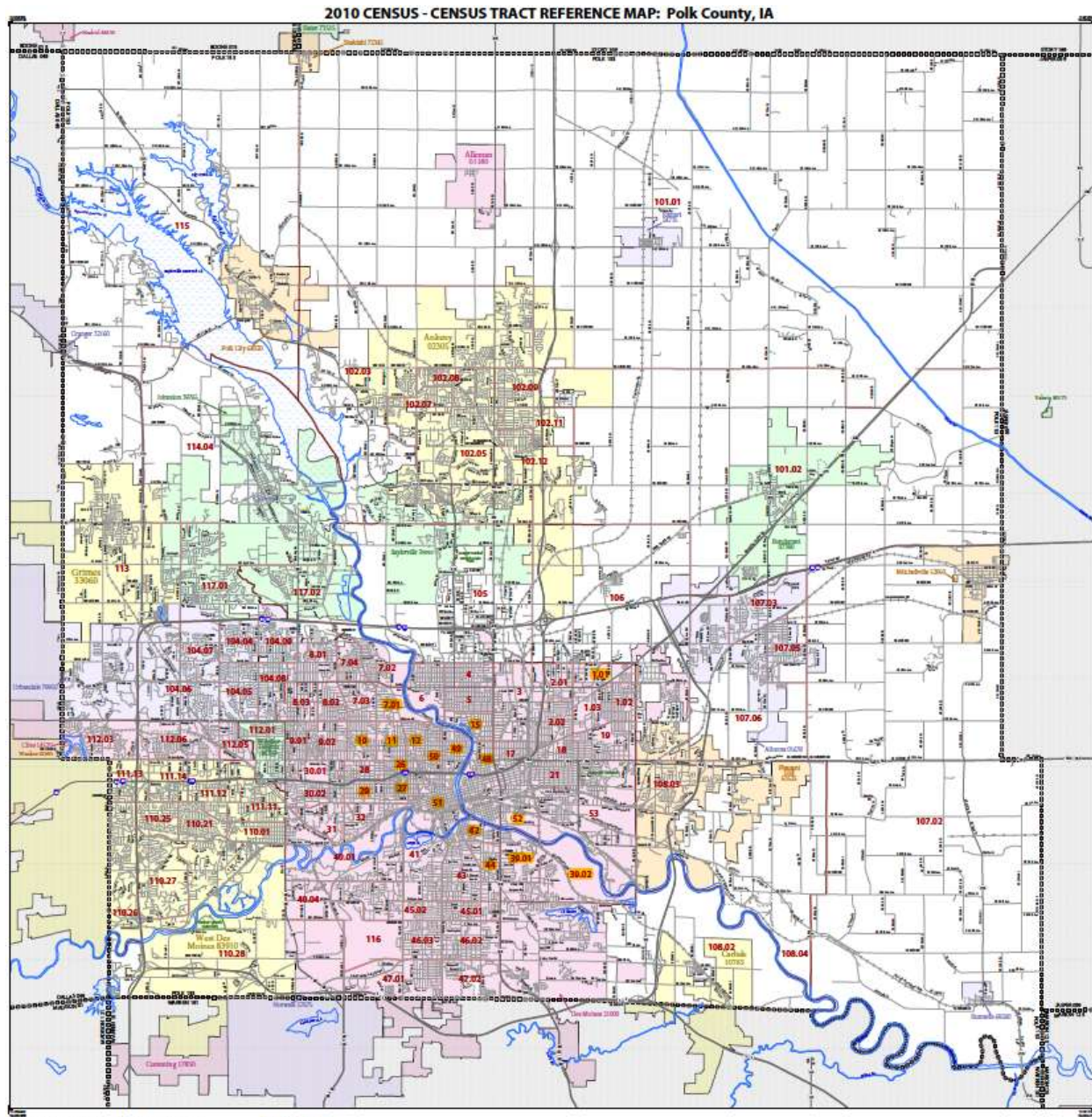


Figure 12. U.S. Census Tracts Polk County 2010. Tracts highlighted in yellow have poverty rate 20 percent or higher.

Family Budgets

Children add a significant expense to a family budget. In 2017 in Polk County the average annual cost of licensed center-based child care for an infant was \$11,950—while the average annual in-state tuition and fees at Iowa’s public 4-year colleges was \$8,767. Many families with children earn less than the basic costs of living and struggle to meet basic needs. Though more families are headed by married parents, those families with a single parent are more likely to have an income below the basic costs of living. The number of children living in single parent households continues to grow in Polk County.

The United Ways of Iowa compiled state, county, and municipal level data in the *United Way ALICE Report for Iowa*. The 2016 report utilized 2010 data and the 2018 report uses 2016 data. ALICE (Asset-Limited, Income-Constrained, Employed) shows the population of working poor, Iowans working at low-paying jobs, with little or no savings—one emergency away from falling into poverty.

The report includes county-specific annual Household Survival Budgets. In Polk County the Survival Budget is \$62,172 for a family with two adults, one infant, and one preschooler, both in licensed child care. This amount is more than double the Federal Poverty Level of \$25,100 for the same family. In 2010 the percent of total Polk County households below the household survival budget was 28 percent. In 2016 the percent increased to 36 percent.

Household Survival Budget - Polk, Iowa, 2016		
	2 Adults, 1 Infant, 1 Preschooler	Single Adult
Housing	\$844	\$577
Child Care	\$1,143	\$0
Food	\$525	\$158
Transportation	\$697	\$349
Health Care	\$800	\$214
Technology	\$75	\$55
Miscellaneous	\$471	\$164
Taxes	\$626	\$291
Monthly Total	\$5,181	\$1,808
ANNUAL TOTAL	\$62,172	\$21,696
Hourly Wage	\$31.09	\$10.85

Figure 13. United Way ALICE Report for Iowa 2018.

The Alice Report 2018 documents that of a total 182,537 households there are approximately 59,597 Polk County families with children earning less than the household survival budget; of these families 15 percent are married, 73 percent are single female heads of household, and 54 percent are single male heads of households.

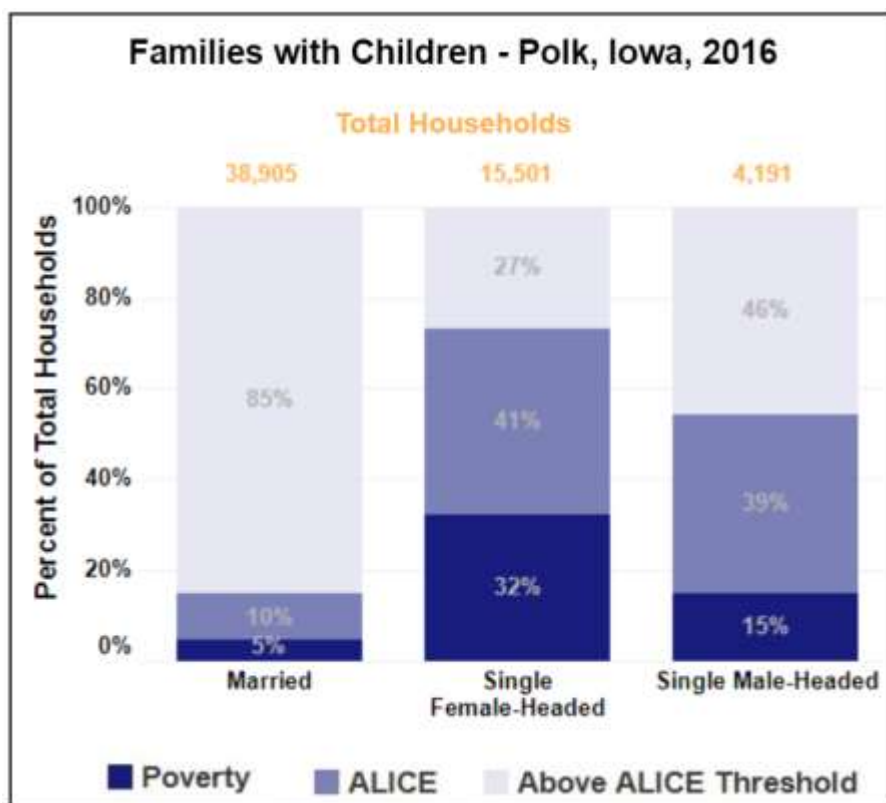


Figure 14. United Way ALICE Report for Iowa 2018.

Additionally ALICE documents the racial and ethnic disparity of families living below the household survival budget.

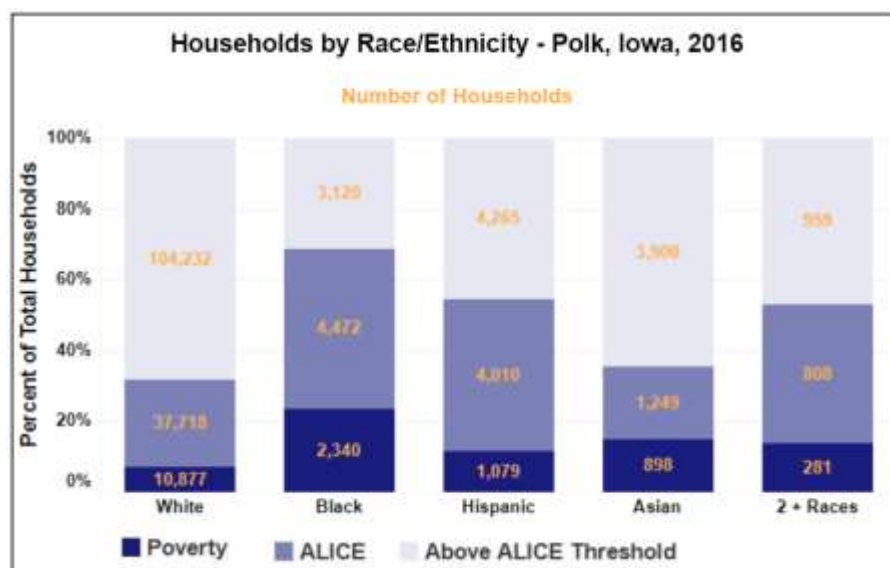


Figure 15. United Way ALICE Report for Iowa 2018.

Over half of Polk County households with children under 18 years of age received the assistance of food stamps from the federal Supplemental Nutrition Assistance Program (SNAP). SNAP is the largest federal program in the domestic hunger safety net.

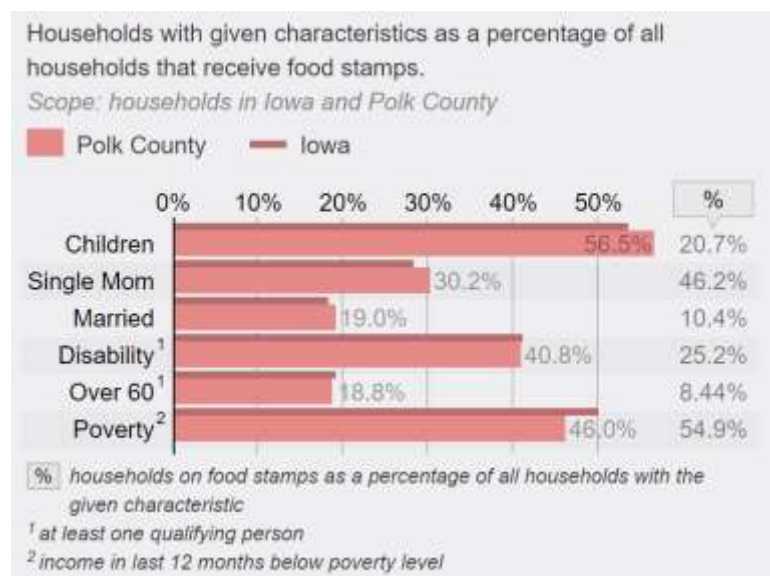


Figure 16. Characteristics of households receiving food stamps. StatisticalAtlas.com.

WIC (Women, Infants, & Children) is another federal program which is a supplemental nutrition program for babies, children under the age of 5, pregnant women, breastfeeding women, and women who have had a baby in the last 6 months. The total food benefit value per participant is \$54 monthly. In Polk County nearly 26 percent of children are receiving services through WIC.

Health

A healthy pregnancy is the first step to a healthy baby. Prenatal care allows for healthcare providers to promote healthy lifestyle choices and quickly address medical conditions that could impact development of the fetus during pregnancy.

In Polk County, the majority of pregnant women received prenatal care and most of them started this process early in their pregnancy. Between 2005–2015, 59,940 women or an average of 80.7 percent of pregnant women in Polk County started prenatal care in the first trimester. Among women who started in the second or third trimester, data indicates that African American (65 percent) and American Indian (62 percent) women were more likely to delay entry into prenatal care in their first trimester, compared to White (85 percent), Asian (77 percent) or Hispanic women (72 percent). Early entry into prenatal care is critical for the healthy development and birth of all babies.

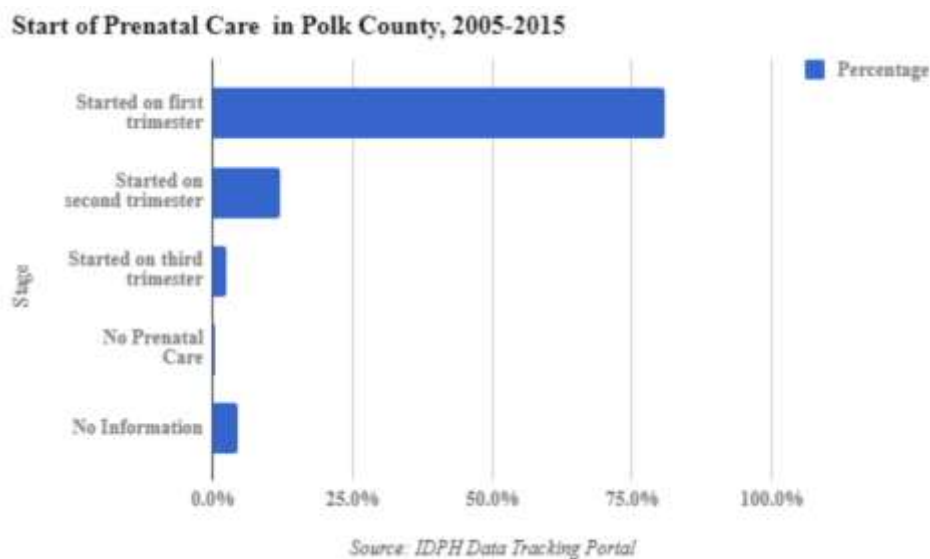


Figure 17. Prenatal care. Source: IDPH Tracking Portal included online Polk County Health Data.

A baby is considered low birth weight when it weighs less than 5.5 pounds at birth. According to the Centers for Disease Control and Prevention (CDC), low birth weight is one of the leading causes of infant mortality in the nation. Babies born at a low weight have a higher risk of health complications throughout their entire life, including brain development and respiratory problems. Since 2004, the rate of total low birth weight babies in Polk County has fluctuated slightly, but stayed within 6–8 percent of all births. Women who do not receive prenatal care are at an increased risk of giving birth to a low birth weight baby. During 2004–2014, 23 percent of births from women who did not receive prenatal care were low birth weight babies. Data shows significant differences across race/ethnicity lines. African American women are almost twice as likely to have a low birth weight baby compared to White and Hispanic women.

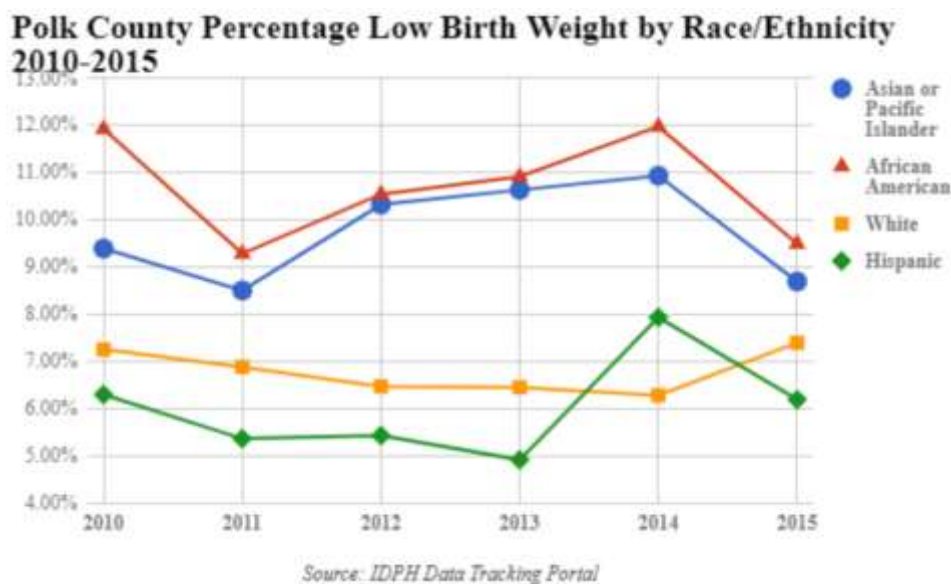


Figure 18. Low birth weight. Source: IDPH Tracking Portal included online Polk County Health Data.

According to CDC recognized guidelines, all children should be immunized against infectious diseases starting at birth unless medical conditions prevent immunization. When there is a low immunization rate within a population, there is a higher risk of a disease outbreak. Not only do vaccinations keep a child safe from life-threatening diseases, they also protect the lives of those children who are unable to receive a vaccine for medical reasons. The rate of immunization among infants (0–2 years old) in Polk County dropped from 2012–2015 but rose to 72 percent in 2017. While Polk County rates are slightly above the 70 percent of Iowa, the rates for both Polk County and Iowa are markedly lower than the rates in 2000.

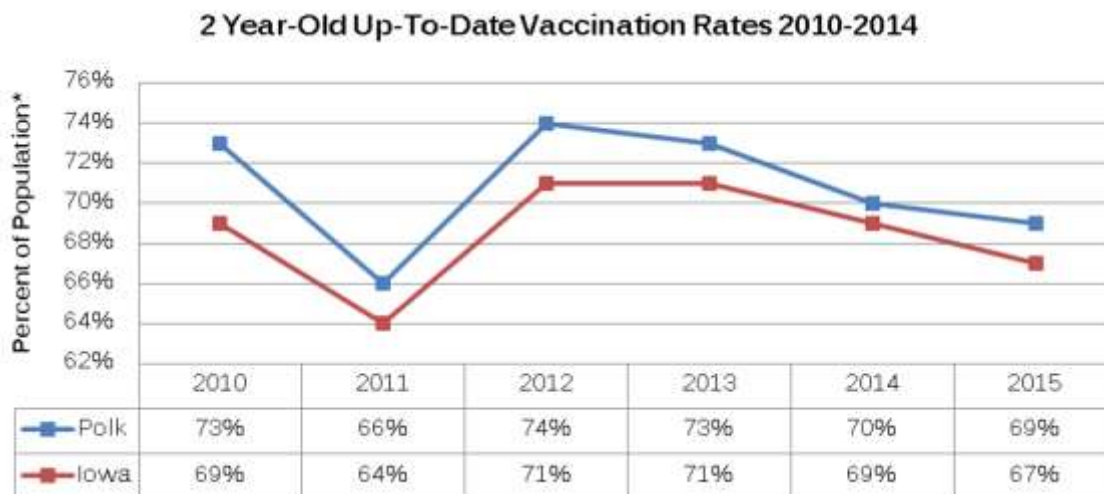


Figure 19. *Based on 2 year old population registered in the Immunization Registry Information System (IRIS) and up-to-date on 4-3-1-3-3-1-4 series Source: IDPH Immunization Program included in Polk County Health Report 2016.

Polk County is fortunate to be regional hub for health resources and facilities. Broadlawns Medical Center is an acute care, community hospital supported by several specialty clinics that serve the medical, surgical, mental health, and primary healthcare needs of Polk County residents. The system is comprised of 66 physicians, 1,000 employees, and 20 specialty clinics. Mercy Medical Center is an 802-bed acute care, not-for-profit Catholic hospital situated on three campuses. Founded by the Sisters of Mercy in 1893, Mercy is the longest continually operating hospital in Des Moines. It also is one of the largest employers in the state, with more than 7,100 employees and a medical staff of more than 800 physicians and allied health associates. UnityPoint Health Des Moines provides coordinated clinic, hospital, and home-based care for patients in Central Iowa. UnityPoint Health Des Moines is led by nearly 290 physicians and providers working in more than 50 UnityPoint clinic locations. They are supported by four UnityPoint Health Des Moines hospitals—Iowa Methodist Medical Center, Iowa Lutheran Hospital, Blank Children's Hospital, and Methodist West Hospital—and a cancer center along with home healthcare services. Central Iowa also has many current community health initiatives, including but not limited to: Healthy Polk, Healthy Homes East Bank, 5-2-1-0, Healthy People Healthy Places. The Polk County Public Health Department works to create the conditions for all people to live healthy lives by engaging residents, reducing health disparities, and attending to the needs of the most vulnerable families.

In Polk County the ratio of dental providers to residents is 1,542:1. However, the number of providers that accept Medicaid as identified on the Iowa Department of Human Services website is 171. In practice the few providers which accept Medicaid set a limit on the number of patients with this coverage they will serve. Community partner Dental Connections provides a critical service for dental care in Polk County for individuals, including children, who have no dental coverage or are insured through Medicaid.

Education

There are 10 public school districts within Polk County and several whose boundaries enter the county. The 10 districts are a mix of urban, suburban, and rural and serve a total of 82,202 students grades PK–12. (Iowa Department of Education 2017–2018)

Polk County Public School District Boundaries and Contiguous Districts

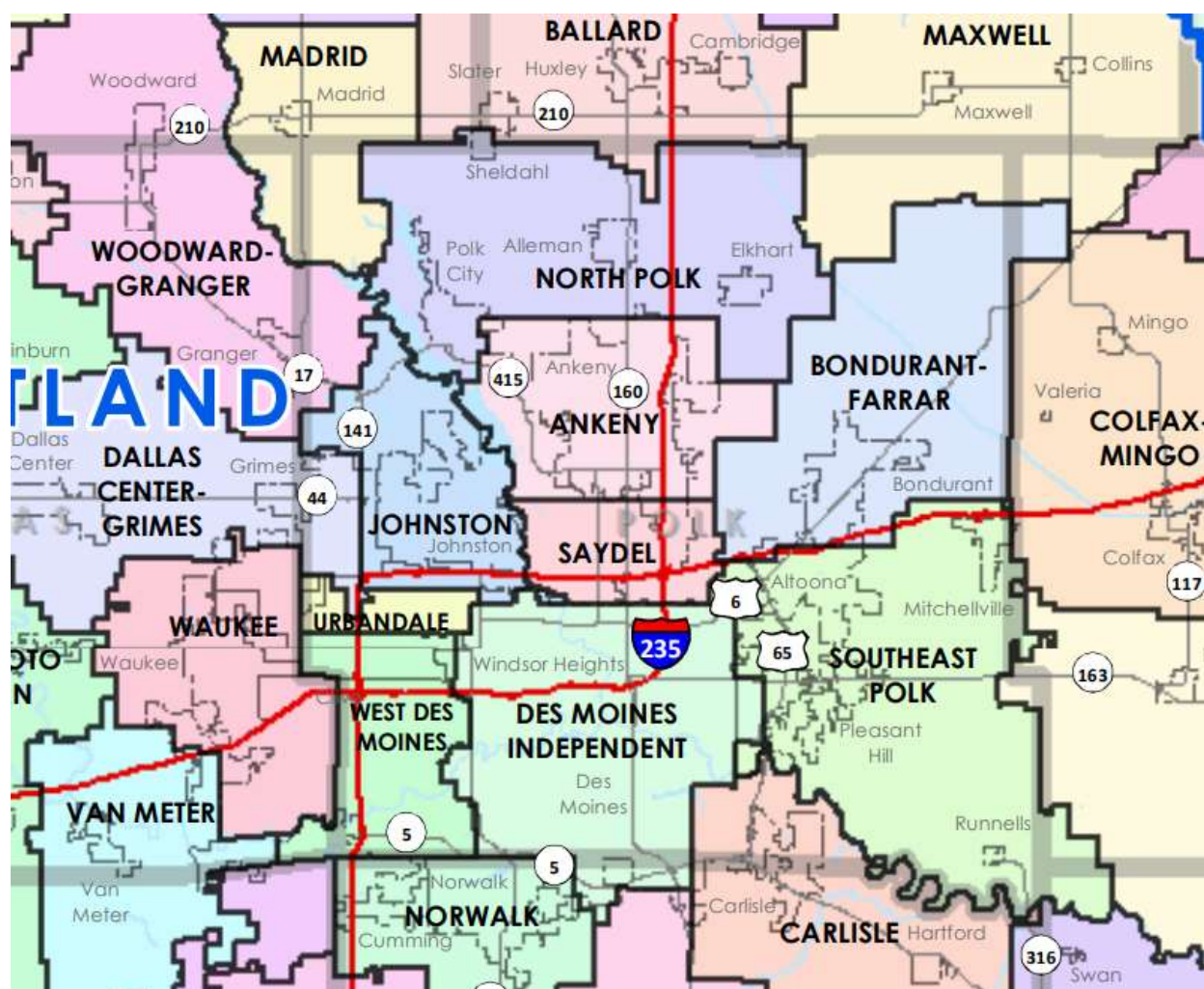


Figure 20. Polk County Public School District Boundaries.

Private K–12 Schools

In addition to public school districts, there are 32 private schools in Polk County, serving approximately 7,000 students. The majority of these schools are religiously affiliated. The Diocese of Des Moines operates 17 schools: 15 preschool through grade 8 and 2 high schools.

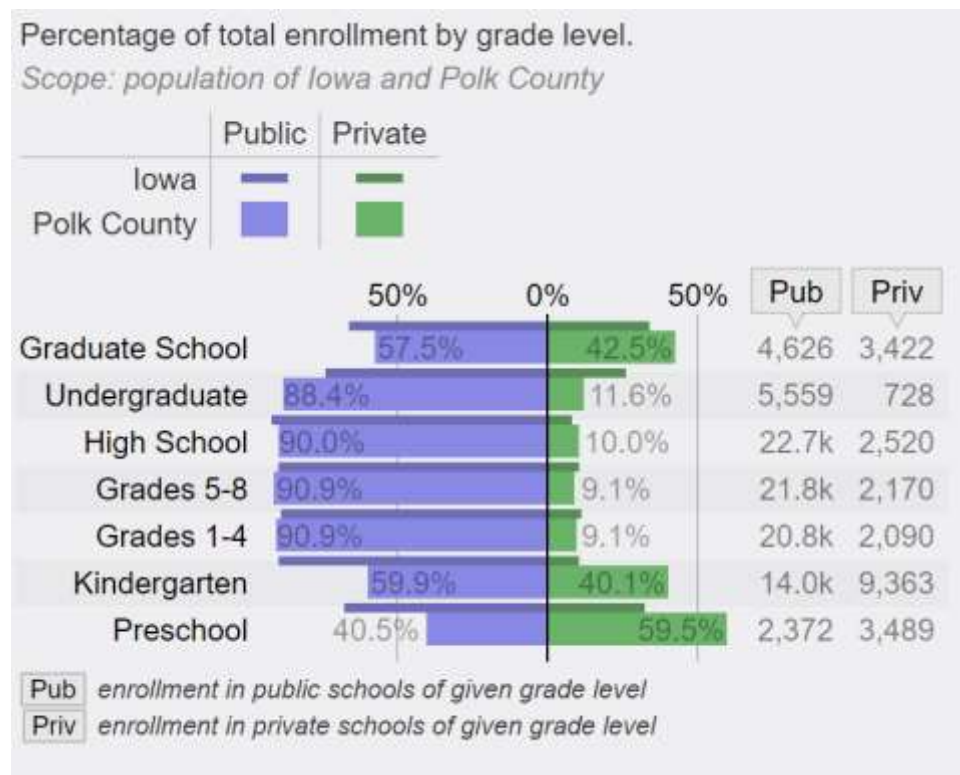


Figure 21. Private and Public School Enrollment. StatisticalAtlas.com.

Home Schooling

In May 2013 Governor Branstad signed House File 215, an educational reform bill. 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 public school 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 being homeschooled 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 1,338 students to the state's largest district, Des Moines Public Schools, serving 34,020. There is great economic diversity from district to district, as indicated by eligibility for Free or Reduced-Price Lunch (FRPL) ranging from 9.8 percent eligible students in North Polk to 75.66 percent, or 25,740 students, in Des Moines Public Schools. Diversity of the population ethnically, racially and linguistically also varies greatly. Enrollment of Limited English Proficient (LEP) students range from less than 1 percent in districts Bondurant-Farrar and North Polk to 10.8 percent in West Des Moines and 21.9 percent in Des Moines in the most recent school year 2017–2018.

School Year 2017–18 Enrollment Overview for Polk County School Districts					
District Name	Total Preschool Enrollment SWVPP	Total Enrollment PK–12	FRPL (% eligible)	LEP %	White %
Ankeny	389	11,691	12.3%	1.3%	85%
Bondurant-Farrar	96	2,158	17.8%	0.9%	89%
Dallas Center – Grimes	235	3,238	16.7%	1.5%	91%
Des Moines Public Schools	1,976	34,020	71.7%	21.9%	39%
Johnston	294	7,380	14.7%	6.6%	74%
North Polk	116	1,799	12.3%	0.5%	95%
Saydel	88	1,338	53.2%	7.0%	80%
Southeast Polk	351	7,141	29.0%	2.5%	81%
Urbandale	271	4,213	25.4%	9.8%	74%
West Des Moines	464	9,224	29.7%	10.8%	65%
Polk County Total	4,280	82,202			
State of IOWA Total	30,480	512,971	40.5%	6.1%	76%

Figure 22. Iowa Department of Education, Student Reporting in Iowa, 2017–2018.

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

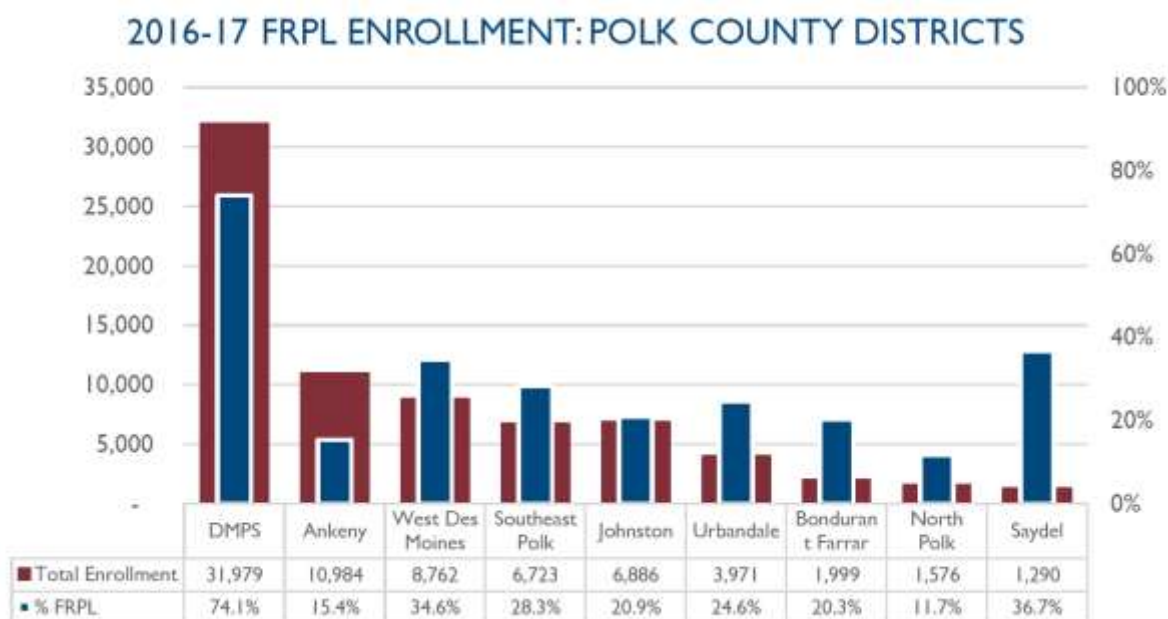


Figure 23. FRPL Enrollment, DMPS 2017–2018 Preliminary Budget and Financial Statements.

Children from families with incomes at or below 130 percent of the poverty level are eligible for free lunch. 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

Des Moines Public schools serves a large percentage of Polk County children. This population is diverse, and 74 percent live in low-income households. The Des Moines Public Schools (DMPS) district is the largest provider of public education in Iowa and serves 41 percent of all enrolled children PK–12 in Polk County and 7 percent of all PK–12 students in Iowa. The district serves more than 33,000 students from preschool through high school.

DMPS has 38 elementary schools, 10 middle schools, 5 comprehensive high schools, and 12 other schools that provide specialized programming. 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 2012, DMPS has experienced an increase in enrollment, bucking the trend in urban districts nationwide. This also is contrary to trends in Iowa where 80 percent of school districts have lost enrollment since 2001, and 9 percent of districts now educate half of all Iowa children. (*Des Moines Register*, Schools, August 24, 2018)

Using a simple regression analysis, the Iowa Department of Education projects the district's enrollment will surpass the fiscal year 2002 peak in the next few years.

Des Moines Public Schools Enrollment 2000 – 2021 (Estimated)

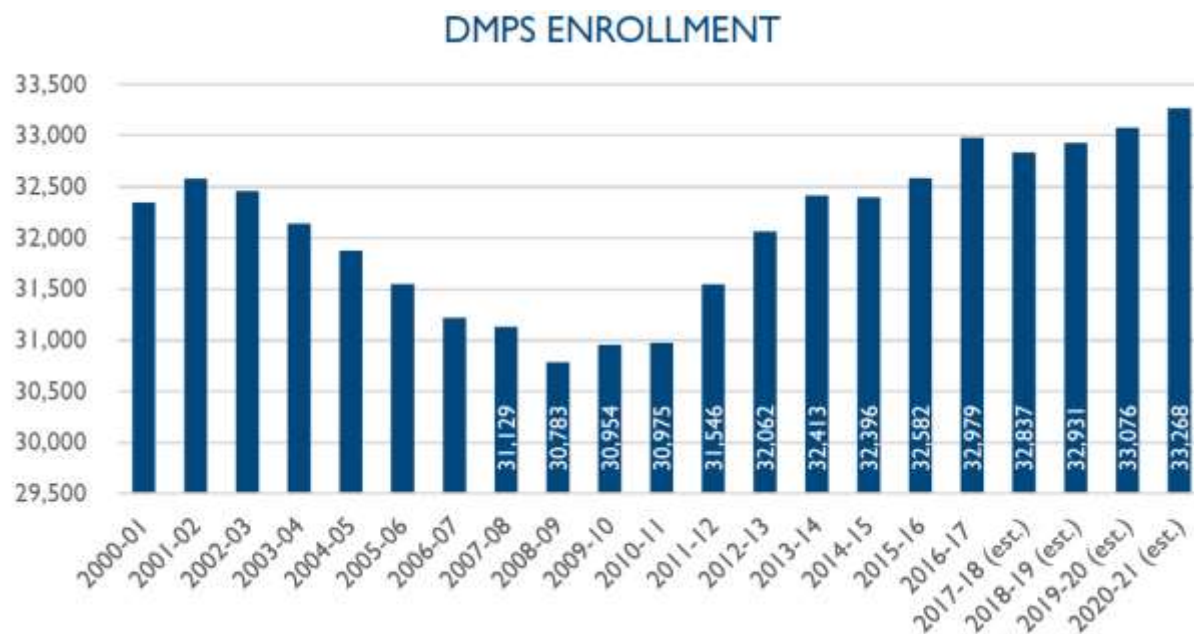


Figure 24. DMPS Enrollment, DMPS 2017–2018 Preliminary Budget and Financial Statements.

In addition DMPS commissioned a demographic data and projections study which projects that the school age population in Des Moines will continue to increase.

Demographic Trend		Des Moines School District		
Population by Age	2000 Census	2010 Census	2013 Estimate	2018 Projection
Age 0 to 4	14,838	16,198	16,314	16,836
Age 5 to 9	13,841	13,928	14,650	15,626
Age 10 to 14	13,029	13,082	13,335	14,663
Age 15 to 17	7,428	7,624	7,617	7,920

Source: *Demographic Data and Projections Study*, Ochsner Hare & Hare, 2013 Update.

Figure 25. Population projections, DMPS 2017–2018 Preliminary Budget and Financial Statements.

Seventy-four 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 of 40.5 percent, and DMPS has the highest poverty rate in Polk County (based on FRPL enrollment). (See Figure 23.)

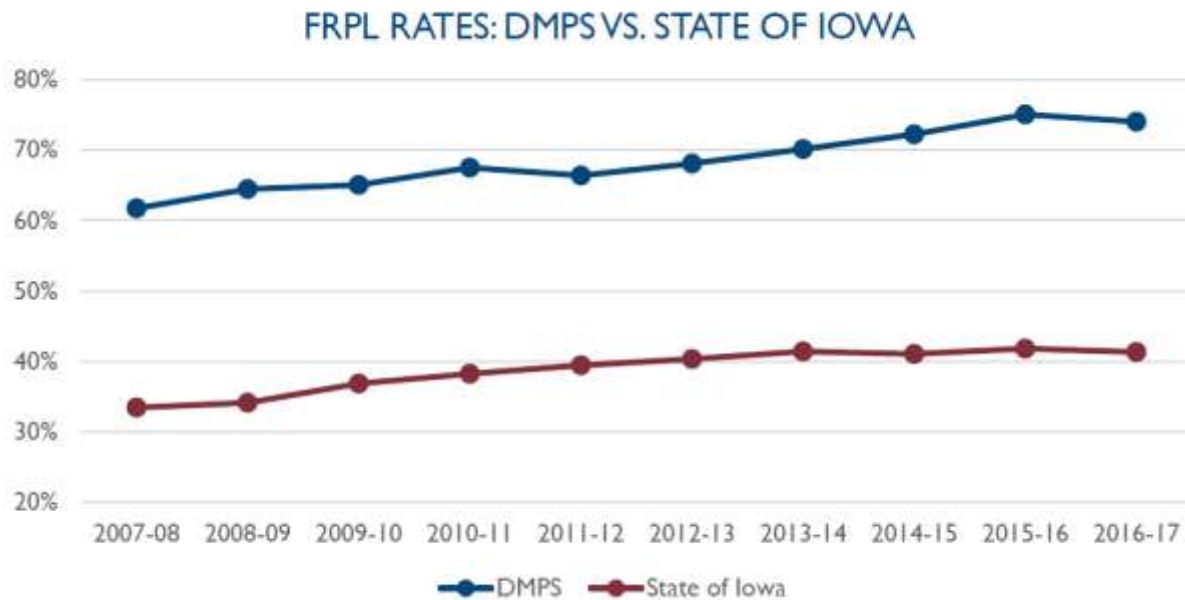


Figure 26. FRPL Rates, DMPS 2017–2018 Preliminary Budget and Financial Statements.

Des Moines Public Schools Enrollment by Race/Ethnicity 2016-2017

2016-17 ENROLLMENT BY RACE/ETHNICITY

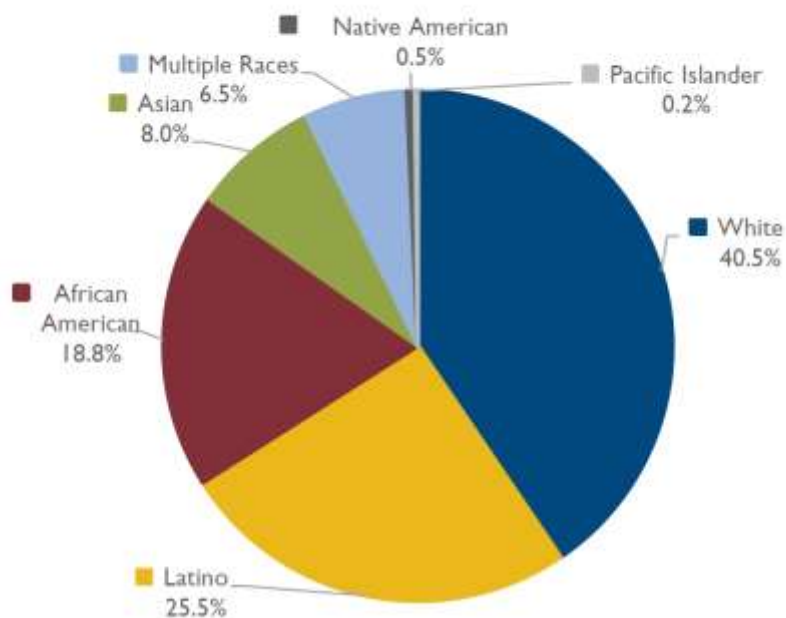


Figure 27. Enrollment by Race/Ethnicity, DMPS 2017–2018 Preliminary Budget and Financial Statements.

DMPS has a “majority-minority” enrollment which has steadily increased to 59.5 percent of all students. Hispanic families are the fastest growing demographic segment of both the city of Des Moines and the DMPS schools.

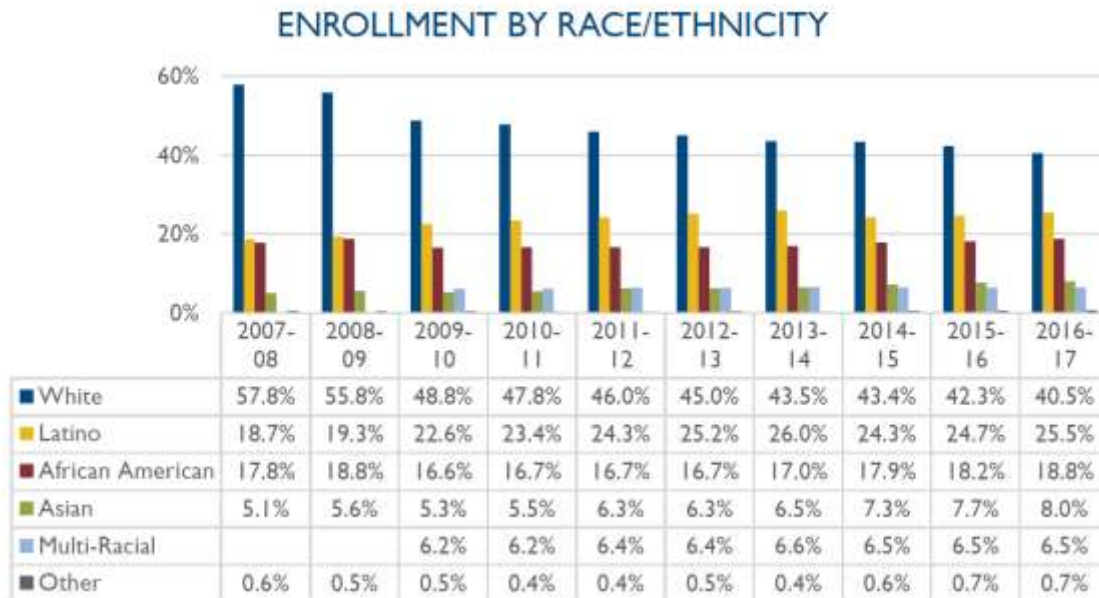


Figure 28. Enrollment by race/ethnicity. DMPS 2017–2018 Preliminary Budget and Financial Statements.

Des Moines Public Schools English Language Learner Enrollment 2007 - 2017

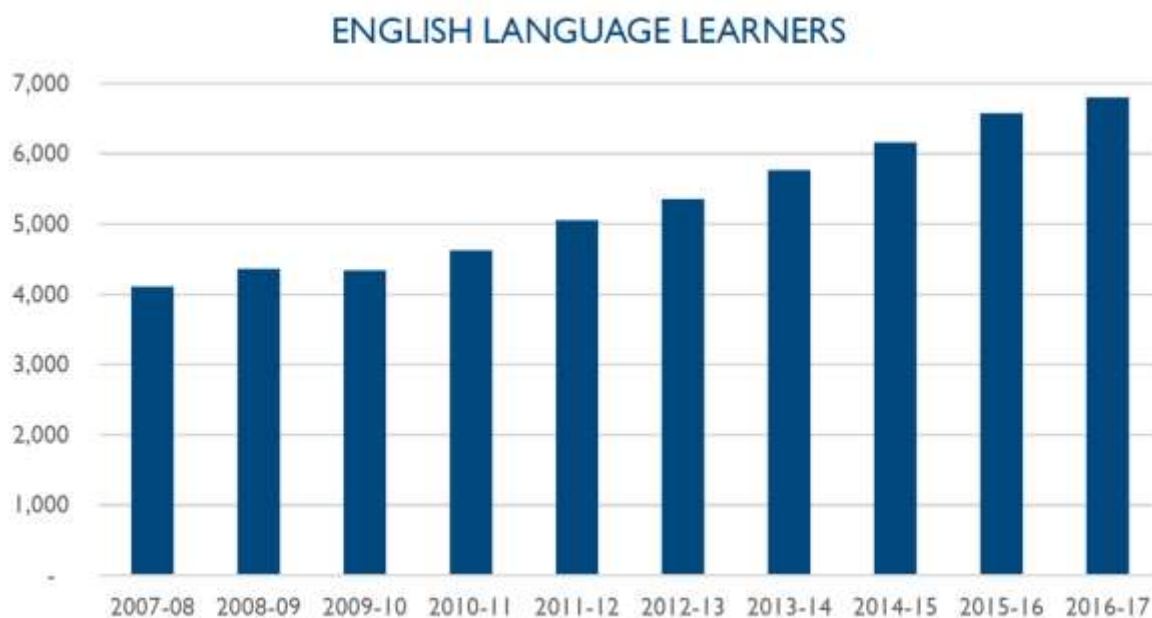


Figure 29. English Language Learner Enrollment. DMPS 2017–2018 Preliminary Budget and Financial Statements.

In the last decade, DMPS has experienced a 65 percent increase in the number of students enrolled in English Language Learner (ELL) classes and a 268 percent increase in since 1993. DMPS students speak more than 100 different native languages and dialects, and currently 20.1 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 7,026 ELL students formed a separate district it would be the fourteenth largest school district in the state.

DMPS offers a robust Early Childhood program. Preschool funded through the Statewide Voluntary Preschool Program is offered in neighborhood elementary schools, DMPS Early Childhood Education Centers, and partner locations. DMPS is a delegate of Drake University Head Start with 19 Head Start classrooms serving income-eligible children ages three to five through this federally-funded comprehensive child development program. The district is the recipient of three Iowa Department of Education Shared Visions grants to offer the Shared Visions preschool program in three classrooms for at-risk children ages three to five years at three elementary schools. DMPS Early Childhood utilizes multiple funding sources to meet the needs of the nearly 1,976 children enrolled.

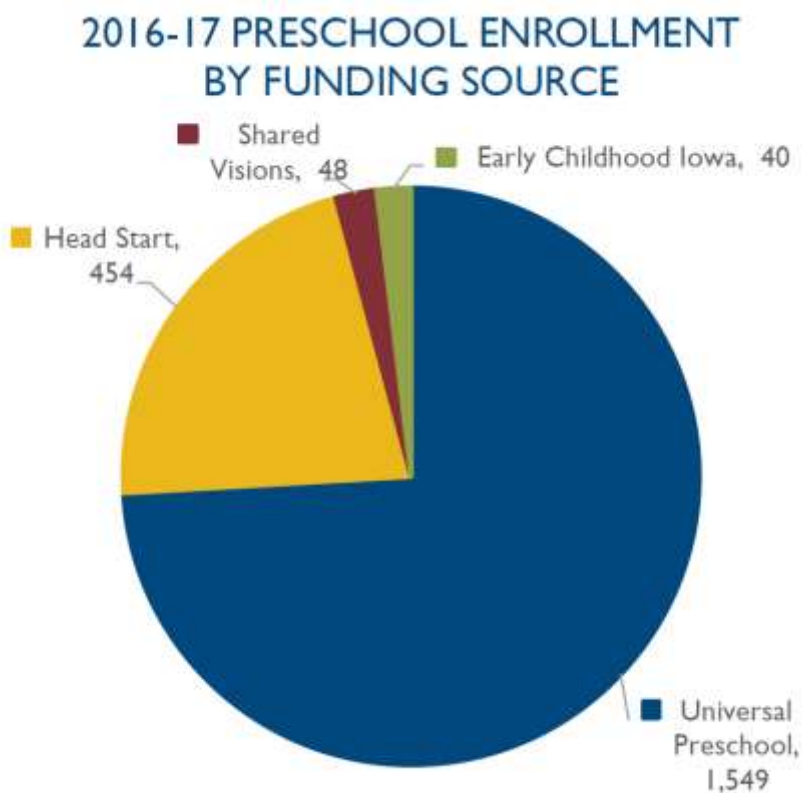


Figure 30. Preschool funding source. DMPS 2017–2018 Preliminary Budget and Financial Statements.

Preschool

Tallying children served by preschool programs in Iowa, and their costs, is a challenge because programs are operated, funded, and reported on in many different ways. The U.S. Census Bureau documents the number of children age 3–4 in preschool as reported by parents. During 2012–2016 Kids Count reports 44.7 percent of Polk County children attended some form of preschool as reported by parents.

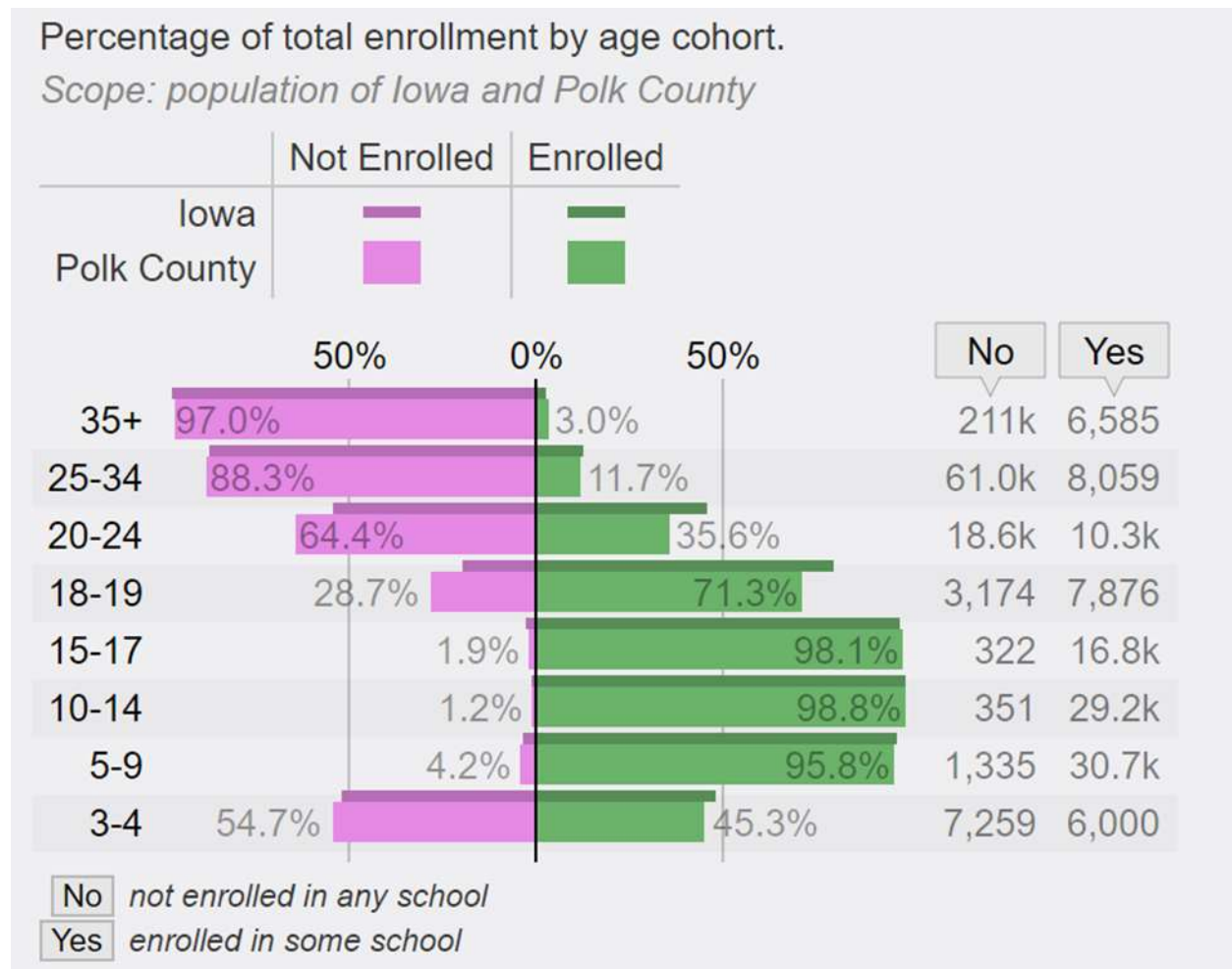
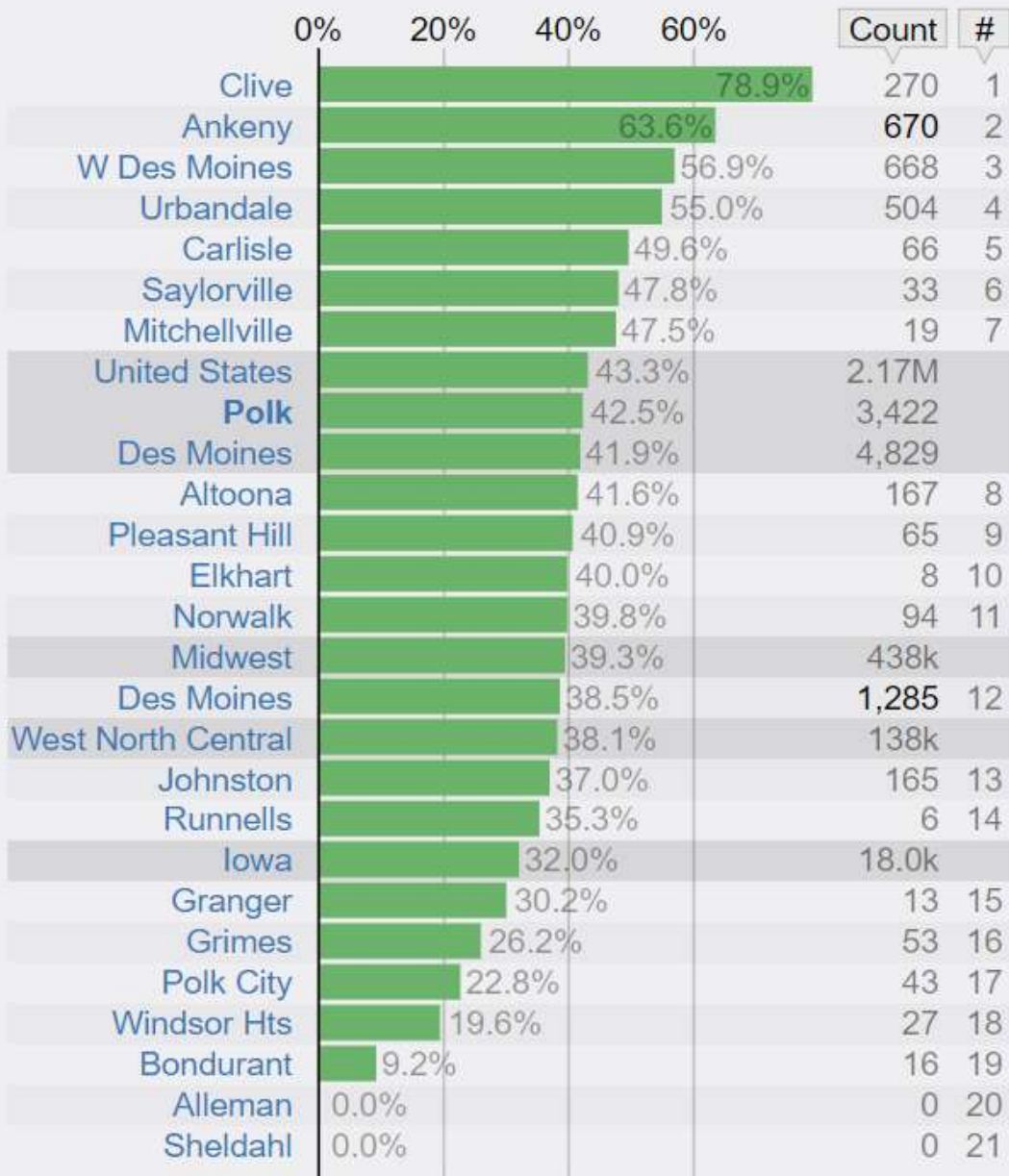


Figure 31. Percentage of total enrollment by age cohort in any type of school environment. StatisticalAtlas.com

Statistical Atlas data online regarding enrollment is very close to the data reported by Kids Count. Both represent parents/guardians who responded to the census question that the 3- to 4-year-old children in their care attended preschool.

Percentage of total preschool enrollment.

Scope: population of Polk County, selected places in Polk County, and entities that contain Polk County



Count enrollment in private schools

rank of place out of 21 by percentage enrolled in private school

Figure 32. Private preschool enrollment by place defined as anything before kindergarten, typically between ages 2 and 4. StatisticalAtlas.com

Iowa has seen increases in children attending public preschool programs. Iowa's Statewide Voluntary Preschool Program (SWVPP), established in 2007, funds preschool experiences of 10 hours per week for 4-year-olds. It is administered through local school districts. Districts operate preschool classrooms themselves or contract with other providers. Districts determine how many classrooms and slots to establish. The costs for SWVPP are included in the school-aid formula and paid by the state (.5 weighting per child enrolled). 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 SWVPP.

All Polk County school districts participate in SWVPP. However, neighboring Waukee School District (Dallas County) has chosen not to participate in SWVPP. This impacts Polk County programs because children of Waukee are enrolled in surrounding district preschool programs.

The number of 4-year-olds enrolled in the 10 Polk County public school district preschool classrooms for school year 2017–2018 was approximately 4,297. 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 for hours of care and/or instruction beyond the 10 hours which the state funds. 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, Shared Visions, and Early Childhood Iowa. Polk County ECI provides preschool programming support to 10 public school districts within Polk County.

Head Start is a federally funded preschool program that provides classroom-based early education and other supports to children ages 3 to 5 in families under 100 percent of poverty. In Polk County there are 19 Head Start classrooms in DMPS Early Childhood program, and classrooms run by Drake University Head Start: one in Ankeny, one in Urbandale, and one in West Des Moines.

Shared Visions is a state program for at risk children ages 3–5 in families with incomes up to 130 percent of poverty. Shared Visions also funds family-support services for enrolled Shared Visions children. Shared Visions funds are distributed through a grants process. Currently there are three Shared Visions grants funding three DMPS classrooms in Polk County. There are a total of 67 grants 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 or ECSE) 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. All 10 Polk County public school district early childhood education programs enroll ECSE children.

Child Care and Early Learning Environments

The Polk County ECI Board partners with Child Care Resource & Referral (CCR&R) to improve the quality of care, funding quality improvement grants, professional development, and consultants to in-home and center providers. Polk County is part of the multi-county area serviced by CCR&R Region 4. CCR&R annually reports on child care programs for each county and the state.

Child Care Data CCR&R July 2017	Polk County	State of IOWA
Program Info:		
Registered Child Development Homes	597	2,838
Non-registered child care homes (only represents providers who contacted CCRR – there are many more non-registered)	206	1,414
Dept. of Education operated preschools	49	414
DHS licensed centers/preschools	232	1,466
Total PROGRAMS listed with CCRR:	1,084	6,132
Programs accepting DHS Child Care Assistance	847	4,551
Programs with QRS level of 3-5	95	770
Spaces for Children Available:		
Registered Child Development Homes	5,896	31,132
Non-registered child care homes (only represents providers who contacted CCRR – there are many more non-registered)	1,030	7,070
Dept. of Education operated preschools	1,247	12,990
DHS licensed centers/preschools	24,938	116,625

Figure 33. Polk County and Iowa July 2017 Data Sheets, Child Care Resource & Referral.

Child Care Rates – Average per Week in Polk County 2017							
	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
Registered Child Development Homes	\$142.13	\$141.15	\$138.56	\$135.00	\$134.49	\$62.55	\$117.94
DHS Licensed Centers/Preschools	\$229.80	\$228.41	\$208.90	\$193.91	\$186.16	\$84.62	\$147.15

Figure 34. Polk County and Iowa July 2017 Data Sheets, Child Care Resource & Referral.

A family earning the median income of \$74,335 with one infant in child care would pay 10 percent of their income before taxes if their child was in a registered home and 16 percent of their income before taxes if their child was in a licensed center. (State Library of Iowa, www.iowadatacenter.org and NACCRRAware database 2017.)

There are 1,184 programs out of the total 1,543 in Polk County reporting that they accept Child Care Assistance. (CCR&R Polk County Data Sheet 2017)

Department of Human Services “child need” documents show that in October 2017 there were 11,459 children under age 6 below 145 percent of poverty (the eligibility for Child Care Assistance); 4,210 of these children applied and were approved for CCA; 1,229 were enrolled through CCA at a provider with a QRS 3–5 rating.

Section 2: Community Needs

The following community assessments, surveys, and data collections were reviewed to inform the narrative of Community Needs:

- Central Iowa Community Health Needs Assessment 2016, Capital Crossroads/Greater Des Moines Partnership. [PDF here.](#)
- Child Care Assistance Data Sheet Iowa Department of Human Services. [PDF here.](#)
- Children's Defense Fund, 2015 Iowa Fact Sheet. [PDF here.](#)
- Condition of Education 2017 Annual Report, Iowa Department of Education. [PDF here.](#)
- Des Moines Public Schools, 2017–2018 Preliminary Budget and Financial Statements. [PDF here.](#)
- Des Moines School Early Childhood Family Strengths Survey Results, Fall 2017 (1,075 surveys)
- Drake University Head Start/Early Head Start Needs Assessment, March 2018
- Early Childhood Iowa State-wide Needs Assessment 2018. [PDF here.](#)
- Early Childhood Iowa Strategic Plan 2016–2018. [PDF here.](#)
- Enhancing African American Youth Academic Success in Polk County 2018. Iowa State University Extension and Outreach, Polk County. [PDF here.](#)
- Iowa ALICE Report: Asset Limited, Income Constrained, Employed, 2016, United Ways of Iowa. [PDF here.](#)
- Iowa ALICE Report: Asset Limited, Income Constrained, Employed 2018, United Ways of Iowa. [PDF here.](#)
- Iowa Child Maltreatment Prevention Needs Assessment, Prevent Child Abuse Iowa, December 2017. [PDF here.](#)
- Kids Count Data Book 2018: State Trends in Child Well-Being, The Annie E. Casey Foundation. [PDF here.](#)
- Polk County Decategorization, FY17 Child Welfare & Juvenile Justice Services Plan, August 2016. [PDF here.](#)
- Polk County Health Data. Online resource: www.polkcountyiowa.gov/health/reports-data/polk-county-health-data/
- Polk County Health Report: A demographic, socio-economic, medical and well-being report of Polk County, Iowa, October 2016. [PDF here.](#)
- Women in Iowa: 2018 State Data Center of Iowa and Iowa Department of Human Rights Office on the Status of Women, March 2018. [PDF here.](#)

Families and Children

Des Moines Public Schools Early Childhood Program conducts a family strengths survey which is completed during the home visit conducted the first weeks of the school year. The district utilizes the fall survey results to plan for parent education events throughout the school year and to identify the specific needs of specific families. The information is self-reported by a parent or guardian of a child enrolling in the district preschool program. The number of respondents varied slightly from question to question but the data includes approximately 1,075 family surveys completed in fall 2017.

	1 NEED ASSISTANCE	2	3	4	5 THRIVING
1) FAMILY WELL BEING					
a) Housing	Facing eviction. Homeless/shelter. Temporary housing. 0.84%	Living with friend/family, crowded. 3.44%	Below average, crowded, rent assistance required. 2.51%	Safe, stable, but slightly inadequate. 14.11%	Safe, stable, adequate, affordable without assistance. 79.11%
b) Employment	Unemployed, Need work skills 6.53%	Temporary, Part-time, seasonal. Inadequate pay. 6.72%	Full time (FT) but inadequate pay and benefits. Fixed income 14.65%	FT employment w/adequate pay and benefits. 26.87%	Long-term FT work or retired with adequate income and benefits. 45.24%
c) Finances and Money Management	Unable to manage finances. 1.50%	Manage budget and debt with assistance. 6.95%	Manage budget and debt without assistance. 27.61%	Manages debt and budget. Some savings. 32.11%	Manages debt and budget. Savings/retirement funds in place. 31.83%
d) Food/ Clothing	Limited food and/or clothing. Relies on sources of free food and/or clothing. 1.12%	Food stamps and/or WIC used. Clothing closets and thrift stores used. 14.87%	Can meet basic food and/or clothing needs with occasional assistance. 10.87%	Meeting food and/or clothing needs without assistance but limited choices. 22.49%	Can choose food and/or clothing to buy without limits on choices. 50.65%
e) Health Coverage	No medical insurance for family members. 1.48%	No medical coverage and/or great difficulty accessing medical care. 1.48%	Some family members (e.g. children) have medical insurance. 16.68%	All members can get medical care when needed but bills strain budget. 10.75%	All members are covered by affordable and adequate health insurance. 69.60%
f) Safety	Family relations/ home life is unsafe or unhealthy. 0.28%	Family conflicts disrupt family progress. 0.09%	Relationships and home life is usually stable. 2.97%	Relationships and home life is stable and safe. 15.29%	Relationships and home life respectful, and encouraging. 81.37%
g) Childcare	Need childcare resources for affordable care. 3.63%	Unreliable, inadequate, or unaffordable care. 2.0%	Affordable care with assistance but limited choices. 8.87%	Reliable, affordable care. No assistance needed, but strains budget. 10.59%	Able to afford quality care of choice for child. Or childcare not needed. 74.90%
h) Transportation	No access to transportation. No license or insurance. 1.22%	Transportation available but not reliable or affordable. 1.12%	Can ride bus to most places. Car available sometimes. 2.34%	Transportation available to meet travel needs. 15.81%	Reliable car. Drivers insured and licensed. Back-up plans if needed. 79.51%
i) Healthy Lifestyle	Irregular meals. Limited healthy food choices. 0.19%	Regular meals with some healthy food choices. 4.45%	Mostly healthy foods for meals and snacks. 11.03%	Nutritious meals and snacks. 12.60%	Nutritious meals and snacks. Family meals (children regularly eat with adults.) 71.73%
j) Exercise/Self Care	Limited or no exercise or self-care. 2.14%	Seeking healthy lifestyle ideas. 3.7%	Some exercise and self-care. 20.78%	Regular exercise and/or self-care. 33.46%	Variety of routine exercise and self-care. 40.45%

Figure 35. Part 1 of 2. Des Moines Public School Early Childhood Family Strengths Survey Results Fall 2017.

	1 NEED ASSISTANCE	2	3	4	5 THRIVING
j) Substance Use/Abuse	Current concerns with drug/alcohol abuse or addiction. No treatment. 0.84%	Drug/Alcohol abuse being treated or in recovery program. 0.00%	Some use of drugs, or illegal Substances 0.09%	Frequent use of alcohol, or other legal substances 0.94%	Occasional use of alcohol or no current use. 98.13%
k) Mental Health	Symptoms and mental health concerns. No current treatment. 0.75%	Mental Health diagnosis and treatment. Symptoms still frequent. 1.40%	Situational/ short-term mental health concerns with treatment. 1.49%	Mental health concerns managed with treatment and support. 8.76%	No mental health concerns. 87.60%
2) POSITIVE PARENT-CHILD RELATIONS	Unsure how to help child learn and develop. Some child behaviors hard to manage. No support. 0.37%	Child tests limits often. Developing routines and/or discipline for child. Some parent support. 3.05%	Consistent routines and discipline. Less testing from child and more fun. 5.18%	Understands how child learns and how to help. Involved in child's education. 15.63%	Confident in parenting skills. Seeks help if needed. Actively involved. 75.76%
3) FAMILIES AS LIFE LONG EDUCATORS	Seeking ideas to teach child at home. 4.89%	Trying school readiness ideas at home & reading to child. 9.59%	Consistently working on school activities. 8.27%	Involved in school goals and activities along with home teaching. 22.56%	Connected with educational staff, actively participating in child's learning. 54.70%
4) FAMILIES AS LEARNERS	Limited reading or writing skills. Need GED/ diploma or ELL/Literacy skills. 8.89%	Enrolled in High School/ELL/GED/ Literacy. 3.46%	GED/High school diploma. Completed ELL/Literacy. 25.35%	Pursuing college, job training or certificate. 14.13%	Completed education, degree, or training. 48.18%
5) FAMILIES & TRANSITIONS	Need information to help child be successful in school. 4.99%	Have skills and knowledge to prepare child for school. 5.18%	Prepares child at home for new learning environment. 17.98%	Connects with new settings and staff to arrange a visit before starting. 16.29%	Develops relationships and communication in new learning environment. 55.56%
6) FAMILY, PEERS & COMMUNITY	Lack necessary support from family, friends, school or community. 1.45%	Family/friends provide limited support. Limited knowledge of school and community supports. 4.0%	Family/friends provide support. Helpful school and community contacts. 13.71%	Strong support from family or friends. Involved with school. 17.98%	Have healthy, stable, mutual social supports from family, friends, school and community. 62.85%
7) FAMILIES AS LEADERS & ADVOCATES	Unaware/unable to participate in leadership roles in school/community 12.54%	Exploring/aware of leadership roles in school/community 14.35%	Some involvement with leadership opportunities. 10.33%	Actively involved as an advocate for child and family needs. 16.65%	Leader and advocate for child and family needs. 46.12%

Figure 36. Part 2 of 2. Des Moines Public School Early Childhood Family Strengths Survey Results Fall 2017.

The four DMPS early childhood centers host monthly Coffee and Connections during pick up and drop off, and this is a time when group education and resources are offered to parents and guardians. Money management was an area identified through the survey as a topic parents indicated a need for information and the district could help with. Information was also provided about public transportation; Des Moines Area Regional Transit (DART) representatives attended a Coffee and Connections to explain routes, fares, and provide free month passes.

DMPS Woodlawn Early Childhood Center enrolls a high percentage of children whose parents are refugees from Burma. The Coffee and Connections events at Woodlawn involve collaboration with the board-funded program Parent Navigator run by EMBARC (Ethnic Minorities of Burma Area Resource Center). Participating Parent Navigators attend each Woodlawn Coffee and Connection to facilitate communication, share information, and develop positive relationships between school and parent/guardians who are refugees from Burma.

Of note in the DMPS family strengths survey is the identification by 8.76 percent of respondents that “mental health concerns are managed with treatment and support.” This reinforces the anecdotal reports of teachers and child care providers of children presenting increased, and increasingly severe, mental health and behavioral challenges. It also reinforces the need for these supports for young children and their families.

The *Central Iowa Community Health Needs Assessment 2016* was a collaboration of hospital and health department representatives and community stakeholders. The assessment set a goal of expanding statewide training efforts for all professionals working with children across the various health and child-serving systems in Trauma Informed Care, cultural competency, and mental health first aid.

Central Iowa leaders conducted an Iowa-specific analysis on Behavioral Risk Factor Surveillance System data to assess the health effects of childhood trauma for Iowans. The study showed that 55 percent of Iowa adults experienced at least one Adverse Childhood Experience (ACE), or incidents that can dramatically impact, or upset, the safe, supportive environment needed. In Central Iowa, 43 percent of adults in Polk County experienced two or more adverse childhood experiences.

Research has shown that an increase in the number of ACEs reported by adults is correlated with an increased risk for some of the most serious health and social issues, including alcoholism, chronic obstructive pulmonary disease, depression, illicit drug use, ischemic heart disease, liver disease, smoking, adolescent pregnancy, sexually transmitted diseases, intimate partner violence, and health-related quality of life. This research points to a significant need for Central Iowa health providers, educators, social service professionals, to understand childhood trauma as a significant driver of poor health outcomes and to work to prevent its occurrence and mitigate its impact.

An estimated 20 percent of children in the United States have a diagnosable mental health condition. These conditions impact children of all ages, every racial and ethnic background, and every socioeconomic status. Mental health conditions in children are typically complex, involving multiple problems and multiple diagnoses and impact children in different ways throughout their development. Additionally, approximately 21 percent of Iowa children four months to five years of age are at moderate or high risk of developmental, behavioral, or social delays.

In the DMPS family strengths survey results the need for assistance with food and clothing was identified by 27 percent of responding families. Each DMPS early childhood center houses a Family Services and Support Team (FSST) which includes a nurse and a social worker. For families who have expressed a concrete need, such as with food and clothing, the FSST team works to comprehensively meet that family’s need and connect them to concrete supports. The FSST team is supported by the Polk County ECI Board. This team is critical in supporting the needs presented by the enrolled children and their families.

The *Partnership for Hunger-Free Polk* estimates there are 13,464 children who are going hungry because their families are food insecure in Polk County. This Partnership conducted a needs assessment and established a plan to enact changes to ensure residents have access to

food. The Partnership also completed a local survey through Des Moines University to measure food insecurity. Establishing the distinction between “hungry” and “food insecure” is informing strategies to address both groups. In Central Iowa a diverse coalition is working to address the problems of hunger and food insecurity.

Drake University Head Start is an important provider of comprehensive supports and quality early learning in Polk County. Children from birth to age five from families with low income are eligible for enrollment. As with many early childhood resources the demand is greater than the available slots for enrollment. Early Head Start classrooms for children age six weeks through two years of age are located in seven child care centers supported by the Polk County ECI Board. The Drake University Head Start needs assessment reflects 1,909 eligible applicants with this breakdown by race: White 901, African-American 577, Asian 235, Multi-Racial 182, Unknown 11, Native American 3.

Of the 1,909 income-eligible Head Start applicants 67 were identified as foster children. In 2017 there were 1,668 children in foster care in Polk County. Of the eligible applicants 112 were identified as homeless. It is estimated that nearly a quarter of all homeless households in Iowa include children. In the 2017 *Early Childhood Homelessness in the United States: 50-State Profile*, the Administration for Children and Families reported a total of 6,740 children under age six experiencing homelessness in Iowa in 2015. While Iowa rates of homelessness are lower than many states, 32 percent of Iowa’s homeless population are in Polk County.

The Drake University Head Start needs assessment included a table with data in the fourth column indicating the number of children who did not receive preschool in the district program prior to kindergarten. These children may have been in child care centers, home care, or private preschools. Districts in blue have a Head Start Grantee or Delegate Head Start classroom.

School District	16–17 District Pre-K Enrollment	17–18 District K Enrollment	Est. 16–17 Pre-K Children Not Served by District
Ankeny	489	925	47%
Bondurant-Farrar	93	178	48%
Des Moines Public Schools	1,945	2,521	23%
Johnston	299	577	48%
North Polk	109	146	25%
Saydel	65	84	23%
Southeast Polk	368	484	24%
Urbandale	284	269	-5%
West Des Moines	468	622	25%

Figure 37. Drake University Head Start Needs Assessment. 2018.

Family Structure and Economic Impacts

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 34 percent of children live in a household headed by a single parent.

In 2016 in Iowa 21.8 percent of families with children under 18 were living with their mother in a single-parent household, compared to 8.7 percent living with their father. This compares to 69.5 percent living with both parents. There were 113,783 Iowa families with a female head of household, no husband present. In 1970 there were 52,025 families with a female head of household, no husband present. That is a 118.7 percent increase from 1970 to 2016. (*Women in Iowa: 2018*, State Data Center of Iowa, March 2018.)

There is an economic impact to single-parent households and even more of an impact to households led by single mothers. In 2016 the median income for Iowa women working full-time, year-round was \$39,427 while the median income for men was \$50,679. The median family income for female householders with children under 18 was \$26,532 while male householders with children was \$41,829. The median income for married couple families was \$91,935.

In 2016 in Iowa 36.6 percent of female households, no husband present with related children under 18, were below the poverty level in 2016. The corresponding rate for married-couple families with children was 4.7 percent.

From the *Central Iowa Community Health Needs Assessment 2016*:

Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.

Research is clear that poverty is the single greatest threat to children's well-being. But effective public policies—to make work pay for low-income parents and to provide high-quality early care and learning experiences for their children—can make a difference. Investments in the most vulnerable children are also critical (National Center for Children in Poverty, Columbia University, 2015).

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. Because of the impact on children's well-being the Board has chosen "children living in a household headed by a single parent" as an indicator to track.

Preschool

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 special challenge in the current preschool environment in Iowa is enrolling low-income children and children of color—even taking into account availability in Polk County of Head Start, Shared Visions, and ECI support.

A 2013 Child & Family Policy Center statewide analysis of the Statewide Voluntary Preschool Program (SWVPP) showed that African American, Hispanic, and English Language Learners are much less likely to have participated in the SWVPP 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.

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

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 SWVPP legislation to encourage or require local school districts to reach out specifically to these populations. Nor is there funding support for districts to provide 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.

A more equitable preschool program, and one successful in reaching the children most likely to experience subsequent school difficulties, requires focused outreach efforts and a strategic focus on enrolling underserved populations. These students and their families also need support so they can succeed after enrollment.

Des Moines Public Schools Early Childhood Program has data documenting the impact of participation in the district preschool program. The district has compared the FAST (literacy) and MAP (math) assessment results for kindergarten children who were enrolled in a DMPS preschool classroom and those who were not. The data is for children who scored at or above benchmark on each assessment. The children who did not attend DMPS preschool may have been in child care in a center or home, in the care of family/friend/neighbor, or in another preschool setting.

Table 1: Students Who Met the 2017 Fall FAST Kindergarten Composite Benchmark: Percent Attended DMPs Preschool in 2016-17

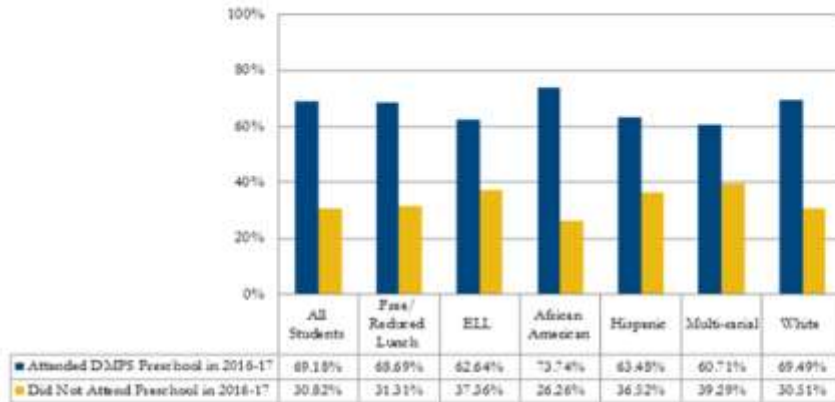


Table 1: Students Who Met the 2017 Fall FAST Kindergarten Composite Benchmark: Percent Attended DMPs Preschool in 2016-17		
	Attended DMPs Preschool in 2016-17	Did Not Attend Preschool in 2016-17
All Students	386	172
Free/Reduced Lunch	272	124
ELL	57	34
African American	73	26
Hispanic	73	42
Multi-racial	34	22
White	164	72

Figure 39. DMPs Fall 2017 data FAST Literacy assessment.

Table 1: Students Who Met the 2017 Fall MAP Growth Kindergarten On Track for Career and College Readiness Benchmark: Percent Attended DMPs Preschool in 2016-17

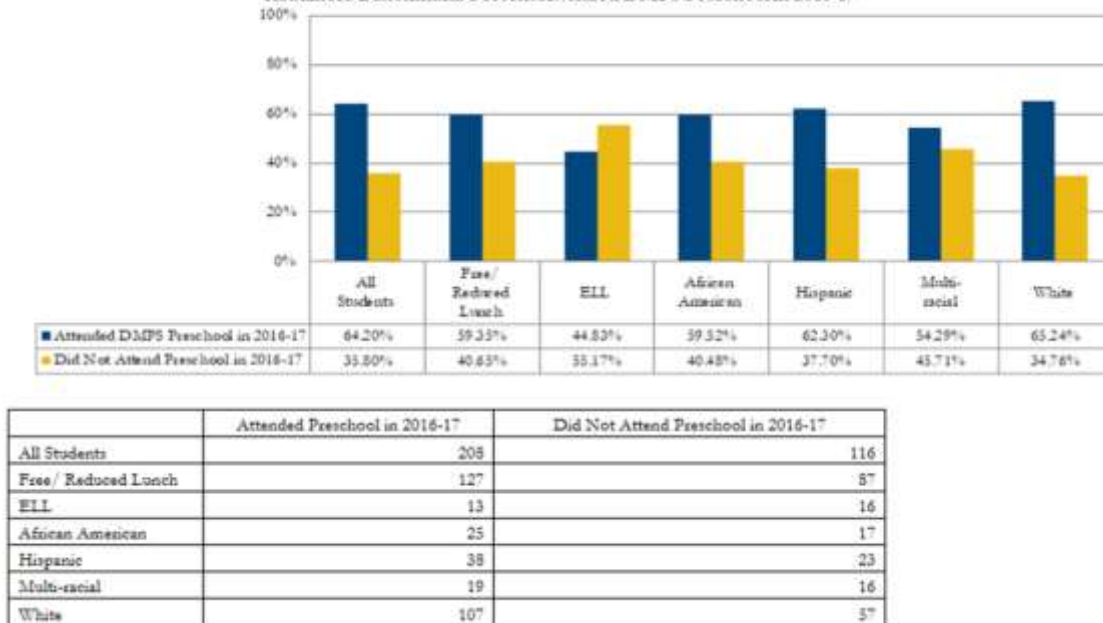


Figure 40. DMPs Fall 2017 data MAP assessment of math skills.

This data demonstrates the importance of a high quality preschool program to prepare students for success in kindergarten. It demonstrates the need for all children but especially for children who may be entering kindergarten behind their peers because of family income, ethnicity, race, or home language other than English. Given the demographics of the DMPS student body (59.5 percent non-white; 74 percent free and reduced lunch; 20.1 percent English Language Learners) this data shows the critical role of the DMPS preschool program in preparing enrolled students for success in kindergarten. These kindergarten outcomes make a compelling case for the importance of enrolling more children, and in particular more underserved children, in high quality preschool classrooms.

The Polk County ECI Board convenes the Preschool Advisory Group, comprised of public school district early childhood administrators. Board members met with the Preschool Advisory Group twice in fiscal 2018. The discussions focused on the needs the administrators see in children and families. They also discussed the varying program structures and needs of each district. These directors of early childhood programs identified a variety of barriers for lower-income families to enroll their children, including transportation, limited number of hours available (which makes it difficult for parents to obtain child care while working), and other family stresses. These factors are a barrier even when a program is tuition-free. Improving access to preschool for children will require addressing these barriers, as well as funding for the needed preschool slots themselves. Kids Count data reports 44.7 percent of Polk County children attended some form of preschool as reported by parents. The Board has articulated the priority of enrolling low-income children and children of color to all supported districts.

The *Central Iowa Community Health Needs Assessment 2016* identified as a goal “Ensure access to high-quality pre-K and K–12 education for Central Iowa children.” This document asserted the importance of quality early education to build the workforce of tomorrow but did not include strategies to implement or meet this goal. This parallels ECI efforts to engage the business community statewide to understand the importance of early learning environments for the workforce now and in the future. The need for increased access to quality early learning, especially for underserved populations, is articulated by advocates and early childhood stakeholders in our community. The path forward to providing increased access will require greater investment by the state and the community, including the business community.

Child Care

Dramatic changes in the economy and work patterns have meant that in the majority of families with young children, both parents, or the only parent, work outside the home. The vast majority, 74 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 in order to maintain supports. 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.

The need for child care is particularly great in Iowa, which consistently ranks in the top five states in the nation in the percent of children under age six with all parents in the labor force,

75 percent in 2017. 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

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 are eligible. 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/neighbor care—are needed to ensure available child care improves children’s readiness for school.

The reimbursement rate Iowa pays to child care providers participating in CCA is among the nation’s lowest even though the Iowa legislature has approved three increases of payment rates to providers in recent years; the most recent being an increase to 2014 market rate to providers of infant and toddler care with a quality rating of 3, 4 or 5. This will go into effect in 2019. In spite of these increases CCA reimbursements to child care providers still remain below national standards and well below the market rate paid by private pay families.

In 2017, Iowa’s payment rates for child care providers serving families receiving CCA were below the federally recommended level—the 75th percentile of current market rates, which is the level designed to give families access to 75 percent of the providers in their community. From the National Women’s Law Center Data Sheet 2017:

- Iowa’s monthly payment rate for center care for a four-year-old was \$595, which was \$175 (23 percent) below the 75th percentile of current market rates for this type of care.
- Iowa’s monthly payment rate for center care for a one-year-old was \$738, which was \$164 (18 percent) below the 75th percentile of current market rates for this type of care.

Low reimbursement rates are a strong disincentive for quality providers to enroll CCA children. Low rates motivate some providers to accept CCA but to drastically limit the number of CCA children they will accept. As an example, New Horizon Academy, a Minnesota-based for-profit child care company opened the first of five new child care centers in Polk County in August 2018. Prior to the opening of their first Iowa location they had determined they would not accept CCA because of the impact on their revenue and budget. After learning of this the Polk County ECI Executive Director began conversations with senior leadership to discuss the Central Iowa community and the need for high quality care for CCA children. Prior to opening, the New Horizon Academy CEO decided to enroll a limit of 10 CCA children of the total of 160 children at the Des Moines location. This enrollment limit was met immediately.

For nearly two decades the Polk County ECI Board has supported a coalition of child care centers serving a high percentage of CCA children. The centers in the coalition range from 18 to 99 percent CCA children. The 18 child care centers currently in the coalition have approximately 1,200 slots for children ages 6 weeks through 5 years. Polk County ECI Board support 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, particularly in low-income neighborhoods needing access to quality care.

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. Related to child care issues, over a six-month period working parents miss an average of 4.3 days of work and are late or leave early an average of 7.5 times. It is estimated that \$4.4 billion is lost annually by U.S. businesses due to employee absenteeism as the result of child care challenges. Assistance with child care can help families stay in the labor force and advance the career ladder.

Department of Human Services describes Iowa's average CCA child as "under age five, has one sibling, and lives in a one-parent family. The parent is working. The family income is below 100 percent of the federal poverty level." Of Iowa families receiving CCA 94.7 percent received benefits due to employment. In response to 2014 federal regulations the state implemented systems changes starting July 2016 which have helped families:

- Increased eligibility period of 12 months from the previous 6-month period
- Maintenance of eligibility for families with a less than 3-month lapse in work or other qualifying activities, including maternity leave, job loss, or school breaks
- Pilot of an exit eligibility program, CCA Plus, available for 12 months at re-certification if parents meet eligibility requirements and are over 145 FPL but under 85 percent of the state median income.

Income eligibility for CCA is 145 percent of federal poverty level. The capped number of families able to participate in CCA Plus maintain benefits for 12 months if they receive even a minimal raise. After the 12-month extension, 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 become much worse off.

For example, as a married, working couple with two children moves from just below to just over the eligibility threshold they see their total resources fall by \$8,905 or the cost of child care. This is referred to as the "cliff effect." Advocates promote increasing CCA eligibility to 200 percent of the federal poverty level, implementing a tiered exit from CCA, and indexing the CCA provider rate to the market rate.

Child care in Polk County is a focus of the Board. The Board continues to support efforts to increase quality and the number of child care providers entering Iowa's Quality Rating System through funding of Child Care Resource & Referral (CCR&R) consultants, the mini-grant program Reach for the Stars, and training for providers.

CCR&R compiled 5-year trend data for Polk County which indicates a sharp decline (-34 percent) in the number of programs listed with CCR&R. There is also a marked decline (-26 percent) in the number of child care programs willing to accept and enroll children subsidized through Iowa's Child Care Assistance.

Child Care Supply & Demand Comparisons, Polk County	2012	2017	Increase/Decline
Total number of child care programs listed with CCR&R	1,637	1,084	-34%
Total number of child care spaces listed with CCR&R	33,849	33,111	-2%
Total number of children age 0-5	39,621	41,526	5%
Families with all parents working and children under age 6	72%	74%	2%
Total children x percentage of families with all parents in the workforce	28,527	30,729	8%
Total number of programs reporting they accept DHS child care assistance	1,152	847	-26%

Figure 41. 5-Year Child Care Data, Polk County and State of Iowa. Child Care Resource & Referral Data Sheet 2017.

The Board places a high priority on increasing the supply of, and access to, high quality early education and care for all children. The decline of programs accepting CCA is something the Board is working actively to change. In Polk County the Iowa AEYC WAGE\$ program was strategically designed to be open only to participants from quality programs with a QRS rating of 4 or 5 and enrollment of 10 percent or more CCA children. For more than a decade the Board has directly supported a coalition of centers which enroll a high percentage of child care assistance children, with CCA enrollments ranging from 55–98 percent. The board-funded Iowa AEYC Early Childhood Quality Improvement Project (ECQuIP) is a team of consultants who support these coalition centers through director and teacher mentoring, onsite coaching and modeling, delivery of training, literacy programing, and mental health consultation for students.

The board supports the 10 district-run early childhood preschool programs. The capacity to increase enrollment of 4-year-olds would positively impact the school readiness for children. Enrollment in district-run preschool programs remains fairly static and will remain so until there is increased funding of Iowa's Statewide Voluntary Preschool Program.

As a new, creative strategy to increase school readiness the Board has partnered with the Des Moines Public Library to create a pre-literacy skills campaign *Simple Steps* focused on activities adults can do with young children to build literacy skills. The Library has created the *Simple Steps* messages and materials in multiple languages and distributed these through diverse media outlets and venues. The distribution will continue across multiple years to create public awareness of pre-literacy activities all adults can engage in with children in their care.

Living in an increasingly diverse community, the Polk County ECI Board strives to support services which are culturally and linguistically competent and equally accessible to all children and families. Lutheran Services in Iowa's Refugee Child Care Business Development is an example of the creative partnerships needed to meet the needs of all families. This board-supported program provides training and support to cohorts of recent refugees who would like to provide high quality, in-home child care. The program is a successful collaboration between

Lutheran Services in Iowa and Child Care Resource & Referral. The Board prioritizes supporting inclusive and culturally competent programs. Increasing system flexibility and effectiveness improves the early childhood system for all children.

Health

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.

Board-supported community partners such as Dental Connections must utilize telephonic translation services, not ideal for the delivery of dental health services. Board community partner EveryStep 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 recent refugees or immigrants. This refugee and immigrant population faces more than just language barriers to accessing services.

The *Central Iowa Community Health Needs Assessment 2016* collaboratively created with leadership of the Greater Des Moines Partnership and Capital Crossroads set out as a goal: “Ensure access to health care services and education for Central Iowa’s newcomer population.” The study articulated the barriers facing new Iowans:

Refugees and immigrants face barriers to accessing culturally and linguistically appropriate healthcare services. Language remains a substantial barrier in understanding healthcare systems, including health insurance and accessing appropriate care and treatment. Cultural norms and stigmas may prevent some newcomers from seeking the help they need to deal with behavioral or substance abuse issues. Healthcare providers struggle to deliver high-quality care to patients who do not speak English well. The use of interpretation services varies across healthcare settings, with some facilities less willing or capable to provide language access through the use of interpreters. These barriers result in a lack of proper care and services that ultimately affect the health and well-being of Iowa’s refugee and immigrant families.

Infants and young children are particularly vulnerable to complications from vaccine-preventable diseases. High immunization coverage levels protect not only the individual but the entire community by reducing the spread of infectious agents to those who have not been vaccinated or those who cannot be protected by vaccines (e.g., children too young to receive all the recommended doses or children with diseases such as leukemia).

The rate of up-to-date immunizations by age two in Polk County, a board indicator, is mirroring the national trend in declining rates. Nationally 20 percent of two-year-olds are missing one or more recommended immunizations. Prevention depends on high levels of vaccine coverage. As an example measles is frequently imported to the U.S. from outside this country.

If vaccination coverage levels drop, there will be a resurgence of measles. The 1989–91 measles epidemic demonstrates what can happen. In 1988, measles was considered to be

under control. Incidence was relatively low, only 3,396 cases. Pockets of under-immunized preschool populations were believed to serve as reservoirs for measles, but, there seemed no reason for urgency and immunization levels dropped. The complacency led to more than 55,000 cases of measles, more than 11,000 hospitalizations, and more than 120 deaths in the three years from 1989 to 1991. Similar consequences are possible with any vaccine-preventable disease if immunization levels drop. (*Centers for Disease Control and Prevention*)

In Polk County the 2017 rate for two-year-olds with up-to-date immunizations was 74 percent, down from 84 percent in 2000. In Iowa the rate of 2-year-olds with Medicaid coverage who are up-to-date is 24 percent, while 70 percent of all Iowa 2-year-olds are up-to-date. The board-funded family support program Healthy Start & Empowerment has annual up-to-date immunization rates of approximately 96 percent of the children they serve, and the Board values this program as one effective way to positively impact this immunization trend.

A healthy pregnancy is the first step to a healthy baby. In Polk County, the majority of pregnant women received prenatal care and most of them started this process early in their pregnancy. Between 2005–2015, 59,940 or 80.7 percent of the total average of pregnant women during this period started prenatal care in the first trimester. There is racial and ethnic disparity on this indicator with 63.5 percent of African American women and 71.3 percent of Hispanic women beginning prenatal care in the first trimester. Board-funded Healthy Start & Empowerment specifically seeks to enroll pregnant women in the program as early in their pregnancy as possible. In 2017, 82 percent of the women served prenatally by healthy Start & Empowerment entered prenatal care in the first trimester. The program receives federal funding to enroll pregnant women and provide services for children up to age two who live in nine specific Des Moines zip codes where poor birth outcomes are disproportionately represented. Polk County ECI funding allows the program to extend service to all of Polk County and to children under age six.

Polk County teen birthrate trends have mirrored national trends in declining dramatically since 2000, and births to teenagers has been declining since 1990. In 2017 in Polk County the birth rate per 1,000 mothers age 15–19 was 20.4 or 306 live births. The 2017 state rate per 1,000 teens was 15.8. As comparison, in 2000 the Polk County rate was 32.9 live births per 1,000 women under 20 or 599 live births. Polk County rates are consistently higher than the state rate.

Child Care Environments and Health Needs

Polk County ECI partners with EveryStep, 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, provide assistance with child care provider administration of medication, and create plans of care for children with special health care needs in child care.

Child Care Nurse Consultants

Polk County ECI, United Way of Central Iowa, and the Polk County Health Department fund Child Care Nurse Consultants (CCNC) employed by EveryStep. 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. Immunization audits of child care centers provide an opportunity for the nurses to review immunization records and make referrals for children in need of updated immunizations.

The CCNC provides onsite nurse consultation, technical assistance, and training to child care providers to promote best practice standards in regards to children's health and safety. Each CCNC is a Registered Nurse 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 updates.

EveryStep employs four Registered Nurses who have completed CCNC training. 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.

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 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 and families.

CCNC services are available free of charge to all child care centers, preschools, and home care providers operating in Polk County. There are approximately 240 child care center providers/preschool programs, 600 DHS registered home care providers, and hundreds of non-registered home care providers operating in Polk County. These providers have the capacity to serve over 33,000 children.

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 are able to address the spread of infectious diseases, prevent child injuries, and put health emergency protocols in place.

Polk County Health Lead Poisoning Prevention and Healthy Homes Program

The Polk County Health Department is another critical partner working to improve the health of young children. Lead exposure is the highest for children under age six. Polk County ECI supports the department's Lead Poisoning Prevention and Healthy Homes Program, a comprehensive environmental program 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. It is estimated that each dollar invested in lead paint hazard control results in a return of \$17–\$221. (*Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control*. Elise Gould)

Lead is almost never the only health hazard in a home with a lead-poisoned child. 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, identifying additional community resources and making referrals for families.

The program consists of medical case management to address health-related issues and environmental case management to address 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.

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 a child with elevated blood levels. 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. 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 \$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.

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 the most at-risk children and families.

Disparate population 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 Hispanics, are faring much more poorly than their non-Hispanic White peers.

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 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 far

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 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 3: Indicator Data, Priorities, and Strategies

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

Community-wide Indicators of the Polk County ECI Board

2018 Annual Report - Indicator Data	Polk County										Iowa						
Healthy Children	2000	2008	2010	2011	2012	2013	2014	2015	2016	2017	2000	2010	2013	2014	2015	2016	2017
2-year-olds up-to-date on immunizations	84.4%	87.0%	73.0%	66.0%	74.0%	73.0%	70.0%	69.0%	72.0%	74.0%	85.9%	69.0%	71.0%	69.0%	67.0%	69.0%	70.0%
Children under 18 years with health insurance Hawk-I (CHIP), Medicaid, Private	94.3%	95.8%	95.0%	96.9%	96.8%	96.1%	97.3%	97.0%	97.6%		94.0%	96.0%	95.9%	96.8%	96.0%	97.5%	
Mothers Who Began Prenatal Care in First Trimester	88.8%	70.7%	77.8%	85.2%	85.4%	85.3%	84.6%	84.4%	83.2%		87.1%	75.5%	84.1%	83.9%	79.4%	78.7%	
Children Ready to Succeed in School	2000	2008	2010	2011	2012	2013	2014	2015	2016	2017	2000	2010	2013	2014	2015	2016	2017
Children ages 3-4 enrolled in nursery/preschool (parent reported)	47.1%	46.7%	48.1%	48.1%	45.4%	45.3%	44.7%	42.3%	44.7%		44.5%	48.0%	47.7%	48.2%	48.3%	48.1%	
Kindergarteners proficient in age-appropriate literacy skills on entry to Kindergarten (FAST)							51.0%	64.0%	68.0%	67.0%				54.0%	64.4%	67.7%	
Safe & Supportive Communities	2000	2008	2010	2011	2012	2013	2014	2015	2016	2017	2000	2010	2013	2014	2015	2016	2017
Child abuse/neglect of children ages 0-5			1.9%	2.2%	2.3%	2.4%	1.7% *	1.7%	1.6%	2.0%		2.7%	2.6%	1.5% *	1.7%	1.9%	2.2%
Children ages 0-4 receiving food and nutrition services for WIC	22.1%	22.2%	24.3%	23.7%	22.6%	21.8%	21.4%	21.2%	25.9%		28.2% *20	28.2%	25.5%	24.9%	24.3%	26.5%	
Families receiving FIP financial assistance	2.1%	1.4%	1.8%	1.6%	1.5%	1.4%	1.3%	1.1%	1.0%		1.8%	1.5%	1.2%	1.0%	0.9%	0.8%	
Secure & Nurturing Families	2000	2008	2010	2011	2012	2013	2014	2015	2016	2017	2000	2010	2013	2014	2015	2016	2017
Live births mothers under age 20, per 1,000 population: Live birth rate	48.0	42.4	34.0	32.6	26.1	25.7	21.1	21.4	21.1	20.4	32.9	28.3	21.9	19.7	18.4	16.8	15.8
Live birth Count	599	567	468	449	361	361	301	315	314	306	3,646	2,989	2,275	2,036	1,924	1,764	1,660
Children living in household headed by single parent	27.6%	29.9%	31.4%	29.6%	29.9%	31.0%	32.3%	32.7%	34.1%		24.9%	30.6%	29.8%	30.3%	31.2%	31.4%	
Children under age 6 with all available parents in workforce		76.1%	78.7%	72.5%	70.8%	79.2%	74.8%	74.1%	75.4%	74.0%		76.0%	76.0%	75.2%	75.2%	75.0%	75.0%
Secure & Nurturing Early Learning Environments	2000	2008	2010	2011	2012	2013	2014	2015	2016	2017	2000	2010	2013	2014	2015	2016	2017
Child care programs at a level 3, 4 or 5 on Iowa's QRS (Does not include DOE preschools)		24	78	45	57	45	54	89	88	77		537 *2011	584	558	635	607	678
Registered home child care providers	731	813	812	810	730	736	659	664	650	597		4,588	3,651	3,464	3,302	3,049	2,838
Number of registered/licensed available child care slots listed (Does not include DOE preschool)	19,653	22,826	22,914	23,260	22,524	22,852	22,517	23,289	31,615	30,834		139,413 *2011	133,841	127,774	129,462	142,733	147,757
Population age 0-5 (Woods & Poole)	2000	2008	2010	2011	2012	2013	2014	2015	2016	2017	2000	2010	2013	2014	2015	2016	2017
	33,334	40,268	39,122	41,447	39,621	39,683	40,054	39,779	40,681	41,526		189,276	241,531	236,196	237,872	240,070	246,991
	Polk County										Iowa						

Indicators and Rationale

Indicator	Rationale
Healthy Children	
Rate of immunizations by age two	The rate has fallen substantially since 2000. This fall corresponds to the rise in child poverty levels and 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 continued changes in health care the Board feels it is important to track this Indicator. The percent of uninsured indicate the most vulnerable individuals in the community. Health insurance assists people in accessing health care services and may protect them against disastrously high costs during serious illness. Those with insurance are more likely to receive preventative

	screenings and less likely to have undiagnosed or untreated chronic health conditions.
Mothers Who Began Prenatal Care in First Trimester	Early and regular prenatal care helps identify conditions and behaviors that can result in adverse reproductive and birth outcomes. A healthy pregnancy is the first step to a healthy baby. Prenatal care allows for healthcare providers to promote healthy lifestyle choices and quickly address medical conditions that could impact development of the fetus during pregnancy.
Children Ready to Succeed in School	
Children ages 3-4 enrolled in preschool	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.
Kindergarteners proficient in age-appropriate literacy skills on entry to Kindergarten	All Polk County districts administer the FAST literacy assessment. Results can be considered relative to preschool enrollment levels. They also can be considered in line of other Board investments in early learning.
Safe & Supportive Communities	
Child Abuse and neglect for children ages 0–5	Children deserve to grow up feeling safe, healthy, and cared for. Child abuse and neglect creates an environment that endangers a child's chance of developing normally. Abuse puts children at risk for lasting physical, emotional, and behavioral problems. Annually approximately half of all children who are abused or neglected are under five years old.
Children ages 0–4 receiving food and nutrition services for WIC	The supplemental nutrition program for babies, children under the age of 5, pregnant women, breastfeeding women, and women who have had a baby in the last 6 months is indicative of the number of children in need. When considered with child population and poverty rates it can indicate if there is a need for outreach for enrollment.
Families receiving FIP financial assistance	The number of families receiving temporary cash assistance is indicative of community need. Families receiving FIP are automatically eligible for CCA benefits.

Secure & Nurturing Families	
Teen births ages 15–19	Birth rates for females ages 15–19 have fallen to historic lows. The U.S. teen pregnancy rate is substantially higher than in other western industrialized nations, and racial/ethnic disparities in teen birth rates persist. There are health risks for babies and children born to teenage mothers, and these children are more likely to suffer health, social, and emotional problems than children born to older mothers.
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.
Secure & Nurturing Early Learning Environments	
Child care programs at a level 3, 4, or 5 on Iowa's QRS	Seeking to support the state investment in this quality rating system, 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. The Board strategically communicates the importance of participation to all appropriate funded programs.
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.
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.

Priorities of the Polk County ECI Board

Over the last several fiscal years the Polk County ECI Board has had to make difficult decisions regarding programs to continue to fund and those no longer aligned with the Board Vision and Mission. With flat funding and program expenses rising the Board has engaged in rigorous evaluation of programs, community resources, and fiscal investments in early childhood by other entities. As an example, the Board determined that the safety net programs of respite care and 24-hour crisis nursery, while providing a valuable service, should no longer be funded by the Board. After cessation of board funding, these programs were able to continue providing services because they were run by non-profits with a variety of funding sources beyond ECI funding.

In board discussion and committee work the priority has been to invest funds in ways that most directly impact children, and directly impact those who need the most support.

The Board prioritizes the critical importance of parents and care givers for the optimal early development, learning, and health of young children. Realizing the realities of families, the board also prioritizes high quality child care and early learning environments. The Board also realizes child health and well-being disparities along income, ethnic and racial lines and prioritizes increasing access for underserved populations.

The Board is committed to actively educating the community of the importance of the first 2,000 days to healthy development of all children. The Board is committed to sharing information on the importance of investments to support children and families. A part of this charge is to share the challenges faced by families and children and the stresses that are detrimental to family and child health.

Board Priorities:

Parent Development, Support, and Education—Parents are the experts on their children but may need information and support to develop their children's growth and development. Loving and strong connections between parent and child is critical to healthy development.

High Quality Child Care—Quality early learning builds neural connections in babies and toddlers. Poor quality care can be detrimental to healthy development.

Child Care Workforce Support—A key to providing quality care is retention of trained, quality child care staff. Turnover in child care is very high nationally and has been for years. High turnover has a detrimental impact on children at a critical point in their development.

Section 4: Fiscal Information

Community Resources Fiscal Assessment

The fiscal assessment is an outline of estimated financial resources and service providers in Polk County serving young children and their families. As Iowa's most populous county, a complete fiscal assessment of Polk County is a difficult and complex undertaking. In Polk County there are hundreds of programs serving young children and their families. An example of the scale of services: Child Care Resource and Referral data documents more than 1,084 total programs providing child care in Polk County.

To identify community resources Polk County ECI attempted to document 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. 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. This information is reflected in the fiscal assessment.

No program or agency was intentionally left off the fiscal assessment, and Polk County ECI welcomes additions or corrections. Given the scale of services and size of population served it is not possible for Polk County ECI staff to report 100 percent of funding dollars contributing to early childhood services in Polk County. The provided fiscal assessment is an estimated outline.

Codes for sources of funding:

PCECI= Polk County Early Childhood Iowa; F = Federal; S = State; L = Local; P = Private

Agency / Program	Type of Service	ages children served	# of children served 0-5	Estimated Annual Total	Source of funding
EveryStep Healthy Start & Empowerment	Family Support	0-5	697	\$2,619,382	PCECI, F, P
EveryStep Child Care Nurse Consultants	Health Consultation	0-5	11,000	\$215,750	PCECI, L, P
EveryStep 1st Five	Case Management	0-5	1,036	\$610,076	S
EveryStep Nurse Family Partnership	Parent Development; Home Visiting	prenatal-22	193	\$280,000	P
EveryStep Iowa Family Support Network (statewide)	Family Support	Prenatal - 22		\$185,000	S
EveryStep Children at Home (statewide)	Family Support	Prenatal - 22		\$722,548	S
EveryStep Community Home Visitation	Family Support	Prenatal - 17	212	\$1,174,398	S, P
EveryStep Literacy	Parent Education;	Age 0-5	596	\$85,000	P

Specialist	Literacy				
EveryStep I-Smile (Polk, Dallas, Clinton, and Jackson)	Preventative Dental Health	Age 0-5	1,525	\$93,171	S
EveryStep Presumptive Eligibility/Dental Voucher	Preventative Dental Health	Age 0-5	38	\$60,863	S
EveryStep 5-2-1-0	Preventative Health	Age 0-14	5,985	\$70,000	P
EveryStep Decat Refugee Immigrant Guide Training	Family Development	Age 0-18	28	\$50,000	S
LSI Child Care Business Development	Child Care Training and Development	0-10	65	\$125,000	PCECI, P
LSI HOPES Parenting Initiative	Family Support	0-5		\$234,000	S, P
Dental Connections clinic, etc.	Preventative Dental Health	0-5		\$155,084	PCECI, F, S, P
IAEYC ECQuIP	Child Care Quality Improvement; Consultation	0-5	1,624	\$434,500	PCECI, P
IAEYC TEACH	Child Care Quality Improvement; Credentialing	0-5		\$434,500	PCECI, P
IAEYC WAGE\$	Child Care Quality Improvement; Wage Supplement	0-5		\$205,300	PCECI, S, P
Child Care Coalition Centers	Child Care Quality Improvement	0-5	1,624	\$984,600	PCECI, S, P
CCRR Training	Child Care Professional Development	0-8		\$25,000	PCECI, S
CCRR Consultants	Child Care Consultation	0-8		\$204,000	PCECI
CCRR Reach for the Stars	Child Care Quality Improvement	0-8		\$110,000	PCECI, P
SWVPP-10 public districts	Preschool	3-5	4,297	\$16,183,965	PCECI, F, S, L
DMPS Family Support Services Team	Family Engagement and education	3-5	1,976	\$835,397	PCECI, F, S, L, P
Polk County Lead Poisoning Prevent.	Preventative Health	0-5	11,000	\$26,000	PCECI, S, L
EMBARC Parent Navigator	Public Awareness Parent Development	0-5	590	\$144,013	PCECI, F, S, L, P
DMPL Simple Steps	Public Awareness Literacy	0-5	5,776	\$26,000	PCECI, L, P
UWCI WLC Book Buddy	Volunteer Literacy in Child Care Center	4-5	160	\$45,000	P
Young Women's Resource Center	Prenatal, Birth and Parenting Support for Young Moms	0-25	144	\$1,131,985	L, P
Prevent Child Abuse Iowa (CBCAP/ICAPP)	Abuse Prevention/Parent Development	0-17	200	\$90,712	S

UnityPoint La Clinica de la Esperanza	Prenatal, Health Prevention	all ages	250	\$180,000	S, P
Youth Emergency Services & Shelter nursery	24- hour Crisis Care	0-5	110	328000	S, L, P
Drake University Head Start and Early Head Start	Early Education, Family Development	0-5	913	\$7,800,000	F
Courage League Sports	Adaptive sports facility	0-17		\$157,000	L, P
New Directions Shelter	Emergency Shelter for Mothers and Children	0-17		\$800,954	S, L, P
Easter Seals Iowa	Child Care, Respite, Family Development	0-17	500	2000000	S, P
St. Joseph Emergency Family Shelter	Emergency Shelter for Families	all ages	126	\$300,000	F, S, L, P
DHS child care assistance (CCA)	State Child Care Assistance (served children at QRS 3-5 provider)	0-14	1,229		F, S
Early Access Part C	Early intervention for developmental delays	0-3	320	\$410,000	F
Family Development & Self-Sufficiency FaDSS	Family Development and Self Sufficiency Grants- 190 families	0-17		\$1,700,000	F, S, L
Medicaid for young children	Health and Dental Care	0-5		\$87,000,000	F, S
CHIP/hawk-i	Insurance	0-17	45,000	\$7,500,000	F, S
WIC	Supplemental Nutritional Assistance	0-4	10,800		F
SNAP	Food Assistance - 63,549 total individuals	all ages			F
	* Child total could include individual child more than once	TOTAL	108,014	\$135,737,198	

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 *Community Plan*. The broad funding picture is a component of the program review that the Board undertakes each spring for currently funded programs seeking renewed funding 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 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.

It is the Polk County ECI Board's general approach 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. The Polk County ECI Board is challenged with status quo funding year-to-year and a growing young child population. All programs, including the administration of the Board, experience annual increases in the costs of operational expenses—e.g., rent, salaries, benefits, utilities, tuition, textbooks, transportation. Supported programs are asked to continue high quality service delivery to as many families and children as possible with flat, or reduced, funding year-to-year. Given the flat funding received it is difficult for the Board to address emerging community needs or to fund new programs without negatively impacting currently supported programs.

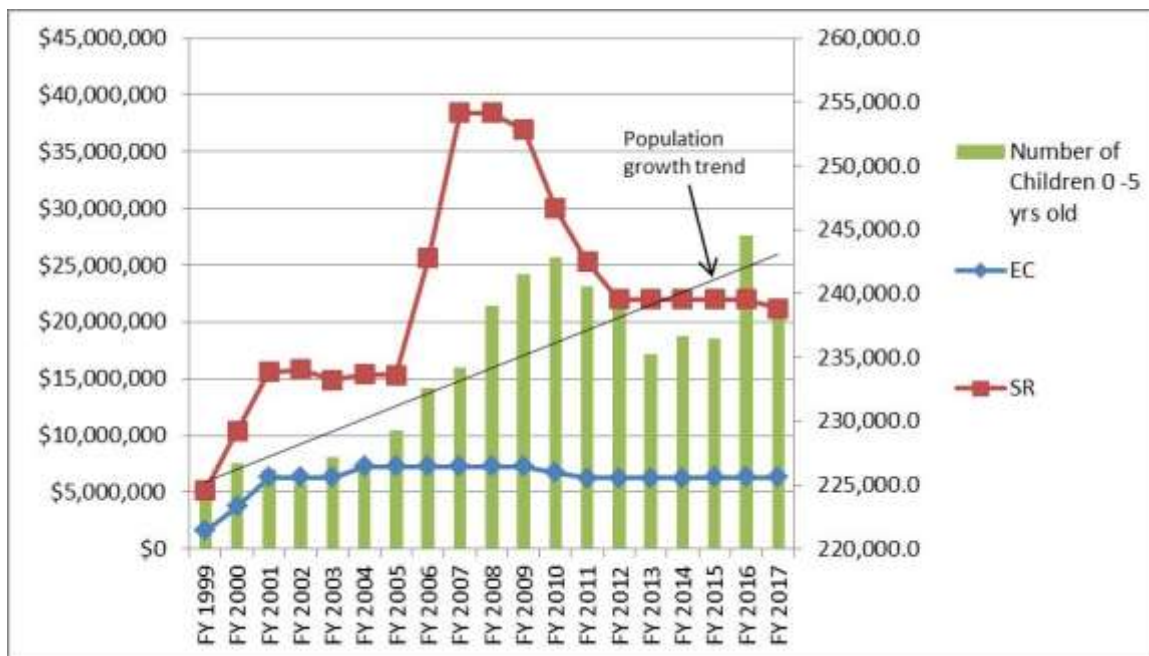
Polk County ECI Funding History

Fiscal Year	Early Childhood	School Ready	Fiscal Year TOTAL
FY08	\$965,766	\$4,300,024	\$5,265,790
FY09	\$1,071,168	\$4,324,096	\$5,395,264
FY10	\$1,043,025	\$3,341,554	\$4,384,579
FY11	\$993,091	\$2,820,547	\$3,813,638
FY12	\$ 1,019,240	\$2,659,055	\$3,678,295
FY13	\$1,003,071	\$2,652,898	\$3,655,969
FY14	\$1,040,015	\$2,610,577	\$3,650,592
FY15	\$1,083,691	\$2,652,567	\$3,736,258
FY16	\$1,123,171	\$2,695,184	\$3,818,355
FY17	\$1,202,320	\$2,629,099	\$3,831,419
FY18	1,099,883	2,647,000	\$3,746,883

State ECI Funding

Fiscal Year	Early Childhood	School Ready	Fiscal Year TOTAL
08	\$7,250,000	\$38,434,844	\$45,684,844
09	\$7,250,000	\$36,955,259	\$44,205,259
10	\$6,750,000	\$30,015,522	\$36,765,522
11	\$6,250,000	\$25,287,842	\$31,537,842
12	\$6,246,000	\$21,999,794	\$28,245,794
13	\$6,246,000	\$21,999,794	\$28,245,794
14	\$6,245,000	\$21,999,794	\$28,244,794
15	\$6,300,000	\$22,024,827	\$28,324,827
16	\$6,300,000	\$21,999,794.15	\$28,299,794.15
FY17 amended	\$6,300,000	\$21,190,683	\$27,490,683
FY18	\$5,800,000	\$21,190,683	\$26,990,683

Investments in Early Childhood Iowa & Iowa's Children in Poverty



The graph above depicts annual statewide School Ready funding (red) and Early Childhood (blue) funding. These funds are allocated to local ECI Area decision-making boards. Both

funding sources have been status quo since fiscal year 2013. The green bars represent the actual number of Iowa children ages 0–5 living at less than 100 percent of the Federal Poverty Level (FPL).

The black line indicates Iowa’s population growth trend for children ages 0–5 living at less than 100 percent of the FPL. Although ECI funds serve varying levels of at-risk populations with these funding sources, local ECI boards are finding it increasingly difficult to address the needs of community families because of funding decreases while populations of children in poverty continue to grow.

Section 5: Community Collaboration

Collaborations and Strategic Partnerships

Polk County ECI has a strong history and continued role as collaborator within the early childhood community. The Board maintains a diverse membership representing a vital and deep involvement and knowledge of early childhood issues. Members sit on other community boards including the Des Moines School Board, Johnston Community Schools Board of Education, Des Moines Public Library Board of Trustees, and United Way of Central Iowa's Women United. Polk County ECI members have a breadth of professional expertise which includes, but is not limited to, pediatric medicine, social work, health and insurance law, 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.

United Way of Central Iowa

For nearly two decades, 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 organizations work together to meet needs as they arise within the community. Both organizations collaborate to identify important performance measures for co-funded programs. Both concentrate on outcomes of funded programs.

United Way of Central Iowa's Women United 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 Women United 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 the Child Care Coalition, 18 child care centers supported by Polk County ECI and United Way of Central Iowa. In existence for nearly two decades, the Coalition is a collaborative group of high-quality child care centers serving high percentages (18–99 percent) of children enrolled with Child Care Assistance. 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. There are approximately 1,400 children enrolled in the 18 centers of the Coalition.

The Child Care Coalition centers include:

- A center offering bilingual child care (Hispanic Educational Resources Conmigo Early Education Center)
- A center within DMPS Central Campus/Scavo Alternative High School offering child care for parenting teens so they can continue their education (Teddy Bear Town)

- A center providing care for the children of mothers 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)

Polk County ECI and United Way of Central Iowa funds are used to provide Coalition Centers the support of the Early Childhood Quality Improvement Project (ECQIIP) resource team housed at Iowa Association for the Education of Young Children. The ECQIIP team includes child care consultants, a mental health consultant, a child care project manager, and a literacy specialist. This team collaborates with child care nurse consultants, Dental Connections, and the Drake University Early Head Start Partnership to support the centers. The ECQIIP consultants deliver onsite consultation and coaching. They lead monthly director meetings and monthly professional development for center directors and teachers. Consultation is focused on quality and forming center action plans as centers progress with accreditation and QRS participation. Six centers have a QRS rating of 5, and two have a QRS rating of 4. ECQIIP works with center directors to support continuous involvement in the QRS system.

Polk County ECI Board funding of programs T.E.A.C.H, WAGE\$, and Little Healthy Smiles provides additional supports for the Coalition Centers. The centers have a high number of staff who are, or have been, participants in the T.E.A.C.H. program. The centers also include participants in WAGE\$. These centers participate in the Dental Connections Little Healthy Smiles program and are visited twice a school year by the mobile dental clinic for screenings, fluoride varnishes, and treatment. Several of the Coalition Centers located in Des Moines collaborate with DMPS to offer Statewide Voluntary Preschool classrooms.

Drake University Early Head Start and Coalition Centers

The long history of the Coalition Centers and the high quality of these centers were critical to the community being awarded a federal 5-year grant to establish the Drake University Early Head Start Child Care Partnership. This funding supports high quality care for children ages 0–3 in child care centers.

The Early Head Start Child Care Partnership is a collaboration between Drake Early Head Start and seven of the Coalition Centers. The Early Head Start Child Care Partnership has expanded centers' capacity for infant and toddler care, increased financial support of the centers and their staffs, and has doubled community capacity to provide Early Head Start care to infants and toddlers. The participating centers have added capacity to serve 90 children ages 0–3 by providing full-day, full-year, high quality center-based care for children in families below poverty level.

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 comprehensive professional development.

The long-standing collaborative relationships of Polk County ECI and United Way of Central Iowa provided strong evidence of the community's ability and will to support high quality early care for children in poverty. The Early Head Start Child Care Partnership builds on the years of support provided to Coalition Centers. To establish infant and toddler classrooms required construction at each center to modify the facilities. It also required the classroom staff to have or complete a Child Development Associate credential. The Early Head Start teachers receive focused professional development and onsite coaching. Four of the eight centers participating in the Partnership have a rating of 5 in Iowa's Quality Rating System.

Polk County ECI and United Way of Central Iowa facilitate bimonthly collaborative meetings of Drake University Early Head Start program staff and the Iowa AEYC ECQuIP team. Both groups are working in the Partnership centers, and these meetings establish shared priorities and strategies for meeting goals tailored to each center. All involved are making collaborative decisions to establish a division of the work and resources to most effectively meet the needs of each center.

The Early Head Start Child Care Partnership is greatly benefiting the families and children enrolled in the participating child care centers. The Partnership is also investing resources in the centers and their staffs. This critical collaborative partnership would not be in place without the history of collaboration of Polk County ECI and United Way of Central Iowa and the long shared support of the Coalition Centers.

Preschool

Polk County ECI has effective collaborative relationships with the 10 public school districts in Polk County. The Preschool Advisory Group is organized by Polk County ECI and is a collaborative meeting of the directors of each of the 10 public school district early childhood programs. The Preschool Advisory Group meets quarterly, and these meetings are opportunities for discussion of local policies, trends, and program needs. The group is a professional learning community for administrators, the majority of whom have no preschool administration peers in their district. Discussions focus on program needs and how to meet the needs of the children enrolled. Administrators frequently cite two barriers to children accessing preschool programming through the Statewide Voluntary Preschool Program: the need of families for full-time enrollment and the lack of transportation for four year olds.

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. DMPS Early Childhood Advisory meetings are opportunities to learn of the goals and strategies of the DMPS early childhood program and state educational initiatives. Participants in the Early Childhood Advisory also discuss the needs of the families and children enrolled in their programs. The Polk County ECI Executive Director provides information to the group regarding Early Childhood Iowa initiatives.

Literacy Efforts

In Central Iowa and Polk County there are many organizations working to reach children and their families to improve literacy skills in children of all ages. There are a variety of school-based volunteer programs and afterschool programs. United Way of Central Iowa organizes a volunteer reading program, Book Buddy, in select Coalition Child Care Centers. These efforts are led by various nonprofits and take place in a variety of settings. To determine community strengths and needs Polk County ECI has organized a group of stakeholders working across the community on literacy efforts. The group has chosen the name Early Literacy Metro (ELM) and was formulated out of the passion of the individuals working to positively impact children's literacy. Polk County ECI convenes the group monthly to share resources and discuss community goals and needs.

Early Childhood Iowa Groups

The Polk County ECI Executive Director participates in the ECI Central Regional Directors Group. This group meets quarterly to share Early Childhood Iowa resources and information. Throughout the year this group shares information and resources and holds telephonic meetings when need arises. This group functions as informal professional development for involved ECI area directors. Since 2016 this group has organized a collaborative annual event at the Iowa State Capitol to present information to legislators regarding local board efforts and the Early Childhood Iowa initiative.

The Polk County ECI Executive Director participates in the ECI Stakeholder's Alliance. Information from this group 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 committees. The current ECI State Board Chair is a former Polk County ECI member and board chair. A past board member and chair is currently an active member of the ECI Steering Committee.

Section 6: Board and Community

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 funded program staff 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 ages 0–5, necessitates that the Board and its single staff coordinate and collaborate with other agencies to promote the Board vision that “every child will be healthy and successful.”

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 an online data system, Clear Impact Scorecard, to document program outcomes and narratives. The system allows data to be aggregated from all funded programs and to be organized by results and indicators.

Annually community-wide indicator data is updated and discussed during a board review of trends. New board members are introduced to the *Community Plan* during the orientation meeting. Elements of the *Community Plan* are updated annually while the entire plan is substantially revised and updated at a minimum of every three years.

Program Reporting and Review

Programs supported by Polk County ECI report on state and locally required performance measures; midyear data is submitted at the end of January and outcomes for each fiscal year are completed by the end of July in Clear Impact Scorecard. (See *Policy and Procedure Manual* Policy ID: 5.3 Performance Measures Reports.)

In addition to outcomes data, funded programs are required to annually submit narratives at the end of January. The narratives provide descriptions of the program, populations served, program outcomes, as well as describe 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. Programs reapplying for funding as well as those applying for new funding must submit detailed budget information and identify all sources of funding.

Program data is evaluated annually and looked at longitudinally for trends. Program outcome data and narratives are reviewed by the Board prior to meeting with each funded program in the spring. Board meetings with funded programs include a discussion of program challenges and successes. The annual review of programs includes board member scoring and commenting on program outcomes data, narratives, and the information shared during program meetings. These results are compiled and discussed by the Board to inform funding discussions and decisions.

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 priorities and indicator data provide the lens through which the Board reviews programs. 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.

Process for Awarding Funds

The Polk County ECI Board uses a written application process for currently funded programs to apply for renewed funding or potential new programs apply for funding. (See *Policy and Procedure Manual*: Policy ID 5.1 Program Funding and RFP Process.) The reapplication process begins in January as the Board determines the process, timeline, and information to be requested. Currently funded programs are informed of the review timeline, and program meetings are scheduled. Programs which have contacted Polk ECI staff regarding funding or are identified throughout the year as of interest to the Board are contacted directly and encouraged to apply for new funding. Announcement of the process is also distributed through social media and posted on the Board web site. 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.

Board members work in small groups to review applications for renewed funding. This includes review of each program narrative, program outcomes on performance measures, and budget details. These work groups then meet with program staff to discuss the outcome data and narrative and to ask any questions members may have. Members of each work group complete a scoring rubric based on the submitted materials and the meeting with program staff. Results of the scoring and meetings with programs are then shared by each work group to the full Board.

The Polk County ECI Board follows established fiscal process and procedures to create budgets and determine program funding. 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 state technical assistance staff has sent written notification of funding amounts to be received by the Polk County ECI Board. The Polk County ECI Board then waits for budget approval by the ECI state technical assistance staff prior to issuing contracts.

Programs may request review of the award decision by filing a written appeal within 10 working days after receipt of the award notification. (See *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 the monthly board meetings or by requesting this information from Polk County ECI staff.

Board Roles, Responsibilities, and Operations

The Polk County ECI Board maintains a full roster of 15–20 citizen members. Members commit to a full schedule of 90-minute board meetings held 11 months of the fiscal year. Prior to the fiscal year's first meeting of the Board new members attend an orientation meeting which focuses on board roles, responsibilities, and operations. New members are provided a comprehensive book of materials which are also available online. Within these materials is a calendar of monthly activities required of the Board. Board member materials are updated annually prior to new member orientation and available online to returning members as well.

Financial reports for all revenue and all expenditures for School Ready and Early Childhood funds are reviewed by the fiscal agent prior to review 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, all 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. Annually the fiscal agent attends a board meeting 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. Throughout the year the Board convenes programs to discuss community need and challenges to meeting these needs. Board members serve on either the School Ready or Early Childhood committees. These committees meet with program staff to gain in-depth information which they share with the whole board. Dependent on member requests for information or situations which require detailed discussion, program staff are invited to present throughout the year at monthly board meetings.

To meet the substantial volume of work required of the Board, members use committees and work groups to effectively and efficiently accomplish all 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. Committees lead annual reviews of governance issues, including review of the Polk County ECI *Bylaws* and *Policy and Procedure Manual*. Committees review program outcomes and narratives and meet to discuss this information with program staff annually. Work groups are formulated as need arises.

In the spring of each year the Board conducts a self-evaluation. Responses are tabulated and discussed. The Board also annually conducts a performance evaluation of the Polk County ECI Executive Director. Results are shared with members and the Executive Director. 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

Program staff and community members are encouraged to attend Board Meetings and are encouraged to contact the Executive Director if they would like time on a meeting agenda. It is typical for staff from several funded programs to be in attendance at each board meeting.

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
- Annual Meeting with required agenda items for approval
- 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
- 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 detailed review of program effectiveness. Each board member commits substantial time over the course of a fiscal year to the work of the Board. During fiscal year 2018 board members spent over 351 hours conducting the work of the Board.

There are more than 41,000 children ages 5 and younger in Polk County. Children and particularly young children are the age group most likely to live in poverty. About one in five or roughly 19 percent of children ages 5 or younger at or below poverty level. However, two in five African American children and one in four Hispanic children live in poverty compared to nearly one in eight white children. Approximately 60,000 Polk County households with children earn less than a household survival budget amount, and 31 percent of Polk County children live in single-parent households. While 74 percent of available parents are working or in school, Polk County children are cared for by family/friends/neighbors or attend preschool, a child care center, in-home child care, Head Start or a combination of these environments.

Given the rapid brain development during a child's first five years of life, which lays the foundation for all future learning and life success, the Polk County ECI Board has a compelling interest and responsibility to support and advocate for safe, socially supportive, and effective educational environments for young children. The Board also prioritizes parents and invests in programs focused on the development of parents. The Polk County ECI Board greatly values the work of the funded programs and community partners to improve the outcomes for children and families.



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