



Southeast Iowa Early Childhood

Early Childhood is Everyone's Business



# Southeast Iowa Regional Early Childhood Plan

SEPTEMBER 2018

The Southeast Iowa Regional Early Childhood Plan is a document of the DHLW Early Childhood Area Board and the Children First Early Childhood Area Board.  
Trend data and content updates are done annually and reviewed by the boards.

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The Southeast Iowa Regional Early Childhood Plan is implemented through the collaborative work of agencies, organizations, and individuals serving children and families in the region. Local Early Childhood Advisory Committee efforts are open to anyone with an interest in early childhood efforts. The following agencies are members of the regional early childhood system and provided direct input into the planning process.

- 4Cs
- 1<sup>st</sup> Five
- Community Action of Eastern Iowa – Child Care Resource & Referral
- Community Action of Southeast Iowa
- Danville Early Learning Center
- Des Moines County Public Health
- Grant Wood AEA
- HACAP
- Head Start
- Henry County Agricultural Extension
- Iowa AEYC
- Jefferson/Keokuk/Van Buren/Washington Decat & CPPC
- Lee County Health Department
- Louisa County Public Health
- Lutheran Services in Iowa
- Parents as Teachers – Van Buren Co
- Quad County CPPC
- Sieda
- The Family Connection – Henry County
- The Family Connection – Washington County
- The Nest of Des Moines County
- Trinity Muscatine Public Health
- Washington County Public Health

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# Introduction and Overview

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## Purpose of the Plan

The purpose of the Southeast Iowa Regional Early Childhood Plan (EC Plan 2018) is to guide local efforts to improve the lives of children ages 0-5. The EC Plan 2018 was created through the efforts of two local Early Childhood Iowa (ECI) areas, Children First covering Lee and Van Buren counties and DHLW covering Des Moines, Henry, Louisa and Washington counties. The boards worked collaboratively over the past several years to conduct focus groups with young families, child care businesses, and community members. Feedback was gathered to develop goals for enhancing the health, care, and education of young children and their families. Information from assessments, done by various local organizations serving families, was incorporated into the plan and resulting goals. This plan is intended to be used by individuals across all sectors to improve the lives of young children.

## Brief History

Early Childhood Iowa (ECI) was established in Iowa Code in 1998 as *Community Empowerment* to create a partnership between communities and state government committed to improving the well-being of children ages 0-5 and their families. Within every county in the state, ECI is engaged in efforts to unite agencies, organizations, business, and community partners to speak one message – *All children, beginning at birth, will be healthy and successful*. The statewide system consists of three parts: State leadership board, State advisory structure, and the local structure. The local structure is comprised of citizen led boards dedicated to local, informed decision making. This community plan and the preceding needs assessment are required elements of a comprehensive early care, education, health and human services system working toward the desired results of: Healthy children, children ready to succeed in school, safe and supportive communities, secure and nurturing families, and secure and nurturing early learning environments.

## Vision

The EC Plan 2018 and local ECI area boards are guided by the state wide ECI vision...

*Every child beginning at birth will be healthy and successful.*

# Early Childhood Region

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## Brief Snapshot

The regional EC Plan focuses on a 6-county area in the southeast corner of Iowa. The selection of counties is based on the primary service area of two Early Childhood Iowa (ECI) Area Boards and encompasses the counties of Des Moines, Henry, Lee, Louisa, Van Buren, and Washington.

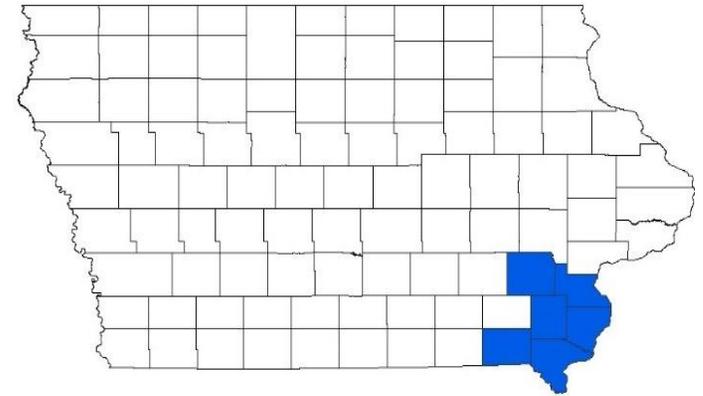
The region is predominately rural with 5 cities exceeding 7,000 (Table 1) in population and offering basic amenities, retail, groceries, and health care options. Travel time from city to city within the region is approximately 30 minutes with access to major roads.

Hospitals are located in 5 out of the 6 counties including, Fort Madison Community Hospital, Great River Medical Center in Burlington, Henry County Health Center in Mt Pleasant, Unity Point Health in Keokuk, Van Buren County Hospital in Keosauqua, and Washington County Hospital and Clinics in Washington. According to Iowa Department of Public Health *Iowa Health Factbook*, there are 7 pediatric physicians in the region, 3 in Des Moines County and 4 in Lee.

Families living in rural Van Buren and Louisa counties have less access to large retail box stores and full-service groceries. They may rely on convenience stores for quick access to basic food and household essentials, but must travel for more options, making reliable transportation a key resource. As the largest city within the region, Burlington offers more entertainment and amenities including *FunCity*, a family entertainment resort with games and a waterpark. There are two casinos located in the region, one in Burlington and one in Riverside. Local organizations have access to casino foundations that provide funding support for various activities and programs that serve families with young children.

There are 20 public school districts within the region, ranging in size from as little as 133 students to serving nearly 4000 students. Six private schools offer alternative options and a handful of rural based elementary schools remain in small towns. Preschool for 4-year-old children is widely available through the districts and a variety of options for 3-year-old preschool can be found in larger populated communities.

Southeast Iowa Early Childhood Region



## Population

Des Moines and Lee counties are the largest of the region with populations of 40,114 and 35,172 respectively. Nearly 3 times as large as Van Buren (11,251 pop) and 4 times as large as Louisa (7,380 pop). Based on US Census 2016, the region’s five most populated cities make up 46% of the total population. Table 1 shows distinct variances and sharp drops in population in the top 7 cities. Burlington is substantially larger than any other community and able to support larger attractions and amenities as an urban setting. Small towns with populations between 3,000 – 7,000 do not exist. Kalona is the 6<sup>th</sup> largest, but is less than half the size of the next populated town of Washington. Table 2 identifies the population by county of children ages 0-5, the target demographic for this plan. More than half of the total children are located in 2 out of the 6 counties, Des Moines and Lee. The map below breaks down population 0-5 by census track. Washington County has more young children in the north east section, closer to Iowa City. Henry County has more young children in the east section closer to Burlington.

Table 1: Largest Cities in the Region

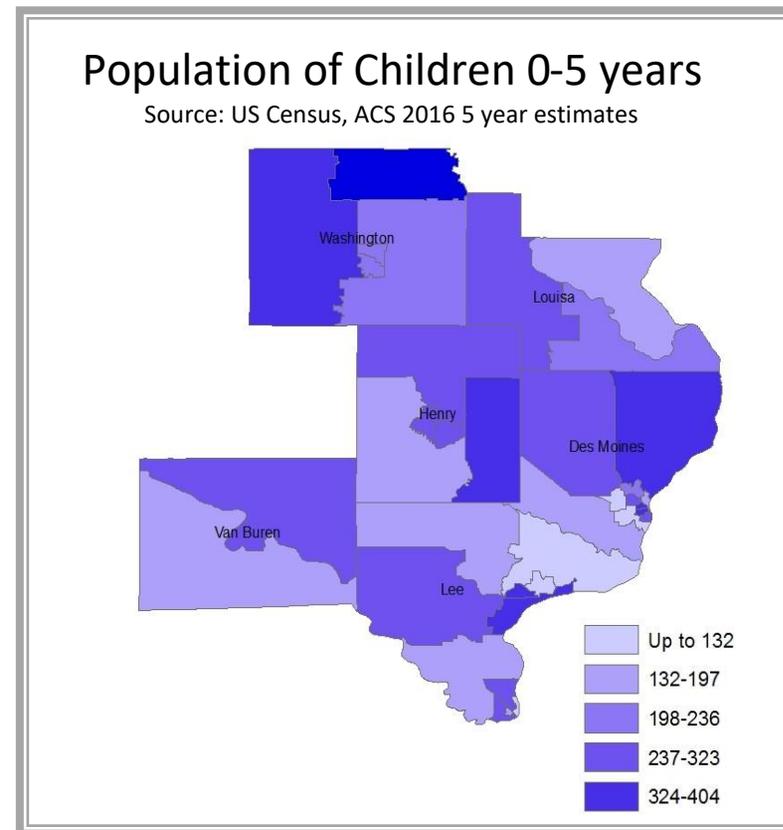
City	Population	County
<b>Burlington</b>	25,277	Des Moines
<b>Fort Madison</b>	10,597	Lee
<b>Keokuk</b>	10,431	Lee
<b>Mount Pleasant</b>	8,392	Henry
<b>Washington</b>	7,424	Washington
<b>Kalona</b>	2,534	Washington
<b>Wapello</b>	2,042	Louisa

Source: ACS Community Quick Facts 2016 – 5yr Estimates

Table 2: 2017 Population 0-5 by County

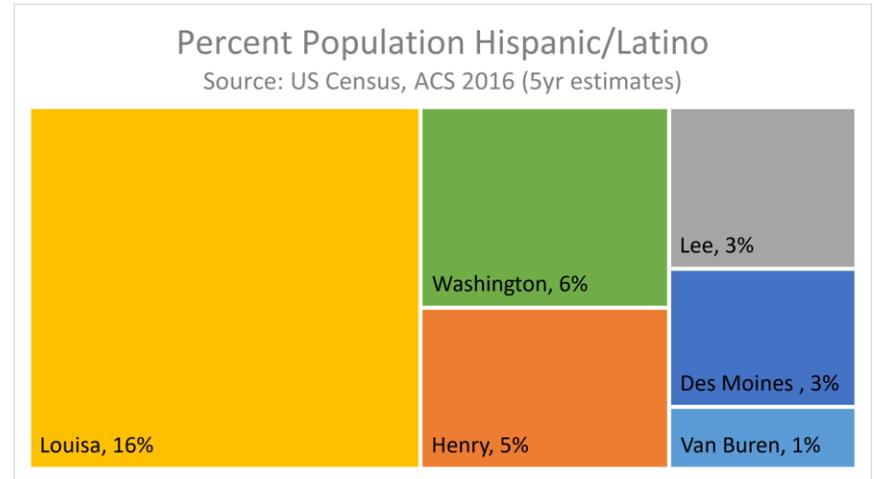
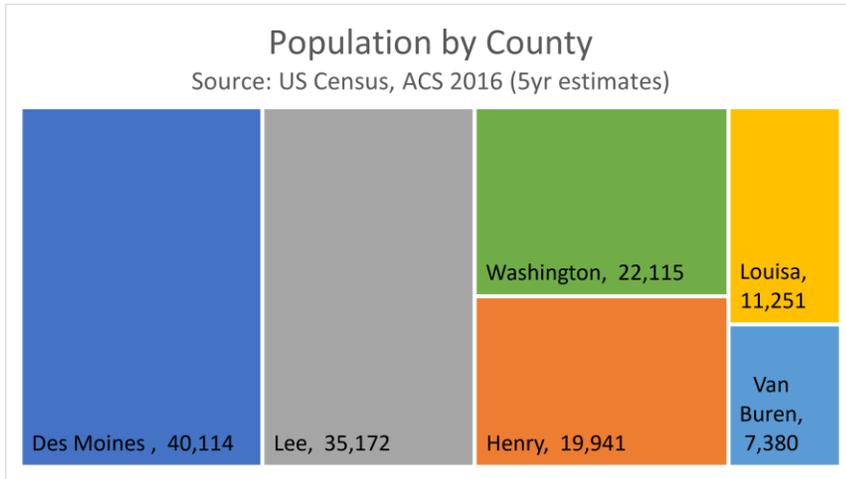
County	Number of Children 0-5
<b>Des Moines</b>	2922
<b>Henry</b>	1420
<b>Lee</b>	2637
<b>Louisa</b>	749
<b>Van Buren</b>	600
<b>Washington</b>	1822
<b>Total</b>	10,150

Source: Woods & Poole



## Diversity

The region as a whole is mostly white with all counties at or above 90% of total population White/Caucasian (US Census 2016). A unique attribute in the region is the ratio of Hispanic or Latino people living in the smaller counties and communities. The chart below on the left highlights the overall population of the region with Des Moines and Lee taking up most of the chart area and Louisa and Van Buren sharing a small portion in the corner. The chart on the right highlights the percent of the population in each county that is Hispanic or Latino. Des Moines County shifts from a dominant section in dark blue on the left to a small section on the right, while Louisa County stands out with the opposite trend going from a small yellow section on the left to largest section on the right.



According to US Census 2016 Louisa and Des Moines counties are slightly more diverse than other counties in the region and the state of Iowa. Louisa County has an Asian population that makes up 3.4% as compared to the state of Iowa at 2.6%. Des Moines County is 5.6% African American as compared to Iowa at 3.8%. Lee and Henry have slightly smaller African American populations at 2.6% and 2.1% respectively. Services and resources, for families and children in the region, are taken into consideration county by county and are based on unique attributes of the population and communities.

## Schools & Diversity

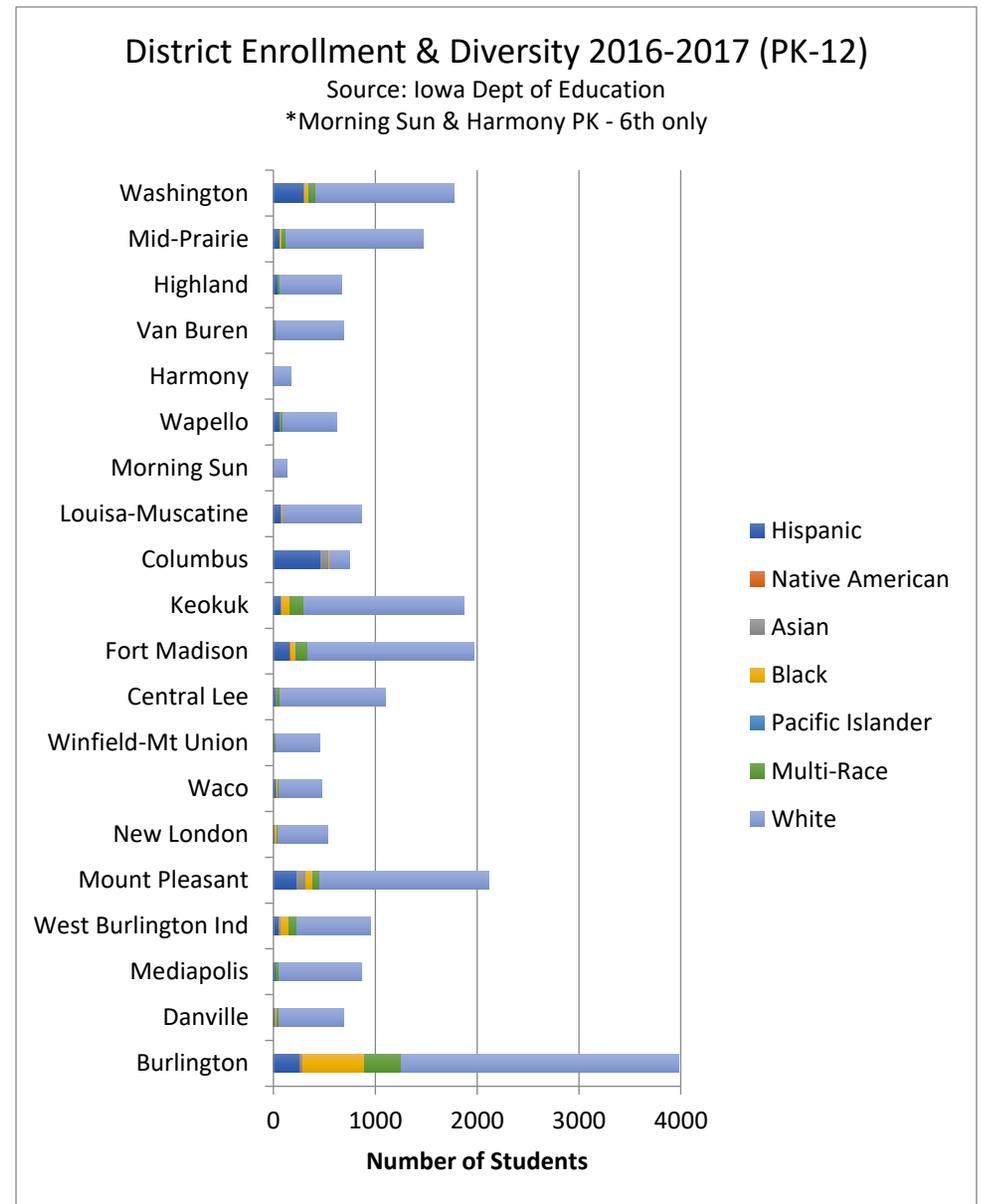
There are 20 public school districts located within the region. The smallest school, Morning Sun, has 133 students PK – 6<sup>th</sup> grade. Burlington is the largest school with 3982 students PK – 12<sup>th</sup> grade.

There are 6 nonpublic schools located in the region. Notre Dame Schools cover the Burlington area with an Elementary and High School. Holy Trinity Catholic Schools has an elementary in West Point and a Jr-Sr High in Fort Madison. Keokuk and Washington each have one private Catholic school and Mt Pleasant and Keokuk have private Christian schools.

Consolidation of very small public districts is not uncommon in recent decades and has resulted in districts that cover multiple small rural communities. The WACO and Van Buren community school districts are unique with buildings located in two different towns. WACO Elementary is in Crawfordsville and the Junior High/High School is in Wayland, approximately 15 minutes apart. Van Buren is split between Keosauqua and Douds, about 20 minutes apart.

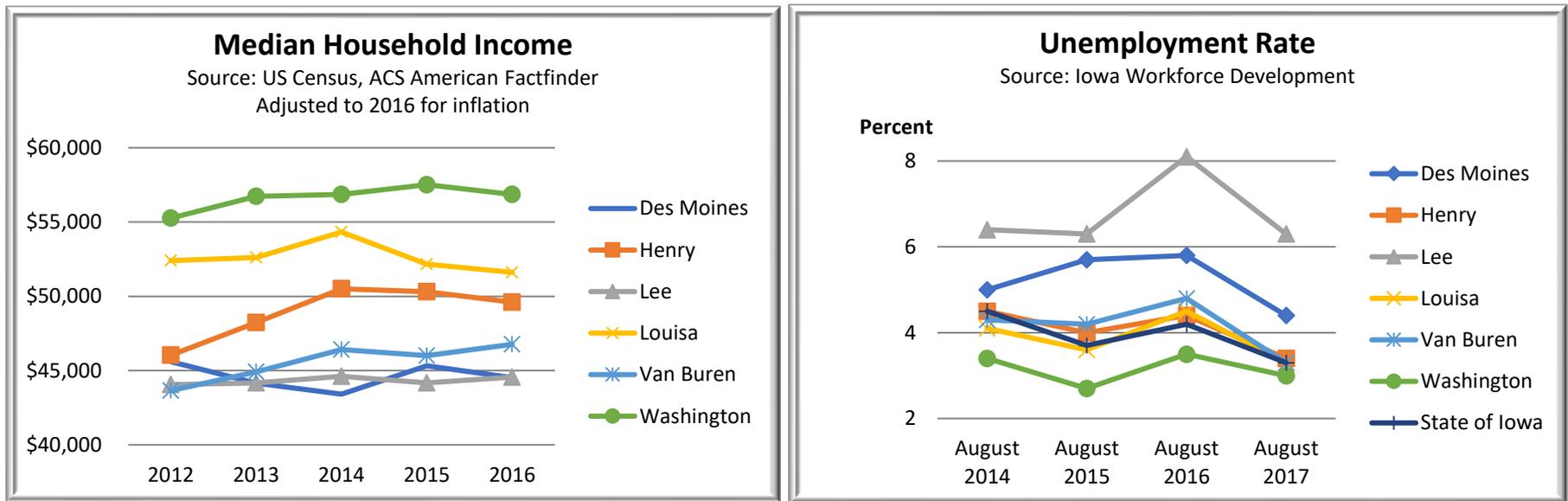
The Statewide Voluntary Preschool Program was established in 2007 by the Iowa Legislature (HF877), providing funding to public districts to offer no cost 4-year-old preschool. Districts participate on a voluntary basis and program structures vary from school to school. Some offer the minimum 10 hours per week while others have increased to offer full day services, reducing mid-day transportation challenges.

Although the overall population of the region is mostly white, ranging from 90.9% in Des Moines County to 98% in Van Buren County, the total district enrollment in 2016-2017 was 80.7% White. The chart to the right shows greater diversity in the larger cities such as Burlington, Fort Madison, Keokuk, and Washington. Columbus Junction is a uniquely diverse school district, 26% of the 752 total students were White in 2016-2017.



## Income

In 2016, the annual income in the region ranged from \$44,568 in Lee County to \$56,864 in Washington County, a significant difference of more than \$12,000 a year and separated by little over a one hour car drive. Washington County aligns with the Iowa median income at \$56,247 in 2016. The charts below show that Des Moines and Lee counties consistently have lower incomes and higher unemployment than the other counties. There is a greater need for economic resources for families and young children in those two counties. Washington and Louisa counties benefit from close proximity to Iowa City with increased access to jobs, various resources, and a relatively reasonable commute time of 30-45 minutes.



Adjusting the income for inflation, Des Moines and Louisa County have lost income since 2012. The median household annual income for Des Moines County has gone down from \$45,598 in 2012 to \$44,516 in 2016, a loss of \$1,082. Louisa County households have lost \$785. Lee and Washington county households increased by \$516 and \$1,596 respectively. Henry and Van Buren counties showed the greatest increase in income with gains of \$3,571 and \$3,118 respectively.

# Assessment Process & Analysis

## Mixed assessment

The EC Plan 2018 was developed using a mixed assessment process that included reviewing current local assessments and completed plans from other organizations, collecting and analyzing data based on initial review of assessments, and gathering stakeholder feedback at various stages of the process. The initial steps included focus groups with child care businesses and a region wide stakeholder meeting held during the summer of 2016. Three main areas of concern were identified in the initial stage; mental health, child care, and housing. The second stage of the process included a review of other local organization plans and completed assessments. Common themes and priorities from the other plans were identified and used in conjunction with additional data to determine needs for young children and families in the region. During the final stage of the process the information and data collected was reviewed by local ECI area board members and stakeholders to determine new regional and community level goals.

## Initial meetings

### *Child care Focus Groups*

Focus groups were conducted with child care businesses representing centers and home-based child care. A total of 18 people participated in four focus groups. The groups were conducted in Burlington, Donnellson, Mt. Pleasant, and Washington. Each group was asked the same series of questions about child care issues and resources in their community. Some key areas of interest included the importance of quality staff and relationships with parents/customers. The full list of questions and most common responses can be found in Appendix C.

Focus group participants identified that they value high quality, but indicated that parents are selecting child care based on availability of slots, not level of quality. Participants also noted that quality costs time and money. If parents are not demanding quality, and if their peers are not striving to achieve quality, then they are not as inclined to make improvements or get involved with initiatives such as the Iowa Quality Rating System.

**Focus Group Participant Demographics**

- 5** work in registered homes
- 13** work in licensed centers
- 83%** are 30 years of age or older
- 61%** have a Bachelor's degree
- 83%** have 10 years or more experience in child care

### How did focus group participants classify their early childhood system supports?

- **17%** of participants classified their early childhood support system as **more than adequate**
- **50%** of participants classified their early childhood support system as **adequate**
- **33%** of participants classified their early childhood support system as **less than adequate**

### Early Childhood Stakeholder Meeting

An early childhood advisory committee was held in Burlington with 19 participants representing various agencies and organizations that provide services to families and young children across the region. Attendees included staff from Community Action Agencies, Head Start, Public Health, child care businesses, child care consultants, family support programs, Child Care Resource & Referral, and Iowa AEYC. Participants reviewed and discussed factors influencing current social economic trends such as population, poverty, child abuse, health, and school district outcomes. Through a consensus building process, stakeholders identified the top three emerging issues impacting young children and their families.

### STAKEHOLDER IDENTIFIED TOP 3 EMERGING ISSUES



MENTAL HEALTH



CHILD CARE



HOUSING

### Local Assessments & Plans

A variety of other local organizations in the region complete community assessments and establish priorities relating to children and families. The processes used by the various organizations include stakeholder meetings and surveys to ensure broad community input. The EC Plan 2018 assessment process utilized the efforts and information already in place to reinforce regional support of strategies. Specific plans were selected for review based on the inclusion of children and family data and relevance to early childhood issues. Common themes and priorities were identified among the plans reviewed and incorporated into the final process of establishing early childhood goals. The following plans were included in the review and analysis process.

- Community Health Needs Assessment – Health Improvement Plan (CHNA-HIP): 2017 report for Des Moines, Henry, Lee Louisa, Van Buren, and Washington counties.
- Community Action of Southeast Iowa: Community Assessment 2016 and Strategic Plan 2015
- HACAP: 2016 Comprehensive Community Needs Assessment
- Sieda: Community Needs Assessment
- United Way: Iowa ALICE Report, County pages
- Iowa Women’s Foundation: 2016 She Matters, Economic Self Sufficiency report
- Prevent Child Abuse Iowa: 2017 Iowa Child Maltreatment

County Public Health offices and Community Action Agencies are key early childhood partners and both agencies complete assessments on a regular basis. Public Health agencies complete a Community Health Needs Assessment – Health Improvement Plan (CHNA-HIP) every 5 years. The planning process typically includes 1 – 3 community meetings with members of the public and various stakeholders who provide services in the area. There are 3 Community Action Agencies serving the 6-county region, Community Action of Southeast Iowa, Sieda, and HACAP. Each of these programs complete regular assessments and include client surveys in the process.

## COMMON THEMES AND PRIORITIES FROM KEY PARTNERS

### Public Health Agencies

**Physical Activity** – priority in all 6 CHNA-HIP reports

- \* Focus on prevention, education, and nutrition based strategies
- \* Strive to reduce childhood obesity
- \* Desire to have more free opportunities in all communities for physical activity

**Mental Health** – identified as a need in 5 out of 6 counties

- \* Recognized as a high priority, but lacking in identified strategies
- \* Need to further assess the mental needs and services for young children

**Immunizations** – identified in Henry, Van Buren, & Washington

**Lead Testing** – identified in Henry and Van Buren

**Poverty & Violent Crime** – identified in Des Moines County

### Community Action Agencies

**Housing** – is a top priority

- \* Families need access to safe housing
- \* Families need access to affordable housing

**Nutrition** – ranked within the top 5 needs of plans

- \* Focus on food assistance for low income families
- \* Emphasis of nutrition on health and obesity
- \* Families need access to healthy nutrition options

**Transportation** – identified as a need

- \* Common need discussed among multiple stakeholders, but generally ranks lower on priority scales due to complexity of issue and cost

**Employment** – identified as a challenge for the area

- \* Clients who completed the survey place more emphasis on getting a job, while community organizations place more emphasis on having job skills trainings.

United Ways of Iowa released the ALICE (Asset-Limited, Income-Constrained, Employed) report in 2016. The report highlights the needs of families and individuals who are working, but unable to afford basic living necessities. The ALICE report provides data by county and gives economic condition scores in three areas of concentration; Housing Affordability, Job Opportunities, and Community Resources.

Table 3 compares the scores, by county, for each of the three economic conditions. Scores highlighted in gray received the lowest score, of the region, and scores highlighted in yellow received the highest. Des Moines County was scored lowest for 3 out of the 4 variables. Lee County received the highest score for 2 of the 4 variables. Although Lee County scored exceptionally high (97 out of 100 points) in job opportunities, the data may have been impacted by a temporary large-scale construction project during the time of the study. As a region, housing affordability received the lowest overall score with an average of 46.33 (poor).

Each county is given a label of *poor*, *fair*, or *good* based on the score falling within a particular range. Taking into consideration the regional picture based on the economic condition scores only 17% of the total scores received a *good* label. Of the total 18 economic condition scores available for the 6-county region...

- **17%** (3/18) received a *good* score
- **33%** (6/18) received a *fair* score
- **50%** (9/18) received a *poor* score

Washington County has the highest percent of households living above the ALICE threshold (76%), while 62% of households in Des Moines and Henry counties are living above the ALICE threshold. The ALICE report affirms that Des Moines County families will likely have a greater need for various resources, than other areas of the region.

County	Housing affordability	Job opportunities	Community resources	Total score
<b>Des Moines</b>	34	53	47	134
<b>Henry</b>	43	48	58	149
<b>Lee</b>	46	97	57	200
<b>Louisa</b>	52	63	52	167
<b>Van Buren</b>	62	48	57	167
<b>Washington</b>	41	56	57	154
<b>Mean</b>	46.33	60.83	54.67	161.83
<b>Median</b>	44.5	54.5	57	160.5
Scores range from 1 (lowest = poor) to 100 (highest = good)				
Total score possible per county = 300				
lowest score in that column				
highest score in that column				

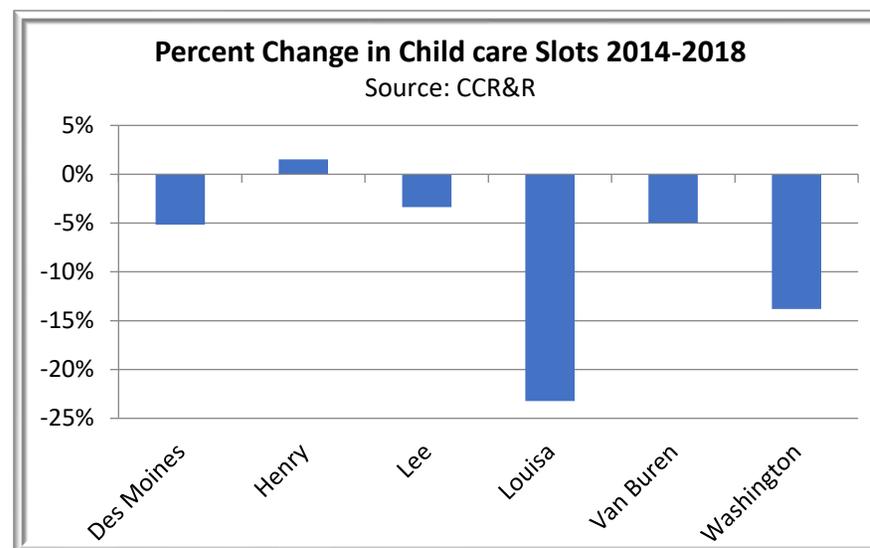
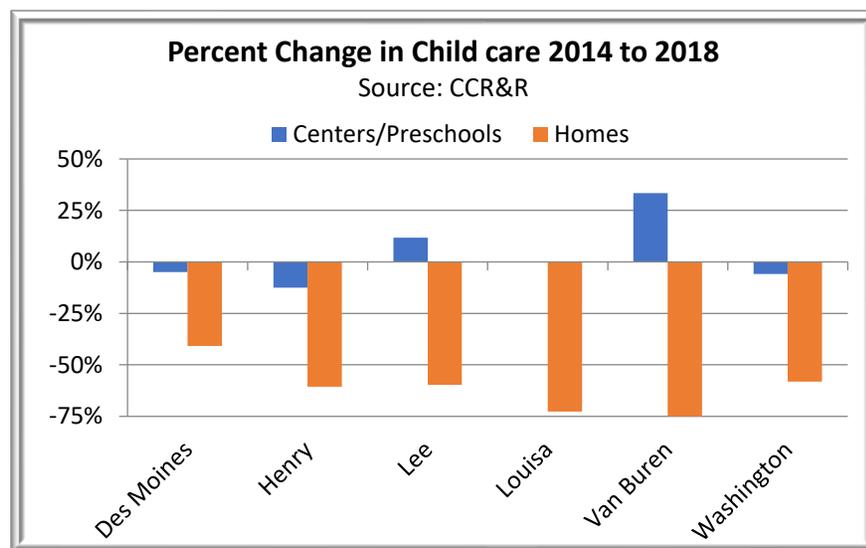
## Additional Data and Analysis

### Child care

The issue of access to quality child care was highlighted during the initial focus groups and stakeholder meeting. Child care numbers (individual businesses and slots) have dropped significantly across the state of Iowa in the past 5 years. All 6 counties within the EC Plan 2018 area are included in a larger 19 county Child Care Resource & Referral (CCR&R) region, Region 5. According to CCR&R, the total number of child care programs listed with CCR&R in Region 5 have reduced by 43% from 2013 to 2018. The weekly cost of infant child care in CCR&R Region 5 has increased by 16% for child development homes and increased by 33% for a licensed center.

The charts below show the decline in child care slots and child care business within the EC Plan 2018 6-county area. The chart on the left highlights individual businesses operating under Iowa DHS regulations. All 6 counties have lost significant numbers of home based child care businesses. The smallest percentage lost was in Des Moines County at 41%. Van Buren County had the greatest loss at 75%. The only gains are seen in Lee and Van Buren counties with slight increases in licensed centers/preschools. The trend in available slots for children is similar with only one county showing a slight gain, Henry at a 2% increase over 5 years.

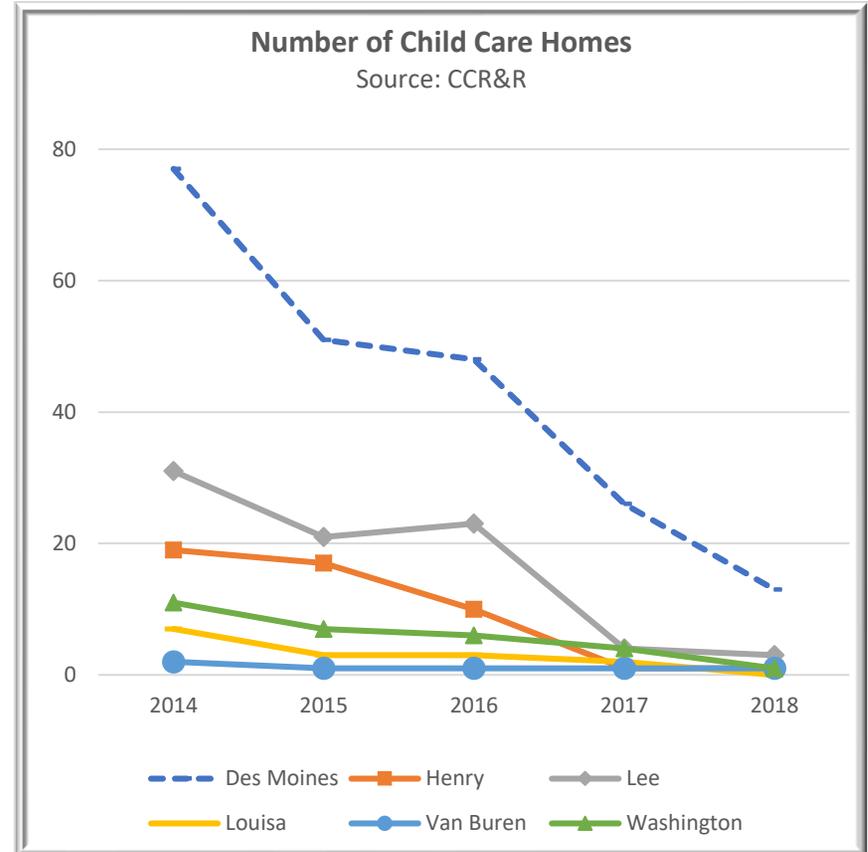
In the state of Iowa, it is legal to provide care for up to 5 children in a home setting without being registered with DHS. Parents needing child care may look to family, friends, and neighbors to fill the gap created by the sharp decline in options. The use of unregulated child care creates a challenge in assessing the exact need for additional child care business and/or slots. Families are forced to find child care based on high demand and low supply.



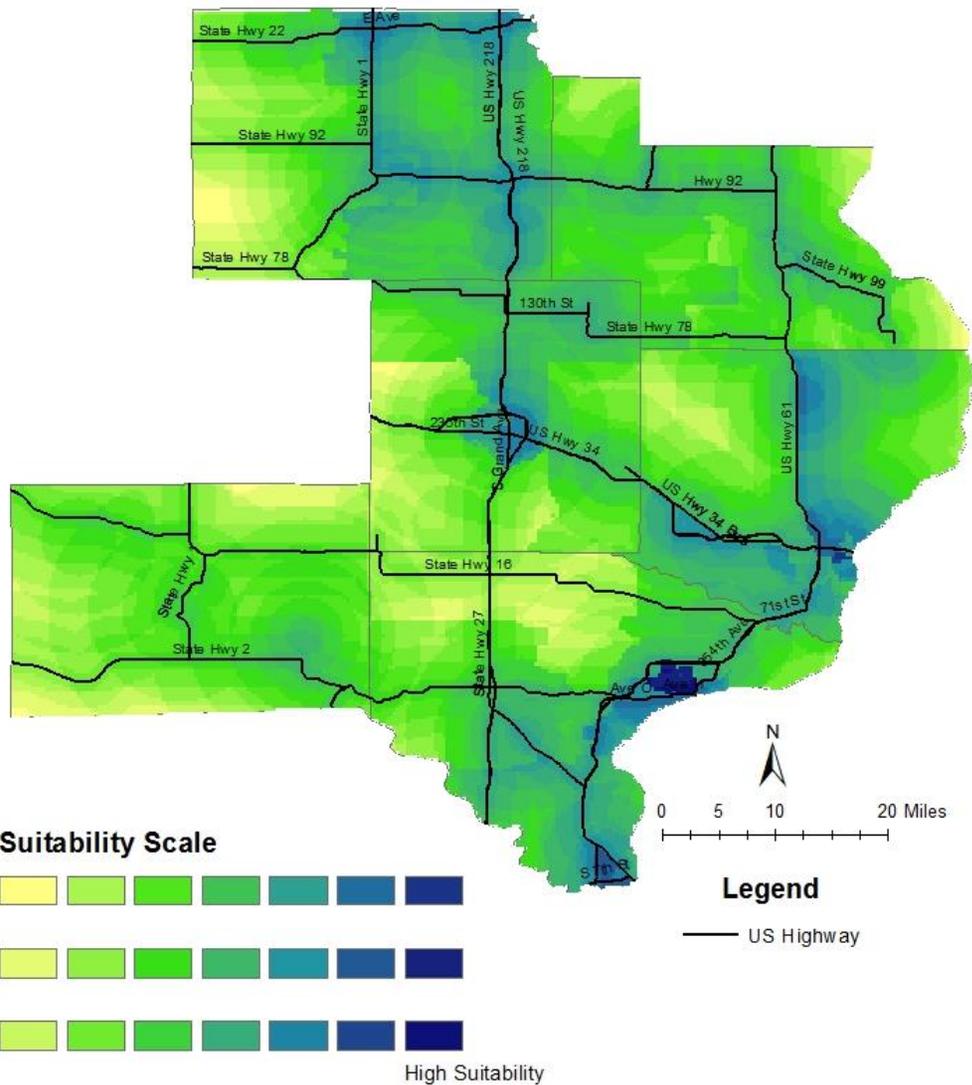
Iowa DHS offers two types of registration for home based child care business, *registered child development home* and *child care home*. Both types are listed with DHS and may receive child care subsidies for qualifying families. Both types are meeting identified standards, but a registered child development home meets additional requirements including a pre-service visit and orientation training. The additional requirements were implemented in 2016-2017, forcing current businesses to either complete more training or drop their registration status. The chart on the right reflects the decision by many home based child care businesses to drop their registration after the increased requirements were implemented. All 6 counties lost businesses, but Des Moines County shows an extreme reduction with 77 child care homes in 2014 down to 17 child care homes in 2018.

The chart reflects only the change in numbers of child care homes, formerly referred to as 'non-registered' child care. The chart does not include registered child development homes that meet all standards. Detailed child care business trend data for each county is located in Appendix A.

Increased awareness and advocacy regarding the significant loss of child care, has taken shape across Iowa in recent years. Early Childhood Iowa (ECI), Iowa Child Care Resource & Referral (CCR&R), and the Iowa Women's Foundation have joined efforts with local ECI area boards and partners to engage the business community, recognizing the child care crisis as an economic development and employment issue.



## Site Suitability for Childcare in Southeast Iowa



### *Child care Site Suitability Study*

A child care site suitability study was completed in May 2018 by DHLW Early Childhood Area. The purpose of the study was to determine the most suitable location for new and/or expanded child care within the 6-county region. The study assumed that additional child care is needed in all areas of the region, regardless of other child care locations, because of the significant reductions and gaps. The study connects the need for child care as an economic development issue and incorporates the location of major employers as a factor in where child care sites should be considered. The study used 6 criteria to identify areas within the region that are best suited for additional child care.

#### **Child care Suitability Criteria**

- Density of children ages 0-9
- High poverty – children 0-18
- Families with own children under 18 in the workforce
- Located within 2 miles of businesses with 100 or more employees
- Located within .5 miles of an elementary
- Located within 1 mile of a main highway

Results of the study, shown in the map on the left, identify high areas of suitability in darker blue shades. Larger cities such as Burlington, Fort Madison, and Keokuk show higher suitability as expected, but the small town of Mediapolis was also identified as a good location for expansion. The full study and detailed maps are available through the DHLW Early Childhood Area office.

## Housing

Housing affordability and safety was identified in the initial assessment meetings and reinforced by ALICE results. According to US Census 2016, Washington County has the highest median home value for owner occupied units in the region at \$127,500. The lowest median home value in the region is in Van Buren County at \$80,400. Similarly, Washington County has the highest median gross rent at \$720/mo., and Van Buren has the lowest at \$480/mo. The high cost in Washington County is reflected in the fact that it also has the highest percent (14.84%) of homes built in the year 2000 or later. Van Buren County has the second highest percent of newer construction at 11.84%. Over half of the homes in Lee and Des Moines counties were built prior to 1960, 54.39% and 54.83% respectively. Although older homes provide more affordability in rent or mortgages, they require additional maintenance and upkeep. Taking into consideration the lower median household incomes in Des Moines and Lee counties, families may have access to some affordable options, but safety hazards and repairs may be too costly.

Households spending more than 30% of their income on housing costs are considered to be housing poor. Families that are cost burdened by housing are less likely to have sufficient funds to cover basic necessities. Red numbers indicate the county with the highest percent of housing poor by type. Lee County home owners and renters earning less than \$20,000 per year are the most burdened in the area. Blue numbers indicate the counties that are the least housing poor by type. Washington County is unique with having the least burdened families as home owners, but is nearly tied with Des Moines County for cost burdened renters earning \$20,000 - \$34,999 per year.

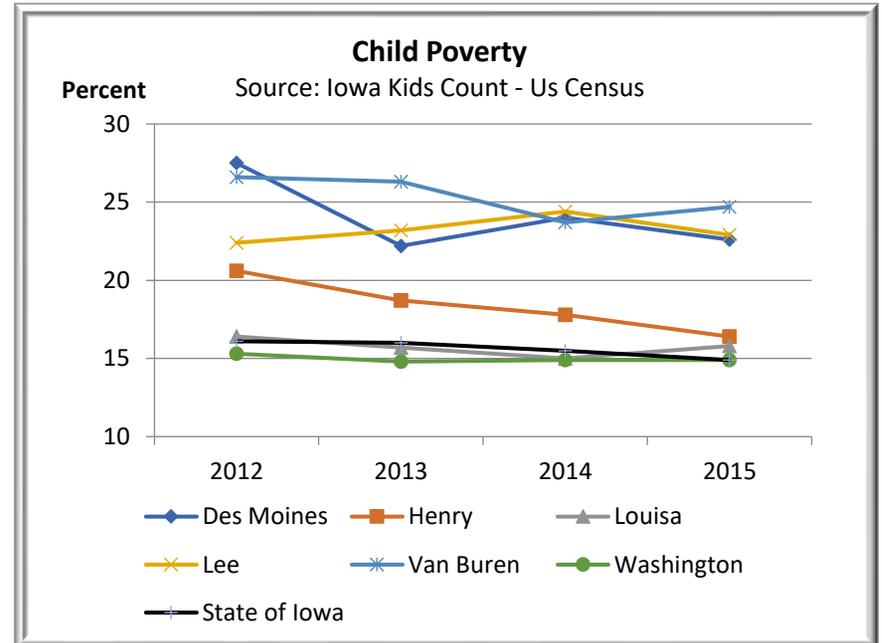
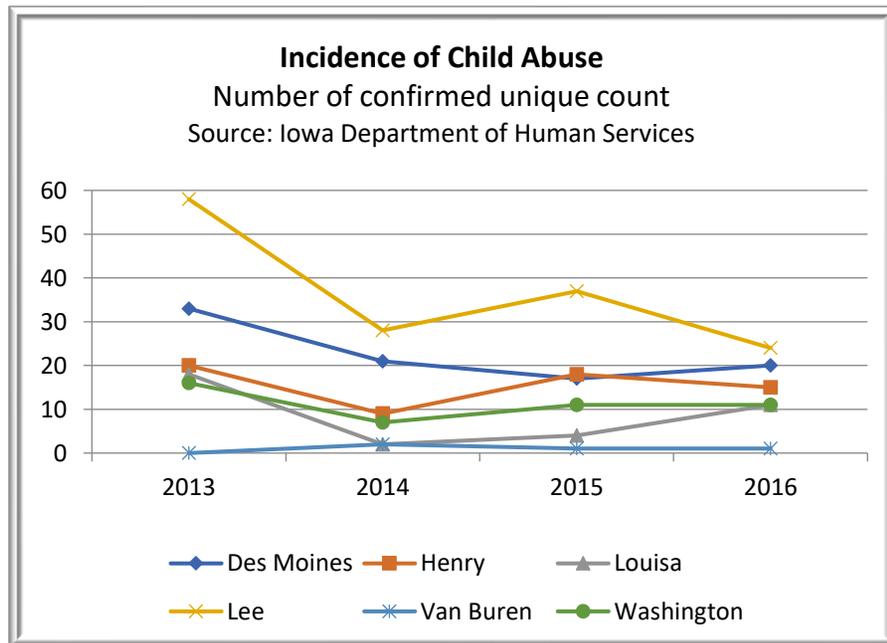
	Owner occupied - Income <\$20k	Renter occupied - Income <\$20k	Owner occupied Income \$20k-\$34,999	Renter occupied Income \$20k-\$34,999
<b>Des Moines</b>	8.6	28.2	<b>6.1</b>	11.8
<b>Henry</b>	6.8	23.5	5	9.4
<b>Lee</b>	<b>9.1</b>	<b>29.9</b>	5.2	9
<b>Louisa</b>	5.2	<b>15.9</b>	5.6	6.3
<b>Van Buren</b>	6.9	16.3	4.6	<b>3.9</b>
<b>Washington</b>	<b>3.9</b>	18.6	<b>3.9</b>	<b>11.9</b>
<b>Median</b>	6.85	21.05	5.1	9.2
<b>Mean</b>	6.75	22.07	5.07	8.72

Source: US Census, ACS 2016 5 year estimates

### Other Early Childhood Data

The data reviewed by stakeholders and local board members throughout the assessment process included a wide array of indicators about health, education, and care of young children and their families. Several of the indicators are identified as goal specific and will be tracked and updated each year to assess progress of goals. Appendix A includes a detailed matrix with indicator trend data and targets for improvement. Several common early childhood indicators were reviewed and incorporated into the assessment process and stakeholder conversations. Other indicators included teen birth rate, 3<sup>rd</sup> grade literacy, dental screenings, child abuse rate, and child poverty. The charts below highlight child abuse and poverty trends in the region.

Child abuse rates for both Lee and Des Moines county are trending downward since 2013, but remain higher than the other counties in the region. Families in those counties may struggle with increased stress related to lower income and higher unemployment. The child poverty chart tells a similar story with Des Moines and Lee counties consistently higher, but Van Buren County stands out with high child poverty. Van Buren typically falls in more positive standings with other socioeconomic conditions such as median income, unemployment, and child abuse rates.



## Fiscal Assessment

A fiscal assessment was completed as part of the EC Plan 2018 in order to identify other funding coming into the region for families and young children. Appendix B includes a matrix that identifies the agency, program, amount, ages served, counties served, type of funding, and source of information. The process used to gather the information included online data resources, emails to local partners, and phone calls. Although the matrix offers a general overview of the services and funding flowing into the community to support children, all data should be reviewed with an understanding of challenges and margins for error.

Program numbers and data cannot be compared with identical timeframes. Programs operate on a variety of calendars. Some may be reporting funds for a calendar year while others are reporting for the state fiscal year (July thru June.) Several services are operated by regional agencies with numerous counties. Information for these services offers a fiscal picture that is larger than the region covered by the EC Plan 2018. A service area including rural, urban, & metropolitan counties may have a greater percentage of funding going to larger populated cities and it cannot be assumed that rural families were served proportionately. Some programs serve children and families well beyond the age of 5 years. A program listed that serves people 0-18 does not confirm that a child 0-5 was actually served with the funding.

Taking into consideration the limitations of the fiscal information, the assessment provides broad information that may help regional early childhood efforts and guide local ECI area boards in decision making processes. The fiscal assessment supports efforts to identify disparities, duplication, potential for efficiency, and trends of increasing and or decreasing funds.

### Summary of Fiscal Assessment Findings

- State funds make up a greater portion of funding contributions for young children as opposed to the federal funds identified.
- Four-year-old children receive considerable education funding through Statewide Voluntary Preschool Program (SVPP) with a total of \$3.4 million invested in 2017.
- Mediapolis is the only district in the region that does not currently participate in the SVPP, but have maintained a good 3<sup>rd</sup> grade reading proficiency level (86% or higher) over the past several years.
- Central Lee does not yet show revenue for SVPP, but is a participant.
- Iowa Department of Public Health plays a key role in services for families with a little over \$2 million invested, but determining the direct support for children 0-5 is difficult since many programs cover a wide range of ages.

## Summary & Collaborative Next Steps

Based on the data reviewed and feedback gathered at various stages during the assessment process 4 goals were identified to move early childhood efforts forward in the region and improve the lives of children 0-5 and their families.

1. Promote professional quality child care business
2. Cultivate a local mental health system that is clear and accessible
3. Enhance safe and healthy environments for young children
4. Ensure ongoing early childhood educational opportunities are available for parents, caregivers and communities

The emphasis on child care increases awareness of the child care shortage while promoting the use of quality standards and improving educational opportunities for children 0-5. Goal 2 recognizes a growing conversation among early childhood partners about the need for better mental health services. The inclusion of housing, physical activity, and nutrition is a new and more specific objective than in previous early childhood community plans. Goal 3 acknowledges change in emerging issues and offers a plan to build new partnerships between municipalities and early childhood stakeholders. Goal 4 sets the stage for ongoing and enhanced collaboration and implementation of the EC Plan 2018. Early childhood partners recognize that the job of education is never complete, and as an early childhood system representing southeast Iowa, a unified message is key to success for families and children.

## Core Services & Result Areas

Early Childhood Iowa (ECI) identifies 5 desired result areas and 4 core services that every child needs to be healthy and successful. The result areas include; Healthy Children, Secure & Nurturing Families, Safe & Supportive Communities, Secure & Nurturing Early Learning Environments, Children Ready to Succeed in School. The core services include; Health Services, Family Services and Supports, Community Development Services, and Early Care and Education Services. Each identified goal in the EC Plan 2018 provides opportunities and strategies to support the ECI result areas and core services. In the next section each goal is further developed with objectives and potential strategies. Each goal page includes the ECI result area(s) and core service(s) that it aligns with. Indicators to be used to monitor progress toward goals and changing trends are noted on the right side of each goal page. Specific trend data and tables for each indicator is located in Appendix A.

# Guiding Principles and Goals



# Goal 1 – Promote professional quality child care business.

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## Objectives

- ❖ Reduce barriers to registration/licensing and quality improvement
- ❖ Increase fiscal stability for child care entrepreneurs
- ❖ Increase supply of, and demand for quality child care
- ❖ Foster professional standard practices for child care businesses

## How we can meet these objectives

- ❖ Professional consultation and technical assistance – Promote ongoing face to face support for child care entrepreneurs and their staff. Take professional services to child care businesses during the times that are most convenient for them. Offer services based on the needs identified by the child care business and their goals to improve quality.
- ❖ Child care networking – Informal coffee and breakfast opportunities for child care staff to network with others in the business. Expand on the evening forums already in place in Lee and Van Buren counties.
- ❖ Build a substitute pool that is available to all child care businesses in the region. Child care staff typically have to attend required trainings at night or on weekends, outside of normal operating hours, due to lack of reliable and DHS approved substitutes.
- ❖ Support professional memberships among child care businesses. Membership fees can be expensive and the perks/activities typically happen during hours in which child care businesses are required to be with children.
- ❖ Increase parent and community knowledge of quality child care businesses and the economic impact that they have.

## Indicators

- ◇ Number of registered (home based) child care businesses
- ◇ Number of licensed (center based) child care businesses
- ◇ Number of child care businesses with a QRS rating

## Regional Level Goal

- ◇ Increase percent of child care businesses participating in the Iowa QRS
- ◇ Increase the percent of child care businesses accepting children on subsidies

## Community Level Goal

- ◇ One additional licensed center in the Mt Pleasant area
- ◇ Expand child care slots in Keokuk, Fort Madison, and Mediapolis.

## Core Service

- ◇ Early Care and Education Services

## State Result Areas

- ◇ Secure and Nurturing Early Learning Environment
- ◇ Safe and Supportive Communities
- ◇ Children Ready to Succeed in School

## Goal 2 – Cultivate a local mental health system that is clear and accessible.

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### Objectives

- ❖ Promote collaborative efforts to identify gaps and barriers to mental health services
- ❖ Increase awareness of early childhood mental health
- ❖ Improve continuity and accessibility of services

### How we can meet these objectives

- ❖ Marketing and Awareness - Create informational materials that are easy to read and understand. Utilize social media and technology to increase effectiveness and accessibility of marketing materials. Brochures and pamphlets need to be concise, effective, and widely distributed. Informational materials will help families identify mental health issues and places to receive help.
- ❖ Health Care Professionals and Locations - Enhance opportunities that attract and keep mental health professionals in the region. Offer extended hour services that meet the needs of working families. Create satellite offices in smaller communities with limited days and hours.
- ❖ Current Mental Health Initiatives - Enhance and increase mental health services targeted to young children. Offer more Mental Health First Aid classes in all communities. Boost awareness of and support for 1<sup>st</sup> Five program efforts. Expand on the work of the Children’s Well Being Collaborative in Van Buren County facilitated by PCAI.
- ❖ Transportation systems – Find creative solutions to better connect people with the transportation options available. Increase vouchers to help families get to critical appointments. Identify and reduce barriers such as, service/activity hours of operation aligning more closely with transportation hours.

### Indicators

- ◇ IEP rate by district  
(Individualized Education Plan)
- ◇ Suicide rate
- ◇ Number of pediatric physicians
- ◇ Domestic violence rate

### Regional Level Goal

- ◇ Reduce the number of children on an IEP
- ◇ Increase the number of pediatric physicians and mental health triage staff
- ◇ Reduce mental health stigma

### Community Level Goal

- ◇ Mental health resource guides for each county

### Core Service

- ◇ Health Services

### State Result Areas

- ◇ Healthy Children
- ◇ Safe and Supportive Communities
- ◇ Children Ready to Succeed in School

## Goal 3 – Enhance safe and healthy environments for young children.

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### Objectives

- ❖ Increase availability of safe and affordable housing and neighborhoods
- ❖ Increase opportunities for physical activity in early childhood
- ❖ Improve access to healthy foods and nutrition education
- ❖ Enhance preventive health activities/services for children 0-5

### How we can meet these objectives

- ❖ Provide no cost community events that incorporate physical activity. Utilize early childhood partners and agencies to ensure that community events incorporate activities for young children that promote movement and exercise.
- ❖ Professional development for early childhood educators that includes nutrition, health, and prevention components. Enhance support for and use of local nutrition programs that are already in place and offered by partners like ISU Extension.
- ❖ Neighborhood block parties – Simplify permit applications and provide funding support for neighborhood led block parties. Support early childhood specific activities and engagement in block parties.
- ❖ Housing standards – Complete an assessment of local city efforts to establish and enforce rental property standards. Identify strategies that specifically support families with children 0-5.

### Indicators

- ◇ Adult obesity rate
- ◇ Percent housing poor – spending more than 30% of income on housing
- ◇ Crime rate
- ◇ Child abuse rate

### Regional Level Goal

- ◇ Reduce obesity
- ◇ Increase low income housing access
- ◇ Increase community gardens and farmers market attendance

### Community Level Goal

- ◇ Reduce violent crime rates in Des Moines County
- ◇ Increase low income housing units in Lee and Des Moines County

### Core Services

- ◇ Health Services
- ◇ Community Development Services

### State Result Areas

- ◇ Healthy Children
- ◇ Secure and Nurturing Early Learning Environment
- ◇ Safe and Supportive Communities

## Goal 4 – Ensure ongoing early childhood advocacy and education for parents, caregivers, and communities.

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### Objectives

- ❖ Improve community wide knowledge of child development and early childhood related issues
- ❖ Increase participation in local activities and programs
- ❖ Promote a unified early childhood advocacy effort

### How we can meet these objectives

- ❖ Parent education – Provide ongoing individual and group based
- ❖ Re-design and reinvigorate programs to meet the needs of families – Many ECI funded programs have been operating for more than a decade. The community profile of families has changed and programs/activities need to change and grow with them. Develop innovative programs that attract families with young children.
- ❖ Identify local early childhood ambassadors among community leaders. The Ambassadors may not be part of the day to day early childhood sector, but can extend early childhood advocacy into new networks.
- ❖ Foster support for innovative ideas that create centralized resource locations.

### *Dream Big – Early Childhood Efforts and City Renewal*

**One Stop Family Resource Shop** – Aging malls with large vacant properties provide opportunities to create centralized locations of resources and amenities targeted to families with young children. Burlington, Keokuk, and Fort Madison have older malls and vacant stores that can be used for expansion of child care, affordable housing units, indoor playground areas, and space for community-based resources and services.

### Indicators

- ◇ Child poverty rate
- ◇ 3<sup>rd</sup> grade literacy
- ◇ Graduation rates

### Regional Level Goal

- ◇ Establish a parent council with at least one member from each county
- ◇ Increase employer representation on local ECI area boards
- ◇ Increase unified messaging about early childhood

### Community Level Goal

- ◇ Increase participation in family support programs in Burlington area & Lee Co

### Core Services

- ◇ Family Services and Supports
- ◇ Community Development Services

### State Result Areas

- ◇ Healthy Children
- ◇ Secure and Nurturing Families
- ◇ Secure and Nurturing Early Learning Environment
- ◇ Safe and Supportive Communities
- ◇ Children Ready to Succeed in School

## Appendix A - Indicator Trend Data

Indicators were selected for each goal to provide information on progress of goals and identify trends in communities. Data is updated annually and reviewed by local Early Childhood Iowa Area boards and the EC Advisory Committee. Additional indicators or data may be incorporated into annual analysis to provide a complete picture and enhance strategies. Data for rural counties with smaller populations is not available for all identified indicators. Where possible, information was gathered for at least 3 years to show trends.

### Childcare – Quality Rating System (QRS)

Source: Childcare Resource & Referral, County Data Sheets <https://iowaccrr.org/data/>

Number of Childcare Businesses with a QRS Rating					
	2014	2015	2016	2017	2018
Des Moines	16	20	22	23	31
Henry	3	5	4	7	7
Lee	12	11	8	10	11
Louisa	3	3	6	5	3
Van Buren	1	1	1	2	2
Washington	2	4	8	4	8
Number of Childcare Businesses with a QRS Rating of 3 or Higher					
County	2014	2015	2016	2017	2018
Des Moines	9	11	11	12	19
Henry	3	3	1	4	5
Lee	6	8	5	8	9
Louisa	3	2	2	0	2
Van Buren	1	1	1	2	2
Washington	1	1	2	2	4

## Childcare

Source: Childcare Resource & Referral, County Data Sheets <https://iowaccrr.org/data/>

Child Development Homes (Registered)					
	2014	2015	2016	2017	2018
Des Moines	58	64	60	67	67
Henry	14	18	15	12	12
Lee	21	25	19	17	18
Louisa	4	7	6	5	3
Van Buren	6	4	3	3	1
Washington	20	19	13	11	12
Childcare Homes (Non registered)					
	2014	2015	2016	2017	2018
Des Moines	77	51	48	26	13
Henry	19	17	10	1	1
Lee	31	21	23	4	3
Louisa	7	3	3	2	0
Van Buren	2	1	1	1	1
Washington	11	7	6	4	1

Licensed Centers & Preschools					
	2014	2015	2016	2017	2018
Des Moines	20	18	18	19	19
Henry	8	7	7	8	7
Lee	17	19	20	19	19
Louisa	7	7	7	7	7
Van Buren	3	3	3	4	4
Washington	17	14	15	15	16

## Percent of Students on an Individualized Education Plan (IEP)

Source: Iowa Department of Education, School District Report Cards <https://reports.educateiowa.gov/>

Percent IEP Students by District		
County	District	2016-2017
Des Moines	Burlington	15.33
Des Moines	Danville	9.52
Des Moines	Mediapolis	11.75
Des Moines	West Burlington	10.01
Henry	Mt. Pleasant	11.23
Henry	New London	11.3
Henry	WACO	14.8
Henry	Winfield/Mt. Union	11.6
Lee	Central Lee	8.89
Lee	Fort Madison	11.43
Lee	Keokuk	13.27
Louisa	Columbus	14.23
Louisa	L&M	15.57
Louisa	Morning Sun	6.02
Louisa	Wapello	15.36
Van Buren	Harmony	12.64
Van Buren	Van Buren	11.08
Washington	Highland	12.28
Washington	Washington	12
Washington	Mid-Prairie	13.47

## Suicide

Source Iowa Health Fact Book (University of Iowa College of Public Health) <http://iowahealthfactbook.org/>

\*Number too low to identify

Number of Suicide by County				
	2002-2006	2004-2008	2007-2011	2009-2013
<b>Des Moines</b>	29	35	32	30
<b>Henry</b>	10	9	11	15
<b>Lee</b>	31	35	23	20
<b>Louisa</b>	6	5	10	11
<b>Van Buren</b>	*	*	6	*
<b>Washington</b>	10	8	11	11

## Pediatric Physicians

Source Iowa Health Fact Book (University of Iowa College of Public Health) <http://iowahealthfactbook.org/>

Counties not listed have zero pediatric physicians

Number of Pediatric Physicians by County				
	2009	2011	2013	2015
<b>Des Moines</b>	5	4	4	4
<b>Lee</b>	4	5	7	3

## Domestic Violence

Source: Iowa Department of Public Safety, Uniform Crime Report [http://www.dps.state.ia.us/commis/ucr/2014/iacrime\\_2014.shtml](http://www.dps.state.ia.us/commis/ucr/2014/iacrime_2014.shtml)

Number of Domestic Abuse Victims by County				
	2015		2016	
	Number of Victims	Domestic Abuse Rate (Rate per 100,000)	Number of Victims	Domestic Abuse Rate (Rate per 100,000)
<b>Des Moines</b>	100	248.27	103	257.81
<b>Henry</b>	14	69.13	29	145.82
<b>Lee</b>	46	130.82	36	103.19
<b>Louisa</b>	0	0.00	3	26.95
<b>Van Buren</b>	9	120.82	9	123.44
<b>Washington</b>	28	126.26	27	120.95

## Adult Obesity

Source: County Health Rankings (Robert Wood Johnson Foundation and University of Wisconsin Population health Institute)  
<http://www.countyhealthrankings.org/app/iowa/2018/overview>

Percent of adults with a BMI of 30 or more					
	2014	2015	2016	2017	2018
<b>Des Moines</b>	32%	32%	32%	31%	33%
<b>Henry</b>	31%	34%	33%	35%	34%
<b>Lee</b>	35%	36%	32%	32%	34%
<b>Louisa</b>	33%	32%	35%	37%	38%
<b>Van Buren</b>	30%	31%	32%	36%	35%
<b>Washington</b>	30%	30%	31%	32%	32%

## Housing Cost Burdened

Source: US Census, ACS, 5 year estimates – Public Policy Center, University of Iowa <http://ppc.uiowa.edu/housing/affordability/iowa>

Percent of households spending 30% or more of income on housing			
	1990	2000	2010
Des Moines	16.1%	18.1%	26.1%
Henry	13.8%	16.3%	27.8%
Lee	20.0%	17.1%	22.3%
Louisa	14.8%	13.6%	20.3%
Van Buren	18.5%	15.3%	21.9%
Washington	13.6%	18.3%	25.0%

## Crime Rate

Source: Iowa Department of Public Safety, Uniform Crime Report, Summary Based Index Crimes and Crime Rates <http://www.dps.state.ia.us/commis/ucr/index.shtml>

Violent Crime Rate per 100,000				
	2013	2014	2015	2016
Des Moines	422.55	455.46	503.98	555.67
Henry	231.22	280.95	133.31	165.94
Lee	505.08	532.09	560.25	455.77
Louisa	70.92	106.36	107.96	206.59
Van Buren	174.87	148.25	93.97	96.01
Washington	381.07	302.63	338.19	344.92

## Child Abuse

Source: Iowa Department of Human Services <https://dhs.iowa.gov/reports/child-abuse-statistics>

Number of unique confirmed abused children					
	2013	2014	2015	2016	2017
Des Moines	33	21	17	20	20
Henry	20	9	18	15	15
Louisa	18	2	4	11	26
Lee	58	28	37	24	8
Van Buren	0	2	1	1	1
Washington	16	7	11	11	15

## Child Poverty Rate

Source: Kids Count Data Center, US Census <https://datacenter.kidscount.org/data#IA/2/0/char/0>

Percent of children 0-17 living below poverty					
	2012	2013	2014	2015	2016
Des Moines	27.5	22.2	24	22.6	23.2
Henry	20.6	18.7	17.8	16.4	18
Louisa	16.4	15.7	15	15.8	20.1
Lee	22.4	23.2	24.4	22.9	15.1
Van Buren	26.6	26.3	23.7	24.7	24.6
Washington	15.3	14.8	14.9	14.9	14.2

## Literacy Rate

Source: Iowa Department of Education, Education Statistics, Student Performance [https://educateiowa.gov/education-statistics#Financial\\_Data](https://educateiowa.gov/education-statistics#Financial_Data)

Percent of students reading proficient at 3 <sup>rd</sup> grade level					
County	District	2013-14	2014-15	2015-16	2016-17
Des Moines	Burlington	77.4	74.8	77.5	65.7
Des Moines	Danville	74.3	82.5	91.1	87.5
Des Moines	Mediapolis	86	87.5	89.5	87.9
Des Moines	West Burlington	88.5	92.9	93.3	95.4
Henry	Mt. Pleasant	82.4	81.1	80.9	79.6
Henry	New London	86.7	85.2	86.1	62.2
Henry	WACO	85.3	74.1	93.3	48.6
Henry	Winfield/Mt. Union	69	75.9	75	69.2
Lee	Central Lee	77.9	77.4	80	74
Lee	Fort Madison	71.8	80.8	81.2	82.5
Lee	Keokuk	74.5	72.6	68.7	66.7
Louisa	Columbus	58.5	51.2	69	57.5
Louisa	L&M	86.3	86	76.9	92.7
Louisa	Morning Sun	94.7	100	93.3	85
Louisa	Wapello	73.5	61.3	46.3	74.4
Van Buren	Harmony	63.6	77.8	100	82.4
Van Buren	Van Buren	87.2	63	80	81.6
Washington	Highland	65.3	72.5	71.1	55
Washington	Washington	68	65.6	74.5	70.2
Washington	Mid-Prairie	78.8	83.3	82.4	69.4

## Graduation Rate

Source: Iowa Department of Education, Education Statistics, Student Performance [https://educateiowa.gov/education-statistics#Financial\\_Data](https://educateiowa.gov/education-statistics#Financial_Data)

Percent of students graduated			
	2015	2016	2017
<b>Burlington</b>	73.43	70.04	72.8
<b>Danville</b>	89.09	95.83	95.92
<b>Mediapolis</b>	85.29	91.43	92.59
<b>West Burlington Ind</b>	95.16	98.11	92.19
<b>Mount Pleasant</b>	89.74	92.45	86.29
<b>New London</b>	88.89	92.86	94.44
<b>Waco</b>	97.22	95.24	87.5
<b>Winfield-Mt Union</b>	92.86	88.89	96.67
<b>Central Lee</b>	82.95	96.05	94.2
<b>Fort Madison</b>	86.67	90.12	90.41
<b>Keokuk</b>	91.14	88.97	90.32
<b>Columbus</b>	86.21	82.76	84.62
<b>Louisa-Muscatine</b>	89.39	89.39	89.47
<b>Morning Sun</b>	94.12	75	90
<b>Wapello</b>	98.08	94	83.08
<b>Harmony</b>	94.74	93.75	****
<b>Van Buren</b>	88.37	92.86	92.31
<b>Highland</b>	89.47	77.5	87.27
<b>Mid-Prairie</b>	93.42	80.95	88.04
<b>Washington</b>	91.45	87.5	90.91

## Appendix B – Fiscal Assessment Matrix

AGENCY	PROGRAM	AMOUNT	AGES SERVED	COUNTIES SERVED	TYPE OF FUNDING	SOURCE of Information
Burlington CSD	SVPP	\$ 718,419	4	Des Moines	State	Iowa Dept of Ed
Danville CSD	SVPP	\$ 158,112	4	Des Moines	State	Iowa Dept of Ed
W Burlington CSD	SVPP	\$ 115,343	4	Des Moines	State	Iowa Dept of Ed
Mediapolis	SVPP	\$ -	4	Des Moines	State	Iowa Dept of Ed
Mount Pleasant CSD	SVPP	\$ 336,141	4	Henry	State	Iowa Dept of Ed
New London CSD	SVPP	\$ 69,206	4	Henry	State	Iowa Dept of Ed
WACO CSD	SVPP	\$ 131,820	4	Henry	State	Iowa Dept of Ed
Winfield CSD	SVPP	\$ 56,024	4	Henry	State	Iowa Dept of Ed
Central Lee CSD	SVPP	\$ -	4	Lee	State	Iowa Dept of Ed
Fort Madison CSD	SVPP	\$ 243,867	4	Lee	State	Iowa Dept of Ed
Keokuk CSD	SVPP	\$ 290,004	4	Lee	State	Iowa Dept of Ed
Columbus CSD	SVPP	\$ 141,707	4	Louisa	State	Iowa Dept of Ed
Louisa-Muscatine CSD	SVPP	\$ 164,775	4	Louisa	State	Iowa Dept of Ed
Morning Sun CSD	SVPP	\$ 52,728	4	Louisa	State	Iowa Dept of Ed
Wapello CSD	SVPP	\$ 62,615	4	Louisa	State	Iowa Dept of Ed
Van Buren CSD	SVPP	\$ 108,752	4	Van Buren	State	Iowa Dept of Ed
Highland CSD	SVPP	\$ 151,593	4	Washington	State	Iowa Dept of Ed
Mid-Prairie CSD	SVPP	\$ 283,413	4	Washington	State	Iowa Dept of Ed
Washington CSD	SVPP	\$ 322,959	4	Washington	State	Iowa Dept of Ed
	subtotal	<b>\$ 3,407,478</b>				
Columbus CSD - Roundy Elem	Shared Visions	\$ 90,424	3-5	Louisa	State	ECI

<b>Community Action SEIA - Richardson Elem</b>	Shared Visions	\$ 62,405	3-5	Lee	State	ECI
<b>Community Action SEIA - MarieTallarico Center</b>	Shared Visions	\$ 65,403	3-5	Lee	State	ECI
<b>Community Action SEIA - UCC Burlington #2</b>	Shared Visions	\$ 62,668	3-5	Des Moines	State	ECI
<b>Community Action SEIA - Tolson Center</b>	Shared Visions	\$ 66,841	3-5	Henry	State	ECI
<b>Community Action SEIA - UCC Burlington #1</b>	Shared Visions	\$ 44,503	3-5	Des Moines	State	ECI
<b>Community Action SEIA - Flint Hills Burlington #3</b>	Shared Visions	\$ 63,163	3-5	Des Moines	State	ECI
<b>HACAP - Orchard Hill</b>	Shared Visions	\$ 70,489	3-5	Washington	State	ECI
	subtotal	<b>\$ 525,896</b>				
<b>Community Action of SEIA</b>	WIC	\$ 736,920		Des Moines		IDPH
<b>Des Moines CO Board of Health</b>	Immunization Services	\$ 22,528	All	Des Moines	Federal	IDPH
<b>Des Moines CO Board of Health</b>	Immunization Services	\$ 4,441	All	Des Moines	State	IDPH
<b>Des Moines CO Board of Health</b>	Childhood Lead Poisoning Prevention	\$ 2,086		Des Moines	State	IDPH
<b>Henry CO Board f Health</b>	Childhood Lead Poisoning Prevention	\$ 5,214		Henry	State	IDPH

<b>Lee Co Board of Health</b>	Childhood Lead Poisoning Prevention	\$ 2,607		Lee		IDPH
<b>Lee Co Board of Health</b>	I-Smile	\$ 29,375		Lee	Federal	IDPH
<b>Lee Co Board of Health</b>	I-Smile	\$ 121,090		Lee	Other	IDPH
<b>Lee Co Health Department</b>	HOPES	\$ 40,970	0-5	Lee	State	IDPH
<b>Lee Co Health Department</b>	MIECHV	\$ 330,411	0-5	Lee & Des Moines	Federal	IDPH
<b>Lee Co Health Department</b>	MCH	\$ 66,944		Lee & Des Moines	Federal	IDPH
<b>Lee Co Health Department</b>	MCH	\$ 23,122		Lee & Des Moines	State	IDPH
<b>Lee Co Health Department</b>	MCH	\$ 214,004		Lee & Des Moines	Other	IDPH
<b>Lee Co Health Department</b>	1st Five	\$ 127,365	0-5	Lee & Des Moines	State	IDPH
<b>Lee Co Health Department</b>	1st Five	\$ 29,876	0-5	Lee	Other	IDPH
<b>Lee Co Health Department</b>	Immunization Services	\$ 22,377	All	Lee	Federal	IDPH
<b>Lee Co Health Department</b>	Immunization Services	\$ 4,411	All	Lee	State	IDPH
<b>Louisa Co Board of Health</b>	Immunization Services	\$ 17,626	All	Louisa	Federal	IDPH
<b>Louisa Co Board of Health</b>	Immunization Services	\$ 3,474	All	Louisa	State	IDPH
<b>Van Buren Co Public Health</b>	Immunization Services	\$ 5,190	All	Van Buren	Federal	IDPH
<b>Van Buren Co Public Health</b>	Immunization Services	\$ 1,703	All	Van Buren	State	IDPH
<b>Washington Co Public</b>	Immunization	\$ 16,902	All	Washington	Federal	IDPH

<b>Health</b>	Services					
<b>Washington Co Public Health</b>	Immunization Services	\$ 3,332	All	Washington	State	IDPH
<b>Washington Co Public Health</b>	1st Five	\$ 42,780	0-5	Washington & Henry	State	IDPH
<b>Washington Co Public Health</b>	1st Five	\$ 28,520	0-5	Washington & Henry	Other	IDPH
<b>Washington Co Public Health</b>	MCH	\$ 37,821		Washington & Henry	Federal	IDPH
<b>Washington Co Public Health</b>	MCH	\$ 11,304		Washington & Henry	State	IDPH
<b>Washington Co Public Health</b>	MCH	\$ 105,140		Washington & Henry	Other	IDPH
	subtotal	<b>\$ 2,057,533</b>				
<b>Trinity Muscatine Public Health</b>	1st Five	\$ 141,232	0-5	Louisa, Muscatine, & Cedar	State	Local Partner
<b>Jefferson/Keokuk/Van Buren/Washington DCAT</b>	Various decat programs	\$ 432,780	0-18	Jefferson, Keokuk, Van Buren, & Washington	Federal	Local DCAT
<b>Jefferson/Keokuk/Van Buren/Washington DCAT</b>	CPPC	\$ 53,460	0-18	Jefferson, Keokuk, Van Buren, & Washington	State	Local DCAT
<b>Planned Parenthood of the Heartland, Inc</b>	CAPP	\$ 54,938		Lee	Federal	PCAI
<b>Unity Healthcare</b>	CAPP	\$ 126,005		Cedar, Louisa, Muscatine	Federal	PCAI
<b>DHS</b>	Child Care Assistance (CCA)	\$ 492,211	0-12	Des Moines	State	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 82,664	0-12	Henry	State	Iowa DHS
<b>DHS</b>	Child Care	\$ 236,496	0-12	Lee	State	Iowa DHS

	Assistance (CCA)					
<b>DHS</b>	Child Care Assistance (CCA)	\$ 28,897	0-12	Louisa	State	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 7,234	0-12	Van Buren	State	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 102,039	0-12	Washington	State	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$1,858,367	0-12	Des Moines	Federal	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 312,101	0-12	Henry	Federal	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 892,904	0-12	Lee	Federal	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 109,102	0-12	Louisa	Federal	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 27,310	0-12	Van Buren	Federal	Iowa DHS
<b>DHS</b>	Child Care Assistance (CCA)	\$ 385,252	0-12	Washington	Federal	Iowa DHS
	subtotal	\$ 4,534,577				
<b>Trinity Muscatine Public Health</b>	CCNC	\$ 6,059	0-5	Louisa	State	DHLW Early Childhood Iowa Area

<b>Lee County Health Department</b>	CCNC	\$ 28,368	0-5	Des Moines	State	DHLW Early Childhood Iowa Area
<b>Lee County Health Department</b>	CCNC	\$ 55,000	0-5	Lee & Van Buren	State	Children First
<b>4Cs</b>	Provider Services	\$ 23,593	0-5	Washington	State	DHLW Early Childhood Iowa Area
<b>Community Action of SE Iowa</b>	Stepping Up to Success	\$ 67,634	0-5	Des Moines, Henry & Louisa	State	DHLW Early Childhood Iowa Area
<b>Community Action of SE Iowa</b>	Partnering with Providers	\$ 28,485	0-5	Lee & Van Buren	State	Children First
<b>Danville CSD</b>	Danville Early Learning Center	\$ 17,114	0-5	Danville CSD	State	DHLW Early Childhood Iowa Area
<b>Sieda</b>	Harmony and Van Buren Schools	\$ 19,800	4-Mar	Van Buren	State	Children First
<b>Iowa AEYC</b>	WAGE\$	\$ 25,750	0-5	Des Moines, Henry, Louisa, & Washington	State	DHLW Early Childhood Iowa Area
<b>Iowa AEYC</b>	WAGE\$	\$ 6,250	0-5	Lee & Van Buren	State	Children First
<b>Community Action of Eastern Iowa, CCR&amp;R</b>	Quality Incentive Project	\$ 17,028	0-5	Des Moines, Henry, Louisa, & Washington	State	DHLW Early Childhood Iowa Area
<b>Community Action of Eastern Iowa, CCR&amp;R</b>	EC Quality Improvement	\$ 3,168	0-5	Lee & Van Buren	State	Children First
<b>Washington County Public Health</b>	The Family Connection - WC	\$147,800	0-5	Washington	State	DHLW Early Childhood Iowa Area
<b>Henry County Agricultural Extension</b>	The Family Connection - HC	\$90,656	0-5	Henry	State	DHLW Early Childhood Iowa Area
<b>Des Moines County Public Health</b>	Home Visitor	\$ 23,841	0-5	Des Moines	State	DHLW Early Childhood Iowa Area

<b>LSI</b>	HOPEs	\$ 49,961	0-5	Louisa	State	DHLW Early Childhood Iowa Area
<b>Lee County Health Department</b>	HOPEs	\$ 63,000	0-5	Lee	State	Children First
<b>Van Buren County Hospital</b>	PAT	\$132,800	0-5	Van Buren	State	Children First
<b>Community Action of SE Iowa</b>	PAT	\$ 59,039	0-5	Des Moines & Louisa	State	DHLW Early Childhood Iowa Area
<b>Young House Family Services</b>	Preschool Program - Home Visitation	\$ 34,980	0-5	Des Moines, Henry & Louisa	State	DHLW Early Childhood Iowa Area
<b>Young House Family Services</b>	Preschool Program - Home Visitation	\$ 12,840	0-5	Lee	State	Children First
<b>Nest of Des Moines County</b>	Nest of Des Moines County	\$ 39,922	0-5	Des Moines	State	DHLW Early Childhood Iowa Area
<b>LSI</b>	Nest of Louisa County	\$ 37,904	0-5	Louisa	State	DHLW Early Childhood Iowa Area
<b>Community Action of SE Iowa</b>	Head Start Transportation	\$ 48,239	3-5	Des Moines & Henry	State	DHLW Early Childhood Iowa Area
<b>Community Action of SE Iowa</b>	Head Start Transportation	\$ 20,000	3-4	Lee	State	Children First
<b>HACAP</b>	Head Start Transportation	\$ 8,169	0-5	Washington	State	DHLW Early Childhood Iowa Area
<b>Community Action of SE Iowa</b>	Preschool Scholarships	\$ 62,471	3-5	Des Moines, Henry, Louisa, & Washington	State	DHLW Early Childhood Iowa Area
<b>Community Action of SE Iowa</b>	Preschool Scholarships	\$ 10,496	3-4	Lee & Van Buren	State	Children First

<b>Grant Wood AEA</b>	CART	\$ 17,639	0-5	Washington	State	DHLW Early Childhood Iowa Area
<b>Washington County Public Health</b>	Dental	\$ 8,284	0-5	Henry & Washington	State	DHLW Early Childhood Iowa Area
<b>Trinity Muscatine Public Health</b>	Dental	\$11,302	0-5	Louisa	State	DHLW Early Childhood Iowa Area
<b>Lee County Health Department</b>	Dental	\$17,130	0-5	Des Moines	State	DHLW Early Childhood Iowa Area
<b>Lee County Health Department</b>	Dental	\$17,085	0-5	Lee & Van Buren	State	Children First
	subtotal	\$ 1,211,806				

# Appendix C

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## Child care focus groups – July 2016 (Mt. Pleasant, Washington, Donnellson, Burlington) Weighted results

### **What are the keys to running a successful child care business or organization?**

- Quality staff
- Good communication/relationships with families
- Good organization
- Effective stress management

### **What are the greatest challenges in providing child care services?**

- Excessive regulatory requirements
- Family hardships/strained relationships with parents
- Maintaining quality staff
- Insufficient enforcement of provider capacity

### **Describe the kind of support that, if given tomorrow, would most benefit both your business and the families that use your services?**

- Programs promoting relations between providers and families
- Increased family support/development
- Direct funds and benefits for providers
- Direct funds for great child care and preschool, and increased availability

### **What resources or services are most helpful to you as a child care professional? Nurse consultants, CCR&R consultants, others?**

- Consultants effective
- Consultants generally not effective
- Fellow providers

### **What sort of training has been most valuable, and least valuable, to you as a child care provider?**

- Online training platform challenging
- State/national conferences
- Programs on autism, ADHD, and tactile and visual approaches to special needs children
- Annual conference in Burlington
- Programs on stress management/motivational speakers
- You get more out of in-person trainings, especially hands on trainings
- Series trainings are helpful

### **In your opinion, is registration or licensing valuable to you and your business? Is it important for the child care industry in general?**

- Generally valuable and important
- Licensing sometimes overly nitpicky
- Providers who cheat on capacity undermine regulations

**If you could change one thing about how child care is supported or regulated in Iowa, what would it be, and why?**

- Direct funds/support for child care
- Promote child care profession