

Scott County Kids Early Childhood Iowa Community Plan 2016-2019

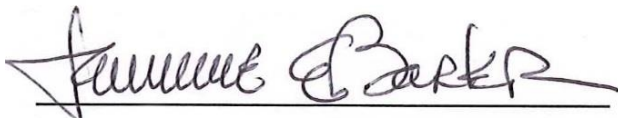
November 3, 2015

Including comprehensive, cooperative, and continuing
early childhood planning activities to be facilitated by:

Scott County Kids Early Childhood Iowa

Early Childhood Iowa

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1. SECTION ONE

1.1. General Organization

Identification of the Early Childhood Iowa Area (ECIA)

The Scott County Kids Early Childhood Iowa (SCKECI) Area serves families with children, prenatal through age five, with an emphasis on children with risk factors in Scott County, Iowa. See Map 1 on page 4. It is bordered by Clinton, Cedar and Muscatine Counties in Iowa and Rock Island County in Illinois. Scott County is part of the Quad Cities Metropolitan Area, spanning the Mississippi River in both Iowa and Illinois.

Vision

Early Childhood Iowa's Vision is "Every child, beginning at birth, will be healthy and successful."

The state vision was considered and adopted by the SCKECI Board in 2003, as it was a statement that strongly supports the vision and concisely conveys the important assignment of this organization. The vision was reviewed by the SCKECI Board at a meeting in June 2015 as part of the Community Plan update. The Board agreed that the vision still conveys the organization's purpose.

Mission

The mission of SCKECI is to coordinate and expand the community's services to enable young children to be physically healthy, intellectually curious, emotionally sound and socially competent. Led by citizens, this partnership of public and private entities provides a continuum of seamless services targeted at helping all children reach their full potential. Central to this mission is a vision realizing better outcomes for the most vulnerable children in Scott County.

Use of the Community Plan

The Community Plan is a tool used by the SCKECI Board to identify the issues facing our community. It is also used to highlight strategies for making an impact towards our mission of coordinating and expanding the community's services to enable young children to be physically healthy, intellectually curious, emotionally sound and socially competent. This plan was developed in cooperation with public and private input from board members, community leaders in social service, agencies and partners involved in providing care, parents and families. Bi-State Regional Commission, a regional planning agency, was contracted to facilitate public input and build the narrative and data in the current plan.

SCKECI provides either bound and/or electronic copies of the Community Plan to all organizations with programs serving the birth through age 5 demographic. The Community Plan is a public document and is available on the SCKECI website: www.scottcountykids.org. Copies are made available upon request. Information from the plan was also shared by SCKECI staff at Optimist Club meetings. In preparation of the plan update, the 2012 plan was shared with Western Illinois University, Quad Cities campus administrators for review and recommendations for the update process. As a result, administrators also participated in the provider workshop.

SCKECI is involved with many community organizations and works to ensure that the SCKECI community priorities are monitored and promoted within such organizations. The Early Childhood Coordinating Council, a collection of agencies focused on early childhood services, has included the SCKECI Community Plan as a standard item on its agenda for purposes of education, reference and discussion. Priority areas are emphasized within appropriate committee and/or agency discussions. The following

table highlights organizations within SCKECI that focus on the priority areas of the SCKECI Community Plan.

Table 1

Priority Area	Scott County / Quad Cities Agency
Healthy Children	<ul style="list-style-type: none"> • Board of Health • Health Department
Secure & Nurturing Child Care Environments	<ul style="list-style-type: none"> • United Way Women's Leadership Council • Child Care Resources & Referral • Quad Cities Association for the Education of Young Children
Secure & Nurturing Families	<ul style="list-style-type: none"> • Home Visitation Community • Scott County Kids Decategorization • Community Partnerships for Protecting Children
Children Ready to Succeed in School	<ul style="list-style-type: none"> • Mississippi Bend AEA • Scott County Preschool Advisory Group • (Includes area school districts, United Way Kindergarten Readiness, Looking 4 Leadership and Quad Cities Association for the Education of Young Children)
Safe & Supportive Communities	<ul style="list-style-type: none"> • Scott County Kids Decategorization • Community Partnerships for Protecting Children • Community Outreach Meeting

In order to assure services are provided for children ages prenatal to 5 years and their families when families and/or services cross ECIA boundaries, the SCKECI Area Board approved the following policy for provision of services, including contracting services with providers outside of Scott County:

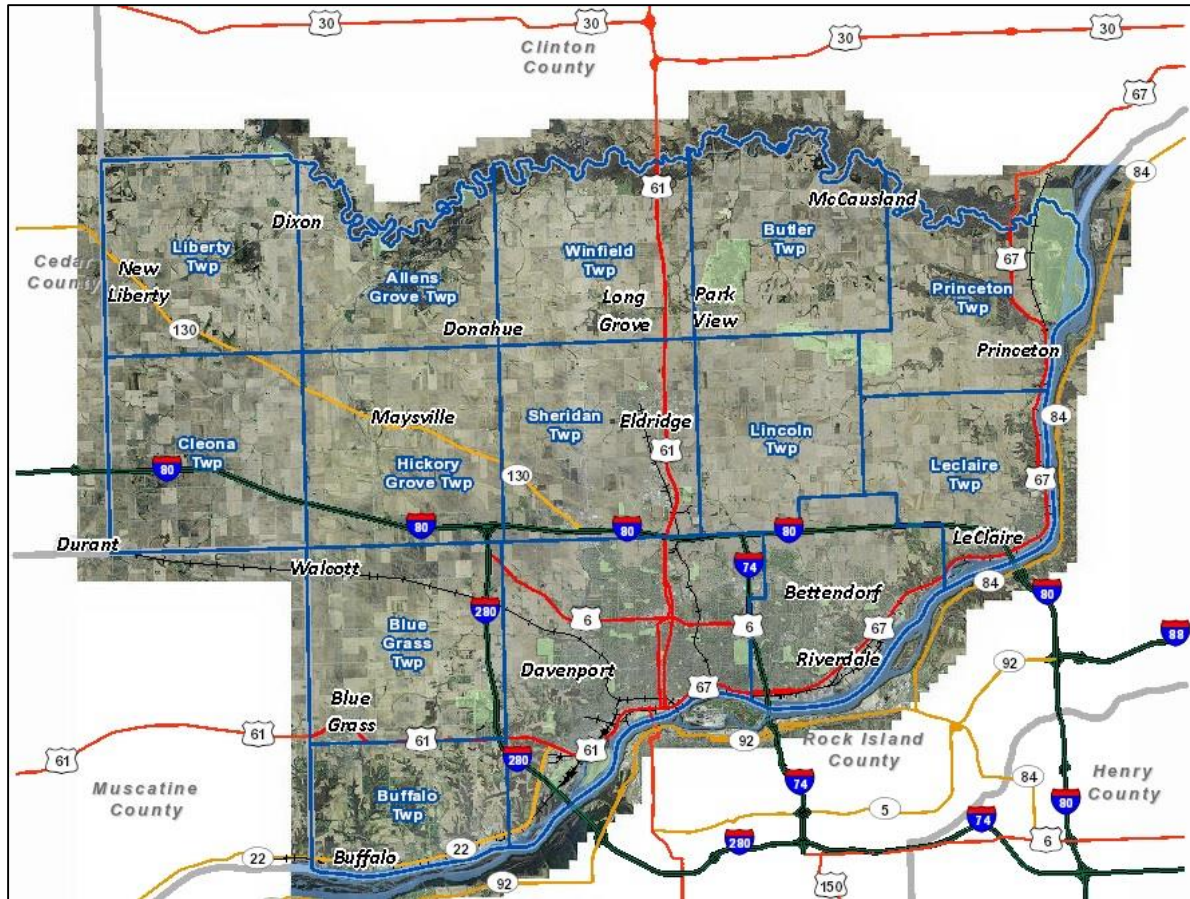
Title: Service Out of Area Approved October 6, 2015
<p>Policy: Geographic areas for Early Childhood Iowa are defined by the boundaries of Scott County.</p> <p>The Board will entertain requests for consideration for services for children and their families not living within the Scott County ECI Area Boundaries. The Board will also entertain requests for consideration for Scott County children and their families for services outside of the Scott County ECI Area boundaries.</p>
<p>Procedures:</p> <ul style="list-style-type: none"> • The Board Coordinator shall make contracted programs aware of geographic boundaries and boundaries will be noted in program contracts. • If contracted programs are contacted by an individual or entity regarding services for someone outside of the Scott County ECI Area, referrals are made to the ECI area where the individual resides by the contracted program with the guidance of the Scott County Coordinator. • In the event that an individual is not eligible for services in their ECI area and/or chooses to utilize services in the Scott County area while not meeting current eligibility, the contracted program

shall contact the ECI Coordinator to explain the current situation and request consideration for waiver to the current policy of eligibility area.

- The Coordinator shall then discuss the consideration for waiver with the Contracts Management Committee.
- The request for consideration for waiver will be placed on the Agenda at the next Board meeting for full Board consideration.
- The individual(s) requesting the consideration for waiver will be invited to attend and share information at the Board meeting where the item is on the agenda.
- The Coordinator will then work with the contracting program to make the individual aware of the Board's decision.

Geographic/Demographic Profile for the Early Childhood Iowa Area – Scott County, Iowa

Scott County, Iowa has a total population of 170,385 according to the U.S. Census Bureau American Community Survey (ACS) estimate for 2013. Davenport is the largest city, as well as the county seat, and contains 60% of the County's population. Bettendorf is the second largest city in Scott County, and has grown over 4.0% in the past five years alone, according to ACS estimates. Additional communities within Scott County include: Blue Grass, Buffalo, Dixon, Donahue, Durant, Eldridge, LeClaire, Long Grove, McCausland, New Liberty, Panorama Park, Princeton, Riverdale, and Walcott. There is also an unincorporated community, Park View. Scott County has a mix of urban and rural population centers with a large range of populations.

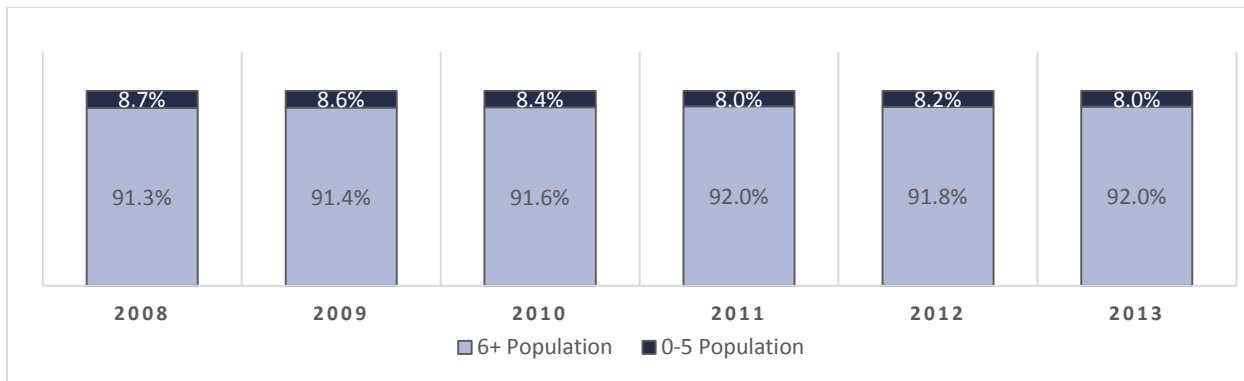
Map 1 – Scott County Kids Early Childhood Iowa Service Area

Source: Scott County Assessor's Office, GIS Map Service. Powered by Sidwell Maps. September 3, 2015.

The largest industries in Scott County's economy are manufacturing, education and health services, retail, and agriculture. According to 2015 Infogroup estimates, some of the largest employers for the local workforce include the Rock Island Arsenal, Deere & Company, Genesis Health System, Hy-Vee Food Stores, and Alcoa, Inc. The Mississippi River provides transportation for industry with many barges using the waterway, as well as being a stage for beautiful scenery and wildlife. Two hospital systems, Genesis Health System and UnityPoint Health System, serve this area. The Iowa Department of Human Services (DHS) has an office located in Davenport, within the same building as Scott County Kids.

Scott County is positioned within a metropolitan area that incorporates counties in two states. As a result, SCKECI (along with numerous area social service providers) face the challenge of serving individuals who may live in one state and work or be a part of the educational or childcare system in another state. SCKECI and their partners must ensure state funding is being used on eligible families. The provisions and requirements of funding may be slightly different between states, making providing services to the QCA challenging and administratively burdensome.

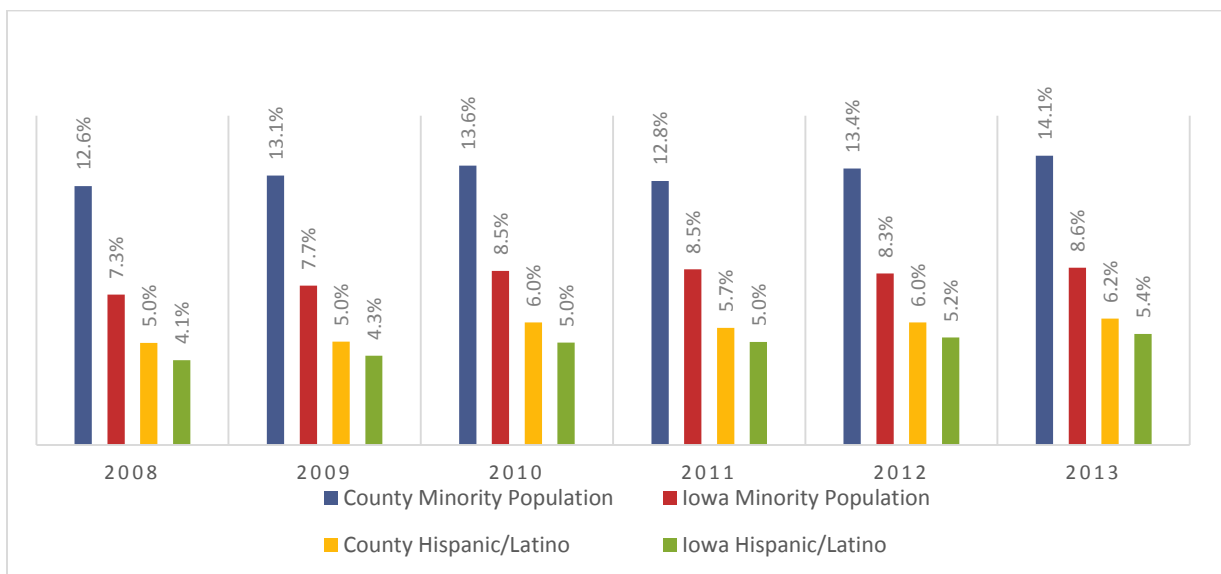
SCKECI's target population is children ages 0-5 years of age. The percentage of children ages 0-5 has averaged about 8.3% between 2008 and 2013. More information on the break out of SCKECI's target population as well as projected population can be found in Section 2.1.

Figure 1 – Percentage Population 0-5 Years and 6+ Years for Scott County

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

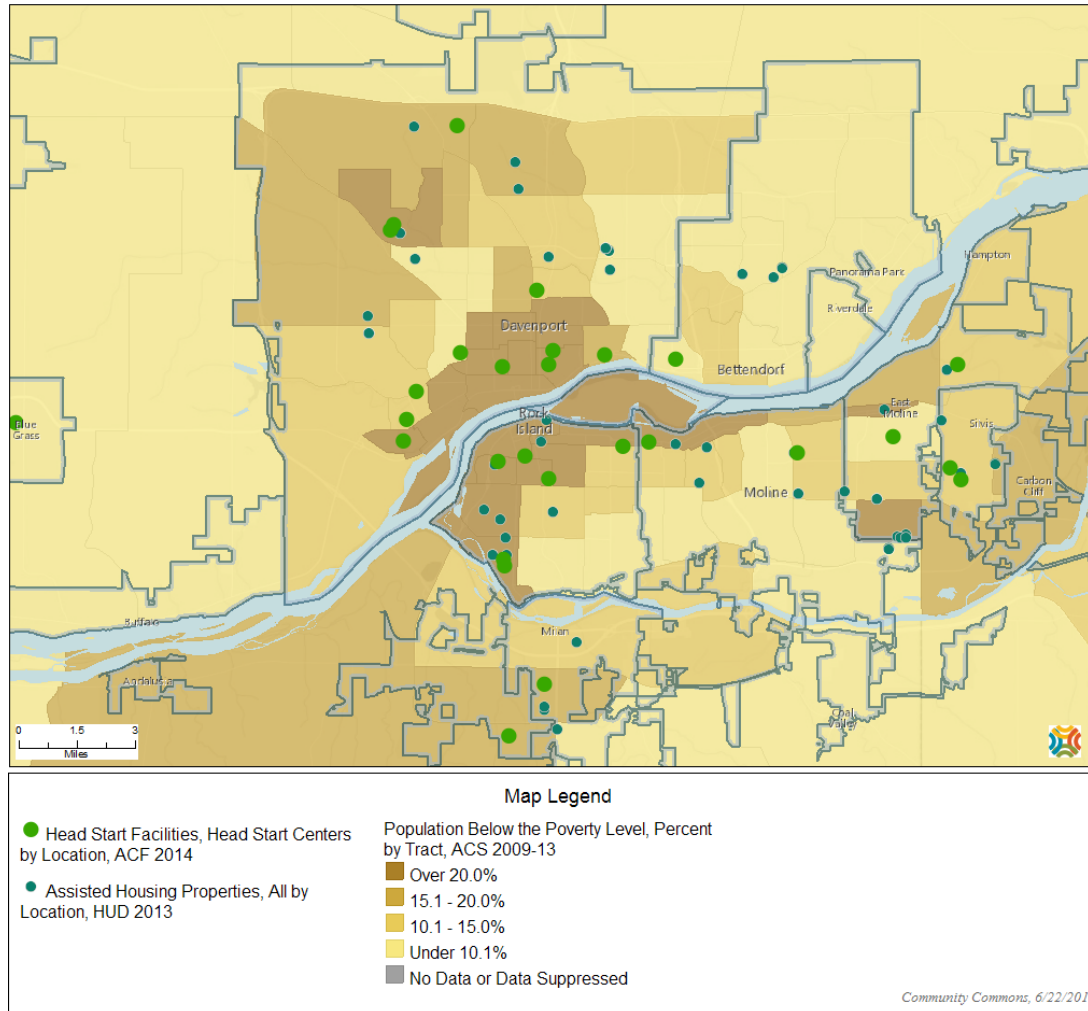
The proportion of the population aged 0-5 has never risen above 9% in the past five years.

Scott County is the third largest county in Iowa. With its larger population comes a larger percentage of minority population and ethnicity as shown in Figure 2 below. The county minority and Hispanic/Latino population has increased in the past five years, from 11.2% minority and 5.0% Hispanic/Latino in 2008, to 14.1% minority and 6.2% Hispanic/Latino in 2013. More detailed information on the breakdown of race and ethnicity can be found in Section 2.1.

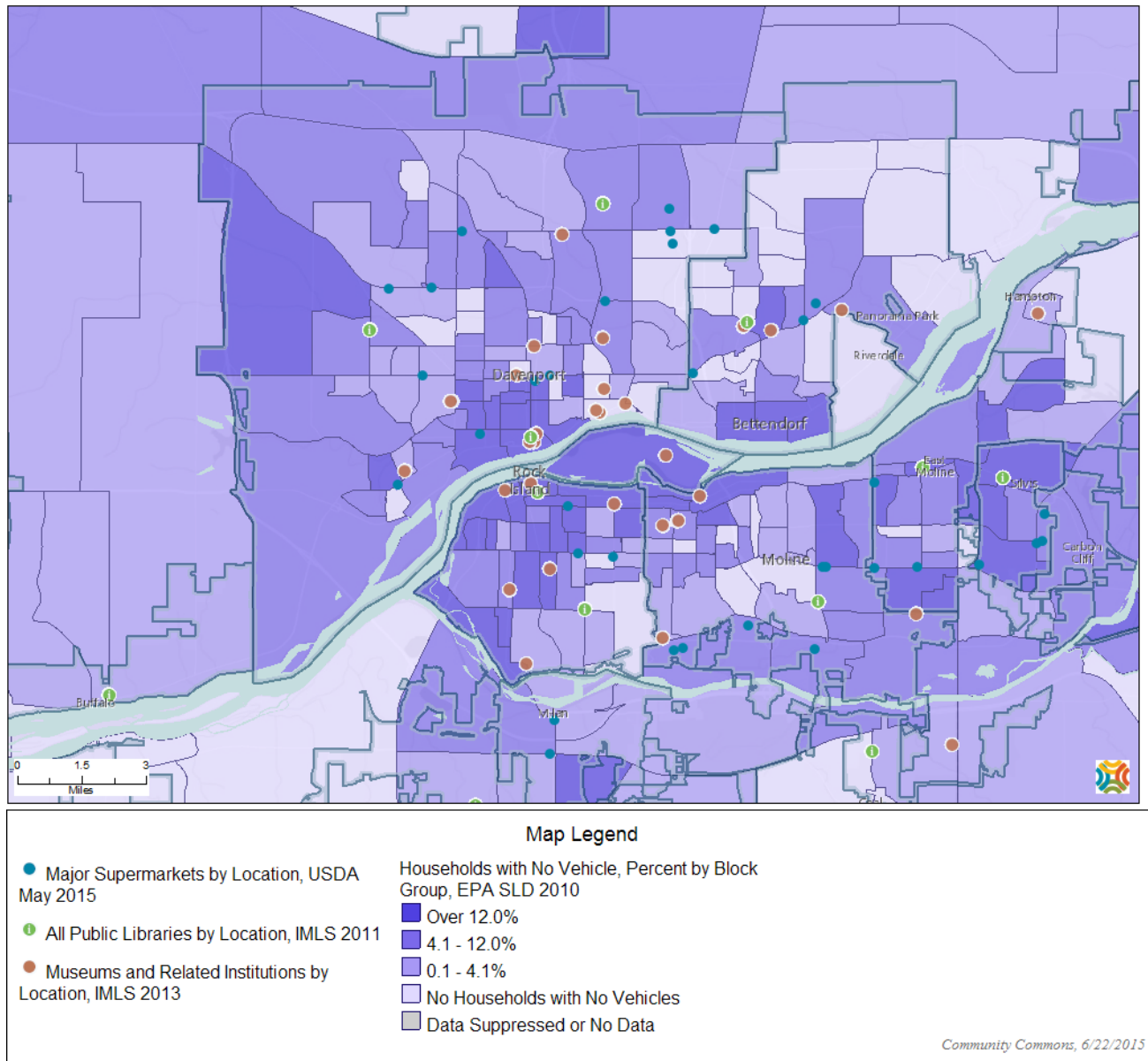
Figure 2 – Race and Ethnicity for Scott County and State of Iowa 2008-2013

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

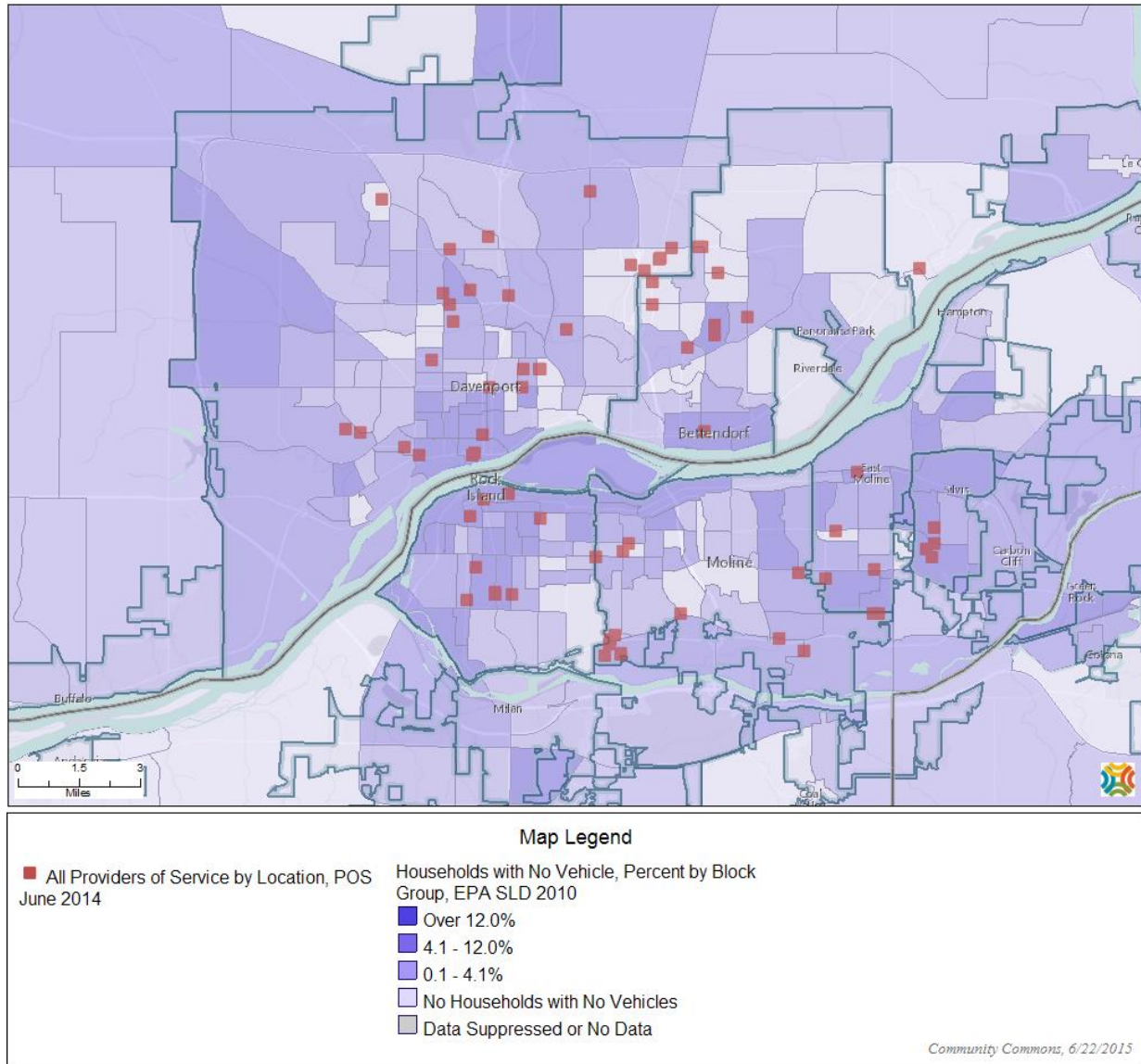
The maps below depict various demographic and social health indicators across state lines in Scott County and Rock Island County to give a more comprehensive picture of the issues facing the region. The maps were generated using Community Commons, a map and data source powered by University of Missouri CARES Center. The series of maps focus on the metropolitan portion of Scott County, as all tracts could not be displayed concurrently, with the blue border representing city boundaries.

Map 2 – Scott County Poverty Level

Map 2 (above) depicts levels of poverty in Scott County and Rock Island County, some of which are significantly concentrated around the downtown area and northwestern edges of Iowa Quad Cities metropolitan area. There is a direct correlation between concentrated poverty levels and assisted housing properties. Head Start facilities, which provide early childhood education, health, nutrition, and parent involvement services to low-income children and their families appear to be appropriately located. Low-income families isolated away from various child care or Head Start programs may have difficulty transporting children to early childhood education programs. There may be housing properties located in downtown Davenport that receive HUD funding for rehabilitation but are not displayed on the map.

Map 3 – Scott County Vehicle Access and Quality of Life

Map 3 (above) depicts vehicle access in Scott County and Rock Island County, as well as locations of certain facilities that may improve quality of life for families and children. This map illustrates challenges some families face with limited transportation mobility. With the exception of downtown families, most other families without vehicles may have trouble accessing public libraries, museums or even major supermarkets, or must depend on public transit to reach these destinations.

Map 4 – Scott County Vehicle Access and Providers of Service

Map 4 (above) depicts vehicle access and the locations of providers of public health services according to the Centers for Medicare and Medicaid Services. Again, the map coincides with the previous maps, where certain families in the darker-shaded tracts face more difficult barriers to health services. Ideally these areas would be targeted by agencies and advocates in a manner that recognize some of the issues and difficulties presented for geographically isolated families, particularly the need to overcome transportation issues when securing health and social services.

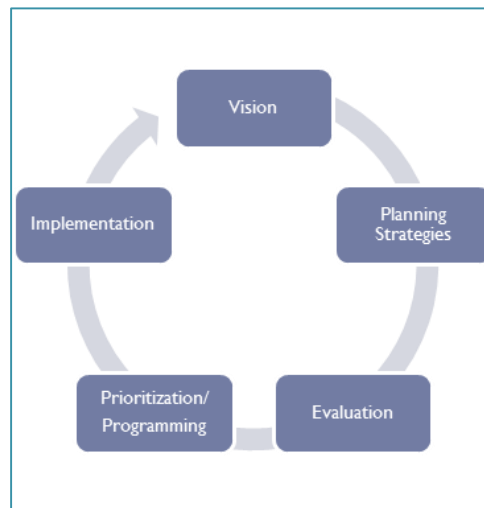
1.2. Community Planning and Response

Community Planning and Strategies

Scott County Kids is a community planning and funding agency that seeks to overcome challenges that interrupt the lives of children while increasing access and streamlining resources throughout our area. As an umbrella organization, Scott County Kids helps facilitate the provision of services in the community. It combines resources from Early Childhood Iowa and Decaturization to better coordinate services and operate with the fiscal and programmatic power that single agencies alone cannot do.

Using a strategic planning approach, the SCKECI Board can affect its priorities, and contribute toward the State's five result areas. This planning process correlates back to decisions made by the SCKECI Board and to impacts toward childhood success. SCKECI Board bases the Community Plan on the idea of continuous growth. Having reiterated its vision, reviewed the organizational mission and used assessment tools to evaluate the priority areas, the Board took this information and developed a series of implementation strategies for a three year period. The comprehensive, continuing, and coordinated cycle of planning and continuous growth takes the past efforts, evaluates them, and then implements the identified strategies. These are monitored over time and on a cycle reviewed and refined. Figure 3 outlines this process.

Figure 3 – Planning Process



Scott County Kids, as an umbrella organization, offers a number of programs for parents. These include Brief Intensive Services, Bright Beginnings, Child Care Nurse Consultant, Child Care Scholarships, Family Advocate, Family Connects, Head Start and Early Head Start, Nest, Parenting Inside Out, Parenting Successful Kids as well as youth mental health resources. These programs have been developed to address the needs in the community and align with the priority areas outlined in this Plan. Details of these programs are outlined in Section 2.1. Input from a parent assessment and public meeting provided feedback on programs' strengths, weaknesses, and opportunities.

On the provider side, there are resources and trainings offered through Scott County Kids. These include Aim4Excellence Training, Child Care Home Support, Child Care Nurse Consultant, Quality Child Care, Scott County Growth Fund, as well as other resources through state agencies, regional education

agencies and Child Care Resource and Referral. Similarly, the SCKECI Board used a provider assessment and public meeting to evaluate programs.

Identification of Needs

The Community Plan provides an assessment of how well the Scott County area is doing in relation to the Vision and Mission, helping children in Scott County to be healthy and successful. Input to identify strengths and needs included assessments of providers, clients/parents and the Scott County Kids Board. The Fiscal Assessment discussed in Section 2.3 was collected by survey of area providers. In addition to information included in the fiscal assessment, the Scott County Kids Early Childhood Iowa (SCKECI) asked for input on the greatest problems, their solutions and any missing programs that would help SCKECI achieve their vision and mission. In addition, providers attended a workshop on May 14, 2015. Summaries of provider input can be found in the addendum. The parent survey received 445 responses and is summarized in the addendum. More information on the parent survey can be found in Section 2.1. The SCKECI Level of Excellence Committee played an active role in identifying needs and analyzing data, meeting four times during the community planning process. The SCKECI Board, meeting for a retreat on June 2, 2015 as described in this section, played an important role in the assessment. Identification of needs also included a review Board identified community-wide indicators including demographic and social data related to the priority areas from the previous community plan. This input and data guided the development of the plan.

Strengths

Section 2.1 provides detail on the community needs assessment. Scott County can be characterized as an urban county with more racial diversity and higher household incomes than most of its peer counties, as outlined in Section 2.1. Key strengths in Scott County related to early childhood development include:

- Availability of programs and scholarships
- Variety and means of communications (e.g. website, meetings, brochures, etc.)
- Number and quality of community partnerships
- Well-established relationships with human services organizations

Weaknesses

Some of the challenges based on the demographic character are that Scott County has a higher rate of child poverty compared to the other counties, particularly for children 0-5 years, and a higher teen birth rate. Threats to safety were also higher than state averages, such as child abuse, violent crime, and juvenile arrests. Important needs identified in the assessment process expressed by parents are:

- Arranging affordable childcare for young children
- Cultural or socio-economic differences between families and social service agencies resulting in barriers to participation or cooperation
- Concern expressed by parents of losing child custody due to mandatory reporting of abuse
- Arranging transportation and meeting basic needs, and
- Navigating and interweaving social service agencies and other providers

On the provider side, the following needs were assessed:

- Lack of incentives for providers to participate in the state Quality Rating System
- Shifts in programmatic emphases, such as from preschool programs to prenatal care
- Reduced funding for professional development and implementation of programs

- Gaps in services availability and communication of programs (see addendum)
- Limitations on support where some families need more than can be provided
- Uneven relationship with local hospitals to serve families
- Limitation of providers to advocate for program needs and funding support

2012 Plan Evaluation

The SCKECL Board evaluated the 2012 Plan priorities at the Board retreat On June 2, 2015. For each priority, the Board was asked to assess whether the priority was Below, Attaining or Exceeding their expectations. The following are the priorities from the 2012 Plan as evaluated by the Board.

1. Advance healthy physical and mental development for all children with a priority for at risk children: Attain
2. Increase the number of center and home based providers meeting quality standards: Below
3. Increased access to affordable quality learning environments for all children: Attain
4. Increase positive relationships between children and parents: Below
5. Increase awareness regarding the importance of the early years: Attain

The SCKECL Board indicated that since the last community plan, Priority Area 2 related to increasing the number of child care centers and homes meeting quality standards, while Below expectations, has begun to increase. While this Priority Area does not currently exceed their expectations, it is projected to do so over the next 3 years. This self-assessment can be attributed to the resources currently available through SCKECL for providers.

The indicator “# of centers accredited or meeting quality standards (*NAEYC = National Association for the Education of Young Children)” shows steady increases in numbers from 2008 to 2014 for the National Association for Education of Young Children (NAEYC) accreditation and some variability for the Quality Rating System (QRS) accreditation. Refer to Section 2.1, Table 14. Similarly, Scott County continues to have a high number child care homes not accredited by the National Association for Family Child Care Accreditation (NAFCC), but a growing number of homes receiving level 1-2 QRS accreditation, and not receiving level 3-5 level accreditation. Advocacy at the state level to continue to support and encourage accreditation is envisioned to make this priority area even stronger. However, the passion of the existing providers in Scott County for the children they oversee speaks to the powerful influence providers can have on this priority area.

The Priority Area that was assessed as Below expectations was #4 “Increase positive relationships between children and parents.” The area is where more work is needed, including looking at generational poverty and other risk factors for families, as well as examining best practices to affect positive relationships between parents and children. KIDS Count data center has indicated a notable rise in child abuse cases for children aged 1-17 from 2012 – 2013, which is used as an indicator relative to positive relationships.

On the programmatic side, SCK has a number of strong programs to influence parent-child relationships. Bright Beginnings has a strong background of being responsive to the needs of families and Early Childhood Iowa regulations. Parenting Inside Out is evidenced based and available for fathers in the Scott County Jail. SCKECL builds relationships and works with DHS. SCK Decat has programs that support increasing positive relationships between children and parents. Maternal Infant Early Childhood Home Visitation (MIECHV) funding in Scott County continues. Coordinated Intake between agencies is up and running in Scott County. Family Connects (evidenced based program) is getting started. The

weaknesses related to this Priority Area is instability of funding and an imbalanced participation by local health systems.

The other three priorities were assessed as Attain; however each priority area continues to require maintaining existing programs and/or to initiate additional strategies to achieve the Early Childhood Iowa vision and mission for success. These are detailed in Section 2.1.

Community Priorities

At the June 2, 2015 Board Retreat, the SCKECI Board reviewed and reaffirmed the following priority areas for carrying out its overall mission.

1. Advance healthy physical and mental development for all children with a priority for at risk children
2. Increase the number of center and home based providers meeting quality standards
3. Increased access to affordable quality learning environments for all children
4. Increase positive relationships between children and parents
5. Increase awareness regarding the importance of the early years

Implementation Strategies 2016-2018 and Subsequent Years

An important aspect of the planning process is to assess whether the efforts are meeting needs and bringing Scott County as a community closer to the mission to enable young children to be physically healthy, intellectually curious, emotionally sound, and socially competent. Section 2.1 provides the background on the community needs assessment, Section 2.2 catalogs the community resources, and Section 2.3 outlines the community collaboration. The detail in these sections has led to the strategies recommended to be implemented over the next three years, 2016 to 2018, and shown in the following tables by priority area.

Table 2 – Priority Area #1 Implementation Strategies 2016-2018 and Subsequent Years

Advance healthy physical and mental development for all children with a priority for at-risk children.		
Year 1 (2016) Strategies	Years 2 & 3 (2017/2018) Strategies	Subsequent Years Strategies
Reach out to Unity Point Health (formerly Trinity).	Engage Unity Point Health (formerly Trinity) to offer SCKECI funded services and/or Parent Pals.	Utilize Unity Point data to identify unmet needs families may have through a continued relationship with Unity Point.
Monitor MIECHV activities so that SCKECI initiatives are supportive and not duplicative.	Monitor MIECHV activities so that SCKECI initiatives are supportive and not duplicative.	Monitor MIECHV activities so that SCKECI initiatives are supportive and not duplicative.
Advocate for uncategorized funds.	Advocate for uncategorized funds.	Advocate for uncategorized funds.
Advocate for mental health services through the existing relationships with Scott County Kids Decat and TIC/ACES Consortium as well as through other avenues.	Advocate for mental health services through the existing relationships with Scott County Kids Decat and TIC/ACES Consortium as well as through other avenues.	Advocate for mental health services through the existing relationships with Scott County Kids Decat and TIC/ACES Consortium as well as through other avenues.

Ongoing Strategies: Engage funded partners and encourage sharing information about immunizations.

Table 3 – Priority Area #2 Implementation Strategies 2016-2018 and Subsequent Years

Increase the number of center and home-based providers meeting quality standards.		
Year 1 (2016) Strategies	Years 2 & 3 (2017/2018) Strategies	Subsequent Years Strategies
Evaluate recommendations of DHS actions/responses to comply with CCDBG	Continue monitoring for new regulations for child care licensing, registration and QRS systems; consider modifying CCR&R Quality contract and CCNC contract as appropriate to be supportive.	Continue monitoring for new regulations for child care licensing, registration and QRS systems; consider modifying CCR&R Quality contract and CCNC contract as appropriate to be supportive.
Retain open communications with DHS and CCR&R regarding resources that may be needed to meet new regulations.		
		Monitor numbers of providers participating in QRS. May want to consider increased reimbursement to Child Care Scholarship providers with QRS rating.

Ongoing strategies: Advocate for quality standards at the state level and correlate to reimbursement rates.

Table 4 – Priority Area #3 Implementation Strategies 2016-2018 and Subsequent Years

Increase access to affordable quality learning environments for all children.		
Year 1 (2016) Strategies	Years 2 & 3 (2017/2018) Strategies	Subsequent Years Strategies
Solicit proposals for Professional Development to see if there are other services and/or service providers to offer professional development for child care/education providers.	Solicit proposals for Preschool Scholarships to see if there are other services that may fit in the category of School Ready Preschool Access.	
	Work with the Scott County Early Childhood Coordinating Council, local school districts, preschools and child care centers to communicate with parents as well as friends and family of children regarding preschool and child care programs (explain what SWVPS is, how to access, etc.).	Communicate with local service providers and families. Modify contracts as needed to support quality-learning environments.
Advocate for fewer restrictions on use of funds at a state level.	Advocate for fewer restrictions on use of funds at a state level.	Monitor state initiatives.
Monitor availability and capacity of preschools.	Monitor availability and capacity of preschools.	Monitor availability and capacity of preschools.

Table 5 – Priority Area #4 Implementation Strategies 2016-2018 and Subsequent Years

Increase positive relationships between children and parents.		
Year 1 (2016) Strategies	Years 2 & 3 (2017/2018) Strategies	Subsequent Years Strategies
Reach out to Unity Point Health (formerly Trinity).	Engage Unity Point Health (formerly Trinity) to offer SCKECI funded services and/or Parent Pals.	Utilize Unity Point Health data to identify unmet needs families may have through a continued relationship with Unity Point.
Monitor MIECHV activities so that SCKECI initiatives are supportive and not duplicative.	Monitor MIECHV activities so that SCKECI initiatives are supportive and not duplicative.	Monitor MIECHV activities so that SCKECI initiatives are supportive and not duplicative.
Advocate for uncategorized funds.	Advocate for uncategorized funds.	Advocate for uncategorized funds.
Advocate for flexibility in funding home visitation programs that are not evidence based.	Advocate for flexibility in funding home visitation programs that are not evidence based.	Advocate for flexibility in funding home visitation programs that are not evidence based.
Learn more about generational poverty and other risk factors for families. Learn about the Parent Partners Program.	Investigate best practice to engage at-risk families. Evaluate programs for the ability to serve at-risk families.	Evaluate and support programs that are able to support families who are at-risk.

Ongoing strategies: Monitor home visitation program(s) for early access point of care.

Table 6 – Priority Area #5 Implementation Strategies 2016-2018 and Subsequent Years

Increase awareness regarding the importance of the early years.		
Year 1 (2016) Strategies	Years 2 & 3 (2017/2018) Strategies	Subsequent Years Strategies
Continue to promote information via the website. (scottcountykids.org)	Continue to promote information via the website.	Continue to promote information via the website.
Host spring 2016 event to showcase the community plan.	Utilize community plan for clear messaging. Identify natural “allies” from the private business sector to partner with on public awareness ventures.	Continue to use community plan when reaching out to the community with consistent messaging. Continue relationships with private business sector; add additional private businesses to partner with on public awareness ventures.
Communicate with legislators.	Communicate with legislators.	Communicate with legislators.
Reiterate to service providers the importance of ECI funding and the service providers’ organizational success in creating this awareness. Utilize the SCKECI Board members for this advocacy.	Reiterate to service providers the importance of ECI funding and the service providers’ organizational success in creating this awareness. Utilize the SCKECI Board members for this advocacy.	Reiterate to service providers the importance of ECI funding and the service providers’ organizational success in creating this awareness. Utilize the SCKECI Board members for this advocacy.

Ongoing strategies: Advance partnerships to leverage resources for 0-5 age group population programs.

Planning involves comprehensive, cooperative, and continuing evaluation, monitoring, and review. Scott County Kids develops an annual report to monitor performance and modify programs to meet the community needs. The Implementation Strategies noted above provide annual guidance on activities to focus efforts and enhance coordination and partnerships.

Priorities and Strategies Beyond the Current Capacity

There are many new initiatives around mental health for children. Feedback from providers at the workshop also stressed the importance of mental health to achieve SCKECI's mission and vision. It is very likely new opportunities will reveal themselves within the next three years to advance this area. The activities DHS is proposing to comply with the Child Care Development Block Grant is far reaching. It is anticipating the opportunity to support child care providers to meet these new requirements as well as others will be well beyond the three years outlined in this plan.

Implementation Capacity and Additional Needs/Opportunities

Scott County Kids Early Childhood Iowa is served by a 15-member board. It is led by citizens from Scott County representing parent, school, business, human services, and health sectors. In addition to two staff members, the Board utilizes a Level of Excellence Committee to work on projects, such as the Community Plan, and other activities to provide recommendations to the Board.

The Board refers to the community plan priorities when making funding decisions. There is a committee that reviews the fiscal year re-applications. This committee refers to the community plan priorities throughout the review process. As an example, the Board approved a rotation of requesting proposals for funding at their June 2, 2015 Board meeting. The information from the fiscal assessment, outlined in Section 2.3, is a starting point for decision-making. Once a need is identified more information regarding current services, the capacity of those services verses the community need as well as the sustainability of funding sources is gathered to make funding and programmatic decisions.

Methods for Awarding Funds

The Scott County Kids Early Childhood Area awards funds in four basic ways. The first relates to a new identified need and has been vetted to meet one of the SCKECI priority areas in which funding is available in a funding category that matches the needed service. After this evaluation, an RFP or Request for Proposal is posted on the SCKECI website and disseminated via email to area service providers in order to see out a provider in the community.

The second way funds are awarded are though a re-application process. This process is for programs that are meeting an existing need and have had positive outcomes. The required application materials for the new and re-applications methods for disseminating funding is the same. Once the proposal information is received from an applicant, the application and SCKECI evaluation criteria tools are given to reviewers. Reviewers score the applications and provide the scores to SCKECI staff. The review committee then meets in person to review the scores that were provided and rational behind the scores. This process including narrative of reviewer comments is provided to the Contracts Management Committee. The Contracts Management Committee then provides a narrative to the SCKECI board. The board reviews the information provided and decides on funding.

The third manner funds are awarded are through one-time "mini-grant" projects. In this case, an application is designed to meet the criteria of an identified need (child care slot expansion for example). The applications are reviewed by an ad-hoc committee, (including the child care nurse consultant when child equipment is being considered). The committee's recommendations are taken to the Contracts

Management Committee. If approved the Contracts Management Committee takes the recommendation to the SCKECI Board. The board reviews the information provided and decides on funding.

The fourth funding opportunity is through professional development or other one-time event opportunities. The board budgets funds to support professional development opportunities, as specific community opportunities are identified the role of SCKECI is identified. For example, SCKECI may provide funds for a speaker with a particular expertise in early childhood or materials so that childcare providers are able to implement the information learned. Staff reports the individual budget and usage of these funds to the board as they are identified.

The Board has an established appeals process if an applicant has evidence that the application process didn't follow the request for proposals procedures.

How ECI Funds Support Other Programs

SCK leverages its funding to broaden effects on the community. The following describes how ECI funding is used with other funding sources within the Scott County to support programming. For example, SCKECI funds extend the services that Head Start already provides, better enabling families to receive the Head Start services. The Growth Fund Program offers financial education to existing child care centers. This education helps centers to maintain their own fiscal stability (or establish it), which benefits families, employees, and employers. AIM4Excellence provides professional development to prepare future child care directors, and creates a prepared child care industry that benefits the entire community.

Another example is funding provided for CPR/1st Aid training. The cost of this basic training paid using ECI funds helps many child care providers to have their training taken care of in a timely fashion. The Child Care Nurse Consultant service works closely with various programs of the Scott County Health Department, DHS and Child Care Resource and Referral. These collaborations create efficiencies and a more cohesive response to the needs of child care providers. There are a number of funded programs that are knowledgeable of the resources in the community and help families to access assistance. These include Bright Beginnings, NEST, and Parenting Inside Out.

SCK Child Care Scholarships and Preschool Scholarships allow parents to choose the licensed or registered child care or choose the QPPS verified preschool, respectively.

1.3. Plan Review, Evaluation and Reporting

Plan Review and Update Process

Both plan and programs' review are important components of the Scott County Kids Early Childhood Iowa (SCKECI) Community Plan. Program effectiveness, Board effectiveness, and overall effectiveness are reviewed at least annually by SCKECI staff and the Board. SCKECI staff facilitate the review and evaluation of all of those areas. The early childhood system in Scott County reviews community needs regularly and looks to focus or shift funding and staffing availability to address changing needs. The SCKECI works to facilitate partnerships and leverage funds and programs within the community for joint planning and problem solving. This can be incorporated into the plan review and update process as needed. For ease of review by the State ECI, Level of Excellence Committee, and SCKECI Board, the *Level of Excellence Early Childhood Iowa Board Rating Cycle 2 Matrix* is located in the addendum.

Evaluation of Effectiveness

Program outcomes are identified in three ways: 1) utilization of state required performance measures; 2) programs themselves identify planned outcomes in program proposals; and 3) the SCKECI Board identifies common measures based on overall ECI contract goals.

There are several ways the SCKECI Board evaluates programs' effectiveness. The Outcomes Committee reviews quarterly reports submitted by program contractors. Contractors provide presentations to the Board at regular Board meetings. Site visits are completed annually. Once the visits are scheduled with contractors, the schedule is shared with Board members so that they may attend the visits. A summary of the visits is provided to the Contracts Management Committee and the SCKECI Board.

Annually, the Board reviews the Community-wide Indicators and any new or updated community needs assessments. Contracts Management Committee addresses general issues – communication, conflicts, partnering, etc. - and brings them to the Board. System-wide gaps and needs are evaluated in conjunction with contracting partners and other community planning organizations.

The SCKECI employs a full time staff member who attends a wide variety of community meetings, and monitors the needs and resources in the community. While all Board members are encouraged to participate with other community Boards and organizations, coordination and a comprehensive understanding of the community system is essential.

Through participation in community meetings, the early childhood specialist tracks and updates performance of both program and community-wide indicators and integrates emerging needs into the work of the Board.

Reporting

Funded programs submit quarterly reports. These reports include Performance Evaluation data. Funded programs submit final annual reports, reporting on state-required performance measures. Copies of reports are provided to the Outcomes Committee and Board for review. All reports are reviewed by the early childhood specialist.

Review includes financial reconciliation as well as ensuring progress toward contracted outcomes. Reports are discussed during Outcomes Committee meetings and report summaries are discussed during Board meetings. Based on report information and review, contracting agencies receive feedback about the report and/or program. The early childhood specialist works with programs to address any concerns regarding program implementation, the evaluation process, and the achievement of

contracted outcomes and performance measures. Final program reports are utilized to report outcomes to the state on an annual basis.

SCECI utilizes a spreadsheet to track ECI funded program performance measures, set goals and benchmarks, and identify trends. This spreadsheet is located in the addendum with Fiscal Year 15 used at the baseline.

2. SECTION TWO

2.1. Community Needs Assessment

The community needs assessment is designed to determine the needs of both children age birth to five years and their families in Scott County, Iowa. To help identify strengths, needs, and gaps in services, and determine general strategies and priorities, Scott County Kids Early Childhood Iowa (SCKECI) collected and reviewed secondary data sources, such as the U.S. Census and KIDS Count data center. Additionally, primary research was conducted with surveys and data analysis, including provider assessment information, client surveys, demographic and social indicators, data, and input from committee and board stakeholders. Analysis of the quantitative and qualitative data collected is conducted with the goal of determining the best way to guide how SCKECI can help serve families of children age birth to five, with a special emphasis on those families in the greatest need.

This chapter section includes the following components:

1. Analysis of Early Childhood Needs in Scott County
2. Demographic Data and Social and Community Indicators
3. Community Input and Past Community Assessments
4. SCKECI Adopted Indicators and Performance Measurements
5. Priorities and Strategies of the SCKECI Board and the Progress Toward Quality Programs

Analysis of Early Childhood Needs in Scott County

To accomplish a community needs assessment, SCKECI Board's emphasis was on identifying strengths, needs, and gaps in services. This process enabled the board to evaluate their priorities and strategies; learn more about the needs of early care and education professionals in our community; and is used to shape various professional development offerings. Through the Level of Excellence Committee and SCKECI staff, SCKECI accomplished the following steps:

1. Reviewed past assessments and community plans for Scott County and similar entities and counties.
2. Identified and analyzed demographic and community data.
3. Tracked trend line data for community indicators.
4. Compiled information from internal monitoring efforts.
5. Held public meetings on SCKECI Community Plan visioning and efforts.
6. Implemented and analyzed a community survey for service providers and parents.

SCKECI kicked off this process in spring 2015 with a stakeholder meeting in March, survey collection in April, provider workshop in May, and a Board retreat in June to collect input. Any further details on methods of collecting data/information are found sourced under the tables and graphics. This section contains snapshots on demographics, education, economy, health, and safety indicators, and a comprehensive list of all data categories recommended in the ECI K(B) toolkit is found in the Addendum. The secondary data is presented with a brief analysis, followed by primary research and community input, all of which is used to develop an adopted indicators and performance measurement matrix and overall guiding SCKECI strategy.

Demographic Data and Social and Community Indicators

The demographic characteristics are presented with comparisons to the State of Iowa and four peer counties in Iowa. Blackhawk County and Linn County were chosen as peers due to their likeness of a larger metro city (i.e. Waterloo and Cedar Rapids) and due to the lack of an established college-town environment. Additionally, Pottawattamie and Woodbury Counties were chosen because the metro area crosses state boundaries, creating similar dynamics to the Quad Cities in Iowa and Illinois. Peer comparisons between Scott County and the state are also conducted for various social indicators in order to provide a snapshot of Scott County's population, education, economy, health, and safety metrics, all of which are provided in the tables below.

Table 7 – Demographic Peer Comparisons

Demographic Category	Scott Co.	Blackhawk Co.	Linn Co.	Pottawattamie Co.	Woodbury Co.	Iowa (Statewide)
Total Population	170,385	132,546	216,111	92,728	102,130	3,090,416
Total Population Under 5*	11,235	8,323	13,971	6,029	7,336	193,077
% of the population Under 5*	7%	6%	6%	7%	7%	6%
Median Age	37.8	34.6	36.9	39.1	35.3	38
Percent Minority	12%	12%	9%	3%	11%	9%
% Hispanic or Latino ethnicity	6%	4%	3%	7%	15%	5%
Median Household Income	\$53,884	\$45,666	\$56,151	\$50,557	\$45,594	\$52,229
Per Capita Income	\$28,925	\$24,216	\$29,086	\$25,864	\$22,762	\$27,740
Unemployment Rate	5%	8%	5%	6%	6%	5%
Children under 6 with both parents in the workforce	76%	77%	77%	83%	69%	77%
% High School grad or higher	91%	90%	94%	90%	85%	92%
% Bachelor's degree or higher	33%	24%	30%	20%	21%	26%
Total persons in poverty	14%	18%	9%	14%	18%	13%
Related children 0-5 in poverty	25%	25%	10%	20%	23%	17%
Related children 5-17 in poverty	21%	24%	10%	18%	27%	15%
Teen Births (mothers 0-20)*	4%	2%	2%	3%	3%	2%

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2013), KIDS Count (2013).

*Does not include 5 year olds.

Scott County is similar to its peers in population size, median age, and percent of population aged 0-5. Scott County has a higher rate of child poverty compared to the other counties, particularly for children under 5, and a higher teen birth rate. Conversely, Scott County has a higher percentage of college-educated people, a lower unemployment rate, a comparatively high income, in both per capita income and household income, and a population with more racial diversity. The dichotomies in these variables by neighborhood location are well illustrated in the maps in Section 1.1.

People

Scott County has had a population increase from 164,690 in 2008 to 170,385 in 2013, and is projected to see more population growth to over 190,000 people by 2050.

Table 8 – Total Population 2008-2013 for Scott County and State of Iowa

Total Population	2008	2009	2010	2011	2012	2013
Scott County	164,690	166,650	165,841	167,095	168,799	170,385
Iowa	3,002,557	3,007,857	3,049,883	3,062,309	3,074,186	3,090,416

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

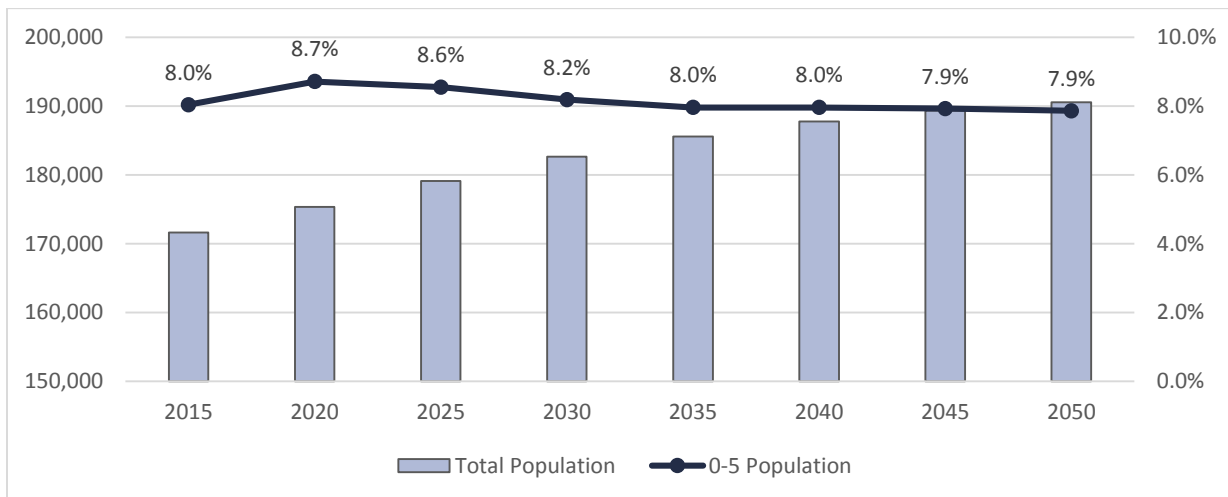
Table 9 – Population for Early Childhood Years 2008-2013 for Scott County

0-5 Population	2008	2009	2010	2011	2012	2013
Under 3 years	7,509 (4.6%)	6,389 (3.8%)	6,946 (4.2%)	6,418 (3.8%)	6,894 (4.1%)	6,388 (3.7%)
3-4 years	4,421 (2.7%)	5,057 (3.0%)	4,291 (2.6%)	4,545 (2.7%)	4,228 (2.5%)	4,847 (2.8%)
5 years	2,457 (1.5%)	2,898 (1.7%)	2,757 (1.7%)	2,403 (1.4%)	2,738 (1.6%)	2,449 (1.4%)

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

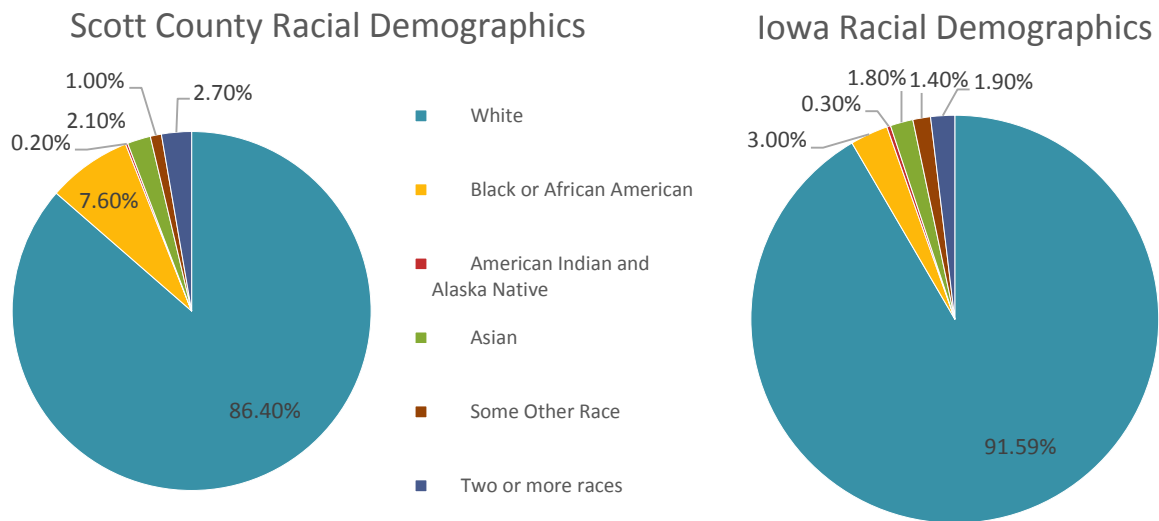
Table 9 shows both actual population and percentage of population for children under 3, 3-4, and 5 years of age in Scott County. Scott County's population for children aged 0-5 has not fluctuated wildly in the past five years, with each age cohort remaining relatively stable in terms of absolute number and in terms of percentage. The proportion of Scott County's population aged 0-5 is of 7.9%, which is similar to the U.S. proportion of 7.8% for the population ages 0-5. (Census Factfinder, 2010 Census Summary File Data).

Figure 4 – Population Projections for Scott County 2015-2050



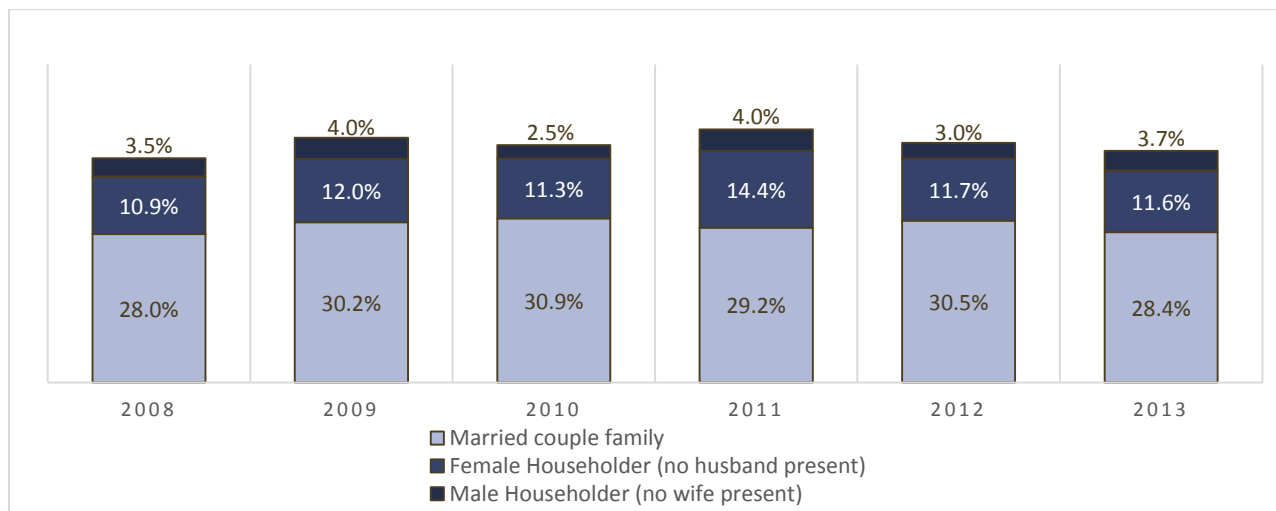
Source: Woods & Poole (2015)

The percentage of the population aged 0-5 years of age is 8.0% of the total population, and is projected to maintain at that ratio from 2015 – 2050, with a spike in year 2020 when 8.7% will be aged 0-5.

Figure 5 – Comparison of Racial Demographics Between Scott County and Iowa

Source: U.S. Census, American Factfinder, 2013 ACS 5-Year Estimates.

Scott County has a larger percentage of Black or African Americans. Scott County also has a slightly higher percentage of Asians and people with two or more races.

Figure 6 – Family Household by Type for Scott County 2008-2013

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

Most family households are comprised of a married couple family (28.4% in 2013), followed by female householders (11.6% in 2013), and followed by a small percentage of male householders (3.7% in 2013).

Education

Scott County has four community school districts with excellent schools. Bettendorf High School and Pleasant Valley High were recognized by Newsweek as being in the top 500 high schools in the nation.

Table 10 – Community School Districts in Scott County, Iowa

Bettendorf CSD	Davenport CSD	North Scott CSD	Pleasant Valley CSD
2014 enrollment: 4,413	2014 enrollment: 15,348	2014 enrollment: 3,105	2014 enrollment: 4,345
9 square miles (approx.)	109 square miles (approx.)	44 square miles (approx.)	220 square miles (approx.)
6 elementary schools	17 elementary schools	5 elementary schools	5 elementary schools
1 middle school	4 middle & 2 K-8 schools	1 middle school	1 middle school
1 high school	4 high schools	1 high schools	1 high schools
1 alternate HS program	4 Early Childhood Learning Centers	T2K (Transition to Kindergarten) Program	Pre-K and before/after child care services offered

Source: Bettendorf, Davenport, North Scott, and Pleasant Valley Community School District Websites. Iowa Department of Education 2014-2015 Certified Enrollment Summary by District.

According to Iowa Department of Human Services State Child Care Licensing Office, Scott County's licensing capacity was 4,377. As of May 2015, 3,798 children were enrolled in licensed child care. Scott County is currently at 87% of its capacity. This is similar to the state levels of 85%. Child care capacity does not take into account other home-based child care options.

Table 11 – Child Reading Proficiency in 4th Grade (percentage)

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
State of Iowa	77.66	81.58	73.48	74.63	74.97
Bettendorf Community School District	86.53	85.17	79.88	78.37	82.53
Davenport Community School District	70.08	75.13	64.18	63.4	63.47
North Scott Community School District	88.21	89.52	86.55	82.96	82.94
Pleasant Valley Community School District	89.35	90.4	82.12	86.32	87.8

Source: Iowa Department of Education Public Reporting Website: <http://reports.educateiowa.gov/>

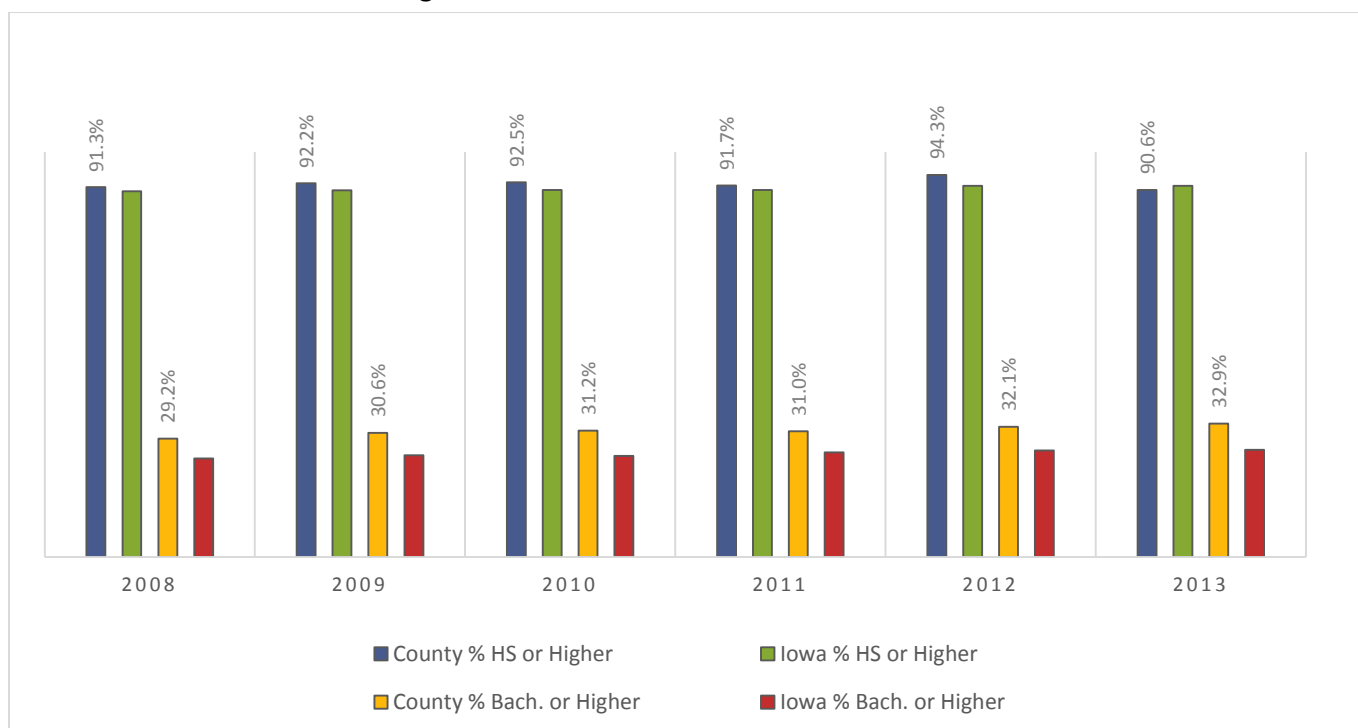
Three of Scott County's four community school districts had higher 4th grade proficiency in reading on the Iowa Tests of Basic Skills and the Iowa Alternate Assessment compared to the state. Davenport Community School District's 4th grade reading proficiency is lower than the state. As noted earlier, Davenport Community School District experiences more poverty than the other school districts in the county as well as the state average. Data from the National Assessment of Educational Progress indicates that more than 40% of the variation in reading scores is associated with child poverty rates. There was an across the board decrease in the percentage of proficiency in the 2011-2012 school year. This may also be due to changes in the testing metrics, content, scheduling, and administration.

Table 12 – High School Graduation in 4 Years (Percent)

	2010-2011	2011-2012	2012-2013	2013-2014
State of Iowa	88.3	89.3	89.7	90.5
Bettendorf Community School District	93.7	92.77	90	95.29
Davenport Community School District	76.75	78.97	79.04	82.77
North Scott Community School District	88.14	82.44	91.03	88.52
Pleasant Valley Community School District	92.42	96.99	95.89	96.01

Source: Iowa Department of Education Public Reporting Website: <http://reports.educateiowa.gov/>

Two school districts in Scott County have higher high school graduation rates than the State of Iowa. Bettendorf Community School District has a higher graduation rate that can be attributed to the higher level of poverty within the school district. North Scott Community School rate is slightly below the state level.

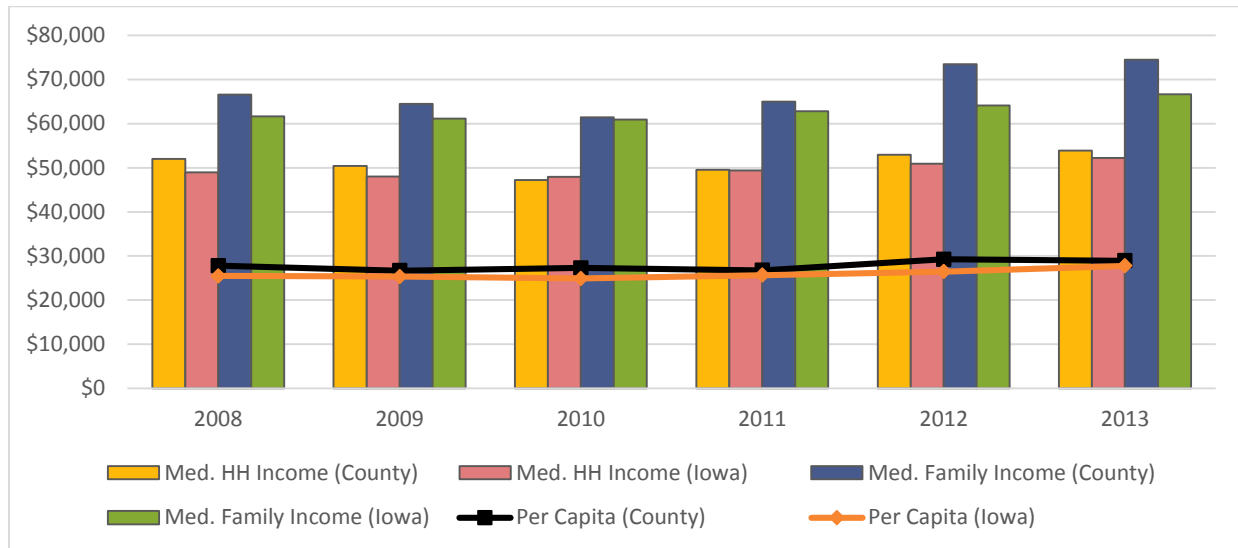
Figure 7 – Educational Attainment

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

The percentage of Scott County's population with bachelor's degree has been trending upward from 2008 - 2013.

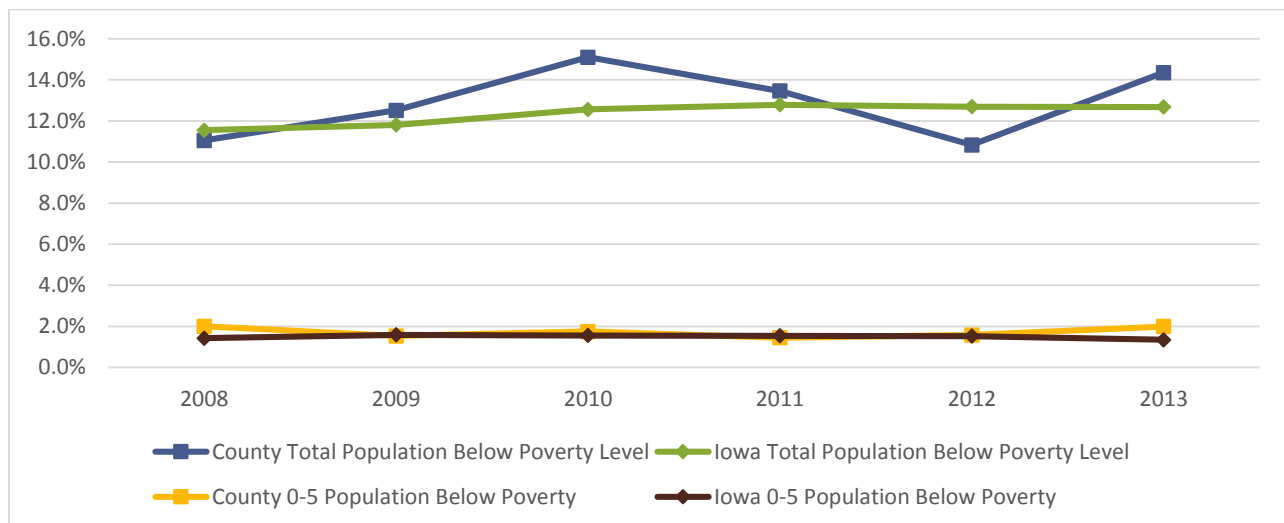
Economy

Scott County has a strong economy, and its largest city and county seat, Davenport, is home to the headquarters for the Von Maur Department Stores, and Lee Enterprises publishing. The nearby Rock Island Arsenal, Deere & Company international headquarters and associated work sites, and Genesis Health Systems are major employers for Scott County's workforce.

Figure 8 – Median and Per Capita Income

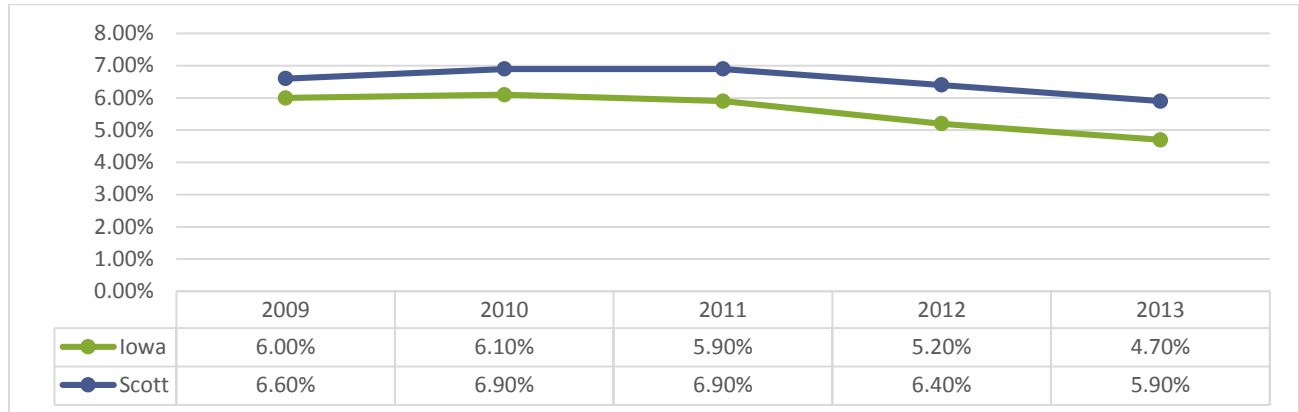
Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

The county has a higher median household income, median family income, and a higher per capita income than the state average for Iowa. Business retention and expansion, particularly within industries that provide living wage jobs, are important to meet the increasing costs of raising a family. Despite certain higher than state average income metrics, Scott County underperforms on some major issues relative to Iowa, and as of 2013 had a higher unemployment rate, a higher SNAP assistance (food stamps) percentage, and a higher child poverty rate. Figure 9-Figure 12 illustrate these trends.

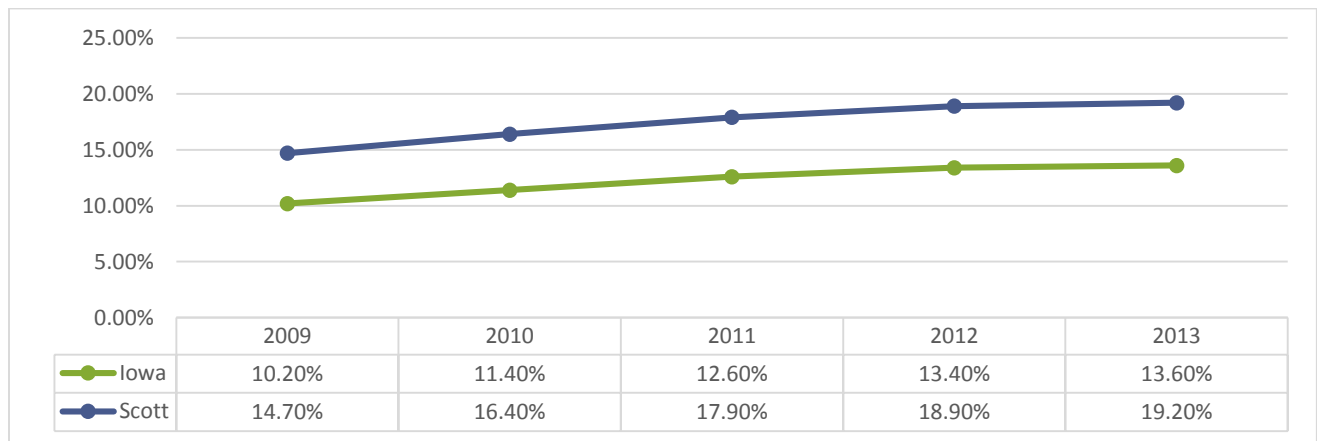
Figure 9 – Income Below Poverty Level

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2008 -2013).

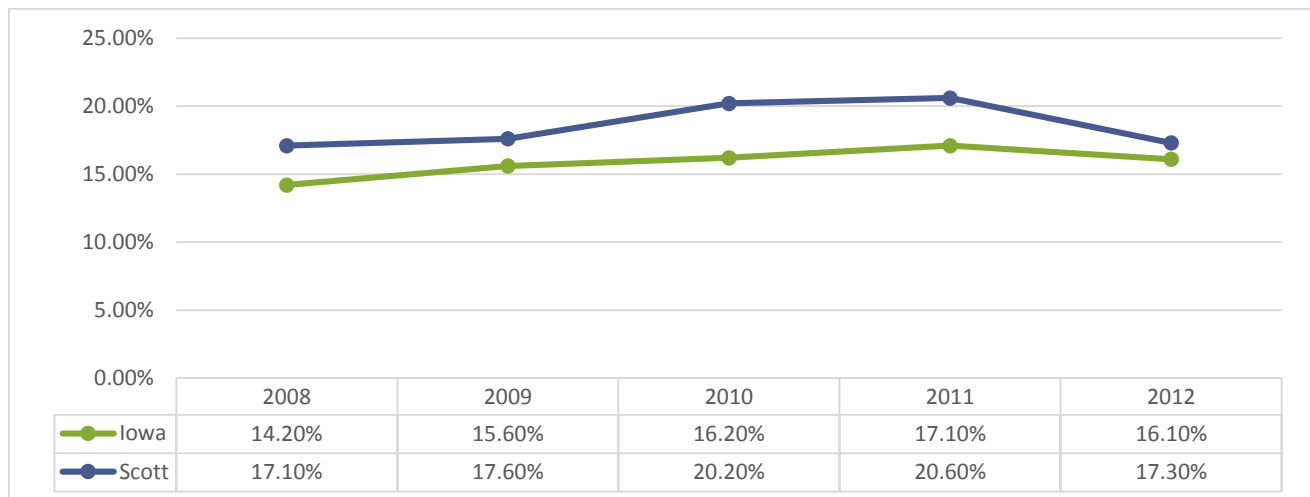
The rate of poverty and child poverty for those aged 0 to 5 in Scott County is similar to the state levels for both categories.

Figure 10 – Unemployment (Percent)

Source: KIDS Count, Data Center (2013). Data provided by Iowa Workforce Development.

Figure 11 – Percentage of Individuals Receiving Food Stamp (SNAP) Assistance (Percent)

Source: KIDS Count, Data Center (2013). Data provided by Iowa Department of Human Services.

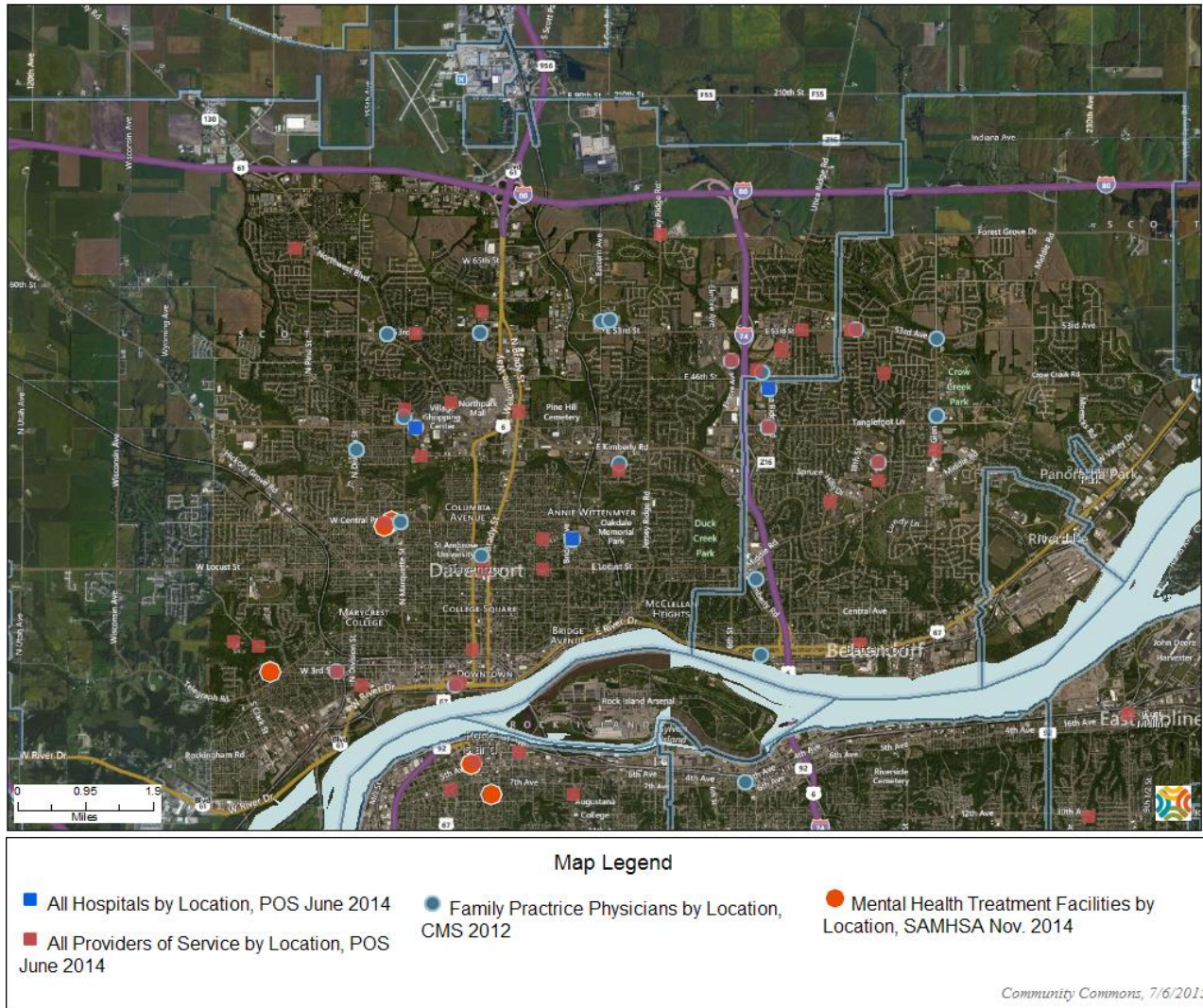
Figure 12 – Child Poverty (Percent): Percentage of Children Age 0-17 Living Below Poverty Level

Source: KIDS Count, Data Center (2013). Data provided by United States Census Bureau.

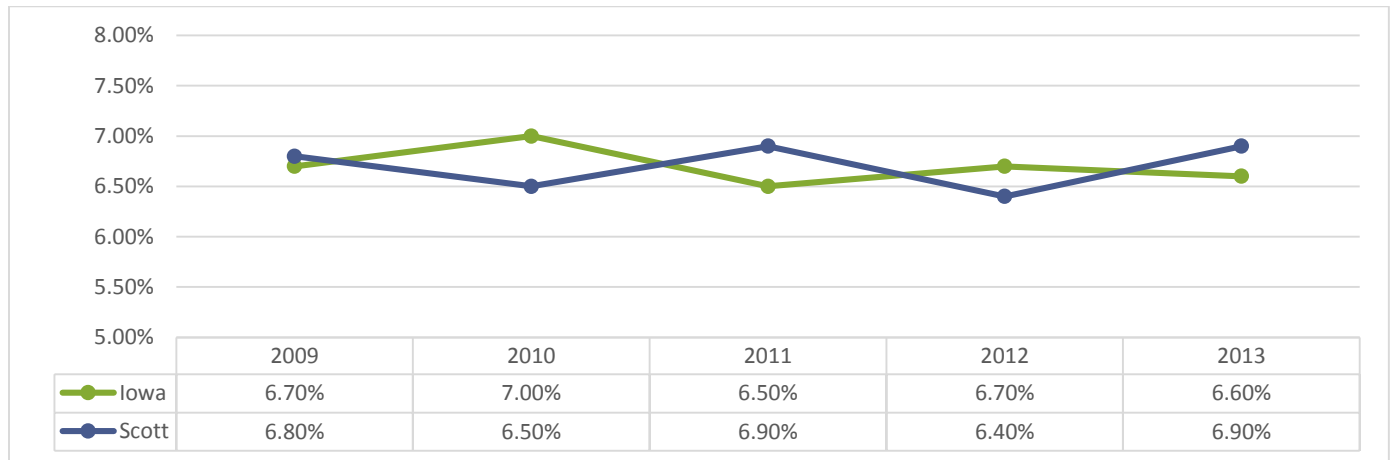
Health

Scott County has a high saturation of health care providers in Davenport and Bettendorf, including Genesis, UnityPoint, Community Health Care, Select Specialty Hospital, and numerous skilled nursing facilities, mental health centers, and family practitioners. Map 5 identifies the location of health facilities in the Iowa Quad Cities vicinity.

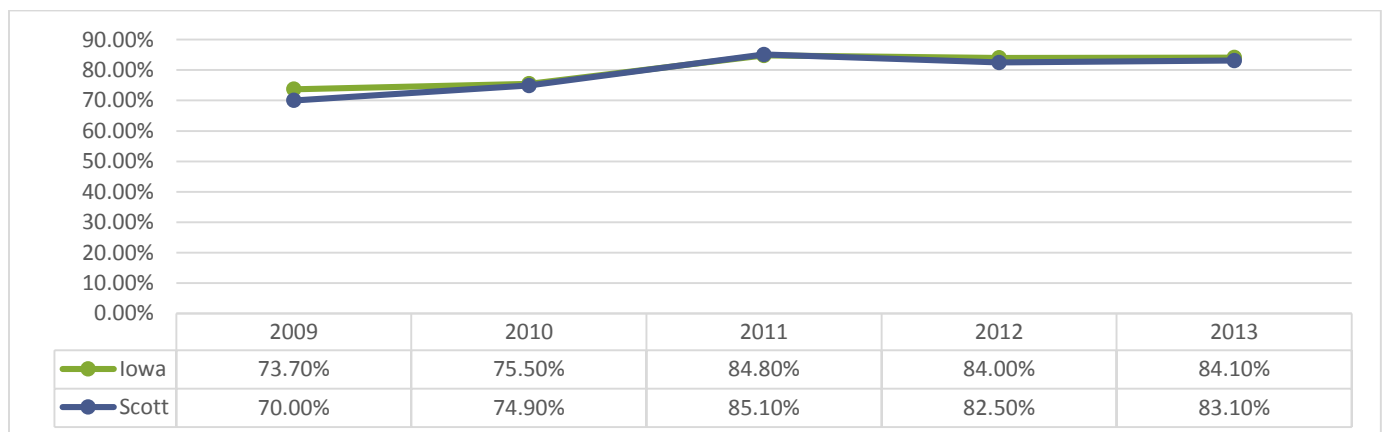
Map 5 – Health Care Providers in Davenport Metro Area



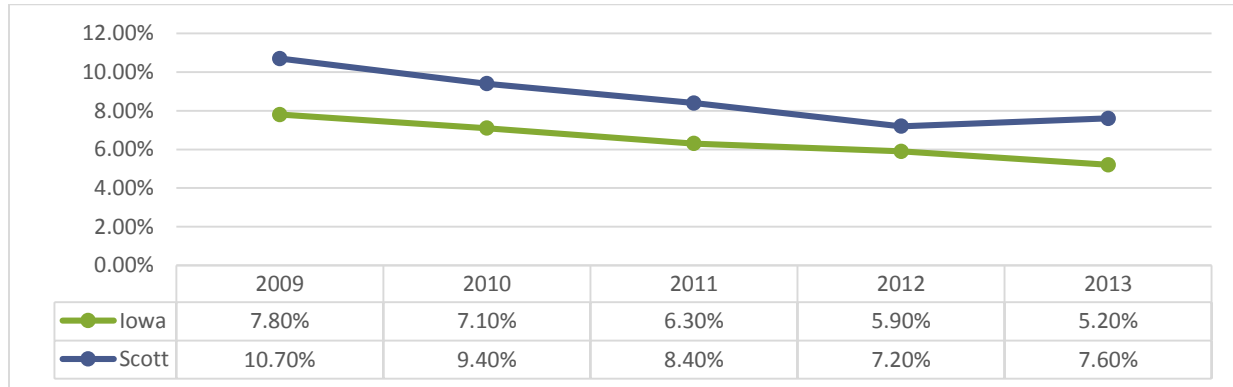
Source: Community Commons, July 2015. Data provided by US Department of Health & Human Services, Center for Medicare & Medicaid Services, and Substance Abuse and Mental Health Services Admin.

Figure 13 – Low Birthweight: Percentage of Live Births Weighing Less Than 5.5 Pounds

Source: KIDS Count, Data Center (2013). Data provided by Iowa Department of Public Health.

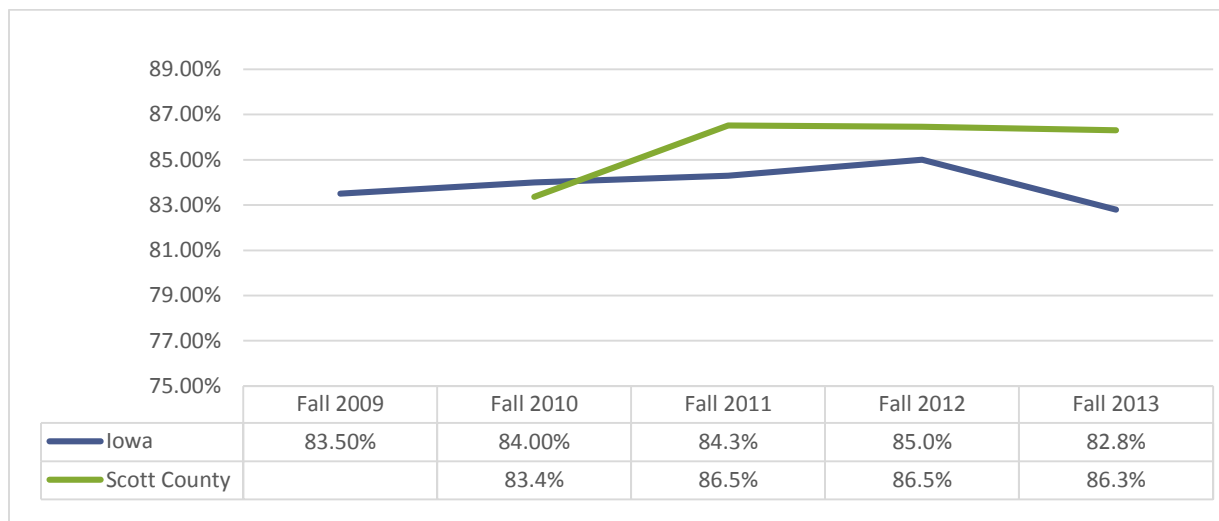
Figure 14 – Prenatal Care (Percent): Percentage of Live Births Where Mother Began Prenatal Care During First Trimester of Pregnancy

Source: KIDS Count, Data Center (2013). Data provided by Iowa Department of Public Health.

Figure 15 – Percentage of Live Births to Unmarried Teens

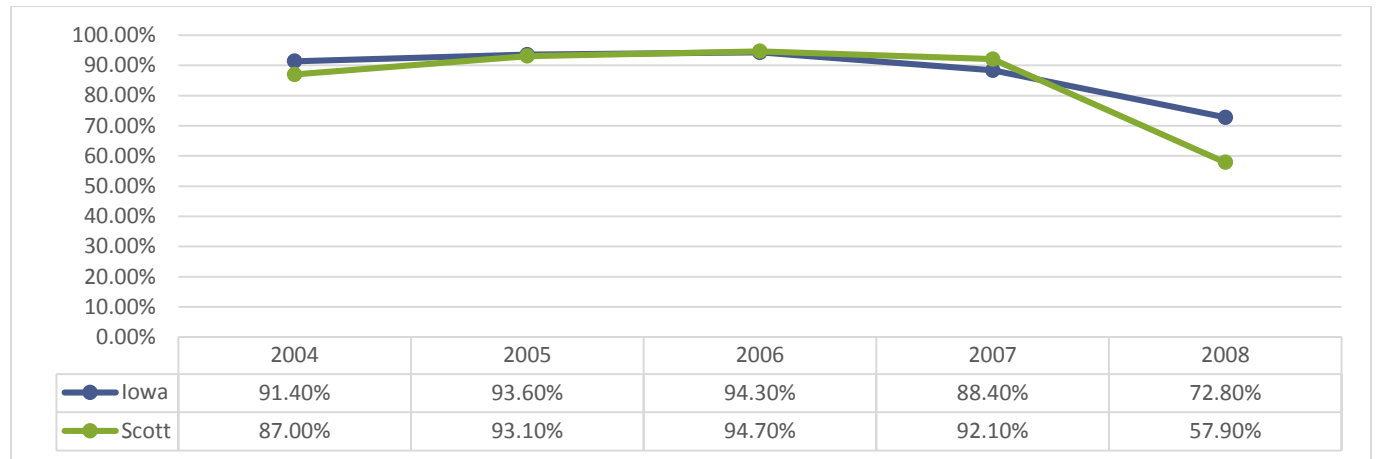
Source: KIDS Count, Data Center (2013). Data provided by Iowa Department of Public Health.

Scott County has a higher teen pregnancy rate as seen in Figure 15. However, the rate has been steadily decreasing since 2009.

Figure 16 – Percentage of Iowa Children Entering Kindergarten Who Have No Obvious Dental Problems

Source: Iowa Dept. of Public Health, Bureau of Oral & Health Delivery Syst., Sch. Dental Screening Audit

Scott County has a higher instance of children with no obvious dental problems upon entering kindergarten than the state. This is a positive indicator within Scott County.

Figure 17 – Percentage of Assessments Conducted at Public Sector Clinics Where Children Were Fully Immunized at Age 24 Months

Source: KIDS Count, Data Center (2013). Data provided by Iowa Department of Public Health.

Many health indicators in Scott County are similar to state levels, including the rate of low birthweight births and prenatal care, and prenatal care. The rate of child immunizations in Scott County fell in 2008 to 58%, but according to Scott County Health Department has since risen up to 71% in 2013, as seen in the Tool NN matrix in the following section. The 2008 decrease was due to having 1,300 vaccines recalled because of vaccine storage compliance issues. Other factors included a national shortage of the HiB vaccine and the new Vercilla requirement.

Safety

Scott County has concerning issues in the “safety” category of social indicators, although that is expected given Scott County’s metro characteristics are compared to a state with a rural background.

Figure 18 – Child Abuse and Neglect (Per 1,000 Children Age 0-17)

Source: KIDS Count, Data Center (2013). Data provided by Iowa Department of Human Services.

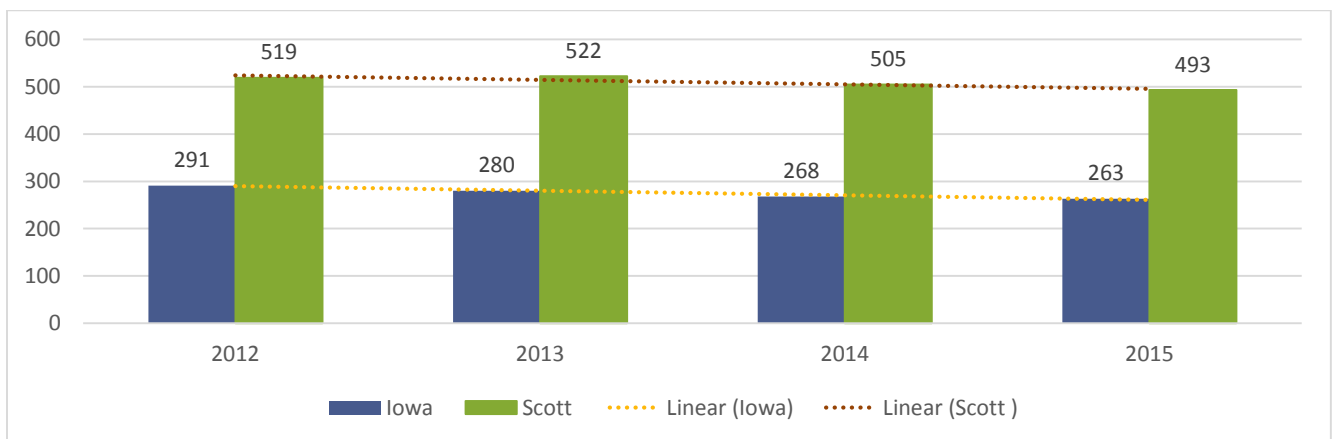
Child abuse and neglect and the rate of juvenile arrest rates exceed the state averages for these categories.

Figure 19 – Rate of Juvenile Arrests per Estimated 100,000 Juvenile Population



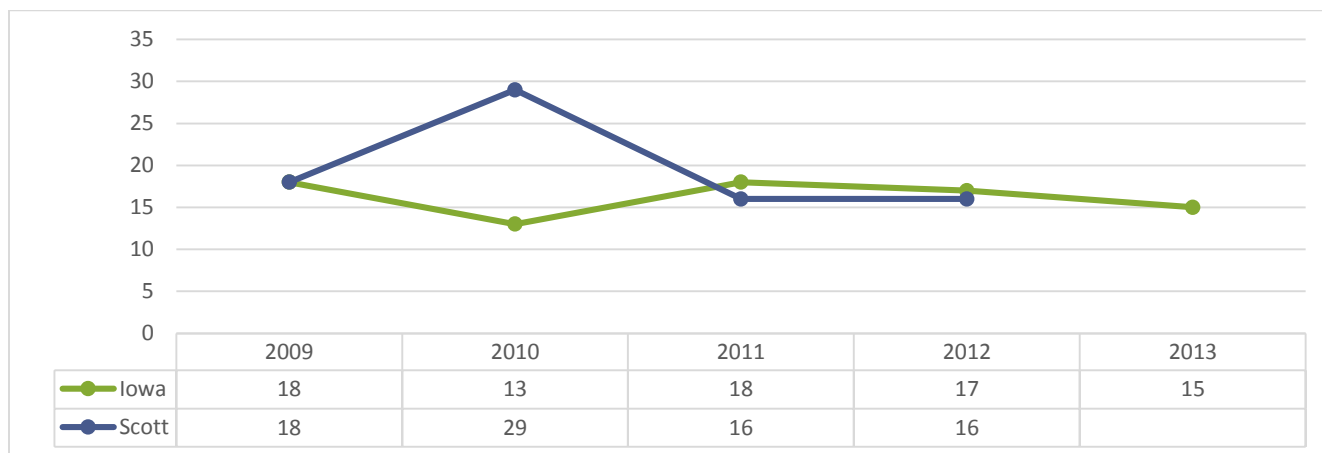
Source: Iowa Department of Public Safety, Iowa UCR (Uniform Crime Report).

Figure 20 – Violent Crimes Reported Per 100,000 Population

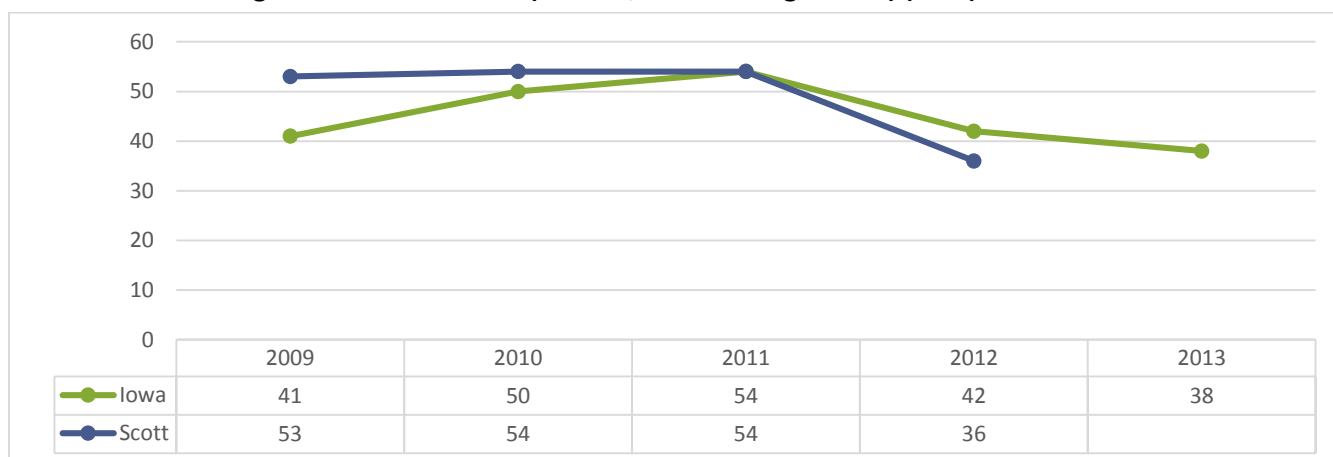


Source: Wisconsin Population Health Institute, County Health Rankings & Roadmaps Program.

The number of violent crimes is almost double that of the state average.

Figure 21 – Child Deaths (Per 100,000 Children Age 0-14) (Rate)

Source: KIDS County, Data Center (2013). Data Provided by Iowa Department of Public Health.

Figure 22 – Teen Deaths (Per 100,000 Teens Age 15-19) (Rate)

Source: KIDS County, Data Center (2013). Data Provided by Iowa Department of Public Health.

The rate of child deaths and teen deaths are similar to those of the state.

Community Input and Past Community Assessments

To complete a community needs assessment, SCKECI collected not only demographic and social indicator data from secondary sources, but also conducted parent and provider surveys, stakeholder workshops, and Board meetings, which provided more insight into specific issues and problems felt by local residents and their families. Both surveys were collected in April 2015, and stakeholder and Board meetings were conducted in May and June 2015.

The surveys gave SCKECI an opportunity to learn more about the needs of Scott County children and families, and the needs of early care and education professionals. A total of 445 responses were collected from the parent survey that was distributed by providers working with parents. The survey indicated that additional education of available services and resources would help families because 21% of responses stated they were unsure if existing services met their family's needs. The most heavily used services were preschool, child health care and child care. Parents indicated that while physical

skills, and health, safety and personal needs are important to be ready to start school, social and emotional skills were the most important. More detailed results of the survey are summarized in the addendum.

A provider survey asked for information related to the fiscal assessment as well as the greatest problems the providers face in providing services to their clients, possible solutions to those problems and any missing programs. This information is located in the addendum, and was provided to the Board during their retreat as discussed below.

The stakeholder meeting facilitated discussion on child development in Scott County, and the successes and challenges of SCKECI in completing its mission to *“coordinate and expand the community’s services to enable young children to be physically healthy, intellectually curious, emotionally sound, and socially competent.”*

Community stakeholders provided answers to the following questions:

- (1) What does healthy and successful mean to you?
- (2) How can Scott County Kids support every child to be healthy and successful?
- (3) What things are working well in supporting the mission?
- (4) What could be fixed or improved to help support the mission?

The summary of responses can be found in the addendum of this plan for further reference. Much of the community input mirrored issues presented in the past Scott County KIDS Community Plan of 2012. Parents and agencies describe a variety of difficulties, including:

- Arranging affordable childcare for young children
- Cultural or socio-economic differences between families and social service agencies resulting in barriers to participation or cooperation
- Concern of parents losing custody due to mandatory reporting of abuse
- Arranging transportation and meeting basic needs
- Navigating and interweaving social service agencies and other providers

Additionally, many of the adopted indicators from the previous SCKECI Childhood Plan are used again in order to consistently assess the organization’s progress towards key propriety areas.

Figure 23 – Stakeholders Discuss SCKECI’s Mission at the Meeting on May 14, 2015

Source: Bi-State Regional Commission

SCKECI Adopted Indicators and Performance Measurements

The following community-wide indicators are used as performance measurements to assess SCKECI’s progress in completing its vision and mission for children and families of Scott County. The Indicators are used to compile the matrix provided from Early Childhood Iowa’s Toolkit NN, shown as Table 13.

Table 13 – Community-Wide Indicator Rationale

Indicator (Priority Area)	Rationale for Selection of Indicator
Child (0-2) immunization rate	Tracking immunizations remains a useful way to gauge health awareness for young children and their caretakers.
Birthweight less than 5.5 pounds	Low birth weight babies is an important measure of health, and is necessary to understand the optimal health and development of young children.
Licensed and/or accredited child care center and homes	Based on the strong evidence supporting brain development in the early years, SCKECI will monitor the locally licensed and accredited child care center and homes.
Child Abuse And Neglect	Child abuse cases as reported by the Iowa Department of Human Services is a paramount concern and indicator for safety.

The indicators in Table 13 are fed into the indicator matrix in Table 14 and are benchmarked with baseline data to assess progress. Positive and negative progress in each category is helpful in assessing the organization’s completion of its mission and vision for Scott County.

Table 14 – Early Childhood Iowa Community-Wide Indicator Matrix

Community Indicators	State Result Area	Source	Baseline Data	Trend Line				Goal	Progress Update
% of children with up to date immunizations by age 2 at Public Health Clinics	A	Bureau of Disease Prevention and Immunization	2008 58%	2010 62%	2011 61%	2012 70%	2013 71%	2% increase per year	Data includes Community Health Clinics and Co Health Dept. Clinics. Immunizations are increasing, although there is still a concern that parents wait until school age to immunize.
% of low birth weight babies 2008-2010 data from Child & Family Policy Center is % of low birth weight babies	A	Dept. of Health	2000 7.1%	2010 6.5%	2011 6.9%	2012 6.7%	2013 6.9%	0.5% decrease per year	Data on low birthweight babies has decreased since the base year. Bright Beginnings program is a notable highlight in this area.
# of centers accredited or meeting quality standards *NAEYC = National Association for the Education of Young Children *QRS = Quality Rating System	C	Quality through Accreditation Projects and ECERS assessment, Child Care Resource and Referral	2008 <u>5</u> NAEYC <u>6</u> QRS	2011 <u>7</u> NAEYC <u>3</u> QRS LVL 1-2 centers <u>8</u> QRS LVL 3-5 centers	July 2013 <u>9</u> NAEYC <u>4</u> QRS LVL 1-2 centers <u>21</u> QRS LVL 3-5 centers	July 2014 <u>11</u> NAEYC <u>5</u> QRS LVL 1-2 centers <u>14</u> QRS LVL 3-5 centers		20% increase in QRS centers per year 20% increase in NAEYC centers per year	Statistics for accredited centers is separate from accredited homes. Scott Co. has shown increases in NAEYC accredited centers, but a decreasing amount of level 3-5 QRS accreditation.
# of homes accredited or meeting quality standards *NAFCC = National Association for Family Child Care Accreditation *QRS = Quality Rating System	C	Quality through Accreditation Project and ECERS assessment, Child Care Resource and Referral	2008 <u>5</u> NAFCC <u>6</u> QRS	2011 <u>7</u> NAFCC <u>9</u> QRS LVL 1-2 homes <u>8</u> QRS LVL 3-5 homes	July 2013 <u>2</u> NAFCC <u>25</u> QRS LVL 1-2 homes <u>8</u> QRS LVL 3-5 homes	July 2014 <u>0</u> NAFCC <u>19</u> QRS LVL 1-2 homes <u>8</u> QRS LVL 3-5 homes		20% increase in QRS homes per year 20% increase in NAFCCA homes per year	Scott County continues to have a high number of child care homes not accredited by the NAFCC, but a growing number of homes receiving level 1-2 QRS accreditation, and not receiving level 3-5 level accreditation.

Community Indicators	State Result Area	Source	Baseline Data	Trend Line				Goal	Progress Update
# of licensed and registered child care homes/facilities *DHS homes= Dept of human services registered homes *DED centers = Dept. of Education operated preschools & centers *DHS centers= DHS licensed preschools & centers	A,C,D	CCR&R	FY08 335 DHS homes 2 DED centers 79 DHS centers	FY11 255 DHS homes 7 DED centers 82 DHS centers	July 2013 246 DHS homes 8 DED centers 75 DHS centers	July 2014 225 DHS homes 12 DED centers 69 DHS centers		10% increase per year	Decreases have been the norm for DHS registered child care homes. DED centers fluctuated, possibly due to their involvement with voluntary preschool programs for kids 4-year olds, and legislation around licensing requirements.
# of confirmed child abuse cases (per 1000 children age 1-17) (Rate)	B,E	Child Family Policy Center	2007 22.1	2010 19.2	2011 18.4	2012 15.7	2013 19.1	2% decrease per year	KIDS Count data center has indicated a notable rise in child abuse cases for children aged 1-17 from 2012 - 2013

Codes for State Result Areas for Indicators:**A. Healthy Children****D. Children Ready to Succeed in School****B. Secure & Nurturing Families****E. Safe & Supportive Communities****C. Secure & Nurturing Child Care Environments**

Source Scott County KIDS Early Childhood Iowa, and KIDS Count Data Center, Scott County, Iowa.

Priorities and Strategies of the SCKECI Board and Progress Toward Quality Programs**Review 2012 Plan Priorities**

The Board approved the following priority areas for carrying out the overall mission of SCKECI as part of the 2012 Community Plan. The Board reviewed these priorities as part of the plan update at a board retreat, and remain the same from the previous plan. They include:

1. Advance healthy physical and mental development for all children with a priority for at risk children.
2. Increase the number of center and home based providers meeting quality standards.
3. Increased access to affordable quality learning environments for all children.
4. Increase positive relationships between children and parents.
5. Increase awareness regarding the importance of the early years.

The SCKECI Board reviewed the prior plan priorities and rationale as part of the Community Plan update process during the board retreat. Table 15 provides the 2012 discussion.

Table 15 – 2012 Plan Priorities and Rationale

Priority	Rationale for Identification or Deletion of Priority
Advance healthy physical and mental development for all children with a priority for at risk children.	After reviewing data related to immunizations and birth weight and discussing the importance of such data, the Board agreed to retain this priority area. The Board further agreed to expand awareness efforts in this area by engaging funded partners and encouraging them to share information about immunizations. In addition, the board noted other key areas of concern related to healthy physical and mental development including childhood obesity. However, based on existing programs in the community and supporting by SCKECI, the Board determined that childhood obesity would not be specifically added within this priority area.
Increase the number of center and home based providers meeting quality standards.	With the current economy causing center closings, the Board is now looking more towards increasing quality of centers than increasing quantity. Thus, the priority area will remain; however, there will be a greater shift towards advocating quality that could include advocacy at the state level related to reimbursement rates. The Board also noted that funding and/or collaborating on funding for professional development for teachers will receive increased focus.
Increase positive relationships between children and parents.	Analyzing the data related to child abuse cases was a priority during the recent Board planning session as it relates to increasing positive relationships between children and parents. The Board discussed the need to develop strategies to address the increase awareness about the array of programs available in this area. With that concept in mind, the recent award of the MIECHV (Maternal, Infant & Early Childhood Home Visitation) to Lutheran Social Services for creation of a central access point for care was discussed by the Board and deemed to be a positive addition for the community and one that SCKECI will remain connected with. There was also discussion surrounding the need to keep focus on the 0-5 age group and the eagerness to accept that family issues impact family members of all ages. In other words, the Board recognizes the need for a continuum of social service care for the whole family and the priority for SCKECI to cement its position in the 0-5 aspect of this continuum.
Increased access to affordable quality learning environments for all children.	An examination of the data related to the number of children in accredited centers and the number of licensed and registered childcare slots was very informative. The Board engaged in in-depth discussion about the availability of preschool and whether there is a capacity issue. There is mixed anecdotal evidence related to this issue and the Board committed itself to exploring the concern. This priority area will remain a high priority for the Board.
Increase awareness regarding the importance of the early years.	The statistics for Scott County demonstrate stressed economic times in our community. Reaching families as well as the business community is an important and challenging task. The need to further a partnership with the United Way Women's Leadership Council was deemed a critical strategy in connecting with the private sector with the goal of increasing resources for the 0-5 population. The key needs appear to be (1) creating tools to help consumers navigate available resources in the community and (2) increasing public awareness about the importance of investing in early childhood initiatives. This priority area will remain.

Progress to Support Quality Programs

In Scott County, there are many advocates working to improve the condition of children via medical health, mental health, child care, and educational services. As an umbrella organization, Scott County

Kids helps facilitate the provision of services in the community. The Early Childhood Iowa and Decategorization Boards and staff must work cooperatively with a variety of organizations and agencies to serve families and provide programs. It combines resources from Early Childhood Iowa and Decategorization to better coordinate services and operate with the fiscal and programmatic power that single agencies alone cannot do.

Scott County Kids and its partners offer a number of programs for parents. These include:

Table 16 – Scott County Kids Programs for Parents

Parent Program	Description	Target Age Group	Type
Brief Intensive Services	Supports children and families living in Scott County. Youth served will have behavioral issues identified by the parent or caregiver. Services will include screening, assessment, information and referral, case planning through family team meetings, skill building, etc.	6-18	In-Home
Bright Beginnings	Provides one-to-one home visitation program encouraging healthy pregnancies and successful parenting	Prenatal - 5	In-Home; Medical Assistance
Child Care Nurse Consultant	Provides health and safety consultations by a registered nurse trained by Healthy Child Care Iowa to child care homes and centers in the area.	Birth- 5	Medical Assistance
Child Care Scholarships	Distributes scholarships to help families finance their child care in a registered home or licensed center. Families qualify by income.	Birth - 5	Child Care; Education
Family Advocate	Offers central contact person for families with children who have mental healthcare needs. The family advocate is available to help link youth and families to the right mental health providers and services in Scott County.		Training; Youth Mental Health
Family Connects	Provides an assessment of all births at Genesis and health promotion visits to all families following the birth of a baby.	Birth - 2	In-Home; Medical Assistance
Head Start and Early Head Start	Provides education, health, nutrition, and parent involvement services to low-income children and their families.	Birth - 5	Education; Health & Nutrition
Nest	Promote healthier mothers and babies via an educational prenatal incentive program.	Prenatal - Birth	Education; Rewards
Parenting Inside Out	Provides support services for incarcerated fathers.	Birth - 5	Education
Parenting Successful Kids	Helps parents raise caring, competent, contributing kids through education and discussion about parenting.	5-12	Education; Rewards

These programs have been developed to address the needs in the community and align with the priority areas outlined in this Plan. Input from a parent assessment and public meeting provided feedback on programs' strengths, weaknesses, and opportunities.

On the provider side, there are resources and trainings offered through Scott County Kids. These include programs outlined in Table 17, as well as other resources through state agencies, regional education agencies and Child Care Resource and Referral. Similarly, the SCKECI Board used a provider assessment and public meeting to evaluate programs.

Table 17 – Scott County Kids Programs for Child Care Providers

Provider Program	Description	Target Age Group	Type
Aim4Excellence Training	Trains center directors and others in leadership roles related to child care.	Birth-5	Certification; Training; Education
Child Care Home Support	Makes sure that child care homes are following the state guidelines for child care, making it a healthy and safe environment for children in care.	Birth-5	Certification; Education
Child Care Nurse Consultant	Provide health and safety consultations by a registered nurse trained by Healthy Child Care Iowa to child care homes and centers in the area.	Birth-5	Medical Assistance
Quality Child Care	Helps child care providers become registered, participate in the Quality Rating System (QRS), or increase their QRS rating.	Birth-5	Certification, Education, Grants, Training
Scott County Growth Fund	Provides grants and other resources to help child care providers expand or improve their businesses through First Children's Finance.	Birth-5	Education, Grants

Subsequent to the review of the 2012 Community Plan, assessments and data review, the Board discussed potential revisions to vision, mission, and priorities at their retreat. As noted, the priority areas were retained. The Board provided feedback on priority implementation strategies. The discussion that follows summarizes the discussion from the board retreat. In the review of the priorities, the board self-assessed each priority as either Exceed, Attain or Below expectations. The priority for increasing positive relationships between children and parents was discussed as one of the more challenging priorities. However, it was indicated that through coordination of programs, strategies are in place and can be refined to make an impact. The strengths identify the programs that are positively making an impact. These weaknesses illustrate where more work is needed and the opportunities lay the foundation for future strategies for implementation.

Priority Area #1: Advance healthy physical and mental development for all children with a priority for at-risk children. (Attain)

Strengths:

- Use of:
 - Child Care Nurse Consultant (CCNC)
 - Bright Beginnings

- Family Connects
- Child Care Scholarships
- Preschool Scholarships
- Nurse Family Partnership
- Fatherhood initiatives
- Communication using text messaging, social media
- Education/promotion of resources and partnerships
- Partnerships within the community
 - Scott County Health Dept.
 - Child Care Resource and Referral (CCR&R)
 - TIC/ACES Consortium
 - Community Partnership for Protecting Children (CPPC)

Weaknesses:

- No relationship with Unity Point Health (formerly Trinity)
- Information in the media difficult for parents to sort out
- Instability of Maternal Infant Early Childhood Home Visitation (MIECHV) funding
- State mandates (restricted to evidenced based programs, majority must be home-visitation)
- Lack of mental health services in county
- Lack of viable transportation for families
- Identifying and meeting needs of growing immigrant population

Opportunities:

- Better identify target population and how to engage them
- Seek good definition of “at-risk”
- Coordinated Intake (Parent Pals)
- Examine model from Dr. Chasnoff’s initiative
- Possible further collaborations with CPPC, TIC/ACES Consortium as well as other community initiatives
- Support of training related to mental health (CLASS, Sunshine Circles)
- Tele-health
- United Way to offer Born Learning in targeted neighborhoods
- Scott County Kids Decat active in the mental health arena

Priority Area #2: Increase the number of center and home-based providers meeting quality standards. (Below)**Strengths:**

- New contract with Child Care Resource and Referral
 - Funds technical assistance for Quality Rating System (QRS)
 - Mini-grants to fund quality items
 - Conference to inform providers of QRS
- Number of child care center directors in Scott County who are leaders in the early childhood field; passionate about the needs of children
- Child Care Nurse Consultant (also funded by SCKECI) available for child care home and centers (review from CCNC required for some QRS activities)
- Relationship with Child Care Resource and Referral and child care centers
- United Way supportive of quality child care

- Good relationship with Department of Human Services (DHS) center licensing consultant and home registration consultant

Weaknesses:

- Lack of incentive for providers to register or participate in QRS
- Increased regulations of Child Care Development Block Grant (CCDBG) seen as too cumbersome for some providers
 - Risk of providers dropping DHS registration
- QRS requirements being revised
 - Some of the requirements not seen as adding value or quality to early childhood care and education
- Sense of invasiveness to have care regulated instead of viewed as ensuring child safety
- Child care home providers often not in business for an extended period of time
 - Makes investments from providers and outside funding source hard to justify.
- State changes have the child care industry in a state of flux
 - Challenging to know how to best be supportive.

Opportunities:

- Child Care Development Block Grant (CCDBG) will increase child care regulations.
- QRS requirements are being revised.
- Currently good resources in place; CCR&R, CCNC
 - Relationships with DHS
 - Relationships with child care providers

Priority Area #3: Increase access to affordable quality learning environments for all children. (Attain)

Strengths:

- Child Care Scholarships and Preschool Scholarships administered by same agency
 - Allows for meeting families' needs within the guidelines of both programs
- Scholarships allow for parental choice
- If Statewide Voluntary Preschool (SWVPS) standards met; scholarships can "wrap around" limited SWVPS hours
 - Eases transportation issues for families
- Statewide Voluntary Preschool available in all four Scott County school districts
- Good relationships with school districts and Mississippi Bend AEA
- Contract with First Children's Finance to provide the Growth Fund Program
 - Increases access to affordable quality learning environment.

Weaknesses:

- Tool G restrictions in FY15 stunted participation of programs with SWVPS
- SWVPS Head Start shifting services toward children prenatal through age three,
 - Preschool age children (meeting Head Start qualifications) attending SWVPS
 - Likely not receiving diverse services (health, social supports, etc.) Head Start can provide
- Some school districts struggle to fill the SWVPS slots
- Less funding in the SCKECI budget to provide professional development and implementation materials than in previous years

- SWVPS new program for Iowa
 - Parents still learning what is available in the community
- State ECI cautious of scholarship program
- Transportation a barrier for some families, especially preschool only hours
- SWVPS only offers 10-hours of preschool per week

Opportunities:

- Tool G has been revised
 - Allows programs with SWVPS to participate more in professional development opportunities
- Quad Cities Association for the Education of Young Children (QCAEYC) training for area child care providers
- MBAEA planning more professional development to support SWVPS
- Educating parents on types of programs available in area

Priority Area #4: Increase positive relationships between children and parents. (Below)

Strengths:

- Bright Beginnings' strong background of being responsive to the needs of families and ECI regulations
- Parenting Inside Out is evidenced based and available for fathers in the Scott County Jail
- Building relationships and works with DHS
- SCK Decat programs that support increasing positive relationships between children and parents
- Maternal Infant Early Childhood Home Visitation (MIECHV) funding in Scott County
- Coordinated Intake up and running in Scott County
- Family Connects (evidenced based program) getting started

Weaknesses:

- Instability of MIECHV funding
 - Concern established programs (coordinated intake/Parent Pals) only support Lutheran Services in Iowa
- Lack of relationship with Unity Point Hospital
- Home visitation services in the homes for a limited amount of time
 - Some families may need more support
- Difficult to overcome generational poverty
- PACT was a successful program
 - SCKECI not able to continue to fund - not an evidenced based program

Opportunities:

- Target dads to serve on Board
- Learn more about the QC Dad's initiative (CPPC and home visitation programs involved)
- Learn more about Parent Partners
- Collaborate with churches
- Learn about poverty

Priority Area #5: Increase awareness regarding the importance of the early years. (Attain)**Strengths:**

- Revised website
- Community has a lot of good resources
 - Library system
 - Family Museum
 - Putnam
 - CCR&R
 - ISU Extension
 - WIC
- 2000 Days campaign
- Parents are passionate and interested

Weaknesses:

- Public Awareness budget significantly reduced
- Parents inundated with information
 - Can be overwhelming
 - Some information can misinform
- Disconnect that services are a result of ECI collaborations, planning and funds for families, public, legislatures.

Opportunities:

- Service providers need to be “raving fans” of SCKECI
- Partnering with businesses and private organizations
- Spread the word at various venues
- More viable Community Plan to solidify messages SCKECI wants to communicate

Discussion

Two Priority Areas were assessed as Below expectations. Priority Area 2 was assessed at below expectations because the numbers of centers and home based providers are still very low. There is optimism from the Board and staff that the new contract with Child Care Resource and Referral will help increase numbers in the new future. The Board agreed Prior Area 4 “Increase positive relationships between children and parents” needs more work. The focus will be looking at generational poverty and other risk factors for families, as well as examining best practices to affect positive relationships between parents and children. KIDS Count data center has indicated a rise in child abuse cases for children aged 1-17 from 2012 – 2013, which is used as an indicator relative to positive relationships. Another weakness related to this Priority Area is instability of funding and an imbalanced participation by local health systems.

The other three priorities were assessed as attain. However, each priority area continues to either require maintaining existing programs and/or to initiate additional strategies to achieve the Early Childhood Iowa vision and mission for success.

As a result of the progress analysis, Priority Implementation Strategies are presented in Section 1.2.

2.2. Community Resources

Scott County Kids Early Childhood Iowa (SCKECI) compiled the following community resources considered central to supporting the physical and mental health and well-being of children and their families. Many resources and programs are targeted specifically for children age birth-five and fall under the following categories:

- Registered Child Development Homes (Type A, B, and C)
- Licensed Child Care Centers
- Early Childhood Educational Institutions (Preschools)
- Health Services
- Human Services
- Recreation Services

SCKECI goals include coordinating services and combining resources from Early Childhood Iowa and Decategorization, and using these resources to partner with contractors throughout the area to provide the best care to the youth and families they support. Providing an inventory of community resources will help enhance the capacity to serve clients, and direct them to needed services. Several sources were used to collect an inventory of community resources, including:

- Iowa Department of Human Services (DHS), Child Care Client Portal
- Iowa Department of Human Services (DHS), Iowa Child Care Resource & Referral
- Quad Cities Convention and Visitor's Bureau
- Davenport Recreation Programs
- Bettendorf Recreation Programs
- National Association for Childcare Resource & Referral Agencies (NACCRA)

Registered Child Development Homes

In 2015 there were 220 total child development homes in Scott County that were registered with the Iowa Department of Human Services. This includes child development homes A, B, and C, at all QRS rating levels which are defined below. Undocumented non-registered providers or friend, family, and neighbor care providers are not included. A child development home is a person offering child care in a home that meets the registration requirements specified by DHS.

Table 18 – Registered Child Development Homes Type A, B, and C

	Number of Children in Care	Provider Age	Provider Qualifications	Total Homes in Scott Co.
Registered Child Development Home A	Each provider can care for up to six children at any one time	Provider is at least 18 years old	Must have three written references	100
Registered Child Development Home B	Each provider can care for up to six children at any one time; DHS approved assistant required for more 8 children	Provider is at least 20 years old	Have a high school diploma or GED; Have two years of experience as a child care home provider OR Have a two or four year college degree in a child related field or have a Child Development Associate Credential AND one year of experience as a child care home provider	98
Registered Child Development Home C	Each provider can care for up to sixteen children at any one time; 2 approved providers required for more 8 children	Provider is at least 21 years old	Have a high school diploma or GED; Have 5 years of experience as a child care home provider OR Have a two or four year college degree in a child related field or have a Child Development Associate Credential AND 4 years of experience as a child care home provider	22

Source: Iowa Department of Human Services, Child Care Client Portal. Accessed September 2015.

Scott County's registered child development homes have 2256 slots. Table 19 lists the number of slots at registered child development homes in Scott County, broken out by community and type.

Table 19 – Registered Child Development Home Slots of All Types in Scott County

City	PROVIDER TYPE	Slots
Bettendorf	Registered Child Development Home A	104
Bettendorf	Registered Child Development Home B	168
Bettendorf	Registered Child Development Home C	32
Bettendorf	Registered Child Development Home C1	24
Blue Grass	Registered Child Development Home B	12
Blue Grass	Registered Child Development Home C	32
Buffalo	Registered Child Development Home A	8
Davenport	Registered Child Development Home A	656
Davenport	Registered Child Development Home B	912
Davenport	Registered Child Development Home C	128
Davenport	Registered Child Development Home C1	48
Eldridge	Registered Child Development Home B	36
Eldridge	Registered Child Development Home C	16
Le Claire	Registered Child Development Home A	16
Pleasant Valley	Registered Child Development Home A	8
Princeton	Registered Child Development Home B	12
Walcott	Registered Child Development Home A	8
Walcott	Registered Child Development Home B	36

Source: Iowa Department of Human Services, Child Care Client Portal

Licensed Child Care Centers

In 2015 Scott County had 61 licensed child care centers with a total capacity for 4473 children. All met or exceeded DHS requirements to be licensed, with 42 of the centers rated between 0-3 on the QRS rating system, and 19 of the centers with a QRS rating of 4-5. A child care center provides care for periods of less than 24 hours to seven or more children in a place other than the children's home and that is not a child development home. An inventory of child care centers is outlined below and sorted by community.

Table 20 – Licensed Child Care Centers in Scott County

DHS ID	Provider Name	Address	Community	Capacity	QRS #
21152	Asbury United Methodist Preschool	1809 Mississippi Blvd	Bettendorf	21	0
20908	Kids Choice/KinderCare #305011	2986 Victoria St	Bettendorf	74	0
21113	Morning Star Academy	1426 Tanglefoot Lane	Bettendorf	20	0
21145	Redeemer Preschool	1109 Tanglefoot Lane	Bettendorf	36	0
36208	Scott County Family Y-Hopewell Kids Club	3900 Hopewell	Bettendorf	75	0
21112	St John Vianney Preschool	4097 18th St	Bettendorf	40	0
20610	The Bettendorf KinderCare #301113	2330 Tech Dr	Bettendorf	140	0
21020	The Red Apple Child Care Center	3265 Ridge Point	Bettendorf	132	0
21146	Lady Bug Preschool of Bettendorf Presb Ch	1200 Middle Rd	Bettendorf	31	2
21129	Ready Set Grow Preschool	2400 Middle Rd	Bettendorf	24	2
21134	Scott County Family Y-Paul Norton Kids Club	4485 Greenbrier Dr	Bettendorf	75	3
19482	Hand In Hand	3860 Middle Rd	Bettendorf	111	4
20773	Scott County Family Y-Riverdale Heights Kids Club	2125 Devils Glenn Road	Bettendorf	75	4
21126	Our Savior Lutheran Preschool	3775 Middle Rd	Bettendorf	124	5
21147	Rivermont Collegiate	1821 Sunset Dr	Bettendorf	62	5
21153	Noah's Ark Preschool	337 W Lotte St	Blue Grass	26	5
25306	All Saints Catholic School Before & After Care	1926 Marquette St	Davenport	105	0
44292	CAEI Family Enrichment Center Head Start	300 W 59th St	Davenport	28	0
44113	CAEI-Wittenmyer Head Start	2800 Eastern Ave Bldg D	Davenport	109	0
21151	Little Lights Preschool	1915 W Kimberly Rd	Davenport	40	0
20759	Lots Of Activity Child Care Center	4508 El Rancho Drive	Davenport	28	0
20645	Risen Christ Little Blessings Day Care	6021 Northwest Blvd	Davenport	66	0
45409	SCFY Davenport Early Learning Center	624 E 4th St	Davenport	106	0
21149	St Paul Lutheran Church Preschool (Davenport)	2136 Brady St	Davenport	130	0
19375	The Growing Tree Preschool & Daycare	2014 N Marquette St	Davenport	36	0
20765	Villa Maria Child Care - Assumption High School	1020 W Central Park Ave	Davenport	115	0
21131	Christ's Family Day Care	4601 Utica Ridge Rd	Davenport	75	1
43092	The Tiny Tots Learning Center LLC	425 E 59th ST	Davenport	78	1
20740	KinderCare Learning Center #0837	2108 E Locust St	Davenport	120	2
20635	Quad City Montessori School	2400 E 46th St	Davenport	87	2
40950	Red Rover Children's Learning Center	3445 Spring Street	Davenport	76	2
19421	St Alphonsus Early Childhood Education Center	2626 Boies Ave	Davenport	85	2
21148	St Mark Preschool	2363 W 3rd St	Davenport	75	2
20889	Westside Christian Day Care and Preschool	3908 W River Drive	Davenport	92	2
42065	CAEI-Lincoln Head Start	318 E 7th St	Davenport	85	3
21127	CAEI-Mid City Early Head Start	3801 Marquette St	Davenport	29	3
39740	CAEI-Roosevelt Head Start	1220 Minnie Ave	Davenport	40	3

DHS ID	Provider Name	Address	Community	Capacity	QRS #
19690	Shining Light Learning Center	5074 N Pine St	Davenport	80	3
21103	CAEI-Fairmount Pines HS and EHS	4205 N Fairmount St	Davenport	34	4
20509	Creative Beginnings Childcare Achievement Center	2315 Jersey Ridge Rd	Davenport	63	4
20627	Holy Family Teddy Bear Club	1341 W Pleasant St	Davenport	26	4
21133	Immanuel Lutheran Preschool	3834 Rockingham Rd	Davenport	18	4
43796	SCFY-Newcomb Early Learning Center	2619 N Division St	Davenport	91	4
21143	Scott County Family Y-Creative Learning Center KC	606 West 2nd St	Davenport	115	4
19680	Skip-A-Long Child Development Services	3520 Crow Creek Rd	Davenport	184	4
20690	Friendly House Kids Corner	1221 Myrtle St	Davenport	138	5
20913	Positive Parenting At Trinity	121 West 12th Street	Davenport	72	5
21122	Scott County Family Y-Palmer Learning Center	724 N Harrison Street	Davenport	60	5
20779	St Ambrose Univ Children's Campus	1301 W Lombard ST	Davenport	80	5
21118	North Scott Child Care Center-White	121 S 5th St	Eldridge	50	0
44134	Discovery Learning Center	612 Parkview DR	Eldridge	100	1
35651	Children's Choice Early Learning Center	115 S 3rd Avenue	Eldridge	202	2
25244	Eldridge Preschool and Childcare	2150 E LeClaire Rd Suite B	Eldridge	150	2
21108	CAEI-North Scott Head Start	121 S 5th St	Eldridge	15	4
33880	Share and Care Christian Preschool	14 Grove Road	Eldridge	24	4
20893	Kiddie Karrasel Academy	328 N Cody Rd	Le Claire	105	0
39456	Scott County Family Y-Bridgeview Kids Club	316 S 12th St	Le Claire	52	3
41868	North Scott Child Care - Shepard	220 W Grove St	Long Grove	45	0
34860	TLC Christian Child Care & Preschool	18137 Criswell St	Pleasant Valley	29	0
39521	North Scott Child Care-Grissom	500 Lost Grove Rd	Princeton	43	0
21141	Calvary Preschool	100 E James St	Walcott	26	4

Source: Iowa Department of Human Services, Child Care Client Portal. Accessed September 2015.

Early Childhood Educational Institutions (Preschools)

In 2015 Scott County had 24 preschool centers meeting Iowa Quality Preschool Program Standards (QPPS) and/or receiving accreditation from the National Association for the Education of Young Children (NAEYC), and include preschools that operated or contracted through a school system. A preschool is a facility that serves children between ages three to five for limited days and times. Preschools are regulated with a “per session” capacity and some preschools offer multiple sessions. The slots reported are based on the capacity for only one session. For a resident of Scott County, the Scott County Kids Early Childhood Iowa Preschool Scholarship may help pay preschool costs. With funding by Scott County Kids Early Childhood Iowa, the program is designed to help families with a portion of their child’s preschool expenses. The Preschool Scholarship can pay for preschool for qualifying children (based upon income).

Table 21 – Preschool Centers Meeting Iowa QPPS Standards and/or NAEYC Accreditation

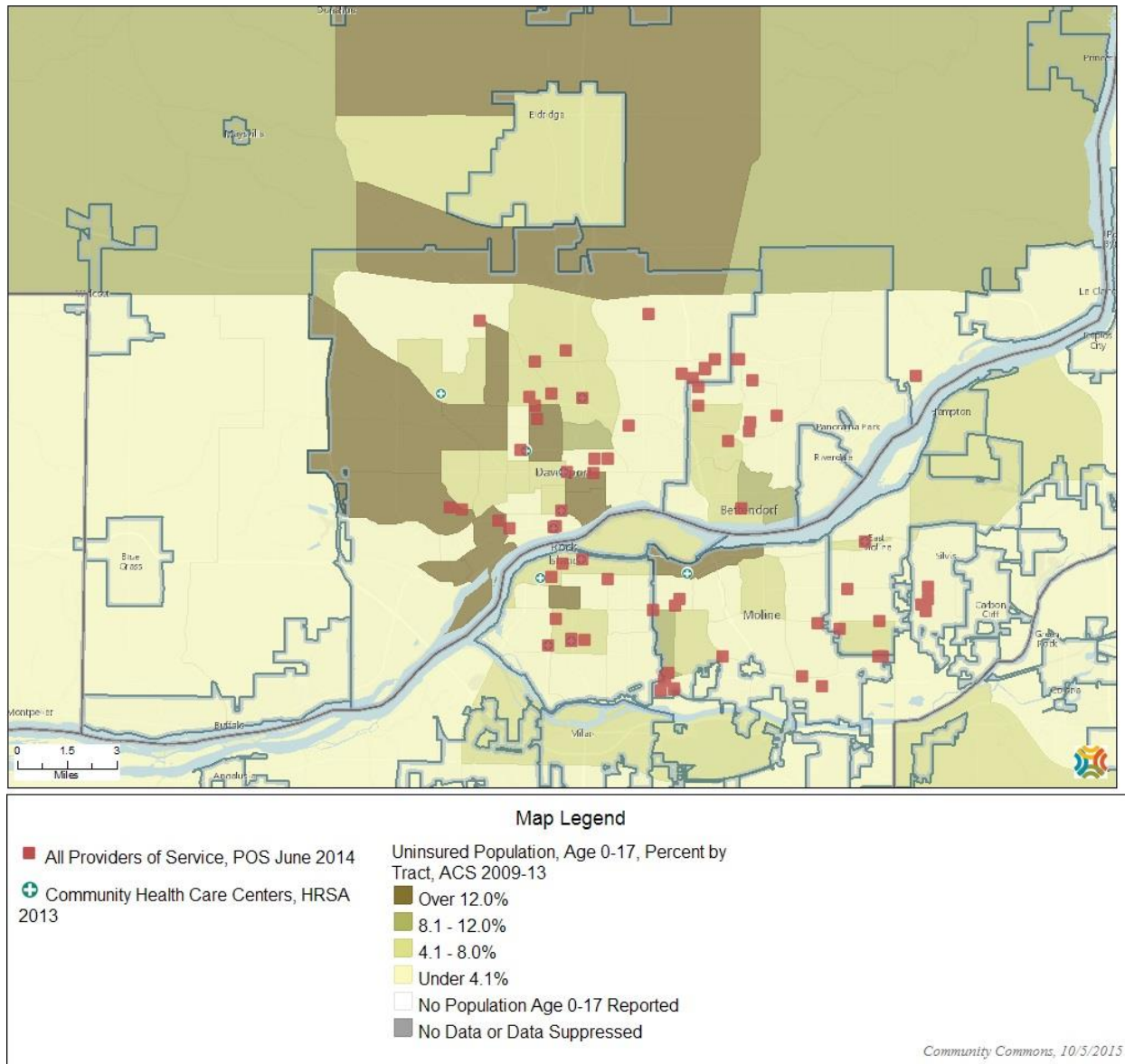
	Organization	Address
1	All Saints	1926 Marquette Street, Davenport
2	Calvary	100 East James Street, Walcott
3	Children’s Village at Hayes	622 south Concord Street, Davenport
4	Children’s Village at Hoover	1002 Spring Street, Davenport
5	Children’s Village at West	1757 West 12 th Street, Davenport
6	Eldridge Preschool	2150 East LeClaire Road, Ste B, Eldridge
7	Friendly House	1221 Myrtle Street, Davenport
8	Kiddie Karrasel Academy	328 North Cody Road, LeClaire
9	Kindercare (Bettendorf)	2986 Victoria Street, Bettendorf
10	Lourdes	1453 Mississippi Blvd, Bettendorf
11	Noah’s Ark	337 West Lotte Street, Blue Grass
12	Our Savior Lutheran	3775 Middle Road, Bettendorf
13	Positive Parenting at Trinity	121 West 12 th Street, Davenport
14	Ready Set Grow	2400 Middle Road, Bettendorf
15	Redeemer	1109 Tanglefoot Lane, Bettendorf
16	Rivermont Collegiate	1821 Sunset Drive, Bettendorf
17	St. Alphonsus	2626 Boies Avenue, Davenport
18	St. Ambrose University Children’s Campus	1301 West Lombard Street, Davenport
19	St. Paul the Apostle	1007 East Rusholme Street, Davenport
20	Scott County Family Palmer Y	724 North Harrison Street, Davenport
21	Scott County Family Davenport Y	624 East 4 th Street, Davenport
22	Scott County Family Y Newcomb Early Learning Center	2619 North Division Street, Davenport
23	Skip-A-Long	3520 Crow Creek Road, Davenport
24	Trinity Lutheran	1122 West Central Park Avenue, Davenport

Source: Scott County KIDS, Friendly House. <friendlyhouseiowa.dreamhosters.com/?page_id=179>

Health Services

Scott County has a wide array of health services catered for children age birth-five and their families. Health services are needed to maintain and enhance physical, mental, and oral well-being, including well child, preventative, or urgent care. The following map and table details health services at both public and private practice centers that are Medicare-approved providers and the percentage of the uninsured population between 0 and 17 by census tract.

Map 6 – Medicare-Approved Providers and Percent of Uninsured Population Age 0-17 by Census Tract



Source Map Generated with Community Commons, Center for Applied Research and Environmental Systems. University of Missouri. Data imported from US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File: October 2015

Table 22 – Medicare-Approved Providers of Health Services in Scott County, Iowa

City	Facility Name	Street Address
BETTENDORF	BETTENDORF HEALTH CARE CENTER	2730 CROW CREEK ROAD
BETTENDORF	CROW VALLEY SURGERY CENTER	2300 53RD AVENUE
BETTENDORF	FAMILY CARE SOLUTIONS	3411 DEVILS GLEN ROAD
BETTENDORF	GENESIS BETTENDORF HEALTHPLEX FP3	2140 53RD AVENUE FP3
BETTENDORF	GENESIS HEALTH GROUP	2535 MAPLECREST ROAD
BETTENDORF	GENESIS HEALTH GROUP	865 LINCOLN ROAD
BETTENDORF	GENESIS HOSPICE	2546 TECH DRIVE
BETTENDORF	GENESIS VNA AND HOSPICE	2894 AAA COURT
BETTENDORF	IOWA MASONIC HEALTH FACILITIES	2500 GRANT STREET
BETTENDORF	NEW CHOICES INC	2501 18TH STREET
BETTENDORF	UNITYPOINT CLINIC	3415 53RD AVENUE
BETTENDORF	UNITYPOINT CLINIC	4480 UTICA RIDGE ROAD
DAVENPORT	BEACON OF HOPE HOSPICE	1020 WEST 35TH ST
DAVENPORT	COMMUNITY HEALTH CARE INC OUTREACH	303 WEST 6TH STREET
DAVENPORT	COMMUNITY HEALTH CARE, INC WEST CLINIC	4205 NORTH FAIRMOUNT
DAVENPORT	GENESIS FAMILY MEDICAL CENTER	1345 WEST CENTRAL PARK AVENUE
DAVENPORT	GENESIS HEALTH GROUP	1520 WEST 53RD STREET
DAVENPORT	GENESIS HEALTH GROUP	1820 WEST 3RD ST
DAVENPORT	GENESIS HEALTH GROUP	3618 NORTH DIVISION STREET
DAVENPORT	GENESIS HEALTH GROUP	3827 WEST LOCUST STREET
DAVENPORT	GENESIS HEALTH GROUP-NORTH LAB	210 WEST 53RD STREET
DAVENPORT	GENESIS HEALTH SYSTEM	1227 EAST RUSHOLME STREET
DAVENPORT	GENESIS MEDICAL GROUP-PEDIATRICS	3319 SPRING STREET
DAVENPORT	GOOD SAMARITAN SOCIETY DAVENPORT, HOME HEALTH	802 N ROLFF STREET
DAVENPORT	GOOD SAMARITAN SOCIETY-DAVENPORT	700 WAVERLY ROAD
DAVENPORT	HEARTLAND HOSPICE SERVICES, LLC	4340 EAST 53RD STREET
DAVENPORT	KAHL HOME FOR THE AGED AND INFIRM	6701 JERSEY RIDGE ROAD
DAVENPORT	MANOR CARE OF DAVENPORT, IA, LLC	815 EAST LOCUST STREET
DAVENPORT	MANORCARE HEALTH SERVICES-UTICA RIDGE	3800 COMMERCE BOULEVARD
DAVENPORT	MISSISSIPPI VALLEY SURGERY CENTER	3400 DEXTER COURT 200
DAVENPORT	RIDGECREST VILLAGE	4130 NORTHWEST BOULEVARD
DAVENPORT	ST MARY HEALTHCARE AND REHABILITATION CENTER	800 EAST RUSHOLME
DAVENPORT	UNITYPOINT CLINIC	4626 PROGRESS DRIVE
DAVENPORT	UNITYPOINT CLINIC	5359 EASTERN AVENUE
DAVENPORT	UNITYPOINT CLINIC FAMILY MEDICINE AT 53RD STREET	4311 EAST 53RD STREET
DAVENPORT	VERA FRENCH PINE KNOLL RESIDENTIAL PROGRAM	2504 TELEGRAPH ROAD
ELDRIDGE	GENESIS HEALTH GROUP	208 WEST FRANKLIN STREET
LE CLAIRE	GENESIS HEALTH GROUP	200 SOUTH CODY ROAD
LE CLAIRE	GENESIS HEALTH GROUP	532 NORTH CODY ROAD

Source: U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File: June 2015

Human Services

In 2015, Scott County area agencies and organizations offered children and their families a broad range of supports to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, including the following categories:

- Youth / Family Support Groups
- Youth Mentoring / Support
- Parent-Child Interaction Therapy (PCIT)
- Substance Abuse
- Youth / Family Education
- Mississippi Bend Area Education Agency Services
- Play Therapy
- Behavioral Health Intervention Services
- Brief Intensive Services (BIS)
- Domestic / Sexual Abuse
- Integrated Health Home (IHH)
- Therapy / Psychologist / Nurse Practitioner
- Psychiatrists (Child / Adolescent)

The following tables provide details on programs and/or providers of human services that contribute to success in early childhood located in Scott County, Iowa. All of these human services programs are offered and coordinated by Scott County KIDS Early Childhood Iowa, and can be found in their brochure, "Youth Mental Health Resource Guide."

Table 23 – Youth/Family Support Groups

Program	Description	Hours	Cost
Building Forever Families (BFF) of the Quad Cities	Support, education and networking for foster care and adoptive families	Varies	Free
Rick's House of Hope	Provides support and counseling for youth who have experienced grief and trauma. Support Groups include: Grief/trauma, Divorce, Sibling Support	Varies	Varies
Scott County Kids Family Support Panel	Support, education, resource information, and networking for those caring for youth with mental health issues.	Varies	Free

Support group provide members each other with various type of help related to youth and family issues in order to share coping strategies, feel more empowered, and share a sense of community while navigating difficult issues they face in Scott County.

Table 24 – Youth Mentoring/Support

Program	Description	Hours	Cost
Achieving Maximum Potential (AMP): 2800 E. Ave, DVN	Support and advocacy group for youth who are currently or have been in the past in an out-of-home placement	2nd & 4th Th / mo.	Free
Big Brothers Big Sisters: 130 W 5th St DVN	Mentoring programs: 1) Community-Based Program for ages six to fourteen 2) School-Based Program for ages 5015 3) Career Navigators Program for ages 11-14	Varies	Free

Mentorship helps facilitate personal development with someone who is more experienced and knowledgeable about various issues that youth face, and often involves communication and relationship building.

Table 25 – Parent-Child Interactive Therapy (PCIT)

Center	Hours	Cost
Vera French	Varies	XIX, some insurance, sliding fee scale, and private pay
Family Counseling & Psych Center	Varies	XIX and some insurance

Parent-Child Interaction Therapy (PCIT) is a treatment for young children with emotional and behavioral disorder that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Table 25 are centers with this type of treatment program.

Table 26 – Substance Abuse

Center	Programs	Hours	Cost
Center for Alcohol and Drugs (CADS)	Substance Evaluation Out Patient Treatment	8 am - 5 pm; Counseling group hours vary	XIX, some insurance and sliding fee scale
Life Line Resources, LLC	Substance Evaluation		XIX, sliding fee scale and private pay
New Life out Patient Clinic	Substance Evaluation; Out Patient Treatment LV I; Intensive Out Patient Treatment LV II; Adolescent Continuing Care; Family Program	M - TH 9 am - 5 pm; Friday 9 am - Noon; Counseling/group hours vary	XIX, some insurance and private pay (may offer discount)

Outpatient treatment programs allow people to live at home during drug or alcohol rehabilitation, and generally cost less than residential or inpatient treatment. These programs may be more suitable for people unable to take extended absences from school or other obligations.

Table 27 – Youth / Family Education

Program	Location	Descriptions	Contact	Time	Cost
Anger Management Class	Scott Community College Urban Center	Skills-based program where youth (ages 12-18) learn their personal warning signals for anger or volatile emotions. Skills to avoid confrontational situations and how to manage their emotions are taught.	Scott County Kids	Varies	\$99 Fee; Scholarships
NAMI	1706 Brady St, Ste 101, Davenport	Family-to-Family course: 12 week training taught by family members who have a loved one with a mental illness		Varies	Free
Parenting All Children Together (PACT)		Parenting class for Scott County parents and caregivers with youth ages birth to 5; Eight sessions	ISU Extension:	Varies	Free
Scott County KIDS Youth Mental Health First Aid		An evidence-based program: teaching signs & symptoms of youth experiencing a mental health crisis or becoming unwell and how to help find appropriate resources and strategies for de-escalation.	Scott County Kids	8 hour program; 1 day training or divided into 2 day - 4 hours training	Free for Scott County residents / workers
Parent & Educator Facilitator	Bettendorf	The Parent & Educator Facilitator works to develop and sustain effective partnerships between families, educators, and community providers to promote success for all children and youth with disabilities	Mississippi Bend Area Education Agency;	Varies	Free

Youth and family education programs help provide resources for proper parenting techniques, and also provide skill building programs for youth.

Table 28 – Play Therapy

Program	Description	Hours	Cost
Bethany for Children & Families	Therapists offer play as a part of therapy. (No registered play therapist).	Variable	XIX, some insurance, some private pay
Family Resources	1 Registered Play Therapist and therapist who offer as play as a part of therapy	Varies	XIX, some insurance, and sliding fee scale
Life Line Resources, LLC	Therapists offer play as a part of therapy. (No registered play therapist).	Varies	XIX and private pay
Lutheran Services in Iowa	2 Registered Play Therapist	Varies	XIX and BC/BS
Mid-Iowa Family Therapy	Therapists offer play as a part of therapy. (No registered play therapist).	Varies	XIX and BC/BS

This human service is a form of psychotherapy used with children to help them express or act out their experiences, feeling, and problems by playing with dolls, toys, and other play material, under the guidance or observation of a therapist.

Table 29 – Behavioral Health Intervention Services (BHIS)

Department	Cost
Bethany for Children & Families	Title XIX, Medicaid Only
Community Centered Counseling	Title XIX, Medicaid Only
Family Empowerment Services	Title XIX, Medicaid Only
Families First Counseling Services	Title XIX, Medicaid Only
Family Resources, Inc.	Title XIX, Medicaid Only
Life Connections	Title XIX, Medicaid Only
Life Line Resources, LLC	Title XIX, Medicaid Only
Lutheran Services in Iowa	Title XIX, Medicaid Only
Mid-Iowa Family Therapy	Title XIX, Medicaid Only
Lutheran Services in Iowa	Free for Scott County Youth

Behavioral Health Intervention Services is described as a 6 month program for youth ages 4 – 20. It includes skill building services and in-home services but does not include therapy. This type of service is designed to assist youth with a mental health diagnosis in learning age appropriate skills to manage their behavior. All agencies listed in Table 29 offer BHIS services. Hours vary according to family need and Magellan approval. Service can be offered before or after school in the home setting. BHIS is not approved by Magellan as an in-school/during school hour's service. Noted in the table is cost/funding referencing Title XIX only, except for Lutheran Services in Iowa.

Table 30 – Domestic/Sexual Abuse

Program	Phone	Hours	Cost
SafePath Survivor Resources	Office: 563-322-1200	Office: 8:30 - 5:00	Free
	Crisis Line 1-563-326-9191	Crisis Line - 24 hour	
	24 Hour Toll Free Line 1-866-921-3351	Shelter - 24 hour	

Table 30 identifies a community-based program serving the needs of women, men, children and families whose lives have been affected by domestic abuse and/or sexual abuse. The program includes: advocacy, counseling, support groups, education, shelter and housing.

Table 31 – Integrated Health Home (IHH)

Program	Hours	Cost
Family Resources, Inc.	Varies	Title XIX / Medicaid only
Vera French Mental Health Center	Varies	Title XIX / Medicaid only

An Integrated Health Home (IHH) is a team of professionals working together to provide coordinated care for children with Serious Emotional Disturbance (SED). Care coordination is provided for all aspects of the youth's life (medical, mental, dental, vision). Table 31 provides human services agencies offering this type of program.

Table 32 – Therapy/Psychologist/Nurse Practitioner

Program	Description	Hours	Cost
Bethany for Children & Families	Therapy	Varies	XIX, some insurance, and private pay
Community Centered Counseling	Therapy	Varies	XIX, some insurance
Families First Counseling, Inc.	Therapy	Varies	XIX
Families Inc.	Therapy	Varies	XIX, private pay and sliding fee scale when grant funding is available
Family Counseling & Psych, Center	Therapy, Psychologist	M, Th, & F 8am - 5pm; T & W 8am - 6:30 pm	XIX, some insurance
Family Empowerment Services	Therapy	Varies	contact agency
Family Resources, Inc.	Therapy	M & T 9 am - 8 pm; W, Th, & F 9 am - 5pm	XIX, some insurance, sliding fee scale
Genesis Psychology Associates	Therapy, Psychologist, Nurse Practitioner, & Psychiatrist	M, T, Th 8 am - 6pm; W & F 8am - 5pm	XIX, some insurance, cash
Life Connections	Therapy	Varies	XIX, Hawkeye, and Blue Cross
Life Line Resources, LLC	Therapy	Varies	XIX, private pay
Lutheran Services in Iowa	Therapy	Varies	XIX, BC/BS
Mid-Iowa Family Therapy Clinic	Therapy, Psychiatrist	Varies	XIX, BC/BS

Program	Description	Hours	Cost
Psychology Health Group	Therapy, Psychologist	M 8 am - 9 pm; T, W, Th 8 am - 7pm; F 8 am - 5pm	XIX, some insurance, and private pay
Vera French Mental Health Center	Therapy, Psychologist, Psychiatrist, & Nurse Practitioner	M 8 am - 9 pm; T, TH 8 am - 6pm; W, F 8 am - 5pm	XIX, some insurance, sliding fee scale

Therapy, either with a licensed therapist, psychologist, or mental health nurse practitioner, is designed to provide a wide range of mental health services to patients and families in a variety of settings.

Table 33 – Psychiatrist – IA (Child/Adolescent)

Organization	Doctor	Hours	Cost/funding
Mid-Iowa Family Therapy	Dr. Fialkov (webcam)	W & TH	Accepts: XIX and some insurance
Genesis Psychology Assoc.	Dr. Hamdan-Allen	varies	Accepts: XIX and some insurance
Quad Cities Pediatrics	Dr. Kassa	varies	Accepts: XIX and some insurance
Vera French	Dr. John Stecker	varies	Accepts: XIX, some insurance, sliding fee scale and private pay

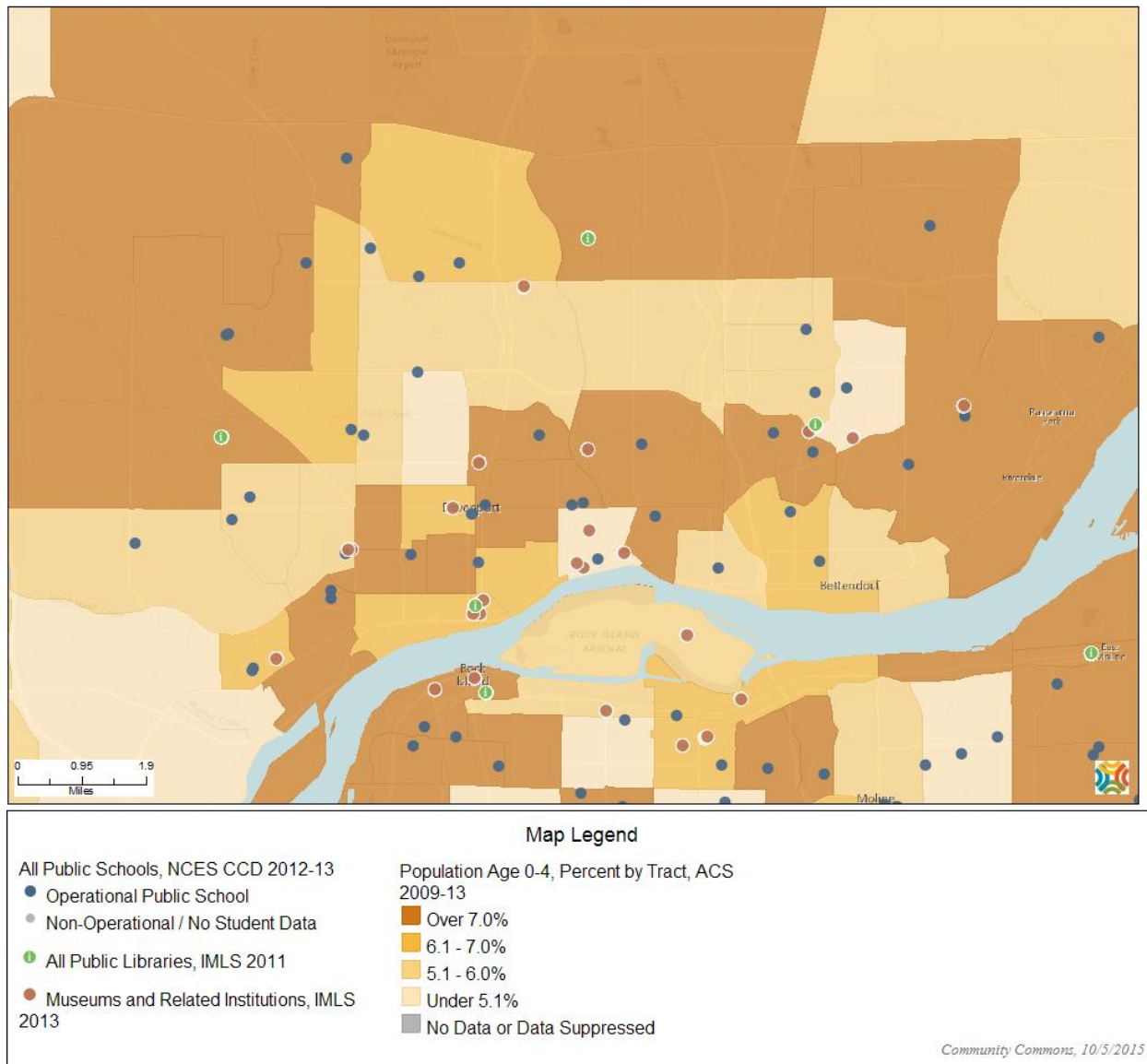
A psychiatrist is a physician who specializes in psychiatry, which involves the diagnosis and treatment of mental disorders. Unlike psychologists, psychiatrists are medical doctors who can prescribe medication.

Recreational Services

Scott County has a wide array of recreational services catering to children age birth-five years and their families. The following map and tables detail youth programs offered by the Bettendorf Parks and Recreation Department, Davenport Parks and Recreation Department, the Scott County Family YMCA, and various museums and public libraries in the area. More limited park and recreation programming may be available in local communities surrounding the metropolitan area. Those in the urban area are highlighted.

Map 7 – Schools, Libraries, and Museums by Percentage of Population Age 0-4

Recreation Map 7



Source: Map Generated with Community Commons, Center for Applied Research and Environmental Systems. University of Missouri. Data imported from Institute of Museum and Library Services: 2011, and the Institute of Museum and Library Services: 2013.

Tables 34-36 represent a sample of activities available in Scott County.

Table 34 – Bettendorf Parks and Recreation Department Youth Programs

Program	Slots	First Meeting	Location	Age
Indoor Soccer 4-5Yrs Session 1	31	Saturdays 10/3-11/7 from 11:15-Noon	Betten. Cmty Ctr	At least 4 but less than 5y 11m 3w
Indoor Soccer 4-5Yrs Session 2	35	Saturdays 11/14-12/19 11:15-Noon	Betten. Cmty Ctr	At least 4 but less than 5y 11m 3w
Little All Stars Basketball Clinic - Tiny Tots S1	20	Saturdays 10/3-11/7 11:30am-12:15pm	Betten. Fitness Ctr	At least 4 but less than 5y 11m 3w
Little All Stars Basketball Clinic - Tiny Tots S2	23	Sat 11/14-12/19 11:30am-12:15pm	Betten. Fitness Ctr	At least 4 but less than 5y 11m 3w
Air of the Wolf	19	Sat afternoons & Tues Evenings Oct 2015	Family Museum	Any – Male Cub Scouts
Clay Creations	20	Sat afternoons & Tues Evenings Jan 2016	Family Museum	Any – Female Girl Scouts

Source: City of Bettendorf, Activity Search. <apm.activecommunities.com/bettendorf/Activity_Search>

Table 35 – Davenport Parks and Recreation Programs

Title	Description	Location	Start - End
Youth Programs All Ages			
OPEN GYM at Roosevelt Community Center	Open gym - free play, structured games etc.	Roosevelt Community Center	09/12/15 - 03/12/16; Sat; 10:00 a.m.
Holiday Games at Roosevelt	Davenport Parks and Recreation will host Holiday Games on December 12th from 10:00 am - 1:00 pm at the Roosevelt Community Center	Roosevelt Community Center	12/12/15 - 12/12/15; Sat; 10:00 a.m.
Pack's Pinewood Derby - Car Kit & Race	Join us at the Derby to race against other enthusiasts, for bragging rights and a trophy, or simply to test out your car before your packs pinewood derby.	Roosevelt Community Center	11/14/15 - 11/14/15; Sat; 11:00 a.m.
Pinewood Derby - Pizza	Race Day is November 14th! All cars must come ready to race, weigh in is from 10-11, race begins at NOON!	Roosevelt Community Center	11/14/15 - 11/14/15; Sat; 11:00 a.m.
Sports Programs: Indoor Soccer (Up to 9 Years of Age) and Softball (All Ages)			
Indoor Soccer League: Under 10 FALL Upper	This league is for kids under the age of 10. The games will be played on full sided fields.	TBD	11/07/15 - 01/09/16
Indoor Soccer League: Under 10 FALL Lower	This league is for kids under the age of 10. The games will be played on full sided fields.	TBD	11/07/15 - 01/09/16
Coed Fall Softball: Sundays	This Sunday Coed league will be played on Sunday all day into the evening, and consist of 16 games and a post season tournament.	Lindsay Park	08/09/15 - 10/18/15; Sundays
Coed Fall Softball: Tues/Thurs	Coed league will be played on Tuesday and Thursday nights and consist of 16 games and a post season tournament.	Lindsay Park	08/11/15 - 10/15/15; Tues/Thurs
Women's Fall Softball: Mon/Wed	This women's league will be played on Monday and Wednesday nights and consist of 16 games and a post season tournament.	Lindsay Park	08/10/15 - 10/14/15

Title	Description	Location	Start - End
Nature and Outdoor Programs			
Kindernature	Nature program for young children ages 3 to 5 which enriches awareness and appreciation for nature. Each class focuses on an environmental theme includes a story, hands-on activity, craft and themed snack. Classes occur June through Mid- August. A small class fee per child is charged. An adult must accompany the child. Registration is required and class size is limited to 20 children. Each class begins at 10am in or around the Vander Veer Conservatory located in Vander Veer Botanical Park.		
Fejervary Learning Center	Fejervary Learning Center has an early childhood theme and provides a focus on environmental education for children through nature play. Fejervary Learning Center's free toddling nature program and bring your 18-24 month old child to experience hands-on nature explorations. Juan Diaz Rancheros, which provides emotional therapy for children through interaction with horses, is located in the lower half of the center.		
My Little Wheelbarrow	An interactive, hands-on gardening program sponsored by the Friends of Vander Veer for children ages 2-5 at Vander Veer Botanical Park.		
Junior Theatre	Davenport Parks and Recreation's Junior Theatre offers performing arts opportunities for kids ages 3-18. Programs are designed to be accessible for any student who is interested in expressing themselves, gaining confidence, and having fun.		
The River's Edge	The River's Edge is a premier 75,000+ square foot indoor sports facility offering an Olympic size ice rink and an indoor turf field available for soccer, football, baseball, lacrosse and golf; located at 700 W River Drive in downtown Davenport, just west of Modern Woodmen Park.		

Source: City of Davenport. Activity Registration. <http://recpro.ci.davenport.ia.us/>

Table 36 – Scott County Family YMCA Youth Programs

Focus Category:	Programs
Child Care	Learning Centers, Child Watch, School Out, Preschool Education Partnership
Education & Leadership	Kids Club, Summer Fun Club, Afterschool Adventures, Preschool, Y-Pals, Y-Zone
Swim, Sports & Play	Swimming Lessons, Gym and Swim, Youth Sports, Dance, Tumbling, Cheer, Arts & Humanities, Cooking
Camp	YMCA Camp Abe Lincoln: Day Camp, Resident Camp, Horse Camps, Specialty Camps, Youth Sports Camps

Source: Scott County Family YMCA, Programs. <scottcountyyfamilyy.org/Page/Programs.aspx?nt=72>

2.3. Community Collaboration

Current and Future Collaborations and Partners

The role of Scott County Kids Early Childhood Iowa (SCKECI) is as a collaborator who works with multiple agencies within Scott County and its neighboring counties in order to provide the most efficient and effective programs to achieve the Early Childhood Iowa priorities. SCKECI is a component of the Scott County Kids agency structure that combines resources with Decategorization in order to coordinate services and operate with the fiscal and programmatic power necessary to do the best and most efficient work.

As part of the fiscal assessment, agencies were asked to define their perceived level of collaboration with SCKECI. The survey listed the following level of collaboration and what they mean:

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

These responses were reviewed by SCKECI staff and the Level of Excellence Committee and are provided in Table 37 on page 63.

In addition to working within the Scott County Kids agency, SCKECI collaborates in some capacity with the following: Early Childhood Coordinating Council; Scott County Kids Health Committee; School Health Initiative; Oral Health Meetings; Quad Cities Association for the Education of Young Children; Looking4Leadership; Parent Engagement; United Way Women's Leadership Council; MIECHV (Maternal, Infant and Early Childhood) Grant –Lutheran Services In Iowa; Home Visitation/Parent Education workgroup (SCKECI, Genesis, ISU Extension and Lutheran Services in Iowa); United Neighbors; Scott County Preschool Advisory Group; Superintendent's Early Childhood Education Planning Group (Davenport Schools); Child Abuse Councils; Community Partnerships for Protecting Children.

SCKECI benefits from a close relationship with the Scott County Health Department. The spread of infectious disease has been addressed in a number of ways throughout the years. The childcare nurse consultant has provided story books to child care homes centers that stress the importance of manners regarding sneezing and coughing and the importance of hand washing. The CCNC also assists in the prevention of child injuries, health emergency protocols in the child care setting, medication administration, and care for children with special health need. More emphasis will be placed on child care providers getting immunizations so that they can remain healthy, care for children and keep disease from spreading. There is an ongoing dialogue with the childcare nurse consultant and others in the health department to collaborate to meet the quickly developing health care needs of young children.

Fiscal Assessment

As part of the collaboration process, SCKECI contacted federal, state, local, and private agencies that provide services to children, prenatal through five years of age to determine what type of services they provide, ages served, how many families are served, funding, sources of funding, identified gaps in funding and that agency's perceived level of collaboration with SCKECI. The purpose of contacting the agencies was to identify which of the priorities outlined by SCKECI are being addressed and possible ways to build upon the work of those agencies. New this year, agencies were also asked what their greatest problems in providing their services, challenges of their programs, and possible solutions or missing programs.

The list of agencies contacted for information on their programming and financing was based on the list of agencies that participated in the Community Plan 2012 development with the addition of new agencies that work with SCKECI regularly. The survey was sent on April 20, 2015 via email to 181 provider contact and 53 were returned. Follow-ups on missing information will be conducted on an as need basis should funding be considered by SCKECI.

SCKECI uses the source of an agency's current funding in their criteria while making programmatic decisions for SCKECI funds. Agencies seeking funding are required to send a full fiscal year proposal of services including a budget with their request for funding from SCKECI. A review team with expertise in early childhood development, finance, health, and community meet to review and rank the applications using specific criteria. Their recommendation goes to the Contracts Management Committee that reviews the recommendation, taking into consideration the ECI categories of funding, how much funding is available, and state mandates to agencies before making a recommendation to the SCKECI Board. The Board then makes a final decision.

Whenever possible SCKECI uses their funding in partnership with other sources of funding. This helps keep SCKECI's portion of administrative and overhead costs down, allowing more funding to make progress toward priorities. Funds can and have been used as local match to federal funding. Due to the Bi-State nature of the region, funds are also paired with Illinois funding sources to pay for Illinois residents utilizing certain programs such as AIM4Excellence. SCKECI also uses funds to help agencies finance state mandates which would otherwise lead to the closing of childcare facilities such as vaccinations for childcare workers, CPR training, etc.

Table 37 – Provider Services and Funding Information

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Augustana College Center for Speech, Language and Hearing	Rock Island, IL	Health Services	Speech Therapy, Hearing Evaluations, Language Based Reading, Disorders, Hearing aid Fittings	18 months-adult	125		mostly private pay		Communication
Bettendorf Kindercare	Bettendorf	Licensed Centers/ Preschool	Child Care and Preschool	6wks			Private, SWVPP, Friendly House Scholarships, DHS, GSA-Military Families	Difference in DHS Reimbursement to our rates	Communication, Contribution
Bettendorf Parks and Rec	Bettendorf	City Managed Services	Primarily Youth Athletic Programs	3yrs-5yrs	350 approximately	\$30,000-\$40,000	City of Bettendorf and Program Fees		Communication
Calvary Preschool	Walcott	Child Care Home, Licensed Center/preschool	Preschool	3yr-5yr	47	\$90,000	State, Local, Federal , Private	Fundraisers, Donations	ALL
Center for Alcohol and Drug Services, Inc.	Davenport	Agency/Org Services	Nurturing Group (group of clients {parents} that children can attend with them)	4+	varies				Communication, Contribution, Coordination
Child Abuse Council	Moline, IL	Agency and Organization Services, Family Support and Parent Ed Opportunity	Talking about Touch-Sexual abuse prevention curriculum for local preschool children. Boot Camp for New Dads to prepare expecting dads for fatherhood. 24/7 Dads - 12 week parenting and support program for all father figures. Prevention Education-Educational training and presentations available by request.	Talking about Touch-Preschoolers. Boot Camp- Parents of Newborns. 24/7 Dads- Parents of all aged children. Prevention education-Educators, providers, and parents of all aged children	Talking about Touch- 290 kids in Scott County. Boot Camp- 50 Dads in Scott County. 24/7 Dads-approximately 101 dads in Scott County. Prevention Education- approximately. 2000 Community Members of Scott and Rock Island Counties.		Federal, State, Private, Local		Communication, Contribution

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Child Care Resource and Referral	Davenport	Agency/Org Services	Referrals and consumer education for parents seeking child care; consultation, training and T/A for providers; community services	all in child care 0-12, mostly 0-5 in full time care	approximately 2800 in 20 county region, approximately 1500 providers in database, approximately 1600 unduplicated providers for trainings	\$1,207,003 approximate	Federal State		Communication, Contribution, Coordination, Cooperation
Child Health Specialty Clinic	Bettendorf	Health Services	Care coordination for children with special health care needs; Family support services, Direct Clinical Service, SELECT nutrition services	0-21yrs Iowa Resident			Federal, State, Fee for Service, Grants	Nutrition services funded for children who otherwise do not have a payment mechanism	Communication, Collaboration
Child Protection Response Center	Davenport	Health Services	Child maltreatment assessments, evaluation and treatment of mental health, concerns: ADHD, anxiety, depression, physical, sexual, neglect, drug exposure	0-18yrs	230 new families per year	\$175,000, all through billed meal services, court activity, a number of ongoing services for families	Since achieving 501c3 status are now looking into other resources		Communication, Contribution, Coordination, Cooperation
Children's Choice Early Learning Center	Eldridge	Licensed Center	Child care, before and after school care	4wks-12yrs	188	0	Private and State		Communication
Christ's Family Daycare	Davenport	Licensed Center	Day care/Preschool	6wks-10yrs		unsure	unsure		Communication
Creative Beginnings	Davenport	Licensed Center	Child care	6wks-10yrs	52	\$300,000	State, Private, CACFP		Communication
Davenport Police Department	Davenport	City Managed Services	Families in crisis-initial patrol contact and investigations	all	N/A	N/A	N/A	no current special funding	Communication, Contribution, Coordination

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
DHS	Davenport	Agency	Income Maintenance: (Food Assistance, FIP, Child care, Medicaid waiver Eligibility) Service: For families with court ordered services who have had a founded child abuse assessment	Starting at birth	2013 Scott County Data: Food Assistance 32,691 individuals average per month, FIP 3,521 individuals average per month, Found Child Abuse 787 in 2013		Federal and State		ALL
Family Museum	Bettendorf	Other Services/ programs - Children's Museum	Hands-on interactive galley, summer camps, drop-in classes, preschool dance	8yrs and under	\$20,000	\$2 million	local, private, grants		Communication
Family Resources	Davenport	Family Support/ Parent Ed Opportunity	Parent Education/Home Visiting	0-5	49	\$68,124	ECI Local Funding	N/A	ALL
First Children's Finance		Agency/Org Services	Business supports to child care centers	0-5yrs	N/A	\$80,000	ECI Local, Iowa DHS, Private Contributions, in-kind	Funds to serve CORE Programs with financial and partnership guidance	ALL
Friendly House	Davenport	Child Care Home, Licensed Center/preschool	Programs and services for 2 yr. old through senior citizens; preschool youth	2yr-12yrs			Federal CDBG, State CACFP, Local CDBG, Private pay, private donations, ECI	funds with no restrictions that can support overall operation/staff costs	Communication, Coordination, Cooperation, Collaboration

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Genesis VNA and Hospice	Bettendorf	Family Support and Parent Ed Opportunity, Health Services	Family Support/Health Care	0-5yrs	Bring Baby Home=average 400, SCK NEST Ann.=average 50-60, Family Support (BB)=average 200	Approx. \$500,000 (Family Support)	Local ECI	We rely strictly on ECI funding for service	ALL
Genesis Outpatient (GOPEDs)	Bettendorf	Family Support/Parent Ed Opportunity, Health Services, Other-OT,PT, Speech Therapies	Pediatric Therapy, Out Patient OT PT Speech	0-18yrs	600+	Self-pay, insurance			N/A
H.E.L.P Legal Assistance	Davenport	Other-Legal Services	Legal Services for low income and senior(60+) person in Scott and Clinton Counties	all	2000 persons		United Way, Legal Services Corporation, State of Iowa, Title III B older Americans Act, Etc.		N/A
Hand In Hand	Bettendorf	Agency/Org Services, Child Care Home/ Licensed Center/ Preschool, Respite Care	Child care/integrated care/rec opportunities for children 0-21	0yrs-21yrs+	200		Medicaid, DHS-Child care block grant, DHS-Promise Jobs, Private Pay, Local Grants	DHS Child care Assistance-policies regarding attendance/ lowered amounts = loss of income	ALL
Handicapped Development Center	Davenport	Agency/Org Services	For Children ICF-ID, Supported Community Living, Respite	all	8 children served		Medicaid funding through the waivers for Intellectual Disability, Brain Injury or Habilitation and ICF-ID services		

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Holy Family Teddy Bear Club	Davenport	Child care home, licensed centers, preschool	Preschool, Child Care	3yrs-5yrs	27	\$115,000	Tuition, CACFP, DHS State Paid, Promise Jobs		Communication, Contribution
Immanuel Lutheran Preschool	Davenport	Child care home, licensed center, preschools	Preschool and Childcare	3yrs-5yrs	4	\$10,500	Private pay, local donations, fundraisers		Communication, Contribution, Coordination, Cooperation
ISU Extension and Outreach(2)	Bettendorf	Agency and Organization Services	Expanded food and nutrition education	0-10yrs(their parents)	160		Federal, State, County and Local Donations from walk	never enough money to purchase food that is used in lessons to teach parents how to provide and MAKE nutritious meals and snacks for their families	ISUEO collaborates on all of these levels but EFNEP specifically does not
ISU Extension Scott County(1)	Bettendorf	Parent Education Opportunity	Parent Education Groups	all	varies by year	varies depending on annual projects	Decat, Local Tax Dollars	never enough dollars to meeting the need but also not enough qualified staff	Communication, Contribution
Ladybug Preschool of Bettendorf Presbyterian Church	Bettendorf	Preschool, Religious Entity	Preschool 3 days AM	3yrs-5yrs	20	\$295,000	Private Tuition	Our budget is based upon enrollment/ tuition income so we are balanced each year. Director's salary varies with enrollment	Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Mississippi Bend AEA	Bettendorf	Agency and Organization Services	Support Services to families and district and community programs	0-5yrs			Federal State		ALL
Morning Star Academy	Bettendorf	Preschool, Religious Entity	Preschool	3yrs-5yrs	30+ in the preschool, 125+ school wide		Private		Communication
Noah's Ark Preschool	Blue Grass	Child care home, licensed centers, preschool	Preschool	3yrs-5yrs	61	\$110,000	Private and State	for 3 and 5 year olds	Communication
North Scott CSD	Eldridge	Preschool	SWVPP	4 yr. olds	171		State	Mid-Day Transportation to Child Care	Communication, Coordination, Cooperation, Collaboration
Our Savior Lutheran Preschool	Bettendorf	Child care home, licensed centers, preschool	Preschool	2yrs-5yrs	300	\$392,000	Private, Local, State		Communication, Contribution
Positive Parenting at Trinity	Davenport	Licensed Centers, Preschools	Preschool, Child Care	12months-5yrs	61	\$75,000	DHS, CACFP, Private, Friendly House PS and CC Scholarships	nothing, gaps are all covered just short funds	ALL
Pregnancy Resources	Davenport	Family Support/Edu Opportunity and Health Services	Material Assistant, Limited medical, parenting classes, 24/7 Dads program	0-2		\$20,000	Local, Private and ECI Local funding	Always could use more	ALL (some collaboration)
Project Renewal	Davenport	Agency/Org Services	After School and Summer Youth Program	grades K-12	30				Communication
Psychology Health Group	Davenport	Health Services	Out-patient Therapy for all age groups	3yrs-18yrs		0	Private Pay, Third Party insurance	N/A	Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
QCAEYC		Agency and Organization Services	Networking-education-training-local child care providers	birth-7yrs			local, private		Communication
Quad Cities Breastfeeding Coalition	Davenport	Health Services	Community Support Breastfeeding Outreach	Birth-3yrs			Private: Dues		Communication
Quad City Botanical Center	Rock Island, IL		Horticultural Education	PreK-college	10,000		Private		N/A
Redeemer Preschool	Bettendorf	Preschool	Preschool	3yrs-5yrs	72	\$146,280	State Private	SWVPP Limits	ALL
Rick's House of Hope	Davenport	Family Support/Parent Ed Opportunity	Counseling; grief/trauma support	3yrs-18yrs	400 yearly	\$100,000	Private	Day to day program funding; clinical staffing	ALL
Scott County Family Y	Bettendorf	Licensed Center/Preschool	Child Care-SWVPP, Preschool	6wks-5yrs	180		Parent Tuition, Federal(CACFP), State(CAC), ECI	The funding cliff for families	Communication, Contribution, Cooperation
Scott County Health Department	Davenport	Agency and Organization Services	EPSDT, Dental Screenings, Child care nurse consultant, immunizations, blood lead testing	varies with programs 0-21 yrs.	4,000	\$492,713.40	Federal, State, ECI	Funds to cover those who are not Medicaid eligible, but don't make enough to have comprehensive coverage	ALL
Scott County Library	Eldridge	Child Care Home, Licensed Center, library	Outreach to daycare providers	Birth-5 yrs.	Unknown, but about 300 children each month in outreach. More children and parents attend 2 weekly story times at the library		Scott County		Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Share and Care Christian Preschool	Eldridge	Child Care Home, Licensed Center/preschool	Non Profit Preschool	3,4,5	39	\$2,000.00	Parkview Lutheran Church	None	ALL
St. Alphonsus ECEC	Davenport	Licensed Centers, Preschools	Child Care and Preschool	6months-12yrs	70	\$245,000.00	State		ALL
St. Ambrose Children's Campus	Davenport	Licensed Center Preschool	Child care/Preschool		66	\$700,000	State, Local, Private	In child care- what the community can afford and what it really costs to run a high quality program	Communication
St. Paul Lutheran	Davenport	Licensed Center Preschool	Morning preschool	2-6yrs	90	none	Budget is tuition based along with private gifts from church		Communication, Contribution
The Red Apple	Bettendorf	Licensed Center	Child care/Preschool	6wks-10yrs	80-90	N/A	N/A	N/A	Communication
United Neighbors, Inc.	Davenport	Other- Afterschool programs/ summer	After school and summer activity program	5yrs-12yrs	Varies 50-150 per year	\$145,000	United Way, Community Development Block Grant, Federal , local, Private Foundations and Trusts, Donations	Our programs are free of charge to participants- operational and administration expenses are hard to find	Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Vera French Community Mental Health Center	Davenport	Other-Community Mental Health	Psychiatry, individual and family therapy, play therapy, parent and child interaction therapy	psychiatry 1yr and up, therapy 2yr and up	10,000+ annually		Private Insurance reimbursement, Scott County	Uninsured and under insured families, under insured encompasses high deductibles, hi co-pay, and financial difficulties with making co-pay and deductibles	ALL
World Relief	Moline, IL	Refugee/Immigrant Service Provider	Refugee Resettlement, Employment Services, DHS Benefit Services, Immigration Legal Services	0-18yrs	75/year		Federal: Dept. of State, Office of Refugee Resettlement, State: Refugee Social Services, ICIRR, Local: Churches-Private Donations	Long Term Case Management	N/A

3. ADDENDUM

3.1. Provider Gaps, Solutions and Missing Programs Input

The following table provides the input given on gaps, solutions, and missing programs from the Provider Survey. The results are in the verbatim words of the survey responder; 181 surveys were distributed to providers with 53 returned.

Table 38 – Gaps, Solutions, Missing Programs from Provider Surveys

Greatest Problem	Solutions	Missing Programs
Affordable for middle income families access to quality childcare programs	Link the DHS reimbursement to quality standards QRS or NAEYC	
Adequate day care, transportation to preschool	Transportation, funding for providers	Daycare and funding
Access, understanding and utilization of resources and children benchmarks	Increased marketing, utilization of primary care physicians	Entire family based supports-multidimensional testing for @ risk kids(eg. Used substances when pregnant) extracurricular benchmark support
Making sure EVERY child has access to high quality child care and preschool	Continued focus on the issue from state and local areas. Federal changes in CCDBG will drive some changes	
I see a difficult subset that struggles with basic lack of skills (no financial skills, no interpersonal (or harmful) skills, no understanding of nutrition/shopping on a budget/food preparation, mental health(personality disorders) and substance abuse issues. They expect someone to give them services without their own personal investment committed to the process.	Tie in nutrition, budgeting, shopping and food preparation skills to WIC and other food supports that the families must engage in and show competence to receive the supports (Habitat for Humanity concept)	Financial skill enhancement, budgeting, recognizing needs vs. wants, supporting the development of structural routines(disciplines) life style.
Affordable Childcare	Subsidize the childcare providers	There aren't programs for children under preschool age-so centers are starting to remove the infant portion of the programs. Most centers cannot charge enough to run the infant room with a positive income(They lose money).
There are not enough quality care centers. I have a substantial wait list. Also, having a backup for sick children	More quality centers	No opinion
Affording quality care		
Crisis and criminal matters	Resources for crisis intervention	
Poverty	Government funding, food donations, private donations	
Poverty, housing, transportation, child care preschool programs/afterschool, support	Additional funding, more collaborative grouping of agencies/services	Too many stipulations/qualifications, widen scope of services to ages and populations/areas

Greatest Problem	Solutions	Missing Programs
Affordable programs, access to preschool for home daycare providers, early access to AEA services for children with behavioral needs	Transportation services for kids in day care homes to access early childhood programs(partial day), more subsidy for preschool childcare, need early intervention programs for kids with behavior needs	There needs to be resources/services again for children who identify early with behavior needs. If they are failing in the preschools they will never make it in life. Resources to help train staff to work with these kids. They are being passed from center to center with no positive results
There is a need for parenting programs, lack of 3 year old preschools/better early identification	Educational programming, having parents understand education process for special services and point of contact	More 3 year old quality programs, more full day quality preschool programming with developmentally appropriate expectations and adequate support services
Access to High Quality Affordable Childcare	Growth of infant slots, financial support of centers accepting DHS child care assistance	
Access to stable income	Job training more child care assistance, transportation upgrades of public transportation, better preparation for employment in high schools	
Lack of funds to help working families with quality child care and friendly house child care scholarships waiting list is 6-9 months wait	More funds for the program or change the structure to include more families	Quality care provided in in home daycares
Basic needs (housing, food employment, social support) interfere with functioning, lack of knowledge of health child rearing practices	We have specific projects that do both resource and referral and parent education	Not enough child care/preschool slots, transportation for child care/ preschool, some organizations do not collaborate or refer the way they should
Transportation to the services OR transportation of services to parents	Neighborhood based delivery models	
Parenting skills, parent education needed.	Improve economy for jobs, education levels of parents	Stable, secure homes with 2 parents, employed parents. Daycare/preschool is NOT home.
Children who are eligible for kindergarten but are not developmentally ready have few choices	Funding for 5 year olds with different income guidelines because they attend more hours	See above programming for young funds
High quality day care, transportation to/from preschool		
We need services that work together for the good of the children		

Greatest Problem	Solutions	Missing Programs
Children and DHS funding-but not enough funds to help them out, DHS funding is low, child care scholarships line too long, no funds while waiting	Additional funds to assist those stuck in the middle-programs the ability or more ability to help them.	Speech screenings, parents need help learning to finance
Fatherlessness	We are growing our Dad's programs and collaborating with other community agencies in this area more	
Inappropriate pre-natal care, and care and education for newborn-5 years	Parents actively participate and nurture their children	
Early Intervention for Mental Health	Better Identification	
High quality child care at affordable prices		
Enough child care/family services	More funding/ scholarships to help families	Family fun education
Lack of ability to obtain resources	Education, transportation services	Lack of mental health services, early education programs
Food and housing issues, Quality affordable child care, care for infants and toddlers		
Transportation, understanding their insurance benefits, understanding resources available to them	Funding and staff	Need more home visiting programs for families, advocates
Finding quality child care that they can afford		
Lack of supervision, NO interest in their child's education, difficulty in dealing with discipline	Parenting classes	
HIGH quality child care they can afford	Funding the true cost of care	Health care, transportation, parenting classes/support, resources, funding for child care, value of childhood, advocacy for children and families in poverty, value of working mother's lack of investment on employers part
Financial resources to obtain access to programs, transportation		
Lack of child care openings in the community	Expansion at our center	
Adequate care, affordable care, community support	Expansion and education of care facilities available, more funding to increase participation	Computer education for preschoolers, more focus on being active and not stationary, health

3.2. Provider Stakeholder Workshop Summary

Scott County Kids Provider Workshop Meeting Notes (5-14-15)

The SCKECI Vision and Mission were provided at the meeting. The Vision was used to start the conversation. The blue dots represent votes from the providers present on what they felt was the most important items discussed. Each provider was given three votes. Eight people were in attendance.

Vision

1. What does healthy and successful mean to you?
 - Reaching typical milestones (i.e. walking) ●
 - Medical needs identified right away (i.e. hearing)
 - Medical needs satisfied ●
 - Mental health services provided (if needed) ●
 - Nutritional literacy
 - Vaccinations
 - Mental health services/ with conjoining family health services ● ● ●
 - Safe environmental spaces (i.e. free of lead paint)
 - Access to affordable healthy food
 - Low obesity rates
 - School ready/ successful in schools/ no standardized tests
 - Socially ready ●
 - Being able to overcome poverty obstacles ● ● ●
2. How can Scott County Kids support every child to be healthy and successful?
 - Parent education ●
 - Making resources easily obtainable for parents/ and following back up ●
 - Help with barriers to assist in need families/ help with contacts ● ● ● ●
 - Making Fathers roles more significant/ Fatherhood Initiative ●
 - Knowing who to contact for what programs
 - Understanding cultural differences of “parenting” and how to work together ● ● ● ●
 - Mentor program for parents ●
 - Helping Dad’s in jail – “Idiom: Man’s family serves his jail time with him” ●
 - Helping overcome barriers from poverty

Mission

1. What things are working well in supporting the Mission?
 - A lot of options in programs
 - Choice in Home Visitation programs
 - Continuum of services
2. What could be fixed or improved to help support the Mission?
 - Open communication
 - More networking opportunities
 - Need to have Trinity included
 - Informal brown bag meetings
 - Coordinated Intake – particularly with Trinity services

Provider Questions

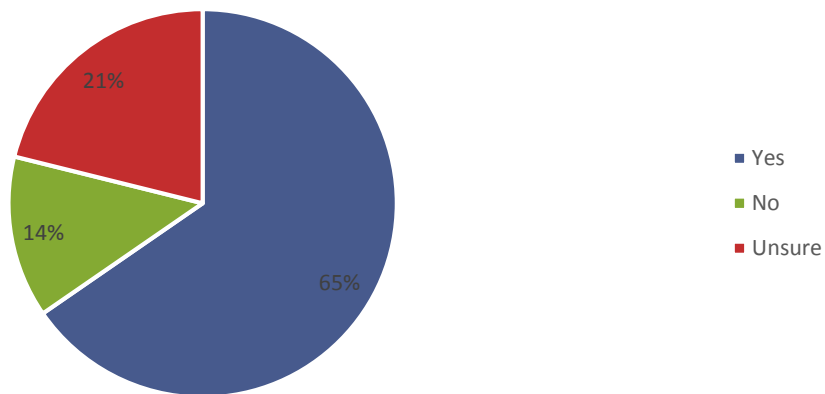
1. What are your client issues and challenges?
 - Transportation
 - Losing childcare subsidies
 - Meeting basic needs (survival vs. thriving)
 - Infant mental health
 - Financial support for in home visits
2. What are your agency issues and challenges?
 - Interagency cooperation
 - Networking/ relationships
 - Extra assistance for special needs training
 - Consistent programs and staff
 - Positive home visits
3. What one area of focus has the largest impact on the health and success of children in Scott County and why?
 - Poverty (health, transportation, behavior, family life)
 - Helping the “working poor”
 - Family
 - Mental health
4. What can be done to provide more information or link parents with affordable quality learning environments for children? What do you think a quality learning environment is?
 - Utilize Scott County Kids website for resources
 - Scott County Kids resource guide
 - InfoLink/ printed local guide
 - Providing “models” of positive behaviors
 - Partnerships with other community organizations (churches, united neighbors)
 - Having free activities to promote resources/ messages
 - Use social media, text messaging, swap sites
5. Based on the Vision, are there any other issues that haven’t been mentioned that would be good for Scott County?

3.3. Parent Survey Summary

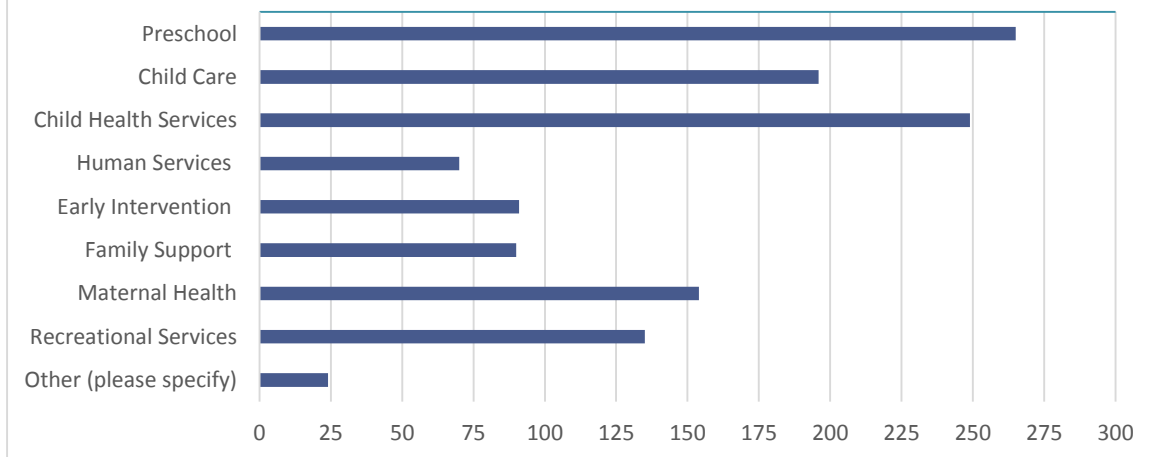
Parent Survey Results

Total of 445 Responses

1. In Scott County, do you think existing early childhood services/resources meet your family's needs?

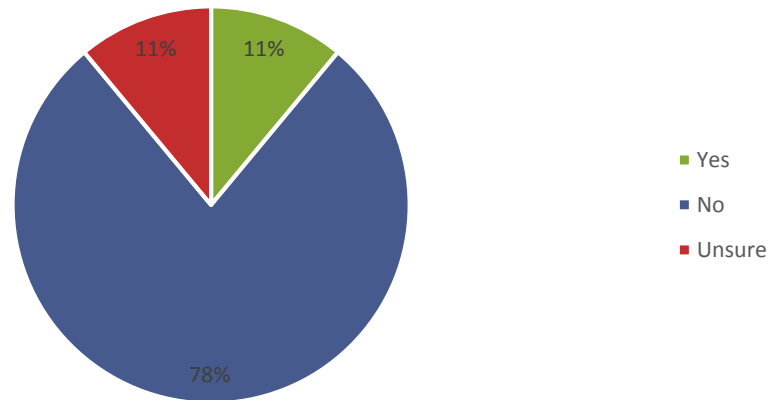


2. Which if any of the following services have you utilized for your family? Check all that apply.



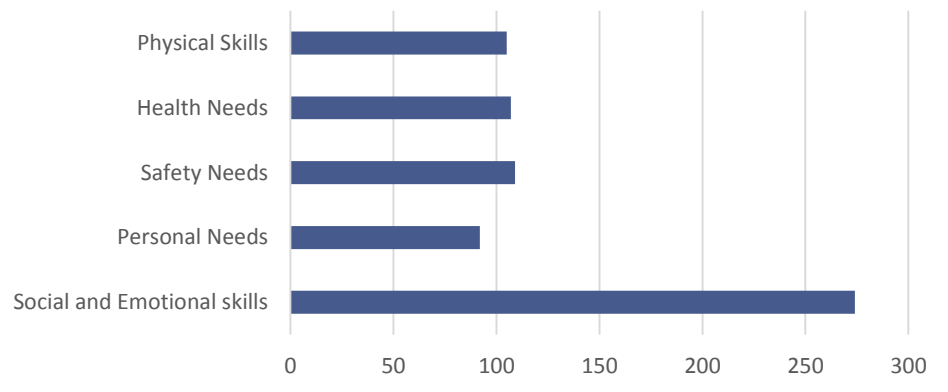
Question 2 Other: HyVee Dietician help and assistance (1); Parenting Classes (1); Family Development and Self-Sufficiency (1); Bright Beginnings (1); YMCA (1); Reading intervention (1); Libraries (1); music classes (1); Scott County Park campground and pool (1); We haven't utilized any County-provided services (1); Because we make too much money, we've had to do everything on our own (1); No Answer/None (13).

3. Has your family ever needed any early childhood services/resources that aren't available?

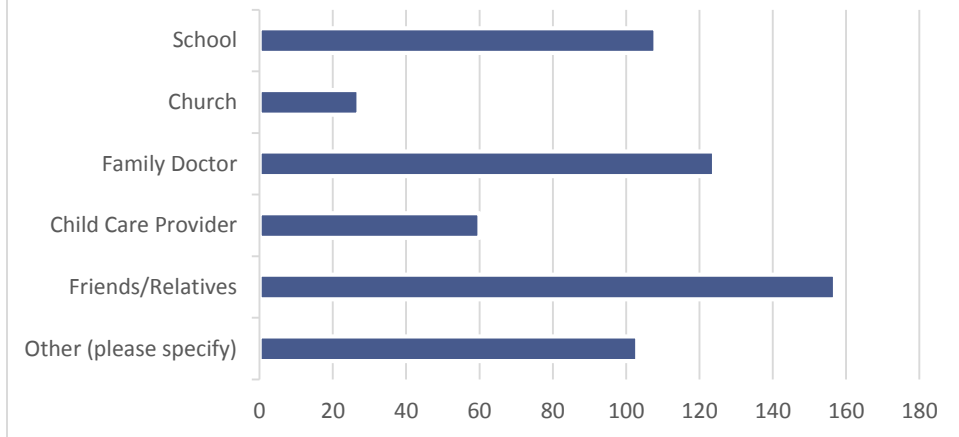


Question 3 Desired Services/Resources: Parental programs (1); financial help (5), daycare (after school, summer, quality) (9); free programs (1); support networks for kids in similar age groups (1); speech therapy (2); preschool (11); physical therapy (2); services for older children (1); dyslexia (1); behavior (1); medical aide for child under 2 in daycare setting (1); transportation to preschool (1)

4. For your child(ren), what do you think is the most important thing they need to be ready to start school and succeed?

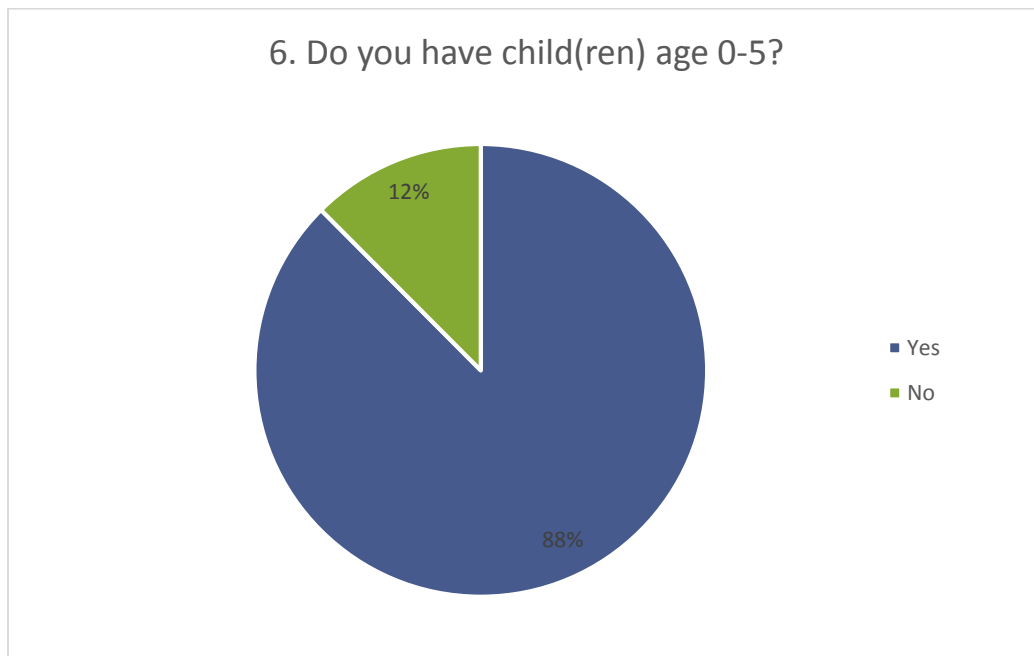


5. If your family needs more information on early childhood topics, where do you seek answers?



Question 5 Other: AEA (4); Coworkers (2); Bright Beginnings (25); FSW (17); Iowa State Extension (1); Internet (25); NEST (4); United Neighbors (1); Medical Professional (2); Pregnancy Resources (2); Women's Choice (1); Moms Groups (2); All of the Above (8); Speech Therapist (1); Books (2); No Answer (9)

6. Do you have child(ren) age 0-5?



Average number of children age 0-5 was 1.5

3.4. Early Childhood Iowa Funding Program Performance Measures Trend Data

ECI Funded Program Performance Measures Trend Data

Definition: *Performance Measures measure the success of a service, product, or activity. They measure the population served by a particular service, product or activity. There are four types of performance measures: input, output, quality/efficiency and outcome.*

Definition: *Goals/benchmarks are standards against which something can be measured or assessed. The goal should include the projected timeline for meeting the goal.*

Type of Service:	Growth Fund Program					
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)			Optional Trend Graph(s)
FY15(baseline):	\$66,000		Reduced number of centers participated.			
FY16:	\$89,987 (contracted)	\$6660 In-kind, DHS, FCF.	Six centers from FY15, four centers to begin in FY16.			
FY17:	Data not yet available.	Data not yet available.	Data not yet available.			
Goal/Benchmark:						
Outputs	# of visits to center by Consultant	# centers participating	# Part NR, DHS-R, DHS-L, DE-Reg.	# of TA Contacts	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	41	7	7 DHS-L	125	Exceeded expected # of visits and contacts.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	28	7 (revised)	7	33		
Quality/Efficiency	% of Centers Particip. In Quality Initiative	# of Training In; EL, FS, SN, HMHN	Cost/Program	Cost/Training	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	100%	12-EL	\$8,285.71	\$2,000	On target (w/ reduced number of centers).	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	100%	12-EL	\$8,286	\$2,000		

Type of Service:	Growth Fund Program		
Outcomes	% of Centers that Complete Business Plan	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	85.7%	One of the 7 centers stopped participating.	
FY16:	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	
Goal/Benchmark:	100%		

Type of Service:	Early Head Start			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$118,373		24 slots at Mid-City High, 8 slots at Goose Creek.	
FY16:	\$124,869 (contracted)		24 slots at Mid-City High, 8 slots at Goose Creek.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	Data not yet available.	Data not yet available.	Data not yet available.	
Outputs	# of Children Served by Age		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	6 Prenatal 17 0-1 year olds 4 1-2 year olds 11 2-3 year olds		On target.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	Serve 32 children.			
Quality/Efficiency	#/% Children Screened	Cost/Child	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	37/100%	\$3,699.16	On target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	100%	\$3,699		
Outcomes	#/% of Children Demonstrating Age Appropriate Skills	#/% Referred for Additional Services	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	42/82%	3/6%	100% screened, some children were prenatal, some briefly served.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	91%	3		

Type of Service:	Lincoln Head Start			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$23,836		18 slots, 2 hours of 6 hour day	
FY16:	\$24,022 (contracted)		18 slots, 2 hours of 6 hour day	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# Children by Age		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	9 3-4 year olds 9 4-5 year olds		On target.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	18 slots			
Quality/Efficiency	#/% Children Screened	Cost/Child	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	18/100%	\$1,500.39	On target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	100%	\$1,500		
Outcomes	#/% Demonstrating Age Appropriate Skills	#/% Referred for Additional Services	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	15/83%	3/17%	On target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	83%	3	On target.	

Type of Service:	Roosevelt Head Start			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$51,387		18 slots, 3 hours of 10 hour day	
FY16:	\$53,736 (contracted)		18 slots, 3 hours of 10 hour day	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# Children Served by Age		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	6 3-4 year olds 12 4-5 year olds		On target.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	18 slots			
Quality/Efficiency	#/% Children Screened	Cost/Child	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	18/100%	\$2,854	On target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	100%	\$2,888		
Outcomes	#/% Demonstrating Age Appropriate Skills	#/% Referred for Additional Services	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	16/88%	2/12%	On target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	88%	2		

Type of Service:	CPR 1st Aid Scholarships			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$12,139		127 CPR/1 st Aid certifications	
FY16:	\$15,000 (budgeted)		136 CPR/1 st Aid certifications	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# Total Trainings		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	20		Increased number of classes.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	15			
Quality/Efficiency	Cost/Training		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$110		On target.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	\$110			
Outcomes	Child Care Providers CPR/1 st Aid Certified		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	112		Did not meet expectation.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	127			

Type of Service:	AIM4Excellence			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$14,983		Four participants.	
FY16:	\$36,800 (contracted)		Ten participants.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# Credit Bearing Activities in; EL, FS, SN, HMHN		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	1-EL		On target.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	1-EL			
Quality/Efficiency	% Credit-Bearing Activities in each category; EL, FS, SN, HMHN	Cost/Participant	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	100%-EL	\$3,752.50	Cost variance due to incentives.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	100%	\$3,680.00		
Outcomes	# of Participants In Credit-Bearing Activities Unduplicated		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	4		Effected by Tool G.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	10			

Type of Service:	Quality Child Care Enhancements				
Inputs	Total ECI Investment	Total Additional Funding		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$83,622			Nine month contract.	
FY16:	\$86,563 (contracted)			Twelve month contract.	
FY17:	Data not yet available.	Data not yet available.		Data not yet available.	
Goal/Benchmark:					
Outputs	# of Programs Participating	# of Visits Completed	# of Technical Assistance Contacts	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	216	248	419	Exceeded target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	200	200	400		
Quality/Efficiency	# of Programs QRS 3,4,5			Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	23/216-11%			Exceeded target.	
FY16:	Data not yet available.			Data not yet available.	
FY17:	Data not yet available.			Data not yet available.	
Goal/Benchmark:	10%				
Outcomes	% of Programs Participating in a Quality Initiative			Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	54/216-25%			Exceeded target.	
FY16:	Data not yet available.			Data not yet available.	
FY17:	Data not yet available.			Data not yet available.	
Goal/Benchmark:	20				

Type of Service:	Child Care Nurse Consultant							
Inputs	Total ECI Investment		Total Additional Funding		Progress Update (Analysis)		Optional Trend Graph(s)	
FY15(baseline):	\$89,721		\$11,570		Health and safety technical assistance, immunizations, training.			
FY16:	\$93,597 (contracted)		\$11,753		Health and safety technical assistance, immunizations, training.			
FY17:	Data not yet available.		Data not yet available.		Data not yet available.			
Goal/Benchmark:								
Outputs	# Visits by Consultant	# Programs Participating with CCNC	% Child w/ Special Needs with Plan at Child Care Facility		# of Technical Assistance Visits	Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	140 Centers, 29 Homes	36 Centers, 16 Homes	50% Centers, 50% Homes		254 Centers, 39 Homes	Visits and technical assistance to homes exceeded expectations. Participation of homes below.		
FY16:	Data not yet available.	Data not yet available.	Data not yet available.		Data not yet available.	Data not yet available.		
FY17:	Data not yet available.	Data not yet available.	Data not yet available.		Data not yet available.	Data not yet available.		
Goal/Benchmark:	100-Centers, 30-Homes	50-Centers, 15-Homes	60% Centers, 60% Homes		120-Centers, 40-Homes			
Quality/Efficiency	#/% Participating In Quality Initiative			Cost/Programs Per Visit		Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	16/44% Centers, 3/19% Homes			\$585.76		Progressing to increase participation in Quality Initiatives.		
FY16:	Data not yet available.			Data not yet available.		Data not yet available.		
FY17:	Data not yet available.			Data not yet available.		Data not yet available.		
Goal/Benchmark:	25/50%-Centers, 8/53%-Homes			Not estimated.				
Outcomes	% Child w/ Special Needs with Plan at Child Care Facility			% of Programs Receiving On-Site Assessment and Consultation that Improve Health and Safety Conditions in their Early Learning Environments		Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	50% Centers, 50% Homes			89%-Centers, 81%-Homes		Center participation very close to target. Home participation below.		
FY16:	Data not yet available.			Data not yet available.		Data not yet available.		
FY17:	Data not yet available.			Data not yet available.		Data not yet available.		
Goal/Benchmark:	83%-Centers, 83%-Homes			90%-Centers, 90%-Homes				

Type of Service:	Child Care Scholarships EC			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$68,256		Based on family size and income, care must be DHS licensed or registered.	
FY16:	\$71,838 (contracted)		Based on family size and income, care must be DHS licensed or registered.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# Scholarship Applications Processed	# of Children Served	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	131	41	Exceeded target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	71	30		
Quality/Efficiency	Cost/child		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$1,502		Cost is lower than anticipated.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	\$2,064			
Outcomes	#/% Children Screened for Age Appropriate Skills, Behavior, Dental, Hearing, Vision	#/% Referred for Additional Services	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	36/78%	3/3%	Percentage of children screened and referred to additional services fell below expectations.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	30/100%	5/17%		

Type of Service:	Child Care Scholarships SR			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$69,213		Based on family size and income, care must be DHS licensed or registered.	
FY16:	\$66,714 (contracted)		Based on family size and income, care must be DHS licensed or registered.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# Scholarship Applications Processed	# of Children Served	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	131	42		
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	71	30		
Quality/Efficiency	Cost/Child		Progress Update (Analysis)	Optional Trend Graph(s)
FY15baseline):	\$2,064		Exceeded target.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	\$1,502			
Outcomes	#/% Children Screened for Age Appropriate Skills, Behavior, Dental, Hearing, Vision	#/% Referred for Additional Services	Progress Update (Analysis)	Optional Trend Graph(s)
FY15baseline):	36/78%	3/3%	Percentage of children screened and referred to additional services fell below expectations.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	30/100%	5/17%		

Type of Service:	Preschool Scholarships			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$268,047		Preschools must be QPPS verified or NAEYC accredited.	
FY16:	\$265,167 (contracted)		Reduction due to funds available.	
FY17:	Data not yet available	Data not yet available	Data not yet available	
Goal/Benchmark:				
Outputs	# Scholarship Applications Processed	# of Children Served	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	131	42	Targets exceeded.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available	Data not yet available	Data not yet available	
Goal/Benchmark:	89	35		
Quality/Efficiency	Cost/child		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$1,246		Target exceeded; children 'age out' to kindergarten allowing more to be served.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	\$2,446			
Outcomes	#/% Children Screened for Age Appropriate Skills, Behavior, Dental, Hearing, Vision	#/% Referred for Additional Services	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	120/97%	4/3%	Close to target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	105/100%	3 /9%		

Type of Service:	Parenting Inside Out PIO			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$54,675		Evidence based, incarcerated fathers.	
FY16:	\$75,987 (contracted)		Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# of Fathers Participating	# of Classes Provided	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	66	80	Number of fathers exceeded target.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	56	80		
Quality/Efficiency	Cost/Father	# of Community Referrals	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$828	208	Adjusted mid-year.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	\$1,216	168		
Outcomes	Participating Families that Increase or Maintain Social Supports	Participating Families that Improve Nurturing and Attachment Between Parent(s) and Child(ren)	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	56%	48%	n/a	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	n/a	n/a		

Type of Service:	Universal Assessment			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$212,202			
FY16:	\$0		Now funding Family Connects.	
FY17:	N/A	N/A	N/A	
Goal/Benchmark:				
Outputs	# Universal Assessments Completed		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	1,850		Exceeded target.	
FY16:	N/A		N/A	
FY17:	N/A		N/A	
Goal/Benchmark:	1,697			
Quality/Efficiency	Cost/Health Promotion Visit		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$138.11		Slightly exceeded.	
FY16:	N/A		N/A	
FY17:	N/A		N/A	
Goal/Benchmark:	\$135.58			
Outcomes	# Health Promotion Visits		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	681		Did not meet expectation.	
FY16:	N/A		N/A	
FY17:	N/A		N/A	
Goal/Benchmark:	851			

Type of Service:	Bright Beginnings					
Inputs	Total ECI Investment		Total Additional Funding	Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	\$331,353			Iowa Family Support Credential.		
FY16:	\$375,795 (contracted)			Renewed Iowa Family Support Credential.		
FY17:	Data not yet available.		Data not yet available.	Data not yet available.		
Goal/Benchmark:						
Outputs	# Families Referred	# Families Enrolled	# Home Visits	Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	118	63	3,448	Number of referred & enrolled families has decreased with the implementation of coordinated intake.		
FY16:	Data not yet available	Data not yet available	Data not yet available	Data not yet available		
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	Data not yet available.		
Goal/Benchmark:	250	150	3,393			
Quality/Efficiency	# of Children that were Referred to Early Intervention Services			Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	27			N/A		
FY16:	Data not yet available.			Data not yet available.		
FY17:	Data not yet available.			Data not yet available.		
Goal/Benchmark:	N/A					
Outcomes	Participating Families that Increase or Maintain Social Supports	Participating Families that are Connected to more Concrete Supports		Progress Update (Analysis)		Optional Trend Graph(s)
FY15(baseline):	66%	76%		N/A		
FY16:	Data not yet available.	Data not yet available.		Data not yet available.		
FY17:	Data not yet available.	Data not yet available.		Data not yet available.		
Goal/Benchmark:	N/A	N/A				

Type of Service:	NEST			
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	N/A	N/A	Component of Bright Beginnings budget.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:				
Outputs	# families participating	# group sessions offered	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	61	47	Slightly fewer group sessions offered.	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	60	50		
Quality/Efficiency	Cost/Family		Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	\$1,037.26		Increased cost.	
FY16:	Data not yet available.		Data not yet available.	
FY17:	Data not yet available.		Data not yet available.	
Goal/Benchmark:	\$779			
Outcomes	Participating Families that Increase or Maintain Social Supports.	Participating Families that Increase Knowledge about Child Development and Parenting.	Progress Update (Analysis)	Optional Trend Graph(s)
FY15(baseline):	73%	41%	N/A	
FY16:	Data not yet available.	Data not yet available.	Data not yet available.	
FY17:	Data not yet available.	Data not yet available.	Data not yet available.	
Goal/Benchmark:	N/A	N/A		