



**CEDAR/JONES**  
**EARLY CHILDHOOD IOWA**

# ***Early Childhood Community Plan***

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# INTRODUCTION AND OVERVIEW

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## PURPOSE OF THE PLAN

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The purpose of the Early Childhood Plan is to guide local efforts to improve the lives of children prenatal through five years of age in Cedar and Jones Counties. Created to be a collaborative tool to facilitate decision making and planning, the Community Plan reviews community data, partner needs assessments, focus group discussions, survey results, and financial investments in young children. This Community Plan identifies early childhood strengths and challenges in Cedar and Jones counties. Leaders in a community should be able to use the plan, set priorities, and guide decision-making.

This document is in fact, a living, breathing, ever-changing document that reflects the early childhood culture of the Cedar/Jones Early Childhood Iowa area regarding children 0 through 5 years of age and their families. Trend data and content updates are done annually.

It is the goal that this Early Childhood Community Plan will be utilized:

- to understand the needs of young children and their families in Cedar and Jones Counties,
- to understand the data collection, community input, and needs assessment that was done to establish such priorities,
- to reference this document to understand early childhood services in the Cedar/Jones ECI area,
- to understand collaborative efforts amongst providers in serving the area's youngest,
- to understand the area's dedication to quality services,
- to understand the blending and braiding of funds utilized to support Iowa's Early Care, Health, and Education system, and
- to collectively work together to move the local early care, health, and education system forward.

This Early Childhood Community Plan was framed and created through the collaborative work of community members and organizations serving children and their families in Cedar and Jones counties. The following organizations are part of our local system and provided input into the community planning process and are part of the on-going work to address the goals and priorities identified in this plan.

- Hawkeye Area Community Action Program (HACAP)
- Community Action of Eastern Iowa (CAEI)
- Child Care Resource & Referral (CCR&R) – Region 5
- ISU Extension and Outreach – Cedar County
- ISU Extension and Outreach – Jones County
- Community Partnership for Protecting Children (CPPC) – Cedar & Jones
- Families First Child Abuse Prevention Council – Cedar County
- Jones County Family Council
- Unity Point Trinity Muscatine Public Health
- Dental Providers in Cedar & Jones Counties
- Cedar County School Districts -- Bennett, Durant, North Cedar, Tipton, & West Branch
- Jones County School Districts – Anamosa, Midland, Monticello, & Olin
- Head Start & Early Head Start, Anamosa, Monticello, & Tipton
- St. John's Day Care Center, Monticello
- West Branch Community Child Care Center
- Kidz R Us & Kidz R Us Too, Anamosa
- Little Lion Learning Center, Olin
- Cedar County Public Health
- Jones County Public Health
- Tipton Adaptive Day Care, Tipton
- Campus for Kids, Durant
- Mother Goose Preschool, Monticello
- Sacred Heart Preschool, Monticello
- St. Patrick's Preschool, Anamosa
- Little Friends Preschool, Tipton
- Cedar & Jones Counties Libraries
- Abbe Center for Mental Health
- Jones Regional Medical Center
- Dept. of Human Services
- Johnson County Public Health
- Lutheran Services in Iowa (LSI)
- Grant Wood AEA

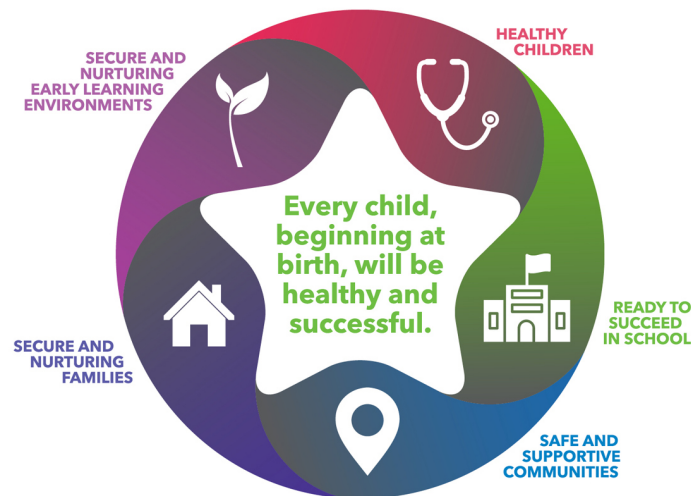
## BRIEF HISTORY

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Early Childhood Iowa (ECI) (formerly Community Empowerment) was established in Iowa Code in 1998 to create a partnership between communities and state government to improve the well-being of children ages 0-5 and their families. This law created a system and framework that enabled legislators to provide funding for early childhood services through local area boards covering all 99 counties. Within ECI areas, local citizens lead collaborative efforts to unite agencies, organizations, business, and community partners to speak one message – All children, beginning at birth, will be healthy and successful.

The statewide system consists of three parts: a State Early Childhood Iowa leadership board, the Stakeholders Alliance advisory group, and local ECI areas. Together the Early Childhood Iowa system is tasked with ensuring that our children are healthy, ready to succeed in school, grow up in safe and supportive communities with secure and nurturing families, and have access to secure and nurturing early learning environments.

### OUR VISION FOR IOWA'S CHILDREN:



ECI brings communities together – parents; childcare, human service, and health care providers; educators; business community; and the faith community – to identify strengths, needs, and gaps in services in the community. Through the identification of the community's gaps in services, ECI area boards provide tools and resources to fully engage young children in learning opportunities so they can grow to be healthy, productive, and well-rounded students, parents, workers, and leaders.

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# EARLY CHILDHOOD AREA

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## SNAPSHOT

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Following a State of Iowa restructure and a merger of Cedar and Jones County ECI Areas, Cedar/Jones ECI was designated as an ECI area in July of 2012. The purpose of Cedar/Jones Early Childhood Iowa is to empower and enable local citizens to lead collaborative efforts on behalf of children 0-5 years of age and families residing in Cedar and Jones counties.

## VISION & MISSION

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The Cedar/Jones Early Childhood Iowa Board supports the State of Iowa vision:

- **Vision** – *Every child, beginning at birth will be healthy and successful.*
- **Mission** – *To strengthen the health, education, and well-being of children 0-5 and their families, providing services and increasing the quality of these services through collaboration and support.*

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### BASED ON THE PRINCIPLES OF

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- ❖ Children and their families as first priority
- ❖ Partnerships that avoid duplication
- ❖ Focus on outcomes
- ❖ To the extent possible, services should be accessible within the community
- ❖ Need-based services
- ❖ Assessment for continuous improvement
- ❖ Efficient, consumer-friendly service delivery
- ❖ Open collaborative, communications

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## ELIGIBILITY FOR SERVICES

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All children 0-5 and their families living within the Cedar/Jones ECI area are eligible for services funded by Cedar/Jones Early Childhood Iowa.

The Cedar/Jones ECI Board recognizes that not all needs and services for young children are clear-cut and fall under the premises of our area. Sometimes children in need of services fall through the cracks, despite what we consider clear and well-defined boundaries between ECI areas. Our community partners work hard to make referrals to services closest to where the individual resides.

In the event that an individual is not eligible for services in their ECI area and/or chooses to utilize services in the Cedar/Jones ECI area while not meeting current eligibility, the Board will evaluate individual requests for consideration of services. The Board believes that while some may deem looking at children and their families on an individual basis to be time consuming and subjective, this can be ultimately necessary to make sure that all children receive services.

While specific procedures are not in place with other ECI area boards regarding services for young children, the Cedar/Jones ECI policy allows for evaluation of individuals and their situations in an ever-changing system of delivery for early childhood services.

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## OVERVIEW OF CEDAR/JONES SERVICE AREA

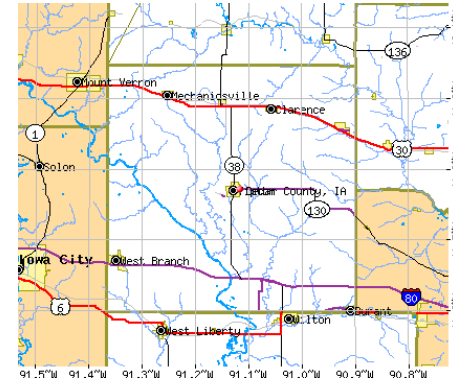
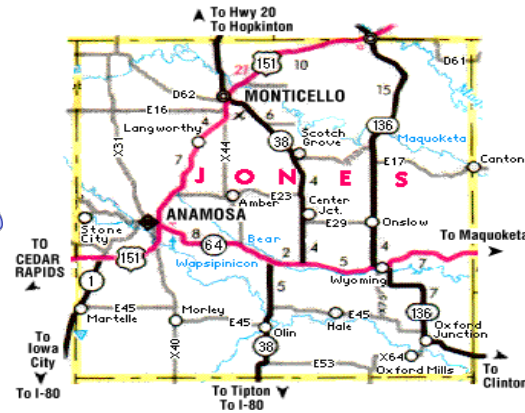
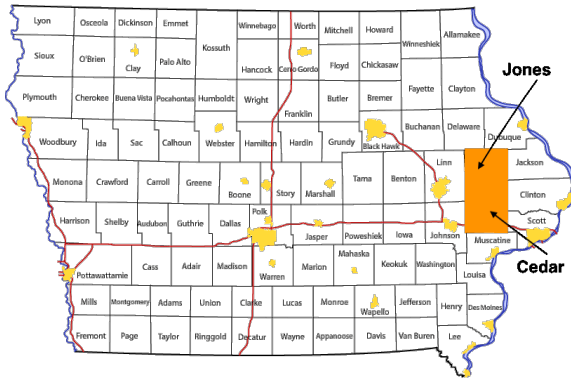
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Cedar/Jones Early Childhood Iowa serves the counties of Cedar and Jones located in East Central Iowa. Predominately rural, the region has six (6) towns that have populations in excess of 1,000 persons and ten (10) towns with a population under 1000. Larger towns offer basic amenities, such as groceries, health care services, and limited retail. Other smaller towns in the area often rely on their local convenience store or gas station for quick access to basic or essential items.

Jones County encompasses 9 incorporated communities and their surrounding rural areas, including Anamosa, Cascade (part of), Martelle, Monticello, Morley, Olin, Onslow, Oxford Junction, and Wyoming. The county seat is Anamosa and has a land area of 575 square miles and approximately 36 persons per square mile. Jones County is within a 30-50 minute drive to the Cedar Rapids, Dubuque, and Iowa City areas. Major highways include U.S. 151 along with Highways 64, 38, 136 and 1. Counties bordering Jones County include Delaware, Dubuque, Jackson, Cedar, Clinton, and Linn. Jones County is named after George Wallace Jones, a United States Senator and member of Congress.

Cedar County encompasses 8 incorporated communities and their surrounding rural areas, including Bennett, Clarence, Durant, Lowden, Mechanicsville, Stanwood, Tipton, and West Branch. Tipton is the county seat for Cedar County which has a land area of 580 square miles

and has approximately 32 persons per square mile. Cedar County is positioned between and contiguous with Clinton, Jones, Johnson, Linn, Muscatine, and Scott counties and is within a 15-45-minute drive to Iowa City, Muscatine, and Davenport. Major highways include US Highways 30 and Route 6 and Highways 38 and 30, and 130, and Interstate 80. Cedar County is named for the Cedar River, which runs through the county and is the only Iowa county which has a name which is also the name of a tree. Cedar County has the distinction of being one of thirteen counties in the United States that houses a Presidential library – the Herbert Hoover Library, located in West Branch.



There are 9 public school districts within the area, serving kindergarten through 12th grade students with enrollments ranging from 69 students to 1187 students. Jones County also has 2 private, parochial schools, one in Anamosa and one in Monticello. All public and parochial schools also offer various preschool options. Kirkwood Community College has satellite educational centers in both Monticello and Tipton.

Residents of the area travel to one regional hospital in the area, eight small medical clinics, limited mental health services and many times to a more urban area for other specialized services. Transportation is the number one barrier to receiving and utilizing services.

Compared to other Iowa counties, Cedar and Jones Counties have an unusually high number of Agriculture, Forestry, Fishing & Hunting, (5 times higher than expected), Manufacturing (1.57 times), and Utilities (1.4 times) industries.

Employees in both Cedar and Jones counties have a shorter commute time than the normal US worker with the average being 23.1 minutes. Additionally, 1.1% of the workforce in Cedar County and 2.51% of the workforce in Jones County have “super commutes” in excess of 90 minutes.



## POPULATION

Total population in Cedar County is estimated at 18,627. Tipton is the largest community in Cedar County with a population of 3,223, followed by West Branch with a population of 2,492. Tipton and West Branch's population represents just 17.3% and 13.4% respectively of the total population of Cedar County with an additional 31% of residents residing in the other 6 remaining small towns and 38.5% in the rural areas.

Population in Jones County is estimated at 20,681 with Anamosa and Monticello being the major population centers and representing 45.5% of the county's population. 11.7% of the county's total population reside in the other small towns while 57.2% inhabit rural areas.

Persons under 5 year of age represent 5.1% of the population in Cedar County and 5.3% in Jones County. Over the last 8 years there has been an average of 185 births in Cedar County and 207 births in Jones County.

Population by community			
Cedar		Jones	
Town	Population	Town	Population
Bennett	378	Anamosa	5,537
Clarence	975	Martelle	250
Durant	1,864	Monticello	3,880
Lowden	773	Morley	113
Mechanicsville	1,129	Olin	687
Stanwood	658	Onslow	193
Tipton	3,223	Oxford Junction	658
West Branch	2,492	Wyoming	515
Source: census.gov 2019 estimates			

Population by age			
Cedar		Jones	
Total Population	Age 0-5	Total Population	Age 0-5
18,627	950	20,681	1,096
Percent of Population	5.10%	Percent of Population	5.30%
Source: census.gov 2019 estimates			

## DIVERSITY

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Increasing diversity is a state-wide trend that slowly is showing up in our rural communities. According to the US Census Bureau, White race in Cedar County decreased from 98.5% in 2000 to an estimated 97.2% in 2019. Similar trends were seen in Jones County with the White race decreasing from 96.7% in 2000 to an estimated 95.5% in 2019.

Other race categories increased slightly, with the largest increases for the total population identifying as Black/African American in Jones County and Hispanic in Cedar County. The State of Iowa also saw its largest population increases in the Hispanic race.

Ethnicity	Cedar		Jones		Iowa	
	2000	2019	2000	2019	2000	2019
White	98.5%	97.20%	96.70%	95.50%	93.90%	90.60%
Black/African American	0.2%	0.60%	1.80%	2.70%	2.10%	4.10%
American Indian & Alaska Native	0.2%	0.20%	0.30%	0.40%	0.30%	0.50%
Asian	0.3%	0.60%	0.20%	0.60%	1.30%	2.70%
Native Hawaiian/Pacific Island	--	0.10%	--	--	--	0.20%
Hispanic	0.9%	2.30%	1.10%	2.20%	2.80%	6.30%

## INCOME, UNEMPLOYMENT, HOUSING, & POVERTY

In 2019, the annual median household income in the area ranged from \$65,791 in Cedar County to \$56,012 in Jones County, a difference of more \$11,000 per year. Income levels for Cedar and Jones counties fell between the State of Iowa median house income of \$58,580. The median household income in Jones County declined from the previous year's value of \$58,391 and Cedar County increased from the previous year's value of \$62,555.

Data consistently shows that Jones County has a higher number of residents in poverty than does Cedar County, but the gap in difference narrows when factoring in ALICE (Asset Limited, Income Constrained, Employed) data. 26% of households in Jones County are considered ALICE Households compared to this same figure of 23% in Cedar County.

Median Household Income	
	2014-2018
Cedar	\$65,791
Jones	\$56,012
Iowa	\$58,580
Percent Persons in Poverty	
	2018
Cedar	7.60%
Jones	11.40%
Iowa	11.2%

Unemployment rates in 2019 in Cedar County were below the state average while the percent change in August of 2020 was less in both counties compared to the State of Iowa.

Economic Condition Scores by County United Way ALICE Report 2016				
County	Housing Affordability	Job opportunities	Community resources	% ALICE & Poverty
Cedar	Fair	Good	Fair	23.0%
Jones	Fair	Fair	Fair	25.0%

Housing Data		
	Cedar	Jones
Housing Units (2019)	8,271	8,998
Owner occupied housing unit rate 2014-2018	80.50%	75.60%
Median Gross Rent, 2014-2018	\$711	\$659
Households, 2014-2018	7546	8204
Persons per household, 204-2018	2.40	2.35
Living in the same house 1 year ago	92.2%	88.3%
Source: census.gov Quick Facts		

Unemployment Rate			
	2019 Annual	Aug. 2020	Percent Change
Cedar	2.50%	4.70%	188.00%
Jones	3.20%	6.10%	190.00%
Iowa	2.70%	5.90%	218.0%

## EDUCATION

94.9% of residents in Cedar County hold a high school diploma compared to 91.7% in Jones County. Similarly, 23% of residents in Cedar County hold a bachelor's degree or higher compared to 18.4% in Jones County with both counties falling below the state average of 28.2%.

There are 9 public school districts and 2 private parochial schools in Cedar and Jones counties. Changes in public schools over the years has resulted in larger districts that serve many small communities. Some of these districts have buildings with different age groups in different towns, with buildings being 7-18 miles apart. The Midland Community School District provides the area's largest coverage for a district with 240 square miles. Some schools partner with neighboring school districts to serve older students. The Bennett CSD and Olin CSD have only elementary buildings in their districts.

All public and parochial schools in the area participate in the Statewide Voluntary Preschool Program (SWVPP), offering free preschool for four-year-old children. A varying number of schools also provide space in their buildings for partnering Dept. of Human Services three-year-old preschool programs and before and after school programming.

Education (persons age 25 + years 2014-2018)			
	Cedar	Jones	Iowa
High school graduate or higher	94.90%	91.70%	92.00%
Bachelor's degree or higher	23.00%	18.40%	28.20%

Cedar County School Data (Iowa Dept. of Ed)			
District	Total Enrollment 2019	Free/Reduced Lunch Eligible Students 2019	
		#	%
Bennett	71	32	45.1%
Durant	624	180	28.8%
North Cedar	614	260	42.3%
Tipton	949	244	25.7%
West Branch	770	187	24.3%

Jones County School Data (Iowa Dept. of Ed)			
District	Total Enrollment 2019	Free/Reduced Lunch Eligible Students 2019	
		#	%
Anamosa	1,187	491	41.4%
Midland	451	219	48.6%
Monticello	981	308	31.4%
Sacred Heart Monticello	139	--	--
St. Patrick's Anamosa	73	--	--
Olin	69	48	69.6%

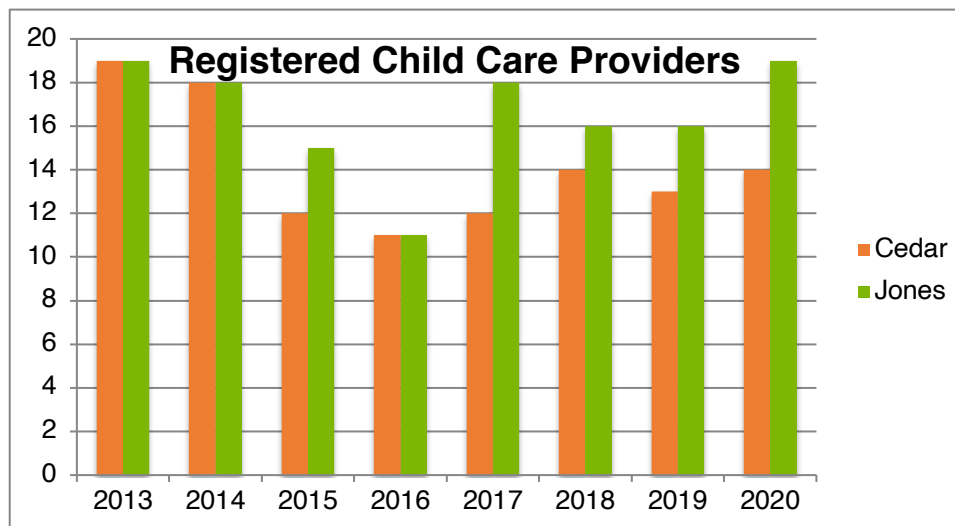
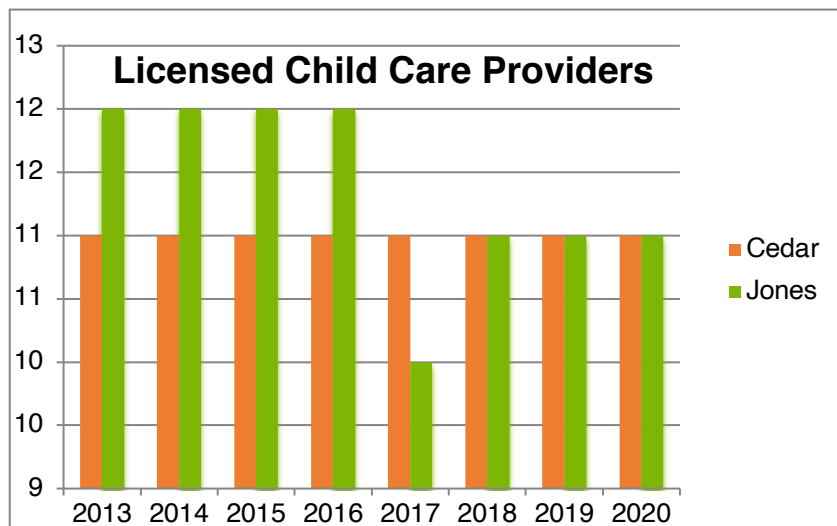
## CHILD CARE

The issue of availability of childcare, let alone quality childcare, is a consistent struggle for young families. While licensed childcare providers has remained relatively consistent over the last 8 years, programs continue to struggle both financially and with the ability to retain long term quality employees. It is a difficult threshold to meet the needs in small rural communities while keeping childcare rates low for families and paying an appropriate cost of living wage for employees.

There have been consistent ups and downs in the number of registered home providers, with approximately 12 providers in each county providing long term childcare. Providing childcare can be a volatile business and not all providers are in the business for the long haul. Providers may also continue to provide care without being registered.

Another factor to consider regarding childcare is that in the State of Iowa, it is legal to provide care for up to 5 children in a home setting without being registered with the Dept. of Human Services. Parents needing childcare often rely on family, friends, or neighbors to care for their children due to the lack of childcare, in-affordability for the working poor, and lack of quality options. The use of unregulated childcare does not allow for assessing the exact availability of childcare.

Families in Cedar County pay an average of \$140 weekly for In-Home Child Care while families in Jones County pay average of \$135.80. For Child Care Centers, the average is \$163 weekly in Cedar County and \$158 weekly in Jones County.



## DENTAL, PHYSICAL, & MENTAL HEALTH

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Access to health services is important to the entire population. Dental and health services are available in each county, however, the extent to which they are available, especially to children and families and those on Medicaid, differ.

Physical health services are more readily available in each county with numerous medical providers in a number of clinic locations. Both counties also have active county public health department and Child and Maternal Health grantees. However, Jones County is the only county with a hospital. Jones Regional Medical Center is considered one of the top 40 fastest growing centers in the nation and serves over 7000 individuals annually providing 24-hour emergency care, lab and radiology; inpatient hospital visits and nursing care; outpatient surgeries and clinics; counseling; and rehabilitation. There are no labor and delivery services or pediatric practitioners in either county.

Data shows that 3.84% of residents in Jones County do not have health coverage and 2.22% of residents in Cedar County. Between 2017 and 2018, the percent of uninsured citizens in Jones County declined by 18.4%. In Cedar County, between 2017 and 2018, the percent of insured citizens declined by 26.7%. Of the population that has health coverage, 15.7% of residents in Jones County are receiving Medicaid and 8.58% of the residents in Cedar County have Medicaid coverage.

Dental services seem to be widely available, however the number of dentists that accept Medicaid is limited. Services to young children are available and children seem to be a priority to dentists, with many dentists reporting working with family's financial situations to serve children. All dentists will refer children that require restorative treatment to a pediatric dentist outside of the area.

	Family Practitioners (DO, MD, PA-C, ARNP, FNP)	Labor & Delivery	Hospitals	General Dentists	Licensed Mental Health Organizations
Cedar	11	None	None	8	1
Jones	13	None	1	6	4

Mental health services in the area, much like across the State of Iowa, are lacking for the entire population. Services for young children are even more difficult to access. Most area mental health professionals serve teens and adults, and those that serve young children may or may not have specialized training in pediatric therapies. Families may seek services in a more urban setting, such as Cedar Rapids, Iowa City, or Davenport, but time and travel, in addition to waiting periods and cost of services, limit access to services for many.

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# COMMUNITY NEEDS ASSESSMENT

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## DEVELOPMENT OF

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The Cedar/Jones Early Childhood Community Plan was developed using a mixed assessment process that included

- a thorough data and demographic review of the area,
- a short survey regarding strengths and needs in the community,
- focus groups with selected community providers representing different sectors of services,
- review of other community needs assessments,
- and a reflection of the necessary community partners needed for the assessment and planning process.

Cedar/Jones ECI Board members and community partners participated in a day long strategic planning process where the above information was summarized, shared, and reviewed.



## DATA REVIEW (APPENDIX A & B)

Board members reviewed various data points and chose which data points would be indicative of the early childhood system and provide a comprehensive picture relative to the needs of young children and their families. The community wide data points selected are as follows with the State ECI Result Area alignment. Complete trend data is located in the Appendices. (\*\* items noted will be tracked as Community Wide Indicators related to identified area community needs and priorities.)

### Healthy Children

- Children 0-4 Receiving WIC Services
- Live births where the mother received prenatal care during the 1st trimester
- Child Immunizations identified through K-12 audits
- Medicaid-enrolled children ages 0-5 who receive dental services\*\*
- Low Birth Weights

### Children Ready to Succeed in School

- Children Entering Kindergarten with Preschool Experience\*\*
- Kindergarten Proficiency in Early Literacy Skills\*\*
- 3rd Grade Reading Proficiency Levels\*\*

### Safe & Supportive Communities

- Child Poverty Rate
- Free & Reduced Lunch Rates
- Crime Rates\*\*

### Secure & Nurturing Families

- Domestic Violence Rates\*\*
- Confirmed & Foundation Child Abuse Rates & Assessments\*\*
- Teen Birth Rate

### Secure & Nurturing Early Learning Environments

- Quality Rating System Participation\*\*
- DHS Licensed & Registered Child Care Providers\*\*

Key points regarding collected data were noted.

- There was a significant decline in the percentage of eligible children receiving WIC services.
- Where are families working compared to where they are living?
- What are kindergarten proficiency rates better than 3<sup>rd</sup> grade reading proficiency levels?
- Child Abuse Rates are concerning.
- 3<sup>rd</sup> Grade Reading Proficiency Levels were alarming



## ANALYSIS OF SURVEY RESULTS (APPENDIX C)

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Survey results were received from 222 respondents -- 33.03% were from someone who lived in or represented Cedar County  
68.81% were from someone who lived in or represented Jones County

The role of respondents as reported in the survey:

<i>Parents, relatives, or caregiver of a child (ren) 0-5 years old</i>	<i>39.07%</i>
<i>Someone who is interested in the well-being of children 0-5 years old</i>	<i>25.12%</i>
<i>A provider of services to children 0-5 years old</i>	<i>13.95%</i>
<i>A childcare provider of a child(ren) 0-5 years old</i>	<i>12.09%</i>
<i>An educator of children 0-5 years old</i>	<i>9.77%</i>

### Identified Strengths

- Preschool Programming
- Access to libraries and books
- Healthcare services, preventive and non-emergency
- Dental services

### Identified Needs

- Affordable childcare as well as 2<sup>nd</sup>/3<sup>rd</sup> shift care
- Social/emotional supportive services – availability
- Early literacy – lower refection on survey but data shows otherwise

### Leading Factors when Determining Utilization of Services in the Community

- Cost of childcare and dental care
- Availability of child behavior supportive services
- Quality of childcare
- Transportation to preschool
- Unaware of parent education or home visitation services and
- Unaware of early intervention services

## FOCUS GROUP DISCUSSIONS (APPENDIX D)

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Several focus groups were held with a variety of different community partners. The groups provided an opportunity for small group discussion to focus in on what providers see as needs of young children and families.

Key points to our discussions – what are our early childhood community partners telling us?

- ❖ Lack of dental providers accepting Medicaid an area of real concern
- ❖ Minimal special needs services are available
- ❖ Lack of childcare including 2<sup>nd</sup>/3<sup>rd</sup> shift care
- ❖ Need for health and safety supports in childcare settings
- ❖ Free childcare provider trainings seen as a strength
- ❖ Need for more mental health services
- ❖ Transportation in rural areas is definitely a challenge for many
- ❖ Childcare staff turnover is a big issue for childcare providers

## ASSESSMENTS REVIEWED (APPENDIX E)

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What have others learned in their assessment & data collection?

16 different assessments from community partners were reviewed. Individual Board members chose one or more assessments to review and provided a summary of the assessment.

- ⇒ There has been a decrease in available childcare spaces.
- ⇒ Employee turnover rates are high in childcare.
- ⇒ Mental health disorders affect approximately 20% of children.
- ⇒ 88% of children who experience difficulty learning to read in kindergarten still have trouble in 3<sup>rd</sup> grade.
- ⇒ One out of three children enter kindergarten without the skills needed to succeed.
- ⇒ 49% of low-income students did not score proficiently on their fall kindergarten assessments.
- ⇒ Issues with car repairs and transportation were higher than expected.

- ⇒ There is a strong commitment to families and children in Iowa.
- ⇒ Poverty and other risk factors of child abuse and neglect are issues.
- ⇒ Partnerships are important to avoid the potential for duplication.
- ⇒ There is correlation between ACEs scores and abuse and neglect.
- ⇒ Child Neglect rates are challenging data to collect and understand.
- ⇒ Child Care was identified as the 3<sup>rd</sup> highest need for families at \$600/month.
- ⇒ Housing is the 2<sup>nd</sup> high need for families with Parent Education 7<sup>th</sup> and Transportation #9.
- ⇒ High incidence of obesity in both Cedar and Jones.
- ⇒ Lack of resources regarding mental health
- ⇒ Both counties have a medical/dental provider shortage.
- ⇒ Limited # of dental providers who will accept Medicaid.
- ⇒ Need to align educational assessment with Iowa Core Standards.
- ⇒ More childcare slots are needed and not all childcare facilities are able to operate at full capacity.
- ⇒ 4 out of 5 Medicaid enrolled children don't see a dentist.
- ⇒ Intergenerational issues with parents not seeing a dentist passed on to children.
- ⇒ Decision making on the best interest of children.
- ⇒ Think outside the box, focus on quality, and be accountable.
- ⇒ ALICE households 30% in Cedar and 36% in Jones.
- ⇒ QRS Participation – Region 5 -- 25% of providers participating at a level 3, 4, or 5.
- ⇒ Low wages for childcare providers.
- ⇒ 34% of childcare providers indicate #1 need as training opportunities to enhance quality.
- ⇒ Location of trainings most important factor for childcare providers.
- ⇒ 43% of providers believe there could be more trainings offered.

## COMMUNITY PARTNERS (APPENDIX F)

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Collaboration is realized when partners engage in a process through which they constructively build an interdependent system which includes a common mission, comprehensive communication and planning, pooled resources, and shared risks and products.

Community providers serving Cedar and Jones Counties are committed to the children and family they serve, and they work to do what is in their best of interest. Providers report being supportive of each other's work, making referrals to each other, sharing information about services, and collaborating when possible to meet the needs of our area's youngest.

Both Cedar and Jones Counties host collaborative groups where agency providers meet and share their organizational updates and find ways to network and collaborate. These groups have been pioneer groups that have met on an ongoing basis since the 1980's. Membership fluctuates depending on the culture of service organizations and funding streams, but regular attendance has been maintained with 20-30 members participating in each of the county coalitions.

Cedar and Jones Counties also both have active and collaborative Community Partnerships for Protecting Children and Child Abuse Prevention Councils.

Cedar/Jones Early Childhood Iowa is involved with other committees and groups that support or address the needs of young children and their families, including:

- ***Cedar County Consortium*** – provides input on community needs, seeks collaborative opportunities, and shares information about services and opportunities in Cedar County.
- ***Jones County Community Connections*** – provides input on community needs, seeks collaborative opportunities, and shares information about services and opportunities in Jones County.
- ***Cedar County CPPC/Families First*** – provides input on community needs, part of cohort of providers serving as a Shared Decision-Making Team, and collaborates on community projects and programming for children and families in Cedar County.
- ***Jones County CPPC/Family Council*** – provides input on community needs, part of cohort of providers serving as a Shared Decision-Making Team, and collaborates on community projects and programming for children and families in Jones County.

## FISCAL ASSESSMENT (APPENDIX G)

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According to Iowa Code, an Early Childhood Iowa area at a minimum is required to identify all federal, state, local, and private funding sources available in the area that are being used to provide services to children from prenatal through 5 years of age.

Thus, this Fiscal Assessment is important and informative for the community to obtain an understanding of all funding in the area that supports children 0-5. This is yet another piece of the complex Early Childhood puzzle. What else is going on in regard to young children? What financial supports are in place? Where are the gaps in funding?

Appendix G is a matrix that identifies agency, program, funding amount, ages served, counties served, and source of funding for initiatives serving children prenatal through 5 years of age. The process used to gather the information included online data resources and emails to community partners. The matrix offers a general overview of funding flowing into the community through various service and community providers. The data should be reviewed with an understanding of the challenges and margins for error.

Program information cannot be compared with identical timeframes. Programs operate on a variety of annual, school, state, and federal calendars. Some organizations may be reporting for a calendar year while others are reporting for state or federal fiscal years. Several initiatives are part of a larger regional system serving numerous counties. Information for these initiatives offers a fiscal picture that is larger than the Cedar/Jones Early Childhood area. A service area including rural and more urban counties may have a greater percentage of funding going to larger populated cities and it cannot be assumed that rural families were served proportionately. It is also important to note that some funds reported by community partners in Jones or Cedar counties did not serve just 0-5 year olds.

Taking into considerations the limitations of this fiscal information, the assessment provides broad information that may help early childhood planning efforts and guide decision-making processes.

### Summary of Fiscal Assessment Findings

- ❖ State funds make up a greater portion of funding contributions for young children as opposed to the federal funds identified.
- ❖ Four-year-old children received considerable education funding through Statewide Voluntary Preschool Programming (SWVPP) with a total of over \$1.3 million invested in Cedar and Jones Counties.
- ❖ Local CAP agencies, both through Iowa Department of Public Health and the Federal Dept. of Health and Human Services, play a key role in services for families in Cedar and Jones Counties.
- ❖ There are significantly more \$\$ invested in 3-5 year olds early care and education than there is for 0-3 year olds.

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# NEEDS AND PRIORITIES

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Based on the data reviewed and feedback gathered through the various pieces of the community needs assessment, three goals emerged as top needs and priorities in the Cedar/Jones Early Childhood area to improve the lives of children 0-5 and their families.

## Early Childhood Priorities



GOAL 1: Improve access to quality early care and education opportunities for young children and their families.

- Promote and increase availability of high quality child care
- Promote and support access to high quality early learning opportunities
- Increase access to early literacy opportunities



GOAL 2: Promote the development of a local mental health system that identifies and addresses the needs of young children and their families.

- Support young children and their families through access to parent education and home visitation opportunities
- Identify and address issues regarding the social emotional well being of children and families



GOAL 3: Support a dental health system that meets the needs of young children and their families.

- Promote early intervention, prevention, and nutrition in young children regarding dental health
- Increase access to affordable oral health through prevention & treatment

Following the identification of needs and priorities, strategic planning meetings were then held to “dive deeper” into the three identified needs & priorities. Strategy groups were targeted towards individuals who had knowledge of the identified need. Who was missing at the table from previous conversations that could help all understand and address these complex issues? Current community partners were also invited into these groups and all worked collectively to identify strategies to address the three common goals.

### Core Services & Result Areas

As previously mentioned, Early Childhood Iowa (ECI) identifies 5 desired results areas that every child needs to be healthy and successful. The result areas include Healthy Children, Child Ready to Succeed in School, Secure and Nurturing Early Learning Environments, Secure and Nurturing Families, and Safe & Supportive Communities. ECI has also identified 4 core service areas: Health, Family Services & Supports, Community Development, and Early Care and Education. Aligning with the State ECI system,

each identified goal provides objectives and strategies to support the ECI Result areas and Core Services. Specific trend indicator data to monitor progress towards goals is also noted.

## GOAL 1:

Improve access to quality early care and education opportunities for young children and their families.

### Objectives and Strategies:

- Promote and increase availability of high-quality childcare
  - Support childcare providers in their professional development needs, i.e. training incentives, staff substitutions, home provider organization, coaching following trainings
  - Support a living wage paid to childcare providers as a viable business, i.e. Wages, program stipends
  - Support and promote childcare provider participation in Iowa Quality For Kids (IQ4K), i.e. incentives, training support
  - Improve community understanding of quality childcare
- Promote and support access to high quality early learning opportunities
  - Provide preschool tuition scholarships to families in need
  - Ensure quality standards for preschool programs participating in scholarship program
  - Promote the Statewide Voluntary Preschool Program and partner as necessary
- Increase access to early literacy opportunities
  - Continue to support the Dolly Parton Imagination Library

### Indicators

- Number of DHS Licensed & Registered Providers
- QRS Participation
- Kindergarten & 3<sup>rd</sup> Grade Literacy Proficiency

### State Result Area

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

### Community Level Goal

- Increase participation in the Imagination Library
- Maintain childcare slots in Cedar & Jones Counties

### Core Service

- Early Care and Education Services

## GOAL 2:

Promote the development of a local mental system that identifies and addresses the needs of young children and their families

### Objectives and Strategies:

- Support young children & their families through access to parent education and home visitation opportunities
  - Promote access to and awareness of family support programming
  - Enforce high quality programming through accreditation or credentialing
- Identify and address issues regarding the social emotional well-being of children and families
  - Increase the number of children screened through the Ages and Stages Developmental and/or Social Emotional screening tools
  - Increase education and awareness – What is Mental Health in young children?
  - Promote resiliency and a community response to helping families with young children

### Indicators

- Incidence of Child Abuse & Family Assessments
- Domestic Violence Rates
- Crime Rates

### State Result Area

- Healthy Children
- Children Ready to Succeed in School
- Secure and Nurturing Families
- Safe and Supportive Communities

### Community Level Goal

- Increase utilization of mental health providers to support young families

### Core Service

- Health
- Community Development
- Family Services & Supports



### GOAL 3:

Support a dental health system that meets the needs of young children and their families.

#### Objectives and Strategies:

- Promote early intervention, prevention, and nutrition in young children regarding dental health
  - Educate parents and children on the importance of early dental services
  - Educate communities that are not fluorinating water on the importance of fluoridation
  - Promote services through the Cavity Free Iowa initiative
- Increase access to afford oral health through prevention & treatment
  - Increase access to dental screenings and fluoride varnishes for young children
  - Expand utilization of dental services at WIC clinics

#### Indicators

- Medicaid-enrolled children ages 0-5 who receive dental services

#### State Result Area

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

#### Community Level Goal

- Increase children's utilization of dental health services at a young age

#### Core Service

- Health