

**Scott County Kids Early Childhood Iowa  
Community Plan  
2021**

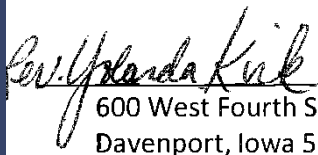
**October 2021**

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

**Scott County Kids Early Childhood Iowa**

**Early Childhood Iowa**

**Community Partners**

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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 in the county, prenatal through age five, emphasizing children with certain risk factors. See Map 1 on page 4. The county is bordered by Clinton, Cedar, and Muscatine Counties in Iowa and Rock Island County in Illinois. Scott County, Iowa 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 continues to be supported by the SCKECI Board 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 the 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, and parents and families. Bi-State Regional Commission, a regional planning agency, was contracted to facilitate public input and revisit 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](http://www.scottcountykids.org). Copies are made available upon request. Information from the plan was also shared by SCKECI staff at North Scott Rotary, Davenport Community Schools Statewide Voluntary Preschool Partner Sites, Community Partner for Protecting Children meetings and with state legislators, and on Healthy Heart Kitchen and Genesis Today radio.

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 and Early Childhood Behavioral Health, a collection of agencies focused on early childhood services, has included the topic of SCKECI Community Plan on agendas 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"> <li>• Board of Health</li> <li>• Health Department</li> </ul>
Secure & Nurturing Child Care Environments	<ul style="list-style-type: none"> <li>• United Way Women’s Leadership Council</li> <li>• Child Care Resources &amp; Referral</li> </ul>
Secure & Nurturing Families	<ul style="list-style-type: none"> <li>• Home Visitation Community</li> <li>• Scott County Kids Decategorization</li> <li>• Community Partnerships for Protecting Children</li> </ul>
Children Ready to Succeed in School	<ul style="list-style-type: none"> <li>• Mississippi Bend AEA</li> <li>• Scott County Preschool Advisory Group</li> <li>• (Includes area school districts, United Way Kindergarten Readiness)</li> </ul>
Safe & Supportive Communities	<ul style="list-style-type: none"> <li>• Scott County Kids Decategorization</li> <li>• Community Partnerships for Protecting Children</li> </ul>

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 which remains in effect:

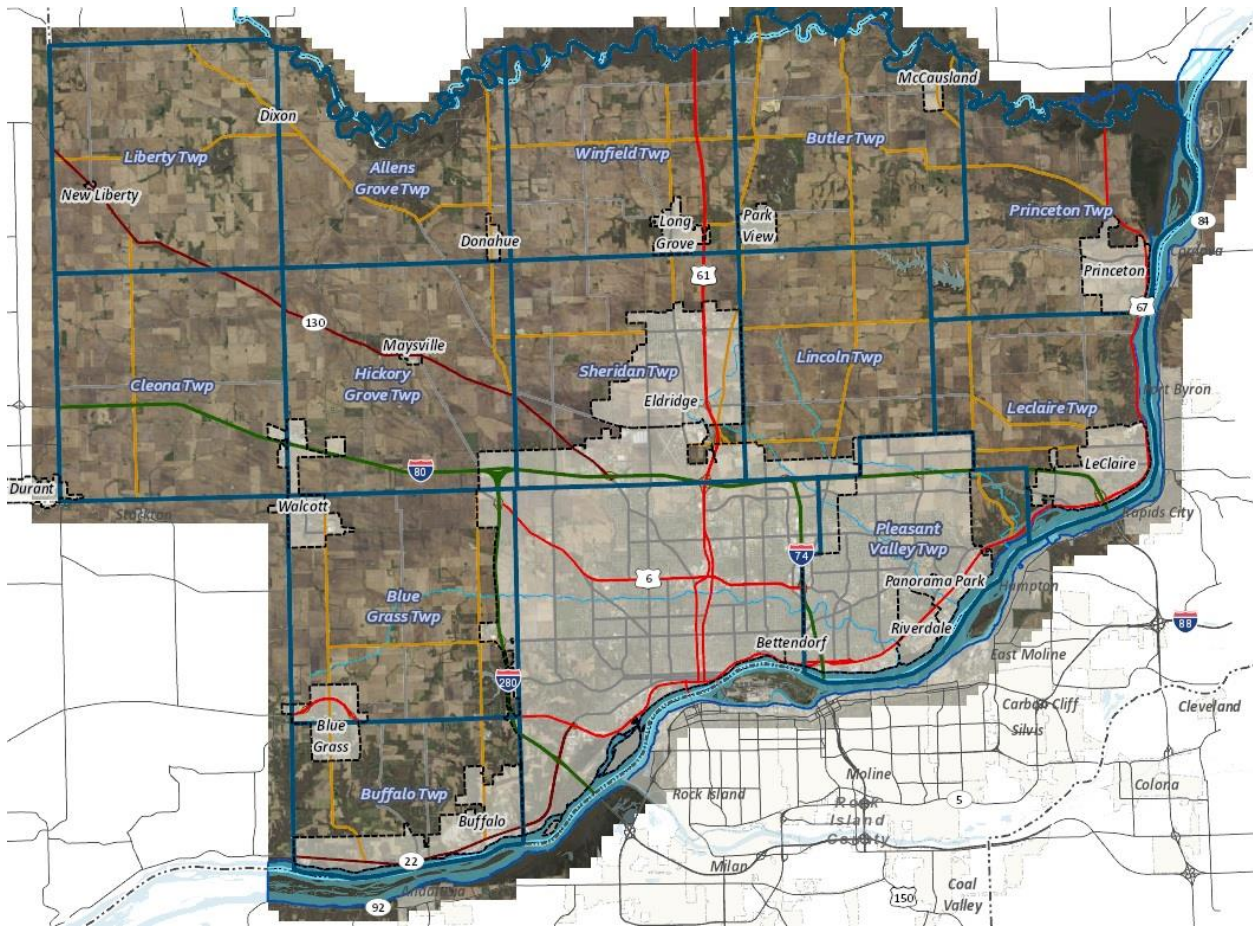
<p><b>Title:</b> Service Out of Area Approved October 6, 2015</p>
<p><b>Policy:</b> Geographic areas for Early Childhood Iowa are defined by the boundaries of Scott County.</p> <p>The Board will entertain requests for consideration for services for children and their families not living within the Scott 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><b>Procedures:</b></p> <ul style="list-style-type: none"> <li>• The Board Coordinator shall make contracted programs aware of geographic boundaries and boundaries will be noted in program contracts.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Coordinator shall then discuss the consideration for waiver with the Contracts Management Committee.</li> </ul>

- 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 172,943 according to the U.S. Census Bureau's Population Estimates Program for 2019. Davenport is the largest city, as well as the county seat, and contains 59% of the County's population. Bettendorf is the second largest city in Scott County, and has grown 6.0% from 2013 to 2018, according to estimates from the Census American Community Survey (ACS). 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, IA Map



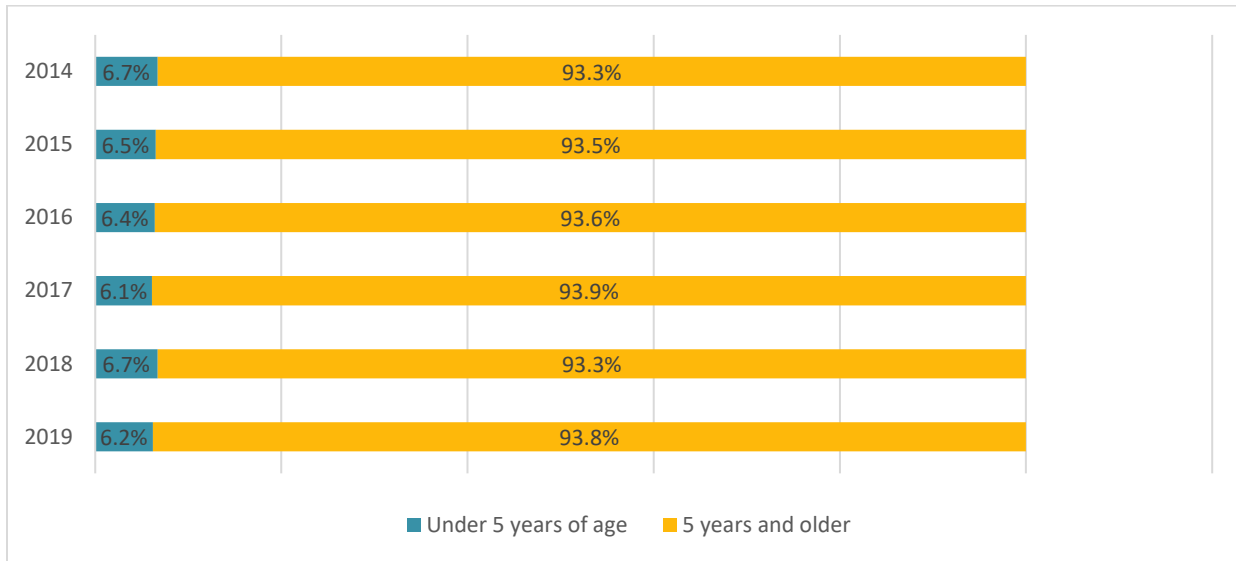
Source: Scott County Assessor's Office, GIS Map Service. Powered by ESRI. December 2020.

The largest industries in Scott County's economy are manufacturing, health care and social assistance, and retail trade. According to 2020 Infogroup estimates, some of the largest employers for the county's workforce include the Rock Island Arsenal, Deere & Company, Genesis Health System, Tri City Engineering and Communications, and Arconic, 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 within a metropolitan area that includes 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 Quad Cities area challenging and administratively burdensome.

SCKECI's target population is children ages 0-5 years of age. The percentage of children ages 0-4 has averaged 6.4% between 2014 and 2019. 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 0-4 Years and 5+ Years for Scott County**

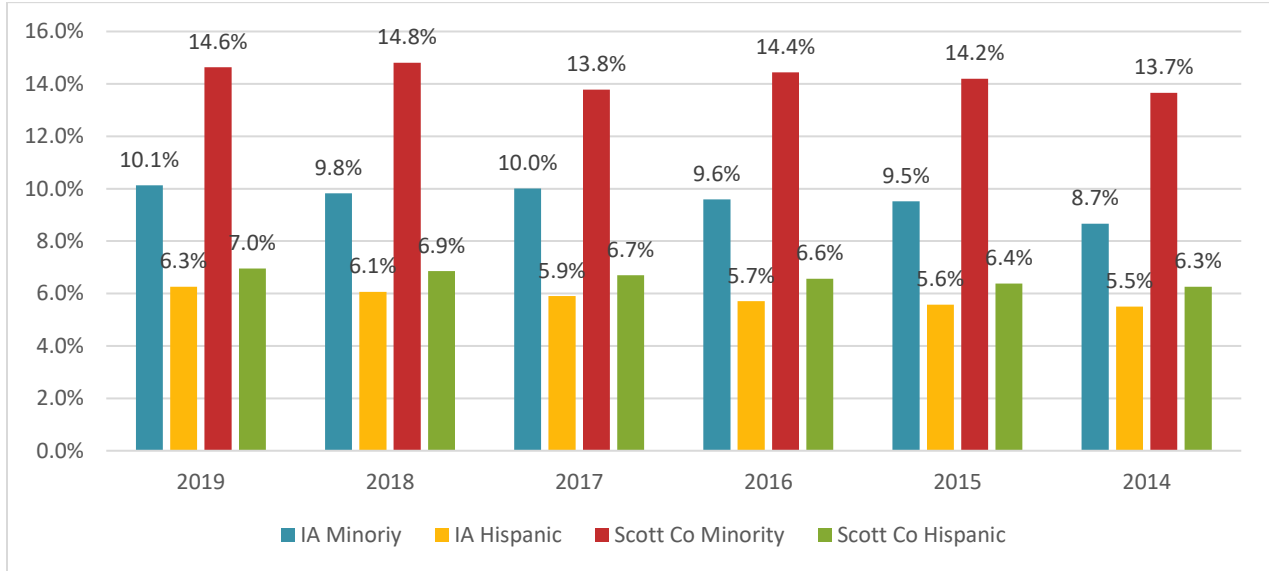


Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014-2019).

The proportion of the population aged 0-4 has never risen above 6.7% in the past six 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 on page 6. The county by race and ethnicity population has changed in the past six years, from 13.7% people of color and 6.3% Hispanic/Latino in 2014, to 14.6% minority and 7.0% Hispanic/Latino in 2019. More detailed information on the breakdown of race and ethnicity can be found in Section 2.1.

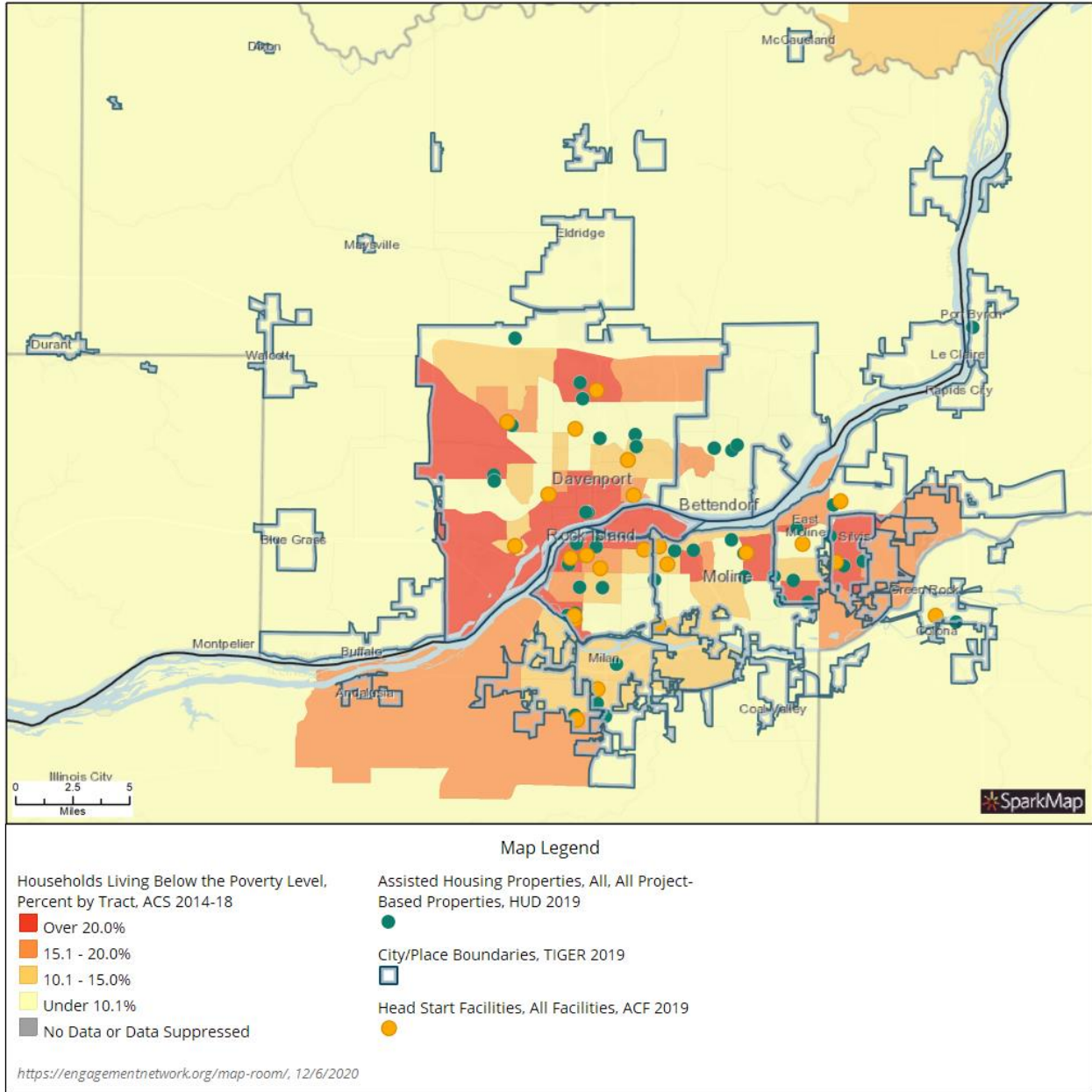
**Figure 2 – Race and Ethnicity for Scott County and State of Iowa 2014-2019**



Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014-2019).

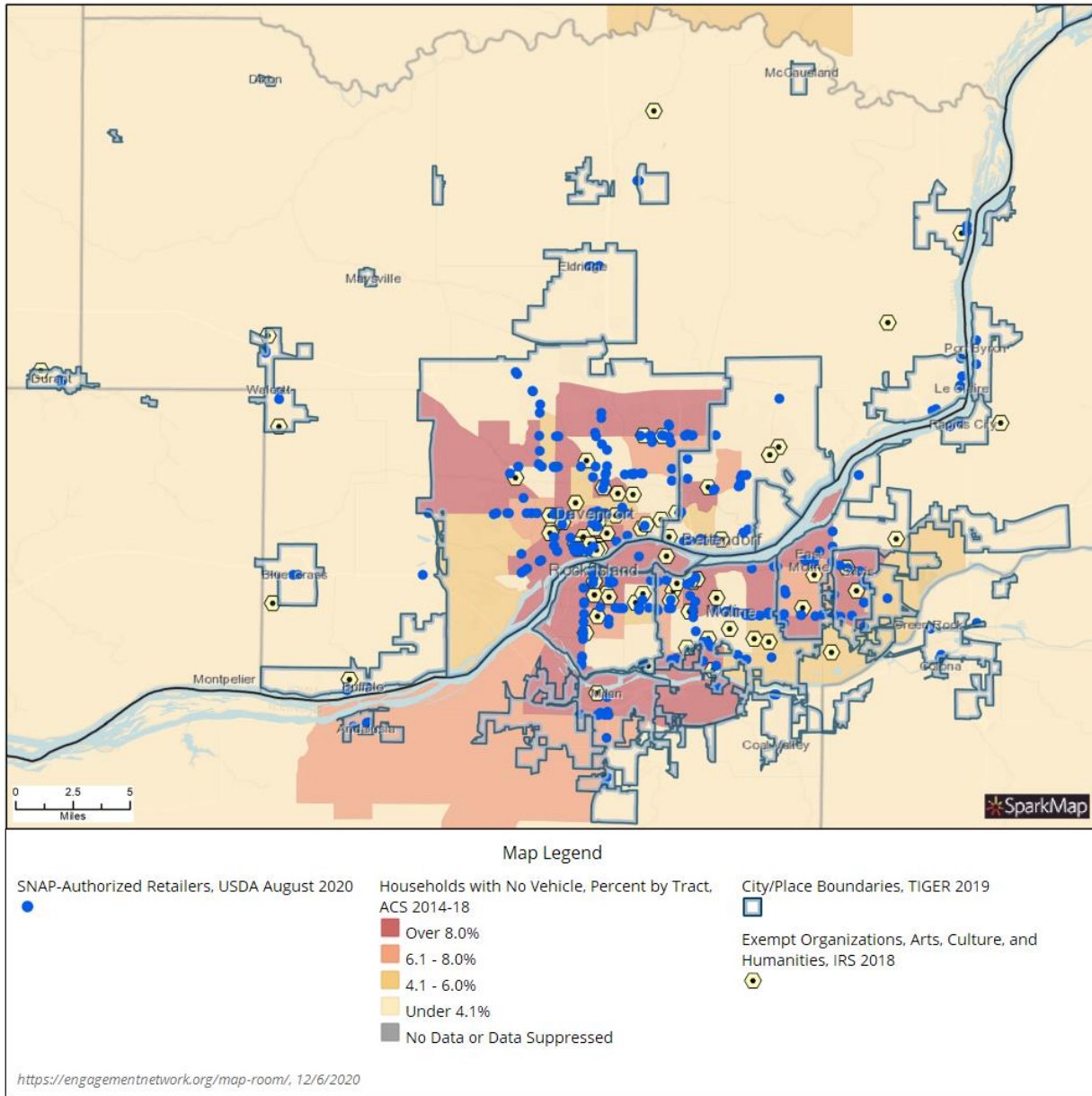
The following maps depict various demographic and social health indicators across state lines in Scott County and Rock Island County to give a more comprehensive picture of the issues facing the region. The maps were generated using Community Commons, a map and data source powered by University of Missouri 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 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 in most cases. Low-income families isolated away from various childcare 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.

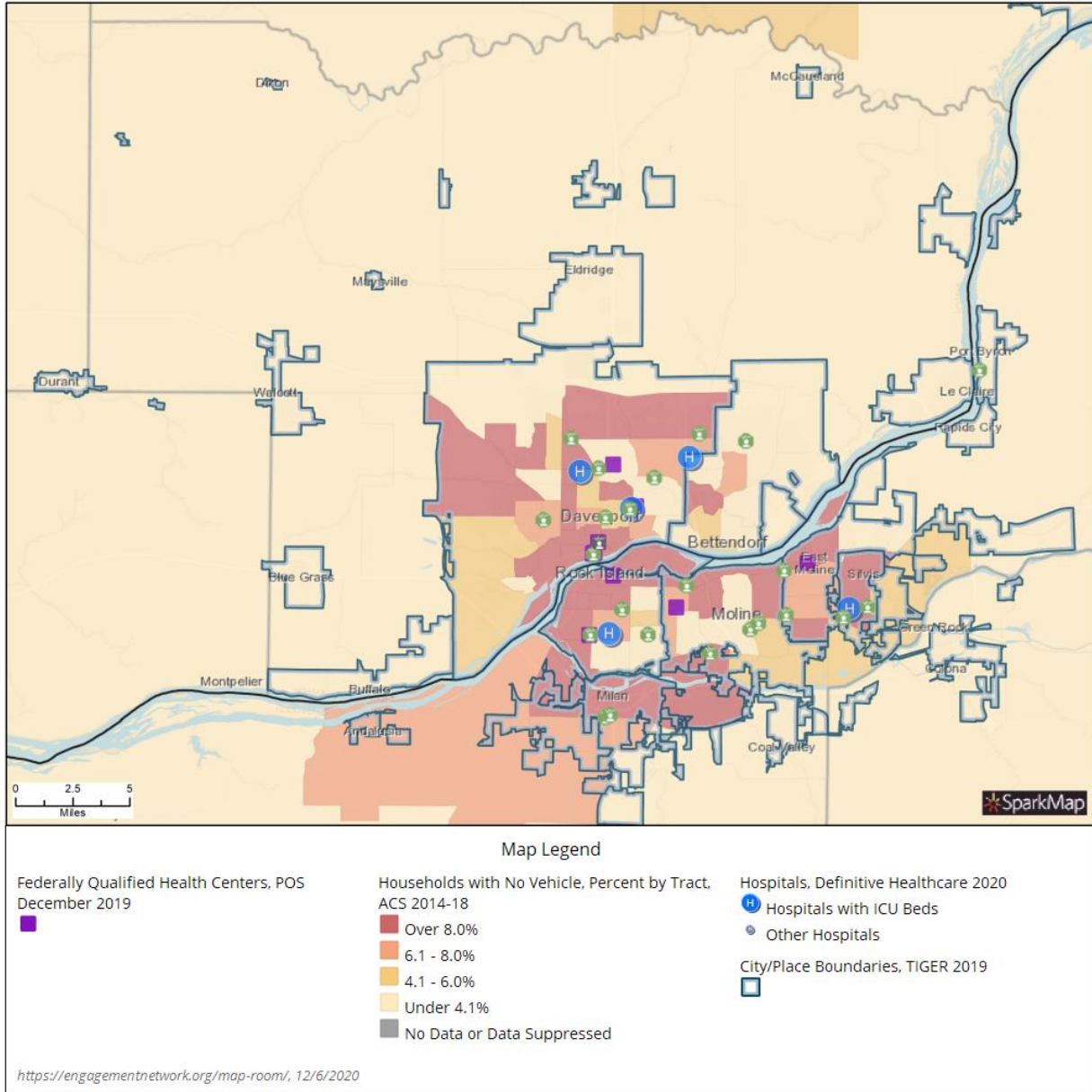
**Map 3 – Scott County Households With No Vehicle and Proximity to Quality of Life Opportunities**



Map 3 (above) depicts households with no vehicle 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 humanities-based non-profits and SNAP authorized groceries, and must depend on public transit, family/friends with vehicles, or non-motorized transportation (walking and bicycling) to reach these destinations.



**Map 4 – Scott County Households With No Vehicle and Proximity to Healthcare**



Map 4 (above) depicts households with no vehicle and the locations of providers of public health services according to the Centers for Medicare and Medicaid Services, hospitals with ICU beds, and COVID testing centers (in green). Again, the map coincides with the previous maps, where certain families in the darker-shaded tracts face greater barriers to access 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.

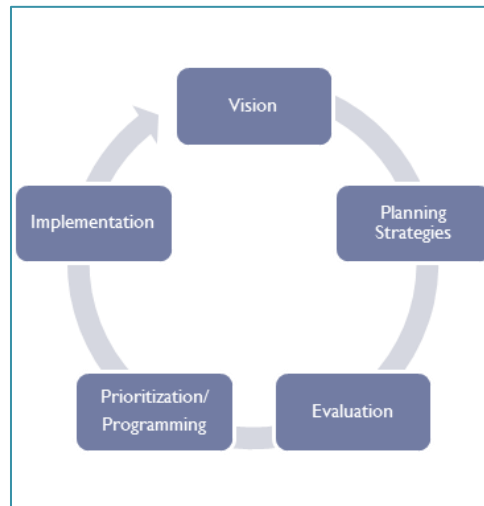
## 1.2. Community Planning and Response

### *Community Planning and Strategies*

Scott County Kids (SCK) is a community planning and funding agency that provides resources and support 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 (ECI) and Decategorization (Decat) to better coordinate services and operate with the fiscal and programmatic power that single agencies cannot do alone.

Using a strategic planning approach, the SCKECI Board can affect its priorities and contribute toward the State of Iowa'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, with subsequent years following the initial three years to provide direction in the future. The comprehensive, continuing, and coordinated cycle of planning and continuous growth takes the past efforts, evaluates them, and then implements the identified strategies. Monitored over time and on a cycle, the strategies are 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 Bright Beginnings, Child Care Nurse Consultant, Child Care Scholarships, Family Connects, Head Start and Early Head Start, Nest, and preschool scholarships. 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 Child Care Home Support, Quality Child Care, Scott County Kids Provider Panel, as well as other resources through state agencies, regional education agencies and Child Care Resource and Referral of

Southeast Iowa at Community Action of Eastern Iowa. 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 a survey of 41 area providers, and includes 2015 survey responses from organizations that did not respond to the most recent request for information. This may be attributed to COVID'S impact on engagement and survey fatigue. In addition to information included in the fiscal assessment, the Scott County Kids Early Childhood Iowa (SCKECI) board 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 April 21, 2021 represented mainly by childcare providers. Summaries of provider input can be found in the addendum. The parent survey received 49 responses are summarized in the addendum. More information on the parent survey can be found in Section 2.1. The SCKECI Board, meeting for plan input on May 4, 2021 and subsequent follow-up to illicit additional feedback. They played a role in the vision and goals review and strategy review and updates. Identification of needs also included a review of 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. In 2019, the county ranked third behind Polk and Linn Counties as having the greatest population of children under five years of age in the State of Iowa. County growth can occur via increases in births or by migration into the county. This can strengthen community development efforts and help leverage funds to serve a greater concentration of children. Key strengths in Scott County related to early childhood development include:

- Availability of programs and scholarships
- Widespread access to a variety of communication methods (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 children in poverty compared to peer counties, particularly for children 0-5 years, and a higher teen birth rate. Threats to safety were also higher than state averages, such as the rate of child and teen deaths, child abuse, violent crime, and juvenile arrests. Important needs identified in the assessment process expressed by parents are:

- Having access to quality, affordable childcare services, including infant care, and speech therapy for young children
- Improving access to mental health services, parental development education, and early childhood education programs

- Increasing capacity of statewide voluntary preschool programs for 4-year olds, and scholarships for 3-year olds
- Improving services for children with disabilities and children in school
- Addressing eligibility gaps based on defined income thresholds and non-working student status
- Improving access and equity during the COVID-19 pandemic and moving forward to address provider and client health concerns
- Facilitating better resource/program information availability to families in need
- Addressing the rise in community violence and its resulting instability and safety concerns for families affected by the violence
- Coordinating interweaving social service agencies and providers to eliminate confusion and resource-intensive processes
- Facilitating hassle-free transportation and meeting basic needs

Providers also noted a number of needs. Many are related to mitigating barriers to care related to a family's mobility needs:

- Comprehensive transportation assistance programs
- Streamlined and easy-to-find communications regarding service availability and program information (See addendum)
- Increased diversity, equity, and inclusion training and targeted outreach to underserved populations
- Additional scholarship programs for families who don't meet Child Care Assistance (CCA) criteria
- Accessible and affordable medical/mental health care
- Expanded funding and high-quality programming such as breakfast/lunch programs, assistance with household/hygiene supplies, and in-home services
- Full-day preschool, third shift, and nighttime care
- Improved staffing and caregiver engagement
- Enhanced infant and toddler resources

### 2015 Plan Evaluation

The SCKECI Board evaluated the 2015 Plan priorities at their meeting on May 4, 2021 and through a survey distributed afterwards.

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 2015 Plan as evaluated by the Board.

1. Advance healthy physical and mental development for all children with a priority for at risk children — Below
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 — Attaining
4. Increase positive relationships between children and parents — Below
5. Increase awareness regarding the importance of the early years — Attaining

The SCKECI Board indicated that since the last community plan, Priority Area 1 on advancing healthy physical and mental health for all children could be improved with fostering better relationships with more local health systems. Priority Area 2 related to increasing the number of childcare centers and homes meeting quality standards, while Below expectations, should research ways to fund existing programs with less funding while still providing direct payments. While this Priority Area does not

currently exceed their expectations, it is projected to improve after the implementation of the TEACH program statewide in FY 2022.

The indicator number of centers accredited or meeting quality standards (\*NAEYC = National Association for the Education of Young Children) shows steady increases in numbers from 2008 to 2020 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. Conversely, Scott County continues to have 0 child care homes accredited by the National Association for Family Child Care Accreditation (NAFCC). This may be attributed to the high cost of the national NAFCC accreditation compared to the IA DHS QRS rating, as well as the financial incentives involved with high QRS ratings for certain children whose families receive child care subsidies. The number of QRS rated child care homes peaked with 37 level 1-2 homes and 9 level 3-5 homes in 2017, but has since decreased to an all-time low of 6 QRS level 1-2 homes and 7 level 3-5 homes as of 2020. 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.” This 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 and neglect cases for children aged 0-17 (per 1,000 children) from 11.7 per 1,000 (2015) to 19.3 per 1,000 (2018), which is used as an indicator relative to positive relationships. SCKECI’s program, Family Connects, currently implemented with Genesis Health Systems, is the credentialed Duke University program using risk factors, and is a good model implement in Scott County.

On the programmatic side, SCKECI 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 SCKECI builds relationships and works with DHS. Maternal Infant Early Childhood Home Visitation (MIECHV) funding in Scott County continues. Coordinated Intake between agencies continues in Scott County. Family Connects (evidenced based program) receives continued funding support and efforts to provide program offering in both area health systems is a priority. There continues to be a need for better promotion of resources and referral options to health care providers for their patients. The weaknesses related to this Priority Area is instability of funding and an imbalanced participation by local health systems. Lack of funding or funding limitations can affect program delivery. As an example, Parenting Inside Out was an evidenced-based program available for fathers in the Scott County Jail that is no longer funded as of FY2019.

As with the nature of bridging parents with early childhood resources and the continuing need for education and information, all priority areas of this plan continue to require maintenance of existing programs and/or to initiate additional strategies, through new funding sources or partnerships, to achieve the Early Childhood Iowa vision and mission for success. These are detailed in Section 2.1.

### ***Community Priorities***

At the May 4, 2021 Board Retreat and subsequent follow-up, 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 2022-2024 and Subsequent Years

An important aspect of the planning process is to assess whether the current 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, 2022 to 2024, and shown in the following tables by priority area. These strategies are a continuation from the prior years' (2016-2021) implementation strategies as each year children are born that need early childhood support and assistance to reach school-aged readiness successfully.

**Table 2 – Priority Area #1 Implementation Strategies 2022-2024 and Subsequent Years**

Advance healthy physical and mental development for all children with a priority for at-risk children.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/2024) Strategies	Subsequent Years Strategies
Continue to foster engagement of local health systems, with additional efforts with Unity Point Health.	Encourage Unity Point Health to offer SCKECI funded services and/or Parent Pals through ongoing training efforts.	Utilize Unity Point data to identify unmet needs families may have through a continued relationship with Unity Point.
Collaborate with Maternal, Infant and Early Childhood Home Visiting (MIECHV) activities so that SCKECI initiatives are supportive and not duplicative, and address as needed	Collaborate with MIECHV activities so that SCKECI initiatives are supportive and not duplicative, and address as needed.	Collaborate with MIECHV activities so that SCKECI initiatives are supportive and not duplicative, and address as needed.
Advocate for and educate on availability of mental health services through the existing relationships with SCK Decat and Trauma Informed Care/Adverse Childhood Experiences (TIC/ACES) Consortium as well as through other avenues, including Region’s Mental Health and Quad City Behavioral Health Coalition.	Advocate for and educate on availability of mental health services through the existing relationships with SCK Decat and TIC/ACES Consortium as well as through other avenues, including Region’s Mental Health and Quad City Behavioral Health Coalition.	Advocate for and education on availability of mental health services through the existing relationships with SCK Decat and TIC/ACES Consortium as well as through other avenues, including Region’s Mental Health and Quad City Behavioral Health Coalition.
Foster improved communications on available existing maternal and child health resources and referral mechanisms.	Implement effective communications methods on available existing/new maternal and child health resources and referral mechanisms.	Continue effective communications methods on available existing/new maternal and child health resources and referral mechanisms.

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

**Table 3 – Priority Area #2 Implementation Strategies 2022-2024 and Subsequent Years**

Increase the number of center and home-based providers meeting quality standards.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/2024) Strategies	Subsequent Years Strategies
Advocate for streamlining implementation, and comply with anticipated new QRIS systems.	Continue monitoring for new regulations for childcare licensing, related information sharing, registration and QRS systems; review Child Care Resource & Referral (CCR&R) quality contract and Child Care Nurse Consultant (CCNC) contract as appropriate to be supportive of QRS system and anticipated new QRIS systems.	Continue monitoring for new regulations for childcare licensing, registration and QRS systems and anticipated new QRIS systems; consider modifying CCR&R Quality contract and CCNC contract as appropriate to be supportive.

Increase the number of center and home-based providers meeting quality standards.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/2024) Strategies	Subsequent Years Strategies
Retain open communications with DHS and CCR&R regarding resources that may be needed to meet existing and new regulations.	Continue dialog to achieve this priority area, and refine strategies to advocate for QRS at state level and correlate to reimbursements.	Continue dialog to achieve this priority area, and refine strategies to advocate for QRS at state level and correlate to reimbursements.
Monitor numbers of providers participating in QRS. Assess status of reimbursement to Child Care Scholarship providers with QRS rating.	Monitor numbers of providers participating in QRS.	Monitor numbers of providers participating in QRS.

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

**Table 4 – Priority Area #3 Implementation Strategies 2022-2024 and Subsequent Years**

Increase access to affordable quality learning environments for all children.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/202) Strategies	Subsequent Years Strategies
Facilitate referrals to professional development to see if there are other services and/or service providers to offer professional development for child care/education providers.	Seek alternatives 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 childcare centers to communicate with parents as well as friends and family of children regarding preschool and childcare programs (explain what Statewide Voluntary Preschool Standards (SWVPS) are, how to access, etc.).	Communicate with local service providers and families. Modify contracts as needed to support quality-learning environments.	Communicate with local service providers and families. Modify contracts as needed to support quality-learning environments.
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 2022-2024 and Subsequent Years**

Increase positive relationships between children and parents.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/2024) Strategies	Subsequent Years Strategies
Continue fostering relationship with Unity Point Health (formerly Trinity) and engage to offer SCKECI funded services and/or Parent Pals.	Cultivate relationship with Unity Point Health 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 and funding stability 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.
Integrate best practices related to addressing generational poverty and other risk factors for families. Learn about the Parent Partners Program.	Use best practice to engage at-risk families. Evaluate programs for the ability to serve at-risk families.	Evaluate and encourage programs supporting 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 2022-2024 and Subsequent Years**

Increase awareness regarding the importance of the early years.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/2024) Strategies	Subsequent Years Strategies
Continue to promote information via the website and use analytics to monitor traffic. (scottcountykids.org)	Continue to promote information via the website, and use analytics to monitor traffic.	Continue to promote information via the website and use analytics to monitor traffic.
Host virtual event to highlight the community plan.	Utilize community plan for clear messaging. Identify natural “allies” from the private business sector to collaborate 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 collaborate with on public awareness ventures.
Communicate with legislators.	Communicate with legislators.	Communicate with legislators.
Develop a communication plan and strategies with defined costs to market programs and opportunities for families. Look beyond word of mouth and website for opportunities.	Seek out partnerships and opportunities to collaborate, including with QCON and Community Foundation, on funding communication strategies for education and referral information, and the facilitation of service accessibility	Continue to seek collaborations and partnerships for communication strategies.
Reiterate to service providers the importance of ECI funding and the service providers’ organizational	Reiterate to service providers the importance of ECI funding and the service providers’ organizational	Reiterate to service providers the importance of ECI funding and the service providers’ organizational

Increase awareness regarding the importance of the early years.		
Year 1 (2022) Strategies	Years 2 & 3 (2023/2024) Strategies	Subsequent Years Strategies
success in creating this awareness. Utilize the SCKECI Board members for this advocacy.	success in creating this awareness. Utilize the SCKECI Board members for this advocacy.	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 previously provide annual guidance on activities to focus efforts and enhance coordination and partnerships. As conditions or funding shift, review and refinement of these strategies is important to advance the priority area objective.

Priorities and Strategies beyond the Current Capacity

There are many initiatives around mental health for children. Feedback from providers stressed the importance of mental health to achieve SCKECI’s mission and vision. It is very likely opportunities will evolve within the next three years to advance this area. The global pandemic of 2020-21 and resulting economic recession has highlighted mental health ramifications with 41% of adults reporting symptoms of anxiety and/or depression. <sup>1</sup> Adult job loss and income insecurity will have a trickle-down effect on children under the care of these adults. It is an opportunity to support childcare providers to meet these requirements as well as others in a post-pandemic recovery where childcare providers have been greatly impacted.

***Implementation Capacity and Additional Needs/Opportunities***

Scott County Kids Early Childhood Iowa is served by an 11-member, citizen-lead board representing parent, school, business, human services, and health sectors in Scott County. In addition to one staff member, the Board utilizes 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. 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.

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1 (Panchal, 2021) Panchal, N. K. (2021, February 10). Coronavirus (COVID-19). Retrieved from KFF: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

**New Needs.** The first relates to a newly 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.

**Re-Applications.** The second way funds are awarded is through 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 rationale behind the scores. This process including a 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.

**Mini-Grant.** The third manner funds are awarded is through one-time “mini-grant” projects. In this case, an application is designed to meet the criteria of an identified need (childcare slot expansion for example). The applications are reviewed by an ad-hoc committee, (including the childcare 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.

**One-Time Event.** 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 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 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 childcare providers. There are a number of funded programs with knowledge of the resources in the community and help families to access assistance. These include Bright Beginnings, NEST, and Family Connects.

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

## 2. SECTION TWO

### 2.1. Community Needs Assessment

The community needs assessment is designed to determine the needs of both children age birth through 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, 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 through 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 SCKECI Board 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.

As part of the 2021 plan update, SCKECI collected survey data from parents and providers. A provider virtual input session was held in April 2021, and a plan review was held with the SCK Board in May 2021. Any further details on methods of collecting data/information are found sourced under the tables and graphics, and documented in the addendum. 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 data graphics below. 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. Black Hawk 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 of their respective metro areas cross 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.	Black Hawk Co.	Linn Co.	Pottawattamie Co.	Woodbury Co.	Iowa (Statewide)
Total Population	172,943	131,228	226,706	93,206	103,107	3,155,070
Total Population Under 5*	10,677	8,065	14,069	5,554	6,741	190,606
% of the population Under 5*	6.2%	6.1%	6.2%	6.0%	6.5%	6.0%
Median Age	38.7	35.8	37.9	40.2	35.7	38.5
Percent Minority	12.0%	13.1%	9.6%	4.6%	10.2%	8.1%
% Hispanic or Latino ethnicity	7.0%	4.6%	3.4%	7.9%	17.4%	6.3%
Median Household Income	\$65,122	\$60,506	\$63,559	\$60,056	\$58,945	\$61,691
Per Capita Income	\$36,685	\$33,661	\$33,891	\$29,596	\$27,556	\$33,107
Unemployment Rate	3.9%	5.1%	4.0%	2.8%	3.1%	3.7%
Children under 6 with both parents or only parent in the workforce	69.2%	75.5%	80.7%	75.8%	79.7%	75.6%
% High School grad or higher	92.8%	92.9%	94.1%	90.9%	86.0%	92.6%
% Bachelor's degree or higher	31.9%	30.3%	33.0%	23.2%	21.8%	29.3%
% Total persons in poverty	11.4%	13.3%	12.2%	10.4%	12.4%	11.2%
% related children under 5 in poverty*	19.3%	16.6%	24.1%	12.9%	9.8%	15.0%
% related children 5-17 in poverty	12.0%	13.0%	13.8%	8.9%	16.1%	11.7%
Teen Births (mothers 15-19)	2.9%	1.4%	1.3%	2.2%	2.4%	1.5%

\*Does not include 5 year olds.

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2019), KIDS Count (2018).

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 most of 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 comparatively high income, in both per capita income and household income, and a population with more racial diversity. Compared to its peers, Scott County also has a lower percentage of children under six with both parents (or only parent) in the workforce. The dichotomies in these variables by neighborhood location are well illustrated in the maps in Sections 1.1 and 2.2.

**People**

Scott County has had a population increase from 171,387 in 2014 to 172,943 in 2019, and is projected to see more population growth to nearly 190,000 people by 2050.

**Table 8 – Total Population 2014-2019 for Scott County and State of Iowa**

Total Population	2014	2015	2016	2017	2018	2019
Scott County	171,387	172,126	172,474	172,509	173,283	172,943
Iowa	3,107,126	3,123,899	3,134,693	3,145,711	3,156,145	3,155,070

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014 - 2019).

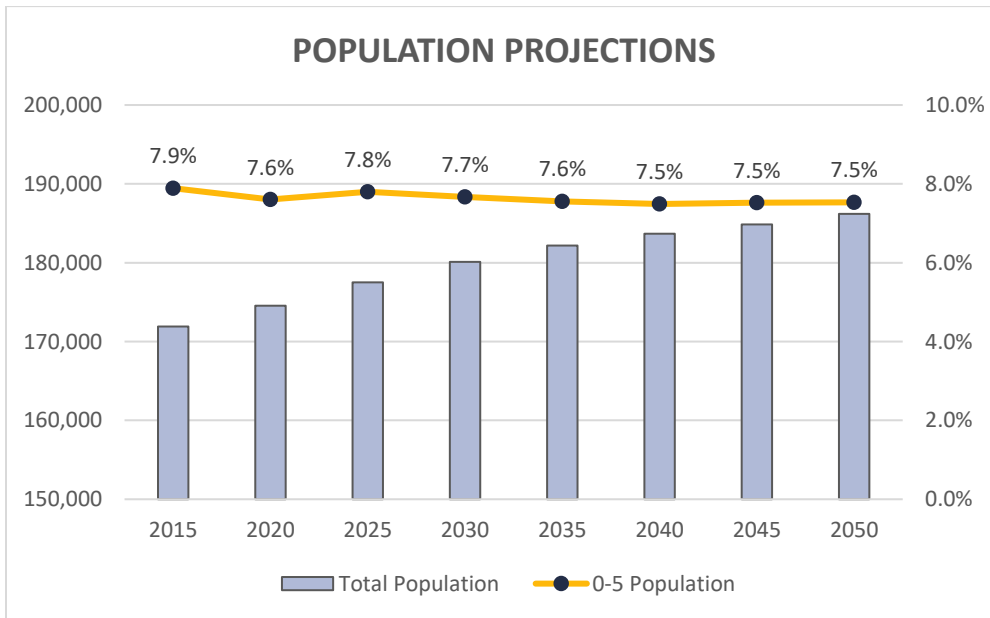
**Table 9 – Population for Early Childhood Years 2014-2019 for Scott County**

0-5 Population	2014	2015	2016	2017	2018	2019
Under 3 years	6,106 (3.6%)	6,327 (3.7%)	6,857 (4.0%)	6,478 (3.8%)	7,685 (4.4%)	5,718 (3.3%)
3-4 years	5,388 (3.1%)	4,778 (2.8%)	4,220 (2.4%)	3,805 (2.2%)	3,864 (2.2%)	4,959 (2.9%)
5 years	2,172 (1.3%)	2,290 (1.3%)	3,019 (1.8%)	1,914 (1.1%)	1,833 (1.1%)	2,174 (1.3%)

Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014 - 2019).

Figure 4 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 much 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**

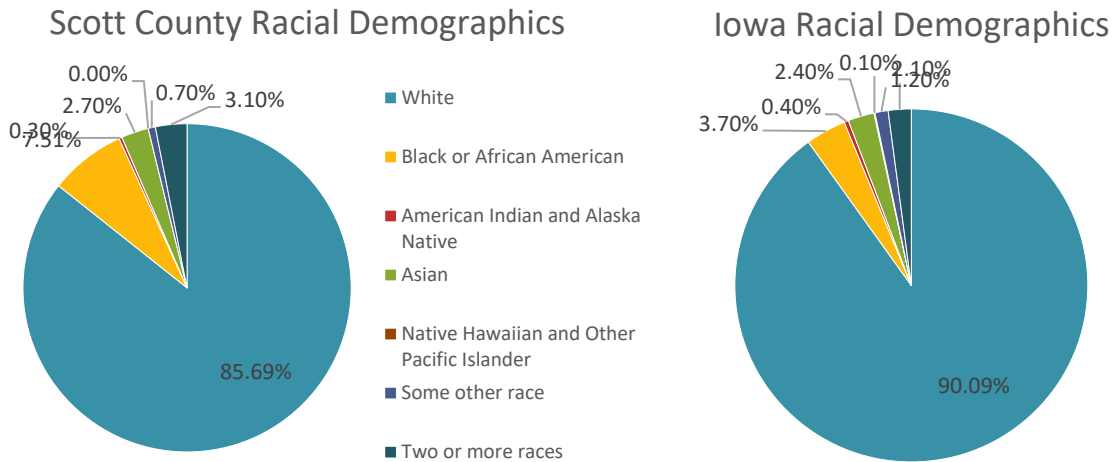


Source: Woods & Poole (2020)

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.

Scott County has a larger percentage of Black or African Americans compared to the state as a whole. Scott County also has a slightly higher percentage of Asians and people of two or more races.

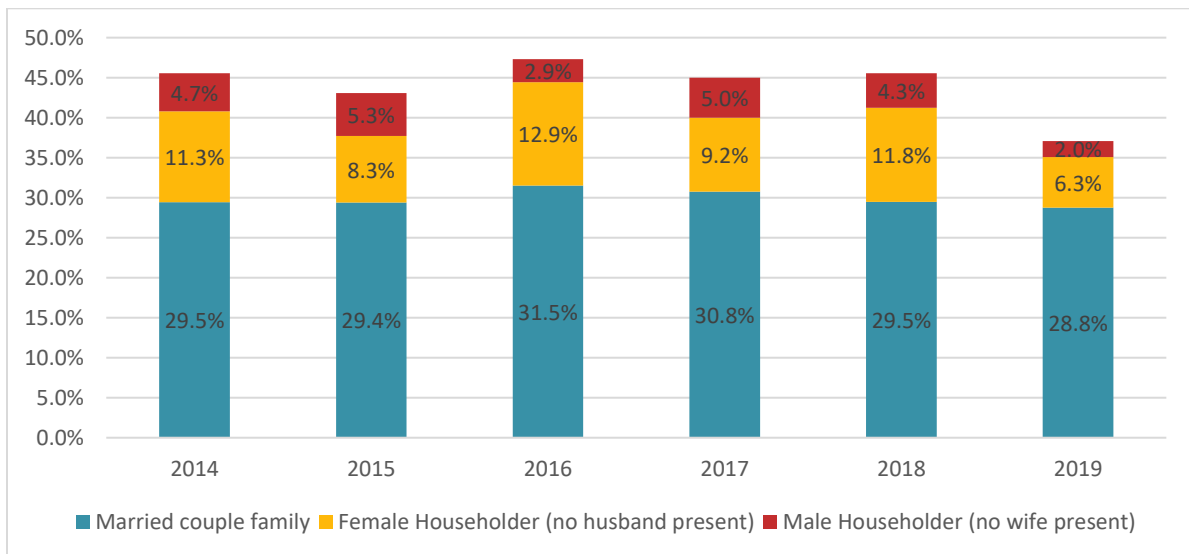
**Figure 5 – Comparison of Racial Demographics Between Scott County and Iowa**



Source: U.S. Census 2019 ACS 5-Year Estimates.

Most family households with children are comprised of a married couple family (29.5% in 2018), followed by female householders (11.8% in 2018), and followed by a small percentage of male householders (4.3% in 2018). Census definitions relating to family household types was modified in 2019, which may have affected the data patterns for that year.

**Figure 6 – Family Household by Type for Scott County 2014 – 2019**



Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014 – 2019).

### Education

Scott County has four community school districts with excellent schools. As of 2021, Bettendorf High School and Pleasant Valley High School are each recognized by US News and World Report as the #19 and #2 high schools in the state respectively. The 2020 enrollment size for Bettendorf, Davenport, North Scott, and Pleasant Valley Community School districts was a total of 27,080 students, an increase of 18.4% from the 2014 aggregate enrollment size of 22,866

**Table 10 – Community School Districts in Scott County, Iowa**

School	Bettendorf CSD	Davenport CSD	North Scott CSD	Pleasant Valley CSD
Enrollment Size (2020)	4,564	14,412	3,113	4,991
Square Mileage	9 square miles (approx.)	109 square miles (approx.)	44 square miles (approx.)	220 square miles (approx.)
Elementary Schools (#)	5 elementary schools	18 elementary schools	5 elementary schools	6 elementary schools
Middle Schools (#)	1 middle school	5 middle schools	1 middle school	1 middle school
High Schools (#)	1 high school	3 high schools	1 high schools	1 high schools
Special programs	1 alternate HS shared with North Scott & Pleasant Valley CSD	1 alternative HS; early childhood programs	Pre-K & before/after child care services	T2K (Transition to Kindergarten) Program

Source: Source: Iowa School District Profiles, <https://www.iaschoolperformance.gov/ECP/Home/Index> 2021

According to Iowa Child Care Resource & Referral FY 2020 Report, there were 9,333 total spaces for child care; 1,952 with registered child development homes, 110 with child care homes, 378 with Department of Education operated preschools, and 6,893 with DHS licensed centers or preschools. The average child care cost was \$130.96 per week for child development homes and \$170.91 per week for child care centers and preschools. According to U.S. Census 2019 ACS 1-Year Estimates, Scott County had 3,169 children aged 3-5 enrolled in nursery school and preschool.



**Table 11 – Community School District 2020 Metrics**

Community School District Metrics (2020 Student Performance Levels)	Bettendorf CSD	Davenport CSD	North Scott CSD	Pleasant Valley CSD	Iowa Statewide
Graduation Rate: 4 Years	95.17%	81.30%	97.30%	96.70%	91.55%
Graduation Rate: 5 Years	96.11%	85.92%	97.84%	98.68%	93.50%
Percent of students with an ACT score or 22 or higher or a SAT of 1110 or higher	58.45%	65.89%	53.75%	78.54%	50.19%
Percent of students taking College level, postsecondary or advanced coursework	89.69%	51.17%	89.55%	92.26%	77.57%
Percent of students taking the ACT or SAT	64.69%	43.38%	72.73%	79.68%	49.95%
ELA ISASP Proficiency by 4th Grade (2018 - 2019 Data)	82.50%	56.70%	81.40%	88.70%	70.50%

Source: Iowa School Performance, <https://www.iaschoolperformance.gov/ECP/Home/Index>

Sources: 2018-2019 ISASP Proficiency Rates by District and Grade, <https://educateiowa.gov/document-type/proficiency-district>

ELA ISASP Proficiency = English Language Arts (ELA) Iowa State Assessment of Student Progress (ISASP) Data

Note: Assessment proficiency data includes Partial Academic Year (PAY) students who participated in the ISASP and the Dynamic Learning Maps (DLM) alternate assessment.

Scott County's community school districts have varying levels of success across different avenues of metrics. Bettendorf CSD and Pleasant Valley CSD has unusually high level of students who take college level courses, Davenport CSD and Pleasant Valley CSD has high levels of proficiency in English language arts, and North Scott CSD has the highest graduation rate over a four year timespan.

**Table 12 – High School Graduation Over Time (Percent)**

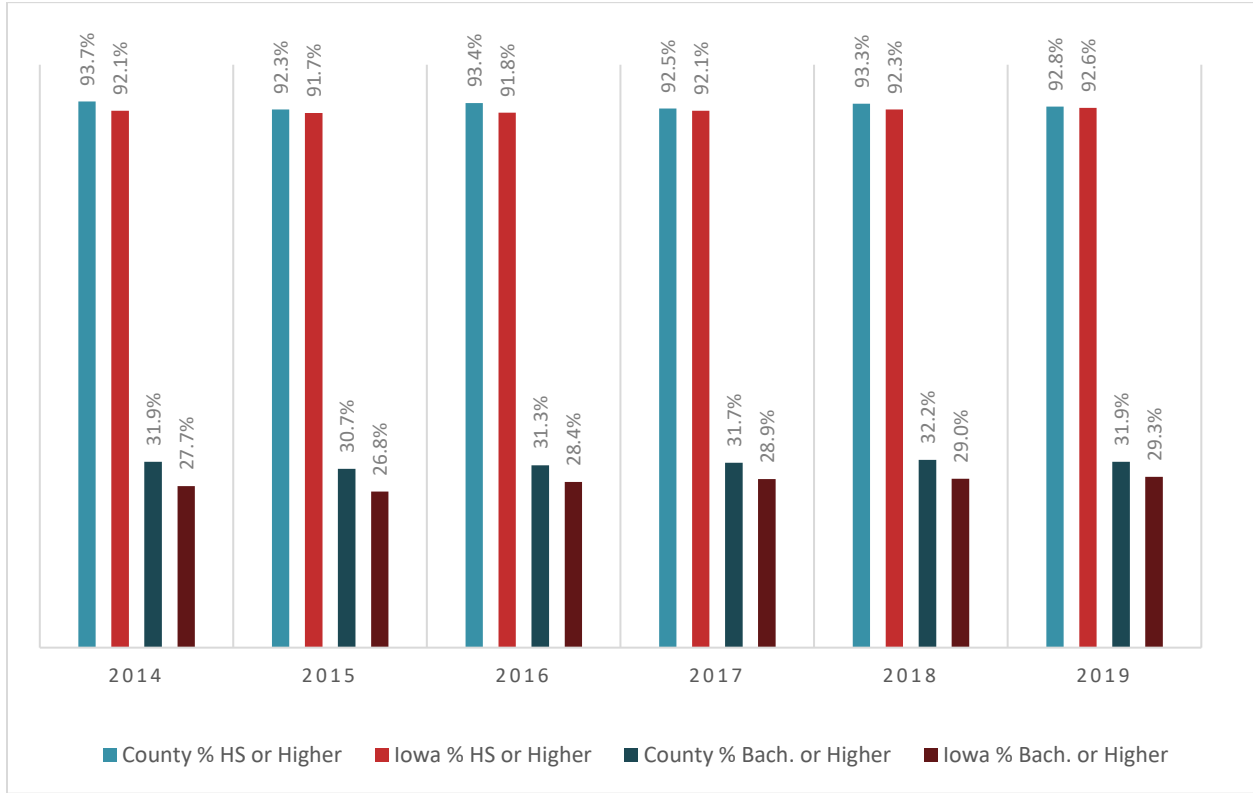
	2017-2018 (Class of '17)	2018-2019 (Class of '18)	2019-2020 (Class of '19)
State of Iowa	90.98	91.41	91.55
Bettendorf Community School District	94.95	93.89	95.17
Davenport Community School District	83.13	81.90	81.30
North Scott Community School District	89.81	94.81	97.30
Pleasant Valley Community School District	97.33	97.62	98.68

Source: Iowa Department of Education Public Reporting Website: <https://iaschoolperformance.gov/>

Pleasant Valley Community School District and Bettendorf Community School District historically have had higher graduation rates than the state average. North Scott Community School District, historically slightly below average or average, has recently seen an increase in its graduation rate. Davenport Community School District has a lower graduation rate that can be attributed to the higher level of poverty within the school district.

The percentage of Scott County's population with a bachelor's degree was relatively stable between 2014 – 2019. The county is slightly more educated than the state as a whole.

**Figure 7 – Educational Attainment**



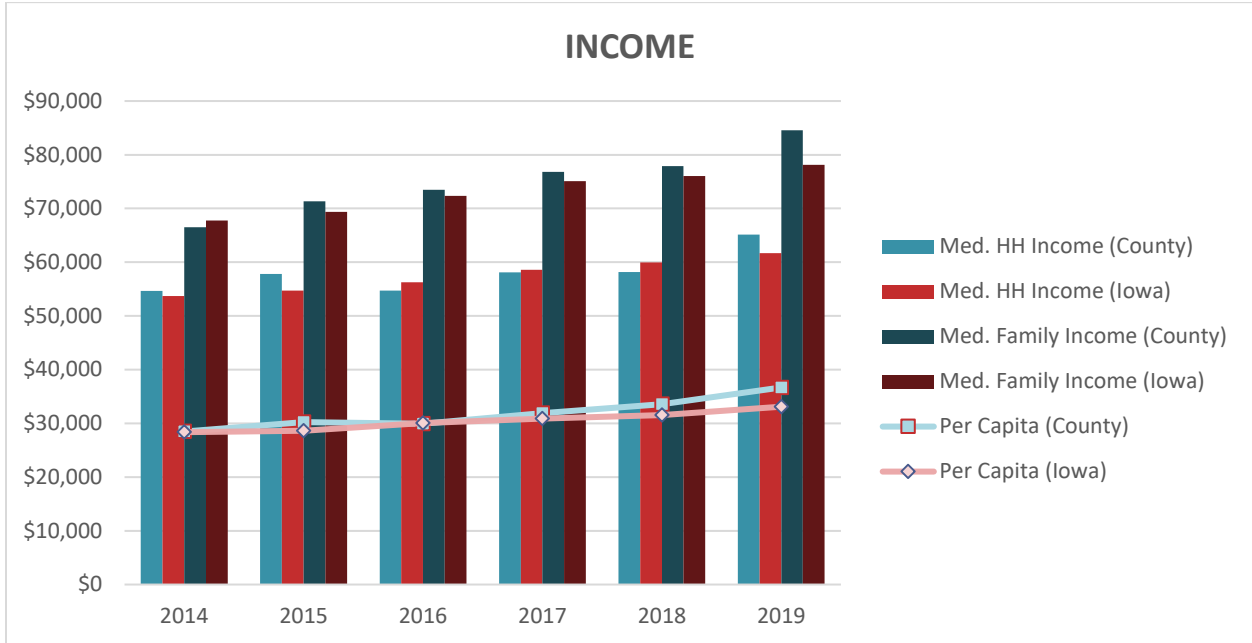
Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014 – 2019).

**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.

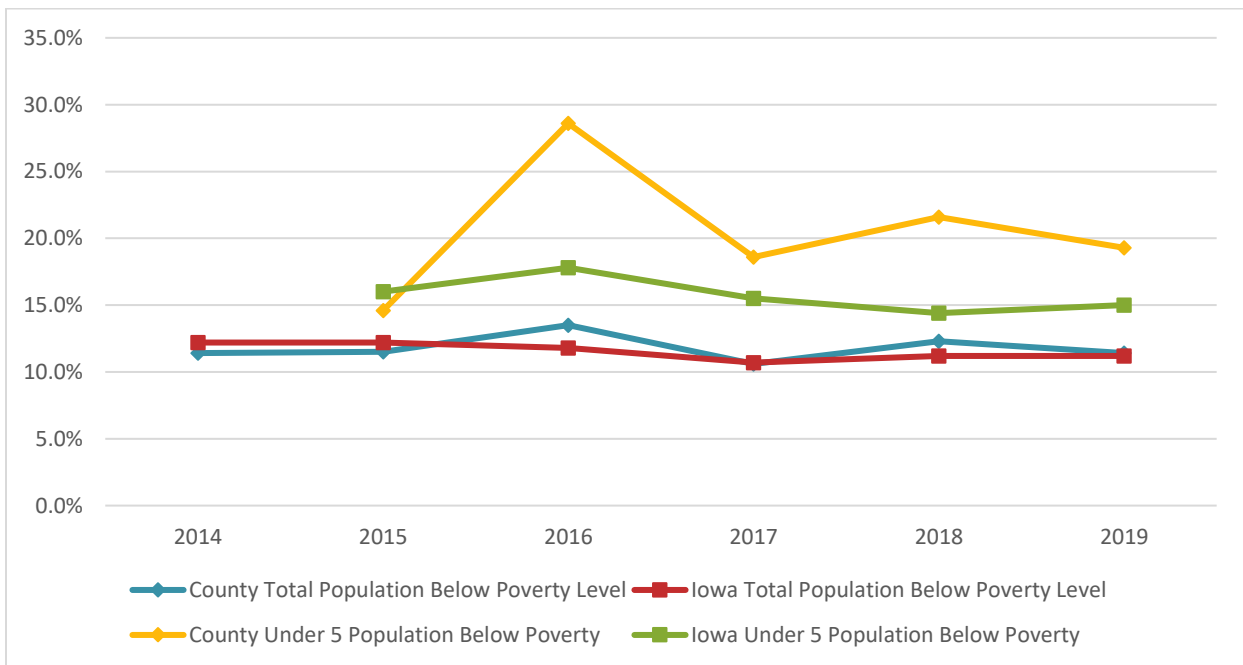
The countywide median household income, median family income, and per capita income are consistent with the state average. Business retention and expansion, particularly within industries that provide living wage jobs, are important to meet the increasing costs of raising a family. Despite certain higher than state average income metrics, Scott County underperforms on some major issues relative to Iowa, and as of 2018 had a higher unemployment rate, a higher SNAP assistance (food stamps) percentage, and a higher child poverty rate. Median household and median family income in Scott County is higher than Iowa state averages, and has risen from 2014 to 2019.

**Figure 8 – Median and Per Capita Income**



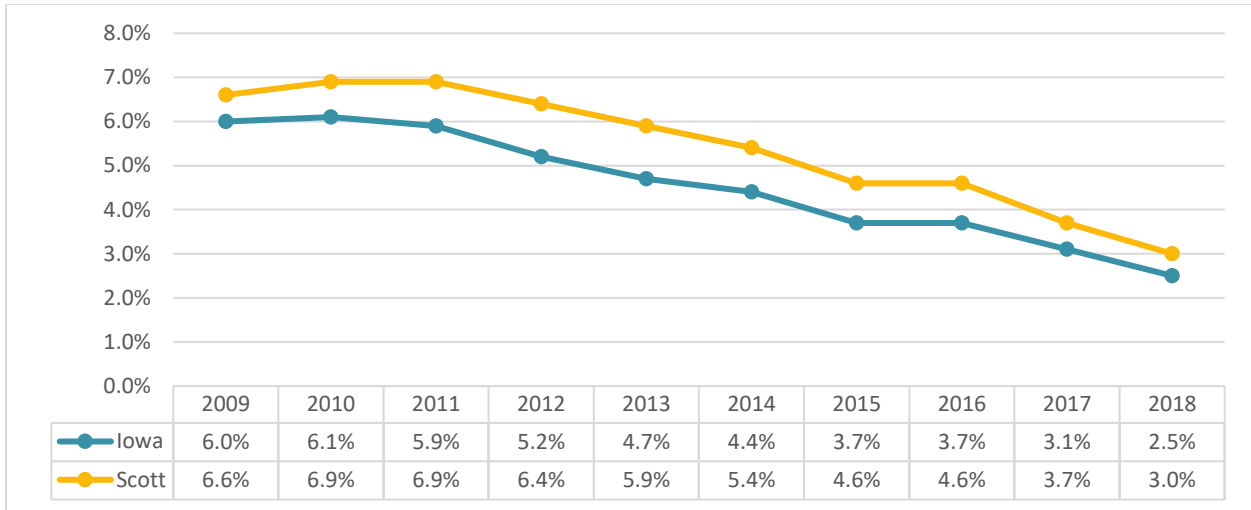
Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014 – 2019).

**Figure 9 – Income Below Poverty Level**



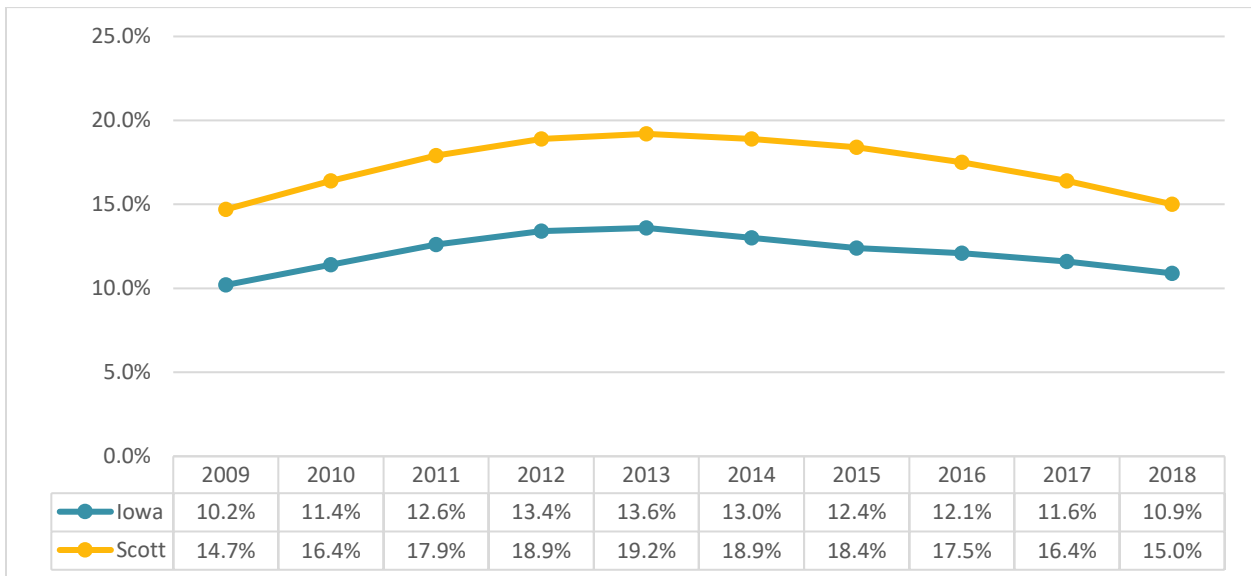
Source: U.S. Census Bureau, American Community Survey 1-year estimates (2014 -2019).

**Figure 10 The overall unemployment rate in Scott County is above the state average, but has continued to decline from 2009 to 2018. – Unemployment (Percent)**



Source: KIDS Count, Data Center (2018). Data provided by the Bureau of Labor Statistics.

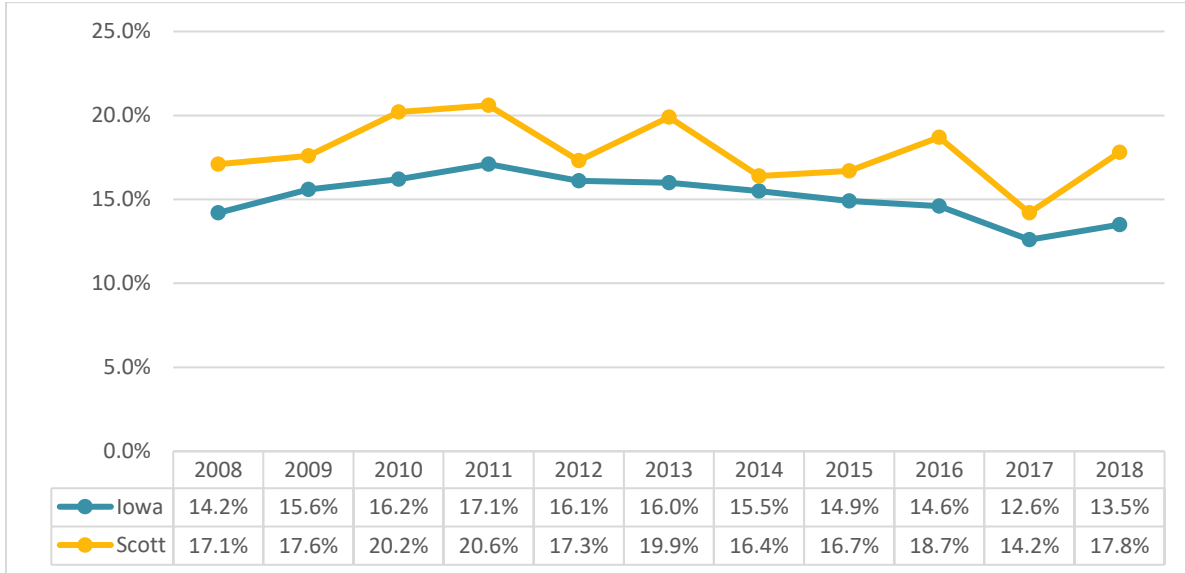
**Figure 11 – Overall SNAP assistance in Scott County is above the state average, but declined from 2013 to 2018. – Percentage of Individuals Receiving Food Stamp (SNAP) Assistance (Percent)**



Source: KIDS Count, Data Center (2018). Data provided by Iowa Department of Human Services.

Child poverty in Scott County has been above the state average every year from 2008 to 2018,

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



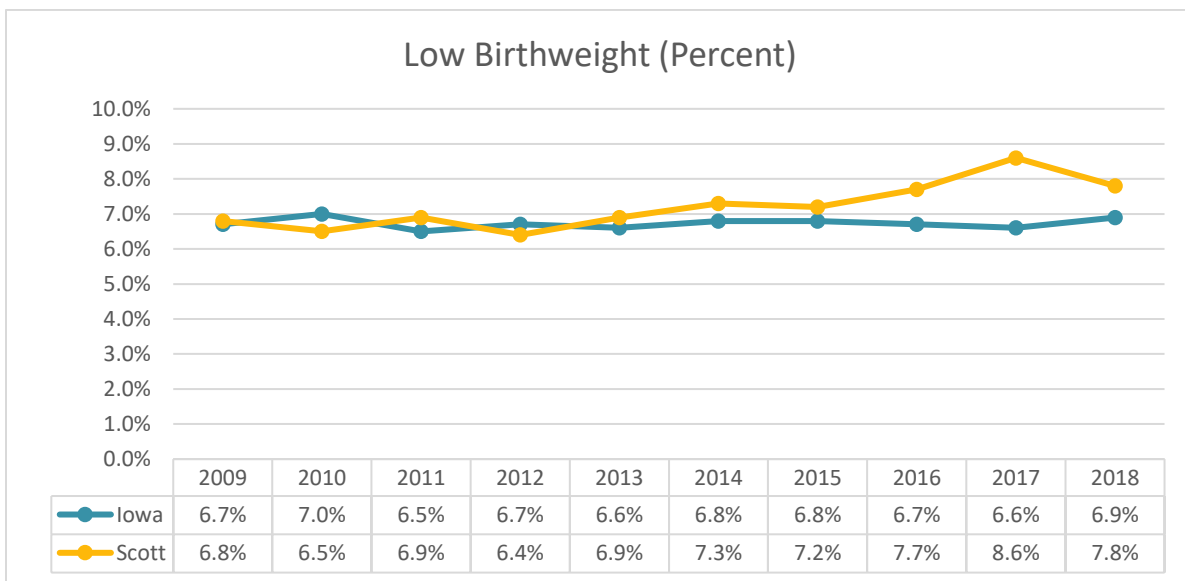
Source: KIDS Count, Data Center (2018). Data provided by United States Census Bureau.

**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 in Section 2.2 identifies the location of health facilities in the Iowa Quad Cities vicinity.

Low birthweight percentages in Scott County are comparable to the state average.

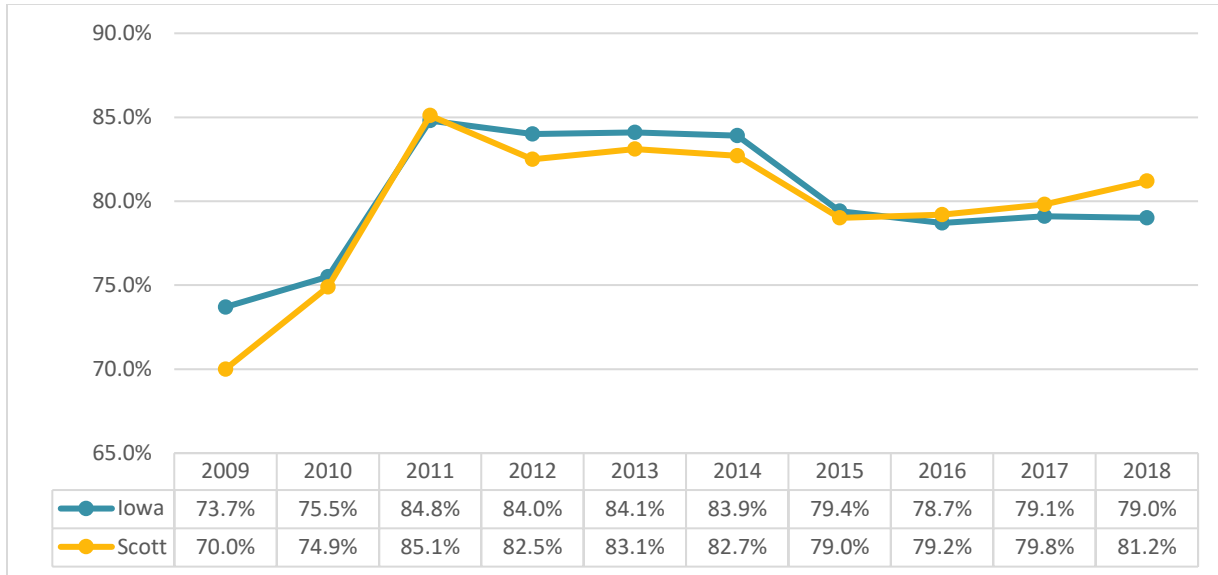
**Figure 13 – Low Birthweight: Percentage of Live Births Weighing Less Than 5.5 Pounds**



Source: KIDS Count, Data Center (2018). Data provided by Iowa Department of Public Health.

Prenatal care in Scott County is comparable to the state average.

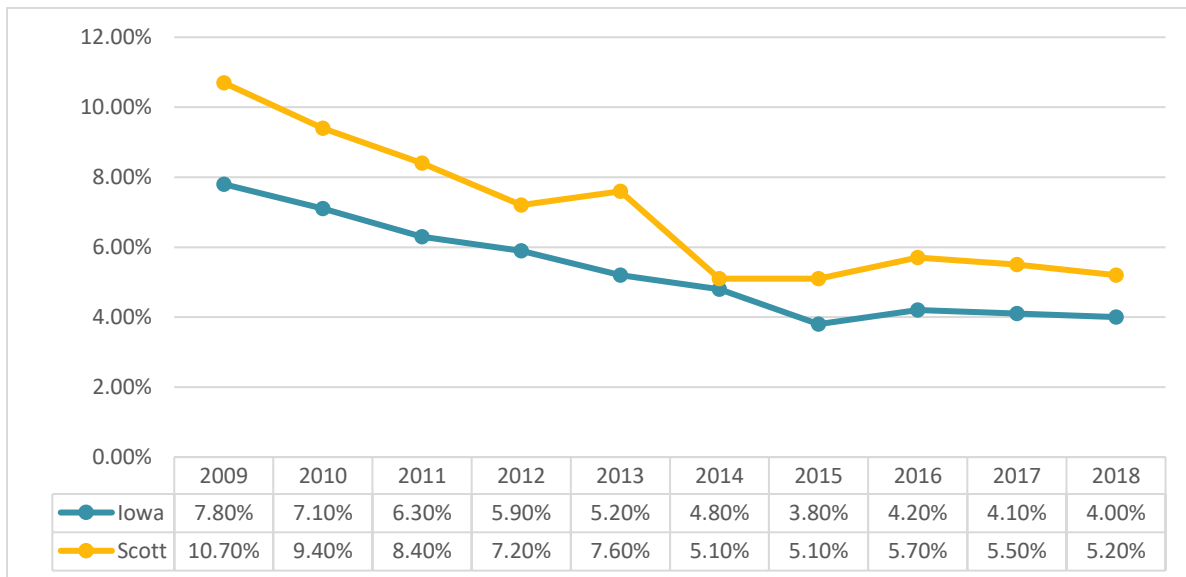
**Figure 14 – Prenatal Care (Percent): Percentage of Live Births Where Mother Began Prenatal Care During First Trimester of Pregnancy**



Source: KIDS Count, Data Center (2018). Data provided by Iowa Department of Public Health.

Scott County has a higher teen pregnancy rate than the state as a whole as seen in Figure 12. However, the rate has been steadily decreasing for both the county and state since 2009.

**Figure 15 – Percentage of Live Births to Unmarried Teens**



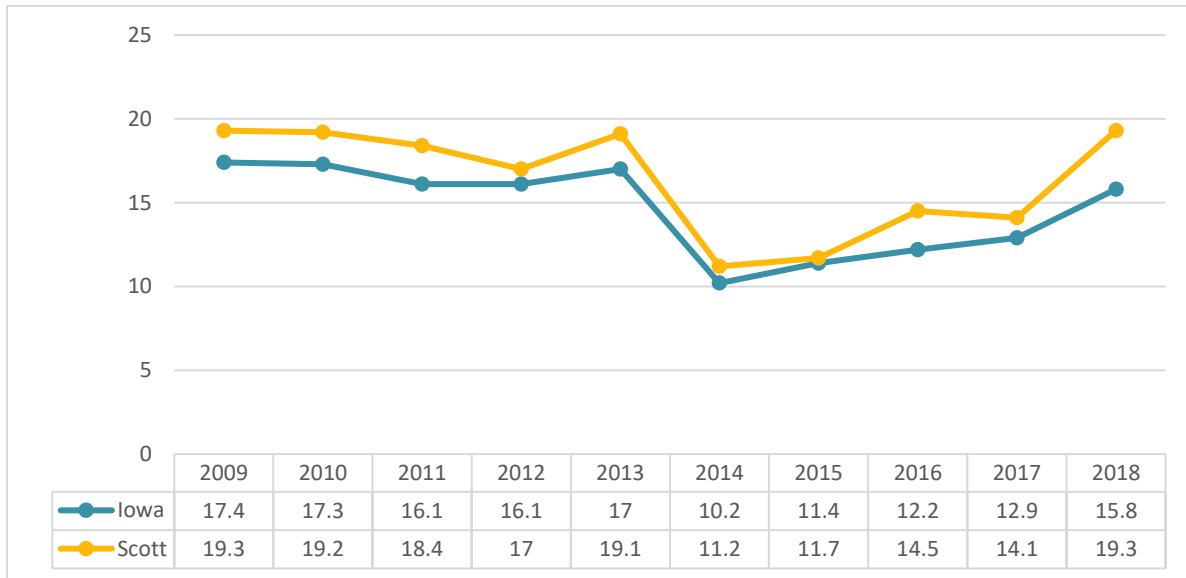
Source: KIDS Count, Data Center (2018). Data provided by Iowa Department of Public Health.

**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.

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

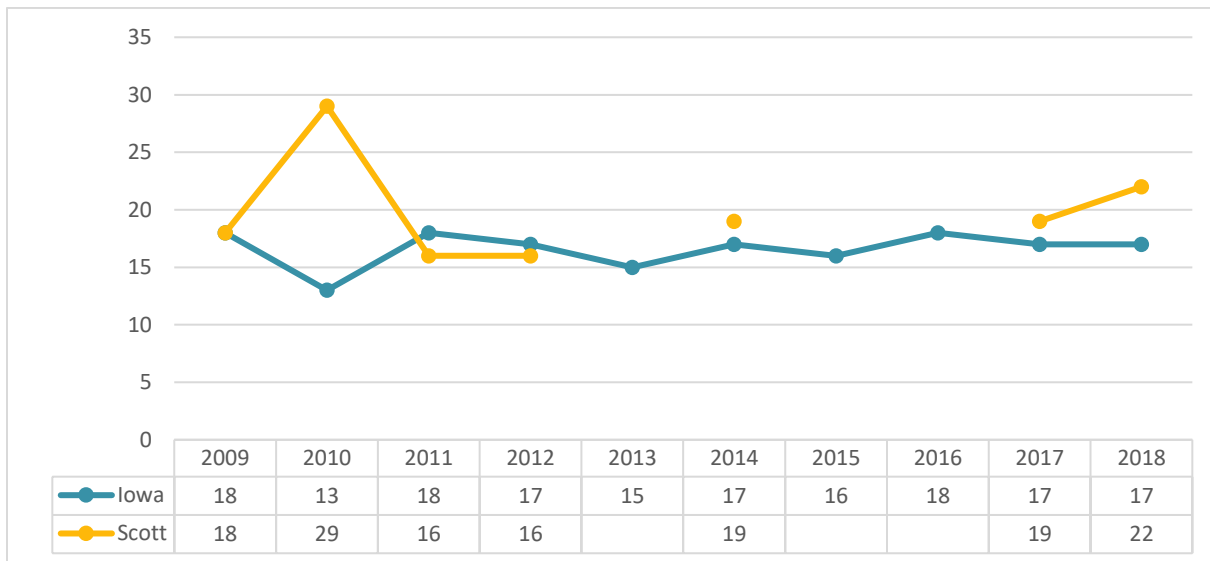
**Figure 16 – Child Abuse and Neglect (Per 1,000 Children Age 0-17)**



Source: KIDS Count, Data Center (2018). Data provided by Iowa Department of Human Services.

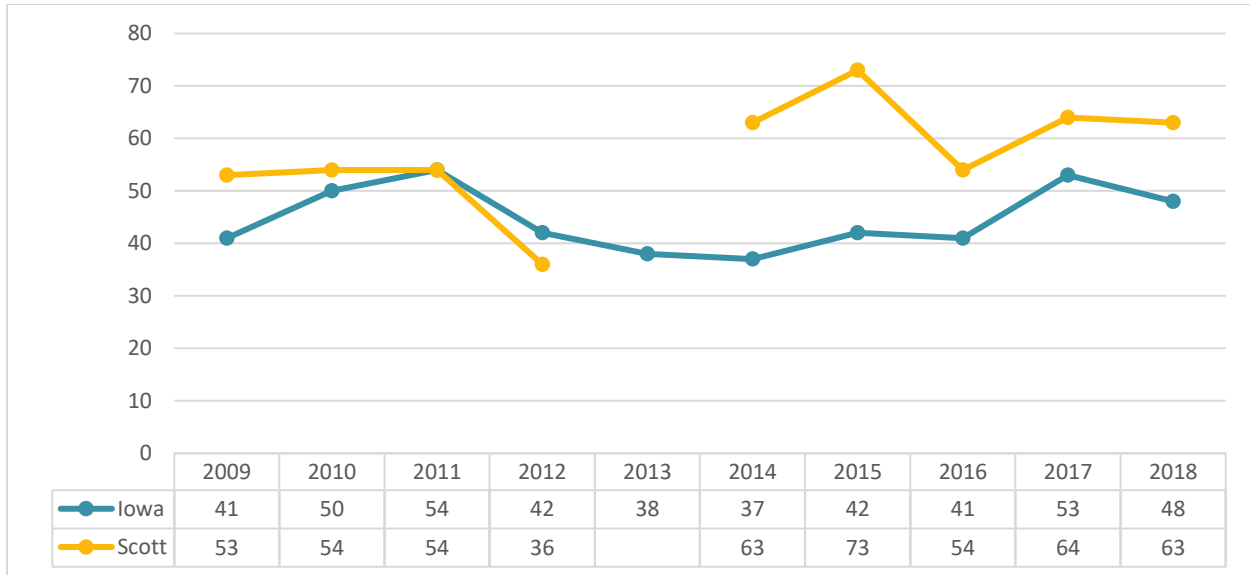
The rate of child deaths and teen deaths are similar to those of the state.

**Figure 17 – Child Deaths (Per 100,000 Children Age 0-14) (Rate)**



Source: KIDS Count, Data Center (2018). Data Provided by Iowa Department of Public Health. Rates are not available on the county level for some years as incidences of five or less have been suppressed to protect confidentiality.

**Figure 18– Teen Deaths (Per 100,000 Teens Age 15-19) (Rate)**



Source: KIDS Count, Data Center (2018). Data Provided by Iowa Department of Public Health. Rates are not available on the county level for some years as incidences of five or less have been suppressed to protect confidentiality.

**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 conducted through spring and summer of 2021, and stakeholder and Board meetings were conducted in April and May, 2021.

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 49 responses were collected from the parent survey that was distributed by providers working with parents. The survey indicated that 35% of parents needed childhood services and resources that were not available. Many indicated a lack of child care options in their area, as well as a lack of specific health care and therapy options, such as speech therapy, etc. The most heavily used services were preschool, child care, and therapy. The vast majority of parents are happy with their providers of service. 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, challenges of organizing collaborative resources for 0-5 year old children, and any missing programs needed for 0-5 year old children. This information is located in the addendum, and was provided to the Board and to a workshop group of stakeholders. Most elaborated on issues related to these basic questions, but were inconsistent on fiscal information related to their internal organization and annual budgets.

The stakeholder meeting was done over Zoom and 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) Are there client needs that your agency is not able to meet?
- (2) What impact has COVID-19 had on early childhood services?
- (3) What are the coordination needs between funders and providers in Scott County?

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 and 2015, albeit with a novel focus on the impact of COVID-19. Parents and agencies describe a variety of difficulties, including:

- Arranging transportation and affordable childcare for families
- Finding qualified staffing, especially after COVID
- Access to funding for special care
- Managing virtual appointments and services to navigate pandemic and health issues
- Managing interagency collaborations to coordinate logistics and target potential grant programs

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.

### ***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 in Table 13.

**Table 13 – Community-Wide Indicator Rationale**

<b>Indicator (Priority Area)</b>	<b>Rationale for Selection of Indicator</b>
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 ECI Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify the Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify the Year				
				2016	2017	2018	2019	
% of children with up to date immunizations by age 2 at Public Health Clinics	A	Bureau of Disease Prevention and Immunization	2008 58%	2016 70%	2017 71%	2018 74.8% (state 74.9%)	2019 69.0% (state 73.7%)	2% increase per year
% of low birth weight babies 2008-2010 data from Child & Family Policy Center is % of low birth weight babies	A	Dept. of Health	2003 84.5 per live births	2015 7.2%	2016 7.7%	2017 8.6% (state 6.6%) (USA 8.2%)	2018 7.8% (state 6.9%) (USA 8.3%)	0.5% decrease per year
# of centers accredited or meeting quality standards	C	Quality through Accreditation Projects and ECERS assessment, Child Care Resource and Referral	2008 5 NAEYC 6 QRS	July 2017 7 National Accreditation centers 6 QRS levels1-2 centers 24 QRS levels3-5 centers	July 2018 7 National Accreditation centers 2 QRS levels1-2 centers 30 QRS levels3-5 centers	July 2019 x National Accreditation centers 6 QRS levels1-2 centers 34 QRS levels3-5 centers	July 2020 x National Accreditation centers 8 QRS levels1-2 centers 32 QRS levels3-5 centers	20% increase in QRS centers per year  20% increase in NAEYC centers per year
# of homes accredited or meeting quality standards	C	Quality through Accreditation Projects and ECERS assessment, Child Care Resource and Referral	2008 5 NAFCC 6 QRS	July 2017 0 National Accreditation homes 37 QRS levels1-2 homes 9 QRS levels3-5homes	July 2018 0 National Accreditation homes 21 QRS levels1-2 homes 9 QRS levels3-5homes	July 2019 0 National Accreditation homes 11 QRS levels1-2 homes 8 QRS levels3-5homes	July 2020 0 National Accreditation homes 6 QRS levels1-2 homes 7 QRS levels3-5homes	20% increase in QRS homes per year  10% increase in NAFCCA homes per year

Community ECI Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify the Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify the Year				
				July 2017	July 2018	July 2019	July 2020	
# of licensed and registered child care homes/facilities	A,C,D	CCR&R	FY08 335 DHS Registered Child Dev Home 2 Dept of Ed Operated preschools and centers 79 DHS licensed preschools and centers	July 2017 187 DHS Registered Child Dev Homes 10 Dept of Ed Operated preschools and centers 79 DHS licensed preschools and centers	July 2018 193 DHS Registered Child Dev Homes 9 Dept of Ed Operated preschools and centers 84 DHS licensed preschools and centers	July 2019 187 DHS Registered Child Dev Homes 9 Dept of Ed Operated preschools and centers 85 DHS licensed preschools and centers	July 2020 183 DHS Registered Child Dev Homes 9 Dept of Ed Operated preschools and centers 83 DHS licensed preschools and centers	10% increase per year
# of confirmed child abuse cases	B,E	Iowa Department of Human Services	2011 2194	2016 594	2017 703	2018 791	2019 710	2% decrease per year

**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 To Support Quality Programs Review 2015 Plan Priorities***

The Board approved the following priority areas in SCKECI’s 2012 Community 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 during the May 4<sup>th</sup>, 2021 board meeting, and evaluated the priorities’ 2015 – 2020 strategies and activities in order to better improve progress to support quality programs.

**Table 15 – 2015-2019 Plan Priorities Evaluation**

<b>Priority #1: Advance healthy physical and mental development for all children with a priority for</b>			
<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for</b>
<b>1</b> 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.	<b>What is the status of the relationship with area health systems?</b>
<b>2</b> 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.	<b>How well are we supporting home visitation programs?</b>
<b>3</b> Advocate for uncategorized funds.	Advocate for uncategorized funds.	Advocate for uncategorized funds.	<b><i>N/A – Accomplished through legislative changes.</i></b>
<b>4</b> 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.	<b>Are we taking advantage of funding opportunities to enhance mental health services?</b>
<b>5</b> <b>Ongoing Strategies:</b> Engage funded partners and encourage sharing information about immunizations.			<b>Have funded partners been engaged and encouraged to share information about</b>
<b>ECI Result:</b> Healthy Children. <b>Indicators:</b> Low Birth Weight; Immunized Children, Dental Services			

**Initial Board Evaluation (5/4/21)**

- Could use a better relationship with one health system (long-term problem). Signs of progress are evident though, and this is worth revisiting.
- Lack of funding is an inhibitor to some goals (ex. #2 – home visitation programs)
- Intake/referral system to home visitation could use improvement (Parent Pals)

<b>Priority #2: Increase the number of center and home-based providers meeting quality standards.</b>			
<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for</b>
1 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.	<b>How does SCKECI support DHS efforts to comply with CCDBG? Could more be done?</b>  <b>Are contracts reviewed to support DHS recommendations?</b>
2 Retain open communications with DHS and CCR&R regarding resources that may be needed to meet new regulations.			<b>Are we reaching out to state agencies to meet our resource needs?</b>
3		Monitor numbers of providers participating in QRS. May want to consider increased reimbursement to Child Care Scholarship providers with QRS rating.	<b>What has been learned or changed through monitoring participation in quality ratings?</b>
4	<b>Ongoing strategies:</b> Advocate for quality standards at the state level and correlate to reimbursement rates.		<b>What advocacy for quality standards (correlated with reimbursement rates) at the state level has occurred?</b>
<b>ECI Result:</b> Children Ready to Succeed in School. <b>Indicators:</b> Early Literacy Skills, Children with No Dental Problems, Educational Attainment of Mothers			

**Initial Evaluation (5/4/21 meeting)**

- TEACH program expanding statewide next year to help with funding gaps.
- Need to find a way to fund existing programs with less funding while still providing direct payments.

<b>Priority #3: Increase access to affordable quality learning environments for all children.</b>			
<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for Evaluating Progress</b>
1	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.	What professional development opportunities have been identified and implemented?  Have any preschool scholarships been proposed or implemented?
2		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.  Has outreach to schools, preschools, care centers, and families been impactful?
3	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.  <i>N/A – Accomplished through legislative changes.</i>
4	Monitor availability and capacity of preschools.	Monitor availability and capacity of preschools.	Monitor availability and capacity of preschools.  Is availability and capacity of preschools monitored? What has been learned?
5	<b>Ongoing Strategies:</b> None		None
<b>ECI Result:</b> Secure and Nurturing Early Learning Environments. <b>Indicators:</b> Quality Early Learning Environments, Availability of Child Care, Working Parents			

**Initial Evaluation (5/4/21 meeting)**

- Scholarships are increasing. There is potential to keep this going, partially due to the pandemic. However, the amount available is significantly lower than in the past. SCKECI is making a dent, but there’s more work to do.
- Decat funds are now being used for professional development, and this can continue.
- New funding continues to be scarce.

Priority #4: Increase positive relationships between children and parents.				
Year 1 (2016) Strategies	Years 2 & 3 (2017/2018) Strategies	Subsequent Years Strategies	Discussion Questions for Evaluating Progress	
1	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.	<b>Are relationships with area health systems employed to increase positive family relationships?</b>
2	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.	<b>Does SCKECI support home visitation programs in a way that enhances positive relationships?</b>
3	Advocate for uncategorized funds.	Advocate for uncategorized funds.	Advocate for uncategorized funds.	<b><i>N/A – Accomplished through legislative changes.</i></b>
4	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.	
5	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.	<b>How has new knowledge about risk factors been used to engage and support at-risk families?</b>
6	<b>Ongoing strategies:</b> Monitor home visitation program(s) for early access point of care.			<b>Are home visitation programs monitored for early access point of care?</b>
<b>ECI Result:</b> Safe and Nurturing Families. <b>Indicators:</b> Incidence of Child Abuse, Teen Births, Domestic Violence Rate, Accredited Support Programs in Iowa				

**Initial Evaluation (5/4/21 meeting)**

- Currently not attaining these goals.
- Family Connects program at Duke using risk factors is a good model of incorporating best practices for at-risk families.

<b>Priority #5: Increase awareness regarding the importance of the early years.</b>				
	<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for Evaluating Progress</b>
<b>1</b>	Continue to promote information via the website.	Continue to promote information via the website.	Continue to promote information via the website.	<b>Is the website being utilized sufficiently to promote and publish information?</b>
<b>2</b>	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.	<b>Has the plan been sufficiently showcased, applied, and built upon with community partners?</b>
<b>3</b>	Communicate with legislators.	Communicate with legislators.	Communicate with legislators.	<b>Has SCKECI worked with lawmakers to increase awareness and support for early childhood</b>
<b>4</b>	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.	<b>Can board members speak to SCKECI programs and create awareness for their importance?</b>
<b>5</b>	<b>Ongoing strategies:</b> Advance partnerships to leverage resources for 0-5 age group population programs.			<b>What new partnerships have been forged to leverage resources for early childhood programs?</b>
<b>ECI Result:</b> Safe and Supportive Communities. <b>Indicators:</b> Crime Rates, Juvenile Crime, Child Deaths, Unemployment Rates				

**Initial Evaluation (5/4/21 meeting)**

- SCK could be leveraged as an alternate resource to national resources, which is usually what people go to.



### ***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 ECI and its partners offer a number of programs for parents. These include:

**Table 16 – Scott County Kids ECI Programs for Parents**

<b>Parent Program</b>	<b>Description</b>	<b>Target Age Group</b>	<b>Type</b>
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 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

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 ECI Programs for Child Care Providers**

Provider Program	Description	Target Age Group	Type
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

The Board's evaluation of the 2015 Community Plan Priorities indicated that through coordination of programs, strategies are in place and can be refined to make an impact. These five priorities have an extensive opportunities, and threats. The strengths identify the programs that are positively making an impact, the weaknesses illustrate where more work is needed, the opportunities to lay the foundation for future strategies for implementation, and the threats indicate potential changes or challenges within each strategy.

### ***SCKECI Priorities SWOT Analysis***

***Community Priority: #1 Advance healthy physical and mental development for all children with a priority for at risk children***

#### **Strengths:**

1. Nurse Family Partnerships
2. Fatherhood initiatives
3. Communication using text messaging, social media
4. Education/promotion of resources and partnerships
5. Partnerships within the community
6. Scott County Health Department
7. Child Care Resource and Referral (CCR&R)
8. TIC/ACEs Consortium
9. Community Partnership for Protecting Children (CPPC)
10. Quad City Behavioral Health Coalition
11. Eastern Iowa Region's Mental Health
12. Eagle View Psychiatric Hospital Opening

#### **Weaknesses:**

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

**Opportunities:**

1. Better identify target population and how to engage them/ Improve target population identification and how to engage them
2. Seek good definition of “at risk”
3. Coordinated Intake (Parent Pals)
4. Examine model from Dr. Chasnoff’s initiative
5. Possible further collaborations with CPPC, TIC/ACEs Consortium as well as other community initiatives
6. Support of training related to mental health (CLASS, Sunshine Circles)
7. Tele-health

**Threats:**

1. Scott County Health Department’s grant funded programs, including the Child Health Program, Local Public Health Services Program Tobacco Use Prevention Program & Women, Infants and Children (WIC)/Breastfeeding Peer Counseling Program, not guaranteed every funding cycle

***Community Priority: #2 Increase the number of center and home based providers meeting quality standards*****Strengths:**

1. New contract with Child Care Resource and Referral
  - a. Funds technical assistance for Quality Rating System (QRS)
  - b. Mini-grants to fund safety and quality items
  - c. Conference to inform providers of QRS UPDATE: No longer offer conference, attendance declined
2. Number of child care center directors in Scott County who are leaders in the early childhood field; passionate about the needs of children
3. Child Care Nurse Consultant (also funded by SCKECl) available for child care homes and centers (review from CCNC required for some QRS activities)
4. Relationship with Child Care Resource and Referral and child care centers
5. United Way supportive of quality child care
6. Good relationship with Department of Human Services (DHS) center licensing consultant and home registration consultant

**Weaknesses:**

1. Lack of incentive for providers to register or participate in QRS
2. QRS requirements being revised to be implemented on April 1<sup>st</sup> 2021
  - a. Some of the requirements not seen as adding value or quality to early childhood care and education
3. Sense of invasiveness to have care regulated instead of viewed as ensuring child safety
4. Child care home providers often not in business for an extended period of time
  - a. Makes investments from providers and outside funding sources hard to justify
5. State changes have the child care industry in a state of flux
  - a. Challenging to know how to best be supportive

**Opportunities:**

1. QRS requirements are being revised to be implemented on April 1<sup>st</sup> 2021
2. Currently good resources in place; CCR&R and CCNC
  - a. Relationship with DHS
  - b. Relationship with child care providers

**Threats:**

1. Potential changes to child care rules and regulations if QRS standards are reformatted as QRIS standards.

**Community Priority: #3 Increase access to affordable quality environments for all children****Strengths:**

2. Child Care Scholarships and Preschool Scholarships administered by same agency
  - a. Allows for meeting families' needs within the guidelines of both programs
3. Scholarships allow for parental choice
4. If Statewide Voluntary Preschool (SWVPS) standards met; scholarships can "wrap around" limited SWVPS hours
  - a. Eases transportation issues for families
5. Statewide Voluntary Preschool available in all four Scott County school districts
6. Good relationships with school districts and Mississippi Bend AEA

**Weaknesses:**

1. SWVPS Head Start shifting services toward children prenatal through age three
  - a. Preschool age children (meeting Head Start qualifications) attending SWVPS
    - i. Likely not receiving diverse services (health, social supports, etc.) that Head Start can provide
2. Some school districts struggle to fill the SWVPS slots
3. Less funding in the SCKECI budget to provide professional development and implementation materials than in previous years
4. SWVPS new program for Iowa
  - a. Parents still learning what is available in the community
5. State ECI cautious of scholarship program
6. Transportation a barrier for some families, especially preschool only hours
7. SWVPS only offers 10-hours of preschool per week

**Opportunities:**

1. Educating parents on types of programs available in the area
2. Restructuring from QRS to QRIS offers childcare opportunities
3. American rescue Plan Act of 2021: Child Care Stabilization Grants and Early Childhood Training out of US Dept. of Health and Human Services
4. Governor Reynold's Child Care Task Force –future recommendations to go public

**Threats:**

1. Dissolution of potential civic groups and non-profit programs that provide quality environments for children 0-5, possibly accelerated by COVID-19 pandemic concerns or financial concerns, i.e. dissolution of Quad Cities Association for the Education of Young Children (QCAEYC).

**Community Priority: #4 Increase positive relationships between children and parents****Strengths:**

2. Bright Beginnings' strong background of being responsive to the needs of families and ECI regulations
3. Building relationships and works well with DHS
4. SCK Decat programs that support increasing positive relationships between children and parents
5. Maternal Infant Early Childhood Home Visitation (MIECHV) funding in Scott County

**Weaknesses:**

1. Lack of relationship with Unity Point Hospital
2. Home visitation services in the homes for a limited amount of time
  - a. Some families may need more support
3. Difficult to overcome generational poverty

**Opportunities:**

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

**Threats:**

1. Attendance at events and group meetings may be threatened by COVID-19 public health regulations and instability of funding

**Community Priority: #5 Increase awareness regarding the importance of the early years****Strengths:**

1. Community has a lot of good resources
  - a. Library system
  - b. Family Museum
  - c. Putnam
  - d. CCR&R
  - e. ISU Extension
  - f. WIC
2. Parents are passionate and interested

**Weaknesses:**

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

**Opportunities:**

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

**Threats:**

1. Expansion and moderation of website and Facebook pages, along with future social media, may carry threats of potential trolls, misinformation, etc.

## 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 2021, there were 179 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 that are defined in the following table. 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 Slots 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	496
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	996
Registered Child Development Home C	Each provider can care for up to twelve 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	288
Registered Child Development Home C1	Each provider can care for up to eight children at any one time;	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	128

Source: Iowa Department of Human Services, Child Care Client Portal. Accessed September 2021, DHS Registered Provider Requirements Updated 2/2/2017. <https://ccmis.dhs.state.ia.us/clientportal/ProviderSearch.aspx>

Scott County's registered child development homes have 1908 slots. Since 2015, Scott County has lost 41 registered homes and 348 slots for child home care in A, B, C, and C1 homes, and no longer has any DHS registered homes in Buffalo, Le Claire, Pleasant Valley, or Princeton, IA. Table 19 lists the number of slots at registered child development homes 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	72
Bettendorf	Registered Child Development Home B	120
Bettendorf	Registered Child Development Home C	48
Bettendorf	Registered Child Development Home C1	32
Blue Grass	Registered Child Development Home A	8
Davenport	Registered Child Development Home A	408
Davenport	Registered Child Development Home B	828
Davenport	Registered Child Development Home C	224
Davenport	Registered Child Development Home C1	96
Eldridge	Registered Child Development Home A	8
Eldridge	Registered Child Development Home B	12
Eldridge	Registered Child Development Home C	16
Walcott	Registered Child Development Home B	36

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

### ***Licensed Child Care Centers***

In 2021, Scott County had 82 licensed child care centers with a total capacity for 7,119 children. All met or exceeded DHS requirements to be licensed, with 66 of the centers rated between 0-3 on the QRS rating system, and 17 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 in Table 20 and sorted by community. See Table 20

**Table 20 – Licensed Child Care Centers in Scott County**

Name	DHS ID #	Address	City	Slots	QRS Rating
APK Early Learning Academy Bettendorf	50124	2711 Happy Joe Drive	Bettendorf	63	0
Growing With Grace Early Learning Center	47860	3740 Utica Ridge Road Suite A	Bettendorf	70	0
Hand In Hand	19482	3860 Middle Rd	Bettendorf	111	5
KinderCare Bettendorf East	20908	2986 Victoria St	Bettendorf	72	0
Lourdes Little Lancers	46494	1453 Mississippi Blvd	Bettendorf	120	0
Morning Star Academy	21113	1426 Tanglefoot Lane	Bettendorf	20	0
New Day Child Care Center	51245	1330 Spruce Hills Dr	Bettendorf		0
Our Savior Lutheran Preschool	21126	3775 Middle Rd	Bettendorf	142	0
Ready Set Grow Preschool	21129	2400 Middle Rd	Bettendorf	24	0
Redeemer Preschool	21145	1109 Tanglefoot Lane	Bettendorf	36	0
Rivermont Collegiate	21147	1821 Sunset Dr	Bettendorf	42	0
St John Vianney Preschool	21112	4097 18th St	Bettendorf	44	0
The Bettendorf KinderCare #301113	20610	2330 Tech Dr	Bettendorf	140	4
The Red Apple Child Care Center	21020	3265 Ridge Point	Bettendorf	148	0
YMCA IMV Bettendorf	50579	3800 Tanglefoot LN	Bettendorf	120	0
YMCA IMV Grant Wood Kids Club	49034	1423 Hillside Dr	Bettendorf	75	3
YMCA IMV Hoover Kids Club	49036	3223 S Hampton DR	Bettendorf	75	2
YMCA IMV Hopewell Kids Club	36208	3900 Hopewell	Bettendorf	75	3
YMCA IMV Paul Norton Kids Club	21134	4485 Greenbrier Dr	Bettendorf	75	3
YMCA IMV Pleasant View Kids Club	21104	6333 Crow Creek Rd	Bettendorf	75	2
YMCA IMV Riverdale Heights Kids Club	20773	2125 Devils Glenn RD	Bettendorf	75	4
YMCA IMV TBK	51012	4850 Competition Dr	Bettendorf	90	0
Noah's Ark Preschool	21153	337 W Lotte St	Blue Grass	58	4

Name	DHS ID #	Address	City	Slots	QRS Rating
Adams Elementary Stepping Stones	20802	3029 N Division ST	Davenport	70	1
All Saints Catholic School Before & After Care	25306	1926 Marquette ST	Davenport	105	0
Birdie's Nest Child Care Center	47901	2627 Hickory Grove Rd	Davenport	119	3
Buchanan Elementary Stepping Stones	50230	4515 N Fairmount Street	Davenport	60	1
CAEI Family Enrichment Center Head Start	44292	300 W 59th St	Davenport	36	0
CAEI-Fairmount Pines HS and EHS	21103	4205 N Fairmount St	Davenport	34	0
CAEI-Mid City Early Head Start	21127	3801 Marquette St	Davenport	29	0
CAEI-Roosevelt Head Start	39740	1220 Minnie Ave	Davenport	48	0
CAEI-Wittenmyer Head Start & Early Head Start	44113	2800 Eastern Ave Bldgs D&L	Davenport	137	0
Children's Village Hoover	20708	1002 Spring St	Davenport	177	5
Children's Village West	20615	1757 W 12th St	Davenport	244	4
Christ's Family Day Care	21131	4601 Utica Ridge Rd	Davenport	75	0
Eisenhower Elementary Stepping Stones	20807	2827 Jersey Ridge Rd	Davenport	70	1
Fillmore Elementary Stepping Stones	20808	7307 Pacific St	Davenport	70	1
Formative Years Growing and Learning Center - Dav	51114	2315 Jersey Ridge Road	Davenport	61	0
Friendly House Kids Corner	20690	1221 Myrtle ST	Davenport	138	0
Garfield Elementary Stepping Stones	20809	902 E 29th ST	Davenport	70	1
Hand in Hand at Edwards Church	51463	3420 Jersey Ridge Rd	Davenport	37	0
Harrison Elementary Stepping Stones	20811	1032 W 53rd ST	Davenport	70	1
Holy Family Teddy Bear Club	20627	1341 W Pleasant St	Davenport	26	4
Jackson Elementary Stepping Stones	20812	1307 Wisconsin AVE	Davenport	54	1

Name	DHS ID #	Address	City	Slots	QRS Rating
JFK Child Care Services at JFK Catholic School	19483	1627 W 42nd St	Davenport	273	1
KinderCare Learning Center #0837	20740	2108 E Locust St	Davenport	129	4
Lots Of Activity Child Care Center	20759	4508 El Rancho Drive	Davenport	41	0
McKinley Elementary Stepping Stones	20818	1716 Kenwood Ave	Davenport	70	1
Quad City Montessori School	20635	2400 E 46th ST	Davenport	153	0
Red Rover Children's Learning Center	40950	3445 Spring Street	Davenport	76	0
Risen Christ Little Blessings Day Care	20645	6021 Northwest Blvd	Davenport	66	0
Shining Light Learning Center	19690	5074 N Pine ST	Davenport	80	3
Skip-A-Long Child Development Services	19680	3520 Crow Creek RD	Davenport	184	5
St Alphonus Early Childhood Education Center	19421	2626 Boies Ave	Davenport	144	4
St Ambrose Univ Children's Campus	20779	1301 W Lombard ST	Davenport	80	5
St Mark Preschool	21148	2363 W 3rd ST	Davenport	75	2
St Paul Lutheran Church Preschool	21149	2136 Brady St	Davenport	84	0
St Paul The Apostle Catholic School Childcare	20640	1023 E Rusholme St	Davenport	101	0
The Growing Tree Preschool & Daycare	19375	2014 N Marquette St	Davenport	36	0
Toddler Town Childcare	51335	2615 W. Central Park Ave	Davenport	79	0
Trinity Lutheran School Davenport	35014	1122 W Central Park Ave	Davenport	150	0
Truman Elementary Stepping Stones	20822	5506 N Pine St	Davenport	70	1
Villa Maria Child Care-Assumption High School	20765	1020 W Central Park AVE	Davenport	155	2
Washington Elementary Stepping Stones	50228	1608 E Locust St	Davenport	60	0

Name	DHS ID #	Address	City	Slots	QRS Rating
Westside Christian Daycare and Preschool	20889	3908 W River Drive	Davenport	94	0
Wilson Elementary Stepping Stones	20825	2002 N Clark St	Davenport	70	1
YMCA IMV Bittner	51479	630 E 4th ST	Davenport	114	0
YMCA IMV Davenport Early Learning Center	45409	624 E 4th ST	Davenport	118	4
YMCA IMV Newcomb Early Learning Center	43796	2619 N Division St	Davenport	61	4
YMCA IMV North	49846	624 W 53rd ST	Davenport	90	0
YMCA IMV Palmer Early Learning Center	21122	724 N Harrison ST	Davenport	60	5
YMCA IMV West	49847	3503 W Locust ST	Davenport	49	0
APK Academy Eldridge	50431	612 Parkview Dr	Eldridge	74	1
Children's Choice Early Learning Center	35651	115 S 3rd AVE	Eldridge	202	2
Eldridge Preschool and Childcare	25244	2150 E LeClaire RD Suite B	Eldridge	150	4
North Scott Child Care-White	21118	121 S 5th St	Eldridge	60	0
Share and Care Christian Preschool	33880	14 Grove Road	Eldridge	40	5
Kiddie Karrasel Academy	20893	328 N Cody RD	Le Claire	105	0
YMCA IMV Bridgeview Kids Club	39456	316 S 12th St	Le Claire	72	3
YMCA IMV Cody Kids Club	49035	2100 Territorial Road	LeClaire	60	3
North Scott Child Care - Shepard	41868	220 W Grove St	Long Grove	45	0
North Scott Child Care-Grissom	39521	500 Lost Grove Rd	Princeton	43	0
Calvary Preschool	21141	100 E James St	Walcott	26	4

Source: IA DHS Child Care Client Portal, 2021 Licensed Child Care Centers, Accessed September 2021.

<https://ccmis.dhs.state.ia.us/clientportal/ProviderLocator.aspx>

### ***Early Childhood Educational Institutions (Preschools)***

In 2021, Scott County had 29 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**

1. All Saints	563-324-3205
2. Birdies Nest	563-340-1818
3. Calvary	563-284-6122
4. Children's Choice Early Learning	563-285-6500
5. Children's Village at Hayes	563-823-0267
6. Children's Village at Hoover	563-322-7649
7. Children's Village at West	563-823-2086
8. Eldridge Preschool	563-285-5060
9. Friendly House	563-323-1821
10. Growing Tree Preschool and Daycare	563-326-5746
11. Kiddie Karrasel Academy	563-289-3946
12. Kindercare (Bettendorf)	563-332-5632
13. Kindercare (Davenport)	563-326-1600
14. Kindercare (East Bettendorf)	563-332-5900
15. Lourdes	563-359-3466
16. Noah's Ark	563-381-1701
17. Our Savior Lutheran	563-332-4648
18. Postive Parenting at Trinity	563-323-3260
19. Ready Set Grow	563-355-0230
20. Redeemer	563-344-0183
21. St. Alphonsus	563-323-3204
22. St. Ambrose University Children's Campus	563-324-2312
23. St. Paul Lutheran Preschool	563-326-3547
24. St. Paul the Apostle	563-322-9223
25. Scott County Family Palmer Y	563-323-4668
26. Scott County Family Y Downtown	563-323-5770
27. Scott County Family Y Newcomb Early Learning Center –	563-345-6519
28. Skip-A-Long	563-441-9998
29. Trinity Lutheran Preschool	563-322-5224

Source: Scott County KIDS, Friendly House. Accessed September 2021.

<http://www.friendlyhouseiowa.org/preschool-and-childcare-scholarships.html>

**Table 22 – Head Start Programs in Scott County, IA**

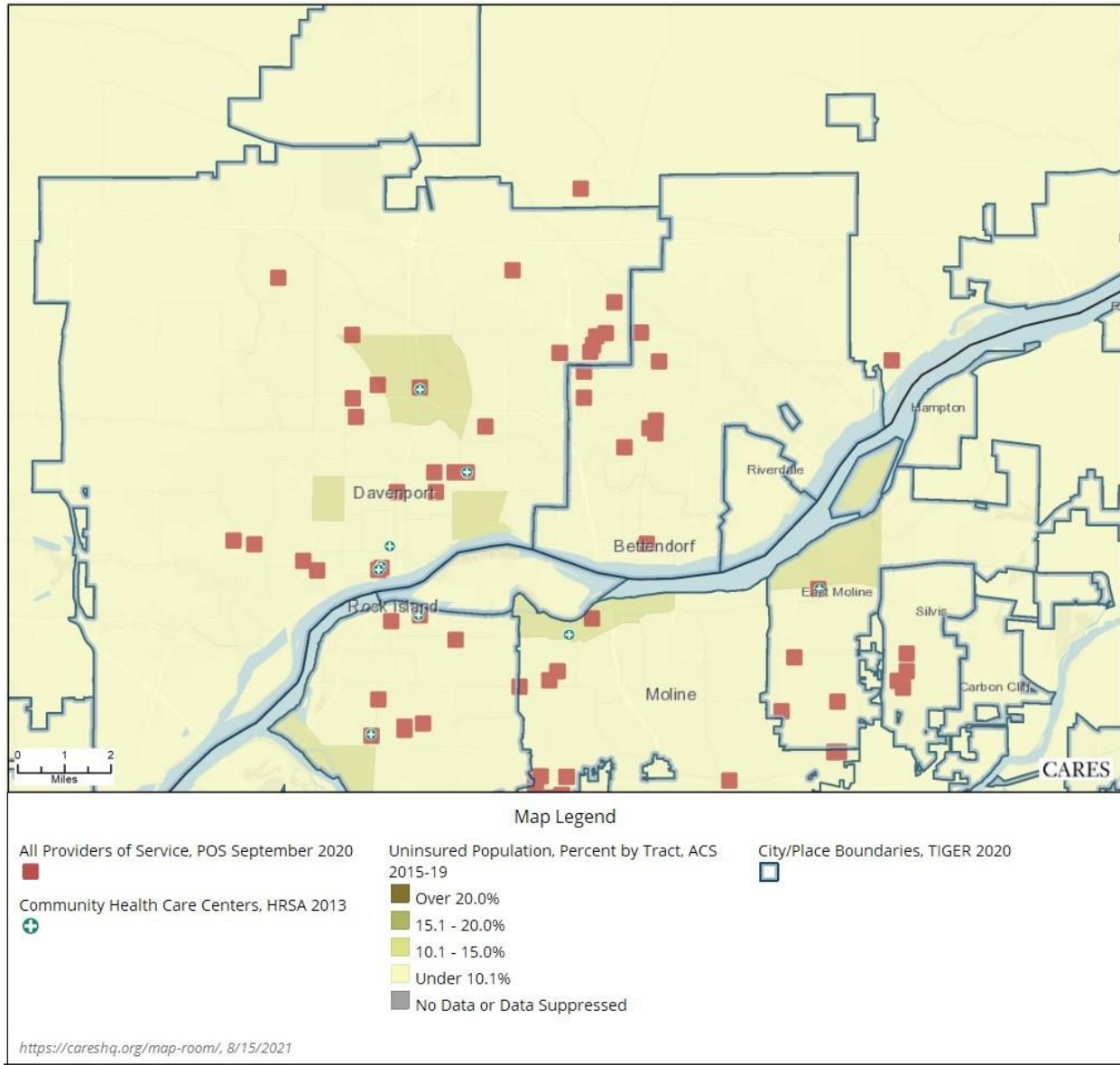
Wittenmyer Head Start Center	2800 Eastern Avenue, Davenport IA 52803
Mid City Early Head Start	3801 N Marquette, Davenport IA 52806
Family Enrichment Center Head Start	300 W. 59th St., Davenport IA 52806
Fairmount Pines Head Start	4205 N. Fairmount, Davenport IA 52806
Roosevelt Head Start center	1220 Minnie Ave., Davenport IA 52802
Children's Village at Hoover Head Start	1002 Spring St., Davenport IA 52803
Children's Village West Head Start	1757 West 12th St., Davenport IA 52804

Source: Health and Human Services, Head Start Locator, <https://eclkc.ohs.acf.hhs.gov/center-locator>

**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 community health centers and the percentage of the uninsured population between 0 and 17 by census tract.

**Map 5 – Community Health Centers 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: August 15 2021



### *Human Services*

Scott County area agencies and organizations offer 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 referenced by Scott County KIDS Early Childhood Iowa, and can be found in their brochure, “Behavioral Mental Health Resource Guide.”

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 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

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 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

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 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
Family Resources, Inc	Varies	XIX, some insurance, sliding fee scale

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 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
Rosecrance New Life Outpatient Center	Substance Evaluation, Out Patient Treatment, Support Group		XIX, some insurance

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

**Table 27 – Youth/Family Education**

Program	Location	Descriptions	Contact	Time	Cost
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
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

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

**Table 28 – Play Therapy**

Program	Description	Hours	Cost
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
Genesis Psychology Associates			XIX, some insurance
Lutheran Services in Iowa	2 Registered Play Therapists	Varies	XIX and BC/BS

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 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
Families Inc.	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, Free for Scott County Youth
Mid-Iowa Family Therapy	Title XIX, Medicaid Only

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 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	
Safe from the Start (Child Abuse Council)	Office: 309-936-7170	Office: 8:30 - 5:00	Free
Breaking Traffik (Family Resources, Inc.)	Office: 563-622-1200		
	Crisis Line 1-563-326-9191		
	24 Hour Toll Free Line 1-866-921-3351		

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 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

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 32 – Therapy/Psychologist/Nurse Practitioner**

Program	Description	Hours	Cost
Bethany for Children & Families	Therapy	Varies	XIX, some insurance, and private pay
Child Abuse Council	Therapy	Varies	Free
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
Gilda's Club	Therapy	Varies	
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
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

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.

**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

**Table 34 – Psychiatric Hospitalization**

Organization	Services
Eagle View Behavioral Health	Acute Care Program, Partial Hospitalization Program, Intensive Outpatient Program
Genesis Behavioral Health	Inpatient Psychiatric Services, Counseling, Group Therapy

**Table 35 – Medicaid Approved Counseling Services**

There are a total of 4,480 Medicaid approved health providers across all spectrums of mental and physical health in Scott County. The following table is an up-to-date list of Medicaid approved counseling services, with a comprehensive list of Iowa Medicaid Providers by care type available on the Iowa Department of Human Services website.

Name	Address	Phone
ALCOHOL/DRUG DUI/OWI SERVICES	MILANI SERVICES, LLC 1503 BRADY ST, DAVENPORT, IA 52803	(563) 324-1990
BUGG, FRANLYNN PHD	NEUROLOGY CONSULTANTS P.C. 4700 E 56TH STREET #100, DAVENPORT, IA 52807	(563) 383-2667
BUGG, FRANLYNN PHD	GENESIS MEDICAL CENTER 4700 E 56TH ST STE 100, DAVENPORT, IA 52807	(563) 421-0480
COMPASSION COUNSELING INC	2435 KIMBERLY RD #145, BETTENDORF, IA 52722	(563) 355-0780
FAMILY COUNSELING & PSYCHOLOGY CTR	2485 TECH DRIVE, BETTENDORF, IA 52722	(563) 355-1611
FAMILY RESOURCES INC	2800 EASTERN AVE, DAVENPORT, IA 52803	(563) 326-6431
FIELDS, CASEY L PSYD	4455 E 56TH STREET DAVENPORT, IA 52807	(563) 355-2577
FRAINEY, JAMES K PSY	COLLIN LODICO PHD 2485 TECH DR, BETTENDORF, IA 52722	(563) 355-1611
GENESIS MEDICAL CENTER	1401 WEST CENTRAL PARK DAVENPORT, IA 52803	
GILLESPIE, ROBERT	PSYCHOLOGY HEALTH GROUP 2102 E 38TH ST, DAVENPORT, IA 52807	(563) 359-4049
JACKSON, CATHERINE DO JACKSON PHD	GENESIS HEALTH SYSTEM 4455 E 56TH ST DAVENPORT, IA 52807	(563) 355-2577
KOPP, STEVE G	4455 E 58TH ST DAVENPORT, IA 52807	(563) 355-2577

Name	Address	Phone
LARSON, DANIEL L	4455 E 56TH STREET DAVENPORT, IA 52807	(563) 355-2577
LODICO, COLLIN PHD	FAMILY COUNSELING & PSYCHOLG 2485 TECH DRIVE, BETTENDORF, IA 52722	(563) 355-1611
LONNING, ELIZABETH A PHD	PSYCHOLOGY HEALTH GROUP 2102 E 38TH STREET DAVENPORT, IA 52807	(563) 359-4049
MAHADEVIA SLEEP CONSULTANTS	1801 EAST 54TH ST STE 100, DAVENPORT, IA 52807	(563) 323-1352
MARMION JULIAN	PSYCHOLOGY HEALTH GROUP 2102 E 38TH ST, DAVENPORT, IA 52807	(563) 359-4049
MILANI, JOANN PHD	ALCOHOL/DRUG DUI/OWI SERVIC 1503 BRADY ST, DAVENPORT, IA 52803	(563) 324-1990
NEUROLOGY CONSULTANTS P.C.	1351 W CENTRAL PK AVE DAVENPORT, IA 52804	(563) 383-2667
PETERSON, ROBIN R PHD	PSYCHOLOGY HEALTH GROUP 2102 E 38TH ST, DAVENPORT, IA 52807	(563) 359-4049
PSYCHOLOGY HEALTH GROUP	2102 E 38TH ST DAVENPORT, IA 52807	(563) 359-4049
ROBERT YOUNG CENTER FOR CMH	12160 S UTAH AVE DAVENPORT, IA 52804	
ROBERT YOUNG CENTER FOR CMH	1519 E LOCUST ST DAVENPORT, IA 52803	
ROBERT YOUNG CENTER FOR CMH	1523 S FAIRMONT ST DAVENPORT, IA 52802	
SANLEY SMITH PHD	PSYCHOLOGY HEALTH GROUP 2102 E 38TH ST	(563) 359-4049
SLIWA, WAYNE M EDD	PSYCHOLOGY HEALTH GROUP 2102 E 38TH STREET DAVENPORT, IA 52807	(319) 324-2838
STEPHENS, JOANN PHD	DEER OAKS MENTAL HEALTH ASSO 1101 WEST NINTH ST, DAVENPORT, IA 52804	(563) 324-1621
TRINITY MEDICAL CENTER	12160 S UTAH AVE DAVENPORT, IA 52804	(563) 326-1150
TRINITY MEDICAL CENTER	1523 S FAIRMOUNT ST DAVENPORT, IA 52802	(563) 322-2667
TRINITY MEDICAL CENTER	1519 E LOCUST ST DAVENPORT, IA 52803	(563) 326-4116
VERA FRENCH COMMUNITY MENTAL HEALTH	5006 SHERIDAN STREET, DAVENPORT, IA 52306	(563) 322-5276
WILLIAMSON, J AUSTIN PHD	PSYCHOLOGY HEALTH GROUP 2102 E 38TH STREET DAVENPORT, IA 52807	(563) 359-4049
WISE, JOAN C PSY D	4455 E 56TH STREET DAVENPORT, IA 52807	(563) 355-2257

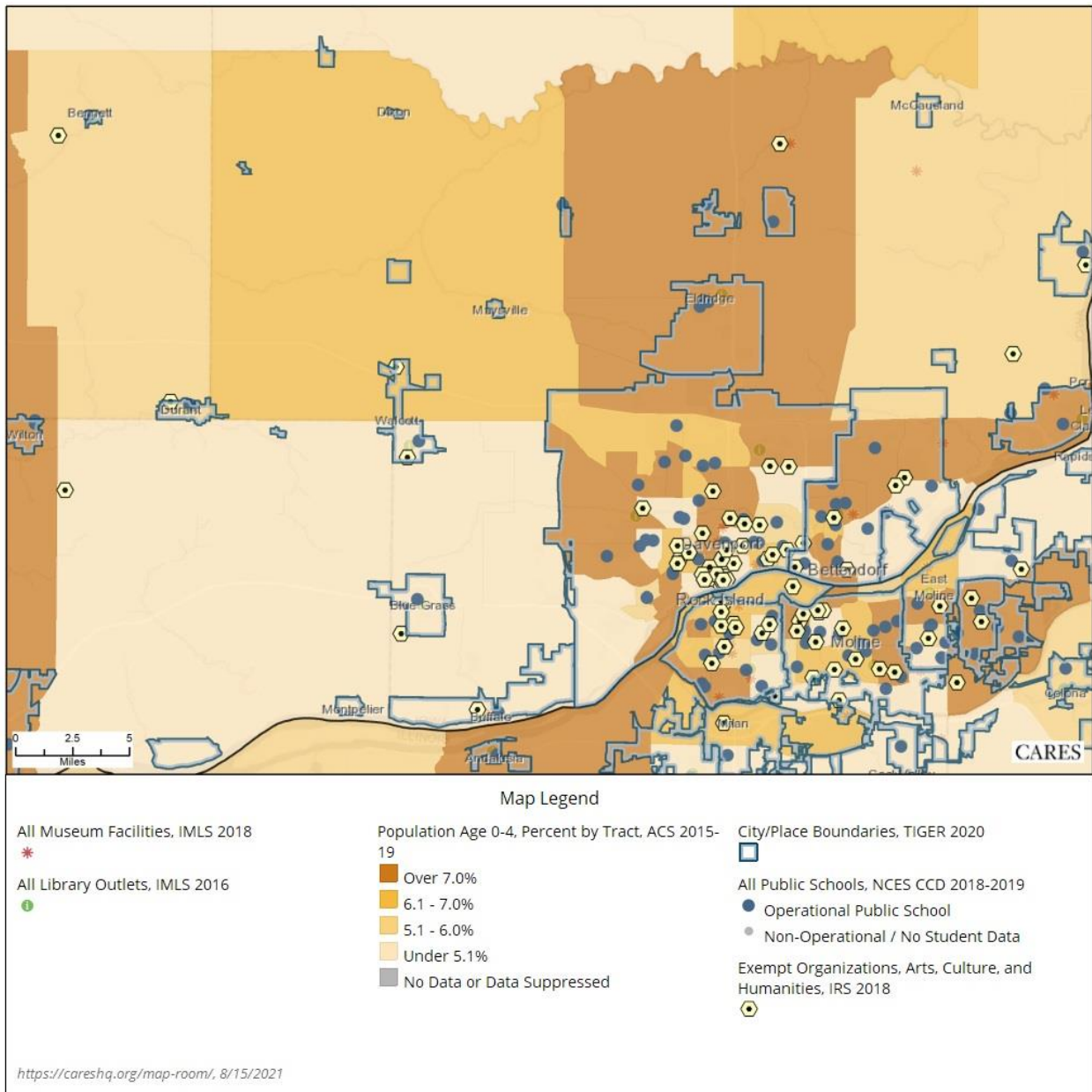
Source: Iowa Medicaid Provider Search, Accessed September 2021.

<https://secureapp.dhs.state.ia.us/providersearch/>

### ***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.

**Map 6 – Schools, Libraries, Non-Profits, and Museums; Percentage of Population Age 0-4**



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: August 15 2021.



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

**Table 36 – Bettendorf Parks and Recreation Department Youth Programs**

Program	First Meeting	Location	Age
Beginner Group Cello	September to May	Family Museum	3-4 and 4-5
<b>Beginner Group Violin</b>	September to May	Family Museum	3-4 and 4-5
Little Kickers Indoor Soccer Clinic	November 6, 2021 to December 11, 2021	Life Fitness Center	At least 4 but less than 6
<b>Tumbling Session</b>	September 8, 2021 to September 29, 2021	Life Fitness Ctr	Age At least 2½ but less than 4y 11m 4w

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

**Table 37 – Davenport Parks and Recreation Programs**

Title	Description	Location	Start - End
<b>Sports Programs: Indoor Soccer (Up to 9 Years of Age) and Softball (All Ages)</b>			
Indoor Soccer League: Indoor	This league is for kids under the age of 10.	River's Edge	11/6/21-1/15/22
Tae Kwon Do	Tae Kwon Do is a martial arts class for ALL ages and abilities	Duck Creek Park	09/15/21 - 11/17/21
<b>Nature and Outdoor Programs</b>			
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.		
Davenport Stepping Stones Afterschool Program (Davenport Community Schools)	Stepping Stones serves preschool and elementary students in the Davenport Community School District and is open from 2:50 to 5:30 p.m. Online Registration for Stepping Stones After-School Program Begins July 19on Mondays, Tuesdays, Thursdays and Fridays, and 1:50 to 5:30 p.m. on Wednesdays. Stepping Stones was founded in 2000 and is a collaborative program between Davenport Community Schools, the City of Davenport Parks and Recreation Department, and Iowa State University Extension.		

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

**Table 38 – 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
Youth Outreach	YMCA Solutions, YMCA Achievers (Older Children)

Source: Scott County Family YMCA, Programs. <[scottcountyyfamilyy.org/Page/Programs.aspx?nt=72](http://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 that collaborates with Scott County KIDS 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 SCKECI Board and are provided in Table 39 on page 69.

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; Oral Health Meetings; 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; 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 (CCNC) 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 needs. 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. Recently, the impact of COVID-19 has further stressed the importance of the CCNC, who helps serve as a liaison to ensure post pandemic regulations by both the Department of Human Services and the Department of Health is met in child care centers and homes. Additionally, the CCNC provides technical assistance and educational assistance to both staff and clients throughout the pandemic, and will conduct surveys and evaluations of childcare centers to ensure compliance with current QRS and future QRIS regulations.

### ***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 2015 development with the addition of new agencies that work with SCKECI regularly. The survey was sent on March 18, 2021 via email to 181 provider contacts, and 41 were returned. Follow-ups on missing information will be conducted on an as-needed 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 have historically been paired with Illinois funding sources to pay for Illinois residents utilizing various 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, etc.

**Table 39 – 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	80		mostly private pay		Communication
All Saints Catholic School	Davenport	Child Care Home, Licensed Centers, Preschools	Preschool	4 & 5 yrs	58	varies based on SWVPP Funds	Flow through money through Davenport Schools		
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
Birdies Nest Child Care Center	Davenport	Child Care Home, Licensed Centers, Preschools	Child care, statewide voluntary preschool, school age care	6 weeks- 12 years	100		State CCA, CACFP, Friendly House, Private pay tuition	There is a large gap in CCA funding compared to private pay funding so many centers do not want to take CCA families.	Communication, Contribution
Calvary Preschool	Walcott	Child Care Home, Licensed Center/preschool	Preschool	3yr-5yr	24	\$95,000	SWVPP, tuition from parents, local fundraising	Resources for 5 year olds	Communication Contribution Coordination
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

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Child Abuse Council	Moline, IL	Agency and Organization Services, Family Support and Parent Ed Opportunity	Early Childhood Mental Health Services Community Doula Services Community Education Forensic Interviewing, Medical Exams, Advocacy	0-5 Primarily, Children of all ages		\$2 Million	Federal, State, Local, Donations	We have funding gaps in all programs due to general operating expenses - staff, utilities, maintenance, technology, training - that come up and are not covered by grants	Communication, Contribution, Coordination, Cooperation
Child Care Resource and Referral of Southeast Iowa	Davenport	Agency/Org Services	Consultation, Training and Technical Assistance to Child Care Programs; Parent Referral Services to find Child Care; Community engagement around child care topics and recruitment of new providers/programs.				Federal, State and ECI local funding		Communication, Contribution, Coordination, Cooperation, Collaboration
Child Health Specialty Clinic	Bettendorf	Health Services	Title V Program for Children with Special Health Care Needs. Gap filling clinical care, care coordination and Family to Family support to Iowa Children and Youth With Special Health Care Needs and their families.	0-21yrs Iowa Resident			Federal, State, Fee for Service, Grants		Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of 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	550 new families per year	\$425,000	Insurance Reimbursement from Medical Services	Insurance Reimbursements do not adequately reflect costs. Child and Family Advocacy Services and Forensic Interview Services are not reimbursed by any source.	Communication, Contribution, Coordination, Cooperation, Collaboration
Children's Choice Early Learning Center	Eldridge	Licensed Center	Child care, before and after school care	6wks-12yrs	111		Private		Communication
Children's Villages	Davenport	Child Care Home, Licensed Centers, Preschools	3 year old and 4 year old half day and full day preschool programming	3-5yrs	252	\$5.6 Million	Federal (Title, Headstart and Sped) State (SWVPP, DHS wrap grant) ECI Local Funding (Friendly House) Tuition	Families that don't meet eligibility requirements for CCA Families who don't have transportation	Communication, Contribution
Christ's Family Daycare	Davenport	Licensed Center	Day care/Preschool	6wks-10yrs		unsure	unsure		Communication
Community Action of Eastern Iowa	Davenport	Agency and Organization Services	Human services, preschool, income stability.	Prenatal-Kindergarten	479	\$4.5 Million	Federal (Head Start/Early Head Start), State (Shared Visions, ECI), and local (various)	Services to stabilize families and meet their basic needs (rent, mental health, utilities). Also, staff pay to promote recruitment and retention.	All

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
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
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	City Managed Services - Children's Museum	Hands-on interactive galley, summer camps, drop-in classes, preschool dance	8yrs and under	22,697	\$1.9 Million	City subsidy, earned revenue, donations, local grants	Additional funding to cover programming costs and to assist families who are in financial need	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



Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
Friendly House	Davenport	Child Care Home, Licensed Centers, Preschools	Preschool/Daycare and Partner with DCSD Statewide Voluntary Preschool program	2yr-12yrs	40+	\$440,000	State, Federal, fundraising, fees	Full pay families	Communication, Contribution
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	Child Care Home, Licensed Centers, Preschools	Inclusive child and adult care.	6wks +	200+	\$1.2 Million	Private Pay, Philanthropy, Childcare Assistance, Medicaid.	Providing care for children of all abilities means we staff at higher levels than typical centers. This care is essential for the child's development	Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
								and the support of the family, but is unfunded by typical rates.	
Handicapped Development Center	Davenport	Agency/Org Services	For Children ICF-ID, Supported Community Living, Respite	all	Not reported	\$19 Million	Medicaid funding through the waivers for Intellectual Disability, Brain Injury or Habilitation and ICF-ID services		N/A
Holy Family Teddy Bear Club	Davenport	Child care home, licensed centers, preschool	Preschool, Child Care	3yrs-5yrs	22		State from CCA and DHS and Private from families.	In the summer we do not have enough children in care to make enough to pay the employees.	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
Iowa Child Advocacy Board – CASA and FCRB	Scott County	Agency and Organization Services	Child Advocacy	0-18yrs	32		Federal, State, Fundraising and Grants.		Communication
Iowa Department of Human Services	Davenport		Child Welfare Services and Income Maintenance Services for Scott County				Federal and State		

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
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	Family Support and Parent Education Opportunities	parent education; child care provider training; community capacity building	all	varies by year – 200+/yr	Approximately \$1 Million	user fees, contracts, grants, taxes	We are doing pretty well right now with what we offer currently.	Contribution
KinderCare	Bettendorf	Child Care Home, Licensed Centers, Preschools	Daycare	6wks-4yrs	90			Grant funding for all kinds of centers	Communication
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
LSI	Clinton	Family Support and Parent Education Opportunities	Family Support Worker	0-5yrs			MIECHV, FSSD, possibly others		Communication, Contribution
Mississippi Bend Area Education Agency	Bettendorf	Agency and Organization Services	Early ACCESS services, consulting for 3-5 yr old programs	0-5yrs	300		Federal for 0-3	AEA budgets have been decreased every year yet the number of families and students served has not decreased	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 Child Care	Princeton	Child care home, licensed centers, preschool	Preschool	2yrs-3yrs	14	\$80,000	Private	Families just above reduced meals income	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

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
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
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

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
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
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	6wk-5yrs	20		State, Private		
St. Paul Lutheran	Davenport	Licensed Center Preschool	Morning preschool	3-5yrs	55		private pay and SWVPP		Communication
Stride Autism Centers	Davenport	Health Services	Applied Behavior Analysis (ABA) Therapy	0-6yrs	Just launched in Davenport				Communication
The Red Apple	Bettendorf	Licensed Center	Child care/Preschool	6wks-10yrs	80-90	N/A	N/A	N/A	Communication

Organization	Location	Type	Services Provided	Ages Served	Families Served	Yearly Estimated Funding	Sources of Funding	Gaps in Funding	Level of Collaboration
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
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

Organizations that responded to the 2021 Survey are highlighted in green. All other information is from the 2015 Plan.

### 3. ADDENDUM

#### 3.1. Provider Survey Summary

The following table provides the input given on problems, solutions, challenges, and missing programs from the Provider Survey. The results are the verbatim words of the 41 providers who responded.

##### *Questions*

**Greatest Problem:** “In our community, what do you see as the greatest problem(s) that families with children (prenatal-5) face?”

**Solutions:** “What solutions could help address the problem(s) you’ve identified?”

**Challenges:** “What challenges do existing community programs/services face when attempting to offer defined yet collaborative resources to children prenatal-5?”

**Missing Programs:** “What community programs/services are missing for children prenatal-5? Please list those that could address gaps.”



**Table 40 – Problems, Solutions, Challenges, and Missing Programs from Provider Surveys**

Greatest Problem	Solutions	Challenges	Missing Programs
Access to quality child care services			
making the cut off for child care assistance for those who are working but make slightly above minimum wages	increase the income level to qualify for child care assistance	other than child care assistance & promise jobs there isn't a lot for just child care (not just preschool)	???
reliable childcare	assistance with funding	promoting access to available programs	not sure
N/A	N/A	N/A	N/A
Access to quality, affordable child care	Business and Community investment into Child Care programs.		
Limited access to mental health services			
finding childcare	funding to private employers to help hire additional staff therefore opening more spots for children needing care	not sure how to answer	not sure how to answer
adequate early learning programs, parent classes, the importance of early childhood education.	Educate parents on early learning initiatives and brain development for children 0-5	reaching the right people/families in need	maybe just more marketing of existing programs? I feel like there are many great opportunities, but most are simply not aware.
Affordable childcare	More childcare providers, particularly 2nd and 3rd shifts		
Programs with quality/trained staff	Higher wages	Quality staff	
not enough Statewide Voluntary Preschool Program preschool spots for 4 year olds, not enough	SWVP funds can be used for building capacity. There needs to be partnerships with current		

Greatest Problem	Solutions	Challenges	Missing Programs
preschool scholarship availability for 3 year olds	private programs for SWVP collaboration.		
Access to resources - our community has a lot of great resources, but families either aren't aware of them or don't know how to access them Community Violence - our communities are becoming more and more dangerous. There are no longer "pockets" of crime or "high-crime" times of day - it is all over and at all times. This is traumatic for families and creates unstable and unsafe living environments.	Access to resources - more outreach, education at the potential participant level Community Violence - I'm not sure what the answer is, but I'm hopeful we'll find it. We strongly believe in prevention services that will help long-term, but I don't know what the short-term answer is.	State restrictions - we have great programs, but some are restricted to Iowa and others to Illinois based on funding sources. It's difficult for the Quad Cities to collaborate on services when the river serves as such a barrier to families.	More mental health services for kids prenatal-5.
Connection to others/Isolation Lack of access to quality care and support to meet the needs of all children	Additional funding directly to centers to offset costs Free training for providers to support their education (and funding for the sites who will have to limit operation hours and therefore income to send staff to training). Access to like parents and groups to build social engagement and ties	Lack of resources and time. Staff are limited (by funding and now simply numbers as we are at crisis levels of staffing) with what they can do during the day to operate their own space. Time for collaboration and meetings is non-existent.	Inclusive care and education Access to support services within the care day (therapy, etc) Evaluation Services Support for care providers
Mental health, meeting basic needs.	Greater funding and access to care.		
affordable childcare skill set for available jobs and opportunity for people to advance to higher paying job within their reach educationally affordable	increased options for quality childcare old idea-childcare provided on site at larger employers and offered at a reduced rate. I think Skip Along	funding streams single point of entry having a shared goal resources mental health resource for parents	daycare for children with special health care needs including behavior and autism or children whose parents have mental

Greatest Problem	Solutions	Challenges	Missing Programs
housing transportation mentor within the work site and outside the work site. time off when children are ill, have special health care needs and multiple health care appointments without penalty of losing job.	on the Illinois side did this at one time. Hub childcare sites close to businesses so families can drop off children on way to work		health concerns and/or are intellectually challenged
poverty and trauma	We have decent services, but figuring out how to get the families in need to the right services is really challenging. We are also in need of parent education that can be used for families in need - including court ordered. We used to be able to provide this but can't anymore under our current structure. Ongoing funding to provide this would be great, but not cheap.	Agencies can be very territorial. Often they say they want to be collaborative, but they really don't. Sometimes the funding streams themselves aren't set up for neutrality.	Again, more parent education is needed
lack of resources, families don't know how or where to access resources	more easily accessed resources	families think we're the DHS police; a general distrust of agencies and people they think are in positions of authority	affordable, quality childcare/activities that include the whole family/basic needs-places that offer free diapers, wipes, food, formula, etc
Knowledge about accessing and the importance of early childhood education	word of mouth, better collaboration between schools and centers, more information on ways to access community, more DEI training	Funding can be an issue	Easier access to therapy-especially mental health, high quality programming
Would be nice for transportation for a students			
Finding infant care	Allow providers to care for a higher amount of infants under	Finding the programs and meeting the requirements to be	

Greatest Problem	Solutions	Challenges	Missing Programs
	age two when there are two providers present.	approved for them. Some have income caps etc which can be detrimental for home providers who spouse has a higher income but doesn't help your childcare.	
Some don't qualify for child care..and some just dont know of the resources	Making sure the families are aware of the resources available	Some parents aren't willing to allow the providers adequate space to interact with their child..and others just don't care	Local breakfast and lunch programs..constructive things for them to learn and do
Finding good quality care at an affordable price.	Not really sure, for businesses to stay afloat they charge higher prices to be able to pay their employees.		
Governmental policy	The encouragement of the nuclear family.		
Getting them into preschool			
Paying for child care and finding quality programs	Federal funding per child to help with the costs, CCA matches private pay tuition.	Staff issues, keeping quality employees, paying the staff what they deserve.	More scholarship programs would be nice for families who do not meet CCA. Private companies helping with supports and services.
Finding adequate daycare with registered providers	Require/request more providers be registered. Several in-home providers in my area are not registered, can not provide Red Cross certification, etc....	I find it difficult to offer a learning curriculum for 2+. Finding the time to prep as well as time during the day when I also have infants in attendance is very difficult. I always second guess whether what I can fit in during the day is enough.	Pre-school availability
paying	make it easier to sign up	money	not sure
Getting physicals and get appointments. They need more	More programs like CHS. Funding for transportation.	Accessing the families. Simply finding them to know their	After school programs. Third shift programs...nighttime care.

Greatest Problem	Solutions	Challenges	Missing Programs
programs like CHC. Funding and transportation is always an issue.		needs. Staying in contact with those families that we do find.	Transportation. Summer programming. Household supplies/hygiene.
childcare living wage	funding		
Paying for preschool for children ages 3 year and 5 year olds	Granting funding for families in need		
Finding infant care. Parents feel pressured by society, to enroll their child into a preschool setting even if they are in a good childcare home.	I really dont know what the answer would be. Maybe get parents educated about the importance of play( play is child's work). They dont need to be sitting more than 15 min at time listening to a teacher. They need to be active.	Parents that are in denial, dont feel it applies to them/child. Many parents dont read the flyers teachers send home.	I cant think of anything right now.
Finding quality Childcare			
Finding quality care	Making it a requirement for providers to be quality	Covid	
Education	An end to the virus		
Transportation to daycare from school	Government/State funded bus	Funding/Grants	Affordable medical care
Approval by the State for childcare.	Shorter processing time.	Funding appears to be a challenge.	None that I've seen.
Lack of access to quality care that meets their family needs (cost, schedule, culture, geography)	Funding the gap between state assistance and actual cost, providing supportive funding for children with disabilities (Hand in Hand is willing and eager to partner on pilot options, especially in Davenport but have been unable to connect with the school district to solve some of	Transportation, wrap around care, access to full day preschool	

Greatest Problem	Solutions	Challenges	Missing Programs
	the biggest challenges - eg transportation)		
They have to work regardless,cant pay childcare,more funding to help with childcare expenses	Not sure	Parents accepting of grants privately	Maybe some activities, lessons, offer more in home services for provider / children
quality childcare	better traing and pay for teachers	most funding is for center that service only state funded	infant and toddler resources
Currently, with COVID appointments and well checks have been virtual, or nonexistent. Also, service providers are not always trained enough to help families, especially families in crisis.	Now that appointments are getting back to in-person, parents need to be encouraged to do so. Also, more training for the providers in how to work with the families and help identify needed resources.	Finances and training.	

### 3.2. Community Meeting Summary

A community group consisting mainly of childcare service providers met virtually on April 21, 2021. Bi-State staff presented the existing SCKECI vision and mission along with general information about the planning process, initial parent and provider survey results, and demographic data. The vision and mission were used to spark a dialogue around issues impacting providers. Below is a summary of prompts used and the dialogue that followed.

#### *Provider Questions*

1. Are there client needs that your agency is not able to meet?
  - a. Transportation is a barrier
    - i. Even if preschool is made more affordable/free
    - ii. Especially for families without cars
  - b. Staffing has been a problem during the pandemic
    - i. Coverage for staff in self-isolation/quarantine
    - ii. Finding qualified employees who feel safe and compensated enough to work
  - c. Access to funding for special care
    - i. Diagnostics
    - ii. Bilingual/multilingual support services
    - iii. Medicaid barriers
  - d. Funding capital and maintenance projects for childcare centers
2. What impact has COVID-19 had on early childhood services?
  - a. "What *hasn't* been impacted?"
  - b. One-on-one home and wellness visits are done virtually or not at all
    - i. Not all providers or parents are equipped or trained with virtual options
    - ii. Email and phone is less personal/impactful
  - c. Costs for high-demand resources are harder to cover
    - i. Cleaning supplies
    - ii. Extra staffing – compensating those in self-isolation/quarantine and substitutes (if one can be found)
  - d. Compounding financial stresses for parents returning to in-person work
    - i. Parents cannot start work until funding for their child care is approved; approval is often delayed leaving a gap in care coverage and/or income
  - e. Coordinating and learning new technology
  - f. Dealing with family stress
  - g. Disruptiveness and associated mental health issues related to the lack of a routine
  - h. Access to professional development opportunities
  - i. Finding and retaining qualified staff
  - j. Healthcare for staff, employees, and care providers
3. What are the coordination needs between funders and providers in Scott County?
  - a. Potential grant programs
    - i. Staff retention (forgivable loans, stipends)
    - ii. Medical care for children
  - b. More logistics assistance, administrative assistance (interagency collaboration)

### 3.3. Parent Survey Summary

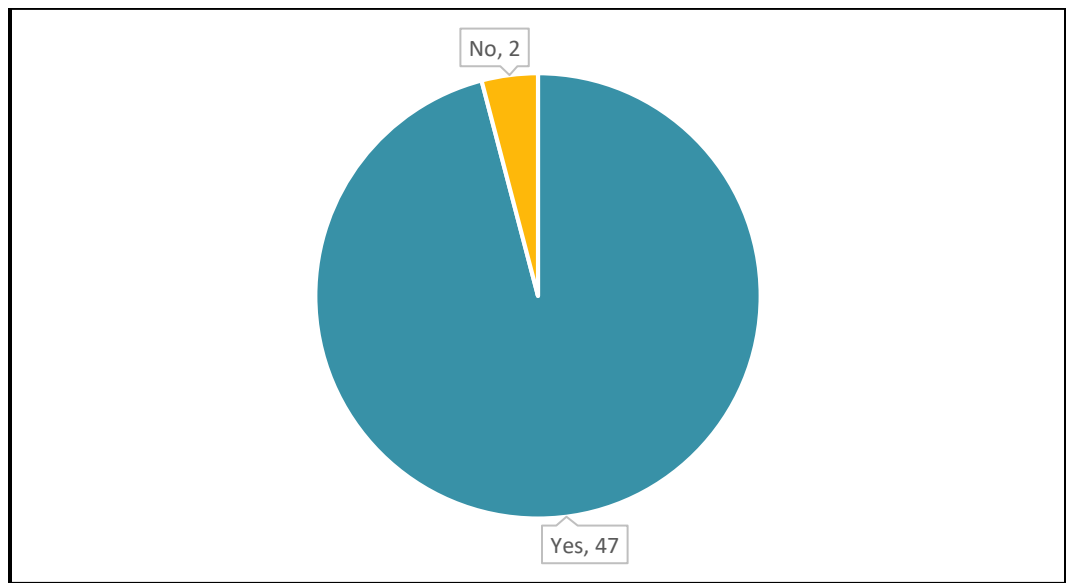
A web survey was distributed to Scott County parents during the plan update process. It was voluntary in nature and provided general feedback and perspectives. The survey presented a number of questions related to families’ needs and current child care experiences. The results, incorporated throughout the plan and detailed below in full, shape the direction of future SCKECI actions.

#### *Parent Survey Results*

Total responses: 49

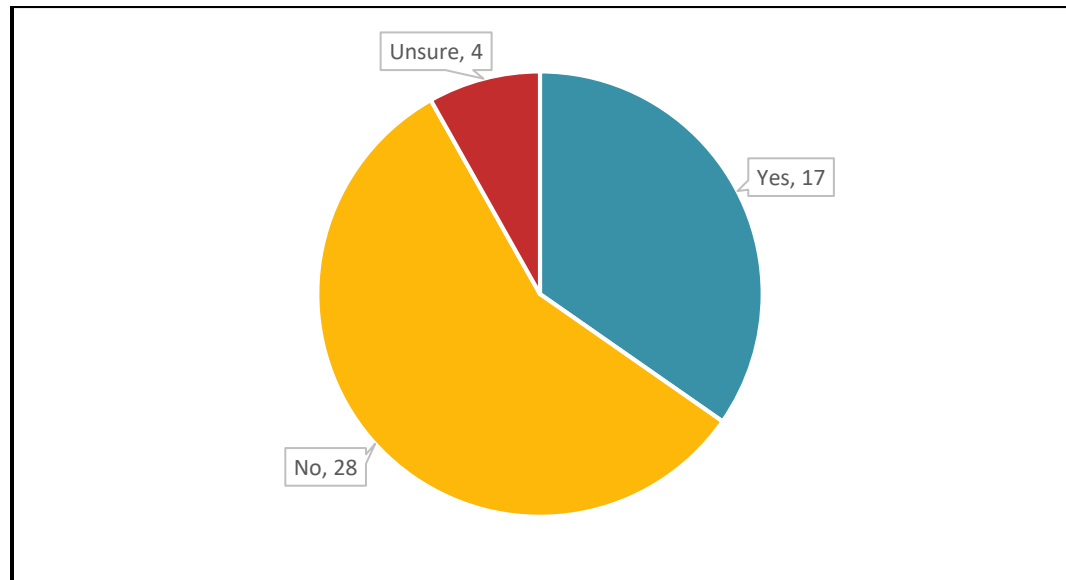
*Italics indicate verbatim responses to open-ended questions.*

**Question 1:** Do you care for children ages 0-5? **[Multiple choice: yes, no; 49 responses]**





**Question 2:** Has your family ever needed early childhood services/resources that were not or are not available? **[Multiple choice: yes, no, unsure; 49 responses]**

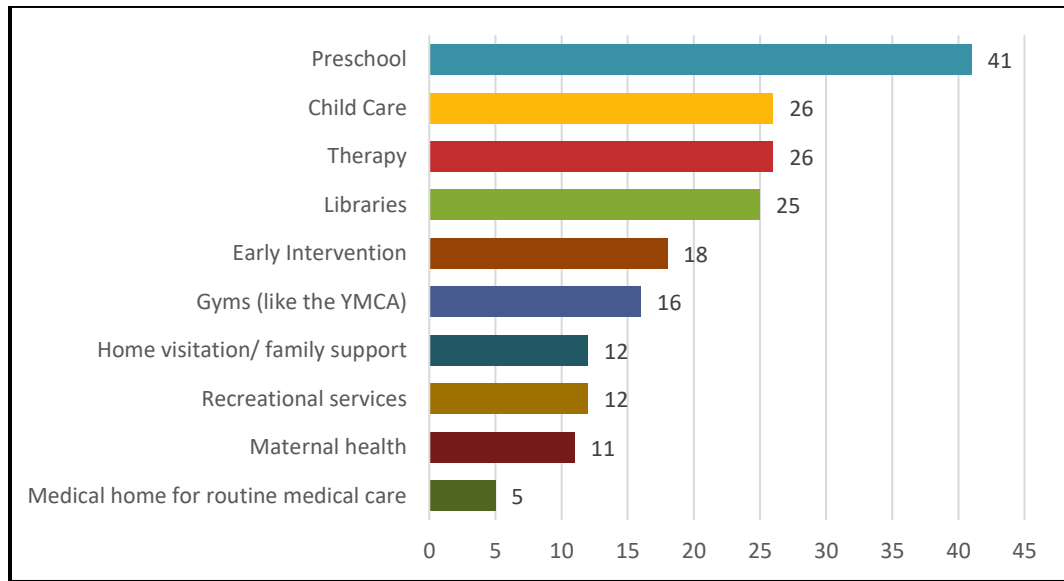


**Question 3:** If you answered “no” or “unsure” to Question 2, could you explain the resource you needed and your understanding of why it wasn’t available to you or you couldn’t access it? **[Open-ended; 6 responses]**

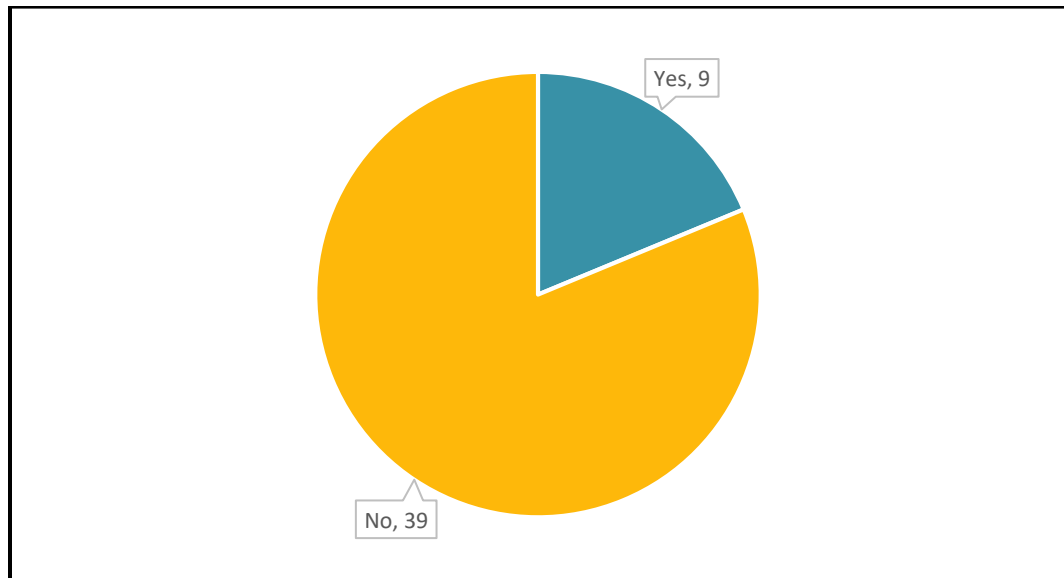
- *I thought that we qualified for childcare previously but were denied. We were denied based on the fact that I was not working, but I am a full time student in a nursing program.*
- *We have had resources available to us. But it would be nice to have an additional 5 year old preschool available in the leclair area for kids who had late August birthdays and are not ready for kindergarten.*
- *the question is worded backwards. we did not need services/resources that were no available.*
- *I feel that my son needed speech therapy at a younger age and with limited availability etc were unable to get one*
- *Child care!!!!!!!!!!!!*
- *They weren't accessible due to financial abilities and COVID safety concerns*

**Note:** Question 3 construction should be adjusted in the future as if you answered “yes”, meaning that the family needed early childhood services but they were not available.

**Question 4:** Which of the following services have you utilized for your family? Check all that apply. **[Multiple selection; 48 responses]**



**Question 5:** Are there existing services that you have been unable to access? **[Multiple choice: yes, no; 48 responses]**

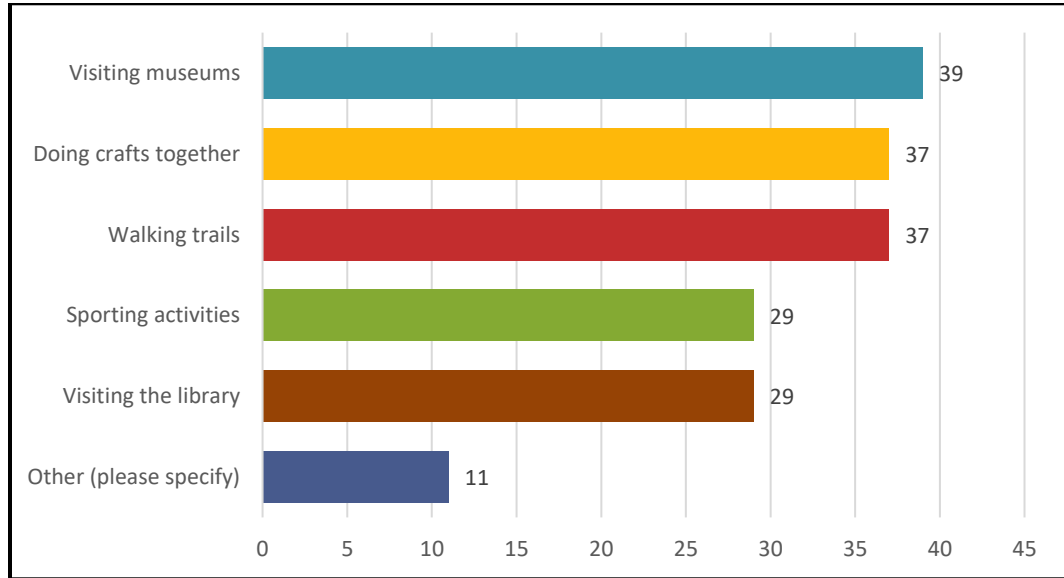


**Question 6:** If you answered “yes” to Question 5, what services were they, and what was the reason you were unable to access? (For example, waitlist, cost, or transportation) **[Open-ended; 8 responses]**

- *child CARE DUE TO COST*
- *due only to covid.*
- *Speech therapy due to cost...my child doesn't have a diagnosis of autism which can be limiting as far as resources for early intervention*

- *Child care after school!!!!!!*
- *Financial and COVID*
- *N/A*
- *Cost*
- *COVID concerns*
- *Childcare for young children with disabilities.*

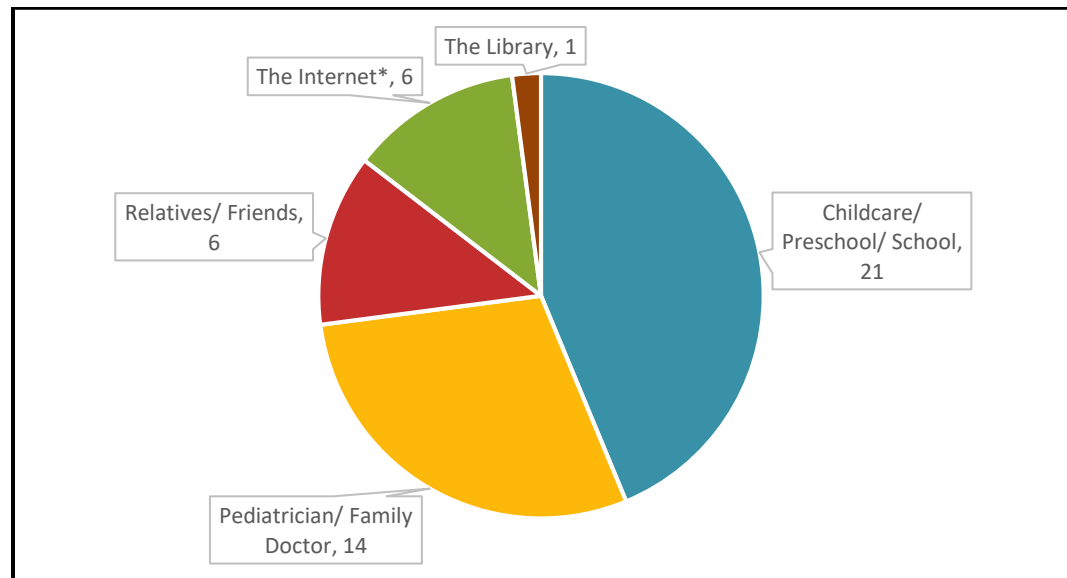
**Question 7:** What fun activities do you and your family like to do together? [Multiple selection; 49 responses]



Other responses:

- *Playing at the park and go for walks.*
- *Swimming!*
- *trampoline park, play dates with one other family, baking, coloring, going to the nature conservatory at the Wapsi for their programming*
- *COOKING*
- *Swimming lessons*
- *bike riding, parks, cookouts, boating, rock collecting,*
- *Reading*
- *Haven't really been able to do those things this year due to covid*
- *Travel*
- *We play at home all the time. We also frequent playgrounds.*
- *Out to eat, bowling, movies, painting*

**Question 8:** If you needed more information on early childhood topics, where would you seek answers? [**Multiple choice: childcare/preschool/school, pediatrician/family doctor, relatives/friends, the internet\*, the library; 48 responses**]



\*Specific website or search engine? [**Open-ended; 6 responses**]

- *Cochrane Reviews, WHO website, APA*
- *Google (5 responses)*

**Question 9:** What is the number one piece of advice you would give a caregiver with a child or children 0-5? [**Open-ended; 40 responses**]

**Common responses:** be patient, ask for help when you need it, slow down and enjoy time together, create a routine

- *Be patient/have patience (10 responses; similar comments below not included)*
- *Establish routines/children crave routine (3 responses)*
- *Be patient and enjoy the moments*
- *Be patient and treat them like you want to be treated*
- *Patience is what YOU will need to have in order to work in this field.*
- *Have patience and A lot of energy.*
- *They are sponges who want independence, help them safely explore that.*
- *Everything they do is an achievement to them no matter how small.*
- *All children learn differently. Don't stress if your child isn't doing things at the same time / ways as their peers. Be their advocate and embrace who they are!*
- *Get respite care if you need it, you dont have to be a perfect caregiver all the time - it is okay to mess up, but important to apologize and model healthy emotional relationships*
- *BE SAFE, BE RESPONSIBLE, LEARN ABOUT CARING*
- *You got this. And ask for help when you need it.*
- *Take advantage of any resources that are out there*
- *Great community relationships*

- *Engage with your child and be involved.*
- *be consistent*
- *Breathe*
- *Listen to them*
- *Slow down and enjoy the time together. Get on the floor and play as often as you can.*
- *Learn how to communicate with them.*
- *Watch, Ask, and Adapt!*
- *Look at the needs of the child...and in my experience early intervention has been key. My son had very early intervention with physical therapy and at least some evaluation with OT not much formal OT as PT and I feel it shows in what he's doing well with.*
- *Focus on directing children to the correct behaviors rather than telling them "no" or "don't do that".*
- *Focus in the positives*
- *They grow way to fast*
- *Make lasting memories*
- *When potty training don't use pull-ups*
- *I would suggest to make sure you keep their early childhood check-ups. This will help monitor signs of disability or delay. Trust your gut. Early intervention makes a lifetime of difference.*
- *Trust your gut*

**Question 10:** In your opinion, how can a parent help improve a child's physical, cognitive, and social/emotional development? **[Open-ended; 43 responses]**

**Common responses:** interaction/time together, reading, peer socialization, advocating for children's needs, patience/self-care, limits on electronics

- *By being there. Listen to the child needs*
- *By being there for them.*
- *Spending as much time with them as possible*
- *Spending time with them letting them explore and learn.*
- *Being present and active in their learning and growth.*
- *Show lots of love, spend quality one on one time with each child, and expose them to new experiences.*
- *Show them love, kindness, and respect for others. Read to them everyday. Play outside.*
- *Paying attention to their needs and helping them meet those needs.*
- *Be patient. Take time for the little things and include them in your daily tasks. Help them learn about their works.*
- *1. Meet your child's emotional needs. Do research on secure attachment and reflect on your own attachment style. If your child is crying or behaving in a challenging way, its probably because they're having an unmet need or unable to communicate something to you. Address that feeling or that need and often times the behavior will correct itself. 2. Do your own research on things. Not everything the doctor says is necessarily what is right for you or your family. 3. You cant take care of other people if you're not taking care of yourself. So if your physical or emotional health is not good, then your child is likely to suffer. I am a much better parent because I go to therapy to deal with my own frustrations and issues related to being a parent and other issues.*

- *BY SENDING YOUR CHILD TO AN EARLY CHILDHOOD CENTER THAT HAS A FOCUS ON SOCIAL EMOTIONAL DEV*
- *Parents help teach children how to interact with themselves and the world, regulate emotions, and provide safety. These things are very important needs to be met in order to develop normally.*
- *Ask leading questions to have conversations with your child*
- *they need to be role models for who they want their child to become. be patient, be kind, don't be afraid to show weakness and be yourself.*
- *Being supportive*
- *encourage children to explore and be independent, encourage children to seek out friendships within peer groups and their community*
- *Read to them. Be present with them.*
- *Reading and listening to them*
- *listen*
- *To always listen and observe*
- *Spend time playing and reading with your child.*
- *Playing with them reading to them.*
- *Playing with peers. Parents who interact with them.*
- *Play with them and be diligent about well checks. Also if you have concerns about your child's development address them right away.*
- *Being around other people/kids and getting them outside*
- *Get outside and get with nature, read*
- *Engaging the child and limiting screen time.*
- *Take away the electrics*
- *Turn off the TV and spend time together.*
- *Do basic learning but fun activities such as colored blocks or coloring books*
- *Take time out to just talk or play. If they have therapists or teachers, listen to their advice.*
- *Talking to children*
- *socializing them*
- *Have more play dates with kids close to their age*
- *Exposure*
- *Teaching them manners and being social with other children*
- *Resources through the AEA and interactions.*
- *Interact with your child and educate and advocate for their needs. Don't wait and see...brain changes so much in the first 3 years get as much intervention as you can early on...it doesn't seem like much but at least in my experience I feel it has paid dividends in my child's growth...even if they can't do the exercises exposure and the child thinking about doing them or making the effort are key.*
- *Remember that they have feelings too and need help finding ways to work through them*
- *Be proactive.*
- *Being patient and also understanding the child's needs. Don't feel like you're failing. Remember that every kids is different and learn at their own pace.*
- *Be very supportive and understanding. Be there for playtime and be there for tantrum times just being there to help your child along the way.*

- *Setting up a "yes" environment that supports and encourages exploration and learning. Talking and reading with their child about their interests and providing a responsive relationship so that the child feels safe to explore and engage in higher learning.*

**Question 11:** Based on your answer to Question 10, what do parents need to make that easier?  
**[Open-ended; 39 responses]**

**Common responses:** more support, more money, more time

- *Time (3 responses)*
- *Time from work.*
- *Just try to make time for those things*
- *More free time, money, and help from family/friends/community.*
- *Money.*
- *DIFFERENT FUNDING OPPORTUNITIES*
- *Access to a variety of free or cheap activities. Access to care if needed for additional children to allow spending one on one time. Help with household tasks to free up time.*
- *Be involved with their child*
- *Access to information about attachment, emotional health. Counseling for families, individuals, or just a place to go to ask someone for specific answers that is not your actual pediatrician. A more informal route for busy parents to be able to talk to someone about it, and hopefully someone that is more behaviorally trained instead of like a nurse or ped who is coming from a medical model. Respite care.*
- *Covid to go away so we have have playdates again :)*
- *Education on best strategies*
- *Show up for your children*
- *Assistance*
- *family*
- *Support from family*
- *Support! It takes a village. A great teacher/ parent relationship can make all the difference.*
- *Support from child care providers or from child preschool providers.*
- *resources help being able to do all of those things.*
- *Hand outs on specific age appropriate activities*
- *Activity center*
- *Availability of services*
- *nothing, just get involved in community activities*
- *Stop hiding them inside*
- *Spending more time with your children*
- *Yes I try very hard to have a balanced approach*
- *Put them first*
- *Self care*
- *Having resources available.*
- *Spending time with your children*
- *Not allow kids to I have them*
- *Honestly, nothing will make it easier. Just be understanding.*

- *breathe*
- *Financial hardships were what kept us from getting all of the services my child needs. We make too much money for assistance, but insurance doesn't cover everything like OT and speech depending on diagnosis.*
- *Lead by example.*
- *That's the problem it will NOT always be easy. Breathe, relax, take a walk and try again. Don't ever get tired of trying. Practice makes BETTER. Remember that. No one is perfect but we can get better.*
- *Time, money, education, in some instances mental health services (when dealing with parental ACEs, etc.)*
- *Support and "at home" activity or educational resources.*

**Question 12:** What do you look for in a child care center, in-home child care, or preschool setting?  
**[Open-ended; 43 responses]**

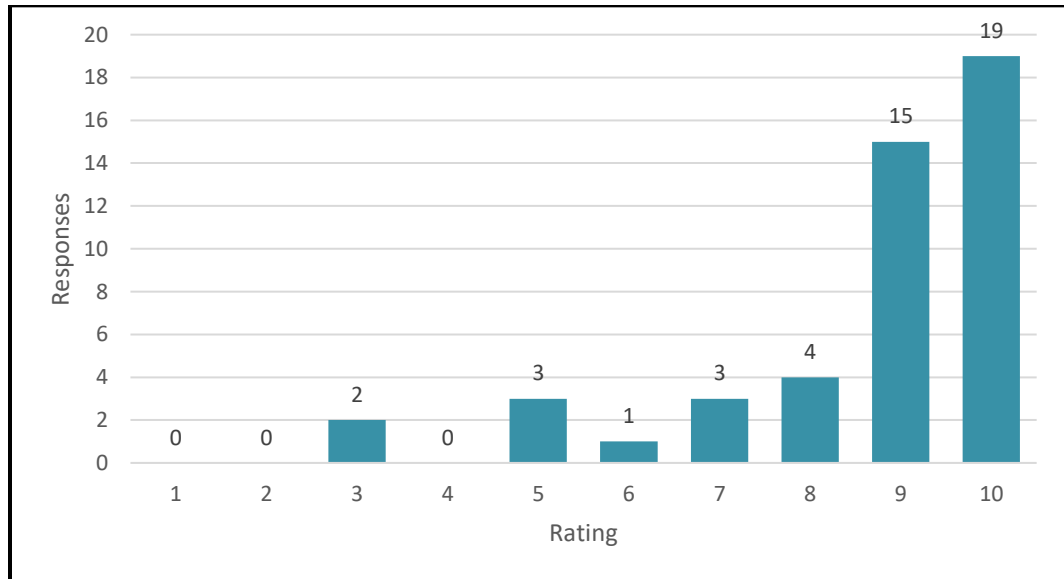
**Common responses:** warmth/caring environments, cleanliness and safety, quality of education, structure, special education

- *Clean friendly and safe*
- *Structure but also responsibility for the kids and opportunities to discover new things.*
- *Caring staff, structured learning programs, proximity to home.*
- *Safe environment, patient teachers*
- *Loving staff, clean area, skilled teachers. Lots of opportunities to learn and play.*
- *Flexibility, are my kids happy there, are the other kids happy there? I took my daughter out of day care because I could tell that she was crying a lot when I was away and that the caregiver wasn't comforting her as much as needed.*
- *SAFE, CARING, LEARNING*
- *Certification. Routine inspection. Workers who know what they are doing.*
- *safety, compliance, caring staff*
- *Security, child safety, age appropriate development, social interaction*
- *structure that will transfer to a school environment and values like our family's.*
- *Safety and comfort*
- *how the children look, do they seem happy and engaged, is it clean and inviting, most importantly i look at the art work to see if children are encouraged to be creative or if it is guided art*
- *Play based learning. Patient, plentiful staff*
- *Maskless*
- *Patience, cleanness*
- *Interactions and curriculum*
- *Kid to adult ratio*
- *Safety . trustworthy*
- *Safety and fun*
- *What is best for my child's needs*
- *Safety*
- *Education. Activities. Trust. Care.*
- *Safety. Trust. Reassurance*
- *Quality of staff*



- *Safety, learning*
- *Special needs program*
- *Structure routine and discipline*
- *How apathetic are the caregivers.*
- *Willingness to listen and open communication*
- *safety*
- *Someone that will treat my child like their own and teach them how to be kind to others.*
- *We have in-home daycare since she was 6 weeks old. She’s exceptional, but she constantly faces financial hardship. She is incredible. Childcare providers need more support. They shouldn’t be struggling to pay for groceries.*
- *Someone nice, professional, clean, and fun.*
- *Professional*
- *Friendly*
- *Safety , happiness , love and trust.*
- *Safety and education*
- *Safety and special education teachers*
- *In-home child care, child care center.*
- *Warmth. I want them to notice specific details about my child.*
- *Responsive staff, low child/adult ratios, small groups, low turnover*
- *Cleanliness and structure*

**Question 13:** On a scale of 1-10, how happy are you with your provider? (1 = extremely unhappy; 10 = extremely happy) [Multiple choice: 1-10; 47 responses]

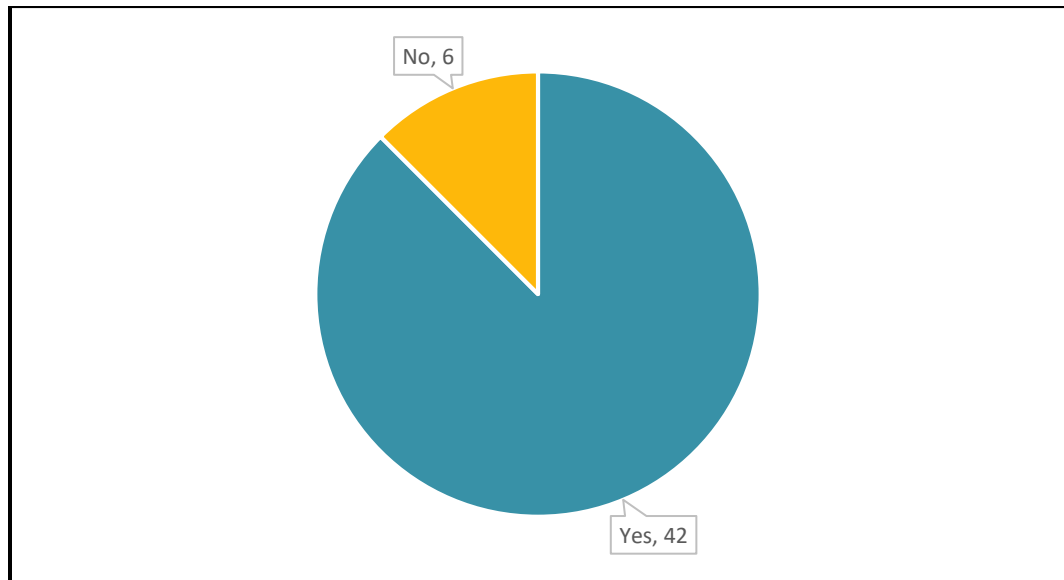


**Average: 8.62    Median: 9    Minimum: 2    Maximum: 10**

**Question 14:** If you could change one thing to make you/your child's experience better with your childcare provider, what would that be? **[Open-ended; 35 responses]**

- *None/N/A/Nothing (10 responses)*
- *Leadership that wants to engage with parents/families.*
- *More organization with administrative tasks and paperwork.*
- *Nothing! My children's providers are wonderful! We have been blessed.*
- *Right now our only childcare is our son going to pre-school and we are very happy with them.*
- *BEFORE AND AFTER SCHOOL CARE AT THE SCHOOL MY CHILD IS AT*
- *Remove majority of Covid driven protocols*
- *have earlier drop-off.*
- *More time spent at school.*
- *longer outside times*
- *No masks and social distancing.*
- *Only that we actually got more assistance with speech when we noticed feeding difficulties*
- *Have more activities for the kids.*
- *After school care at school*
- *Not so much school missed due to there COVID Policies*
- *They are doing good*
- *speaking English clearly*
- *I only wish her childcare provider had opportunities for financial support. She is incredible. Absolutely incredible.*
- *Being able to see my child in the classroom with her friends.*
- *Get rid of COVID so I can take my baby to his classroom. Lol*
- *Food options*
- *Nothing, love our childcare provider.*
- *Less turnover in teaching staff.*
- *More planned learning experiences such as having appropriate art materials readily available and sand/water.*
- *The option for full-time weekly care*
- *Improve diversity and ensure all children can access care. I'm aware that the best providers are all full fee and expensive, which means my child is surrounded entirely by other fairly wealthy (primarily white) students.*

**Question 15:** Do you go to the same doctor/practice/clinic for your child's health and dental appointments each visit? **[Multiple choice: yes, no; 48 responses]**



**Question 16:** If you answered "no" to Question 15, what barriers keep you from seeing the same provider? **[Open-ended; 5 responses]**

- My child sees a different dentist from her pediatrician.
- INSURANCES
- scheduling
- I have a provider
- They only offer a specific area.

### 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:	Early Head Start		
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	\$101,381.00	32 slots at Kimberly Center.	
FY19:	\$124,869.00	24 slots at Mid-City High, 8 slots at Goose Creek.	
FY20:	\$124,869.00	24 slots at Mid-City High, 8 slots at Goose Creek.	
Goal/Benchmark:			
Outputs	# of Children Served by Age		Progress Update (Analysis)
FY13(baseline):	6 Prenatal 19 0-1 year olds 11 1-2 year olds 8 2-3 year olds		On target
FY19:	6 Prenatal 21 0-1 year olds 14 1-2 year olds 9 2-3 year olds		On target
FY20:	1 Prenatal 11 0-1 year olds 20 1-2 year olds 0 2-3 year olds		On target
Goal/Benchmark:	Serve 32 children.		
Quality/Efficiency	#/% Children Screened	Cost/Child	Progress Update (Analysis)
FY13(baseline):	44/100%	\$2,683.43	On target
FY19:	50/100%	\$2,973.07	On target
FY20:	32/100%	\$3902.16	On target
Goal/Benchmark:	100%	\$3,699	

Type of Service:	Early Head Start		
Outcomes	#/% of Children Demonstrating Age Appropriate Skills	#/% Referred for Additional Services	Progress Update (Analysis)
FY13(baseline):	41/93%	3/7%	On target
FY19:	47/50 94%	3/50 6%	On target
FY20:	31/32 97%	1/32 3%	Fewer referred, but fewer served.
Goal/Benchmark:	91%	3	

Type of Service:	Annie Wittenmyer Head Start		
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	\$27,157.00@Scott Community College	18 slots, 2.5 hours of 6 hour day.	
FY19:	\$22,371.00	18 slots, 2 hours of 6 hour day	
FY20:	\$22,371.00	18 slots, 2 hours of 6 hour day	
Goal/Benchmark:			
Outputs	# Children by Age	Progress Update (Analysis)	
FY13(baseline):	3 2-3 year olds 13 3-4 year olds 10 4-5 year olds	On target	
FY19:	1 2-3 year olds 15 3-4 year olds 4 4-5 year olds	On target	
FY20:	12 2-3 year olds 6 3-4 year olds 0 4-5 year olds	On target	
Goal/Benchmark:	18 slots		
Quality/Efficiency	#/% Children Screened	Cost/Child	Progress Update (Analysis)
FY13(baseline):	26/100%	\$1,044.50	On target
FY19:	20/100%	\$1118.55	On target
FY20:	18/100%	\$1242.82	On target.
Goal/Benchmark:	100%	\$1,500.00	

Type of Service: Annie Wittenmyer Head Start			
Outcomes	#/% Demonstrating Age Appropriate Skills	#/% Referred for Additional Services	Progress Update (Analysis)
FY13(baseline):	25/96%	5/19%	On target
FY19:	20/100%	0/0%	On target
FY20:	16/18 89%	2/18 11%	Fewer needing service
Goal/Benchmark:	83%	3	

Type of Service: Roosevelt Head Start			
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	\$51,650.00 @ Grace	18 slots, 2.7 hours of 10 hour day	
FY19:	\$53,744.00	18 slots, 3 hours of 10 hour day	
FY20:	\$53,744.00	18 slots, 3 hours of 10 hour day	
Goal/Benchmark:			
Outputs	# Children Served by Age	Progress Update (Analysis)	
FY13(baseline):	2 2-3 year olds 12 3-4 year olds 12 4-5 year olds	On target	
FY19:	1 2-3 year olds 10 3-4 year olds 10 4-5 year olds	On target	
FY20:	7 3-4 year olds 12 4-5 year olds	On target	
Goal/Benchmark:	18 slots		
Quality/Efficiency	#/% Children Screened	Cost/Child	Progress Update (Analysis)
FY13(baseline):	26/100%	\$1,986.54	On target
FY19:	21/100%	\$2,559.24	On target
FY20:	21/100%	\$2,828.63	On target
Goal/Benchmark:	100%	\$2,888.00	
Outcomes	#/% Demonstrating Age Appropriate Skills	#/% Referred for Additional Services	Progress Update (Analysis)
FY13(baseline):	26/100%	5/19%	On target
FY19:	19/90%	2	On target
FY20:	18/19 95%	1/19 5%	On target
Goal/Benchmark:	88%	2	

Type of Service:		Quality Child Care Enhancements		
Inputs	Total ECI Investment	Progress Update (Analysis)		
FY15(baseline):	\$83,622.00	Nine month contract. Start of contract.		
FY19:	\$53,429.59			
FY20:	\$48,336.98			
Goal/Benchmark:				
Outputs	# of Programs Participating	# of Visits Completed	# of Technical Assistance Contacts	Progress Update (Analysis)
FY15(baseline):	216	248	419	Exceeded target
FY19:	331	603	842	Exceeded target
FY20:	73	454	578	Exceeded target
Goal/Benchmark:	300	400	500	
Quality/Efficiency	# of Programs QRS 3,4,5			Progress Update (Analysis)
FY15(baseline):	11%			Exceeded target
FY19:	14%			Exceeded target
FY20:	9.59%			Exceeded target
Goal/Benchmark:	10%			
Outcomes	% of Programs Participating in a Quality Initiative			Progress Update (Analysis)
FY15(baseline):	54/216, 25%			Exceeded target
FY19:	59/331 18%			Exceeded target
FY20:	73/218 33%			Below expectation
Goal/Benchmark:	20%			

Type of Service:		Child Care Nurse Consultant	
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	\$87,317.00	Health and safety technical assistance, immunizations, training	
FY19:	\$109,431.00	Health and safety technical assistance, immunizations, training	
FY20:	\$115,811.11	Health and safety technical assistance, immunizations, training	
Goal/Benchmark:			

Type of Service:		Child Care Nurse Consultant		
Outputs	# Visits by Consultant	# Programs Participating with CCNC	# of Technical Assistance Visits	Progress Update (Analysis)
FY13(baseline):	112	N/A	169	Visits and technical assistance to homes exceeded expectations
FY19:	247 Centers, 49 Homes	45 Centers, 15 Homes	247 Centers, 49 Homes	Close to targets
FY20:	153 Centers, 22 Homes	43 Centers, 13 Homes	305 Centers, 61 Homes	Exceeded goals
Goal/Benchmark:	100-Centers, 30 Homes	50-Centers, 15 Homes	120-Centers, 40-Homes	
Quality/Efficiency	#/% Participating In Quality Initiative		Cost/Programs Per Visit	Progress Update (Analysis)
FY13(baseline):	99/30%		\$779.62	Home and center data combined
FY19:	28/62% Centers, 6/40% Homes		\$528.65	Homes are below goal
FY20:	43/58% Centers, 13/31% Homes		\$661.77	Homes are below goal
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)
FY13(baseline):	67%	74/79%		
FY19:	87%	56/100%		Special needs plans exceeded goal, programs improving following consultation met goal
FY20:	83%	52/56 93%		
Goal/Benchmark:	83%	70%		

Type of Service:		Child Care Scholarships SR	
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	\$63,635.20	Based on family size and income, care must be DHS licensed or registered	
FY19:	\$70,155.46	Based on family size and income, care must be DHS licensed or registered	
FY20:	\$93,972.00	Based on family size and income, care must be DHS licensed or registered	
Goal/Benchmark:	FY20 stopped funding with Early Childhood funds.		



Type of Service: Child Care Scholarships SR			
Outputs	# Scholarship Applications Processed	# of Children Served	Progress Update (Analysis)
FY13(baseline):	N/A	40	Exceeded goal
FY19:	83	36	Exceeded goal
FY20:	52	37	
Goal/Benchmark:	49	25	
Quality/Efficiency	Cost/Child	Progress Update (Analysis)	
FY13baseline):	\$1590.88	Exceeded goal	
FY19:	\$1948.76	Less attrition	
FY20:	\$2539.78	Less attrition	
Goal/Benchmark:	\$1395.52		
Outcomes	#/% Children Screened for Age Appropriate Skills, Behavior, Dental, Hearing, Vision	#/% Referred for Additional Services	Progress Update (Analysis)
FY13baseline):	40/100%	4/10%	On target
FY19:	26/100%	0%	On target
FY20:	34/92%	0%	
Goal/Benchmark:	30/100%	5/17%	

Type of Service: <b>Preschool Scholarships</b>				
Inputs		Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	\$257,336.50		Preschools must be QPPS verified or NAEYC accredited	
FY19:	\$260,513.90		Preschools must be QPPS verified or NAEYC accredited	
FY20:	\$231,379.83		Preschools must be QPPS verified or NAEYC accredited	
Goal/Benchmark:				
Outputs		# Scholarship Applications Processed	# of Children Served	Progress Update (Analysis)
FY13(baseline):	N/A		111	Below goal
FY19:	169		90	Number of applications processed exceeded goal, number served was below goal due to funding constraints
FY20:	148		96	
Goal/Benchmark:	89		120	
Quality/Efficiency		Cost/child		Progress Update (Analysis)
FY13(baseline):	\$2,318.35			Below target
FY19:	\$2459.51			Target exceeded
FY20:	\$2206.00			
Goal/Benchmark:	\$2,446.00			
Outcomes		#/% Children Screened for Age Appropriate Skills, Behavior, Dental, Hearing, Vision	#/% Referred for Additional Services	Progress Update (Analysis)
FY13(baseline):	111/100%		2/2%	Below goal
FY19:	65/72%		0/0%	Exceeded goal
FY20:	96/100%		2/2%	Exceeded goal
Goal/Benchmark:	105/100%		3 /9%	

Type of Service: Bright Beginnings				
Inputs	Total ECI Investment	Total Additional Funding	Progress Update (Analysis)	
FY13(baseline):	\$456,795.55 UA, BB and NEST		Iowa Family Support Credential	
FY19:	\$321,798.00		Iowa Family Support Credential	
FY20:	\$307,439.72		Iowa Family Support Credential	
Goal/Benchmark:				
Outputs	# Families Referred	# Families Enrolled	# Home Visits	Progress Update (Analysis)
FY13(baseline):	247	242	3330	On target, exceeding
FY19:	60	40	2252	Number of families referred exceeded goal, number of families enrolled close to goal
FY20:	73	41	2889	
Goal/Benchmark:	80	60	3393	
Quality/Efficiency	Average # of months families participated in Bright Beginnings			Progress Update (Analysis)
FY13(baseline):	N/A			N/A
FY19:	31.52			N/A
FY20:	32.64			
Goal/Benchmark:	25.5			
Outcomes	# of families identifying a medical home for their child/children			Progress Update (Analysis)
FY13(baseline):	N/A			N/A
FY19:	139/100%			Exceeded goal
FY20:	125/98%			
Goal/Benchmark:	99%			

Type of Service: NEST			
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY13(baseline):	N/A	Component of Bright Beginnings budget, group based parent education	
FY19:	N/A	Iowa Family Support Credential	
FY20:	N/A		
Goal/Benchmark:			
Outputs	# families participating	# group sessions offered	Progress Update (Analysis)
FY13(baseline):	57	48	Below goal
FY19:	55	44	Fewer families participated, group sessions offered is no longer a data point in DAISEY
FY20:	59	39	Impacted by COVID-19
Goal/Benchmark:	60	50	

Type of Service: Family Connects — FY16 was the first year of funding			
Inputs	Total ECI Investment	Progress Update (Analysis)	
FY16(baseline):	\$191,765	Evidenced based, visit offered to new moms following delivery.	
FY19:	\$204,631	N/A	
FY20:	\$206,743	N/A	
Goal/Benchmark:			
Outputs	# and % of families having at least one visit	Progress Update (Analysis)	
FY16(baseline):	796	N/A	
FY19:	743	Goal not met	
FY20:	670		
Goal/Benchmark:	960		
Quality/Efficiency	# of Families referred to additional services	Progress Update (Analysis)	
FY16(baseline):	480	N/A	
FY19:	344	Exceeded goal	
FY20:	265		
Goal/Benchmark:	296		

Outcomes	# and % of participating families connected to additional supports	Progress Update (Analysis)
FY16(baseline):	N/A	N/A
FY19:	344	Exceeded goal
FY20:	20	
Goal/Benchmark:	296	

### 3.5. Scott County Kids Community Plan Update (2021): Priorities & Strategies Evaluation Worksheet

Board members were emailed a worksheet of the priority areas and multi-year strategies from the previous plan, as well as the discussion prompts used in the 5/4 meeting. Board members were asked to review each priority, its implementation strategies, and the initial input from the 5/4/2021 meeting, and respond to the following questions.

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

1. If an action was completed, did it have the intended results? Did it achieve the goals outlined in the plan? What factors contributed to success?
  - a. *Continued outreach to Unity Point should remain a goal in the current year. There may be turnover within their organization that could be more receptive in the future.*
2. If an action wasn't completed, what were the barriers to its implementation? Lack of political support, funding, staff time? Other barriers? Should it be included in the updated plan?
  - a. *Based on presentations to the board, informal referrals seem to be the most successful. When we are able to do more home visitations in person these referrals will likely pick up.*
  - b. **The initial board evaluation covers the issues.**
  - c. *I was not on the board when these goals were set.*
    - *Unity Point Health continues to be difficult to engage, due to the training nature of this hospital and staff turnover. The board and its contractors continue to attempt to engage them as their involvement would better help the children of Scott County.*
    - *With our limited budget we do the best we can to support home visitation programs, and have made adjustment in contracts to better support those programs as best we can.*
    - *N/A*
    - *Having not been on the board when this goal was identified, I am not sure what was intended. However, limited funding for mental health services and a dearth of providers continues to be an issue for Scott County residents.*
    - *In conjunction with the Scott County Health Department the board continues to strive toward increasing immunizations of Scott County residents.*

#### Priority #2: Increase the number of center and home-based providers meeting quality standards.

1. If an action was completed, did it have the intended results? Did it achieve the goals outlined in the plan? What factors contributed to success?
2. If an action wasn't completed, what were the barriers to its implementation? Lack of political support, funding, staff time? Other barriers? Should it be included in the updated plan?
  - a. *It is difficult to do more when we have less funding to use in this area.*
  - b. **I had to look up CCDBG to understand what it is. I still don't know how it fits with SCKids.**
  - c. *I was not on the board when these goals were set.*
    - *The board has an active partnership with the Scott County Health Department, and the department is a contractor in which to assist day cares to meet QRS standards as well as to support the day cares.*

- *Through our contractors and a DHS employee board member we are meeting this goal.*
- *Through the program mentioned in #1 these numbers are monitored and reported to the board.*
- *Our limited budget has limited our ability to provide incentives to programs achieving QRS Standards, but is still a board want.*

**Priority #3: Increase access to affordable quality learning environments for all children.**

1. If an action was completed, did it have the intended results? Did it achieve the goals outlined in the plan? What factors contributed to success?
  - a. *The increase preschool scholarship funds did help additional families. This was a tangible impact on kids in the area.*
2. If an action wasn't completed, what were the barriers to its implementation? Lack of political support, funding, staff time? Other barriers? Should it be included in the updated plan?
  - a. *Quality childcare improvements training has increased capacity for childcare successfully. There were unfilled spots in some of the Head Start programs this year, potentially due to the pandemic, which should be monitored.*
  - b. ***Funding is an issue with all our programs. We continue to limit the funds for scholarships.***
  - c. *I was not on the board when these goals were set.*
    - *Due to budget concerns training's are not as plentiful as the board would prefer, but training opportunities are offered to child care providers, as well as support with situations that arise for them. COVID 19 was a clear demonstration of support provided to child care centers.*
    - *Outreach has been impactful as all services funded are full or having waiting lists. Limited funding prevents the growth of these programs and services.*
    - *N/A*
    - *Capacity and availability is monitored and we have learned that we could fund more scholarships if we had the funds.*

**Priority #4: Increase positive relationships between children and parents.**

1. If an action was completed, did it have the intended results? Did it achieve the goals outlined in the plan? What factors contributed to success?
  - a. *I was not on the board when these goals were set. All programs and contracts supported by the SCKECl board have a positive impact on child parent relationships.*
2. If an action wasn't completed, what were the barriers to its implementation? Lack of political support, funding, staff time? Other barriers? Should it be included in the updated plan?
  - a. ***The relationship with Unity Point has bee(n) an issue since they opened the hospital in Bettendorf. I hope the relationship between Genesis and LSI can be integrated so help reach more families based on the meetings we have had recently.***

**Priority #5: Increase awareness regarding the importance of the early years.**

1. If an action was completed, did it have the intended results? Did it achieve the goals outlined in the plan? What factors contributed to success?

- *I was not on the board when these goals were set.*
  - *1 and 2, I am unaware of that.*
  - *A state legislator meets with our contracts management board fairly regularly to get our input and update us on legislative priority/action*
  - *Yes. Just recently 2 board members presented to the state ECI board on the programs we fund and what they do.*
  - *Decreasing funding limits our partnerships to the current ones we have.*
2. If an action wasn't completed, what were the barriers to its implementation? Lack of political support, funding, staff time? Other barriers? Should it be included in the updated plan?
- *We used to have a budget for marketing to reach out to families but this was cut many years ago as our funds have been cut. This is now by word of mouth only.*
  - *Can we monitor traffic to the Scott County Kids website to see if it is being utilized? IT would be helpful to know what information people are looking for on the site.*

**Additional Feedback**

*Funding limits much of what we can accomplish.*

**Worksheet Content for Reference**

Priority #1: 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	Discussion Questions for Evaluating
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.	<b>What is the status of the relationship with area health systems?</b>
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.	<b>How well are we supporting home visitation programs?</b>
Advocate for uncategorized funds.	Advocate for uncategorized funds.	Advocate for uncategorized funds.	<b>N/A – Accomplished through legislative</b>
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.	<b>Are we taking advantage of funding opportunities to enhance mental health services?</b>
<b>Ongoing Strategies:</b> Engage funded partners and encourage sharing information about immunizations.			<b>Have funded partners been engaged and encouraged to share information about immunizations?</b>
<b>ECI Result:</b> Healthy Children. <b>Indicators:</b> Low Birth Weight; Immunized Children, Dental Services			



**Initial Board Evaluation (5/4/21)**

- Could use a better relationship with one health system (long-term problem). Signs of progress are evident though, and this is worth revisiting.
- Lack of funding is an inhibitor to some goals (ex. #2 – home visitation programs)
- Intake/referral system to home visitation could use improvement (Parent Pals)

<b>Priority #2: Increase the number of center and home-based providers meeting quality standards.</b>			
<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for Evaluating Progress</b>
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.	<b>How does SCKECI support DHS efforts to comply with CCDBG? Could more be done?</b>  <b>Are contracts reviewed to support DHS recommendations?</b>
Retain open communications with DHS and CCR&R regarding resources that may be needed to meet new regulations.			<b>Are we reaching out to state agencies to meet our resource needs?</b>
		Monitor numbers of providers participating in QRS. May want to consider increased reimbursement to Child Care Scholarship providers with QRS rating.	<b>What has been learned or changed through monitoring participation in quality ratings?</b>
	<b>Ongoing strategies:</b> Advocate for quality standards at the state level and correlate to reimbursement rates.		<b>What advocacy for quality standards (correlated with reimbursement rates) at the state level has occurred?</b>
<b>ECI Result:</b> Children Ready to Succeed in School. <b>Indicators:</b> Early Literacy Skills, Children with No Dental Problems, Educational Attainment of Mothers			

**Initial Evaluation (5/4/21 meeting)**

- TEACH program expanding statewide next year to help with funding gaps.
- Need to find a way to fund existing programs with less funding while still providing direct payments.

<b>Priority #3: Increase access to affordable quality learning environments for all children.</b>			
<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for Evaluating Progress</b>
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.		<b>What professional development opportunities have been identified and implemented?</b>  <b>Have any preschool scholarships been proposed or implemented?</b>
	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.	<b>Has outreach to schools, preschools, care centers, and families been impactful?</b>
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.	<b><i>N/A – Accomplished through legislative changes.</i></b>
Monitor availability and capacity of preschools.	Monitor availability and capacity of preschools.	Monitor availability and capacity of preschools.	<b>Is availability and capacity of preschools monitored? What has been learned?</b>
<b>Ongoing Strategies: None</b>			<b>None</b>
<b>ECI Result:</b> Secure and Nurturing Early Learning Environments. <b>Indicators:</b> Quality Early Learning Environments, Availability of Child Care, Working Parents			

**Initial Evaluation (5/4/21 meeting)**

- Scholarships are increasing. There is potential to keep this going, partially due to the pandemic. However, the amount available is significantly lower than in the past. SCKECI is making a dent, but there’s more work to do.
- Decat funds are now being used for professional development, and this can continue.
- New funding continues to be scarce.

<b>Priority #4: Increase positive relationships between children and parents.</b>				
	<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018) Strategies</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for Evaluating Progress</b>
<b>1</b>	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.	<b>Are relationships with area health systems employed to increase positive family relationships?</b>
<b>2</b>	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.	<b>Does SCKECI support home visitation programs in a way that enhances positive relationships?</b>
<b>3</b>	Advocate for uncategorized funds.	Advocate for uncategorized funds.	Advocate for uncategorized funds.	<i><b>N/A – Accomplished through legislative changes.</b></i>
<b>4</b>	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.	
<b>5</b>	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.	<b>How has new knowledge about risk factors been used to engage and support at- risk families?</b>
<b>6</b>	<b>Ongoing strategies:</b> Monitor home visitation program(s) for early access point of care.			<b>Are home visitation programs monitored for early access point of care?</b>
<b>ECI Result:</b> Safe and Nurturing Families. <b>Indicators:</b> Incidence of Child Abuse, Teen Births, Domestic Violence Rate, Accredited Support Programs in Iowa				

**Initial Evaluation (5/4/21 meeting)**

- Currently not attaining these goals.
- Family Connects program at Duke using risk factors is a good model of incorporating best practices for at-risk families.

<b>Priority #5: Increase awareness regarding the importance of the early years.</b>			
<b>Year 1 (2016) Strategies</b>	<b>Years 2 &amp; 3 (2017/2018)</b>	<b>Subsequent Years Strategies</b>	<b>Discussion Questions for Evaluating Progress</b>
Continue to promote information via the website.	Continue to promote information via the website.	Continue to promote information via the website.	<b>Is the website being utilized sufficiently to promote and publish information?</b>
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.	<b>Has the plan been sufficiently showcased, applied, and built upon with community partners?</b>
Communicate with legislators.	Communicate with legislators.	Communicate with legislators.	<b>Has SCKECI worked with lawmakers to increase awareness and</b>
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.	<b>Can board members speak to SCKECI programs and create awareness for their importance?</b>
<b>Ongoing strategies:</b> Advance partnerships to leverage resources for 0-5 age group population programs.			<b>What new partnerships have been forged to leverage resources for</b>
<b>ECI Result:</b> Safe and Supportive Communities. <b>Indicators:</b> Crime Rates, Juvenile Crime, Child Deaths, Unemployment Rates			

**Initial Evaluation (5/4/21 meeting)**

- SCK could be leveraged as an alternate resource to national resources, which is usually what people go to.

### 3.6. Acronyms:

<b>ACEs:</b>	Adverse Childhood Effects
<b>AEA:</b>	Area Education Agency
<b>CCDBG:</b>	Child Care Development Block Grant
<b>ECI:</b>	Early Childhood Iowa
<b>DE:</b>	Department of Education
<b>DHS:</b>	Department of Human Services
<b>IDPH:</b>	Iowa Department of Public Health
<b>IQ4K:</b>	Iowa Quality For Kids
<b>MBAEA:</b>	Mississippi Bend Area Education Agency
<b>NAEYC:</b>	National Association for the Education of Young Children
<b>NAFCC:</b>	National Association of Family Child Care
<b>QPPS:</b>	Quality Preschool Program Standards
<b>QRS:</b>	Quality Rating System
<b>SCKECI:</b>	Scott County Kids Early Childhood Iowa
<b>SWVPS:</b>	Statewide Voluntary Preschool
<b>TIC:</b>	Trauma Informed Care
<b>XIX:</b>	Medicaid (Title XIX of the Social Security Act)