



Johnson County Empowerment/Early Childhood Iowa Area Board Community Plan

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Date the ECI Area Board approved the plan: April 17, 2014

Updated: December 3, 2015; October 21, 2021 Data Updated December 2016; August 2017;

August 2018; October 2021

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SECTION I: GENERAL INFORMATION

The Johnson County Empowerment/Early Childhood Iowa Area (JCE/ECIA) Board was established to oversee and coordinate collaborative services for children and families in Johnson County. Established in **1999**, the initial emphasis is the service delivery system for children ages 0-5. The long-term purpose is to improve the efficiency and effectiveness of services in the areas of education, health, and human services for persons of all ages.

Identification of the Early Childhood Iowa Area (ECIA):

Johnson County is located in east central Iowa, bordered on the north by Linn County, on the east by Cedar and Muscatine Counties, on the south by Louisa and Washington Counties, and on the west by Iowa County.

Vision:

Johnson County is a safe and healthy community in which to learn, work, and live.

The Johnson County Empowerment/ECIA Board, along with other community stakeholders, developed the vision after many work sessions that included discussion about the purpose of Empowerment/ECIA, the role JCE/ECIA would play in the community, and, ultimately, what the group envisioned as evidence of success. The group also reviewed vision and mission statements from many local organizations and agencies and worked to align with those visions.

Mission:

Johnson County Empowerment/ECIA will lead the community in removing barriers to a safe and healthy community by: identifying needs in education, health, and human services; maintaining, expanding, and coordinating resources to address those needs; promoting and facilitating collaboration; and evaluating and continuously improving efforts to advance our vision. JCE/ECIA will advance the vision for all people, including all ages and income levels, while maintaining its commitment to children age 0-5.

Services:

Johnson County Empowerment/Early Childhood Iowa Area provides support and services to children from birth through age 5 years and their families, including pregnant women, who reside and receive services in Johnson County.

Johnson County Empowerment/ECIA extends its collaborative work to neighboring counties. The JCE/ECIA director works with the directors of neighboring ECI Areas to identify ways to

best meet the needs of children and families who may live, work, and/or attend childcare in more than one county.

Use of the Community Plan:

The Community Plan is a living, breathing document that guides the work of the local Early Childhood Iowa Area (ECIA) board and community. The plan is written so that an “outsider” can understand the early care, health and education system that exists for children ages 0-5 and their families within the ECIA boundary. The plan identifies community assets, common needs and gaps in services. It also guides planning and decision making, addresses sustainability, and helps set priorities in the community.

The Community Plan is the “roadmap” for the local early childhood system. In cooperation with community partners, other agencies, programs and services, the Johnson County Empowerment/ECIA board utilizes the plan to assist in program planning, identifying potential collaborations, and in making funding decisions.

Community partners utilize the Community Plan as an information and data source when applying for grant funding, both from the ECI Area and from outside entities.

The Community Plan can be found on the JCE/ECIA website at www.jcempowerment.org .

Communities:

Johnson County encompasses **12 formal communities** with populations ranging from 772 people (Shueyville) to 75,130 people (Iowa City). Communities include Coralville, Hills, Iowa City, Lone Tree, North Liberty, Oxford, Shueyville, Solon, Swisher, Tiffin, University Heights, and West Branch.

While it is considered a “metropolitan county”, Johnson County includes both rural and urban communities. Within the county, there are three communities with populations over 10,000 people and four communities with populations less than 1,000 people. There is great variation in the available resources within each community, with many resources located in the urban Iowa City/Coralville area and not many services in rural communities.

There are approximately 151,140 people living in the county and approximately **8,766 of those individuals are under 5 years of age**. (2019 Census population estimates)

Johnson County has seen consistent population increases for several years; between 2010 and 2019, the total county population increased by 15.5%. Among the state’s five most populous counties (Polk, Linn, Scott, Black Hawk and Johnson) Johnson County has the highest population increase.

North Liberty in particular has experienced rapid growth, with a 45.6% population growth from 2010 to 2019 and the highest percentage of persons under 5 years.

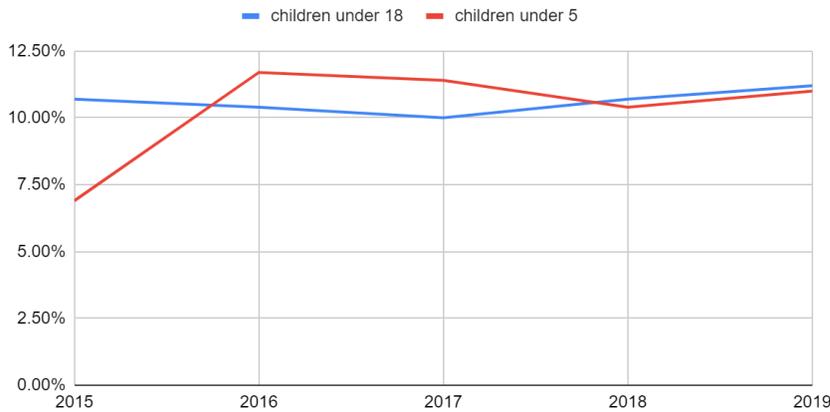
Though the county is more diverse than the state, residents are predominantly white (83%). The **county's diverse population** continues to grow. Johnson County has a relatively high non-US-born population 11.9% of the population was born outside of the United States, compared with 5.3% statewide. For many residents, English is not the primary language spoken in the home. In 15.4% of Johnson County households a language other than English is spoken. In 2018-2019, there were 1,291 English Language Learners in the Iowa City Community School District. In addition to the census tract racial/ethnic categories, residents represent many different cultures from around the United States and the world. Other than English, the primary languages spoken in the Iowa City Community School District are Spanish, Arabic, Swahili, and French.

Johnson County is served by **10 school districts**. Four of those districts serve primarily Johnson County children: Clear Creek Amana, Iowa City, Lone Tree, and Solon. The other six districts have a majority of students from one of five neighboring counties but serve some Johnson County children: College Community (Linn County), Highland (Washington County), Lisbon (Linn County), Mid-Prairie (Washington County), West Branch (Cedar County), West Liberty (Muscatine County), and Williamsburg (Iowa County). Johnson County is served by Grant Wood AEA 10. Enrollment numbers vary between school districts; in 2020-2021 the Iowa City Community School District enrolled 14,428, and the Lone Tree Community School District enrolled 466 .

All of the districts participate in the Statewide Voluntary Preschool Program. The 2019 ACS estimate notes 22,919 children aged three through 18 enrolled in school in Johnson County. The COVID-19 pandemic impacted school enrollment numbers in 2020-2021, as parents made difficult health and safety decisions for their children.

Compared to the state of Iowa, Johnson County schools have overall lower rates of eligibility for Free & Reduced Lunch. However, within the Iowa City Community School District, there is a wide range of variability between buildings with rates ranging from 9.1% to 80.1% in 2018-2019. There are 9 ICCSD buildings with Free & Reduced Lunch rates greater than 50%. Child poverty is increasing in Johnson County. Similar trends have been seen in overall poverty and utilization of Food Assistance.

% families with incomes below the poverty level in past 12 months in Johnson County



https://data.census.gov/cedsci/table?g=0400000US19_0500000US19103&tid=ACSDP5Y2019.DP03&hidePreview=true

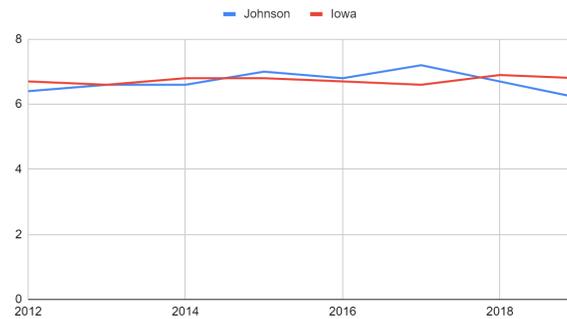
The **unemployment** rate in Johnson County is consistently lower than the state as a whole. Like most of the state, Johnson County saw an increase in unemployment between 2008 and 2009 and again in 2018-2019. It is anticipated that this increase continued in 2020-2021 due to pandemic related layoffs. There currently is an Iowa Workforce Development Center located in Iowa City. However, that may not always be the case, as past proposed legislation would eliminate that office, meaning that Johnson County residents would have to travel to neighboring counties for Workforce Development office services.

Child abuse and neglect rates in Johnson County have been relatively stable. Though child abuse covers children ages 1-17, children age 5 or younger make up over half of the victims of child abuse in Johnson County.

The most common type of abuse is denial of critical care (neglect), accounting for approximately 66% of confirmed or founded child abuse in Johnson County. The next most common types of abuse are dangerous substance, presence of illegal drugs in child's system (PID), physical abuse. <https://dhs.iowa.gov/reports/child-abuse-statistics>

In spite of a wealth of health resources, children's overall **health status** in Johnson County is comparable to the rest of the state. Rates of low birth weight, child immunization, and infant mortality are all close to the state rates. Johnson County presently and historically has had a lower rate of teen births than the state as a whole.

Rate of low birth weight births per 1,000 births



https://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2019-20201022.pdf

Johnson County is home to the University of Iowa and the Iowa City Kirkwood Community College Learning Center. Other nearby education resources include Cornell College & Coe College. Johnson County is also home to Mercy Hospital Iowa City, the University of Iowa Hospitals & Clinics, and a Veteran’s Administration Hospital.

Strengths and Challenges:

Johnson County is a **diverse county** in multiple ways. The county has diversity of individuals, diversity of populations, diversity of languages, and diversity of communities. Those aspects of diversity present both strengths and challenges for the community. The business community in Johnson County reflects this diversity. The percent of Black-owned firms, Asian-owned firms, Hispanic-owned firms, and Women-owned firms are greater than the state percentages.

One challenge of having a diverse population is the presence of many different languages. Not only are there many families who do not speak English, but they don’t speak the same language as each other – requiring translators for multiple languages. For languages that are newer to our community, it can be difficult to identify high-quality translators.

Johnson County experiences high mobility in its residents. Many families move in and out of the county each year, and they also may move from one side of town (and school attendance area) to another. This can present challenges to providing services and measuring outcomes, as addresses and phone numbers frequently change.

As stated earlier, Johnson County has many resources available to children, families, and agencies. Students from The University of Iowa may volunteer or do their practicum or student teaching experience in local classrooms. As part of their research projects, U of I faculty and/or students may provide direct services at no cost while the research is being conducted. In addition to the strong local school districts, Johnson County has many other agencies serving the needs of children and families including the 4Cs Community Coordinated Child Care, Child Care Resource and Referral, Open Heartland, Dream City, Domestic Violence Intervention Program (DVIP), Grant Wood AEA, HACAP, Neighborhood Centers of Johnson County, Prelude Behavioral Services, Rape Victim Advocacy Program (RVAP), Shelter House, and

United Action for Youth. The county is home to many organizations that assist in funding these programs, such as the Community Foundation of Johnson County, Community Partnerships for Protecting Children, Johnson County Decat, Prevent Child Abuse – Johnson County, United Way of Johnson & Washington Counties, and county and city governments.

Planning Considerations:

Demographic information is used in conjunction with needs assessment results to identify priorities for funding and planning. By understanding our community, we can better understand the issues that face us.

The Johnson County Empowerment/ECIA RFP states, “address program access issues, such as transportation, technology, language barriers and child care..” Organizations are encouraged to be creative and client-focused when planning. For example, the JCE/ECIA Board found that it is a more effective strategy to provide funding for before- and after-preschool care than it is to provide transportation for children to and from preschool. We strive to provide services in multiple locations around the county in order to alleviate some of the transportation burden on rural families.

SECTION II: COMMUNITY NEEDS ASSESSMENT

Development of the Community Needs Assessment

The initial Johnson County Empowerment/ECIA Community Needs Assessment was developed from data obtained from needs assessments and information from Mercy Hospital Iowa City, Johnson County Public Health, United Way/JCCOG Community Needs Assessment, Kids Count, Iowa City Community School District, Empowerment Family Support Program contractors' site visits, and United Way grantees.

As part of the ongoing needs assessment process, Johnson County Empowerment/ECIA solicits feedback from community agencies regarding available resources, perceived community and agency needs, and anecdotal information from families regarding the availability, accessibility, and quality of services. Partners in developing and updating the plan include Iowa City Community School District, Johnson County Council of Governments, Johnson County Decat, Johnson County Empowerment/ECIA, Johnson County Public Health, MECCA (now Prelude Behavioral Services), Mercy Hospital Iowa City, United Way of Johnson & Washington Counties, University of Iowa College of Public Health, 4Cs Community Coordinated Child Care, and Central Iowa Child Care Resource & Referral. Information received from community agencies is used to build more formal Needs Surveys.

In Spring 2008, an electronic Professional Survey was distributed to board and work group members, contracting partners, and providers of early care and education, health, and family support services within the community. Family Surveys were conducted in-person (in both English and Spanish) at various community locations such as the WIC clinic, library story times, well-child clinics, community recreation centers, parent groups, and the Crisis Center/Food Bank. The surveys were administered and analyzed by graduate students in the College of Public Health. Along with reports from the 2005 Iowa Child and Family Household Health Survey (Full Report, Early Childhood Report, Health Insurance Coverage of Children in Iowa),

results from the local surveys were presented to the JCE/ECIA Board and were incorporated into the Community Plan.

Between 2008 and 2012, the Johnson County Empowerment/Early Childhood Iowa Area Board reviewed data from other needs assessments, including detailed reports from the 2005 Iowa Child and Family Household Health Survey, Iowa MCH2015: Iowa Maternal and Child Health Comprehensive Title V Assets and Needs Assessment; and 2010 Johnson County Community Health Needs Assessment.

In 2012, Johnson County Empowerment/ECIA developed an electronic Community Needs Survey to gather input about community priorities. The surveys were distributed via email and links on the JCE/ECIA website and Facebook page. Respondents included collaborative partners as well service consumers and the public. This information, along with information from the United Way needs assessment, the 2010 Iowa Child and Family Household Health Survey (Children’s Behavioral and Emotional Health Report), and the 2011 Kids Count Data Book was utilized by the Johnson County Empowerment/ECIA Board to update the priorities in the Community Plan.

In 2021, Johnson County Empowerment/ECIA distributed an electronic Community Needs Survey to both families and providers. The survey was promoted via email, social media and press release. The information gathered was considered by the Johnson County Empowerment/ECIA Board in determining the priorities in the Community Plan remain community needs.

Analysis of the Needs Assessment Data Collected:

Johnson County Empowerment/ECIA utilizes many sources of information in determining availability and needs of services in Johnson County. These sources include:

Formal Needs Assessments for Johnson County	Other Data Sets
Iowa City Community School District	Iowa Child and Family Household Health Survey
Johnson County Public Health	Kids Count
Mercy Hospital Iowa City	Empowerment Family Support Program contractors’ site visits
United Way/JCCOG	Iowa City School District Early Childhood Task Force
	United Way grantees

Along with JCE/ECIA Board members and contracted service providers, individuals representing Iowa City Community School District, Johnson County Public Health, Mercy

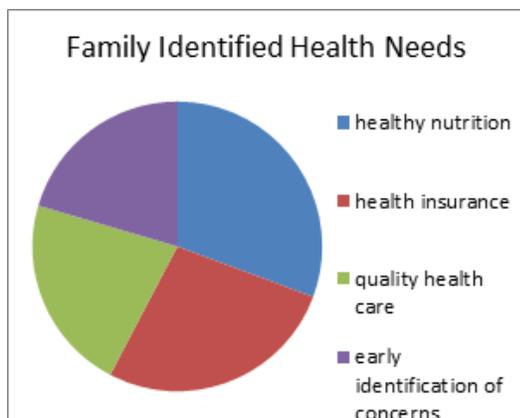
Hospital Iowa City, and United Way participate in the JCE/ECIA Ad Hoc Committee, bringing the results of their needs assessments to the group. The group reviews the needs assessments for information specific to early childhood (e.g. childcare) and for trends that are identified by multiple assessments (e.g. transportation). The results of all of those needs assessments are winnowed down to those most relevant to young children and their families.

2008 Family Needs Assessment

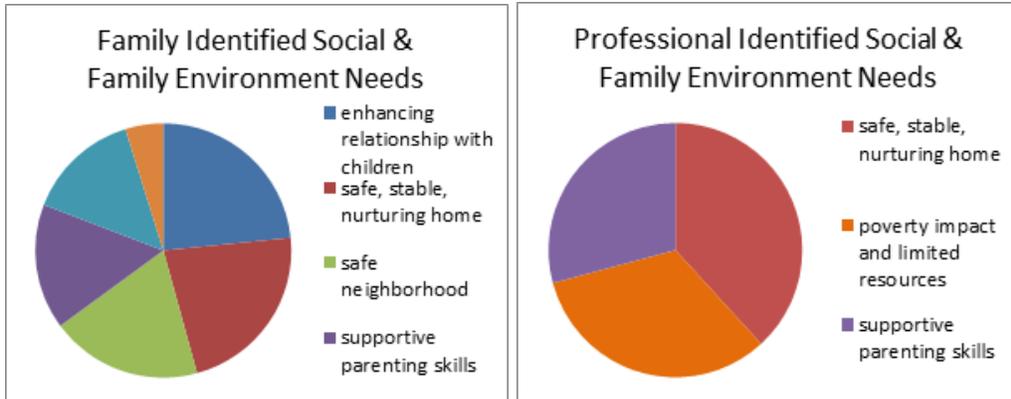
2008 Family Needs Assessment survey was completed by 115 families and 74 professionals. While most of the options were similar on the two surveys, there were some differences. The full survey and results can be accessed in the JCE/ECIA office. Ulrike Schultz, a graduate student in the University of Iowa College of Public Health, analyzed the data using SPSS. Analysis shows that respondents identified the following as their primary areas of concern:

Affordability of childcare and preschool was a concern identified by both families and professionals, with professionals also identifying needs for families that are just above income eligibility requirements for state assistance. **Quality** of childcare and preschool was a concern for families and professionals, with professionals also identifying an increased need for **professional development** training. Professionals also noted a lack of **public awareness** of the issues around early childhood.

Over half of responding professionals indicated the top health needs are an increased need for early diagnosis and treatment for **behavioral needs and the mental health needs** of children. **Healthy nutrition and accessibility/affordability of health insurance** for children were families' main concerns.



Safe, stable, nurturing home environments were identified as needs by both families and professionals in the area of Social and Family Environment Needs. Families' biggest need was enhancing relationships with children. Professionals identified the impact of poverty and limited resources to address all of the family needs as a very big need, but families did not identify it as such. Professionals also identified increasing supportive parenting skills as a need.



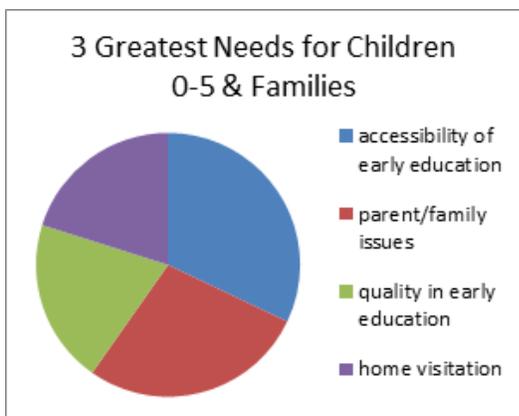
Conclusions:

Needs and concerns identified by parents and professionals are similar. Areas of concerns of both parents and professionals are congruent with the 3 component areas of the JCE Community Plan (early education, health, parent education and family support). No major discrepancies in the range of percentages among priorities within a component area could be found.

2012 Needs Assessment

When asked about the Top 2 early childhood needs by category in Johnson County, paying for childcare, behavioral/mental health services for children, and mental health (e.g. depression, anxiety) were the three most indicated. Also identified by more than 50% of respondents were early identification of health needs and group-based parent education about child development.

The overall 3 greatest needs in JC for children aged 0-5 and their families were accessibility of early education, parent/family issues (e.g. substance abuse, homelessness) quality in early education, and availability of family support (home visitation).



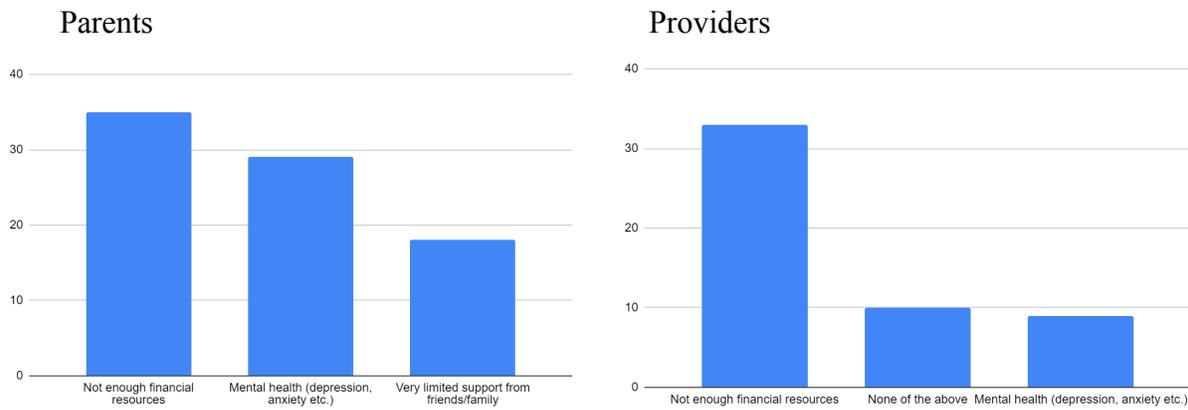
Conclusions:

Based on responses to open-ended questions, areas of concern listed in the survey are congruent with areas of concern identified by respondents. Overall needs are consistent with those currently identified in the Community Plan, though the categorizing of those priorities should be changed to more closely reflect the state-identified outcomes. Social issues are identified as

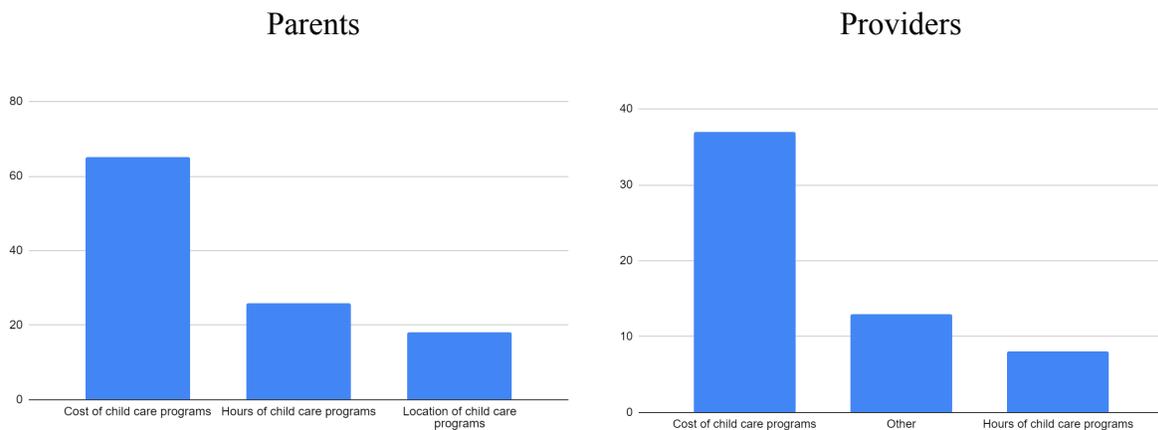
areas of concern in both early education and family support. Specifically, children’s social/emotional development is one of the top concerns for access to health care services and regarding quality in early education. Mental health was the top identified family/parental need. The top priorities identified by the community consistently include both direct and indirect service priorities. Direct priorities include access to early education and the availability of family support (which addresses parent/family issues). Indirect priorities include increasing and supporting quality in early education environments.

2021 Needs Assessment

When asked about the biggest stressor/challenge for families in our communities both parents and providers identified not enough financial resources and mental health (depression, anxiety etc.) as the largest areas of need.



When asked about the biggest barriers to finding childcare/early education in Johnson County parents identified cost, hours and location as the top three barriers and providers identified cost and hours as the primary barriers.



Conclusions:

Overall needs are consistent with those currently identified in the Community Plan. Mental health was a top identified family/parental need. The top priorities identified by the community

consistently include both direct and indirect service priorities. Direct priorities include access to early education and the availability of family support (which addresses parent/family issues). Indirect priorities include increasing and supporting quality in early education environments. It's important to note that when the 2021 survey was distributed the COVID pandemic was having a large impact on our community and likely impacted the responses we've received. Full needs assessment data set available upon request.

Additional Needs Assessment Data Analysis

Once overall needs have been identified, contracting partners assist in defining exactly how those needs look. Through the use of surveys, anecdotal information from families, and conversations with direct service staff, specific examples of need are identified. For example, “access to childcare” is a broad need that was further defined as “paying for childcare” and “providers not accepting State Child Care Assistance”. Once specific needs in each of the areas are defined, providers and families are asked to prioritize those needs for our community.

In addition to the needs assessments listed at the beginning of this section, the Johnson County Empowerment/ECIA Board utilizes the feedback from families and providers to identify specific priorities for our community.

Result Areas & Priorities of Johnson County Empowerment/Early Childhood Iowa Area

Based on information gained from formal needs assessments and informal community input, the Johnson County Empowerment/Early Childhood Iowa Area Board identified the following Result Areas and Priorities. Each Priority has specific Strategies for implementation.

Results Areas	Priorities
Results Area A: Secure and Nurturing Early Learning Environments	Priority 1: Increase accessibility and availability of quality early education
	Priority 2: Increase quality in early education
Results Area B: Safe, Stable, Nurturing Families and Homes	Priority 3: Prevent child abuse and neglect and increase supportive parenting skills
	Priority 4: Increase families’ healthy informal networks of support and utilization of appropriate community resources
Results Area C: Children Healthy & Ready to Succeed in School	Priority 5: Prevention, early detection, and identification of child health issues
	Priority 6: Strengthen the transition to kindergarten

Community-wide Indicators

Community-wide Indicators are used by the JCE/ECIA to monitor the well-being of young children and families in our community and evaluate if progress is being made toward the intended Early Childhood Iowa results. The following indicators have been adopted to measure how well we are addressing each of our priorities county-wide.

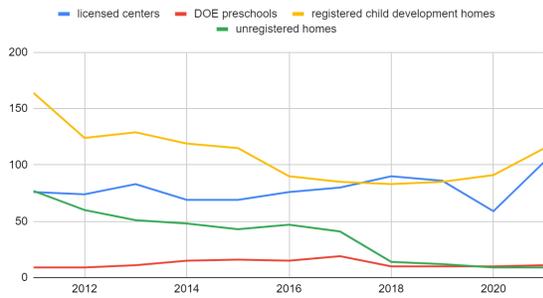
State Result	Local Result Area	Local Indicator	Definition & Source
Secure and Nurturing Early Learning Environments	Secure and Nurturing Early Learning Environments	# of regulated child care programs	Number of child care centers licensed with DHS, child development homes registered with DHS, and child care homes listed with CCR&R. Sources: DHS, CCR&R
		# of regulated child care slots	Number of slots in regulated care (see definition above) Source: DHS
		# and % of early education environments meeting quality standards	Numerator: centers accredited by NAEYC, homes accredited by NAFCC, centers & homes at QRS Levels 3-5. Denominator: licensed centers, registered homes, listed homes. Sources: NAEYC, NAFCC, DHS
Secure and Nurturing Families	Safe, Stable, Nurturing Families and Homes	Rate of teen births	Numerator: births to teenage mothers. Denominator: total live births. Rate = x 1,000 Age-specific birth rate is # live births in that age divided by estimated female population in that age group.
		# of confirmed child abuse reports	Number of confirmed and founded child abuse reports. Source: DHS
		% of domestic violence with children present	Numerator: number of domestic violence incidents in which children were recorded to be present. Denominator: total number of domestic violence incidents.

Children Ready to Succeed in School	Children Healthy & Ready To Succeed In School	% of uninsured children	Estimations.
		Rate of low birth weight births	Numerator: number of live births <2,500 grams. Denominator: number of live births. Rate = x 1,000
		Rate of infant deaths	Numerator: # of deaths of children < 1year of age. Denominator: # of live births. Rate = x 1,000. Also for ages > 1 and for 1-4.
		Rate of immunizations in 2-year-olds	Numerator: number immunized 2-year-olds. Denominator: number of 2-year olds in IRIS database. Important to note number of records in IRIS compared to county census population.
		% of kindergarten students who attended preschool	Number of children whose parents report attended preschool Sources: Local school districts: Clear Creek Amana, Iowa City Community, Lone Tree, Solon

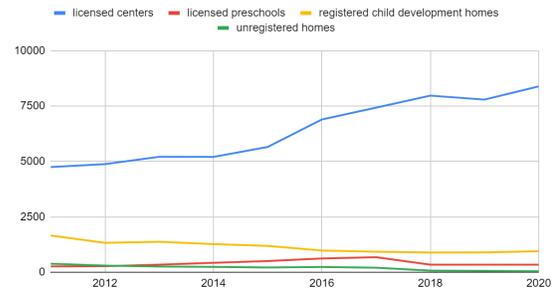
Indicator Trend Data for Community-wide Indicators

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Secure and Nurturing Early Education Environments	# of regulated child care programs and slots.	Number of centers licensed with DHS, number of child development homes registered with DHS and number of child development homes listed with CCR&R. DHS and CCR&R https://iowaccrr.org/data/2020-county-data-sheets/ https://dhs.iowa.gov/dashboard_childcare

regulated childcares in Johnson County



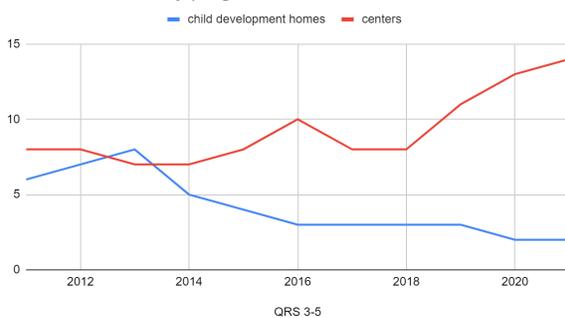
regulated childcare slots in Johnson County



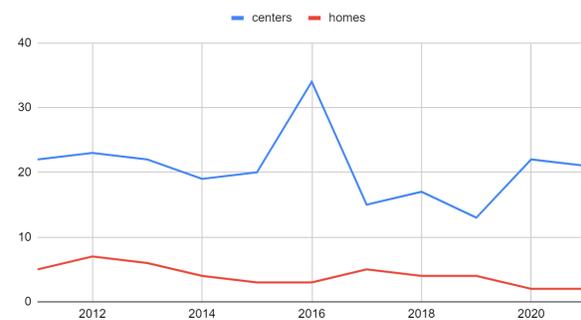
Considerations: During FY 2015, 34 early education providers received on-site visits to support registration. One critical component of registration is continuing education. During FY 2015, JCE/ECIA funding provided 160 hours of free classes and workshops to providers. During FY2020 and FY2021 the COVID-19 pandemic created a need for more child care slots for school aged children and at the same time many parents transitioned to working from home and/or felt unsafe having their children attend child care. The long term impacts of the pandemic are unknown.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Secure and Nurturing Early Education Environments	# and % of early education environments that meet quality standards	Registered and licensed programs that are NAEYC accredited, NAFCC accredited, or participating in the QRS at a level 3 or higher. https://dhs.iowa.gov/iqrs/providers https://families.naeyc.org/find-quality-child-care https://nafcc.org/accreditation/

of Johnson County programs in QRS level 3-5

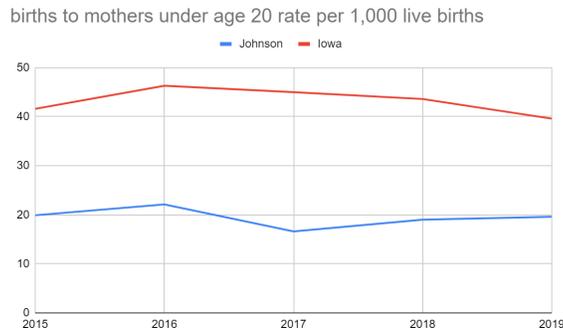


% of programs meeting high quality standards



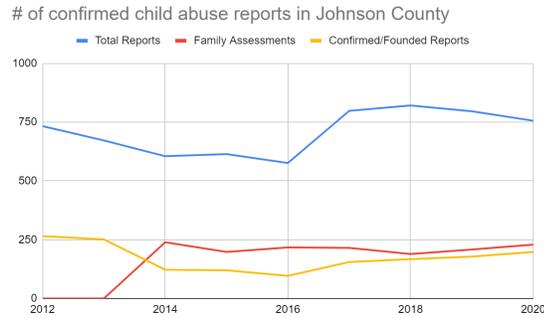
Considerations: The number of child care centers demonstrating quality *increased* from 2011 to 2021, while the number of child development homes demonstrating quality *decreased* during that same time period. Upcoming changes to the QRS system may have impacted participation. In FY21 JCE/ECIA distributed provider appreciation incentives to quality rated child care centers and child development homes, as well as NAFCC and NAEYC memberships.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Safe, Stable, Nurturing Families and Homes	Rate of teen births	Numerator: births to teenage mothers. Denominator: total live births. Rate = x 1,000 Age-specific birth rate is # live births in that age divided by estimated female population in that age group http://idph.iowa.gov/health-statistics/data



Considerations: JCE/ECIA provides funding to the UAY Young Parent Program and Home Health Visits for Young Parents. These programs support young families in many ways including accessing family planning resources.

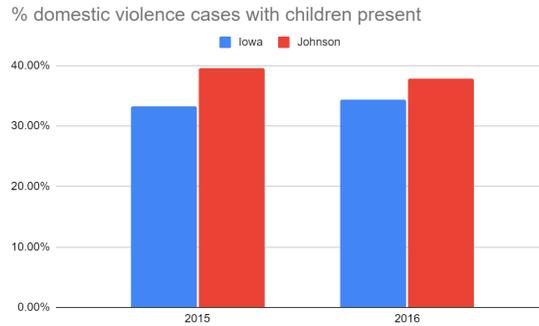
RESULT AREA	INDICATOR	DEFINITION & SOURCE
Safe, Stable, Nurturing Families and Homes	# of confirmed child abuse reports	Number of confirmed & founded child abuse reports. https://dhs.iowa.gov/reports/child-abuse-statistics



Considerations: There are many variables involved with collecting and reporting child abuse data. It can be difficult to define rates because rates may be reported by victim, by perpetrator, by report, or by incident. There is also a difference between confirmed reports and founded reports and a difference between the rate of founding reports versus rate of founded abuse.

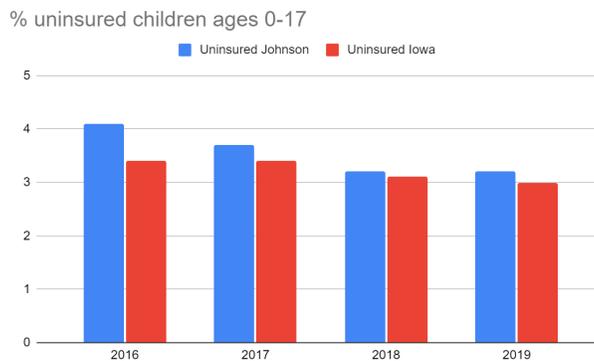
The Iowa Department of Human Services (DHS) began its Regional Differential Response (DR) System in January 2014. The new system consists of two pathways, Family Assessment and Child Abuse Assessment, to respond to allegations of neglect and abuse. Under Differential Response, Denial of Critical Care cases in which a child is not in imminent danger result in DHS conducting a Family Assessment which does not result in an abuse finding and is followed by voluntary services and supports as needed by the family. DR did not impact the criteria for accepting a report for assessment, however, it may impact the rates of founded abuse, as families with less severe cases may now have the Family Assessment option.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Safe, Stable, Nurturing Families and Homes	% of domestic violence cases with children present	# of domestic violence cases in which children were documented to be present divided by the total # of domestic violence cases. http://www.dps.state.ia.us/commis/ucr/ *this data is no longer publicly available



Considerations: This data was only available at the county level in 2015 and 2016. Johnson County ranked 52 in 2015 and 50 in 2016 (lower numbers are better). This does not tell us households that include a child who was not present during the event. In a report released in November 2017, Prevent Child Abuse Iowa ranked counties based on the percentage of children who have experienced domestic violence in their household. Johnson County ranked 90 out of 99 (lower numbers are better).

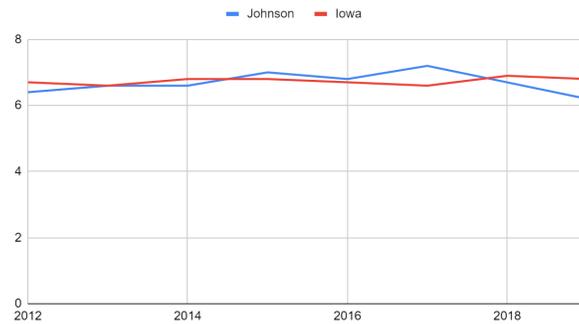
RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	% of uninsured children	Percent of children age 0-17 years who are not covered by health insurance during the year. https://data.census.gov/cedsci/table?q=0400000US19_0500000US19103&tid=ACSDP1Y2019.DP03&hidePreview=true



RESULT AREA	INDICATOR	DEFINITION & SOURCE
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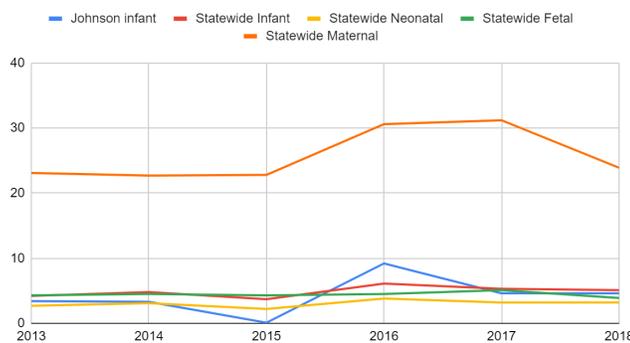
Children Healthy & Ready to Succeed in School	Rate of low birth weight births	Percentage of live births weighing less than 5.5 pounds at the time of birth. https://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2019-20201022.pdf
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Rate of low birth weight births per 1,000 births



RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Rate of infant deaths	Infant deaths before one year of age, per 1,000 live births https://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2019-20201022.pdf

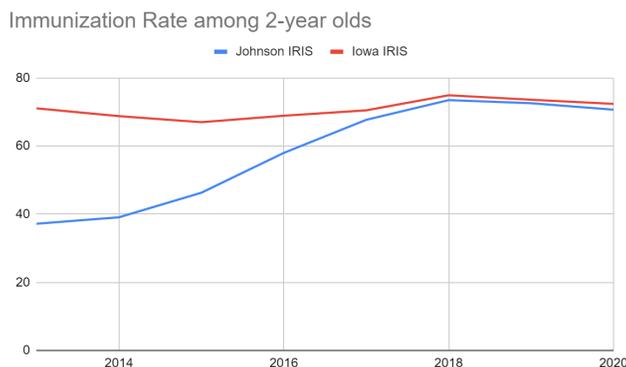
Rate of infant and maternal deaths per 1,000 live births



Considerations: In 2011, 2012, and 2015 Johnson County numbers were too small to report. Counts of five or less deaths, and rates based on these counts, are suppressed to protect confidentiality.

History: In 2018, JCE/ECIA noted a dramatic increase in the infant mortality rate from 2016 and added this indicator. The JCE/ECIA director joined the Johnson County Child Death Review Team in order to collect additional data. Currently, data about the increase is not readily available.

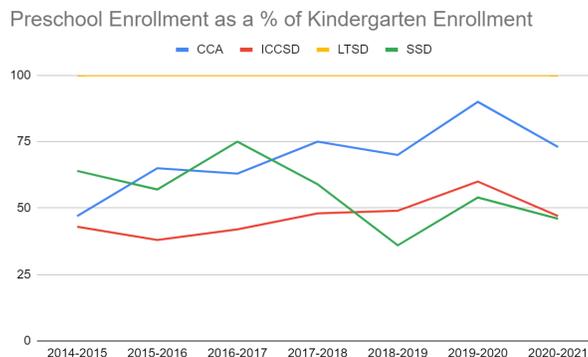
RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Rate of immunizations at age 2 years.	Immunization rate of children at 2 years of age. https://tracking.idph.iowa.gov/Health/Immunization/Childhood-Immunizations/Childhood-Immunization-Data



Considerations: Because the rate is only specifically calculated for 2-year-olds, this may not be an accurate representation of all children under the age of 6.

History: In 2012, IRIS became an online data system to record immunizations. Prior to this, the immunization rate was calculated by sampling records from public health clinics. By 2013, 97% of Iowa’s population was in IRIS, according to 2013 data. However, 2014 data says that it was 77% (71% in 2012 and 83% in 2014) but also says it includes 95% of Iowa’s children ages 4 months – 6 years.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Percent of kindergarteners who attended preschool.	Preschool enrollment as a percentage of kindergarten enrollment. https://educateiowa.gov/document-type/public-district-prek-12-enrollment-grade-race-and-gender



Considerations: This data is based on kindergarten and preschool enrollment at the primary school districts in Johnson county which varies year to year based on population. In Lone Tree the percentage is more than 100% due to enrollment of 3 and 4 year olds in that district.

Strategies of the Johnson County Empowerment/ECIA Board

Overall Strategies

The Johnson County Empowerment/ECIA Board contracts with several local service agencies to provide needed services to children and families. No single agency can meet the needs of all families and each agency has its own strengths and unique culture. By contracting with more than one agency for the same type of service, the JCE/ECIA Board promotes culturally sensitive services and recognizes the diverse needs of families.

Increasing access to services has long been a priority for JCE/ECIA. Because transportation is such a large community need, funding available for early childhood services is not enough to adequately address the problem. In order to address access issues, JCE/ECIA encourages all applicants for funding to develop programs that include transportation for participating families, food if the event occurs in the evening or during a meal time, childcare for young children during the time the event is occurring, and other participant supports to eliminate some of the barriers to accessibility.

Following the concepts of diversity and collaboration, Johnson County Empowerment/ECIA works diligently to support and strengthen existing programs. One example is the development

of a system of dual-enrollment (but single payer) within the FaDSS program and the Empowerment Family Support Program. Another example is the provision of wraparound funding for preschool. JCE/ECIA funds are combined with State Child Care Assistance, Head Start, Shared Visions, and the Statewide Voluntary Preschool Program to expand the hours and days of care. Families applying for School Ready Scholarships are screened for eligibility for each of those programs before scholarships are awarded; families who are eligible are assisted in applying for the funds. Johnson County Empowerment/ECIA provides Coordinated Intake services regarding family support services to families with children ages 0-5 and coordinates the School Ready Scholarship program in relation to Head Start, Shared Visions Preschool, State Child Care Assistance, and Statewide Voluntary Preschool Programs.

In order to address issues of cultural diversity, JCE/ECIA encourages and supports programs to employ staff that have similar cultural backgrounds as the families they serve and are native speakers of those languages.

Program-specific performance measures can be found in the JCE/ECIA Annual Report which is on the local website at www.jcempowerment.org.

Result Area & Priority-Specific Strategies

Secure and Nurturing Early Education Environments

Priority 1: Increase the accessibility and availability of quality early education.

Strategy 1: Address affordability of care, hours of care, and issues of transportation.

Strategy 2: Address the need for additional infant care, quality providers accepting state funded care, and full-day, full-year programs. Address barriers to providers accepting State Child Care Assistance.

Priority 2: Increase quality in early education.

Strategy 3: Support and make available high quality professional development opportunities and services which align with quality demonstration programs. A specific area of need is children's social/emotional development.

Strategy 4: Increase parent and community demand/expectations for high quality early care and education environments.

In order to facilitate all families to access high quality early education, JCE/ECIA has identified several barriers that must be addressed. Barriers include affordability of care, transportation issues, lack of quality providers accepting State Child Care Assistance, and the hours of available care including access to full-day, full-year programs. JCE/ECIA supports full-day, full-year programs by making those programs a priority for funding, offering those programs as part of the

preschool scholarship program, and providing wraparound funding to existing quality part-day, part-year programs to expand them to full-day, full-year programs.

To increase quality in early education settings, the JCE/ECA board strives to make high quality professional development and support services available to providers. 4Cs Community Coordinated Child Care offers a variety of training opportunities for providers, including the Family Child Care Environmental Rating Scale (FCCERS) and PITC class series, other class series, single workshops, and two annual half-day conferences. With ECI funding, 4Cs offers support programs such as CDA Credential support, Ready, Set, Go! home visits and consultation, ELL support for home providers, and support to participate in Iowa's Quality Rating System. Grant Wood Area Education Agency offers the Childcare Alliance Response Team (CART) program to support high quality professional development and services to support children's social/emotional development. The School Ready Scholarship Program requires early education programs that receive ECI funding to demonstrate quality through the utilization of an evidence and/or research-based curriculum, a research-based developmental screening tool, and participation in a quality demonstration program.

Safe, Stable, Nurturing Families and Homes

Priority 3: Prevent child abuse and neglect and increase supportive parenting skills.

Strategy 5: Support parent, family, and community education. Supports include home visitation services and programs that enhance the parent/child relationship.

Strategy 6: Work with other community organizations (e.g. Prevent Child Abuse-Johnson County and Community Partnerships for Protecting Children) to increase awareness about child abuse prevention and Adverse Childhood Experiences (ACEs).

Priority 4: Increase families' healthy informal networks of support and utilization of appropriate community resources.

Strategy 7: Support group-based parent education and informal support.

Strategy 8: Link families with services to address parental problems of depression/mental health, substance abuse, domestic violence, child abuse, disability, low educational attainment, or unmet basic needs.

By increasing healthy informal networks of support and utilization of appropriate community resources, families are supported in providing a safe and nurturing environment for their children. Strategies include group-based parent education and informal support as well as home visitation services.

Programs are required to utilize a research and/or evidence-based curriculum. Current JCE/ECIA funded parent education programs implement the Parents As Teachers (PAT) Born To

Learn curriculum. In addition, agencies are supported in choosing appropriate supplemental materials for the specific families they serve.

Neighborhood Centers of Johnson County (NCJC) utilizes PAT Born to Learn and Positive Behavior Intervention Supports (PBIS) for home visitation. NCJC's group-based programs implement New York State PEP and group-based PBIS.

United Action for Youth's (UAY) home visitation and group-based programming includes PAT Issues in Working with Teen Parents and PAT Nutrition & Fitness of Young Children as well as the Partners for a Healthy Baby curriculum. The UAY Teen Parent Pediatric Nurse Practitioner home visitation program follows the Nurse Family Partnership model and utilizes the Health and Wellness Program: A Parenting Curriculum for Families at Risk and the Bright Futures curriculum.

Family support programs are encouraged and supported to participate in the Iowa Family Support Credentialing process. Neighborhood Centers of Johnson County and United Action for Youth achieved re-credentialing in 2019.

Children Ready to Succeed in School

Priority 5: Prevention, early detection, and identification of child health issues.

Strategy 9: Facilitate screening and follow-up of health, developmental, and/or behavioral obstacles for children. This includes toxic childhood stress and Adverse Childhood Experiences (ACEs).

Strategy 10: Support preventive health services including well-child care, healthy nutrition, physical exercise, and dental care.

Priority 6: Strengthen the transition to kindergarten.

Strategy 11: Facilitate connections among schools, early childhood providers, and families.

Strategy 12: Strengthen the alignment of curriculum and expectations between early childhood and K-12 education systems and support best practices in early education environments and kindergarten classrooms.

In order to facilitate screening and follow-up of developmental health concerns, Johnson County Empowerment/ECIA requires all early education and parent education programs to utilize the Ages & Stages Questionnaires-3 with all children served. JCE/ECA tracks the number of children screened as well as the number referred for additional services and the number referred who actually receive those services. JCE/ECA recognizes that screening is only the first part of the solution – it is the actual evaluation and treatment that is the goal of early screening.

Through participation in the Ready To Learn initiative, JCE/ECIA works to facilitate connections among schools, early childhood providers, and families to focus on the transition to school and the alignment of curriculum and expectations.

The Johnson County Empowerment/ECIA's Process for Awarding Funds

Each year, the Johnson County Empowerment/ECIA Board determines the process for awarding funds. That process may vary depending upon whether current contracts can be renewed and whether individual contracts have been fulfilled. The board reviews the status of current contracts and decides the procedure that will be used to solicit and review funding applications. When contracts are eligible for renewal, the board utilizes an abridged process for applicants. When contracts are not eligible for renewal, the board follows a general RFP process.

Annually, the board reviews community needs assessments and updates priorities when necessary. Updated priorities are incorporated into any RFP as well as the scoring and review sheets for funding applications. When reviewing funding applications, board members receive copies of the identified priorities from the Community Plan as well as instructions for proposal review.

Applicants who are denied funding may appeal to the Johnson County Empowerment/ECIA Board. Appeals must be made in writing and be received by the Director within five (5) working days of receipt of the selection decision letter. Appeals must be based on a contention that the process violated state or federal law, that policies or rules did not provide adequate public notice, or involved a conflict of interest by staff or review team members. The Empowerment/ECIA Board, or a committee designated by the Board, reviews the appeal and mails a notice of its decision to the appellant within five (5) working days of the review.

SECTION III: FISCAL ASSESSMENT

Process to Gather Information

Annually, the JCE/ECIA Board requests financial information from all community partners via a google sheets form.

Availability of Funds

Programs for children 0 through 5 in the JCE/ECIA are provided through the availability of a number of funding sources.

Federal funds include Child Health funding, Early Access, Head Start, IDEA Special Education, Immunization funding, Maternal Health, Transitional Living Grant, and WIC funds.

State funds include ECI Funds, Department of Human Services (DHS) Child Care Block Grant, Community Partnerships for Protecting Children, Adolescent Pregnancy Prevention, Child Care Resource & Referral, Family Development and Self-Sufficiency (FaDSS), DHS hawk-i funds, I-Smile, Iowa Child Abuse Prevention Program (ICAPP), Community-Based Child Abuse Prevention (CB-CAP), Medicaid, Shared Visions Preschool and Parent Support grants, Child Care Assistance (CCA), and Statewide Voluntary Preschool Program.

Local funds are provided through Johnson County and United Way of Johnson County as well as private donations to the agencies from the community.

Collaboration and Coordination of Funding

As much as possible, funds are used collaboratively to provide necessary services to children. Grantee agencies combine over 60% of Empowerment/ECIA funds with other funds for programs. Administrative costs are 3% of the budget, while 97% of funds are used for services.

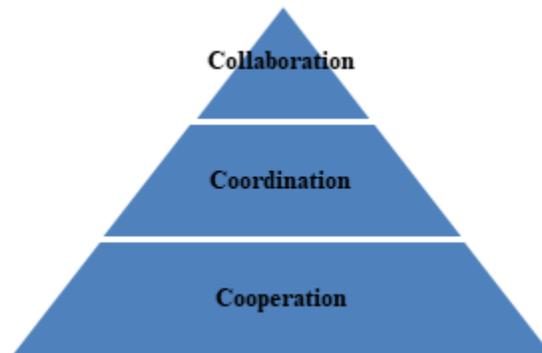
Early Childhood Iowa funds are:

- used in conjunction with other state and federal funds to wrap part-day, part-year Child Care Assistance, Head Start, and Shared Visions Preschool funding into full-day, full-year care.
- combined with Statewide Voluntary Preschool Program funds to provide full-day programming for children participating in the part-time program.
- combined with local Johnson County dollars to provide staff time to assist with the coordination of planning and services in Johnson County.
- combined with Johnson County funds to provide no-cost emergency child care to families who are homeless or near-homeless.
- used as matching funds for the federal Transitional Living Grant. Funds provide Pediatric Nurse Practitioner home visiting for pregnant and newly parenting teens.
- combined with local Johnson County dollars to provide staff time to assist with the coordination of planning and services in Johnson County.

Additional public and private funding sources coming in to the Empowerment/ECI area:

Decat, Youth Development - utilized for services for youth ages 6 to 24, Juvenile Crime Prevention, Community Partnerships for Protecting Children - utilized to support Family Team Meetings.

SECTION IV: COMMUNITY COLLABORATION



From the Administration for Children & Families: Office of Child Care and Office of Head Start

Collaborative and Networking Opportunities

JCE/ECIA engages in **collaboration** at multiple levels. JCE/ECIA is working with JCE/ECIA funded community partners (Community Partner Agency Group) towards the creation of a central point of contact for early childhood service planning. Central Point of Contact is an issue also being discussed at the Homeless Coordinating Board and Decat, and JCE/ECIA is working to ensure coordination of all of those efforts, including coordination with the 211 and Unite Iowa systems. Currently, JCE/ECIA strives to provide coordination of services for children from 0 through 5. The Johnson County Empowerment Family Support Program is the main source of parent education funding in the county. All referrals for that program go through the JCE/ECIA office to ensure appropriate referral and avoid duplication of services. All applications for JCE/ECIA School Ready Scholarships are reviewed for eligibility for other services/programs and families are assisted in accessing appropriate services (e.g., Head Start, Shared Visions Preschool, State Child Care Assistance, Statewide Voluntary Preschool Program).

Representatives from the JCE/ECIA board participate with various **planning groups** including the Alliance for Healthy Living, Community Partner Agency Group, Community Partnerships for Protecting Children Shared Decision-Making Team, Decat, Get Ready Iowa, Iowa City Community School District Early Childhood Task Force, Out Of School Time Work Group, and Prevent Child Abuse – Johnson County. JCE/ECIA actively participates in University of Iowa Trauma Informed Care and Trauma Informed Practice Committees. Past groups in which JCE/ECIA also participated include United Way’s Success By Six planning group, the Iowa City Housing Authority Program Coordinating Committee, the Johnson County Coalition Against Domestic Violence, and the Early Access Council.

Through Johnson County Public Health and JCE/ECIA, a **Child Care Nurse Consultant** supports early care environments to prevent the spread of infectious diseases and child injuries, develops health protocols, and provides assistance with medication and the care for children with special health care needs.

Community Partners

The Johnson County Empowerment/Early Childhood Iowa Area has many engaged partners collaborating to improve and enhance the early childhood system.

Planning partners include Community Partnerships for Protecting Children, Decat, DHS, Johnson County AEYC, Johnson County Social Services, Juvenile Crime Prevention, Alliance for Healthy Living, Prevent Child Abuse – Johnson County, United Way of Johnson County, and Youth Development.

Planning and service delivery partners include 4Cs Community Coordinated Child Care, Clear Creek Amana School District, DVIP, Grant Wood Area Education Agency, HACAP Head Start, Iowa Children’s Museum, Iowa City Community School District, Johnson County Public Health, Lone Tree School District, Neighborhood Centers of Johnson County, Prelude Behavioral Services, Shelter House, United Action for Youth, the University of Iowa, and the Visiting Nurse Association.

Additional partners include city government, local libraries and recreation departments.

Perhaps the most valuable partners are the families served by JCE/ECIA. JCE/ECIA strives for continuous quality improvement by soliciting planning input and feedback from the families served through funded programs as well as from other families within the community.

SECTION V: REVIEW AND EVALUATION

Review and evaluation take place in a number of different areas: program effectiveness, board effectiveness, and overall effectiveness of the Community Plan strategies. The Johnson County Empowerment/Early Childhood Iowa Area employs a full-time early childhood coordinator to facilitate the review and evaluation of the aforementioned areas.

JCE/ECIA has a plan for evaluating the effectiveness of **funded programs**. Program outcomes are identified in three ways: 1) utilization of state-required performance measures; 2) programs themselves identify planned outcomes in program proposals; and 3) the JCE/ECIA board identifies common measures based on overall ECI grant goals.

Funded programs submit quarterly reports on progress on performance measures. Funded programs also submit final annual reports on state required performance measures, core indicators of performance, and process evaluation data. Reports are provided to board members and reviewed in work groups and by the Early Childhood Coordinator. Review includes financial reconciliation as well as ensuring progress toward contracted outcomes. Reports are discussed during work group meetings and report summaries are discussed and approved during board meetings. Based on report information, review, and summary approval, contracting agencies receive feedback about the report and/or program. The early childhood coordinator

works with programs to address any concerns regarding program implementation, the evaluation process, and the achievement of contracted outcomes and performance measures. Final program reports are utilized to report outcomes to the state on an annual basis. For additional information including required program performance measures data, please refer to the annual report that can be found on the website at <https://jcempowerment.com/>.

The JCE/ECIA board evaluates the effectiveness of the **board** in multiple ways. A Partners Survey and/or Customer Satisfaction Survey is sent to ECIA partners to assess community opinions of JCE/ECIA functioning and effectiveness. The results of those surveys are analyzed by the early childhood coordinator and presented to the Board for their review and discussion. The JCE/ECIA Board utilizes that information to evaluate its effectiveness in sharing information with the community, including the community in program and system planning, and partnering with service agencies. Board members complete self-evaluations on an individual and board level for use in evaluating board functioning and effectiveness. Communication strategies, conflict resolution, and decision-making processes have all been revised based on feedback from those two processes.

Multiple processes are in place to evaluate the effectiveness of the **Community Plan**. Annually, the Board reviews the community-wide indicators and any new or updated community needs assessments.

Work Groups, whose membership includes board and non-board members, address systemic issues and bring those to the Board. System wide gaps and needs are evaluated in conjunction with contracting partners and other community planning organizations.

The JCE/ECIA employs a full time early childhood coordinator who attends a wide variety of community planning meetings, brings together community partners for systems planning, and monitors the needs and resources in the community. While all board members are encouraged to participate with other community boards and organizations, coordination and a comprehensive understanding of the community system is essential.

Through participation in community planning meetings, the early childhood coordinator ensures the use of the Community Plan in a wide range of community planning activities, gathers information to share with the JCE/ECIA board for their use in community and program planning, and coordinates and reduces duplication of efforts. The early childhood coordinator tracks and updates performance of both program and community-wide indicators and integrates emerging needs into the work of the board.

The early childhood system in Johnson County is a dynamic entity, changing frequently as funding and staffing availability changes. The JCE/ECIA works as a vehicle to bring together the many partners within the community for joint planning and problem solving.

APPENDICES

31	Population Figures
31-33	2008 Community Needs Assessment Data
33-35	2012 Community Needs Assessment Data
35-36	2021 Community Needs Assessment Data
36-40	Analysis of the information collected to identify Priorities
40-42	Analysis of the information collected to identify Community-wide Indicators
42-43	Timelines for Fund Award Processes
43-50	Fiscal Assessment
50-51	Agency Collaboration

Appendix 1: Population Figures

https://data.census.gov/cedsci/table?q=population&g=0400000US19_0500000US19103&tid=PEPPOP2019.PEPANNRES&hidePreview=true

Population	2010 census population	2019 population estimate	% increase
State of Iowa	3046355	3155070	3.57%
Johnson County	130882	151140	15.48%

Appendix 2: 2008 Community Needs Assessment

Early Childhood Environment Needs

	Family	Professional
Quality of preschool	41%	
Affordability of preschool	31%	
Affordability of child care	30%	51%
Availability of preschool	28%	
Quality of child care	27%	47%
Availability of child care	20%	15%
Early identification of behavioral problems	18%	58% (in health)

Accessibility of child care	11%	12%
Accessibility of preschool	10%	
Other	5%	8%
Increased need for funding for families just above eligibility		47%
Increased need for professional development training		42%
Lack of public awareness of the issues around early childhood		31%

Health Needs

	Family	Professional
Healthy nutrition for children	42%	
Accessibility/affordability of health insurance for children	37%	34%
Accessibility of quality health care for children	31%	30%
Early identification of health concerns	31%	
Access to dental care	25%	
Health care during pregnancy	15%	
Mental health needs of children	13%	57%
Childhood obesity/overweight	12%	20%
Childhood disabilities	10%	
Other	5%	1
Increased need for early diagnosis and treatment for behavioral needs		58%

Social and Family Environment Needs

	Families	Professionals

Enhancing relationship with children	44%	
Safe, stable, nurturing home environment	42%	55%
Safe neighborhood	36%	
Increasing supportive parenting skills	30%	42%
Stress and struggle with everyday life	27%	
Neighborhood based support services	10%	22%
Poverty impact and limited resources to address all needs of your family	9%	47%
Transportation	8%	
Child abuse	5%	8%
Problems speaking English/English proficiency	4%	11%
Substance abuse by parents	3%	
Accessibility of services in rural areas	3%	
Cultural differences in community	1%	22%
Mental health needs of parents	0.9%	30%
Isolation in rural areas	0.9%	
Other	3%	4%

Appendix 3: 2012 Needs Assessment

Which of the following do you see as the top 2 needs in Johnson County regarding:

	% of respondents (respondents choose up to 2)
ACCESS TO EARLY EDUCATION	
Paying for care	84%
Hours of care (e.g. second shift)	41%

Transportation to and from care	34%
ACCESS TO HEALTH CARE	
Behavioral/mental health services for children	71%
Early identification of health needs	55%
Well child/preventive care	25%
AVAILABILITY OF EARLY EDUCATION	
Infant care	46%
Statewide Voluntary Preschool for Four-Year-Old Children	30%
Preschool: full-day	23%
CHILD ABUSE PREVENTION	
Group-based parent education about child development	55%
Community building and informal support groups for parents	50%
Home visitation programs for families	46%
HEALTH INSURANCE FOR CHILDREN	
Non-covered services for private insurance (e.g. dental, mental health)	36%
Medical providers accepting Medicaid and hawk-i insurance	30%
Eligibility and immigration status	27%
High co-pays for private insurance	27%
HEALTH PROMOTION	
Cost of healthy foods	41%
Knowledge about healthy foods (e.g. how to prepare, how to store, where to purchase)	36%
Opportunities for physical exercise for children	27%
FAMILY/PARENTAL ISSUES	
Mental health (e.g. depression, anxiety)	66%

Extreme poverty	36%
Parent education level	27%
QUALITY IN EARLY ED	
Supporting children's social and emotional development	36%
Availability of support services for providers (e.g. AEA, CCR&R, ISU Extension)	25%
Caregiver interactions with children	18%

Indicate the 3 greatest needs in Johnson County for children age 0-5 and their families.

	% of respondents (respondents choose up to 3)
Accessibility of early education	51%
Parent/family issues (e.g. substance abuse, homelessness)	44%
Quality in early education	32%
Availability of family support (home visitation)	32%

Appendix 4: 2021 Needs Assessment

The biggest stressor/challenge I see for families in our community is:

	Parents	Providers
Not enough financial resources	29%	48%
Mental health (depression, anxiety etc.)	24%	13%
Very limited support from friends/family	15%	9%
None of these	11%	14%
Homelessness/Housing insecurity	7%	0%

Very limited support from professionals	3%	3%
Other	3%	10%
Not enough access to adult education	3%	3%
Drug or alcohol abuse	2%	0%
Food insecurity	2%	0%
Domestic Violence	0%	0%

The biggest barrier to families of children 0-5 finding childcare is:

	Parents	Providers
Cost of child care programs	47%	51%
Hours of child care programs	19%	11%
Location of child care programs	13%	4%
Quality of child care programs	12%	4%
Transportation	9%	10%
None of the above	5%	1%
Other	4%	18%

Appendix 5: Analysis of the information collected to identify Priorities

Priority	Rationale for Identification or Deletion of Priority
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<p>1. Increase the accessibility and availability of quality early education</p>	<p>Johnson County has experienced several child care programs limiting the number of children receiving State Child Care Assistance (SCCA). Families eligible for SCCA report difficulty finding quality providers that will accept their funding. About 6% of children had to change child care providers due to the cost of the care. About one-quarter of children had parents who would consider switching providers if costs were not an issue. {ICFHHS 2005}</p>
	<p>Among the top community issues that most affect quality of life in Johnson County: availability of child care. {UWJC 2010} Parents of 42% of children who needed child care had either a big (16%) or small (26%) problem finding it. {ICFHHS 2005} The Johnson County 2008 capacity of regulated child care slots was 25% of the potential need. 2000 census data showed that 69.4% of children ages 0-6 have all parents in the workforce; 2006 estimates of 7,539 children age 0-5 years; and 1,294 regulated child care slots in 2008. This estimates a need for 5,232 child care slots for children ages 0-5.</p>
	<p>Of the 20 counties in our area served by Southeastern Iowa Child Care Resource & Referral (CCR&R), Johnson County has the highest average weekly rate for all home-based child care except before-&-after-school care (4 counties had higher rates). For center-based care, Johnson County has the highest average weekly rate for infants, toddlers and full-time school age and the second-highest rate for 2-, 3-, 4-, 5-year-olds and full-time school-age care. Three counties had higher rates of center-based before-&-after-school.</p>
<p>2. Increase quality in early education</p>	<p>In the 2012 Needs Survey, quality in early education was identified as one of the top three greatest needs in Johnson County for children age 0-5 and their families. The top two identified needs within the area of quality in early education were supporting children’s social and emotional development and the availability of support services for providers. 1% of children age 0-5 in child care in Iowa had been asked to leave a child care setting because of issues with behavior. {ICFHHS 2005} There has been a high demand in the community for the Childcare Alliance Response Team (CART) program funded through JCE/ECIA and that program has consistently demonstrated high achievement of contracted outcomes.</p>

	<p>Because Iowa’s system of early care and education is voluntary, there is often no external motivation for providers to participate in quality initiatives or professional development. There seems to be an overall lack of understanding about how to measure quality and what constitutes quality. Provider reimbursement rates are not tied to quality demonstration and the demand for care in Johnson County is greater than the availability of care – thus necessitating that some parents choose care that is not what they would consider “high quality”.</p> <p>About one-quarter of children had parents who would consider switching providers if costs were not an issue {ICFHHS 2005}</p>
<p>3. Prevent child abuse and neglect and increase supportive parenting skills.</p>	<p>Research demonstrates that the brain’s development can be physiologically altered by prolonged, severe or unpredictable stress – including maltreatment – during a child’s early years. Such an alteration in the brain’s development can in turn negatively affect the child’s physical, cognitive, emotional, and social growth. {Preventing Child Maltreatment: a guide to taking action and generating evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect. 2006}</p>
<p>4. Increase families’ healthy informal networks of support and utilization of appropriate community resources.</p>	<p>The availability of family support was identified in the 2012 Needs Survey as one of the three greatest needs for children age 0-5 and their families. The greatest needs identified in the prevention of child abuse and neglect were group-based parent education about child development, community building and informal support groups for parents, and home visitation programs for families.</p> <p>We know that parents are their children’s first teachers. Research shows that children exposed to Adverse Childhood Experiences are at significantly greater risk for negative academic and social outcomes in school and later in life. Supporting families to decrease those risks will improve outcomes for children.</p>

<p>5. Prevention, early detection, and identification of child health issues.</p>	<p>Environment and parent-child interactions have an immense impact on child development. 24% of children age 0-5 at 0-200% of the federal poverty level are in households with a primary caregiver who may be depressed or anxious; only 13% of children in households above 200% of federal poverty level. While this seems to be more of an issue for lower income families, parental mental health status and parenting stress is an important issue for all young children. Regardless of income, children will be at greater risk if they are raised in an environment where parents are having difficulties coping with the challenges of parenthood. Creative approaches to supporting new parents could benefit all children in the state. {ICFHHS 2005} 43.9% of 2012 Needs Survey respondents identified parent/family issues (e.g. substance abuse, homelessness) as one of the three greatest needs in the county; mental health, extreme poverty, and parent education level were identified as the top needs within that category.</p>
	<p>Respondents to the 2012 Needs Survey identified early identification of health needs as one of the top 2 needs in the area of access to health care services. Research shows that the earlier children receive treatment for health concerns and developmental delays, the better their outcomes. In Iowa, the rate of referral and participation in the Early ACCESS program (Part C) for children age 0-3 is lower than would be expected. For preschool age children, AEAs are no longer doing general Child Check screenings. It has been accepted that it is not the screening itself that is the most important to achieve positive outcomes – follow-up with additional evaluation and intervention is required to effect change. By providing accessible training and screening tools to our providers (family support and early education), we can increase the number of children served and help families access needed services.</p>

	<p>Among the top community issues that most affect quality of life in Johnson County: affordability of health services, lack of/inadequate health insurance, availability of healthy food choices, and lack of culturally appropriate health services. {UWUC 2010}</p> <p>Children in Iowa without medical insurance are more likely to have lower global health status and to have an unmet need for medical and dental care. {ICFHHS 2005}</p> <p>Unmet need for medical care is higher among Hispanic children with Spanish-speaking parents (31%) than for other children (<1%). {ICFHHS 2005}</p> <p>Only 12% of children age 0-1 and 40% of children age 2-3 had a dental check-up in the last year. Getting children in for a dental visit that focuses on anticipatory guidance by age one is a challenge, but is particularly important for those most at risk (e.g., lower income children). The oral health status for 24% of Hispanic children with Spanish-speaking parents was rated as ‘fair’ or ‘poor’, compared to 6% for Hispanic-English, 7% for African American, and 4% for white children. {ICFHHS 2005}</p>
<p>6. Strengthen the transition to kindergarten.</p>	<p>The construct of “School Readiness” is commonly accepted to mean both children ready for school and schools ready for children. School readiness does not start in kindergarten – it is developed over time in the birth to five years. The responsibility for getting children ready for school lies with parents and early education providers. But the evaluation of school readiness – determining whether a child is ready for school – is a function of the school district and kindergarten teacher as well as the parents. In order for parents and early educators to help children be ‘school ready’, they must know what that means. Likewise, there has been some local concern that the alignment of kindergarten readiness expectations and the Early Learning Standards may not be optimal.</p>

Appendix 6: Analysis of the information collected to identify Community-wide Indicators

Indicator	Rationale for Selection of Indicator
<p>Number and percent of early education environments meeting quality standards (NAEYC, NAFCC, QRS)</p>	<p>Accessibility of early education and quality in early education were identified as two of the greatest needs in Johnson County. To increase families’ access to quality early education, it must be available. The number of quality programs demonstrates the availability for families. The percent illustrates the scope of programs that are demonstrating quality.</p>

<p>Number of regulated child care programs (DHS licensed centers, DHS registered homes, CCR&R listed homes)</p>	<p>Among the top community issues that most affect quality of life in Johnson County: availability of child care. {UWJC 2010} Parents of 42% of children who needed child care had either a big (16%) or small (26%) problem finding it. Because registration in Iowa is voluntary, it is impossible to track the availability of all care. By including CCR&R listed homes (that may not be registered with DHS), the data gives a more complete picture of the availability of care.</p>
<p>Number of regulated child care slots (licensed, registered, and listed)</p>	<p>The Johnson County 2008 capacity of regulated child care slots was 25% of the potential need. Census data from 2000 shows 69.4% of children ages 0-6 have all parents in the workforce. Based on 2006 estimates of 7,539 children age 0-5 years and 1,294 regulated child care slots available in 2008, this estimates a need for 5,232 additional child care slots for children ages 0-5. Rationale for including non-registered CCR&R listed is that those providers are regulated in the sense that they must complete specific health and safety trainings and many receive in-home visits from a consultant.</p>
<p>Number of confirmed child abuse reports</p>	<p>Research demonstrates that the brain’s development can be physiologically altered by prolonged, severe or unpredictable stress – including maltreatment – during a child’s early years. Such an alteration in the brain’s development can in turn negatively affect the child’s physical, cognitive, emotional, and social growth. {Preventing Child Maltreatment: a guide to taking action and generating evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect. 2006} One measurement of adverse childhood experiences is the incidence of child abuse. The number of reports demonstrates the frequency with which abuse is occurring; compared to the number of perpetrators or the number of victims.</p>
<p>Number of children enrolled in state health insurance programs</p>	<p>The community assessment showed that Johnson County has a smaller percentage of eligible children enrolled in state health insurance programs (hawk-i and Medicaid) than most other counties. Among the top community issues that most affect quality of life in Johnson County: affordability of health services and lack of/inadequate health insurance. {UWJC 2010} Children in Iowa without medical insurance are more likely to have lower global health status and to have an unmet need for medical and dental care. {ICFHHS 2005}</p>

Percent of kindergarten students who attend preschool	Preschool attendance can be a tool to promote school readiness. At-risk children participating in high quality preschool are more likely to score well on school achievement tests, complete high school, be employed, and have higher median monthly incomes. At-risk children participating in high quality preschool are less likely to be arrested for crimes and spend less time in jail/prison. {Perry Preschool at Age 40}
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Appendix 7: Timelines for Fund Award Processes

Annually

December – Board reviews community needs assessments; Work Groups identify any new trends or local needs that are not noted in needs assessments and report to the Board.

January – Board identifies/affirms priorities for funding and the processes by which applications will be solicited and proposals will be evaluated. When contracts are not eligible for renewal, the board follows a general RFP process. When contracts are eligible for renewal, the board utilizes an abridged process for applicants.

General RFP Process

February – RFP is issued. The public is notified through the jcepowerment.org website, social media, and a press release to the newspapers. Current contractors are notified by email.

March – Bidder’s Conference to provide clarification and answer potential applicants’ questions. If there is anything different from the previous year, it is highlighted during the meeting.

Examples of potential differences include statewide required performance measures, required evaluation tools, the process for applying, the means by which applications will be evaluated, and any reporting or billing changes. All questions are submitted in writing. Questions asked and answered during the conference are recorded. All information provided at the Bidder’s Conference, as well as all questions and answers, are posted to the website.

April – Proposals are due. Staff reviews proposals to ensure the RFP guidelines were followed. Along with instructions, the proposals are emailed to all reviewers. Staff develops a preliminary budget of available funds, based on the previous year’s allocation and any planned carry-forward. That budget is then confirmed by the board as a starting point for funding allocation. It is noted that this is based on last year’s funding and could change dramatically, depending on the decisions of the legislature and the Governor.

May – Agency 3rd quarter reports are reviewed to ensure contracts will be successfully fulfilled. If the board has confirmed a budget from the state, funding decisions are made during the board meeting. If there is additional information requested from applicants, it is noted at this meeting. Staff follows up with applicants regarding requests for additional information. The funding decision includes priorities for allocating any additional funds available (carry-forward).

June – If funding decisions were not finalized in May, they are finalized in June (assuming the board has received a confirmed budget from the state). Contracts are issued in June. JCE/ECIA staff emails the contracts to providers for their review. If there are changes to the contract from

the previous year, those are highlighted in color in the contract and are noted in the email. Once the contract is finalized, the provider prints and signs and returns to JCE/ECIA. After the JCE/ECIA board has signed the contracts, original signature pages are put into the JCE/ECIA file. The full contract is saved electronically.

July – Contract period begins.

August – Final carry-forward figures are available for the board. Any additional funds are allocated according to the process already in place. When necessary, contracts and/or amendments are issued using the same contracting process.

Renewal Process

February – Contractors’ 2nd quarter reports are reviewed to determine if programs are on track to achieve all contracted outcomes.

March – Contractors are contacted with any questions or concerns about contracted activities and performance measures. Staff consults with contractors to determine if the program will expend all funding by the end of the contract period.

April – Emails are sent inviting current contractors whose contracts are eligible for renewal to apply to renew their contracts. The email explains the process and timeline for renewal. If there are changes to the process or how the proposals will be evaluated, that information is highlighted in the letter. Staff develops a preliminary budget of available funds, based on the previous year’s allocation and any planned carry-forward. That budget is then confirmed by the board as a starting point for funding allocation. It is noted that this is based on last year’s funding and could change dramatically, depending on the decisions of the legislature and the Governor.

May – Agency 3rd quarter reports are reviewed to confirm that programs are on track to achieve all contracted outcomes. If the board has a confirmed budget from the state, the board compares the upcoming budget with that from the previous fiscal year. If the funding is relatively consistent, the board approves renewing the contracts. If there are significant budget differences, the board determines a process to adjust funding. The process includes priorities for allocating any additional funds available (carry-forward).

June – Contracts are renewed in June. JCE/ECIA staff emails copies of the renewals to providers for their review. If there are changes or amendments to the contract from the previous year, those are highlighted in color in the renewal and are noted in the email. Once the renewal is finalized, the provider prints and signs signature pages and returns to JCE/ECIA. After the JCE/ECIA board has signed the renewal, original signature pages are put into the JCE/ECIA file and the full contract is saved electronically.

July – Contract period begins.

August – Final carry-forward figures are available for the board. Any additional funds are allocated according to the process already in place. When necessary, amendments are issued using the same contracting process.

Appendix 8: Fiscal Assessment

Early Care and Education Programs	Target Population	Region	\$ Estimate	Data Source/ Year	Federal, State or Local Funds	Number Served	Notes

Head Start	3-5	Johnson	\$ 1,717,159.00	FY21	Federal	192	
Early Head Start	2-3	Johnson	\$ 440,944.00	FY21 & FY20	Federal	24	
Child Care Block Grant (CCBG) HACAP, NCJC	1-5	Johnson	\$ 369,000.00	FY21	Federal	88	
	0-5	Johnson County, IA	\$ 300,776.00	2020	Federal	46-50	Lack of enough CCA units, contract expirations/renovations
Child Care Resource & Referral (CCR&R)	Any age	19 Counties in SE Iowa	\$ 1,210,339.00	FY20	Federal Through Iowa DHS	202 Providers (104 Homes, 98 Child Care Centers/DE)	
Part B	3-21	AEA10	\$ 12,533,985.00	2021	Federal		Federal funds don't fully cover services we provide, supplement with other state special education funding
IDEA Part B to school districts ICCSD, CCACSD, LTCSD, SCSD	3-5	ICCS	\$ 114,669.00	2020	federal	53	
		CCASD					
	3-5	LTCSD			Fed/state/parent	2	
		SCSD					
Iowa's Quality Preschool Program Standards (IQPPS) Technical Assistance and Verification							
Shared Visions Preschool HACAP, NCJC, ICCSD, CCACSD, LTCSD, SCSD	3-5	Johnson	\$ 286,842.00	FY21	State	64	
	3-5	Johnson County, IA	\$ 490,292.00	2021	State	64	
	3-5	Hills/Twain	\$ 184,680.00	2021	state		
	0						

	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State Child Care Assistance (SCCA)	0-13, 0-18 special needs	Johnson	\$ 3,564,357.00	FY2019	State, Federal	FY21 780 children, 447 families	
Statewide Voluntary Preschool Program* (SVPP) ICCSD, CCACSD, LTCSD, SCSD	4-5	ICCSD	\$ 1,969,916.00	2021	state		
		CCACSD					
	3-5	LTCSD			state		
	4-5	SCSD			state		
Johnson County	0-6	Johnson	\$15,000 Crisis Child Care \$87,688 Home Ties	FY21	county	10 full-time slots HT	contracted through 4Cs
Early Childhood Iowa local – childcare/preschool	0-5	Johnson	\$ 144,992.00	FY21	county		this is from our ECI budget for Home Ties, NCJC Early Education Expansion, and Head Start Wraparound
Early Childhood Iowa local – professional development	0-5	Johnson	\$ 177,093.20	FY21	county		this is from our ECI budget for Grant Wood CART and 4Cs Provider Supports, PEPB, and Registered Home Child Care. Also the Derecho support and our business equipment
Family Support and Parent Education Programs	Target Popul	Region	\$ Estimate	Data Source/ Year	Federal, State or Local Funds	Number Served	Notes

	ation						
Family Development and Self-Sufficiency		Johnson, Linn, Washington, Iowa, Benton, Jones, Deleware, Dubuque Counties	\$ 872,363.00	FY 2020	Federal, state	222	
Iowa Child Abuse Prevention Program (ICAPP)	0-5	Johnson	\$ 27,000.00	FY21	State	40 parents, 45 children	60 group sessions and 90 in-home sessions
Shared Visions Parent Support	0-5	Johnson	\$ 59,865.00	FY20	State	19	
	0 -5	N/A	\$ -	2021	N/A	0	
Transitional Living Program Grant	any	Johnson, Washington, Cedar, Muscatine, Iowa	\$ 237,000.00	FY20	Federal	40	
Early Childhood Iowa local	0-5	Johnson	\$ 405,786.00	FY21	county		this is from our ECI budget for NCJC Family Support and UAY Teen Parent Program (home visitation and groups)
Child Health Programs	Target Population	Region	\$ Estimate	Data Source/Year	Federal, State or Local Funds	Number Served	Notes

Child Health (JCPH)	0-10	Iowa and Johnson Counties	\$ 242,742.00	Oct-Sept	Title V, Medicaid Reimbursement, and Johnson* County	FY20 - 2905	Decreased Medicaid revenue as a result of fewer services provided during the pandemic. No funding available for additional services needed in community that are not billable to Medicaid.
Early Access Idea Part C (AEA)	0-3	AEA10	\$ 609,103.00	2021	Federal and State	139 in Johnson County	Federal/state funds don't fully cover services we provide, supplement with other state special education funding
Medicaid	All ages	Johnson	\$14,424,203 (for one month)	March 2021	Federal and State	22,179	
IDEA Special Education (preschool ages 3-5) (AEA)	3-5	AEA10	\$ 332,733.00	2021	Federal	8 -- 2 yrs Olds -- because they can go on an IEP, 3 months prior to their 3rd birthday. 236 -- 3 yr olds 369 -- 4 yr olds 92 -- 5 yr olds Total -- 705	Federal funds don't fully cover services we provide, supplement with other state special education funding

Immunization	0-18	Johnson County	\$ 51,210.00	July-June	IDPH, Medicaid Reimbursement, and Johnson County	FY20 - 344	Staffing and funds to provide information and outreach for increased immunizations. Resources to support language accessibility.
Maternal Health	Pregnant Women, prenatal children	Iowa and Johnson Counties	\$ 185,874.00	Oct-Sept	Title V, Medicaid Reimbursement, and Johnson* County	FY20 - 142	Funding for outreach to priority populations, as well as incentives for participation. Transportation to and from Maternal Health appointments. Resources to support language accessibility.
Women, Infants, & Children (WIC) Nutritional Program (JCPH)	0-21	Iowa and Johnson Counties	\$ 133,591.00	Oct-Sept	IDPH and Johnson County	19-20 School Year 347	Transportation to and from WIC appointments and providing incentives and other materials (like vitamins) to clients. Resources to support language accessibility.

							Support for father involvement.
Food Assistance (SNAP)	All ages served	Johnson	1,884,608 (monthly average FY21)	FY21	Federal	4,851 (average households per month)	
Healthy And Well Kids in Iowa (hawk-i)	0-18	Johnson	322,840 (for March 2021)	FY21	Federal and state	2,026 (in March 2021)	
I-Smile	0-21	Iowa and Johnson Counties	\$ 133,591.00	Oct-Sept	IDPH and Johnson County	19-20 School Year 347	Providing transportation to dental clients not covered by Medicaid. Resources to support language accessibility.
Child Health Dental	0-21	Iowa and Johnson Counties	\$ 71,463.00	Oct-Sept	IDPH, Medicaid Reimbursement, and Johnson County	FY20 - 984	Providing transportation to dental clients not covered by Medicaid. Resources to support language accessibility.
Child Care Nurse Consultant	0-5	Iowa and Johnson Counties	(Included in CH Funding) \$59879	July-June	Title V, Johnson* County, and the Iowa, Jefferson, Keokuk ECI Board (for Iowa County)	FY20 -47 Participating Child Cares	Johnson County funds are only able to support a part time CCNC, and Title V provides very limited funding for this position,

							though it is required. Johnson County would benefit greatly from a full time CCNC. Support for childcare immunization audits - unfunded State mandate.
Adolescent Pregnancy Prevention	0-5	Johnson	\$ 27,000.00	FY20	State	3	NA
Early Childhood Iowa local	0-5	Johnson	\$ 53,200.00	FY21	County		this is from our ECI budget for car seats, JCPH dental vouchers, and UAY nurse home visitation

Appendix 9: Agency Collaboration

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 which includes a common mission, comprehensive communication and planning, pooled resources, and shared risks and products

Agency Collaboration Levels

Agency	Level of Collaboration
4Cs Community Coordinated Child Care	Collaboration
Child Care Resource & Referral	Cooperation
Iowa City Community School District	Cooperation
Department of Human Services	Contribution
Decat	Contribution
Johnson County	Collaboration
Community Partnerships for Protecting Children	Cooperation
Johnson County Public Health	Collaboration
Grant Wood Area Education Agency	Communication
Clear Creek Amana School District	Contribution
Lone Tree School District	Coordination
HACAP Head Start	Collaboration
Neighborhood Centers of Johnson County	Collaboration
Prevent Child Abuse – Johnson County	Cooperation
Solon School District	Collaboration
United Action for Youth	Collaboration
United Way of Johnson County	Coordination