

BUILDING FAMILIES EARLY CHILDHOOD IOWA AREA COMMUNITY PLAN

2017-2021

Hamilton Humboldt and Wright Counties

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Section 1: General Information

Identification of the Early Childhood Iowa Area

The Iowa Legislature first recognized the importance of early childhood development in 1998 when legislation was enacted creating an initiative called Community Empowerment. The premise behind Community Empowerment, later renamed Early Childhood Iowa in 2011, was that through local and state collaboration the best results could be achieved to improve the well-being of young children and their families. This legislation also called for the creation of local boards to facilitate this process: distribute and oversee federal, state, and local funds to improve the lives of children prenatal to age 5 in their communities.

In the summer of 1999, community members combined a three county area including Hamilton, Humboldt and Wright Counties to create a single agency, Building Families. This newly formed agency developed an early childhood plan that addresses the needs of children prenatal to 5. The plan establishes a continuum of services and supports that enhances health of children, provides children the necessary components to be ready to succeed in school, and develops safe and supportive communities, secure and nurturing families and secure and nurturing child care environments.

Building Families Early Childhood Area encompasses Hamilton, Humboldt and Wright Counties. The area served by this Board is identified in its by-laws: "All School districts with Administrative Offices located within the boundaries of Hamilton, Humboldt or Wright Counties are considered part of the Building Families Project. All districts have borders located in contiguous counties. The Administrative Office sites indicate the definitive geographic location."

"If a family resides outside of the geographic location but attends a school district in one of the counties, they would be eligible to receive programming."

If a family resides outside the geographic area and would like services through Building Families Programs, or if a family resides in Hamilton, Humboldt or Wright Counties and desires services in a bordering ECI area, as indicated in the Policy and Procedure Manual the Director will coordinate services with the other agency director, board, preschool or program in the ECI area, to ensure the family receives the appropriate services and supports.

Use of Community Plan

The Community Plan is presented to the Building Families Board and provided to the agencies and the greater community to assist in the development of a strong foundation so that true

community collaboration may take place. This living, breathing, ever-changing document reflects the needs and assets available in the community and will be used by its leaders to set the Board's priorities and guide it in its decision making. Each year the Board uses this plan to develop its Request for Proposal (RFP) and renewal requests which requires each applicant to indicate the priorities of the Community Plan their program addresses as well as the strategies the program will implement.

Community partners and early childhood agencies have assisted in the community needs assessment process. Through this process they have gained a sense of ownership to the plan and have access to use it as a resource, data source, as well as a guide for program development and evaluation of current programs.

This plan is public record and accessible on the Building Families' website or by contacting the Building Families' office. The plan is shared with community partners, elected officials and funded programs. Contact can be made with the Building Families office to obtain more information about the agency and the Community Plan:

Building Families
120 1st Ave NW, Suite #14
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Vision

Since 2006, the local area board adopted the State ECI Vision:

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

In 2012 the Board and Marketing Committee engaged in a re-branding exercise and developed a marketing statement that would enhance the boldness of the vision. The primary questions asked of the group were to define why we exist and for whom do we invest in these services. As a result of the process the team and Board created the following message:

Developing healthy, independent, and successful children and families.

Mission

Children, youth, and families will live in safe and nurturing environments that promote health, independence and success. Building Families will create a continuum of supports and services that embrace children and their families.

Geographic/Demographic Profile for the Early Childhood Iowa Area

Building Families Early Childhood Area includes Hamilton, Humboldt and Wright Counties in north central Iowa. Row crop farms are graced with the green belt running along the Des Moines and Boone Rivers, providing various recreational activities. Two bike trails embrace the river banks and connect communities by way of an old railroad bed. It is not unusual to see herds of deer, bald eagles, and wild turkey roaming the fields and exploring the river terrain for food.

Hamilton, Humboldt and Wright County residents tend to be more conservative in nature, proud, progressive and rich in tradition. The counties offer many traditional aspects of small town life in Iowa with the convenience of a few larger towns. Building Families Early Childhood Area includes approximately **30 communities**. The larger communities continue to have a post office with minimal services available. Churches are abundant and there is typically at least one bar, a park with a shelter, and in the larger communities a swimming pool, library, and movie theater. Webster City reopened its movie theater in the fall of 2014. Iowa Central Community College outreach campuses are available in some of the communities. Eagle Grove in Wright County was able to open in 2015 North Central Career Academy which is able to provide an opportunity for a group of students from different school districts to enroll in a specific set of courses associated with a designated career area.

Volunteer fire departments are supported with local fundraisers, private donations, and area endowment funding. The tri-county area has multiple celebrations during the summer, Festival in the Park, Summerfest, Downtown Sounds, Music in the Park, Junquefest, Shakespeare on the Loose, Boone Bash River Dash, Art in the Park, Watermelon Day, Wednesday at the Park, Blue Grass Festival, Sweet Corn Days, Winterfest, and Annual Fourth of July Celebrations that include food, parades and fun family activities. Each county has an annual County Fair with 4-H members showing livestock as well as homemade and home grown projects. A majority of the communities within this service area have embraced the "buy local" movement and hold their own farmer's markets on a weekly basis.

Many members of the community find it convenient to travel to neighboring metropolitan areas such as Fort Dodge (Webster Co), Ames (Story Co), and even Des Moines (Polk Co) to obtain their needs not found in our local area such as discount stores and chain restaurants.

Building Families encompasses a very **rural area of 1,519.4 square miles**. The largest community, Webster City, has a 2015 estimated population of 7,814 and the smallest, Hardy, a population of 47. The total estimated population in 2015 was 37,518 or an average of 25 persons per square mile. According to the 2010 U.S. Census Bureau, of the population, 4.2% are English

Language Learner families of both Asian and Latino descent. Each county and community is unique in their population base. Hamilton County has strong Lao and Latino populations. Wright County employs a large number of Latino workers through the pork, chicken, and egg industries. Humboldt County has experienced an influx of diverse families contributed in part to the increase in work available in Fort Dodge (Webster County). Our entire tri-county area will continue to see significant changes in the population base as a new Prestige Pork Processing plant is set to be built and operational by 2018 and employ over 900 people.

The communities in this service area have historically had a strong industrial base that have included factories such as Electrolux, Beam, and Eatens, as well as ethanol plants, processing plants, and industrial farming operations. In late fall of 2012, Electrolux released its last resource and development team members and moved the remaining workers to Georgia. Unemployment in these three counties has been high and there has been a decline in overall population. Moreover, there has been support from the state to invest in the workers that were laid off to provide them with educational opportunities to enhance their skills. Our area has also seen a large increase and investment in the amount of green energy jobs and value added agriculture. The non-seasonally adjusted unemployment rates in April 2016 for our service area were, 4.1 (HA), 3.3 (HU), and 3.7 (WT) (Source: Bureau of Labor Statistics).

There are **10 school districts and two parochial schools** in the Building Families Early Childhood Area. Two are elementary schools and the parochial schools are elementary grades only. Most school systems have had to consolidate and some share superintendents, teachers, and buildings. According to the 2010-2014 enrollment data from the Child and Family Policy Center, there were 497 (56%) of 886 3 and 4 year olds enrolled in preschool (Source: US Census Bureau).

The Building Families Early Childhood Area in 2015 had 2,746 children under the age of five. Children age 0-4 receiving WIC assistance in this same year totaled 786 or 32%.

Out of 456 live births in 2009 (IDPH Vital Statistics), 193 of those births were out of wedlock. There were 61 babies born to parents under the age of 20, a rate of 14%, much higher than the state rate of 8.7%. According to the data reports released by the Prevent Child Abuse Iowa, from 2012-2015 there were 331 reports of child abuse accepted for children ages 0-17; 322 children (45%) ages 0-5 that were abused Hamilton, Humboldt and Wright counties. The data shows that since the implementation of the Differential Response system, the child abuse rates decreased by over 280% in one year. The current rankings for child abuse out of 99 counties are 21, 79, and 43 respectively. One year prior to the change in the DHS Reporting

System the rankings were 8, 9, and 2. Wright County is ranked first in the state for Child Sexual Abuse with 40 children being sexually abused from 2012-2015.

Total childcare slots available in this service area as registered with Child Care Resource and Referral in 2016 is 1,996, down from 2,212 in 2013, with eight centers, 57 registered childcare providers and 22 non registered child care providers (CCR&R). Out of the eight centers, four have a QRS rating level of a three or higher. In July 2016, of the registered providers 5 has a QRS rating of a three or higher, up from 1 in 2013.

There are 52 children in three Head Start programs and 674 three, four, and five year old children attending preschool (753 slots). Wright County does not have a classroom based Head Start Program. In fiscal year 2015, 157 or 99% children receiving scholarships demonstrated age appropriate developmental skills by the end of the preschool year. The number of quality preschool classrooms as identified by the IQPPS was 25 or 76%. There are a total of 20 preschools in our Early Childhood Area. Of those, 16 are run under a school district, 10 (100%) districts receiving the Four Year Old Statewide Voluntary Preschool Grant; two private non-profit preschools; six located and affiliated with the faith community and six center-based preschool programs. Most provide three and four year old classrooms.

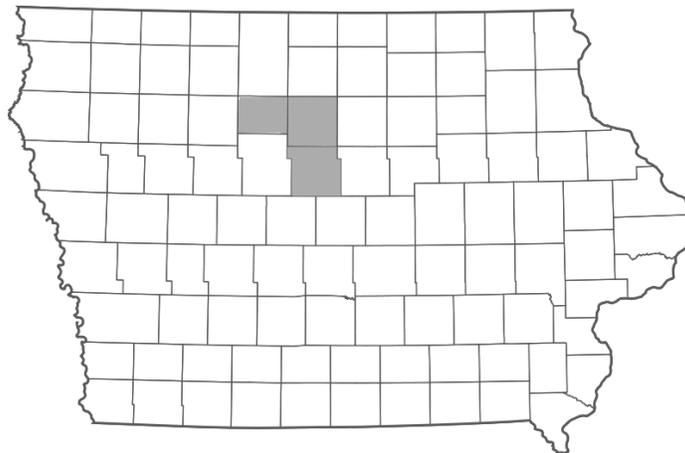
The closest dental offices that take Title 19 patients are located in Story City and Mason City. The reimbursement rate for taking these patients is very low which contributes to the low participation rate in the Building Families service area. Other dentists in Wright County will take a check or cash payment. The average age of dentists in this rural area is 55 and is creeping up to 60. We have recruited a new dentist to the Eagle Grove area that will work with Medicaid patients; however, there are low incentives for dentists to work in rural community's verses going to a metropolitan area and therefore creates a shortage of dental care in this area.

There are many supportive services offered in our area. The community mental health agency, Berryhill, is based out of Fort Dodge (Webster County) however does have satellite offices in Webster City, Humboldt, and Clarion. Each county also has access to quality health care through main hospitals in each county seat and clinics available in the smaller outlying communities. In 2016, Van Diest Medical Center merged with Webster City Medical Center in Hamilton County.

Throughout the 2016 fiscal year, work was done by community members to bring a mobile food pantry to each county. The area has also seen an increase in the use of the Backpack program by children within the schools. Church and Civic organizations have taken on the responsibilities of filling and distributing the packs to local schools. Additional supportive services in our area include a comprehensive substance abuse prevention and treatment

facility based in Fort Dodge with offices in each county, employment assistance through local libraries, and a cultural outreach facility (All Cultures Equal – ACE) that assists with language classes, immigration processes, and community engagement around cultural competency.

Department of Human Services offices and staff have faced major cuts in these rural counties. The DHS offices in Humboldt and Wright Counties have closed; staff is available by appointment only. Hamilton County DHS workers in Webster City will be moving into a new facility, with a date yet to be determined. This office houses social workers. All additional services are outsourced to contracted agencies that are in Sioux City, Mason City, Waterloo, and Fort Dodge. Families have a difficult time transporting to work with the Income Maintenance staff and many families do not have computers or internet access through a smart phone to file for assistance on line.



Children eligible for services must be age 0-5. Parents of children prenatal through age five are eligible for services such as preschool and child care assistance, parent education and family support. Restrictions include:

- Preschool scholarships—families must reside at or below 200% FPL and not receive or be eligible for any other funding for preschool tuition. Only if funding is available, families between 201-300% FPL may be approved for tuition assistance on a sliding fee scale.
- Family Support/HOPES—families are eligible for long term family support services through a risk assessment. The HOPES programs serve children aged 0-3. Funding is not available to serve children 3-5.

In fiscal year 2015, there were 2,746 (2,606 in 2011) children aged 0-5 with 1,291 (978 in 2011) residing at 185%FPL in the Building Families ECI Area. (*Woods & Poole, 2013 population Estimate Total 0 - 5 Population Source: U.S. Bureau of the Census Number of children, 0 - 5 below 185% Poverty*)

Section 2: Community Needs Assessment

Development of the Community Needs Assessment

During the spring and summer of 2016, the Program Committee made up of ECI Board members and programs serving children and families in Hamilton, Humboldt, and Wright Counties, along with the ECI Director worked to develop a Community Needs and Child Care Provider survey that was sent out electronically as well as in print to programs, parents, guardians, caregivers, and community members in each of the counties served. At the completion of the survey collection in August 2016, 29 child care responses and 63 community responses were collected. In FY 2016 the Power Up YOUth coalition in Hamilton County partnered with Building Families ECI and the Bee Inspired CAPP Program to conduct a youth community needs assessment. Twenty-six separate interviews were conducted in person by a Public Ally with a follow-up online survey that allowed respondents to categorize Services, Supports and Opportunities as primary or secondary foci. Only 19 of the 26 online surveys were completed.

The data was collected, analyzed and utilized by the Board at the Annual Retreat at the end of August 2016 to evaluate and update community indicators and priorities. Data was also solicited and collected from outside services and resources in the community to decrease duplication of surveys and efforts. Needs assessments were requested and gathered from local hospitals, public health agencies, community action agencies, transportation agencies, child care service agencies, and area school districts. The data was then presented to the Board and community members during the Annual Board Retreat.

Additionally, data and information are collected throughout each year at meetings held out in the community and with non-profit organizations. The Family Support quarterly meeting now begins each meeting with identifying what's going well and not going well in the programs along with identified gaps for services. The Program Committee of Building Families also begins its meeting similarly and holds discussions about what assets our service area holds to meet the gaps or what the ECI Board needs to discuss regarding the challenges and gaps identified. The Tri-County Human Service Provider meetings are coordinated by the ECI Director. This is an opportunity for needs, gaps and assets to be identified by agencies beyond those that serve children and families ages 0-5. A report is included in Directors Reports to the Board on an as needed basis.

Summary of Assessments

The Program Committee reviewed the following assessments to develop the Community Needs Assessment and the Provider Needs Assessment in the Fall and Winter of 2015-16.

- **Data from Iowa Kids Count 2015**
- **Data from U.S. Census Bureau 2015**
- **Community Input** – gathered from Family Support program meetings, Building Families Program Committee, Prevent Child Abuse Council, Community Adolescent Pregnancy Prevention Council, Family and Community Action Team, and the Tri-County (HHW) Provider Group. The most significant priorities identified at each meeting have been 1. Transportation; 2. Quality Child Care; 3. Child Mental Health Services
- **ECI Fiscal Assessment** – It was indicated that programs requested an increase in flexibility for the early childhood funds as the categorical funding limits the Board on its abilities to meet the needs identified outlined in its Plan.
- **Community/Parent and Child Care Provider Survey** – questions were updated based on feedback from the previous survey conducted. The survey was made available electronically as well as on paper. The target population for this survey were community members and parents of children under 6. Links to the survey were provided through email, the agency website, program staff, board member solicitations, chambers of commerce newsletters, child care centers and providers' parents, schools, and preschools to increase the participation of the survey. Paper copies were made available. Building Families staff also attended community functions (Farmer's Markets, Back to School Events, etc.) to collect survey data. Surveys for Child Care Providers were also emailed out and paper versions were made available. Child Care Resource & Referral and the Family Resource Center ensured all child care centers and home providers they had connections with were provided with the survey either electronically or on paper. All paper surveys were entered into the on-line survey tool. The process began late Spring and ended late Summer 2016.

Community/Parent Survey Results:

There were 63 respondents to the survey. Of those 41% reside in Hamilton, 33% in Humboldt and 26% in Wright Counties. 74% indicated they were married where only 15% and 6% indicated they were single or have blended families. Over 95% responded that they are employed (or self-employed) full or part time. Significant child care needs identified by respondents include early morning care, late evening hours, and weekends. Additional needs included

overnight and sick child/provider care. Parents/Caregivers would rate the quality of child care about average however the availability of child care was average to fair. Nearly one quarter of respondents have 2 or more days a month that a family member misses work to care of a child – the child or provider are sick, child care not available, holiday, etc. Most children of the respondents have or are currently attending preschool. Medical services accessed were routine physical/well-child check-up (100%), dental check-up (68%), eye exam (43%), emergency care (36%), dental work (27%), and mental health (11%). Parents tend to get information about parenting from family, friends, the internet, doctor, and themselves. Most topics parents would like assistance with include stress management, managing behaviors, help with regulating emotions, infants and toddlers and developing self-esteem.

Child Care Provider Survey Results:

There were 29 respondents to this survey with 48% residing in Humboldt County. Most of the providers reported utilizing Child Care Consultants (CCR&R), DHS, participating in Quality Rating Scale (QRS), Early Childhood Educational Advisor (FRC), and families to improve the care they provide and support them. Registered providers made up 93% of respondents and nearly 30% do not take child care assistance funds. Providers feel in general that they are good at caring for other people's children, they've had opportunities to learn and grow professionally in the past year, they have the appropriate materials for their program, and they make an important contribution to society by providing child care. They also felt that work puts a big demand on their life and their work is emotionally draining.

- **CHNA – HIP for Humboldt County Public Health Department**
- **CHNA – HIP for Wright County Health Department**
- **Iowa Specialty Hospital Wright County Health Needs Assessment 2015**
Within Wright County those who responded ranked cancer (56.4%), mental health problems (44.7%), and heart disease/stroke (37.2%) as the most important health problems facing Wright County. These findings coincide with Wright County's population health statistics. Rounding out the top 10 are diabetes (29.7%), child abuse/neglect (25.3%), high blood pressure (20.3%), teen pregnancy (19.2%), domestic violence (15.4%), respiratory disease (8.6%), and dental problems (8.1%). On an interesting note, both obesity and substance abuse had an appreciable amount of write-ins as important health issues.
- **Upper Des Moines Opportunity Community Assessment 2011**

Analysis of the Needs Assessment Data Collected

On an annual basis the Building Families ECI Board, community members, and area agencies come together for a Fall Retreat where new and trend data are presented, priorities are explained and reviewed, and community wide indicators are assessed. Representation at the retreat includes all area public health departments, child care providers, dental programs and services staff, family support workers and supervisors, business owners, elected officials, Head Start staff and leadership, Child Care Resource and Referral staff, preschool and other educators as well as school administrators, child abuse prevention coalition leaders, adolescent sexual health leaders, and other parents/guardians of children 0-5.

In August 2016 the Board and community members gathered at the Clarion Public Library where the ECI Director began the retreat with a facilitated Connections Matter presentation from the Prevent Child Abuse Iowa Adverse Childhood Experiences team. Participants were encouraged to determine how one relationship in their life could impact the outcome for individuals and our service area.

In 2010-11 the Board at that time did an extensive overview of the data and set its priorities. During the 2015-16 Board Retreat a thorough analysis of the data collected was reviewed and updates were made to the priorities and indicators. At the conclusion of the 2016-17 retreat the Board has updated and provided rationale for the selection of its priorities and indicators. Analysis was conducted by utilizing a portion the Technology of Facilitation (ToP) consensus building process. The Board and community members began the process by identifying characteristics of a community in which it would be ideal for children and families – what would it look like, how would it feel, what would it smell like, and what activities, structures, and businesses would be there were among some of the items asked. After the conclusion of that brainstorm, the ECI Director facilitated a brief discussion and presentation on a Community Plan – what it is, why we have one and what it can be used for. A majority of the Board members have been active members for less than 2 years so reviewing this information was helpful to move the conversation forward.

The priorities for the Community Plan and the ECI Area Board were then presented and participants broke into 4 groups where updated data (items listed above) were made available for review. The groups were charged with the task of identifying why those are and should be the priorities of this ECI Area Board. They identified strategies that were implemented in the past year, assets that the community possesses, and what is missing to help impact that particular priority. A data sheet that included trend data was also provided to the groups to aid in the discussion.

This information is shared with the grant review committee when making annual funding recommendations.

Priorities of the Building Families Early Childhood Iowa Area Board

Priority	Rationale for Identification/Deletion of Priority
Enhance the health, growth, and development of children and adults in the family unit.	The Building Families Board believes that this is a priority that still exists for our service area and it is vital to improving household environments for the long-term. As shown through our assessments and additional data collected by area partners, there is evidence to demonstrate that Parent Education and Family Support are the number one priority. Developing healthy, independent and successful children and families begins by educating and supporting parents and guardians in their roles with child rearing.
Improve the availability and quality of child care and preschool programming.	As shown in the data, it is evidenced that children attend child care so parents/guardians may participate in the workforce or attend educational opportunities. It is important to the Building Families Board that investments be made to support the availability as well as the quality of child care and preschool programming that helps to meet the Board's vision.
Develop childcare and preschool providers who enhance children's health, safety, developmental skills, and abilities.	Building Families is committed to ensuring that the individuals that have access to the children in child care or preschool settings have adequate and appropriate training and support. Assessment of the data from the provider survey helps to demonstrate where the gaps in support and professional development are identified. Analysis of the community needs assessment data collected indicate the need for provider enhancement.
Improve the public perception of our programs and services.	The Building Families Board identifies that there are many resources available to children and families in our area; moreover, it's also vital that parents, families, and children are made aware of said services and resources. It is also significant that the community be made aware that the services that are financially supported by the Board are based on evidence or achieve a high quality standard. This is a priority of the Board as shown in the lack of awareness of Building Families by survey respondents.

Community-Wide Indicators of the ECI Area Board

Community-wide indicators are measurements that provide information about past and current trends. These indicators measure the relationship between social, educational, environmental, and economic factors affecting the well-being of those in our area. During the annual retreat, information was presented on Community-Wide Indicators for the Building Families ECI Area Board to assess and provide rationale for those selected. Multiple data trends were assessed throughout the retreat.

Indicators Analyzed	
Quality Preschool Programs	Children who are allowed access to quality preschool programming are ready for kindergarten and are more successful in life, work, and health.
Early Literacy Skills	Literacy benchmarks being met during kindergarten encourages healthy reading with parents and children that will assist in the academic achievement of children as they go through school.
Low Birth Weight	Birth weights are a leading indicator of infant health and development. Tracking low birth weights can provide a correlation to prenatal care, nutrition, potential at-risk children as well as projections for health and welfare needs/costs.
Dental Services	Children that have lack of access to dental services and adequate education about the importance of dental hygiene also see an impact on their nutrition, education outcomes, and long term health.
Immunization Rates	A significant means of decreasing and protecting children from deadly childhood diseases is done so through immunizations. It is an indication of the overall performance of our health system and children's health.
Accredited Family Support Programs	Requirement of 90% of programs funded in family support will be accredited. This demonstrates the value placed on quality services, programs and supports required by the ECI Area. Greater outcomes can be achieved.
Incidence of Child Abuse	When children do not live in safe environments they are not allowed the opportunities to grow and thrive. High incidence of child abuse have been indicated in our service area and continues to impact the well-being of children and families.
Teen Birth Rate	Among other indicators, there is a correlation between child abuse rates and teen pregnancy rates. There are significant impacts on overall child well-being, welfare, dependence, out of wedlock births, lack of skills, workforce development and others that lead to poor outcomes for teen parents and most significantly children.
Unemployment Rate	The areas overall economic health can be measured with this rate. Unemployment impacts education, crime, child abuse, health and other costs to communities.
Children in Poverty	This is a connecting indicator when comparing it with unemployment rates as well as nutrition. Poverty rates play a significant role in the overall health and well-being of children and families and a community's ability to thrive in the long-term.
Quality Early Learning Environments	It cannot be enough to only have slots available for children to participate in. Quality early learning environments allow children the opportunity to be ready to succeed in school, the workforce, and have improved overall health outcomes.
Availability of Child Care	Comparing the number of children needing access to child care and the number of spots actually available speaks to the overall support of the economic system. The data here provides a picture of how supported parents, the workforce, and those seeking greater education are of value to a community.

Adopted Indicators with Trend Data

Due to our small area, population size, and limited funding, in Fall 2015 our Early Childhood Area adopted the following 6 indicators for its focus that fall into 3 of the 5 result areas.

Result Area	Indicator	Data Source	Baseline Data	Trend			Goal	Progress Update
Healthy Children	Low Birth Weight – percent of live births weighing less than 5.5 lbs at birth	Iowa Dept. of Public Health	6% (27 births) 2010	7.7% 2012	7.2% 2013	8.5% 2014	Decrease by 3 births per year – 3% by 2021	Discussion was held about how to best decrease this number. Family Support programs agree that the best influence for this indicator would be to work with families prenatally to inform of substance use during pregnancy and work with medical providers to enforce the same message as well as increase their education and awareness of the impact their conversations have with patients.
	Immunization Rates – percent of children immunized by K	Iowa Department of Public Health	72% 2010	76% 2013	72% 2014	73% 2015	95% by 2021	Programs, particularly Public Health Departments weighed in on this discussion noting that the impact on this item can be difficult depending on the access PH has to the children and families. More information and education can be done to disprove theories about the effects immunizations have on children. Hope to make more advancements with this indicator as records become electronic.

Result Area	Indicator	Data Source	Baseline Data	Trend	Goal	Progress Update		
Safe and Nurturing Families	Incidence of Child Abuse – Rate of children who are confirmed to have been abused or neglected per 1,000	Prevent Child Abuse Iowa; Iowa Department of Human Services	24.6 2010	23.8 2012	32.4 2013	12.1 2014	10 2021	Due to changes in reporting methods adopted by the state, this rate may be influenced. The numbers of child abuse reports and assigned the family assessment or child abuse assessment pathways. Lack in state developed methods to determine if families have followed through with family supportive services has been a concern. Programs, services, and partnerships continue to influence these rates. We have also seen a decline in unemployment rates overall which can contribute to the decline stress and strain on families.
	Teen Birth Rates – Births to mothers under 20 (% of births)	EyesOpenIowa; Iowa Department of Public Health	37 (9%) 2010	27 (6%) 2013	21 (6%) 2014	22 (6%) 2015	4% by 2021	Efforts around adolescent sexual health have been abundant with the receipt of the DHS EyesOpenIowa funding to our 3 county area. Teen pregnancy rates still are higher in Wright County than the state rate. Strong partnerships and community coalition building have contributed to decline in rates and the stigma associated with adolescent sexual health. Vocal minority still plays a role in the accessibility of services, programs and supports to teens. Focus continues to be on education, awareness building, prevention efforts, and early interventions with families through parenting classes and family support programs to create secure and nurturing families that would prevent teen pregnancy.

Result Area	Indicator	Data Source	Baseline Data		Trend		Goal	Progress Update
Secure and Nurturing Early Learning Environments	Quality Early Learning Environments – (QRS 4 or 5)	Child Care Resource and Referral (Mid-Sioux Opportunity, Inc.)	3 2012	18 2013	23 2014	23 2015	Increase 4 and 5 level ratings by 5% by 2021	Our area does a great job of getting providers through the QRS system and with high ratings. The CCNC and CCR&R Consultant along with FRC work collaboratively to ensure quality providers are available to families. An area we would like to focus on would be to increase the understanding, awareness, and value of QRS among parents. A complaint from programs that do not go through the system is that the benefits and incentives to be rated are not worth completing the paperwork and the complexities of the food program.
	Availability of Quality Child Care – Number of slots or spaces available for children 0-12 in a licensed or registered setting	Child care resource and referral; Department of Human Services	2,303 2012	2,212 2013	2,088 2014	1,893 2015	Increase the number of slots by 200 by 2021	Humboldt county has struggled for a few years to get a center available to workers and residents of the city of Humboldt. Lack of accessibility to quality child care for families has dramatically impacted the workforce as well as the education and health systems in Humboldt. In the other counties there is a gap in infant care availability. One center reports a multiple page waiting list. In home providers do not cover this gap. Many do not want to take the income loss.

Strategies of the ECI Area Board

We know that many factors influence the outcomes for young children and their families. During the first 2,000 days of life the brain develops millions of neuro-synapse connections that build the foundation of who they will become intellectually, physically, emotionally, behaviorally, and socially. If we invest in those first days of life we can have a profound impact on their outcomes.

The programs that we can invest in have been proven to assist parents and caregivers to be effective at providing the positive stimulation that can set the trajectory of a child's life. Evidence shows the influence positive and negative experiences have on a developing brain. It is so important that parents and caregivers utilize guidelines that show evidence of positive reinforcement and brain development such as:

- Practice good self-care
- Ensure the health, safety and nutrition of children
- Recognize that each child is unique
- Establish routines
- Develop warm, positive, and caring relationships with children that are genuine and sincere
- Respond to children's clues and cues
- Talk, read and sing to/with children beginning at birth
- Use safe exploration and play

Each year Building Families actively engages in a strategic planning process that creates strategies that will impact the priorities for the services area. Current knowledge and data are used to ensure the appropriate strategies and efforts are selected in the development of a plan. Building Families uses the plan to guide their funding decisions and to evaluate their effectiveness.

Progress on the Strategies of the Plan

The Building Families Board has funded several projects that help to move its plan forward.

- Family Support programs (HOPES and Parent Connection) continue to see advancements in connecting families with community resources, establishing medical homes, increasing prenatal care, and developing personal goal setting. These programs work closely and intensely with families to prevent child abuse, increase success rates, and emphasize relationship building with their children and other parents. All programs adhere to the highest standards of service and have earned their State of Iowa Family Support Credential.

- Preschool Parent Nights are implemented at each of the preschools where scholarships are provided to children attending 3 year old preschool or other preschool programs that are not part of the State Wide Voluntary Preschool Program. The success of this program has been to introduce parents not only to the Family Support programs but also to provide parents with a few skills to use with their young children and expose parents to the prevention of child abuse and specifically child sexual abuse prevention.
- The Early Childhood Educational Advisor provides services and supports to preschools and centers that increases the quality of child care environments. An anti-bullying component was added the past two years and continues to be a requested item by the staff and teachers.
- Training opportunities are vital to continuing to increase the quality of early learning and family support programs.
- Mini grants have been provided to fund literacy projects working with child care providers, parents, and early learning educators; harnesses for safe travel for young children; incentives for child care providers enrolled and completing the Quality Rating System; training opportunities for child care providers.

Capacity to Address Priorities:

As funding continues to decline for the service area, the Board has had to regress their capacity to fund priorities. The Director has successfully written grants to address some of the needs, moreover, grants also need to be monitored and staff need to be supervised. Time capacity becomes an issue to balance monitoring the grants and completing all ECI duties.

Gaps in Services

Throughout each year Building Families Board members, Director, program staff and volunteers are actively engaged in the community where they are able to hear both the success of early childhood and what might be areas that have gaps. Two such items that are consistently underfunded and are desperately needed in our rural area include access reliable transportation and qualified interpreters. Other areas that are also of concern include comprehensive health services including dental care for individuals covered under Title 19 supports, child mental health, in-patient mental health services, substance use/abuse and human trafficking.

Strategies for 2017-2021

- Continue media campaign on the issues of parenting, brain development, healthy family relationships, the importance of early childhood and targeted information about programs.
- Promote access to family support programs.
- Continue to update and disseminate the Hamilton, Humboldt, Wright and Webster County Resource Directory.
- Assist pregnant women with accessing prenatal care.
- Promote and facilitate access to immunizations.
- Provide information to parents and facilitate connections to obtain needed supports and services.
- Increase the understanding of what children need for optimal health and development.
- Promote the Quality Rating System to providers and parents.
- Continue to enforce the standards set for quality preschool programs for the tuition program.
- Provide Preschool Scholarships and tuition assistance for families that would have a financial hardship paying for preschool.
- Assist preschools in meeting the standards through support and education.
- Support high quality professional development opportunities for early care and education programs.
- Continue to collaborate with community and neighborhood events to promote activities for families with young children.
- Increase community connection to support all children.
- Continue existing connections to better coordinate child and family services.
- Continue to support the quality of family support programs through the Iowa Family Support Credential.
- Promote child care provider registration and quality improvement.
- Recruit additional child care providers to offer services and spaces for children, as well as increase number of child care slots available.

The ECI Area Board's Process for Awarding Funds

After the Board has determined its timeline for the release, acceptance, scoring, and approval for Renewals or Request for Proposals, the RFP or Renewal forms are sent via e-mail to all service providers in the three county and surrounding areas and posted on the Building Families' Facebook and website. The Board appoints members (no less than 3, preferably one from each county) to a Grant Review Committee to read and score the applications. After a meeting of the committee, the members develop their recommendations that will be presented for approval to the Board.

The Director reviews the grants upon submission to ensure they are in compliance to the requirements. If requirements are not met, the committee is made aware of the application, however, it is not reviewed by the committee. The Director does not read or score the grants as this is a Board/Committee member's responsibility. The Director does attend the meeting to provide committee members direction and assist with the budget as this is where the budget begins its development. The recommendation for funding is brought to the entire board for approval. The Committee and Board can request to have any grant proposals presented orally, or may contact the grant applicant if necessary.

- The committee uses several methods to determine funding of projects. Consideration was given to the criteria for each funding carve-out. Each grant had to identify the priority and the result it addressed. The committee then **looked at the priorities** developed at the Retreat to make final funding decisions.
- Recommendations were taken to the full board for approval. The Director advised the board on conflicts of interest in relation to all the grants and board members who had conflicts abstained from voting on that particular grant.
- Letters were sent to the grant recipients with a request for budget amendments as most of the projects could not be funded fully (appropriations decreases). After the revised budgets were turned into the Director, the contracts were written.

An appeal process is included in the Board Policy Manual. An explanation of this process is provided to the recipients and agencies not funded. Information on how to access the form and timeline for the appeal process is provided.

Appeal Process

Applicants of a proposal for funding whose proposals are rejected and denied funding may appeal in the following manner:

- Upon receipt of the grant RFP rejection notification from the Director, the applicant may file an appeal letter with the Director of the Building Families ECI Board. If he/she is expected to have an extended absence the appeal will be rerouted to the Building Families Chair.
- Appeals may be filed on the grounds that the selection process violated state or federal law or that the process involved a conflict of interest by project staff or the review team members. Other grounds could include definitions specific to the grant process, an

error in point calculation, errors made in the applications, or the Board did not follow the defined grant or RFP process.

- Appeals may not be filed when the applicant is disqualified by not following the RFP process or guidelines.
- Appeals must be filed within seven working days of the rejection letter date. Appeals must be in written form, clearly, objectively and specifically defining what they did not like and why. All appeals must be in written form and either hand delivered or mail delivered. Fax and electronic appeals will not be accepted.
- A special meeting of the Review Board consisting of Board Members available that would not have a conflict of interest will be called within seven working days after receipt of the appeal letter, to review the appeal.
- The Review Board makes a decision on the appeal and sends written notification to the applicant.
- The appealing person/agency may then call a special meeting of the board by written request within the next seven days. Board Members will meet with the person/agency to discuss decision. The Board decision will be final and recorded in the Board Meeting notes.

Section 3: Fiscal Assessment

Process used to Gather Information

Within Iowa law, Early Childhood Iowa Area boards are required to identify all federal, state, local and private funding sources available in the service area that provide services to children prenatal through age five. The information contained in the following matrix was obtained by the Building Families Board by requesting the information from area community organizations, non-profit agencies, service providers, and early care providers. The information was initially requested in an email format. A letter explaining the purpose of the request and the necessity for completing it was included. A follow up request was made via email as well as program staff, the ECI Director, and Board members communicated with entities to request their completion of the survey. The survey was available in electronic and paper format for ease of completion.

This matrix assists the Board in assessing the needs of the community from the program or agency perspective. The Board is able to review the funding of programs and availability of other resources. It provides another method, along with needs assessment and priorities set by the Board to determine if additional resources are actually needed for programs that apply for funding. This matrix can also provide a means of assessment in determining sustainability for programs and services.

ECI Area Board’s Fiscal Assessment (Conducted Spring, 2016)

Key for Identified Sources of funding:

Federal Funding=F; State Funding=S; Local Funding=L; Private Funding=P; ECI Local Funding=E)

Agency/Organization	Location (Service Area)	Type of Service provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency’s Level of Collaboration
Wright County Health Department	Clarion, Iowa (Wright)	Home Visitation, Maternal Health	0-5	70	\$157,000	S, F, E	No Head Start Classroom	Collaboration
Hamilton County Public Health	Webster City, Iowa (Hamilton)	Home Visitation, Maternal Health	0-5	47	\$147,670	S, F, E	Transportation – Limited funding with increase in service needs	Collaboration
Humboldt County Public Health	Humboldt, Iowa (Humboldt)	Home Visitation	0-5	46	\$63,294	S, E	More funding, Marketing budget	Collaboration
Your Own United Resources, Inc.	Fort Dodge, Iowa (All)	Head Start	0-5	65	\$160,084	F	Center-Based Head Start in Wright County	Collaboration
Child Care Resource and Referral	Remsen, Iowa (All)	Professional Development	0-5		\$2,000	S, E	Trainings and Safety; Money for quality incentives	Cooperation
Family Resource Center	Carroll, Iowa (All)	Quality Initiatives	0-5	225	\$78,781	S, E		Collaboration
Riverview Early Childhood Center	Webster City, Iowa (Hamilton)	Child Care, Preschool	0-12	134	\$261,346	P, S, E		Contribution

Webster County Health Department	Fort Dodge, Iowa (All)	iSmile Dental	3-5	275		F, S, E	Incomplete dental treatments	Coordination
Mid-Sioux Opportunity	Remsen, Iowa (All)	Quality Child Care Services and Supports	0-5	Unknown	\$131,040	F, S	Need additional Child Care Providers	Coordination
Stratford Early Learning Centers	Stratford, Iowa (Hamilton)	Child Care, Preschool	0-5	22	Unknown	P, C, E		Coordination
Humboldt Community School District	Humboldt, Iowa (Humboldt)	Preschool, Literacy Project	3-5	80	\$189,000	S, F, C, E	Help promoting literacy and early childhood, beyond what the budget can handle	Cooperation
Domestic Sexual Assault Outreach Center	Fort Dodge, Iowa (All)			5	\$15,000	C		Communication
Parent Connection	Clarion, Iowa (All)	Family Support	0-18	80	\$70,164	S, E	Child Sexual Abuse Prevention and Awareness	Collaboration
Parent Connection	Clarion, Iowa (All)	Preschool Parent Night	3-5	250	\$10,000	S, E	Poverty awareness/ simulations, Cultural Competency	Collaboration

Section 4: Community Collaboration

Collaborative and Networking Opportunities

Collaborative Committees

The Director is involved in multiple committees in all three communities. ECI project staff also work in the communities on collaborative committees and report activities back to the Director. Some of these committees include focus on changing substance abuse policies in the communities, child abuse, youth coalitions, and service provider meetings, development of a teen clinic, and pregnancy prevention and contraceptive access for women over the age of 18.

Decategorization Board

The Director attends Decat meetings and gives input regarding community needs as assessed by Building Families. Two Decat grants were awarded to Building Families this year.

Prevent Child Abuse Council

Building Families is the fiscal agent for the PCAI grant for parenting education, respite, and child sexual abuse prevention. The Parent Coordinator facilitates the PCAI Council for Hamilton, Humboldt, and Wright Counties. Humboldt County CARES team merged with this council in 2014 to save on costs and pool resources.

CPPC – Family and Community Action Team (FCAT)

The Building Families Director attends CPPC meetings in our area and serves on the Advisory Committee for Parent Partner Program as requested.

Community Foundations

The Youth Philanthropy project has had difficulties recruiting teens and soliciting applicants for the monies that are available. The CAPP Coordinator is in discussions with Wright County Foundation to determine if their structure is one that will work for Hamilton County. There is now a member of the EHCF Board that is a liaison for the project and to increase effective communication. Applications have been submitted this year to each foundation to fund the purchase of updated brochures and racks for each county. Wright County was the only that funded this project.

Philanthropic Organizations

The Director, program staff, and Board members regularly present information to community service and philanthropic organizations. This opportunity allows the greater community to learn of the needs and provide support where needed.

Other community partnerships

The Director serves as the coordinator for the Hamilton, Humboldt, and Wright County Providers meetings. This is an effective way to get information out and ensure the community is being appropriately served.

Child Care Director Collaborative

This collaborative effort was established by the Family Resource Center. It is an opportunity for center directors to come together and discuss any changes in law or standards, challenges they have faced, and successes they are celebrating. The Building Families Director has been asked to attend the meetings to offer insight and suggestions.

Early Childhood Collaborative

Child Care Resource and Referral has established this time for leaders and regulatory agencies within the early childhood system to come together and provide information about trends, needs, gaps, and supports. This is a collaborative of 6 counties – Hamilton, Humboldt, Wright, Calhoun, Pocahontas, and Webster.

Power Up YOUth

This community coalition is designed to work toward creating a positive community environment concerning youth development in Hamilton County. One of the unique features of the coalition is the belief held by all members that “collaboration” is essential if the vision of “All Hamilton County youth will thrive” is to be realized. A broad base of representatives must be at the table to affect the type of global change that is desired.

Infectious Diseases and Child Injuries

The Child Care Nurse Consultant in Webster County provides child care providers’, child care facilities and preschools the services to prevent the spread of infectious diseases, prevent child injuries, develop health emergency protocols, help with medication, and care for children with special health needs. Public Health in each county also has the mandated duty to work with agencies on health, diseases, and child injury issues.

Section 5: Review and Evaluation

Review and Evaluation Methods

The Board has developed various methods to ensure ongoing evaluations are completed and the effectiveness of the Community Plan and funded programs. Some of the methods include but are not limited to the following:

- Programs selected to receive funding are chosen based on outcomes that address the needs, and align with the strategies and indicators identified in the Community Plan.
- Programs supply monthly invoices, quarterly reports, and a comprehensive year-end report. Reports include a narrative section that demonstrates successes and challenges, financial information and program performance measures that meet state ECI requirements and addition data collected by our local area Board.
- It is encouraged that programs briefly present their program to the Board to update on the status of the program, outcomes, and financial standing.
- The Building Families Board review the funded programs' finances and outcomes annually to ensure the programs are meeting the needs of families in the service area. The Director visits with each program annually to review program status, methods of implementation and documentation, and address any concerns with the program or financial pieces.
- The Community Plan is reviewed comprehensively one time a year by the Board as well as the Program Committee to provide necessary updates and to review the indicators to ensure the programs funded are having a positive impact.
- An annual report is provided to the State of Iowa. The report is public record and can be obtained by contacting Building Families in person, by phone or email or can be found online at www.buildingfamilies.net.
- An annual evaluation of the Board is completed and a professional development plan is in place to improve Board connection, participation, and effectiveness.
- The Building Families Board participates in the Levels of Excellence review process conducted by the State ECI Team.