



Tri-County Child and Family Development Council, Inc.

Head Start and Early Head Start, Early Head Start-Child Care Partnership and
Maternal, Infant, Early Childhood Home Visitation Programs.

COMMUNITY ASSESSMENT

2016

[Abstract](#)

Determining community strengths, needs and resources

Federal Reference to Required Elements of Community Assessment

Head Start Program Performance Standards

45 CFR Chapter XIII

Part 1302 Program Operations

Subpart A Eligibility, Recruitment, Selection, Enrollment and Attendance

1320.11 Determining Community Strengths, Needs, and Resources

(a) Service area.

(1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.

(2) If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.

(b) Community wide strategic planning and needs assessment (community assessment).

(1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period.

The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

(B) Children in foster care; and

(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

Section A

1. Service Area

Tri-County Child and Family Development Council, Inc. (TCCFD) is currently providing services in three counties in Iowa, Black Hawk, Buchanan and Grundy. TCCFD has two federal Head Start grants. One grant provides services to 550 eligible children preschool age children (3-5-year-old) and provides Early Head Start (EHS) services to 304 pregnant women, infants and toddlers (ages 0-3). This grant serves all three counties. The second grant is an Early Head Start-Child Care Partnership grant (EHS-CC) providing service to 40 children in Black Hawk County in three child care programs. TCCFD also contracts for service with Operation Threshold, the Community Action Agency for the three counties, for 30 families in the Maternal Infant Early Childhood Home Visitation (MIECHV) program. MIECHV is also a federal program funded by the Department of Health and Human Services. The MIECHV program is monitored in the state by the Iowa Department of Public Health. TCCFD contracts with Operation Threshold the MIECHV grantee for Black Hawk County.

References in this Community Assessment to the Program Information Report (PIR) incorporates all four programs, Head Start, Early Head Start, EHS-CC and MIECHV. The funded enrollment for TCCFD in 2015-2016 was 924 eligible children.

IOWA

There are 99 Counties in Iowa and a land mass of 55,857.1 square miles. Iowa is the 26th largest state in the Union and ranks 30th in population.

Iowa's official population count for 2015 was 3,123,899 residents. The state's total population grew by 4.1 percent between 2000 and 2010 although the growth was unevenly distributed across the state. Two-thirds of Iowa's 99 counties and 600 of its 945 incorporated cities experienced population losses for the decade. Iowa's population reflects a slightly older age distribution compared to a decade ago. The state's median age has increased to 38.2 years in 2015 compared to 36.6 years in 2000. Elderly residents, ages 65 and older, now account for nearly 16% of the total population. Children under the age of five represent about 6.2% of the population.

The racial and ethnic composition of Iowa's population reflects growing minority group shares. Residents who report any race other than white non-Hispanic or Latino now comprise nearly 13% of Iowa's population. This is an increase in 4% points in the last two years alone. Hispanic/Latino residents, who may be of any race, are now 5.5% of Iowa's total population.

The average size of an Iowa household in 2010 was 2.4 persons and in 2015 is reported at 2.98 persons.

Source: The Iowa Data Center Quick Facts <http://www.iowadatacenter.org/quickfacts>.

BLACK HAWK COUNTY

Black Hawk County is in the northeastern part of Iowa. Per American Factfinder of the US Census Bureau in 2015 the population of Black Hawk County was 133,455. This makes Black Hawk County the fifth largest county in population in the state of Iowa. Much of the population resides in the Waterloo-Cedar Falls metro area. Waterloo, the county seat, is located approximately 65 miles east of I-35 and contains the intersections of U.S Highways 20,63, and 218 within its city limits. Cedar Falls is located approximately eight miles west of Waterloo.

Smaller cities and towns include Dunkerton, Elk Run Heights, Evansdale, Gilbertville, Hudson, LaPorte City, and Raymond and portions of Janesville and Jesup. Unincorporated towns are Dewar, Eagle Center, Finchford, Glasgow, Voorhees and Washburn. There are 17 townships in the county: Barclay, Bennington, Big Creek, Black Hawk, Cedar, Cedar Falls, Eagle, East Waterloo, Fox, Lester, Lincoln, Mt. Vernon, Orange, Poyner, Spring Creek, Union and Washington.

BUCHANAN COUNTY

Buchanan County is in northeast Iowa directly to the east of Black Hawk County. The estimate for Buchanan County population in 2015 was 21,062. The county seat of Independence is located adjacent to U.S. Highway 20. The population in Buchanan County has held steady most recently but the birth rate has significantly dropped.

Smaller cities include: Aurora, Brandon, Fairbank, Hazelton, Jesup, Lamont, Quasqueton, Rowley, Stanley, and Winthrop. Townships within Buchanan County include Bryantsburg, Doris, Gatesville, Littleton, Moni, Otterville, Shady Grove and Johnsonville.

GRUNDY COUNTY

Grundy County is in the northeastern part of Iowa directly to the west of Black Hawk County. Population estimation for Grundy County in 2015 was 12,435. The population of Grundy County continues to decline. The county seat, Grundy Center is located seven miles south of U.S Highway 20 and is bisected by U.S. Highway 14.

Smaller cities include: Beaman, Conrad, Dike, Holland, Morrison, Reinbeck, Stout and Wellsburg.

Source: United States Census Bureau / American Factfinder. "Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015". 2015 Population Estimates Program. Web. March 2016.
<http://factfinder2.census.gov>

SECTION B. 1.

I. The number of eligible infants, toddlers, preschool age children and expectant mothers, including their geographic location, race, ethnicity, and languages they speak.

Table 1: How many children under age 5 are living in poverty, by county? (US Census Bureau).

Black Hawk	Buchanan	Grundy
2,068	281	48

There are an estimated 2,397 children under the age of five living in poverty in the three-county service area. The percentage of poverty for all counties is listed below. The percentage of poverty for single headed households is quite staggering.

Table 2: TCCFD served in 2015-2016 (TCCFD PIR)

Black Hawk	Buchanan	Grundy
1034	74	33
50%	26%	69%

Table 2 shows the raw number as well as the percentage of children under five in each county there were served by Tri-County in the 2015-2016 program year.

Per the TCCFD Program Information Report (PIR) 75% of the Head Start eligible four-year old children were enrolled in Head Start during the 2015-2016 program year. The percentage of three-year old children falls to about 54%; under 1 year old 37%; 1 years 29%; 2-years 31%.

Table 3: Percentage of Poverty in Single Female Headed Households (US Census Bureau)

County	All	Married	Female Household (no husband)
Black Hawk	25%	6.4%	58.5%
Buchanan	19.6%	5%	71.9%
Grundy	6.6%	0	35.4%

TCCFD PIR reports 614 or 64% of the families served were single headed households.

Federal Guidelines (45CFR 1302.12) allow Head Start to serve a percentage of children from families that fall into the category of low income, defined as between 101% - 130% of Federal Poverty Guidelines. TCCFD has not typically serve many of these families because the percentage of families living in poverty is high. It is difficult to obtain an accurate number of families in this demographic.

ETHNICITY AND RACE

Per the US Census 82.5% of the population in Black Hawk County is white not Hispanic. Only four other counties in Iowa are more diverse: Buena Vista, Crawford, Woodbury and Polk.

Table 4: United States Census Quick Facts Black Hawk County Iowa 2015 Estimates

Race and Hispanic Origin	2015 Estimates	2010 Census Data
White alone	86.1%	85.6%
Black or African American alone	9%	8.9%
American Indian Alaska Native alone	0.3%	0.2%
Asian alone	2%	1.3%
Native Hawaiian and Other Pacific Islander alone	0.2%	0.2%
Two or More Races	2.3%	2.3%
Hispanic or Latino	4.2%	3.7%
White alone, not Hispanic or Latino	85.6%	83.9%

Black Hawk County has the largest percentage (9) of black or African-American residents of any county in Iowa. The state of Iowa's overall percentage of African-Americans is 3.1. The city of Waterloo has the largest percentage (15.5) of black or African-Americans residents of any city in Iowa. Comparatively, the estimated percentage of black residents in Cedar Falls is 2.4. There are an estimated 12,405 residents of Black Hawk County who identified they were black or African-American per the 2015 estimates of American Community Survey. That number jumps to 14,874 residents when including those who identified as being black with another race.

The total population of Black Hawk County rose estimated 133,455 in 2015 from 131,090 (2%) in 2010. The African-American population grew from 11,782 to 12,405 (5%).

The largest change in race for Black Hawk County is Asian. In 2010 there were an estimated 1,744 residents that identified as Asian alone in the census. The Black Hawk County estimate is now 2,632 in 2015. This is a 33.7% change. There are estimated to be over 2000 Burmese refugees in Iowa. Many of these families now live in Waterloo. Burma or Myanmar, as it is called now, is one of the world's most diverse countries. The Country has several dialects and around six mutually unintelligible languages.

Hispanic or Latino: Black Hawk ranks 28th out of 99 counties in the percentage of the Latino residents. Waterloo has an estimated 5.6% of Latino population compared to 2% in Cedar Falls. In Black Hawk County 73% of residents indicate they are of Mexican descent, followed by 4% Puerto Rican, 1% Cuban.

Buchanan County has 1.5% Hispanic or Latino population. All other races are less than .5%. Buchanan County is 97.8% white.

Grundy County is 98.2% white and has an estimated 1.3% Hispanic or Latino population.

ETHNICITY RACE AND FAMILIES IN POVERTY

Table 5 below provides the number of children ages 0-4 living in families below the federal poverty guidelines. The data does not include children in that age range living at the poverty level. It is expected that the number would increase substantially.

African Americans make up only 13% of the population 0-4 years of age in Black Hawk County, 68% of those children live below the poverty level. Similarly, Hispanic/Latino children ages 0-4 make up only 7.5% of the total population but 35% of those children are living below the poverty level. Children of color are significantly more likely to be living in poverty in Black Hawk County.

Table 5: Number of Children under five living below poverty by race and ethnicity. (American Community Survey Five Year Estimates 2010-2014 Iowa Data Center)

Race/Ethnicity	Black Hawk	Percentage of all 0-4	Buchanan	Percentage of all 0-4	Grundy	Percentage of all 0-4
White	1184	18%	200	14%	30	4%
African American	738	69%				
Asian	38	16%				
Two or more races	120	23%				
American Indian						
Hispanic	225	35%				
Other race	18					

Table 6: Racial and Ethnic composition children served by TCCFD compared to classroom staff 2015-2016 Program Year (TCCFD PIR)

Race	Children served Hispanic or Latino	Children served Non-Hispanic or Latino	Classroom staff Hispanic or Latino	Classroom Staff Non-Hispanic or Latino
White	29	356	0	129
Black or African American	0	428	0	22
Asian	0	67	0	0

American Indian Alaska Native	0	5	0	0
Native Hawaiian or Other Pacific Islander	0	17	0	0
Bi-racial/ Multi- racial	22	128	0	3
Other	19	0	0	0

LANGUAGES SPOKEN

According to the 2015-2016 Iowa Department of Education English Language Learners report Black Hawk County had 439 students with primary language of Spanish; 221 Bosnian; 96 Burmese; 96 Karen languages; 96 Marshallese; 30 French; 29 Creoles; 25 Vietnamese; 17 Arabic; 17 Urdu; 13 Chinese; 8 Pohnpeian; 5 students each speaking Marathi, Polish, Serbian, and Portuguese; 3 students each speaking Panjabi, Russian, Amharic; 2 students speaking Malayalam, Swahili, Twi, and 1 student speaking Lao, Japanese, Twi, Telugu, Tagalog, Uzbek, Korean, Lingala, and Navajo. Additionally, 32 students were identified as speaking Other languages.

Buchanan County has 107 reported as speaking German, this is due to the large Amish Community located in Buchanan County. The report also indicated 6 students speaking Spanish.

Grundy County reports 3 Spanish, 1 Haitian, 1 Bulgarian and 1 student speaking multiple languages.

TCCFD reports serving 34 families speaking Spanish; 14 speaking Caribbean languages; 11 speaking Middle Eastern and South Asian Languages; 59 speaking East Asian languages; 8 speaking European and Slavic languages; 32 speaking African languages.

TCCFD reports in Program Information Report (PIR) for 2016 89% of the children enrolled had English as their primary language spoken in the home. The East Asian languages accounted for 5.7% of the children served. Spanish was spoken by 3% of the children and African languages were spoken by 3% of the children as well.

TCCFD has 4 classroom staff members proficient in European and Slavic languages and three classroom staff members proficient in Spanish.

Translation and Interpretation services are a challenge for TCCFD. As the Burmese population acquire English it is assumed TCCFD will be able to hire family members to serve as interpreters in the classroom.

TCCFD does contract with EMBARC the outreach program for Burmese refugees, for interpretive services. The agency also accesses a language line as needed.

TCCFD is well positioned within the community to collaborate with School Districts and other Health and Human services program to address the interpretation needs of families served.

A. HOMELESSNESS

The number of families experiencing one or more nights of unsheltered living in 2016 was 0. The 2016 Consolidated Annual Performance and Evaluation report from the City of Waterloo Community Development Department indicated 5 persons experienced unsheltered living during the first part of the year. Chronic homelessness does not appear to be a problem for families, however, many families find themselves experiencing transient living, moving from temporary placement to temporary placement. Using the allowed McKinney-Vento definition of homelessness TCCFD served the following:

Table 7: Homeless children served by TCCFD (Iowa Department of Education)

Year	Number of Homeless children served
2016	22
2015	25
2014	13

B. FOSTER CARE

Table 8: Number of Children in Foster Care (Iowa Department of Human Services)

County	2015	2014	2013
Black Hawk	367	409	352
Buchanan	34	37	39
Grundy	15	17	13
Served by TCCFD	10	4	6

Data related to the age of children in Foster Care was difficult to determine by County. The state of Iowa uses regional reporting areas and the three counties served by Tri-County are in two separate areas. Per the 2013 statistical report 130 children under the age of 5 were served in foster placements in the Eastern District 154 in the Northern District.

C. CHILDREN WITH DISABILITIES

TCCFD coordinate with three Local Education Area (LEA) agencies to provide services for children with diagnosed disabilities. Waterloo and Cedar Falls Community Schools coordinates their own services, and Area Education Agency 267 (AEA 267) provides services for the other 13 school districts. Ten school districts partner directly with TCCFD for preschool age services.

AEA 267 is one of nine Area Education Agencies created in 1974 by the Iowa legislature to ensure equal educational opportunities for all children from birth through age 21. Support to local schools

is provided through three service areas: Educational Services, Information and Technology and Special Education.

Individuals with Disabilities Education Act (IDEA) is a federal law ensuring services to children with disabilities. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3-21 receive services and education under IDEA Part B.

During the 2015-2016 program year 17% of the Preschool aged children served in TCCFD programs were entitled to services through an Individualized Education Program (IEP) compared to 2.5% of the general population. Per the data provided by TCCFD PIR 32% of the children had a diagnosed Speech or language impairment; 29% of the children had a non-categorical developmental delay and 18% of the children were diagnosed with an emotional disturbance.

Early Head Start children were entitled to services through an Individualized Family Service Plan (IFSP) due to developmental delay of 25% or more in one developmental area. TCCFD reports 15% of the children served participated in Early Intervention services; compared to 2.8% for the general population.

The state of Iowa reported serving 3,439 children under the age of three through IFSP.

Appropriate placement for children under the age of five to receive services in a classroom setting remains a barrier. Local AEA representatives report a need for general education placements for high needs children. Integrated general education services for special needs populations assists the children and the family in developing appropriate challenges and meeting educational and social expectations.

Local community resource directory [What's Where in Parenting](#) identifies the numerous supports and agencies available to families with special needs children.

AEA 267, First Five, The ARC of Cedar Valley, Child Care Resource and Referral, EDI, Exceptional Persons, Inc. Family-Educator Connection Program, Iowa COMPASS, Magical Mix Kids, National Alliance for the Mentally Ill of Black Hawk County, Attention Deficit Disorder Support Group, Early Access Services, Learning Disabilities Association -Iowa Chapter 9, Supported Community Living, Respite Care, Positive Parenting for Parents of Children with Special Needs, ASPIRE, Iowa Federation of Families for Children's Mental Health.

II. The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact well-being.

This section of the community assessment looks at strengths and needs of the communities served by TCCFD as perceived by the families served, the staff of TCCFD and the community partners and other service providers.

The results of the parent survey can be found in Appendix A; the staff survey in Appendix B and the Community Survey in Appendix C.

Family surveys were returned by 487 unduplicated participants. The staff survey was completed by 68 staff members and 38 community partners and providers responded to the Community Survey.

EDUCATION NEED

Table 9: Education Attainment 2010-2014 Population over 25 (Iowa Data Center)

Education Level	Black Hawk	Buchanan	Grundy
High School or Equivalent	89.7%	91.7%	94.2%
Bachelor’s Degree or Higher	26.2%	17.3%	20.5%

Education levels have long been correlated to higher income obtainment. TCCFD PIR reports out of 961 families served during the 2015-2016 program year 159 or 17% had less than a high school diploma. 24% or 234 of the families had a high school program or equivalency and 51% or 493 of the families had some college, vocational school or associate degree. Only 5% or 68 of the families served had a baccalaureate or advanced degree.

Per the same report 47% of the families served were engaged in some type of job training or education. Because the TCCFD service area includes the University of Northern Iowa, Upper Iowa University, Wartburg College, Hawkeye Community College and Kaplan University this is not an unusual number.

The correlation between poverty and education can be further shown in Table 10. The Iowa 4-year graduation rates for school districts for 2015, 4-year graduation means the students are graduating on schedule from freshman to senior year.

Table 10: School District Graduation rates for 2015 (Iowa Department of Education)

School District	Overall Graduation Rate	Free and Reduced meal rate	State Voluntary Preschool Participant
AGWSR	97.8	92.9	Yes Partner
BCLUW	90.5	-	Yes Partner
Cedar Falls	95.2	89.7	Yes Partner
Dike-New Hartford	100	-	Yes Partner
Dunkerton	96.9	100	Yes Partner
East Buchanan	91.4	100	Yes Partner
Gladbrook-Reinbeck	95.7	-	No-beginning in 16-17
Grundy Center	100	-	Yes Partner
Hudson	96.4	90.9	No
Independence	91.9	89.4	Yes Partner
Janesville	97.1	100	Yes-not a partner
Jesup	93.8	-	No-but has preschool in the elementary building with certified teachers since 2000. Partner
Union of LaPorte City	95.9	92.9	Yes- not a partner
Wapsie Valley	100	-	Yes-not a partner
Waterloo	80.3	78	Yes Partner

The report “Iowa Public High School, Class of 2015, 4-year Graduation Data by District and Sub-Group” found on the Iowa Department of Education website provides the data for Table 10. A factor in successful graduation on time appears to be related to low income status or poverty. Of the 15 School Districts in the three-county geographic area served by TCCFD, 6 report lower rates of success for students qualifying for Free or Reduced Cost Meals, a part of the USDA School Lunch Program. Three Districts reported 100% graduation rates for 2015 and three Districts showed an increase in Free and Reduced rates from the general population.

This same report when broken down by ethnic and race purposes further shows white students in Waterloo graduated at a rate of 82.5%, Hispanic students graduated at a rate of 82.1%. Black students at a rate of 74.8% and students identified as more than one race graduated at a rate of 69.7%. Students identified as more than one race are frequently from single women headed

households. As previously indicated in Section 1 of this report female single headed households have the very highest percentage of poverty.

The column in Table 10 referencing Iowa's State Wide Voluntary Preschool Program (SWVPP) indicates all but three Districts in 2015-2016 participated in the Preschool Program. SWVPP requires Districts to employ certified early childhood teachers and meet specific standards including Head Start Performance Standards. Currently the program targets only four-year old's or the children who will be eligible for Kindergarten in the next school year. TCCFD partners with 10 Districts in providing Head Start eligible children with Preschool services at the local Elementary buildings.

Consideration: Continue partnerships and look to expand partnerships with additional Districts.

Work being done in the Community regarding Grade Level Reading, a community based program that offers a three-prong approach to obtaining grade level reading by third grade, emphasizes Readiness, Attendance, and Summer programming. TCCFD has been a part of this community based program from its inception in the Cedar Valley. The emphasis on attendance, through Attendance Works (<http://www.attendanceworks.org/>), is a step in changing the culture of the importance of school and the value in attending from the very first day throughout the year on a regular basis. The Readiness aspect works directly with providing high quality early childhood learning experiences, such as the standards associated with SWVPP.

Consideration: Continue or improve involvement with Grade Level Reading project.

TCCFD continues to work with the University of Northern Iowa Educational Opportunity Center (EOC). The EOC is an academic counseling program, which promotes post-secondary education in communities with large populations of low-income, first-generation adults who are often unaware of educational and career opportunities. Professional career and educational counselors assist eligible adults with selecting a post-secondary institution or training program. Counselors assist clients with the completion of admissions and financial aid applications, scholarship searches, and defaulted student loans, as well as provide academic development workshops and academic advising. All services are free to eligible participants who are age 19 or older and do not have a 4-year degree.

The 2015-2016 PIR identified 105 families where both parents or guardians were in job training or school; 61 families where one of the two parent households was attending school. Of the single parent families served

Staff (81%) at TCCFD identified education as a resource to which TCCFD families had adequate access. The Community respondents (86%) also identified education as adequately accessible.

Consideration: Continue and build relationship with EOC.

HEALTH NEED

Black Hawk County Health Department completed a needs assessment in February 28, 2016. That document can be found on the website <http://www.co.black-hawk.ia.us/258/Health-Department> . The snapshot of that assessment resulted in the priorities listed below:

Promote Healthy Living

Priority 1: Compliance to asthma action plan for children ages 5-14

Priority 2: Limited health literacy specific to preventive measures and early warning signs of cardiovascular disease and stroke in disproportionate low-income populations

Priority 3: Prevalence of mental health conditions within the community sectors of K-12 education, correctional and health care systems.

Prevent Injuries and Violence

Priority 1: Promote evidence based injury prevention interventions targeting older adults ages 65 and older.

Protect Against Environmental Hazards

Priority 1: Provide education in public health laws to promote food safety.

Priority 2: Ensure uniformity in the application of local environmental health laws and regulations.

Prevent Epidemics and the Spread of Disease

Priority 1: Control the spread of communicable disease (Chlamydia) to protect adolescents ages 12-19.

Priority 2: Control the spread of communicable disease (Gonorrhea) by increasing the partner index value.

Prepare for, Respond to and Recover from Public Health Emergencies

Priority 1: enhance capacity for public health non-pharmaceutical strategies for disease and exposure control.

Strengthen the Health Infrastructure

Priority 1: Reduce food insecurity and increase access to nutritious foods (fruits and vegetables).

Priority 2: Promote policy and environmental change strategies in support of a pedestrian master plan and complete streets.

Buchanan County Health Center Needs Assessment Summary as published on the website <http://bchealth.org/about-bchc/community-needs/> :

Overall, the findings show Buchanan County is healthy. Access to healthcare services was identified as the primary factor for a healthy community. The focus groups stated they wanted BCHC to continue to offer as many services as possible close to home. They noted that segments of the population could not travel out of town. Others valued savings on hassles and time as a result of receiving local care; one noted that “the more available, the less cost that comes out of the consumer’s pocket with travel expense.” Focus groups concluded that the addition of obstetric services and an urgent care clinic would better meet the needs of the community.

Diabetes, obesity and alcohol use were identified as the three most serious health concerns in the county by data analysis. The high frequency of obesity was cited in the focus groups as a community concern along with the need of preventive wellness, specifically in the school systems. Buchanan County Health Center received high accolades relating to high-quality, comprehensive care provided, based on the focus group feedback.

Recommendations

Based on the finding of this assessment, the Buchanan County Health Center Board of Trustees has approved the following recommendations:

- Work to increase the access-to-care ratio of population to primary care providers (BCPH partnership). Specifically, focus group participants indicated a desire to see urgent care services and continued emergency department coverage.
- Focus group participants would also like to see the hospital form strategic partnerships, i.e., public health, school system, clinic, etc., to gather input on how to collectively address needs identified from the survey. Assess if any non-health related organization could support the health needs of the community.
- Provide/Support community wellness and education opportunities to improve health behaviors specific to Buchanan County.
 - Diabetes education and disease management
 - Obesity
- Pursue an ongoing dialogue with the communities served regarding the value of local utilization, and grow Buchanan County Health Center’s existing reputation for providing excellent care with customer-friendly service.
- Incorporate developed goals into the organization’s strategic plan, and communicate and share assessment results with the community’s service.

Grundy County Memorial Hospital offered the following priorities in 2013:

Access to Health Care

- a. Transportation to primary and specialty medical care
- b. Access to health insurance

Chronic Disease Management

- a. Diabetes
- b. Heart disease
- c. High blood pressure

Disease Prevention and Wellness

- a. Nutrition education and access to fresh food
- b. Smoking prevention and cessation
- c. Weight management and obesity treatment
- d. Organized workplace-based wellness efforts
- e. Education on healthy living.

Black Hawk County is also home to People’s Community Health Clinic (People’s), a Federally Qualified Health Center and Federal Tort Claims Act-Deemed Facility. Peoples’ provides medical and dental services and is in Waterloo. TCCFD has worked with People’s in providing dental care to TCCFD enrolled families on site for the infants and toddlers and in the clinic for the preschoolers. People’s has also been a source for interpretation services for the many languages now served in the community.

Identifying a medical and dental home for each child is a primary goal in TCCFD programs. The medical and dental home is defined as a care model of identifying a primary source of care, a physician, nurse or clinic, which provides a coordinate approach to service for the patient. A medical home can coordinate the care and track the issues of each child/family may be encountering. In the Family Survey, families were asked where they went if their child needed medical attention. They were also asked if the Medical and Dental Care met their need. These questions help to answer the question of adequate medical and dental services in the community. These questions also help identify areas of parent education regarding Medical homes, Dental homes and appropriate use of medical facilities.

Table 11: When my child needs medical attention, we go to

County	Family Doctor	Medical Clinic	Urgent or Convenient Care	Emergency Room regularly	Free Clinic
Black Hawk	85%	15%	27%	3%	2%
Buchanan	89%	0	18%	5%	0
Grundy	46%	31%	23%	0	0

The results of this Family Survey improved significantly over the 2013 survey. In the 2013 survey 14% of the families used the emergency room regularly in Black Hawk County; 20% in Buchanan and 4% in Grundy. The use of the emergency room as the primary source of medical treatment has been reduced. The reduction in the use of the emergency room significantly impacts the cost of services to families and to the community. The increase and the availability of urgent or convenient care facilities has increased in the past several years.

Table 12: Do medical services in your county meet your child’s needs:

County	Yes	No
Black Hawk	98%	2%
Buchanan	95%	3%
Grundy	54%	38%

Families in Grundy County must travel into another county to access many medical services.

Table 13: Do dental services in your county meet your child’s needs:

County	Yes	No
Black Hawk	98%	2%
Buchanan	92%	8%
Grundy	46%	54%

Again, Grundy County does not have many dentists available in county. Families must travel to other communities to access services. There is one dental clinic in Grundy Center and that dentist does not treat children. Through collaborative efforts with TCCFD, Grundy Public Health, Operation Threshold and a dentist in a neighboring county dental clinics have been made available to TCCFD enrolled families in Grundy County twice a year.

Per the 2015-2016 PIR 99% of the children served had health insurance by the end of the program year. This is a significant improvement from past years. The Affordable Care Act has produced results in insuring low income families.

NUTRITION NEED

The need for good nutrition and secure access to food is vital in Early Childhood development. The United States Department of Agriculture (USDA) defines food insecurity and hunger:

- Food insecurity—the condition assessed in the food security survey and represented in USDA food security reports—is a household-level economic and social condition of limited or uncertain access to adequate food.

- Hunger is an individual-level physiological condition that may result from food insecurity.

Feeding America (<http://www.feedingamerica.org>) provides information and data related to food insecurity in the United States. The [Feeding America nationwide network of food banks](#) secures and distributes 4 billion meals each year through food pantries and meal programs throughout the United States and leads the nation to engage in the fight against hunger. The local food bank serving the TCCFD service area is Northeast Iowa Food Bank.

Feeding America research and data offers the following information about the potential consequences of food insecurity for children:

“Good nutrition, particularly in the first three years of life, is important in establishing a good foundation that has implications for a child’s future physical and mental health, academic achievement, and economic productivity. Unfortunately, food insecurity is an obstacle that threatens that critical foundation. According to the United States Department of Agriculture (USDA), in 2015, 13.1 million children under 18 in the United States lived in households where they were unable to consistently access enough nutritious food necessary for a healthy life. Although food insecurity is harmful to any individual, it can be particularly devastating among children due to their increased vulnerability and the potential for long-term consequences.

Infancy & Development

Children growing up in food-insecure families are vulnerable to poor health and stunted development from the earliest stages of life.

- *Pregnant women who experience food insecurity are more likely to experience birth complications than women who are food secure.*
- *Inadequate access to food during pregnancy has been shown to increase the risk for low birth weight in babies.*
- *Food insecurity has also been linked with delayed development, poorer attachment, and learning difficulties in the first two years of life.*

Health Concerns

Studies have found that food insecurity has been associated with health problems for children that may hinder their ability to function normally and participate fully in school and other activities.

- *Children who are food insecure are more likely to require hospitalization.*
- *Children who are food insecure may be at higher risk for chronic health conditions, such as anemia, and asthma.*
- *Children who are food insecure may have more frequent instances of oral health problems.*

- *Food insecurity among young children is associated with poorer physical quality of life, which may prevent them from fully engaging in daily activities such as school and social interaction with peers.*

Behavioral Challenges

Children who experience food insecurity may be at higher risk for behavioral issues and social difficulties.

- *Food insecure children may be at greater risk of truancy and school tardiness.*
- *When they are in school, children who are food insecure may experiences increases in an array of behavior problems including: fighting, hyperactivity, aggression, anxiety, mood swings, and bullying.”*

The American Academy of Pediatrics published a document supporting pediatricians routine screening for food insecurity, <http://pediatrics.aappublications.org/content/136/5/e1431> . The consequences of food insecurity in young children can be profound.

Each year since 1995, the USDA Economic Research Service has released a report on the state of food insecurity in our nation. The report “Household Food Security in the United States 2015”. Findings from that report identify *42.2 million people lived in food-insecure households. They constituted 13.4 percent of the U.S. civilian noninstitutionalized population and included 29.1 million adults and 13.1 million children. About 6.4 million children (8.7 percent) lived in households in which one or more child was food insecure. About 10.9 million adults (4.5 percent) lived in households with very low food security and 541,000 children (0.7 percent) lived in households with very low food security among children.*

Rates of food insecurity were below the national average of 12.7 percent for married-couple families with children (10.2 percent), households with more than one adult and no children (8.5 percent), and households with elderly persons (8.3 percent).¹³ The prevalence of food insecurity was also below the national average for White, non-Hispanic households (10.0 percent); households headed by non-Hispanics of other, or multiple, races (10.3 percent); and households with incomes above 185 percent of the poverty line (5.8 percent).

Rates of food insecurity were higher than the national average for the following groups:

- *All households with children (16.6 percent)¹⁴*
- *Households with children under age 6 (16.9 percent)*
- *Households with children headed by a single woman (30.3 percent) or a single man (22.4 percent)¹⁵ and other households with children (26.2 percent)*
- *Women living alone (14.7 percent) and men living alone (14.0 percent)*

- *Households headed by Black, non-Hispanics (21.5 percent), and Hispanics (19.1 percent)*
- *Low-income households with incomes below 185 percent of the poverty threshold (32.8 percent)*

According to Feeding America Data Black Hawk County food insecurity rate for children is 19.8%, Buchanan County is 17.7% and Grundy is 16.9%. This is based on The Meal Gap data in 2014.

The Family Survey asked the following question related to food security.

Table 14: In the last three months were there days when you had no food in your home?

County	Yes	No
Black Hawk	12%	86%
Buchanan	21%	79%
Grundy	23%	77%

The data would indicate that food insecurity is less of a problem in Black Hawk County. Data from Feeding America indicated that Black Hawk County has a 19.8% food insecurity rate for children.

The staff survey indicated families living in poverty had adequate access to nutrition information (68%). Another 32% indicated families had limited access to nutrition information. The community survey indicated 55% of the respondents thought families had adequate access and 39% thought access was limited. In the community survey 5% thought families did not have access to nutrition information.

Another contributor to childhood obesity is lack of exercise. In the urban setting, young children may not have access to safe outdoor play areas. All outdoor play areas require adult supervision. Time and access can contribute to the lack of exercise for families. The BMI rates for TCCFD currently enrolled (Dec. 2016) children ages 3-5 are 35% in the overweight or obese category. (203 out of 583 enrolled children.)

Consideration: Continue implementation of physically active curriculum.

The response from Black Hawk county families is likely related to easy access to Northeast Iowa Food Bank and participation in the Food Back Pack program. The Food Back Pack program distributes weekend or long breaks such as holidays to qualifying families. TCCFD currently (Dec. 2016) has 336 children receiving Back Pack meals from the Northeast Iowa Food Bank. The 2015-2016 Program year saw 387 children participating.

Child nutrition programs such as Child and Adult Care Food Program (CACFP) and WIC aid families and child care programs in providing education for providers and families and in providing support and access to high quality nutrition. CACFP requires menus to meet set

standards and meals be low in fat, sugar and sodium. Meal patterns are monitored. TCCFD participate in CACFP and meets the requirements of this program.

Families are encouraged to participate in WIC. For the 2015-2016 program year 76% of the families participated in WIC.

SOCIAL SERVICES NEED

Social service is defined by Merriam-Webster as: an activity designed to promote social well-being; specifically: organized philanthropic assistance (as of the disabled or disadvantaged)

Churches, government agencies and non-profit agencies tend to fill in the social service needs of a community. The perception of services available is often an acknowledgement of access and effectiveness of social service agencies. Families and the Community were asked to rate some of the social services in the county in which they live. The results of those surveys are noted here.

Table 15: In thinking about low income families in our community do children and families have adequate access to the following services? - Community Response

Service	Yes	Limited	No
Health	79%	18%	3%
Oral Health	50%	45%	5%
Mental Health	32%	55%	13%
Nutrition	55%	40%	5%
Transportation	11%	71%	18%
Parenting supports	50%	47%	3%
Child Care	32%	66%	2%
Education	76%	24%	0
Job Training	32%	58%	10%
Insurance	53%	37%	10%
Housing	21%	74%	5%
Employment	34%	61%	5%
Disability services	53%	39%	8%

Table 16: In thinking about low income families in our community do children and families have adequate access to the following services? – Staff Response

Service	Yes	Limited	No
Health	81%	18%	1%
Oral Health	81%	18%	1%
Mental Health	56%	37%	7%
Nutrition	67%	33%	0
Transportation	13%	60%	27%
Parenting supports	62%	37%	1%
Child Care	63%	34%	3%
Education	80%	20%	0
Job Training	40%	58%	2%
Insurance	71%	25%	4%
Housing	37%	54%	9%
Employment	43%	56%	1%
Disability services	62%	32%	6%

Table 17: Rate the following services for your county- Black Hawk- Families response

Social Service	Excellent	Average	Poor	Don't know
Mental Health	20%	27%	6%	47%
Disability	20%	23%	2%	55%
Substance Abuse	15%	22%	6%	57%
Emergency Assistant	35%	37%	2%	16%
Crisis Intervention	16%	26%	4%	55%
Domestic Violence	16%	23%	2%	58%
Legal Aid	53%	23%	0	24%
Church	58%	24%	1%	17%
Child Care	44%	39%	2%	16%
School	42%	38%	2%	19%
Parenting Education	28%	45%	2%	25%
Adult Education	24%	26%	6%	44%
Veterans	21%	31%	5%	43%
Job Training	24%	36%	10%	30%
Transportation	21%	37%	13%	29%
Housing	20%	33%	5%	41%
Money Management	23%	40%	4%	32%
Recreation/Culture/Art	20%	27%	6%	47%

Table 18: Rate how adequate you feel the services are in our Community for children and families living in poverty-Community Response

Service	No Opinion	Low	Average	High
Information on Community Service	8%	13%	57%	22%
Recreation	3%	46%	48%	3%
Public Transportation	3%	62%	32%	3%
Foster Care	16%	27%	49%	8%
Police Services	11%	17%	64%	8%
Crisis Intervention	0	38%	57%	5%
Adult Education	0	24%	68%	8%
Job Training	3%	40%	54%	3%
Environmental Health	3%	51%	38%	8%
Child Care	0	46%	43%	11%
Legal Aid	8%	50%	39%	3%
Substance Abuse Treatment	6%	30%	53%	11%
Assistance for people with Disabilities	3%	19%	68%	10%
Schools	0	11%	57%	32%
Parenting Education	0	24%	57%	19%
Emergency Assistance	3%	8%	70%	19%

Transportation, environmental health and legal aid are identified by the community responses as being the least adequate. Families identify transportation, job training, mental health and substance abuse as the least adequate. The large number of families that respond in the don't know category perhaps indicates either a lack of need for that service or a lack of knowledge of the service.

Consideration: Assure staff are familiar with community resources and can share the information with families.

Table 19: Please Rate the following statements to indicate your perceptions of the community social service system- Community Response

Statement	I don't know	Agree	Somewhat agree	Disagree
Children with families receive adequate services as needed	5%	13%	77%	5%
Programs reach all children and families who need them	8%	0	50%	42%
Services are easily accessible to families	0%	16%	60%	24%
Services for children and families are well coordinated	3%	34%	55%	8%
Agencies share information and resources	5%	45%	45%	5%
Referrals are shared between agencies	11%	43%	38%	8%
Inter-agency meetings occur	21%	31%	45%	3%
There is joint planning among agencies	21%	24%	45%	10%
There is problem solving among agencies to solve gaps in services	13%	21%	53%	13%
Agencies make children and families a high priority in terms of providing services	0	58%	26%	16%
Agencies have conflicting rules and eligibility requirements	18%	21%	53%	8%
Duplication of services are a problem	10%	16%	16%	58%

Children and families face barriers to obtaining services	5%	48%	42%	5%
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Table 20: What are the main barriers (choose three) that may prevent low income children and their families from receiving needed services? - Community Response

Barrier	Percentage of respondents that saw this item as a barrier
Not aware of existing services	71%
Agency too far away	13%
Lack of transportation	81%
Agency not open at convenient times	16%
Rules and Eligibility exclude people who need services	26%
Rules and Eligibility are too difficult to understand	29%
Staff are rude or not sensitive to consumer needs	5%
Waiting lists are too long	42%
Agencies do not clearly explain services	8%
Lack of Personal Health Insurance	11%

Table 21: In which of the following areas do children and families, living in poverty, in our community face the greatest challenges? (Choose three)- Community response

Challenge	Percentage of respondents that saw this item as a challenge
Completing high school	26%
Housing	21%
Substance Abuse	29%
Job training	11%
Teen pregnancy	13%
Mental health	58%
Transportation	34%
Child Care	29%
Family violence/child abuse	42%
Availability of good jobs	40%

EMPLOYMENT NEED

Per the 2015-2016 PIR 79% of the families served were employed at least part time. Of the 347 two parent families 50% of those families had one parent working full time and 34% had both parents working outside of the home.

The unemployment rate in the state of Iowa is currently 4.1%

Iowa's Unemployment Rate Decreases to 4.1 Percent in October (Iowa Work Force Development Press Release, Nov. 16, 2016.)

Iowa's seasonally adjusted unemployment rate decreased slightly to 4.1 percent in October. The state's jobless rate was 3.5 percent one year ago, The U.S. unemployment rate was little changed at 4.9 percent in October. "Iowa experienced a slight drop in the unemployment rate in October, despite some layoffs within construction and manufacturing establishments that could indicate this is only a temporary reprieve. Fortunately, Iowa continues to have jobs available and those affected by layoffs appear to be able to find jobs elsewhere," said Beth Townsend, Director of Iowa Workforce Development. "Iowa remains well below the national average of 4.9% which indicates our economy remains stronger than much of the rest of the country." The number of unemployed Iowans decreased to 70,300 in October from 72,600 in September. The current estimate is 10,100 higher than the year ago level of 60,200.

The total number of working Iowans increased to 1,655,200 in October. This figure was 5,000 higher than September and 12,700 higher than one year ago.

Seasonally Adjusted Nonfarm Employment

Iowa businesses shed 4,500 jobs in October and total employment now rests at 1,583,900 jobs. This is the second loss in the last two months and largely due to declines in manufacturing and construction. Service sectors were down 700 jobs due to sluggish seasonal hiring in local government education. Government combined is down just 500 jobs versus last year's level. Despite the monthly drop, over half of the state's sectors added jobs this month.

Employment in education services had the largest drop this month (-2,400). The low showing in education is partially due to the shift in seasonal hiring and may level off as the school year progresses. The education sector remains up 900 jobs annually. The construction sector pared jobs again this month (-2,200) as the summer project season begins to wind down. This past year was nonetheless rewarding for construction workers evidenced by the annual job growth versus last year (+13.2 percent). Manufacturing lost jobs at the nondurable goods level (-1,300) and shed a combined 1,700 jobs this month. While durable goods have been showing recent signs of recovery, nondurable goods factories have shown some signs of weakness lately with jobs being shed in four of the last five months. The last monthly increase for nondurable goods was in May. Job gains this month were led by other services (+2,200). This month's gain snaps a two-month

losing streak for this sector. Other advances in October occurred in leisure and hospitality (+1,200) and trade and transportation (+1,100).

The annual growth rate trended down this month with the state now up just 1.1 percent of last year's mark (+18,000 jobs). The construction sector has retained the employment built up over the past year and thus leads all sectors in job growth (+10,400). Despite the monthly drop, the education and health services sector is up 4,900 jobs annually, followed by leisure and hospitality (+4,000) and financial activities (+3,500). Job losses continue to be led by manufacturing (-5,200) with both durable and nondurable goods factories paring employment now. Professional and business services also lag annually (-3,600) due mostly to cutbacks within administration, support, and waste management services (-3,200). The only other sector posting annual losses was information services (-1,200) which has steadily trended down over the last several years due to changes in consumer and business print and media preferences.

Visit www.iowaworkforcedevelopment.gov/labor-market-information-division for more information about current and historical data, labor force data, nonfarm employment, hours and earnings, and jobless benefits by county. <https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/October%202016%20News%20Release.pdf>

Unemployment rates by County for October 2016 were: Black Hawk 4.4%; Buchanan 3.7%; Grundy 3.3%.

United Way recently released its ALICE Report. ALICE is an acronym for Asset Limited, Income Constrained, Employed. This report references the low-income worker, who may be above the federal poverty guideline, therefore not eligible for Head Start but not able to meet the basic cost of living. The ALICE report for Iowa may be found at: <http://www.unitedwayalice.org/Iowa>. The passage below is from the Executive Summary of the ALICE report.

EXECUTIVE SUMMARY in Iowa, 381,266 households – fully 31 percent – struggled to afford basic household necessities in 2014.

WHO IS ALICE? With the cost of living higher than what most wages pay, ALICE families – an acronym for Asset Limited, Income Constrained, Employed – work hard and earn above the Federal Poverty Level (FPL), but not enough to afford a basic household budget of housing, child care, food, transportation, and health care. ALICE households live in every county in Iowa – urban, suburban, and rural – and they include women and men, young and old, of all races and ethnicities.

WHO IS STRUGGLING? While the FPL reports that only 12 percent of Iowa households face financial hardship, an additional 19 percent (233,027 households) qualify as ALICE.

WHY ARE THERE SO MANY ALICE HOUSEHOLDS IN IOWA? Low wage jobs dominate the local economy: More than 68 percent of all jobs in Iowa pay less than \$20 per hour, with most

paying between \$10 and \$15 per hour (\$15 per hour full time = \$30,000 per year). These jobs – especially service jobs that pay wages below \$20 per hour and require a high school education or less – will grow far faster than higher-wage jobs over the next decade.

The basic cost of living outpaces wages: The cost of basic household expenses in Iowa is more than most of the state’s jobs can support. The average annual Household Survival Budget for an Iowa family of four (two adults with one infant and one preschooler) is \$46,680 -- nearly double the U.S. family poverty level of \$23,850.

Jobs are not located near housing that is affordable: Though economic conditions were not as harsh in Iowa through the Great Recession as in many other states, it remains difficult for ALICE households to find both housing affordability and job opportunities in many Iowa counties. From 2007 to 2012, housing became more affordable while job opportunities remained flat. From 2012 to 2014 housing became more expensive but job opportunities increased.

Public and private assistance helps, but doesn’t achieve financial stability: Iowa households earn 44 percent of what is needed to reach basic financial stability. Assistance provides essential support for households below the ALICE Threshold but cannot lift all households to economic stability. Government, nonprofit, and health care organizations spend \$6.7 billion on services for ALICE and poverty-level households in Iowa to supplement their income, but there is still a 5 percent Unfilled Gap for all households to meet the ALICE Threshold for economic survival. In addition, government spending is increasingly composed of health care spending, which consists of health care services and can’t be transferred to meet other needs like housing or child care. As a result, the gap for households who do not use many health care services can be as much as 42 percent.

The Greater Cedar Valley Alliance is a part of Iowa Workforce Development program called Skilled Iowa. This initiative works with communities, employers and job seekers in developing skills for job seekers and connecting employers and communities to the resources needed to expand the work force. TCCFD is a member of the Greater Cedar Valley Alliance.

Waterloo Community Schools is also beginning a career focus education program. Included in the career choices is the Child Development Credential (CDA). Students choosing this career option would finish High School with a CDA credential and be ready for employment in the Child Care Industry.

Historically, Head Start was a starting point for many families to gain experience through volunteering in their child’s program or to become involve in the decision-making process through Center Committees and Policy Council. One of the initial focuses of Head Start was to teach parents and provide experience for them to enter the work field. An in, (involvement in the program) up, (hiring and training) and out, (moving families into other types of employment) kind of approach was used in the early years. The progression of increased qualifications for teachers and assistant teachers and the need to provide safe nurturing environments through background

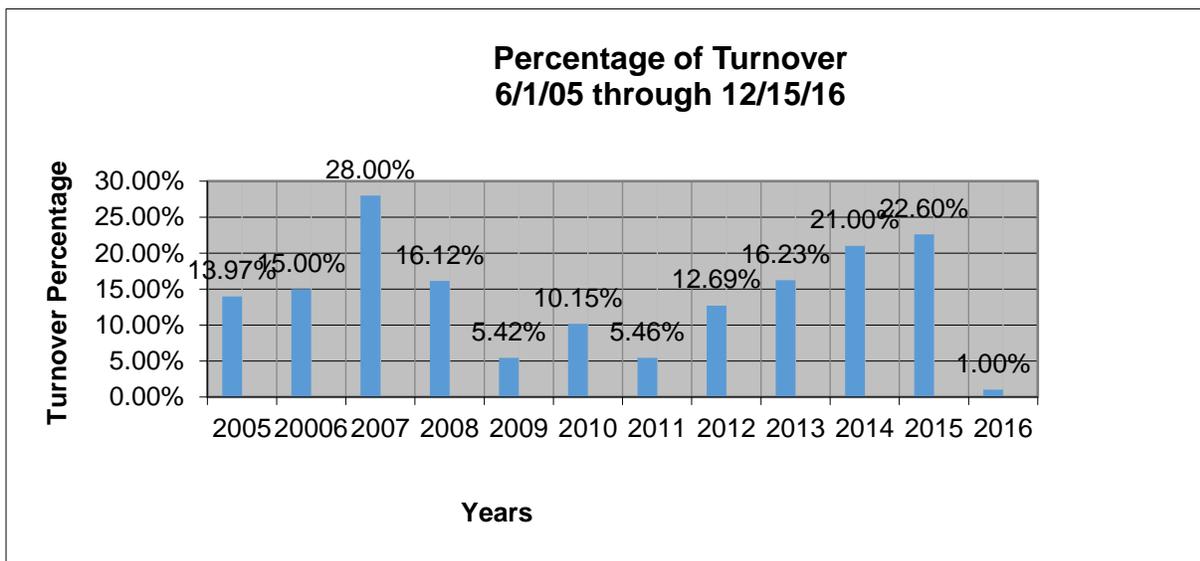
checks has led Head Start programs away from hiring parents as assistants or aides and training them to move forward in the Head Start program. The need to develop additional training programs and find qualified entry level positions is becoming critical.

Consideration: Develop TCCFD as a partner in Skilled Iowa.

Consideration: Support the Waterloo District Career Education CDA program by providing work study and field experiences.

Turnover in the TCCFD work force continues to be an area of concern. During the 2015-2016 program year, there was a 22.6 % turnover rate. The child care industry has an even higher rate. The table below outlines the staff turnover rate for the past 12 years. The lack of annual wage increases, along with the additional demand for qualifications in Head Start, and classroom and home visitor demands contribute to this rate.

Graph 1: TCCFD Staff Turnover over 12 years



TCCFD staff (57%) felt families had limited access to job training programs. The Community responded (57%) that there were adequate to high access to job training programs.

961 families and 1,466 children were served by TCCFD. 76% of the children qualified due to family income at or below 100% of the federal poverty guidelines. 17% of the children were eligible due to receipt of public assistance. Low paying wages are the largest contributor to poverty.

Table 22: Barriers to employment as identified by TCCFD families (Family Survey 2016)

County	Transportation	Child Care	Lack of Job Opportunity	Lack of Job Training	Disability
Black Hawk	2%	9%	7%	4%	5%
Buchanan	5%	10%	2%	2%	5%
Grundy	23%	23%	0	0	15%

Transportation as a barrier to employment is highest in Grundy County, the most rural of the three counties. Grundy County does not have any mass transit and much of the population lives in rural areas and not in towns. Child Care is also the greatest barrier in Grundy County. The access to reliable affordable child care in this county is very scarce. TCCFD does not offer full day center base programming in Grundy County. The services in Grundy County are delivered in the home base program option.

Consideration: Explore ways to provide full day center base programming in Grundy County.

CHILD CARE NEED

Child Care Resource and Referral of Northeast Iowa (CCR&R) serves the TCCFD service area. Each year CCR&R releases statistical data regarding the access and availability of child care as well as the demand. The data also identifies child care providers participating in Iowa’s Quality Rating System (QRS). The information below was taken from the Iowa Department of Human Services (DHS) website: <http://dhs.iowa.gov/iqrs/>

Iowa Quality Rating System is a voluntary child care rating system for child development homes, licensed child care centers and preschools, and child care programs that are operated by school districts.

Ratings reflect information provided by the program at their time of rating. If a program’s child care license or registration is revoked during the rating period, their QRS rating is also revoked. The QRS status of a program does not reflect other infractions that may occur during the certification period. In choosing a child care program, parents should discuss the current licensing status with the program and be aware that child care centers are required to prominently post provisional licenses.

The QRS was developed:

- *to raise the quality of child care in Iowa*
- *to increase the number of children in high-quality child care settings*
- *to educate parents about quality in child care*

There are five levels in the QRS. For a program to be rated at:

Level 1: all the Level 1 criteria must be met.

Level 2: all the Level 1 and Level 2 criteria must be met.

Levels 3-5: all the Level 1 and Level 2 criteria must be met, and then the program must earn a minimum of one point in each of the Level 3-5 categories. For levels 3-5, the level is determined by the total number of points earned.

The criteria for levels can be found on the website. All TCCFD centers have a Level 4 rating. Two of the three child care centers contracted in the EHS-CC Partnership grant have a Level 5 rating and the remaining center has a level 2 rating and is working toward a level 3. Many of the school district partners are currently working on their QRS rating.

In Black Hawk County, there are 9,825 children ages 0-5, 6,509 children ages 6-9 and 4,655 children ages 10-12. 73% of households with children under age 6 have all parents working. The need for child care is high. Per the CCR&R data there are 438 programs listed with them. A total of 7,677 spaces are available through those programs. It would take 96% of the available spaces to serve the birth to five population alone and we know many of the programs operate school age programs for children older than 5. There is a shortage of licensed or registered child care. This leaves families needing to ask other family members or neighbors to watch children.

Of the 438 programs, only 350 of them report accepting DHS Child Care Assistance dollars. This leaves a bigger gap for low income families. Many of the families enrolled in TCCFD programs work in service industry jobs with hours that include evenings and weekends.

In 2015 CCR&R referred 689 families in Black Hawk County with 1,076 children to child care providers. Requests for types of care included: daytime-1,031, evening care-208, overnight care 30 and weekend care 176.

Buchanan County, per the CCR&R data, had 1,733 children 0-5, 1,296 ages 6-9 and 952 10-12-year old's. There are 45 programs listed with CCR&R with 890 spaces available. 80% of households with children under age 6 have all parents working. Only 37of the 45 programs accept DHS Child Care Assistance dollars. Child care is critical in Buchanan County.

CCR&R referred 58 families with 93 children to child care providers in 2015. Requests for types of care were 89 day time, 19 evening care, 3 overnight care and 25 weekend care.

Grundy County has 917 children ages 0-5, 632 ages 6-9 and 469 10-12. 76% of households with children under age 6 have all parents working. There are only 27 programs listed with CCR&R. Those programs have a capacity of 662 spaces. Child care is critical in Grundy County. Out of the 27 programs 24 report accepting DHS Child Care Assistance.

CCR&R referred 16 families with 24 children to child care providers in Grundy County in 2015. Requests for types of care were 24 for daytime care only.

III. Typical work, school, and training schedules of parents with eligible children

TCCFD offers extended hours or full working days at three centers. The hours that best meet the needs of families this program year at EMA are from 6 a.m. – 6 p.m.; at Lily Furgerson 7:00 a.m. – 5:30 p.m.; at Maywood 6:30 a.m.- 5:30 p.m.

In our partner locations with the Waterloo School District and the Jesup School District hour that accommodate most families are 6:30 a.m. – 6:00 p.m. Families are assigned to a center based on their schedule and geographic location.

At the EHS-CC Partner locations the hours that best meet the needs of the participants are 7:00-5:00 at Hawkeye Community College Child Development Center; 7:30-5:30 at UNI Child Development Center and 6:30 a.m. – 6:00 p.m. at the YMCA Child Development Center.

These extended hours are funded through Iowa Department of Human Services Wrap-Around Grants (Wrap). TCCFD is a recipient of this grant opportunity. 213 children are served in the various locations mentioned above. The families must meet certain criteria to be eligible for Wrap programming. Families must be working a minimum of 26 hours per week, or be enrolled full time in school or job training. Families that are working part time and attending school or job training part time are also eligible for services if their total combined hours exceed 26 per week.

Although some families need evening and weekend care those options are not available now. TCCFD did operate a second shift program from 1998-2005. The program was open until midnight. Due to low attendance and operational costs that option was eliminated.

IV. Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools and the approximate number of children served.

Home Visitation: TCCCFD is a subcontractor with Operation Threshold, the Community Action Agency for this service area, in the MIECHV program. As previously identified in the introductory paragraph of this assessment MIECHV is a federally funded home visitation program. TCCFD uses the home base Early Head Start program option model for this subcontracted award. Lutheran Services in Iowa (LSI) also is a subcontractor for the MIECHV program. LSI's HOPES program provides home visiting services to eligible families using the Healthy Families America model. HOPES serves 40 families as a subcontractor and about 125 families in their regular program. Both HOPES and TCCFD Home Base EHS are funded in part through Cedar Valley's Promise. Cedar Valley's Promise is a community collaborative and part of the Early Childhood Iowa Initiative.

Center base: As previously presented Iowa does have State Wide Voluntary Preschool for Districts choosing to participate. One of the quality models for State Wide Voluntary Preschool is Head Start Program Performance Standards. The Districts that TCCFD partners with use HS

Performance Standards as the quality measure. TCCFD is the compliance monitor for those Districts. About 75% of the eligible Pre- K children participate in some form of Preschool.

The state of Iowa also has a Department of Education funded Child Development Coordinating Council program called Shared Visions. The TCCFD service area is home to two Shared Visions classrooms, serving 40 children.

Table 23: CCR&R data 2015 related to county and type of listed care available and capacity.

County	DHS Registered Homes	DE operated centers	DE operated preschools	DE Before and after programs	DHS licensed centers	DHS licensed preschools	Non-registered homes
Black Hawk	164	12	19	11	33	11	188
Capacity	1,748	574	477	339	3,106	493	940
Buchanan	20	0	4	0	5	2	14
Capacity	220	0	146	0	344	110	70
Grundy	12	1	1	1	6	3	3
Capacity	140	25	20	45	291	126	15

As stated previously in the child care need section not all centers, homes and preschools accept DHS funded child care assistance. This makes securing quality child care for low income families challenging.

V. Resources that are available in the community to address the needs of eligible children and their families.

In section I of this document on page 10, resources for families with special needs children are listed. Reference was made to a document titled “What’s Where in Parenting”. That document is available online at <http://www.wheatoniowa.org/webres/File/services/family-birth-center/2014%20Whats%20Where%20in%20Parenting.pdf> The document is a directory of available resources for families with young children in the community. This document primarily covers Black Hawk County.

Buchanan County directory of services can be found online at http://www.bdfempowerment.org/available-services/buchanan_services

Grundy County directory of services can be found online at <http://www.together4families.org/resources>

TCCFD staff uses these documents to help families as requested or needed. Paper copies of these documents are made available as needed. All three of these documents are updated annually.

Iowa also uses the United Way 211 system of services. The website states: 2-1-1 Information and Referral Services, Free, Confidential, Anytime, Anyone. <http://www.cedarvalleyunitedway.org/211> . Get information about resources for basic human needs, physical and mental health, employment support, assistance for older adults and persons with disabilities, support for children and families, and emergency assistance. Call 2-1-1. A trained professional will listen to your situation, access a database of over 840 agencies and resources, and find the best solution possible to fill the need.

VI. Strengths of the community.

Throughout the course of gathering data and information a single strength emerges: The TCCFD Community of Black Hawk, Buchanan and Grundy Counties **works together** to provide services to low income families and their children. Limits of resources such as funding and infrastructure do not meet the needs of all families, but the level of **cooperation and collaboration** between and among service providers is very high. Cedar Valley’s Promise Early Childhood Task Team brings together service providers throughout the community to discuss and advocate on behalf of all young children and their families. This collaborative environment spills over into the entire service area.

Perception of community strengths was the focus of questions posed to both the community survey respondents and the TCCFD staff respondents. There perceptions are identified in the tables below.

Table 24: What Strengths does our community have in serving low income children and their families? Respondents were asked to choose three- Community Response

Strength	Percentage of Respondents that saw this item as a strength
Religion/Churches	47%
Access to Medical Care	68%
Access to Dental Care	34%
Access to Emergency Assistance, clothing, food, shelter, energy	60%
Availability of Child Care	26%
Availability of Housing	11%
Access to Community Services	47%
Access to Mental Health Services	13%
Access to Substance Abuse Treatment	18%
Access to Domestic Violence Services	24%

Table 25: What Strengths does our community have in serving low income children and their families? Respondents were asked to choose three- Staff Response

Strength	Percentage of Respondents that saw this item as a strength
Religion/Churches	41%
Access to Medical Care	54%
Access to Dental Care	46%
Access to Emergency Assistance, clothing, food, shelter, energy	57%
Availability of Child Care	47%
Availability of Housing	9%
Access to Community Services	46%
Access to Mental Health Services	19%
Access to Substance Abuse Treatment	15%
Access to Domestic Violence Services	25%

Both groups rated Access to Medical Care, Access to Emergency Assistance and Access to Community services in the top three strengths of the community. Religion/Churches was also noted as a strength for both groups. Housing and access to mental health, substance abuse treatment and domestic violence services were ranked low for both groups.

Because both survey groups provide services to low income families, the question was posed regarding what perceived strengths low-income families possess. This question was intended to look at perception of service providers toward low-income families.

Table 26: What strengths do low income families in our community possess? Respondents were asked to choose three- Community Response

Strength	Percentage of Respondents that saw this item as a strength
Knowledge of Community Resources	61%
Knowledge of Parenting Skills	8%
Perseverance	45%
Ability to access familial resources	24%
Ability to barter services	16%
Ability to be Resilient	47%
Religious Support	24%
Awareness of what is going on in the community	34%
Judicial and legal knowledge	0

Ability to access Financial Resources	24%
Family Care and Management	13%

Table 27: What strengths do low income families in our community possess? Respondents were asked to choose three- Staff Response

Strength	Percentage of Respondents that saw this item as a strength
Knowledge of Community Resources	53%
Knowledge of Parenting Skills	15%
Perseverance	44%
Ability to access familial resources	28%
Ability to barter services	15%
Ability to be Resilient	53%
Religious Support	25%
Awareness of what is going on in the community	32%
Judicial and legal knowledge	3%
Ability to access Financial Resources	16%
Family Care and Management	22%

Both survey groups rated Knowledge of Community Resources, Perseverance and Ability to be Resilient as the greatest strengths low income families possess.

SECTION C

CONCLUSIONS

Throughout the course of the data gathered, interviews completed and surveys completed several conclusions can be made:

1. The demand or need for high quality child development services is greater than the current capacity.
2. Programming hours do not meet the needs of working families.
3. State Wide Voluntary Preschool programming has improved the access to high quality preschool for young children. The program is limited in scope.
 - a. The current program only addresses four-year-old children or children who will enter Kindergarten in the next school year. Children younger than four have limited access to high quality learning environments.

- b. The school districts do not program to meet family needs. As stated in the document 73-80% of families with children under 6 are working. Programs rarely provide work hour services, leaving families to figure out ways to access services outside of school hours. This means that young children often have multiple care providers throughout the course of the day.
 - c. Children in low income families frequently need additional services to overcome learning deficiencies, such as the word gap. Services provided to younger children have been shown to address those needs.
4. Multiple barriers to self-sufficiency for low income families exist and not all those needs are being met in the community.
- a. Substance abuse treatment, mental health needs and domestic violence services remain areas of greatest concern for families.
 - b. Access to services is available on a limited basis and efforts continue to be made to address these shortcomings.
5. Several considerations were identified throughout the document. The intent of those considerations is to provide information based on data for planning purposes. Those considerations are:
- a. *Consideration: Continue School District partnerships and look to expand partnerships with additional Districts.*
 - b. *Consideration: Continue or improve involvement with Grade Level Reading project.*
 - c. *Consideration: Continue and build relationship with EOC.*
 - d. *Consideration: Continue implementation of physically active curriculum*
 - e. *Consideration: Assure staff are familiar with community resources and can share the information with families.*
 - f. *Consideration: Develop TCCFD as a partner in Skilled Iowa.*
 - g. *Consideration: Support the Waterloo District Career Education CDA program by providing work study and field experiences.*
 - h. *Consideration: Explore ways to provide full day center base programming in Grundy County.*