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## What is a Community Plan?

A community plan is a document that is required by Iowa Law to be completed by local Early Childhood Iowa Areas. The purpose of the plan is to help guide an Early Childhood Area in its endeavor to reach results and improve the well-being of children prenatal through five years of age and their families. The plan is to serve as a “guide” or “roadmap” for the Early Childhood Area in their decision making, planning, and to establish priorities in the community. In addition, the plan identifies community assets, common needs, and gaps in services that help “steer” the Early Childhood Iowa Area.

## Section 1: Geographic Area

The CGHW Early Childhood area serves families who reside in the tri-county area.

*The following school districts are served:*

### CERRO GORDO

Clear Lake  
Mason City  
Newman Catholic School

### HANCOCK

Garner-Hayfield-Ventura  
West-Hancock

### WORTH

Central Springs  
Northwood-Kensett

*The following communities/towns are served:*

### CERRO GORDO

Clear Lake  
Dougherty  
Mason City  
Meservey  
Plymouth  
Rock Falls  
Rockwell  
Swaledale  
Thornton  
Ventura

### HANCOCK

Britt  
Corwith  
Crystal Lake  
Forest City (part)  
Garner  
Goodell  
Kanawha  
Klemme  
Woden

### WORTH

Fertile  
Grafton  
Hanlontown  
Joice  
Kensett  
Manly  
Northwood

### Population eligible for services in the ECIA, and any exceptions to eligibility

All services defined by the board are eligible to citizens of the three-county area.

If a citizen resides in the boundary described above, they may get services even if a preschool is outside of the area.

### Who is part of this comprehensive planning Process?

- County Public Health Services-Provides data and direction with health issues.
- County Board of Supervisors – A representative from each county sits on the board to have equal representation from each county. They help as a board to determine direction of the board.
- Child Care Resource & Referral –Provided data and information about quality preschool and child care initiatives. Helps with communication of the board’s messages to local providers.
- Department of Human Services –Representation on the board to help with directions of policies that help children 0-5.
- Preschools –Input for quality preschool
- Community Action Agency –Provides data and information about health policies and initiatives in the areas.

## Section 2: Community Demographic Data

### Geographic Composition and Demographics:

The three counties are predominantly Caucasian.

Housing- Cerro Gordo County had a lower percentage of owner-occupied housing. All three counties had lower median housing value, and lower median rent than the state in 2000. Hancock and Worth counties had a higher percentage of owner-occupied housing.

Occupation- In 2000, the largest segment of employed persons age 16 or older in Cerro Gordo County was in management, professional or related occupations (28.3%). In Hancock County, the largest segment was employed in production, transportation, and material moving occupations (28.4%), as was in Worth county (27.0%).

Families Receiving Food Assistance- The percentage of the population receiving food assistance has markedly increased over the last 5 years. Hancock and Worth county percentages are consistently significantly less than those of the State as a whole, but Cerro Gordo County's percentages are comparable to those in the State.

### Population: Overview of Population by County

Year	Cerro Gordo	Hancock	Worth	State
1980-Census	48,458	19,833	9,065	-
1990-Census	46,733	12,638	7,991	-
2000-Census	46,477	12,100	7,909	2,926,324
2010-Census	44,151	11,341	7,598	3,046,355
2013-Estimate	43,575	11,094	7,541	3,090,416
2017-Estimate	43,006	10,771	7,469	3,145,711

Source: US Census Bureau

### Population for Ages 0-5

	Cerro Gordo	Hancock	Worth	County Composite	State
2000	3,342	893	557	4,792	
2010	3,038	824	485	4,347	3,046,355
2017	2,415	576	407	3,398	3,090,416

Source: U.S. Census, from files prepared by the Iowa State University Office of Social and Economic Trend Analysis

### Population by Race and Ethnicity

	White	African	Asian	Total	White	African	Asian	Total
<b>2010 Hispanic</b>	CG-1,566 H- 427 W-177	CG-46 H-13 W-9	CG- 23 H-2 W-3	CG-1,691 H- 459 W-211	CG- 177 H-54 W-12	CG- 8 H- 0 W-0	CG-2 H- 2 W-1	CG-201 H- 59 W-211
<b>2010 Non-Hispanic</b>	CG- 40,839 H-10,193 W-7,067	CG- 556 H-71 W-64	CG-372 H-52 W-41	CG-42,402 H-10,434 W-7,264	CG-2,121 H-480 W-370	CG- 61 H- 10 W-13	CG- 17 H-4 W-1	CG-2,330 H- 513 W-397
<b>2017 Hispanic</b>	CG-1,833 H-442 W-190	CG-46 H- 18 W-15	CG-23 H-2 W-3	CG-2,086 H-479 W-226	CG-130 H-62 W-21	CG-1 H- 4 W-0	CG-4 H- 2 W-0	CG-153 H-71 W-24
<b>2017 Non-Hispanic</b>	CG-38,938 H- 10,038 W-7,036	CG-714 H- 79 W-76	CG-476 H- 55 W-41	CG-40,920 H- 10,292 W-7,243	CG-1,985 H-481 W-367	CG-82 H-13 W-15	CG- 24 H- 4 W-1	CG- 2,207 H- 516 W-396

Source: Iowa Data Center: <https://www.iowadatacenter.org/data/estimates/2017/county-asrh-2017est>  
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**Birth Rate:**

	2010	2017
<b>Rate of Births to mothers under age 20</b>	CG-82.3 H-64.8 W- 81.3 State-NA	CG-46.9 H-76.3 W- State-
<b>Rate Per 1,000 Live Births of Out of Wedlock Births</b>	CG-421.8 H-305.6 W- 338 State-342.5	CG-426.3 H-322.0 W- 385.5 State-348.9
<b>Live Birth Rate by County (Rate per 1,000 population)</b>	CG- 11.0 H-9.5 W- 9.3	CG-10.4 H-10.9 W-11.0

Source: Iowa Department of Public Health

**Educational Background:**

Percent with:	Cerro Gordo 2017	Hancock 2017	Worth 2017	State 2017
<b>High School or Higher</b>	93.3%	92.7%	92.3%	91.7%
<b>Bachelors or Higher</b>	21.9%	19.9%	15.3%	27.2%

Source: Iowa Department of Education

**District Enrollment:**

District Name	District #	County	# Enrolled 2013- 2014	# Enrolled 2017- 2018
<b>State Total</b>			478,920.9	486,264.3
<b>Clear Lake</b>	17	Cerro Gordo	1236.7	1324
<b>Mason City</b>	17	Cerro Gordo	3724.7	3639.4
<b>Ventura</b>	17	Cerro Gordo	213.5	NA
<b>West Fork CSD</b>	17	Cerro Gordo	680.1	700.9
<b>Belmond- Klemme</b>	41	Hancock	NA	797.6
<b>Garner-Hayfield</b>	41	Hancock	800.7	882.1
<b>West Hancock</b>	41	Hancock	592.1	544.7
<b>Central Springs</b>	98	Worth	843.6	812
<b>Northwood- Kensett</b>	98	Worth	519.3	508.1

Source: Iowa Department of Education

**Median Income**

	1979	1989	1999	2009	2012	2016
<b>Cerro Gordo</b>	\$36,720	\$33,439	\$35,867	\$44,494	44,762	47,778
<b>Hancock</b>	\$35,657	\$33,877	\$37,703	\$48,040	48,695	54,813
<b>Worth</b>	\$34,875	\$30,491	\$36,444	\$49,371	50,603	49,472
<b>State</b>	\$37,515	\$34,921	\$39,469	\$48,065	51,129	54,570

Source: Data for Decision Makers

### Unemployment Rate

	2010	2017
<b>Unemployment Rate</b>	CG-1,590 H - 360 W- 320	CG- 630 H- 140 W- 100

Source: data.iowa.gov

### Children under Age 0-17 living < federal poverty level

	2010	2017
<b>Cerro Gordo</b>	17%	15.30%
<b>Hancock</b>	13.40%	11.50%
<b>Worth</b>	17.20%	14.50%
<b>State</b>	16.20%	14.60%

Source: Data for Decision Makers

### Child Abuse-Confirmed and Founded

	Cerro Gordo	Hancock	Worth
<b>2007</b>	246	46	47
<b>2008</b>	208	37	29
<b>2009</b>	254	32	19
<b>2010</b>	247	36	25
<b>2011</b>	257	18	13
<b>2012</b>	228	30	24
<b>2013</b>	221	38	28
<b>2017</b>	296	63	34

Source: Prevent Child Abuse Iowa 2001-2006, 2016-2017

### Family Investment Participants

	Cerro Gordo	Hancock	Worth	State
<b>2007</b>	1.1 %	0.6 %	0.4 %	1.4 %
<b>2008</b>	1.1 %	0.8 %	0.4 %	1.3 %
<b>2009</b>	1.2 %	0.8 %	0.8 %	1.4 %
<b>2010</b>	1.1 %	0.5 %	0.8 %	1.5 %
<b>2011</b>	1.1 %	0.6 %	0.6 %	1.4 %
<b>2012</b>	0.9 %	0.6 %	0.5 %	1.3 %
<b>2013</b>	0.8%	0.4%	0.6%	1.2%
<b>2014</b>	0.8%	0.4%	0.6%	1.0%
<b>2015</b>	0.7%	0.2%	0.4%	0.9%
<b>2016</b>	0.7%	0.4%	0.4%	0.8%

Source: Annie E. Casey Foundation

### Juvenile Justice Charges & Allegations

	2010	2017
<b>Cerro Gordo, Hancock, Worth Total</b>	30	11

### Child Care Resources

	6/30/2010	6/30/2017	Provider Population 6/30/18 by county
<b># NAEYC Accredited centers/ preschools</b>			<b>CG Total Programs and Slots: 76/2383</b>
CG	N/A	0	<b>Reg Homes Only: 36/416</b>
H	N/A	0	<b>Licensed Only: 18/1797</b>
W	N/A	0	<b>DE only: 4/80</b>
State	N/A	N/A	<b>Non-Reg only: 18/90</b>
<b># NAFCC home child care providers</b>			
CG	0	0	<b>Hancock Total Programs and Slots: 21/373</b>
H	0	0	<b>Reg Homes Only: 13/160</b>
W	0	0	<b>Licensed Only: 4/162</b>
State	N/A	N/A	<b>DE only: 1/36</b>
<b>QRS Participation – Centers by All Levels</b>			<b>Non-Reg only: 3/15</b>
CG	7	18	
H	1	1	<b>Worth Total Programs and Slots: 18/308</b>
W	0	0	<b>Reg Homes Only: 14/160</b>
State	N/A	624	<b>Licensed Only: 2/119</b>
<b>QRS Participation – Homes by All Levels</b>			<b>DE only: 1/24</b>
CG	15	6	<b>Non-Reg only: 1/5</b>
H	5	3	
W	6	3	
State	N/A	520	
<b># of Statewide Voluntary Preschool Slots/district</b>			
CG	N/A	N/A	
H	N/A	N/A	
W	N/A	N/A	
State	N/A	N/A	
<b># of Licensed total slots</b>			
CG	1157	1797	
H	61	169	
W	60	119	
State	N/A	116625	
<b># of registered slots</b>			
CG	1040	444	
H	180	180	
W	220	168	
State	N/A	31132	

Source: Reported by CCR&R

10/25/18

*Analysis of Community Demographics*

CGHW county population generally decreased between 1980 and 2017. In the opposite the State trend seen an increase in population. CGHW county population 0-5 generally decreased between 2000 and 2017, while older populations generally increased. The State has seen an increase. Indications are that future Census will reflect a continuation of this trend. The race and ethnicity for the area varies between 2010 & 2017 showing increases in some races and ethnicity and decreases in some other areas for all races and ethnicities. The children 0-4 tend to follow the total population trend of varying between categories of White, African and Asian. Rate of births to mothers under 20 has decreased in Cerro Gordo, however in Hancock County this rate has increased. All 3 counties had a higher percentage of population with less than a bachelor's degree in college than the state. In 2017 the indicator perimeters changed, so, the data is reflected in the chart. A decrease in enrollment was seen throughout the area except for Clear Lake, West Fork, Garner Hayfield, and Lake Mills who seen increases. The state overall seen an increase of enrollment. Median income is below state average and is not increasing as fast as the state average. The whole area seen a decrease in unemployment rates. Poverty levels are decreasing statewide for child 0-17 and the 3 counties are following this trend. The rate of confirmed and founded child abuse cases in the area is higher than that of the State of Iowa in all years. However, the Cerro Gordo county rate skews the composite rate because it is nearly double that of the State of Iowa rate, while Hancock and Worth counties have rates comparable to that of the State. All three CGHW counties have a significantly lower percentage of individuals on the FIP Program than does the State of Iowa as a whole. However, rates did increase during the economic down turn in 2008-2010. However, poverty in the three-county area is still high. Juvenile Justice charges and allegations have decreased by more than half since 2010.



## **Section III: Community Needs Assessment**

### Needs Assessment Method Used

Review of area Needs assessments were used this year for the community plan. The board looked at Mercy Medical Center of North Iowa, North Iowa Community Action, Head Start, and Cerro Gordo Department of Public Health. These were chosen at this time due to partnerships to create a unified Needs Assessment. Starting in 2019 a coalition of community partners will be working on producing a unified needs assessment. The Needs assessment will cover areas of Health, Community, Education, Mental Health, Addiction, Childcare, etc. The assessment will cover multiple counties and communities to eventually work towards unified indicators to create the largest change possible.

Each Needs Assessment was assessed for related information to the board's Priorities that have been established. Each of the assessments were compared to each other to determine common needs that have been identified.

### Assessment Overview

Child health and wellbeing are of utmost importance to the community, its families and the community organizations. This summary is comprised of data found in the community health needs assessments (CHNA) from the North Iowa Community Action Organization (2016), Cerro Gordo County Department of Public Health (2016), Mercy Medical Center- North Iowa (2017) and Head Start (2017).

Overarching themes were identified throughout these assessments including childhood nutrition, obesity, access to healthcare, child abuse and physical inactivity. Youth obesity has been a continuous and ever-growing problem in North Iowa. Thirteen-point six percent of area children enrolled in the Women, Infant & Children program (2016) kids aged 2-5 are overweight and 11.7% are obese. Of the children in the Head Start program (2017), 20% are considered overweight and an additional 22% are categorized as obese. That calculates as a total of 42% of Head Start children living at unhealthy weights. With obesity ranked in the Mercy Medical Center CHNA as the number 4 overall significant health need in the area, access to healthy food was ranked closely after at the number six most significant need. Healthy food and physical activity are the formula for a healthy weight, yet according to the Iowa Youth Risk Behavior Factor Survey, 48.5% of children were not physically active at least 60 minutes per day on 5 or more days. Conversely, 23.5% of these students watched television for 3 or more hours per day on average (2012). This behavior can be prevented by empowering children 0-5 with a childhood that promotes physical activity and regulates screen time.

Additional needs data that affects children 0-5 include, area child abuse rates are well above the state average at 24.1 cases per 1,000 population with the state rate at 17 per 1,000 population (2016). Food insecurity continues to affect children with local rates of families receiving the Supplemental Nutrition Assistance Program (SNAP) are higher at 12.6%, compared to Iowa's rate at 11.2% and the national rate at 12.4%. Vaccine coverage for 2-year olds is still well below 100% at 77% locally and 69% as a state average (2016).

According to respondents of the 2016 Cerro Gordo County Department of Public Health Community Health Needs Assessment (CHNA), the top 5 most important factors for a healthy community were access to health care, healthy behaviors, healthy economy, access to healthy food and a clean environment. Conversely, similar factors were identified as significant health needs or challenges in the community by the Mercy Medical Center- North Iowa CHNA such as obesity, lack of healthy foods, lack of healthcare providers, and lack of social and emotional support. Through the analysis of the area's community health needs assessments, it is clear that the most important factors to our community are the very same factors that are lacking and need support. Community components such as medical care, healthy food, and healthy behaviors are all ingredients to enable families to raise and support positive development of our most vulnerable population, our children 0-5 years old.

**Identified Community Relationships**

Mercy Medical Center North Iowa, Cerro Gordo Department of Public Health, Prairie Ridge Integrated Health, Turning Leaf Counseling, North Iowa Community Action, Community Health Center, Mason City PD, Cerro Gordo County Sheriff, Youth Shelter Services, Four Oaks, Transition Center, North Iowa Vocational Center, Mason City Youth Task Force, One Vision, CCR&R, Area School Districts.

These partners are a part of coalition meetings that are used for community planning, data, and needs assessments moving forward.

**Analysis of the Information collected to identify indicators**

Indicator	Rationale for Selection of Indicator
<i>Childhood Immunizations</i>	<i>This is a continued indicator. It was determined that the existing childhood immunization was decreasing in some areas. However the board has not been able to obtain goal set in last Community Plan. In recent years many news stories have attributed autism to vaccinations and has created many parents alarmed about getting their child vaccinated. The board felt strong that this area still needed to be strengthened in the area.</i>
<i>Childhood Obesity</i>	<i>This is a continued indicator. The board felt that the three-county area continues to be high. However, the area's numbers have reduced in the past 3 years. The health agencies in the area have started working in recent years to curb the obesity problems in our state. The board felt that it has become a health issue to our children in the area and with reduction of numbers find that current funded programs maybe helping with the issue in our three counties. Across all needs assessment that were reviewed, this was a common concern.</i>
<i>Child Preventative Dental Services</i>	<i>This indicator was continued. The area preventative dental services are below the state average in the past few years. The board also felt that it is important for young children to have preventative dental services, so children are ready to learn.</i>
<i>Child Abuse 0-5</i>	<i>This indicator was previously an indicator and the board felt that the data has not made a significant change towards the better. Child abuse in the three-county area is higher than the state average.</i>
<i>Quality Childcare/Preschool</i>	<i>This indicator was previously an indicator and the board felt that the data has changed during a period when there was more support from the state and the area board. In the past three years the QRS numbers have increased maintained. However with state changes upcoming for the QRS program, the board felt that reeducation and promotion will be an important message.</i>

**Adopted Indicators**

Complete the following matrix for the indicators adopted by the ECIA Board, and link each indicator to the state result areas.

*For column 2 of the matrix, use the following key:*

*A – Children Ready to Succeed in School*

*B – Healthy Children*

*C – Secure and Nurturing Families*

*D – Safe and Supportive Communities*

*E – Secure and Nurturing Child Care Environments*

**EARLY CHILDHOOD IOWA AREA INDICATORS**

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify Year					Goal (numerical value & projected timeline)	Progress Update (Brief Analysis of data)
				2014	2015	2016	2017	2018		
Childhood Immunization	B	Iowa Department of Public Health-% Fully Immunized by 24 months	2009 CG-89% H-60% W-100%	2014 CG-77% H-74% W-70%	2015 CG-86% H-72% W-65%	2016 CG-87% H-84% W-70%	2017 CG-86% H-77% W-69%	Goal By 2022 95% Immunized by 24 Months	In the three county area the number of immunizations have increased in past years. Current programs, have seen an increase in clinics auditing patients and doing more follow up immunizations. The area continues to see a rise in immunizations in the 3 counties. <b>2-4 Years Strategies:</b> -Continue to promote programing that helps identify immunization needs, and connects with parents to get immunizations updated and completed.	
0-5 WIC Children Defined Overweight	B	IDPH Pediatric Nutrition Surveillance % $\geq$ 95 <sup>th</sup> At risk Overweight children in the WIC Program.	2017 CG-911 H-119 W-33 New Baseline Data due to changed data source.*					Goal By 2022 8% or less to be above the 95% percentile by the age of 5.	In past data with WIC, the trend shoed some decrease in the three county area. However data is no longer provided. The area partnered with CGDPH, and Mercy to get numbers that are reported obese under the age of 5. The new data is hopefully will be more accurate due to a larger portion of the area reported. <b>2-4 Years Strategies:</b> -Continue to promote programing that targets healthy eating, exercise and increased nutrition. -Promote expansion of data gathering to gain true numbers of the 3 county area.	
0-5 Children Receiving Preventative Dental Services	B	IDPH-EPSTD Dental Services Reports. Percent Receiving any Dental Services	2010 CG-46.81% H-50.47% W-42.35%	2014 CG-44.47% H-51.42% W-39.17%	2015 CG-45.39% H-48.89% W-46.12%	2016 CG-51.4% H-49.82% W-39.35%	2017 CG-48.11% W-49.26% W-47.49%	Goal By 2022 90% of children by age 5 Receiving Preventative Dental Services	The number of those children 0-5 receiving preventative dental care has increased on average. More services are available due to state and local grants for Dental screenings in school environment. More children's dental centers have opened in the past few years within the area. A new community Health Clinic has opened providing Medicaid Dental services. <b>2-4 Years Strategies:</b> -Continue to promote programing that opens opportunities to dental care.	

Child Abuse	C, D	IDHS Age range of child victims of confirmed or founded child abuse	2008 CG-67.3% H-54.1% W-51.7%	2014 CG-50.0% H-45.5% W-66.7%	2015 CG-46.8% H-42.3% W-80.0%	2016 CG-52.1% H-76.9% W-60.0%	2017 CG-57.9% H-48.1% W-52.2%	Goal By 2022 5% decrease in the three county area.	In 2008 data was the highest year in the three county for child abuse with 57.7% average. Overall the area as a whole is higher than the state abuse rate. Current trends show a decrease in child abuse rates in the three counties 2008 to 2015. However rates are starting to rise as of 2016, and continued in 2017. <b>2-4 Years Strategies:</b> -Continue to support programing to reduce child abuse by increased parent support.
Quality Childcare/Preschool	E, A	CCR&R QRS Numbers Home & Centers, Level 1-5	2009 CG-20 H-3 W-2	2014 CG-23 H-6 W-4	2015 CG-19 H-3 W-4	2016 CG-19 H-3 W-3	2017 CG-21 H-4 W-3	Goal by 2022 is to maintain 28 participants with the new QRS system.	In 2010 the area had a large increase of participation. During that period a lot of financial incentives caused providers to sign up for QRS. Since that time those incentives have decreased and so have the numbers of participation. In 2017 there was an increase in the number of participants in Cerro Gordo and Hancock Counties. <b>2-4 Years Strategies:</b> -Continue to promote quality child care and Preschool through supporting programs that promote quality.

## **Section IV: Fiscal Assessment**

### ***Early Childhood Iowa Area Board's Fiscal Assessment Background of Fiscal Assessment Requirements***

According to Iowa Code, an Early Childhood Iowa Area at a minimum is required to identify all federal state, local, and private funding sources available in the Early Childhood Area that are being used to provide services to children from prenatal through age five. The Early Childhood Area is also to provide a description of how the funding sources will be used collaboratively. The required fiscal assessment is to include a description of the process used to gather the information and must present a good faith effort in gathering the funding amounts.

### ***Gathering of Fiscal Data***

The fiscal assessment information was collected utilizing emails to local organizations that work with early childhood programming. The majority of the required fiscal information is public record, however, obtaining complete information was challenging. It is unknown as to why this information is difficult to obtain. Some organizations refused to give information for the effort. Although the request stated the purpose and how the information would be used, it appears that some of the organizations did not understand the intent or the value of providing the information. The board felt that not enough information was gathered at this time to use any of it to impact any decision of the board. The board does have an initiative to ensure that the funds are not duplicating any services in the area and that programs try to get other funds to help support their program. This has been an area that the board has always struggled with getting local cooperation to gain a good picture of current fund usage in the three counties. The board continues to look at new ways to discover this information.

### ***Use of Fiscal Data and Resource Mapping***

The Area board as well as community partners utilizes this information many ways. The fiscal data collection assists in the following ways:

- assesses the needs of the community from the agency perspective
- reviews the availability of community resources
- examines the sustainability of programs
- suggests other possible funding sources available for programming

**ECIA FISCAL ASSESSMENT (CONDUCTED FY'SEPTEMBER 2018)  
AGENCY AND ORGANIZATION SERVICES**

<b>Early Care and Education</b>	<b>Target Population</b>	<b>Region</b>	<b>\$ estimate</b>	<b>Data</b>	<b>Source/Year</b>	<b>Federal, State, or Local Funds</b>	<b># Served</b>	<b>Name of program/project/service</b>
Child Care Home Providers	Child Care Providers-Registered, Licensed and DE	2	\$43,982.57		FY18	Federal	145	Iowa CCR&R of NE Iowa
Child Care Centers	No Entity Reported							
Head Start	3-5 year olds; 100% of poverty	NICAO 9 counties	\$2,294,290		2018	Federal, State	227	Head Start
Early Head Start								Early Head Start
1st Five	Children 0-5	NICAO 9 counties	\$215,000	1st Five-works with area medical providers to implement standardized developmental screening for children 0-5, and works with families with identified needs to link them to designated resources and services.	2018 IDPH TAV	State Dollars	76 families and 68 providers	1st Five
Preschool Statewide Voluntary Preschool	No Entity Reported							
Preschool Shared Visions	No Entity Reported							
CCR&R Training Consultation	No Entity Reported							

Family Support and Parent Education	Target Population	Region	\$ estimate	Data	Source/Year	Federal, State, or Local? Funds	# Served	Name of program/project/service
Home Visiting Programs	Head Start children	Cerro Gordo County	\$5,500	Tobacco use	IDPH FY17/18	State	CG Co. Head Start attendees	Tobacco Use Prevention and Control Community Partnerships
Home Visiting Programs	Prenatal mothers and children 0-5	Cerro Gordo, Hancock, and Worth County	FY 18-19	DAISEY entry-	Empowerment Grant	State	FY 17-18	
			\$201,533.51	Demographics			Children 69	Family Connections
			\$1,679.44 per unit	LSP			Families 52	
							Home Visits 526	
Parent Education Programs	Prenatal mothers and children 0-5	Cerro Gordo, Hancock, and Worth County	FY 18-19	DAISEY entry-	Empowerment Grant	State	FY 17-18	
			\$20,000.00	Demographics			Children 99	Family Connections
			\$259.44 per unit	LSP			Families 102	
							Group Meetings 139	
Child Abuse Prevention Services (Map located at 8 = DRAFT 8-11-17 DHS website	No Entity Reported							

Child Health	Target Population	Region	\$ estimate	Data	Source/Year	Federal, State, or Local? Funds	# Served	Name of program/project/service
Child Health	Children 0-24 months in need of immunizations, Adolescents 13-17 years in need of immunizations, school age children in need of flu vaccine	Cerro Gordo & Surrounding counties	Immunization Grant: \$23,898	IRIS: 2,567 vaccines (including flu) administered to children 0-18 years through the Cerro Gordo County Dept. of Public Health (some of these under this grant)	Private insurance/vaccines for children/IDPH	State	2,567 vaccines (including flu) administered to children 0-18 years through the Cerro Gordo County Dept. of Public Health (some of these under this grant)	Immunization Services Grant
	0-24 month old children	Cerro Gordo, Worth, Hancock	North Iowa Children's Alliance \$19,232.56	487 vaccines administered to 147 patients at the Cerro Gordo County Dept. of Public Health	North IA Children's alliance FY 17/18		487 vaccines administered to 147 patients at the Cerro Gordo County Dept. of Public Health	Calling the Shots Program
	Low income families with children under 6	Cerro Gordo County	\$422,293	Programmatic	FY17/18	Federal – Funded by the U.S. Dept. of Housing & Urban Development	64 children, 44 adults	Cerro Gordo County Lead Hazard Control Program
Preventive/needed health care First Five? MCH	Youth	Cerro Gordo County	\$4,080	Tobacco use	IDPH FY 17/18	State	Tobacco use BRFS	Tobacco Use Prevention and Control Community Partnerships
Early Intervention (Early ACCESS, CDD, CHSC)	Infants and Toddlers 0-3 with delays or diagnosed disabilities	Early ACCESS		Specialized Home visiting support, SC, ECSE, PT, OT, SLP, CHSC,	2017-2018	Federal & State	130 ref & eval	
		Cerro Gordo, Hancock, Worth					52 active services	



Dental Health Services – (I-Smile or others) I-Smile (identifies a dental home for families and links children to needed care) and I-Smile@School (provides dental screening, fluoride varnish and sealants to children in those schools with a higher incidence of students qualifying for free and reduced lunches.	Children 0-12	NICAO 9 counties	\$100,557		2018 IDPH TAV	Fed, State, ECI and Private/Other	1800	
Nutrition Service- WIC	0-5-year olds	Cerro Gordo, Hancock & Worth	\$11,285	Childhood obesity	North Iowa Children's alliance	State	2,300	
Nutrition Services	Children < 5, Pregnant and postpartum women	NICAO 9 counties	\$591,738	provides supplemental foods and nutrition education for women (pregnant, breastfeeding and less than 6 months postpartum), infants and children < 5	2018 IDPH Focus	Federal from Dept. of Agric.	2700	
Community-based groups serving young children	Children 0-21	NICAO 9 counties	\$74,809	Child and Adolescent Health-provides developmental screening, oral health and health care coordination & referral, presumptive eligibility for Medicaid	2018 IDPH TAV	Federal and State	3200	

				coverage, and informing of Medicaid covered services.				
Family and Neighborhood Engagement	No Entity Reported							