



Iowa

Early Childhood Development Facts

Prepared by the Children's Defense Fund, March 2005

Approximately 233,000 of Iowa's children, or 30.8 percent of the population younger than 19, were living below 200 percent of the Federal Poverty Level (\$16,090 a year in 2005 for a family of three),¹ according to the U.S. Census (three-year average for 2001, 2002, and 2003).²

Quality Child Care Is Unaffordable for Many Working Families

In the United States, only one in seven eligible children receives federal child care assistance. The lack of good child care can make it extremely difficult for parents to get or keep a job. Parents need reliable child care in order to be productive at work. Nationally, the formal child care sector enabled parents to earn more than \$100 billion annually in 2001 by making it possible for them to work. These additional wages, in turn, produced almost \$580 billion in total labor income. Even though some assistance is available to help low-income families afford child care, funds are severely limited. Currently, no state serves all families eligible under federal guidelines.³

- In Iowa, a two-parent family, with both parents working full-time for the minimum wage (\$21,424 a year before taxes), would spend 29 percent of their income on center-based child care for one child at the market rate in an urban area.⁴
- The maximum annual income eligibility for child care assistance for a family of three in Iowa in 2004 was \$21,936. This represents 42 percent of the state median income.⁵
- The average annual cost of center-based child care for a four-year-old in an urban area in Iowa in 2000 was \$6,198.⁶ The average annual cost of public college tuition in Iowa in 2000 was \$2,998.⁷
- In Iowa, the federal Child Care and Development Block Grant (CCDBG), the major source of funding for child care assistance, served an average of 14,100 children per month in 2003.⁸
- In early 2004, there was no statewide waiting list for child care assistance in Iowa.⁹

Safe, Healthy and High Quality Care

Over the past several years, research has confirmed the importance of early care and education experiences. Children develop at a tremendous rate during their first few years of life. High quality care and education during this crucial period foster children's healthy and successful growth. Despite the importance of high quality care, studies repeatedly have shown that far too many American children are in poor quality care, which jeopardizes their development, safety, and well-being. Low-income children, who are in greatest need of quality care, are especially at risk.

- Iowa does not require teachers in child care centers to have any ECE pre-service training. The state does not require a license for family child care providers, but accepts voluntary licensing of providers in small family child care homes. There is no ECE preservice training for providers in large family child care homes prior to serving children.¹⁰
- Iowa does not meet the National Association for the Education of Young Children's recommended child-per-caregiver ratios, permitting a single caregiver in a center to care for up to 12 four-year-olds at a time, despite the fact that experts recommend no more than eight to ten children per adult.¹¹
- Child care workers in Iowa earn an average hourly rate of \$7.44 or \$15,470 annually. These low wages are closely linked to rapid turnover among child care providers.¹²

Head Start

Despite 40 years of investment and a proven track record in helping children and families succeed, Head Start only serves about half of all eligible preschool-age children while Early Head Start serves less than 3 percent of eligible infants and toddlers.

Since 1965, Head Start has helped more than 22 million children build the confidence and skills they need to succeed in school and in life. Head Start, a comprehensive health, nutrition, education, and social services program that promotes school readiness in low-income children, is under-funded. Over half of Head Start programs have made cuts in the past year and millions of children are not getting the services and support they deserve.

Head Start is one of the most researched and evaluated early childhood programs in America. According to FACES, the latest study conducted by the federal Department of Health and Human Services, Head Start is giving children what it promises—a head start in preparing them for school. The data show that the program narrows the gap between disadvantaged children and all children in vocabulary and writing skills and that Head Start children are leaving the program ready to learn. Additionally, once in kindergarten, Head Start graduates make substantial progress in vocabulary, letter recognition, math skills, and writing skills relative to national averages.

- In 2004, Iowa allocated \$51,049,850 for Head Start and served 7,775 children.¹³
- In the 2003-2004 program year, 64.2 percent of Head Start enrollees identified themselves as Caucasian. The second largest ethnic group at 12.9 percent was Black or African American.
- English was reported by 88.3 percent of Head Start enrollees as the most common language spoken at home. The second most common language spoken at home, spoken by 9.6 percent of enrollees, was Spanish.
- In the 2003-2004 program year, 36.3 percent of Head Start participants were enrolled in a full-day, full-week program.
- The majority of children enrolled in Head Start are three- and four-year-olds. In the 2003-2004 program year, 33.3 percent of the enrollees were three-year-olds and 48.9 percent were four-year-olds.¹⁴

Pre-kindergarten

Throughout the last two decades, there has been a growing interest in the development and education of young children—particularly low-income children—in the years just before they enter school. Early education has been a fundamental part of the education reform agenda since 1989, when the nation's governors and the first President Bush signed the National Education Goals. The first of these national education goals stated that by the year 2000, every child would enter school ready to learn and that access to a high-quality early childhood program was key to meeting this goal. This goal has not yet been achieved, but efforts to help all children become better prepared for school continue. These include pre-kindergarten initiatives, which are supported through a variety of private and public sources at the federal, state, and local levels.

- In 1989, state funding was appropriated for early childhood initiatives to promote the health and well-being of young children at-risk of later school difficulties. At this time the comprehensive child development program, Shared Visions, was established to serve three- to five-year-old children. At least 80 percent of the available slots are for children who qualify based on family incomes below 130 percent of poverty. Up to 20 percent of the children may qualify based on secondary risk factors, such as exhibiting developmental delays, low birth weight, having teen parents or parents who are incarcerated or have not completed high school, are homeless, or in foster care. Programs are required to be accredited by the National Association for the Education of Young Children by their third year of funding. The initiative has a strong comprehensive services component, requiring that programs develop a plan for addressing health and safety issues, medical needs, social services, and nutrition.^{15,16}
- In 2002-2003, total state spending for the Shared Visions pre-kindergarten program was \$6,887,531 for 2,355 children.¹⁷

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- ¹ U.S. Department of Health and Human Services. (2005). *2005 Federal Poverty Guidelines*. (Washington, DC: U.S. Department of Health and Human Services). *Federal Register*, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375. Retrieved from the Internet at <http://aspe.hhs.gov/poverty/05poverty.shtml> on March 28, 2005.
- ² U.S. Census Bureau, Housing and Household Economic Statistics Division. (2004). *Low Income Uninsured Children by State: 2001, 2002, 2003*. (Washington, DC: U.S. Census Bureau). Retrieved from the Internet at <http://www.census.gov/hhes/hlthins/liuc03.html> on March 28, 2005.
- ³ M. Cubed. (Fall 2002). *The National Economic Impacts of the Child Care Sector*. Study sponsored by The National Child Care Association.
- ⁴ Calculations by the Children's Defense Fund.
- ⁵ Schulman, Karen and Helen Blank. (September 2004). *Child Care Assistance Policies 2001-2004: Families Struggling to Move Forward, States Going Backward*. (Washington, DC: National Women's Law Center).
- ⁶ K. Schulman. (2000). *The High Cost of Child Care Puts Quality Care Out of Reach for Many Families*. (Washington, DC: Children's Defense Fund).
- ⁷ U.S. Department of Education, National Center for Education Statistics, Digest of Education Statistics 2000, Table 314. (2001). (Washington, DC: U.S. Department of Education). Calculations by the Children's Defense Fund.
- ⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. (2005). *Child Care and Development Fund Average Monthly Adjusted Number of Families and Children Served (FY 2003)*. (Washington, DC: U.S. Department of Health and Human Services) Retrieved from the Internet at <http://www.acf.hhs.gov/programs/ccb/research/03acf800/table1.htm> on March 28, 2005.
- ⁹ Schulman, Karen and Helen Blank. (September 2004). *Child Care Assistance Policies 2001-2004: Families Struggling to Move Forward, States Going Backward*. (Washington, DC: National Women's Law Center).
- ¹⁰ U.S. Department of Health and Human Services, Administration for Children and Families, National Child Care Information Center. (2004). *Child Care Licensing Requirements (August 2004): Minimum Early Childhood Education (ECE) Preservice Qualifications, Orientation/Initial Licensure, and Annual Ongoing Training Hours for Family Child Care Providers*. (Washington, DC: U.S. Department of Health and Human Services). Retrieved from the Internet at <http://nccic.org/pubs/cclicensingreq/cclr-famcare.html> on March 28, 2005.
- ¹¹ U.S. Department of Health and Human Services, Administration for Children and Families, National Child Care Information Center. (2004). *Center Child Care Licensing Regulations Child: Staff Ratios and Maximum Group Size Requirements (August 2004)*. (Washington, DC: U.S. Department of Health and Human Services). Retrieved from the Internet at <http://nccic.org/pubs/cclicensingreq/ratios.html> on March 28, 2005.
- ¹² U.S. Department of Labor, Bureau of Labor Statistics. (2003). *November 2003 State Occupational Employment and Wage Estimates*. (Washington DC: U.S. Department of Labor). Retrieved from the Internet at www.bls.gov/oes/current/oesrcst.htm on March 28, 2005.
- ¹³ U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau. (2005). *FY 2004 Head Start Program State Allocations and Enrollment*. (Washington DC: U.S. Department of Health and Human Services). Retrieved from the Internet at <http://www2.acf.dhhs.gov/programs/hsb/research/2005.htm> on March 28, 2005.
- ¹⁴ Calculations by the Children's Defense Fund based on the *Head Start 2003-2004 Program Information Report (PIR)*.
- ¹⁵ Children's Defense Fund. (to be released in 2005). *Seeds of Success*. (Washington DC: Children's Defense Fund).
- ¹⁶ National Institute for Early Education Research. (2004). *The State of Preschool: 2004 State Preschool Yearbook*. (Washington, DC: National Institute for Early Education Research).
- ¹⁷ *Ibid.*