

**Iowa Community Empowerment
Annual Report, State Fiscal Year 2009
July 1, 2008 through June 30, 2009**

INSTRUCTIONS:

1. Please submit the following information utilizing the format provided. Additional pages and information may be included.
2. The annual report is due September 15, 2009.
3. A completed and signed original report should be submitted to the following address and **electronically** to the following e-mail:

Iowa Empowerment Board
Attn: Shanell Wagler
Office of Empowerment, Department of Management
Room 12, Ground Floor
State Capitol Building
Des Moines, IA 50319
Shanell.wagler@iowa.gov

Date This Report Approved By The Local CEA Board: September 8, 2009

Name of Community Empowerment Area: Linking Families and Communities

Counties/Area Served: Calhoun, Pocahontas and Webster Counties

Website: www.linking-families.com

Current Board Chairperson: Paul Beneke

Current Fiscal Agent: Linking Families and Communities

Signature: _____

Address: 26302 610th Street
Palmer, IA 50571

E-mail: pmcrb@palmerone.com

Signature: _____

Address: 822 Central Avenue, Ste. 340
Fort Dodge, IA 50501

E-mail: estanek.linkingfamilies@frontiernet.net
Federal ID Number: 42-1595304

Contact Person for the Community Empowerment Area: Elizabeth Stanek
(if different from the Chairperson)

Address: 822 Central Avenue, Ste. 340
Fort Dodge, IA 50501

Phone: (515) 955-5437 FAX: (515) 955-3601

E-mail: estanek.linkingfamilies@frontiernet.net

SECTION I –

a. **Current Community Empowerment Board Composition on September 15, 2009**

A. Number of Board Members (Board Size):

B. Membership Identification. Complete the table below for members on the CEA Board

Column 1 - Name of each board member, starting with Chairperson. Identify any other officers (as determined by your CEA board bylaws.)

Column 2 – Identify the member’s representing the required membership. Note the Faith, Business or Consumer representative member may also qualify as citizen/elected.

Column 3 - Name of board members’ employer; list the occupation if self employed

Column 4 – Name of service or program which receives Community Empowerment (CE) funds

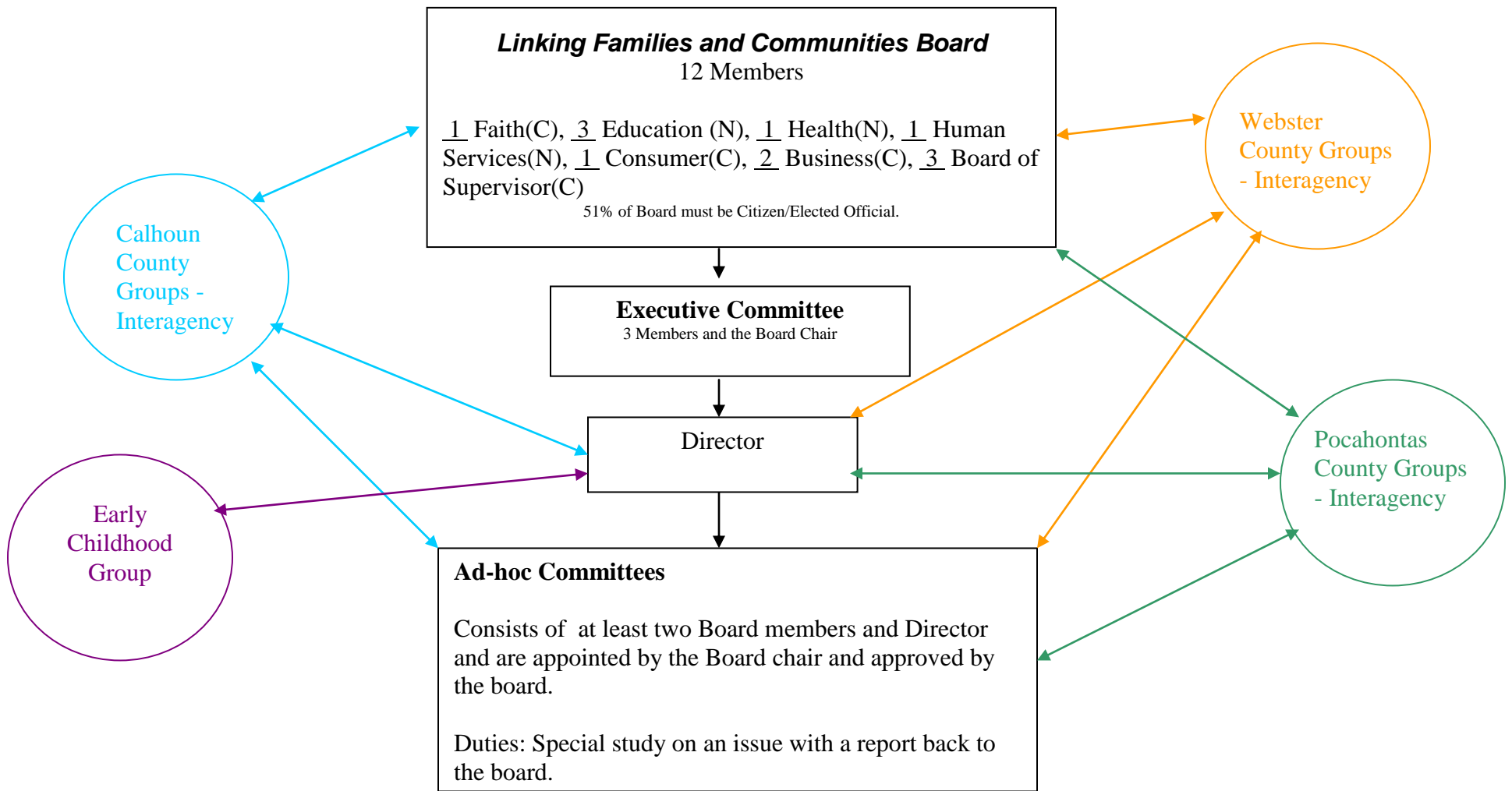
Column 5 – The three “Not Applicable” members per Iowa Code are already marked. All other members must be identified as “Citizen”, “Elected”, or “No” in column 5 according to the definitions of IAC for Community Empowerment, 349, Chapter 1. If elected, state to what office. (“*Citizen*” means a resident of the empowerment areas, who is not an elected official or a required representative for education, health, and human services, or a paid staff member of an agency whose services fall under the plan or purview of the community board. A citizen representative may also represent faith, consumer or business.) For assistance in determining which members meet this definition, refer to Tool EE in the Empowerment Toolkit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ee.pdf.

If the board does not meet the membership representation criteria, attach the CEA board’s plan of how they will meet requirements.

Column 1 Name	Column 2 Representation	Column 3 Name of Employing Organization	Column 4 Member or Employing Organization receives CE Funds either directly or indirectly	Column 5 Citizen/Elected Representative
Chair: Paul Beneke	Board of Supervisors	Pocahontas County	No	Elected Official
Vice Chair: Dean Hoag, Sr.	Board of Supervisors	Calhoun County	No	Elected Official
LuAnn Burgers	<i>Required human services</i>	Department of Human Services	No	Not Applicable per IA Code
Tammy Varland	<i>Required health</i>	North Central Home Care	Yes	Not Applicable per IA Code
Nicole McChesney	<i>Required education</i>	Rockwell City-Lytton CSD	Yes	Not Applicable per IA Code
Madaï Taylor	<i>Required faith</i>	Agape Church	No	Citizen
Liz Wessels	<i>Required business</i>	Wessels Oil	No	Citizen
Kelly Vonnahme	<i>Required consumer</i>	Vonnahme Chiropractic	No	Citizen
Jim Dick	Education	Prairie Valley CSD	Yes	Not Applicable per IA Code
Joe Kramer	Education	Pocahontas Area CSD	Yes	Not Applicable per IA Code
Phil Condon	Board of Supervisors	Webster County	No	Elected Official
Brad Assman	Business	Union State Bank	No	Citizen

b. **Organizational Structure** – (Based on the 5 bullets below..)

- Describe your organizational structure (optional chart may be attached).
- Describe how the board functions, communicates, plans and interacts as a decision-making board.
- Describe how the board functions, communicates and plans with partners in the community.



Each board member is active in his/her own community/circle. This enhances the board's function. Board members will bring information in that they have learned from their community as well as communicate out to their communities regarding actions taken by the board. It is every member's duty to communicate with the community. The board also relies on its director to channel communication to and from the board. The director attends community meetings and has relationships with providers that assist with communication, planning and the implementation of programs and services for the area. The board uses their time efficiently through the use of Ad-hoc committees to further study special topics/issues. Ad-hoc committees report back to the board and the board takes up the issue. The board also uses the Executive Committee to assist with supervision and employee issues as well as preliminary study of bigger issues that may face the board.

- Describe the process the Board utilizes to track expenditures for the Community Empowerment funding.

The Board takes action during regular board meetings after receipt and review of the monthly financial statements that are prepared by a local CPA firm. The Board also reviews expenses as tracked by the Director to ensure that projects and spending are on target.

- Describe a difficult situation or new process that the board experienced this year. Please include a summary as well as lessons learned by the board because of the situation or new process.

In the past the Board had offered preschool transportation to eligible families through bus passes or mileage reimbursement to families. The Board discontinued that program as they were discouraged from providing mileage reimbursement to families by the state as well as a growing need for preschool scholarships. During FY09, the Board decided to offer transportation assistance again due the continued need for transportation by preschool parents and the slightly reduced need of preschool tuition scholarships due to the implementation of the State Wide Voluntary Preschool Program. The Board formed an Ad-hoc committee on preschool transportation. The Committee met on the topic and provided a framework for the allocation of funds as well as documents to assist preschools and reported back to the full Board. The Board accepted the recommendation and it was implemented.

SECTION II – Community Plan and Collaborative efforts to Achieve Results

Community Plan Updates

Provide a brief list or narrative of changes, deletions, or revisions if any, to the community plan.

(If you are seeking to be redesignated as a Community Empowerment Area at this time, please submit a copy of your up to date plan with your annual report.)

Many changes have been made to the Strategic Plan (please see our Strategic Plan for more information). We are going through Redesignation on October 29, 2009 and have spent the year and a half prior working on community assessments and board functioning. We have changed our indicators to better reflect our communities' progress on the five result areas as well using data that is easily collected. As a result of our assessments, we have changed our priorities to: Quality Child Care, Parent Education, , Mental Health, Access to Resources and Transportation.

Community Collaborative Efforts

Definition adopted by Iowa Empowerment Board: Collaboration involves parties who see different aspects of a problem. They engage in a process through which they constructively explore their differences and search for (and implement) solutions that go beyond their own limited vision of what is possible. (Gray, 1989). Relationships evolve toward commitment to the common mission, comprehensive communication and planning, pooled resources and shared risks and products. Authority is vested in the collaborative, rather than in individuals or an individual agency.

Describe at least two (2) successful collaborative efforts within the Community Empowerment Area during the last year that promote healthy and successful children 0-5 and their families. The two examples chosen should reflect creative solutions, and positive engagement and commitment of the community.

For each collaborative effort describe

- the results the effort was able to achieve, and
- explain how each example strives to avoid duplication, enhance efforts, combine planning, and/or other progress.

1. Linking Families and Communities, Child Care Resource and Referral (UDMO) and the Family Resource Center planned together on filling the service needs of child care providers. The results included increased communication, less confusion for everyone involved, non-duplication of services and two much needed professional development opportunities for child care providers: Creative Curriculum for Infants, Toddlers and Twos and Creative Curriculum for Family Child Care.

2. Calhoun County Public Health (CCPH) collaborates with Stewart Memorial Community Hospital (SMCH) to provide the Caring Hands Closet. The "Closet" is offered to pregnant women and/or parents of children up to age three. Parents can earn points by participating in healthy activities such as prenatal/post partum doctor visits, childbirth education, immunizations, parent support home visits, breast feeding, parenting educational activities etc. Educational sessions are also offered at SMCH. Points earned may be used

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to shop for items at the “Closet” including baby supplies, toys, books, bedding, medical supplies, diapers, safety equipment, hygiene items etc. The “Closet” is housed at SMCH and is staffed by both SMCH and CCPH staff. CCPH Family Foundations staff provides child care during the educational classes. A committee of staff from both SMCH and CCPH develop the annual agenda for the educational sessions. SMCH physicians are regular presenters. Funding for the “Closet” is obtained through grants applied for by SMCH, CCPH and Linking Communities and Families.

Provide an update on the early childhood system strategies that were developed in your empowerment area through the Early Childhood Iowa/National Governor’s Association Regional meetings.

The team that attended the NGA Regional meeting in Storm Lake developed the following strategies:

❖ **Provide education to economic development, community foundations, chambers of commerce on early childhood.**

The plan was to begin with the economic development offices in Calhoun, Pocahontas and Webster Counties. We were successful in engaging Webster County Economic Development as well as the Fort Dodge Chamber of Commerce. Both groups were interested in being aware of what we were doing. The Fort Dodge Chamber of Commerce is especially interested in the findings of our surveys and the new Strategic Plan. We will be sharing both with them this fall. We have not been successful in engaging Calhoun and Pocahontas County economic development offices. Our new plan is to engage economic development/chambers of commerce in Calhoun and Pocahontas and to continue to build a relationship with the Fort Dodge Chamber of Commerce and Webster County Economic Development.

❖ **Provide education in all three counties to business partners on early childhood.**

Work will begin on this strategy in FY10 as we begin to build relationships with chambers and development offices in Calhoun and Pocahontas and as we foster relationships that are beginning in Webster County. During the last half of FY09, Linking Families and Communities began a media campaign on child care and will be highlighting other Empowerment programs throughout the year. We feel by increasing our name recognition that not only the public, but businesses and potential donors will be more likely to open their doors to us and will see us as a legitimate entity in the area.

SECTION III – Achieving Results

Community Plan Priorities

1. Quality of Child Care
2. Parent Education
3. Mental Health
4. Access to Resources
5. Transportation

Community Plan Indicators

Identify the indicators as determined by the CEA Board and how the indicators are linked to the State Results.

Definition: Indicators are measures that quantify the achievement of a result and your priorities.

Definition: Goals are broad measurable statements of intent to set a future direction.

Codes for Identifying state results for Indicators:

A. Healthy Children

B. Secure & Nurturing Families

C. Secure & Nurturing Child Care Environments

D. Children Ready to Succeed in School

E. Safe & Supportive Communities

FOR EACH INDICATOR, CALCULATE ON THE TOTAL NUMBER OF 0-5 POPULATION IN THE CEA.

If actual data is not available, please insert NA and provide an explanation in the Progress Update column.

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify the Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify the Year			Goal (numerical value & projected timeline)	Progress Update (Brief Analysis of data)
				2006	2007	2008		
Low Birth Weight Babies Rate of children born weighing less than 2500 grams per 1,000 births	A	Iowa Department of Public Health	59.00 (2006)	59.00	60.6	69.4	Below 60 (2011)	We would like to see the rate below 60, but it will likely increase due factors that are results of a poor economy (lack of resources, health care and etc.)
Percent of Children	A	Iowa	94%	91%	94%	87%	96%	We use the percent up

Immunized by age 2		Department of Public Health	(2005)				(2011)	to date for this indicator as it fits with the AAP schedule. This indicator would likely be met if we had used the "Up-to-date and Late up-to-date data set.
Incidence of Child Abuse Child Abuse Rate per 1,000	B	Prevent Child Abuse Iowa	13.29 (2000)	22.43	19.48	17.83	15.0 (2011)	We have cycled up and down in this area and have not returned to the base-line level. Family Foundations is mostly likely to have an impact on the indicator, but is only able to serve approximately 141 families.
Teen Birth Rate Rate of births to women under 20 per 1,000 births	B	Iowa Department of Public Health	99.85 (2006)	99.85	115.21	126.11	100.0 (2011)	This rate is on the rise. Abstinence is being promoted, but we haven't seen the effects of those programs yet.
Percent of child care providers participating in the voluntary Quality Rating System (QRS)	C	Child Care Resource and Referral	0% (6-30-2006)	0%	3.6%	8.7%	23% (2011)	QRS has seen a slow start in our area as compared to the state of Iowa. While we have supported and will continue to support the QRS we feel growth will continue to be slower as compared to the state of Iowa.
Percentage of Children entering kindergarten with at least one year of preschool	D	Local Survey – LFC	90.1% (9-2003)	86.74%	90.83%	88.85%	100% (2011)	This indicator cycles up and down due to the preference of the parents, work schedules and transportation.
Percent of preschools that are quality*	D	Local Survey - LFC	16.6% (6-30-2006)	16.6%	16.6%	16.6%	95% (2011)	We have been working very hard with preschools and have just ended a two year process using the

								ECERS, which will not be reflected in the data until next year. We shall see a big jump with that data as well as those programs that are verified with the IQPPS.
Employment Rate Percent of Iowans 16 and older who are employed	E	Iowa Workforce Development	97.0% (2000)	96.5%	96.5%	96.4%	97% (2011)	It has been a downward trend as we have been heading toward the current recession. We will likely see a decrease in 2009 and then a rebound in 2010-2011.
Crime Rate Rate of total crime per 100,000 population	E	Iowa Department of Public Safety	7,814.50 (1998)	8,493.5	6,014.4	5,992.8	5,500.0 (2011)	We are seeing less crime in part due to higher visibility and enforcement by police.

* Quality is defined as National Association for the Education of Young Children (NAEYC) accreditation, Head Start, Verified under the Iowa Quality Preschool Program Standards (IQPPS), or scoring an average of 5 (with no subscales less than 2) on the Early Childhood Environmental Rating Scale (as rated by an independent evaluator that has established 85% inter-rater reliability in the last six months)

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds
All columns must have quantitative or numerical data.

Early Childhood Funds

These examples of services align with the funding parameters identified in Tool G(A) of the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/tool_kit_tools.asp. They are as follows:

- Capacity Building/Access to Child Care or Preschools
- Quality Improvement Support/Incentives
- Extended hours/2nd or 3rd shift care/infant care/mildly ill care
- Home or Center Child Care Consultants
- Child Care Nurse Consultants
- Provider Training/Professional Development/Materials
- Other Services

For each service listed, in the first column, please include a category from the bulleted list above, the name of the provider, and a brief description of the program being supported. Items must align with the corresponding lines on the financial statement.

Early Childhood Services Provided	Link to Which Community Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with early childhood financial statement)</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
Child Care Consultant Project	Quality Child Care	\$ 122,868.50 Empowerment Funds (Early Childhood) Number of FTE Home Consultants: 2	Number of child care providers that received a monthly newsletter with child care information: 181 Number of technical assistance contacts with child care providers (face to face): 1,106 <ul style="list-style-type: none"> ▪ Home Visits ▪ Other Home Evaluator made 556 home visits to 133 unduplicated providers, covering: <ul style="list-style-type: none"> ▪ Orientation to or review of DHS checklist ▪ Technical Assistance for Quality Improvement ▪ Assistance With QRS ▪ Preparation of application for registration ▪ Literacy visits ▪ Lending Library Home Consultants made 550 home visits to 141	Program cost per child: \$44.74 Percent increase of registered child care providers: (190 slots) 5.5% Number/Percent of the registered home providers were evaluated with the DHS checklist Guidelines checklist by the Home Evaluator: (129) 73.7% Percent of registered home providers that allowed a home visit by a consultant: 89% 55% of child care providers participated in the Lending Library Percent of child care providers that received an activity visit: (39/181) 22% Survey response rate: (50/181) 28%	Percent increase of children in registered child care: 9% Percent of all registered child care providers that showed improvement in their compliance rate with the DHS checklist: 98% Percent of providers evaluated by Empowerment Consultants using the DHS checklist achieved a compliance rate of 90% or better: 91% Break Down: <ul style="list-style-type: none"> ○ 100% compl. - 30.2% ○ 95-99% compl. – 41.9% ○ 90-94% compl. – 19.4% ○ 89% & below – 8.5% Percent of child care providers who received literacy kits reported use of developmentally appropriate practices in language, reading and creative activities as a result of the visit: 100% Of Survey Respondents: <ul style="list-style-type: none"> ▪ 50% made improvements in Record Keeping, Contracts and policies.

			<p>unduplicated providers</p> <p>Number of technical assistance phone contacts with child care providers: 1,106</p> <p>Number of literacy kits were given to providers: 39</p> <p>Number of surveys sent out to child care providers: 181</p>		<ul style="list-style-type: none"> ▪ 22% made improvements in Health areas. ▪ 38% made improvements in safety and emergency readiness areas. ▪ 46% made other areas of improvement.
FCERS Project	Quality Child Care	<ul style="list-style-type: none"> ▪ \$ 14, 022.94 Empowerment Funds 	<p>Number of Providers attended the FCCRS Class: 13</p> <p>Four session Family Child Care Environmental Rating Scale (FCCERS) trainings held: 1</p> <p>Number of FCCERS site visits completed: 105</p> <ul style="list-style-type: none"> • Observations • Technical Assistance 	<p>Average cost per provider: \$1, 078.69</p> <ul style="list-style-type: none"> • Class • Incentives • Visit Time <p>FCCRS is a Research based Assessment tool</p> <p>Percent of active registered providers participated: 8%</p> <p>Average reassessed score: 5.0</p>	<p>Percent of participants that worked through grant process and completed the class: (13/13) 100%</p> <p>Percent of providers that implemented quality improvements: (13/13) 100%</p> <p>Percent of providers are quality according to the FCCRS scale (average score of 5): (6/13) 46%</p>

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SECTION V – Performance Measures: Community Empowerment School Ready Funds

All columns must have quantitative or numerical data.

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Family Support Performance Measures (use one row for each funded program) – Refer to Tool FF and Tool FF (A)

Prenatal Through Age 3 funding – must include a home visitation component and Prenatal through 5.

Name of Family Support Program	Link to Which Comm. Plan Priority	How Much Was Invested? (Input Measures)	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
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<p>Family Foundations (based on Healthy Families of America – currently working on the Iowa Family Support Credential)</p>	<p>Parent Education</p>	<p>Empowerment funds: \$338,407.86 <i>(Family Support 0-3 - \$104,646.00; Family Support 0-5 - \$233,761.86)</i></p> <p>Medicaid: \$46,228.00</p> <p>Grant funds: \$9,724.00</p>	<p>Number of children (ages 0 – 3) participated in family support/parent education program (unduplicated): 172</p> <p>Number of children (ages 0 – 5) participating in family support/parent education program (unduplicated): 214</p> <p>Number of families participating in family support/parent education program (unduplicated): 141</p> <p>Number of face to-face visits completed: 3,483</p> <p>Number of parent Education meetings offered: 21</p> <p>Ethnicity of head of household:</p> <ul style="list-style-type: none"> • Native American/Alaskan Native: 1 • Native Hawaiian/Pacific Islander: 0 • African American: 2 • Multi-racial: 2 • Hispanic/Latino: 5 • Asian: 1 • Caucasian: 130 • Other: 0 	<p>Percent of children, prenatal–3 years old, screened for developmental delays: (165) 96%</p> <p>Number/Percent of children, prenatal–5 years old, screened for developmental delays: (161) 92%</p> <p>Number/Percent of children screened, were referred to Early Intervention services (AEA or Early ACCESS): (27) 8.3%</p> <p>Number/Percent of direct service staff have Bachelor’s level education or higher (health, human services, or education related field): (4) 22%</p> <p>Number/Percent of programs have a national or state credential or have been accepted into the process: (3) 100%</p> <p>Average cost per family. \$2,280.00</p> <p>Percent of women involved prenatal received adequate prenatal care (Kotelchuck Index): 90%</p>	<p>Percent of participating families improve or maintain healthy family functioning, problem solving and communication: 83%</p> <p>Percent of participating families increase or maintain social Supports: 51%</p> <p>Percent of participating families are connected to additional concrete supports: 41%</p> <p>Percent of participating families increase knowledge about child development and parenting: 69%</p> <p>Percent of participating families improve nurturing and attachment between parent(s) and child(ren): 91%</p> <p>Percent of families have health care coverage: 100%</p>
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			<p>Household size</p> <ul style="list-style-type: none"> • 2 – 20 families • 3 – 44 families • 4 – 33 families • 5 – 29 families • 6 – 9 families • Greater than 6 -6 families <p>Annual family income</p> <ul style="list-style-type: none"> • \$0-\$10,000.00 58 families • \$10,001-\$20,000 39 families • \$20,001-\$30,000 16 families • \$30,001-\$40,000 11 families • \$40,001-\$50,000 5 families • \$50,001-\$60,000 7 families • More than \$60,001 5 families <p>Marital status</p> <ul style="list-style-type: none"> • Single: 57 • Married: 59 • Partnered: 17 • Divorced: 7 • Separated: 0 • Widowed: 1 <p>Educational level of head of household</p> <ul style="list-style-type: none"> • Elementary or middle: 1 • Some high school: 22 • High school diploma/GED: 54 • Trade/vocational training: 4 		
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			<ul style="list-style-type: none">• Some college: 41• 2 yr college degree (Associate's): 7• 4 yr college degree (Bachelor's): 12• Master's degree or above: 0		
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Preschool Programming Support For Low Income Families Performance Measures – Refer to Tools CC(A) & CC(B)

There are two separate parts for reporting money spent for Preschool Programming Support for Low Income Families. In Part A, report performance measures for tuition and transportation. In Part B, report performance measures for other projects/activities that support preschool.

Part A: Tuition and Transportation (also include field trips, extended day, summer kindergarten preparation – Refer to Tool CC(B))

In Part A, Tuition and Transportation, report data for all state-required and locally-determined performance measures for tuition and transportation. When completing this section, add the data together for all programs funded.

Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Preschool Support line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p>1 Total number of preschool programs/ centers receiving preschool tuition or transportation support: 22</p> <p>2. Number of funded Programs meeting the following standards:</p> <ul style="list-style-type: none"> o NAEYC Accreditation:1 o NAFCC Accreditation:0 o Head Start Preschool Program Standards:5 o QPPS Verification Process:13 <p>3. Number of funded programs evidencing quality through:</p> <ul style="list-style-type: none"> o ECERS or FCCRS average score of 5 (with no subscale score under 2): 16 o QRS rating of 3, 4, or 5:4 <p>4. Number of funded programs by category (mark all that apply):</p>	<p>Access to Resources, Transportation</p>	<p>1. Amount of funds expended on tuition: \$117,443.70</p> <p>2. Amount of funds expended on transportation: \$78,138.00</p> <p>3. Amount of funds expended on other (Refer to Tool CC(B): See Matrix "Preschool Other" on the following pages.</p> <p>4. Highest Educational Level of Lead Teacher(s) (Total number of each):</p> <ul style="list-style-type: none"> o GED: 1 o High School Diploma: 3 o CDA: 1 o AA Degree in EC or child development:6 o AA Degree in related field: 2 o BA/BS in EC or child development: 25 o BA/BS in related field: 12 o Post Graduate Degree: 5 <p>5. Total number of lead teacher(s) who hold a valid practitioner's license issued by the Board of Educational Examiners (BOEE) and hold an endorsement from the BOEE that includes preschool or kindergarten: 30</p>	<p>For Children Supported with Part A funds:</p> <p>1. Total Number of children who received scholarships (Unduplicated):195</p> <p>2. Number of children by age (Unduplicated):</p> <ul style="list-style-type: none"> o 3 Year Olds: 79 o 4 Year Olds: 104 o 5 Year Olds:12 <p>3. Number of children by Race/ Ethnicity (Unduplicated)</p> <ul style="list-style-type: none"> o Native American or Alaskan Native: 0 o African American: 8 o Hispanic or Latino: 17 o White: 155 o Native Hawaiian/ Pacific Islander: 0 o Multi-racial: 12 o Asian: 0 o Other: 3 <p>4. Number of children who received</p>	<p>For Children Supported with Part A funds:</p> <p>1. Number and percent of children whose families are at or below 200% poverty level: (167) 86%</p> <p>2. Number and percent of children referred to AEA for possible special education determination: (17) 8%</p>	<p>For Children Supported with transportation and tuition funds:</p> <p>1. Number and percent of children demonstrating age appropriate skills: (171) 88%</p> <p>2. The assessment tool(s) used to determine the children's development: Creative Curriculum Assessment, Ages & Stages, DIBELS, COR</p>

Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Preschool Support line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<ul style="list-style-type: none"> o School district-operated programs:8 o Private, for-profit programs: 1 o Not-for-profit programs:5 o Shared Visions programs:1 o Head Start programs:3 o Faith-based programs:5 <p>5. Total number of Statewide Voluntary Preschool Programs for Four-Year-Old Children school districts that receive funding from this category. School district partners (private preschools, Head Start, etc.) are included in the school district count: 25</p>		6. Curriculum (curricula) used by funded programs: Creative Curriculum and Handwriting Without Tears	transportation: 234		

Part B: Preschool Other

In Part B, Preschool Other, report data for all state-required and locally-determined performance measures for activities and services that support preschool. Some activities and services with state-required performance measures include: child care nurse consultant; dental services; mental health services; preschool coordination; and professional development.

In the first column, Programs Funded, add the data together for all activities and services funded to support preschool environments (do not include any data from Tuition and Transportation). For the remaining columns, report performance measures based on the activity or service funded.

Do not report data for any activity or service in this section that you do not fund.

Note: You may report the same program twice in the first column in both Part A and Part B. For example, a preschool may receive tuition reimbursement and participate in a dental services program.

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Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Preschool Support line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
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Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Preschool Support line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p>1 Total number of preschool programs/ centers receiving preschool tuition or transportation support: 22</p> <p>2. Number of funded Programs meeting the following standards:</p> <ul style="list-style-type: none"> o NAEYC Accreditation:1 o NAFCC Accreditation:0 o Head Start Preschool Program Standards:5 o QPPS Verification Process:13 <p>3. Number of funded programs evidencing quality through:</p> <ul style="list-style-type: none"> o ECERS or FCCRS average score of 5 (with no subscale score under 2): 16 o QRS rating of 3, 4, or 5:4 <p>4. Number of funded programs by category (mark all that apply):</p> <ul style="list-style-type: none"> o School district-operated programs:8 o Private, for-profit programs: 1 o Not-for-profit programs:5 o Shared Visions programs:1 o Head Start programs:3 o Faith-based programs:5 <p>5. Total number of Statewide Voluntary Preschool Programs for Four-Year-Old Children school districts that</p>	<p>Quality Child Care</p>	<p>Child Care Nurse Consultant Calhoun/Pocahontas (CCNC)</p> <p>Amount expended: \$30,102.00 (Preschool”Other” - \$21,724.00; Quality Improvement Funds - \$8,378.00)</p> <p>\$12,766 other funds secured by service provider</p> <p>654.1 CCNC hours</p> <p>CCNC FTE = .31</p>	<p>Number of funded programs utilizing a Child Care Nurse Consultant: 6</p> <p>11 Child Care provider training sessions attended by 33 providers. Training session topics:</p> <ul style="list-style-type: none"> ▪ Welcome to Child Care ▪ Medication administration policy x3 ▪ Medication administration ▪ Medication Test Out x3 ▪ Sun Safety x2 ▪ Childnet <ul style="list-style-type: none"> • Number of home visits to non-registered child care providers: 1 <p>Number of home visits to registered child care providers to address health and safety issues:23</p> <p>Immunization audits (# completed): 0</p> <p>Page 21 Health and Safety Assessments (# completed): 1</p>	<p>Average cost per hour of training sessions: \$57.57</p> <p>Staff trained as CCNC: 33% (2/6)</p> <p>Child care providers satisfied with CCNC service: 100%</p> <p>Average cost per visit: \$38.95</p> <p>Child care providers completing the Health and Safety Assessment (Tools): 3.7% (4/107)</p>	<p>Percent of providers that participate in the QRS: 1.8% (2/107)</p> <p>Percent of change measured via improved score on the Health and Safety Assessment (Tools): 87.5% (7/8)</p> <p>Percent of children in child care settings that have health insurance: 100%</p> <p>Percent of children that are immunized: 96%</p> <p>Percent of child care providers that have made improvements in their child care: 88.4% (23/26)</p>

Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Preschool Support line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
	Access to Resources	<p>Calhoun County Dental Screening</p> <p>Description: The program is an extension of the I-Smile program. It provided dental screening and fluoride varnishes to children age 3, 4 and 5 through Calhoun County Preschool programs as well as referral and follow-up for those with dental disease/decay.</p> <p>Amount expended: \$900.00</p>	<p>Number of children screened: 114</p> <p>Number of children screened who were given treatment referrals: 18</p> <p>Number of parents reporting this was child's first screening: 13</p> <p>Number of centers participating in dental screening (optional): 5</p>	<p>Percent of Children with Health Insurance: 66%</p> <p>Program cost/child: \$10.00 (billed)</p> <p>Percent of children screened by a licensed dental hygienist: 100%</p> <p>Average time per screen: 5 min.</p>	<p>Percent of children with dental carries/problems (required a referral to dentist): 15.8%</p> <p>Percent of referrals that received treatment: 34%</p> <p>Percent of children that received a dental screening/fluoride varnish: 98%</p> <p>Percent of children without dental carries/problems: 84.2%</p>
	Access to Resources	<p>Pocahontas County Dental Screening</p> <p>Description: The program is an extension of the I-Smile program. It provided dental screening and fluoride varnishes to children age 3, 4 and 5 through Pocahontas County Preschool programs as well as referral and follow-up for those with dental disease/decay.</p> <p>Amount expended: \$310.00</p>	<p>Number of children screened: 55</p> <p>Number of children screened who were given treatment referrals: 8</p> <p>Number of parents reporting this was child's first screening: 12</p> <p>Number of centers participating in dental screening (optional): 4</p>	<p>Percent of Children with Health Insurance: 76%</p> <p>Program cost/child: \$10.00</p> <p>Percent of children screened by a licensed dental hygienist: 100%</p> <p>Average time per screen: 5 min.</p>	<p>Percent of children with dental carries/problems (required a referral to dentist): 15%</p> <p>Percent of referrals that received treatment: 88%</p> <p>Percent of children that received a dental screening/fluoride varnish: 66%</p> <p>Percent of children without dental carries/problems: 85%</p>

2/9/09

Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Preschool Support line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
	Access to Resources	<p>Webster County Dental</p> <p>Description: The program is an extension of the I-Smile program. It provided dental screening and fluoride varnishes to children age 3, 4 and 5 through Webster County Preschool programs as well as referral and follow-up for those with dental disease/decay.</p> <p>Amount expended: \$2,960.00</p>	<p>Number of children screened: 373</p> <p>Number of children screened who were given treatment referrals: 62</p> <p>Number of parents reporting this was child's first screening: 96</p> <p>Number of centers participating in dental screening (optional): 13</p>	<p>Percent of Children with health insurance: XIX: 24% Insurance: 47% Hawki: 4% TOTAL: 75%</p> <p>Cost per child for program: Initial+fl : \$71.35 Recall+ fl: \$55.86</p> <p>Percent of children screened by a licensed dental hygienist: 100%</p> <p>Average time per screen: 5-7 minutes</p>	<p>Percent of children with dental caries/problems (required a referral to dentist): 17%</p> <p>Percent of referrals that received treatment: 58% that responded. Rest no response.</p> <p>Percent of children that received a dental screening/fluoride varnish: 94% (22 had no fluoride)</p> <p>Percent of children without dental carries/problems: 83%</p>

Quality Improvement Funds Performance Measures - Refer to Tool II

Please briefly describe the project or projects used with this funding.

Programs Funded	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
Child Care Nurse Consultant (Calhoun/Pocahontas)	Quality Child Care	See Preschool "Other" Matrix above			
Child Care Nurse Consultant (Webster)	Quality Child Care	\$57,000 Empowerment Funds 1636CCNC hours CCNC FTE = .79	10 Child Care provider training sessions attended by 127 providers. Training session topics: <ul style="list-style-type: none"> ▪ Welcome to School Age Care ▪ Lead Poisoning Prevention ▪ Influenza Updates ▪ 4-CPR/1st Aid (34) ▪ 1-Child Net (7) ▪ 1-WTCC (30) Number of home visits to non-registered child care providers: 35 Number of home visits to registered child care providers to address health and safety issues: 154	Average cost per hour of training sessions: \$57.00 Staff is trained as CCNC: 100% Child care providers satisfied with service: 100% Average cost per visit: \$50.00 Percent of child care providers completing the Health and Safety Assessment (Tools): 23%	Percent of providers that participate in the QRS: 8.2% 100 % of change measured via improved score on the Health and Safety Assessment (Tools):100% Percent of children in child care settings that have health insurance: 93% Percent of children that are immunized:100% Percent of child care providers that have made improvements in their child care: 97%

			<p>Immunization audits (# completed): 16</p> <p>Health and Safety Assessments (# completed): 64</p> <p>Number of child care providers (# working with)</p> <ul style="list-style-type: none">▪ Preschools: 17▪ Centers: 14▪ Registered homes: 126▪ Non-registered homes: 194 <p>Referrals to other services</p> <ul style="list-style-type: none">▪ Family Foundations: 10▪ Medical: 50▪ Dental: 28▪ Substance abuse: 6▪ DHS: 29▪ WIC: 2▪ Child Care Consultant: 12▪ CCR&R: 7▪ Domestic Violence: 4		
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Other Services (other than targeted School Ready funds) Performance Measures

For each service listed, in the first column, please provide a brief description of the program being supported.

School Ready Services Provided including a brief description of the program or activity	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Other line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
Service Coordination	Access to Resources, Quality Child Care, Mental Health, Parent Education, Transportation	\$132,192.00 Empowerment Funds (Early Childhood Other - \$19,574.10; School Ready Other - \$112,618.00	Support group meetings facilitated: 7 Trainings Organized: 2 Trainings/Meetings attended: 87 Preschool Classrooms Served: 32 Preschool applications processed: 196 Preschool Transportation applications processed: 10 Number of site visits: 29 Number of ECERS evaluations: 21 Surveys developed: 7 Marketing advertisements	Average number of visits to preschools: 20 Used ECERS evaluation as pre and post test: 100% Grant writing success rate: 100% Percent of staff trained in IQPPS:50% Percent of staff trained in ECERS: 50% Percent timely actions: 100% <ul style="list-style-type: none"> • Reports • Meetings attended • Grants 	100% of preschools that use assessment in their classrooms: 100% Percent of preschools that were assessed using the ECERS: 73% ECERS Scores (Averages) <ul style="list-style-type: none"> • 2 or higher: (0) 0% • 3 or higher: (21) 100% • 4 or higher: (20) 95% • 5 or higher: (20) 95% • 6 or higher (10) 47.6% Percent increase in parent support groups: 80% Percent completion of programs: 100%

			developed: 4 Grants written: 1		
Early Childhood Environmental Rating Scale (ECERS) project *Grants *Support Groups	Quality Child Care	\$34,290.29 Empowerment Funds	Number of ECERS Evaluations by ISU Extension: 12 Number of preschool staff attended support group meetings (unduplicated): 36 Number of preschools participating in ECERS: 21 Number of support group meetings: 7	Percent of preschools participating in QRS: 37% Average amount for quality improvements per preschool: \$1,632.87	Percent of preschools that improved from fall to spring FY09 as measured by the ECERS: 100% of preschools that completed a Quality Improvement Plan in FY09 and had made the improvements as listed in their plan. 95% of preschools that obtained an average of 5 (with no sub-scales less than 2) through an inter-rater reliable evaluation.
Professional Development	Quality Child Care	Empowerment Funds Spent: \$10,038.62	Training on research-based curriculum: 3 <ul style="list-style-type: none"> ▪ Creative Curriculum for Infants, Toddlers & Twos ▪ Creative Curriculum for Family Child Care ▪ Creative Curriculum for Preschool – Assessment Number of preschools attending: 10 Number of preschool staff	Percent of preschool staff satisfied with the training: 100% Cost per person trained: \$179.26 Survey response rate: 100%	Percent of those reporting they will incorporate learning into policy or practice: 100% Percent of those reporting that information was valuable to their profession: 100% Percent of preschool teachers that implemented the Creative Curriculum: 85% Percent of child care providers (homes & centers) that implemented Creative Curriculum: 72%

			attending: <ul style="list-style-type: none">▪ Lead Teachers: 17▪ Assistants: 3 Number of Child Care Providers attending: <ul style="list-style-type: none">▪ 10 home providers▪ 26 center staff		
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