

**Iowa Community Empowerment
Annual Report, State Fiscal Year 2007
July 1, 2006 through June 30, 2007**

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, 2007.
3. A completed and signed original report should be submitted to the following address **electronically** to the following email:
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 Local CEA Board: Official FMC Board approval on September 24th, 2007 at regular board meeting

Name of Community Empowerment Area: **FMC Community Empowerment**

Counties/Area Served: **Floyd-Mitchell-Chickasaw**

Website: www.fmcempowerment.com

Current Board Chairperson:

Virgil Pickar, Jr.

Signature: _____

Address:

P.O. Box 3, Nashua, IA 50658

Email: vppickar@yahoo.com

Contact Person for the Community Empowerment Area:

Laurie Kristiansen, Coordinator

Address: P.O. Box 3

Phone/FAX: 641-432-4435

E-mail: fmc@rconnect.com

Current Fiscal Agent:

Gloria Carr:

Signature: _____

Address: 101 S. Main St., Suite 302
Charles City, IA 50616

Email: gcarr@floydcoia.org

Federal ID Number: 426004361

SECTION I –

a.

Current Community Empowerment Board Composition on September 15, 2007

- A. Number of Board Members (Board Size) 13
- 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 employing organization of the member, occupation if self employed
 - Column 4 -- Name of services/program provided by CE funds
 - Column 5 -- Place a 'X' for the board members who qualify as citizen/elected according to the definitions of IAC for Community Empowerment, 349, Chapter I. ("Citizen" means a resident of the empowerment area, 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.)

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

Column 1	Column 2	Column 3	Column 4	Column 5
Name	Representation	Name of Employing Organization	Provider of CE Services/Program	Citizen/Elected
Chair: Virgil Pickar, Jr.	Elected official	Chickasaw County Board of Supervisors	NO	Elected
Vice Chair: Bonnie Blake	Mitchell County Citizen	Self-employed	Daycare provider, TEACH recipient	
Secretary: Kathy Herrick	Child Care	Self-employed	Daycare provider	
Shannon Paulus	<i>Required human services</i>	Opportunity Village	NO	Not Applicable
Deb Freeman, RN	<i>Required health</i>	Mitchell Co. Public Health	Agency receives Emp funding	Not Applicable
Mark Knudtson, Principal	<i>Required education</i>	Osage Comm. Schools	NO	Not Applicable
Elayne Werges	<i>Required faith</i>	St. John Lutheran Church, Nashua	NO	Citizen
Kae Courtney	<i>Required business</i>	Lincoln Savings Bank, Nashua	NO	Citizen/business
Amy Sauke	<i>Required consumer</i>	Floyd County parent, utilizes preschool, daycare	NO	Citizen
Lori Jost	Preschools	Nora Springs/Rock Falls School District	School has preschool program and Head Start	
Anne Windolf	Chickasaw Co. Citizen	Retired	NO	Citizen
Bob Marreel	Mitchell Co. Elected Official	Elected	NO	Elected
Leo Staudt	Floyd Co. Elected Official	Elected	NO	Elected

b. Organizational Structure – Please describe—*see below*

- Your organizational structure;
- How the board functions, communicates, plans and interacts internally; and
- How the board functions, communicates, plans within the community.

FMC Community Empowerment Board of Directors:
The FMC Board Roles Include:

Advisory Roles: providing ideas, support, education to the community/partners

Policy Roles: creating policy, addressing personnel issues, finances

Working Board Roles: instrumental in creating vision and utilizing best practices

Board Responsibilities Include:

- Attending board and work group meetings and functions
- Staying informed about FMC Empowerment’s missions, services, policies and programs
- Reviewing agendas and supporting materials prior to board and committee meetings
- Serving on committees/task forces and offering to take on special assignments
- May choose to make contributions to the organization through in-kind
- Serving as a spokesperson for the organization and informing the public about CEA’s activities
- Staying up-to-date on changes and advancements in the Empowerment field
- Adhering to conflict of interest and confidentiality policies
- Assisting the board in carrying out fiduciary responsibilities

Staff Responsibilities:

Staff is: FMC Empowerment Coordinator (staff of 1)

Role: Serves as liaison between board, community, partners, collaborators and state; coordinates programs and carries out board’s directives.

Duties: As instructed by CEA

Advisory: Advises board on trends and policies

Executive/Fiscal Management Work Group:

Comprised of: chair, vice chair, secretary

Role: Investigate issues, review findings of work groups, and make recommendations to full board

Based on preliminary research

Duties: Meet as necessary to review issues and make recommendations

Financial Accountability: Review of fiscal policies, make recommendations to full board re:
Fiscal topics, budgets, state trends

Promotes Public Participation: Ensures voting and member participation in board business.

Partnerships and Alliances: Works to form alliances with other nonprofit, for-profit or governmental organizations if and when appropriate to improve the capability to advance the mission and serve the constituents and consumers.

Staff Alliance: Works closely with staff to review recommendations and meet objectives.

Work Groups/advisory committees:

Comprised of: Board members and community partners

Work groups include: Executive/fiscal group, Education/preschool/Learning Connections; Head Start/Early Head Start; CCR&R/TEACH; Public Health/Speech Therapy; EAGLE (literacy); Families Together (Parent Ed/Home visitation)

Roles: Review and investigate various issues, partners, programs, fiscal topics

Duties: Meet as directed by chair, as needed, or as requested

Staff alliance: Works closely with staff to review objectives, recommendations, and determine and implement action plans

Reporting: Reports back to whole board, may be called on by chair/executive group to further examine topics of interest

Interfaces: Interfaces with constituents, consumers and partners in CEA.

Overview of Role Structure:

A variety of community faces and facets are represented by the 13 members of the FMC board. The coordinator answers directly to the board and serves as a liaison between all parties, and works with collaborating entities to accomplish the visions and mission of the CEA.

The Executive/fiscal work group serves as a front-line committee to investigate and address key topics and with the constant interfacing of the work groups and the advisory capability of the coordinator, is able to make recommendations and suggestions to the full board. This work group also meets with the fiscal agent to review financial, budgetary, and fiscal information. They are able to share findings and recommendations with the full board.

Empowerment board work groups periodically review the actions various programs take to implement and achieve desired outcomes. Doing this ensures that the FMC CEA continues to make viable strides in measurement and evaluation of current programs. Communication across the various levels of Empowerment in the FMC area is continually improving, especially in view of the 40 issues of the regular FMC Empowerment e-bulletin in FY 2007, and totaling 88 since the medium's introduction in 2006. In addition the area's website also hosts an array of pertinent information for the CEA. The annual meeting and regular board meetings are consistent with the group's bylaws. The latest news is available to board members, partners, collaborators and the community through the weekly publication of the FMC E-bulletin, which is also posted on the web site. Reader submissions are encouraged.

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.)

The FMC Empowerment Community Plan has been extensively reviewed, completely revised and rewritten. Please refer to the new 2007-2010 three-year Community Plan for this section. It is submitted as a separate document and is available in either an electronic PDF format or a hard copy bound version. Additional hard copies may be requested through the FMC Empowerment office. The Community Plan is the result of an intensive 18-month process, undertaken by the board and community partners, and spearheaded by the coordinator.

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 a positive engagement and commitment of the community. For each collaborative effort describe the results and explain how each example strives to avoid duplication, enhance efforts, and combine planning, and/or other progress.

FMC Empowerment/Area Education Association 267/FMC Empowerment Preschools

For the 2nd consecutive year, the FMC CEA and AEA 267 have continued to work in concert to again offer Quality Preschool Program Standards training to staff at the preschools, child care centers and Head Start locations within the Floyd-Mitchell-Chickasaw areas. The effort was begun in August of 2005 when AEA 267 trainer Virgene Hopkey embarked upon a rigorous effort to provide QPPS training to all providers in the FMC area who wished to partake. Hopkey is a consultant for Early Childhood and School Improvement through the AEA 267 Clear Lake Regional office. An additional 15 personnel from the FMC area took the training and completed three-step processes (overview, self-assessment and action plan).

This collaborative effort encompassed a variety of early childhood entities through funding made possible with the Quality Improvement Grant. With the remaining funding, the two-year process will be brought to a successful completion with AEA's guidance for continuing the original objectives and strategies.

FMC Community Empowerment, Lutheran Services of Iowa (LSI), Families Together, Prevent Child Abuse Iowa, Community Partnerships for Protecting Children

In a concerted effort to involve five area agencies and organizations, the development and publishing of an area-wide directory titled "What's Where for Families" was completed in FY 2007. FMC Community Empowerment was one of the five major players in this project. The directory lists contact information for the numerous human services organizations within the FMC area and other services outside the area that may also be tapped into by families. Approximately 5,000 of these directories have been published and are continuously distributed throughout the Floyd-Mitchell-Chickasaw area, providing an ongoing link between families and organizations whose mission is to "serve".

SECTION III - Achieving Results

Community Plan Priorities *(2007-2010 FMC CEA Community Plan)*

1. Healthy Children (A)
2. Children Ready to Succeed in School (D)
3. Safe and Supportive Communities (E)
4. Secure and Nurturing Families (B)
5. Secure and Nurturing Child Care Environments C

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.

Statewide/Local FMC Community Empowerment Result Indicators

State Result	State Indicators	FMC Empowerment Local Indicators	Current Funded Programs
Healthy Children (A)	<ul style="list-style-type: none"> • Low Birth Weight • Immunized Children 	<ul style="list-style-type: none"> • # children immunized by age 2 	<ul style="list-style-type: none"> • Public Health • Speech Pathology, 0-5 • Families Together: Parent Education
Children Ready to Succeed in School (D)	<ul style="list-style-type: none"> • Pre-literacy Skills • Children in Quality Preschools 	<ul style="list-style-type: none"> • # preschool students with scholarships • # TEACH Participants 	<ul style="list-style-type: none"> • Preschool Scholarships • Head Start Slots • TEACH scholarships: Early Childhood degree/certification • AEA 267 trainings for Teachers and staff • EAGLE: Early Literacy • Learning Connections: St. Ansgar School District parent ed/early childhood
Safe and Supportive Communities (E)	<ul style="list-style-type: none"> • Crime Rate • Juvenile Crime • Employment Rate 	<ul style="list-style-type: none"> • # confirmed cases of child abuse in FMC area, birth to age 5 	<ul style="list-style-type: none"> • Families Together (home visitation/parent education) • Public Health: Parent education/home visitation
Secure and Nurturing Families (B)	<ul style="list-style-type: none"> • Incidence of Child Abuse • Teen Births 	<ul style="list-style-type: none"> • # confirmed cases of child abuse in FMC area, birth to age 5 	<ul style="list-style-type: none"> • Families Together: Home visitation/parent education • Public Health
Secure and Nurturing Child Care Environments (C)	<ul style="list-style-type: none"> • Availability of child care • Child Abuse in a child care setting • Quality Child Care Ratings 	<ul style="list-style-type: none"> • # registered child development homes • # child care capacity 	<ul style="list-style-type: none"> • CCR&R Support • Provider Training • Emergency/Crisis Childcare Scholarship

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 Source of data for each Indicator	Baseline Data (date & numerical value)	Sub-Subsequent Year's Data (Trend Line) Identify Year			Goal (numerical value & projected timeline)	Progress Update (Brief Analysis of data)
% of children immunized by age 2 (24 months) Includes: 4 DTP/DTaP, 3 Polio, 1MMR, 3 Hib, 3 Hep B	A, D	Public Health Iowa Dept. of PH Bureau of Disease Prevention and Immunization/ Immunization Program	1999: 95% 2000: 91% 2001: 89% 2002: 83% 2003: 86% 2004: 88%	2005: 86%	2006: 89%	2007: 96.3%	Meet or exceed Iowa Infant Immortality Initiative (I-4) of 90% immunization by age 2: FMC area has EXCEEDED State Initiative with 96% immunization rate	FMC PH continues to work toward achieving and exceeding immunization average goal for the state, fully immunized by 24 months, age 2.
Percent of participation of FMC area preschools offering the # of preschool scholarships to students at the 130 to 200% poverty level	D	15 preschools in FMC area, constitutes 100%	FY 02: 203 students	FY 03: 225 students	FY 04: 204	FY 05: 158 FY 06: 183 FY 07: 186	100% participation of 15 preschools in FMC area; increase # of students able to access funding- 16% increase	Enrollment in scholarship program rose by 16% over FY 06; rates reflect US Gov poverty level standards/# of days: Rate One: \$45, \$65, \$115 Rate Two: \$35, \$50, \$85
# TEACH Participants	D, C	T.E.A.C.H Early Childhood Iowa	FY: 2005 2 scholarships	FY 2005: 2 Scholarships	FY 2006: 4 scholarships	FY 2007: 5-12 month scholarship contracts	Increased # of TEACH participants by 1 contract over 2006; up 1.25%	Four TEACH participants completed 12 month commitment; one to complete in Fall 07; scholarship contracts increased 1.25%
# confirmed cases of child	A, B, C	Public Health,	2002: 15	FY 04:	FY 05:	FY 06:	Goal is reduce	Home visitation/parent

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<p>abuse in FMC area, birth to age 5</p> <p><i>All figures represent birth to 5 in respective columns</i></p>		<p>Floyd, Mitchell, Chickasaw; Families Together/LSI</p>	<p>2003: 87</p>	<p>23</p>	<p>33</p>	<p>29</p> <p>FY 07: Not ready</p>	<p>confirmed reports by 3%; Decline of 4 confirmed child abuse cases from 05 to 06 (12% decline) Continuing alliances w/ child abuse councils, and collaboratives between PH, Families Together, parent ed/home visits</p>	<p>education/referrals were major focus of agencies in FMC w/ increases in direct parent education for at-risk families. Goal is to reduce % of birth to age 5 children with no instance of re-abuse within 6 months of that abuse.</p> <p>Jan. '06 to Dec. 06 Birth to 5 average, 93%; state average is 89.7%</p>
<p># of registered child development homes (RCDH) and child care capacity of registered child development homes, non registered homes, and child care centers in FMC</p>	<p>C</p>	<p>Child Care Resource & Referral (CCR&R) Department of Human Services (DHS)</p>	<p>FY '99 capacity: 858 FY '00 capacity: 1002 FY 01 RCDH 64 capacity: 1547</p>	<p>FY '02: 69 CDH FY '02 capacity 1379 FY 03: CDH 74 capacity 1570</p>	<p>FY 04: CDH 76 Capacity 1747 FY 05: CDH 76 Capacity 1920</p>	<p>FY 06: CDH 76 Capacity 2139 FY 07: CDH 74 Capacity 1988</p>	<p>Goal is to increase child care slots by 50</p>	<p>1999 capacity: 858 2000 capacity: 1002 2001 capacity: 1547 2002 capacity: 1379 2003 capacity: 1570 2004 capacity: 1747 2005 capacity: 1920 2006 capacity: 2139 2007 capacity: 1988 43% total increase in capacity from 1999 to 2007. <i>*(explanation for decrease in child care slots from 2006 to 2007: the # of non-registered providers has dropped. A child care agreement for a non-registered provider to provide child care assistance expires after 2 years. Once the agreement expires, many providers do not renew and are removed from the CCR&R system)</i></p>

SECTIONS IV and V - Programs/Services to Support the Priorities - including Program/Services Performance Measures

Report program performance measures using the following language:

- Input** - what has been invested in financial and non-financial resources? (dollars invested, number of staff, etc)
- Output** - what was produced or changed as an effect of the effort put forth? (Number served or trained, number of events, number meeting program outcome, etc)
- Quality** - How qualified and efficiently was the activity or service delivered? (Percent of qualified staff, percent of customers satisfied, cost or rate per unit, ratio of staff to children, etc)
- Outcome** - What was the change in conditions for the people served? (Percent meeting the outcome, percent gaining knowledge, percent making change in condition, etc)

All columns should have quantitative or numerical data.

SECTION IV – Performance Measures: Community Empowerment Early Childhood Funds

All columns should have quantitative or numerical data.

Early Childhood Funds

These categories align with the funding parameters identified in Tool G of the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/toolG.pdf. The categories 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 bulleted list above as well as a brief description of the program being supported. Items should align with the corresponding lines on the financial statement.)

Early Childhood Services Provided	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 fiscal part of this report</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 Resource & Referral (CCR&R)	Capacity Building/Access to Child Care or Preschools (C) (D)	NA	NA	NA	NA
	Quality Improvement Support/ incentives (C)	\$20,000	17 providers signed business partnership agreements 14 injury prevention checklists completed w/ a Child Care Nurse Consultant	441 children in environments where quality was improved by participation in the IPC Unsafe items replaced or repaired include: 5 mats, 2 safety gates, 1 car seat, 27 cribs, 12 high chairs, 4 step diaper pails or trash cans, 11 cots, 8 diaper changing tables, 19 toddler helmets, 19 child helmets for riding toys, 3 booster seats and 14 approved riding toys	53% of ChildNet Certified providers in FMC have completed an injury prevention checklist 100% of providers participating in an Injury Prevention Checklist did make or will make the recommended corrections.
	Extended hours/2nd or 3rd shift care/infant care/mildly ill care (C) (A)	NA	NA	NA	NA
	Home or Center Child Care Consultants (C)	\$48,206 1 full-time employee; Resource Development Coordinator	67 checklist visits completed 1707 technical assistance contacts to RCDH	% compliance for registered homes in FMC 1 st visit: 96% 2 nd visit: 98% 3 rd visit: 99.5% Average is 98% compliance	15 ChildNet Certified providers in FMC Increase in QRS participation (all provider types) <u>FY 2006</u> <u>FY 2007</u> Level 1: 0 Level 1: 1 Level 2: 0 Level 2: 12 Level 3: 0 Level 3: 1 Level 4: 0 Level 4: 0 Level 5: 0 Level 5: 0
	Child Care Nurse Consultants (C) (A)	NA	NA	NA	NA
	Provider Training and Professional Development	\$41,140	56 training opportunities offered	156 unduplicated providers attended an average of 4.77 training sessions	100% of training participants received resources and materials related to quality curriculum at the sessions

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	Materials for Providers (C)		119.5 hours of classroom training offered	744 total unduplicated participants attended training opportunities through CCR&R	90% of all registered homes in FMC accessed trainings offered through CCR&R 100% of registered homes in FMC had access to business and safety materials to increase the percent of compliance on the DHS checklist.
Coordination Services	A, B, C, D, E	\$300.00	Coordination services through Floyd County as employer of record	For explanation, please refer to the section in the SR Coordination (OTHER), except for serves and programs that are SR specific	For explanation, please refer to the section in the SR Coordination (OTHER), Note that all would be EC specific to this area of the report

SECTION V – Performance Measures: Community Empowerment School Ready Funds
All columns should have quantitative or numerical data.

School Ready Funds

These categories align with the funding parameters identified in Tool G of the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/toolG.pdf. The categories are as follows:

- **Preschool Support for Low Incomes Families**

*The FY 07 School Ready funds to assist low-income families with preschool services must be used for families at or below **200%** of the federal poverty level. However, if sufficient funds are available to meet the needs of families meeting this requirement, the CEA Board may use a sliding scale or other co-payment provision for families above this federal poverty level.*

- **Family Support and Parent Education – Prenatal through age 3**

*The FY 07 School Ready funds that support Family Support and Parent Education Programs for families with children ages prenatal through age 3 **must** have a home visitation component.*

- **Family Support and Parent Education – Prenatal through age 5**

In FY 07 the legislature designated that after allocation of all funds designated for other purposes, the CE board shall commit 60% of the remaining funds to provide family support services and parent education for children ages prenatal through 5. A home visitation component is not necessary.

- **Professional Development Activities w/ AEA, Community Colleges**

The SR funds for the purpose of Professional Development that were designated last year (FY 06) will not be a requirement for the use of FY 07 SR funding. However, any carry forward funds from FY 06 that were designated for this purpose must be expended on Professional Development activities.

- **Quality Improvement Funds**

In FY 07 these funds were appropriated to improve quality of the early care, health and education programs. Areas will report performance measures data regarding funded projects.

- **Other Programs/Services**

Programs/services that are providing other services. Examples of other services may include professional development for child care and preschool providers, nutrition, health and dental services, consultation services for early care, health and education providers, and quality improvements for early childhood programs.

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The total amount expended in each section (Family Support prenatal-3, Family Support prenatal-5, Preschool Tuition, Professional Development, Quality Improvement, and Other) should align with the corresponding lines on the financial statement.

For each service listed, in the first column, please include a category from bulleted list above as well as a brief description of the program being supported. Items should coincide with budget line items.)

Family Support Performance Measures (use one row for each funded program) – Refer to Tool FF
PRENATAL THROUGH AGE 3 funding – must include a home visitation component.

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report in Family Support prenatal through three	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>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>Public Health, Floyd/Mitchell/Chickasaw Best Practices, FMC Healthy Families</p>	<p>A, D, B, C</p>	<p>Amount expended: Amount expended includes all programs in the prenatal to age 3 AR financial report: Total: \$80,864.11</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 67</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 40</p> <p>Number of face to face visits completed: 215, includes RN and HCA home visits</p>	<p>Percent of children, 0 –3 years old, while enrolled in the program, which are referred for Early ACCESS services: 33% referred to AEA w/ follow-up</p> <p>Other local-generated data as applicable. Maternal/Child Program: 12 families participating</p> <p>Prenatal Program: Mothers receiving care in the first trimester average: 7</p> <p>Parent Education Program: included w/ each of 70 home visits reported</p> <p>Car Seat Education: 5 training conducted</p>	<p>(Insert any child or family outcome measures reported by the program)</p> <p>Percent of parents with increased parent confidence and competence in their parenting abilities: P.H.: 100%</p> <p>Percent of families with an increase of healthy informal support systems P.H.: 100%</p> <p>Percent of families able to enhance the health, growth, and development of their children P.H.: 100%</p> <p>(Report any other applicable outcomes) 100% utilization of local WIC clinics Immunization clinics held monthly in FMC area. Meet or exceed Iowa Infant Immortality Initiative (I-4) of 90% immunization by age 2: FMC area has EXCEEDED State Initiative with 96% immunization rate</p> <p>Development of “Best Practices” model will promote health opportunities with families w/ birth to 3 age children</p> <p>100% of families with no abuse or re-abuse reports, exceed state target of 89.7% New initiative/collaborative with Early Head Start 3 staff members trained in HOPES</p>

<p>Families Together/Lutheran Services of IA</p>	<p>A, D, E, B</p>		<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): F.T.: 102</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): F.T.: 70</p> <p>Number of face to face visits completed: F.T.: 628</p>	<p>Percent of children, 0 –3 years old, while enrolled in the program, which are referred for Early ACCESS services: F.T.: 4%</p> <p>Other local-generated data as applicable. 100% of children w/special needs are linked to Early Access or to other assistance. There were no cases of re-abuse during this time period.</p> <p>100% of all families with no insurance were referred to HAWK-I</p> <p>95% of all clients have medical coverage</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: Families Together: 89%</p> <p>Percent of families w/ increase of healthy informal support systems: Families Together: 87%</p> <p>Percent of families able to enhance the health, growth, and development of their children: Families Together: 85%</p> <p>(Report any other applicable outcomes) 100% of all families were linked to community resources 82% of all children enrolled displayed improved behavior.</p>
<p>EAGLE- (Exploring Avenues of Getting Literate Early)</p>	<p>(D) (B)</p>		<p>Service supports one PT coordinator, serving 3 counties, 3 WIC clinics, 3 parent ed programs, 15 libraries with parent ed components</p> <p>Home visitation component: introduce and expand awareness of EAGLE literacy programs and resources in the FMC area; expand parents' knowledge of early literacy</p>	<p># Parent Group meetings in FMC area led by EAGLE coordinator: 5</p> <p># parents attending: 63</p> <p># children up to age 5 attending: 95</p> <p># WIC clinics in FMC area w/on-site visits by EAGLE: 12</p> <p># parents w/face-to-face visits completed: 323</p> <p># children receiving an EAGLE literacy kit in FY 06 during on-site/face-face-visits: 563</p>	<p>63 parents and 95 children participated in an EAGLE literacy program. 16 of these parents had never previously attended an EAGLE literacy program. 25 percent of parents attending the parent ed meeting learning about EAGLE programs, where previously they had not been aware.</p> <p>63 parents received books and materials and verbal instruction regarding pre-literacy skills which will help them to gain confidence and competence in parenting skills and their children's development. This is a 100% change from FY 06.</p> <p>323 parents received info re: early literacy as</p>

<p>Head Start Comprehensive Early Childhood Development Family Support Services Model</p>	<p>(A) (D) (B)</p>	<hr/>	<p>skills that can be nurtured beginning at birth Service assists in supporting one PT coordinator</p> <hr/> <p>45 families participating in a family goal setting process resulting in a Family Partnership Agreement</p> <p>132 home visits completed by family services facilitators</p> <p>119 home visits completed by classroom teachers</p> <p>Number of families identifying the following needs after engaging in a family goal setting process: Emergency intervention for food, clothing or shelter (18) Housing assistance: (10) Transportation assistance (3) Mental Health services: (9) Adult education services including GED or college selection (7) Child Abuse or Neglect Services (2)</p>	<hr/> <p>69% percentage of families participating in a goal setting process leading to a family partnership agreement</p> <p>47% percentage of families completing a minimum of (3) home visits with family services facilitators</p> <p>75% of families completing a minimum of (2) home visits with classroom teachers/97% completed 1 home visit.</p> <p>67% of families attending a minimum of (2) school conferences to learn about their child's progress in the classroom/98% completed 1 conference</p> <p>Percentage of families participating in one or more parent meeting and/or family activity sponsored by the Head Start Program</p>	<p>well as info re: improving children's literacy at face-to-face visits. 100% of these families received info to help enhance growth/development of their children, w/ emphasis on pre-literacy skills.</p> <p>Prior to the visits, 5% of all parents surveyed were not aware of variety of literacy services available to them through EAGLE. Following the visits, 100% of the 323 parents surveyed were aware of EAGLE services and engaged in taking advantage of services.</p> <hr/> <p>Percentage of families receiving the following services after engaging in a family goal setting process and completing a Family Partnership Agreement:</p> <p>Emergency intervention for food, clothing or shelter: 43% of families need services with 100% receiving</p> <p>Housing Assistance: 24% of families need service with 100% receiving</p> <p>Transportation: 7% of families need service with 100% receiving</p> <p>Mental Health: 21% of families service with 100% receiving</p> <p>Adult Education Services, including GED or college selection: 17% of families need service with 29% receiving service.</p> <p>Child Abuse or neglect services: 5% of families need service with 100% receiving</p> <p>Domestic Violence services: 2% of families need service with 0% receiving</p> <p>Child Support Assistance: 26% of families need service with 100% receiving</p>
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			<p>Domestic Violence Services (1) Health Education (including family planning and prenatal education (3) Parenting education: (6) Marriage education services: (1) Ratio of Empowerment funded enrollment to total Head Start Funded enrollment: 45/70=64% full or partial empowerment funding 11/70%=16% empowerment funding only</p>		<p>Health Education: 7% of families need service with 2% receiving Parenting education 14% of families need assistance with 17% receiving Marriage Education Services: 2% of families need service with 0% receiving</p>
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Family Support Performance Measures Prenatal through 5 (use one row for each funded program) – Refer to Tool FF

Name of Family Support Program (Coincide w/ Budget Line Items)	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report in prenatal through five	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>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>Public Health Floyd, Mitchell, Chickasaw</p> <ul style="list-style-type: none"> • Best Practice • FMC Healthy Families 	<p>(A), (B), (C), (D), (E)</p>	<p>Amount expended: Amount expended includes all programs in Family Support and Education, prenatal to 5 AR financial report Total: \$177,239.60</p>	<p>How Much Was Done or Produced? (Output Measures)</p> <p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 10</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 8</p> <p>Number of face to face visits completed: 174</p>	<p>Percent of children, 0 –3 years old, while enrolled in the program, which are referred for Early ACCESS services:</p> <p>DATA NOT AVAILABLE</p> <p>Other local-generated data as applicable.</p> <p>Collaboration with F. T. 5 Referrals</p> <p>Collaboration with Head Start 5 Referrals</p> <p>Parent Education with Home Visitation following The HOPES Guidelines</p> <p>13 children, 6 families 10 HCA home visits 19 RN home visits</p>	<p>(Insert any child or family outcome measures reported by the program)</p> <p>Percent of parents with increased parent confidence and competence in their parenting abilities</p> <p>Average 87%</p> <p>Percent of families with an increase of healthy informal support systems</p> <p>Average 86%</p> <p>Percent of families able to enhance the health, growth, and development of their children</p> <p>Average 87%</p> <p>(Report any other applicable outcomes)</p> <p>Immunization Rates – 100%, surpass State average of 90%</p> <p>20 Daycare provider vaccinations 14 persons trained in early childhood Heath/parenting skills Hopes Training – 2 RN’s & 1 HHA - Denver Develop Training – 1 RN, Mental Health screening – 1 RN</p> <p>Pandemic Education to Hispanic and other - Families – 12, with 100% participation</p>
<p>Families Together</p>	<p>(A), (B), (C), (D),</p>		<p>Number of children participating in the family support</p>	<p>Percent of children, 0 –3 years old, while enrolled in the program, which are referred for Early ACCESS services:</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities</p> <p>F.T.: 89%</p>

<p>Learning Connections (St. Ansgar location)</p>	<p>(E)</p> <p>(D) (B)</p>	<p>6 staff/2 Kindergarten teachers 61.5 hours class time w/ parents and children=early learning experiences for birth to kindergarten age</p> <p>Minimum of 30.5 hours of 61.5 were w/ parents having group discussions on variety of parenting issues. 100% of families applied received services</p> <p>100% of staff met minimum requirements for employment</p>	<p>program utilizing a home visiting service delivery model (Unduplicated): F.T. 74</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): F.T. 58</p> <p>Number of face to face visits completed: F.T. 568</p> <p>59 children unduplicated enrolled in weekly classes</p> <p>51 adults participated in weekly classes</p> <p>Fall kick-off had 39 attend; 41 at Winter kick-off, and 74 at Spring kick-off</p> <p>Offered/held 18 morning sessions Offered/held 18 evening sessions Offered/held 5 Kindergarten Connections Sessions</p>	<p>F.T.: 4%</p> <p>Other local-generated data as applicable. F.T.: 95% have medical coverage</p> <p>F.T.: 100% of all families that did not have medical coverage were given HAWK-I referrals</p> <p>100% of parents surveyed expressed satisfaction w/ Learning Connection program</p> <p>95% of participant children have had new learning experiences by attending Learning Connections program</p> <p>94.4% of participant children display indicators supporting adjustment to Kindergarten</p> <p>81% of parents answered Learning Connection Parent Survey #5; parents describe how they have taken information and used at home</p>	<p>Percent of families with an increase of healthy informal support systems F.T.: 88%</p> <p>Percent of families able to enhance the health, growth, and development of their children: F.T. 88%</p> <p>Report any other applicable outcomes: F.T.: 100% of all families enrolled were linked to a community resource. F.T. : 82% of all children enrolled displayed improved behaviors</p> <p>In Fall of 2006, kindergarten teachers conducted a survey to determine whether or not students attending Kindergarten Connection class in spring of 2006 display the 14 indicators determining school readiness. Results showed that students who attended Kindergarten Connection classes displayed 94.4% of readiness indicators.</p> <p>100% of children enrolled received an identified preschool experience</p> <p>91% of parents surveyed identified specific gains in parenting knowledge as a result of attending the Learning Connection Program.</p> <p>97% of parents surveyed reported improved family interactions following enrollment in Learning Connections Program.</p>
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<p>Head Start</p>	<p>D, A, B</p>		<p>Family worker/to assist families; 55 families completed 1 home visit; 50 families completed 2 visits from Family Services Facilitator for each family; 27 families received 3 visits; 13 Family Activities/parent meetings conducted Variety of newsletters distributed from families</p>	<p>100% of parents informed of individual progress of their child toward specific developmental goals during home visits and conferences using creative curriculum developmental continuum</p> <p>22% of children diagnosed w/ a disability 100% of children w/ disabilities receive special services</p>	<p>Percent responses for all children showing gains on creative curriculum developmental: 64% rate social/emotional +12%, maintain level 3 +12% maintain level 2 60% physical development +23% maintain level 3 +10% maintain level 2 63% cognitive development +6% maintain level 3 +13% maintain level 2 62% language development +12 maintain level 3 +12 maintain level 3</p> <p>100% receive physical exams, up to date on immunizations; receive dental exams, medical and dental treatment if needed.</p>
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Preschool Programming (Tuition) Support for Low-Income Families - Performance Measures - Refer to Tool CC (B)

07 CEA AR Shell Revised 2/22/07 Programs Funded	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report	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>Total number of preschool programs/centers receiving Preschool Support: 15 preschools 5 Head Start locations</p> <p>Number of funded Programs meeting the following standards:</p> <p>NAEYC Accreditation: 2: Sunrise Preschool, IC Preschool</p> <p>Shared Visions: NA</p> <p>Head Start: NICAO NEICAO 5 locations ECER average score of 5 (with no subscale score under 2): 2 reporting, yes Participating in QPPS process: 9 QRS rating of 3, 4 or 5 St. John: L2 Fun in Son: L3 Sunrise: L4 TLC NH: L5 IC, RRRM In process for completing any of the above quality standards: 1-QRS Meeting comparable standard (also identify standard): QPPS: 9</p>	<p>(D) (C)</p>	<p>Amount expended: Amount expended includes all programs in the Preschool Support for Low Income Families AR Financial Report Total: \$151,160.00</p> <p>Educational Level of Head Teacher(s) (Total number of each):</p> <p>GED: in program, but not head teacher High School Diploma: in program, but not head teacher, 1 COT in CDA training Child Development Associate: 5, plus 1 co-teacher AA Degree in EC or child development: 8 AA Degree in related field: NA BA/BS in EC or child development: 19 BA/BS in related field: Post Graduate Degree: 4 MA</p> <p>Number of funded programs utilizing a Child Care Nursing Consultant for technical assistance: Head Start staff completed CCNC training</p> <ul style="list-style-type: none"> Curriculum(s) used by funded programs: Teacher designed Houghton-Mifflin Creative Curriculum Eclectic theme-bases Training in the Primary Programming Alpha Tales and Frog Street Number Press DECA assessments 	<p>For Children Supported with these funds:</p> <p>Total Number of children (Unduplicated): 186 20 Head Start Number of children by age (Unduplicated): 3 Year Olds: 44, 9 HS 4 Year Olds: 112, 11 HS 5 Year Olds: 30</p> <p>Number of children by Gender (Unduplicated): Female: 89, 14 HS Male: 97, 6 HS Number of children by Race (Unduplicated) White: 162, 20 HS Black/African American: 7 Asian: 4 Native Hawaiian/Pacific Islander: 0 More than one race reported: 5 Other/Unknown: 0 Number of children by ethnicity (Unduplicated): Hispanic/Latino: 8, 4 HS Not Hispanic/Latino: 178, 16 HS Number of children with health insurance: 158 reported, 12 HS Number of children with age appropriate skills: 114 from preschool reporting this #, 18 HS</p>	<p>For Children Supported with these funds:</p> <p>Percent of Children with health insurance: 85% 66% HS (4 ineligible immigration status)</p> <p>Head Start: 154 teacher child contact days 637 meals and snacks to children 38 home visits 38 conferences 3 w/ IEP Health plans</p>	<p>For Children Supported with these funds: Percent of children demonstrating age appropriate skills: 83% average According to compilation of individual teacher assessments (Identify the assessment tool(s) used to determine the children's development)</p> <ul style="list-style-type: none"> Teacher observations, assessments, and formal assessments AEA Brigance Head Start outcomes Development Checklist Portfolios Get Ready to Read Screening Tools Creative Curriculum DECA <p>(Report any other applicable outcomes) # Staff conducted home visits: 85 in 4 reporting preschools of 15 Number of face to face programs w/parents: 114 in 90 out of 15 reporting preschools Number of parent volunteers: 192 volunteers out of 11 reporting preschools Number of parent volunteer hours: 4,270.5 Number community volunteers: 90 volunteers from the community in 7 of 15 reporting preschools Number of community volunteer hours: 1,424 volunteers hours in 8 reporting preschools of 15 <u>Head Start:</u> 100% had physical exams, up to date immunizations, dental exams, fluoride varnish application; screened for speech and language audio logy, and vision Creative curriculum checklist showed progress for all 18 children enrolled at time of screening 4 families from non-English speaking families improved speech/language skills 100% of eligible children participated in NRS; 4-yr old growth assessment and social emotional assessments at or above average in most area.</p>

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Collaborative Professional Development – Performance Measures – Refer to tool DD (B)
(2006 Professional Development Funds that were carried forward into this fiscal year.)

Note: Required measures to be reported are in bold.

Collaborators	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report	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>Please list the collaborative partners involved in the professional Development Activities and briefly describe the activities.</p> <p>Quality Preschool Program Standards training conducted by AEA 267 (Virgene Hopkey, trainer), in partnership with FMC CEA. Training made available to teachers/early childhood providers; 2nd year of training in a 2-year series.</p>	<p>D Children Ready to Succeed in School</p>	<p>Amount Expended: (Report any other applicable input measures) \$1,927.00</p>	<p>Total number of participants by: 15</p> <p>Number of Administrators/Directors: 3</p> <p>Number of Teachers/Early Childhood Providers: 3 (also serve as directors)</p> <p>Number of Assistant Teachers: 12</p> <p><u>Report as applicable:</u> Total number of credits earned: NA Average number of credits earned by participants: NA Number of participants working toward CDA: NA Number of participants working toward associate degree: NA Number of participants working toward bachelor degree: NA Total number of participant hours logged: 240 Total number of CEU's earned: NA</p>	<p>Percent of all participants completing coursework by:</p> <p>Percent of Administrators/Directors: 20%</p> <p>Percent of Teachers/Early Childhood Providers: 20%</p> <p>Percent of Assistant Teachers: 80%</p> <p>Average cost per participant: \$128.50</p> <p><u>Report as applicable:</u> Average cost per credit hour: NA Percent of participants completing associate degree: NA Percent of participants completing bachelor degree: NA</p>	<p>Percent of participants who report incorporating learning into policy or practice:</p> <p>100% of participating QPPS participants incorporating QPPS philosophies into their curriculum; QPPS is a component of programming, with ongoing evaluations.</p>

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Quality Improvement Funds – Performance Measures.

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

Collaborators	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report	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>Please list the collaborative partners involved in the quality early care, health, and education programs and describe program or activity</p> <p>Child Care Resource & Referral (CCR&R)</p> <hr/> <p>Public Health, Floyd, Mitchell, Chickasaw</p> <hr/> <p>Area Education Association, 267</p> <p>* see addendum for additional</p>	<p>C</p> <hr/> <p>A, B</p> <hr/> <p>D</p>	<p>Amount Expended:</p> <p>Amount expended includes all programs in the Quality Improvement AR financial report Total: \$52,469.64</p> <p>(Report any other applicable input measures)</p>	<p>2311 hours of crisis child care provided</p> <p>54 providers accessed CPR vouchers</p> <p>46 providers accessed First Aid vouchers</p> <p>20 providers accessed a scholarship to attend a non-CCR&R/FMC-sponsored conference or training</p> <hr/> <p>Minimum 4 collaboration meetings with Head Start, Early Head Start, Public Health, providers in 3 counties; Participation in 1 conference, (IA Immunization Conference); HOPES training Nurse/Home Visitation</p> <hr/> <p>Medical Home</p> <hr/> <p>See collaborative Prof development section for same info</p>	<p>Average cost per hour of child care: \$2.20</p> <p>216 hours of CPR training accessed</p> <p>92 hours of First Aid training accessed</p> <p>120 hours of training accessed through scholarship to attend a non-CCR&R/FMC-sponsored conference or training</p> <hr/> <p>Nurse/home visitation: 7 home health aide visits, 8 Serviced 2 families, 4 parents, 5 children in age 0-5 group.</p> <p>Education training packs for child abuse prevention and distribution of Wee bits learning tools were distributed to these families. See collaborative</p> <hr/> <p>See professional development section for same info</p>	<p>Child Care Scholarships were available to families at or below 200% of poverty in FMC who do not qualify for assistance through DHS or have a crisis or emergency situation.</p> <p>100% of families utilizing the service were able to maintain work/school schedules and children maintaining consistent placement are at an advantage over children with frequent child care changes.</p> <p>68% of registered homes in FMC accessed a voucher to attend CPR training</p> <p>36% of registered homes in FMC accessed a voucher to attend First Aid training</p> <hr/> <p>5 PH staff received additional training resulting in increase in service to 5 additional children, birth to 5</p> <p>0% increase in reported Child abuse /drug incidents.</p> <hr/> <p>See Prof development section for same info</p>

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 (Coincide w/ Budget Line Items)	Link to Which Priority or Priorities	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report	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)
Public Health, Floyd, Mitchell, Chickasaw <u>Program Purpose:</u> Public Health services: prenatal, birth to 5; offer additional PH care/home health care to birth to 5 population	(A), (B), (D)	Amount expended: Amount expended includes all programs in the School Ready Other Services category AR financial report Total: \$117,579.32	Immunizations Childbirth Education 6 hrs classes -Classes Lead Screenings Car Seat Inspections/ Update Training Collateral Materials Development Assessment trainings for 12 providers 100% improvement of children and parents' education by An overall 100%	100% participants report improved knowledge, increased awareness of resources and needs met 15 parents participated in classes w/ 3 different topics, affected 30 children, ages birth to 5 12 providers reported 100% increase in knowledge and confidence w/ use of Denver Development Skills Test 160 lead screens Because of PH education/services the following are reportable: Low Birth weight: 6.2 State average: 7.0 Infant Mortality rate: 5.4 State average: 5.3	100% of participants report Increased confidence in delivery, breast feeding, ease in asking for assistance; increased knowledge of medications, and labor exercises 90% of participants reported increase in parenting knowledge PH reports 100% improvement in consistency of assessment tool 100% immunization rate
Speech Pathology Program purpose: Provision of speech therapy to children ages birth to age 5 with communication impairments to improve: 1. Development of speech production and/or language skills 2. improve school readiness	(D)		13 children received direct services 160 sessions completed for a total of 121 service hours Average per month for first 10 months *5-6 children receive monthly sessions *16 sessions per month *12 hours of therapy	1. Successfully diagnosed communication for each child served 2. Treatment plan and home programming completed for each child served. 3. 100% of children served demonstrated significant gains in level of communication functioning. 4. Parent education completed with 100% of families involved in direct services. 5. High level of parent satisfaction with service provided per parent report. 6. Increased education for day care providers through collaborative trainings with CCR&R.	Change in condition for those served: **Improved speech intelligibility to at least a 75% level reached for 100% of patients receiving direct service. **Improved language functioning for language goal of meeting developmental guidelines for length of utterances demonstrated for 100% of patients receiving direct services in this area **Improved functional and social communication skills as reported by parents and preschool staff. **Decreased levels of frustration for child and family members per parent and preschool teacher report. **Improved readiness for preschool or kindergarten per parent and preschool teacher report. **Increased knowledge of speech/language development, referral guidelines and methods of increasing language for 0-5 population for providers, result of CCR&F trainings

<p>EAGLE <u>Program</u> <u>Purpose:</u> Early literacy programs/services birth to 5</p>	<p>(D)</p>		<p>Service aids in supporting 1 PT Coordinator</p>	<p># EAGLE library programs presented in FMC area: 37 programs w/ one a collaboration between community partners</p> <p>Average attendance at programs: 14 Total parent attendance all library programs: 268</p> <p>Total student in-kind volunteer attendance all library programs: 39 Total birth to 5 attendance at all library programs: 522 # Libraries participating for special programs: 12 and 13 for book bag circ in the library # circulating book bags 479 # EAGLE/Head Start/Preschool literacy programs presented in FMC area: 10 programs Total 3-5 attendance at HS/Preschool programs: 185 Total adult attendance for HS/Preschool programs: 73 Total student in-kind volunteer attendance at all HS/Preschool programs: 25 # daycare literacy crate rotations: 18 registered providers serving 95 children # total rotating crates: 30</p> <p>EAGLE circulation data: Daycare crate circulations: 10,206 Preschool/HS circulations: 750 Library circulations: 13,000</p>	<p>Presented 37 library programs in FMC area; increased # of children at library programs from 405 to 522, a 28% increase in birth to 5 attendance from FY 06</p> <p>Increase # parents/adults at library programs from 232 to 268, a 16% increase in adult attendance from FY 06</p> <p>Increased # of student in-kind volunteers at library programs from 0 to 39, a 100% increase</p> <p><i>New initiative:</i> Collaborated w/ comm. Partners to develop/present multicultural/bilingual library program w/25 children and 12 adults attending. Comm. Partners included EAGLE, New Hampton Pub. Lib., Early Head Start, & New Iowans Task Force.</p> <p>Increase # of HS/Preschool programs from 7 to 10, a 42% increase in # of programs over FY 06</p> <p>Increase in child attendance at HS/Preschool programs from 124 to 185; a 49% increase in children from FY 06.</p> <p>Increase in adult attendance at HS/Preschool programs from 67 to 73, an 8% increase over FY 06.</p> <p>PK teacher circ increase from 1,855 to 2000; a 7% increase from FY 06</p> <p>Library circ increase from 718 to 750, a 4% increase from FY 06</p> <p>Online catalog available for providers, libraries, and preschools</p>
<p>T.E.A.C.H. Program Purpose: Provider Scholarships</p>	<p>C, D</p>		<p>T.E.A.C.H. scholarship support; total of five, 12 month contracts</p>	<p>Four TEACH recipients completed 12 month commitment; one to finish in fall of 07.</p>	<p>Increased scholarship contracts from 4 to 5, up 1.25%</p> <p>Providers completed 60-plus college credits; one provider completed AA degree</p> <p>One preschool teacher from Charles City completed 18 credits.</p> <p>Another preschool teacher completed 6 credits to-date.</p> <p>A home provider from Stacyville completed 32 credits, graduated from NIACC and has</p>

					<p>plans to complete BA A home provider from Nora Springs began TEACH contract w/ 3 credits to-date. Six providers averaged over 3.5 (out of 4.0) grade point average for the year. Children and families in FMC area have an increasing number of providers with a higher level of formal education. Research shows the level formal early childhood education achieved by the caregiver is one of the key indicators of quality for the early childhood program. Retention is also an indicator of quality. Six out of the seven providers supported by these funds have been <u>retained</u> by their child care program.</p>
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<p>Program Coordination Coordination of FMC Empowerment/Floyd County activities and programs; Employer of record Floyd County</p>	<p>Coordination results assist CEA in achieving all areas: A, B, C, D, E</p>		<p>Coordination: Monitor/assist 11 programs for service/financial accountability; monitor/assist 15 preschools for same; Oversee overall coordination/support for Emp. Process in FMC CEA; serve as info source; research/report on policy issues re: Emp; maintain required records/files; Prepare, organize /distribute agendas/working agendas/for bi-monthly board meetings, committee project updates, partner updates as needed during 12 months of regular meetings various organizations; representative on Early Childhood Cadre; representative on DECAT community board; Prep and Payment of 204 claims for payment; reconcile all w/ Fiscal agent; 18 months prep on Community Plan; organize, plan, execute 4 comm. Plan/ devise/execute and administer community survey/established relationship w/ UNI Institute of Decision Making; completion of Annual Report, 2 budgets, 2 financial reports; executive summary,</p>	<p>100% of annual reports completed on time and submitted to State before deadline 100% redesignation materials completed on time and submitted before deadline 100% SR and EC budgets completed and submitted in timely fashion 100% SR and EC financial statements completed on time with aid of Fiscal Agent, and submitted before deadline 100% bylaws reviewed and updated by board, w/ approval 3-year community plan completed and submitted on time, prior to deadline; 100% completion rate 100% of submitted claims reviewed and processed in timely, most within 30 day period 100% board positions are filled 100% board have signed documents of conflict of interest 100% of all funded programs have contracts; each reviewed for accuracy and updated each FY</p>	<p>100% fiscal performance accountability and program accountability in programs served, upon completion of 2007 reporting, and pending approval of State TA New 3-year community plan underwent intensive 18 month process, involving citizens, partnerships, collaborators, and others in the 3 county area; 100% involvement by FMC board in the process, 5 key areas of focus in the FMC area identified; with each having a respective strategy and evaluation technique with numerical values attached where appropriate.</p>
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			<p>redesignation checklist/materials, Developed foundation for QI apps, and follow-up; Development of phase 1 and 2 of RFP's, ratings system; Served on Head Start Self Assessment team; data collection agent all projects</p> <p><u>Preschool:</u> Coordinate/admin preschool scholarships, 15 preschools: review 198 applications; letters of acceptance to 15 preschools; 180 claim applications. Serve as liaison between board and preschools; data collection for preschools;</p> <p><u>Community:</u> Serve as resource for various committees/and organizations re: 4-Year old preschool Initiative; 7 school districts.</p> <p><u>PR/Marketing:</u> Wrote and edited 464 FMC e-bulletins; Fiscal: minimum of 12 monthly meetings w/fiscal agent re: scholarships/etc./1-2 stories for each FMC CEA event published in media; speakers' bureau representative</p>		
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SECTION VII –Other Community Investment and Support

Identify and briefly describe other funding or support (as appropriate) the community empowerment area has been successful in obtaining and applying toward the community plan. *Identify funds (actual cash amount) that come directly to and flow through the community empowerment area to support the community plan. Identify value of in-kind as calculated according to usual and customary accounting principles (convert to cash value) that supports the community empowerment area’s community plan.*

Please refer to OMB circular A110 for more information regarding local match and in-kind www.whitehouse.gov/omb/circulars/a110/a110.html#23

Source	Cash Value	Source	In-Kind Cash Value
		FMC Empowerment Board members, partners, collaborators: mileage, volunteer hours, out-of-pocket	\$3,842.00
		Chickasaw County extension: office space, phone, mileage, meetings, support for EAGLE program	\$2,325.00
	\$10.00	Chickasaw PH, coloring books, story books, crayons for families (out of pocket from staff)	
	\$10.00	Chickasaw PH, bedding and pillows for families (out of pocket from staff)	
		Meeting spaces throughout the FMC area	\$1,150.00
		FMC Area Preschool collaborators, time, mileage, out of pocket	\$510.00
		Head Start volunteer time, mileage, out of pocket	\$1,550.00
		Lutheran Services of IA, AEA, time, mileage, Out of pocket	\$425.00
		FMC Coordinator, in-kind contribution: Office space, personal equipment on loan to FMC-laptop, printer/scanner/fax, camera equipment, processing, interface equipment, cell phone usage, office furniture, filing space, utilities, office supplies, volunteer labor	\$3,850.00
	\$125.00	Non-reimbursed meals for volunteers and partners, out of pocket expenses, various, postage	
		EAGLE volunteers, cutting out materials for programs, assembling literacy kits, assistants at library and preschool programs: 102 hrs @ \$17/hr	\$1,724.00
		Volunteer construction labor for making window for program prop: 3 hours @ \$25/hr	\$75.00
		EAGLE Coordinator: storage of EAGLE property, 7 months at \$100	\$700.00
		EAGLE Coordinator: Early Childhood App. Dinner 3 hours (off clock)	\$51.00
		EAGLE Coordinator: unreimbursed mileage: 125 miles @ .48	\$60.00
		EAGLE Coordinator: unreimbursed paint supplies and off the clock time to paint scenery for props	\$39.00
		Community volunteers for office labor (mailings, etc.)	\$125.00
	\$500.00	Coordinator: non-reimbursed mileage @ 480 miles per year:	\$192.00
		Public Health agencies, Floyd Co. Memorial Hospital; space, coordination, equipment, etc.	\$1,750.00
			\$400.00

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		UNI Institute for Decision Making: consultation services—4 hours @ \$100 per hour	
		Office volunteers for CCR&R in the FMC area 47 hours x \$17 per hour	\$799.00
		Office space from Chickasaw County for CCR&R serving the FMC area	\$1,800.00
		Head Start classroom supplies	\$600.00
	TOTAL	645.00	TOTAL \$21,967.00

Quality Improvement (addendum)

Collaborative Partners	Link to Comm. Plan	Amount Expended	How much produced	Quality/Efficiency	Outcomes
Early Head Start NEICAO NICAO	D, A, B		New program in conjunction with Head Start collaborators; For services to pregnant mothers and children from birth to 3; Early Head Start protocol Offered in 3 counties	Please see section: Prenatal to three; these areas are linked	Please see section: Prenatal to three; these areas are linked