

**Iowa Community Empowerment
Annual Report, State Fiscal Year 2006
July 1, 2005 through June 30, 2006**

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, 2006.
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: September 5, 2006_____

Name of Community Empowerment Area: Healthy Henry County Communities

Counties/Area Served: Henry

Website: www.healthyhenrycounty.org

Current Board Chairperson: Mary Beth Young

Current Fiscal Agent: Henry County

Signature:_____

Address: 407 S. White

Signature:_____

Address:

Email:

Email:

Federal ID Number:

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

Jackie McCracken

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Phone: 385-3965

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SECTION I –

a. Current Community Empowerment Board Composition on September 15, 2006

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 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 Name	Column 2 Representation	Column 3 Name of Employing Organization	Column 4 Provider of CE Services/Program	Column 5 Citizen/Elected
Chair: Mary Beth Young	Retired Educator/Citizen		No	X
Jim Cruchelow	<i>Required human services</i>	DHS	No	Not Applicable
Dan Sheehan	<i>Required health</i>	Henry County Health Center	No	X
At Large: Dave Christensen	<i>Required education</i>	Mt. Pleasant Schools	No	Not Applicable
At Large: Phil Borleske	<i>Required faith</i>	Swedesburg Lutheran Church	No	X
Teri Bockting	<i>Required business</i>	Riverside Paper Co.	No	X
Vice Chair: Diane Magnani	<i>Required consumer</i>	Access Energy Coop.	No	X
Sal Alaniz	Business/Citizen	PrintGroup USA	No	X
Ruth Allison	Business/Citizen	Vocational Rehabilitation	No	X
At Large: Bob Cardoni	Retired School Superintendent/Citizen		No	X
Lori Davis	Business/Citizen	Mt. Pleasant Park & Recreation Department	No	X
Paul Dennison	Business/Citizen	KILJ Radio	No	X
Klay Edwards	Business/Consumer/Citizen	Peoples State Bank	No	X

LeAnn Farley	Education	Area Education Agency		Not applicable
Sharon Ford	Human Services	SE Iowa Community Action	Yes	Not applicable
At Large: Dave Helman	Retired Prison Warden/Citizen		No	X
Sarah Kaufman	Citizen	Henry County Mental Health		X
Jerry Kelly	Faith	First Presbyterian Church	No	X
Treasurer: Ed Kropa	Citizen	Iowa Wesleyan College	No	X
Jane Lauer	Citizen	Iowa Wesleyan College	No	X
Todd Liechty	Education	Mt. Pleasant Schools	No	Not applicable
Mike Riepe	Elected Official	Henry County	No	Not applicable
Ron Roth	Business/Citizen	City of Wayland	No	X
Luis Rosell	Business/Citizen	Self Employed Psychologist	No	X
Emery Styron	Business/Citizen	Mt. Pleasant News	No	X
Roger Thornburg	Education	WACO Schools	Yes	Not applicable
Jan Walter	Business/Citizen	City of Winfield	No	X
Tom Young	Elected Official	Henry County	No	Not applicable

b. Organizational structure – please describe your structure and how the board functions, communicates, plans and interacts within the community.

The HHCC Board is a public/private partnership where a number of governmental agencies, local organizations and interested citizens come together monthly to identify emerging issues, conduct and study community assessments, respond to emerging opportunities and needs, learn best practices, coordinate existing programs and design, and implement and evaluate new initiatives. It functions as a combination inter-agency council, community forum, and social action organization. The 28 member board includes representation from education, DHS, clergy, healthcare, county and city government, prevention services, business and industry, law enforcement, Chamber of Commerce, and citizens. Non-board members who attend on a regular basis represent Community Health and Henry County Extension.

HHCC serves as the Henry County Empowerment Board and Tobacco Coalition. In addition, the organization is in the application process to become certified as a Community of Promise. Part of the success of Healthy Communities has been our ability to combine individuals with a common cause to decrease duplication of efforts and number of meetings. This process has provided an effective method to identify and fill gaps in service. Annual strategic planning provides the avenue to address changes in community needs. Current action teams, programs and activities are listed in the attached Healthy Communities organizational chart. Healthy Communities received nearly one million dollars in grant funding, local contributions and in-kind funding in 2006.

The Family Connection has an advisory board consisting of participants, school nurse, pediatrician, ISU Extension, Healthy Communities, young mothers from the community, mental health and project staff. Program ideas, policy development and volunteer hours are provided.

As families who access the preschool scholarship has greatly increased over last year it has become necessary to form a Preschool Scholarship Advisory Committee to assist Anita Hampton, Early Childhood Specialist, in providing direction, setting policies, and implementing procedures pertaining to the scholarship program. Committee members are Leann Farley, AEA 16, Lorna Hood, SE Iowa Community Action Head Start, Shari Janecek, WACO school board member and child care provider, Jacki McCracken, Early Childhood Program Director for the Family Connection, Kelly Patterson, Salem city council, Jane Simmons, kindergarten teacher, Wendy Smelser, parent and former kindergarten teacher, Mike Thomas, Winfield Children's Librarian, and Robyn Willham, parent and former preschool teacher. It will be the chief duty of this committee to assure as many families as possible take advantage of providing a quality preschool experience for their four or five year old child. Participating Henry County preschools include Grasshopper Green Preschool, Mt. Pleasant, Grow and Glow Preschool, New London, Owl's Nest Child Care and Preschool, Mt. Pleasant, WACO Preschool, Crawfordsville, and Warmth and Wonders Preschool, Winfield. Any family whose income falls below 200% of the income guidelines for poverty is eligible for a full scholarship of \$85 per month. A family whose income falls above the 200% guidelines may be eligible for a reduced fee based on a sliding scale.

SECTION II – Community Plan

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.)

Our community plan will be reviewed and updated in 2007. We continually revise our indicators and reevaluate our priorities. By doing our self evaluation, we have establish the need for an empowerment coordinator. We have added new HHCC board members and see the need for board strategic planning as well as a work group to address ever-changing early childhood issues.

SECTION III. Indicators and Priorities from Community Plan

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

Definition: Indicators are measures that indirectly quantify the achievement of a result.

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**

Community Indicator(s)	Identify the State Results Linked to the Indicator by A, B, C, D, E
Teen Birth Rates	A,B,D,E
% of low birth weights	A,B,D,E
Child Abuse Rates	A,B,D,E
# Licensed centers	A,B,C,E
# of new providers entering the profession	A,B,C,E
# of childcare providers	A,B,C,E
# of registered providers in Henry County	A,B,C,E
# of providers completing a quality improvement process	A,B,C,E
# of preschoolers accessing scholarships	D

Based on the adopted indicators, please list the priorities identified in your community plan.

Community Empowerment Area Identified Priorities:
1. Enhance the ability of Henry County to keep children safe from abuse and neglect by increasing individual responsibility
2. Increase the availability of quality, affordable, reliable childcare and preschool.

3. Develop parenting skills and support network for parents and caregivers
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4. Create partnerships with community, government, agencies, schools, and businesses
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SECTION IV – Community-Wide Indicators – CALCULATE ON THE TOTAL NUMBER OF 0-5 POPULATION IN THE CEA.

Definition: Indicators are measures that indirectly quantify the achievement of a result.

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

Identify the Community Empowerment Area Indicators	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 (Analysis)
			2004	2005	2006		
Teen Birth Rates	FACITS	2001	current data not avail.	current data not avail.	current data not avail.	Delayed future pregnancies among enrolled participants	Teen pregnancies are inevitable, however, we believe our success has been in providing very successful programming in our Young Mother's classes. Partnering for a Healthy Baby is available and targeted especially to teen mothers. A strong collaboration exists with our alternative high school and high schools for referrals for this program.
% of low birth rates	FACITS	6.4%	current data not avail.	current data not avail.	current data not avail.	Decrease by 10%.	We have started the Prenatal Partners for a Healthy Baby curriculum. This program emphasizes the importance of good nutrition, secondhand smoke and infant development.
Child Abuse Rates	DHS	14.7/1000			34.87/1000 (2005 data)	Decrease	Henry County ranks 7 th statewide in child abuse rates. Healthy Henry County Communities-Empowerment-CPPC-and Prevent Child Abuse-work as one to decrease the incidence of child abuse. We have worked to increase child safety issues—after the community experienced the death of an infant in a locked car. We have increased the awareness of the effect of methamphetamine on parenting.

							Families participating in the Family Connection have decreased potential neglect because of social outlet, reduced isolation. Childcare is offered on site. Family Connection employees and volunteers see the children at least weekly. Any incidence of physical abuse or neglect could be identified and efforts taken to stop it. Linking families into community services and support is intended to reduce the rates. Weekly classes are held on a variety of topics including guidance on discipline as well as ages and stages of child development. Alternatives to physical punishment as well as helping the parent develop appropriate expectations helps reduce the incidence of child abuse. Family Connection has served in collaborative role with DHS to help families function more effectively. Research also suggests that increased rate due to meth use and an increased community willingness to report abuse when observed.
Immunization Rates	IDPH	95%			95%	To show a yearly improvement	We now require immunization records prior to entry into the program. An educational program on immunizations was held and participants received points for use in the Nest store by completing immunizations on time. 100% have cards on file.
# of licensed centers	CCR&R, Early Childhood Specialist Data	8	7	6	6	1 new center startup	USDA funding has been awarded the New London Community Child Care Center. Ground breaking is anticipated

							before January 2007 on land shared with New London Elementary School.
# of new providers entering the profession	CCR&R, Early Childhood Specialist Data	6	6	10	4	3 new providers per year	Fluctuation in provider numbers is to be expected. Six child care providers left home child care this past year, but four signed on. Of the providers who left one moved from the area, two returned to previous professions, one completed a degree and took a position in her field, and two chose more lucrative professions.
# of providers completing a quality improvement process	CCR&R, Early Childhood Specialist Data	5	5	11	16 completed	10 providers to complete a quality improvement initiative per year	Fourteen of sixteen center childcare providers completed a 'preschool quality improvement initiative'. Entire preschool staff of each center was required to participate in 7 workshops centered around the subsets of the ECERS-R. An 8th workshop trained the participants on the use of the rating scale. The year long study began with an ECERS observation done by a reliable observer and at least one member of each staff. Consensus scores then became the baseline scores for the entire study. Each participant was given a binder of relevant resources and information for use during the workshops. Participants were responsible for reading the material in preparation for the workshops. In addition a written action plan was required to assure progress. Originally an exit ECERS by a reliable observer was planned during the month of May, but at the suggestion of the participants, was postponed until next fall. Preschool staff need the summer months to complete and implement the action plan with the new school year, rather than mid- to end- of the year. This time will allow the preschools to begin implementing their individual

							<p>improvement plans. 3 additional workshops (deemed "Implementation Days") were added in June. The first was devoted to the Quality Preschool Program Standards and how it could be utilized in implementing improvement. The second introduced the participants to The Early Learning Standards. By incorporating the QPPS, the ELS, and the ECERS, each staff was well armed to implement best practice going into next fall. The third day was a field trip to the Valeska Hinton Early Childhood Learning Center in Peoria IL.</p> <p>Two center childcare providers completed 40 hours (4 modules) of PITC training this past year. Two more center providers completed at least 2 modules. The complete series was attended by 4 additional providers from neighboring Empowerment areas.</p> <p>5 child development homes are presently involved in QUINCE/PFI model research study from the Frank Porter Graham Child Development Center, UNC. The Program for Inclusion model requires a pre- and post- ECERS assignment and regular visitation by the ECS. Each participant, with the assistance of the EXC, writes an action plan to be implemented over as many as ten months.</p>
# of children on scholarship accessing preschool	CCR&R, Early Childhood Specialist Data				50	Increase in the number of children with a quality preschool experience.	Initially opened only to four and five year olds, 22 children were awarded scholarships. Parents of these children were requested to attend 10 hours of parenting classes. 70% completed the request. In January 2005, scholarships

							<p>were extended to 3 year olds. 23 additional children were awarded full scholarships at this time. No parenting ed was offered to these parents as it was felt this would be a hardship to complete ten hours before the end of the school year.</p> <p>From June 1 through August 8 a summer preschool session was held for five year olds entering kindergarten in the fall. These fifteen children were selected (also meeting income eligibility) because of low language scores on the Brigance at the spring pre-kindergarten screening. 33% (5 children) had had no prior preschool experience. 40% used English as a second language. Curriculum included intensive language infusion utilizing the Mondo Oral Language.</p>
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*** If actual data is not available, please insert NA and provide an explanation in the Progress Update column.**

SECTION V – 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.

Preventing Childhood Obesity

An obesity epidemic is sweeping the nation and is a serious threat to our nation's youth. Fifteen percent of 6 – 10 year olds are overweight or obese—a number that has tripled over the past 20 years. Over 10% of children between ages 2 and 5 are overweight making them more likely to become overweight adults, and high-risk candidates for diabetes, heart disease, muscle problems and a shortened life span, according to the Centers for Disease Control (CDC). **According to Dr. Ken Cooper with the Wellness Councils of America, “These overweight children are experiencing an epidemic of adult onset – or type-2 diabetes in children 9 – 11 years of age. The studies clearly show that if children 14 years of age or younger develop type-2 diabetes (which is directly related to inactivity and obesity), they are shortening their lifespan by some 17 – 27 years”.**

Henry County youth mirror that trend: body mass index for grades 4, 8 and 11 in the Henry County Schools was calculated using the CDC age calculation. 37% of the K-12 students were overweight/obese when assessed May 2002. 43% of K-5 students were overweight/obese in May, 2005.

Healthy Henry County Communities received a Wellmark Foundation grant to fund “TEAM Lunchroom: Children’s Meal Ticket to Good Nutrition.” The Pick a Better Snack (PABS) Social Marketing Campaign was implemented in all K-5 grades reaching 1,200 students. PABS, developed by the Iowa Department of Education, Iowa Department of Public Health and Iowa State University Extension and endorsed by the American Dietetic Association, is recognized as a model program. The campaign is aimed at doubling fruit and vegetable consumption among children. Promotion includes catchy posters with slogans such as “Wash, Eat, How Easy is That?” and “Peel, Eat, How Easy is That?”

“Pick a Better Snack” was promoted with the daycare providers under the direction of the Henry County Early Childhood Specialist who visits each center and home provider on a regular basis. Activities were designed for the 3-5 year old children. Providers were encouraged to lead their children in the various activities and introduce them to the fruit of the month. Many of the young children were familiar with the cards because of older brothers and sisters bringing them home from their elementary classrooms. The elementary Pick A Better Snack program was under the direction of the Wellmark School Nutrition Grant Coordinator and reached the four school districts in Henry County.

Through this collaboration, the campaign effectively reached all families in Henry County. Many families had preschoolers as well as their elementary children involved. The media campaign included the publication of healthy menu ideas and fruit/vegetable promotion through three school newsletter issues, web site messages, monthly newspaper feature articles, and five months of weekly radio spots.

Child Abuse Prevention Efforts

Henry County has been a Community Partnership for Protecting Children(CPPC) site since 2004. Community collaboration to create more positive outcomes for children and families has been a priority for our empowerment area. We continue to work towards creating a more nurturing and caring community. Efforts in 2005-06 include:

- Presentations to 7 city councils on the CPPC process and beginning steps to make their towns more “family/child friendly”. Met with 4 city clerks and began discussing neighborhood partner concept with the clerks.

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- CPPC Board strategic planning involving 15 community, agency, and school leaders to set direction in making Henry County a safer place for children to live and thrive.
- To date two Family Team Meeting Facilitation trainings have been held with 11 completing training and volunteering to facilitate. An additional 10 are expected to join in the early fall. Cindy Conrad has completed certification as a master trainer for the state---giving us access to future trainings.
- Collaboration formed with Iowa Wesleyan College to offer Family Team Meeting training for college credit and CEUs This would prepare college students working in the human services field an opportunity to be a part of what we know is best practice in working with families.
- Family Connection Nest participants were part of a child abuse prevention Saturday. They were located at 10 locations throughout Henry County and gave out positive parenting information.
- CPPC board members created a marketing effort utilizing the local radio station and raised awareness of childhood safety issues. Board members taped PSAs that have aired each month. Family Connection participants distributed safety cards to the same 10 locations across Henry County.
- Child Safety awareness resources kits were developed for each of the preschools in Henry County. The kit contains children's books, stickers, puppets, and curriculum.
- A committee has been formed to bring Safety Town to Henry County in 2007. The committee has begun fundraising efforts, visited a existing program, and has ordered the curriculum.
- Sponsored a community meth awareness forum with Dr. Shah and the DEC program as highlights.
- Collaborated with a community meth-drug free community project to recruit and train facilitators for a MOMS (moms off meth) group. We worked with our community CURES group and alcohol and drug dependency services agency to bring the support group to Henry County. The success of the MOMS group—has helped start a DADS group (Dads after Drugs).
- CPPC board and Henry County Health Center OB staff have meet and developed an improved protocol for infant drug testing. Provided information and videos to medical staff addressing methamphetamine issues. Four babies have tested positive since the initiation of this new protocol.
- Reduced obstacles to referrals by addressing confidentiality issues through a training for agencies facilitated by our DECAT coordinator. Referral forms have been developed for the Partner for a Healthy Baby program that have been used by WIC, Public Health, high school counselors and nurses, alternative high schools, SE Community Action-Headstart, and HCHC OB staff.
- Publicized and distributed the 800 number to report child abuse.
- Worked with the Mount Pleasant News to publish a tabloid entitled "The Welfare of Our Children is Everyone's Business" with a circulation of 10,000.

Preventing child abuse takes a multifaceted approach. We have been successful in engaging many sectors in our community and will reach out to others in 2007.

SECTION VI – Performance Measures: Community Empowerment Early Childhood Funds

- 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.

Early Childhood Services Provided (Coincide w/ Budget Line Items)	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)
Project REACH	\$39,657.53 (TANF) \$46,840.59 (School Ready)	16 preschool home provider visits	100% would recommend Project REACH to others entering the child care field	<p>88% childcare providers improved in spending more time engaged with children in activity or play.</p> <p>84% childcare providers reported having a better understanding of child development (physical, emotional, cognitive growth)</p> <p>83% childcare providers reported making changes in their facility's play/learning environment to better meet the needs of children</p> <p>80% childcare providers reported having increased understanding of discipline and guidance and have used better methods with children</p> <p>76% childcare providers reported being more aware of the importance of carefully observing children in an effort to learn about them and better meet their needs.</p> <p>76% childcare providers reported more awareness of health and safety issues</p> <p>91% parents were furnished written business policies by their childcare provider.</p> <p>93% parents reported seeing physical changes in the care/play environment their provider offers</p>

		<p>12 workshops offered (4 different series involving 2 to 5 sessions - 4 to 20 hours of training)</p> <p>5 PITC workshops 12.5 hours of training</p> <p>6 Star*REACH workshops and consultations 21 hours of training</p>	<p>70 child care providers attended at least one series of 2 to 5 sessions each</p> <p>35 completed a workshop improving provider/parent relations</p> <p>10 providers completed a two part series on business practices</p> <p>10 providers participated (3 center, 7 in-home)</p> <p>9 providers completed PITC Module V</p> <p>4 providers participated 2 completed the series</p>	<p>46% indicated interest in pursuing an additional quality improvement initiative (ie. PITC or Star*REACH)</p> <p>82% reported the workshop was helpful to increase their positive caregiver- parent relationships</p> <p>67% reported improved understanding of sound business practices</p> <p>90% completion rate</p> <p>96% expressed better understanding of children with special needs.</p> <p>66% expressed increased comfort in accepting children with special needs into their care.</p> <p>50% completion rate</p> <p>100% increased scores on the FDCRS</p> <p>100% received a total score of 5 or above</p> <p>Average increase on FDCRS score was .46</p> <p>100% felt more supported in their parenting roles as a result of participation in group</p> <p>83% expressed increased confidence in their parenting ability</p> <p>64% felt more understanding of current issues effecting early childhood</p>
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Nutrition Workshops Series	5 nutrition/wellness workshops 21 participants	75% completed the entire series of five workshops	90 % participants reported gaining strategies for helping children make healthier food choices 86% reported having a better understanding of the new USDA food pyramid 100% reported gaining fitness and movement strategies for young children 71% agreed to allowing children to help with food preparation
PITC	20 PITC workshops 4 participants from Henry County (plus 4 from a neighboring empowerment area)	75% completed all modules (Henry County only) 25% are still in process (Henry County only)	100% reported having a better understanding of how temperament effects the child/caregiver relationship 75% reported increased guidance/discipline techniques 100% reported gaining more information on brain development 100% reported gaining a better understanding of culture

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SECTION VII – Performance Measures: Community Empowerment School Ready funds (Other than required measures)
All columns should have quantitative or numerical data.

School Ready Services Provided (Coincide w/ Budget Line Items)	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)
Family Connection	\$90,876.00	<p>65 families participating in weekly parent education classes</p> <p>46 Tuesday night Parent Education Classes</p> <p>41 New Mom's Parent Education Classes</p> <p>30 speakers from the community</p>	<p>92 families utilized the Nest during FY 06</p> <p>41 new Moms classes were offered. Average 10 participants.</p>	<p>FY 06 Outcomes:</p> <ul style="list-style-type: none"> • 79% report they have improved ways to manage their child's behavior • 89% report increased understanding of community resources • 79% report an increased knowledge of child health and nutrition • 86% report increased understanding of positive ways to discipline their child • 75% report increased ability to communicate with families. • 71% report increased in knowledge of childhood illnesses and their management • 100% reported increased ability to parent
Family Connection TUNE TIME-		15 Tune Time sessions	19 families participated in Tune Time	<p>90% of the Families felt very satisfied that their child as engaged in interactive literature experiences.</p> <p>100% reported encouraging social interaction between them and their children.</p> <p>80% felt that the program encouraged their child's language skills.</p>
Family Connection Family Storyteller		6 sessions of the Family Storyteller series	16 families participated in Family Storyteller	<p>78% of the families reported that their child asked to be read to 6 or more days per week</p> <p>90% reported that a parent read to their child 5 or more books per week.</p> <p>89% of the families reported that their child engaged in reading alone 4 or more days a week.</p>

<p>Family Connection Parenting Book Group</p>		<p>16 group sessions</p>	<p>14 participants</p>	<p>86% reported knowing the difference between discipline and punishment</p> <p>86% reported utilizing better alternatives to punishment</p> <p>86% reported having learned how to express anger with child without being hurtful (physically or emotionally)</p> <p>71% reported having learned how to empathize with child's feelings whether they agree with them or not</p>
<p>Parenting classes With preschool scholarship families.</p>		<p>15 parenting workshops (3 series of 5 workshops) "Going to School"</p>	<p>12 parents with children on preschool scholarship participated</p> <p>15 participants in total</p> <p>83% completed the series</p>	<p>75% participants gained strategies that will assist them in getting their child ready for school</p> <p>83% participants understand the importance of explaining the whys behind requests to the child</p> <p>83% increased in understanding the importance of assisting the child to finding solutions to problems for herself</p> <p>75% improved in responding promptly to the child's questions</p> <p>75% improved in utilizing alternative guidance techniques</p> <p>75% reported an increase in understanding the connection between a child's experiences and his curiosity and learning</p>

School Ready Services Provided (Coincide w/ Budget Line Items)	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)
Maternal Home Visitor Program	\$5645	34 hospital visits 46 home visits 30 first time parents	100% referred to immunization clinic WIC referrals MCH Partnering for a Healthy Baby Lactation Other community referrals	80% reported increased knowledge of infant care. (Remaining 19% were already at the highest level of knowledge.) 80% reported an increased awareness of available community resources. 90% would recommend the program to new moms.

Home Visitation Performance Measures (use one row for each funded program) – Refer to Tool FF

Name of Home Visitation Program (Coincide w/ Budget Line Items)	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)
Partners for a Healthy Baby (HOPES like)	\$12,534.00	<p>41 first time parents (42 babies) participated in one-on-one home visits utilizing the Florida State University’s Partners for a Healthy Baby Curriculum 0-6 months and 7-12 months and 13-18 months.</p> <p>258 face to face visits</p>	<p>75% completion rate or are continuing with the program until the child is one year of age. 115% (6 families) moved to another county and were referred to other programs.</p> <p>2 (5%) of the participants were referred to Early Access.</p> <p>30% of the participants were referred to other community resources.</p>	<p>100% of the participants would recommend the program to other new parents.</p> <p>84% expressed greater understanding of infant brain development.</p> <p>92% responded to using increased communication with their baby as a result of participating in the home visits.</p> <p>84% became more aware of safety issues and concerns related to their growing infant.</p> <p>100% improved infant/parent bonding.</p> <p>92% reported increased knowledge of the effect of stress on the baby.</p> <p>92% showed increase in tools to manage stress.</p> <p>The greatest advancements for participants was in their ability to find ways to improve parent/infant bonding.</p>

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Preschool Programming (Tuition) Support for Low-Income Families - Performance Measures - Refer to Tool CC (B)

Programs Funded 06 CEA AR Draft 2 February 2, 2006	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)
<p>Number of funded Programs meeting the following standards:</p> <p>NAEYC Accreditation: 0 Shared Visions:0 Head Start:0 ECER average score of 5 (with no subscale score under 2): 1 Completed QPPS process: 0 In process for completing any of the above quality standards: 5 Meeting comparable standard (also identify standard):</p>	<p>Amount expended: \$23,764</p> <p>Educational Level of Head Teacher(s) (Total number of each):</p> <p>GED: High School Diploma:4 Child Development Associate: AA Degree in EC or child development:1 AA Degree in related field: BA/BS in EC or child development: 3 BA/BS in related field: 3 Post Graduate Degree:</p> <p>Number of funded programs utilizing a Child Care Nursing consultant for technical assistance: 0</p> <p>Curriculum(s) used by funded programs: no published curriculum reported. All report utilizing developmental appropriate practice centered on play with some teacher led time.</p>	<p>For Children Supported with these funds:</p> <p>Total Number of children (Unduplicated):</p> <p>Number of Children by age (Unduplicated): 3 Year Olds:23 4 Year Olds:22 5 Year Olds:5</p> <p>Number of Children by Gender (Unduplicated): Female:20 Male:30</p> <p>Number of Children by Race (Unduplicated) White:40 Black/African American: Asian:1 Native Hawaiian/Pacific Islander: More than one race reported: Other/Unknown:</p> <p>Number of Children by ethnicity (Unduplicated): Hispanic/Latino:9 Not Hispanic/Latino:</p> <p>Number of Children with health insurance:</p> <p>Number of Children with age appropriate skills:</p>	<p>For Children Supported with these funds:</p> <p>Percent of Children with health insurance:</p> <p>16% had insurance 76% Medicaid 5% no insurance</p>	<p>For Children Supported with these funds:</p> <p>Percent of Children demonstrating age appropriate skills: Process for assessing age appropriate skills is currently being developed.</p> <p>92% of children participating in the Mount Pleasant summer preschool increased in vocabulary. 67% increased by 2 points or more on the Mondo Oral Language Scale.</p>

06 CEA AR Draft 2

February 2, 2006

Collaborative Professional Development – Performance Measures – Refer to tool DD (B)

Note: Required measures to be reported are in **bold**.

Collaborators	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)
<p>06 CEA AR Draft 2 February 2, 2006</p> <p>Please list the collaborative partners involved in the professional Development Activities and briefly describe the activities.</p> <p>The professional development process initiated in Henry County was developed in partnership with preschool directors, school administrators, and our empowerment funded—ISU Ext. early childhood specialist.. Multiple attempts were made to collaborate with AEA 16 Early Childhood Consultant. She was not reliable in the ECERS tool. The ECERS was the primary focus of the 2005-06 quality improvement initiative. The AEA response was slow and preschool directors were anxious to start the improvement process. Communication was again initiated in March in the anticipation of involving the AEA consultant in the summer improvement classes—But she declined participation. We discussed the problems with state empowerment and they suggested we continue to move ahead. Southeastern Community College was contacted in the fall, 2005. It was stated that SCC does not have an early childhood department at the local campus, that it is offered as a partnership with Carl Sandburg—in Illinois.</p> <p>(Continued description on following page)</p>	<p>Amount Expended:</p> <p>\$9,884.33</p>	<p><u>Total number of participants by:</u></p> <p>Number of Administrators/ Directors: 4</p> <p>Number of Teachers/Early Childhood Providers:6</p> <p>Number of Assistant Teachers:8</p> <p><u>Report as applicable:</u></p> <p>Total number of participant hours logged: 31/person</p>	<p><u>Percent of all participants completing coursework by:</u></p> <p>Percent of Administrators/ Directors: 100%</p> <p>Percent of Teachers/Early Childhood Providers: 67%</p> <p>Percent of Assistant Teachers: 100%</p> <p>Average cost per participant: \$706</p>	<p>Percent of participants who report incorporating learning into policy or practice:</p> <p>100% made improvements in the physical learning environment, better understanding of developmentally appropriate practice, altered the daily schedule to allow for more engaged play time.</p> <p>90% reported increased parental involvement.</p> <p>90% reported thinking more about teaching philosophy and how children learn.</p> <p>70% reported feeling a more integral part of the preschool planning team.</p> <p>The ECERS will be administered in the fall of 2006.</p>

Please list the collaborative partners involved in the professional Development Activities and briefly describe the activities.

ECERS-R Draft 2
February 2, 2006

Fourteen of sixteen center childcare providers completed a 'preschool quality improvement initiative'. Entire preschool staff of each center was required to participate in 7 workshops centered around the subsets of the ECERS-R. An 8th workshop trained the participants on the use of the rating scale. The year long study began with an ECERS observation done by a reliable observer and at least one member of each staff. Consensus scores then became the baseline scores for the entire study. Each participant was given a binder of relevant resources and information for use during the workshops. Participants were responsible for reading the material in preparation for the workshops. In addition a written action plan was required to assure progress. Originally an exit ECERS by a reliable observer was planned during the month of May, but at the suggestion of the participants, was postponed until next fall. IT was felt that staff needed the summer months to complete and implement the action plan with the new school year, rather than mid- to end- of the year. This, of course, delays any report of statistical improvement. Putting off the ECERS provided us with additional time to better assure successful implementation of an improvement plan. 3 additional workshops (deemed "Implementation Days") were added in June. The first was devoted to the Quality Preschool Program Standards and how it could be utilized in implementing improvement. The second introduced the participants to The Early Learning Standards. By incorporating the QPPS, the ELS, and the ECERS, each staff was well armed to implement best practice going into next fall. The third day was a field trip to the Valeska Hinton Early Childhood Learning Center in Peoria IL.

Amount Expended:

Total number of participants by:

Percent of all participants completing coursework by:

Percent of participants who report incorporating learning into policy or practice:

SECTION VIII –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.*

Source	Cash Value	Source	In-Kind Cash Value
Prevent Child Abuse Iowa: Parent Ed	5,000	Henry County Health Center: staff time for planning, meetings, organizational events	5,000
Prevent Child Abuse Iowa; young parents	4,000	Iowa State University Extension; staff supervision	7,000
HON Industries: Childcare provider educational materials	2,500	Advisory Board Volunteers: 300 hours @ \$15	4,500
United Way: Childcare provider educational materials	875	Volunteer time 370 hours @ \$8	2,960
United Way: Imagination Library	5,000		
Community Donations: Shower	5000		
Walmart for general supplies	1,000		
CPPC (DHS)	20,000		
CPPC (decat)	3,400		
TOTAL	\$46,775	TOTAL	\$19,460