



**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: September 4, 2007

Name of Community Empowerment Area: Healthy Henry County Communities

Counties/Area Served: Henry County

Website: www.healthyhenrycounty.org

Current Board Chairperson:

Signature: _____

Address: 106 N. Jackson
Mt. Pleasant, IA 52641

Email: skaufman@henrycountyiowa.us

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

Jacki McCracken
1807 E. Belt Drive
Mt. Pleasant, IA 52641
Phone: 319-385-3965
E-mail: hccpowerment@iowatelecom.net

Current Fiscal Agent:

Signature: _____

202 E. Washington St.
Mt. Pleasant, IA 52641
Email:
Federal ID Number: 42-6004996



SECTION I –

a. Current Community Empowerment Board Composition on September 15, 2007

A. Number of Board Members: **20 board members**

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: Sarah Kaufman <i>Exec. Committee</i>	Citizen	Henry County Mental Health	No	X
Jim Cruchelow	<i>Required human services</i>	DHS	No	Not Applicable
Dan Sheehan	<i>Required health</i>	Henry County Health Center	No	Not Applicable
Todd Liechty	<i>Required education</i>	Mt. Pleasant Community Schools	No	Not Applicable
Ed Kropa <i>Exec. Committee</i>	<i>Required faith **</i>	Iowa Wesleyan College	No	X
Teri Bockting	<i>Required business</i>	Paycon Paper Company	No	X
Klay Edwards <i>Exec. Committee Treasurer</i>	<i>Required consumer</i>	Peoples State Bank	No	X
Sal Alaniz	Business/Citizen	PrintGroup USA	No	X
Linda Boshart	Education	AEA	No	X
Bob Cardoni <i>Exec. Committee</i>	Retired School Superintendent		No	X



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Lori Davis	Citizen	Mt. Pleasant Park & Recreation Dept.	No	X
Paul Dennison	Business owner	KILJ Radio	No	X
Sharon Ford	Human Services	SE Iowa Community Action	Yes	X
Dave Helman <i>Exec. Committee</i>	Retired Prison Warden		No	X
Jane Lauer <i>Exec. Committee Secretary</i>	Citizen	Iowa Wesleyan College	No	X
Diane Magnani	Citizen/Business	Access Energy Coop.	No	X
Luis Rosell	Citizen	Self Employed Psychologist	No	X
Darin Stater	Elected Official	Henry County District Attorney	No	X
Mary Beth Young <i>Exec. Committee Vice-Chair</i>	Retired Educator/Citizen		No	X
Tom Young	Elected Official	Henry County	No	Not Applicable

**Our faith representation recently moved and had to resign from the board. Mr. Kropp has agreed to serve in this capacity until a replacement has found. A plan is in place to attend a Henry County Ministerial Association meeting, and discuss options to fill this position on our board.



b. Organizational Structure –

Healthy Henry County Communities serves as the Henry County Empowerment Board and Tobacco Coalition. The HHCC Board is a public 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. 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. The 20 member board includes representation from education, DHS, healthcare, county and city government, prevention services, business and industry, Chamber of Commerce and citizens. Non-board members who attend on a regular basis represent Community Health, Henry County Extension and Program Coordinators. In addition to discussion and planning at monthly meetings, committee's come together to discuss emerging issues throughout the year. The Preschool Scholarship Committee and Family Connection Advisory Board are comprised of board members as well as community members. This representation ensures a community voice in policy and program development and fosters communication between the board and the community.

Under the umbrella of Healthy Henry County Communities, 24 programs and activities are represented by 16 coordinators who attend quarterly meetings to discuss successes, goals, means of collaboration and other networking pieces. Each PAC member submits a quarterly report to the board and PAC representatives attend board meetings to give reports and updates of PAC activities.

The last year has been a year of growth for our board. Program leaders were taken off the board to form the Program and Action Committee. Due to the formation of the PAC, which left vacancies in our board membership, 7 new members were welcomed in the fall and we experienced 3 resignations over the fiscal year. Much of our time has been dedicated to board orientation, and planning for the future. As the year progressed, we discovered that many of our policies needed to be updated to accommodate the increasing number of responsibilities. We are currently in the process of updating our by-laws and are re-examining the responsibilities of our current committees. We anticipate that changes will be made to committees as a result of this process. The need for a finance committee and fiscal policies were identified. A committee was formed, and our fiscal policies were written and approved by the board.

The HHCC organization has been certified as a Community of Promise and has been recognized as a model of building a healthy community at the local level. We continue our efforts to make Henry County a better place to live, work and raise a family.

See Attachment A for organizational chart.



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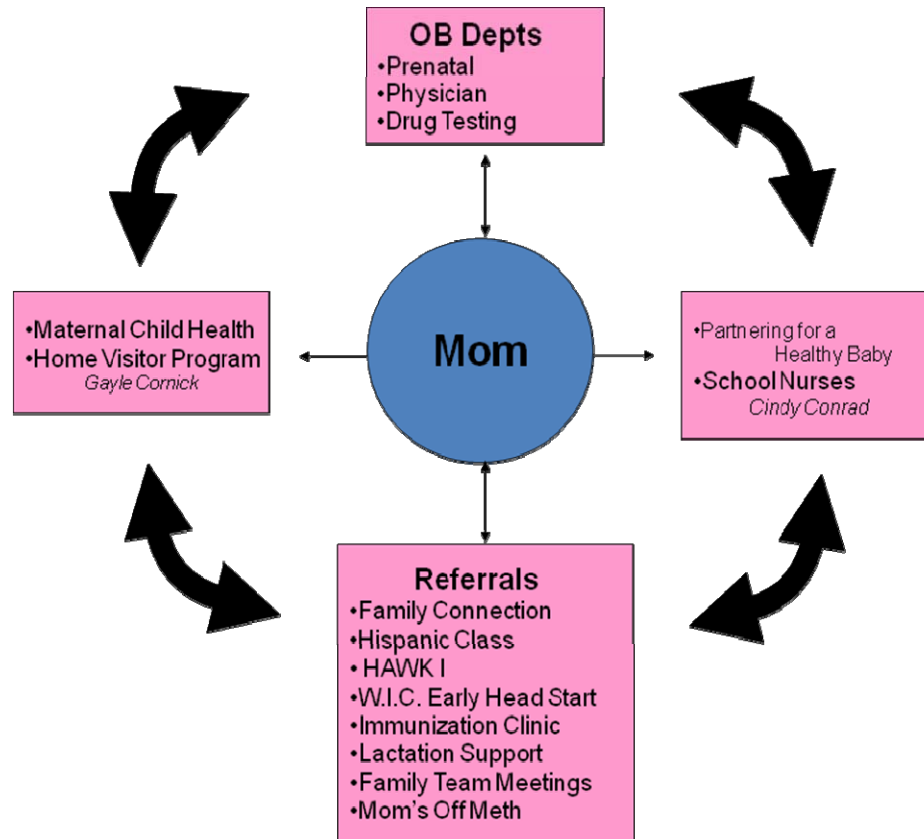
Healthy Henry County Communities

***Please note that we are in the process of updating our by-laws, and re-examining how committees will support and advise the board. The organizational chart is from past years, and will be updated once the by-laws revisions are complete. Suggestions regarding the organizational chart include putting the HHCC board in the triangle and moving the Executive Committee to be included with other advisory committees in the circle on the left under the title “HHCC Committees and Advisory Boards”.*

SECTION II – Community Plan and Collaborative efforts to Achieve Results

Community Plan Updates

See attached Community Plan



Community Collaborative Efforts

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, combine planning, and/or other progress.

1. At Healthy Henry County Communities we strive to meet the needs of our community members while reducing duplication of efforts and reduce gaps in service for our families. An example of this is the collaborative effort between Community Health, HHCC, and Henry County Health Center. Through a shared goal of supporting and educating pregnant and new mother's, a seamless system of referrals was created. A new mom may be connected to the circle from her physician at a prenatal visit, from a class at the Family Connection, a CPPC Family Team Meeting or she may be a teen mom referred by a school nurse. In order to respect a mom's right to privacy, a common release of information was created to allow the entities to share information that will support a new

mother's journey from pregnancy, to childbirth, through her child's 3rd birthday through face to face visits. Through a circular



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referral system, we ensure that no services are duplicated as all partners are in constant contact and communicate needs and successes. An advantage that has emerged from this system is that it allows for multiple and ongoing contacts with mom as the situation necessitates.

2. Henry County has witnessed an increase in the number of supports our families need. One of those represents a need for mental health counseling. There is a link between child abuse and neglect and the overwhelming sense of frustration, stress and hopelessness felt by mothers. This need increases when mom is a single parent with multiple children. We have a strong resource network at the Family Connection where parents can be linked to community resources that provide support in the areas of education, workforce, child development, food and nutrition, medical, substance abuse, domestic violence and more. While resources in the area of child mental health are beginning to emerge, affordable and accessible resources for parental mental health and counseling were lacking. Classes teaching parents to deal with everyday stressors relating to child rearing, finances, or domestic violence were offered and well attended, but a link was still missing. As a direct result of this need, a partnership with a licensed psychologist at Henry County Health Center was formed to offer monthly group counseling sessions for mothers at the Family Connection. Mother's could go to the Family Connection and participate in a group counseling session while their children were cared for free of charge. The program was an immediate success and sessions were well attended. By offering mothers the opportunity to discuss their feelings and needs, develop informal and formal community supports and teaching them about ways to deal with their stressors we are taking a proactive approach in reducing the incidence of child abuse. Another step towards making Henry County a better place to live, work and raise a family.

SECTION III - Achieving Results

Community Plan Priorities

1. Keep children healthy and safe from abuse and neglect.
2. Increase the availability of quality, affordable, reliable childcare and preschool.
3. Develop parenting skills and a support network for parents and caregivers.

Community Plan Indicators

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



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

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

Codes for Identifying state results for Indicators:

- A. Healthy Children
- B. Secure & Nurturing Families
- C. Secure & Nurturing Child Care Environments
- D. Children Ready to Succeed in School
- E. Safe & Supportive Communities

**FOR EACH INDICATOR, CALCULATE ON THE TOTAL NUMBER OF 0-5 POPULATION IN THE CEA.
If actual data is not available, please insert NA and provide an explanation in the Progress Update column.**

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify 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)
				2005	2006	2007		
Teen birth rates	A, B, E	IDPH	2000 8.7%	2005 6.3%	2006 7.3%	2007 8.6%	Decrease 2% by 2010	As the rate of teen pregnancies increases, we strive to provide support and education through programming in our New Mom's class and target teen moms in Partnering for a Healthy Baby. A strong collaborative relationship exists between the alternative high school and area high schools for referrals to programs. Our programs have a more direct impact on preventing repeated teen pregnancy.
% of low birth rates	A, D, E	IDPH	5.3%	5.1%	8.5%	NA	Decrease 3% by 2010	We're focusing efforts in the prenatal arena through the home visitor program Have a Healthy Baby which addresses prenatal nutrition and health.



								Referrals are made between the prenatal class at HCHC, area high schools, Family Connection & Early Head Start to make contact with pregnant moms. Substance abuse has a direct effect on the % of low birth rates. We believe the increase in rates is due to the increased activity of meth in our county. We anticipate that the rates will lower with the 2006 data, as a result the law restricting the purchase of precursors went into effect.
Immunization rates	A, B	IDPH	83.3%	91.7%	94.3%	97.3% Kdg. 94.12% licensed childcare, preschool 100% Head Start	Increase to 95% by 2010	Requiring immunizations are update at the entry of preschool and kdg. has helped increase the overall rate. Immunization records must be on file in order to participate in programming. Referrals to the free immunization for families without health insurance, clinic by home visitation programs, as well as classes devoted to immunization education are a part of our ongoing efforts.
Child abuse rates	A, B, C, D, E	DHS	19.83% per 1000	44.03% per 1000	34.87% per 1000	Avg. rate 00-05 per 1000 29.57%	Decrease rate 5% by 2010	Henry County ranks 9 th statewide in avg. abused children per 1000 children. HHCC, CPPC & PCA work collaboratively to decrease the incidence of child abuse. Annually a PSA, and safety campaign work to educate parents on child safety issues. A community forum with an attendance of 200+ people was



								held to increase awareness of methamphetamine on the community, parenting and child development. We've worked to increase families participating in the Family Connection. These families have a decreased potential for neglect because of a social outlet and 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 can 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.
# of registered providers in Henry County	C, D, E	CCR&R and Early Childhood Specialist data	NA	NA	NA	22	Increase by 2% annually	While registration can be a step towards quality improvement, participation in a quality improvement process such as QRS, PITC, or FCCRS is a measurable improvement process. We're



								encouraging providers to move beyond registration by participating in additional improvement initiatives in Henry County with the Early Childhood Specialist.
# of licensed centers in Henry County	C,D,E	CCR&R and Early Childhood Specialist data	8	7	6	7	Maintaining the # of licensed programs	Grand opening of the New London Child Care Center is scheduled for fall of 2007. They anticipate the addition of a preschool by 2008. Our focus is directed to maintaining and increasing quality of the existing programs.
# of providers completing a quality improvement process	C, D, E	CCR&R and Early Childhood Specialist data	5	5	11	22	All providers will have met a quality program standard by 2015.	Our philosophy of quality improvement is continuous and ongoing. Our local preschool quality improvement initiatives emphasize continual improvement.
# of preschoolers accessing scholarships # of children supported through Head Start	C, D, E	Early Childhood Specialist and Empowerment data	NA	NA	50	66 17	90% of preschoolers have a quality preschool experience prior to attending kindergarten by 2010	Currently there is not a formal means of collecting data measuring the number of children who have a preschool experience prior to entering kindergarten. We are working with the area school districts to create a means of collecting this information. The MPCSD estimates that 85% of enrollment have a PK experience prior to kdg.

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

Report program performance measures using the following language:



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- 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)
3 day Creative Curriculum Training for center providers Including curriculum & assessment tools and manipulatives for implementation Quality Improvement Supports	C, D	\$7,965.48	~\$508.00 per participant ~\$340 per center in curriculum and incentives	100% would recommend the CC training and experience to others. 4 different centers participated in the training with their <i>entire staff</i> .	100% will implement the Creative Curriculum in their centers academic yr 07-08 100% will implement the Creative Curriculum assessment tool in their centers academic yr 07-08 100% agreed to participate in professional development workshops to implement the curriculum the following year
Project REACH, program costs, program assistant Home & center child care consultant	C,D	\$27,606.40 EC funds \$41,584.97 SR funds \$4.11 home provider per visit cost \$41.19 center provider per workshop cost	227 home provider visits with 37 home providers 28 provider workshops with 30 center providers	100% would recommend to someone else 57 % of home providers attended at least 1 series of workshops. 43% of home providers attended more than 1 series. 57% of center providers attended more than 1 workshop series. 48% of ALL providers accumulated more than 12 hrs. of training. 54% of all home prov. Accumulated over 10 hrs. of training. 70% of center providers accumulated 10+ hrs. of training. 18% accumulated 30+ hrs.	95% of participants improved their business practices. 90% of participants intentionally spent more time engaging in activity or play with children in their care. 90% of participants gained a better understanding of child growth and development. 90% of participants became more adept at observing children in an effort to better meet their needs. 80% of participants viewed themselves as growing professionals and took advantage of learning opportunities throughout the year.



Provider training, stipends, professional development materials	C,D	\$7,381.43	Same as above	Same as above	<p>86% made changes in play space to create a better learning environment for children.</p> <p>80% of participants viewed themselves as growing professionals and took advantage of learning opportunities.</p> <p>90% of participants became more aware of community resources & services to which they could refer families</p>



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)
Partnering for a Healthy Baby	A,B,D,E	\$14,737.78 (0-3 funding) \$13,597.62 (0-5 funding) ~\$44.98 per visit	Children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 62 children Families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 61 families Number of face to face visits completed: 630 visits	2 % of children, 0 –3 years old, while enrolled in the program, who are referred for Early ACCESS services: 8% of parents completed the program 91% parents will continue the program in following FY 13% of parents moved out of county or dropped out of the program	94% of parents increased parent confidence and competence in their parenting abilities 89% of families with an increase of healthy informal support systems 100% of families able to enhance the health, growth, and development of their children 94% families increased knowledge of community resources 100% families would recommend the program and felt their expectations were met.



Family Support Performance Measures: PRENATAL THROUGH AGE 3 funding –includes 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)
Maternal Home Visitor Program	A,B,E	\$17,137.52	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 104 children</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 104 families</p> <p>Number of face to face visits completed: 104 visits</p> <p>154 families contacted: 66 hospital visits 54 phone contacts 3 letter contacts</p>	<p>2% of newborns, while enrolled in the program, who are referred for Early ACCESS services</p> <p>\$164 cost per face-to-face visit</p> <p>3 out of county families were referred to the Public Health services in the county where they lived</p> <p>55 referrals to Women/ Infants/ and Children—supplemental food program</p> <p>44 referrals to Partnership for a Healthy Baby- in home parenting program</p> <p>132 referrals to Public Health immunization clinic</p>	<p>100% of parents with increased parent confidence and competence in their parenting abilities</p> <p>53% of families with an increase of healthy informal support systems</p> <p>69% of families able to enhance the health, growth, and development of their children</p> <p>97.4% of parents said they would recommend the Maternal Home Visitor program.</p> <p>64% of parents reported an increase of understanding of their infants behavior.</p>



Family Support Performance Measures Prenatal through 5

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)
Family Connection Parenting Classes	A,B,D,E	\$89,539.12 total (\$67,154.34) ~ \$9.09 per family/class	89 families participating in weekly parenting classes 42 parenting classes were held 41 New Parent classes were held 40 speakers in the community taught a class	Average of 15 families attended each parenting classes 138 families utilized the nest during FY 07 Average of 10 families attended each New Parent class 44 participants attended at least 10 classes	82% of parents with increased parent confidence and competence in their parenting abilities 92% of families had an increase of healthy informal support systems 84% of families are better able to enhance the health, growth, and development of their children 82% of parents are better able to manage everyday stressors. 71% use discipline based on their child's development. 100 % would recommend this program to others.
Tune Time	A,B,D,E	(\$4924.65) ~\$8.20 per family/per session	20 Tune Time sessions	30 families participated in Tune Time	100% Tune Time has been a positive experience for their child. 80% say that Tune time engages their child in stories and interactive literature experience. 100% say Tune Time encourages their child to express him/herself freely through music.



Hispanic Class	A,B,D,E	(\$8506.21) ~\$22.74 per family/per session	11 families participated in the classes 34 classes were held	Average of 5 families attended each class.	<i>Performance measures included in the parenting classes data above.</i>
Father's Class	A,B,D,E	(\$2462.32) ~\$13.67 per father/per class	18 father's participated in the program 10 Father's Classes were offered (began 10/06)	Average of 5 father's attended each class	<i>Performance measures included in the parenting classes data above. Working on a survey for next fiscal year.</i>
Chic Chat	A,B,D,E	(\$6267.73) ~\$10.02 per mom/per session	25 mom's participated in support group sessions 25 sessions were held (began 12/06)	Average of 8 participants per session	<i>Performance measures included in the parenting classes data above.</i>
Partnering for a Healthy Baby	A,B,D,E	\$13,587.62	<i>See performance measures in 0-3 section</i>	<i>See performance measures in 0-3 section</i>	<i>See performance measures in 0-3 section</i>



Preschool Programming (Tuition) Support for Low-Income Families - Performance Measures



Programs Funded 2007 AR	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: 6 centers</p> <p>Number of funded Programs meeting the following standards:</p> <p>NAEYC Accreditation:0</p> <p>Shared Visions:0</p> <p>Head Start:1</p> <p>ECER average score of 5 (with no subscale score under 2):</p> <p>Participating in QPPS process: 1</p> <p>QRS rating of 3, 4 or 5</p> <p>In process for completing any of the above quality standards: 4 (working on completing the ECERS)</p>	<p>C,D</p>	<p>Amount expended: \$76,138.06</p> <p>Educational Level of Head Teacher(s) (Total number of each):</p> <p>GED:0 High School Diploma: 4 Child Development Associate: 1 AA Degree in EC or child development: 1 AA Degree in related field:) 0 BA/BS in EC or child development: 3 BA/BS in related field: 4 Post Graduate Degree:0</p> <p>Number of funded programs utilizing a Child Care Nursing Consultant for technical assistance: 0</p> <p>Curriculum(s) used by funded programs Thematic curriculum (non-published/researched): 5 Creative Curriculum: 1</p> <p>All report utilizing developmentally appropriate practices centered on play with some teacher led activities.</p>	<p>For Children Supported with these funds:</p> <p>Total Number of children (Unduplicated): 83</p> <p>Number of children by age (Unduplicated): 3 Year Olds: 4 4 Year Olds: 54 5 Year Olds: 25</p> <p>Number of children by Gender (Unduplicated): Female: 37 Male: 46</p> <p>Number of children by Race (Unduplicated) White: 73 Native Am: 1 Black/African American: 2 Asian: 2 Native Hawaiian/Pacific Islander: 0 More than one race reported: 4 Other/Unknown: 1</p> <p>Number of children by ethnicity (Unduplicated): Hispanic/Latino: 2 Not Hispanic/Latino: 81</p> <p>Number of children with health insurance: 76</p>	<p>For Children Supported with these funds:</p> <p>Percent of Children with health insurance: 92%</p> <p>Other local-generated data as applicable.</p> <p>Number of children with age appropriate skills: 72</p>	<p>For Children Supported with these funds:</p> <p>Percent of children demonstrating age appropriate skills: 88%</p> <p>(Identify the assessment tool(s) used to determine the children's development)</p> <p>CC Port Anecdotal record keeping Teacher observation</p>



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Quality Improvement Funds – Performance Measures.

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

Child Care Nurse Consultant

HHCC collaborated with Henry County Public Health to support the CCNC. Our CCNC has been involved with the immunization clinic for several years and brought with her the expertise of working with families in the free immunization clinic for families without healthcare insurance. Much of the first year was spent training, learning best practices for utilizing the manuals and checklists required for assisting child care providers. The CCNC paired with the county Early Childhood Specialist to introduce herself to care providers in the county and ways the CCNC can be a resource in the community.

Empowerment Coordinator

As a result of reviewing the community plan in 2006, it was determined that HHCC needed an Empowerment Coordinator. Funding amounts have increased significantly for Henry County over the past 7 years as well as the logistics that are tied to the funding. It necessitated a person dedicated to following, educating and updating the board on the legislative rules and requirement of the grant. A job description, and experience requirements were created and advertised for in August 2006. In September, a coordinator with a background in education and early childhood was hired.

Collaborators	Link to Which Comm. Plan 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)
HHCC 2007 2008 Nurse Consultant	A,C,E	\$10,294.76	Attended 100% of required trainings Attended 100% of required regional meetings. Developed a CCNC information sheet.	7 face to face visits Began 1 Health & Safety Assessment Completed: 1 Business Partnership Agreement 1 Injury Prevention Checklist 1 Child record review Ongoing telephone consultation Distributed to 30 providers	<i>Henry County Communities</i> 30 childcare providers have an increased awareness of CCNC position and ways to utilize CCNC CCNC has completed the necessary training for the position.
HHCC Empowerment Coordination	E	\$10,946.70	Facilitated 8 Early Childhood Work group sessions 47 Face to face visits with providers and program coordinators 2 community grants written and 3 community website updates submitted Served on CPPC board Serve on Family Connection Adv. Bd	100% attendance at local CE board meetings 2 professional development trainings Attended 3 of 4 Regional Coord. Mtg. Attended 3 of 4 State Coord. Mtg.	100% program quarterly reports were submitted \$6450 received in community grants 100% program coordinators and board members received updates on legislative guidelines 100% of required state reports submitted on time New collaborative relationships were formed with area schools through the preschool scholarship funding.



Other Services

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)
Project Reach Home & Center Child Care Consultant, program costs and program assistant	C, D	\$41,584.97 \$27,606.40 EC funds	See EC data	See EC data	See EC data
Lead Screening Program	A	\$1990	8 hours of Coalition meeting time 29.5 hours of Community Ed. & Outreach	535 children were tested for elevated blood levels 624 child contacts were made	Resulting in: 2 homes were inspected and evaluated for dangerous lead exposure levels. 3 children were identified with elevated lead levels



HHCC
2007 AR

Healthy Henry County Communities

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
Prevent Child Abuse Iowa: Parent Ed	\$6,000		
Prevent Child Abuse Iowa: Young Parents	\$4,000	Public Health: staff supervision	\$4,000
Kiwanis Imagination Library/CPPC	\$1,100	Iowa State University Extension: staff supervision	\$7,000
HON: Childcare provider educational materials	\$3860	Advisory Board volunteers: 300 hours @ \$15 Family Connection	\$4,500
United Way: Imagination Library/CPPC	\$7,000	Volunteer time 700 hours @ \$8	\$5,600
HNI Foundation: Imagination Library	\$6,610	HHCC Board member volunteer hours: 1200 hours @ \$15	\$18,000
Walmart Foundation	\$2,000	Advisory Board volunteers:100 hours @ \$15 Preschool scholarships	\$1,500
CPPC (DHS)	\$20,000		
Private Donations to Family Connection	\$500		
TOTAL	\$47,210	TOTAL	\$40,600