

**Iowa Community Empowerment
Annual Report, State Fiscal Year 2005
July 1, 2004 through June 30, 2005**

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, 2005.
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

Name of Community Empowerment Area: Siouxland Human Investment Partnership

Counties/Area Served: Woodbury County

Website: www.siouxlandship.org

Current Board Chairperson: Kevin Lee

Current Fiscal Agent: Siouxland Human Investment Partnership

Signature: _____
Address: 1520 Morningside Ave., Sioux City, IA 51106

Signature: _____
Address: 1520 Morningside Ave., Sioux City, IA 51106

Email: kevlee@cabelone.net

Email: jfrance@aea12.k12.ia.us
Federal ID Number: 42-1495836

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

Melissa Peterson
Address: 1520 Morningside Ave., Sioux City, IA 51106
Phone: 712-274-6000 ext.6365
E-mail: mpeterson@aea12.k12.ia.us

FAX: 712-274-6115

SECTION I –

a. Current Community Empowerment Board Composition on September 15, 2005

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: Pastor Kevin Lee	Required Faith	Morningside Lutheran Church	No	X
Vice Chair – Joyce Kizzier	Education	Catholic Diocese of Sioux City	No	X
Secretary – Fran Sadden	Required Health	Siouxland District Health Dept.	Resource Center/Oral Health/HOPES/ Health Consultant	Not Applicable
Treasurer – Pat Penning	<i>Required Human Services</i>	DHS	No	Not Applicable
Larry Williams	<i>Required Education</i>	Sioux City Community School District	ILC Child Care	Not Applicable
Tim Stiles	<i>Required Business</i>	United Way	Imagination Library	Not Applicable
Kristie VerMulm	<i>Required Parent</i>	KTIV Channel 4	No	X
Sally Hartley	Early Childhood	Western Hills AEA	No	X
Barbara Aalfs	Comprehensive Strategy Planning	None	No	X
George Boykin	Woodbury County Board of Supervisors	Sanford Center	No	X
Audra Cole	Provider Coalition	Catholic Charities	No	X

Roger Hess	Education	Western Hills AEA	No	X
Linda Krei	Health	Mercy Medical Center	No	X
Richard Caldwell	Education	Sgt. Bluff Community School District	Preschool	Not Applicable
Caroline Donaway	Education	Sioux City Community School District	ILC Childcare	Not Applicable
Dave Ferris	City Council	Self-Employed	None	X
Karen Mackey	Human Rights	City of Sioux City	None	X
Mike Stiles	Health	St. Luke's Medical	None	X
Rev. Patrick Walsh	Education	Catholic Schools	None	X
Gary Niles	Juvenile Justice	Juvenile Court Services	None	X
Patrick McKinlay	Education	Morningside College	None	X
Linda Drey	Health	Siouxland District Health Dept.	Resource Center/Oral Health/HOPES/Health Consultant	Not Applicable
Amy Corporon	Youth	None	None	X

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

Please see attachment A for Organizational Chart.

Communication within the community is done mostly through committees. For example, the early childhood committee is made of up representatives from the community who make recommendations to the board. The early childhood committee also reaches out to the community through focus groups and surveys to gain input. The committee then utilizes this input to make recommendations to the SHIP board on funding and programming for early childhood issues. All decisions are then made and voted on by the board.

SHIP also communicates with the community through larger media type activities. This year we partnered with Iowa State Extension to promote early childhood activities and issues. Publications developed by Iowa State Extension were distributed throughout the community promoting early childhood and giving the community local contact information. We again did our annual Connecting to Learn Event which is held at the Southern Hills Mall. At this event community empowerment, together with local early childhood providers distribute information to parents while providing educational activities for children. It is estimated that approximately 700 children between the ages of 0-5 participated in this event. Also all early childhood information is posted on the SHIP website.

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.)

Due to our community plan being completely revised in FY04, very little changes were made to it this year. Woodbury County is currently in the process of updating it's planning by hold focus groups with parents and early childhood professionals. Woodbury County is also working with ISU to complete a survey which will gather information from a larger percent of our population on early childhood issues. These processes are currently under way but no changes have been implemented. Once this information is gather and reviewed by the early childhood committee, it is anticipated that there will be more significant changes to the community plan to align with issues identified.

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
Number of programs with written goals/objectives which are appropriate for children 3 to 5.	D,C
Number of providers accessing professional development	D, C
Number of program who use ongoing standardized assessments of young children.	D, C
Number of programs with staff certified in child development or other related fields	D, C
Number of programs with or seeking NAEYC accreditation.	D, C
Number of children entering kindergarten with prior group experience	D
Percent of children surveyed with established dental homes	A
Percent of children surveyed with established medical homes	A, B
Number of families participating in family support services.	E
Number of infant care slots	C
Number of registered childcare homes	C
Number of FTE scholarships through Empowerment	C
Educational level of child care providers	C
Incidence of confirmed child abuse and neglect cases	B
# of domestic assaults	B
% of families participating in resource center educational opportunities that report the activity met their need	B

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

<p>Community Empowerment Area Identified Priorities:</p> <p>1. Access to quality preschool for low-income families – This is a two part focus with the first being assistance to help pay for preschool for low-incomes families. The second piece is to provide professional development to child care providers to increase the quality of their care. Some of the tools used in Woodbury County to increase quality of programming is scholarships for providers to attain their Associates Degree in Early Childhood Education; utilization of a health consultant for centers to access high quality health and safety information; support for centers to</p>
--

become accredited; local training opportunities for child care providers such as Centering on Centers; support services for in-home providers which allows them access to resources to improve quality in their home settings; and Every Child Reads trainings. This priority also allows funding for the child care center located in our Individualized Learning Center (ILC). This center provides quality to care to students who are working to attain their high school diploma.
2. Support to families with children ages 0-5 years – Funding is provided to two resource centers that provide health and education materials and referrals for families and children. Funding is also provided to the HOPES program to give in-home visitation to at-risk parents.
3. Oral Health Services – Funding is provided to an agency which provides for a dental hygienist. The hygienist performs screenings and a referral system for children.
4. Literacy – Issues are addressed through two programs provided in Woodbury County, Imagination Library and Every Child Reads (which also promotes a quality preschool program).
5. Infant Care – Continues to be a focus in Woodbury County although it is difficult to get provides to tackle the issue. Woodbury County has expanded it's infant care slots by opening the ILC Child Care Program and providing support services to improve quality to those homes already serving infants through the Quality Rewards Program.
6. KindergartenTransition – Empowerment continues to work with school districts in Woodbury County to provide for a more seamless transition for children entering kindergarten.
7. Public Awareness – SHIP continues to utilize multiple public awareness avenues to educate the public on the importance of early childhood.

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-Sequent Year's Data (Trend Line)* Identify Year			Goal (numerical value & projected timeline)	Progress Update (Analysis)
Number of programs with written goals/objectives which are appropriate for children 3 to 5.	Child Care Center Survey	FY04-14	FY05 - 16			Increase by 5% by 2008	SHIP continues to work with child care centers to make them aware of the importance of a quality program while providing resources to the centers to help increase that quality. Centers are using the resources and improving their programs.
Number of providers accessing professional development	Program outcomes report from Western Iowa Tech	FY04 – 112	FY05 - 116			Increase by 5% by 2008	Providers continue to use empowerment assistance to access professional development.
Number of program who use ongoing standardized assessments of young children.	Child Care Center Survey	FY04 – 9	FY05 - 10			Increase by 5% by 2008	SHIP continues to work with child care centers to make them aware of the importance of a quality program while providing resources to the centers to help increase that quality. Centers are using the resources and improving their programs.
Number of programs with staff certified in child development or other related fields	Child Care Center Survey	FY04 – 15	FY05 - 14			Increase by 5% by 2008	Woodbury County lost 2 well established (one accredited center) this year. These centers closed because their organizations (one church and one hospital) could no longer fund them. Numbers may have decreased due to these loses.
Number of programs with or	Child Care Center Survey	FY04 - 8	FY05 - 7			Increase by 5% by 2008	Woodbury County lost 2 well established (one accredited center) this year. These

seeking NAEYC accreditation.							centers closed because their organizations (one church and one hospital) could no longer fund them. Numbers may have decreased due to these loses.
Number of children entering kindergarten with prior group experience	Kindergarten survey	FY03 – 83%	FY04 – 90.3%	FY05 – 88%		Increase by 10% by 2008	Although this is down slightly from last year, it is still up considerably from the baseline year.
# of children with established dental home	Kindergarten survey	FY03 – 88%	FY04 – 92%	FY05 – 92%		Increase by 10% by 2008	This indicator remains constant. This is a shortage of dentists in the area, especially those who serve low-income families.
# of children with established medical home	Kindergarten survey	FY03 – 93%	FY04 – 96%	FY05 – 96%		Increase by 7% by 2008	This indicator remains constant.
Number of families participating in family support services.	HOPES Program	FY01 – 49	FY03 – 69	FY04 – 60	FY05 - 59	Increase by 10% by 2008	Indicators dropped by 1% from the year before but are still 10% higher than baseline year.
Number of infant care slots	Child Care Resource and Referral	FY03 – 852 (home & center slots)	FY04 – 974	FY05 - 1,060		Increase by 5% by 2008	Funding focused on infant care has helped to increase these slots.
Number of registered childcare homes	Child Care Resource and Referral	1999 – 64%	FY03 – 71%	FY04 – 56%	FY05 – 47%	Increase by 21% by 2008	In FY04 Child Care Resource and Referral added non-registered providers who receive state subsidy. This created a skew in the data which has drastically altered the percentage. This continues to be an issues this year.
Average Number of FTE scholarships through Empowerment	Program outcomes	FY05 – 36					This is the first year for this data.
Educational level of child care providers	Child Care Center Survey	FY05 Assoc. Degree – 31 Bachelors					This is the first year for this data.

		Degree – 24 Masters Degree – 3 Ph.D - 1					
Incidence of confirmed child abuse and neglect cases	DHS	FY04 – 580	FY05 - 602			Reduce by 2% by 2008	There is has been increase in these numbers. The empowerment team will continue to monitor these figures and discuss new ways to affect change.
# of domestic assaults	Sioux City Police Department	2003 – 261	2003 - 267			Reduce by 2% by 2008	There is has been increase in these numbers. The empowerment team will continue to monitor these figures and discuss new ways to affect change.
% of families participating in resource center educational opportunities that report the activity met their need	Program outcome reports	FY04 – 99%	FY05 – 100%			Maintain at least a 90% success rate	Clients receiving this service feel that the program meets their needs.

*** 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.

- 1. Healthy Families Iowa (HOPES)**-The Siouxland Human Investment Partnership (SHIP) works very closely with the HOPES program. The Empowerment Coordinator attends the monthly HOPES meetings. These meetings are used for a multiple effect upon the early childhood system. The meetings always contain an educational/training format for all staff involved with HOPES and collateral agencies as well. The second phase of the meeting is to coordinate the services of the four participating HOPES agencies. The agencies share information on available openings for referrals, staff development issues and valuable contact information. The HOPES program is also used to coordinate the Resource and Referral Centers that are funded through the Empowerment School Ready funds. The HOPES program is a collaborative between four (4) private non-profit providers and the two (2) local Hospitals.
- 2. Success By 6®**-Woodbury County is fortunate to have a Success By 6® program. This program is coordinated by the Siouxland United Way and has been very successful. Success By 6® representatives have been involved with the SHIP Early Childhood Committee and participating in the planning and monitoring. Success By 6® also coordinates the grant review committee that screens the applications for Early Childhood and School Ready funds provided through the Empowerment process. SHIP works very closely with Success By 6® to avoid duplication and enhance the utilization of existing resources. The SHIP Board has approved a memorandum of understanding with Success By 6® that forms an official partnership between the two agencies. Both entities have agreed to share resources and planning processes to ultimately provide the best possible services for children and families. This partnership is now named Success By 6® and Beyond and culminates a tremendous collaborative effort that will show the community the solidarity among early childhood issues. United Way and Success By 6® and Beyond are partnering on the imagination library. The imagination library is a project that utilizes the DOLLYWOOD Foundation program to provide a book a month for five years to all children born in the Sioux City Hospitals. This initiative has an evaluation component created by the Every Child Reads team. The Every Child Reads team has also trained the HOPES workers on how to teach parents how to read to their children
- 3. ILC Child Care**-This is a collaborative between SHIP, the Sioux City Community School District and a the Boy's and Girl's home child care center to provide child care in the school setting to students that would not be able to attend school without the service. These students are able to earn credit towards graduation and be actively involved in their child's care.

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)
Extended Daycare	33 eligible children 39 parents eligible for home visits 39 parents eligible for conferences \$36,542.00 Emp funds \$9,142.10 other funds 1 FTE	25 children served 38 parents complet home visit 36 parents attend conference	76% children served (referral vs. served) 100% satisfied parents	87% of eligible children who show skill gained in developmental areas. 97% of parents completing home visits 92% of parents attending conferences
In-home Providers and Infant Care	\$49,500 Emp funds \$25,000 other funds .7 FTE 159 registered child care providers who accept infant 162 infant care providers eligible for incentive program at beginning of fiscal year. 0 infants identified in incentive program at beginning of year	229 registered providers at time of report 72 on-site visits in child care homes 27 new registered child care providers 72 unduplicated providers who have DHS checklist visit by home consultant 31 DHS registered packets sent 363 health and safety incentives given with home consultant visit 108 infant care providers enrolled in quality rewards program 163 infants in QR program at time of report 230 hours completed in infant training	47% of registered providers 63% of provider compliance with DHS check list 1:212#home consultant:#unduplicated providers given consultation 72% of registered homes having a visit by home consultant \$116.56 cost per infant in care 68% of infant care providers enrolled in Quality Rewards Program 64% of providers who meet requirements and redeem incentives	72% of providers increasing health and safety standards through home consultant -13% increase in number of registered providers 68% of providers increasing health and safety standards through QR for Infant Care

		69 providers receiving incentive items from QR 6,338 child care slots at time of report		
Health Consultant	\$47,824.44 Emp funds \$3,221 other funds .7 FTE staff	42 trainings to 594 of providers 326 phone contacts – home 197 phone contacts – center 79 center site contacts 86 home provider site contacts 53 health and safety assessments	160% of providers accessing services 100% of satisfied customers	78% of change in skills/knowledge 55% of clients creating policies 75% of change in health and safety conditions
Child Care Scholarships	\$100,713 Emp funds \$309,256 other funds 1,960 FTE Days 145 eligible children	134 children receiving scholarships	\$693 average cost per child 98.4% parents felt staff members are well-trained and effective teachers 98.7% parents felt the program meets the early education needs of their children	95.2% parents felt the center has helped them remain in the workforce or school. 92.8% of children reaching age appropriate skills
Professional Development	\$15,000 116 of eligible students	16 students enrolled in early childhood developmental classes 143 of total credit hours offered	\$937.50 costs per students	95% average grade success
ILC Childcare	\$24,000 Emp Funds \$9,620 other funds 30 students eligible 39 students applying to participate 3 FTE	27 students enrolled/participating 5 parents graduated	100% of those applied who participate in the program \$1,245.19 cost per child	100% of parents increasing their parenting skills 64% average daily attendance for parents at school

SECTION VII – Performance Measures: Community Empowerment School Ready funds
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)
HOPES	\$54,373 Emp funds \$55,487.67 other funds 1.355 FTE staff 40 families referred to all HOPES programs 1152 of families with newborns screened at the hospital to date	26 families served this quarter 55 families served to date 0 families turned away due to capacity 567 home visits 516 families with newborns screened eligible at the hospital	92% families served (referral vs. served) 100% satisfied customers 12.1 months average length of program participation	Within 1 year of entering the HOPES program, 92% of families successfully addressed and consistently met the identified safety risks listed on the Home Assessment form. Within 2 months of entering the program, 100% of all children had medical homes. Within 6 months of admission to the program, 100% of children received age-appropriate immunizations and well-child medical examinations. Within 9 months after entering the program, 67% of the parents met the criteria to advance one level.
Oral Health	\$72,415 Emp funds \$20,832.99 other funds 1.1 FTE staff	2151 oral health screenings offered 1043 oral health screenings performed 2645 oral health education 1279 fluoride varnish	59% children offered screenings who participate in the oral health screenings/fluoride varnish	99% of children with referral accessing a dentist's services
Resource Centers	\$248,033.13 Emp funds \$57,848 other funds 92.5 hours per week of provided service 5.5 FTE's 601 trainings offered	579 trainings held 1,249 families served 5,577 individuals served 627 recurring families	91.5% of face-to face contacts completed (home or office visits) 100% of clients reporting they were satisfied with the services they received	100% of families participating in education opportunities report that the activity met their needs. 82.5% of families participating who received two or more face-to-face visits have accessed services as referred/recommended by resource

		3,306 recurring individuals 296 educational items loaned		center staff 5 year olds served in resource center have completed activities so that they are ready to start school 92.5% Immunizations 88.5% Well Child Screenings 80.5% Dental Screening
Imagination Library	\$20,000 Emp funds \$11,472 other funds	924 at-risk/HOPES/head Start families participating in the program 137 Imagination Library Parents' survey completed	41% participants are at-risk families 44% participants reside in rural area	63% parents/family members have increased reading to their children 71% parents feel the program has improved their parent-child relationship 31% parents feel the program has improved their child's learning skills (most parents don't feel equipped to answer this question and leave it blank)
Program Coordinator	\$46,811 Emp funds .6 FTE	20 early childhood meetings held 28 contracts completed 2 community surveys completed (kindergarten & child care provider)	100% of claims paid on time	84% of successful outcomes reported by contracted agencies 100% of contracts issued on time.

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
Woodbury County Decat Board	\$40,000	Western Hills AEA	\$17,000
Juvenile Court Services	\$20,000		
Siouxland District Health Department	\$5,000		
TOTAL	\$65,000	TOTAL	\$17,000