

**Iowa Community Empowerment  
Annual Report, State Fiscal Year 2004  
July 1, 2003 through June 30, 2004**

**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, 2004.
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](mailto:Shanell.wagler@iowa.gov)

Name of Community Empowerment Area: Siouxland Human Investment Partnership

Counties/Area Served: Woodbury County

Website: [www.siouxlandship.org](http://www.siouxlandship.org)

Current Board Chairperson: Kevin Lee

Current Fiscal Agent:

Signature: \_\_\_\_\_  
Address:

Signature: John Calhoun  
Address: 1520 Morningside Ave.

Email: Kevlee@cableone.net

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

Contact Person for the Community Empowerment Area:  
John Calhoun  
Address: 1520 Morningside Ave.  
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**SECTION I – Current Community Empowerment Board Composition on September 15, 2004**

A. Number of Board Members (Board Size) 21

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.

***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	None	X
Joyce Kizzier-Vice Chair	Required Education	Catholic Diocese of Sioux City	None	X
Fran Sadden-Secretary	Required Health	Siouxland District Health	Resource Center/Oral Health/HOPES/Health Consultant	Not Applicable
Pat Penning-Treasurer	Required Human Services	DHS	None	Not Applicable
Sally Hartley	Early Childhood	Western Hills AEA	None	Not Applicable
Barbara Aalfs	Comprehensive Strategy Planning	None	None	X
Mauri Welte	Woodbury County Board of Supervisors	Retired	None	X
Audra Cole	Provider Coalition	Catholic Charities	None	X
Roger Hess	Required Education	Western Hills AEA	None	Not Applicable

Linda Krei	Required Health	Mercy Medical	None	X
Richard Caldwell	Required Education	Sgt. Bluff Community School District	Resource Center	Not Applicable
Caroline Donaway	Required Education	Sioux City Community School District	ILC Child Care	Not Applicable
Dave Ferris	City Council-Mayor	Self-Employed	None	X
Tim Stiles	Required Business	United Way	Imagination Library	X
Karen Mackey	Human Rights	City of Sioux City	None	Not Applicable
Mike Stiles	Education	St. Luke's Medical	None	X
Rev. Patrick Walsh	Education	Catholic Schools	None	X
Larry Williams	Required Education	Sioux City Community School District	ILC Child Care	Not Applicable
Gary Niles	Juvenile Justice	3 <sup>rd</sup> Judicial District	None	Not Applicable
Kristie VerMulm	Required Parent	KTIV Channel 4	None	X
Patrick McKinlay	Education	Morningside College	None	X

## **SECTION II – Community Plan**

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

Our early childhood plan has been completely revised. Success by 6® and Beyond, our early childhood large group, completed a series of planning sessions this year to review and revise the plan. We held 4 large group meetings to review the indicators and goals that had been previously adopted. We lined this plan up with the state result areas and program outcomes to identify gaps and consistency. We found that there were several gaps and inconsistencies with the state plan. Consequently, the decision was made to re-do our plan. After aligning our local indicators with the State result area we then met with each provider individually and worked with them to develop performance measures for each of their programs. These performance measures align with the local indicators and the State result areas.

## **SECTION III. Priorities from Community Plan**

Identify the current priorities, indicators as determined by the CEA Board from the Community Plan.

Our priority areas are the areas that we have funded. They include:

1. Scholarships for children to attend quality child care centers. Funding is provided to 5 child care centers.
2. Scholarships for child care workers. Funding is provided to the community college for scholarships for child care workers enrolled in the Early Childhood Program.
3. Infant care continues to be a significant issue in our county. This is being addressed through the following programs:
  - a. In-home provider assistance-this provides funding and technical assistance to in home providers.
  - b. In-home infant care-provides funding and technical assistance to in home providers to develop the capacity to provide quality infant care.
  - c. ILC Child Care-This program provides infant care to student parents of the Individualized Learning Center. These students are now able to attend school and earn credits toward graduation and learn about quality child care at the same time. These students are actively involved in the care of their children.
4. Oral health to address the needs of children. Funding is provided for one agency to provide a dental hygienist that performs screenings and a referral system for children.
5. Health Consultant-provides health best practice information and training to providers
6. Neighborhood Resource Centers. Funding is provided for two resource centers that provide health and educational materials and referrals for families of children.

7. In-home visitation-The HOPES program allows for services to be provided to at risk mothers.
8. Literacy is addressed through two programs.
  - a. Imagination Library-Funding is used to provide a book a month for 5 years to every child born in our hospitals.
  - b. Every Child Reads-Empowerment funds are used to fund this valuable program that teaches parents how to read to their children. This program is also used as an evaluation component of Imagination Library.
9. Kindergarten transition. The board believes that this is a key element in early childhood development. It is important that each school district has a plan in place to provide a smooth transition from child care to kindergarten. SHIP has formed teams in each school district within Woodbury County and has provided technical assistance to assist the districts to adopt a transition plan that is based on best practice.
10. Public awareness is being addressed in the following two ways:
  - a. SHIP is working with Iowa State Extension through the Quality Child Care public awareness program to help educate parents about the importance of quality child care.
  - b. SHIP recruited an college intern to develop a marketing plan that will inform providers, business and the general public about our mission and vision for the community. This process will also help us to get important feedback from the community.

#### **Woodbury County Early Childhood Indicators**

##### **Healthy Children:**

- Percent of children surveyed with established dental homes.
- Percent of children surveyed with established medical homes.
- Percent of children surveyed with medical insurance.
- Percent of kindergarten surveys returned.

##### **Children Ready to Succeed in School:**

- Number of programs with written goals/objectives which are appropriate for children 3 to 5.
- Number of providers accessing professional development.
- Number of program who use ongoing standardized assessments of young children.
- Number of programs with staff certified in child development or other related fields
- Number of programs with or seeking NAEYC accreditation.
- Number of children entering kindergarten with prior group experience.
- Children entering kindergarten are ready for school.

**Safe and Supporting Communities:**

- Number of families participating in family support services.
- Number of businesses (private and public) with family friendly policies

**Secure and Nurturing Childcare Environments:**

- Number of accredited childcare centers
- Number of infant care slots
- Number of registered childcare homes
- Number of FTE scholarships through Empowerment
- Educational level of child care providers

**Secure and Nurturing Families:**

- Percent of children with health care coverage
- Percent of children identifying and accessing a medical home
- Incidence of confirmed child abuse and neglect
- Rate of domestic abuse
- % of families participating in resource center educational opportunities that report the activity met their need

**SECTION IV – Community-Wide Indicators – CALCULATE ON THE TOTAL NUMBER OF 0-5 POPULATION IN THE CEA.**

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

**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**

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Baseline Data (date & numerical value)	Sub-Subsequent Year's Data (Trend Line) Identify Year			Goal (Projected Timeline)	Progress Update (Analysis)
# of children with established medical home	A	FY03-93% This is the percentage of 1054 children completing the survey.	FY04-96.8% This is the percentage of 1118 children completing the survey			Increase by 7% by 2008	Due to a revision of the method of counting this indicator, we only have two years of data. However, it does indicate that the percentage is increasing.
# of children with established dental homes	A	FY04 88% This is the percentage of 1054 children completing the survey.	FY04-92% This is the percentage of 1118 children completing the survey			Increase by 10% by 2008	Due to a revision of the method of counting this indicator, we only have two years of data. However, it does indicate that the percentage is increasing.
# of children entering kindergarten who have had a preschool/group experience prior to entry	A-B-C-E	FY03-83% This is the percentage of 1054 children completing the survey.	FY04-90.3% This is the percentage of 1118 children completing the survey			Increase by 10% by 2008	Due to a revision of the method of counting this indicator, we only have two years of data. However, it does indicate that the percentage is increasing.
# of accredited	B-C-E	Woodbury	FY02-5	FY03-6	FY04-7	Increase	We are showing signs of increasing

child care centers		County has 5 accredited child care centers (Source: Child Care Resource and Referral-2000)				130% by 2008	accredited centers
# of registered child care homes	B-C-E	64% of known child care homes are registered (Source: Child Care Resource and Referral-1999)	FY02-75% (#252)	FY03-71% (#266)	FY04-56% FY04-227	Increase 21% by 2008	Child Care Resource and Referral recently added non-registered providers who receive state subsidy. This has created a skew in the data which has drastically altered the percentage. DHS has also cracked down on the requirements for training for registered homes and a large number are no longer registered homes.
# of programs with written goals/objectives that are appropriate for children 3 to 5	B	FY04 14 (Source: Child Care Center Survey)				Increase by 5% by 2008	This is the first year for this indicator
# of infant care slots	B-C-E	FY03-Home & Center slots-852 (Source: Child Care Resource and Referral)	FY04-1280			Increase 5% by 2008	The increase in these numbers is the result of the programs our area is providing i.e. In-home Provider Assistance and In-home Infant Care
# of families participating in family support services	C-D-E	FY01-49 (Source: HOPES Program-2001)	FY-02-62	FY03-69	FY04-60	Increase 10% by 2008	We experienced a slight decrease due to loss of funding in other areas other than empowerment.
# of providers accessing professional development	B	FY04-112 (Source: Program Outcomes report from Western Iowa Tech)				Increase by 5% by 2008	This is the first year for this indicator
# of programs that use ongoing	B	FY04-9 (Source: Child Care Center)				Increase by 5% by 2008	This is the first year for this indicator

standardized assessment of young children		Survey)					
# of programs with staff certified in child development or other related fields	B	FY04-15 (Source: Child Care Center Survey)				Increase by 5% by 2008	This is the first year for this indicator
# of programs with or seeking NAEYC accreditation	B	FY04-8 (Source-Child Care Center Survey)				Increase by 5% by 2008	This is the first year for this indicator
# of confirmed child abuse and neglect cases	D	DHS-FY04-580				Reduce by 2% by 2008	This is the first year for this indicator
Rate of Domestic Abuse	D	Sioux City Police Dept. FY02-4.3				Reduce by 2% by 2008	This is the first year for this indicator
% of families participating in resource center educational opportunities that report the activity met their need	D	FY04-99% (Source-Program outcomes report)				Maintain at least a 90% success rate	This is the first year for this indicator

## 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.**

Provide a brief narrative for the following:

- A. *Describe at least 3 successful collaboration efforts within the community empowerment area for children 0-5 and their families. Include a description of how funding sources will be used collaboratively and the degree to which the moneys can be combined to provide necessary **services** to children.*
  - **Healthy Families Iowa (HOPES)**-The Siouxland Human Investment Partnership (SHIP) works very closely with the HOPES program. The SHIP Director and/or the Executive Assistant attend 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.
  - **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

- **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.

B. Describe at least 3 collaborative actions and efforts to build **community commitment** for the success for all the 0-5 population in the CEA.

- **Shared Visions**-Woodbury County has two Shared Visions programs. These programs are located at the Native American Child Care Center and the Woodbury County Community Action Agency. In addition to meeting individually with these agencies, both of them are involved in the SHIP Early Childhood Committee. The Early Childhood Committee is responsible for developing the Early Childhood Plan for Woodbury County and monitoring the implementation of the Plan.
- **Early Access**-SHIP has facilitated the involvement of Early Access and the five Empowerment Areas that are served by the Early Access Region. All of these Empowerment Areas are now members of the Regional Committee that advises Early Access.
- **Every Child Reads**-SHIP is the coordinating board for the Every Child Reads Team in Woodbury County.
- **Kindergarten Transition**-SHIP is coordinating the effort to establish one comprehensive Kindergarten Transition plan for Woodbury County. This effort involves all 10 school districts and child care centers.
- **Connecting to Learn**- SHIP also sponsors the annual "Connecting to Learn" A Celebration of Children event at the Southern Hills Mall. This event consisted of agency displays of early childhood information, interactive games for children to play, story telling and book reading. Free books are distributed to children at this event This is a very effective way of getting valuable information to the public. SHIP is planning to have another of these events in the rural area in the fall and make these events an annual affair. This involves approximately 20 Early Childhood providers within Woodbury County.
- **Comprehensive Strategy**-Comprehensive Strategy is a community planning process that addresses the elimination of adolescent problem behavior. A large part of the plan to eliminate this behavior is related to

prevention efforts targeted to early childhood. Success By 6® and Beyond has met with Comprehensive Strategy to discuss the similarities between the two plans. Success By 6® and Beyond has formatted the Early Childhood Plan in the same format for possible inclusion in future plans. These plans compliment each other and will eventually be melded into one comprehensive plan for Woodbury County.

- **Healthy Siouxland Initiative**-Healthy Siouxland Initiative (HSI) is the health planning collaborative in Woodbury County. The SHIP Director and Assistant to the Director are both involved in this planning process. HSI is also very determined not to duplicate planning efforts in the community. We have discussed and will enter into a process in the fall to bring all of these planning efforts together for coordination.
- **Decategorization**-Woodbury County previously had two separate boards performing administrative functions for Empowerment and Decategorization. However, these boards have now approved a memorandum of understanding that merges the Decat Board as part of the SHIP Board. The Siouxland Human Investment Partnership is now also the Decat board for Woodbury County. Our community has adopted a family focus for the services and programs that are offered
- **SHIP Planning**-The SHIP Planning Committee continues to plan for the development of one Comprehensive Community Plan for Woodbury County. This process would bring together all other planning processes within Woodbury County.
- **Tobacco Partnership**-SHIP is the facilitator of the Tobacco Partnership through the Iowa Department of Public Health. Community partners have been brought together to complete a plan to address the consequences of tobacco use. This group has joined with Healthy Siouxland Initiative to complete an assessment of the community.
- **Social Health Teams**-SHIP is the facilitator of the Social Health Teams in Woodbury County. A Social Health Team has been formed in each of the schools within Woodbury County to address the needs of the children & families attending that school. This process serves as a multi-disciplinary team for the school and has members from other agencies that are providing service to that child and their family. Our community has adopted a family focus for the services and programs that are offered.
- **Management Information System**-SHIP is also the facilitator of the Management Information System committee within Woodbury County. We are in the process of creating an MIS system that will serve as a depository for

planning data that is collected within Woodbury County. The 2<sup>nd</sup> part of this project will allow the exchange of confidential information between agencies.

- SHIP has invited the entire community to join in the early childhood planning process. Initially, SHIP held a public forum to get input from the community in addition to inviting them to the planning process. Everyone that attended continues to get communication from SHIP regarding the on going planning process and inviting them to the table. Success By 6® is open to anyone that wants to be involved. It is a very inclusive process. SHIP has just completed a process with Success by 6® and Beyond to review and revise all local early childhood goals and strategies and identify their connection to the State goals and strategies.
- **Communication and interaction-**The Siouxland Human Investment Partnership communicates with the community in several different ways. SHIP has had several press conferences and releases to promote activities surrounding early childhood issues. All Early Childhood information is posted on the SHIP web site address @ [www.siouxlandship.org](http://www.siouxlandship.org) . SHIP has added the capability of doing on line surveys to the web site and utilizes this feature to gather information from the community.

**SECTION VI – Performance Measures: Community Empowerment Early Childhood Funds**

- Input** - what has been invested in financial and non-financial resources?
- Output** - what was produced or changed as an effect of the effort put forth?
- Quality** - How efficiently was the activity or service delivered?
- Outcome** - What was the change in conditions for the people served?

Early Childhood Services Provided (Coincide w/ Budget Line Items)	How Much Did We Put In? (Input Measures)	How Much Did We Do? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Difference Did It Make? (Outcome Measures)
Infant Care	\$10,000 Empowerment Funds 6.5 FTE 3 infants applying for care	30 Infants Served- 28 Families Served	100% of infants served 100% of satisfied parents \$866.67 Average cost per child	100% of parents who felt the center has helped them remain in the workforce or school. 100% of children reaching developmental milestones
Extended Day Care	\$28,000 Empowerment Funds \$12,551 of other funds 1-FTE 45 Eligible Children 36 parents eligible for home visits 37 parents eligible for conferences	23 Children served 34 parents who completed home visits 34 parents who attended conferences	51.1% children served (referral vs. served) 100% satisfied parents	99.9% of eligible children who show skill gain in developmental areas 94.4% of parents completing home visits 91.9% of parents attending conferences
In-home Infant Care	\$11,028.75 Empowerment Funds .4 FTE 219 of infant care providers eligible	116 of infant care providers enrolled in quality rewards programs 33 of infant care providers completing PITC training or other infant training 974 of infant care slots 33 of visits/contacts made	53% of infant care providers enrolled 28% of providers redeeming points 96% of satisfied customers	100% of providers increasing health and safety standards 53% of providers who increased their knowledge of infant care

<p>In-home Provider Assistant-*This program was funded part of the year in Early Childhood and part of the year in School Ready-The report is totally contained in this section</p>	<p>\$8,004.19 Empowerment Funds        \$3,205.20 of other funds        .5 FTE        266 of providers at first of year        1 training offered</p>	<p>408 of providers at end of the year        17 of providers attended trainings</p>	<p>53% of registered providers</p>	<p>100% of providers increasing health and safety standards        35% increase in number of registered providers</p>
<p>Health Consultant-*This program was funded part of the year in Early Childhood and part of the year in School Ready-The report is totally contained in this section</p>	<p>\$47,952.42 Empowerment Funds        \$2,400 of other funds        .7 FTE</p>	<p>30 trainings to 486 providers        239 home phone contacts        214 center phone contacts        117 center site visits        56 home site visits        3 health and safety assessments</p>	<p>107% of providers accessing services        96% of satisfied customers</p>	<p>87% change in skills/knowledge        100% of clients creating policies        87% of change in health or safety conditions.</p>
<p>Child Care Scholarships</p>	<p>\$123,110 Empowerment Funds        \$332,277 Other        1,465.5 FTE Days        178 Eligible Children</p>	<p>65 Children receiving scholarships</p>	<p>Cost per child-not able to report due to cumulative reporting mistakes        93% of parents felt the program meets the early education needs of their children        88% of parents felt the program met the early education needs of their children</p>	<p>95.5% of parents felt the center has helped them remain in the workforce or school        94.9% of children reaching age appropriate skills</p>
<p>Professional Development</p>	<p>\$30,000 Empowerment funds        112 of eligible students</p>	<p>22 students enrolled in early childhood developmental classes        195 of total credit hours offered</p>	<p>\$1,363.64 Cost per students</p>	<p>98% average grade success</p>

04 CEA AR  
May 11, 2004

**SECTION VII – Performance Measures: Community Empowerment School Ready funds**

School Ready Services Provided (Coincide w/ Budget Line Items)	How Much Did We Put In? (Input Measures)	How Much Did We Do? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Difference Did It Make? (Outcome Measures)
HOPES	\$55,842 Empowerment Funds 1.16 FTE 63 Families referred 1964 families with newborns screened at the hospital (missing Mercy for 4 <sup>th</sup> quarter)	60 families served 25 families turned away due to capacity 728 home visits 773 families with newborns screened eligible (Missing Mercy 4 <sup>th</sup> quarter)	84.75% of families served (referral vs. served) 100% satisfied customers 16.25 months average length of program participation	Within one year of entering the HOPES program, 89% of families successfully addressed and consistently met the identified safety risks listed on the Home Assessment form- Within 2 months of entering the program, 98.75% of all children had medical homes- Within 6 months of admission to the program, 71.4% of children received age-appropriate immunizations and well-child medical examinations- Within 9 months after entering the program, 51.75% of the parents met the criteria to advance one level
Oral Health	\$60,770.29 Empowerment funds \$6,698.96 Other funds (Title 19 billing) 1.3 FTE 81.5 contracted hygienist hours	1,458 of oral health screenings offered 1,044 of oral health screenings performed 1,310 of oral health education 979 of fluoride varnish completed	72% children offered screenings who participated in the oral health screenings	83% of children with referral accessing a dentist's services for oral health program referrals

Resource Center	\$220,806.78 Empowerment Funds \$205,675.68 Other funds 96 hours per week of provided service 6.6 FTE's	433 Trainings offered 1,599 Families served 6717 Individuals served 452 of recurring families 1,396 of recurring individuals 239 of educational items loaned	95.7% of face to face contacts completed (home or office visits) 97.7% of clients reporting they were satisfied with the services they received	83% Immunizations 86.5% Well Child Screening 74% Dental Screening
Every Child Reads	\$274.74 of Empowerment funds 16 hours of training	11 people enrolled in the program 11 people completing the program 1 training held 1 parent training	100% of people completing the training \$24.98 training cost per person	_____% of participants who increased their literacy skills (reading, writing and speaking) _____% of participants who have increased their daily reading to their children *Survey not completed
Imagination Library	\$20,000 of Empowerment funds \$10,121 Other funds	579 At Risk/HOPES/ Head Start families participating in the program 95 Imagination Library Parent's Survey completed	58% of participants are at-risk families 26% of participants reside in rural areas	93% of parents/family members have increased reading to their children 93% of parents feel the program has improved their parent-child relationship 62% of parents feel the program has improved their child's learning skills
Program Coordinator	\$43,096 .6 FTE Empowerment Coordinator	20 early childhood meetings held 28 contracts completed 2 of community surveys (kindergarten & child care provider)	100% of claims paid on time	82% 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.*

<b>Source</b>	<b>Cash Value</b>	<b>Source</b>	<b>In-Kind Cash Value</b>
Woodbury County Board of Supervisors	\$10,000	Western Hills AEA	\$15,000
Woodbury County Decat Board	\$40,000		
Juvenile Court Services	\$10,000		
Siouxland District Health	\$ 5,000		
<b>TOTAL</b>	\$65,000	<b>TOTAL</b>	\$15,000

**SECTION IX – Achieving Results**

Report one key community-wide indicator or performance measure that would best tell the story of how your Community Empowerment Area is making a difference, what would it be? Please include:

<b>State Result Area</b> Healthy Children						
<b>Local Identified Need/Priority:</b> Oral health to address the needs of children so that they are healthy						
<b>Goal:</b> Increase the percent of children with an established dental home						
<b>Local Community-Wide Indicator(s)</b> (Baseline and Trend)	<b>FY03</b>	<b>FY04</b>				
Percent of children surveyed with an established dental home	88%	92%				
<b>Partners:</b> Siouxland District Health Department, Resource Centers, and child care centers						
<b>Strategy (ies):</b> Contract with the Siouxland District Health Department to provide an oral hygienist. The hygienist provides oral health screenings, fluoride varnishes, and oral health education to young children and their caregivers.						
<b>Performance Measure(s)</b> (Baseline and Trend)	<b>FY03</b>	<b>FY04</b>				
Outputs						
Oral health screenings performed	953	1044				
Oral health education contacts	1277	1310				
Fluoride varnishes provided	877	979				
Quality/Efficiency						
Percent of children who were offered screenings that participated in screenings		72%				
Outcomes						
Percent of children accessing a dentist's services who received a referral as part of the oral health program.		83%				
*Only outputs were measured in previous years. During FY04 revised our program performance measures and added the quality/efficiency and outcomes information.						

<b>The Story About the Data</b>						
Although Woodbury County revised performance measures during fiscal year 2004, the output data shows that more children are receiving screenings, fluoride varnishes, and education on oral health. It is the hope that future years will continue to show an increase in this data together with an increase in children participating and receiving follow-up care.						

Graph of Community-Wide Indicator or Performance Measure (Optional):



