

**Iowa Community Empowerment
Annual Report, State Fiscal Year 2008
July 1, 2007 through June 30, 2008**

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, 2008.
3. A completed and signed original report should be submitted to the following address and **electronically** to the following e-mail:

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 The Local CEA Board: 8/15/08

Name of Community Empowerment Area: Siouxland Human Investment Partnership

Counties/Area Served: Woodbury

Website: www.siouxlandship.org

Current Board Chairperson: Linda Krei

Current Fiscal Agent: Siouxland Human Investment Partnership

Signature: _____

Address: Siouxland Human Investment Partnership
1520 Morningside Avenue
Sioux City, Iowa 51106
E-mail: Kreil@mercyhealth.com

Signature: _____

Address: Siouxland Human Investment Partnership
1520 Morningside Avenue
Sioux City, Iowa, 51106
E-mail: jfrance@nwaea.com
Federal ID Number: 42-1495836

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

Address: Siouxland Human Investment Partnership
1520 Morningside Avenue
Sioux City, Iowa 51106

Phone: (712) 222-6368 FAX: (712) 222-6216

E-mail: mohman@nwaea.com

a. **Current Community Empowerment Board Composition on September 15, 2008**

A. Number of Board Members (Board Size): 24

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 1. (“Citizen” means a resident of the empowerment areas, 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 of 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: Joyce Brende Kizzier	Woodbury Central Schools	Immaculate Conception Church	N/A	X
George Boykin	Woodbury County Board of Supervisors	Sanford Center	N/A	Not Applicable (Elected official)
Pat Penning	<i>Required human services</i>	DHS	N/A	Not Applicable
Mike Stiles	<i>Required health</i>	St. Luke’s Health System	N/A	Not Applicable
Roger Hess	<i>Required education</i>	Northwest AEA	Early Access Teacher	Not Applicable
Kevin Lee	<i>Required faith</i>	Morningside Lutheran Church	Morningside Lutheran Church Preschool	Not Applicable
Linda Krei	<i>Required business</i>	Mercy Medical Center	N/A	X
Kristie Ver Mulm McManamy	<i>Required consumer</i>	KTIV-TV Channel 4	N/A	X
Jim Rixner	City Council	Siouxland Mental Health Center	N/A	Not Applicable (Elected official)
Gary Niles	Juvenile Court Services	Juvenile Court Services	N/A	X
Patrick McKinlay	Morningside College	Morningside College	N/A	X
Rev. Patrick Walsh	Bishop Heelan Catholic Schools	Bishop Heelan Catholic Schools	N/A	X
Larry Williams	Sioux City Community	Sioux City Community	Sioux City Preschool	Not Applicable

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	Schools	Schools	Initiative	
Tim Stiles	United Way of Siouxland	United Way of Siouxland	Dolly Parton's Imagination Library	Not Applicable
Fran Sadden	Siouxland District Health Department	Siouxland District Health Department	Oral Health Program Resource Center	Not Applicable
Karen Mackey	Human Rights	Sioux City Human Rights Commission	N/A	X
Audra Cole	Provider Coalition		N/A	X
Linda Drey	Healthy Siouxland Initiative	Siouxland District Health Department	Oral Health Program Resource Center	Not Applicable
Caroline Donaway	Central Campus	Sioux City Community Schools	Sioux City Preschool Initiative	Not Applicable
Rod Earleywine	Sgt. Bluff-Luton Schools	Sgt. Bluff-Luton Schools	Kindergarten Transition Program Sgt. Bluff-Luton Creative Preschool	Not Applicable
Denise Brown	Citizen	Lunchtime Solutions, Inc.	N/A	X
Charlene Ellis	Citizen	Retired	N/A	X
Jodi Graham	Citizen	Retired	N/A	X
Barbara Aalfs	Citizen	Retired	N/A	X

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b. **Organizational Structure** – Please describe:

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

Please see attachment 1 (Amended And Restated Bylaws Of Siouxland Human Investment Partnership)

SECTION II – Community Plan and Collaborative efforts to Achieve Results

Community Plan Updates

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

(If you are seeking to be redesignated as a Community Empowerment Area at this time, please submit a copy of your up to date plan with your annual report.)

No change to our Community Plan this year, though we did come up with an Action Plan identifying a few needs in the community that need to be addressed soon, possibly in Fiscal Year 2010. (Action Plan is attached).

Community Collaborative Efforts

Definition adopted by Iowa Empowerment Board: Collaboration involves parties who see different aspects of a problem. They engage in a process through which they constructively explore their differences and search for (and implement) solutions that go beyond their own limited vision of what is possible. (Gray, 1989). Relationships evolve toward commitment to the common mission, comprehensive communication and planning, pooled resources and shared risks and products. Authority is vested in the collaborative, rather than in individuals or an individual agency.

Describe at least two (2) successful collaborative efforts within the Community Empowerment Area during the last year that promote healthy and successful children 0-5 and their families. The two examples chosen should reflect creative solutions, and a positive engagement and commitment of the community. For each collaborative effort describe the results and explain how each example strives to avoid duplication, enhance efforts, combine planning, and/or other progress.

1. Two meetings, entitled “Early Childhood Planning” were held in November and December. The purpose of these meetings was to update Woodbury’s early childhood community priorities and indicators (reflected in the community plan) and identify any additional needs for families with children 0-5 that were not currently being addressed by programs funded with empowerment dollars. All programs currently funded with empowerment dollars were required to attend these two meetings, but the meetings were open to the general public and advertised via fliers sent out to all preschools, elementary schools and Woodbury County agencies serving children 0-5. Additionally, fliers were hung at area grocery stores and coffee shops. Woodbury County legislators were also invited to attend. Overall attendance wasn’t as great as hoped for (no legislators attended), but there were representatives from all areas of Early Childhood: health, education, social services, providers, parents. Abbie Gaffey from Woodbury County Extension was hired to facilitate the meetings. At the first meeting, all attendees were asked to come up with what they felt were the most vital needs for each established community priority. At the end of the meeting, the established indicators were unveiled, and most of the needs were already addressed in the indicators. Those that were not already included were discussed in the second meeting, and an action plan was drawn up to address those needs. Needs unveiled during this process included better transportation, extended hours child care, engagement of the business community in early childhood

issues (especially child care), and interpreting services. All of these needs will be further discussed over the course of fiscal year 2009 (at early childhood large group and core group meetings), with the intent of new indicators to be incorporated for 2010, as well as programs addressing these needs.

2. SHIP collaborated with Mercy Medical Health Center and Mercy Child Advocacy Center to present the first Early Childhood Mental Health Conference. SHIP utilized TANF funds to hire early childhood experts (one clinical psychologist, one psychotherapist and one Child Guidance counselor) from CEED (Center for Early Education and Development, out of the University of Minneapolis) and Orchard Place, a child guidance center in Omaha, for the event. SHIP also utilized funds to pay for rental of the Sioux City Convention Center and to provide food and refreshments for the all-day conference and for travel of the speakers. Mercy and Child Advocacy did the promotion, evaluation and event programs, as well as took care of the registration and mailing, and provided CEUs to the professionals that attended. There was a two-hour presentation on the evening of Thursday, April 17th and an all-day conference on Friday, April 18th. Attendees learned about meeting the mental health needs of young children, relationship base work with young children and their parents, mental health issues for infants and toddlers 0-3 years, mental health issues for preschool-aged children, and the Therapeutic Learning Center. Around 100 early childhood professionals from all disciplines attended the event (see performance measures of the evaluation in the TANF/Early Childhood performance measures section of this report). Overall, the reaction of those that attended was overwhelmingly positive.

SECTION III – Achieving Results

Community Plan Priorities

1. Children Ready To Succeed In School
2. Healthy Children
3. Safe & Supportive Communities
4. Secure & Nurturing Child Care Environments
5. Secure & Nurturing Families

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

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 the Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify the Year			Goal (<u>numerical value & projected timeline</u>)	Progress Update (Brief Analysis of data)
Percentage of children entering kindergarten with prior preschool/group experience	D	Kindergarten Surveys	2003 – 83%	2006 – 90.4%	2007 – 91.8%	2008 – 94%	Increase by 5% by 2008	We have exceeded our goal by an additional 6%. More and more children are getting preschool experience before

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								kindergarten.
Number of funded programs with written goals/objectives which are appropriate for children 3-5	C, D	Program outcomes	2004- 14	2006 – 18	2007 – 25	2008 - 24	Increase by 5% by 2008	We exceeded our goal by 58% by adding ten programs by 2008. Interestingly, we provided one less program in 2007, due to funds remaining flat (not being able to offer Health & Safety mini-grants).
Number of providers accessing professional development	D, C	AEA Trainings; WITCC final report; CCR&R	2004 – 112	2006 - 136	2007 - 198	2008 – 191	Increase by 5% by 2008	We exceeded our goal. Woodbury has steadily moved towards requiring all providers accessing funds to increase quality. In 2009, this number will continue to go up due to all providers being required to be involved in QRS.
Number of funded programs that use an ongoing standardized assessment of young children	D	Program outcomes	2004 – 9	2006 – 12	2007 – 14	2008 - 21	Increase by 5% by 2008	We exceeded our goal by 43%. This number will continue to go up, as we are now requiring all centers accessing scholarship funds to use a pre-approved, evidence-based

								assessment tool by Fall 2009.
Number of funded programs seeking NAEYC or QRS accreditation	D, C	Program Outcomes	2004 - 8	2006 – 15	2007 – 19	2008 - 18	Increase by 5% by 2008	We exceeded our goal by 44%. This number will continue to go up, as we are now requiring that all centers accessing scholarship funds be a QRS Level 3 by Fall 2009.
Percentage of children, after attending a funded kindergarten transition program, considered “kindergarten ready”	D	Program outcomes	2008 – 70% (197 of 283 children)				Increase by 10% by 2011.	This is a brand new indicator to reflect our efforts the last two years (through funding summer transitional kindergarten programs). This is a little misleading in the fact that we have to split the Sioux City program in two each summer, so half of the outcomes are from last summer, and half from this summer.
Percentage of children with established medical homes	A, B	Kindergarten Survey	2003- 93%	2006 – 98%	2007 – 98.6%	2008 – 97.2%	Increase by 5% by 2008	We hit our goal in 2006, but have gone down since.
Percentage of children with established dental homes	A, B	Kindergarten Survey	2003 – 88%	2006 – 92%	2007 – 94.2%	2008 – 96.5%	Increase by 5% by 2008	This outcome has steadily increased positively since

								the baseline of 2003. This is likely due to the hard work of our Oral Health program.
Percentage of children with medical insurance	A	Kindergarten Survey	2003 – 88%	2006 – 92%	2007 – 94.2%	2008 – 91.6%	Increase by 5% by 2008	We reached our goal in 2007, but bounced back down in 2008. This may be reflective of the fact that while our oral health program is great for identifying children with decay, we cannot guarantee that those families will actually go to the dentist to have it treated.
Percentage of kindergarten surveys returned	A	Kindergarten Survey	2006 – 95.8%	2007 – 95.9%	2008 – 94.4%	2009 - N/A	Increase by 2% by 2009	After a tiny increase in 2007, we are backsliding again in 2008.
Number of in-home infant care slots	E	Program outcomes	2001 – 49	2005 – 60	2007 – 300	2008 – 481	Increase by 2% by 2008	This is the capacity for in-home infant care in Woodbury County, not the # of slots filled. This has increased due to a refocusing on increasing infant care slots.
Percentage of registered in-home family child care	C	Child Care Resource & Referral	1999 64%	2006 38%	2007 43%	2008 43%	Increase by 21% by 2008	The backslide from 64% in '99 to 43% in '08

providers.								illustrates two points: 1) The in-home child care industry grows by leaps and bounds each year and 2) CCR&R cannot meet the demand for assistance that this growth creates
Number of child care and preschool scholarships for low income families	C	Program outcomes	2005 – 36	2006 – 90	2007 – 223	2008 - 303	Increase by 50% by 2008	Goal exceeded. The need for scholarships has continued to increase, with more providers in both preschool and child care jumping on board in 2008. Unfortunately, the funding will not be able to continue to support at this level unless more funding is secured.
Educational level of child care/preschool providers at funded programs	C	Program outcomes	2007 - Associates Degree: 12 Bachelors Degree: 9 Post Graduate Degree: 1	2008 – Associates Degree: 5 Bachelors Degree: 9 Post Graduate Degree: 2			Increase educational level of providers by 3% by 2011	While our number of Associates Degrees went down drastically, our # of BA's stayed the same, and our post graduate degrees went up by 1. This tells us that Associates are

								not paid enough (which is why we keep losing them), while there is now more money in BA's and post graduate degrees (thanks to the statewide dollars).
Number of children confirmed as child abuse and neglect victims	B	Prevent Child Abuse Iowa, DHS	2004 – 580	2005 – 602	2007 – 527	2008 - 575	Reduce by 2% by 2008	We exceeded our goal in 2007, but the 2008 data suggests that we're right back to about the same place we were in the baseline year, unfortunately.
Number of domestic assaults	B	Sioux City Police Department	2003 – 261	2005 – 269	2006 – 237	2007 – 223	Reduce by 2% by 2008	We have exceeded our goal of reducing by 2%. We hope that our resource centers and home visitation programs have helped to educate families on other alternatives to conflict resolution.
Percentage of families participating in resource center educational opportunities that report the activity met their need	B	Program outcomes	2004 – 99%	2005 – 100%	2007 – 99.6%	2008 – 100%	Maintain at least a 90% success rate	No family leaves our resource centers without taking something learned with them. All families at the resource

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								centers want to be there to earn incentives or to access services, so all of them are grateful for the help.
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SECTIONS IV and V – Programs/Services to Support the Priorities – including Program/Services Performance Measures

Report program performance measures using the following language:

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

All columns should have quantitative or numerical data.

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds

All columns should have quantitative or numerical data.

Early Childhood Funds

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

- Capacity Building/Access to Child Care or Preschools
- Quality Improvement Support/Incentives
- Extended hours/2nd or 3rd shift care/infant care/mildly ill care
- Home or Center Child Care Consultants
- Child Care Nurse Consultants
- Provider Training/Professional Development/Materials
- Other Services

For each service listed, in the first column, please include a category from the bulleted list above, the name of the provider, and a brief description of the program being supported. Items should align with the corresponding lines on the financial statement.

<p>Early Childhood Services Provided</p>	<p>Link to Which Community Plan Priority or Priorities (as noted in Section III)</p>	<p>How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with early childhood financial statement)</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change In Conditions for Those We Served? (Outcome Measures)</p>
<p>In-Home Child Care Services & Support</p> <p>Mid-Sioux Opportunity</p> <p>Supporting quality in-home child care environments through a full-time Home Consultant.</p> <p>Goals:</p> <ol style="list-style-type: none"> 1. Increase infant care slots 2. Improve the quality of new and existing in-home child care environments 3. Incentive funding (Quality Rewards) 	<p style="text-align: center;">2,4</p> <p style="text-align: center;">Quality Improvement Support / Incentives</p>	<p>\$31,867.08 empowerment funds</p> <p>\$16,880.34 other funds</p> <p>322 in-home infant care capacity beginning of FY</p> <p>117 providers enrolled in Quality Rewards program</p> <p>195 registered child care homes</p> <p>1069 provider contacts made by Home Consultant</p> <p>1.0 FTE Home Consultant position</p>	<p>481 current in-home infant care capacity</p> <p>58 providers redeeming Quality Rewards</p> <p>238 unduplicated providers given consultation</p> <p>49 new registered providers</p> <p>24 providers achieving 85% compliance by 4th Home Consultant visit</p>	<p>49.38% increase in infant care capacity</p> <p>37.42% of providers meeting Quality Rewards requirements</p> <p>1:238 ratio of Home Consultant to unduplicated providers given consultation</p> <p>58 providers receiving Quality Rewards</p> <p>159 new infant slots</p>	<p>40.44% of providers increased health and safety standards through Quality Rewards</p> <p>49% of child development home providers achieving 85% compliance by the 4th Home Consultant visit</p> <p>212% infant slot increase</p>
<p>In-Home Child Care Scholarships</p>	<p style="text-align: center;">4,5</p> <p style="text-align: center;">Capacity</p>	<p>\$46,223.54 empowerment funds</p>	<p># of children receiving scholarships as</p>	<p>% of parent scholarship surveys returned: 39%</p>	<p>% of parents who feel scholarship helped them remain in workforce or school:</p>

<p>Mid-Sioux Opportunity</p> <p>Scholarship assistance to low income families of children 0-3 at 146-185% of the federal poverty level. Scholarships enable children to attend quality in-home child care.</p>	<p>Building/ Access to Child Care</p>	<p>66 requests for scholarships (only 26 parents returned application)</p>	<p>of end of the year: 26</p> <p># of parents completing scholarship survey: 26%</p>	<p>% of requests receiving scholarships as of end of the year: 55%</p>	<p>100%</p>
<p>Child Care Scholarships</p> <p>Scholarship assistance to low income families 146 - 185% of the federal poverty level, for their children to attend a quality child care center.</p> <p>Total number of child care centers receiving Child Care Scholarships: 7</p> <p>Number of funded Programs meeting the following standards: 0</p> <p>NAEYC Accreditation: 1</p> <p>NAFCC Accreditation: 0</p> <p>ECERS average score of 5 (with no subscale score under 2): 0</p> <p>QRS rating of 3, 4, or 5: 3</p> <p>In process of completing any of the above</p>	<p>4, 5</p> <p>Capacity Building/ Access to Child Care</p>	<p>Amount expended: \$116,536.50</p> <p>Educational Level of Lead Teacher(s) (Total number of each):</p> <p>GED: 0</p> <p>High School Diploma: 3</p> <p>Child Development Associate: 3</p> <p>AA Degree in EC or child development: 3</p> <p>AA Degree in related field: 0</p> <p>BA/BS in EC or child development: 0</p> <p>BA/BS in related field: 1</p> <p>Post Graduate Degree: 5</p> <p>Number of funded programs utilizing a Child Care Nurse Consultant for technical assistance: 5</p> <p>Curriculum(s) used by funded programs:</p>	<p>For Children Supported with these funds:</p> <p>Total Number of children (Unduplicated): 75</p> <p>Number of children by age (Unduplicated):</p> <p>0 Year Olds: 6</p> <p>1 Year Olds: 10</p> <p>2 Year Olds: 11</p> <p>3 Year Olds: 11</p> <p>4 Year Olds: 18</p> <p>5 Year Olds: 19</p> <p>Number of children by Gender (Unduplicated):</p> <p>Female: 41</p> <p>Male: 34</p> <p>Number of children by Race (Unduplicated):</p> <p>White: 61</p> <p>Black/African American: 3</p> <p>Asian: 0</p> <p>Native Hawaiian/Pacific Islander: 0</p> <p>More than one race reported: 0</p> <p>Other/Unknown: (Native American included in this</p>	<p>For Children Supported with These Funds:</p> <p>Percent of children with health insurance: 93%</p>	<p>For Children Supported with These Funds:</p> <p>Percent of children demonstrating age appropriate skills: 89%</p> <p>Identify the assessment tool(s) used to determine the children's development:</p> <p>Ages & Stages: 2</p> <p>Bi-Annual Report Cards (teacher developed): 1</p> <p>Brigance: 1</p> <p>Continuum: 3</p>

<p>quality standards: 5</p>		<p>Abeka: 1 Creative Curriculum: 6 OWLS: 1 High/Scope: 1</p>	<p>category): 11 Number of children by ethnicity (Unduplicated): Hispanic/Latino: 18 Not Hispanic/Latino: 57 Number of children with health insurance: 70 Number of children demonstrating age appropriate skills:67</p>		
<p>Early Childhood Mental Health Conference</p> <p>SHIP/Mercy Medical/Child Advocacy Center</p> <p>Conference held at Sioux City Convention Center addressed early childhood mental health issues.</p>	<p>1,2,3,4,5</p> <p>Provider Training / Professional Development / Materials</p>	<p>\$6,841.08</p>	<p>110 # registered for the conference</p> <p>96 # attending conference</p> <p>38 # attendees returned evaluation surveys</p>	<p>38% of attendees returned evaluation surveys</p>	<p>87% of respondents felt that the objectives of the conference were met</p> <p>91% of respondents felt that the content of the presentations and breakout sessions were "Good, Very Good", or "Excellent".</p>
<p>Provider Scholarship Program</p> <p>Western Iowa Tech Community College (WITCC)</p> <p>To improve the quality of the child care workers and preschool teachers in Woodbury, scholarships are provided that pay for full tuition and books for any person working in Early</p>	<p>1, 4</p> <p>Provider Training / Professional Development / Materials</p>	<p>\$32,875 empowerment funds</p>	<p>Total number of participants by:</p> <p>Number of Administrators/Directors: 0</p> <p>Number of Teachers/Early Childhood Providers: 7</p> <p>Number of Assistant Teachers: 10</p> <p>Number of</p>	<p>Percent of all participants completing coursework by:</p> <p>Percent of Administrators/Directors: 0</p> <p>Percent of Teachers/Early Childhood Providers: 39%</p> <p>Percent of Assistant Teachers: 55%</p> <p>Percent of Other: 6%</p> <p>Average cost per participant: \$1,785.00</p>	<p>95% percent of participants who report incorporating learning into policy or practice</p>

<p>Childhood in Woodbury County. Many classes are taken online.</p>			<p>Other: 1</p> <p>Total number of credits earned: 176</p> <p>Average number of credits earned by participants working towards CDA: 0</p> <p>Number of participants working toward associate degree: 18</p> <p>Number of participants working toward bachelor degree: 0</p>	<p>Average cost per credit hour: \$117.50 on campus, \$132 online</p> <p>Percent of participants completing associate degree: 22%</p> <p>Seeking AA/AAS degree: : 18%</p> <p>Percent of participants completing bachelor degree: 0</p> <p>Percent of participants completing DIP/Certification: Diploma 6%; Certificate: 6%</p>	
<p>HOPES Accreditation Mini-Grant</p> <p>Siouxland District Health Department</p> <p>Healthy Families America site visit to re-accredit SDHD's HOPES program.</p>	<p>2, 3, 5</p> <p>Provider Training / Professional Development / Materials</p>	<p>\$2,000 empowerment funds</p> <p>\$1,011 additional District Health funds were spent on site visit</p>	<p>Out of 200 criterions, there was only one "area of concern" that has to be addressed within 60 days.</p>	<p>100% of District Health staff participated in the accreditation process.</p>	<p>100% of accreditation process is completed.</p>
<p>ILC Child Care</p> <p>Boys & Girls Home</p> <p>Serves teen parents in need of child care</p>	<p>4, 5</p> <p>Extended hours/2nd or 3rd shift care/infant</p>	<p>\$39,000 empowerment funds</p> <p>16 # of students eligible to participate in the program</p>	<p>6 # of students enrolled in program</p> <p>1 # of students graduated</p>	<p>100% of those applied who participate in the program (enrolled divided by applying)</p> <p>\$6,500 cost per child</p>	<p>100% of parents increasing their parenting skills</p> <p>42% average daily attendance for parents at school</p>

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<p>to achieve their high school diploma from the ILC. Goal of the program is to provide quality childcare to infants and toddlers ranging in age from 2 weeks to 4 years.</p>	<p>care/mildly ill care</p>	<p>6 # of students applying to participate in the program 2 # of staff (1 FTE & 1 PTE)</p>			
<p>West High School Infant Care Center Crittenton Center Infant care center targeting enrolled and parenting West High School students as well as parenting teens that have dropped out but will re-enroll because of the availability of on-site child care.</p>	<p>4, 5 Extended hours/2nd or 3rd shift care/infant care/mildly ill care</p>	<p>\$19,350.28 empowerment funds 2.33 staff</p>	<p>11 # of students enrolled in program</p>	<p>100% of student parents were satisfied with program \$1,759.12 cost per infant</p>	<p>92% of slots filled</p>
<p>In-Home Child Care Extended Hours Funding Loretta Madison, Child Care Provider DHS cancelled a family's assistance without warning. The mother (who worked overnights) would have had to quit her job to stay home with the kids without funding. We used these funds as</p>	<p>4, 5 Extended hours/2nd or 3rd shift care/infant care/mildly ill care</p>	<p>\$645 empowerment funds</p>	<p>2 # of children served</p>	<p>1 parent was able to remain in the workforce due to the emergency funding.</p>	<p>100% of children staying in quality child care due to the emergency funds</p>

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Revised 2/18/08

<p>"emergency funds" to cover the three-week period between when the family was dropped and when DHS would pick them back up.</p>					
<p>Madres y Ninos Program</p> <p>Translation & Immigration Services</p> <p>A three-prong project: structured child care and preschool; working with mothers and families on English skills, life skills and literacy skills to be better parents; assisting families crises or life problems, helping them pursue self-sufficiency (after class hours).</p>	<p>1, 3, 5</p>	<p>\$36,283.03 empowerment funds</p> <p>\$3,000 other funds</p>	<p>12 # of 2 ½ to t-year-olds in program</p> <p>30 # of adult students</p>	<p>40% families with health insurance</p> <p>2.5 staff for 12 children</p> <p>1.5 staff for 30 adult students</p>	<p>86% of preschoolers are demonstrating age appropriate skills</p> <p>86% of adult students are demonstrating level one appropriate skills</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:

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

*The FY 08 SR funds that support Family Support and Parent Education Programs for families with children ages prenatal through age 3 **must** have a home visitation component. For guidance on the use and reporting of these funds, refer to Tool FF in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ff.pdf.*

- **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 fro children ages prenatal through 5. A home visitation component is not necessary. Programs should be listed separately. For guidance on the use and reporting of these funds, refer to Tool FF in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ff.pdf.

- **Preschool Support for Low Income 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. Performance measures data can be merged in this section. For guidance on the use and reporting of these funds, refer to Tool CC (A) and Tool CC (B) in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/tool_kit_tools.asp.

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

*The SR funds for the purpose of Professional Development that were designated in FY 06 will not be a requirement for the use of FY 08 SR funding. However, any carry forward funds from FY 06 that were designated for this purpose must be expended on Professional Development activities. **Note: these funds must be spent by June 30, 2008 or they will be reverted back to the state.** For guidance on the use and reporting of these funds, refer to Tool DD (A) and Tool DD (B) in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/tool_kit_tools.asp.*

- **Quality Improvement Funds**

These funds must be used to improve quality of the early care, health and education programs. For guidance on the use and reporting of these funds, refer to Tool II in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ii.pdf.

- **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.*

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, the name of the provider, and 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 funded program; all included performance measures must be reported for each program) – Refer to Tool FF

PRENATAL THROUGH AGE 3 FUNDING – must include a home visitation component.

Note: Required measures to be reported are in bold.

Name of Family Support Program	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 financial statement Family Support Prenatal through 3 line item</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)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>HOPES (0-5)</p> <p>Crittenton Center</p> <p>Crittenton Center, in partnership with Siouxland District Health Department and Lutheran Services In Iowa, uses Empowerment Funds to provide HOPES-HFI programming through intensive in-home</p>	<p>2,5</p>	<p>Amount expended: \$191,059</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 155</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 161</p> <p>Number of face to face visits completed: 2,378</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 23</p> <p>Other locally-generated data as applicable:</p> <p>Percent of surveyed clients satisfied with the program at time of exit: 100%</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 96.5%</p> <p>Percent of families with an increase of healthy informal support systems: 95.5%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 96%</p> <p>Other locally-generated data as applicable: (Insert any child or family outcome measures reported by the program)</p>

visitation for high risk prenatal and new parent families in Woodbury County.					
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Family Support Performance Measures PRENATAL THROUGH 5 (use one row for each funded program; all included performance measures must be reported for each funded program) – Refer to Tool FF

Note: Required measures to be reported are in bold.

Name of Family Support Program	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 financial statement Family Support Prenatal through 5 line item</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)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>Westside Resource Center</p> <p>Crittenton Center</p> <p>WRC provides a centralized location for families in the 51103 zip code of Sioux City. Families can access information and receive referrals about healthy child development and the school readiness of their young children through one-on-one contact and home</p>	<p>1,2,3,5</p>	<p>Amount expended: \$196,003</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 3,163</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 1,379</p> <p>Number of face to face visits completed: 9,085</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: N/A</p> <p>Other locally-generated data as applicable:</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 90%</p> <p>Percent of families with an increase of healthy informal support systems: 98%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 98%</p> <p>Other locally-generated data as applicable: (Insert any child or family outcome measures reported by the program)</p>

<p>visits.</p> <p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>HOPES (0-5)</p> <p>Crittenton Center</p> <p>Crittenton Center, in partnership with Siouxland District Health Department and Lutheran Services In Iowa, uses Empowerment Funds to provide HOPES-HFI programming through intensive in-home visitation for high risk prenatal and new parent families in Woodbury County.</p>	<p>2,5</p>	<p>Amount expended: \$98,371.00</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 155</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 161</p> <p>Number of face to face visits completed: 2,378</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 23%</p> <p>Other locally-generated data as applicable:</p> <p>Percent of surveyed clients satisfied with the program at time of exit: 100%</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 96.5%</p> <p>Percent of families with an increase of healthy informal support systems: 95.5%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 96%</p> <p>Other locally-generated data as applicable: (Insert any child or family outcome measures reported by the program)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>The Resource Center</p> <p>Siouxland District Health</p> <p>The Resource Center increases parenting skills and parent knowledge of child development. The goal is to strengthen, support and empower Woodbury Co. families</p>	<p>5</p>	<p>Amount expended: \$157,672</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): N/A</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): N/A</p> <p>Number of face to face visits</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 1%</p> <p>Other locally-generated data as applicable:</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 90%</p> <p>Percent of families with an increase of healthy informal support systems: 98%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 98%</p> <p>Other locally-generated data as applicable: (Insert any child or family outcome measures reported by the program)</p>

08 CEA AR shell
Revised 2/18/08

by providing them with the resources, skills and knowledge to assist in providing for and nurturing their children			completed: 2,674		
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PRESCHOOL PROGRAMMING (TUITION) SUPPORT FOR LOW-INCOME FAMILIES – Performance Measures –
Refer to Tool CC (B) Note: Required measures to be reported are in bold.

Programs Funded	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 financial statement Preschool Support line item</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)
<p>Total number of preschool programs/centers receiving Preschool Support: 20</p> <p>Number of funded Programs meeting the following standards:</p> <p>NAEYC Accreditation: 3</p> <p>NAFCC Accreditation: 0</p> <p>Shared Visions: 1</p> <p>Head Start: 2</p> <p>ECERS average score of 5 (with no subscale score under 2): 1</p> <p>Participating in QPPS process: 15</p> <p>QRS rating of 3, 4, or 5: 5</p> <p>In process of completing any of the above quality standards: 6</p>	<p>1,4</p>	<p>Amount expended: \$476,110.82 \$52,692 from School Ready/Other services</p> <p>Educational Level of Lead Teacher(s) (Total number of each): GED: 0 High School Diploma: 1 Child Development Associate: 3 AA Degree in EC or child development: 5 AA Degree in related field: 0 BA/BS in EC or child development: 8 BA/BS in related field: 1 Post Graduate Degree: 2</p> <p>Number of funded programs utilizing a Child Care Nurse Consultant for technical assistance: 14 Curriculum(s) used by</p>	<p>For Children Supported with these funds:</p> <p>Total Number of children (Unduplicated): 247</p> <p>Number of children by age (Unduplicated): 3 Year Olds: 43 4Year Olds: 168 5 Year Olds: 35</p> <p>Number of children by Gender (Unduplicated): Female: 121 Male: 126</p> <p>Number of children by Race (Unduplicated): White: 153 Black/African American: 17 Asian: 12 Native Hawaiian/Pacific Islander: 7 More than one race reported: 0 Other/Unknown: 58 (Native American included in this category)</p> <p>Number of children by ethnicity (Unduplicated): Hispanic/Latino: 43 Not Hispanic/Latino: 204</p> <p>Number of children with health insurance: 230</p>	<p>For Children Supported with These Funds:</p> <p>Percent of children with health insurance: 93%</p> <p>Other locally-generated data as applicable.</p>	<p>For Children Supported with These Funds:</p> <p>Percent of children demonstrating age appropriate skills: 94%</p> <p>Identify the assessment tool(s) used to determine the children’s development:</p> <p>Ages & Stages: 1 Bi-annual Report Cards: 1 Brigance: 2 CAPERS: 1 COR: 9 Creative Curriculum: 6 LAP: 1 Unknown: 1</p> <p>Report any other applicable outcomes:</p>

		funded programs: Creative Curriculum: 8 High/Scope: 9 Knowledge Learning: 1 OWLS: 1 Teacher-developed: 1	Number of children demonstrating age appropriate skills: 232		
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Collaborative Professional Development – Performance Measures – Refer to Tool DD (B)
 (2006 Professional Development Funds that were carried forward into this fiscal year; must be spent by June 30, 2008)

Note: Required measures to be reported are in bold.

Collaborators	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Professional Development line item</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)
List the collaborative partners involved in the professional development activities and briefly describe the activities.		<p>Amount expended: \$0.00</p> <p>(Report any other applicable input measures):</p>	<p>Total number of participants by:</p> <p>Number of Administrators/Directors:</p> <p>Number of Teachers/Early Childhood Providers:</p> <p>Number of Assistant Teachers:</p> <p><i>Report as applicable:</i> Total number of credits earned: Average number of credits earned by participants:</p> <p>Number of participants working toward CDA: Number of participants working toward associate degree: Number of participants working toward bachelors degree: Total number of participant hours logged: Total number of CEU's earned:</p>	<p>Percent of all participants completing coursework by:</p> <p>Percent of Administrators/Directors:</p> <p>Percent of Teachers/Early Childhood Providers:</p> <p>Percent of Assistant Teachers:</p> <p>Average cost per participant:</p> <p><i>Report as applicable:</i> Average cost per credit hour:</p> <p>Percent of participants completing associate degree: Percent of participants completing bachelors degree:</p>	<p>Percent of participants who report incorporating learning into policy or practice:</p> <p>(Report any other applicable participant outcomes):</p>

Refer to Tool II

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

Collaborators	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Professional Development line item</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)
<p>Child Care Nurse Consultant</p> <p>Mid-Sioux Opportunity</p> <p>1.0 FTE child care nurse consultant to serve Woodbury County child care (in-home and center) as well as preschools. CCNC performs assessments on-site, assists with problem solving, provides training, and responds to other inquiries from providers and parents.</p>	<p>1,2,4</p>	<p>Amount expended: \$49,511.54 #FTE: 1.0</p>	<p># contacts with child care providers: 2,038</p> <p># child care providers contacted: 155</p> <p># hours spent on Direct CCNC activities: 481</p> <p># and % increase of Formal Business Partnership Agreements between CCNC and providers: 98; 29%</p> <p># Health and Safety surveys from child care providers: 84</p> <p># Injury Prevention Assessments: 13</p> <p># of Completed Child Record Reviews: 11</p> <p># Health and Safety Assessments: 0</p>	<p>Increase in contacts: 3.2%</p> <p>Increase in direct contract hours: - 12.5%</p> <p># of deficiencies and # of corrections made in the Injury Prevention Assessment: 424 & 226</p> <p>Providers who complete all five sections in the Health and Safety Category of QRS: 0</p>	<p>% of providers with a signed Business Partnership Agreement who complete all five parts of the Health and Safety section in the QRS: 0%</p> <p>% of corrections made from the Injury Prevention assessment 53.3%</p> <p># of providers have started a new Injury Prevention Assessment in FY2008: 13</p> <p>14 out of 59 providers have completed the Injury Prevention Assessment in SFY08 and have corrected 100% of issues identified.</p> <p>32 of the 59 providers are still in the process of</p>

					making corrections and are receiving continued consultation with the CCNC 13 providers do not intend to finish the process
Empowerment Coordinator Siouxland Human Investment Partnership 1.0 FTE empowerment coordinator, these funds pay for a percentage of the empowerment coordinator's salary and benefits.	1,2,3,4,5	\$40,000 empowerment funds	# of FTE employees: 1	% of salary and benefits paid by these funds 82%	% of empowerment programs managed by this position: 100%

Other Services (other than targeted School Ready funds) – Performance Measures

For each service listed, in the first column, please provide a brief description of the program being supported.

School Ready Services Provided including a brief description of the program or activity	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 financial statement Other line item</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)
<p>Dolly Parton's Imagination Library</p> <p>United Way of Siouxland (provider)</p> <p>Woodbury Co. children 0-5 receive a free, age-appropriate book in the mail each month from birth to their 5th birthday.</p>	<p>1, 3, 5</p>	<p>HOPES/Head Start families eligible for the program (not cumulative): 74</p> <p>Empowerment funds invested: \$40,000</p>	<p>Total participants currently enrolled in program: 1,750</p> <p>Graduates in fiscal year 2008: 133</p> <p>At-Risk/HOPES/Head Start families who have participated in the program fiscal year 2008: 653</p> <p>Parent Survey returned (1,700 distributed): 307</p>	<p>Participants referred from HOPES/Head Start considered at-risk: 100%</p> <p>Participants with a rural address: 64%</p>	<p>Parents/caregivers are spending more time reading to their children: 72%</p> <p>Parents/caregivers feel the program is improving their relationship with one another: 68%</p> <p>Parents/caregivers feel the program is increasing their child's interest in reading: 72%</p> <p>Homes of participants have additional age-appropriate books: 60%</p>
<p>Caregiver Respite</p> <p>Community Action Agency of Siouxland (provider)</p> <p>Families with children 0-5 who are served by Community Action Agency have access to temporary relief by trained caregivers.</p>	<p>5</p>	<p>Empowerment funds invested: \$3,092.85</p>	<p>Total families served: 9</p> <p>Children served: 17</p> <p>Single parent families served: 6 (5 maternal, 1 paternal)</p> <p>Two-parent families served: 3</p>	<p>Families who registered program and actually used the services: 55%</p>	<p>Families enrolled in program that participate in additional family support programs: 100%</p> <p>Families enrolled afforded time for parents to take care of their own mental health and personal needs: 100%</p> <p>Families enrolled who</p>

					have opportunity to be less stressed providing a more nurturing environment for their children: 100%
<p>Home Visitation for Infants and Toddlers</p> <p>Community Action Agency of Siouxland</p> <p>Home visitation program (not enough funding to include in Family Support). This program targets the waiting list of Early Head Start, and serves families not currently served by any home visitation program, including HOPES.</p>	2,5	\$54,856.78 empowerment funds invested	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (unduplicated): 16</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (unduplicated): 21</p> <p>Number of face to face visits completed: 736</p> <p>Lesson plans completed: 966</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 42%</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 90%</p> <p>Percent of families with an increase of healthy informal support systems: 100%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 90%</p>
<p>Oral Health Program</p> <p>Siouxland District Health</p> <p>Employs a full-time dental hygienist to do screenings, fluoride applications and education to children 0-5 in Woodbury County. Program's goal is to increase the percent of Woodbury County children with dental homes.</p>	2	\$91,072 Empowerment funds 1.15 FTE (Empowerment only)	<p># of articles, presentations and health fairs: 7</p> <p># of oral health screenings: 1,245</p> <p># of oral health education: 2,326</p> <p># of fluoride varnish applications: 1,212</p> <p># of total oral health contacts: 4,783</p>	<p>% of children accessing dental care following referral (reported annually): 43%</p>	<p>% of children with evidence of untreated decay: 32%</p> <p>% of children with a dental home: 52%</p>

<p>Public Awareness</p> <p>Siouxland Human Investment Partnership</p> <p>These funds pay for advertising and marketing for some of the empowerment programs. It is also used for employee travel and phones (SHIP and program employees), plus a storage unit to store empowerment documents. We also charge our annual kindergarten surveys (from which much of the data in our indicators comes from) to this contract. This year these funds were also used to support a part of an Early Access teacher's salary through AEA.</p>	<p>1,2,3,4,5</p>	<p>\$18,880.89 total empowerment funds</p> <p>\$999.64 empowerment coordinator</p> <p>\$12,050.98 Early Access teacher salary</p> <p>\$861.09 travel</p> <p>\$4,894.18 general expenses (including program advertising & marketing)</p> <p>\$75.00 supplies</p>	<p>See Quality Improvement – Empowerment Coordinator for Performance Measures</p> <p>(Early Access teacher) # of children participating in the family support program utilizing a home visiting service delivery model (unduplicated): 37</p> <p>(Early Access teacher) # of families participating in the family support program utilizing a home visiting service delivery model (unduplicated): 35 caseload and weekly TAP (Toddler and Parent Class) 12-25 children and parents attended weekly</p> <p>(Early Access teacher) # of face-to-face visit completed: 376</p>	<p>(Early Access teacher): % of children, 0-3 years old, who are referred for Early ACCESS services: 100%</p> <p>(kindergarten surveys): % of surveys returned: 33%</p>	<p>(Early Access teacher): % of parents with increased parent confidence and competence in their parenting abilities: 100%</p> <p>(Early Access teacher): % of families with an increase of healthy informal support systems: 100%</p> <p>(Early Access teacher): % of families able to enhance the health, growth, and development of their children: 100%</p>
<p>Kindergarten Transition</p> <p>Beyond the Bell Pre-K</p>	<p>1</p>	<p>\$10,600 empowerment funds,</p>	<p># of pre-k children enrolled in program: 112</p>	<p>% of capacity met: 62%</p> <p>% of students remaining in</p>	<p>% of children that demonstrated kindergarten readiness</p>

<p>Jump Start Program (July 2007)</p> <p>Collaborative kindergarten transition program between empowerment, Beyond the Bell (after school program) and Sioux City Community School District</p>		<p>\$23,800 other funds (Sioux City Community School District and DHS QRS grant)</p>	<p># of pre-k classrooms: 8</p> <p># of students demonstrating kindergarten readiness at end of program: 62</p>	<p>summer program for entire six weeks: 99%</p>	<p>at program end: 55%</p>
<p>Kindergarten Transition</p> <p>Beyond the Bell Pre-K Jump Start Program (June 2008)</p> <p>Collaborative kindergarten transition program between empowerment, Beyond the Bell (after school program) and Sioux City Community School District</p>	<p>1</p>	<p>\$11,712.73 empowerment funds, \$73,000 other funds (Sioux City Community School District and Title I)</p>	<p># of pre-k children enrolled in program: 151</p> <p># of pre-k classrooms: 8</p> <p># of students demonstrating kindergarten readiness at end of program: 115</p>	<p>% of capacity met: 83%</p> <p>% of students remaining in summer program for entire six weeks: 99%</p>	<p>% of children that demonstrated kindergarten readiness at program end: 74%</p>
<p>Kindergarten Transition</p> <p>Sgt. Bluff-Luton Community School Kindergarten Transitino Program (June 2008)</p> <p>Collaborative kindergarten transition program between</p>	<p>1</p>	<p>\$4,080.81 empowerment funds,</p>	<p># of pre-k children enrolled in program: 20</p> <p># of pre-k classrooms: 1</p> <p># of students demonstrating kindergarten readiness at end of program: 20</p>	<p>% of capacity met: 100%</p> <p>% of students remaining in summer program for entire six weeks: 60%</p>	<p>% of children that demonstrated kindergarten readiness at program end: 100%</p>

empowerment and Sgt. Bluff-Luton					
<p>Family Literacy Program</p> <p>Even Start Family Literacy</p> <p>Family Literacy program serves families by providing early childhood services and adult education services, plus a home visitation component.</p>	<p>1, 2,3,4,5</p>	<p>\$100,000 empowerment funds</p> <p>\$73,570 School District funds</p> <p>\$28,274 in-kind funds</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 48</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 56</p> <p>Number of face to face visits completed: 492 (one visit per month, per family)</p>	<p>Ratio of staff to students: 1:8 preschool 1:6 toddler room 1:20 adult classroom</p> <p>% of families in program with health insurance: 75%</p> <p>% of children in program with dental insurance: 75%</p>	<p>% of children in preschool program demonstrating age appropriate skills: 83%</p> <p>% of children in infant/toddler COR program demonstrating age appropriate skills: 100%</p> <p>% of families that have reached a level 4 or have moved up one level on the Parent Education Profile (PEP): 60%</p> <p>% of parents that showed growth between their pre and post reading CASAS test: 78%</p> <p>% of parents that showed growth between their pre and post listening CASAS test: 94%</p>
<p>Preschool Fine Arts Opportunity</p> <p>Frog & Toad @ Orpheum Theatre</p>	<p>1, 4</p>	<p>\$896.00 empowerment funds,</p>	<p># of preschool children attending show: 276</p> <p># of preschool teachers attending show: 20</p>	<p>% of students & teachers needing transportation: 100%</p> <p>% of students participating who were utilizing SHIP</p>	<p>% of children who reported that they enjoyed the experience: 100%</p>

08 CEA AR shell
Revised 2/18/08

<p>SHIP partnered with the Orpheum Theatre, Sioux City Transit and 8 Woodbury County preschools (5 in Sioux City, 3 in rural communities) to provide a fine arts opportunity for preschool students: to see the national touring play "Frog & Toad" at the ritzy Orpheum Theatre. Many of the children had never been to the Orpheum, and many had never seen a play before. The Orpheum offered discounted tickets and Sioux City Transit offered discounted transportation. SHIP used empowerment funds to pay for the experience.</p>			<p># of preschools participating in program: 8</p> <p># of students and teachers utilizing transportation to event: 42</p>	<p>scholarships: 30%</p>	
<p>Preschool Scholarships for Low-Income Families</p> <p>Building Blocks Calico Kids TLC Preschool</p> <p>Since I encumbered all funds in the Preschool Scholarships category, I had to</p>	<p>1,4</p>	<p>\$52,692 empowerment funds invested</p> <p>(\$31,522 interest, \$21,170 Other funds)</p>	<p>See School Ready/Preschool Support For Low Income Families for Performance Measures (Page 26-27)</p>	<p>See School Ready/Preschool Support For Low Income Families for Performance Measures (Page 26-27)</p>	<p>See School Ready/Preschool Support For Low Income Families for Performance Measures (Page 26-27)</p>

08 CEA AR shell
Revised 2/18/08

utilize "Other" funds to meet all of the demand for preschool scholarships					
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