

Marshall County Empowerment Area

Counties in Area: Marshall County

Contact for Area: Vicki Ocasio, Coordinator, 2500 South Center St., Suite 2380, Marshalltown, Iowa 50171 Office: 641-352-5090

Vision: Every Child, Beginning at Birth, will be Healthy and Successful

Mission: To Empower the Marshall County community through leadership and collaboration to promote safety, health, and success in home, child care and school for children 0-5.

A local child care home provider comments on the grant money she received from Empowerment last year: “Grant moneys have allowed me to purchase items to enhance learning & increase safety in my child care program. With those improvements, I continue to work on accreditation by NAFCC & obtain the highest 5 star rating with the QRS. Most importantly the children in my care are reaping the benefits – thriving, learning and growing in a program that has been supported by this community”.

- QRS Level 4, Child Development Home Provider

Did you know? From a recent study, British researchers determined that ALL children, not just low-income children, who had attended a quality preschool scored 27 percent higher in math skills and performed better in other subjects than peers who had attended a low-quality preschool in 3rd grade and in the upper grades as well.

Why are the programs we support important to reaching our vision and mission?

- Support healthy children by providing prenatal and ongoing health care services.
- Provide information on quality centers and preschools and information regarding how to increase the quality of centers.
- Provide information and trainings for parents to increase their knowledge of child development and parenting skills so children are in safe and nurturing environments.
- Provide supportive services so children may attend a quality preschool.

COMMUNITY PLAN PRIORITIES:

1. Access to healthcare services for all children, including mental health services.
2. Children are ready to succeed in school.
3. Children are safe in their homes and community.
4. Increase the number of and access to quality child care environments and preschools.
5. Provide parent education opportunities.
6. Community investment in early childhood.

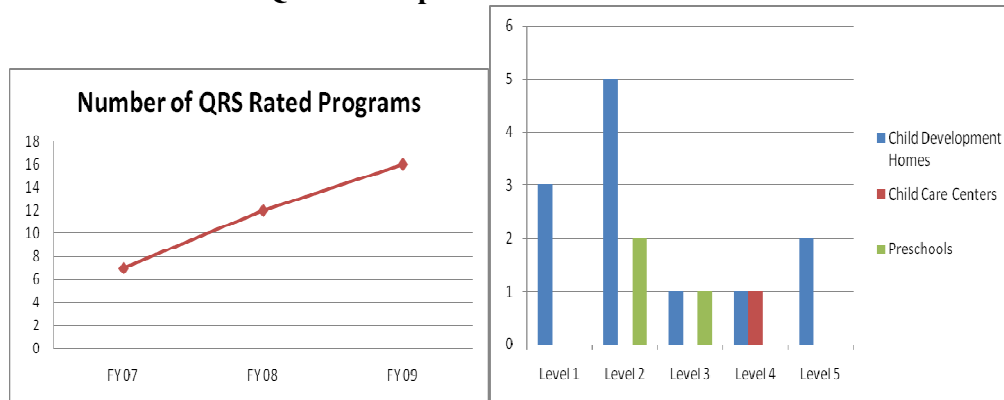
What services/programs/activities do we support?

1. Building Healthy Families – a family support program that provides services starting prenatally and continuing until the child turns 5. The Parents as Teachers program is offered to provide information regarding child development and parenting skills during home visits. (School Ready funds)
2. Child Care Resource and Referral – provides information on finding child care, offers trainings and consultations to child care providers, and promotes quality initiatives such as QRS. (Early Childhood funds)
3. We assist rural school districts in providing transportation so children may attend preschool. (SR funds)
4. Funds are provided for centers and preschools to retain and recruit staff which is essential in providing quality services to young children. (Early Childhood and Quality funds)
5. An Early Childhood Specialist serves as a liaison between the empowerment board and the providers, assists in the promotion of Empowerment, and encourages directors/staff to implement quality programs at their centers. (School Ready funds)
6. Scholarships are provided so ALL children may attend a quality preschool before entering school. (S.R. funds)
7. Head Start Wrap Around program for low-income children. (Early Childhood and School Ready funds)

Priority: Children will have access to quality child care and preschools.

Marshall County continues to increase the number of child care providers that are participating in a quality initiative. In 2007, there were 5 programs participating in QRS, in 2008 there were 12, and in 2009 we currently have 16 programs participating. This increase is largely due to the support and on-site consultations the providers receive from the Child Care Resource and Referral (CCR&R) Coordinator and the Child Care Nurse Consultant (CCNC).

QRS Participation and Levels of Achievement for 2009



The Marshall County Empowerment Board has made it a requirement that all programs who are receiving funding must be participating in a quality initiative. The Early Childhood Specialist (ECS) provides on-site visits to monitor the progress of these programs, provides information and referrals for support, and reports this information to the board during the regular board meetings. She provides information concerning the progress the programs are making in regards to attaining higher levels of achievement in quality programs. The ECS, CCR&R Coordinator, and the CCNC work collaboratively to guide and support all early childhood programs in their efforts to provide a quality child care environment for children 0-5.

To further enhance quality child care, AEA, Empowerment, and CCR&R are collaborating to offer additional trainings and avoid duplication of services. By forming this partnership, more trainings will be offered by professionals who have been recognized by the Department of Human Services and will meet the guidelines DHS has put forth in order to meet the licensing training requirements.

From surveys gathered during the redesignation process, education classes and information for parents is a need in Marshall County. Parent education was ranked third (35.2%) of what parents felt the 4 greatest needs were for children 0-5 in Marshall County. Additional parent education on the importance of a quality center and how to determine what a quality child care center should look like is being addressed through many of the programs and services in Marshall County. Trainings, handouts, and home visits will be offered to help parents understand the importance of having their children attend a quality child care program and/or preschool before entering school.

Others within our community working on similar issues:

- Poverty Task Group
- AEA/Early Access
- Center Associates (mental health agency)
- Child Abuse Prevention Services

What can you do to help?

- Serve on boards, early childhood committees, or advisory groups.
- Talk to/write your legislators concerning the need for quality child care/preschools for EVERY child.
- Communicate to business leaders the high rate of return on investing in young children and encourage them to partner with early childhood programs.

**Iowa Community Empowerment
Annual Report, State Fiscal Year 2009
July 1, 2008 through June 30, 2009**

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, 2009.
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: August 24, 2009

Name of Community Empowerment Area: Marshall County Empowerment Area

Counties/Area Served: Marshall

Website: www.marshallempowerment.com

Current Board Chairperson: **Betsy Macke**

Current Fiscal Agent: **Marshall County Board of Supervisors**

Signature: _____

Address: 1706 Rainbow Dr.
Marshalltown, Iowa 50158

E-mail: Betsy.Macke@iavalley.edu

Signature: _____

Address: 1 East Main Street
Marshalltown, IA 50158

E-mail: supervisors@co.marshall.ia.us

Federal ID Number: 42-6004936

Contact Person for the Community Empowerment Area: **Vicki Ocasio**

Address:

**2500 S. Center St., Suite 2380
Marshalltown, Iowa 50158
Phone: 641-350-5090 FAX: 641-350-5092
E-mail: vocasio@co.marshall.ia.us**

SECTION I –

a. **Current Community Empowerment Board Composition on September 15, 2009**

A. Number of Board Members (Board Size): **14**

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 board members’ employer; list the occupation if self employed

Column 4 – Name of service or program which receives Community Empowerment (CE) funds

Column 5 – The three “Not Applicable” members per Iowa Code are already marked. All other members must be identified as “Citizen”, “Elected”, or “No” in column 5 according to the definitions of IAC for Community Empowerment, 349, Chapter 1. If elected, state to what office. (“*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.) For assistance in determining which members meet this definition, refer to Tool EE in the Empowerment Toolkit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ee.pdf.

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 Member or Employing Organization receives CE Funds either directly or indirectly	Column 5 Citizen/Elected Representative
Chair: Betsy Macke		Ia. Valley Comm. College		Citizen
Vice Chair: Ann Berg	<i>Required Business</i>	S.E./Education Consultant		Citizen
Annette Dunn	<i>Required human services</i>	Dept. of Human Services		Not Applicable per IA Code
Pat Thompson	<i>Required health</i>	Public Health	Building Healthy Families	Not Applicable per IA Code
Chris deNeui	<i>Required education</i>	West Marshall Schools	Trojan Tots PS/Transport.	Not Applicable per IA Code
Blair Benefield	<i>Required faith</i>	Faith Baptist Church	Sonshine Preschool	No
Wayne Sawtelle	<i>Required consumer</i>	Marshalltown Fire Dept.		Citizen
Kim Smith		S.E./Child Care Provider	Child Care Res. & Referral	No
Carrie Barr		Retired		Citizen
Ron Goecke		Co. Board of Supervisors		Elected Official
Jeannine Heng		Retired		Citizen
Bea Niblock		Marshalltown School Dist.		Citizen
Leigh Bauder		F & M Insurance Co.		Citizen
Chris Buckley		East Marshall Schools	E.M. P.S. Transportation	No
VACANT				

b. **Organizational Structure** – (Based on the 5 bullets below..)

- Describe your organizational structure (optional chart may be attached).

The Marshall County Empowerment Board is a free-standing board composed of up to 15 members. The board generally meets on alternate months. Its officers consist of a Chair and Vice Chair. Secretarial and Treasurer's responsibilities have been delegated to the staff (Empowerment Coordinator and an Administrative Assistant). Staff members are employed by the Marshall County Coalition for Youth (MCCY) and devote a portion of their time to Empowerment activities. Marshall County serves as the fiscal agent for Empowerment funds while the Empowerment Coordinator and Administrative assistant handles most grant management responsibilities.

- Describe how the board functions, communicates, plans and interacts as a decision-making board.

The MCE Board relies on the services of an Early Childhood Specialist (ECS) who acts as a liaison between the MCE board and early childhood providers. The ECS also serves as the chair of the Early Childhood Committee which functions as an advisory group. The Early Childhood Committee, composed of providers and interested citizens, has developed and currently maintains an Early Childhood Community-Wide Plan. This comprehensive plan and information from other community planning initiatives were taken into consideration when formulating the MCE Re-designation Plan. The MCE Board determines funding priorities based on this information. The MCE Board may appoint working committees or task groups who provide information and recommendations to the MCE board as needed. Each group must include at least one MCE Board member who is responsible for reporting back to the full MCE Board.

- Describe how the board functions, communicates and plans with partners in the community.

The Marshall County Empowerment Coordinator also serves as the Executive Director of the Marshall County Coalition for Youth and the Coordinator for the Marshall/Hardin Decategorization Board. In addition, she functions as the project manager for a Community Adolescent Pregnancy Prevention grant, several substance abuse prevention grants, and oversees the Community Partnership for Protecting Children. She facilitates the exchange of information and promotes collaborations among these groups. The ECS performs a similar role with the MCE, the Early Childhood Committee, early childhood providers and other community partners.

- Describe the process the Board utilizes to track expenditures for the Community Empowerment funding.

Following the allocation of Empowerment grant funds, the Empowerment Coordinator issues contracts to MCE providers. Providers are provided with voucher forms which they submit to the Empowerment Coordinator, along with documentation supporting their expenditures. Voucher are reviewed for accuracy and adequacy of documentation before they are approved and submitted to Marshall County (fiscal agent) for payment. MCE financial records and those kept by the Marshall County Auditor's office are reconciled monthly. The MCE Board receives a financial report at each meeting that shows the amount of Early Childhood and School Ready funds drawn down by each subcontractor and the balance remaining. The report also tracks

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revenues and interest earned. Prior to submitting the Mid-year Expenditure Report, providers are asked to project their expenses for the remainder of the contract year to determine whether budget adjustments and reallocation of funds need to be made. This information is reported to the MCE Board so that they can take appropriate action.

- Describe a difficult situation or new process that the board experienced this year. Please include a summary as well as lessons learned by the board because of the situation or new process.

The MCE Board knew that cuts to Empowerment funding would increase the level of competition for those funds and make funding decisions more difficult. They revised their process for reviewing grant requests and determining grant awards to assure that ALL MCE board members had an opportunity to read all grant applications. (Previously, the MCE Board appointed a Grant Review Committee to look at the grant applications and make recommendations to the Board.) This year, the MCE Board members read ALL of the applications. Each Board member was assigned to a work group to review 4-5 grant applications in depth. Work groups either made a recommendation or asked for clarification on some grant applications. A representative from each group then met to finalize recommendations to the full MCE Board for final consideration and approval. This new process seemed to work well. There were no appeals from the grant applicants. MCE Board members were more engaged in the process and increased their knowledge about the programs funded by MCE. Participation in the new process was particularly helpful for several new board members.

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.)

Please see updated Community Plan as we are going through the re-designation process.

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 positive engagement and commitment of the community.

For each collaborative effort describe

- the results the effort was able to achieve, and
- explain how each example strives to avoid duplication, enhance efforts, combine planning, and/or other progress.

1. Child Abuse Prevention Services (CAPS) and the Early Childhood Specialist from Empowerment partnered for Child Abuse Prevention Month and Week of the Young Child in April. Information and pinwheels were distributed to local schools, preschools, and centers to promote awareness concerning child abuse and neglect as well as other early childhood issues. Information was sent home with children every week during the month that included parenting information, suggestions for spending time with young children, child development and appropriate activities, etc. Approximately 600 children under the age of 5 received information to take home for their parents. CAPS distributed information to the school districts in the Marshall County as well as to neighboring counties. By collaborating on this project, we avoided duplication of services and were able to reach a much larger area of the community. Our goal was to increase parents' understanding of how to interact with their children and avoid inappropriate discipline techniques, and to increase their understanding of the different child developmental stages.

2. Child Care Resource and Referral (CCR&R) and the Child Care Nurse Consultant (CCNC) attended numerous collaboration meetings with the Marshalltown Medical & Surgical Center, Community Y, Marshalltown Parks and Recreation, Marshalltown School District, Public Library, Iowa Valley Education/Training Center staff, and other community members during the H1N1 influenza outbreak. Child care became a concern when the Marshalltown School District closed school for three days. The community was concerned that children would gather in large groups at the Community Y, Marshalltown Center Mall, and the Public Library and potentially infect others or become infected. Numerous press releases discussed the protocol on the number of school-age children allowed in child care programs, CCR&R provided information to help parents find child care for their school-agers, and assess their children before sending them to child care. CCR&R worked to provide H1N1 information to child care programs, and contacted providers to determine whether there were any openings for school-age children. The CCNC provided on-site consultation and support to three child care centers and Marshall County Empowerment provided ear thermometers to assess children quickly upon entering the centers. The CCNC provided handouts on H1N1 symptoms, created an assessment tool to review children's health upon

'09 CEA AR template

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arrival, and reviewed proper hand washing techniques with staff. By following these procedures, the number of children exposed to H1N1 was greatly reduced.

3. The CCR&R Coordinator and the Early Childhood Specialist (ECS) for Marshall County Empowerment partnered to write two grant applications to the Community Foundation for incentive based programs designed to reward early childhood programs who are working towards quality initiatives such as QRS, QPPS, and Accreditation. A total of \$10,000.00 was awarded for this initiative. The CCR&R Coordinator and ECS will develop a RFP process so that early childhood providers can request assistance. Grant funds will be used as match for a possible First Years' First grant. By combining efforts, duplication will be avoided and each partner will play a specific role in the grant process. Centers and preschools will be able to provide safe, age appropriate outdoor play areas, child care centers will have access to professional development trainings/classes and needed materials in their centers to attain higher levels in QRS, and all will be able to meet the safety requirements for the quality initiatives they are pursuing.

Provide an update on the early childhood system strategies that were developed in your empowerment area through the Early Childhood Iowa/National Governor's Association Regional meetings.

During the National Governor's Association Regional meetings our team came up with 3 action items.

The first was to inform the business community about the importance of the first five years of child development and the benefits of investing in young children. A power point presentation was completed and shown to a few of the local business leaders. Businessmen were interested in pursuing a community project that would concentrate on a specific targeted area in Marshalltown. Two committees have joined in their efforts to partner with the business community on this project, the Early Childhood Committee and the Poverty Task Group, which is now known as the Power of Opportunity group. In addition, MICA (Mid-Iowa Community Action) has received stimulus dollars which will assist in this project. The focus of the project is to target a specific area in Marshalltown that has the highest number of children participating in the free or reduced lunch program, an indication of a high poverty area. Though just in the beginning stages, a community organizer has been hired to assist in implementing the project, including the development of a neighborhood parent resource center and a neighborhood education campaign that will focus on the importance of talking with and reading to young children; educate families on the importance of sending all 4 year olds to preschool programs; work with families of very young children to increase their readiness to succeed in school, etc. Planning will begin immediately and implementation should begin early in 2010.

The second action item was to more effectively engage the faith community in Empowerment activities. We now have a new board member representing the faith community. As the youth pastor in his church and an active member of the Marshalltown Ministerial Association, he can bring new insight into the role the faith community can play in Empowerment's endeavors. He seems eager to learn about and participate in Empowerment activities. Hopes are to partner with local congregations on events, such as Week of the Young Child and projects benefitting young children during the coming year.

The third action item was to enhance the Marshall County Empowerment Area's capacity to achieve these and other action items. This may require looking at allocations more closely to make sure we are meeting the needs of young children and their families as efficiently and effectively as possible, and to be sure adequate funding is available to move ahead with the above action items.

SECTION III – Achieving Results

Community Plan Priorities

Definition: An established order of importance or urgency based on an analysis of strengths, gaps, and opportunities for improvements

- 1. Children are in safe, secure and nurturing environments.*
- 2. Healthcare access for all children including mental health services.*
- 3. Children have access to quality/affordable child care environments and preschools.*
- 4. Provide opportunities for parent education.*

Community Plan Indicators

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

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

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

Codes for Identifying state results for Indicators:

A. Healthy Children

B. Secure & Nurturing Families

C. Secure & Nurturing Child Care Environments

D. Children Ready to Succeed in School

E. Safe & Supportive Communities

FOR EACH INDICATOR, CALCULATE ON THE TOTAL NUMBER OF 0-5 POPULATION IN THE CEA.

If actual data is not available, please insert NA and provide an explanation in the Progress Update column.

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator	Identify Source of data for each Indicator	Baseline Data (date & numerical value)	Sub-Sequent Year's Data (Trend Line) Identify Year			Goal (numerical value & projected timeline)	Progress Update (Brief Analysis of data)
Low Birth Weight (Percentage of live births weighing at less than 5.5 pounds at the time of birth)	A	Child and Family Policy Center (KIDS COUNT)	FY00 5.8% Iowa 6.1%	FY05 7.8% 7.2%	FY06 6.3% 6.9%	FY07 9.1% 6.8%	Reduce low birthrate incidences to less than the state rate.	Marshall County data shows a 57.7% increase in low birth weights between 2000-2007 while the State rate increased by 11.6%. Factors may include maternal substance abuse and smoking, lack of prenatal care, and poor nutrition.
Lead Poisoning Prevention and Treatment (Children <6 tested for Lead Poisoning)	A	CDC Data Children Tested Before the Age of 6 years. (Children must be 6 years old before data can be reported.)	FY1998 Total Births 511 Total Tested 511 % tested 100% =>10 84 %=>10 16.4	FY2000 556 556 100% 90 16.2%	FY2001 541 541 100% 86 15.9%	FY2002 539 539 100% 62 11.5%	100% of children to be tested for EBL by 2014 Decrease elevated blood lead levels (EBL) to 4% by 2014	Blood Lead Testing Requirements in Iowa are helping to increase the number of children tested for lead poisoning and assure that treatment is readily available. Lead abatement projects in Marshall County are expected to further reduce the number of children with EBLs.
Children Ready to Succeed in School	D	Iowa Dept. of Education	DIBELS-2004 Marshall County 45%	FY 2006 27.17%	FY 2007 26.0%	FY 2008 36.83%	To achieve and maintain 50% proficiency.	Previous efforts to collect DIBELS information from each of the Marshall County school districts show a wide variation in scores, making it difficult to track changes in individual districts.

Rate of child abuse & neglect (0-17)	A, B, E	Iowa Department of Human Services; Prevention Child Abuse Iowa Compiled by: Child Abuse Prevention Services	Marshall County 2000=15.3/1,000 Iowa 2000=13.8/1,000	<table border="1"> <thead> <tr> <th>Year</th> </tr> </thead> <tbody> <tr><td>2001</td></tr> <tr><td>2002</td></tr> <tr><td>2003</td></tr> <tr><td>2004</td></tr> <tr><td>2005</td></tr> <tr><td>2006</td></tr> <tr><td>2007</td></tr> <tr><td>2008</td></tr> </tbody> </table>	Year	2001	2002	2003	2004	2005	2006	2007	2008	<table border="1"> <thead> <tr> <th>Marshall Co.</th> </tr> </thead> <tbody> <tr><td>23.9/1,000</td></tr> <tr><td>19.7 /1,000</td></tr> <tr><td>26.8/ 1,000</td></tr> <tr><td>26.3 /1,000</td></tr> <tr><td>23.9/1,000</td></tr> <tr><td>25.9/1,000</td></tr> <tr><td>19.4/1,000</td></tr> <tr><td>28.1/1,000</td></tr> </tbody> </table>	Marshall Co.	23.9/1,000	19.7 /1,000	26.8/ 1,000	26.3 /1,000	23.9/1,000	25.9/1,000	19.4/1,000	28.1/1,000	<table border="1"> <thead> <tr> <th>Iowa</th> </tr> </thead> <tbody> <tr><td>17.4/1,000</td></tr> <tr><td>16.8/1,000</td></tr> <tr><td>20.5/1,000</td></tr> <tr><td>20.4/1,000</td></tr> <tr><td>20.9/1,000</td></tr> <tr><td>22.0/1,000</td></tr> <tr><td>20.4/1,000</td></tr> <tr><td>17.6/1,000</td></tr> </tbody> </table>	Iowa	17.4/1,000	16.8/1,000	20.5/1,000	20.4/1,000	20.9/1,000	22.0/1,000	20.4/1,000	17.6/1,000	Reduce to less than 9/1,000 population the incidence of confirmed child abuse by a caretaker.	<p>Marshall County's average rate for abused children per 1,000 for 2005-2008 was 24.33/1,000 as compared to Iowa's average of 20.23/1,000 for the same period.</p> <p>Marshall County had the 28th highest rate in 2008, up from 43rd in 2007.</p> <p>Increased awareness and education will result in increased reporting thus an increase in confirmations.</p> <p>New categories of child abuse have lead to increased reporting and confirmations.</p>
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Rate of child abuse & neglect (0-5) as a % of all confirmed abused children		DHS/PCA Iowa	Marshall County 2001=48.5% Iowa 2001=43.8%	<table border="1"> <tbody> <tr><td>2002</td></tr> <tr><td>2003</td></tr> <tr><td>2004</td></tr> <tr><td>2005</td></tr> <tr><td>2006</td></tr> <tr><td>2007</td></tr> <tr><td>2008</td></tr> </tbody> </table>	2002	2003	2004	2005	2006	2007	2008	<table border="1"> <tbody> <tr><td>57.9%</td></tr> <tr><td>48.7%</td></tr> <tr><td>42.4%</td></tr> <tr><td>56.5%</td></tr> <tr><td>58.7%</td></tr> <tr><td>52.0%</td></tr> <tr><td>44.9%</td></tr> </tbody> </table>	57.9%	48.7%	42.4%	56.5%	58.7%	52.0%	44.9%	<table border="1"> <tbody> <tr><td>45.1%</td></tr> <tr><td>46.6%</td></tr> <tr><td>46.4%</td></tr> <tr><td>49.1%</td></tr> <tr><td>49.4%</td></tr> <tr><td>50.6%</td></tr> <tr><td>53.1%</td></tr> </tbody> </table>	45.1%	46.6%	46.4%	49.1%	49.4%	50.6%	53.1%		<p>Although there has been an overall decrease in the percentage of children 0-5 abused since 2006, the actual number of abused children 0-5 increased. In 2008, 24 more children 0-5 were abused than in the previous year.</p> <p>Marshall County's average rate of confirmed child abuse (0-5) for 2005-2008 is 52.7% as compared to Iowa's average of 50.4% for the same period.</p>						
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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.)

To accurately reflect costs of a service provided, include all funding sources that support the activity and the other data elements.

All columns should have quantitative or numerical data.

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds

All columns must have quantitative or numerical data.

Early Childhood Funds

These examples of services align with the funding parameters identified in Tool G(A) of the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/tool_kit_tools.asp. They 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 must align with the corresponding lines on the financial statement.

Early Childhood Services Provided	Link to Which Community Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with early childhood financial statement</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)
<ul style="list-style-type: none"> Capacity Building/Access to Child Care or Preschools <p>CCR&R Parent Services: Referrals and consumer education to parents who are looking for child care through one-on-one consultation</p>	<p>1. Secure and Nurturing Child Care Environments</p> <p>4. Provide opportunities for parent education</p> <p>State Result Areas:</p> <p>B, C</p>	<p>\$15,837.12</p> <p>0.46 FTE staff</p>	<p>- 2,663 referrals given to 201 families</p> <p>-126 referrals to 114 families via Referral Specialist</p> <p>-2,537 referrals to 87 families via the internet</p>	<ul style="list-style-type: none"> \$78.79 per parent receiving a referral 100% of the parents who responded to the survey agreed that the Referral Specialist was polite & courteous 75% of parents who responded to the survey agreed that the overall quality of the service was helpful 81% of parents who responded to the survey agreed that the written materials about child care were helpful in learning more about how to select a child care program 75% parents who responded to the survey agreed that the referral list was helpful in learning more about their child care options 81% of parents who responded to the survey said they would use this service again 	<ul style="list-style-type: none"> 100% of parents surveyed found care 55% of parents surveyed chose a registered home or licensed center for child care 75% of parents who responded to the survey did not encounter any problems when looking for child care 100% of parents reported that a safe and caring environment was an important factor they considered when choosing care 40% of parents reported that programs who had an educational environment and as a registered or licensed programs was an important factor they considered when choosing a child care program

<ul style="list-style-type: none"> Home or Center Child Care Consultants <p>CCR&R Home Consulting: Child Care Home Consultants provide onsite technical assistance to assist new providers in achieving registration compliance, selecting the appropriate registration option, setting up their environment, and creating an environment for quality child care</p>	<p>1. Secure and Nurturing Child Care Environments</p> <p>State Result Area: C</p>	<p>\$20,735.40</p> <p>0.3 FTE Home Consultant</p>	<ul style="list-style-type: none"> 49 visits with 46 child care providers <ul style="list-style-type: none"> -49 first visits -5 second visits -1 third visits -2 fourth visits 20 new providers became registered this year (a total of 118 Registered/ Licensed Programs) 54 child care programs who are participating in CACFP 	<ul style="list-style-type: none"> 100% of providers receiving registration packets participated in the Home Consulting project \$295 per provider receiving technical assistance, on-site consultation, incentives for participating in the Home Consulting Project, preparation for visit, data entry, and reports. 	<ul style="list-style-type: none"> The average compliance in meeting DHS registration requirements on the first visit was 3% Providers receiving a second visit averaged 69% of compliance, a 95% increase from first visit Provider receiving a third visit was 100% in compliance Providers receiving a fourth visit average 98% of compliance 3% increase of children in regulated care 46% of regulated programs are participating in the CACFP, this number remained the same as of FY08
<ul style="list-style-type: none"> Child Care Nurse Consultants <p>CCR&R Quality Rating System consultations: Nurse Consultant provides onsite consultation to child care providers via telephone and onsite visits on Iowa's Quality Rating System, health & safety concerns, and health & safety trainings to child care providers.</p>	<p>1. Securing and Nurturing Child Care Environments</p> <p>State Result Area: C</p>	<p>\$5,021.21</p> <p>0.09FTE staff</p>	<ul style="list-style-type: none"> 4 health and safety trainings provided 10 child care centres/preschools received 40 consultations (on-site, email or telephone) 11 child dev. homes received 58 consultations 3 new programs were rated in QRS <p>Levels of QRS:</p> <ul style="list-style-type: none"> 3 programs rated a one 7 programs rated a two 2 programs rated a three 2 programs rated a four 2 programs rated a five 	<ul style="list-style-type: none"> \$538.01 per child care program receiving on-site consultations, technical assistance, including preparation for visit, data entry, reports, and providing health & safety training 100% of providers were satisfied with the health and safety training provided 	<ul style="list-style-type: none"> 25% increase of programs newly rated in FY09 25% of programs increased their rating since QRS began in FY07 17% of those programs who increased their rating since QRS began have increased their rating twice, moving from a 3 to a 5 level in three years 14% of registered or licensed child care programs have obtained a QRS rating (n=16) 11% of registered or licensed child care programs have obtained a QRS rating of 2 or greater (n=13)* 5% of registered or licensed child care programs have obtained a QRS rating of 3 or greater (n=6)* 3% of registered or licensed child care programs have obtained a QRS rating of 4 or greater (n=2)* 2% of registered or licensed child care programs have obtained the QRS highest rating of a five (n=2)* <p><i>*numbers are duplicated</i></p>

<ul style="list-style-type: none"> • Provider Training/ Professional Development/ Materials <p>CCR&R Professional Development Consultation: Provide professional development opportunities for child care providers, recruitment of new and existing providers, operation of the Lending Library (a resource of educational toys, books, and equipment), and technical assistance to new & existing child care providers.</p>	<p>1. Secure and Nurturing Child Care Environments</p> <p>3. Children Ready to Succeed in School</p> <p>State Result Area: C, D</p>	<p>\$32,593.74</p> <p>0.87 FTE staff</p>	<ul style="list-style-type: none"> ▪ 81 trainings were offered ▪ 275 unduplicated providers attended at least one training ▪ 846 total provider attendance at trainings ▪ 56 providers used the CCR&R Lending Library 67 times ▪ 3 child development home providers completed all ten modules (25 hours) of the ChildNet series ▪ 1 child development home provider received ChildNet certification ▪ 12 new child care providers enrolled with CCR&R ▪ 1 provider achieved accreditation through NAFCC (first home provider in Marshall County to ever receive accreditation) ▪ 4 providers are participating in T.E.A.C.H. 	<ul style="list-style-type: none"> ▪ Approximately 99% of providers attending CCR&R training were satisfied with the training content ▪ \$19.08 per provider attendance at training, staff time organizing, planning, preparing the training, some training supplies, e.g. flip chart paper, copies of handouts, markers, and advertising/recruiting 	<ul style="list-style-type: none"> ▪ 100% of trainings offered were connected to Iowa's Early Learning Standards and Environmental Rating Scale(s) ▪ 13% increase in ChildNet certified providers ▪ 100% of the providers who used the Lending Library, used safe & quality early learning supplies and equipment ▪ 13% increase of child care providers enrolled with CCR&R ▪ 100% increase in an accredited family child care home through the National Association for Family Child Care (NAFCC)
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<p>• Other Services</p> <p>CCR&R Operations</p> <p>Marshall Co. Child Care Services Recruitment & retention of quality staff: To maximize agency's ability to recruit & retain quality staff by increasing salaries to a competitive level which in turn supports the mission of providing quality affordable child care services in Marshall County</p>	<p>1. Secure and Nurturing Child Care Environments</p> <p>3. Children Ready to Succeed in School</p> <p>State Result Areas:</p> <p>C, D</p>	<p>\$21,352.86 0.10 FTE staff \$1,459.67 EC Admin.</p> <p>Additional Funding: Orchard Place, originates at Dept. of Health and Human Services – \$34,289.00</p> <p>\$10,000.00</p> <p>Additional Funding: General Operating Fund: \$2,150.00</p>	<p>Support for local full service CCR&R office open Mon. – Fri. 8:30-5:00 pm, and some evenings as needed for trainings and Lending Library.</p> <p>16 full-time and 1 part-time employees received salary increases in order to remain competitive (must work at least 30 hours per week to be eligible).</p> <p>17 employees participated in professional trainings; 12 certified in first aid/CPR and 2 were certified in CPR only.</p>	<p>One CCR&R staff person providing coordination of CCR&R services</p> <p>2 of 4 resignations were because of family responsibilities; 1 employee moved; and 1 needed health insurance when spouse lost job.</p> <p>155 hours of training were completed.</p>	<p>Service coordination of daily operations of CCR&R program including the completion of funder reports and grant proposals. Includes: copies, postage, telephone, advertising, space, and office supplies</p> <p>Center maintained a staff of 17 and provided child care services M-F from 6:30AM-5:30PM. 164 children 0-5 years received child care services. The center is consulting with the Early Childhood Specialist and the Child Care Nurse Consultant in regards to attaining a level two in QRS. This is a requirement for Empowerment funding.</p>
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SECTION V – Performance Measures: Community Empowerment School Ready Funds

All columns must have quantitative or numerical data.

School Ready Funds

These categories align with the funding parameters identified in Tool G(B) of the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/tool_kit_tools.asp. The categories are as follows:

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

*The FY 09 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 09 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. 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.

• **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, Quality Improvement, and Other) must 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.

Family Support Performance Measures (use one row for each funded program) – Refer to Tool FF and Tool FF (A)

Prenatal Through Age 3 funding – must include a home visitation component and Prenatal through 5.

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report	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)
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<p>(Include with the name the model, i.e. Healthy Families America, Parents As Teachers, etc. if applicable)</p>	<p>1. Children in Safe and Secure Environments</p> <p>4. Provide opportunities for parent education.</p>	<p><i>Amount expended:</i></p>	<p>Number of children (ages 0 – 5) participating in family support/parent education program (unduplicated) 593</p> <p>Number of families participating in family support/parent education program (unduplicated) 440</p> <p>Number of face-to-face visits completed 4682</p> <p>Number of group parent education meetings offered 21</p> <p>Ethnicity of head of household</p> <p>White 140/32% Hispanic 286/65% Black 4/1% Asian 4/1% Multi-racial 4/1% Native American 2/<1%</p> <p>Household size</p> <p>2 people 13/3% 3 people 97/22% 4 people 110/25% 5 people 106/24% 6 people 44/10% > than 6 70/16%</p> <p>Annual family income</p> <p>\$0-\$10,000 62/14% \$10,000-\$20,000 110/25% \$20,000-\$30,000 163/37% \$30,000-40,000 53/12% \$40,000-\$50,000 31/7% \$50,000-\$60,000 17/4% \$60,000 or more 4/1%</p> <p>Marital status</p> <p>Single 75/17% Married 246/56% Divorced 0/<1% Partnered 110/25% Separated 9/2%</p>	<p># and % of children, prenatal – 5 years old, screened for developmental delays 222/95%</p> <p># of those children screened that were referred to Early Intervention services 21</p> <p># and % of direct service staff with Bachelor's level education or higher (health, human services, or education related field) 7/78%</p> <p># and % of programs that have a national or state credential or have been accepted into the process 1/100%</p>	<p>% of participating families that improve or maintain healthy family functioning, problem solving and communication 84%</p> <p>% of participating families that increase or maintain social supports 94%</p> <p>% of participating families that are connected to additional concrete supports 91%</p> <p>% of participating families that increase knowledge about child development and parenting 91%</p> <p>% of participating families that improve nurturing and attachment between parent(s) and child(ren) 92%</p>
<p>Building Healthy Families Prenatal-3</p>	<p>Family Support and Parent Education Prenatal - 1</p>	<p>\$80,330.20</p> <p>Home Care Plus \$20,000.00</p> <p>Child Abuse Prevention Services \$60,330.20</p>			
<p>Building Healthy Families Prenatal-5</p>	<p>Family Support and Parent Education Prenatal - 5</p>	<p>\$164,747.00</p> <p>OB/GYN \$2340.80</p> <p>Primary Health Care \$3,887.50</p>			
<p>State result areas:</p>	<p>A, B, D, E</p>	<p>Child Abuse Prevention Services \$158,518.70</p> <p>Additional Funding for BHF – Listed below.</p>			

			<i>Educational level of head of household</i> Elementary or middle school 145/33% Some high school 114/26% High school diploma or GED 101/23% Some college 35/8% Trade/vocational trng 9/2% 2 year college degree13/3% 4 year college degree22/5% Masters or above 1/1%		
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Preschool Programming Support For Low Income Families Performance Measures – Refer to Tools CC(A) & CC(B)

There are two separate parts for reporting money spent for Preschool Programming Support for Low Income Families. In Part A, report performance measures for tuition and transportation. In Part B, report performance measures for other projects/activities that support preschool.

Part A: Tuition and Transportation (also include field trips, extended day, summer kindergarten preparation – Refer to Tool CC(B))

In Part A, Tuition and Transportation, report data for all state-required and locally-determined performance measures for tuition and transportation. When completing this section, add the data together for all programs funded.

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>1 Total number of preschool programs/ centers receiving preschool tuition or transportation support: 8</p> <p>2. Number of funded Programs meeting the following standards:</p> <ul style="list-style-type: none"> o NAEYC Accreditation: o NAFCC Accreditation: o Head Start Preschool Program Standards: 1 o QPPS Verification Process: 3 passed, 1 in process <p>3. Number of funded programs evidencing quality through:</p> <ul style="list-style-type: none"> o ECERS or FCCRS average score of 5 (with no subscale score under 2): 2 o QRS rating of 3, 4, or 5: 1 <p>4. Number of funded programs by category (mark all that apply):</p>	<p>3. Children have access to quality/affordable child care environments and preschools</p> <p>State Result Area: D</p>	<p>1. Amount of funds expended on tuition: \$32,800.00</p> <p>2. Amount of funds expended on transportation: \$71,580.00</p> <p>3. Amount of funds expended on other (Refer to Tool CC(B)): See Part B</p> <p>4. Highest Educational Level of Lead Teacher(s) (Total number of each):</p> <ul style="list-style-type: none"> o GED: o High School Diploma: o CDA: 1 o AA Degree in EC or child development: 3 o AA Degree in related field: 0 o BA/BS in EC or child development: 6 o BA/BS in related field: 6 o Post Graduate Degree: 1 <p>5. Total number of lead teacher(s) who hold a valid practitioner's license issued by the Board of Educational Examiners (BOEE) and hold an endorsement from the BOEE that includes preschool or kindergarten: 2</p>	<p>For Children Supported with Part A funds:</p> <p>1. Total Number of children who received scholarships (Unduplicated): 134</p> <p>2. Number of children by age (Unduplicated):</p> <ul style="list-style-type: none"> o 3 Year Olds: 36 o 4 Year Olds: 81 o 5 Year Olds: 17 <p>3. Number of children by Race/ Ethnicity (Unduplicated)</p> <ul style="list-style-type: none"> o Native American or Alaskan Native: 1 o African American: 1 o Hispanic or Latino: 17 o White: 112 o Native Hawaiian/ Pacific Islander: o Multi-racial: 4 o Asian: o Other: <p>4. Number of children who received transportation: 115</p>	<p>For Children Supported with Part A funds:</p> <p>1. Number and percent of children whose families are at or below 200% poverty level: 134/100%</p> <p>2. Number and percent of children referred to AEA for possible special education determination: 27</p> <p>3. Other locally-generated data, as applicable:</p>	<p>For Children Supported with transportation and tuition funds:</p> <p>1. Number and percent of children demonstrating age appropriate skills: 53/40%</p> <p>2. The assessment tool(s) used to determine the children's development: MCE Kindergarten Readiness Assessment Tool; Houghton-Mifflin; Creative Curriculum; student portfolios</p> <p>3. Report any other applicable outcomes:</p>

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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)
<ul style="list-style-type: none"> o School district-operated programs:3 o Private, for-profit programs: o Not-for-profit programs: 2 o Shared Visions programs: 1 o Head Start programs: 1 o Faith-based programs: 3 <p>5. Total number of Statewide Voluntary Preschool Programs for Four-Year-Old Children school districts that receive funding from this category. School district partners (private preschools, Head Start, etc.) are included in the school district count: 2 (transportation only)</p>		<p>6. Curriculum (curricula) used by funded programs Creative Curriculum</p>			

Part B: Preschool Other

In Part B, Preschool Other, report data for all state-required and locally-determined performance measures for activities and services that support preschool. Some activities and services with state-required performance measures include: child care nurse consultant; dental services; mental health services; preschool coordination; and professional development.

In the first column, Programs Funded, add the data together for all activities and services funded to support preschool environments (do not include any data from Tuition and Transportation). For the remaining columns, report performance measures based on the activity or service funded.

Do not report data for any activity or service in this section that you do not fund.

Note: You may report the same program twice in the first column in both Part A and Part B. For example, a preschool may receive tuition reimbursement and participate in a dental services program.

<p>For each preschool program reported to receive funding in this area (Part B only, not including transportation and tuition), provide the following:</p> <p>1. Number of funded Programs meeting the following standards:</p> <ul style="list-style-type: none"> o NAEYC Accreditation: o NAFCC Accreditation: o Head Start Preschool Program Standards: 1 o QPPS Verification Process: <p>2. Number of funded programs evidencing quality through:</p> <ul style="list-style-type: none"> o ECERS or FCCRS average score of 5 (with no subscale score under 2): o QRS rating of 3, 4, or 5: 	<p>1. Children are in safe, secure and nurturing environments.</p> <p>3. Children have access to quality/affordable child care environments and preschools</p> <p>4. Provide opportunities for parent education.</p> <p>State Result Areas: B, C, D</p>	<p>Family Support and Parent Education Expended amount: \$45,000</p> <p>(Head Start Wrap Around Child Care)</p> <p>Description: -Child Development Services were provided to children in a classroom setting. -Family Development Services are provided to families by a Family Development Specialist. Home visits focus on the identified family goals, progress on the goals and strategies to achieve goals.</p> <p>Additional Funding for Wrap Around Child Care – US Dept. of Health and Human Services (Federal Funds) \$106,435.00</p>	<p>Number of children (ages 0 – 5) participating in family support/parent education program (unduplicated) : 40</p> <p>Number of families participating in family support/parent education program (unduplicated) : 37*</p> <p>3 families had 2 children participating in the program.</p> <p>Number of face-to-face visits completed: 163</p> <p>Number of group parent education meetings offered: 6</p> <p>Ethnicity of head of household (for each child): Hispanic: 14 Non-Hispanic: 26</p> <p>Household size: Ave. 4.7</p> <p>Annual family income: <50% poverty – 21 51-100% poverty – 14 101-150% poverty – 2 > 151% poverty -- 0</p> <p>Marital status: Based on children who participated. Married: 16 Single: 19 Separated: 5</p>	<p>Number and percent of children, prenatal –5 years old, screened for developmental delays: 40*</p> <p>Number of those children screened that were referred to Early Intervention Services: 4</p> <p>Number and percent of direct service staff with Bachelor's level education or higher (health, human services, or education related field): 1 teacher/100%; 3 family development specialists/75%</p> <p>Number and percent of programs that have a national or state credential or have been accepted into the process: 1/100%</p>	<p>Percent of participating families that improve or maintain healthy family functioning, problem solving and communication : 68%</p> <p>Percent of participating families that increase or maintain social supports: 88%</p> <p>Percent of participating families that are connected to additional concrete supports: 88%</p> <p>Percent of participating families that increase knowledge about child development and parenting: 44%</p> <p>Percent of participating families that improve nurturing and attachment between parent(s) and child(ren): 24%</p>
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<p>3. Number of funded programs by category:</p> <ul style="list-style-type: none"> o School district-operated programs: o Private, for-profit programs: o Not-for-profit programs: 1 o Shared Visions programs: o Head Start programs: - 1 o Faith-based programs: <p>4. Report the total number of classrooms that are Statewide Voluntary Preschool Program for Four-Year-Old Children (include all locations i.e. child care center, private preschool, school district etc.) that received Community Empowerment funding in this category: N/A</p>			<p>Educational level of head of household: Parents of participating children. Less than High School – 15 High School-17 Some College-5 College degree-3</p>		
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Quality Improvement Funds Performance Measures - Refer to Tool II

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

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 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>QIP EC Specialist: Early Childhood Specialist position will research best practices and coordinate the development of quality early childhood programs and services</p>	<p>1. Children are in safe, secure and nurturing environments.</p> <p>2. Healthcare access for all children including mental health services.</p> <p>3. Children have access to quality/affordable child care environments and preschools.</p> <p>4. Provide opportunities for parent education</p> <p>State Result Area: A, B, C, D, E</p>	<p>Amount expended:</p> <p>QIP EC Specialist \$32,617.00</p> <p>Additional Funding provided. N/A</p>	<p>85 contacts with registered and licensed providers/centers/ Preschools</p> <p>30 Technical assistance contacts to help child care providers improve quality.</p> <p>15 contacts to assist programs on expanding/enhancing their centers.</p> <p>114 hrs. of training completed by ECS.</p> <p>20.5 hrs. training provided by ECS to early child care providers</p> <p>41 successful media contacts.</p>	<p>100% of contacts received Empowerment funds.</p> <p>2 centers will be applying for level 2 in the QRS – referred to CCR&R and State QRS Specialist for guidance. Referred to AEA/CCR&R for required trainings. Assisted in the development of Director's Networking Group.</p> <p>1 center revised budget to retain/recruit staff 1 preschool focusing on 3 year old program. 1 considering adding infant/toddler care.</p> <p>100% of trainings completed.</p> <p>3 centers staff trained in Positive Behavior Supports modules 1 & 2.</p> <p>41 articles published Developed new web-site for Marshall County Empowerment.</p>	<p>100% of contacts have some knowledge of Empowerment and what it can do for them.</p> <p>2 centers will be participating in the QRS. Directors/teachers from 10 centers/preschools increase knowledge/ideas from each other and CCR&R and ECS facilitate and provide trainings.</p> <p>1 center will be able to retain staff. 1 center will have higher enrollment even with the free 4 year old program. 1 additional quality infant/toddler center.</p> <p>Knowledge of mental health needs of young children, TEACH program, Fire and Safety, PITC for Directors and Administrators.</p> <p>12 staff trained to aid children in social/emotional development – decrease inappropriate behaviors.</p> <p>Increased public knowledge of early childhood issues in the community.</p>

<p><u>Crayonville Preschool:</u> Provides for the recruitment and retention of quality staff; staff training; and the purchase of equipment and materials needed to improve program quality as well as health and safety issues</p> <p><u>Building Healthy Families (BHF):</u> Provides early intervention services, including service coordination, for infants and toddlers and their families; provides support for healthy mental development of young children prior to entering preschool</p>	<p>3. Children have access to quality/affordable child care environments and preschools.</p> <p>State Result Area: D</p> <p>1. Children are in safe, secure and nurturing environments.</p> <p>2. Healthcare access for all children including mental health services.</p> <p>4. Provide opportunities for parent education</p>	<p>Crayonville \$9,000.00</p> <p>Additional Funding: Tuition, donations, Supply Fee: \$7,120.00</p> <p>BHF Child Abuse Prevention Services \$14,542.12</p> <p>(Report any other applicable input measures):</p>	<p>Participated in 9 community events.</p> <p>18 local Emp. Board and Early Childhood related meetings ECS actively participated in.</p> <p>Attended 12 State Emp. Board and Coordinators meetings</p> <p>23 children received services during the school year</p> <p>6 low income children received services</p> <p>(See Family Support Services above.)</p>	<p>Distributed materials to 300 parents, partnered with 10 businesses to display artwork. Provider Appreciation Dinner recognizing 50 child care providers – legislators and mayor attending.</p> <p>Attended 100% of meetings in which active participation was involved.</p> <p>Attended 100% of state meetings for informational purposes to share with local board.</p> <p>(See Family Support Services above.)</p>	<p>Promotion of quality in centers/preschools and awareness of early childhood issues. (CAPS Month, Healthy Kids Day, Week of the Young Child-Mayor proclamation at child care center.</p> <p>Local business involvement, mental health system for young children, funding opportunities at local level.</p> <p>Information provided to local empowerment board and providers concerning funding and Empowerment changes</p> <p>23 children showed improvement in learning, communication, movement, self-help, social skills, and emotional health (measurable progress toward kindergarten readiness)</p> <p>(See Family Support Services above.)</p>
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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><u>Building Healthy Families (BHF):</u> Coordinated effort providing primary prevention, early intervention to promote health & safety, child birthing, pre-natal care, healthy child development, well-child screening, defined continuum of community-based services</p>	<p>1. Children are in safe, secure and nurturing environments.</p> <p>2. Healthcare access for all children including mental health services.</p> <p>4. Provide opportunities for parent education</p> <p>State Result Areas: A, B, D, E</p>	<p>\$92,215.98</p> <p>Additional Funding for BHF – Marshalltown OB-GYN, Primary Health Care, Private Ins. Title XIX, MMSC, PCA, CBCAP, Mirr., United Way, and Rural Health Grant – \$230,212.00</p>	<p>(See Family Support Services above.)</p>	<p>(See Family Support Services above.)</p>	<p>(See Family Support Services above.)</p>
<p><u>GMG Lynch Early Childcare Center: Provides transportation services for children attending preschool</u></p>	<p>3. Children have access to quality/affordable child care environments and preschools.</p> <p>State Result Area: D</p>	<p><u>\$7466.00</u></p> <p>Additional funding – GMG General Fund: N/A</p>	<p>40 children received services</p> <p>8 low-income children were served</p>	<p>39 children demonstrated beginning literacy skills</p> <p>8.5 hours of professional development and training was completed by center staff</p> <p>18 hours of face to face home visits with participant families was completed</p>	<p>39 children showed improvement in learning, communication, movement, self-help, social skills, and emotional health (measurable progress toward kindergarten readiness)</p>

<p>ISU Extension Family Nutrition: Family Nutrition Program provides in-home services to families with young children and expectant mothers; focuses on education about nutrition and resource management</p>	<p>4. Provide opportunities for parent education State Result Area: A, B</p>	<p>\$3,000.00 Additional Funding: ISU/USDA, Marshall Cty. Ext. Council, In-Kind Match: \$37,110.00</p>	<p>97 families participated in home visitation group instruction 4 pregnant teens participated in home visitation, group instruction</p>	<p>60 children and 14 unborn children were impacted by home visitation or group instruction services 237 face-to-face home visits 34 participants completed the program 42 referrals were made for other services</p>	<p>34 participating families report behavior changes and changes in living skills upon completion of the program</p>
<p>WM Trojan Tots Preschool: Recruitment and retention of quality preschool staff</p>	<p>3. Children have access to quality/affordable child care environments and preschools State Result Area: D</p>	<p>\$6,000.00 Additional Funding: Preschool Tuition, Student Fees: \$32,770.31</p>	<p>60 children received services 14 low-income children received services</p>	<p>40 hours of professional development and training was completed by center staff Parents attended 42 hours of school with children 60 parents received information on child development and parenting</p>	<p>60 children showed improved learning, communication, movement, self-help, social skills, and emotional health (measurable progress toward kindergarten readiness) 60 children demonstrated beginning literacy skills 100% of participating parents surveyed expressed satisfaction with preschool services</p>
<p>Reach Out and Read: Provides funds for the Reach Out and Read program which provides books for children 6mos.-5 years of age during well-child visits to Marshall Co. physicians</p>	<p>4. Provide opportunities for parent education State Result Area: B, D</p>	<p>\$1,000.00 Additional Funding: Local donations – \$17,036.11</p>	<p>1473 books were purchased and distributed during well-child visits.</p>	<p>95% of physicians and nurses indicated that they regularly distribute books and talk with parents about the importance of reading to their children.</p>	<p>-100% of physicians and nurses surveyed feel that this is a valuable program. -During well-child visits, parents report to physician that they now read to their children more. -Children (especially low-income children) are exposed to books at an early age</p>

A	B	D	E	F
	EARLY CHILDHOOD FUNDS UNDER EMPOWERMENT			
	Community Empowerment Area: Marshall County	FY08	FY09	FY10
	Revenues (Reporting Year)			
	Current allocation for Admin. (not to exceed 5% of total award) for Reporting Year	\$5,755.75	\$5,608.55	
	Program/Service Funds	\$109,354.25	\$106,562.45	
	<i>Subtotal current award (Sum Lines 1 and 2)</i>	\$115,110.00	\$112,171.00	\$0.00
	Carry-forward from Previous Years available for current reporting year			
	Brought Forward-Administration	\$0.71	\$0.00	
	Brought Forward -- Program/Service Funds	\$4,560.37	\$0.00	
	Interest (Must be used in Program and not Administration)		\$0.00	
	<i>Subtotal carryover funds (Sum Lines 4 through 6)</i>	\$4,561.08	\$0.00	\$0.00
	Total Available funds (Line 3 + 7)	\$119,671.08	\$112,171.00	\$0.00
	Current Year Available Funds (Current Allocation plus Carry-forward) by Category			
	Administration (not to exceed 5% of total award)	\$5,756.46	\$5,608.55	
	Program/Service Funds includes Carry-forward Interest	\$113,914.62	\$106,562.45	
	Interest Earned During Current Fiscal Year	\$635.78	\$208.00	
	Total Available funds by category including Interest Earned in Reporting Year (Sum Lines 10 + 11 + 12)	\$120,306.86	\$112,379.00	\$0.00
	Expenditures (Reporting Year)			
	Administrative Expenditures (not to exceed 5% of total award)			
	Fiscal Agent fees	\$1,151.15	\$1,121.71	
	Liability Insurance fees	\$401.75	\$0.00	
	Board Expenses	\$0.00	\$0.00	
	Coordinator Support	\$2,973.44	\$4,257.29	
	Other	\$1,230.12	\$229.55	
	Capacity Building/Access to Child Care or Preschools	\$32,500.46	\$15,837.12	
	Quality Improvement Support/Incentives	\$0.00	\$0.00	
	Extended hours/2nd or 3rd shift care/infant care/mildly ill care	\$0.00	\$0.00	
	Home or Center Child Care Consultants	\$22,480.52	\$20,735.40	
	Child Care Nurse Consultants	\$11,703.00	\$5,021.21	
	Provider Training/Professional Development/Materials	\$10,097.00	\$32,593.74	
	Other Services	\$37,769.42	\$32,582.98	
	Total Expenditures Reporting Year (Lines 15 through 22)	\$120,306.86	\$112,379.00	\$0.00
	Unexpended Balance of Funds (Reporting Year)			
	Administration	\$0.00	\$0.00	\$0.00
	Program/Service Funds	\$0.00	\$0.00	\$0.00
	Unexpended Balance of Funds for Reporting Year (Carry-forward to next year)	\$0.00	\$0.00	\$0.00
	I hereby verify that the information contained in this financial statement is true.			

	Community Empowerment Area: Marshall County Iowa Community Empowerment 2009 Annual Report	FY08	FY09	FY10
	Early Childhood Financial Statement			
	Fiscal Agent Signature			
	<i>On behalf of:</i>			
	Name of Community Empowerment Area Represented			

Corrected Final
3/30/10

Iowa Community Empowerment 2009 Annual Report -
School Ready Financial Statement

Revise 10/12/09

SCHOOL READY FUNDS UNDER EMPOWERMENT			
Community Empowerment Area: MARSHALL COUNTY	FY 08	FY 09	FY 10
Revenues (Reporting Year)			
Current allocation for Administration (not to exceed 3% of total award) for Reporting Year	\$17,122.00	\$16,899.00	
Family Support and Parent Education (0-5)	\$166,894.00	\$164,747.00	
Preschool Support for Low-Income Families	\$150,722.00	\$148,760.00	
Family Support and Parent Education (0-3 Funds)	\$74,247.00	\$73,281.00	
Quality Improvement Funds	\$54,841.00	\$54,399.00	
Other Programs/Services	\$106,910.00	\$105,221.00	
<i>Subtotal current award</i>	\$570,736.00	\$563,306.00	\$0.00
1.5% Reduction in Funding (Reporting Year)			
Administration		\$0.00	
Family Support and Parent Education (0-5)		\$0.00	
Preschool Support for Low-Income Families		\$0.00	
Family Support and Parent Education (0-3 Funds)		\$0.00	
Quality Improvement Funds		\$0.00	
Other Programs/Services		\$7,976.22	
<i>Subtotal reduction</i>		\$7,976.22	\$0.00
<i>Total current award</i>		\$555,329.78	\$0.00
Carry-forward from Previous Years: Available for Current Reporting Year			
Brought Forward - Administration	\$0.00	\$0.00	
Brought Forward - Family Support and Parent Education (0-5 Funds)	\$2,074.36	\$0.00	
Brought Forward - Preschool Support for Low Incomes Families	\$31,534.00	\$5,280.83	
Brought Forward - Family Support and Parent Education (0-3 Funds)	\$1,990.45	\$7,049.20	
Brought Forward - Professional Development Funds	\$13,770.00		
Brought Forward - Quality Improvement Funds	\$54,841.00	\$4,486.48	
Brought Forward - Other Programs/Services (includes interest applied)	\$10,007.02	\$15,991.05	
Brought Forward from Previous Years		\$15,218.33	
<i>Subtotal Carry-forward funds</i>	\$114,216.83	\$48,025.89	\$0.00
Total Available funds			
	\$684,952.83	\$603,355.67	\$0.00
Total Available Funds for Reporting Year (Current Allocation minus 1.5% reduction plus Allowable Carry-forward and Interest Earned in Reporting Year)			
Administration (not to exceed 3% of total award)	\$17,122.00	\$16,899.00	\$0.00
Family Support and Parent Education (0-5 Funds)	\$168,968.36	\$164,747.00	\$0.00
Preschool Support for Low Incomes Families	\$182,256.00	\$154,040.83	\$0.00

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Community Empowerment Area: MARSHALL COUNTY	FY 08	FY 09	FY 10
Family Support and Parent Education (0-3 Funds)	\$73,089.45	\$80,330.20	\$0.00
Professional Development Funds	\$13,770.00		
Quality Improvement Funds	\$84,227.17	\$58,885.48	\$0.00
Other Programs/Services	\$116,917.02	\$128,454.16	\$0.00
Interest Accrued in Current Fiscal Year (Must be used in Program and not Administration)	\$6,436.21	\$3,178.42	
<i>Grand Total Budget for Reporting Year</i>	\$662,786.21	\$606,535.09	\$0.00

Iowa Community Empowerment 2009 Annual Report -
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Community Empowerment Area: MARSHALL COUNTY	FY 08	FY 09	FY 10
<i>Expenditures (Reporting Year)</i>			
Administration Expenditures (not to exceed 3% of total award)			
Fiscal Agent fees	\$5,707.36	\$5,633.06	
Liability Insurance fees	\$1,205.25		
Board Expenses	\$0.00	\$0.00	
Coordinator Support	\$10,209.39	\$11,265.94	
Other	\$0.00		
Family Support and Parent Education (0-5 Funds)	\$168,968.36	\$164,747.00	
Preschool Support for Low Incomes Families	\$176,975.17	\$149,380.00	
Family Support and Parent Education (0-3 Funds)	\$66,040.25	\$80,330.20	
Professional Development Funds	\$13,475.99		
Quality Improvement Funds	\$79,740.69	\$56,159.12	
Other Programs/Services includes Interest Applied	\$107,362.18	\$109,681.98	
<i>Grand Total Expenditures for Reporting Year</i>	\$629,684.64	\$577,197.30	\$0.00
<i>Unexpended Balance of Funds for Reporting Year (Becomes Carry-forward in 1st succeeding year)</i>			
Administration (not to exceed 3% of total award)	\$0.00	\$0.00	\$0.00
Family Support and Parent Education (0-5 Funds)	\$0.00	\$0.00	\$0.00
Preschool Support for Low Incomes Families	\$5,280.83	\$4,660.83	\$0.00
Family Support and Parent Education (0-3 Funds)	\$7,049.20	\$0.00	\$0.00
Professional Development Funds	\$0.00		
Quality Improvement Funds	\$4,486.48	\$2,726.36	\$0.00
Other Programs/Services includes Interest Applied	\$15,991.05	\$21,950.60	\$0.00
<i>Unexpended Balance of Funds (Reporting Year)</i>	\$32,807.56	\$29,337.79	\$0.00
FY'08 Amount over 30% into FY'09			
Amount subject to FY'08 Carryforward Policy	\$32,807.56	\$29,337.79	
Maximum Allowable Carry-forward to next year (20% of total current award)	\$171,220.80	\$111,065.96	\$0.00
Overage (Reduced from second succeeding year payments)	-\$138,413.24	\$0.00	\$0.00
I hereby verify that the information contained in this financial statement is true.			
Fiscal Agent Signature			
On behalf of:			

Iowa Community Empowerment 2009 Annual Report -
School Ready Financial Statement

Revise 10/12/09

	Community Empowerment Area: MARSHALL COUNTY	FY 08	FY 09	FY 10
	Marshall County Empowerment Area			
	Name of Community Empowerment Area Represented			

Iowa Community Empowerment 2009 Annual Report -
School Ready Financial Statement

Revise 10/12/09
