

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

Date This Report Approved By The Local CEA Board: 09/02/08

Name of Community Empowerment Area: Tama County

Counties/Area Served: Tama County

Website: www.tamacounty.org/Empowerment

Current Board Chairperson: Larry Vest

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

Address: PO Box 61  
104 W. State Street  
Toledo, IA 52342

E-mail: [Ljvest@iowatelecom.net](mailto:Ljvest@iowatelecom.net)

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

Address: 129 W. High Street  
Toledo, IA 52342

Phone: 641-484-4788 FAX: 641-484-5447

E-mail: [Ljohnson@tamacounty.org](mailto:Ljohnson@tamacounty.org)

Current Fiscal Agent: Laura Kopsa

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

Address: PO Box 61  
104 W. State Street  
Toledo, IA 52342

E-mail: [LKopsa@tamacounty.org](mailto:LKopsa@tamacounty.org)

Federal ID Number: 42-6005285

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

A. Number of Board Members (Board Size): 11

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.***

<b>Column 1 Name</b>	<b>Column 2 Representation</b>	<b>Column 3 Name of Employing Organization</b>	<b>Column 4 Provider of CE Services/Program</b>	<b>Column 5 Citizen/Elected</b>
Chair: Larry Vest	Board of Supervisors/Citizen	Tama County	No	X
Joyce Legg	Department of Public Health/Required Health	Tama County Public Health & Home Care	Yes	Not Applicable
Vice Chair: Richard Arp	Education/Citizen	North Tama School District	No	X
Greg Tingley	<i>Business &amp; Industry/Citizen/Required Business</i>	Pioneer	No	X
Jill Herink	<i>Required education</i>	Meskwaki Settlement School	No	Not Applicable
Angie Knowles	Education	South Tama Elementary School	Yes	Not Applicable
Earlene Bacon	<i>Citizen</i>	NA	No	X
Mandy Lakin	<i>Required consumer/Citizen</i>	NA	No	X
Rick Vesely	Required Faith/Citizen	United Presbyterian Church	No	X
Darla Thiessen	NA	Kid’s Corner	Yes	X
Annette Dunn	Required Human Services	Department of Human Services	No	Not Applicable

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

- Your organizational structure; See Organizational Chart (Attachment A)
- How the board functions, communicates, plans and interacts *internally*; and
- How the board functions, communicates, plans within the community, *externally*.

Our Empowerment Board is comprised of 11 voting members. Members represent the Board of Supervisors, Education, Human Services, Health, Education, Faith, Business, consumer, and local county citizens. Each person on the Board either lives or works in Tama County and is a representative/advocate of our county.

The County strongly supports the Empowerment program by providing the Coordinator through the Public Health Office and the Fiscal Agent is the County Auditor.

We utilize news articles, Preschool Readiness Calendar, and our website to educate our community about our board and its activities.

See Community Plan on file.

## **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.)

See Community Plan on file.

### **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. The Tama Empowerment area has worked closely with early care and education agencies that work with early care and education providers in order to bring state wide trainers into the community. Resulting in high quality professional development opportunities locally. Agencies and state organization working with empowerment include Child Care Resource & Referral, ISU Extension Tama County, Iowa State University and University of Northern Iowa.
2. The Meskwaki Settlement School participates in the early screening programs in the community to promote health and early intervention. The school collaborates with Meskwaki Wellness, AEA267, and Tama County Public Health. These efforts seek to prevent health problems and include parent education information. All information gained from the screenings is shared with parents and any health issues are referred through the proper channels. All programs are planned to address different health concerns. These programs are coordinated through the school nurse and the Early Childhood teachers (3 year old and PK programs).

The Meskwaki Settlement School collaborates with several agencies to serve children's developmental needs including social, emotional, as well as physical development. The school works with Speech and Language pathologists, Center Associates, Meskwaki Wellness, AEA267, Special Education coordinators, and Occupational and Physical Therapists. This collaboration

allows us to identify possible problems, and develop interventions for the student at an early age. All coordinated efforts include communication among agencies and include the parent/guardian in the plan and problem solving process.

3. A family with two children under 3 years old was referred to Early Access/ AEA 267 in fall 2007. The referral came from the Tama Healthy Families service provider. The concern was possible developmental delays in the 2 year old. In the middle of the assessment process, the family found out that they were going to have to make an emergency move due to the discovery of mold in their home. The Tama Healthy Families service provider worked with the Early Access service coordinator and Kids Corner Daycare to arrange for emergency respite services while the family was moving. The family moved into the home of the grandparents and shortly after that move, the living arrangement became very strained and again the Tama Healthy Families service provider worked with the Early Access service coordinator and Kids Corner Daycare to arrange for emergency respite services for the two children. While the children attended Kids Corner, the assessment was able to be completed there and the child was determined to be eligible for special education services. He was placed in an Early Childhood program and the Tama Healthy Families service provider continues to work the family.
4. A Tama Healthy Families service provider and the AEA ECSE home service provider have both been working with the following family for several years. The parents are both mentally challenged and have a history of not trusting outside agencies. They have three children, two of which are in an early childhood special education class. This is a high risk family with a potential for abuse and/or neglect. The Tama Healthy Families service provider has been continually working on parenting and behavior management with the parents and has called in the AEA ECSE home service provider on several occasions. Additional services such as mental health and respite have been offered to this family on several occasions, but the parents have never followed through on them. In an effort to make the community aware of the concerns and also hopefully provide some support for the children, two joint meetings were held with the school counselors and administration to brainstorm how to help this family. This continues to be a high risk situation but at least more people are aware of the children and are looking out for their safety.
5. The following family has been working with AEA 267 for the past 5 years. During the last year, the family has finally allowed the following agencies to become more involved: Tama Healthy Families, Mental Health, and Early Head Start. All the agencies have been working together, along with Kids Corner, to provide services for the family. This is a family that is very high risk for abuse so respite services have been used for them too. Through discussion with the Kids Corner staff, it became apparent that one of the children was going to be very difficult to serve in the daycare setting without additional support. Through the use of the hard-to-serve empowerment dollars, Kids Corner was able to continue to provide services for that child. By providing respite services for him for part of his day, the agencies involved with the family are hoping that the parents will be better able to provide a safe home for him.
6. Beginning to collaborate with Headstart on regular basis.
7. Five Day Kindergarten and preschool still available to community.

**SECTION III – Achieving Results**

**Community Plan Priorities**

1. Healthy Children
2. Children Ready To Succeed in School
3. Safe, Secure Nurturing Families
4. Safe, Secure Nurturing Child Care Environments

**Community Plan Indicators**

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

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

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

**Codes for Identifying state results for Indicators:**

**A. Healthy Children**

**B. Secure & Nurturing Families**

**C. Secure & Nurturing Child Care Environments**

**D. Children Ready to Succeed in School**

**E. Safe & Supportive Communities**

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

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

Community Empowerment Area Indicators	Identify the State Results Linked to the Indicator by A, B, C, D, E	Identify the Source of data for each Indicator	Baseline Data (date & numerical value)	Subsequent Year's Data (Trend Line) Identify the Year			Goal (numerical value & projected timeline)	Progress Update (Brief Analysis of data)
				FY 08	FY 07	FY 06		
Immunization Compliance %	A	FACITS: Iowa Department of Public Health	February 2000 immunization compliance rate of (0 - 24 months) – 71.88%	FY 08 100 %	FY 07 100%	FY 06 93%	100% compliance Annually	13 records were analyzed.
# of children tested for lead	A	FACITS: Iowa Department of Public Health	From 7/94 to 6/99 - 763 children were	FY08 – of the children born in 2001 – 214	FY 07 Not Available	FY 06 Live Birth Info N/A-	Annually Goal: 100% of	FY 08 – 90% were tested (214)

			<p>screened.                  In 1995, 236 children were born in Tama County. 63.98% of them were tested at least once before the age of 6 years. Of the Medicaid-enrolled children, 64.65% were tested.</p>	<p>were tested for lead. (90%)</p>		<p>July 05- June 06                  447 were tested.</p>	<p>children will show normal lead levels by 2010.</p>	<p>Of the children enrolled in Medicaid – 84.4% were tested (119 children).                   Of the non-Medicaid children – 100% (95) were tested.                   FY 07 – Jackie Phippen notified us that the data is not available, due to computer problems at the State level.                   2006 - We continue to see an increase in the number of children tested. Parents are still becoming more aware and continue to have their children tested with ongoing education and outreach with physicians, families, and</p>
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								the community at large.
# of children with high lead levels	A	FACITS: Iowa Department of Public Health	<p>From 7/94 to 6/99 - 763 children were screened. 174 had a high lead level</p> <p>In 1995, 18.54% were elevated. Of the Medicaid-enrolled children, 24% were elevated.</p>	FY 08 – 10.7% had high lead levels	FY 07 Not Available	FY 06 Live Birth Info N/A- July 05- June 06 23 showed High lead levels	<p>Annually</p> <p>Goal: 100% of children will show normal lead levels by 2010.</p>	<p>FY 08 - Of the children tested, 23 had high lead levels (10.7%)</p> <p>Of the children enrolled in Medicaid 14.3% (17) had high lead levels.</p> <p>Of the non-Medicaid children 6.3% (6) had high lead levels</p> <p>FY 07 – Jackie Phippen notified us that the data is not available, due to computer problems at the State level.</p> <p>2006 - We continue to see an increase in the number of children tested. Parents are still becoming more aware and continue to</p>

								have their children tested with ongoing education and outreach with physicians, families, and the community at large.
Low Birth Weight Rate	A	FACITS: Iowa Department of Public Health	Baseline to be established: 1) Tama Co. for 2001 =50.8	FY 08 N/A Data not updated	FY 07 N/A	FY 06 N/A	Annually  Goal: Decrease the % of low birth weight infants by 2010.	Indicator was added for FY 07 – 08 as part of re-designation. Baselines established.
% of Obese/Overweight Population	A	FACITS: Iowa Department of Public Health	Baseline to be established: For 2001, Tama Co. Percent of Obese Population = 23.0% Percent of Overweight Population = 38.0%	N/A – Data not updated	FY 07 N/A	FY 06 N/A	Annually  Goal: Decrease the % of obese/overweight population by 2010	Is indicator as added for FY 07 – 08 as part of re-designation. Baselines established.
# enrolled in preschools	D	SETA: Office of Social & Economic Trend Analysis & the Local School	FY 2000 enrollment 273 children	FY 08 - 315	FY 07 414	FY 06 440	Annually  Goal: 100% of the children entering	2008- More preschool scholarships awarded. STC has moved to 5

		local School Districts					kindergarten will have a preschool experience by 2010.	day Kind. for 2008-09.  2006 – Kid’s Corner Preschool expanded their facility capacity from 55 to 132, and opened their new building in August of 2006. STC Elementary opened their new building in August 2006 as well. Both facilities have allowed space for increases in enrollment. More preschool scholar-ship funding was utilized this fiscal year.
# with a preschool/Head Start experience	D	Department of Education & local preschools, obtained after school starts in the fall	Baseline to be established in FY 07 – 08 - 46	FY 08- 64	FY 07 N/A	FY 06 N/A	Annually Goal: 100% of the children entering kindergarten will have a preschool experience by 2010.	Indicator was added for FY 07 – 08 as part of re-designation. Baseline established.

Incidence of Founded Child Abuse	B	Prevent Child Abuse Iowa	Baseline to be established in FY 07-08  FY 07=78	FY 08 data not available	FY 07 78	FY 06 N/A	Annually  Goal: Decrease the % of Incidence of Founded Child Abuse by 2010.	Indicators were added for FY 07 – 08 as part of re-designation. Baseline established
# of Births to Teens	B	FACITS: Iowa Department of Public Health	Baseline to be established in FY 07 – 08  2001 – 11 births to teens	FY 08 – Data not updated -11	FY 07 N/A	FY 06 N/A	Annually  Goal: Decrease the # of births to Teens by 2010.	2008 STC SBYS reports 19 teens being pregnant last year at their school.  Indicators were added for FY 07 – 08 as part of re-designation. Baselines to be established
# of licensed and/or registered childcare providers	C	Child Care Resource & Referral	1) Baseline is number of licensed, registered daycare providers:  <ul style="list-style-type: none"> <li>• 7 preschools/day care centers</li> <li>• 25 registered home care providers</li> </ul> 2) Baseline to	FY 08 1) 49 total child care providers (both registered and non-registered) enrolled with CCR&R  <ul style="list-style-type: none"> <li>• 30 Registered Child Development Homes</li> <li>• 19 Non-registered providers</li> <li>• 6 preschools/day</li> </ul>	FY 07 1) 48 total child care providers (both registered and non-registered) enrolled with CCR&R  <ul style="list-style-type: none"> <li>• 29 Registered Child Development Homes</li> </ul>	FY 06 1) 70 total child care providers (both registered and non-registered) enrolled with CCR&R  <ul style="list-style-type: none"> <li>• 33 Registered Child Development Homes</li> </ul>	Annually  Goal: Increase # of providers by 2010  100% of the providers will participate in a Quality Improvement Program by 2010  Increase the # of slots available by 2010	With the support of a local child care consultant Tama Empowerment has been successful in increase the number of child care providers and the number of available child care slots.

			<p>be established - 2007</p> <p>3) Baseline to be established - 2007</p> <p>4) No alternative or special needs providers</p>	<p>care centers</p> <p>2) 12 providers participated in a quality improvement plan.</p> <p>3) N/A – to be established in 2007 - 2008</p> <p>4) 9 providers offered 2<sup>nd</sup> or 3<sup>rd</sup> shift childcare; 32 providers identified they had experiences in special needs care.</p>	<ul style="list-style-type: none"> <li>• 19 Non-registered providers</li> <li>• 6 preschools/day care centers</li> </ul> <p>2) 25 providers participated in a quality improvement plan.</p> <p>3) N/A – to be established in 2007 - 2008</p> <p>4) 9 providers offered 2<sup>nd</sup> or 3<sup>rd</sup> shift childcare; 32 providers identified they had experiences in special needs care.</p>	<ul style="list-style-type: none"> <li>• 7 pre-schools/day care centers</li> </ul> <p>2) N/A</p> <p>3) N/A</p> <p>4) 33 Non-registered providers 18 providers willing to 2<sup>nd</sup> and 3<sup>rd</sup> shift care.</p> <ul style="list-style-type: none"> <li>• 37 providers willing to care for special needs children</li> </ul>		
# of providers participating in a Quality Improvement Plan	C	Child Care Resource & Referral	Baseline 2008 -12 Providers	FY 08 - 12 Providers participated in a quality improvement plan.	NA	NA	100% of the providers will participate in a QI program by 2010.	With the support of a local child care consultant Tama Empowerment has been successful in increase the number of child care providers and the number of available child care slots.
# of slots available	C	Child Care	Baseline	FY 08 - 593	NA	NA	Annually	With the support

		Resource & Referral	2008 - 593	early care and education slots are available in the Tama Empowerment Area			increase the number of slots available by 2010	of a local child care consultant Tama Empowerment has been successful in increase the number of child care providers and the number of available child care slots.
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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](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/2<sup>nd</sup> or 3<sup>rd</sup> 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><b>Early Childhood Services Provided</b></p>	<p><b>Link to Which Community Plan Priority or Priorities (as noted in Section III)</b></p>	<p><b>How Much Was Invested? (Input Measures)</b></p> <p><i>Note: Fiscal Investments must coincide with early childhood financial statement</i></p>	<p><b>How Much Was Done or Produced? (Output Measures)</b></p>	<p><b>How Well Did We Do It? (Quality/Efficiency Measures)</b></p>	<p><b>What Was the Change In Conditions for Those We Served? (Outcome Measures)</b></p>
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<p><i>Child Care Consultant/materials/coordination</i></p> <p><b>Works with Childcare Providers</b></p>	<p>1, 2, 3, 4</p>	<p><b><u>\$ 21,709.38</u></b></p> <p>Child Care Consultant Services will be provided by CCR&amp;R in the Tama Empowerment area.</p> <p>Goal for the Child Care Consultant services will included but not be limited to:</p> <ul style="list-style-type: none"> <li>Recruit additional child care providers in the empowerment area.</li> <li>Increase the number of registered child care providers</li> <li>Increase the number of available child care slots in licensed or registered child care settings.</li> <li>Increase quality Child Care Environments</li> </ul>	<p><b>1568</b> technical assistance contacts with new providers and current registered providers where conducted by the Child Care Consultant.</p> <p><b>41 new</b> individual recruitment contacts and visits were made by the child care consultant.</p> <p><b>1137</b> direct and indirect child care consultant contact hours of services given during the fiscal year 2008</p>	<p><b>100 %</b> of providers visited on the first or second contact visit with the Child Care Consultant registered with DHS as a child care development home</p> <p><b>90 %</b> of providers visited on the first or second contact visit with the Child Care Consultant in enrolled with CCR&amp;R.</p> <p><b>41 %</b> of the providers visited on the second contact visit with the Child Care Consultant in identified being on the food program.</p> <p>Cost per provider = \$394.72</p>	<p>An average score <b>78 %</b> of compliance with DHS registration guidelines was achieved by providers receiving technical assistance from the Child Care Consultant at the first visit.</p> <p>An average score <b>100%</b> of compliance with DHS registration guidelines was achieved by providers receiving technical assistance from the Child Care Consultant at the second visit.</p> <p>An average score <b>100%</b> of compliance with DHS registration guidelines was achieved by providers receiving technical assistance from the Child Care Consultant at the 3rd visit.</p> <p><b>2%</b> increase in the number of early care and education providers was obtained in the Tama Empowerment Area.</p> <p><b>6%</b> increase in the number of early care and education slots was obtained in the Tama Empowerment Area.</p>
<p><i>Child Care Provider Training – CCR &amp; R</i></p>	<p>1, 2, 3, 4</p>	<p><b><u>\$ 3,032.93</u></b></p> <p>Training opportunities where offered to early care and education providers in the Tama Empowerment area.</p> <p>Child Care Resource</p>	<p><b>100%</b> of the early care and education providers in the Tama Empowerment area, listed with Child Care Resource &amp; Referral, received quarterly training</p>	<p><b>26</b> training events where held in the Empowerment area during the FY 2008.</p> <p><b>51</b> hours of training opportunities for early care and education providers where offered to providers in Tama Empowerment area.</p> <p><b>262</b> providers attended training session offered in</p>	<p><b>98 %</b> of providers attending training sessions report that one or more quality changes will be made as a result of attending a training session offered through the empowerment training program.</p> <p><b>100 %</b> of the training grants funded this fiscal year resulted</p>

		<p>&amp; Referral administered a training reimbursement program for early care and education providers in the Tama Empowerment Area. Training grants helped defray the cost of trainings up to 75%.</p>	<p>calendars announcing professional development training opportunities in the during the fiscal year 2008.</p> <p><b>100%</b> of the early care and education providers in the Tama Empowerment area, listed with Child Care Resource &amp; Referral, were invited to participate in the Professional Development Training Reimbursement program.</p>	<p>the Tama Empowerment area</p> <p><b>11</b> training grant requests were received during the fiscal year 2008.</p> <p><b>10</b> training grants were awarded in the fiscal year 2008.</p> <p>Cost per Training = \$116.65</p> <p>.</p>	<p>in providers gaining knowledge in one or more areas of early care childhood development that will be implemented in their early care and education environment.</p>
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<p><i>Provider Support Program – CCR &amp; R</i></p> <p>Provide Support Program” promotes quality early care and education and is a valuable instrument in encouraging providers to participate in the new Quality Rating System (QRS) developed by the State of Iowa to improve outcomes for all resident children.</p>	<p>1, 2, 3, 4</p>	<p>\$15,458.15</p> <p>See Page 25</p>	<p>See Page 25</p>	<p>See Page 25</p>	<p>See Page 25</p>
<p><i>Training &amp; Retainment</i></p>	<p>1, 2, 3, 4</p>	<p>\$9,196.46</p>	<p>The two licensed centers participated in this program.</p> <p>Pied Piper had 17 employees attending IA PITC Classes last year for a total of 40 hours.</p> <p>Kids Corner had 23 staff that participated in this program.</p>	<p>Pied Piper has a total of 23 employees with very little turnover.</p> <p>Kids Corner – of the 23 staff, 19 are currently still enrolled in this program.</p> <p>Cost per staff = \$218.96</p>	<p>Pied Piper had a total of 17 employees attending PITC classes. Through empowerment, they were able to provide incentives to their staff to make sure they attended these classes, which were held on Saturdays. These classes helped them in maintaining their Level 2 status and will now continue on for a Level 3, which helps them to obtain a higher quality of care for those that we serve.</p> <p>Kids Corner – all of the 23 staff attended trainings, above the state requirements. They were able to better serve the children and families because they were able to maintain consistent staff.</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](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](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](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](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](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](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><b>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</b></p> <p>Infant Toddler Specialist                      Parents As Teachers                      Home Visitation Program</p>	<p>1, 2, 3</p>	<p><b>Amount expended:</b>                      \$41,664.00</p>	<p><b>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated):</b> 65</p> <p><b>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated):</b> 52</p> <p><b>Number of face to face visits completed:</b> 381</p>	<p><b>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services:</b> 9</p> <p>Other locally-generated data as applicable:                      Cost = \$801.23/per family</p>	<p><b>Percent of parents with increased parent confidence and competence in their parenting abilities:</b> 46</p> <p><b>Percent of families with an increase of healthy informal support systems:</b> 47</p> <p><b>Percent of families able to enhance the health, growth, and development of their children:</b> 46</p> <p>Other locally-generated data as applicable:                      (Insert any child or family outcome measures reported by the program)</p>

**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><b>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</b></p> <p>ISU – Family Nutrition Specialist. Parent Education Home Visit Program.</p> <p>Infant Toddler Specialist (see page 21 for details)</p> <p>Stork’s Nest – Incentive Parent Education Program</p>	<p>1, 2, 3</p>	<p><b>Amount expended:</b> \$100,241.40</p>	<p><b>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 96</b></p> <p><b>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 68</b></p> <p><b>Number of face to face visits completed: 542</b></p>	<p><b>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 67%</b></p> <p>Other locally-generated data as applicable:</p> <p>57 unduplicated families participated in Stork’s Nest.</p> <p>Cost per family = \$1,474.14</p>	<p><b>Percent of parents with increased parent confidence and competence in their parenting abilities: 96%</b></p> <p><b>Percent of families with an increase of healthy informal support systems: 100%</b></p> <p><b>Percent of families able to enhance the health, growth, and development of their children: 96%</b></p> <p>Other locally-generated data as applicable: (Insert any child or family outcome measures reported by the program)</p>

**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: 6 Kids Corner STC Elementary Raggedy Ann &amp; Andy Pied Piper Head Start Crayon Corner</p> <p>Number of funded Programs meeting the following standards:</p> <p>NAEYC Accreditation:0 NAFCC Accreditation:0 Shared Visions: 0 Head Start: 1 ECERS average score of 5 (with no subscale score under 2): 0 Participating in QPPS process: 2 QRS rating of 3, 4, or 5: 0 In process of completing any of the above quality standards: 3</p>	<p>1 ,2,3</p>	<p>Amount expended: \$106,696.80 Educational Level of Lead Teacher(s) (Total number of each): GED: 0 High School Diploma: 2 Child Development Associate: 1 AA Degree in EC or child development: 0 AA Degree in related field: 0 BA/BS in EC or child development: 2 BA/BS in related field: 1 Post Graduate Degree: 0 Number of funded programs utilizing a Child Care Nurse Consultant for technical assistance: 3 Curriculum(s) used by funded programs: Creative Curriculum Teacher Based Scholastic, Mailbox STC Preschool Assessment</p>	<p>For Children Supported with these funds: Total Number of children (Unduplicated): 60 Number of children by age (Unduplicated): 3 Year Olds: 11 4Year Olds: 34 5 Year Olds: 2 Number of children by Gender (Unduplicated): Female: 22 Male: 30 Number of children by Race (Unduplicated): White: 30 Black/African American: 0 Asian: 0 Native Hawaiian/Pacific Islander: 0 More than one race reported: 2 Other/Unknown: 2 Number of children by ethnicity (Unduplicated): Hispanic/Latino: 2 Not Hispanic/Latino: 27 Number of children with health insurance: 28 Number of children demonstrating age appropriate skills: 30</p>	<p>For Children Supported with These Funds: Percent of children with health insurance: 100 Other locally-generated data as applicable. Cost per Child = \$1,778.28</p>	<p>For Children Supported with These Funds: Percent of children demonstrating age appropriate skills:100% of responses received Identify the assessment tool(s) used to determine the children’s development: Parents as Teachers Report any other applicable outcomes:</p>

**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)
<p><b>List the collaborative partners involved in the professional development activities and briefly describe the activities.</b></p> <p>Child Care Resource &amp; Referral</p> <p>Regent's Center for Early Developmental Education</p> <p>ISU Extension &amp; Empowerment</p>	<p>1, 2, 3, 4</p>	<p><b>Amount expended:</b> \$4,618.86</p> <p>(Report any other applicable input measures):</p>	<p><b>Total number of participants by:</b></p> <p><b>Number of Administrators/Directors:</b> 0</p> <p><b>Number of Teachers/Early Childhood Providers:</b> 13</p> <p><b>Number of Assistant Teachers:</b> 0</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: 1 Number of participants working toward associate degree: 1 Number of participants working toward bachelors degree: 2 Total number of participant hours logged: 18</p>	<p><b>Percent of all participants completing coursework by:</b></p> <p><b>Percent of Administrators/Directors:</b> 0</p> <p><b>Percent of Teachers/Early Childhood Providers:</b> 100%</p> <p><b>Percent of Assistant Teachers:</b> 0</p> <p><b>Average cost per participant:</b> \$355.30</p> <p><i>Report as applicable:</i> Average cost per credit hour: \$256.60</p> <p>Percent of participants completing associate degree:</p> <p>Percent of participants completing bachelors degree:</p>	<p><b>Percent of participants who report incorporating learning into policy or practice:</b></p> <p>100% report that they have a better understanding of physical science and feel comfortable incorporating this crucial subject into their weekly lesson plans.</p> <p>(Report any other applicable participant outcomes):</p>

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			Total number of CEU's earned: 0		
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**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 Resource and Referral</p> <p>Provider Support Program (see page 18)</p>	<p>2, 4</p>	<p><b><u>\$ 66,692.61 (total)</u></b></p> <p>The Child Care Quality Improvement program promotes quality early care and education and is a valuable instrument in encouraging providers to participate in the new Quality Rating System (QRS) developed by the State of Iowa to improve outcomes for all resident children.</p> <p>Providers will utilize instruments to determine need such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• Environmental Rating Scale (FCCERS, ECERS or ITERS)</li> <li>• Quality Pre-School Program Standards</li> <li>• Quality Rating System</li> <li>• Department of Human Services Center or Child</li> </ul>	<p><b><u>55</u></b> early care and education provides enrolled with CCR&amp;R was introduced to the Quality Improvement program.</p> <p><b><u>12</u></b> Tama County providers enrolled in the quality improvement program during the fiscal year 2008.</p>	<p><b><u>11</u></b> claims to report quality improvements were submit by Tama County providers participating in the Quality Improvement program.</p> <p><b><u>20%</u></b> of the providers enrolled with Child Care Resource &amp; Referral participated it the Quality Improvement Program during the fiscal year 2008.</p> <p><b><u>35 %</u></b> of the registered and licensed early care and education providers in the Tama Empowerment area participated in the Iowa Quality Rating System in the fiscal year 2008.</p> <p>5 @ Level-1 10 @ Level-2 0 @ Level-3 1 @ Level-4 0 @ Level-5</p> <p>Cost per provider \$188.18</p>	<p><b><u>9 %</u></b> Child Development homes or centers achieved a <u>Level- 1</u> on the Iowa Quality Rating System (IQRS)</p> <p><b><u>20 %</u></b> Child Development homes or centers archived <u>Level- 2</u> on the IQRS</p> <p><b><u>0 %</u></b> Child Development homes or centers archived <u>Level -3</u> on the IQRS</p> <p><b><u>2 %</u></b> Child Development home or center archived <u>Level- 4</u> on the IQRS</p> <p><b><u>0 %</u></b> Child Development homes or centers archived <u>Level- 5</u> on the IQRS</p>

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		Development Home guidelines.			
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<p><i>Quality Improvement - Coordinator</i></p>	<p>1, 2 ,3 ,4</p>	<p>\$30,043.77</p> <p>618.5 Hours (total)</p> <ul style="list-style-type: none"> <li>• .30 FTE, average 11.89 hours per week</li> <li>• 7 Empowerment Board Meetings</li> <li>• 3 Re-designation Meetings incorporated with regular meetings.</li> <li>• 2 State Empowerment Meeting</li> <li>• 1 Association Meeting.</li> <li>• 2 Quarterly Empowerment Coordinator meetings were attended.</li> <li>• 4 Funding Subcommittee Meetings</li> <li>• 2 Regional Empowerment Coordinator Meeting</li> <li>• 1 Met with New Board Members</li> <li>• 1 Board of Supervisors Meetings</li> <li>• Attended 2 Empowerment Coordinator Training Modules.</li> <li>• Spoke at Women’s Club.</li> </ul> <p>Monthly Contact with Representative Horbach and Senator Putney</p>	<p>30% of the coordinators salary was paid</p> <p>Position is performed by 2 part-time staff members of the Public Health Office.</p>	<p>26% of total staff time is paid by Empowerment.</p> <p>Cost per hour = \$18.58 (includes salary, benefits, office supplies, administrative costs)</p>	<p>Calendar developed to promote Empowerment. Empowerment Board is informed at each meeting which includes: updates from the state, provider presentations of services provided, updates from the providers receiving funding status of programs, and Board appreciation once a year.</p> <p>Empowerment area was unconditionally redesignated for 3 years.</p>
<p><i>Dental Hygentist</i></p>	<p>See page 32</p>	<p>See page 32</p>	<p>See page 32</p>	<p>See page 32</p>	<p>See page 32</p>
<p><i>Infant Toddler Specialist</i></p>	<p>See pages 20 &amp; 21</p>	<p>See pages 20 &amp; 21</p>	<p>See pages 20 &amp; 21</p>	<p>See pages 20 &amp; 21</p>	<p>See pages 20 &amp; 21</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.**

<b>School Ready Services Provided including a brief description of the program or activity</b>	<b>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</b>	<b>How Much Was Invested? (Input Measures)</b>  <i>Note: Fiscal investments must coincide with financial statement Other line item</i>	<b>How Much Was Done or Produced? (Output Measures)</b>	<b>How Well Did We Do It? (Quality/ Efficiency Measures)</b>	<b>What Was the Change in Conditions for Those We Served? (Outcome Measures)</b>

<p><i>Home Visitation –</i></p> <p>Pre &amp; Post Natal Home Visits</p> <p>Provides Parent Education</p>	<p>1, 2, 3</p>	<p>\$29,790.70</p>	<p><i>126 Home visits; 101.0 hours</i></p> <p>109 unduplicated clients were serviced. 57 unduplicated children participated in home visitation program. 61 families participated.</p> <p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 57</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 61</p> <p>Number of face to face visits completed: 126</p>	<p>Through collaborative efforts of the hospital and TCPH&amp; HC all mothers that deliver in surrounding hospitals are offered a post-partum home visit. During the home visit parents are given education regarding appropriate newborn care and available resources.</p> <p>Percent of children, 0 –3 years old, while enrolled in the program, who are referred for Early ACCESS services: 5.2%</p> <p>Cost = \$488/per family</p>	<p>Post-Partum Home Visits in Tama County have become a routine expectation after delivery follow-up. Parents have called requesting home visits, if the hospital does not make the referral. 100% of the parents seen have said they appreciated the education, assessments, and referrals they were given.</p> <p>100% rated the experience they had with the home visitor Excellent.</p> <p>One example of something they learned was: they appreciated reinforcement for what they already knew.</p> <p>92% reported that they learned something from their home visit.</p> <p>92% stated they would recommend the experience to a friend.</p> <p>14% (1 out of 7 responses) shared an area of improving the program.</p> <p>Comments: “Reassuring to have a nurse come into our home right after coming home from the hospital so we can ask all of the questions that</p>
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					come up that were not thinking about right away.
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<p><i>Health Care Coordination</i></p> <p>Follow up for Immunizations, Lead, Well Child Screenings</p>	<p>1, 2, 3</p>	<p>\$2,731.36</p>	<p>Coordination – 134.75 hours provided</p> <p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 446</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 362</p> <p>Number of face to face visits completed: 1226</p>	<p>Allows for follow-up of referrals, referrals to appropriate sources, coordinating with providers to avoid duplication, information and education over the telephone or walk in visits, and necessary meetings to provide appropriate services.</p> <p>Provides reminders/recall coordination, follow-up for immunizations, lead, and well child screenings.</p> <p>Percent of children, 0 –3 years old, while enrolled in the program, who are referred for Early ACCESS services: 5.2%</p> <p>Cost = \$20.27 per hour</p>	<p>Immunization compliance – 100%</p> <p>100% of the clients needing follow-up were completed.</p> <p>High lead level follow-up held to assure homes were remediated and children in need of well child screenings were followed-up.</p>
<p><i>Dental Hygienist</i></p> <p>Dental Screenings at WIC/WCC</p>	<p>1, 2</p>	<p>\$5,962.00</p>	<p>Information from July 2007 to June 2008 Fluoride: 285 Screenings: 223</p>	<p>A new hygienist was hired this year to serve Tama County. She serves families at Tama, Traer, and Settlement WIC Clinics.</p> <p>Cost per screening = \$26.74</p>	<p>All children receive a toothbrush and toothpaste after the screening. Most children receive a fluoride varnish, as well, as it is proven to reduce the rate of cavities. Children identified with cavities are referred to dental providers and assisted in accessing insurance and setting up an appointment.</p>
<p>Care for Kids – Child Abuse Prevention Awareness Program</p>	<p>1, 3,2, 4</p>	<p>\$8,233.93</p>	<p>For 2007 Tama County was 17.3/1,000 Rate of Child Abuse &amp; Neglect. (Iowa = 19.5/1,000). Rate of Child Abuse &amp; Neglect for 0 – 5 as a % of all</p>	<p>As of June 2008, 60 child education presentations were given to 231 children and 5 adults.</p> <p>Cost per Education presentation = \$137.23</p>	<p>Attendees completed a satisfaction survey. 90% strongly agreed that the presenter actively engaged the students and the program was developmentally appropriate 100%</p>

			Confirmed Abused Children – Tama County = 42.3% (Iowa = 50.6%). Children Determined to be Abused in Iowa 2006 = 14042; 2007 = 13529. Children Confirmed to be Abused in Tama County – 2006 = 73; 2007 = 78. There are several categories of abuse.		appropriate. 100% strongly agreed that the program adequately covered information about sexual abuse. 85% strongly agreed or agreed that the students understood of the sexual abuse information presented. 90% strongly agreed, or agreed that the program gave an adequate amount of time to practice self-protection skills and that the students were able to demonstrate the ability to apply the self-protection skills taught. On a scale of 1-5 (5 being the most satisfied) the average for the satisfaction of the presentations was 4.05. Services are provided to 0 – 5 year olds.
<i>Interpreter – Spanish Interpreter for Home Visit Program</i>	1,2,3,4	\$1,077.29	45 Hours	An interpreter was available to provide needed translation to better serve this population.  Cost per hour = \$23.94	We were able to more effectively service a population that was previously underserved with parenting education and healthier families.  3 more occasional interpreters were hired and oriented by Tama Co. Public Health & Home Care.
<i>Developmental Screening – Screenings performed by Early Childhood Specialist Education Teacher</i>	1,2, 3	\$2,518.96	Approx 3-5 children have their development screened each month. In addition 3-5 other family contacts are made to discuss developmental	Families are seen on an individual basis at Clinic. An Early Childhood Special Education Teacher does the developmental screening. Parents have the opportunity to	Developmental screenings are available 2 days a month at Clinic.  By early screening, children in need of Early

			and/or other parenting concerns.	talk about any developmental or behavioral concerns that they have about their children. Suggestions, information, and referrals can also be given at this time.  Cost per hour = \$35.99	Access services can be identified and families can be referred to the appropriate agencies sooner. Suggestions are made to families to encourage their child's development. This helps prepare their children for success in preschool.
<i>Respite Scholarships</i>  Respite Services for parents that meet guidelines established	1,2,3	\$7,810.61	The families that used this program had their children attend Kid's Corner or Pied Piper for either emergency respite for medical appointments or for general respite services. 12 children used the Respite Scholarships for the 2007-08 year.	By offering the opportunity for a preschool experience, we are increasing the chances for the children to have greater success in school. The teachers working with the children are available to observe the child's skills and make appropriate referrals to outside agencies as needed.  Cost per child = \$650.88	These children had an opportunity to participate in a safe, nurturing environment while being part of an age appropriate early childhood curriculum.  Some of the ways families that receive respite services benefit are: <ol style="list-style-type: none"> <li>1. The families are better able to provide care for their child if they are able to have some needed respite.</li> <li>2. The families see the benefit of an early childhood experience.</li> <li>3. The families are able to keep emergency appointments.</li> </ol>
<i>Lead Care Coordination</i>  Lead follow up on children with high lead	1, 2	\$4,136.60	101.75 hours	254 were tested. 8 showed high lead levels. Cost per child = \$40.65/hour Cost = \$16.29/per test	Our County still has a high number of older homes with lead based paint. We saw a decrease in lead

levels					poisoned children this year and we believe it is because of earlier testing & more parent education on prevention.
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Additional Comments:

The Crayon Corner Preschool Board has been making changes in the program center. We will continue to provide 2 ½ hours for preschool for 3 and 4 year olds Monday-Thursday, but we will be adding an extended learning component. This will provide our families with an all day program for our preschool age children. Preschool will continue to be in the morning, but the center will include an extended learning program before and after preschool hours. This will help our preschool families eliminate transportation issues and daycare provider issues that seem to arise every year.

Empowerment has helped 5 of our preschool families financially by paying monthly tuition so their preschool aged children can attend Crayon Corner.

Empowerment has helped our preschool by providing extra funds per child to help pay for health supplies needed.

Through the Traer Community Foundation and the Tama Co. Development Corporation, Pied Piper was able to purchase safety matting to put under our play equipment. An anonymous donation from a Traer citizen and the Traer Community Foundation Grant helped us towards our goal. The Tama Co. Development Corporation Foundation also helped toward this. Both organizations, through grant writing, knew of our commitment to safety of our children. Our playground is now safer for the children of our community, due to the collaborative efforts of these organizations.

11 Children received preschool scholarships to Pied Piper. More children were able to attend due to these.

Our Community Lion’s Club members do sight testing on each of the preschoolers, and any other area children. They photograph their eyes in our building during school, and they send the photos to Iowa City where they can detect eye problems at a very early age. If detected soon enough, many of these problems can be corrected. The families appreciate this free service to the children in and around the Dysart community.

Our local dentist, Dr. McLaughlin, will send his assistant to our preschool to talk with the preschoolers about the importance of good oral hygiene. We coordinate this with our “tooth” unit at preschool in February, during national dental month. We sing brushing songs and do activities related to take care of our teeth. The children each get a free toothbrush and toothpaste.