



Johnson County Empowerment



Johnson County

Johnson County Empowerment Board
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Vision

Johnson County is a safe and healthy community in which to learn, work, and live.

Mission

Johnson County Empowerment will lead the community in removing barriers to a safe and healthy community by: identifying needs in education, health, and human services; maintaining, expanding, and coordinating resources to address those needs; promoting and facilitating collaboration; and evaluating and continuously improving efforts to advance our vision.

Community Plan Priorities:

- | | |
|----------------------|--------------------------------------|
| 1. Children's Health | 3. Parent Education & Family Support |
| 2. Early Education | 4. Community Wellness |

Local Indicators:

- Number of children enrolled in state health insurance programs
- Number of confirmed child abuse reports
- Number and percent of early education environments meeting quality standards (NAEYC, NAFCC, QRS)
- Percent of kindergarten students who attend preschool
- Number of regulated child care programs (DHS licensed centers, DHS registered homes, 4Cs listed homes)
- Number of regulated child care slots (licensed, registered, and listed)

Johnson County Empowerment has formed **partnerships** with various community agencies and organizations in order **to impact the priorities**. **Collaborations** have included Community Partnerships for Protecting Children, Decat, Prevent Child Abuse-Johnson County, Starting Smart, Iowa City Community School District Early Childhood Task Force.

Early Childhood Funded Programs	Home Ties Emergency Child Care, NCJC ELL/GED Child Care, NCJC SCCA/PJ Wraparound, 4Cs Home Child Care Consultant, 4Cs Education & Training, 4Cs Quality Rating System support, Training Stipends
School Ready Funded Programs	Family Support Home Visitation Program, 4Cs Starting Strong, The Arc Manantial, HACAP Parent Education, ICCSD North Liberty Play Groups, ICCSD Hills Family Books, MECCA Partners in Parenting, MECCA Child Wellness, NCJC Latino Family Support, UAY Teen Parent Program, UAY Rural Parenting Workshops, UAY PNP Home Visitation; ICCSD Shared Visions Support and Wraparound, ICCSD Mann Latino Scholarships, Busy Bees Rural Scholarships, Lone Tree Preschool Scholarships, HACAP Head Start Wraparound, NCJC Head Start Match, NCJC Summer PREP, 4Cs QRS Support, GWAEA IQPPS Support, Smiling Tots Home Provider Accreditation, 4Cs Above & Beyond, GWAEA Every Child Reads, GWAEA CART-JC, MEICMHS Parenting Well When Depressed, UIHC Department of Psychiatry Infant Mental Health Consultation, Children's Health Insurance Outreach, Continue Care Emergency Child Care



Johnson County Empowerment



Key Identified Need/Priority: **Early Education – Increase the availability of quality early education**

Measurable Goal: **Increase the number and percent of early education environments meeting quality standards (NAEYC, NAFCC, QRS)**

Why this important: **Research shows that children thrive in quality early education environments. A quality program not only increases a child’s school readiness regarding cognitive development, but supports their social/emotional development and helps them to learn to get along with others.**

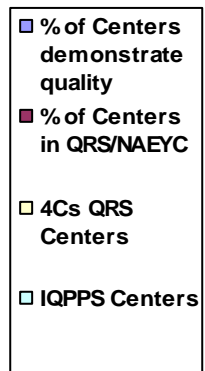
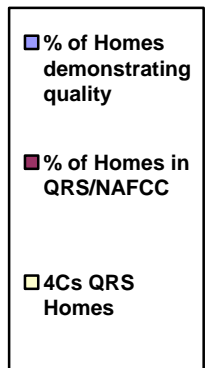
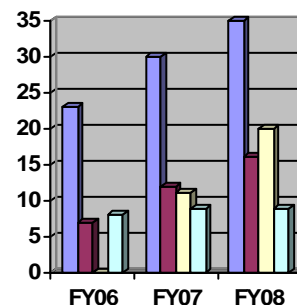
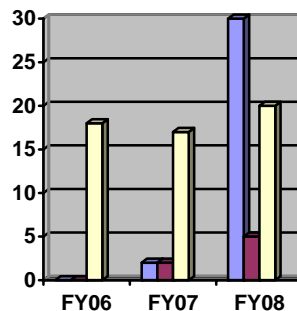
State Result Linkage: **Secure & Nurturing Child Care Environments**

Key Community Indicator(s): Baseline and trend information	FY 06	FY 07	Current FY
# and % of home based early education environments meeting quality standards through QRS and/or NAFCC	0/176 0%	3/170 2%	9/203 4%
# and % of center based early education environments meeting quality standards through QRS and/or NAEYC	6/90 7%	11/89 12%	14/85 16%

Programs addressing this priority: **4Cs QRS Support Program**
Grant Wood AEA IQPPS Support Program **Smiling Tots Provider Accreditation Program**

Performance Measure(s): (Baseline and trend information)	FY 06	FY 07	Current FY
# of providers participating in 4Cs QRS Support Program	18	28	40
# of providers participating in GWAEA IQPPS Support Program (and completing a self-assessment)	8 (5)	9 (4)	9 (1)
# and % of home providers demonstrating quality through NAFCC, QRS, FCCERS (no info for CDA, PITC, ChildNet)	0	2	30
# and % of centers demonstrating quality through NAEYC, QRS, Head Start, IQPPS, ECERS	21/90 23%	27/89 30%	30/85 35%

The Quality Rating Scale (QRS) was created by the 2005 Iowa Legislature. In FY06, Johnson County Empowerment first provided funding for the 4Cs QRS Support Program to increase the number of programs participating in QRS. That funding covers QRS Workshops, individualized visits and consultation to assist providers in preparing for, applying to, and moving up in the QRS system. The 4Cs QRS program began in FY06 for home-based providers, but in FY07 expanded to include center-based providers. In FY08, Johnson County Empowerment provided funding to 2 Child Development Homes to support NAFCC accreditation. Those providers have applied for accreditation, but have not yet had their site visits. Empowerment offered funding for NAEYC accreditation in FY03, but had no participants. Another quality initiative in Iowa is the Iowa Quality Preschool Program Standards (IQPPS). This is specifically for center-based programs serving children age 3-5 years. Rarely do providers choose to pursue QRS and IQPPS at the same time. Most providers choose to do one at a time, as they are complementary systems. In FY06, Johnson County Empowerment began funding the Grant Wood AEA IQPPS Support Program to support providers in working through the IQPPS, including the self-assessment and developing a Quality Improvement Plan.



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

Date This Report Approved By Local CEA Board: December 4, 2008

Name of Community Empowerment Area: **JOHNSON COUNTY EMPOWERMENT**

Counties/Area Served: **JOHNSON**

Website: **www.jcempowerment.com**

Current Board Chairperson: Sara Baird

Current Fiscal Agent: Larry Meyers

Signature: _____
Address: 1150 5TH Street, Suite 261
Coralville, IA 52241

Signature: _____
Address: Johnson County Board of Supervisors
913 S Dubuque Street
Iowa City, IA 52240

Email: mamabairds@gmail.com

Email: lmeyers@co.johnson.ia.us
Federal ID Number: 42-6004806

Contact Person for the Community Empowerment Area:
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SECTION I –

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

A. Number of Board Members (Board Size): **23**

B. Membership Identification. Complete the table below for members on the CEA Board

Column 1 - Name of each board member, starting with Chairperson. Identify any other officers (as determined by your CEA board bylaws.)

Column 2 – Identify the member’s representing the required membership. Note the Faith, Business or Consumer representative member may also qualify as citizen/elected.

Column 3 - Name of employing organization of the member; occupation if self employed

Column 4 – Name of services/program provided by CE funds

Column 5 – Place a “X” for the board members who qualify as citizen/elected according to the definitions of IAC for Community Empowerment, 349, Chapter 1. (“*Citizen*” means a resident of the empowerment areas, who is not an elected official or a required representative for education, health, and human services, or a paid staff member of an agency whose services fall under the plan or purview of the community board. A citizen representative may also represent faith, consumer or business.)

If the board does not meet the membership representation criteria, attach the CEA board’s plan of how they will meet requirements.

Column 1 Name	Column 2 Representation	Column 3 Name of Employing Organization	Column 4 Provider of CE Services/Program	Column 5 Citizen/Elected
Chair: Alice Atkinson		Retired		X
Vice-Chair: Sara Baird	<i>Required consumer</i>	U of Iowa Libraries		X
Secretary: Cheryl Whitney		Big Brothers/Big Sisters		X
Treasurer: Sally Weyer	<i>Required business</i>	Weyer Law Firm, P.L.C.		X
Fiscal Agent: Larry Meyers		Johnson County Board of Supervisors		X
Joe Fleming	<i>Required human services</i>	DHS		Not Applicable
Nadine Fisher	<i>Required health</i>	Johnson County Public Health		Not Applicable
Brenda Parker	<i>Required education</i>	Clear Creek Amana School District	School Ready Scholarships	Not Applicable
Carol Nordquist	<i>Required faith</i>	Retired		X
Mary Aquilino		University of Iowa College of Public Health		X
Nancy Chown		HACAP	Parent Education, Head Start	
Jill Dodds		Child Development Home Provider		
Carol Hans		Retired		X

Lisa Haverkamp		Grant Wood AEA	IQPPS, ECR, CART-JC	
Suzanne Henry		Self-employed private practice of psychiatry		X
Brian Loring		NCJC	FSP, PREP, Early Education Supports, Latino Family Support	
Terri McGraw		Grant Wood AEA	IQPPS, ECR, CART-JC	
Justine Retz		4Cs CCR&R	Provider Supports, QRS, Above & Beyond, Home Ties	
April Roe		Mercy Hospital Iowa City		X
Jeanne Saunders		University of Iowa School of Social Work		X
Mary Scamman		Retired		X
Stephen Trefz		Mid-Eastern Iowa Community Mental Health Center	Parenting Well When Depressed Educational Series	
Phyllis Tucker		Iowa City Community School District	Shared Visions Preschool and Wraparound, FSP, Rural Parenting, Mann Scholarships	

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

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

The Johnson County Empowerment Board is organized into a **Board of Directors, Priority Area Work Groups, and Standing Committees**.

The purpose of the **Board of Directors** is to oversee and coordinate collaborative services for children and families in Johnson County. The initial emphasis is on the delivery of services to children age 0-5. The long term purpose will be to improve the efficiency and effectiveness of services in the areas of education, health, and human services for persons of all ages. The Board consists of a membership of twenty-one to thirty-one members and follows the rules of membership established by the Empowerment legislation.

The Johnson County Community Plan for Early Childhood includes four priority areas: children's health, early education, parent education/family support, and community wellness. **Priority Area Work Groups** have been established for the first three priorities to provide guidance and consultation to the Board regarding each of the specific areas of priority. Work Groups monitor community needs and make recommendations to the Board regarding the focus of Requests For Proposals (RFPs), then review program proposals and make recommendations to the Board regarding program funding. Work Groups provide ongoing program oversight, including reviewing quarterly reports and providing technical assistance to contracting agencies in implementing programs. Work group membership is comprised of Board members and other community members.

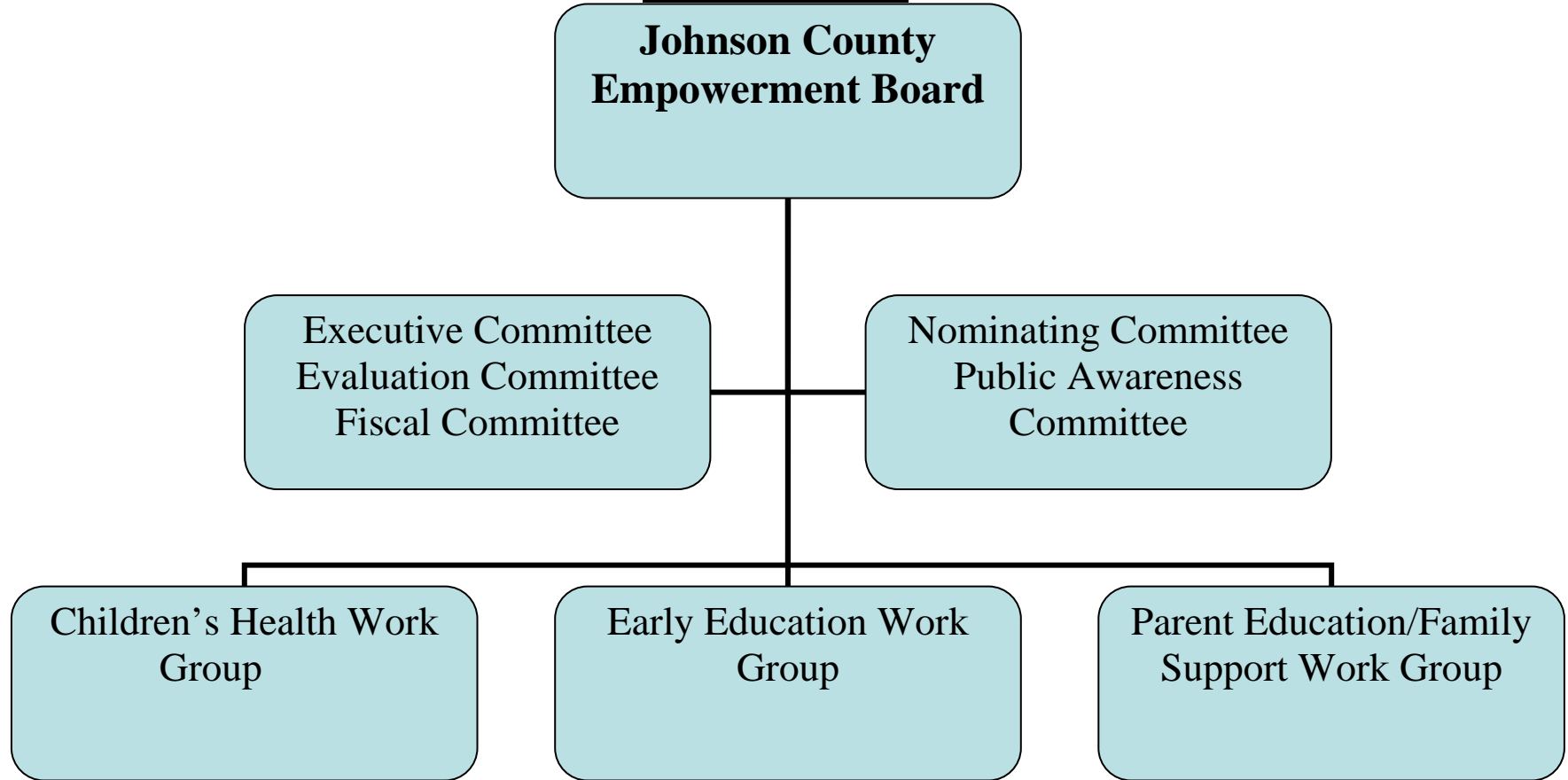
Standing Committees have been established to further assist the Board in its functioning. Committees include Executive, Evaluation, Fiscal, Nominating, and Public Awareness. The Executive Committee is chaired by the Board Chairperson and meets monthly, with the responsibilities of setting the agenda for Board meetings, making policy recommendations to the Board, and providing supervision to the Early Childhood Specialist. The Evaluation Committee meets monthly and acts as a resource to both the Board and to contracting agencies in evaluating programs and progress towards local indicators. The Fiscal Committee is chaired by the Board Treasurer and meets quarterly to provide fiscal oversight and monitoring information to the Board. The Fiscal Committee reviews the Board's fiscal policies and makes recommendations to the Board. The Nominating Committee is chaired by the Vice Chairperson and is responsible for recruitment of new Board members. The Nominating Committee monitors the composition of the board to ensure compliance with state legislation and local by-laws. The Public Awareness Committee is responsible for developing and distributing materials aimed at increasing public awareness of the work of the Empowerment Board and the issues related to families with children 0-5.

Minutes from the meetings of the Board of Directors, Priority Work Groups and Standing Committees are included in the monthly packet prepared for each Board meeting. Meeting minutes can also be found online on the Johnson County Empowerment website on the Meeting Minutes page. Agendas for all Board, Priority Work Group, and Standing Committee meetings are posted on the website and e-mailed to ten individuals within five communities for posting on public bulletin boards.

Johnson County Empowerment is actively involved **in efforts to provide formal communication and broad coordination of all community planning efforts**. Participants in this effort include Youth Development, Juvenile Crime Prevention, Decat, United Way, Johnson County Board of Supervisors, and Johnson County Council of Governments. It is through participation in the various community planning efforts that the fourth priority of community wellness is addressed.

The **Early Childhood Specialist participates in many community planning initiatives** and provides a link between the work of the Board and other community groups. Activities have included the Iowa City Community Schools Early Childhood Task Force, United Way's Starting Smart planning group, Prevent Child Abuse Johnson County, the Johnson County Coalition Against Domestic Violence, the Johnson County Early Learning Initiative, the Iowa City Housing Authority Program Coordinating Committee, Community Partnerships for Protecting Children, Decat planning, the Drug-Free Communities grant, and Youth Development.

Table of Organization



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.)

As a result of community-wide needs surveys completed in April 2008 (one for families and one for professionals), specific items under each of the three existing Plan priorities were modified and a fourth priority, Community Wellness, was added. Previous “issues or significant community impact” were incorporated into the four priority areas. Local Indicators were revised, with some being moved into the Core Indicators of Performance and others being identified as Data for Use in Decision-Making. Statistics are updated on an ongoing basis. Statewide Voluntary Preschool Programs were added and the Early Learning Opportunities Act Grant was removed.

The Board discussed reorganizing the priorities back into three priority areas: Child Wellness, Family Wellness, and Community Wellness. It was felt that this type of reorganization of priorities may result in a change in the Board’s organizational structure and should be a priority for the coming year.

Pending the outcomes of a true community-wide needs assessment currently in the process through United Way of Johnson County, Johnson County Empowerment will again revise the Community Plan based on those outcomes.

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. Community Needs Surveys

The Empowerment Ad Hoc Committee was reconvened to update and revise the Community Plan. The Committee consisted of representatives from Iowa City Community School District, Johnson County Council of Governments, Johnson County Decat, Johnson County Empowerment, Johnson County Public Health, MECCA, Mercy Hospital Iowa City, United Way of Johnson County, and University of Iowa College of Public Health. The original plan had been to review updated versions of all of the needs assessments that had been used to create the original Community Plan and suggest changes based on the updated

information. It was discovered that no new needs assessments had been conducted since the original plan was written in 2005. The group decided that the best course of action would be to do an informal needs survey to get immediate information and then to continue this collaboration to conduct a true community wide needs assessment. It is in United Way of Johnson County's strategic plan to facilitate a community wide needs assessment, so the group decided to simply act as partners with the United Way assessment. In Spring 2008, a Community Needs Survey was conducted collaboratively by Empowerment and practicum students from the College of Public Health. Families and professionals were asked to identify their priorities for children age 0-5 and their families. Responses were obtained from 115 families with children age 0-5 and 74 professionals. The results of those surveys were incorporated into the revised Community Plan.

2. Mental Health Needs

When the Johnson County Community Plan for Children 0-5 was revised in 2005, **mental health needs** were identified as an issue with significant community impact. When discussing mental health needs, it is often difficult to "tease out" the issues. Specifically, is it a parent issue (i.e., maternal depression), a relationship issue (i.e., attachment disorder), a child issue (i.e., behavior problem), an environmental issue (i.e., chaotic, non-nurturing, developmentally inappropriate), or a combination of factors that is causing the problem? Often it is a combination of those factors, though the systems for addressing them are often separate. The Johnson County Empowerment Early Childhood Specialist has been working with **4Cs Child Care Resource & Referral, Grant Wood Area Education Agency, the Iowa City Community School District, Neighborhood Centers of Johnson County, United Action for Youth, the University of Iowa Department of Psychology, and the University of Iowa Hospitals and Clinics Department of Psychiatry** to address the various aspects of mental health needs in the county and to help to provide a more integrated approach to mental health needs. The specific aspects addressed this year include maternal depression, infant mental health, and preschool behavioral issues.

In the area of **maternal depression**, Empowerment has worked collaboratively with providers of home visitation services through Iowa City Community School District (ICCS), Neighborhood Centers of Johnson County (NCJC), and United Action for Youth (UAY) along with the University of Iowa Department of Psychology to provide more widespread screening for maternal depression. It is estimated in the literature that 40% of low income women experience postpartum depression and that postpartum depression is under detected and under treated. The families served by the Empowerment Family Support Program (home visitation) often experience many of the risk factors for postpartum depression, including inadequate social support, lower socio-economic status, stressful life events, and childcare related stressors to name a few. The Empowerment Early Childhood Specialist worked with Dr. Lisa Segre from the University of Iowa to develop a training series that was specific to the Empowerment home visitation staff regarding the use of the Edinburgh Postnatal Depression Screening. Empowerment's role has been to act as the "connector" between the service agencies and the mental health professionals by organizing the training session, developing the screening protocols, identifying community partners to which to refer families, and providing the materials so that the agencies can implement the screening tool. During 2008, Empowerment contracted with Mid-Eastern Iowa Community Mental Health Center to provide training to 17 home visitation staff on the use of the "Parenting Well When You're Depressed" resource guide for families. Staff from five agencies received training 16 hours of training about how parental mental

illness impacts the entire family, strategies for working with parents with mental health concerns, and identifying parenting strengths in parents with mental health concerns.

The Johnson County Empowerment Family Support Program (ICCS, NCJC, UAY) and the University of Iowa Hospitals and Clinics Department of Psychiatry began a partnership to address infant mental health needs in the family. Dr. Beth Troutman from the UIHC has partnered with Empowerment to provide **infant mental health training and consultation** to home visitation staff, with a goal of increasing effectiveness of home visiting services by 1) enhancing family support workers' knowledge of early childhood mental health, 2) improving early identification of mental health problems, and 3) facilitating access to appropriate mental health services. Program activities have included training, individualized consultation, and home-based technical assistance. In the first phase of the project, in Fall 2006, nineteen home visitors participated in a training by Dr. Troutman and Ms. Tracy Moran about early childhood mental health problems, parenting problems, and maladaptive child-parent relationships. Information was also provided about assessment tools, copies of articles on infant mental health, and a list of infant mental health resources. The second phase of the project is to provide individualized consultation in a group-based setting. Brainstorming regarding case conceptualization and problem solving across all those in attendance is encouraged. The consultants model reflective practice by discussing their reactions to the cases and how these reactions might influence their conceptualization and practice. Pertinent resources in the area are discussed. Possibilities for measurement, consultation, and further treatment are outlined. A third aspect is the in-home consultation. Although the primary focus of this program is early childhood mental health, one of the tenets of early childhood mental health is the importance of addressing factors that may impact a family's ability to support the social-emotional development of young children. Thus, it is often necessary to make facilitated referrals for other services that could meet the additional needs of the family (e.g., adult mental health services, couples therapy, daycare, labor/delivery support). In order to not overwhelm the family, it is sometimes necessary to prioritize the greatest needs and develop a plan to address them over time rather than referring them to several services at once (e.g., referring the mother for treatment of depression immediately and parent-child therapy to address her child's mental health problems two months later). In 2007, a fourth component was added to the program. Advanced Mental Health Seminars are provided monthly to provide information about topics such as working with parents with insecure attachments, interventions to address disruptive behavior, interventions to address insecure infant-caregiver attachments in children less than one year of age and in 1-3 year olds, and working with families who are being investigated for child abuse or neglect.

Grant Wood Area Education Agency (GWAEA) provides support for **preschool children with behavioral needs** in the classroom through their Childcare Alliance Response Team (CART) program. An issue was identified locally that children were being asked to leave childcare settings because their behaviors were unmanageable by childcare staff and there were limited resources available to programs to address behavior concerns. The purpose of the CART program is to maintain the childcare placement and improve the social/emotional assets of children ages 0-5 with intense behavior challenges. Activities to achieve that goal include 1) providing intensive, behavioral support for children who have not yet been labeled as having special education needs, but who have been referred by childcare providers or parents for extremely challenging behavior; 2) providing assistance and modeling in implementing the behavior strategies; and 3) developing program improvement plans based on Iowa's Quality Preschool Program Standards assessment results to benefit all children in the program. With an approach that addresses both the child and the environment, changes can be made that will have a lasting impact.

A final component in the community-wide efforts to address mental health concerns includes **early screening for social-emotional concerns**. The Johnson County Empowerment Early Childhood Specialist provides training to community-based providers of services to families in the use of the Ages & Stages Questionnaires (ASQ; a developmental screening tool) and the Ages & Stages Questionnaires: Social-Emotional (the social-emotional counterpart to the ASQ). The ASQ and ASQ:SE were chosen because the ASQ is the first tool used by the Grant Wood Area Education Agency when they receive a referral from a family with a concern about a child's development. The ASQ & ASQ:SE are also among the screening tools being recommended by the statewide ABCDii Early Childhood Healthy Mental Development advisory councils, of which the Early Childhood Specialist has been a member. By utilizing the same tool as other organizations and health care providers, it allows us facilitated referral and communication between agencies. The ASQ & ASQ:SE are a part of the empowerment funded home visitation program and 42 home visitors at ICCSD, NCJC, and UAY have been trained in their use. In cooperation with Johnson County Public Health, 15 maternal and child health staff have received training in early screening for developmental and social/emotional concerns. Through the 4Cs Child Care Resource & Referral child care provider professional development programs, this training is made available to center- and home-based child care providers. To date, over 120 childcare providers/early educators have participated in training.

3. Statewide Voluntary Preschool Program for Four-Year-Old Children

During the 2006-2007 legislative session, the **Statewide Voluntary Preschool Program for Four-Year-Old Children** was created. The Empowerment coordinator in Johnson County began referring to this program as Preschool 4 All, shortened to P4All, just to provide a shorter name. On March 31, 2006, Johnson County Empowerment co-hosted the **League of Women Voters forum** in Iowa City. During that meeting, legislators in attendance were asked about the pending preschool legislation. On Friday April 6, 2006, the Johnson County Empowerment Early Childhood Specialist (ECS) attended a **Preschool Summit on the UNI** campus that included discussion about the pending legislation as well as best practices in implementing such a program. On April 12, 2006, the ECS sent **letters to each of the four main school districts** represented in Johnson County, providing a link to the Department of Education website with information about the preschool legislation and extending an invitation from Johnson County Empowerment to meet with local districts and **provide assistance in planning and submitting an application** for the funds. On April 16, 2006, the ECS began communicating with **key legislators regarding the pending legislation**. During 2007-2008, the ECS attended an AEA sponsored grant-writing session along with two school districts as well as a technical assistance ICN.

Clear Creek Amana School District (CCASD): Since Fiscal Year 2007, Johnson County Empowerment (JCE) has provided scholarships to children attending a child care/preschool in Tiffin, located in CCASD. On April 25, 2007, Paula Vincent, CCA Superintendent; Brenda Parker, CCA elementary principal; Jim Behle, Iowa City Community School District associate superintendent; Alice Atkinson, JCE Board Chairperson; and the Early Childhood Specialist participated in an **initial planning meeting**. The decision to have a joint meeting came from the fact that both CCASD and ICCSD serve students from the communities of North Liberty and Coralville. CCASD waited until 2008 to submit an application. The ECS attended a **community meeting** in Tiffin on April 2, 2008. During the April 3, 2008, Grant Writing Seminar hosted by Grant Wood AEA, CCASD and JCE engaged in additional **joint planning** around the preschool grant application. The Johnson County Community

Plan for 0-5 was utilized in writing the grant application to assist in identifying local resources and needs. JCE provided a letter of support for the CCASD grant application. Unfortunately, that application was not awarded funding for this year.

Iowa City Community School District (ICCSA): Johnson County Empowerment (JCE) has provided funding for many different preschool opportunities within ICCSD. JCE has funded preschool scholarships in school-based preschool as well as providing support and wraparound funds for the Shared Visions classrooms. JCE and ICCSD have engaged in **joint planning with cross-representation on the JCE Board and the ICCSD Early Childhood Task Force**. As noted above, there was an initial joint planning meeting regarding the preschool programming with CCASD on April 25. On May 31, ICCSD, along with CCA, hosted a meeting with local child care providers to **provide information and solicit input** about the district's plans. Alice Atkinson, Johnson County Empowerment Board Chairperson, and the ECS participated in that meeting. During the June 21, 2007, Grant Writing Seminar hosted by Grant Wood AEA, ICCSD and JCE engaged in additional **joint planning** around the preschool grant application. The Johnson County Community Plan for 0-5 was utilized in writing the grant application to assist in identifying local resources and needs. JCE provided a letter of support for the ICCSD grant application. After ICCSD's grant was awarded, Empowerment hosted a planning session on May 15, 2008, with ICCSD, Neighborhood Centers of Johnson County, HACAP Head Start, and Handicare to discuss maximizing funding from SVPP, Head Start, DHS wraparound, State Child Care Assistance, and Empowerment.

Lone Tree School District (LTSD): Johnson County Empowerment (JCE) has provided tuition scholarship funding for the Lone Tree Preschool (formerly Little Engine Preschool) since Fiscal Year 2002. The Johnson County Empowerment Early Childhood Specialist (ECS) went to Lone Tree School to meet with Michael Reeves, LTSD superintendent, and Denise Townsend, LTSD elementary principal, on May 24 to discuss how this program might operate in LTSD. During this meeting, the ECS provided **suggestions for grant development**. This included phoning 4Cs Child Care Resource and Referral to identify local providers of child care who are listed with 4Cs and suggesting that LTSD make personal contact with those providers to solicit their input and feedback regarding the local program. JCE wrote a letter of support for the 2007 LTSD application, but in the end LTSD decided to wait in submitting their application for the preschool funds. The ECS met with Amber Jacque, the new LTSD elementary principal on October 2, 2007, to discuss the LTSD application including utilizing the Johnson County Community Plan for 0-5 in writing the grant application to assist in identifying local resources and needs. The ECS met again with Ms. Jacque on April 7, 2008, to discuss the technical assistance given by the AEA on April 3, since Ms. Jacque was unable to attend that workshop. LTSD decided to delay applying for the funds for another year.

Solon School District (SSD): On April 25, 2007, Brad Manard, SSD superintendent; Marilee McConnell, SSD elementary principal; Alice Atkinson, the Johnson County Empowerment Board Chairperson; and the Early Childhood Specialist met to discuss how this program might look in SSD. A plan for proceeding was developed and Empowerment agreed to participate in future meetings. On May 17, 2007, the ECS participated in a meeting with SSD staff, local child care providers, and parents from Solon to discuss the districts thoughts about a possible grant application and to solicit public input. SSD decided to wait in submitting their application for the preschool funds. On February 26, 2008, the ECS met again with Ms. McConnell to discuss the SSD application. During the April 3, 2008, Grant Writing Seminar hosted by Grant Wood AEA, SSD and JCE engaged in additional **joint planning** around the preschool grant application. SSD decided to delay applying for the funds for another year.

On May 23, 2007, the ECS attended an **informational meeting hosted by a group of local early educators** in Johnson County, with Representative Mary Mascher as the guest speaker. The ECS participated in the **June 5, 2007, ICN session hosted by the Department of Education** to clarify the rules and to review the grant application format. That session was also attended by representatives from ICCSD and CCASD. On June 12, 2007, the ECS forwarded follow-up information from that ICN to the four local school districts, including an internet link to the PowerPoint presentation. The Johnson County Empowerment Early Childhood Specialist participated in the **June 21, 2007, Preschool Grant Writing Seminar hosted by Grant Wood AEA**. As only the ICCSD had representation there, the Early Childhood Specialist requested the PowerPoint presentation in electronic format and forwarded it to CCASD, LTSD, and SSD. Along with those materials, the ECS resent copies of the Johnson County Community Plan for Children 0-5 and suggested it might be useful in developing an application. Iowa City Community School District submitted an application for funds and Johnson County Empowerment provided a **letter of support** for the application for 2007. The Early Childhood Specialist participated as a grant reader for the state for these preschool funds. The ECS participated in the **February 1, 2008, ICN sessions hosted by the Department of Education** to clarify the rules and to review the grant application format. That session was also attended by Ms. Jacque from LTSD. The Johnson County Empowerment Early Childhood Specialist participated in the **April 3, 2008, Preschool Grant Writing Seminar hosted by Grant Wood AEA**. As only the CCASD and SSD had representation there, the Early Childhood Specialist requested the PowerPoint presentation in electronic format and forwarded it to LTSD. The ECS resent copies of the **Johnson County Community Plan for Children 0-5** for use in developing an application. Clear Creek Amana School District submitted an application for funds and Johnson County Empowerment provided a **letter of support** for the application for 2008.

4. State Child Care Assistance

During Spring 2007, administration of the State Child Care Assistance (SCCA) program moved from the local Johnson County DHS office to the regional office in Linn County. With this move came some shifts within the rules of the program. Many families who had previously received SCCA were now determined to be ineligible for this funding. This resulted in many families needing to find other ways to pay for their child care on short notice as well as many child care programs losing children who had previously been enrolled in their programs. **The Johnson County Early Childhood Specialist (ECS) participated in planning sessions with Johnson County Social Services, DHS, Decat, and local child care providers to discuss this transition, identify other available resources in the community, and develop additional resources for families.** The ECS attended a meeting on July 10, 2007, with representatives from DHS and Decat to discuss these changes and what the impact may be on the community. Also discussed was the Johnson County Empowerment Continue Care program and how it may support some families during this time. On August 1, 2007, the ECS met with Amy Correia from Decat/Johnson County Social Services to again discuss Continue Care and how the county might create a child care assistance program for school-age children who are not eligible for SCCA. This meeting was aimed at avoiding duplication and making the two systems as cohesive as possible. On March 3, 2008, the ECS attended a joint meeting with Linn County DHS staff, Johnson County Decat, and Johnson County child care providers to discuss the impact this change has had on the community and ways this is being addressed. One impact has been the closing of a preschool classroom that served mostly children utilizing SCCA. An identified need in the community is for child care assistance for families who are just over income for SCCA and for those who start on SCCA but then go over income.

SECTION III – Achieving Results

Community Plan Priorities

1. Children's Health
 - Health promotion, including healthy nutrition
 - Increase accessibility of health insurance for children
 - Increase access to quality pediatric health and dental care
 - Early identification and treatment of health, development, and behavioral concerns
2. Early Education
 - Increase the availability of quality early education
 - Increase the accessibility and affordability of quality early education
 - Improve quality in early education
3. Parent Education & Family Support, supporting families to:
 - Strengthen supportive parenting skills
 - Enhance parent/child relationships
 - Provide safe, stable, nurturing home environments
 - Increase healthy informal networks of support
 - Utilize appropriate community resources
 - Address parental issues of health, mental health, disability, and substance abuse needs
4. Community Wellness:
 - Build culturally competent systems of care to address the impact of:
 - multiple languages
 - multiple cultures
 - rural issues
 - Address family issues such as:
 - poverty
 - community safety
 - transportation

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)
# of children enrolled in state health insurance programs (0-17)	A	DHS	<u>1999</u> 2,152 TXIX <u>2000</u> 2,391 TXIX Aug. hawk-i 76	<u>2005</u> 3,972 TXIX 331 hawk-i (42%)	<u>2006</u> 4,279 TXIX 330 hawk-i (45%)	<u>2007</u> 4,743 TXIX 397 (54%) <u>2008</u> 4,986 TXIX 403 (55%)	Increase hawk-I enrollment to 75% of goal by 2008 (75% of goal is 547 children)	Received DHS funding for outreach in FY00 and Empowerment began funding staff for outreach during FY03. hawk-i began tracking stats Aug. 2000. From April 2002 to April 2008 enrolment has increased 88%. While additional children continue to be enrolled, we struggle with an almost equal number being disenrolled monthly.

Community Plan Indicators - Continued

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)
# of confirmed child abuse reports (per 10,000 population) (per 1,000 age 0-17)	B	DHS	<u>1998</u> 239 (12.4 rate) <u>2003</u> 230 confirmed/founded 311 children 157 >6 yrs old (45%)	<u>2005</u> 248 conf/found 355 children 206 >6 yrs old (56%)	<u>2006</u> 221 conf/found 313 children 169 >6 yrs old (54%)	<u>2007</u> 211 conf/found 312 children 160 >6 yrs old (51.3%)	This goal needs to be updated, as the old goal does not match the stats we have been able to access	Difficulty in defining rates, i.e. by victim, perpetrator, report and also between confirmed and founded.
# and % of early education environments meeting quality standards OF NAEYC, NAFCC, and QRS	C	DHS 4Cs GWAEA ISU Extension NAEYC NAFCC	<u>Baseline FY06</u> 0% Homes (0/176) 7% Centers (6/90) QRS: 0% Homes (0) 0% Centers (0) NAEYC: 7% Centers (6) NAFCC: 0% Homes (0)	<u>FY07</u> 2% Homes (3/170) 12% Centers (11/89) QRS: 2% Homes (3) 6% Centers (5) NAEYC: 7% Centers (6) NAFCC: 0% Homes (0)	<u>FY08</u> 4% Homes (9/203) 16% Centers (14/85) QRS: 4% Homes (9) (2 in upper levels) 12% Centers (10) (4 in upper levels) NAEYC: 5% Centers (4) NAFCC: 0% Homes (0)	N/A	Increase to 15% of Homes and 25% of Centers by 2010	This is a new indicator. The QRS was created by the 2005 Iowa Legislature. Empowerment has provided funding to 4Cs beginning in FY06 to increase the number of programs participating in QRS. Empowerment provided funding to 2 Child Development Homes in FY08 to support NAFCC accreditation. Empowerment offered funding for NAEYC accreditation in FY03, but had no participants.

Community Plan Indicators - Continued

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)
% of kindergarten students who attend preschool	D	School districts in Johnson County. (Clear Creek, Iowa City, Lone Tree, Solon) 1990 & 2000 Census	<u>1990</u> 56.5% county <u>00-01</u> LT 67% <u>03-04</u> ICCSD 75.1% Solon 87.5%	<u>2004-2005</u> ICCSD 75% LT 82% <u>2005-2006</u> Combined 82%; ICCSD 81% (757/935) LT 80% from LP (24/30) Solon 97% (84/87) CCA not provided	<u>2006-2007</u> Combined 65% ICCSD 62% (610/987) LT 75% from LP (30/40) Solon 95% (91/96) Clear Creek Amana 63% (49/78)	<u>2007-2008</u> Combined 71% (809/1137) ICCSD 69% (642/930) LT 72% (28/39) Solon 90% (77/86) Clear Creek Amana 76% (62/82)	All areas will have 75% of kindergartners with preschool experience by 2005. This goal is increased to 85% by 2009. Should increase to 90% by 2011-2012, given the SVPP legislation.	Lone Tree attendance significantly increased since implementing Empowerment scholarships in Fy03 (02-03 school year). ICCSD experienced a change in reporting in 06-07. ICCSD received SVPP funding in 07-08.

Community Plan Indicators - Continued

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)
# of regulated child care slots (licensed, registered, and listed with CCR&R)	E	Johnson County Social Services and 4Cs Child Care Resource & Referral	<u>2001</u> Licensed 1,403 Registered 761 Total 2,164 <u>2005</u> Licensed 4,433 Registered 1,488 Total 5,881	<u>2006</u> Licensed 4,746 Registered 1,252 (listed w/4Cs 1,706) Total 5,995	<u>2007</u> Licensed 4,747 Registered 1,732 (listed w/4Cs 1,132) Total 6,479	<u>2008 –</u> Licensed 4,736 Preschools 134 Registered 1,838 (listed w/4Cs 1,060) Total 6,708 (1,294 for ages 0-5)	Increase total to 6,395 by 2008.	Previous goal to increase to 2,275 by 2003 was met and the goal changed. New goal to increase to 6,395 was met in 2007. In 2008 this trend held, so a new goal will be established.
# of regulated child care programs	E	Johnson County Social Services and 4Cs Child Care Resource & Referral	<u>2001</u> Homes 339 <u>2004</u> 87 centers 191 homes	<u>2005</u> 88 centers 181 homes <u>2006</u> 6 preschool 84 centers 176 registered homes 33 unregistered listed w/4Cs	<u>2007</u> 6 preschool 82 centers 170 registered homes 42 unregistered listed w/4cs	<u>2008</u> 5 preschool 80 centers 203 registered homes 21 unregistered listed w/4cs	Increase homes to 288 and centers to 88 by 2008	This indicator was added during FY04. Also during FY04 DHS changed rules regarding home registration.

SECTIONS IV and V – Programs/Services to Support the Priorities – including Program/Services Performance Measures

Report program performance measures using the following language:

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

All columns should have quantitative or numerical data.

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds

All columns should have quantitative or numerical data.

Early Childhood Funds

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

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

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

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds

<p>Early Childhood Services Provided</p>	<p>Link to Which Community Plan Priority or Priorities (as noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with early childhood financial statement)</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change In Conditions for Those We Served? (Outcome Measures)</p>
<p>Capacity Building/Access to Child Care or Preschools</p> <p>-Home Ties -NCJC ELL/GED -NCJC Wraparound</p>	<p>2. Early Education</p>	<p>\$98,673.20 Empowerment</p> <p>\$ 89,349.54 State Child Care Assistance/Promise Jobs \$75,000.00 Johnson County funding \$56,000.00 First Mennonite Church \$15,842.49 CACFP \$9,971.37 other funding</p>	<p>122 children received quality child care while their parents attended GED or ELL classes, looked for housing, went to work, or secured employment</p>	<p>85 children were screened with Ages & Stages and 79 with ASQ:SE</p>	<p>93% of parents utilizing care were able to achieve their goals (secure employment and/or housing)</p> <p>24 children were referred for early intervention services and 9 received services</p>
<p>Home or Center Child Care Consultants</p> <p>-4Cs Home Child Care Consultant</p>	<p>2. Early Education</p>	<p>\$12,920.20 Empowerment</p>	<p>84 providers received 134 home visits</p>	<p>86% of Child Development Homes listed with 4Cs CCR&R are registered with DHS</p>	<p>100% (18/18) of providers showed improvement in 2 or more areas of the FCCERS</p>

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds – Continued

<p>Early Childhood Services Provided</p>	<p>Link to Which Community Plan Priority or Priorities (as noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with early childhood financial statement)</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change In Conditions for Those We Served? (Outcome Measures)</p>
<p>Provider Training/ Professional Development/ Materials</p> <p>-4Cs Education & Training -4Cs Quality Rating System support -Training Stipends</p>	<p>2. Early Education</p>	<p>\$25,583.87 Empowerment</p> <p>Also listed under SR Quality Improvement Quality Standards and SR Other (additional \$15,945.46 and \$3,000)</p> <p>\$22,813 participant fees</p> <p>\$17,000 CCR&R</p> <p>\$15,000 University of Iowa</p> <p>\$350 other</p> <p>(QRS Support outcomes duplicated under SR Quality Improvement Funds)</p>	<p>256 hours of free education provided in addition to:</p> <p>2 Intro to QRS workshops; 22 QRS home-based visits; 18 QRS center-based visits</p> <p>5 CDA workshops; 19 CDA home visits</p> <p>4 FCCERS workshops</p> <p>16 training stipends provided to 12 center-based and 4 home-based providers</p>	<p>1349 CDH providers participated in classes, in addition to:</p> <p>40 providers are participating in QRS support program 89% of home providers participating in statewide QRS have been assisted by this program 90% of centers participating in statewide QRS have been assisted by this program</p> <p>Providers from 5 child care centers and 4 child development homes accessed training stipends</p>	<p>95% increased knowledge in curriculum and developmentally appropriate practice 97% increased their professionalism</p> <p>55% of QRS Support homes have applied for QRS; 22% of those in QRS are Level 5 60% of QRS Support centers have applied for QRS; 33% of those in QRS are Level 4 or above</p> <p>7 home providers received their CDA, 4 will submit in July/August 2 CDA participants participate in QRS at Level 5</p> <p>94% of programs are more individualized to meet the needs of every child</p> <p>100% of programs have a broader range of activities including active, quiet, and outdoor times</p>

SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds – Continued

<p>Early Childhood Services Provided</p>	<p>Link to Which Community Plan Priority or Priorities (as noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with early childhood financial statement)</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change In Conditions for Those We Served? (Outcome Measures)</p>
<p>Other Services Early Childhood Specialist Provider Support materials</p>	<p>2. Early Education 4. Community Wellness</p>	<p>\$43,884.90 Empowerment</p>	<p>54 early educators trained in developmental screening and program evaluation</p>	<p>100% presenter satisfaction</p>	<p>Participants report: 100% received appropriate and adequate information to administer, score, and interpret both the ASQ and the ASQ:SE</p> <p>98% have strategies for encouraging child participation</p> <p>98% have more ideas about how to talk to parents about the ASQ & ASQ:SE</p>

SECTION V – Performance Measures: Community Empowerment School Ready Funds
All columns should have quantitative or numerical data.

School Ready Funds

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

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

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

- **Family Support and Parent Education – Prenatal through age 5**

In FY 07 the legislature designated that after allocation of all funds designated for other purposes, the CE board shall commit 60% of the remaining funds to provide family support services and parent education fro children ages prenatal through 5. A home visitation component is not necessary. Programs should be listed separately. For guidance on the use and reporting of these funds, refer to Tool FF in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/common/pdf/kit_tools/tool_ff.pdf.

- **Preschool Support for Low Income Families**

The FY 07 School Ready funds to assist low-income families with preschool services must be used for families at or below 200% of the federal poverty level. However, if sufficient funds are available to meet the needs of families meeting this requirement, the CEA Board may use a sliding scale or other co-payment provision for families above this federal poverty level. Performance measures data can be merged in this section. For guidance on the use and reporting of these funds, refer to Tool CC (A) and Tool CC (B) in the Community Empowerment Tool Kit, http://www.empowerment.state.ia.us/tool_kit_tools.asp.

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

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

- **Quality Improvement Funds**

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

- **Other Programs/Services**

*Programs/services that are providing other services. Examples of other services **may** include professional development for child care and preschool providers, nutrition, health and dental services, consultation services for early care, health and education providers, and quality improvements for early childhood programs.*

The total amount expended in each section (Family Support prenatal-3, Family Support prenatal -5, Preschool Tuition, Professional Development, Quality Improvement, and Other) should align with the corresponding lines on the financial statement.

For each service listed, in the first column, please include a category from bulleted list above, the name of the provider, and a brief description of the program being supported. Items should coincide with budget line items.

Family Support Performance Measures (use one row for each funded 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)
(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) ICCS D Empowerment Family Support Program (PAT)	3. Parent Education & Family Support	Amount expended: \$33,379 Empowerment Also listed under Family Support 0-5 (additional \$51,719.06) (these are the same outcomes reported in Family Support 0-5)	Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 65 children 0-3 35 children 0-5 Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 63 families Number of face to face <u>visits</u> completed: 1004 visits	Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 3% Local Data: 141 Ages & Stages Questionnaires done with 76 children 17 ASQ:SE done with 17 children 4 children referred for evaluation; 2 received services	Percent of parents with increased parent confidence and competence in their parenting abilities: 97% Percent of families with an increase of healthy informal support systems: 94% Percent of families able to enhance the health, growth, and development of their children: 99% Local Data: Percent of families who increased their knowledge of community resources: 98% Percent of families who are more likely to sit down and read to their child: 95%

Family Support Performance Measures *PRENATAL THROUGH AGE 3 FUNDING CONTINUED*

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 3 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) NCJC Empowerment Family Support Program (Bavolek Nurturing Program, Partners for a Healthy Baby, Healthy Families San Angelo)</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended: \$65,722 Empowerment Also listed under Family Support 0-5 (additional \$88,562.94) (these are the same outcomes reported in Family Support 0-5)</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): <u>153 children 0-3</u> <u>76 children 0-5</u> <u>32 pregnant women</u></p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): <u>123 families</u></p> <p>Number of face to face <u>visits</u> completed: <u>1840 visits</u></p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>7%</u></p> <p>Local Data: 192 Ages & Stages Questionnaires done with 143 children 109 ASQ:SE done with 89 children 26 children referred for evaluation; 12 received services</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>100%</u></p> <p>Percent of families with an increase of healthy informal support systems: <u>99%</u></p> <p>Percent of families able to enhance the health, growth, and development of their children: <u>99%</u></p> <p>Local Data: Percent of families who increased their knowledge of community resources: <u>99%</u> Percent of families who are more likely to sit down and read to their child: <u>99%</u></p>

Family Support Performance Measures *PRENATAL THROUGH AGE 3 FUNDING CONTINUED*

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 3 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/ Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) UAY Empowerment Family Support Program (PAT)</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended: \$28,738 Empowerment Also listed under Family Support 0-5 (additional \$32,046.33) (these are the same outcomes reported in Family Support 0-5)</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): <u>59 children 0-3</u> <u>2 children 0-5</u> <u>15 pregnant women</u> Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): <u>57 families</u> Number of face to face <u>visits</u> completed: <u>805 visits</u></p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>3%</u> Local Data: 74 Ages & Stages Questionnaires done with 27 children 22 ASQ:SE done with 17 children 2 children referred for evaluation; 2 received services</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>97%</u> Percent of families with an increase of healthy informal support systems: <u>98%</u> Percent of families able to enhance the health, growth, and development of their children: <u>97%</u> Local Data: Percent of families who increased their knowledge of community resources: <u>99%</u> Percent of families who are more likely to sit down and read to their child: <u>95%</u></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)
(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) 4Cs Starting Strong parent group	3. Parent Education & Family Support	Amount expended: \$2,678.91 Empowerment \$480 First Mennonite Church \$ 389.40 CCR&R	Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): 82 children Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>adults</u> participating in group based education (Unduplicated): 29 families Number of face to face <u>visits</u> completed: 65 duplicated group contacts Number of <u>group events</u> offered: 8 group events	Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 0% Local Data; 100% presenter effectiveness reported on family satisfaction surveys	Percent of parents with increased parent confidence and competence in their parenting abilities: 96% Percent of families with an increase of healthy informal support systems: 100% Percent of families able to enhance the health, growth, and development of their children: 100% Local Data: Percent of parents who know more ways to prevent behavior problems before they happen: 94%

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>The Arc Manantial parent group for Spanish-speaking families with a child with a disability</p>	<p>1. Children's Health</p> <p>3. Parent Education & Family Support</p>	<p>Amount expended:</p> <p>\$6,548.30 Empowerment</p> <p>\$4,309.47 other</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0</p> <p>Number of <u>children</u> 0-5 in families participating in group based education (Unduplicated): <u>19 children</u></p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0</p> <p>Number of <u>adults</u> participating in group based education (Unduplicated): <u>22 families</u></p> <p>Number of face to face <u>visits</u> completed: <u>135 duplicated group contacts</u></p> <p>Number of <u>group events</u> offered: <u>24 group events</u></p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>0%</u></p> <p>Local Data:</p> <p>100% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>100%</u></p> <p>Percent of families with an increase of healthy informal support systems: <u>100%</u></p> <p>Percent of families able to enhance the health, growth, and development of their children: <u>100%</u></p> <p>Local Data:</p> <p>Percent of parents who understand more why their child does the things he/she does at this age: <u>100%</u></p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

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)
(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) HACAP Parent Education parent groups	3. Parent Education & Family Support	Amount expended: \$15,365.07 Empowerment \$ 35.01 CSBG	Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): <u>191 children</u> Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>adults</u> participating in group based education (Unduplicated): <u>170 families</u> Number of face to face <u>visits</u> completed: <u>451 duplicated group contacts</u> Number of <u>group events</u> offered: <u>45 group events</u>	Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>0%</u> Local Data: 100% presenter effectiveness reported on family satisfaction surveys	Percent of parents with increased parent confidence and competence in their parenting abilities: <u>91%</u> Percent of families with an increase of healthy informal support systems: <u>98%</u> Percent of families able to enhance the health, growth, and development of their children: <u>87%</u> Local Data: Percent of families who read more often to their child: <u>90%</u> Percent of families who know more ways to help their child learn: <u>97%</u>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>Iowa City Community School District (ICCS) North Liberty Play Group</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended:</p> <p>\$7,620.62 Empowerment</p> <p>\$4,430.00 ICCSD</p> <p>\$2,288.00 North Liberty/Johnson County</p> <p>\$480.00 Table to Table</p> <p>\$200.00 community donations</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): 68 children</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>adults</u> participating in group based education (Unduplicated): 40 families</p> <p>Number of face to face <u>visits</u> completed: 102 duplicated group contacts</p> <p>Number of <u>group events</u> offered: 9 group events</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 0%</p> <p>Local Data:</p> <p>99% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 98%</p> <p>Percent of families with an increase of healthy informal support systems: 99%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 100%</p> <p>Local Data:</p> <p>Percent of families who know more ways to play with their child: 99%</p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

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)
(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) ICCS D Hills Family Books (IPTV Family Books)	3. Parent Education & Family Support	Amount expended: \$1,792.66 Empowerment \$ 1,835.00 ICCSD \$ 1,300.00 IPTV	Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): 32 children Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>adults</u> participating in group based education (Unduplicated): 22 families Number of face to face <u>visits</u> completed: 75 duplicated group contacts Number of <u>group events</u> offered: 9 group events	Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 0% Local Data: 99% presenter effectiveness reported on family satisfaction surveys	Percent of parents with increased parent confidence and competence in their parenting abilities: 99% Percent of families with an increase of healthy informal support systems: NA Percent of families able to enhance the health, growth, and development of their children: 96% Local Data: Percent of families who read more often to their child: 95% Percent of children who spend more time looking at books: 97%

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/ Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) MECCA Partners in Parenting (Partners in Parenting)</p>	<p>3. Parent Education & Family Support 4. Community Wellness</p>	<p>Amount expended: \$23,652.35 Empowerment</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): 46 children</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>families</u> participating in group based education (Unduplicated): 31 families</p> <p>Number of face to face <u>visits</u> completed: 159 duplicated group contacts</p> <p>Number of <u>group events</u> offered: 24 group events (4 six-week sessions)</p> <p>7 presentations for 77 staff providing services to children and families</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 0%</p> <p>Local Data: 100% presenter effectiveness reported on family satisfaction surveys</p> <p>On a scale of 1 to 5, average response was 4.41 to question of whether training achieved the stated objectives.</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 100%</p> <p>Percent of families with an increase of healthy informal support systems: 100%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 100%</p> <p>Local Data: Percent of families who are more realistic of what to expect of their child at this age: 100%</p> <p>On a scale of 1 to 5 average response was 4.31 that “training increased my subject knowledge”</p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>MECCA Child Wellness parent group</p>	<p>1. Children's Health</p> <p>3. Parent Education & Family Support</p>	<p>Amount expended:</p> <p>\$5,211.42 Empowerment</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): <u>14 children</u></p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>families</u> participating in group based education (Unduplicated): <u>9 families</u></p> <p>Number of face to face <u>visits</u> completed: <u>42 duplicated group contacts</u></p> <p>Number of <u>group events</u> offered: <u>11 group events</u></p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>0%</u></p> <p>Local Data:</p> <p>100% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>87%</u></p> <p>Percent of families with an increase of healthy informal support systems: <u>97%</u></p> <p>Percent of families able to enhance the health, growth, and development of their children: <u>94%</u></p> <p>Local Data:</p> <p>Percent of families who know more about health care services for their family: <u>81%</u></p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/ Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>Neighborhood Centers of Johnson County (NCJC)</p> <p>Latino Family Support home visitation program (Partners for a Healthy Baby, Healthy Families San Angelo)</p> <p>and group education (PACT-Parents And Children Together)</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended:</p> <p>\$41,815.83 Empowerment</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 78 children</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 46 families</p> <p>Number of face to face <u>visits</u> completed: 379 visits</p> <p>Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): 87 families</p> <p>Number of <u>adults</u> participating in group based education (Unduplicated): 31 adults</p> <p>Number of <u>group events</u> offered: 58 group events</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 15%</p> <p>Local Data:</p> <p>100% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 100%</p> <p>Percent of families with an increase of healthy informal support systems: 100%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 100%</p> <p>Local Data:</p> <p>28 adults increased one level on the Parent Education Profile</p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>United Action for Youth Teen Parent Program group</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended:</p> <p>\$7,454.73 Empowerment</p> <p>\$37,686 Shared Visions</p> <p>\$360 Table to Table</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): 18 children</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>teen parents</u> participating in group based education (Unduplicated): 35 families</p> <p>Number of face to face <u>visits</u> completed: 198 duplicated group contacts</p> <p>Number of <u>group events</u> offered: 59 group events</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 0%</p> <p>Local Data:</p> <p>100% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 96%</p> <p>Percent of families with an increase of healthy informal support systems: 96%</p> <p>Percent of families able to enhance the health, growth, and development of their children: NA</p> <p>Local Data:</p> <p>Percent of teen mothers who learned to take better care of themselves and their needs: 96%</p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/ Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>UAY Rural Parent Education groups</p>	<p>3. Parent Education & Family Support</p> <p>4. Community Wellness</p>	<p>Amount expended:</p> <p>\$9,884.84 Empowerment</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 0 Number of <u>children 0-5</u> in families participating in group based education (Unduplicated): <u>27 children</u></p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 0 Number of <u>families</u> participating in group based education (Unduplicated): <u>21 families</u></p> <p>Number of face to face <u>visits</u> completed: <u>61 duplicated group contacts</u></p> <p>Number of <u>group events</u> offered: <u>15 group events</u> (3 five-session workshops)</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>0%</u></p> <p>Local Data:</p> <p>100% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>100%</u></p> <p>Percent of families with an increase of healthy informal support systems: <u>100%</u></p> <p>Percent of families able to enhance the health, growth, and development of their children: <u>100%</u></p> <p>Local Data:</p> <p>Percent of families who will use class activities at home: <u>100%</u></p> <p>Percent of families who understand more why their child does the things he/she does at this age: <u>100%</u></p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>UAY Pediatric Nurse Practitioner home visitation for pregnant and newly parenting teens</p>	<p>1. Children’s Health</p> <p>3. Parent Education & Family Support</p>	<p>Amount expended:</p> <p>\$4,200 Empowerment</p> <p>\$7,000 Transitional Living Program grant</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 28 children</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 34 families</p> <p>Number of face to face <u>visits</u> completed: 188 visits</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 0%</p> <p>Local Data:</p> <p>100% presenter effectiveness reported on family satisfaction surveys</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 100%</p> <p>Percent of families with an increase of healthy informal support systems: 100%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 100%</p> <p>Local Data:</p> <p>Percent of families who know more about how to care for their newborn baby’s needs: 100%</p> <p>Percent of families who know more ways to help their child calm him/herself when upset: 100%</p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)	How Much Was Invested? (Input Measures) <i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i>	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>ICCSD Family Support Program (Parents As Teachers)</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended: \$51,719.06 Empowerment</p> <p>Also listed under Family Support 0-3 (additional \$33,379)</p> <p>(these are the same outcomes reported in Family Support 0-3)</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 65 children 0-3 35 children 0-5</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 63 families</p> <p>Number of face to face <u>visits</u> completed: 1004 visits</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 3%</p> <p>Local Data: 141 Ages & Stages Questionnaires done with 76 children</p> <p>17 ASQ:SE done with 17 children</p> <p>4 children referred for evaluation; 2 received services</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>97%</u></p> <p>Percent of families with an increase of healthy informal support systems: <u>94%</u></p> <p>Percent of families able to enhance the health, growth, and development of their children: <u>99%</u></p> <p>Local Data: Percent of families who increased their knowledge of community resources: <u>98%</u></p> <p>Percent of families who are more likely to sit down and read to their child: <u>95%</u></p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

<p>Name of Family Support Program</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures)</p> <p><i>Note: Fiscal Investments must coincide with financial statement Family Support Prenatal through 5 line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/ Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>NCJC Family Support Program (Bavolek, Partners for a Healthy Baby, Healthy Families San Angelo)</p>	<p>3. Parent Education & Family Support</p>	<p>Amount expended: \$88,562.94 Empowerment</p> <p>Also listed under Family Support 0-3 (additional \$65,722)</p> <p>(these are the same outcomes reported in Family Support 0-3)</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 153 children 0-3 76 children 0-5 32 pregnant women</p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 123 families</p> <p>Number of face to face <u>visits</u> completed: 1840 visits</p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: 7%</p> <p>Local Data: 192 Ages & Stages Questionnaires done with 143 children</p> <p>109 ASQ:SE done with 89 children</p> <p>26 children referred for evaluation; 12 received services</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: 100%</p> <p>Percent of families with an increase of healthy informal support systems: 99%</p> <p>Percent of families able to enhance the health, growth, and development of their children: 99%</p> <p>Local Data: Percent of families who increased their knowledge of community resources: 99%</p> <p>Percent of families who are more likely to sit down and read to their child: 99%</p>

Family Support Performance Measures PRENATAL THROUGH 5 CONTINUED

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)
(Include with the name the model, i.e. HOPES, PAT, etc. if applicable) <u>UAY Empowerment Family Support Program (PAT)</u>	3. Parent Education & Family Support	<p>Amount expended: \$32,046.33 Empowerment</p> <p>Also listed under Family Support 0-3 (additional \$28,738)</p> <p>(these are the same outcomes reported in Family Support 0-3)</p>	<p>Number of <u>children</u> participating in the family support program utilizing a home visiting service delivery model (Unduplicated): <u>59 children 0-3</u> <u>2 children 0-5</u> <u>15 pregnant women</u></p> <p>Number of <u>families</u> participating in the family support program utilizing a home visitation service delivery model (Unduplicated): <u>57 families</u></p> <p>Number of face to face <u>visits</u> completed: <u>805 visits</u></p>	<p>Percent of children, 0-3 years old, while enrolled in the program, who are referred for Early ACCESS services: <u>3%</u></p> <p>Local Data: 74 Ages & Stages Questionnaires done with 27 children</p> <p>22 ASQ:SE done with 17 children</p> <p>2 children referred for evaluation; 2 received services</p>	<p>Percent of parents with increased parent confidence and competence in their parenting abilities: <u>97%</u></p> <p>Percent of families with an increase of healthy informal support systems: <u>98%</u></p> <p>Percent of families able to enhance the health, growth, and development of their children: <u>97%</u></p> <p>Local Data: Percent of families who increased their knowledge of community resources: <u>99%</u></p> <p>Percent of families who are more likely to sit down and read to their child: <u>95%</u></p>

PRE-SCHOOL 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: <u>20</u></p> <p>Number of funded Programs meeting the following standards:</p> <p>NAEYC Accreditation: <u>7</u></p> <p>NAFCC Accreditation: <u>0</u></p> <p>Shared Visions: <u>4</u></p> <p>Head Start: <u>3</u></p> <p>ECERS average score of 5 (with no subscale score under 2): <u>0</u></p> <p>Participating in QPPS process: <u>15</u></p> <p>QRS rating of 3, 4, or 5: <u>2</u></p> <p>In process of completing any of the above quality standards: <u>15</u></p>	<p>2. Early Education</p>	<p>Amount expended:</p> <p>\$271,694.59 Empowerment</p> <p>Also listed under Other SR Funds (additional \$53,878.62)</p> <p>\$120,800.00 parent tuition \$105,198.00 Shared Visions \$76,397.71 Head Start \$30,651.00 ICCSD \$12,086.00 Johnson County Social Services \$4,746.89.00 SCCA \$2,906.00 CSBG \$1,958.00 CACFP \$1,350.00 Other</p> <p>Educational Level of Lead Teacher(s):</p> <p>GED: <u>0</u></p> <p>High School Diploma: <u>3</u></p> <p>Child Development Associate: <u>2</u></p> <p>AA Degree in EC or child development: <u>3</u></p> <p>AA Degree in related field: <u>0</u></p> <p>BA/BS in EC or child development: <u>7</u></p> <p>BA/BS in related field: <u>3</u></p> <p>Post Graduate Degree: <u>3</u></p> <p>Number of funded programs utilizing a <u>Child Care Nurse Consultant</u> for technical assistance: <u>2</u></p> <p><u>Curriculum(s)</u> used by funded programs: Breakthrough to Literacy, Creative Curriculum, Everyday Mathematics, Handwriting Without Tears, Incredible Years, Positive Behavior Supports, Project Construct, Second Step, Tugs and Hugs Social Development, center-developed</p>	<p>Children Supported with these funds:</p> <p>Total Number of children (Unduplicated): <u>150</u> Details not received for 3 children</p> <p>Number of children by age (Unduplicated): 3 Year Olds: <u>39</u> 4Year Olds: <u>89</u> 5 Year Olds: <u>19</u></p> <p>Number of children by Gender (Unduplicated): Female: <u>76</u> Male: <u>71</u></p> <p>Number of children by Race (Unduplicated): White: <u>80</u> Black/African American: <u>40</u> Asian: <u>5</u> Native Hawaiian/Pacific Islander: <u>0</u> More than one race reported: <u>3</u> Other/Unknown: <u>19</u></p> <p>Number of children by ethnicity: Hispanic/Latino: <u>37</u> Not Hispanic/Latino: <u>110</u></p> <p>Number of children with health insurance: <u>112</u></p> <p>Number of children demonstrating age appropriate skills: <u>117</u></p>	<p>For Children Supported with These Funds:</p> <p>Percent of children with health insurance: <u>75%</u></p>	<p>For Children Supported with These Funds:</p> <p>Percent of children demonstrating age appropriate skills: <u>79%</u></p> <p>Identify the <u>assessment tool(s)</u> used to determine the children's development: Agas & Stages Questionnaires, Child Development Inventory, Creative Curriculum evaluation, DECA, program-specific evaluation</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>List the collaborative partners involved in the professional development activities and briefly describe the activities.</p> <p>We did not have carried forward Professional Development Funds</p>		<p>Amount expended:</p> <p>\$0</p> <p>(Report any other applicable input measures):</p>	<p>Total number of participants by:</p> <p>Number of Administrators/Directors:</p> <p>Number of Teachers/Early Childhood Providers:</p> <p>Number of Assistant Teachers:</p> <p><i>Report as applicable:</i> Total number of credits earned:</p> <p>Average number of credits earned by participants:</p> <p>Number of participants working toward CDA:</p> <p>Number of participants working toward associate degree:</p> <p>Number of participants working toward bachelors degree:</p> <p>Total number of participant hours logged:</p> <p>Total number of CEU's earned:</p>	<p>Percent of all participants completing coursework by:</p> <p>Percent of Administrators/Directors:</p> <p>Percent of Teachers/Early Childhood Providers:</p> <p>Percent of Assistant Teachers:</p> <p>Average cost per participant:</p> <p><i>Report as applicable:</i> Average cost per credit hour:</p> <p>Percent of participants completing associate degree:</p> <p>Percent of participants completing bachelors degree:</p>	<p>Percent of participants who report incorporating learning into policy or practice:</p> <p>(Report any other applicable participant outcomes):</p>

Quality Improvement Funds – Performance Measures

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>Early Education Quality Standards</p> <p>-4Cs QRS Support</p> <p>-GWAEA IQPPS Support</p> <p>-Smiling Tots Provider Accreditation</p>	<p>2. Early Education</p>	<p>Amount expended:</p> <p>\$15,945.46 Empowerment</p> <p>Also listed under EC Provider Training and SR Other (additional \$25,583.87 and \$3,000.00)</p> <p>\$13,500 participating child care providers</p> <p>\$1,933.75 Iowa TEACH</p> <p>\$1,870.00 CCR&R</p> <p>\$835.18 Grant Wood AEA</p> <p>\$300.00 4Cs</p> <p>(QRS Support outcomes duplicated under EC Provider Training/Professional Development/Materials)</p>	<p>2 Intro to QRS workshops</p> <p>22 QRS home-based visits</p> <p>18 QRS center-based visits</p> <p>5 CDA workshops</p> <p>19 CDA home visits</p> <p>4 FCCERS workshops</p> <p>83.17 hours of facilitator time</p> <p>27 on-site consultations for IQPPS centers</p> <p>\$2510 in equipment grants to improve early learning environment</p>	<p>40 providers are participating in QRS support program</p> <p>89% of home providers participating in statewide QRS have been assisted by this program</p> <p>90% of centers participating in statewide QRS have been assisted by this program</p> <p>2 new centers joined IQPPS support program and 8 centers continued in self-assessment process</p> <p>9 centers have developed a Quality Improvement Plan</p> <p>2 child development home providers have achieved: FCCERS scores of 5.9 and 6.1</p> <p>QRS of 5 and applied for 5</p>	<p>55% of QRS Support homes have applied for QRS; 22% of those in QRS are Level 5</p> <p>60% of QRS Support centers have applied for QRS; 33% of those in QRS are Level 4 or above</p> <p>100% of IQPPS Support centers have absolutely incorporated learning from the IQPPS into policy and/or practice at their center</p> <p>7 home providers received their CDA, 4 will submit in July/August</p> <p>2 CDA participants participate in QRS at Level 5</p> <p>Both child development home providers have sent applications for NAFCC accreditation</p>

Quality Improvement Funds – Performance Measures - Continued

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>Early Educator Continuing Education</p> <p>-4Cs Above & Beyond</p> <p>-Grant Wood AEA Every Child Reads</p>	<p>2. Early Education</p>	<p>Amount expended:</p> <p>\$10,659.32 Empowerment</p> <p>\$1,696.90 Grant Wood AEA</p> <p>\$156.00 CCR&R</p>	<p>2 series of 5 classes of Above & Beyond (A&B)</p> <p>60 hours of mentoring (A&B)</p> <p>17 sessions of Every Child Reads (ECR) for 48 hrs of class</p>	<p>26 providers in A&B classes</p> <p>6 providers in A&B mentoring program</p> <p>2 parents, 6 home-based and 10 center-based participants in ECR</p>	<p><u>A&B:</u></p> <p>97% improved responses to children based on their knowledge of child development</p> <p>83% increased knowledge about caring for children with greater cultural sensitivity</p> <p>100% (6/6) of mentoring programs improved one or more FCCERS score</p> <p><u>ECR:</u></p> <p>100% report incorporating learning into practice or policy</p>
<p>Behavioral supports for child care</p> <p>-GWAEA CART-JC</p>	<p>1. Children’s Health</p> <p>2. Early Education</p>	<p>Amount expended:</p> <p>\$38,510.47 Empowerment</p> <p>Also listed under SR Other (additional \$48,348.75)</p> <p>\$22,456.76 Grant Wood AEA</p>	<p>child care programs received consultation regarding 6 children</p> <p>33 children received intervention from a behavioral interventionist associate</p> <p>Interventions lasted from 2 to 10 weeks and many were seen daily</p>	<p>39 children from 22 centers received services</p> <p>9 out of 10 children entering kindergarten this fall will have positive behavior support plans</p> <p>2 children were expelled from child care</p>	<p>100% (18/18) of children increased Total Protective Factors on DECA</p> <p>89% (16/18) decreased Behavioral Concerns</p> <p>11% (2/18) of Behavior Concerns stayed the same</p>

Quality Improvement Funds – Performance Measures – Continued

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>Home Visitation provider training</p> <p>-Community Mental Health Center’s “Parenting Well When Depressed” Training</p> <p>-UIHC Dept. of Psychiatry Infant Mental Health Consultation</p>	<p>3. Parent Education & Family Support</p> <p>4. Community Wellness</p>	<p>Amount expended: \$14,665.82 Empowerment</p> <p>Also listed under SR Other (additional \$17,311.85)</p>	<p>A series of 4 two-hour workshops to 17 home visitation staff on utilizing the Parenting Well When You’re Depressed workbook with families</p> <p>8 training sessions about infant mental health provided to 65 participants</p> <p>41 consultations regarding 27 families with mental health issues</p> <p>1 in-home consultation/facilitated referral</p>	<p>100% of participants increased knowledge about how parental mental illness impacts the entire family</p> <p>100% of participants indicated increased knowledge of mental health interventions</p>	<p>100% of participants can identify strategies for working with parents with mental health concerns</p> <p>100% of participants reported the consultations were helpful in identifying early childhood mental health problems</p> <p>100% of participants reported the consultations were helpful in identifying parent-child relationship problems</p>

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)
Children’s Health Insurance Outreach	1. Children’s Health	\$11,830.53 Empowerment \$11,333.83 Johnson County Public Health	Outreach coordinator worked with 334 families	Assisted in program sign up for 34 families with hawk-i and 9 families with Medicaid	Comparing 2008 to 2007: January: +10 June: +27
Temporary emergency child care (Continue Care)	2. Early Education	\$51,215.50 Empowerment \$12,086.00 Johnson County Social Services	12 centers and 3 homes continued to provide care to children whose families experienced potential crisis and temporarily unable to pay for care	72 children received emergency child care funding	100% of participating children were able to remain in their current child care setting in spite of a family crisis
Rural child care scholarships (Busy Bees)	2. Early Education 4. Community Wellness	\$30,929.50 Empowerment \$ 2,400 parent tuition	18 children age 0-2 years received tuition supports	36 Ages & Stages Questionnaires completed with 18 children; 28 ASQ:SE completed with 17 children 100% of participants have health insurance	100% of children received developmental screenings 100% of children screened were found to be within expected range of appropriate development
Preschool Programming	2. Early Education	\$53,878.62 Empowerment Also listed under SR Preschool (additional \$271,694.59)	Outcomes listed under Preschool	Outcomes listed under Preschool	Outcomes listed under Preschool

Other Services – Performance Measures – Continued

<p>School Ready Services Provided including a brief description of the program or activity</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Other line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>Quality Improvement: Early Education Quality Standards</p>	<p>2. Early Education</p>	<p>\$3,000 Empowerment Also listed under SR QI Early Ed Quality Standards and EC Provider Training (additional \$15,945.46 and \$25,583.87)</p>	<p>Outcomes listed under SR Quality Improvement: Early Education Quality Standards and EC Provider Training/Professional Development/Materials</p>	<p>Outcomes listed under SR Quality Improvement: Early Education Quality Standards and EC Provider Training/Professional Development/Materials</p>	<p>Outcomes listed under SR Quality Improvement: Early Education Quality Standards and EC Provider Training/Professional Development/Materials</p>
<p>Quality Improvement Behavioral supports for child care Grant Wood AEA CART</p>	<p>1. Children's Health 2. Early Education</p>	<p>\$48,348.75 Empowerment Also listed under SR Quality Improvement (additional \$38,510.47) \$22,456.76 GWAEA also listed under Quality Improvement funds</p>	<p>Outcomes listed under Quality Improvement Funds</p>	<p>Outcomes listed under Quality Improvement Funds</p>	<p>Outcomes listed under Quality Improvement Funds</p>

Other Services – Performance Measures – Continued

<p>School Ready Services Provided including a brief description of the program or activity</p>	<p>Link to Which Comm. Plan Priority or Priorities (as Noted in Section III)</p>	<p>How Much Was Invested? (Input Measures) <i>Note: Fiscal investments must coincide with financial statement Other line item</i></p>	<p>How Much Was Done or Produced? (Output Measures)</p>	<p>How Well Did We Do It? (Quality/ Efficiency Measures)</p>	<p>What Was the Change in Conditions for Those We Served? (Outcome Measures)</p>
<p>Quality Improvement: Home Visitation Provider Training University of Iowa Children’s Mental Health Consultation</p>	<p>1. Children’s Health 3. Parent Education & Family Support 4. Community Wellness</p>	<p>\$17,311.85 Empowerment Also listed under Quality Improvement (additional \$14,665.82)</p>	<p>Outcomes listed under Quality Improvement Funds</p>	<p>Outcomes listed under Quality Improvement Funds</p>	<p>Outcomes listed under Quality Improvement Funds</p>
<p>Community planning, coordination, and collaboration (Early Childhood Specialist)</p>	<p>4. Community Wellness</p>	<p>\$18,621.00 Empowerment</p>	<p>Informal Community Needs Surveys completed with 115 families with children age 0-5 and 74 professionals.</p>	<p>With support from the University of Iowa College of Public Health, over 189 surveys were collected over a one-week period.</p>	<p>The Community Plan has been updated to include family-identified needs.</p>

SECTION VI –Other Community Investment and Support

<i>Source</i>	<i>Cash Value</i>	<i>Source</i>	<i>In-Kind Cash Value</i>
<u>Already shown in Performance Measures</u>		Johnson County for administration	\$1,950.00
Child & Adult Care Food Program	17,800.49	Mercy (rooms and food)	12,686.00
Community Service Block Grant (CSBG)	2,941.01	JCCOG (evaluation and posting)	85.40
Head Start Funds	76,397.71	Board and Work Group members (for meetings)	18,590.00
Iowa East Central TRAIN	19,415.40	Board Chairperson (in addition to regular meetings)	3,564.00
Johnson County for Home Ties	75,000.00	Board Treasurer (in addition to regular meetings)	756.00
Parent tuition	123,200.00		
Participant fees (child care providers)	22,813.00	<u>Already shown in Performance Measures</u>	
Johnson County Public Health hawk-i outreach	11,333.83	First Mennonite Church	56,480.00
Shared Visions grants	142,884.00	Grant Wood Area Education Agency	24,388.84
State Child Care Assistance/Promise Jobs	94,096.43	Iowa City Community School District	36,916.00
TEACH Iowa	1,933.75	Iowa Public Television Family Books Program	1,300.00
Transitional Living Program	7,000.00	Johnson County Social Services	24,172.00
University of Iowa	15,000.00	Other grantee agency in-kind	13,800.00
<u>Additional reflected in performance measures</u>	<u>16,180.84</u>	<u>Table To Table</u>	<u>840.00</u>
<u>TOTAL</u>	<u>\$ 625,996.46</u>	<u>TOTAL</u>	<u>\$ 195,528.24</u>