



# Dubuque County Empowerment (DCE)

Counties in Area: Dubuque County

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Vision: All children birth to age five in Dubuque County will be healthy and successful.

Mission: Build public commitment and work collaboratively with the community and families to develop an early childhood system with high quality child care, education, health care, and services for all children birth to age 5 and their families in Dubuque County.

## A family story from Dubuque County:

Sarah was a single mom of an infant when she joined the local Parents as Teachers program. With no family support, no job prospects, and a colicky infant – Sarah still wanted to be the best mother she could be. However, she faced numerous challenges, including the death of a loved one, domestic violence, and mental health issues.

Sarah's goal was to be a loving and consistent presence for her son. Through the support of Parents as Teachers and links to community resources, she has found help to improve parenting skills, find a job, and address her mental health needs. She has shown courage and dedication to overcoming barriers with the singular focus of giving her son the best opportunities to succeed.

Now, Sarah's son is attending a quality preschool. Sarah has learned to be an advocate for her child's needs and is actively involved at the preschool, including planning a fundraising event and volunteering in the classroom. Sarah seeks out information to enhance her son's learning, and her son is on target with his developmental growth. Despite life challenges and some fluctuation in employment, Sarah has continued to make positive choices for her family. She has succeeded in being what all parents can be – their child's first and best teacher.

– Courtesy of Kristy Fenwick, Parent Educator, Parents as Teachers at Four Oaks, Dubuque County

## Did you know?

Dubuque County has 245 home child care providers (registered/known non-registered); 27 child care centers; and 12 preschools. Almost all centers and preschools participated in quality standards beyond basic licensing. FY09 efforts brought the first significant increase in home providers participating in quality initiatives.

## Why are the programs/services DCE supports important to reaching our vision and mission?

- Based on community needs assessment, existing resources, and priorities.
- Supported through goals shared by community partners, including other nonprofits, governmental entities, education and health institutions, and citizens.
- Based on best practice, whenever possible, to support high-quality, early childhood results.
- Help measure progress toward goals and often uncover new local needs for families of young children.
- Assist DCE in efforts to build sustainability.
- Help represent DCE in collaborative community initiatives.
- Are the front-line in sharing with families and the community that early childhood experiences matter.

Woven together with DCE Board and community efforts, the programs/services that DCE supports are helping to build the system of early health and education for children age birth to five in Dubuque County.

## Community Plan priorities for Dubuque County's children age birth to five:

- Accessible quality support systems
- Family success skills
- Early intervention
- Safe and secure relationships
- Healthy physical and mental development

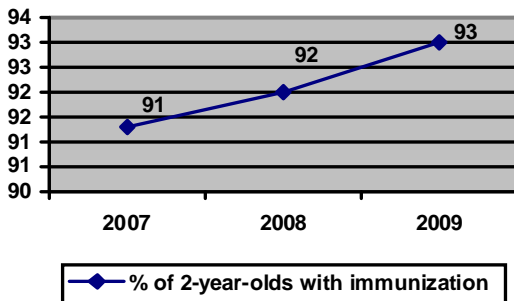
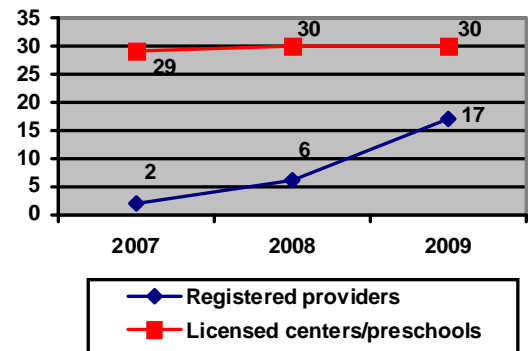
## What services/programs/activities do we support?

- For child care providers (home and center based), support to complete quality initiatives; professional development opportunities including best practice; assistance for home providers to become registered; and grants for infant capacity, quality improvement, necessary equipment, and incentive to register.
- Support programs for preschool providers to meet requirements of voluntary preschool grants.
- Respite program offering quality child care for at-risk families.
- Parent education opportunities on early childhood topics.
- Collaborative/public awareness efforts throughout the community.
- Parents as Teachers and Promoting First Relationships family support programs.
- Preschool tuition and transportation support for income-eligible families.
- Health/dental programs, including oral health and child care nurse consultants.
- Kindergarten survey administered through all school districts.
- Literacy and media services for child care providers participating in Iowa Quality Preschool Program Standards.
- Transition to kindergarten support for children in need.
- Quality improvement efforts for early childhood system building.

## How do we measure our progress?

**Indicator 1:** # of child care providers participating in quality improvement initiatives (NAEYC, Head Start, IQPPS, QRS, etc.)

**How are we doing?** Centers/preschools continue to participate in initiatives at close to 100%. FY10 will see three new centers in this county. This year, good progress has been made with registered home providers through facilitated support. DCE programs/services help encourage and support providers to commit to and maintain participation in quality initiatives.



**Indicator 2:** % of children up to date on immunizations at age two

**How are we doing?** This county consistently stays above the state goal and has made positive progress since 2007. DCE supports this effort through sponsorship and collaboration for the public immunization program through the Visiting Nurse Association.

## Others within our community working on similar issues:

- Every Child | Every Promise – Collaboration of community resources to serve five America's Promises to youth ages zero to 20.
- Community Foundation of Greater Dubuque – Community leadership and grants to meet area needs and strengthen the community.
- Child Care Resource & Referral – Resources/support to parents and early childhood professionals on quality child care.
- Visiting Nurse Association – Community health services for families in need who may have children age birth and beyond.
- Four Oaks Parents as Teachers – Family support with practical, timely information on child development available to all families.
- Center and Home-Based Child Care Providers – Striving to offer quality child care to area families.

## What can citizens of Dubuque County do to help?

- Determine who are your elected officials and how they stand on children's issues. Vote in local elections, and take your children with you for a great learning experience.
- Encourage your local, state, and national elected officials to support early childhood initiatives.
- Educate yourself on "quality" child care. Ask your child care provider what they are doing to improve the quality of their program.
- Write a letter to a local newspaper on quality early care and education. Include what individuals can do to help achieve it.
- Join an advocacy group addressing children's issues (like Every Child Counts).
- Talk to your friends, family members, employers, and other parents to spread the word that early childhood experiences matter.
- Ask your employer about possible benefits or support for quality child care.
- Think about your own children's or grandchildren's needs and how to be their voice for change.
- Join a committee of Dubuque County Empowerment to learn other ways to help young children be healthy and ready to succeed.

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

**INSTRUCTIONS:**

1. Please submit the following information utilizing the format provided. Additional pages and information may be included.
2. The annual report is due September 15, 2009.
3. A completed and signed original report should be submitted to the following address and **electronically** to the following e-mail:

Iowa Empowerment Board  
Attn: Shanell Wagler  
Office of Empowerment, Department of Management  
Room 12, Ground Floor  
State Capitol Building  
Des Moines, IA 50319  
[Shanell.wagler@iowa.gov](mailto:Shanell.wagler@iowa.gov)

Date This Report Approved By The Local CEA Board: August 25, 2009

Name of Community Empowerment Area: Dubuque County Empowerment

Counties/Area Served: Dubuque County

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

Current Board Chairperson: Marvin O'Hare

Current Fiscal Agent: Dubuque County Empowerment

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

Address: 2345 Knob Hill  
Dubuque, IA 52003

E-mail: [mgohare@aol.com](mailto:mgohare@aol.com)

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Dubuque, IA 52001

E-mail: [sedward24@aol.com](mailto:sedward24@aol.com)  
Federal ID Number: 20-8792057

Contact Person for the Community Empowerment Area: Sherri Edwards  
(if different from the Chairperson)

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## Supplemental Section – List of Acronyms Used in Report

- AEA – Area Education Agency
- CCR&R – Child Care Resource & Referral
- CDA – Child Development Associate
- CE – Community Empowerment
- CEA – Community Empowerment Area
- CEU – Continuing education unit
- CPPC – Community Partnerships for Protecting Children
- DACPCA – Dubuque Area Council for the Prevention of Child Abuse
- DCE – Dubuque County Empowerment
- DCSD – Dubuque Community School District
- DCSYC – Dubuque County Safe Youth Coalition
- DHS – Department of Human Services
- DPS – Department of Public Safety
- ECEP – Every Child | Every Promise
- EPI – Exceptional Persons, Inc.
- EPSDT – Early Periodic Screening, Diagnosis, and Treatment
- FFN – Family, friend, and neighbor
- FTE – Full-time equivalent
- FY – Fiscal year
- IA – Iowa
- IDPH – Iowa Department of Public Health
- ICN – Iowa Communications Network
- IEP – Individualized education program
- IQPPS – Iowa Quality Preschool Program Standards
- MVECEC – Mississippi Valley Early Childhood Education Conference
- NA – Not available
- NAC – National Accreditation Commission for Early Care and Education
- NAEYC – National Association for the Education of Young Children
- NGA – National Governor’s Association
- NICC – Northeast Iowa Community College
- PAT – Parents as Teachers
- PFR – Promoting First Relationships
- QCCA – Quality Child Care Alliance
- QRS – Quality Rating System
- RFP – Request for proposals
- TA – Technical assistance
- TBD – To be determined
- VNA – Visiting Nurse Association
- WDCCSD – Western Dubuque County Community School District
- WOYC – Week of the Young Child

**SECTION I –**

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

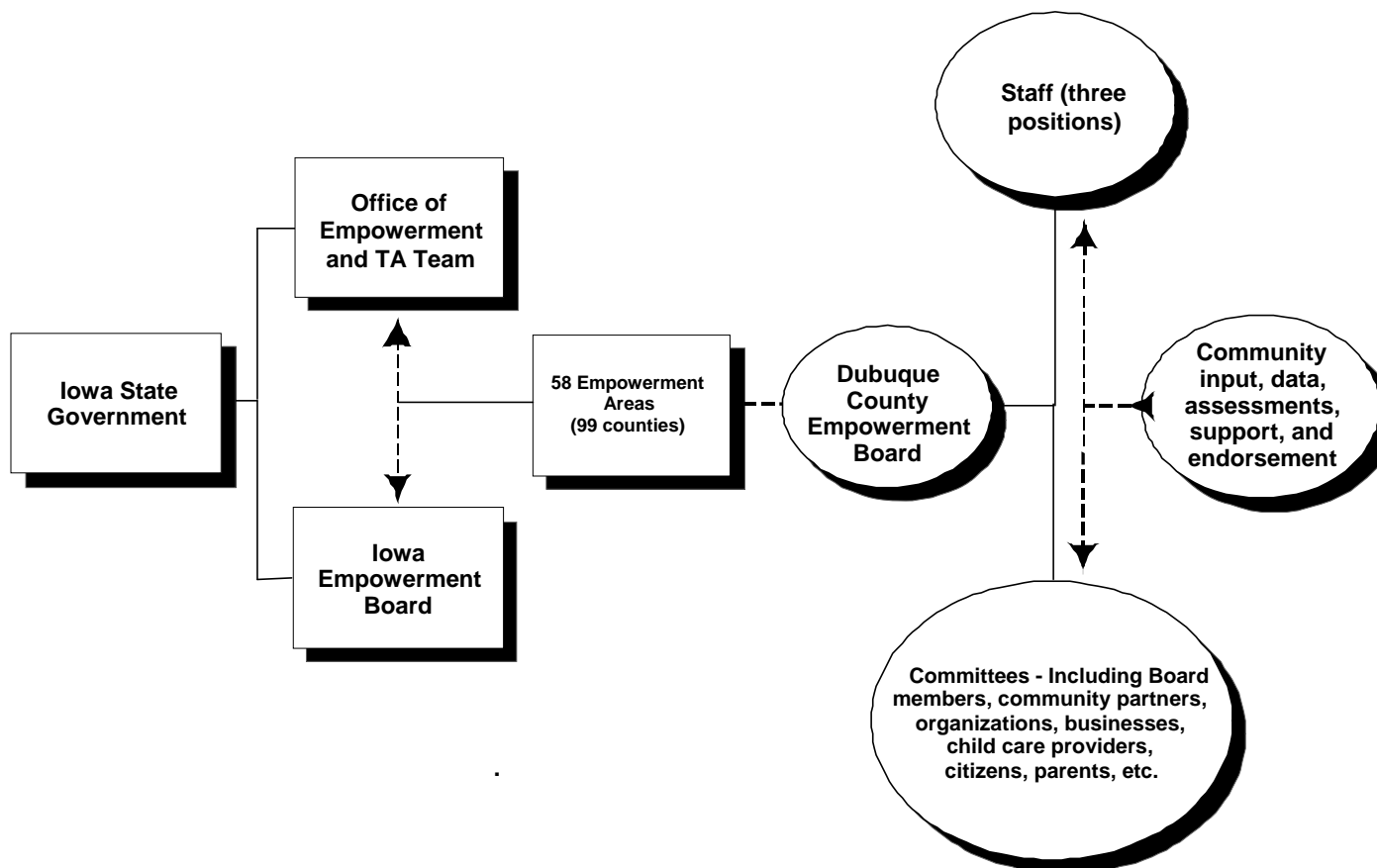
1. Number of Board Members (Board Size): 17
2. Membership Identification. Complete the table below for members on the CEA Board

<b>Column 1</b> <b>Name</b>	<b>Column 2</b> <b>Representation</b>	<b>Column 3</b> <b>Name of Employing Organization</b>	<b>Column 4</b> <b>Member or Employing Organization receives CE Funds either directly or indirectly</b>	<b>Column 5</b> <b>Citizen/Elected Representative</b>
Chair: Marvin O’Hare	Citizen	Retired	No	Citizen
Vice Chair: Joanne Wurtz	Citizen	Retired	No	Citizen
Secretary: Kate Perrin	Asbury City Council	The Insurance Center	No	Elected
Lori Frick	<i>Required human services</i>	DHS	No	Not Applicable per IA Code
Mary Rose Corrigan	<i>Required health</i>	City of Dubuque Health Dept.	No	Not Applicable per IA Code
Lynne Devaney	<i>Required education</i>	Dubuque Community School District	Yes – Preschool Support	Not Applicable per IA Code
Louise Ottavi	<i>Required faith</i>	Retired	No	Citizen
Larry Loeppke	<i>Required business</i>	McGraw-Hill Companies	No	Citizen
Katie Lange	<i>Required consumer</i>	Honkamp Krueger & Co., PC	Yes – Subcontractor for financial tasks	No
Natalia Blaskovich	Community Volunteer	Reynolds & Kenline, LLP	No	Citizen
Wayne Demmer	Dubuque County Board of Supervisors	Dubuque County Board of Supervisors	No	Elected
Jennifer Romagna	Citizen	Parent	No	Citizen
Jim Osterberger	Archdiocese of Dubuque	Archdiocese of Dubuque	Yes – Preschool Support	No
Russ Stecklein	Justice System Representative	Dubuque Police Dept.	No	Citizen
Tina Brestrup	Western Dubuque County Community School District	Western Dubuque County Community School District	Yes – Preschool Support	No
Sandra Lynn	Citizen/Every Child Every Promise	John Deere	No	Citizen
Julie Woodyard	Health Representative	Crescent Community Health Center	No	Citizen

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

- Describe your organizational structure.

In 2009, Dubuque County Empowerment (DCE) – a Community Empowerment Area and a nonprofit organization – functioned through a board of 17 members, 10 committees, and three staff persons (see organizational chart below).



Specifically, DCE's **board members** were detailed in the previous board composition chart. DCE **committees** included the following – Advocacy, Board Development, Early Childhood Task Force, Executive, Finance, Long-Range Planning, Personnel, Public Relations, Quality Child Care Alliance (QCCA), and School Ready/Health. DCE **staff** included three positions – director, QCCA coordinator, and administrative assistant. The following portions of the Annual Report include the structure of each area within DCE, including how entities functioned together, internally and externally.

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

Since the DCE Board functioned with the support of committees, staff, and many community partners, this section is addressed in three parts. All aspects of DCE were interrelated, community-focused, and committed to the goal that all children in Dubuque County age birth to five be healthy and successful.

## **Board**

The DCE Board included 17 members, including all positions required by legislation and a majority of citizens serving. The board comprised, in addition to citizens, representatives from all area school districts (public and parochial), public health, human services, government (city and county), justice system, consumer of services, faith, and business. All positions were filled. The size and structure of the board was newly established in 2008 as a result of planning during Redesignation. The smaller size and targeted community representation have allowed for greater ease in obtaining quorum and in making progress on goals.

The board met on the fourth Tuesday of each month, except in July and December. To function effectively, the Executive Committee and staff created and released board meeting agendas at least a week prior to meetings. New in FY09, the agenda was disseminated both by paper and electronically. All agendas included consent items (such as approval of committee meeting minutes), action items, and new/old business. All recommendations – including but not limited to policy, funding, monitoring, and accountability matters – were reviewed for approval at board meetings.

To stay current on matters between meetings, the DCE office released a weekly news e-mail with meeting announcements, upcoming events (local and statewide) related to early childhood, articles on early childhood topics, and community resource information. In addition, members and friends of DCE regularly received news and announcements from state-level early childhood partners. While DCE did not host any state-level trainings in FY09, the board did consider three training suggestions that emerged from Redesignation (i.e., open meetings/records laws, board development, and diversity). DCE staff worked with State Team representatives to determine the need for these trainings and available options. The first training on open meetings/records laws, to be delivered this fall via ICN, will be attended by DCE Board members.

To further a planning process initiated as part of Redesignation last year, the DCE Board implemented a model for program review. This new process enhanced DCE efforts in planning and interacting as an accountable board. It is explained at the end of this section.

Here are additional key examples of how the DCE Board worked to meet responsibilities:

- **Made organizational decisions on programs/services, policies, and collaboration** – The board reviewed and approved or disapproved all recommendations.
- **Met legal and financial responsibilities** – The board monitored regular financial reports, worked with established legal council as needed, and responded to state-level policies and questions.
- **Administered a grant review process** – As needed, the board initiated and implemented an RFP process for funding; as standard practice, this was open to any qualifying entity in the area.

- **Evaluated and monitored programs/services and collaborative efforts** – The board reviewed regular progress reports, requesting additional information and making adjustments as needed.
- **Prioritized system building based on community resources and gaps/needs** – The board emphasized the importance throughout all planning and operations of recognizing existing resources and enhancing these to build a system of early childhood for all families in need.
- **Promoted Empowerment messages in the community** – Board members shared information about Empowerment through formal publicity and by speaking with individuals and community groups on the organization and early childhood matters.
- **Provided leadership on DCE committees and within other community efforts for early childhood** – Board members served on committees and on other youth organizations, such as Every Child | Every Promise, the local American’s Promise initiative.

## Committees

DCE committees included the following:

- **Advocacy** – Engaged partners to participate in early childhood advocacy efforts geared toward local- and state-level political leaders and the community.
- **Board Development** – Addressed member recruitment, nomination, and orientation tasks plus shared information on Empowerment with the community.
- **Early Childhood Task Force** – Mobilized community partners to identify early childhood and child care provider issues related to children age birth to five. Made program/service, collaborative efforts, etc., recommendations to the DCE Board.
- **Executive** – Consisting of the chair, vice chair, and secretary, considered issues that arose between board meetings and made any necessary recommendations to the board for review.
- **Finance** – Monitored the budget planning and fiscal accountability process.
- **Long-Range Planning** – Provided strategic planning and oversight while assessing the community and available resources.
- **Personnel** – Addressed structure of staff positions and related policy and procedure recommendations.
- **Public Relations** – Promoted DCE and early childhood messages through a comprehensive publicity plan. This included messages through area media, event promotion, web site development, community exhibits, and promotional opportunities.
- **Quality Child Care Alliance** – Initiated and maintained partnerships with child care providers, businesses, and the community to build a system of quality early care accessible to all families. Included a steering committee and four subcommittees structured around quality child care goals. Worked with other DCE committees to avoid duplication and expand system building efforts.
- **School Ready/Health** – Mobilized community partners to identify school ready and health issues for children age birth to five. Made program/service, collaborative effort, etc., recommendations to the DCE Board.

All committees reported to the DCE Board on regular activities, opportunities to stay involved, any recommendations for approval, and results of efforts. In addition to board members, committee participants included a wide range of partners representing education, health, government, human services, businesses, child care, parents, grandparents, citizens, and more. As in previous years, community representation especially enhanced the Early Childhood Task Force and School Ready/Health Committee. Both of these

were responsible for recommendations regarding the two funding streams, including new program policy implementation. Committee members were active participants in bringing community needs to the table, offering relevant data, sharing experiences and knowledge from the field, and assisting with planning for collaborative efforts.

With broad community representation, committees benefited from the knowledge and insights that participants brought to the discussion. This facilitated excellent consideration of gaps in service to children age zero-five; care to avoid duplication of services; and strong recommendations to the DCE Board on enhancing existing efforts and establishing new services. Throughout the process, committee members continued ongoing outreach to include new partners and encouraged feedback from the community on the needs of children. Once a committee made a recommendation to the board, discussion, possible action, and any needed requests for follow-up took place at monthly board meetings.

## **Staff**

To meet the need for staffing, DCE had three positions this year. The full-time director for DCE provided coordination of services and administrative oversight for DCE activities. Responsibilities included monitoring/implementing local and state-level Empowerment policies, collaborating with the community, coordinating committee tasks, orientating new members, developing community awareness, implementing any RFP processes, and more. Additionally, the director represented DCE in various other early childhood initiatives, participating in planning for children age birth to five and beyond. The second position was a part-time administrative assistant who provided support services for the director and board activities. The third position, a part-time coordinator for the QCCA, facilitated this area of DCE. Responsibilities included community outreach, coordination of subcommittee tasks, fund development, strategic planning, and more.

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

In addition to program review based on a model of “results accountability” (as described on the next page) including a financial review component, the DCE Board implemented consistent, regular methods of tracking expenditures. These will be described here.

Annually, the board approved budget estimates in the spring and submitted this for approval to the State of Iowa. After approval and final carryforward figures were obtained, DCE proceeded with program contracts, vouchers for payment, and monthly financial reports. The fiscal agent prepared reports and submitted these for approval by the board at monthly meetings. Reports included information on program and administration expenses (both MTD and YTD) as compared to income received.

A Finance Committee monitored financial reports in great detail to address questions, variances, or problems. Members of the committee included a cross section of DCE (e.g., Executive Committee representatives, board members, staff, and citizens). The DCE chairperson and staff screened all vouchers submitted for adherence to grant budgets and appropriateness of expenses described. Vouchers required a two-step approval process. All financial records were open to the public and subject to open records law.

As a foundation for these efforts, the Finance Committee also conducted an annual review of program budgets (except any programs subject to new RFPs). The committee examined budget projections in depth for program staff, operational/administrative, in-direct, and program service costs as applicable. During program review cycles, the committee met with program representatives (including program manager, any accounting personnel, and executive director) to ask questions and request explanations of budget descriptions

and justifications for increases/decreases. Resulting from this review, the Finance Committee gave a report to the DCE Board along with any recommendations for budget modifications.

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

To advance the planning process initiated as part of Redesignation last year, the DCE Board implemented a model for program review. This was based on the board's commitment to a cycle of continuous growth (set in the Community Plan 2008). The process was modeled on "results accountability" research and led by DCE's Long-Range Planning Committee. Goals included:

- Addressing new priorities in the Community Plan.
- Evaluating program strengths and areas of improvement in meeting new priorities.
- Enhancing member and community awareness of how DCE is addressing children's needs.
- Increasing accountability on best use of funds.
- Celebrating program successes, such as effective practices and measureable results.
- Planning for future program results in line with new priorities.

All programs (except any subject to new RFPs) were included on a review schedule. Reviews were conducted in several parts before and during board meetings. During the reviews, DCE Board members accomplished the following:

1. An advance review of finances, data, results, and responses from program representatives to set questions on meeting priorities, program operations, and areas of growth.
2. Small group discussion on review points.
3. Completion of a standard evaluation form based on review and discussion, including rankings on if programs were meeting DCE goals, achieving reasonable cost/benefit ratios, demonstrating results through trendline performance measures, and linking to newly established early childhood priorities based on community needs.
4. Final review and approval of a report that included commendations, modifications to align with Community Plan, growth points, and visioning considerations.
5. Ongoing monitoring of implementation of modifications and new emerging community needs.

As a new process, the DCE Board dealt with challenges in implementation. The process initially was intended as a pilot with alterations as needed, and adjustments have been necessary. Initial obstacles to implementation included the following:

- Finding the best method of distilling significant quantities of data to determine meaningful information and trendlines.
- Determining how to increase board member understanding of program goals and results within the context of a common language for "results accountability."
- Scheduling enough time based on the availability of board members to attend monthly review sessions while balancing regular business items on the agenda for board meetings.

- Imparting the value of this process to program representatives and following up on questions and recommended modifications.
- Using the outcomes of the process to share information about DCE and early childhood with the community.

To date, the DCE Board has reviewed two major programs with remaining programs scheduled for meetings through January 2010. The process itself has been modified over time, including the following changes:

- Creating standard charts for data.
- Adding a pre-review session when board members can start advance preparation and ask questions.
- Making past Annual Reports available at review sessions.
- Posting large-scale posters at sessions with common language definitions and review of goals.
- Establishing consistent moderators for review questions during small group discussion.
- Asking members to pick new review questions for each small group discussion.
- Implementing a standard report format for the final review.
- Considering the regular business agenda when setting program review sessions.
- Beginning a discussion through the Long-Range Planning Committee on sharing results and further strategic planning.
- Extending the timeline for accomplishing program reviews.

Positive achievements have resulted from this new process. Board members have been gaining a more thorough knowledge of funded programs and intended results. In addition, DCE has advanced its most significant effort ever to assess programs, some long-standing, and to determine how these programs link to early childhood needs and priorities. Finally, the hope is for more constructive consequences that will lead directly to the next step in the evolution of community planning for Dubuque County's young children.

## 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.

As described in the last section, DCE has made progress in implementing a process of reviewing community needs and program results. This was a core goal that emerged in last year's major update of the Community Plan. As this process continues, DCE will update goals, needs, and priorities based on the results and on new data as available.

### Community Collaborative Efforts

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

Describe at least two (2) successful collaborative efforts within the Community Empowerment Area during the last year that promote healthy and successful children 0-5 and their families. The two examples chosen should reflect creative solutions, and positive engagement, and commitment of the community.

For each collaborative effort describe

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

#### 1. Result Area: *Healthy Children*

**Child Care Nurse Consultants Increase QRS Participation** – DCE prioritized healthy physical and mental development for children age birth to five. For this priority, DCE has partnered with the VNA for child care nurse consultant services to child care providers. DCE and the VNA recognized the need for consultant services to promote best practices in child care for healthy and safe environments. Child care providers can help improve children's health through numerous avenues, and DCE/VNA strove to offer this support in this community. Consultants provided trainings on child health matters and onsite services to center/home providers. Consultants also facilitated QRS assistance that has increased the number of providers who completed Business Partnership Agreements, Injury Prevention Checklists, Child Record Reviews, and Health and Safety Assessments.

Through these assessments in FY09, an average of 3.84 hazards per site were identified and 66 children in need were referred for health services. Then through CCR&R, DCE offered grants to replace the equipment identified as unsafe or recalled. No other entities in Dubuque County have been able to offer this customized support to child care providers. Results of nurse consultants' efforts included increased awareness of prevention in keeping children healthy and direct efforts to promote healthy child development in child care. Consultants have completed onsite services to over 94% of preschools/centers and 74% of registered providers, which are remarkable outreach statistics to a large county that includes child care providers with diverse needs.

## 2. Result Area: *Secure & Nurturing Families*

**Family Support Outreach to Address Community Needs** – As described in last year’s Annual Report, DCE has sponsored family support services through Parents as Teachers (PAT) at Four Oaks and added a new provider in FY08. The new provider, Opening Doors (Maria House and Teresa Shelter), now offered Promoting First Relationships and home visitation to families served. Through these organizations’ collaboration with DCE and the focus on needs that emerged through the most recent update of the Community Plan, new families in need were being served. This included teen parents, mothers facing potential termination of parental rights, and homeless families seeking emergency services. In addition, PAT at Four Oaks began collaboration with Dubuque Community Schools to provide the home visitation requirement of the voluntary preschool grant. With identified needs and expansion efforts through these programs, more parents/children were receiving family support services. Serving multi-cultural families is potentially an unmet need in this area, and DCE/partners will continue to discuss barriers to accessing and providing services. All DCE-sponsored family support programs will be required in FY10 to have or be working toward the Iowa Credential for Family Support.

## 3. Result Area: *Secure & Nurturing Child Care Environments*

**Professional Development for Child Care Providers in Support of Preschool Grants** – In FY09 through the Dubuque Community School District (DCSD), this county received the first voluntary preschool grant awarded for four-year-old children. After DCSD received this grant, DCE through staff and subcommittees increased collaborative involvement with efforts to assist teachers and assistants in meeting qualification requirements. A clear community need was to ensure educational requirements could be met according to grant terms. In particular, DCE supported the development of a local CDA option for preschool staff and as a result, for other child care providers. In summer 2008, DCE convened a meeting with area partners to review local early childhood endorsement, para-educator, and CDA options. DCE created a matrix of educational opportunities specific to the professional development requirements.

Next, because there were no formal resources available locally to assist providers with the CDA process, DCE’s Professional Development Subcommittee of the QCCA collaborated with the regional professional development coordinator to host four CDA sessions for providers. To assist, four CDA advisors were identified to complete observation visits. In addition, to increase access to training, DCE established a stipend program to assist providers in accessing on-line training. DCE and its QCCA representatives hosted two meetings with NICC representatives to discuss credit and non-credit support of the CDA. From these meetings, five core early childhood credit courses were designated by the local community college for the CDA. Four of these courses will be offered in an evening sequence starting in fall 2009. All of these efforts assisted DCSD in qualifying staff throughout public and community partner preschools. In FY10, the second school district in the county, Western Dubuque County Community Schools, will receive this grant and also will qualify staff through professional development support.

## 4. Result Area: *Children Ready to Succeed in School*

**Early Education Planning Initiative** – Building on a study of early childhood done ten years ago, DCSD embarked in FY09 on a research and goal setting process for early education in this area. DCE joined this effort and DCE staff, board members, and program representatives participated on multiple levels. The goal of the process was to ask the community, “how can early childhood education be strengthened for all children age birth through eight years in order to increase the likelihood for success in

life?” Over 50 people participated serving on subcommittees (with designated age categories), a coordinating committee, and a planning team. DCSD hosted a series of community meetings and work sessions over several months. During the discussion phases, DCE representatives and other partners shared insights, data, best practice models, and feedback from their organizations/boards.

At the end of the process, the coordinating committee recommended to the DCSD School Board the following – 11 internal recommendations for early education within the DCSD structure and 22 external recommendations to improve the status of early childhood throughout the community, with both an education and a health focus. The School Board approved the recommendations, and partners in the process shared these with their own organizations. The original study in 1999 had resulted in solid forward progress in early education, including preschool accessibility to all children and all-day kindergarten programs. It both motivated community partners and reflected a picture of a successful system for quality early childhood support. With new recommendations, all partners will be continuing to meet to determine how to advance early health and education further within the current and future context of resources and possibilities.

#### 5. Result Area: *Safe and Supportive Communities*

**Born Learning and the First Years First Grant** – In FY09, DCE and partners have continued commitment to public awareness goals on the importance of early learning. In this area, the nonprofit, business, and human services sectors were supportive of educating parents, caregivers, and citizens on brain development and the importance of the early years. DCE already had identified Born Learning, a national public awareness and business engagement campaign, with the potential to accomplish related goals. However, it was slow going in setting objectives for this campaign; reviewing and evaluating best use of Born Learning resources; establishing a foundation of investment for the campaign; and moving forward with wider utilization of Born Learning. With the announcement of the First Years First grant opportunity, DCE convened a team to determine possible public-private investments and a work plan with strategies for implementation. The team included representatives from DCE, other youth initiatives, health/education institutions, and the local community foundation. While Born Learning was only one of several ideas during the team’s planning process, it emerged as with the strongest possibility and was affirmed by the DCE Board to pursue. The end result of planning included identification of assets that partners could offer, priorities and action steps in using Born Learning, private funding to support the campaign, and a true collaborative partnership to accomplish goals. The final grant application was strengthened by this effort and has been submitted for consideration.

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

On September 3, 2008, in Iowa City, a DCE team of eight attended an NGA regional training on early childhood system strategies. Representatives included three DCE Board members (citizen, business, government), three community partners (health, public/private education), and two DCE staff. The initial training resulted in three draft system goals for early education. After the training, the team continued to meet to consider community needs and priorities related to refining the goals. With further input from DCE's Long-Range Planning Committee, the team recommended to the DCE Board adoption of the following goals, which were finally approved. Note these goals were revised from the original goals set at the Iowa City training.

**Goal 1:** Increase outreach to pediatric medical providers to incorporate literacy screening questions/anticipatory guidance to families with young children.

**Goal 2:** Build capacity and partnership for businesses to support early literacy.

**Goal 3:** Work with community partner, Every Child | Every Promise (ECEP), to identify how strategic plans will work together to coordinate resources to serve priorities/promises to youth at all ages.

Efforts continued formally and informally over the course of FY09 to address these goals. The following is an update on progress.

1. **For Goal 1**, DCE convened a discussion between the local VNA and a business/public relations representative to consider the current status of literacy screening at local pediatric providers (including private practices and a community health center). The VNA already had an established relationship with providers, working over time to address other screening priorities (such as 1<sup>st</sup> Five for social-emotional development). So, to determine the current status of literacy screening, DCE and the VNA developed an online survey to administer to the nine area pediatric providers.

Here are the survey questions and responses (44% response rate – with four of nine providers participating):

- a. Does your medical practice currently share information or do outreach to patients on early literacy for children age 0-5? *50% (2) yes, 50% (2) no.*
- b. If yes, what methods of outreach have been successful in your work? *50% (2) stated discussion at well-child exams.*
- c. If no, what methods of outreach have or would you consider? *25% (1) stated pamphlets, 25% (1) stated any that would make patients feel comfortable and not interfere with care.*

Building on these results and to increase literacy outreach through pediatric providers, DCE developed a pilot program initially to share literacy information, targeting the local community health center (Crescent Community Health Center) and families in need. DCE prepared book bags for families to receive at well-child visits, starting in FY10. Bags included a free age-appropriate book (obtained from a new book donation drive – see Goal 2), developmental milestone information, literacy activities, community resources, and more. The intent was to develop a simple method for providers to implement the sharing of literacy

information with families and to facilitate the ease of including literacy screening questions. As the pilot moves forward, DCE will consider additional methods of outreach to other provider sites.

2. **For Goal 2**, DCE previously conducted a literacy summit in January 2006 to identify all early childhood outreach programs in the county. With literacy identified as a need then, DCE offered mini-grants for literacy events and currently supports a literacy media program through Keystone AEA. However, to effect system-wide change for increasing early literacy and to build capacity on a broader scale for area families, this goal was set through NGA planning. Many conversations have occurred since September on options for involving businesses in this support. Several planning efforts continue to be underway, including the following:
  - a. Implementing a Born Learning campaign. Born Learning is a nationally developed community awareness and business engagement plan available to any community.
  - b. Garnering private support/partners for early education services, and submitting a First Years First grant proposal that includes public-private support for Born Learning.
  - c. Conducting a new book drive through the support of local businesses that netted over 1,000 books that were distributed to families through quality child care providers and other venues.

Future goals will build on the emerging Born Learning campaign and public-private partnerships to further early literacy opportunities for area families.

3. **For Goal 3**, as described in prior year's Annual Reports, ECEP, DCE, and other community partners for youth have initiated, participated in, and led community assessment and strategic planning processes to improve the lives of youth age birth to 20. As an overarching entity, ECEP convened community conversations in fall 2008 that funneled into a Youth Master Plan, scheduled for release in fall 2009. Many representatives from businesses, faith-based organizations, governmental entities, nonprofit organizations, and more have joined this effort, including becoming entities of promise. Since DCE plays a key leadership role in the community for children age birth to five, Goal 3 reflected the aim to coordinate DCE's planning with ECEP's efforts to benefit youth across a wider age range. Representatives from both organizations served on respective board of directors and on planning committees. DCE participated in the review, input, and goal setting phases during the development of the Youth Master Plan. DCE also incorporated ECEP's five promises to youth in its Community Plan. As the Youth Master Plan is unveiled and implemented in the community to track objectives, progress, and change – the intent is to continue building a strong, coordinated system and one voice for all youth in Dubuque County.

## SECTION III – Achieving Results

### Community Plan Priorities

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

Community Plan 2008-2011 – For Dubuque County children age birth to five, the priorities will be the following:

1. Accessible quality support systems
2. Family success skills
3. Early intervention
4. Safe and secure relationships
5. Healthy physical and mental development

### 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**

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)
				2007	2008	2009		
# of licensed center and registered home child care slots (total to include full-time, part-time, school age)	C, D	CCR&R and DHS	2,617 licensed (2005)  1,462 registered (2005)	2,756 licensed  1,348 registered	2,837 licensed  1,362 registered	2,810 licensed  1,298 registered	Increase slots by 5% each year to meet need of area families.	Decreases occurred despite continued supports. For centers, in part this occurred due to limits on class size with implementation of the first voluntary preschool grant. For homes, attrition within specific levels of registration impacted total numbers. In FY10, this indicator may be impacted by a new employer (IBM) and its child care benefit program.
# of child care providers participating in quality improvement initiatives (NAEYC, Head Start, IQPPS, QRS, etc.)	C, D	CCR&R	17 licensed centers (2006)  0 registered providers (2006)	29 licensed centers  2 registered providers	30 licensed centers  6 registered providers	30 licensed centers  17 registered providers	Increase participation by 10% each year to reach 100%.	Centers continue to participate in initiatives at nearly 100%. FY10 will include three new centers. Good progress has been made with registered providers through facilitated support. Growth is still needed.

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)
				2007	2008	2009		
% of kindergartners who attended preschool, Head Start, etc.	C, D	County Kindergarten Survey	75% (2005)	93%	90%	91%	Increase by 5% each year.	Slight progress again has been made. FY09 was the first year a school system in Dubuque County received a voluntary preschool grant. The impact of that on this indicator will be measured starting in FY10.
# of confirmed child abuse reports for children age birth-five	B, C, E	Prevent Child Abuse Iowa	230 (2003)	218	201	NA yet	Decrease by 5% each year.	Progress is being made with several community initiatives in place, including CPPC, DACPCA, and DCSYC.
# of reports of domestic violence	B, C, E	DPS, Uniform Crime Report Statistics	78 (2006)	114	NA yet	NA yet	Decrease by 5% each year.	New in monitoring (data format revised). Reports have increased, and this indicator requires further attention.
# rate of teen live births (mothers under age 20)	B, C, E	Kids Count, Annie E. Casey Foundation, IDPH	2.7% (2006)	2.8%	NA yet	NA yet	Decrease by 5% each year.	New in monitoring (source and data format revised). The teen birth rate has increased slightly compared to the baseline. This requires further attention. Dubuque County falls below the Iowa teen birth rate at 3.2% (2007).
% of children up to date on immunizations at age two (at public clinics)	A	VNA, IDPH Immunization Rate Report	95.8% (2004)	91.3%	92.0%	93.0%	Maintain at 90% or above each year and stay above state goal.	This county consistently stays above the state goal and has made consistent positive progress since 2007.
% of children birth-five receiving well child screenings as recommended (based on Title XIX eligible children)	A	VNA; EPSDT Participation Rate	86.7% of children age 0-5 (2005)	90% of age 0-1 75% of age 1-2 69% of age 3-5	NA yet	NA yet	Increase by 5% each year.	Data is still unavailable for past two FYs, so no further analysis of progress can be made compared to last FY.

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

**SECTION IV - Performance Measures: Community Empowerment Early Childhood Funds**

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

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p><u>Category:</u> Extended Hours/2<sup>nd</sup> or 3<sup>rd</sup> Shift Care/Infant Care/Mildly Ill Care</p> <p><u>Description:</u> <b>Infant Capacity Grants</b> to registered and licensed child care providers to create additional slots for children age 0-2 years.</p>	1 – Accessible quality support systems	<p>\$26,525.36</p> <p>4 registered home providers/licensed centers applied for infant capacity grants</p>	<p>2 infant capacity grants to registered providers</p> <p>2 infant capacity grants to licensed centers</p> <p>80 total new infant slots produced</p>	<p>4.25/7.00 average rating scale for visits with infant slot capacity grant recipients</p> <p>\$6,631.34 average infant capacity grant per award</p> <p>\$331.57 average cost per new slot</p> <p>100% grant sites visited by trained CCR&amp;R staff to administer rating scale</p>	36% of estimated infants on waiting lists (220 total) could be impacted by new slots as found on a 2008-2009 survey (30% of providers reporting)
<p><u>Category:</u> Quality Improvement Support/Incentives</p> <p><u>Description:</u> <b>Quality Improvement Grants</b> for registered and licensed child care providers.</p>	1 – Accessible quality support systems	<p>\$19,002.26</p> <p>20 registered home providers/licensed centers applied for quality improvement grants</p>	<p>7 quality improvement grants to registered providers</p> <p>13 quality improvement grants to licensed centers</p>	<p>4.68/7.00 average rating scale for visits with quality grant recipients</p> <p>\$950.11 average quality improvement grant per award</p> <p>100% of grant sites visited by trained CCR&amp;R staff to administer rating scale</p>	12% of children (708/5933 total) in homes/centers in Dubuque County benefitted from improved conditions of care as a result of providers receiving grants
<p><u>Category:</u> Quality Improvement Support/Incentives</p> <p><u>Description:</u> <b>Safety Grants</b> to assist providers in raising their quality by having the necessary safety equipment (e.g., fire extinguishers, smoke detectors, or first aid kits).</p>	1 – Accessible quality support systems	<p>\$1,501.36</p> <p>26 registered home providers/licensed centers/preschools applied for safety grants</p>	<p>16 safety grant awarded to registered providers</p> <p>10 safety grants awarded to licensed centers/preschools</p> <p>382 children in care at sites that received safety grants</p> <p><u>Items purchased:</u> 27 smoke detectors 28 fire extinguishers 10 first aid kits</p> <p>10 providers who received safety grants and watched a fire safety video with the children</p>	<p>\$23.10 average cost per safety items purchased</p> <p>\$57.74 average cost per provider who received a grant</p>	<p>100% of providers who received a grant also completed a fire safety activity with children in care or completed a related training at CCR&amp;R</p> <p>100% of providers who received a grant also were up to date on documenting fire/safety drills (if currently registered) or completed a fire/tornado plan (if new provider)</p> <p>6% of children (382/5933 total) in homes/centers in Dubuque County were impacted by adding safety equipment and educational activities</p>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
<i>(Safety Grants continued)</i>			<p>13 providers who received safety grants and attended a fire safety training through CCR&amp;R</p> <p>3 providers who received safety grants and read a book on fire safety with the children</p> <p>26 providers who received safety grants and were up to date on documenting fire/tornado drills</p>		
<p><u>Category:</u> Quality Improvement Support/Incentives</p> <p><u>Description:</u> <b>QRS/Health Grants</b> to providers who needed to replace recalled or unsafe equipment as identified on the safety assessment. First priority of grants was recalled or defective cribs.</p>	1 – Accessible quality support systems	<p>\$2,068.88</p> <p>5 registered home providers/ licensed centers applied for QRS/Health grants</p>	<p>4 grants awarded to registered providers</p> <p>1 grant awarded to licensed center</p>	\$413.78 average grant award	<p>100% of registered home providers and centers that received grants were able to purchase cribs meeting safety standards, to remove recalled or defective equipment from use, and to meet QRS guidelines</p> <p><u>100% of homes/centers that received grants were successful, in part because of assistance, in receiving a QRS rating:</u> Home: 4 – Level 2 Center: 1 – Level 2</p>
<p><u>Category:</u> Capacity Building/Access to Child Care or Preschools</p> <p><u>Description:</u> <b>Program Director</b> who performs preschool scholarship administration, IQPPS facilitation, coordination of additional IQPPS facilitators, and provider grant administration.</p>	1 – Accessible quality support systems	<p>\$21,479.08</p> <p>1 program director at CCR&amp;R</p> <p><i>Additional support provided under School Ready Other.</i></p> <p><i>Additional funds received by CCR&amp;R to help support this position and the Program Specialist below – \$50,000 from EPI (breakdown NA).</i></p>	<i>In this section, see Infant Capacity Grants, Quality Improvement Grants, and IQPPS Support/Stipends. Under School Ready in Section V, see Preschool Programming Support.</i>	<i>In this section, see Infant Capacity Grants, Quality Improvement Grants, and IQPPS Support/Stipends. Under School Ready in Section V, see Preschool Programming Support.</i>	<i>In this section, see Infant Capacity Grants, Quality Improvement Grants, and IQPPS Support/Stipends. Under School Ready in Section V, see Preschool Programming Support.</i>
<p><u>Category:</u> Capacity Building/Access to Child Care or Preschools</p> <p><u>Description:</u> <b>Program Specialist</b> who provides training development, program administration, and technical assistance to child care providers.</p>	1 – Accessible quality support systems	<p>\$25,629.60</p> <p>1 program specialist at CCR&amp;R</p>	<i>In this section, see Training.</i>	<i>In this section, see Training.</i>	<i>In this section, see Training.</i>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p><u>Category:</u> Capacity Building/Access to Child Care or Preschools</p> <p><u>Description:</u> <b>Respite</b> assistance with quality child care available for families at risk for child abuse factors.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>4 – Safe and secure relationships</p>	<p>\$13,487.84 staff</p> <p>\$7,143.63 direct services (plus \$6,000.00 grant from Prevent Child Abuse Iowa)</p> <p>1 part-time staff at CCR&amp;R</p> <p>44 new families referred from local agencies</p> <p>18 agencies referred families</p>	<p>54 families served</p> <p>89 children served</p> <p>6,508.12 hours of child care provided</p>	<p>\$382.06 average cost per family from DCE funds</p> <p>\$231.81 average cost per child from DCE funds</p> <p>55% of parents completed a survey</p>	<p>100% of families in program received parenting information</p> <p>38% of families received help from either VNA or Four Oaks parent education programs</p> <p>31% of parents who completed surveys reported making use of community resources</p> <p>53% of parents who completed surveys reported reduced stress due to service</p> <p>0% incidence of child abuse in families who completed surveys</p> <p>34% of parents who enrolled in parenting education courses and completed these</p> <p>48% of parents who completed surveys reported they now have informal supports</p> <p>51% of parents who completed surveys reported greater confidence in parenting as a result of educational efforts of program</p>
<p><u>Category:</u> Home or Center Child Care Consultants</p> <p><u>Description:</u> <b>Home Consultants</b> who provide in-home/center visits to complete DHS checklist and assist with regulation compliance.</p>	<p>1 – Accessible quality support systems</p>	<p>\$76,258.10</p> <p>1 full-time and 1 part-time home consultants at CCR&amp;R</p> <p>134 registered home child care providers</p>	<p>58 people received information on becoming registered</p> <p>343 total visits to home providers</p> <p>988 total contacts with home providers</p>	<p>88% of registered home providers received a checklist visit</p> <p>94% of people (now considered providers) who requested registration information, completed paperwork, and received a face-to-face visit</p>	<p>61% of registered providers were in compliance with DHS regulations (complete on checklist)</p> <p>62% of new providers requesting information became registered</p>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Training</b> for professional development for child care providers, including vouchers for CPR/First Aid and conferences. Limited to three vouchers per year per provider.</p>	<p>1 – Accessible quality support systems</p>	<p>\$8,592.28 for DCE training sessions</p> <p>\$8,527.10 for vouchers</p> <p>305 training voucher applications received for CPR/First Aid or conference opportunities</p>	<p>149 training sessions sponsored by DCE</p> <p>2,701 providers attended DCE trainings and received training hours</p> <p>305 training vouchers paid</p> <p>305 providers received voucher support (duplicated)</p>	<p>\$57.67 average cost per DCE training session</p> <p>\$3.18 average cost per participant in DCE training</p> <p>\$27.96 average training voucher awarded</p>	<p>100% of providers who attended trainings were able to receive training hours to help them maintain compliance with DHS regulations</p> <p>100% of providers who received a training voucher for CPR/First Aid or conferences participated in learning that increased quality of care</p>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
(Training continued)		<p>\$1,869.73 CCR&amp;R Provider Book Club</p> <p>8 book club sessions offered for early childhood providers</p> <p>2 presenters trained by IPTV to facilitate</p>	<p>254 books distributed to book club participants</p> <p>119 participants in book club trainings (duplicated)</p> <p>2,896 children in care impacted by book club trainings (duplicated)</p> <p>15 average number of providers at each book club session</p> <p>362 average number of children in care impacted by each book club session</p>	<p>\$124.65 average cost of book club program per participant per session</p> <p>100% of book club trainings conducted by IPTV trained presenters</p> <p>100% of book club participants completed IPTV outcomes survey (to complete survey, participants had to attend at least 5 of 9 sessions)</p> <p><u>For provider participants who completed the survey:</u></p> <ul style="list-style-type: none"> <li>• Cared for a total of 191 children or 94% between 0-5</li> <li>• 50% worked in home environment</li> <li>• 50% worked in a child care center/preschool</li> <li>• 36% completed Every Child Reads Series Training</li> <li>• 13 average years employed in early care and education field</li> <li>• 6 average number of book club sessions attended</li> <li>• Average hours children spent with providers daily: 21% – 5-8 hours 71% – 9-12 hours 7% – 12+ hours</li> </ul>	<p><u>For book club on IPTV survey (before/after averages):</u></p> <p>24% increase (before: 1.50/after: 1.87) in reading to children each day</p> <p>28% increase (before: 2.08/after: 2.68) in talking with children about new words in stories</p> <p>53% increase (before: 1.62/after: 2.48) in asking children to predict what will happen next in stories</p> <p>41% increase (before: 1.92/after: 2.71) in asking questions about stories</p> <p>80% increase (before: 1.31/after: 2.36) in asking children to retell story just read</p> <p>613% increase (before: .15/after: 1.07) in using the learning triangle to plan and teach lessons (measuring instances on a never to daily scale)</p> <p>1775% increase (before: .08/after: 1.5) in using the Ready to Learn and IPTV resources to plan experiences and activities (measuring instances on a never to daily scale)</p> <p>23% increase (before: 1.50/after: 1.85) in watching programs with children when they watched television, videos/DVDs</p>
		<p>\$2,500.00 sponsorship of MVECEC (early childhood conference in Dubuque County)</p> <p>2 day conference offered on early childhood matters</p> <p>3 total sponsors for the conference</p>	<p>111 participants attended on day one; 98 participants attended on day two</p> <p>46 hours of professional development offered</p> <p>30 NAC classes</p> <p>1 graduate credit (15 contact hours) offered</p> <p>1.2 hours of CEU/Licensure Renewal Credit offered</p>	<p>\$11.96 DCE's average cost per participant per day</p> <p>42% of participants completed and turned in an evaluation survey (47 returned)</p> <p><u>For participants who completed the survey:</u></p> <ul style="list-style-type: none"> <li>• 94% rated first keynote speaker as very good or excellent (4-5 on a 1-5 scale)</li> <li>• 97% rated second keynote speaker as very good or excellent (4-5 on a 1-5 scale)</li> </ul>	<p>100% of MVECEC attendees had the opportunity to connect with 9 sources of community information, agencies, and resources related to early childhood and quality initiatives</p>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
<i>(Training continued)</i>			12 hours of DHS approved training for child care providers  3 sponsors and 9 vendors supported the conference	<ul style="list-style-type: none"> <li>91% rated overall quality of conference as very good or excellent (4-5 on a 1-5 scale)</li> </ul>	
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Business Kits</b> for start-up needs of newly registered home providers.</p>	1 – Accessible quality support systems	\$1,482.80	11 business kit trainings offered  21 providers received business kits through training	\$70.61 average cost per provider that participated and received a kit	67% of providers who received business kits are still offering care and were in compliance with DHS regulations
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>ChildNet</b> training, a best practice training for in-home providers.</p>	1 – Accessible quality support systems	\$9,936.23  2 ChildNet trainers  134 registered home child care providers	50 hours of ChildNet training offered (2 sessions–5 hours each)  42 providers attended ChildNet training	\$198.72 average cost per ChildNet training hour  \$236.58 average cost per provider for ChildNet training  100% of trainers had required credentials necessary	12% (16 in FY09) of total registered home providers who were ChildNet certified (best practice)
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Lending Library</b> with professional resources for providers to check out to assist with maintaining training hours and providing self-study support.</p>	1 – Accessible quality support systems	\$528.47	12 new DVDs/videos and books purchased  10 times new items were checked out  188 total home and center providers checked out items  38 total self-study vouchers issued  105 total hours of training credit issued	\$44.04 average cost per item purchased	100% of providers offered opportunities for training assistance and self-study support
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Incentive to Register Grants</b> to encourage nonregistered home providers to become registered child development homes.</p>	1 – Accessible quality support systems	\$500.00  174 nonregistered providers targeted (119 on CCR&R database and 55 from orientations and DHS – point in time number)	174 nonregistered providers who received information  5 providers who received incentive to register grants once they registered and met training requirements  30 children age 0-5 in care by providers who received incentive to register grants	\$100.00 average grant per provider  100% of providers who received a visit from a home consultant to support registration	100% of providers who received grants were providing unregistered child care prior to becoming registered  100% of providers who received grants were new providers  100% of children in care by providers who received grants who were now in registered care (best practice)

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
<i>(Incentive to Register continued)</i>					<p><u>Providers who received grants who were still registered over time:</u></p> <p><u>2007-2008</u> 6 months – 100% 1 year – 66%</p> <p><u>2008-2009</u> 6 months – 100%</p>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Conference Support</b> for providers (or others in early childhood field) to attend early childhood conferences.</p>	1 – Accessible quality support systems	<p>\$9,999.86</p> <p>41 applicants for conference support</p>	<p>40 recipients of support who attended a conference</p> <p>12 conferences attended</p> <p>40 written reports on conference experience provided to DCE</p>	<p>\$250.00 average cost of conference per recipient</p> <p>5% of recipients had additional funding contributed toward conference experience from another source and/or any in-kind contribution; additional funding offset costs</p>	<p>100% of conference attendees reported learning will impact or improve future efforts/practices on behalf of children age 0-5</p> <p>100% of conference attendees reported they incorporated learning into policy or practice on behalf of children age 0-5</p>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>IQPPS Supports</b> to fund grants and facilitators.</p>	1 – Accessible quality support systems	<p>\$4,600.00 grants</p> <p>\$490.67 facilitators</p> <p>47 total preschools in Dubuque County (including Head Start sites)</p> <p>21 preschools/24 classrooms going through IQPPS in collaboration with DCE</p> <p>In the past, IQPPS numbers were higher. This year, the Dubuque Community School District received the four-year old preschool grant and was working with many of the preschools towards the IQPPS verification. So preschools did not duplicate this work for DCE.</p>	<p>3 participating administrators/directors</p> <p>23 participating teachers/early childhood providers</p> <p>0 participating assistant teachers</p> <p>2 IQPPS facilitators (support included time, mileage, training)</p> <p>21 preschools and 24 classrooms implementing IQPPS</p> <p>20 preschools/23 classrooms applied for grant funding and had applications processed by CCR&amp;R</p>	<p>6% of administrators/directors who completed IQPPS</p> <p>50% of teachers/early childhood providers who completed IQPPS</p> <p>0% of assistant teachers who completed IQPPS</p> <p>\$195.80 average cost per participant</p> <p>100% of classrooms that participated also completed IQPPS requirements</p> <p>\$200.00 average grant amount</p>	<p>100% of participants who reported incorporating learning into policy or practice</p> <p>100% of preschool classrooms that received support completed quality improvement plans and set goals</p> <p>100% of preschool classrooms that received support met priorities on quality improvement plans, including purchase of multicultural, science, and math curriculum; supplies; and activities</p> <p>100% of preschools that completed IQPPS accepted scholarship students this year</p> <p>12% increase in preschools (39 total number projected) who have committed to IQPPS for next year</p> <p>51% of preschools in Dubuque County participated in IQPPS, including private and public</p> <p>100% of preschools that applied for IQPPS grant funding and received it</p> <p>100% of preschools who received grant funding were meeting their top two priorities on quality improvement plans</p>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
<i>(IQPPS Supports continued)</i>					86% of preschools that started IQPPS continued with this quality initiative (in the last 4 years since IQPPS became available)
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>IQPPS Stipends</b> for participation incentive program.</p>	1 – Accessible quality support systems	<p>\$3,600.00</p> <p>24 IQPPS classrooms eligible for stipend support</p>	24 stipends awarded to preschool classrooms for completion of IQPPS	\$150.00 average stipend awarded	<i>See IQPPS Supports above.</i>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>ChildNet Gift Certificates</b> to home providers when they turn in new certification or when recertifying.</p>	1 – Accessible quality support systems	<p>\$550.00</p> <p>16 home providers eligible</p>	5 ChildNet gift certificates awarded to providers	\$110.00 average gift certificate awarded	<p>4% of registered child development homes received ChildNet gift certificates (5/134)</p> <p>3% of children in registered child development homes were impacted by best practice care (43/1298)</p>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Creative Curriculum Training</b> with support to offer Creative Curriculum trainings.</p>	1 – Accessible quality support systems	<p>\$8,039.03</p> <p>1 Creative Curriculum trainer</p>	<p>147 providers attended Creative Curriculum trainings</p> <p>25 preschools/licensed centers using Creative Curriculum</p>	<p>\$54.69 average cost per participant</p> <p>100% of trainers used were trained in Creative Curriculum</p>	<p>43% of preschools/licensed centers currently using Creative Curriculum</p> <p>65% increase in number of preschools/licensed centers using Creative Curriculum (15 in FY08 and 25 in FY09)</p>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>QRS Level 1 Gift Certificates</b> to child care providers that complete Level 1 QRS requirements.</p>	1 – Accessible quality support systems	<p>\$600.00</p> <p>134 providers potentially eligible</p>	<p>10 gift certificates were awarded</p> <p>11 new QRS Level 1 providers in 2008</p> <p>83 children in care in registered homes in Dubuque County impacted</p>	\$60.00 average gift certificate amount	<p><u>Increase in participation in QRS:</u></p> <p><u>QRS Level 1:</u> 2007 – 1% (1/139) 2008 – 8% (11/134)</p> <p>6% (83/1298) of children in care in registered homes in Dubuque County impacted</p>
<p><u>Category:</u> Provider Training/Professional Development/Materials</p> <p><u>Description:</u> <b>Para-Educator Support</b> as assistance to help offset the cost of para-educator courses and certification.</p>	1 – Accessible quality support systems	<p>\$3,200.00</p> <p>32 preschool program assistants who needed to meet educational requirements for implementation of the first voluntary preschool grant in Dubuque County (at DCSD)</p>	32 stipends were awarded to providers who previously did not have para-educator certification	\$100.00 average stipend amount	100% of providers who received stipends now hold a para-educator certification

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p><u>Category:</u> Other Services</p> <p><u>Description:</u> <b>Public Relations/Advocacy</b> efforts to support community education on early childhood messages.</p>	1 – Accessible quality support systems	\$4,999.87 <u>including #1-4 for ads, giveaways, program publicity, advocacy:</u>	365 daily child care ads placed in <i>Telegraph Herald</i>	\$2.29 cost per child care ad in <i>Telegraph Herald</i>	6% (estimate) of incoming calls at CCR&R for child care referrals or quality information that were a result of ads (30/509) (number may be higher since source of referral wasn't tracked for regional level calls at discretion of regional office)
	2 – Family success skills	1. \$1,519.76 for ads	52 weekly child care ads in <i>Dubuque Advertiser</i>	\$13.15 cost per child care ad in <i>Dubuque Advertiser</i>	
	5 – Healthy physical and mental development	2. \$2,101.99 for giveaways	450 Family Resource Guide giveaways  100 lapel pin giveaways  10 Born Learning activity book giveaways with early learning information  Materials for 12 FFN child care provider resource kit giveaways  5 FFN providers identified and reached with resource materials  432 toothbrush giveaways  400 pen giveaways  300 crayon kit giveaways  500 QCCA giveaway magnets  600 book drive bags	\$.75 average cost per giveaway	100% of giveaways distributed at parent or provider events in county  100% of giveaways contained early health or education messages geared toward parents and caregivers  100% of FFN providers identified who received information/materials on quality early education and community resources
	3. \$1,378.12 for program publicity	250 preschool scholarship brochures printed and distributed  350 early childhood themed holiday cards and 1,000 inserts with educational activities content  2 "Home Away from Home" ads in local media on early education	\$ .78 cost per preschool scholarship brochure  \$.25 cost per holiday card/insert  \$119.50 average cost per "Home Away from Home" ad  \$.04 cost per flyer for Children's Drawing Contest  \$6.40 average cost per contest prize package  \$241.00 cost for banner	100% of preschool scholarship brochures distributed throughout county to educate parents/providers about the program and provide outreach to citizens  100% of early childhood themed holiday cards/inserts distributed to families in need of child care for young children  100% of families of children who submitted contest entries received further information on DCE and on early education	

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
<i>(Public Relations/Advocacy continued)</i>			<p>5,000 flyers printed and distributed for Children's Drawing Contest with family theme for age 0-5</p> <p>230 children submitted entries in the contest</p> <p>25 prizes packages distributed to 5 children in each contest age category</p> <p>1 early childhood themed banner</p>		<p>100% of all flyers and brochures distributed through preschools, child care centers, registered providers, public and parochial schools for increased public awareness</p>
		4. \$0 for advocacy efforts	<p>1 Step Up for Kids Day campaign conducted with targeted distribution of advocacy materials courtesy Every Child Matters (national advocacy organization)</p> <p>200 Treat Kids &amp; Vote bags distributed at Kids Expo</p> <p>1 presentation given by Every Child Counts to educate community on political process and early childhood matters; 15 attendees</p> <p>1 video in production on program impacts</p> <p>1 advocacy flyer created and disseminated with ideas for providers and parents on advocacy; 4 community partners collaborated on content and sponsored flyer</p> <p>8 legislators for Dubuque County invited to Day on Hill and approached for appointments (5 appointments accomplished); 1 exhibit at Day on the Hill</p>	<p>100% of efforts all distributed via e-mail or at events for no or low cost (covered by copies budget)</p> <p>100% of events announced to the public at large for open access</p>	<p>100% of flyer distribution went to professional contacts working with children and youth for potential targeted outreach and posting</p> <p>100% Treat Kids &amp; Vote bags went to families with children</p> <p>3 community members signed up to join the Every Child Counts network</p> <p>1 joint "brainstorming" meeting held between Every Child Counts representatives and program representatives to further discussion on strengthening projects and advocacy outreach</p> <p>100% of flyers distributed in take-home bags picked up by families and others interested in early childhood</p> <p>100% of flyer content used to develop an article for <i>DBQ Kids Guide</i> magazine</p>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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>2 legislative subcommittee meetings attended by local program representatives</p> <p>8 resource packets distributed to legislators including all materials developed and copies of <i>Family Resource Guide</i></p> <p>2 program data cards, 1 10<sup>th</sup> birthday appreciation card, and 1 top results flyer developed for Day on the Hill</p>		
<p><u>Category:</u> Other Services</p> <p><u>Description:</u> <b>Parent Education</b> classes and giveaways on child care matters.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p>	<p>\$1,044.59</p>	<p>15 hours of parent education classes were offered with family friendly tote bag giveaway</p> <p>43 participants attended parent education classes</p>	<p>\$69.64 average cost per hour of parent education classes</p> <p>\$24.29 average cost per participant including giveaways</p> <p>79% of participants in classes completed survey forms</p> <p>85% of participants in classes who completed surveys gave the highest positive rating to presenter's knowledge, presentation, materials, and activities</p>	<p>100% of participants in classes who completed surveys stated as a result they had improved skills or knowledge</p> <p>100% of participants in classes who completed surveys stated as a result they had changed their philosophy on children's behavior</p>
<p><u>Category:</u> Other Services</p> <p><u>Description:</u> <b>Year End Provider Bonuses</b> for child care providers based on years of service and training.</p>	<p>1 – Accessible quality support systems</p>	<p>\$14,170.00</p> <p>154 applications received from child care providers</p>	<p>152 bonuses awarded</p> <p>1 recognition ceremony held</p> <p>1,457 total years of service from child care providers who received bonuses <u>as categorized below:</u></p> <p>3-5 years – 47 people 6-8 years – 35 people 9-11 years – 23 people 11+ years – 47 people</p>	<p>\$93.22 average bonus amount per child care provider with additional bonuses awarded to those who completed a series training, belonged to an association, or held a certification</p>	<p><u>Based on FY07 recipients:</u></p> <ul style="list-style-type: none"> <li>• At 6 months, 92% still working at same site</li> <li>• At 1 year, 89% still working at same site</li> <li>• At 2 years, 81% still working at same site</li> </ul> <p><u>Based on FY08 recipients:</u></p> <ul style="list-style-type: none"> <li>• At 6 months, 93% still working at same site</li> <li>• At 1 year, 92% still working at same site</li> </ul>
<p><u>Category:</u> Administration</p> <p><u>Description:</u> <b>Board Support and Operations</b> as needed.</p>	<p>1 – Accessible quality support systems</p>	<p>\$13,703.65</p> <p><i>Additional support provided under School Ready.</i></p>	<p><i>Documentation combined with School Ready Other Services in Section V.</i></p>	<p><i>Documentation combined with School Ready Other Services in Section V.</i></p>	<p><i>Documentation combined with School Ready Other Services in Section V.</i></p>

Early Childhood Services Provided	Link to Which Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with early childhood financial statement	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)
<i>(Board Support and Operations continued)</i>	2 – Family success skills  3 – Early intervention  4 – Safe and secure relationships  5 – Healthy physical and mental development				

**SECTION V – Performance Measures: Community Empowerment School Ready Funds**

**Family Support Performance Measures (use one row for each funded program) – Refer to Tool FF and Tool FF (A)**  
**Prenatal Through Age 3 funding – must include a home visitation component and Prenatal through 5.**

Name of Family Support Program	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with fiscal report	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p><b>Promoting First Relationships (PFR), Maria House/Teresa Shelter</b></p> <p><u>Category:</u> Family Support and Parent Education – Prenatal through age 3</p> <p><u>Description:</u> Family support for prenatal-3 using PFR.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p><b>Amount expended:</b> \$20,738.84 PFR under 0-3 carveout</p> <p><i>Additional \$3,800 in in-kind funding and donations supported the program.</i></p> <p>1 FTE parent educator at PFR</p>	<p>20 <b>children</b> (ages 0-3) participating in family support/parent education program (unduplicated)</p> <p>15 <b>families</b> participating in family support/parent education program (unduplicated)</p> <p>52 <b>face-to-face visits</b> completed</p> <p>0 <b>group</b> parent education meetings offered</p> <p><b>Ethnicity</b> of head of household:                  2 Native American                  0 Native Hawaiian/Pacific Islander                  5 African American                  0 Multi-racial                  0 Hispanic or Latino                  0 Asian                  8 White/Caucasian                  0 Other</p> <p><b>Household size:</b>                  2 = 8                  3 = 5                  4 = 2                  5 = 0                  6 = 0                  &gt;6 = 0</p> <p><b>Annual family income:</b>                  \$0-\$10,000 = 15                  \$10,001-\$20,000 = 0                  \$20,001-\$30,000 = 0                  \$30,001-\$40,000 = 0                  \$40,001-\$50,000 = 0                  \$50,001-\$60,000 = 0                  More then \$60,000 = 0</p> <p><b>Marital status:</b>                  Married = 0                  Partnered = 0                  Single = 14                  Divorced = 0</p>	<p>9 and 45% of children, prenatal-5 years old, <b>screened</b> for developmental delays</p> <p>1 and 20% of those children screened that were <b>referred</b> to Early Intervention services</p> <p>1 and 100% of direct service staff with <b>Bachelor's</b> level education or higher (health, human services, or education related field)</p> <p>0 and 0% of programs that have a national or state <b>credential</b> or have been accepted into the process (<i>will be in contract for FY10</i>)</p> <p>\$1,036.94 average cost per child (for PFR 0-3)</p> <p>\$1,382.59 average cost per family (for PFR 0-3)</p>	<p>87% of participating families that improve or maintain <b>healthy family functioning, problem solving and communication</b></p> <p>80% of participating families that increase or maintain <b>social supports</b></p> <p>60% of participating families that are connected to additional <b>concrete supports</b></p> <p>47% of participating families that increase knowledge about <b>child development and parenting</b></p> <p>73% of participating families that improve <b>nurturing and attachment</b> between parent(s) and child(ren)</p>

Name of Family Support Program	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with fiscal report	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
(PFR continued)			<p>Widowed = 0 Separated = 1</p> <p><b>Educational level</b> of head of household: Elementary or middle = 0 Some high school = 2 High School Diploma/GED = 8 Trade/Vocational Training = 0 Some College = 5 2-year college degree = (Associate's) = 0 4-year college degree (Bachelor's) = 0 Masters degree or above = 0 PhD or other advanced degree = 0</p> <hr/> <p>5 families were facing termination of parental rights and 4 regained custody during service</p>		
<p><b>Parents as Teachers (PAT), Four Oaks</b></p> <p><u>Category:</u> Family Support and Parent Education – Prenatal through age 3 and Prenatal through age 5</p> <p><u>Description:</u> <b>Family support and parent education program for prenatal-3 and prenatal-5</b> utilizing PAT curriculum. Focus on teen and multi-cultural populations.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p><b>Amount expended:</b> \$294,733.00 for PAT 0-5 under 0-5 carveout</p> <p>\$122,075.40 for PAT 0-3 under 0-3 carveout</p> <p><i>Plus \$112,852.00 for PAT 0-5 under Other carveout</i></p> <p><i>Additional \$6,727 in in-kind funding and donations supported the program.</i></p> <p>9.5 FTE PAT parent educators (total for two programs)</p> <p>1 PAT program coordinator</p> <p>1 PAT program manager</p>	<p>520 <b>children</b> (ages 0-5) participating in family support/parent education program (unduplicated)</p> <p>299 <b>families</b> participating in family support/parent education program (unduplicated)</p> <p>3,919 <b>face-to-face visits</b> completed</p> <p>30 <b>group</b> parent education meetings offered</p> <p><b>Ethnicity</b> of head of household: 0 Native American 0 Native Hawaiian/Pacific Islander 12 African American 52 Multi-racial 7 Hispanic or Latino 1 Asian 227 White/Caucasian 0 Other</p> <p><b>Household size:</b> 2 = 24 3 = 74 4 = 78 5 = 70 6 = 39 &gt;6 = 14</p>	<p>520 and 100% of children, prenatal-5 years old, <b>screened</b> for developmental delays</p> <p>14 and 100% of those children screened that were <b>referred</b> to Early Intervention services</p> <p>11 and 92% of direct service staff with <b>Bachelor's</b> level education or higher (health, human services, or education related field)</p> <p>1 and 100% of programs that have a national or state <b>credential</b> or have been accepted into the process</p> <hr/> <p>100% of children served were age 0-5</p> <p>100% of eligible children were screened for developmental milestones (curriculum based) and informal hearing/vision with 0% not receiving the screening due to exiting program before screening occurred</p> <p>100% of parent educators certified according to national standards</p>	<p>82% of participating families that improve or maintain <b>healthy family functioning, problem solving and communication</b></p> <p>89% of participating families that increase or maintain <b>social supports</b></p> <p>67% of participating families that are connected to additional <b>concrete supports</b></p> <p>98% of participating families that Increase knowledge about <b>child development and parenting</b></p> <p>95% of participating families that improve <b>nurturing and attachment</b> between parent(s) and child(ren)</p> <hr/> <p>100% of children, 0-5 years old, participated in researched-based curriculum with goals to improve parent-child relationships and child development, leading to enhanced school readiness</p> <p>41% of families attended one group or more</p> <p>95.7% of families reported that group attendance was worthwhile, improving their parenting skills and knowledge</p>

Name of Family Support Program	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with fiscal report	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p>(PAT continued)</p> <p>Accredited through the PAT National Center, St. Louis, MO, and through the Council of Accreditation for Children and Family Services, New York, NY. Reviewed under S16. Home Visitor Services.</p>			<p>Annual family <b>income</b>:</p> <p>\$0-\$10,000 = 119  \$10,001-\$20,000 = 35  \$20,001-\$30,000 = 8  \$30,001-\$40,000 = 27  \$40,001-\$50,000 = 22  \$50,001-\$60,000 = 13  More then \$60,000 =75</p> <p><b>Marital status</b>:</p> <p>Married = 149  Partnered = 55  Single = 82  Divorced = 7  Widowed = 0  Separated = 6</p> <p><b>Educational level</b> of head of household:</p> <p>Elementary or middle = 0  Some high school = 32  High School Diploma/GED = 100  Trade/Vocational Training = 24  Some College = 28  2-year college degree =  (Associate's) = 14  4-year college degree (Bachelor's) = 80  Masters degree or above = 15  PhD or other advanced degree = 6</p> <hr/> <p>30 PAT groups held with 123 families attending (unduplicated)</p> <p>520 PAT children screened for developmental milestones (curriculum based) and informal hearing/vision (unduplicated)</p>	<p>58% (7 of 12) of FTE parent educators received Family Development Certification through University of Iowa</p> <p>83% retention rate for parent educators (lost 2 educators)</p> <p>\$1,018.58 average cost per child (for 0-3 and 0-5 programs combined)</p> <p>\$1,771.44 average cost per family (for 0-3 and 0-5 programs combined)</p>	<p>.19% of children screened were identified with a health or developmental problem</p> <p>100% of children identified with a health or developmental problem were referred for further screening and 55% needed further evaluation</p> <p>.03% of children received Early ACCESS services (4 Medicaid and 12 non-Medicaid)</p> <p>.03% of children were identified as needing special education services at the beginning of the year; upon entering kindergarten, 78% of these children were labeled as needing further special education services and 22% were taken off IEPS and will enter kindergarten without this</p> <p>100% of families were referred to needed resources, such as community activities, mental health professionals, social service agencies, employment agencies, early intervention, medical services, etc.</p>

**Preschool Programming Support For Low Income Families Performance Measures – Refer to Tools CC(A) & CC(B)**

**Part A: Tuition and Transportation** (Refer to Tool CC(B)) In Part A, Tuition and Transportation, report data for all state-required and locally-determined performance measures for tuition and transportation. When completing this section, add the data together for all programs funded.

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Preschool Support line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p><u>Category:</u> Preschool Support for Low Income Families</p> <p><u>Description:</u> <b>Scholarship and transportation funding</b> offered to preschool students that met income eligibility rules and that attended a preschool that met defined quality standards.</p> <p>Total number of preschool programs/centers receiving preschool tuition or transportation support: 31</p> <p>2. Number of funded programs meeting the following standards:</p> <ul style="list-style-type: none"> <li>o NAEYC Accreditation: 1</li> <li>o NAFCC Accreditation: 0</li> <li>o Head Start Preschool Program Standards: 0</li> <li>o QPPS Verification Process: 23</li> </ul> <p>3. Number of funded programs evidencing quality through:</p> <ul style="list-style-type: none"> <li>o ECERS or FCCRS average score of 5 (with no subscale score under 2): 0</li> <li>o QRS rating of 3, 4, or 5: 14</li> </ul> <p>4. Number of funded programs by category (mark all that apply):</p> <ul style="list-style-type: none"> <li>o School district-operated programs: 7</li> <li>o Private, for-profit programs: 5</li> <li>o Not-for-profit programs: 10</li> <li>o Shared Visions programs: 0</li> <li>o Head Start programs: 0</li> <li>o Faith-based programs: 9</li> </ul> <p>5. Total number of Statewide Voluntary Preschool Programs for Four-Year-Old Children school districts that receive funding from this category. School district partners (private preschools, Head Start, etc.) are included in the school district count: 1</p>	<p>1 – Accessible quality support systems</p> <p>4 – Safe and secure relationships</p>	<p>1. Amount of funds expended on <b>tuition:</b> \$229,849.59</p> <p>2. Amount of funds expended on <b>transportation:</b> \$6,118.00</p> <p>3. Amount of funds expended on other (Refer to Tool CC(B)): \$0</p> <p>4. Highest Educational Level of Lead Teacher(s) (Total number of each):</p> <ul style="list-style-type: none"> <li>o GED: 1</li> <li>o High School Diploma: 4</li> <li>o CDA: 2</li> <li>o AA Degree in EC or child development: 7</li> <li>o AA Degree in related field: 1</li> <li>o BA/BS in EC or child development: 12</li> <li>o BA/BS in related field: 4</li> <li>o Post Graduate Degree: 4</li> <li>o Other: 2</li> </ul> <p>5. Total number of lead teacher(s) who hold a valid practitioner's license issued by the Board of Educational Examiners (BOEE) and hold an endorsement from the BOEE that includes preschool or kindergarten: 13</p> <p>6. Curriculum (curricula) used by funded programs:</p> <ul style="list-style-type: none"> <li>o Houghton Mifflin: 2</li> <li>o Creative Curriculum: 25</li> <li>o Primary Program: 1</li> <li>o Montessori: 2</li> <li>o Scholastic Literacy: 0</li> <li>o Own: 7</li> </ul> <hr/> <p>Number of funded programs utilizing a Child Care Nurse Consultant for technical assistance: 22</p>	<p>For Children Supported with Part A funds:</p> <p>1. Total number of children who received scholarships (Unduplicated): 160</p> <p>2. Number of children by age (Unduplicated):</p> <ul style="list-style-type: none"> <li>o 3 Year Olds: 90</li> <li>o 4 Year Olds: 69</li> <li>o 5 Year Olds: 1</li> </ul> <p>3. Number of children by Race/ Ethnicity (Unduplicated)</p> <ul style="list-style-type: none"> <li>o Native American or Alaskan Native: 0</li> <li>o African American: 4</li> <li>o Hispanic or Latino: 6</li> <li>o White: 146</li> <li>o Native Hawaiian/ Pacific Islander: 0</li> <li>o Multi-racial: 0</li> <li>o Asian: 0</li> <li>o Other: 4</li> </ul> <p>4. Number of children who received transportation: 13</p> <hr/> <p>Number of children by gender (unduplicated): 93 female, 67 male</p> <hr/> <p>Number of children with health insurance: 155</p>	<p>For Children Supported with Part A funds:</p> <p>1. Number and percent of children whose families are at or below 200% poverty level: 136 children, 85%</p> <p>2. Number and percent of children referred to AEA for possible special education determination: 0 children, 0%</p> <hr/> <p>Percent of children with health insurance: 96%</p> <p>Percent of families of children who received transportation and adhered to the guidelines for services: 100%</p> <hr/> <p>Percent of families of children who indicated a need for transportation who were served: 100%</p>	<p>For Children Supported with transportation and tuition funds:</p> <p>1. Number and percent of children demonstrating age appropriate skills: 152 children, 95%</p> <p>2. The assessment tool(s) used to determine the children's development:</p> <ul style="list-style-type: none"> <li>o Briggance: 9</li> <li>o Creative Curriculum: 20</li> <li>o Montessori: 1</li> <li>o Houghton Mifflin: 1</li> <li>o District Creative: 5</li> </ul> <hr/> <p>Percent of children who received transportation who completed the school year: 100%</p>

**Part B: Preschool Other**

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

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Preschool Support line item	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)
None					

**Quality Improvement Funds Performance Measures - Refer to Tool II**

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p><u>Category:</u> Quality Improvement</p> <p><u>Description:</u> <b>Assistant position</b> to provide additional assistance to DCE director and support for preschool scholarship program/IQPPS implementation, as needed.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p>\$9,900.63</p> <p>1 part-time position hired through temp agency</p> <p>447.25 hours provided</p> <p>2 different people held the position over course of FY</p> <p><i>Note: Due to turnover and potential transition to employee status, measures continued to be difficult to implement this year. Due to funding cuts, plans for this position and role/responsibilities necessary to the DCE organization are being assessed.</i></p>	<p>1 web site maintained and updated with early childhood information and activities plus program publicity</p> <p><i>Also in Section IV, see Public Relations/Advocacy.</i></p>	<p>\$22.14 average cost per hour (including all associated expenses)</p> <p><i>Also in Section IV, see Public Relations/Advocacy.</i></p>	<p><i>In Section IV, see Public Relations/Advocacy.</i></p>
<p><u>Category:</u> Quality Improvement</p> <p><u>Description:</u> <b>Technical assistance from a Smart Start consultant</b> to continue facilitation of planning for a system for quality child care.</p> <p><u>Partners:</u> QCCA subcommittees, CCR&amp;R, ECEP, WDCCSD, DCSD, Holy Family Catholic Schools, VNA, Four Oaks/PAT, Catholic Charities, McCullough Creative, Keystone AEA, Honkamp Krueger &amp; Co. PC, Safe Kids Coalition, NICC, Loras College, Greater Dubuque Development, City of Dubuque, Community Foundation of Greater Dubuque, Dubuque County Board of Supervisors, center/home providers</p>	<p>1 – Accessible quality support systems</p>	<p>\$8,500.00</p> <p>2 visits to Dubuque County to provide technical assistance (40 on-site consulting hours)</p> <p>48 off-site consulting hours</p>	<p>1 updated strategic plan</p>	<p>100% qualified consultant with a Masters in Health Administration and extensive experience consulting in Early Childhood Education; specifically, assisted North Carolina Technical Assistance Team implementing early childhood initiatives</p> <p>\$96.59 average cost per consulting hour</p>	<p>84% of objectives from the 2007 strategic plan retired</p>

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p><u>Category:</u> Quality Improvement</p> <p><u>Description:</u> <b>QCCA coordinator</b> to provide planning, development, and administration to the QCCA in building a system of accessible quality child care.</p> <p><u>Partners:</u> QCCA subcommittees, CCR&amp;R, ECEP, WDCCSD, DCSD, Holy Family Catholic Schools, Dubuque County Extension, VNA, Four Oaks/PAT, Catholic Charities, McCullough Creative, Keystone AEA, Honkamp Krueger &amp; Co. PC, Safe Kids Coalition, NICC, Loras College, Greater Dubuque Development, City of Dubuque, Community Foundation of Greater Dubuque, Dubuque County Board of Supervisors, center/home providers</p>	<p>1 – Accessible quality support systems</p>	<p>\$17,993.85</p> <p>1 part-time coordinator hired on contract for 15-20 hours per week.</p> <p>957.50 hours</p>	<p>51 QCCA subcommittee meetings attended/facilitated</p> <p>2 community meetings sponsored by the QCCA with Smart Start Consultant</p> <p>7 community outreach opportunities with QCCA/quality child care information</p> <p>3 articles printed about quality child care for community education</p> <p>3 grants written and submitted for funding</p> <p>1 national communications campaign selected – Born Learning to facilitate public awareness</p> <p>4 goals, 4 outcomes, and 16 key messages identified for 4 target audiences (parents, child care providers, community, and business) for public awareness</p> <p>1 WOYC Community Book Drive in collaboration with ECEP collecting 1,326 books; 864 books distributed to child care providers (centers, registered homes, or preschools) participating in QRS or IQPPS; 436 books planned for distribution at well-child visits in FY 2010 with Crescent Community Health Center; 13 books distributed through FFN Resource Kits; 3 books distributed for door prizes</p> <p>7 community partners participated in collecting books during Community Book Drive</p> <p>2 WOYC proclamations (city and county); 1 press release; various PSAs and radio interview to promote event</p> <p>4 CDA Education Sessions hosted in collaboration with CCR&amp;R Regional Professional Development Coordinator; 81 attendees (duplicated)</p> <p>24 child care providers working with Regional Professional Development Coordinator toward CDA</p>	<p>\$18.79 average cost hour (including expenses)</p> <p>100% (127) non-registered providers in CCR&amp;R database targeted with mailing of information on registration</p>	<p>84% of objectives from the 2007 strategic plan retired</p> <p>100% increase in access to local CDA credential training</p> <p>TBD% increase in number of child care providers receiving their CDA in calendar 2009</p>

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	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)
<i>(QCCA Coordinator continued)</i>			<p>1 survey identified local CDA training content needs for community training planning</p> <p>1 speaker's bureau presentation developed for presentations to child care providers through members of the QCCA's Quality Improvement Subcommittee</p> <p>2 CDA planning meetings with representatives from NICC (community college) (credit and non-credit representatives)</p> <p>5 NICC credit courses identified to be designated in course catalog as recommended for CDA; 1 cycle of courses developed to increase access to CDA credit courses to include offering 4 of the 5 courses designated in the evening and/or as hybrid courses to increase accessibility</p> <p>1 direct mailing to nonregistered providers on CCR&amp;R database with information on registration</p> <p>27 child care information packets sent to nonregistered providers who registered and did not attend new family provider orientation training</p>		
<p><u>Category:</u> Quality Improvement</p> <p><u>Description:</u> <b>QCCA Other Programs</b> to offer educational support stipends for child care providers, public awareness efforts, and a center director survey</p> <p><u>Partners:</u> NICC, DCSD, Keystone AEA, CCR&amp;R, Honkamp Krueger &amp; Co. PC, Carlisle Ryan Printing, Lamar Advertising, Four Oaks, child care providers</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>4 – Safe and secure relationships</p>	<p>\$1,800.85 including #1-5:</p> <p>1. \$1,048.80 for education support stipends</p>	<p>320 (estimate) child care directors, center staff, and home providers notified of the stipend through CCR&amp;R newsletter, e-mail, and direct mail</p> <p>7 applications received for the NICC (community college) education stipend offered spring 2009</p> <p>5 stipends awarded to providers completing an early childhood course at NICC</p> <p>1 new CDA on-line support course developed for spring 2009</p> <p>4 applications for on-line CDA support funds</p>	<p>\$200.00 cost per stipend for NICC course</p> <p>\$37.20 average cost per stipend for CDA on-line course support</p> <p>100% qualified community college instructors at NICC</p>	<p>72% completion rate of applications for NICC course</p> <p>100% of students completing the NICC spring course implemented material learned in classroom</p> <p>50% completing NICC course who are pursuing a degree or credential in early childhood</p> <p>100% completion rate of applications for CDA on-line course</p> <p>100% increase in local financial support for on-line CDA courses to increase access to trainings for CDA content areas</p>

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	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)
(QCCA Other Programs continued)					100% of on-line CDA course applicants applying for CDA credential in 2009
		2. \$470.85 for Born Learning campaign materials  <i>Plus \$1,600.00 in donated funds from a business partner</i>	1,000 "Kids Basics Cards" printed (900 English, 100 in Spanish)  236 "Happy Children Learn Better" posters printed (200 English, 36 Spanish)  20 "Recipes for Learning" books printed  1 "Born Learning Trail Kit" sample  2 "Born Learning CD" samples  2 "FFN Calendars" for reference	\$1.86 cost per "Kids Basics Cards" set (includes \$1,600.00 donated funds for this)  \$.047 cost per poster (includes 100 donated posters in kind by printer)  \$9.35 per "Recipes for Learning" books	TBD – dissemination plans in progress
		3. \$61.20 for speaker's bureau on quality early child care aimed at child care providers	100 speaker's bureau information packets printed for distribution at speaking engagements  42 invitations sent via online survey	17% (7/42) response rate to online survey  Of respondents, 86% interested in presentations (planned start fall 2009)	TBD – % of child care providers reporting information presented as informative  % who join the Friends of the QCCA e-mail list
		4. \$220.00 for director's survey	1 Child Care Center Director Survey administered to 39 sites	72% (28/39) surveys completed  \$10.00 additional incentive to directors who completed survey (addition due to invalid Chamber of Commerce Certificates left over from last FY)	TBD – data analysis in process with the goal that information will guide strategic plan implementation
		5. \$0 for quality child care billboards (FY08 funding for placement that overlapped over two FYs)	5 billboards displayed in various locations for public awareness  3 incoming calls at CCR&R referenced billboard advertisement	See purchase in FY08	100% increase in billboard advertisement with quality child care message when compared to prior fiscal year
<b>Category:</b> Quality Improvement  <b>Description:</b> Director to provide community planning, coordination, and collaboration; program oversight and monitoring; and community education services.	1 – Accessible quality support systems  2 – Family success skills  3 – Early intervention  4 – Safe and secure relationships	\$26,000.00  1 FTE director  2,202 hours offered plus 114 in-kind  <i>Plus additional funds in this section; see Community Collaboration under Other Services. Community Collaboration funds were used only through a contract arrangement with specific duties according to Tool I (B).</i>	9 new or potential collaborative efforts in Dubuque County related to children age 0-5 with links to DCE (including ECEP's Youth Master Plan, WDCCSD preschool grant planning, Kids Expo in Dubuque County, professional development for providers in the DCSD's preschool grant, DCSD's Early Childhood Task Force, VNA/County Health's Access to Health Care forum, <i>DBQ Kids Guide</i> , First Years First Grant Planning Team)  120 meetings convened, facilitated, and/or supported	\$19.43 average cost per hour (not including expenses which were factored differently for this position; cost based on total with additional funds from other sections in this report)  100% of funding used for this position in compliance with legislated use, including blend of Quality and Administration	100% programs not impacted by new RFP process were reviewed for financial accountability and best practices  100% of professional development program administered (i.e., conference support) went to participants working or volunteering in early childhood initiatives or the field

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	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><i>(Director continued)</i></p> <p>Partners: QCCA and numerous community partner members, ECEP, CCR&amp;R, Four Oaks, DCSD, WDCSD, Holy Family Catholic Schools, Archdiocese of Dubuque, Keystone AEA, Early ACCESS, Honkamp Krueger &amp; Co. PC, Radio Dubuque/Total Image Marketing, <i>DBQ Kids' Guide</i>, Telegraph Herald, Kids Expo Planning Team, Kids Expo in Dubuque County Planning Team, MVECEC Planning Team, CPPC, Child Abuse Prevention Council, City of Dubuque, Dubuque County Extension, Dubuque County Board of Supervisors, Dubuque County Extension, Dubuque County Library, Dubuque County Safe Youth Coalition, Epworth Youth Center, RTA, Helping Services, Hillcrest Family Services, Crescent Community Health Center, Dubuque County Extension, Greater Dubuque Community Foundation, DAEYC</p>	<p>5 – Healthy physical and mental development</p>	<p><i>Contract ended in early FY09. It was replaced by an alternative employer-of-record arrangement using Quality funding. All measures reported here.</i></p>	<p>62 community meetings attended</p> <p>6 providers for DCE sponsored programs monitored in support of community priorities</p> <p>12 contracts established and/or reviewed for implementation of DCE sponsored programs/services and contractor arrangements</p> <p>18 volunteers coordinated in support of DCE efforts</p> <p>1 new board member orientation conducted</p> <p>6 online or telephone surveys administered (two for community planning, program review, literacy, FFN care, Kindergarten Survey implementation)</p> <p>9 articles written/published; 1 permanent arrangement with local magazine publisher to place an article in bi-monthly issues on DCE programs/services; 1 family information booklet edited/published with 16 articles on early childhood topics</p> <p>4 press releases on early childhood efforts that resulted in media coverage with 10 board meetings announced online and through public postings according to Open Meetings Law</p> <p>52 weeks of e-mail newsletters on collaborative efforts related to needs of children age 0-5 sent to 66 community partners</p> <p>6 presentations/7 exhibits on collaborative efforts</p> <p>5 state coordinator meetings attended</p> <p>6 trainings/conferences/summits/other state meetings attended</p> <p>1 social marketing plan in development</p>	<p><i>Also see all performance measures in Public Relations/Advocacy portion of Section IV: Early Childhood.</i></p>	<p>33% of programs not subject to new RFP process reviewed to date for results accountability with additional programs scheduled through FY10</p> <p>100% of provider contracts and billings monitored for fiscal accountability and performance</p> <p>62% of legislators representing Dubuque County met with during Day on the Hill</p> <p>100% of legislators representing Dubuque County communicated with regularly and all received updates and data on DCE</p> <p><i>Also see all performance measures in Public Relations/Advocacy portion of Section IV: Early Childhood.</i></p>

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	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)
<i>(Director continued)</i>			<p>2 support staff positions (on contract or through temp agency) supervised with 3 people holding those positions over FY (duties included recruiting, hiring, evaluation, ongoing supervision, etc.)</p> <p>1 transition of DCE to nonprofit organization</p> <p>1 transition of DCE to its own fiscal agent status</p> <p>2 budgets (Early Childhood and School Ready) completed, approved by local board, and submitted to State Empowerment on time</p> <p>1 Community Plan updated with 5 new priorities</p> <p>1 Annual Report completed and submitted on time</p> <p>1 unconditional Redesignation status achieved by DCE in fall 2008</p> <p>3 training suggestions emerged as part of Redesignation with 1 to be offered as ICN in summer 2009</p> <p>1 transition from home office to first stand alone office completed for DCE</p> <p>1 web sited updated and maintained</p> <p>1 Open House event facilitated</p> <p>1 business limelight commercial on DCE coordinated through Chamber of Commerce</p> <p>10 DCE monthly meeting agendas, minutes, and packets prepared and disseminated with new electronic format option</p> <p>10 in-service sessions planned and facilitated at monthly board meetings, including 1 visit/presentation by Every Child Counts and 1 visit/presentation by state family support coordinator</p>		

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	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)
<i>(Director continued)</i>			<p>1 Coordinator's Training series completed (4 modules) as offered by State Empowerment</p> <p>1 NGA systems building team convened; 1 self assessment completed; 1 NGA training attended; 2 team meetings facilitated; 3 revised priorities approved by DCE Board; 3 follow-up efforts in progress on approved priorities</p> <p>2 Q &amp; A sessions hosted for board members on DCE and related matters</p> <p>1 team convened for Day on the Hill with 11 representatives from 3 DCE programs, 1 local business, and 2 staff; 5 meetings with legislators took place</p> <p>1 new conflict-of-interest statement developed for board and implemented</p> <p>1 Kindergarten Survey administered; 1 report reviewed and disseminated as prepared by board member</p> <p>1 review of insurance policies completed with subsequent enhancements and changes to policies and providers made</p> <p>1 Finance Committee review facilitated and completed for program budgets</p> <p>1,023 vouchers processed and/or approved through two-step system</p> <p>2 allocation budgets monitored and reconciled</p> <p>1 model researched, customized, and implemented for board use in results accountability review of DCE supported programs, resulting in 6 programs reviews completed or in progress</p> <p>1 Kids Expo (family resource and fun fair) planned and coordinated through team of volunteers (fourth annual event); 1 new Kids Expo in Dubuque County founded, planned, and coordinated through team of new community partners</p>		

Programs Funded	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement line item	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)
<i>(Director continued)</i>			<p>1 community outreach process conducted and team building event held for School Ready/Health Committee with 10 new partners joining the committee</p> <p>1 transition accomplished with director position moving from contractor to employee as DCE became employer-of-record; assisted in putting arrangements into place, including payroll, employee handbook, etc.</p> <p>4 grants written, guided, or supported for DCE efforts, 25% received (1)</p> <p>1 family stories video in development</p> <p>2 Spanish versions of DCE brochures coordinated, printed, disseminated (for organization and for preschool scholarship program)</p> <p>1 volunteer recognition program implemented, including 2 nominations of volunteers for local and state awards</p> <p>2 collaborations in progress with public school systems in Dubuque County (2 systems total) on support for voluntary preschool program grants or programs underway</p> <p>1 FFN report with research analysis and local recommendations; 1 FFN resource kit developed and distributed to 5 FFN providers identified through exhibit outreach</p> <p>1 professional development program (conference support under Early Childhood) administered to early childhood professionals</p> <p><i>Also see all performance measures in Public Relations/Advocacy portion of Section IV: Early Childhood.</i></p>		

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

School Ready Services Provided including a brief description of the program or activity	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Other line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p><b>VNA Health Programs</b> (five total programs)</p> <p><u>Description:</u> 1. <b>Urgent Care</b> for children age 0-5 in need of emergency medical or dental care, approved physicals, and prescriptions.</p>	5 – Healthy physical and mental development	<p>\$1,274.28 (including \$788.46 dental and \$525.00 medical co-pays)</p> <p><i>Additional support for VNA health programs (breakdown NA), included Medical Home Grant, Immunization Grant, Public Health Services Grant, County Public Health, Federal Title V, IDPH, Iowa Medicaid Enterprise, Dubuque County Board of Supervisors.</i></p>	<p>28 children served</p> <p>3 children referred for dental treatment and 3 completed</p> <p>4 pharmacy referrals</p> <p>13 well-child exam referrals</p> <p>8 sick visit referrals</p>	<p>\$45.51 average medical cost per child</p> <p>\$394.23 average dental costs per 2 completed dental referrals including one hospitalization for dental work</p> <p>\$25 each for co-pays (25 total) for medical or dental referrals</p>	<p>100% of families linked through case management efforts to Medicaid or <i>hawk-i</i> when possible</p> <p>100% of funds were last resort and reimbursed, when applicable, through other resources with 5 previously approved referrals voided as families became enrolled in Medicaid</p>
2. <b>hawk-i Outreach</b> for staff time at immunization clinics.	5 – Healthy physical and mental development	<p>\$2,030.43</p> <p>0.039 FTE staff person (80.64 hrs)</p>	<p>80.64 hours of staff time at clinics</p> <p>59 immunization clinics impacted with direct service</p> <p>1,537 client contacts at immunization clinics</p>	<p>\$34.41 average cost per clinic including staff case management time for client follow-up</p>	<p>41% increase in client encounters from prior year (1,089 in FY08)</p> <p>June 2009 <i>hawk-i</i> enrollment for Dubuque County at 65% of those eligible</p>
3. <b>Dental Screenings</b> for students in preschools (school- and non-school affiliated).	5 – Healthy physical and mental development	<p>\$11,088.59</p> <p>2 VNA dental hygienists performed screenings</p>	<p>28 Dubuque and 12 Western Dubuque preschools participated</p> <p>56 screening sessions completed</p> <p>1,112 children screened</p> <p>40 children had immediate dental needs</p> <p>58 children had non-immediate needs</p> <p>27 children exhibited poor oral hygiene</p>	<p>100% of preschool staff were accommodating to screeners and to the interruption to scheduled activities</p> <p>100% of preschools were provided with dental exam form and parent letter to be distributed with registration</p> <p>\$277.21 average cost per preschool</p> <p>\$198.01 average cost per screening session</p> <p>100% of hygienists fully qualified</p>	<p>4% of children screened had immediate needs</p> <p>5% of children screened had non-immediate needs for dental follow-up</p> <p>2% of children screened exhibited poor oral hygiene</p> <p>100% families received dental care information</p> <p>100% parents received post-screening information and follow-up case management as needed</p>
4. <b>Immunization Supplies and Immunization Program</b> for children age 0-5.	5 – Healthy physical and mental development	<p>\$1,965.48 for immunization supplies</p> <p>\$6,336.00 for VNA immunization program staff time</p> <p>64 immunization clinics offered</p>	<p>1,571 total children age 0-5 immunized</p> <p>4,301 total immunizations given to children age 0-5</p> <p>324.37 hours of VNA staff time for immunization clinics</p>	<p>100% of supply costs for immunizations given to children age 0-5</p> <p>\$129.71 cost per clinic (of amount funded by Empowerment, including both time and supplies)</p>	<p>19.5% increase in children immunized by VNA program in Dubuque County from prior year</p> <p>8.9% increase in number of immunizations given to children age 0-5</p> <p>93% of children up to date on required immunizations at 24 months of age</p>

School Ready Services Provided including a brief description of the program or activity	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Other line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p><b>5. Health and Safety in Child Care</b> to utilize child care nurse consultants to support child care providers, including QRS assistance.</p>	<p>1 – Accessible quality support systems</p> <p>5 – Healthy physical and mental development</p>	<p>\$80,057.80</p> <p>2 child care nurse consultants</p> <p>Those eligible – 101 registered home providers, 43 non-registered home providers, 31 preschools and special education providers, and 31 licensed centers</p>	<p>2,800.34 hours worked by child care nurse consultants</p> <p>206 child care providers (all kinds) served</p> <p>4,419 total contacts with child care providers</p> <p>277 site visits conducted by child care nurse consultants</p> <p>113 total visits made to home providers</p> <p>164 visits to preschools and centers affecting 32 total preschools/centers</p> <p>26 community partners contacted/collaborated with (total number of contacts = 2,711)</p> <p>5 total registered home providers or licensed centers received QRS/health grants to replace recalled or unsafe equipment (1 center and 4 homes)</p> <p>459 registered provider contacts and 827 preschool/center contacts for additional child care nurse consultant services (e.g., by e-mail, phone, face-to-face, fax request, technical assistance)</p> <p>48 trainings provided and completed by child care nurse consultants to child care providers, families/children, and community</p>	<p>\$289.02 average cost per visit</p> <p>\$388.63 average cost per child care provider</p> <p>59% of activities done by child care nurse consultants were direct service to child care providers, which included 54% of total time</p> <p>100% non-duplication rate with efforts of nurse consultant and DHS regulatory site visits</p> <p>100% of preschools were offered services of child care nurse consultants; 94% accepted and received on-site services</p> <p>100% of centers were offered services of child care nurse consultants; 96% accepted and received on-site services</p> <p>100% of registered providers were offered services of child care nurse consultants; 74% accepted and received on-site services</p>	<p>100% (25 total) of centers with Business Partnership Agreements that could participate in QRS</p> <p>100% (21 total) of registered providers with Business Partnership Agreements that could participate in QRS; 50% of these registered providers were participating in QRS</p> <p>40% of centers in QRS have completed the Injury Prevention Checklist</p> <p>40% of registered providers in QRS have completed the Injury Prevention Checklist</p> <p>876 children in centers and registered homes that completed the Injury Prevention Checklist</p> <p>3.84 average number of hazards found in centers and registered homes through the Injury Prevention Checklist; most common checklist item found was use of pack-n-plays or recalled/unsafe crib/cots (all centers/homes were eligible to apply for QRS/health grants to replace equipment)</p> <p>25% of centers in QRS have completed the Child Record Review</p> <p>10% of registered providers in QRS have completed the Child Record Review</p> <p>66 children referred for health services through Child Record Review</p> <p>10% of centers in QRS have begun the Health and Safety Assessment process</p> <p>0% of registered providers in QRS have begun the Health and Safety Assessment</p> <p>The Health and Safety Assessment generally is completed for Level 4 and 5 only. Only one registered provider is at Level 4 at this time.</p>

School Ready Services Provided including a brief description of the program or activity	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Other line item	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)
<i>(Health and Safety in Child Care continued)</i>					<p>100% (5) of registered homes/centers that received QRS/health grants were able to purchase cribs that met safety standards, to remove recalled or defective equipment from use, and to meet QRS guidelines (4 homes received crib cot grant; 1 center received crib cot grant)</p> <p>100% of registered homes/centers that received QRS/health grants were successful, in part because of assistance, in receiving a QRS rating:  <u>Home:</u> 3 providers applying  2 providers – Level 1  2 providers – Level 2  <u>Center:</u> 5 providers – Level 2  1 providers – Level 3  4 providers – Level 4</p>
<p><u>Description:</u>  <b>Clarke College Community Health Program</b> utilizing student nurses and home visit outreach to families in need with children age 0-5.</p>	<p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p>\$1,900.00</p> <p>35 student nurses</p>	<p>52 families served</p> <p>92 children under age 5 served</p>	<p>84% return rate on evaluation forms completed by families</p> <p>99% satisfaction with program as reported by families</p> <p>100% of student nurses mentored/supervised by department faculty during visits to mothers in program</p>	<p>100% of families accessed medical homes and linked to needed community resources</p>
<p><u>Description:</u> <b>Program Director</b> who performs preschool scholarship administration and provider grant administration.</p>	<p>1 – Accessible quality support systems</p>	<p>\$4,121.52</p>	<p><i>See Program Director under Early Childhood in Section IV.</i></p>	<p><i>See Program Director under Early Childhood in Section IV.</i></p>	<p><i>See Program Director under Early Childhood in Section IV.</i></p>
<p><u>Description:</u> <b>Transition to Kindergarten</b> program, called Jump Start, at Dubuque Community School District for prek children identified as in need of additional support to enter kindergarten ready to learn and succeed.</p>	<p>1 – Accessible quality support systems</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p>	<p>\$44,934.90</p> <p>8 days in each program with 3 hours of instruction offered each day</p> <p>33 teachers taught programs</p> <p>2 nurses and 17 paraprofessionals provided support during programs</p>	<p>304 prek children identified in need of transition to kindergarten support</p> <p>302 prek children enrolled in program and 302 children attended</p> <p>11 elementary schools offered transition to kindergarten programs</p>	<p>64% of program teachers were regular kindergarten teachers for schools</p> <p>\$148.79 cost per child served to participate in program</p> <p>3% of grant spent on supplies</p> <p>18% of grant spent on books</p> <p>78% of total grant spent on teacher and nurse salaries</p>	<p>99% of children identified as in need enrolled and attended</p> <p>All areas of pre-/post-test assessment on kindergarten skills showed student growth of 45% or more</p> <p>Largest increase on pre/post-assessment was 58% in the category of “is student able to express needs”</p>

School Ready Services Provided including a brief description of the program or activity	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Other line item	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)
<i>(Transition to Kindergarten continued)</i>		13 Americorps volunteers provided additional support		<p>1% spent on Americorps volunteers</p> <p><u>Of those parents responding to a satisfaction survey:</u></p> <p>99% of parents responded they were very satisfied or satisfied that the program helped their child have a positive feeling about attending kindergarten</p> <p>99% of parents responded they were very satisfied or satisfied that their child gained a better understanding of school</p> <p>95% of parents responded they were very satisfied or satisfied that communication between staff and home was adequate</p>	100% of kindergarten teachers use assessment information when preparing instruction for these students at the beginning of the school year
<u>Description:</u> <b>Family support and parent education program</b> utilizing PAT curriculum.	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p>\$112,852.00 for PAT 0-5 under Other carveout</p> <p><i>Additional funds allocated under Family Support.</i></p> <p><i>See PAT under Family Support in Section V.</i></p>	<i>See PAT under Family Support in Section V.</i>	<i>See PAT under Family Support in Section V.</i>	<i>See PAT under Family Support in Section V.</i>

School Ready Services Provided including a brief description of the program or activity	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Other line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p><b>Description: Keystone AEA Preschool Media Service</b>, a literacy program to offer on loan books, quality improvement literature, and media materials to child care providers participating in IQPPS.</p>	<p>1 – Accessible quality support systems</p>	<p>\$19,477.00</p> <p>1 delivery manager</p> <p>1 production manager</p> <p>2 office assistants/reservations</p> <p>2 librarians</p> <p>1 director</p> <p>3 full-time and 1 part-time van drivers</p> <p>11 media clerks (3 book clerks, 3 delivery clerks, 1 professional library clerk, 2 AV clerks, and 2 processing/receiving clerks)</p> <p><i>Note: Staff positions here are supported in part through additional funding from other Empowerment areas, but services explained here are for Dubuque County only. DCE does not track amounts contributed from other areas; see Annual Reports for BDF and HAWC areas.</i></p>	<p>162 titles/693 copies of purchased student books for preschoolers</p> <p>146 titles/383 copies of purchased student kits for preschoolers</p> <p>44 titles/61 copies of purchased professional books relating to preschoolers</p> <p>1 title/1 copy of purchased student video or DVD</p> <p>25 titles/29 copies of purchased professional and nonprint kits, videos, DVDS</p> <p>39 sites served in Dubuque County</p> <p>1 satisfaction survey sent to 313 preschool staff in the three Empowerment areas supporting this service</p> <p>35% of preschool staff returned surveys</p> <p>1 training session scheduled for Dubuque teachers but was cancelled due to bad weather</p> <p>1 teacher packet/media services guide was provided to all new preschool teachers to whom an AEA teacher number was assigned, which will be used in FY10 to provide a new guide to every teacher with a number</p>	<p>\$11.04 average cost per student book for preschoolers</p> <p>\$39.19 average cost of student kit for preschoolers</p> <p>\$17.03 average cost of professional book relating to preschoolers</p> <p>\$144.50 average cost of student video or DVD</p> <p>\$47.77 average cost of professional and nonprint kits, videos, DVDs</p> <p>\$499.41 average cost per site serviced for service in Dubuque County</p> <p>Of preschool staff in the 3 Empowerment areas who received this service, 20% response rate from Dubuque County</p> <p>96% of preschool staff rated service excellent in customer service</p> <p>97% of preschool staff rated service excellent in van delivery</p> <p>87% of preschool staff rated service excellent in ease of ordering</p> <p>95% of preschool staff rated service excellent in kits/toys/hands-on media</p> <p>95% of preschool staff rated service excellent in children's books</p> <p>94% of preschool staff rated service excellent in teacher level books and magazines</p> <p>On all survey questions, excellent was the majority response on 92% of questions.</p>	<p>100% of sites served participated in IQPPS in Dubuque County</p> <p><u>Of total media offered on loan during this FY, usage was as follows:</u></p> <p>2% video</p> <p>81% books</p> <p>14% small media</p> <p>2% professional books</p> <p>1% professional magazines</p> <p>&gt;1% curriculum lab</p>

School Ready Services Provided including a brief description of the program or activity	Link to Community Plan Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal investments must coincide with financial statement Other line item	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/Efficiency Measures)	What Was the Change in Conditions for Those We Served? (Outcome Measures)
<p><b>Description: Community Collaboration</b> and system building services for early childhood initiatives in Dubuque County.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p>\$3,709.23 for contractor services</p> <p><i>Plus additional funds in this section; see Quality. Community Collaboration funds were used only through a contract arrangement with specific duties according to Tool 1 (B). Contract ended in early FY09. It was replaced by an alternative employer-of-record arrangement using Quality funding. All measures reported there.</i></p> <p>1 contractor for limited hours and specific collaboration duties</p>	<p><i>See Director under Quality.</i></p>	<p><i>See Director under Quality.</i></p>	<p><i>See Director under Quality.</i></p>
<p><u>Category:</u> Administration</p> <p><b>Description: Board Support and Operations</b> as needed.</p>	<p>1 – Accessible quality support systems</p> <p>2 – Family success skills</p> <p>3 – Early intervention</p> <p>4 – Safe and secure relationships</p> <p>5 – Healthy physical and mental development</p>	<p>\$30,233.00 (plus an additional \$13,703.65 under Early Childhood), including the following expenses:</p> <p>\$3,994.00 liability insurance</p> <p>\$5,850.00 office rent</p> <p>\$5,276.56 fiscal agent</p> <p>\$630.00 web site</p> <p>\$15,290.77 director (partial – additional funds under Quality)</p> <p>\$12,895.32 other (including office supplies, board support expenses, utilities, etc.)</p>	<p><i>Funds used as allowed and listed under Input.</i></p>	<p>3% of School Ready and 5% of Early Childhood allocation limits not exceeded in FY09.</p>	<p><i>Funds used as allowed and listed under Input.</i></p>

Iowa Community Empowerment 2009 Annual Report -  
Early Childhood Financial Statement

A	B	D	E	F
	<b>EARLY CHILDHOOD FUNDS UNDER EMPOWERMENT</b>			
	Community Empowerment Area: Dubuque County Empowerment	FY08	FY09	FY10
	<b>Revenues ( Reporting Year)</b>			
	Current allocation for Admin. ( not to exceed 5% of total award) for Reporting Year	\$12,565.65	\$13,703.65	
	Program/Service Funds	\$238,747.35	\$260,369.35	
	<i>Subtotal current award (Sum Lines 1 and 2)</i>	<b>\$251,313.00</b>	<b>\$274,073.00</b>	<b>\$0.00</b>
	<b>Carry-forward from Previous Years available for current reporting year</b>			
	Brought Forward-Administration	\$0.00	\$0.00	
	Brought Forward -- Program/Service Funds	\$29,365.68	\$61,538.84	
	Interest (Must be used in Program and not Administration)	\$0.00	\$0.00	
	<i>Subtotal carryover funds (Sum Lines 4 through 6)</i>	<b>\$29,365.68</b>	<b>\$61,538.84</b>	<b>\$0.00</b>
	<b>Total Available funds ( Line 3 + 7)</b>	<b>\$280,678.68</b>	<b>\$335,611.84</b>	<b>\$0.00</b>
	<b>Current Year Available Funds (Current Allocation plus Carry-forward) by Category</b>			
	Administration (not to exceed 5% of total award)	\$12,565.65	\$13,703.65	
	Program/Service Funds includes Carry-forward Interest	\$268,113.03	\$321,908.19	
	Interest Earned During Current Fiscal Year	\$2,122.39	\$1,725.03	
	<b>Total Available funds by category including Interest Earned in Reporting Year (Sum Lines 10 + 11 + 12)</b>	<b>\$282,801.07</b>	<b>\$337,336.87</b>	<b>\$0.00</b>
	<b>Expenditures ( Reporting Year)</b>			
	Administrative Expenditures (not to exceed 5% of total award)			
	Fiscal Agent fees	\$5,156.24	\$5,276.56	
	Liability Insurance fees	\$3,522.00	\$3,994.00	
	Board Expenses	\$0.00	\$0.00	
	Coordinator Support	\$0.00	\$0.00	
	Other	\$3,887.41	\$4,433.09	
	Capacity Building/Access to Child Care or Preschools	\$60,255.75	\$67,740.15	
	Quality Improvement Support/Incentives	\$11,420.00	\$22,572.50	
	Extended hours/2nd or 3rd shift care/infant care/mildly ill care	\$985.32	\$26,525.36	
	Home or Center Child Care Consultants	\$69,220.53	\$76,258.10	
	Child Care Nurse Consultants	\$0.00	\$0.00	
	Provider Training/Professional Development/Materials	\$47,286.54	\$65,016.17	
	Other Services	\$19,528.44	\$20,214.46	
	<b>Total Expenditures Reporting Year (Lines 15 through 22)</b>	<b>\$221,262.23</b>	<b>\$292,030.39</b>	<b>\$0.00</b>
	<b>Unexpended Balance of Funds (Reporting Year)</b>			
	Administration	\$0.00	\$0.00	\$0.00
	Program/Service Funds	\$61,538.84	\$45,306.48	\$0.00

Iowa Community Empowerment 2009 Annual Report -  
 Early Childhood Financial Statement

Community Empowerment Area: Dubuque County Empowerment	FY08	FY09	FY10
<b><i>Unexpended Balance of Funds for Reporting Year (Carry-forward to next year)</i></b>	<b>\$61,538.84</b>	<b>\$45,306.48</b>	<b>\$0.00</b>
<b>I hereby verify that the information contained in this financial statement is true.</b>			
Fiscal Agent Signature			
<i>On behalf of:</i>			
Dubuque County Empowerment			
Name of Community Empowerment Area Represented			

Iowa Community Empowerment 2009 Annual Report -  
School Ready Financial Statement

<b>SCHOOL READY FUNDS UNDER EMPOWERMENT</b>			
<b>Community Empowerment Area: Dubuque County Empowerment</b>	<b>FY 08</b>	<b>FY 09</b>	<b>FY 10</b>
<b>Revenues (Reporting Year)</b>			
Current allocation for Administration (not to exceed 3% of total award) for Reporting Year	\$30,646.00	\$30,233.00	
Family Support and Parent Education (0-5)	\$298,718.00	\$294,733.00	
Preschool Support for Low-Income Families	\$269,772.00	\$266,132.00	
Family Support and Parent Education (0-3 Funds)	\$132,893.00	\$131,100.00	
Quality Improvement Funds	\$76,531.00	\$75,023.00	
Other Programs/Services	\$212,982.00	\$210,539.00	
<i>Subtotal current award</i>	<b>\$1,021,542.00</b>	<b>\$1,007,760.00</b>	<b>\$0.00</b>
<b>1.5% Reduction in Funding (Reporting Year)</b>			
Administration		\$0.00	
Family Support and Parent Education (0-5)		\$0.00	
Preschool Support for Low-Income Families		\$0.00	
Family Support and Parent Education (0-3 Funds)		\$2,057.17	
Quality Improvement Funds		\$0.00	
Other Programs/Services		\$12,212.36	
<i>Subtotal reduction</i>		<b>\$14,269.53</b>	<b>\$0.00</b>
<i>Total current award</i>		<b>\$993,490.47</b>	<b>\$0.00</b>
<b>Carry-forward from Previous Years: Available for Current Reporting Year</b>			
Brought Forward - Administration	\$0.00	\$0.00	
Brought Forward - Family Support and Parent Education (0-5 Funds)	\$0.00	\$0.00	
Brought Forward - Preschool Support for Low Incomes Families	\$119,806.42	\$2,020.80	
Brought Forward - Family Support and Parent Education (0-3 Funds)	\$80,910.75	\$29,876.29	
Brought Forward - Professional Development Funds	\$315.76		
Brought Forward - Quality Improvement Funds	\$734.53	\$3,931.77	
Brought Forward - Other Programs/Services (includes interest applied)	\$31,882.24	\$114,401.87	
<i>Subtotal Carry-forward funds</i>	<b>\$233,649.70</b>	<b>\$150,230.73</b>	<b>\$0.00</b>
<b>Total Available funds</b>	<b>\$1,255,191.70</b>	<b>\$1,143,721.20</b>	<b>\$0.00</b>
<b>Total Available Funds for Reporting Year (Current Allocation minus 1.5% reduction plus Allowable Carry-forward and Interest Earned in Reporting Year)</b>			
Administration (not to exceed 3% of total award)	\$30,646.00	\$30,233.00	\$0.00
Family Support and Parent Education (0-5 Funds)	\$298,718.00	\$294,733.00	\$0.00
Preschool Support for Low Incomes Families	\$389,578.42	\$268,152.80	\$0.00
Family Support and Parent Education (0-3 Funds)	\$213,803.75	\$158,919.12	\$0.00
Professional Development Funds	\$315.76		
Quality Improvement Funds	\$77,265.53	\$78,954.77	\$0.00
Other Programs/Services	\$244,864.24	\$312,728.51	\$0.00
Interest Accrued in Current Fiscal Year (Must be used in Program and not Administration)	\$8,489.42	\$6,900.11	

Iowa Community Empowerment 2009 Annual Report -  
School Ready Financial Statement

	<b>Community Empowerment Area: Dubuque County Empowerment</b>	<b>FY 08</b>	<b>FY 09</b>	<b>FY 10</b>
	<b><i>Grand Total Budget for Reporting Year</i></b>	<b>\$1,263,681.12</b>	<b>\$1,150,621.31</b>	<b>\$0.00</b>

Iowa Community Empowerment 2009 Annual Report -  
School Ready Financial Statement

<b>Community Empowerment Area: Dubuque County Empowerment</b>	<b>FY 08</b>	<b>FY 09</b>	<b>FY 10</b>
<b>Expenditures (Reporting Year)</b>			
Administration Expenditures (not to exceed 3% of total award)			
Fiscal Agent fees	\$0.00	\$0.00	
Liability Insurance fees	\$0.00	\$0.00	
Board Expenses	\$3,750.00	\$6,480.00	
Coordinator Support	\$18,047.70	\$15,290.77	
Other	\$8,848.30	\$8,462.23	
Family Support and Parent Education (0-5 Funds)	\$298,718.00	\$294,733.00	
Preschool Support for Low Incomes Families	\$387,557.62	\$235,967.59	
Family Support and Parent Education (0-3 Funds)	\$183,927.46	\$142,814.24	
Professional Development Funds	\$315.76		
Quality Improvement Funds	\$73,333.76	\$64,195.33	
Other Programs/Services includes Interest Applied	\$138,951.79	\$289,747.23	
<b>Grand Total Expenditures for Reporting Year</b>	<b>\$1,113,450.39</b>	<b>\$1,057,690.39</b>	<b>\$0.00</b>
<b>Unexpended Balance of Funds for Reporting Year (Becomes Carry-forward in 1st succeeding year)</b>			
Administration (not to exceed 3% of total award)	\$0.00	\$0.00	\$0.00
Family Support and Parent Education (0-5 Funds)	\$0.00	\$0.00	\$0.00
Preschool Support for Low Incomes Families	\$2,020.80	\$32,185.21	\$0.00
Family Support and Parent Education (0-3 Funds)	\$29,876.29	\$16,104.88	\$0.00
Professional Development Funds	\$0.00		
Quality Improvement Funds	\$3,931.77	\$14,759.44	\$0.00
Other Programs/Services includes Interest Applied	\$114,401.87	\$29,881.39	\$0.00
<b>Unexpended Balance of Funds (Reporting Year)</b>	<b>\$150,230.73</b>	<b>\$92,930.92</b>	<b>\$0.00</b>
FY'08 Amount over 30% into FY'09			
Amount subject to FY'08 Carryforward Policy	\$150,230.73	\$92,930.92	
Maximum Allowable Carry-forward to next year (20% of total current award)	\$306,462.60	\$198,698.09	\$0.00
Overage (Reduced from second succeeding year payments)	-\$156,231.87	\$0.00	\$0.00
<b>I hereby verify that the information contained in this financial statement is true.</b>			
Fiscal Agent Signature			
On behalf of:			
Dubuque County Empowerment			
Name of Community Empowerment Area Represented			