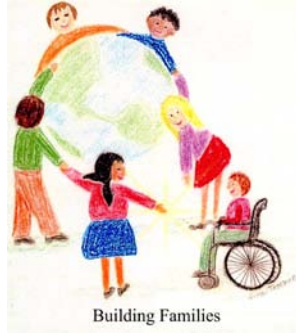


Building Families Early Childhood Area



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Name of ECI Area

Board Chairperson Contact
Information and Signature

Date Plan Approved By ECI Board

2011 Revised Building Families Community Plan

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Building Families Early Childhood Area Community Plan Hamilton, Humboldt and Wright Counties

Date submitted to the ECI Office: _____

Date approved by the board: Updated April 2011

Section I: General Information

Identification of the Early Childhood Iowa Area (ECIA)

Building Families Early Childhood Area encompasses Hamilton, Humboldt and Wright Counties. As identified in our by-laws, "All School districts with Administrative Offices located within the boundaries of Hamilton, Humboldt or Wright Counties are considered part of the Building Families Project. All districts have borders located in contiguous counties. The Administrative Office sites indicate the definitive geographic location."

"If a family resides outside of the geographic location but attends a school district in one of the counties, they would be eligible to receive programming."

If a family resides outside the geographic area and wishes services through Building Families Projects, or if a family resides in Hamilton, Humboldt or Wright Counties and desires serves in a bordering ECI area, the Director will work with the other ECI board, preschool or program in the ECI area, to assure the family receives serves.

Children eligible for services must be aged prenatal through age five. Parents of children prenatal through age of five are also eligible for services such as parent education and family support. Restrictions include:

- Preschool scholarships—families must reside at 200% FPL and not receive or be eligible for any other funding for preschool tuition.
- HOPES—families are eligible through a risk assessment. The HOPES programs serve children aged 0-3.

In fiscal year 2011, there were 2606 children aged 0-5 with 978 residing at 185%FPL in the Building Families ECI Area. (*Woods & Poole, 2006 population Estimate Total 0 - 5 Population Source: U.S. Bureau of the Census Number of children, 0 - 5 below 185% Poverty*)

Boundaries

Cross Boundaries

Population Eligible

Exceptions

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Use of Community Plan

The plan is used to collaborate with different projects, to identify needs of our community for new or extending community projects, to focus on the needs making decisions on funding priorities, writing grants for expanding services or projects or new projects, and is posted on the internet for others to access.

Vision: Every child beginning at birth will be healthy and successful.

In 2006 the board adopted the state vision for ECI.

Mission: Children, youth, and families will live in safe and nurturing environments that promote health, independence and success. Building Families will create a continuum of supports and services that embrace children and their families.

Geographic/Demographic Profile for the Early Childhood Iowa Area – Updated 11-30-10

Building Families Empowerment Area includes Hamilton, Humboldt and Wright Counties in north central Iowa. Row crop farms are graced with the green belt running along the Des Moines and Boone Rivers, providing various recreational activities. Two bike trails embrace the river banks and connect communities by way of an old railroad bed. It is not unusual to see herds of deer, bald eagles, and wild turkey roaming the fields and exploring the river terrain for food.

Hamilton, Humboldt and Wright County residents are conservative in nature, very proud and community minded. Our counties offer many aspects of small town life with the convenience of larger towns. All totaled, Building Families Early Childhood Area includes **30 communities**. Most communities continue to have a post office. Many have a plethora of churches, at least one bar, a park, with a shelter, a swimming pool, a library, and a movie theater. Several have an Iowa Central Community College outreach campus. Most support their volunteer fire departments with fundraisers throughout the year. Communities are notorious for their summer celebrations, Shakespeare on the Loose, Raspberry Festival, Watermelon Day, Wednesday at the Park, Blue Grass Festival, Sweet Corn Days, Teddy Bear Reunion, and Annual Fourth of July Celebrations all including food, parades and family activities. Each county has a County Fair with 4-H groups showing livestock and homemade and home grown items.

Building Families is a very **rural area of 1,519.4 square miles**. The largest community, Webster City, has a population of 8,176 and the smallest, Hardy, a population of 21. The total population in 2009 was 37,774 or an average of 25 persons per square mile. Of the population, 4.2% are English Language Learner families of both Asian and Latino descent. Each county and community is unique in their population base. Hamilton County has a strong Lao and Latino population mainly employed in factories. Clarion and Belmond-Klemme (Wright County) support the Latino populations with the hog confinements and egg factories. Humboldt County is just beginning to see an influx of Latino and Lao families.

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All our communities have a strong industrial base including several Ethanol Plants and are row crop farming communities. Smaller communities are “bedroom” communities where industrial workers and retirees can live a safe and economical way of life. With Electrolux and Eatens factory layoffs in the fall and winter of 2008 and spring of 2009 and the closing of Beam Industry, 2010 closing of Electrolux in Webster City and economic devastation of the Ethanol Plants, unemployment is skyrocketing, Latino families are migrating back to Mexico, and the need for social services has increased.

There are **11 school districts and two parochial schools** in Building Families Early Childhood Area. Two are elementary schools and the parochial schools are elementary grades only. Most are consolidated and some share superintendents.

In 2006 there were 224 marriages, 103 dissolutions. Building Families has 2606 children under the age of five living in Hamilton, Humboldt and Wright Counties, 14.1% (13.4% state) residing at poverty level.

Out of 456 live births in 2009 (IDPH Vital Statistics), 193 of those births were out of wedlock. There were 61 babies born to parents under the age of 20, a rate of 14%, much higher than the state rate of 8.7%. In 2009 Building Families Counties had a rate of 19% founded child abuse reports; with the state rate of 19.9%. Wight County is second in the state for the highest rate of founded child abuse.

Total childcare slots in our area is 1,043, with nine centers and 74 registered childcare providers and 58 non registered child care providers (CCR&R). Out of the nine centers, four have a QRS rating level of a three or higher. In 2009, 95% of the registered providers are 90% compliant with the DHS checklist and 11 have a QRS rating of a three or higher.

There are 52 children in three Head Start programs and 674 three, four, and five year old children attending preschool (753 slots). Last year, 157 or 99% children receiving scholarships demonstrated age appropriate developmental skills by the end of the preschool year. The number of quality preschool classrooms as identified by the IQPPS was 25 or 76%. There are a total of 20 preschools in our Early Childhood Area. Of those, 16 are run under a school district, 11 (100%) districts receiving the Four Year Old Voluntary Preschool Grant; two private non-profit preschools; six located and affiliated with the faith community and six center-based preschool programs. Most provide three and four year old classrooms.

There are no Dental Offices in our area that take T19 families. The DHS offices in Humboldt and Wright Counties have closed with Webster City housing only social workers. Families are having a difficult time transporting to Mason City or Fort Dodge to work with the Income Maintenance staff and many families do not have computers to file for assistance on line.

DATA: *****

The following graph is a breakout of the data collected. Assessments accessed included the Child Care Survey, the Parent Survey, the state report indicators, and data collected from various internet sites including DHS, IDPH, MapStats

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<http://www.fedstats.gov/qf/> , NW Foundation, ISU Extension, Eyes Open Iowa, Vital Statistics
http://www.idph.state.ia.us/apl/common/pdf/health_statistics/vital_stats_2009_brief.pdf , US Census, , Workforce Development <http://www.iowaworkforce.org/> , Iowa Department of Education <http://www.iowaschoolprofiles.com> , and Referral and Prevent Child Abuse Iowa www.pcaiowa.org .

Community Needs Assessment: Updated 2010-11

Demographics

	Ha	Hu	Wt	State	Building Families
Population	15,357	9,514	12,903		37,774
Minority	5.8%	4.4%	9.7%	9.6%	6.6%
ELL Families***	4.40%	2.80%	6.40%		4.5%
Children under age of 5***	5.8%	6.2%	6.3%		18.3%
Marriages	96	79	49		224
Dissolutions	48	23	32		103
Live Births	184	127	176		487
Out of wedlock	75	41	76		192
Under age 20	22	15	24		61
Births to teens, 18 and under	6.7%/13	6.6%/6	14.1%/25	8.7%	9.1 % avg. for 3 co./44
Low birth weight infants***	16	11	12		39
Late/No prenatal care***	4.3%	0%	2.3%	2.5%	3.3%
Persons under age of 5***	951	646	879		2,476
Children of both working parents	82.6%	68.8%	69.3%	69.8%	73.6%
Children in poverty***	12.1%	14.1%	16.2%	13.4%	14.1%
# children in preschool					674
# children in Head Start	21	20	11		52
Children with an IFSP	22	15	16		53
Children with an IEP	36	20	34		90
Children with Speech Delays	40	24	34		98
Childcare slots					1,043
# children without insurance***	6%	6%	6%	7.2%	6%
Free and Reduced lunch	31%	43%	44%		39%
Unemployment rate (10/10)	7.6%	5.1%	7.0%	6.7%	6.4%
Domestic Violence					
Substance Abuse					
Child Abuse	13%	23.9%	28.4%	19.9%	19.9%
4 th Grade reading Proficiency	82.47%	86.73%	76.71%	79.39%	81.94%
Kindergarten Literacy Proficiency				60.59%	
Graduation Rate	92.09%	90.09%	91.66%	87.21%	91.28%
Daily Average Attendance for Kindergarten	96.10%	95.76%	96.30%	95.84%	96.05%

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Median Household Income	\$47,603	\$47,788	\$43,560	\$43,560	\$46,317
Bachelor degree or higher	17.5%	15.4%	13.5%	21.2%	15.3%
**No new data/or no change					

Section II: Community Needs Assessment

Development of the Community Needs Assessment

In the fall of 2008, Building Families completed two community surveys, one to registered child care providers and the other to parents. The following summarizes the results (data more complete in 2010 community plan).

Child Care Survey Data:

The highest special needs identified by the child care providers were: language, behaviors, and allergies.

They also stated they agreed with the following:

- set of standards for training for child care providers needs to be in place;
- all child care programs should be regulated for quality;
- compensation for child care providers needs to be determined by their training and qualifications;
- the current level of state regulations for family child care makes it difficult to sustain a program.

Parent Survey Data:

Child Care

General comments indicated that childcare was hard to find, quality was often overlooked if the children were “happy and safe”, but most wanted more available childcare that was regulated so all programs were quality and the providers were safe to care for their children. Comments on the surveys also indicated parents had a difficult time paying for childcare.

Parent needs

General comments under the parents’ needs section of the survey demonstrated how stress is tied in with finances, the need to be employed, creating time to spend with their children, and dealing with their children’s behavior or disciplining their children.

Many of the community needs assessments completed in our area, according to various agencies, relate to specific areas or populations. Head Start assessment addresses their clientele, where Public Health addresses the specific health needs and identifies one priority for their agency to work on. Building Families requested assessments by sending a mass e-mail, putting an announcement in the Newsletter and discussing the collection of assessments at our

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Methods

committee meetings. A final assessment was compiled with data collected from various sites (see data spread sheet above) and phoning agencies for specific data, such as Early ACCESS on the number of children and special needs they are seeing.

Building Families completed a SWOT analysis in October. The board began the process at a board meeting by discussing the strengths, weaknesses, opportunities and threats. Then in November a committee completed the matrix (below):

Process for analyzing Data Pg 8-18

Information for community process Pg 8-18

Strengths and Challenges

Internal	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Reputation we have with the clients we serve • Skilled professional staff • Diverse board • Ongoing educational opportunities • Financing for programs • Good rapport with our legislators • Good board turnout at meetings • Programs serve the identified needs • Many community collaborative/collaborate with others • Multi county-works well together • Work well with the school districts • Working on marketing • Great office location/multiple programs together • Conference room 	<ul style="list-style-type: none"> • Missing community marketing in other counties, more visibility • More staff time to be in the three counties all the time (PR) • Public at large does not know/understand what we do or what we offer • Lack of communication for non speaking English • Funding • Diverse staff-Spanish speaking • Multi lingual Education materials in Spanish and other languages • Busy schedules

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External	
Opportunities	Threats
<ul style="list-style-type: none"> • Social networking • Webinar/conference calls • Diverse clientele • DHS grant for CAPP • Grants in general • New programs to address the gaps in services • Resource book/services available • Partnerships to take advantage of (business) • Outside fiscal agent • Internships to assist the Director/marketing/etc • Changing Demographics • Inviting informal community leaders of diversity to be part of our initiative • Training for board and staff on diversity issues 	<ul style="list-style-type: none"> • Carve outs, restrictions from the state with what we can do from the funding • Uncertainty of legislation • Economics • Territory—competition between communities • State funding • Clients that do not want to stay engaged in the programs • Staff changes • Clients do not follow through with information provided • Turnover of childcare providers/loss of parents jobs • State not making clear expectations regarding childcare • Changing demographics
Opportunities	Opportunities
Strengths	Weaknesses
<p>Use our strengths to take advantage of opportunities and pursue them</p>	<p>Overcome our weaknesses to pursue opportunities.</p>
<ul style="list-style-type: none"> • Multi-county collaboration resource book development • EHC grant to work on resource book • Informal community leaders of diversity involve in development of resource book • Internship for resource book/social networking • Social networking 	<ul style="list-style-type: none"> • Social Networking to market BF to community at large • School district to get our name out • Parent night at kindergarten roundup • Parenting classes through the school districts • Open house set up tables for information • Marketing funding for programs to market their program • Put information in School newsletters about ECI and programs • Booths at county fairs • Elementary Principals as advocate • School newspapers/articles

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	<ul style="list-style-type: none"> Schools send out newsletter to school list serve Speakers to parent councils Humboldt magazine Links to each county website Links to city websites Director give report to county supervisors at a meeting/annual report
Treats	Threats
Identify ways we can use our strengths to reduce our vulnerability to external threats.	Establish a defensive strategy to prevent our weaknesses from making us vulnerable to external threats.
<ul style="list-style-type: none"> New group of legislators to educate Proactive to budget cuts Director of marketing Program staff ACE director 	<ul style="list-style-type: none"> RFP the funding to address our goals Meet with legislators in December Keep a strong educated board Staff follow up with in home (home visitation with parents/parent education) and child care training (covered and want to maintain) Educate board on diversity Explore bringing on an intern

This information was used to update our Marketing Plan and shared at the Board Retreat, explained below.

Analysis of the Needs Assessment Data Collected

With this information Building Families sponsored a “retreat” with agencies invited to attend with the board to update our community plan. The Retreat took place in December of 2010, during a snow storm. Attendance was lower than expected but still a good representation of our communities.

The Retreat was presented as a monopoly game. The agenda included:

- Welcome
- Introductions
- ECL system components
- A perfect early childhood system
- Board Monopoly Bucks!**
- Review data, priorities, goals on monopoly sheet



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- Review four ovals
- Group breakout
- Prioritize needs
- \$\$\$ Board priorities for funding

The session included breaking up into groups of five. The group discussions were based on the four ovals of early childhood and included what our needs were; prioritizing the needs and identification of the top three needs from each oval. The data was presented along with the SWAT analysis as an introduction to group sessions.

The narrative:

12:00- 12:10 Welcome--ground rules, silence cell phones, everyone participates.

Introductions and Ice Breaker: State your name and who you represent. Tell us how you are like the monopoly token you chose for your name tag.

12:10- 1:05

- A 3 year old living with her disabled grandparent does not attend preschool, does not play with other children, and does not know what a banana is
- A family with no income gives their two children to a grandmother to raise
- A 18 month old boy attends childcare with bruises on his cheeks
- An Early Childhood teacher puts a two year old in time out for 30 minutes
- A 9 month old infant cannot hold up his head
- A four year old has teeth that are black and rotten
- Spanish speaking parents do not pick up their two children from the child care center because they heard the INS is in town
- A child who bites, a child who runs away, a child who can't talk.

These are real stories about children and families who need help—These families are just like families who reside in our three counties.

- The three year old is accepted into a Head Start Program.
- Unemployed parents receive training and emergency child care from the Department of Human Services programs.
- The 18 month old child is referred to a child health specialty clinic for a rare blood disorder.
- The Early Childhood teacher expands her professional development for understanding challenging behaviors.
- AEA is referred to a family with an infant with developmental delays.

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- I Smiles staff provide dental checks and referrals.
- Interpreters work with non English speaking parents.

These are all resources our community utilizes to address the needs of our children. In a perfect world, these issues would not exist. But our world is not perfect. That is why we need to develop an early childhood system of supports and services for our families in Hamilton, Humboldt and Wright Counties.

Early Childhood Iowa has developed a system components for Early Childhood. As you look at your Monopoly board, you will see those components. READ---

- Secure and Nurturing Families:
 - Safety of children
 - Positive Parent/Child Relationships
- Healthy Children:
 - Social, emotional and mental health services
 - Preventative health care
 - Good nutrition
 - Medical and dental home
 - Health care coverage
 - Prenatal care
- Safe and Nurturing Child Care:
 - Quality Childcare
 - Assessable and Affordable Child Care
- Children ready to succeed in school
 - Children's level of performance
 - Parent's ability to afford quality programs
 - Affordable and Quality early learning programs
- Community engagement:
 - Safety of children and families
 - Public support for families
 - Community investments in early care health and education

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Cultural diversity including ELL families, families of different social economic status or same sex parents

- Quality programs:

Programs are credentialed

Compensation packages for child care

High quality training

Professional development

Quality Rating Scale, Quality Preschool Program System, and Positive Behavior Intervention Supports

Registered and licensed child care providers

1:05- 1:25 considering our state system components, I want you close your eyes and dream. I want you to dream about what an ideal early childhood system would look like in our counties. What do you see? What do the children look like? What do the parents look like? What do the programs look like? (Write on large paper) 15-20 minutes

1:25-1:30 Explain monopoly money for board, have them put \$ in each house when they prioritize. Explain that as the afternoon continues, look at our SWOT (strengths and weaknesses) and add your input to the sheet on the table. You can write on the back of the sheets if you need extra room.

1:30- 1:40 Review data, priorities, goals on monopoly sheet

1:30-1:40 Review four ovals that are posted on the walls

1:40- 2:10 Break out into groups according to your tokens and fill out needs in ovals—use needs not programs or activities!!! For example, children need continued social emotional skill development over the summer months or parents need to be talking to their children beginning at birth. *Use a handout for this Round table to discuss what they added to the ovals. Board is putting money in houses.*

2:15- 2:30 Prioritize needs, put colored stars on the top three in each oval for each group-use stars red 1st, blue 2nd, green 3rd—Amy collect money and determine where the \$420 will go. Put it on the cowboy cards that compares to last year's funding.

2:30-2:50 discuss prioritized needs and funding / compare them both

2:50-3:00 Tell them the information will be used in the community plan and discussed with the full board.

It will also be used to RFP our funding for next year.

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The final needs assessment the group developed was the following:

Board Retreat Notes December 2010

Ideal Early Childhood System of supports and services: What would our community look like?

Children:

- Are clean
- Are dressed appropriately
- Are happy
- Are well nourished
- Are actively involved
- Are immunized
- Are loved
- Are respected
- Have perfect teeth
- Have all health issues addressed
- Have books to read

Adults:

- Are engaged with children
- Respect their children
- Have time to attend child's functions and be involved
- Have positive parenting skills
- Are talking to teachers/communication
- Can identify their needs and know where to get assistance
- Participate in activities they want to be involved in

Programs:

- Focus on skill building and social skills
- Utilize parent volunteers
- Provide diverse opportunities for children
- Have developmentally appropriate materials, equipment and activities
- Provide comprehensive education
- Are safe welcome environments
- Have safe quality standards to follow
- Provide Transportation
- Have safe playground equipment
- Have staff who are trained and well paid
- Have low staff turnover
- Have ongoing professional development
- Have Interpreters
- Are licensed
- Provide subsidized childcare
- Have continuous funding sources

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- There is a Resource center or a center for resources and referrals
- There is fully dependable funding for preschool

Four Ovals Top Three Priorities that we need to provide:

Health

#1 Comprehensive Service

- **Medically accurate information**
- **Mental Health services**
- **Dental**
- **Substance abuse**
- **School nutrition programs**
- **Immunizations adolescent sexual health**

#2 Transportation

#3 Nutrition assistance for weekends and summer for children

- Sliding scale fees
- Providers that accept title 19, additional insurance, etc
- Professional development
- Continuous serves with no lapses
- Resource directory of providers
- Parent education
- Need for early identification of mental health
- I-smiles
- Nurses in preschools
- Include nutrition in parenting class education
- Knowledge to access available programs
- Wellness program including fitness and nutrition
- Mentoring

Special Needs

#1 Knowledge of signs and symptoms of needs

#2 Decrease fear and stigma on accessing resources

#3 Transportation

- Education of formal and non-formal educators of basic identifiers
- PSA
- Summer programs
- Referrals to early ACCESS, --
- Interpreters

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- Professional Development
- Early medical and emotional screening
- Referrals to AEA
- Ages and stages
- Respite
- Family support
- CCR&R partnerships
- Mentors/volunteers to help keep the programs running
- Resource guide

Family Support

#1 Parenting support, skills, education. : nutrition class, money management

#2 Resource guide and hotline; directory in central location

#3 Transportation

- Interpreters
- Long term support and follow through
- Parenting classing ongoing, no laps in services/mandatory
- Parent education when receiving funding so services, new ways to build attendance
- Communication on what's available
- Intergenerational dual household resources
- Insurance education, who accepts what, title or additional insurance
- Money for schools lunch program and education classroom programs
- Mentors and volunteers to help programs to keep going
- 1on 1 services and in-home visitation
- Substance abuse services
- Involvement
- Incentive to get "there" or stork's nest
- Circle of supports-individuals to lean on
- MS and HS education classes to "break the cycle" of poverty, poor parenting skills, setting priorities for life-goals must have follow-up

Early Learning

#1 Fully funded preschool programs (3 year olds) with transportation, collaboration between preschool, daycare and school districts

#2 Communication and skill building

#3 Transportation and professional development (tied for third place)

- Breaking down early learning into lay terms
- Ensure after school and other group programs also teach learning skills to children
- Interpreters
- Resource guide
- In home visitation
- Licensed providers (quality)
- QRS grants

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- Developmental assistance; creative, low cost ideas
- Environment safety, inside and outside, classrooms and playgrounds
- Mentors/volunteers to help keep programs running

Meeting evaluation:

What went well?

- Well organized
- Healthy food options
- Story board and houses clever idea
- Ideas were valued
- Engaging and activity involved
- Timing—went fast

What would you change?

- Attendance, how to get people here:
 - Transportation
 - Parents missing
 - Faith group missing
 - Need additional input
 - Bring someone to contribute next time
 - Provide childcare
 - Time of meeting—not good for busy people
 - Incentives for parents to attend

What do you want for follow up?

- Marketing
 - Link on school websites/newsletter to get information out—low cost
 - Newsletter-parent pal on BF
 - Summary of what was to schools, press release, and medial
 - Making committee, work with schools
 - Social media (Facebook)
 - Resource directory—interns, find someone to keep up with incentives/ “other “ funding
 - Name out there with service offered, keep consistent name to help be known as it defines what we are doing
- For the rookies (in the future)
 - Look at past % of budget
 - Benchmarks
 - Accomplishments
 - Funding
 - Outcomes
 - Budgets
 - New reporting should help compare

Common Themes:

1. Transportation
2. Nutrition
3. Parent education/support

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4. Resource Guide
5. Interpreters
6. Screening for health, dental and mental health
7. Professional development
8. Mentors and volunteers

The board members had Monopoly money to place in houses that represented different priorities to fund. They had fun trying to decide where the funds should go and several tore the money in pieces to split out the funds into different areas. The following matrix shows how the funds were actually distributed and how the board allocated the funds at the Retreat.

Community Need	Current Funding Support	Current Funding Amount	Board Funding Priorities	Funding Amount	Governor's SR Budget for ECI	Possible EC Budget
Parent Support	48%	\$250,291	14.8%	\$62,000	\$206,308	
Parent Education	7%	\$35,000	9.5%	\$40,000		
Preschool Support	20%	\$92,794	25%	\$106,000	52,207	
Quality Preschools	11%	\$62,560	16.5%	\$69,000	41,669	\$60,000
Quality ChildCare	11%	\$62,467	21%	\$90,000		
Professional Development	1%	\$5,000	1.6%	\$6,700		
Marketing and Advocacy	0%	0	1%	\$5,000		
Health and Safety	0%	0	5%	\$22,500		
Children's Health	0%	0	4%	\$17,500		
Other	1%	\$5,000	3%	\$14,200		
Administration	Taken out				9,995	
Total	100%	\$513,112	101.4%	\$432,900	\$333,173	

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Priorities of the Early childhood Iowa Area Board

Priorities in our ECIA are general. It is the programs that address the identified need that is important. The priorities and indicators were discussed at a board meeting then at a committee meeting. The following is a summary of both discussions.

Priority and indicator analysis

Rationale

Priority	Rationale for Identification or Deletion of Priority
<p>Priority I: Enhance the health, growth, and development of children and adults in the family unit.</p> <p>Goal: Rate of founded child abuse assessments will decrease by 1% by 2013.</p> <p>Objective: Provide mental health counseling to those who do not have insurance to access this service; Intense In-home parent support and education programs; Socializations for young parents; and Parent Education Groups and in-home parent education</p> <p>Objective: Monitor the health of newborns/preschool children by HOPES screenings, Dental screenings, and nutrition awareness.</p> <p>Results: Rate of founded child abuse assessments.</p> <p>Goal: Births to teens will decrease by 2% by 2013.</p> <p>Objective: Reduce the number of teens giving birth by providing mental health counseling to those who do not have insurance to access this service; Intense In-home parent support and education programs; Socializations for young parents; and Parent Education Groups and in-home parent education</p>	<p>Discussion included continuing priority one as it still remains a priority to the board.</p> <p>Goal: Rate of founded child abuse assessments will decrease by 1% by 2015. Board discussion: Increased rate by 8/1000 Discussion: does this really indicate something we can impact as there are so many other factors. We need to consider not using this indicator. Committee discussion: This is an important factor for families. An increase could also mean that there is more awareness on child abuse, we may be doing a better job reporting, and we would expect more assessments with the shaken baby training. Can we use only the data for children aged 5 and under or only child abuse in a child care setting? Ann will investigate the possibility of finding data on children under the age of five.</p> <p>Goal: Births to teens will decrease by 2% by 2015. Board Discussion: This indicator is good and represents the CAPP Coordinator work. What other indicator can we use for health? Ann will review the health indicators and bring them back to the board for review.</p> <p>Committee Discussion: Teen birth rate affects all of our projects. It is good to keep a record of this indicator especially since we have a CAPP Grant. Recommendation is to keep this indicator. The committee looked at immunization rate as another health indicator and Mona checked into the availability of the ISIS data from IDPH which collects data from all health providers. It is possible for our public health</p>

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<p>Result: % of births to teens</p> <p><i>Programs funded to meet this priority: HOPES, Healthy Families Mental Health, Parent Coordinator, Child Care Nurse Consultant, and a DHS grant funded Community Adolescent Pregnancy Prevention Coordinator</i></p>	<p>agencies to collect this data for us yearly. In the past we only had data from Public Health, but now it seems reasonable to use this indicator again with more health providers reporting.</p>
<p>Priority II: Improve the availability and quality of preschool programming based on a per child basis</p> <p>AND</p> <p>Priority III: Develop childcare and preschool providers who enhance children’s health, safety, developmental skills, and abilities.</p> <p>Goal: 90% of preschool programs will be using Head Start Standards, or IQPPS verified by Dept. of ED or have a QRS rating of 3 or above by 2013</p> <p>Objective: Ensure all children will attend quality preschool programs by providing preschool scholarship and transportation assistance, technical assistance to preschool teachers, and improve the quality of programs</p> <p>Result: % of quality programs as indicated by using Head Start Standards or IQPPS or a level 3 on the QRS</p> <p><i>Programs funded by empowerment to meet this priority: Preschool scholarships and transportation assistance, mini grants, Early Childhood Education Consultant, Child Care Nurse Consultant, and Child Care Home Evaluator</i></p>	<p>Goal: 90% of preschool programs will be using Head Start Standards, ECERS, or IQPPS verified by Dept. of ED or have a QRS rating of 3 or above by 2015</p> <p>Increase by 28% Board Discussion: Much of the increase is due to the schools receiving the DE grant for preschool and the Dept. of Ed. Evaluations of the programs. So far we are not able to access the DE for reviewing any other programs but the preschools are working on quality such as pieces of the profile and child assessments.</p> <p>Committee Discussion: There was much discussion on this indicator. Several things were brought out: the board needs to be educated on the difference of all the rating systems, ECERS, QRS, IQPPS, etc. There is a common goal with Child Care Resource and Referral (CCR&R) in that we want providers to work towards a level three on the QRS. The QRS (Quality Rating Scale) focus is health and safety, IQPPS (Iowa Quality Preschool Program Standards) is only credentialed by the Department of Ed. Other preschools do work on the profiles by filling out one or two criteria a year. This focus is on program. The ECERS, (Early Childhood Environmental Rating Scale) focus is environment. And the federal accreditation is very expensive to complete. The recommendation by the committee is to keep the indicator but to add ECERS. The goal would be changed to 90% by 2014.</p>

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<p>Priority IV: Improve the public perception of our programs. Indicator: Implement three additional marketing strategies by 2011</p> <p>Goal: Each county will develop three marketing strategies to educate the communities by 2011 The purpose of the Marketing strategy is to provide information to parents and the community to better access resources and our programs. (2010 Marketing, advocacy cards, Newsletter, Chamber, Speaking to Hu Co Supervisors, Legislative Forum, Facebook page—no survey done this year)</p> <p>Result: % of parents reporting on the 2013 parent survey that they are aware of Building Families projects</p> <p><i>Projects funded by empowerment to meet this priority: Executive Director, board support and marketing committee composed of staff and board members.</i></p>	<p>Goal: Each county will develop three marketing strategies to educate the communities by 2015 The purpose of the Marketing strategy is to provide information to parents and the community to better access resources and our programs.</p> <p>Board Discussion: The 2010 Marketing strategies have been: advocacy cards, Newsletter, Chamber, Speaking to Hu Co Supervisors, Legislative Forum, Facebook page—no survey has been done yet this year.</p> <p>Committee Discussion: The marketing committee will work on a marketing plan this afternoon and will share with the board.</p>
<p>Priority V: Childcare and preschool providers will enhance children’s health, safety, developmental skills and abilities.</p> <p>Goal: 85% of all registered providers will be 90% compliant to the DHS registration checklist by</p> <p>Objective: Child Care Home Evaluation Consultant will visit each registered home and encourage training, application to the QRS, and provide technical assistance to help providers become in compliance with the DHS registration guidelines and make referral sources available to the child care providers.</p>	<p>Goal: 85% of all registered providers will be 85% compliant to the DHS registration checklist by 2015 2010 increased by 3.5% (95%) goal met no discussion.</p> <p>Goal: 30% of registered providers will have a QRS rating of 3 or higher by 2015 Decrease by 8.8% or 7%</p> <p>Board Discussion: The decrease is due to providers not buying into the QRS, no CCNC (Child Care Nurse Consultant) to directly encourage the application process, although Tricia has been meeting with our programs in our counties. Other standard could be the ECERS, but it has been difficult to find an approved rater as there is only two in the state who can do the rating.</p> <p>Committee Discussion: Can we change the % to 85 to</p>

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<p>Result: % of registered child care providers who are in 90% compliance to the DHS registration checklist.</p> <p>Goal: 30% of registered providers will have a QRS rating of 3 or higher by 2013</p> <p>Objective: Child Care Nurse Consultant will provide Injury prevention and health and safety checks with in registered child care homes.</p> <p>Result: % of registered providers and centers that have a level 3 or higher on the QRS rating scale.</p> <p>The purpose of the CCNC visitations and checks is to decrease injuries and enhance the health and safety of our children in childcare and preschools so they can be cared for in a safe and nurturing environment.</p> <p><i>Projects funded by empowerment to meet this priority: Child Care Home Evaluator, and Child Care Nurse Consultant.</i></p>	<p>reflect what the Home Consultant reports on? Ann Jensen (Home Consultant) reported that she and DHS both check the records and she receives their report to follow through for technical assistance and compliance. She states there is no problem leaving the 90% in as most of the registered providers are at that level or higher. Most of the non compliance is the use of egress windows. It was decided to suggest leaving the QRS rating in the register providers or child care to see what happened with the CCR&R grant for this year. There are also new standards for the QRS and this might make an impact on the number using QRS. ECI may need to provide incentives to get provides to participate.</p>
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Recommendations were approved at the April 25th board meeting.

Identified Priorities

Priority I: Enhance the health, growth, and development of children and adults in the family unit.

Priority II: Improve the availability and quality of preschool programming based on a per child basis.

Priority III: Develop childcare and preschool providers who enhance children's health, safety, developmental skills, and abilities.

Priority IV: Improve the public perception of our programs.

Priority V: Childcare and preschool providers will enhance children's health, safety, developmental skills and abilities.

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Indicator link to state results

Community-wide Indicators of the Early Childhood Iowa Are Board Analysis of the Information collected to identify indicators.

Discussion of the indicators is above.

Adopted Indicators

Indicator	Program Granted funds to address indicator	State Result
Percent of founded child abuse assessments that were for children aged five and under (Prevent Child Abuse Iowa) or number of children with founded child abuse assessments, to be determined.	HOPES, Parent Connection	C
Rate of Births to Teens (EyesOpenIowa)	HOPES, Parent Connection	C
Immunization Rate for children aged five and under (IDPH)	HOPES	B
% of preschool programs will be using Head Start Standards, ECERS or IQPPS verified by Dept. of ED or have a QRS rating of 3 or above (Dept. of Ed, Dept. of Human Services, CCR&R)	Preschool Scholarships Child Care Advisor Early Childhood Education Consultant	A E
% of parents reporting on the 2013 parent survey that they are aware of Building Families projects	Marketing	D
% of registered providers will be 90% compliant to the DHS registration checklist	Professional Development	E
% of registered providers will have a QRS rating of 3 or higher	Professional Development	E

- A- Children Ready to Succeed in School
- B- Healthy Children
- C- Secure and Nurturing Families
- D- Safe and Supportive Communities
- E- Secure and Nurturing Child Care Environments

Building Families Early Childhood Iowa Area Indicators								
Indicator	State Result	Source	Baseline date	2008	2009	2010	Goal	Progress
Rate of founded child abuse assessments (old indicator for child abuse)	C	Prevent Child Abuse Iowa	2007 17.11%	2008 17.38%	2009 25.33%	2010 26.68%	Rate of founded child abuse assessments will decrease by 1% by 2015.	PCAI data shows increases that were significant in 09 and 10. DHS states the increases in our area are due to substance abuse. Child abuse assessments have changed again, focusing on 0-5 and substance abuse issues. This makes comparisons from one year to another distorted.
Number of children aged 0-5 with a founded child abuse assessment (can be duplicated numbers)	C	Prevent Child Abuse Iowa	2007 77	2008 67	2009 89	2010 119	Data to be analyzed by the board in 2011	This is new data and the board will determine if they want to keep this result in 2011
Percent of founded child abuse assessments that were for children aged five and under (new indicator for child abuse)	C	Prevent Child Abuse Iowa	2007 45.83%	2008 51.7	2009 46.9	2010 52.67	Data to be analyzed by the board in 2011	This is new data and the board will determine if they want to keep this result in 2011
Rate of Births to Teens	C	EyesOpenIowa	2006 11.2%	2008 9.1%	2009 14.3%	2010 Not avail.	Births to teens will decrease by 2% by 2015.	Data indicates there is a decrease but our counties continue to have high rates.
Immunization Rate for children aged five and under	B	IDPH	2010				Immunization rates for children 0-5 will increase to 95% by 2015.	This is a new indicator for the health goal.
% preschool programs using Head Start Standards, ECERS or IQPPS verified by Dept. of ED or have a QRS	A E	Dept. of Ed, Dept. of Human Services, CCR&R	2006 HS-4 QRS-0 IQPPS-0 Total	2008 HS-4 QRS-0 IQPPS-0 Total	2009 HS-4 QRS-5 IQPPS-3 Total	2010 HS-3 QRS-3 IQPPS-17 Total	90% of preschool programs will be using Head Start Standards, ECERS or IQPPS verified by Dept. of ED	2010 had an increase in preschools meeting a quality goal, but this was due to the

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rating of 3 or above			classrooms- 25 16%	classrooms- 25 16%	classrooms- 25 48%	classrooms- 33 69.7%	or have a QRS rating of 3 or above by 2015	voluntary preschool grants. We need to be working with the three year old programs to continue to support quality.
% of parents reporting they are aware of Building Families projects	D	Parent Survey	2011				90% of parents completing the survey will report they are aware of BF projects	Marketing efforts have been stepped up to show we are creating community awareness. Next year we will complete a survey to determine if the marketing is impacting our area.
% of registered providers will be 90% compliant to the DHS registration checklist	E	CCR&R	2006 57%	2008 71%	2009 91.5%	2010 Not available	95% of all registered providers will be 90% compliant to the DHS registration checklist by 2015	In 2010 our goal was met. This indicator still needs to be monitored to keeping safe and nurturing child care environments and because of the constant turnover of home child care providers.
% of registered providers with a QRS rating of 3 or higher	E	CCR&R	2006 0%	2008 10%	2009 15.8%	2010 7.5%	30% of registered providers will have a QRS rating of 3 or higher by 2015	QRS ratings are decreasing. QRS has been changed to focus on more professional development. Providers don't think QRS is worth the effort but possibly with the new criteria the data will increase.

Strategies of the Early Childhood Iowa Area Board

Moving the local early care, health, and education system forward:

Building Families Board has funded several projects that helped to move our plan forward.

- QRS mini grants, home providers and centers were offered mini grants to work towards a level 3 on the Quality Rating Scale.
- Playground Safety mini grants, centers with three and four year old preschools were offered mini grants to upgrade their playground through an assessment completed by a certified playground safety coordinator.
- Preschool Parent Nights provided a session of parenting to families receiving the tuition grants.
- Decat provided two grants to develop a four county resource directory and purchase web space for it to go on line.
- Prevent Child Abuse Iowa grants have enhanced the parenting groups and sent one staff to a National Shaken Baby conference. In turn she provided training on Shaken Baby Syndrome in each county to child care providers and Family Support Workers.
- A pregnancy prevention grant was expanded to hire an adolescent pregnancy prevention coordinator (CAPP) to work with teens through youth leadership, gender specific groups, and encouragement for school districts to follow Iowa Code 279.50 and provide comprehensive sex education or work with the schools and teach the curriculum herself.

Progress toward support quality programs:

Quality is a priority to the Building Families Board.

- They encourage quality programs with quality staff, using staff for funded programs that have at least a four year degree and fund extensive training for the staff.
- Professional Development for preschool teachers and child care providers is funded each year.
- Registered providers need hours each year to maintain their status. Many of the CCR&R trainings are basic therefore; Building Families attempts to fund trainings that are interesting and different.
- Trainings are held in each county to assist in being fair regarding travel. Preschools have taken advantage of trainings such as Creative Curriculum, Observation, and Autism.
- Projects funded need to be evidenced based or promising practices.
- The Board supported three projects to become credentialed under the Family Support Credentialing Program. This takes staff time which is paid for by the board.
- Mini grants have moved child care towards becoming QRS rated.
- Supporting Positive Behavior Interventions and Supports training and technical assistance have enriched our teacher's interactions with children.

Capacity to address priorities:

With the decrease in funding available, the Board has actually regressed in their capacity to fund their priorities. The Director has successfully written grants to address some of the needs but the grants need to be monitored and staff needs to be supervised. Time capacity becomes

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an issue with the number of grants that can be monitored and to complete all the ECI duties. Some of the activities funded in the past are now CCR&R duties, mandated by DHS. Other ECI areas frequently share training opportunities with our providers which help with professional development.

What's missing?

- Funding for transportation! With the decrease in agency budgets, rural areas are losing their outreach offices. This creates a transportation issue for families who need to now travel to larger communities to seek services that were once offered in their towns. Transportation to preschool for three, four year olds and Head Start is a need. This was funded in earlier Empowerment years, but has been cut with funding issues.
- Comprehensive health services are needed. Dental offices that take T19 clients are needed. Dentists are busy enough they do not need to serve T19 families therefore many families and children are not served. Access to a psychiatrist in each community rather than travel to Fort Dodge or Mason City for mental health services; In-patient mental health services are scarce; Support for families with mental health issues such as depression and bi-polar is needed; In-patient substance abuse services; and Funding for law enforcement to curb the substance abuse trafficking.
- Expansion of the HOPES programs. Wright County has a waiting list with many of them being Hispanic families.
- Interpreters

Strategies to move the plan forward:

- Secured a grant to develop a resource directory, that will be developed on line and available by hard copy
- The Parent Connection project will include Ages and Stages assessment to identify children with a disability or developmental delay.
- Parent Connection will work with families on accessing resources by meeting with them one on one, resources books and brochures given out at parenting classes, and keeping resource brochure racks updated.

The ECIA Board's Process for Awarding Funds

- In 2011, a **Request for Proposals** was sent by e-mail to all service providers in the three county and surrounding areas. There was a bidder's conference held with 5 attending. The grants were due by May 20. The board developed a Committee to read grants. The Director reviewed the grants to assure they were in compliance to the requirements and if not the grant was not accepted. Copies were sent out to committee members to read and score at home. A meeting was held to compile scores, discuss and determine funding awards. The Director did not read or score the grants as this is a board responsibility. The Director did attend the meeting to give committee members direction and assist with the budget as this is where the budget was developed. The recommendation for funding was brought to the entire board for approval. The board could also have grant proposals orally presented if there is uncertainty; however there was not a request for oral presentations this year.
- The committee used several techniques for funding the projects. Consideration was given to the criteria for each funding carve-out. Each grant had to identify the priority and the result it

Missing

Strategies

Process for awarding funds

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addressed. The committee then **looked at the priorities** developed at the Retreat to make final funding decisions. Grantees were required to link the proposals to identified priorities.

- Recommendations were taken to the full board for approval. The Director advised the board on conflicts of interest in relation to all the grants and board members who had conflicts abstained from voting on that particular grant.
- Letters were sent to the grant recipients with a request for budget amendments as most of the projects could not be funded fully (appropriations decreases). After the revised budgets were turned into the Director, the contracts were written.

An **appeal process** is included in the Board Policy Manual. Included in the letters to the recipients and the agencies not funded, how to access the form and timeline for the appeal process was explained.

Appeal Process

Applicants of a proposal for funding whose proposals are rejected and denied funding may appeal in the following manner:

- Upon receipt of the grant RFP rejection notification from the Director, the applicant may file an appeal letter with the Director of the Building Families ECI Board. If he/she is expected to have an extended absence the appeal will be rerouted to the Building Families Chair.
- Appeals may be filed on the grounds that the selection process violated state or federal law or that the process involved a conflict of interest by project staff or the review team members. Other grounds could include definitions specific to the grant process, an error in point calculation, errors made in the applications, or the Board did not follow the defined grant or RFP process.
- Appeals may not be filed when the applicant is disqualified by not following the RFP process or guidelines.
- Appeals must be filed within seven working days of the rejection letter date. Appeals must be in written form, clearly, objectively and specifically defining what they did not like and why. All appeals must be in written form and either hand delivered or mail delivered. Fax and electronic appeals will not be accepted.
- A special meeting of the Review Board consisting of Board Members available that would not have a conflict of interest will be called within seven working days after receipt of the appeal letter, to review the appeal.
- The Review Board makes a decision on the appeal and sends written notification to the applicant.
- The appealing person/agency may then call a special meeting of the board by written request within the next seven days. Board Members will meet with the person/agency to discuss decision. The Board decision will be final and recorded in the Board Meeting notes.

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Section III: Fiscal Assessment

Early Childhood Iowa Area Board' Fiscal Assessment: Within Iowa law, ECIA boards, at a minimum, must identify all federal, state, local, and private funding sources available in the ECIA that provide services to children prenatal through five years of age.

Description of the Process

In fiscal year 2011, two e-mails were sent to providers requesting them to complete the matrix for the fiscal assessment. The matrix was then attached to the Newsletter. The Program Committee agreed to hand the matrix out to agencies in their area. Eight fiscal assessments were returned from these efforts. A Monkey Survey will be developed and sent out in Fiscal Year 2012 to attempt to gather the information for a complete fiscal assessment.

Description of how the board utilizes information

The information is incomplete and of no value to the board.

Description of how funding amounts are used with other funding sources

Blending funding comes with attending meetings, having common goals, and the willingness of agencies to work together. Some of the collaborative we have developed in the past three years include:

- School districts and faith communities providing space, child care and food for parenting groups.
- Sharing professional development activities; Power Up Youth sponsored a Diversity Training, ECI coordinated the training; other ECI areas expanding their PD opportunities to adjoining counties; School districts and ECI sharing professional development
- Sharing office space with CCR&R's Home Consultant
- Collaborating with two Home Consultants in a six county area to provide Center Director meetings
- Collaborating with Parent Partners, CAPP, and CPPC to provide a free swim day for Wright County HOPES clients.
- Love Our Kids Day, sponsored by Building Families (grant funded) and Public Health (grant funded)
- Upper Des Moines Back to School Bash, meeting with United Health Care Representative who provided book bags
- Faith communities providing a fund raiser for preschool scholarships for ECI
- Radio station matching PSA's on the radio

ECIA FISCAL ASSESSMENT (CONDUCTED FY'2011)

(Codes for identifying sources of funding: Federal Funding =F, State Funding=S, Local Funding=L, Private Funding=P, ECI Local Funding=E)

YOUR AGENCY OR ORGANIZATIONS SERVICES related to early childhood services in

Hamilton, Humboldt, and Wright Counties

Submissions in FY'11



Level of Collaboration

Agency/ Organization	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
Thunderville Preschool	Bode	3 year old preschool scholarships	4	4	\$50/month for each student= \$1,800	Preschool tuition	No answer	Coordination
Asbury United Methodist Preschool	Webster City, 723 Bank St.	3 and 4 year old preschool	3, 4 and 5	36	?	4 yr. state funded 3 yr. tuition	Spring/fall fund raisers	Great
Belmond-Klemme Preschool, Richard O. Jacobson Elementary	Belmond, Iowa	4 year old preschool	4	59	\$30,000	Dept. of Ed and paid tuition	Currently no gaps	Consultation/ Collaboration
Riverview Early childhood Center	705 Odell St. Webster City, Iowa	Child care and preschool	6 weeks to 12 years	70	From Building Families \$8,178.40	Infant Care \$3,375 Preschool Scholarships \$1,803.40	Transportation	No answer

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Agency/ Organization	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
Stratford Early Learning Center	1000 Shakespeare Ave., Stratford, Iowa	Child care and 3 year old preschool	0-4	20	\$93,000	Tuition (L) Scholarships (S) District (L)	District short \$8,000 (L)	Cooperation
Power Up Youth	509 Division St. Webster City, Iowa	Environmental strategies for preventing and reducing underage drinking Build the capacity of community to create change	0-18	All families in the community	\$100,000	F=Drug Free Communities	No answer	Cooperation
Hamilton County SEED	Hamilton County	Economic Development	No answer	No answer	\$85,000	L, P	No answer	Communication
Wright County Health Department	Clarion	HOPES	0-3	51	\$103,300	Building Families Early Childhood Area (E)	Interpreters, Funds limited and more children could be served if funding increased	Collaboration

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Agency/ Organization	Location	Type of Service Provided	Ages of Children Served	Number of Families Served	Yearly Estimated Funding	Identified Sources of Funding	Identified Gaps in Funding	Agency's Level of Collaboration
Wright County Health Department	Clarion	Early Head Start	0-3	12	\$45,000	Early Head Start Funding (F)	Interpreters, Only 11-12 slots are available for entire county	Collaborate with EHS staff
Wright County Health Department	Clarion	WIC CH	0-5	440 per month	\$47,000 \$9,000	(F) (S)	Interpreters, transportation, no rides or reliable vehicles	We are in a 4 county WIC/CH grant area and collaborate well with the other counties

Section IV: Community Collaboration

Collaborative and Networking Opportunities

- **Collaborative committees**

The Director is involved in multiple committees in all three communities. ECI project staff also work in the communities on collaborative committees and report activities back to the Director. Some of these committees include focus on changing substance abuse policies in the communities, child abuse, youth coalitions, and service provider meetings, development of a teen clinic, and pregnancy prevention and contraceptive access for women over the age of 18.

- **Decat Board**

The Director attends Decat meetings and gives input regarding community needs as assessed by Building Families. Two Decat grants were awarded to Building Families this year.

- **Prevent Child Abuse Councils**

Building Families receives a PCAI grant for parenting education. Our Parent Coordinator facilitates the PCAI Council for Hamilton and Wright Counties. Humboldt County has their own Council and has not invited ECI to the table. They successfully fund respite care and do not need additional input from ECI.

- **CPPC**

The Director has attended CPPC meetings in our area and serves on the Advisory Committee for Parent Partner Program.

- **Community Foundations**

The Director serves on the Enhance Hamilton County Foundation Board. This year the board was encouraged to fund more human service projects as opposed to signs for communities to post. The board put \$1,000 toward the food pantry and asked the community to match the funds. They also put \$2,000 toward Youth Philanthropy that is a collaboration of ISU Extension, CAPP, EHCF, and Community and Family Resources. Building Families has received several foundation grants in Humboldt County for parenting classes. Wright County has not funded the project but grants have been submitted.

- **Philanthropic Organizations**

Our CAPP Coordinator is working on the Youth Philanthropy Committee.

- **Other community partnerships**

- **Infectious Diseases and child injuries**

The Child Care Nurse Consultant in Webster County provides child care providers', child care facilities and preschools the services to prevent the spread of infectious diseases, prevent child injuries, develop health emergency protocols, help with medication, and care for children with special health needs. Public Health in each county also has the mandated duty to work with agencies on health, diseases, and child injury issues.

Evaluation of projects: Quarterly reports have been developed and are submitted to the board by the 15th of October, January and April. Final or yearly reports are submitted by July 15th. Quarterly reports are posted on the web for board members and community members to

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review. They are discussed at the board meeting where project staffs are available to answer questions and give reports on their progress towards performance measures. Project staff also present to the board on their activities during the course of the year if requested. Project staffs are encouraged to attend committee meetings to interact with board members and discuss problems, activities, and progress toward reaching their goals. The Director performs site visits, reviews files, and works with projects on quality services, training, goal setting, trouble shooting, and developing collaborative relationships with other agencies and providers in the communities. Refer to the annual report for required program performance measures data.

The Director performs a review of each project with a site visits and occasionally will go with staff on a home visit or presentation, etc. to evaluate the staff performance. Board members have been involved with the site visits in the past. The Director will then present an overview report of the site visits to the board.

Next year the projects will include in the January report a paragraph about how they have worked with a family or a provider and what the outcomes were.

Section V: Review and Evaluation

Board's process to evaluate the plan

The plan is evaluated on going during committee meetings and board meetings. Generally a section at a time is reviewed. The Director keeps records through meeting notes on changes the board discuss and writes the changes into the community plan. The plan is also changed with the review of data and input of programs and other community members at retreats, meetings, and surveys. These are shared with the board and also produce discussions that result in the evaluation and revisions to the community plan.

Process to evaluate programs

The board evaluation of programs was discussed above. The board also evaluates programs with monthly financial statements and when issues and concerns arise, there is a meeting held with the Director and Executive Committee.

Process to evaluate board

The board utilized a board evaluation document that is discussed at the board meeting, goals and professional development ideas are generated from this discussion.

