

**Exchange Club - Prevent Child Abuse**  
**Account Code #10456224**

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>% Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
	<b>Total:</b>	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
	<b>Total Excluding Wages:</b>	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - EXCHNG CLUB-PREVNT CHILD ABUSE

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
4,000	4,000	4,000	4,000	10456224	58700	GRANTS - HUMAN SERVICES	4,000	4,000	
4,000	4,000	4,000	4,000			58000 SUB TOTAL	4,000	4,000	
4,000	4,000	4,000	4,000			DEPARTMENT TOTAL	4,000	4,000	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456224	EXCHNG CLUB-PREYNT CHILD ABUSE			
58700	GRANTS - HUMAN SERVICES			
	POSITIVE PARENTING PROGRAM, COMMUNITY SUPPORT F/FAMILIES PROGRAM & YOUTH DROP IN CENTER	4,000	4,000	
	<b>Total Object</b>	<u>4,000</u>	<u>4,000</u>	<u>          </u>
<b>Grand Total</b>	10456224 EXCHNG CLUB-PREYNT CHILD ABUSE	<u><u>4,000</u></u>	<u><u>4,000</u></u>	<u><u>          </u></u>

**Town of Vernon Grant Application  
Fiscal Year July 1, 2015 - June 30, 2016  
ATTACHMENT A**

**Project Description**

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

A. Project Title: After School Drop-in Center for At Risk Youth and the Positive Parenting Program

B. Name of program contact person: Judith E. Clarke Executive Director  
Name 860-872-1918

C. Name of fiscal contact person: Judith E. Clarke Executive Director  
Name 860-872-1918

D. Statement of Need project will address:  
Child abuse and neglect can come in many forms. Children from any ethnic background and from all classes are victim, and abusers come in many shapes and sizes. According to current statistics from Connecticut's Department of Children and Families (DCF), parents rank the highest - 80% among perpetrators of abuse, with relatives, friends, neighbors, and school personnel all making up the other 20%. From July 2013 through June 2014, KIDSAFE CT received referrals for child abuse prevention and treatment services for 177 Vernon Families.

E. Services to be provided:  
Our Agency focuses on intensive home parenting education and our after school drop-in center for at-risk youth. The intensive home based program provides parent education utilizing several different approved and certified curriculums like: The Positive Parenting Program, Parenting Piece By Piece, The Parenting Journey and Cooperative Parenting and Divorce. We also provide services through our Community Support for Families Program. Professional case workers and parent navigators are assigned to families at risk to offer support, parent education, guidance, a positive role model, and advocacy. The caseworkers or parent navigators are expected to work with a family from 4-6 hours a week for at least 4 months meeting with the family at least once a week. The KIDSAFE CT staff will work around the family's schedule to meet their needs which often requires working late afternoons, evenings and weekends. The agency worked with 129 Vernon residents including 56 adults and 73 children from Vernon in the Positive Parenting Program (Triple P) and the Community Support for Families Programs from July 2013 through June 2014. Our Drop-In Center for at risk Vernon middle and high school students receives an average between 135 and 150 youth per week on a rolling basis. Other programs are: Parent Education Workshops and Support Groups, Supervised Visitation, and Mentor services. Currently our agency is working with 35 adults and 52 children in the Triple P and Community Support for Families programs and we anticipate this number to increase as the fiscal year is in progress. Several families require the services of our bi-lingual social workers.

F. Projected unduplicated number of Vernon residents to be served: Positive Parenting Program, Community Support For Families.

Adults 65 Youth/Children 80 Families 55

Actual unduplicated number of Vernon residents served in the past three (3) years.

FY 2011-12	Adults: <u>38</u>	Youth/Children <u>64</u>	Families <u>34</u>
FY 2012-13	Adults: <u>39</u>	Youth/Children <u>71</u>	Families: <u>69</u>
FY 2013-14	Adults: <u>56</u>	Youth/Children <u>73</u>	Families: <u>65</u>

We have not yet completed our fiscal year 2014-2015.

G. How do Vernon residents access services:  
All of our services may be accessed directly by clients or through referrals from other service providers. Families can contact us directly at our office or can request help by phone. Clients pay no fee for Positive Parenting Program services, Mentoring Services or Youth Drop In center (Supervised Visitation, counseling, and special workshops are our only fee-for-service programs).



**Town of Vernon Grant Application  
Fiscal Year July 1, 2013- June 30, 2014  
ATTACHMENT A**

List revenue by source:

( Example of possible sources: federal, state, municipal, foundation, fund raising)

SOURCE	AGENCY	PROGRAM
DCF	\$216,620	\$216,620
Foundations	\$216,750	
Municipal-includes Vernon	\$ 12,000	\$ 12,000
Private Donations/United Way	\$ 26,000	\$ 26,000
Events/KARS for KIDS	\$ 61,700	
Village Sub Contract	\$152,859	\$152,859
Fee for Service	\$20,000	
<b>Total</b>	<b>\$705,929</b>	<b>\$ 407,479</b>

- I. What is the percentage increase in your organization's income and expenses this year versus last year? -4.5%
- J. What is the percentage increase in revenue from last year to this year? 0%
- K. What new revenue sources is your Agency seeking this year?

The agency is seeking new grant and foundation sources of income to offset the loss of other grants and private donations. We will also continue parent education classes and workshops as well as Supervised Visitation for the private sector referrals.

We are continuing our three year grant from the Hartford Foundation for Public Giving to assist the Vernon Community Network in implementing the townwide Community Plan. We are applying to new funding sources: Liberty Bank, Rite-Aid KID CENTS Foundation and we added two new fundraisers this year.

The Board of Directors is looking to sponsor an additional fundraiser in the Fall.

- L. What other municipalities provide funding to your organization?

Town	Amount
Ellington	\$3,000
Glastonbury	\$5,000
Total:	\$8,000

Please contact Judith Clarke with any questions on this form: [jclarke@kidsafect.org](mailto:jclarke@kidsafect.org) : 860-872-1918



ATTACHMENT B  
**KIDSAFE CT**

Exchange Club Center for the  
Prevention of Child Abuse of CT, Inc.

**YOUTH DROP-IN CENTER OUTCOME MEASUREMENT SURVEY**  
Participation Connections Behaviors

First letter of your first name \_\_\_\_ First letter of your last name \_\_\_\_ Year you were born \_\_\_\_  
First letter of your mother's name \_\_\_\_

AGE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

- I AM:
- |   |                                    |
|---|------------------------------------|
| <input type="radio"/> CAUCASIAN/WHITE   | <input type="radio"/> MULTI-RACIAL |
| <input type="radio"/> AFRICAN AM./BLACK | <input type="radio"/> OTHER        |
| <input type="radio"/> HISPANIC/LATINO   | <input type="radio"/> DO NOT KNOW  |

**PARTICIPATION**

I HAVE BEEN ATTENDING THE DROP-IN CENTER FOR:

- |   |  |
|---|--|
| <input type="radio"/> Less than a month | <input type="radio"/> 3-5 years                                  |
| <input type="radio"/> Less than a year  | <input type="radio"/> more than 5 years                          |
| <input type="radio"/> 1 to 2 years      | <input type="radio"/> I have aged out but still come for support |

HOW OFTEN DO YOU ATTEND THE DROP-IN CENTER

- |   |  |
|---|--|
| <input type="radio"/> Almost every day it is open | <input type="radio"/> Friday nights only |
| <input type="radio"/> 2 times per week            | <input type="radio"/> Not too often      |
| <input type="radio"/> Nights only                 |  |

I COME TO THE DROP-IN CENTER BECAUSE/FOR: Check **ALL** that apply

- |   |   |
|---|---|
| <input type="radio"/> Friends                 | <input type="radio"/> Support from staff        |
| <input type="radio"/> Activities              | <input type="radio"/> Snack                     |
| <input type="radio"/> To get out of the house | <input type="radio"/> I feel safe at the center |

THE CENTER IS THE ONLY "SAFE" PLACE FOR YOUTH IN VERNON?

- Yes  No

OTHER "SAFE" PLACES FOR YOUTH IN VERNON ARE?

[Type text]

## CONNECTIONS

	Yes	No	sometimes
Center staff cares about me			
I feel like I belong at the center			
I can talk to center staff about my problems			
Staff is fair with the kids			
Staff will help me if I have a problem			
I trust staff			

I would like the center to offer more groups			
--	--	--	--

What groups would you like offered?

- 1.
- 2.
- 3.
- 4.
- 5.

## BEHAVIORS

IF I DIDN'T HAVE THE CENTER TO GO TO, I WOULD: Check off all that apply

- I would get in more trouble
- I would drink alcohol or use drugs more
- I would be fine
- I would hang out on the streets
- I would spend my time at home
- I would be at a friend's house
- I would fight more

# KIDSAFE CT (Exchange Club Center for the Prevention of Child Abuse of CT, Inc.)

KIDSAFE CT/Cornerstone YOUTH DROP-IN CENTER  
Cornerstone Community Center, 3 Prospect Street, Vernon Rockville, CT  
January 2014- December 2014 One Year Report

## OVERVIEW OF PROGRAM

KIDSAFE CT's Youth Program took over a local drop-in center for teens which caters to predominantly disadvantaged youth in grades 6 thru age 18. The activities include basketball, foosball, pool, movies, and a snack. The youth in attendance are considered at-risk by the local school system as well as law enforcement. The majority of the youth are African American, and Hispanic with an equal number of males and females. As part of the program, trained staff is expected to engage the youth during their activities with the goal of building a trusting, nurturing, and mutually respectful relationship.

Because the majority of the youth lack the basic life skills needed to be successful in their lives we start with the basics such as; encouraging the youth to say "please" and "thank you", to clean up after themselves, to accept responsibility for their actions, to show respect to one another and staff, and to deal with conflict in a non-violent way. Staff assists youth in acquiring employment, finishing high school, acquiring a GED, or filling out the required paperwork to enter college.

We have reached youth who are considered "unreachable" by those in the community as well as the school system and police department. The program has been credited by the past and previous community police officers from the Vernon Police Department for the positive impact we have had on the youth in the community.

When needed, outreach staff engages parents and provides them with the support and guidance they need to help them through a crisis. Staff has gone out well after hours to assist a family in crisis. If a parent/guardian is unwilling or unable to help their child in who is in crisis, staff will take on that responsibility. Depending on the youth's age, staff has taken youth to the hospital due to a suicide threat or injury. When a crisis is beyond our abilities, the Department of Children and Families or the Vernon Police Department is called. Youth in crisis are given the personal cell phone numbers of one of the full-time Youth Program Outreach workers.

Youth Program staff is in the process of creating or are currently facilitating the following programs.

Also falling under the KIDSAFE CT Youth Program umbrella, staff coordinates a mentoring program for DCF referred youth who reside in foster care. We provide mentors for 20 youth ages 14-21 years old.

### Additional Services Provided for Vernon Residents

The KIDSAFE CT Youth Programs and Outreach provide the following additional services for the youth in the Rockville section of Vernon:

- Groups

*Some of the following groups have begun, others are ready to go, and the remaining groups will take additional time to create.*

1. "Teen Dating Violence Prevention/Intervention" 12 youth attended
2. "Rising Above Adversity Positively and Responsibly" (RAAPR) 4 groups completed
3. "The Bully Project" 1 group completed
4. "Sex Trafficking Task Force" Vernon residents are currently being recruited for this task force

5. "Independent Living Skills"

6. "Suicide Prevention/Intervention" (Currently being created)

- Staff regularly mentors Drop-in Center attendees at Vernon Center Middle School and TALC. The Coordinator also provides trainings for teachers during "Staff Development Day".
- The Coordinator accompanies the Truant Officer on home visits to meet with youth and parent(s) of Drop-in Center attendees who are chronically absent or truant.
- The Coordinator sits on the following boards/councils:
  1. Juvenile Review Board
  2. VCMS School Governance Council
  3. Drug and Alcohol Prevention Council
  4. The Community Planning Team for Children and Youth
  5. The Child Advocacy Team
- Staff provides and supervises community service hours for youth referred by the Juvenile Review Board and Juvenile Court. (Time constraints no longer allow us to commit a lot of hours for this).
- Staff continues to provide additional outreach services for youth who have "aged" out of the program. Services provided are:
  1. Suicide Intervention. Staff has brought young people to the hospital for evaluation when they are at risk of suicide and parent is unwilling to assist.
  2. Encouraging young adults to go to detox, rehab, and counseling. Phone calls are made from the KIDSAFE CT office to ensure these young people get the help they desperately need.
  3. Staff has assisted youth with job applications, financial aid forms, and acquiring health insurance.

# KIDSAFE CT (Exchange Club Center for the Prevention of Child Abuse of CT, Inc.)

KIDSAFE CT/Cornerstone YOUTH DROP-IN CENTER  
Cornerstone Community Center, 3 Prospect Street, Vernon Rockville, CT  
July 2013- June 2014 Fiscal Year Report

A random selection of 83 youth, 54% of the attendees, completed a survey (survey is attached) to help staff evaluate the success of the program. The survey provides staff with information about demographics, participation, connections, and behaviors.

Surveys were developed using The Boys and Girls Club, "Youth Development Outcome Measurement Tool Kit" and the "Assessing Outcomes in Child and Youth Programs: A Practical Handbook" by The State of Connecticut: Office of Policy and Management as references.

## 1. Program Goal

To provide a safe place for at least 100 middle and high school aged Rockville CT youth year. The youth will feel cared for, have a trusted adult to talk to, and engage in less risk taking behavior.

## 2.

### a. How much did we do?

- The Drop-in Center provided 400 hours of drop-in center activities and an additional 80 hours of group activities for Rockville CT Youth.
- 154 youth participated weekly in the program between January 2014 and December 2014.
  - 30% 2-or more races
  - 25% African Am./Black
  - 21% Hispanic/Latino
  - 20% Caucasian/white
  - 2% other
  - 2 % do not know
- 81 male
- 73 female
- Two full-time and one part-time trained staff provided 960 staff hours of service at the Drop-in Center in addition to 00 hours spent with the attendees at KIDSAFE CT, and an additional 200 hours providing services to the attendees in a school setting.
- Additional volunteers and interns provided additional hours throughout the year.

### b. How well did we do it?

- 89% of youth stated that the Drop-in Center was the only "safe" place in Vernon.
- 63% of youth attended almost every day.
- 99 % of youth felt cared for by staff with 92% trusting staff enough to help them with a problem.

### c. How are the youth better off?

- 67 % of youth reported that they are less likely to engage in high risk behavior.
- 60% of youth spend less time on the streets of Rockville.

## Assessments Given to Families Pre and Post Triple P Intervention to Measure Program Outcomes

**Strengths and Difficulties Questionnaire (SDQ):** A 25 item behavioral screening questionnaire given to parents of a child aged 3- 17 years. There is also a self-report version available for children aged 11-17 years. The SDQ measures emotional symptoms, stress, conduct problems, hyperactivity/inattention, peer problems, and pro-social behavior. An impact supplement is available to measure chronicity, distress, social impairment, and burden to others in relation to the problems suggested in the previous 25 items.

**Parenting Scale (PS):** The PS is a self-report questionnaire that measures the dysfunctional discipline styles of parents by asking about how the parent would handle different discipline situations. Three discipline styles are identified; laxness (permissive, inconsistent discipline), over-reactivity (harsh, emotional, authoritarian discipline and irritability), and hostility (use of verbal or physical force). There is a 30 item PS available for parents of children aged 18months-12 years and a 13 item PS available for parents of children aged 13-17 years.

**Parenting Task Checklist (PTC):** The PTC measures parenting confidence using a 28 item self-report questionnaire. Two aspects of parenting confidence are measured; behavior self-efficacy (confidence in dealing with specific child behaviors) and setting self-efficacy (confidence in dealing with difficult behavior in different settings). The PTC is given to parents of children aged 2-12 years.

**Being a Parent Scale (BPS):** The BPS is questionnaire designed to measure parenting self-esteem given to parents of children aged 13-17 years. The 12 item BPS measures parenting satisfaction (frustration, anxiety, motivation) and parenting efficacy (competence, problem solving ability, capability in role).

**Depression Anxiety Stress Scale (DASS):** The DASS is a self-report questionnaire measuring symptoms of depression, anxiety, and stress. A 42 item inventory is given to parents of children aged 0-12 years. A 21 item inventory is given to parents of children aged 13- 17 years.

**Parent Problem Checklist (PPC):** The PPC is a 16 item measure of inter-parental conflict, especially as it relates to the parent's ability to cooperate and act as a team while performing parenting duties. There are versions of the questionnaire available for parents of children aged 0-12 years and 13-17 years.

**Relationship Quality Index (RQI):** The RQI is a measure of relationship satisfaction using a 6 item inventory of relationship quality. This scale is given to parents of children aged 0-17 years.

**Parent Daily Report Checklist (PDRC):** The PDRC is a 34 item checklist of behavior problems. The parents of a child aged 3-12 is asked to record if any of the listed problem behaviors occur during a 24 hour period for 7 days.

**Conflict Behavior Questionnaires (CBQ):** The CBQ measures the level conflict between parent(s) and teenager (13-17 years). There is a 20 item questionnaire for the parent complete and questionnaires available for the teenager to complete regarding their mother and/or father.

**Baby Behavior Inventory (BBI):** The BBI is a 14 item tool for parents of children aged 0-3 years. The BBI asks a parent to report baby behavior problems, how often they occur, and their level of confidence in handling each problem. This tool is used when the practitioner is working with parents who has an identified child that is under the age of 3 thus some of the tools above cannot be used (SDQ, PDRC, etc.).

## Client Satisfaction Questionnaire

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your honest opinions about the services you have received, whether they are positive or negative. Please answer all the questions that apply to you. Please circle the response that best describes how you honestly feel.

### 1. How would you rate the quality of the service you and your child received?

7	6	5	4	3	2	1
Excellent		Good		Fair		Poor

### 2. Did you receive the type of help you wanted from the program?

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

### 3. To what extent has the program met your child's needs?

7	6	5	4	3	2	1
Almost all needs		Most needs		Only a few needs		No needs
Have been met		have been met		have been met		have been met

### 4. To what extent has the program met your needs?

7	6	5	4	3	2	1
Almost all needs		Most needs		Only a few needs		No needs
Have been met		have been met		have been met		have been met

### 5. How satisfied were you with the amount of help you and your child received?

1	2	3	4	5	6	7
Quite dissatisfied		Dissatisfied		Satisfied		Very satisfied

### 6. How has the program helped you to deal more effectively with your child's behavior?

7	6	5	4	3	2	1
Yes, it has		Yes, it has		No, it hasn't		No, it made
Helped a great deal		helped somewhat		helped much		things worse

**7. Has the program helped you to deal more effectively with problems that arise in your family?**

7	6	5	4	3	2	1
Yes, it has		Yes, it has		No, it hasn't		No, it made
Helped a great deal		helped somewhat		helped much		things worse

**8. Do you think your relationship with your partner has been improved by the program?**

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

**9. In an overall sense, how satisfied are you with the program you and your child received?**

7	6	5	4	3	2	1
Very satisfied		Satisfied		Dissatisfied		Very dissatisfied

**10. If you were to seek help again, would you come back to Triple P?**

1	2	3	4	5	6	7
No definitely not		No, I don't think so		Yes, I think so		Yes definitely

**11. Has the program helped you to develop skills that can be applied to other family members?**

1	2	3	4	5	6	7
No definitely not		No, I don't think so		Yes, I think so		Yes definitely

**12. In your opinion, how is your child's behavior at this point?**

1	2	3	4	5	6	7
Considerably	Worse	Slightly	The same	Slightly	Improved	Greatly
Worse		Worse		Improved		Improved

**13. How would you describe your feelings at this point about your child's progress?**

7	6	5	4	3	2	1
Very	Satisfied	Slightly	Neutral	Slightly	Dissatisfied	Very
Satisfied		satisfied		dissatisfied		dissatisfied

**14. Staff respected my culture/ethnic background. (Select One)**

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

**15. I know how to access community resources to help meet my family's needs. (Select One)**

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

**16. In a crisis, I would have the support I need from family and friends. (Select One)**

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

**17. I have people with whom I can do enjoyable things. (Select One)**

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

July 1, 2014 - December 31, 2014

Triple P - Positive Parenting Program Statistical Report

Referrals Received since July 1, 2014:

Referral Source	Amount
DCF/CSF	30
Community	16
Total	46

Referrals received in prior fiscal year (Prior to July 1, 2014) and were active between July 1, 2014 and December 31, 2014:

Referral Source	Amount
DCF/CSF	15
Community	2
Total	17

Total Number of Families Engaged in services or waiting to be contacted:

Referral Source	Amount	
DCF/CSF	32	
DCF/CSF Referrals being contacted	6	
Community	12	
Community Referrals being contacted	3	
Total	53	

Families contacted but not serviced and reasons why:

Reason for Referral Only:	Amount	
Referrer withdrew referral	3	
Client refused services	1	
Unable to contact caregiver	5	
Family moved out of catchment area	0	
Duplication of services at time of referral	1	
Total Referral Only	10	

Number of Adults:

Referral Source	Amount
DCF/CSF	46
Community	27
Total	73

Number of Children Served:

Referral Source	Amount
DCF/CSF	30
Community	36
Total	66

Race/Ethnicity of Clients Served:

% Black/African American	% white	%Hispanic	%other
16	61	21	2

Towns Served:

Town	Percent of Cases
Stafford	5
Ellington	2
Tolland	7
Vernon	28
South Windsor	2
East Hartford	18
Manchester	30
Bolton	2
Glastonbury	2
Andover	2
Marlborough	2
Hebron	2

Reason for discharge:

Reason for Discharge	Number of Cases	Percent of Cases
Met Treatment Goals	11	44
Discontinued Service	1	4
Assessment Only	13	52
Other	0	0

Pre and Post scores:

Questionnaire:	Average Score Pre-Intervention	Average Score Post Intervention
SDQ:		
Conduct	4.47	3.5
Parenting Scale:		
Laxness	3.15	2.07
Over-reactivity	3.47	2.29
Hostility	1.98	1.39
DASS:		
Depression	5.63	2.21
Anxiety	4.27	1.86
Stress	9.19	4.21

**TRI-COUNTY ARC, INC.**  
**Account Code #10456225**

On September 12, 2011, Tri-County ARC, Inc. officially assumed responsibility for all the individuals who have been served by Hockanum Industries.

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>% Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
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57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 3,500	\$ 3,500	\$ -	\$ -	\$ (3,500)	-100.00%
<b>Total:</b>		<b>\$ 3,500</b>	<b>\$ 3,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (3,500)</b>	<b>-100.00%</b>
<b>Total Excluding Wages:</b>		<b>\$ 3,500</b>	<b>\$ 3,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (3,500)</b>	<b>0.00%</b>

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - TRI-COUNTY ARC**

	FISCAL YEAR 2014-2015				FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
3,500	3,500	3,500	-	10456225	58700	GRANTS - HUMAN SERVICES	-	-	-
3,500	3,500	3,500	-			58000 SUB TOTAL	-	-	-
3,500	3,500	3,500	-			DEPARTMENT TOTAL	-	-	-

**MARC, Inc. of Manchester**  
**Account Code #10456226**

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>% Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 2,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
	<b>Total:</b>	<b>\$ 2,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ -</b>	<b>0.00%</b>
	<b>Total Excluding Wages:</b>	<b>\$ 2,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ -</b>	<b>0.00%</b>

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - MARC, INC. OF MANCHESTER

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016					
2013-2014 ACTUAL	ORIGINAL BUDGET	REVISED BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
2,000	4,000	4,000	-	4,000	10456226	58700	GRANTS - HUMAN SERVICES	4,000	4,000	
2,000	4,000	4,000	-	4,000			58000 SUB TOTAL	4,000	4,000	
2,000	4,000	4,000	-	4,000			DEPARTMENT TOTAL	4,000	4,000	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456226	MARC, INC. OF MANCHESTER			
58700	GRANTS - HUMAN SERVICES			
	GRANTS - HUMAN SERVICES	4,000	4,000	
	Total Object	4,000	4,000	
<b>Grand Total</b>	10456226      MARC, INC. OF MANCHESTER	4,000	4,000	

Town of Vernon Grant Application  
 Fiscal Year July 1, 2015 - June 30, 2016  
 ATTACHMENT A

**Program Description**

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

A. Program Title: Day - Employment, DSO/Work, Retirement, Shannon's Place, Respite, In- Home Supports

B. Name of program contact person: Carol Breslin Quality Assurance Director  
 Name Title

Tel #: 860-646-5718 X181

C. Name of fiscal contact person: Colleen Pillard Financial Director  
 Name Title

Tel #: 860-646-5718 X201

D. Statement of Need program will address:  
 Vernon Residents participate in Employment, DSO/Work, Retirement, Shannon's Place, Respite and In-home services. Supports offered to Vernon residents have changed over the years to reflect the needs of an aging population residing in a family home for much longer periods of time. In conjunction with other funding sources, this grant allows MARC to provide support to people with intellectual disabilities. People served have the opportunity to develop, grow and be productive citizens, giving back to their community. MARC, Inc. provides supports, believing that all people have the right to live and work in their community.

E. Services to be provided:  
 Employment Specialists and Community Support Assistants provide on-site supports including job training, transportation, on-going support for work related issues, social interactions, and recreational activities. In-home supports provide assistance with shopping, organizational skills, budgeting, housekeeping, navigating interpersonal relationships and other related issues.

F. Projected **unduplicated** number of Vernon residents to be served:

Adults: 22 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:

FY 2012-13 Adults: 22 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

FY 2013-14 Adults: 23 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

FY 2014-15 Adults: 22 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

G. How do Vernon residents access services?:  
 Vernon residents are referred to MARC services through the Department of Developmental Services (DDS), local schools, community agencies, family members, and Bureau of Rehabilitation Services (BRS). Individuals come to MARC via ADA, public transportation, family members, and residential service providers. MARC staff also meet with some people at their homes.

H. Budget Summary:

Total Agency Budget:	\$	8,767,259	
Total Program Budget:	\$	4,400,900	
Total Board Fund-Raising:	\$	75,000	

Town of Vernon Grant Application  
Fiscal Year July 1, 2015 - June 30, 2016

ATTACHMENT A

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
State - DDS	\$ 7,938,500.00	\$ 3,987,900.00
State - DSS	\$ 140,058.00	\$
State - BRS	\$ 21,450.00	\$
Municipal	\$ 90,151.00	\$ 40,000.00
Fundraising	\$ 115,100.00	\$
Other Services	\$ 89,000.00	\$
Subcontract Revenue	\$ 373,000.00	\$ 373,000.00
	\$	\$
<b>Total:</b>	<b>\$ 8,767,259.00</b>	<b>\$ 4,400,900.00</b>

- I. What is the percentage increase in your Agency's expenses this year versus last year? 2.80%
- J. What is the percentage increase in your Agency's revenue this year versus last year? 2.80%
- K. What new revenue sources is your Agency seeking this year?

L. What other municipalities provide funding to your organization?

Town	Amount
Manchester	\$ 72,286.00
Glastonbury	\$ 11,168.00
South Windsor	\$ 2,697.00
	\$
	\$
	\$
	\$
	\$
<b>Total:</b>	<b>\$ 86,151.00</b>

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;  
Alan Slobodien, Tel. 860-870-3558 / aslobodien@vernon-ct.gov

MARC, INC. of MANCHESTER

Attachment B

July 1, 2014

EMPLOYMENT GOAL:

- 1) People with Intellectual Disabilities obtain gainful employment.

Jobs are offered to individuals as they become available. Job development focuses on skill sets of people served, matching them to the job best suited to them. Work assignments are designed to meet the needs of people served and are documented in progress notes and production sheets. People served have input into the work they do. Every effort is made to provide each person with satisfying work. Job changes are recorded on Notification of New Job forms.

All Vernon residents served through MARC, Inc.'s Employment services are offered meaningful work on a daily basis. Fourteen (14) Vernon residents participate in the Employment Services offered through MARC, Inc. People served work at community jobs and on the employer's payroll whenever possible. If an individual loses or leaves his/her community job they are offered contract work or time studied work that meets their needs and interests. All people served through the Employment Service have access to ongoing, paid employment. Each person's work history is tracked through the access database with start and end dates for each position held. Individuals in the DSO or Senior Center participate in paid work if they wish. Each individual who chooses to work as part of their service day is included in this calculation.

- 2) People with Intellectual Disabilities retain jobs for at least 6 months.

All fourteen Vernon residents employed through MARC, Inc. worked in jobs for at least six months during fiscal year. The People in MARC's Employment and DSO w/Work services participate in paid work or career exploration depending on the service area. Job retention is tracked in progress notes and the access database.

Start and end dates are tracked for each person supported in MARC, Inc.'s Employment Services. When a person starts a new job the data is entered into the Access database and is available in report form. The number of months each person has been employed is tracked by reviewing report information. Many people served have held the same job for five or more years.

DSO/RESIDENTIAL GOAL:

- 1) People with Intellectual Disabilities engage in social interactions and or activities.

Eight (8) Vernon residents participate in MARC, Inc.'s DSO or Residential Service. One (1) individual receives both Day and Residential supports. One hundred percent (100%) of Vernon residents engaged in social interactions and or activities during the fiscal year.

Goals are identified annually for each individual. Tracking occurs daily and includes the opportunities offered and the people who participate in them. Semi annual reports are completed for each person to ensure goals are being met.

Data is measured through the daily compilation of progress notes, daily flow sheets, production sheets, and resulting reports that are generated twice each year. Staff members track time in and time out for each person served. They also track the type of work completed, activities participated in and the content of their day. Tracking occurs each day the person attends their assigned service.

#### TIME PERIOD OF SURVEY DATA

Goals are tracked during the Fiscal year, which runs from July 1<sup>st</sup> through June 30<sup>th</sup>. Semi-annual reports are completed for the July 1<sup>st</sup> through December 31<sup>st</sup> period. Annual reports combine the six month information from the semi-annual report with data from the January 1<sup>st</sup> through June 30<sup>th</sup> period.

Satisfaction surveys are completed during the second half of the fiscal year. Annual reports are submitted to the Town and other granting organizations once complete.

#### OUTCOMES

A. How much did you do?

- Fourteen (14) Vernon residents with intellectual disabilities in the employment and DSO/w Work services.
- Seven (7) Vernon residents with intellectual disabilities in the Senior Center and Shannon's Place.
- Two (2) Vernon residents with intellectual disabilities receive in-home supports and assistance to navigate daily lives in the areas of grocery shopping, organizational skills, attending appointments, learning basic self help skills, etc.
- Five (5) Vernon residents with intellectual disabilities participate in respite activities benefitting themselves and family members.

B. How well did you do it?

- MARC completes random sample satisfaction surveys annually with people served. Five (5) individuals, 23% of Vernon residents supported at MARC, Inc., participated in the random selection survey process. One Hundred percent (100%) of Vernon respondents agree that "support staff are available when they are needed". One Hundred percent (100%) of Vernon respondents agree that they "have the opportunity to make choices regarding the services received from MARC, Inc." and 100% of respondents agree that they are "satisfied with the services received from MARC, Inc.
- Survey results were included in the annual report distributed to the Town of Vernon following the close of the Fiscal Year on June 30, 2014.

C. How were the clients better off?

-As a result of providing opportunities for gainful employment, 100% of Vernon residents supported through our Employment and DSO/Work services are able to earn a paycheck. This increases each person's self esteem as they contribute to the economy and have a sense of accomplishment for completing a work. Individuals and the community further benefit by purchases made with wages and participation in community life.

-As a result of supporting Vernon residents to retain employment for at least 6 months, 100% of individuals are able to increase or maintain their work skills. Development of a strong work ethic allows some individuals to increase their responsibilities or hours of work. Many Vernon residents receive raises. All individuals accomplishing periods of employment of 6 months or more take pride in this accomplishment.

-As a result of providing opportunities to engage in social interactions and or activities, 100% of Vernon residents supported in our Senior Center and Shannon's Place are able to participate in activities of daily living, educational and recreational activities. They develop a sense of self worth through development of friendships and improving their ability to participate in their community through selecting and planning a variety of activities.

MARC, Inc of Manchester

Person Served Satisfaction Survey

1. The survey form is enclosed.
2. Survey Summary Information:
  - Four individuals from Vernon completed the Survey. This is 19% of the Vernon population supported through MARC, Inc. Participants are selected using a random number generator. If the person participates in more than one service area they are surveyed for all areas. For example, Susie completed the survey with her Case Manager, Joan. The Survey form was filled out by Joan with answers that were provided to her by Susie. Both Susie and Joan signed the survey. Susie participates in the Senior Center and the Residential service. She was surveyed about both areas. Information collected was used in the evaluation of both areas.
  - Case Managers are assigned by the Department of Developmental Services (DDS). They are utilized because they have knowledge of the people on their caseload but they do not owe any allegiance to MARC. As a result, we consider them to be impartial. If the case manager was not available the form was filled out by a family member or other service provider not employed by MARC, Inc. In all cases, the intention is to have an impartial individual fill out the form with information conveyed to them by people supported by MARC.
  - Surveys are completed with direct input from the person served. In cases where the person served is non-verbal and not able to communicate effectively, observation of the person in their environment is used to determine their satisfaction level.
  - All individuals identified in the random-number selector completed the survey for all areas they participate in. Vernon residents completed surveys for DSO/Work , Employment, Retirement, Residential, and Shannon's Place. One hundred percent (100%) of Vernon residents expressed satisfaction with the services they receive from MARC, Inc.
  - Information gathered during the survey process is utilized to improve service delivery, identify areas for improvement, and make sure that we are providing services that are satisfying and offer opportunities for personal growth.

MARC, INC. SATISFACTION SURVEY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. What MARC, Inc. service(s) do you use?

\_\_\_ Employment \_\_\_ Residential \_\_\_ Retirement \_\_\_ DSO

\_\_\_ Residential/Employment

\_\_\_ Residential/Retirement

\_\_\_ Retirement/Employment

\_\_\_ DSO/Employment

\_\_\_ Residential/Retirement/Employment

2. Is support staff available when you need them?

\_\_\_ Yes \_\_\_ No

3. Do you have the opportunity to make choices regarding the services you receive from MARC, Inc.?

\_\_\_ Yes \_\_\_ No

4. Are you satisfied with the services you receive from MARC, Inc.?

\_\_\_ Yes \_\_\_ No

Comments:

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Signature \_\_\_\_\_

**Shelter Services**  
Account Code #10456227

<b>Department Summary:</b>							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Mayor's 2015-2016 Recommended	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 7,792	\$ 7,200	\$ 10,000	\$ 7,200	\$ -	0.00%
	<b>Total:</b>	\$ 7,792	\$ 7,200	\$ 10,000	\$ 7,200	\$ -	0.00%
	<b>Total Excluding Wages:</b>	\$ 7,792	\$ 7,200	\$ 10,000	\$ 7,200	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - SHELTER SERVICES

2013-2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
7,792	7,200	7,200	-	7,200	10456227	58700	GRANTS - HUMAN SERVICES	10,000	7,200	
7,792	7,200	7,200	-	7,200			58000 SUB TOTAL	10,000	7,200	
7,792	7,200	7,200	-	7,200			DEPARTMENT TOTAL	10,000	7,200	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		<b>DEPARTMENT'S REQUEST</b>	<b>MAYOR'S RECOMMEND</b>	<b>TOWN COUNCIL APPROVED</b>
<b>10456227</b>	<b>SHELTER SERVICES</b>			
<b>58700</b>	<b>GRANTS - HUMAN SERVICES</b>			
	TRI-TOWN SHELTER	5,000	2,500	
	CORNERSTONE FOUNDATION SHELTER SERVICES	4,000	3,700	
	FAMILY PLACEMENTS	1,000	1,000	
	<b>Total Object</b>	<b>10,000</b>	<b>7,200</b>	
<b>Grand Total</b>	<b>10456227 SHELTER SERVICES</b>	<b>10,000</b>	<b>7,200</b>	

Town of Vernon Grant Application  
 Fiscal Year: July 1, 2015 - June 30, 2016  
**ATTACHMENT A**

**Program Description:**

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

- A. **Program Title:** Tri-Town Shelter Services, Inc.
- B. **Name of Program and Contact Person:** Pieter Nijssen      Executive Director  
860 - 875 - 9702
- C. **Name of Fiscal Contact Person:** Lisa Perry      Bookkeeper
- D. **Statement of Need Program Will Address:** We will provide emergency shelter and case management support services for homeless individuals and families.
- E. **Services to be Provided:** A fifteen-bed emergency shelter, individualized case management, advocacy, referral services to other community-based providers, internal 12-step recovery meeting(s), on-site computer lab for job searching and application learning, bi-weekly HIV/AIDS education, counseling and testing, along with workgroups on a wide range of pertinent topics to the population we serve.
- F. **Projected unduplicated number of Vernon residents to be served**

**Adults: 24                  Youth/Children: 6                  Families: 6**

Actual unduplicated number of Vernon residents served in the past 3 fiscal years

FY2011-12	Adults: 88	Youth/Children: 19	Families: 15
FY2012-13	Adults: 91	Youth/Children: 64	Families: 35
FY2013-14	Adults: 90	Youth/Children: 41	Families: 25

- G. **How do Vernon Residents Access Services:** 2-1-1, calling, local community-based providers, case managers from other agencies advocating, family and/or friends, etc.
- H. **Budget Summary**

Total Agency Budget	\$316,450
Total Program Budget	\$316,450
Total Board Fund-raising	\$115,000

**List Revenue by Source:**

Source	Agency	Program
CT Dept. of Housing	\$132,932	\$132,932
FEMA	\$10,224	\$10,224
Town of Vernon	\$2,500	\$2,500
CT United Way	\$7,500	\$7,500
Annual Appeal	\$75,000	\$75,000
Ind. + Bus. + Org. Donors	\$29,000	\$29,000
Churches & Related	\$12,000	\$12,000
New Revenue	\$38,500	\$38,500
Misc. Revenue	\$8,294	\$8,294
<b>Total</b>	<b>\$316,450</b>	<b>\$316,450</b>

- I. What is the percentage increase in your Agency **expenses** this year vs last year? **0%**
- J. What is the percentage increase in your Agency **revenue** this year vs last year? **0%**
- K. **What new revenue sources is your Agency seeking this year?** In addition to seeking applicable grants and foundations, we have numerous fund-raising events scheduled. These include an Annual Golf Tournament and Family Bowling. We have acquired additional donor lists which have been added to our master donor file. In an effort to build our donor database, each board member annually adds names of people they know personally and professionally.
- L. **What other municipalities provide funding to your organization?**

Town	Amount
Town of Ellington	\$500
	\$
	\$
	\$
<b>Total</b>	<b>\$500</b>

With any questions pertaining to this form, please contact: Marina Rodriquez, Tel. 860-870-3567 / [mrodriquez@vernon-ct.gov](mailto:mrodriquez@vernon-ct.gov); or Alan Slobodien, Tel. 860-870-3558 / [aslobodien@vernon-ct.gov](mailto:aslobodien@vernon-ct.gov)

Town of Vernon Grant Application  
Fiscal Year: July 1, 2015 - June 30, 2016

**RESULT BASED ACCOUNTABILITY DATA  
ATTACHMENT B**

**Goal Statement**

We will provide a safe and supportive environment in which homeless families and individuals can address the contributing factors to their homelessness. This is done primarily through an Individualized Service Plan, along with weekly case management meetings during which the progress on each goal is monitored and, if applicable, new goals for the week ahead are defined. Every adult client (100%) will be on an Individualized Service Plan and is required to meet weekly to review and update this.

**Copy of Client Satisfaction Survey**            see attached

**Results Based Data for Vernon Clients Served**

Since this data has not been required before, this will be the first year that the Survey will be used to capture and calculate this information.

**Time Period for the Survey Data**

We strive to administer the Client Satisfaction Survey on the 15<sup>th</sup> of every month to those that are new intakes for that month.

**Sum Total of Vernon Clients Served. Total Number and Percentage of those Clients who Participated in the Survey.**

Since this data has not been required before, this will be the first year that the Survey will be used to capture and calculate this information.

**Explanation as to How the Survey is Administered**

The Survey is placed in every adult clients room for their completion. They can return this to any staff and/or place it under either staff office door upon completion.

**Summarize the Results**

The results are accessible to all staff. Any reasonable suggestions for improvements are discussed for their merit and potential implementation.

**Attachment of Outcome Measures**            see attached Client Comments

# TRI-TOWN SHELTER SERVICES, INC.

## CLIENT SATISFACTION SURVEY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please Rate on a Scale of 1 to 5 as Follows: (circle / select your choice)

1	2	3	4	5
Poor	Fair	Average	Good	Excellent

How well did Tri-Town Shelter, Inc. meet your needs during your stay?

1                      2                      3                      4                      5

Rate the helpfulness of Agency direct care staff.

1                      2                      3                      4                      5

Rate the accessibility and attitude of Agency direct care staff.

1                      2                      3                      4                      5

Rate the accessibility and helpfulness of the Agency director.

1                      2                      3                      4                      5

How well did the shelter meetings and workgroups fit your needs?

1                      2                      3                      4                      5

Rate the over-all adequacy of the facilities of the shelter.

1                      2                      3                      4                      5

If you were referred to another agency or service, rate your experience with that referral. Agency \_\_\_\_\_

1                      2                      3                      4                      5

If a parent, how well did the Agency meet the needs of your child(ren)?

1                      2                      3                      4                      5

What was the best thing about the shelter? \_\_\_\_\_

\_\_\_\_\_

What was the worst thing about the shelter? \_\_\_\_\_

\_\_\_\_\_

If make one physical improvement to the shelter, what would it be? \_\_\_\_\_

\_\_\_\_\_

What would be the most helpful change in the program? \_\_\_\_\_

\_\_\_\_\_

**In terms of the non-discriminatory policies in the shelter rules explained and received at intake, how would you rate these?**

Unfairly Stated

Fair Stated

**In terms of the non-discriminatory practices of the shelter, rate how the staff applied these to yourself.**

Unfairly and Inconsistently

Fairly and Consistently

**In terms of the non-discriminatory practices of the shelter, rate how you observed these applied to other residents during your stay.**

Unfairly and Inconsistently

Fairly and Consistently

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Client Satisfaction Survey Comments

Even though the stay is short, there is a lot offered. I found that the staff is always willing to help. Being with others in similar circumstances is helpful. **P.**

The best part is being in your own room. I heard others talk about what being in other shelters was like and I was glad my first experience was at Tri-Town. Excellent shelter model, needs to be replicated elsewhere in CT. **D.C.**

The staff and people are very nice and helpful. In answer to what would be the most helpful change in the program - that it stays the way it is. **A.G.**

The staff is always accessible and willing to help you to the best of their ability. Can't say enough positive things about Tri-Town. The support I received here is immeasurable. With it I've not only maintained my sobriety, but am on the path to re-integrating with my children. **J.C.**

Tri-Ton didn't feel like what I thought a shelter would feel like. I have felt nothing but an attitude of professionalism from staff. There is a warmth that is consistent with friendship. I can't thank them enough. **Diane**

The staff were amazing. The Director took an interest in helping me and gave me his time when I was demanding. He became a father-figure to me. **M.D.**

I feel like I have a home. The best shelter I have seen in the State. They allowed me to have my grand-kids visit me while here and I was not embarrassed. The staff treated me like family and I feel like my life is coming back. **Jackie**

Tri-Town is a blessing. They encourage success, hard work, recovery, and change. Most of all the ability to live a productive, healthy life. **Don**

The staff is top notch. They really care and helped me. I am thankful for the place and the staff and the way they understood people. I wish the stay was longer. Hard to find places like this in the community. **Dave**

This shelter is really better than a rooming house. The staff and facilities are well equipped and professional in attending to one's needs in every way feasible. The staff, your own room, kitchen, shower, and laundry usage, computer room, job help - many thanks!

**Paul**

This is the best I have ever seen in the whole state. I feel like I have a home. I am a grandma and a mom and was allowed to have my grandchildren visit. That means the world to me. I feel so happy here but I know I have to move on. This home has given me the chance to live again.

**JT**

They work hard to make you work hard. They really cared about my recovery and made me take a realistic look at where I was and what got me here. I was able to have my son visit me without being embarrassed.

**DJ**

Coming to a shelter with two children was scary. I had it in my head that these places are dirty and dangerous places to be in. What a surprise. My 11 and 4 year old loved how kid friendly it was. I could relax and think about my next plan for our family.

**SM**

I am just thankful for the place and the staff and the way they understand people and their stories and why they are here. Thanks everybody.

**DB**

This shelter is really better than a boarding house. The facility is very well equipped and the staff are professional. The mixture of people staying here is challenging and the staff met everyone's needs in every way feasible.

**PG**

This is the only shelter I have stayed at where I wasn't called a client but a resident. We were even encouraged to express ourselves at house meeting when things weren't going well. I regained my voice after being so silenced by others. What a homely place. Thanks for a great stay.

**V**

I am grateful to have a clean and safe environment in which I have the opportunity to focus on re-directing my life in a more positive direction. Having a helpful welcoming staff to make the transition into a homeless situation a lot less uncomfortable than conceived was the best things about Tri-Town.

**SN**

They were there for me when I needed help and they helped me gain my confidence back so I could live a productive life again.

**DF**

This is a good place to start a new life. The people that work here are good folks and they work as a team. They saw my potential and pushed me towards it when I was despairing.

**JF**

I feel really safe here and the staff really cared and showed compassion. I am glad that my mental health worker called them for me. I have stayed at other places and was afraid until I walked in and was greeted by so many kind people.

**LS**

Being pregnant, I was nervous about going to a shelter. When I got there, the help I got from the director and staff was excellent. There was also another single mother and child upstairs and this made me feel good. Shortly after having the baby was born at Rockville General Hospital, the director came to see us and when we were released, he was the one that brought us back to the shelter, our first home.

**LB**

This is a dignified facility with top notch staffing. I can't think of a thing that I would change here.

**RP**

Even though I moved into my own place after being here, I call almost every day. They are my lifeline when I am having a hard time or need to be encouraged. After years of being in and out of shelters, this one worked for me and I haven't returned to being homeless.

**DC**

I was homeless, had not money and no food, but I was also hopeless. Through the understanding of staff I am setting off on a new life. Hope is restored. I am so glad for the guidance I got from staff and their belief in me.

**TJ**

Since the moment I arrived in this place I was greeted with open arms. I thought that nobody cared about me. Tri-Town has done an excellent job at picking the staff. Thank you for the chance to be here and to improve my life. Life is hard and you made it a little easier.

**Note Left in Bedroom**

Being here has changed me for the better. I have learned a lot about myself and am now on the road to getting what I want. I wish I met everyone here when I was younger.

**RL**

Town of Vernon Grant Application  
Fiscal Year: July 1, 2015-June 30, 2016  
**ATTACHMENT A**

**Program Description:**

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

A. Program Title: Cornerstone Foundation Shelter Services

B. Name of program contact person: Bryan Flint Shelter Coordinator  
Name Title  
Tel #: 860-875-6343

C. Name of fiscal contact person: Richard Carterud Asst. Treasurer  
Name Title  
Tel #: 860-643-5319

D. Statement of Need program will address:

The Cornerstone Foundation has been operating a 15 bed shelter for single adults since 2005. This is a short term facility allowing a person to stay for a minimum of 30 days or longer if the person continues to move forward on agreed upon goals. The majority of those using the shelter are men who lost jobs and housing. With the continued down turn in the economy, we continue to see a 100 %occupancy rate daily. On nights when we are at full capacity, we take in people for emergency one night only shelter and the next day work to direct them to other shelters.

E. Services to be provided:

Along with overnight shelter, the shelter guests also have access to other services of the Cornerstone Foundation including clothing and three meals a day. We support the guests with assistance in making phone calls for employment or apartments, assistance in filing out paperwork for other social services, and eye glasses support, etc. Each shelter guest also receives case management in finding referrals to other services, educational assistance, employment, medical assistance, apartments, etc. Throughout the year, we have assisted at least 4 shelter guests a month to move back home, move in with a friend, transition into a long term shelter, or find a room or apartment. The shelter has a positive impact on the homeless in that it provides for shelter in a safe and caring environment offering other basic needs such as clothing and food. The Cornerstone Shelter currently has 4 part time workers who stay overnight from 5:30 p.m. to 8:00 a.m. on a rotating schedule.

F. Projected **unduplicated** number of Vernon residents to be served:

Adults: 50 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

Actual **unduplicated** number of Vernon residents served in the past 3 fiscal years:

FY 2012-13 Adults: 46 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

FY 2013-14 Adults: 47 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

FY 2014-15    Adults: 49                      Youth/Children: \_\_\_\_\_                      Families: \_\_\_\_\_

In the Cornerstone 2014 Calendar year we served 89 unduplicated clients of which 49 were from Vernon.

G. How do Vernon residents access services: Services can be accessed through referrals from Social Services, local agencies, churches, other Social Service agencies, and walk ins.

H. Budget Summary:

Total Agency Budget:	\$342,000 (with inkind donations 660,180)
Total Program Budget	\$120,000.00
Total Board Fund-raising:	\$100,000.00

List revenue by source:

( Example of possible sources: federal, state, municipal, foundation, fund raising)

SOURCE	AGENCY	PROGRAM
Fundraising	\$40,000.00	\$25,000.00
Foundations	\$90,000.00	\$10,000.00
Municipal	\$4,000.00	\$4,000.00
Private Donations	\$208,000.00	\$81,000.00
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	<b>\$342,000.00</b>	<b>\$120,000.00</b>

- I. What is the percentage increase in your Agency **expenses** this year versus last year?                      10 %  
 J. What is the percentage increase in your Agency **revenue** this year versus last year?                      15 %

This 2014 calendar year, we were able to increase income over the previous year due to aggressive fund raising and grant writing.

K. What new revenue sources is your agency seeking this year?

The Cornerstone Foundation has just received word that it will be receiving \$93,000 from the Hartford Foundation for Public Giving build out some its space for transitional apartments and to expand its small Food Pantry. We will be asking for more funding from CHEFA and will be looking at several bank foundations. We have applied to the Town of Ellington for some funding toward Cornerstone services in the 2015-2016 year.

L. What other municipalities provide funding to your organization?

Town	Amount
NONE this fiscal year	\$
	\$
	\$

Please contact Alan Slobodien with any questions on this form: [aslobodien@vernon-ct.gov](mailto:aslobodien@vernon-ct.gov) : 860-870-3558

**Town of Vernon Grant Application**

**Fiscal Year July 1, 2015 – June 30, 2016**

**RESULT BASED ACCOUNTABILITY DATA**

**ATTACHMENT B**

Utilizing a Results Based Accountability measure outcomes is a requirement to receive funding from the town of Vernon

- **Goal Statement for the Cornerstone Shelter**

Cornerstone Foundation Shelter provides a safe, non-threatening housing for adults who are homeless and assist them in finding referrals to other services including housing, education, employment, medical care, etc. In addition, the shelter residents also have access to 3 meals a day at our Soup Kitchen, and clothes from our Clothing Bank.

- **Copy of Questionnaire used.** See Attached.
- **RBA data for Shelter Clients—**See attached.
- **Time Period of the Survey Data—**3 months
- **Total of Vernon Clients served and percentage of clients who participated in the survey.**

49 Vernon Residents served in program. 15 or 31% filled out the survey

- **Briefly explain how you administered the survey.** Survey was filled out by clients on their own and passed in to staff.
- **Summary of those participating in the survey**

Fifteen clients turned in surveys. The top score for each question for 15 respondents would be 150 points or an overall rating of 100%. On 8 questions we received a total of 120-129 points or 80% to 86% overall rating. On two questions we received a 74% overall rating (Referrals to needed services Q. 9) and a 79% overall rating (Staff sensibility Q3).

- **How much did you do?** 49 Clients received emergency overnight shelter and other services such as case management, 3 meals a day, clothing, etc.
- **How well did you do it.** Based on the surveys, we received an average of 81.5 out of a maximum of 100 points score for the 10 questions.
- **How are the Vernon Clients better off (what positive changes do clients report via the client surveys?)**

The majority of the clients reported that they were safe both physically and emotionally, were supported by staff, were referred to needed services, and were well-fed.

To better understand how the Cornerstone Foundation, Inc. can serve those who come to us in need, please assist us for by answering the following questions.

On a scale from 1-10 please circle the appropriate numeral as to how satisfied you are/were in the following areas? Please use the back to explain in more detail if desired. **THANK YOU!!!!**

<b>Q1- I am/was satisfied with the services I received at Cornerstone Shelter.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q2- The staff is/was friendly, respectful and helpful.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q3- The staff is/was sensitive to my race, ethnicity, gender, religious preference, economical status, sexual orientation, or other special needs.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q4- Religious and spiritual activities that are/were offered to me are/were optional.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q5- The staff are/were supportive and understood my needs.</b>										
	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q6- Staff are/were prepared to respond to my needs.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q7- I feel/felt safe while at the Shelter.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q8- The rules make/made sense, based on the circumstances.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q9- Staff refer/referred me to needed services we identified as helpful.</b>										
1	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		
<b>Q10- As a result of staying at Cornerstone, I am/was safe and well-fed.</b>										
	2	3	4	5	6	7	8	9	10	
Not Satisfied At All			Somewhat Satisfied					Completely Satisfied		

To better understand how the Cornerstone Foundation, Inc. can serve those who come to us in need, please assist us for by answering the following questions. On a scale from 1-10 please circle the appropriate numeral as to how satisfied you are/were in the following areas? Please use the back to explain in more detail if desired. THANK YOU! Not Satisfied At All Satisfied 1 5 10

Client	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	SUM
Q1- I am/was satisfied with the services I received at Cornerstone Shelter.	7	9	8	10	9	6	9	9	10	10	10	7	5	4	10	123
Q2- The staff is/was friendly, respectful and helpful.	6	9	8	10	9	8	9	9	10	10	10	7	5	4	10	123
Q3- The staff is/was sensitive to my race, ethnicity, gender, religious preference, economical status, sexual orientation, or other special needs.	6	9	10	10	9	2	9	9	10	10	10	6	5	4	10	119
Q4- Religious and spiritual activities that are/were offered to me are/were optional.	5	10	9	10	10	5	10	9	10	10	10	7	5	4	10	124
Q5- The staff are/were supportive and understood my needs.	4	10	7	10	10	5	10	10	10	9	10	6	6	3	10	120
Q6- Staff are/were prepared to respond to my needs.	6	10	7	10	10	5	10	9	10	10	10	7	7	3	10	124
Q7- I feel/felt safe, (physically & emotionally) while at the Shelter.	8	10	6	10	10	5	9	9	10	8	10	7	5	3	10	120
Q8- The rules make/made sense, based on the purpose of an emergency shelter.	8	10	6	10	10	8	9	9	10	10	10	7	8	4	10	129
Q9- Staff refer/referred me to needed services we mutually identified as helpful.	4	9	3	8	9	1	9	7	10	10	10	8	10	3	10	111
Q10- As a result of staying at Cornerstone, I have been safe and well-fed.	10	10	8	10	10	6	9	9	10	10	10	8	5	4	10	129
Sum	64	96	72	98	96	51	93	89	100	97	100	70	61	36	100	Sum

**Connecticut Legal Services**  
Account #10456229

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>% Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ -	\$ 2,000	\$ 4,000	\$ 2,000	\$ -	0.00%
				-			
	<b>Total:</b>	\$ -	\$ 2,000	\$ 4,000	\$ 2,000	\$ -	0.00%
	<b>Total Excluding Wages:</b>	\$ -	\$ 2,000	\$ 4,000	\$ 2,000	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY  
 DEPARTMENT - CONNECTICUT LEGAL SERVICES

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
-	2,000	2,000	2,000	2,000	10456229	58700	GRANTS - HUMAN SERVICES	4,000	2,000	
-	2,000	2,000	2,000	2,000			58000 SUB TOTAL	4,000	2,000	
-	2,000	2,000	2,000	2,000			DEPARTMENT TOTAL	4,000	2,000	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		<b>DEPARTMENT'S REQUEST</b>	<b>MAYOR'S RECOMMEND</b>	<b>TOWN COUNCIL APPROVED</b>
10456229	CONNECTICUT LEGAL SERVICES			
58700	GRANTS - HUMAN SERVICES			
	GRANTS - HUMAN SERVICES	4,000	2,000	
	<b>Total Object</b>	<u>4,000</u>	<u>2,000</u>	<u>          </u>
<b>Grand Total</b>	10456229 CONNECTICUT LEGAL SERVICES	<u><u>4,000</u></u>	<u><u>2,000</u></u>	<u><u>          </u></u>

**Town of Vernon Grant Application  
Fiscal Year July 1, 2015 - June 30, 2016  
ATTACHMENT A**

**Program Description**

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

A. **Program Title:** Connecticut Legal Services, Inc. (CLS)

B. **Name of program contact person:** Joelen Gates Managing Attorney  
**Name** **Title**  
860 786-6372

C. **Name of fiscal contact person:** Linda C. Spada Comptroller  
**Name** **Title**  
860 975-3903

D. **Statement of Need program will address:**

Connecticut Legal Services, Inc. (CLS) requests \$4,000 in funding from the Town of Vernon to support its provision of much needed civil legal services to Vernon residents. According to the 2010 Census, there are over 2000 Vernon residents living in poverty whose households will face at least four civil legal issues needing the assistance of a lawyer in the next year (2008 UCONN study). Connecticut Legal Services helps these residents address these legal issues, improve their lives, and find stability. By providing the legal assistance described in Section E below, we will help them gain access to the justice system thereby helping them secure the protection, privileges, benefits, rights and opportunities that the civil law provides.

Nothing demonstrates the need for the services we provide better than the increasingly large number of people seeking help from us each year—the battered woman who needs help finding safety and stability for her and her children; the family who faces homelessness because their landlord has lost the premises in a foreclosure; the scared elderly person who is being harassed by creditors for a debt she doesn't owe; the disabled young person who cannot work, access medical services, or make ends meet; the family who can't meet their basic needs. These are just a fraction of the low-income people who desperately need our help. Sometimes our cases are dramatic, sometimes routine, but they always push the legal system, to honor its commitment to provide equal justice to all people regardless of income.

Although thousands of people reach out to CLS for help each year, CLS has never had enough resources to meet fully all the serious legal needs of its client population. This constant shortfall has challenged us to maximize our effectiveness and we continuously adjust our service priorities to keep them in sync with the emerging legal needs of the low-income community. We want the cases we handle and the preventative education and client outreach we provide to be responsive to the most important legal and life needs of our client population. No other agency in the Vernon/Rockville area duplicates the services we provide to the low-income community and we request the Town of Vernon's help in meeting the legal needs of its low-income residents.

**E. Services to be provided:**

With funds from the Town of Vernon, our advocates will represent and advise clients in court, administrative, community, legislative, and other contexts. We will provide education and information to both clients and the social services agencies that serve them. We will use the law to help indigent clients meet important life needs—the need for a job, or income and other livelihood support when they are incapable of working or cannot find a job; decent, safe, and affordable housing; safety from domestic violence and other forms of abuse; a stable, integrated family; medical and behavioral health care; a good education, especially for children with disabilities; autonomy and dignity, especially for persons who are elderly or coping with disabilities; protection against consumer scams, especially those that target the elderly and disabled; and protection against illegal discrimination based on race, ethnicity, disability, or source of income.

Our specific activities include:

- Legal representation in court, at hearings, and in appeals;
- Legal counseling regarding client's legal rights and options;
- Consultation and advice to community agencies regarding the civil legal problems of their clients,
- Advocacy, on behalf of low-income individuals and groups, in government decision-making processes (administrative and legislative) that affect basic needs of low-income people;
- Community education and outreach services including legal education seminars, meetings with client groups, and dissemination of printed materials regarding legal issues and options of low-income people; and,
- Representation of clients through litigation and other forms of advocacy to solve systemic problems.

**F. Projected unduplicated number of Vernon residents to be served:**

Adults: 72 Youth/Children: 37 Families: 50

Please note that the projected numbers for adults and children expected to be served represent the number of Vernon household members we anticipate helping in the upcoming Fiscal year 2014-2015.

**Actual unduplicated number of Vernon residents served in the past 3 fiscal years:**

FY 2012-13 Adults: 75 Youth/Children: 24 Families: 60

FY 2013-14 Adults: 70 Youth/Children: 51 Families: 40

FY 2014-15 Adults: 72 Youth/Children: 37 Families: 50

**G. How do Vernon residents access services?:**

Vernon residents needing legal assistance may call Statewide Legal Services at 800-453-3320, apply with Statewide Legal Services online at <http://apply.slsct.org>, or via the internet at [www.ctlawhelp.org](http://www.ctlawhelp.org) and click on "Get Help". Statewide Legal Services will review the case related information with residents and will refer appropriate cases to our offices.

H. **Budget summary:**

The numbers in the following two tables are our projected budget numbers for fiscal year 2015-2016

Total Agency Budget: (see attached for details)	\$ 11,339,997
Total Program Budget:	\$ 140,761
Total Board Fund-raising:	\$ 18,721

**List revenue by source:**

(Example of possible sources: federal, state, municipal, foundations, fund raising)

SOURCE	AGENCY	PROGRAM
State and Federal Grants	\$ 8,670,234	\$ 101,801
Municipalities	\$ 103,677	\$ 4000
Foundations/Corporations	\$ 1,248,610	\$ 12,292
United Ways	\$ 195,502	\$ 16,250
Fundraising	\$ 321,050	\$ 3,930
Program Service Fees	\$ 202,000	\$ 2,456
Interest Earned	\$ 2,600	\$ 32
<b>Total</b>	<b>\$ 10,743,673</b>	<b>\$ 140,761</b>

- I. **What is the percentage increase in your Agency expenses this year versus last year?**  
5.9% increase in expenses from FY13-14 to projected FY14-15
- J. **What is the percentage increase in your Agency revenue this year versus last year?**  
0.5% increase in revenue from FY13-14 to projected FY14-15
- K. **What new revenue sources is your agency seeking this year?**  
We continuously submit grant applications to various but appropriate funding sources. We continue our fundraising efforts which are directed at raising funds to maintain current levels of services (meeting ongoing cost increases), as well as finding funds to expand services. We actively pursue foundation funding for specific projects, work toward increasing the number of contributors to our annual fund raising drive (*Campaign for Justice*), advocate for continuation of our government grants, and seek increased levels of funding from our local contributors. We continue to diversify our funding base in a way that strengthens our long-term funding stability, allowing us to prevent cuts in staff and services.

We pursue every appropriate funding opportunity in order to continue to provide urgently needed legal services to those in great need and whose situations require the services of a lawyer to avert a crisis. *We have attached a table that lists all of the funding sources to which we have or will apply and the status of those applications.* We hope that we can count on the support of the Town of Vernon to help us provide much needed services to the low-income clients in Vernon that need our assistance now more than ever.

L. What other municipalities provide funding to your organization?

Town	Amount
Mansfield	\$ 6,500
Darien	\$ -0-
Middletown	\$ 10,000
Groton	\$ 10,000
Ellington	\$ 2,200
Ashford	\$ 500
Coventry	\$ 925
<b>Total</b>	<b>\$ 31,625</b>

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Alan Slobodien, Tel. 860-870-3558 / aslobodien@vernon-ct.gov

Town of Vernon Grant Application  
Fiscal Year July 1, 2015 – June 30, 2016

RESULT BASED ACCOUNTABILITY DATA  
ATTACHMENT B

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon

- **Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds.**

CLS' goal statement for the work we do in all of our service areas, including Vernon/Rockville, is as follows:

95% of clients for whom we provide service will know their rights and how to enforce their rights.

85% of clients for whom we provide service and close their file will have achieved a positive substantive outcome to their civil legal problem.

- **Please provide a copy of the questionnaire that you use.**

We evaluate our program and our specific projects through two means: statistical measures and staff/team evaluations. Our statistical measures are based on our client service database, which tracks case opening and closing information, case outcome measures, and outreach/community legal education events. Monthly, quarterly, and annual statistical reports are prepared from these databases and are reviewed by our Executive Director and management staff, who can then determine whether our advocates are meeting the measurable objectives set for them.

We do not use a questionnaire to ensure that we are achieving those substantive outcomes for our clients because we use our client database to track that information. As noted below, however, we are developing a permanent client survey to be implemented over the next year to ensure that our clients, in addition to achieving their case related goals, are satisfied with the various aspects of our representation.

- **Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program**

During the past fiscal year, our advocates opened 40 new case files for Vernon residents, enabling us to provide legal counseling/advise and /or individual legal representation to 116 individuals including 51 children. CLS advocates continued to work on 30 active cases brought into the fiscal year from the previous year.

CLS advocates conducted two outreach community legal educational events in Vernon. On October 5, 2013 at the senior hood resource fair held at the Vernon Middle School, we provided information on housing-related issues and access to public benefits. We also coordinated and conducted an outreach on Advanced Health Care Directives on how one can pay for nursing home care with Medicaid. Through these events we reached 365 people and distributed approximately 50 legal educational pamphlets.

In addition to the work described above, we worked on and closed 44 household files for Vernon residents. Of those 44 households 95% received information about their rights and how to enforce those rights and 82% achieved a positive outcome in their case.

The chart below contains the demographic information for the clients for whom we opened a new case file between July 1, 2013 and June 30, 2014 in the town of Vernon.

Age	Race	Gender	Case Type
under 18 = 2	White = 18	Female = 31	Housing = 16
18-29 = 10	Hispanic = 10	Male = 6	Income Maintenance = 10
30-45 = 15	Black = 3	Not Indicated = 3	Health = 1
46-59 = 11	Other = 2		Family = 7
60 + = 2	Not Indicated = 7		Consumer/Finance = 2
			Education = 2
			Miscellaneous = 1
			Individual Rights = 1
<b>Total = 40</b>	<b>Total = 40</b>	<b>Total = 40</b>	<b>Total = 40</b>

- **What is the time period of the survey data you are providing (e.g. 12 months, 6 months, 3 months, other)?**

The data above is based on our fiscal year, the twelve month period which runs between July 1, 2013 and June 30, 2014.

- **Provide the sum total of Vernon clients served in the program for which you are requesting grant funds. Provide the total number and percentage of those clients who participated in the survey.**

As noted above, we have not used a survey to determine that our clients have achieved their case related goals. We have worked with the client to define those goals and track whether their case resulted in a positive outcome based on those goals.

As noted below, we will be implementing client satisfaction surveys over the next year.

- **Briefly explain how you administered the survey (e.g. by phone, personal interviews, client fill out survey on their own, other)?**

Currently, we provide client satisfaction surveys primarily to clients who are age 60 and over upon the termination of their cases (see attached example) as required by the area agencies on aging that fund us. From these surveys we have found that, on average, 95% of the respondents have been satisfied with the assistance we provided.

In addition, we also get regular positive feedback about our service model and the outcomes we are able to achieve for our clients from Statewide Legal Services (the statewide telephone intake center), social service agencies, and others who refer clients to us. We inform clients of their right to complain to our Executive Director and our Board of Directors if they are dissatisfied with our services. There are very few complaints, and those that we do get are addressed and corrected quickly to ensure that services remain high-quality and effective.

Also, as a result of our 2013/2014 review of our 2008 Strategic Plan, we are: a) reviewing and implementing a client satisfaction survey for all our clients; and b) developing other ways to measure and/or increase our impact in the communities we serve. We would like to stress that a high percentage of our cases result in good outcomes for our clients and our assistance does make a difference in the lives of our clients. We are able to measure these positive substantive outcomes through our client database and provide the town of Vernon with the percentage of Vernon residents who have achieved these outcomes.

- Please summarize the results for the Vernon clients who participated in the survey. The following data information is for all Vernon clients we have served as tracked in our client database.

Please attach the outcome measurements that answer the following questions:

**1. How much did you do, i.e., how many Vernon clients received services?**

We provided legal assistance to 40 Vernon households affecting legal representation to 116 individuals including 51 children. CLS advocates continued to work on 30 active cases brought into the fiscal year from the previous year. CLS advocates conducted two (2) outreach community legal educational events in Vernon providing potential clients and agency staff with information on housing-related issues, access to public benefits, Advanced Health Care Directives, and paying for nursing home care with Medicaid. Through these events we reached 365 people and distributed approximately 50 legal educational pamphlets.

**2. How well did you do it, (this can be captured by client satisfaction surveys)?**

We track outcomes in our database when we have completed our services and have closed the household's file. We worked on and closed 44 household files for Vernon residents during the last fiscal year. Of those 44 households, 95% received information about their rights and how to enforce those rights and 82% achieved a positive outcome in their case.

**3. How are the Vernon Clients better off (what positive changes do clients report via the client surveys)?**

The positive substantive outcomes that we are able to achieve for our clients include improved access to medical care, access to or preservation of urgently needed subsistence benefits, preservation of housing or housing rights, access to appropriate special education and/or medical and mental health treatment for disabled children, protection of elder rights, improved family stability, and improved protection from abuse. The results we achieve for our clients make it possible for them to achieve solutions to critical life problems which, in the end, improves their lives. Nothing demonstrates our affect on our clients' lives more than their own stories.

One such story is Lisa's:

*Lisa was accidentally shot in the face as a young child growing up in her native Middle Eastern country. The wound left her disfigured, unable to eat properly, with Post Traumatic Stress Disorder and other psychiatric ailments directly related to the shooting. She grew up withdrawn, seldom going outside because she felt that she would scare little children. She was underweight because of her inability to get proper nutrition. After immigrating to the United States at age 13, she attended school in Connecticut and quickly learned English, but could not overcome her discomfort around large groups of people. When Lisa turned 18, she stopped going to school during the day and started going to night school instead. While in school, Lisa underwent multiple painful reconstructive surgeries but her impairments left her unable to work. Lisa applied for disability benefits but was denied; she appealed and was denied again. Lisa found her way to CLS for help. Lisa's CLS attorney represented her at another appeal hearing and was able to show, through medical evidence and statements from doctors and friends, that Lisa was disabled and that those disabilities made it impossible for her to work. The evidence and arguments that Lisa's CLS attorney put forth convinced the judge to approve Lisa's application for benefits. With these benefits, Lisa is able to not only pay her expenses, she also is able to access services that help her continue her efforts in reconstructing the damage done to her face.*

**Hartford Interval House**  
**Account Code #10456232**

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>% Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ -	0.00%
<b>Total:</b>		<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ -</b>	<b>0.00%</b>
<b>Total Excluding Wages:</b>		<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ 2,500</b>	<b>\$ -</b>	<b>0.00%</b>

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - HARTFORD INTERVAL HOUSE

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
2,500	2,500	2,500	-	2,500	10456232	58700	GRANTS - HUMAN SERVICES	2,500	2,500
2,500	2,500	2,500	-	2,500		58000 SUB TOTAL	2,500	2,500	
2,500	2,500	2,500	-	2,500		DEPARTMENT TOTAL	2,500	2,500	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		<b>DEPARTMENT'S REQUEST</b>	<b>MAYOR'S RECOMMEND</b>	<b>TOWN COUNCIL APPROVED</b>
10456232	HARTFORD INTERVAL HOUSE			
58700	GRANTS - HUMAN SERVICES			
	GRANTS - HUMAN SERVICES	2,500	2,500	
	<b>Total Object</b>	<u>2,500</u>	<u>2,500</u>	<u>          </u>
<b>Grand Total</b>	10456232 HARTFORD INTERVAL HOUSE	<u>2,500</u>	<u>2,500</u>	<u>          </u>

Town of Vernon Grant Application  
Fiscal Year: July 1, 2015-June 30, 2016  
**ATTACHMENT A**

**Program Description:**

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

A. Program Title: Hartford Interval House, Inc. Domestic Violence service for Vernon residents

B. Name of program contact person: Cecile Enrico Executive Director  
Name Title  
Tel #: 860-246-9149 x312

C. Name of fiscal contact person: Cecile Enrico Executive Director  
Name Title  
Tel #: 860-246-9149 x312

D. Statement of Need program will address:  
The needs are great, during fiscal year (7/1/13 – 6/30/14) 18 domestic violence agencies provided services to 46,750 victims of domestic violence. Safe Home Services were provided to 1787 female, male, and child victims in serious physical danger who have no other safe housing options.

E. Services to be provided:  
Interval House will provide the following services to Vernon residents: emergency shelter, safety planning, domestic violence education, advocacy with social service agencies and in civil courts to help victims obtain restraining orders. We also provided domestic violence counseling, support group services, children's services which include support groups and safety planning.

F. Projected **unduplicated** number of Vernon residents to be served:

Adults: 80 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

Actual **unduplicated** number of Vernon residents served in the past 3 fiscal years:

FY 2012-13 Adults: 81 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

FY 2013-14 Adults: 80 Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

FY 2014-15 Adults: 80\* Youth/Children: \_\_\_\_\_ Families: \_\_\_\_\_

\*The number of Vernon residents served in BOTH our Hartford and Interval House East offices. Attachment B statistics are for Vernon residents served at ONLY our Interval House East satellite office.

G. How do Vernon residents access services:  
Through Interval House's 24-hour Hotline service, referrals from social service agencies, DCF, hospitals, friends and relatives of victims who have heard of Interval House through media and Interval House's own community education efforts and training. A satellite office is located in Manchester where many Vernon residents seek services.

H. Budget Summary:

Total Agency Budget:	\$1,869,001
Total Program Budget	\$89,644
Total Board Fund-raising:	\$330,000

List revenue by source:

(Example of possible sources: federal, state, municipal, foundation, fund raising)

SOURCE	AGENCY	PROGRAM
United Way	\$168,500	
Federal	\$514,804	
State	\$443,862	
Towns	\$101,992	
Fundraising	\$330,000	
Foundations and Corporations	\$276,088	
Local	\$33,755	
<b>Total</b>	<b>\$1,869,001</b>	

- I. What is the percentage increase in your Agency **expenses** this year versus last year? 0%
- J. What is the percentage increase in your Agency **revenue** this year versus last year? 0%
- K. What new revenue sources is your agency seeking this year?  
No new revenue services.
- L. What other municipalities provide funding to your organization?

Town	Amount
Glastonbury	\$5000
South Windsor	\$3000
Ellington	\$2000
Simsbury	\$500
Avon	\$2500
Windsor	\$1800
Manchester	\$80,942
West Hartford	\$ 3000
Canton	\$ 750
<b>Total</b>	<b>\$ 99,492</b>

**RESULTS BASED ACCOUNTABILITY DATA  
ATTACHEMNT B**

- **Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds:**

The measurable goal used was a survey questionnaire addressing the development and implementation of safety planning.

- **Please provide a copy of the questionnaire that you use:**

A copy of the questionnaire is enclosed.

- **Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in the program.**

RBA data provided will include only Vernon residents served by Interval House East.

- **What is the time period of the survey data you are providing?**

Data provided will cover a 12 month fiscal period.

- **Provide the sum total of Vernon clients served in the program for which you are requesting funds. Provide the total number and percentage of those clients who participated in the survey.**

Safety planning was provided to 22 new and 17 continued Vernon clients for the 2013-2014 fiscal year totaling 39 clients served. Results show 100% of these clients participated in the survey.

- **Briefly explain how you administered the survey:**

Surveys are administered to clients in person or by phone by the Interval House Program Coordinator.

- **Please summarize the results for the Vernon clients who participated in the survey:**

Clients that are first time clients are asked to complete a Pre-test (survey), the 17 clients that continued to receive services were also asked to complete a Post-test(survey). Interval House East uses the pre & post-test (survey) to evaluate the effectiveness of our program.

**Results:**

22 Vernon residents called or were seen at Interval House East

22 Vernon residents developed a safety plan

17 Vernon residents implemented safety plans and continued to modify and/or add to during the reporting period.

**Question: I have a safety plan**

(13) yes 59% had some safety in place ( though often inadequate)  
(9(NO) 41 % had no safety in place

As a result of providing safety service to 22 Vernon residents 100% of clients served were able to have safety measures in place, with 17 of them implementing and adjusting them accordingly as situations changed.

1. How much did you do, i.e., how many Vernon clients received services?

22 new clients and 17 continued clients received services during the 2013-2014 fiscal year.

2. How well did you do it?

22 Vernon residents developed a safety plan and 17 residents implemented and continued to modify and/or add to the safety plan during the reporting period.

3. How are the Vernon clients better off?

Posttest responses regarding what Vernon clients learned to keep themselves and their children safe included a myriad of safety strategies such as calling the 24 hour hotline, seeking shelter at a safe and confidential location, having a cell phone, seeking a restraining order or protective order, changing the locks at their home, seeking support of family and friends, tactics for safe exchange of children in a public venue, CT Savin, Safe at Home (Confidentiality Address program), tech safety (phone and computer tracking or hacking), informing daycare, schools, co-workers, friends, and family of situation, vary routes to school, work, errands, improve safety around home (lights, trim back bushes, etc), 3<sup>rd</sup> party pickups and drop-offs for child exchange, and code words. This knowledge and development of safety plans and strategies improves the safety of Vernon clients and can potentially reduce the risk of further danger to clients and their children.

**YWCA Sexual Assault Services**  
**Account Code #10456235**

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>%Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ -	0.00%
	<b>Total:</b>	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ -	0.00%
	<b>Total Excluding Wages:</b>	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY  
 DEPARTMENT - YWCA SEXUAL ASSAULT SERVICES

	FISCAL YEAR 2014-2015				FISCAL YEAR 2015-2016					
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
2,000	2,000	2,000	-	2,000	10456235	58700	GRANTS - HUMAN SERVICES	2,000	2,000	
2,000	2,000	2,000	-	2,000			58000 SUB TOTAL	2,000	2,000	
2,000	2,000	2,000	-	2,000			DEPARTMENT TOTAL	2,000	2,000	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456235	YWCA SEXUAL ASSAULT SERVICES			
58700	GRANTS - HUMAN SERVICES			
	HOTLINE & COUNSELING SERVICES & STAFF	2,000	2,000	_____
	Total Object	2,000	2,000	_____
<b>Grand Total</b>	10456235 YWCA SEXUAL ASSAULT SERVICES	2,000	2,000	_____

Town Of Vernon Gran Application  
Fiscal Year July 1, 2015- June 30, 2016

**ATTACHMENT A**

**Program Description**

Complete this form for each service area you are requesting funds. Use the space provided keeping descriptions brief and specific.

- A. **Program Title:** YWCA of New Britain Sexual Assault Crisis Service (SACS)
- B. **Name of program contact person:** Nina Vazquez , Interim Program Director 860-225-4681 x 217
- C. **Name of fiscal contact person:** Joanne Humen, Finance Director 860-225-4681 x 243
- D. **Name of Need program will address:** Sexual violence effects one in three women and one in five men in the United States (US dept. of Justice 1995). Less than 1/3 of victims report the crime. Yet the impact of assault is devastating. Victims may suffer from: nightmares, depression, alcohol and drug addiction, self-harm or suicidal thoughts. Failure to obtain help may have long-lasting effect on someone's quality of life. Many individuals do not have the financial recourses or insurance to pay for many of the services provided free by the YWCA Sexual Assault Crisis Services.
- E. **Services to be provided:** The YWCA is seeking funding for its Sexual Assault Crisis Service for Vernon Resident's. The Sexual Assault Crisis Service provides free and confidential services to victim of sexual assault and their loved ones. Services include: 24 hour hotline in English and Spanish; short-term individual counseling; support groups; campus advocacy; accompaniment and advocacy throughout medical, police and court procedures; community prevention education; and a volunteer certification program. SACS continues to provide 2-3 hospital accompaniments to Rockville General Hospital yearly.
- F. **Projected unduplicated number of Vernon residents to be served: 19**
- |            |                   |             |
|------------|-------------------|-------------|
| Adults: 15 | Youth/Children: 4 | Families: 3 |
|------------|-------------------|-------------|
- Actual unduplicated numbers of Vernon residents served in the past (3) fiscal years:**
- |            |            |                   |             |
|------------|------------|-------------------|-------------|
| FY 2011-12 | Adults: 12 | Youth/Children: 2 | Families: 0 |
| FY 2012-13 | Adults: 5  | Youth/Children: 2 | Families: 1 |
| FY 2013-14 | Adults: 10 | Youth/Children: 2 | Families: 0 |
- G. **How do Vernon residents access services?** Clients may call the state's toll free Sexual Assault Crisis Hotline. (1-888-999-5545)They will be connected to a certified sexual assault crisis counselor/advocate from the YWCA New Britain Sexual Assault Crisis Service who will provide needed services. Appointments with counselor advocates may be arranged at our Hartford office or advocate may meet with clients in Vernon if they prefer. Community prevention Education presentations are arranged with school and youth programs by the YWCA SACS Advocates.

Town Of Vernon Gran Application  
Fiscal Year July 1, 2015- June 30, 2016

**ATTACHMENT A**

**H. Budget Summary:**

Total Agency Budget:	\$ 4,329,902
Total Program Budget:	\$ 528,205
Total Board Fund-Raising:	\$ 2,000

**List revenue by source:** (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY: YWCA	PROGRAM: SACS
Federal	\$ 510,148	\$ 290,016
State	\$1,626,614	\$ 93,814
Municipal	\$ 8405	\$ 7,875
Foundation/Trusts	\$ 192,140	\$ 30,000
Contributions/Trustee	\$ 172,100	\$ 0
Miscellaneous/Fundraising	\$ 138,000	\$ 12,000
Program Fees	\$ 14,255,95	\$ 3,000
United Way	\$ 189,000	\$ 88,000
<b>Total:</b>	<b>\$4,261,702</b>	<b>\$ 524,705</b>

**I. What is the percentage increase in your Agency's expenses this year versus last year?**

Increased 2.72%

**J. What is the percentage increase in your Agency's revenue this year versus last year?**

Increased 2.72%

**K. What new revenue sources is your Agency Seeking this year?** This year the Sexual Assault Crisis Service is hosting a 5k run against violence fundraiser. We not only hoping to raise funds in a new way but also wish to raise awareness in the community.

**L. What other municipalities provide funding to your organization?**

Town	Amount
Town of Vernon	\$ 2,000.00
Town of Ellington	\$ 800.00
Town of Manchester	\$ 5,305.00
<b>Total</b>	<b>\$8,105.00</b>

With any questions pertaining to this form, please contact Marina Rodriguez, Tel: 860-870-3567/  
[mrodriguez@vernon-ct.gov](mailto:mrodriguez@vernon-ct.gov); or Alan Slobodien, Tel: 860-870-3558/ [aslobodien@vernon-ct.gov](mailto:aslobodien@vernon-ct.gov)

**Results Based accountability  
Town of Vernon**

**1. Develop a brief, defined, measurable Goal Statement for each program funded.**

Sexual Assault Crisis Service (SACS) offers comprehensive services to sexual assault survivors and the people in their lives. The Sexual Assault Crisis Services will provided services to 100% of Vernon resident that request services through:

- 24-hour/7days English and Spanish hotlines staffed by state certified counselors.
- Accompaniment and advocacy throughout medical, police and court procedures.
- Information, referrals and prevention education programs.
- Short term, individual counseling and support groups.
- All services are free and confidential.

**2. Answer the following three questions, as of this time. (No more than one page for each program.)**

**a. How much did you do?**

**a. # of Clients served: FY 13-14**

Total # of Clients	Gender	Age	Ethnicity	Services provided by SACS
13	All Female	0-18: 2 18-99: 11	Caucasian: 11 Hispanic: 2	Crisis Hotline: 13 Hospital Accompaniment: 6 Police Accompaniments: 3 Court Accompaniments: 1 Info. & Referral by phone: 13 Info. & Referral in person: 6 DCF Referrals: 2

**b. # of staff hours used: FY 13-14,** 100 units of service were provided to Vernon resident by the Sexual Assault Crisis Service (SACS). One unit of service is equal to fifteen minutes. It is important to note that our crisis hotline is available to Vernon residents 24 hours a day 7 days a week. The crisis hotline is operated by state certified sexual assault crisis counselor advocates.

**b. How well did you do it?**

SACS is the only state certified agency proving services to Vernon residence sexual assault survivors and their loved ones. See attached client feedback surveys, results indicated below.

**c. How were the clients better off?**

After seeking support services clients indicate that they have higher self-esteem and feel empowered. 100% of survey respondents indicated the group helped them learn to talk about their thoughts and feelings.

Individual survey comments included:

- [The purpose of this group is] "to build esteem and let us know it's okay to talk." "To help us get through our problems and be more talkative about our problems to others. "To help girls become more confident and teach them how to handle a crisis."
- [Changes in my life since participating in this group] "I've talked more about my feelings and important things." "Not being angry all the time over the littlest stuff." "Being more open to my family." "I learned to change my attitude and how to talk to my parents."

By utilizing the hotline and accompaniment services clients felt they were supported and felt they were not alone. Clients who utilized services were able to regain a sense of control over their lives.

# Client Feedback Survey

Please answer the following questions from 1 (Not at all) to 4 (Very Much So) by marking the box with an "X". This form is machine readable.

Not At All ..... Very Much So

1	2	3	4	N/A
---	---	---	---	-----

**I feel my counselor or group facilitator:**

- |   |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1.) Is sympathetic to what I'm going through. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.) Helped me to understand and/or manage my feelings. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.) Helped me understand the effects of trauma and provided me with information about resources, options and services available to me ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.) Provided me with information or resources to help keep me (and/or my family) safe. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.) Helped me to understand the criminal justice process (if applicable) ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.) Explained to me how to access appropriate medical care (if applicable) ...  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7.) Provided me information about the Victims Compensation Program .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Questions About SACS Agency**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8.) If someone I know needed services I would recommend this agency.....   | <input type="checkbox"/> |
| 9.) I (or my family members) feel I (we) have benefited from the services received .....   | <input type="checkbox"/> |
| 10.) Participating in group has increased my knowledge of abuse trauma and recovery, and I feel supported and connected with the group ..... | <input type="checkbox"/> |

**When I think about what I expected when I came here for services:**

- |  |  |
|--|--|
| <input type="checkbox"/> It has exceeded my expectations | <input type="checkbox"/> It has met some of my expectations        |
| <input type="checkbox"/> It has met my expectations      | <input type="checkbox"/> It has met few or none of my expectations |

**Notes or Comments:** *(Please write clearly with one letter per space.)*

.....

.....

.....

.....

BPT  DAN  MER  MIL  NBH  STA  TOR  WAT  WIL

Staff Name:

Date:

Case #:

Time:  AM  PM

Hotline  Accompaniment  Individual  Group

3467241361197

**Hockanum Valley School Readiness**  
**Account Code #10456236**

<b>Department Summary:</b>							
<b>Account Code</b>	<b>Account Classification</b>	<b>Actual 2013-2014 Expended</b>	<b>Adopted 2014-2015 Budget</b>	<b>Department's 2015-2016 Request</b>	<b>Mayor's 2015-2016 Recommended</b>	<b>\$ Increase (Decrease)</b>	<b>% Increase (Decrease)</b>
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
<b>Total:</b>		<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ -</b>	<b>0.00%</b>
<b>Total Excluding Wages:</b>		<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ -</b>	<b>0.00%</b>

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY  
 DEPARTMENT - HOCK VALLEY SCHOOL READINESS

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
4,000	4,000	4,000	-	4,000	10456236	58700	GRANTS - HUMAN SERVICES	4,000	4,000
4,000	4,000	4,000	-	4,000		58000 SUB TOTAL	4,000	4,000	
4,000	4,000	4,000	-	4,000		DEPARTMENT TOTAL	4,000	4,000	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		<b>DEPARTMENT'S REQUEST</b>	<b>MAYOR'S RECOMMEND</b>	<b>TOWN COUNCIL APPROVED</b>
<b>10456236</b>	<b>HOCK VALLEY SCHOOL READINESS</b>			
<b>58700</b>	<b>GRANTS - HUMAN SERVICES</b>			
	TEACHER AIDE IN ONE FULL DAY SCHOOL READINESS PRESCHOOL CLASSROOM	4,000	4,000	
	<b>Total Object</b>	<b>4,000</b>	<b>4,000</b>	
<b>Grand Total</b>	<b>10456236 HOCK VALLEY SCHOOL READINESS</b>	<b>4,000</b>	<b>4,000</b>	

**ATTACHMENT A**

**Program Description**

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

A. Program Title: Hockanum Valley Child Day Care Center

B. Name of program contact person: Bruce A. Blair Director  
 Name Title  
 Tel #: 860-872-9676

C. Name of fiscal contact person: Same  
 Name Title  
 Tel #: \_\_\_\_\_

D. Statement of Need program will address: Full day child care and preschool school readiness education services are provided to Vernon residents, with emphasis on low income working families and families other-wise in need. The program is NAEYC accredited to ensure high quality and fees are base on a sliding scale to ensure affordability

E. Services to be provided: All day child care services with the state's approved school readiness curriculum implemented by qualified staff to give children and families strong preparation to transition to kindergarten and succeed in school.

F. Projected **unduplicated** number of Vernon residents to be served:

Adults: 50 Youth/Children: 30 Families: 30

Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:

FY 2012-13	Adults: <u>64</u>	Youth/Children: <u>40</u>	Families: <u>38</u>
FY 2013-14	Adults: <u>62</u>	Youth/Children: <u>42</u>	Families: <u>38</u>
FY 2014-15	Adults: <u>19</u>	Youth/Children: <u>28</u>	Families: <u>27</u>

G. How do Vernon residents access services?: Referrals are made from the extensive membership of the Vernon School Readiness Council and the Vernon Board of Education, the CT DCF, and extensive word of mouth. Advertised in JI

H. Budget Summary:

Total Agency Budget:	\$	<u>509,508</u>	
Total Program Budget:	\$	<u>509,508</u>	
Total Board Fund-Raising:	\$	<u>2,000</u>	

**ATTACHMENT A**

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
State Grants, Town of Vernon	\$ \$322,137	\$ \$322,137
Fundraising	\$ \$3,868	\$ \$3,868
Parent fees	\$ \$156,756	\$ \$156,756
Interest	\$ \$106	\$ \$106
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total:</b>	<b>\$ \$482,869</b>	<b>\$ \$482,869</b>

I. What is the percentage increase in your Agency's expenses this year versus last year? 5.00% %

J. What is the percentage increase in your Agency's revenue this year versus last year? -25.00% %

K. What new sources of revenue is your Agency seeking this year?  
 We no longer accept funds from CT OEC's community child care grants, only School Readiness Funds. We have streamlined services and overhead as the state begins to shift support from community to public school preschool. We are in discussion with the Vernon BOE to partner with them on the new federal Smart Start funds coming to the BOE to provide preschool services in the future.

L. What other municipalities provide funding to your organization?

Town	Amount
NA	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total:</b>	\$

Hockanum Valley Child Day Care Center, Inc  
NAEYC #291068

Bruce A. Blair, Executive Director

695 Hartford Turnpike

Vernon, CT 06066

Phone: 860-872-9676

Fax: 860-872-0698

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November 17, 2014

Marina C Rodriguez, AICP  
Vernon Social Services  
14 Park Place  
Vernon, CT 06066

Dear Ms. Rodriguez:

Thank you for your update on RBA requirements and our apologies to the Commission if we have been unclear. HVCDC is accredited by the National Association for the Education of Young Children (NAEYC). This is a high standard credential which is required for programs like ours to bring in state funding to Vernon and serves as an equivalent for RBA documentation for state funded early childhood programs.

As you may know, HVCDC has been meeting these standards, which include high level accountability requirements, and drawing down substantial state funds other than just school readiness dollars for many years. And, as the Vernon's fiduciary for the town's Graustein Memorial Fund Discovery Grant since its inception, we are also familiar with RBA practices.

I have attached the most recent NAEYC family survey data results for Hockanum Valley, along with a survey copy. I hope this will be satisfactory. Longitudinal studies for the state's school readiness

initiative have been commissioned by several CT communities during the last few years with positive results (Dr. Walter Gilliam, Yale) However, Vernon has not invested in gathering this data as of this time.

I am also attaching the latest NAEYC reaccreditation award notice for this program, which includes specific program findings for our latest year long accreditation process. Results from national studies indicate that children who attend accredited preschools get better test scores and grades in school later on, also have better attendance and are less likely to be incarcerated or become pregnant, etc. It was these documented results which caused Connecticut to make NAEYC accreditation the central component of its landmark school readiness initiative legislation in 1997.

Please let me know if this documentation is sufficient and whether we will be able to draw down the funds, which are an important part of our operating budget for staff. If there is anything else we can do please advise us and again, we apologize for not providing clearer and more detailed information to you initially.

Sincerely,

*Bruce A. Blair*

Bruce A. Blair

CC: File, Executive Director, Board



### Spreadsheet for Family Survey Results during Self-Assessment

*Instructions for Use: Enter the number of "Yes", "No", "DK" (Don't Know) and "NA" (Not Applicable) responses for each question, as well as the number of surveys with no response for a question (blanks). The spread sheet calculates the total for each question; the "Total" cell turns red if your numbers add up to more than or fewer than the "Number of Staff Surveys Returned" above. The spread sheet also calculates the percentage of each response for each question. Blanks (not answering a particular question) are treated like "DK" responses; both are considered a negative response. When "NA" is a possible response, the number of NAs is deducted from the total number of surveys returned before the other percentages are calculated.*

*Relating Survey Responses to Criterion Ratings. In Excel, click on the tab called "Scores for Criteria" at the bottom of this worksheet to see the survey scores by criterion and the overall pass rate for the survey. To move back to this "Overall Responses" worksheet, click on that tab below.*

<b>Program Name:</b>		Hockanum Valley Child Care Center Inc					<b>NAEYC Program ID #</b>		291068		
<b>Number of Family Surveys Distributed</b>		34		<i>Surveys should be distributed to all families enrolled in the program.</i>			<b>Percent of Surveys Returned</b>		53%		<i>For results to count, at least 50% of all the surveys must be returned.</i>
<b>Number of Family Surveys Returned</b>		18		<i>This number is used as the denominator in all percent calculations below.</i>			<b>Last Date for Survey Return</b>		03/10/14		<i>Surveys should be completed within a year of the candidacy due date.</i>
Survey Question	Number "Yes"	Number "No"	Number "DK"	Number "NA"	Number blank	Total, each question	Percent Yes	Percent No	Percent DK or blank	Related Criteria	
Q.1	18	0	0		0	18	100%	0%	0%	1.A.01; 3.B.03; 7.A.01; 7.A.06	
Q.2	18	0	0		0	18	100%	0%	0%	3.B.02; 3.B.03; 3.B.05; 3.G.06; 6.A.02	
Q.3	18	0	0		0	18	100%	0%	0%	1.A.03; 3.G.06; 4.E.02	
Q.4	18	0	0		0	18	100%	0%	0%	7.B.05; 7.B.06	
Q.5.a	16	2	0		0	18	89%	11%	0%	7.A.09	Combined total used to rate 7.A.05 and 7.A.06
Q.5.b	18	0	0		0	18	100%	0%	0%	1.A.05	
Q.5.c	18	0	0		0	18	100%	0%	0%	10.D.06	
Q.6	18	0	0		0	18	100%	0%	0%	7.B.02	
Q.7	18	0	0		0	18	100%	0%	0%	1.A.02; 2.A.04; 3.B.01; 3.G.06; 4.E.01; 7.A.02; 7.A.03; 7.A.08	
Q.8	0	1	0	17	0	18	0%	100%	0%	2.D.01, 2.D.02, 3.F.05	
Q.9	18	0	0		0	18	100%	0%	0%	3.F.06	

Survey Question	Number "Yes"	Number "No"	Number "DK"	Number "NA"	Number blank	Total, each question	Percent Yes	Percent No	Percent DK or blank	Related Criteria
Q.10	18	0	0		0	18	100%	0%	0%	3.F.03; 7.C.02; 7.C.04
Q.11	18	0	0		0	18	100%	0%	0%	2.A.04; 4.E.03; 4.E.04; 4.E.06; 7.B.03
Q.12	15	2	1		0	18	83%	11%	6%	4.E.07
Q.13	17	0	1		0	18	94%	0%	6%	4.E.02
Q.14	18	0	0		0	18	100%	0%	0%	4.E.05; 7.B.04
Q.15	16	0	0	2	0	18	100%	0%	0%	1.E.01; 3.B.12; 7.A.10; 7.C.03
Q.16	13	1	4		0	18	72%	6%	22%	7.A.12
Q.17	13	2	3		0	18	72%	11%	17%	7.A.07; 7.A.11; 7.A.13; 7.A.14; 7.C.01; 10.F.04
Q.18	0	0	0	17	1	18	0%	0%	100%	7.B.01
Q.19	14	1	3		0	18	78%	6%	17%	7.A.05; 7.C.05; 8.A.01; 8.A.03; 8.A.05; 8.B.03
Q.20	14	2	0	2	0	18	88%	13%	0%	7.C.06; 7.C.07
Q.21	13	2	3		0	18	72%	11%	17%	10.F.02
Q.22	18	0	0		0	18	100%	0%	0%	10.A.07; 7.A.01
Q.23	17	0	1	0	0	18	94%	0%	6%	5.B.09; 9.A.15
Q.24	2	0	0	16	0	18	100%	0%	0%	5.B.04; 5.B.08

For each question / row, these 3 columns should add up to 100%.

**Please describe how you made sure that all families had the opportunity to complete this survey:**

Copies of the survey with a cover sheet about the surveys and accreditation was placed in the mailbox of each family. Teachers spoke with as many parents as possible to give reminders and encouragement, answer questions.

**Please describe how you made sure that families were provided confidential means of responding to the survey:**

There was a marked box with a top in the office for parents to deliver the survey to .



**Expanded Family Survey (no infant)**  
**For use in Step 1: Enrollment/Self-Study Only**  
 Page 1 of 5

Name of Program \_\_\_\_\_

is collecting information about how well we are meeting the needs of children and families, based on nationally recognized standards and criteria developed by the National Association for the Education of Young Children (NAEYC). Please answer the following questions by circling the best response and adding comments, especially if you answer "Yes, but" or "No, but." You do not need to put your name on this form. Please return it in the enclosed envelope by \_\_\_\_\_ (date).

<b>RELATIONSHIPS</b>	
1. I feel that I have regular contact and communication with my child's teacher and that we value and use each other's input about the care of my child.	Yes   Yes, but      No    No, but  Don't know
2. My child's teacher talks to me regularly about the interests and needs of my child both at home and at school.	Yes   Yes, but      No    No, but  Don't know
3. I know the rules and expectations for my child's classroom.	Yes   Yes, but      No    No, but  Don't know
4. My child's teacher asks me about my family background and my beliefs.	Yes   Yes, but      No    No, but  Don't know
5. The program staff help me and my child move smoothly between home and school.	Yes   Yes, but      No    No, but  Don't know
6. <i>For families with children with special needs only:</i> The program staff works with me to develop plans to support my child's full inclusion.	Yes   Yes, but      No    No, but  Don't know              Not applicable
Comments:	
<b>CURRICULUM</b>	
1. The program staff use information about my family background and beliefs to make my child's learning experiences more meaningful.	Yes   Yes, but      No    No, but  Don't know
2. The program takes into account my child's home language when working on literacy and provides my child opportunities to learn in a language they are comfortable with.	Yes   Yes, but      No    No, but  Don't know              Not applicable
Comments:	



**Expanded Family Survey (no infant)**  
**For use in Step 1: Enrollment/Self-Study *Only***  
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<b>TEACHING</b>				
1. I regularly have the opportunity to participate in classroom activities and events.	Yes	Yes, but	No	No, but
	Don't know			
2. When I disagree with how a teacher works with my child, I feel that I can have a good conversation with him or her and develop mutually satisfying decisions.	Yes	Yes, but	No	No, but
	Don't know			
Comments:				
<b>ASSESSMENT</b>				
1. The program staff told me about the assessment process they use. I know about and understand the following				
a. the instruments they use	Yes	Yes, but	No	No, but
	Don't know			
b. the procedures	Yes	Yes, but	No	No, but
	Don't know			
c. the use of the results	Yes	Yes, but	No	No, but
	Don't know			
d. how they keep my child's progress confidential.	Yes	Yes, but	No	No, but
	Don't know			
2. Program staff communicate with me about my child's assessments in language I understand and in a manner that is respectful to my cultural identity.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
3. I was or will be included in developing the assessment plan for my child.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
4. My child's teacher talks with me regularly about how my child is doing at home and at school.	Yes	Yes, but	No	No, but
	Don't know			
5. I receive written reports about my child at least twice a year. (4.E.02)	Yes	Yes, but	No	No, but
	Don't know			
Comments:				



**Expanded Family Survey (no infant)**  
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<b>HEALTH</b>				
1. Program staff let me know when there are contagious diseases in the program.	Yes	Yes, but	No	No, but
	Don't know			
2. <i>For families who send food to school only:</i> I am aware of the nutritional requirements for sending food along with my child to school.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
4. <i>For families with children with allergies or special nutritional needs only:</i> Program staff is aware of my child's special health needs and carefully provides for them.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
Comments:				
<b>FAMILIES</b>				
1. I am provided with information about the following:				
a. the program philosophy and goals	Yes	Yes, but	No	No, but
	Don't know			
b. program rules and expectations	Yes	Yes, but	No	No, but
	Don't know			
c. program events	Yes	Yes, but	No	No, but
	Don't know			
d. community activities	Yes	Yes, but	No	No, but
	Don't know			
e. available community support	Yes	Yes, but	No	No, but
	Don't know			
f. child assessment plans	Yes	Yes, but	No	No, but
	Don't know			
2. I am provided written materials (including this survey) in a language I understand.	Yes	Yes, but	No	No, but
	Don't know			
3. The program has the resources and ability to help me obtain the services I need for my child and family.	Yes	Yes, but	No	No, but
	Don't know			
4. Information that I provide about my child's skills, interests, and needs is incorporated into classroom interactions and activities.	Yes	Yes, but	No	No, but
	Don't know			



**Expanded Family Survey (no infant)**  
**For use in Step 1: Enrollment/Self-Study Only**  
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5. The program gives me opportunities to work with other families.	Yes	Yes, but	No	No, but
	Don't know			
6. I have the opportunity to help plan program events.	Yes	Yes, but	No	No, but
	Don't know			
7. Program staff and I informally share information about my child on at least a weekly basis.	Yes	Yes, but	No	No, but
	Don't know			
8. The program staff helps me know about and use community resources.	Yes	Yes, but	No	No, but
	Don't know			
9. I believe I have a good relationship with the staff at my child's program.	Yes	Yes, but	No	No, but
	Don't know			
10. I am aware of many opportunities to volunteer at my child's program.	Yes	Yes, but	No	No, but
	Don't know			
11. The program asks me for my input about the program in many different ways, both verbally and written.	Yes	Yes, but	No	No, but
	Don't know			
12. I am encouraged by the program staff to take on leadership roles in the program.	Yes	Yes, but	No	No, but
	Don't know			
13. The program provides a translator when needed.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
14. When program staff have had a concern about my child and his or her development, they have communicated this concern to me with sensitivity and respect and in private. I have received this information in writing, with thorough explanations and suggestions about how to proceed.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
15. If problems arise in my interactions with teaching staff, they are good about working to solve these problems and do so in language I understand.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
Comments:				
<b>COMMUNITY RELATIONSHIPS</b>				
1. Program staff have been able to provide me with special services for my child's special needs.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	



**Expanded Family Survey (no infant)**  
**For use in Step 1: Enrollment/Self-Study Only**

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2. Staff are good about informing me about special events in the community that may be of interest to my family.	Yes	Yes, but	No	No, but
	Don't know			
3. I work with program staff members on community projects.	Yes	Yes, but	No	No, but
	Don't know			
Comments:				
<b>LEADERSHIP AND MANAGEMENT</b>				
1. The program administrator seems to keep up to date in the field and provides competitive, high-quality services.	Yes	Yes, but	No	No, but
	Don't know			
2. I generally feel respected by the program staff and that my contributions are valued.	Yes	Yes, but	No	No, but
	Don't know			
3. I am familiar with the program's procedures for dropping off and picking up my child. Program staff and I use this time to communicate about my child.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
4. I have been or will be included in a yearly program evaluation.	Yes	Yes, but	No	No, but
	Don't know			
5. When a program evaluation is completed, I am given a final report of the findings.	Yes	Yes, but	No	No, but
	Don't know			
6. I feel like I have a voice in planning for program improvement.	Yes	Yes, but	No	No, but
	Don't know			
Comments:				

*Thank you for completing this survey! Working together, we can make this program an even better place for children to grow and learn.*

*If you are interested in more information about NAEYC Accreditation, please visit the Web site: [www.rightchoiceforkids.org](http://www.rightchoiceforkids.org)*



**NAEYC Academy for Early Childhood Program Accreditation**

1313 L Street NW, Suite 500, Washington, DC 20005-4101 202-232-8777 800-424-2460  
Fax 202-232-1720 [www.naeyc.org/accreditation](http://www.naeyc.org/accreditation) [www.rightchoiceforkids.org](http://www.rightchoiceforkids.org)

October 23, 2013

Bruce A. Blair, Executive Director  
Hockanum Valley Child Day Care Center, Inc. (291068)  
695 Hartford Turnpike  
Vernon, CT 06066

Dear Bruce A. Blair,

**Congratulations!** Your program has achieved a new, five-year term of NAEYC Accreditation by successfully completing the renewal process. The administration, teaching staff, and families of **Hockanum Valley Child Day Care Center, Inc.** are all to be congratulated for continuing to uphold the mark of quality represented by the NAEYC Accreditation system. On behalf of NAEYC, and specifically the NAEYC Academy for Early Childhood Program Accreditation, I commend your program's outstanding efforts in renewing NAEYC Accreditation.

This letter includes information about your program's new term of NAEYC Accreditation as well as information about publicizing your accredited status. Attached to this letter you will find the Accreditation Decision Report that includes a summary of scores for each of the ten NAEYC Early Childhood Program Standards and suggestions for ongoing improvement by topic area based on the data collected during the site visit for use in your annual report.

**TERM OF NAEYC ACCREDITATION**

Your new term of NAEYC Accreditation will begin on October 21, 2013 and is valid until March 01, 2019.

To maintain NAEYC Accreditation, your program is required to maintain compliance with the NAEYC Early Childhood Program Standards and Accreditation Criteria. Additionally all NAEYC Accredited programs are:

- Required to file an Annual Report and applicable fees on the 1st, 2nd, 3rd, and 4th anniversary of the above Accreditation date;
- Required to report any potential required criteria violations within 72 hours of the incident or event;
- Required to report program altering changes to the NAEYC Academy within 30 days of the change;
- Eligible to be randomly selected for an unannounced site visit;
- Required to respond to formal complaints and adhere to NAEYC's Complaint Policies and Procedures; and
- Required to agree to additional verification upon request.

Please visit our website at <http://www.naeyc.org/academy> and your program record at <http://program.naeyc.org> for complete information and details on new policies, procedures and any announcements related to your NAEYC Accreditation.

## NAEYC Academy for Early Childhood Program Accreditation

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### PUBLICIZING NAEYC ACCREDITATION

The following information will be mailed to you in the coming weeks. This information will assist you in publicizing your program's continued NAEYC-Accredited status and understanding requirements and fees associated with your program's new term of NAEYC Accreditation.

- A new NAEYC Accreditation Certificate for public display.
- Flyers for parents, describing what NAEYC Accreditation means (in sufficient quantity for your enrollment for the next 5 years).
- "NAEYC-Accredited Program" ribbons for you and your staff members to attach to a name badge when you attend conferences or public meetings.
- Samples of "NAEYC Accreditation: The Right Choice for Kids" brochures in English.
- "NAEYC Accreditation Resources Catalogue" to use to purchase additional materials to promote your program's NAEYC Accreditation.
- "Maintaining NAEYC Accreditation" flyer to remind you how to maintain your program's new term of NAEYC Accreditation.
- "NAEYC Accreditation Fees" flyer to explain the fee structure that will apply to your program's new term of NAEYC Accreditation.

Note that the camera ready logo and other electronic versions of accreditation resources are still posted in your program record as <http://program.naeyc.org/>.

Thank you for your continued commitment to program quality improvement through NAEYC Accreditation. Working together, we can improve the lives of children and families across the nation by building public recognition and support for NAEYC Accreditation, the mark of quality in early childhood education. We look forward to continuing to work with you throughout your new accreditation term in a process of continuous improvement, the hallmark of any accreditation system.

If you have any questions about this report, please contact us at 800-424-2460, select Option 3, followed by Option 1. You may also e-mail us at [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org).

Sincerely,  
NAEYC Academy for Early Childhood Program Accreditation

cc: Sandra L. Blair (via e-mail)

## NAEYC Academy for Early Childhood Program Accreditation

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### NAEYC ACCREDITATION DECISION REPORT

#### Format of the Report

**Summary:** This table shows your program's scores\* for 1) each of the ten Program Standards, 2) each group observed during the site visit, 3) all required criteria, and 4) all Candidacy requirements. It also includes brief feedback on your Program Portfolio and Classroom Portfolio(s). To achieve NAEYC Accreditation, a program MUST:

- meet all Required Criteria; and
- meet at least 80% of assessed criteria for each program standard; and
- meet at least 70% of assessed criteria for each classroom/group observed; and
- continue to meet Candidacy requirements or be subject to further verification.

**Commendations:** This section contains Program Standards which received a score of 100%.

**Areas For Ongoing Improvement By Program Standard:** This section contains the Program Standards which met or exceeded the NAEYC Accreditation threshold of 80%. These contain topic areas for ongoing improvement.

**NAEYC Academy for Early Childhood Program Accreditation**

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**Summary**

<u>Percentage of Met Criteria By Program Standard</u>		<u>Percentage of Met Criteria For Each Classroom Observed</u>	
1.	Relationships	100%	Ms Heather's Class 98%
2.	Curriculum	86%	Ms Kellie's Class 96%
3.	Teaching	100%	
4.	Assessment	100+*	
5.	Health	100+*	
6.	Teachers	100+*	
7.	Families	100%*	
8.	Community Relationships	100+*	
9.	Physical Environment	100%	
10.	Leadership and Management	100+*	

Summary of Required Criteria

Candidacy Requirements

1.B.09	PASS	Administrator Qualifications	MET
3.C.04	PASS	Assistant Teacher Qualifications	MET
5.A.03	PASS	Collaboration	MET
10.A.02	PASS	License/License Exempt Status	MET
10.B.04	PASS	Teacher Qualifications	MET

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\* Score includes credit given for meeting Emerging Criteria. Please note that even if your program scored 100% or better on a particular Program Standard, there still may be topic areas reported for ongoing improvements. This can occur because Emerging Criteria are given extra credit when scoring. Therefore, there could be unmet criteria in a particular topic area although the credit given for meeting the emerging criteria raised the Program Standard score to 100% or more

## NAEYC Academy for Early Childhood Program Accreditation

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### Summary Continued

#### Program Portfolio Feedback

The NAEYC Academy commends your program for creating a Program Portfolio that thoroughly documents how the program's policies and procedures meet the NAEYC Accreditation Criteria assessed.

#### Classroom Portfolio(s) Feedback

The NAEYC Academy notes that your Classroom Portfolio (s) offers adequate evidence for most of the NAEYC Accreditation Criteria assessed. However, it is recommended that your program further develop this source of evidence with additional documentation that is clearly described, labeled, and organized.

## NAEYC Academy for Early Childhood Program Accreditation

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### COMMENDATIONS

#### **1. Relationships**

The NAEYC Academy commends your program for promoting positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

#### **3. Teaching**

The Academy commends your program for using developmentally, culturally and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's curriculum goals.

#### **4. Assessment**

The NAEYC Academy commends your program for using ongoing, systematic, formal and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.

#### **5. Health**

The NAEYC Academy commends your program for promoting the nutrition and health of children and protecting children and staff from illness and injury.

#### **6. Teachers**

The NAEYC Academy commends your program for employing and supporting a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.

#### **7. Families**

The NAEYC Academy commends your program for the high level of compliance with this component. Recognizing the importance of a reciprocal relationship between families and programs is essential to ensure that programs are meeting the needs of the children and families that the program serves.

#### **8. Community Relationships**

The NAEYC Academy commends your program for effectively establishing and maintaining reciprocal relationships with agencies and institutions that can support it in achieving its goals for the curriculum, health promotion, children's transitions, inclusion, and diversity.

#### **9. Physical Environment**

The NAEYC Academy commends your program for creating an environment, both indoors and outdoors that fosters the growth and development of the children.

#### **10. Leadership and Management**

The NAEYC Academy commends your program for administering a program efficiently and effectively, ensuring that all involved persons, staff, children, and families are included. The way in which a program is administered will affect all the interactions within the program.

## NAEYC Academy for Early Childhood Program Accreditation

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### AREAS FOR ONGOING IMPROVEMENT BY PROGRAM STANDARD

#### 2. Curriculum

The NAEYC Academy commends your program for implementing a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language and cognitive.

A curriculum that draws on research assists teachers in identifying important concepts and skills as well as effective methods for fostering children's learning and development. When informed by teachers' knowledge of individual children, a well-articulated curriculum guides teachers so they can plan learning experiences that foster children's growth across a broad range of developmental and content areas. A curriculum also helps ensure that the teacher is intentional in planning a daily schedule that (a) maximizes children's acquisition of desired knowledge and skills through the effective use of time and materials and (b) offers opportunities for children to learn through play and structured activities individually and in groups according to their developmental needs and interests.

#### **Topic areas for ongoing improvement:**

- 2.K Curriculum Content Area for Cognitive Development: Health and Safety
- 2.L Curriculum Content Area for Cognitive Development: Social Studies

**Social Services Administration**  
Account Code #10456240

**Narrative:**

The Department's mission is to promote the social well-being of the community, self-sufficiency and improve the quality of life for Vernon residents.

**Major Objectives:**

- \* Provide programs for residents such as Energy Assistance, Renter's Rebate, Volunteer Income Tax Assistance, Camperships, limited emergency assistance, benefits counseling, crisis intervention and case management, information and referral, and Housing Rehabilitation.
- \* Manage State of Connecticut and Vernon Human Services grants.
- \* Staff liaison for the Human Services Advisory Commission

**Department Summary:**

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Mayor's 2015-2016 Recommended	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	\$ 229,451	\$ 244,444	\$ 253,268	\$ 251,339	\$ 6,895	2.82%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	120	120	120	-	0.00%
54000	Property Services	-	2,287	2,287	2,287	-	0.00%
55000	Other Purchased Services	1,337	1,640	1,640	1,640	-	0.00%
56000	Supplies & Materials	863	1,725	1,725	1,725	-	0.00%
57000	Capital Outlay	160	-	-	-	-	0.00%
58000	Other/Sundry	-	7,500	7,500	7,500	-	0.00%
	<b>Total:</b>	<b>\$ 231,811</b>	<b>\$ 257,716</b>	<b>\$ 266,540</b>	<b>\$ 264,611</b>	<b>\$ 6,895</b>	<b>2.68%</b>
	<b>Total Excluding Wages:</b>	<b>\$ 2,360</b>	<b>\$ 13,272</b>	<b>\$ 13,272</b>	<b>\$ 13,272</b>	<b>\$ -</b>	<b>0.00%</b>

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
222,062	244,244	244,244	121,565	244,244	10456240	51010	REGULAR WAGES	253,068	251,139	
-	-	-	-	-	10456240	51016	TEMPORARY/ACTING DIFFEREN	-	-	
-	-	-	-	-	10456240	51020	OVERTIME WAGES	-	-	
-	-	-	-	200	10456240	51030	PART-TIME WAGES	-	-	
200	200	200	200	-	10456240	51060	LONGEVITY	200	200	
-	-	-	-	-	10456240	51078	HIRING INCENTIVE/SIGNING BOI	-	-	
5,985	-	-	-	-	10456240	51080	COMPENSATED ABSENCES - SIK	-	-	
1,204	-	-	-	-	10456240	51081	COMPENSATED ABSENCES-VAC	-	-	
-	-	-	-	-	10456240	51083	EMPLOYEE MERIT PAY	-	-	
<b>229,451</b>	<b>244,444</b>	<b>244,444</b>	<b>121,765</b>	<b>244,444</b>			<b>51000 SUB TOTAL</b>	<b>253,268</b>	<b>251,339</b>	
-	120	120	-	120	10456240	53800	OTHER FEES	120	120	
-	<b>120</b>	<b>120</b>	-	<b>120</b>			<b>53000 SUB TOTAL</b>	<b>120</b>	<b>120</b>	
-	175	175	-	175	10456240	54320	MACHINERY & EQUIPMENT REP	175	175	
-	-	-	-	-	10456240	54330	MAINTENANCE OFFICE EQUIPM	-	-	
-	-	-	-	-	10456240	54445	RENTAL - MOVING EXPENSES	-	-	
-	-	-	-	-	10456240	54460	RENTAL OF LAND/BUILDINGS	-	-	
-	2,112	6,324	-	2,112	10456240	54490	COPIER RENTAL/LEASE	2,112	2,112	
-	<b>2,287</b>	<b>6,499</b>	-	<b>2,287</b>			<b>54000 SUB TOTAL</b>	<b>2,287</b>	<b>2,287</b>	

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

2013-2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015					DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
537	890	890	-	890	10456240	55010	MILEAGE	890	890	
170	-	-	40	-	10456240	55320	COMMUNICATION RENTALS	90	90	
-	-	-	-	-	10456240	55340	INTERNET ACCOUNT	-	-	
35	150	150	-	150	10456240	55500	PRINTING & BINDING	150	150	
595	600	600	185	600	10456240	55650	CONFERENCE FEES & MEMBER	510	510	
-	-	-	-	-	10456240	55660	SUBSCRIPTIONS & MANUALS	-	-	
-	-	-	-	-	10456240	55760	GENERAL ASSISTANCE	-	-	
-	-	-	-	-	10456240	55761	WORKFARE ADMINISTRATION	-	-	
-	-	-	-	-	10456240	55762	NON-REIMB. GENERAL ASSISTA	-	-	
-	-	-	-	-	10456240	55763	CLIENT RECOVERIES	-	-	
-	-	-	-	-	10456240	55764	EMPLOYABILITY PLAN ADMINIS	-	-	
-	-	-	-	-	10456240	55766	CEIP - CASH INCENTIVES	-	-	
-	-	-	-	-	10456240	55767	CEIP - TRANSPORT & INCIDENT,	-	-	
1,337	1,640	1,640	225	1,640			55000 SUB TOTAL	1,640	1,640	

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY  
 DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
374	575	949	310	575	10456240	56010	OFFICE SUPPLIES	575	575	
236	250	250	-	250	10456240	56020	ENVELOPES	250	250	
161	400	400	73	400	10456240	56030	STATIONERY AND PAPER	400	400	
91	500	500	91	500	10456240	56050	COMPUTER SUPPLIES	500	500	
-	-	-	-	-	10456240	56060	CALCULATORS	-	-	
-	-	-	-	-	10456240	56300	FOOD	-	-	
863	1,725	2,099	474	1,725			56000 SUB TOTAL	1,725	1,725	
-	-	-	-	-	10456240	57710	COMPUTER HARDWARE	-	-	
160	-	1,590	1,205	1,590	10456240	57810	OFFICE FURNITURE	-	-	
-	-	-	-	-	10456240	57829	OTHER OFFIC EQUIP & MACHINI	-	-	
160	-	1,590	1,205	1,590			57000 SUB TOTAL	-	-	
-	-	-	-	-	10456240	58700	GRANTS - HUMAN SERVICES	-	-	
-	7,500	10,000	-	7,500	10456240	58800	OTHR FINANCG USES-TRNSFE	7,500	7,500	
-	7,500	10,000	-	7,500			58000 SUB TOTAL	7,500	7,500	
231,811	257,716	266,392	123,669	259,306			DEPARTMENT TOTAL	266,540	264,611	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
<b>10456240</b>	<b>SOCIAL SERVICES ADMINISTRATION</b>			
<b>51010</b>	<b>REGULAR WAGES</b>			
	DIRECTOR UNION E4-8	86,517	86,517	
	SOCIAL WORKER UNION E2-7	65,132	65,132	
	SOCIAL WORKER UNION E2-2	56,714	54,784	
	ADMINISTRATIVE ASSISTANT N5-8	44,705	44,706	
	<b>Total Object</b>	<b>253,068</b>	<b>251,139</b>	
<b>51060</b>	<b>LONGEVITY</b>			
	ADMINISTRATIVE ASSISTANT	200	200	
	<b>Total Object</b>	<b>200</b>	<b>200</b>	
<b>53800</b>	<b>OTHER FEES</b>			
	NOTARY FEES	120	120	
	<b>Total Object</b>	<b>120</b>	<b>120</b>	
<b>54320</b>	<b>MACHINERY &amp; EQUIPMENT REPAIRS</b>			
	REPAIR MACHINERY AND EQUIPMENT	175	175	
	<b>Total Object</b>	<b>175</b>	<b>175</b>	
<b>54490</b>	<b>COPIER RENTAL/LEASE</b>			
	COPIER RENTALS	2,112	2,112	
	<b>Total Object</b>	<b>2,112</b>	<b>2,112</b>	
<b>55010</b>	<b>MILEAGE</b>			
	MILEAGE	890	890	
	<b>Total Object</b>	<b>890</b>	<b>890</b>	
<b>55320</b>	<b>COMMUNICATION RENTALS</b>			
		90	90	
	<b>Total Object</b>	<b>90</b>	<b>90</b>	
<b>55500</b>	<b>PRINTING &amp; BINDING</b>			
	PRINTING AND BINDING	150	150	
	<b>Total Object</b>	<b>150</b>	<b>150</b>	
<b>55650</b>	<b>CONFERENCE FEES &amp; MEMBERSHIP</b>			
	CONFERENCE FEES AND MEMBERSHIP	510	510	
	<b>Total Object</b>	<b>510</b>	<b>510</b>	
<b>56010</b>	<b>OFFICE SUPPLIES</b>			
	OFFICE SUPPLIES	575	575	
	<b>Total Object</b>	<b>575</b>	<b>575</b>	
<b>56020</b>	<b>ENVELOPES</b>			
	ENVELOPES	250	250	
	<b>Total Object</b>	<b>250</b>	<b>250</b>	
<b>56030</b>	<b>STATIONERY AND PAPER</b>			
	STATIONERY AND PAPER	400	400	
	<b>Total Object</b>	<b>400</b>	<b>400</b>	
<b>56050</b>	<b>COMPUTER SUPPLIES</b>			
	COMPUTER SUPPLIES	500	500	
	<b>Total Object</b>	<b>500</b>	<b>500</b>	
<b>58800</b>	<b>OTHR FINANCNG USES-TRNSFER OUT</b>			
	TRANSFER OUT-SPECIAL FUND	7,500	7,500	
	<b>Total Object</b>	<b>7,500</b>	<b>7,500</b>	

TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
Grand Total	10456240	SOCIAL SERVICES ADMINISTRATION	<u>266,540</u>	<u>264,611</u>	<u>          </u>

**Youth Services**  
Account Code #10456241

**Narrative:**

Vernon Youth Services Bureau is a community-based municipal department dedicated to providing information and referral, prevention, intervention and crisis intervention services to Vernon youth and their families. A major goal of Vernon Youth Services Bureau is to coordinate both state and local resources for youth that includes but is not limited to: intervention services, juvenile justice diversion programs, substance abuse counseling, mental health services, Birth to Eight services and other services as requested. Core programming of the bureau includes: Peer to peer programs, after-school programs and a variety of prevention programs operated within the context of multi-agency collaborations. The YSB Administrative Core Unit functions are defined under state statute sec. 10-19m-2(3) that states: A Bureau shall perform the 5 ACU functions of: Administration and Management; Research and Needs Assessment; Community Involvement; Advocacy and Resource Development.

**Major Objectives:**

- \* Continue to increase regular school attendance in the elementary schools via the Truancy Intervention Program. Provide high quality after school programming. Oversee summer nutrition program.
- \* Provide crisis intervention, early intervention and prevention services to Rockville High School students via the YSB office at RHS.
- \* Coordinate services to youth and families per state statute via partnerships and collaborative efforts that includes the Vernon Community Network and work of the Community Plan for Children Birth to Eighteen.

**Department Summary:**

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Mayor's 2015-2016 Recommended	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 210,681	\$ 203,044	\$ 207,097	\$ 193,772	\$ (9,272)	-4.57%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	3,156	3,158	3,158	3,158	-	0.00%
54000	Property Services	14,238	14,238	14,238	14,238	-	0.00%
55000	Other Purchased Services	944	1,245	1,245	1,245	-	0.00%
56000	Supplies & Materials	866	1,150	1,150	1,150	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	-	-	-	-	-	0.00%
	<b>Total:</b>	<b>\$ 229,885</b>	<b>\$ 222,835</b>	<b>\$ 226,888</b>	<b>\$ 213,563</b>	<b>\$ (9,272)</b>	<b>-4.16%</b>
	<b>Total Excluding Wages:</b>	<b>\$ 19,204</b>	<b>\$ 19,791</b>	<b>\$ 19,791</b>	<b>\$ 19,791</b>	<b>\$ -</b>	<b>0.00%</b>

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - YOUTH SERVICES**

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
184,234	186,931	186,931	93,836	186,931	10456241	51010	REGULAR WAGES	190,424	177,099	
-	-	-	-	-	10456241	51020	OVERTIME WAGES	-	-	
24,898	15,913	15,913	13,992	15,913	10456241	51030	PART-TIME WAGES	16,473	16,473	
200	200	200	200	200	10456241	51060	LONGEVITY	200	200	
-	-	-	-	-	10456241	51078	HIRING INCENTIVE/SIGNING BOI	-	-	
-	-	-	-	-	10456241	51080	COMPENSATED ABSENCES - SIK	-	-	
-	-	-	-	-	10456241	51081	COMPENSATED ABSENCES-VAC	-	-	
1,348	-	-	-	-	10456241	51083	EMPLOYEE MERIT PAY	-	-	
<b>210,681</b>	<b>203,044</b>	<b>203,044</b>	<b>108,028</b>	<b>203,044</b>			<b>51000 SUB TOTAL</b>	<b>207,097</b>	<b>193,772</b>	
3,156	3,158	3,160	1,315	3,158	10456241	53090	CUSTODIAL FEES	3,158	3,158	
-	-	-	-	-	10456241	53800	OTHER FEES	-	-	
<b>3,156</b>	<b>3,158</b>	<b>3,160</b>	<b>1,315</b>	<b>3,158</b>			<b>53000 SUB TOTAL</b>	<b>3,158</b>	<b>3,158</b>	
-	-	-	-	-	10456241	54330	MAINTENANCE OFFICE EQUIPM	1,350	1,350	
500	500	500	298	500	10456241	54430	RENTAL OF VEHICLES	500	500	
-	-	-	-	-	10456241	54445	RENTAL - MOVING EXPENSES	-	-	
12,388	12,388	12,388	6,194	12,388	10456241	54460	RENTAL OF LAND/BUILDINGS	12,388	12,388	
1,350	1,350	1,407	337	1,350	10456241	54490	COPIER RENTAL/LEASE	-	-	
<b>14,238</b>	<b>14,238</b>	<b>14,295</b>	<b>6,830</b>	<b>14,238</b>			<b>54000 SUB TOTAL</b>	<b>14,238</b>	<b>14,238</b>	

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - YOUTH SERVICES**

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
665	745	745	328	745	10456241	55010	MILEAGE	745	745	
-	-	-	-	-	10456241	55315	TELEPHONE - WIRELESS	-	-	
-	-	-	-	-	10456241	55320	COMMUNICATION RENTALS	-	-	
-	-	-	-	-	10456241	55400	ADVERTISING	-	-	
-	-	-	-	-	10456241	55500	PRINTING & BINDING	-	-	
279	300	300	284	300	10456241	55650	CONFERENCE FEES & MEMBER	300	300	
-	200	200	17	200	10456241	55660	SUBSCRIPTIONS & MANUALS	200	200	
-	-	-	-	-	10456241	55730	SECURITY SERVICES	-	-	
<b>944</b>	<b>1,245</b>	<b>1,245</b>	<b>629</b>	<b>1,245</b>			<b>55000 SUB TOTAL</b>	<b>1,245</b>	<b>1,245</b>	
199	200	200	13	200	10456241	56010	OFFICE SUPPLIES	200	200	
-	50	50	-	50	10456241	56020	ENVELOPES	50	50	
153	200	200	87	200	10456241	56030	STATIONERY AND PAPER	200	200	
114	200	200	10	200	10456241	56174	AWARDS AND PRIZES	200	200	
-	-	-	-	-	10456241	56190	OTHER OPERATING SUPPLIES	-	-	
400	400	400	259	400	10456241	56300	FOOD	400	400	
-	100	100	55	100	10456241	56600	ARTS AND CRAFTS	100	100	
<b>866</b>	<b>1,150</b>	<b>1,150</b>	<b>423</b>	<b>1,150</b>			<b>56000 SUB TOTAL</b>	<b>1,150</b>	<b>1,150</b>	

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - YOUTH SERVICES

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
-	-	-	-	10456241	57710	COMPUTER HARDWARE	-	-	-
-	-	-	-	10456241	57810	OFFICE FURNITURE	-	-	-
-	-	-	-	10456241	57830	PHOTOCOPIERS	-	-	-
-	-	-	-			<b>57000 SUB TOTAL</b>	-	-	-
-	-	-	-	10456241	58800	OTHR FINANCNG USES-TRNSFE	-	-	-
-	-	-	-			<b>58000 SUB TOTAL</b>	-	-	-
<b>229,885</b>	<b>222,835</b>	<b>222,894</b>	<b>117,224</b>			<b>DEPARTMENT TOTAL</b>	<b>226,888</b>	<b>213,563</b>	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
<b>10456241</b>	<b>YOUTH SERVICES</b>			
<b>51010</b>	<b>REGULAR WAGES</b>			
	DIRECTOR - UNION E4-3	86,517	73,192	
	YOUTH COUNSELOR UNION N6-8	53,743	53,743	
	YOUTH PREVENTION SPECIALIST NON UNION	50,164	50,164	
	<b>Total Object</b>	<u>190,424</u>	<u>177,099</u>	
<b>51030</b>	<b>PART-TIME WAGES</b>			
	AFTER SCHOOL PROGRAM WORKERS	16,473	16,473	
	<b>Total Object</b>	<u>16,473</u>	<u>16,473</u>	
<b>51060</b>	<b>LONGEVITY</b>			
	PREVENTION SPECIALIST - LONGEVITY	200	200	
	<b>Total Object</b>	<u>200</u>	<u>200</u>	
<b>53090</b>	<b>CUSTODIAL FEES</b>			
	CUSTODIAL FEES	3,158	3,158	
	<b>Total Object</b>	<u>3,158</u>	<u>3,158</u>	
<b>54330</b>	<b>MAINTENANCE OFFICE EQUIPMENT</b>			
	SERVICE CONTRACT/LEASE COPIER	1,350	1,350	
	<b>Total Object</b>	<u>1,350</u>	<u>1,350</u>	
<b>54430</b>	<b>RENTAL OF VEHICLES</b>			
	RENTAL OF VEHICLES	500	500	
	<b>Total Object</b>	<u>500</u>	<u>500</u>	
<b>54460</b>	<b>RENTAL OF LAND/BUILDINGS</b>			
	RENTAL OF OFFICE SPACE	12,388	12,388	
	<b>Total Object</b>	<u>12,388</u>	<u>12,388</u>	
<b>55010</b>	<b>MILEAGE</b>			
	MILEAGE	745	745	
	<b>Total Object</b>	<u>745</u>	<u>745</u>	
<b>55650</b>	<b>CONFERENCE FEES &amp; MEMBERSHIP</b>			
	CONFERENCE FEES AND MEMBERSHIP	300	300	
	<b>Total Object</b>	<u>300</u>	<u>300</u>	
<b>55660</b>	<b>SUBSCRIPTIONS &amp; MANUALS</b>			
	SUBSCRIPTIONS AND MANUALS	200	200	
	<b>Total Object</b>	<u>200</u>	<u>200</u>	
<b>56010</b>	<b>OFFICE SUPPLIES</b>			
	OFFICE SUPPLIES	200	200	
	<b>Total Object</b>	<u>200</u>	<u>200</u>	
<b>56020</b>	<b>ENVELOPES</b>			
	ENVELOPES	50	50	
	<b>Total Object</b>	<u>50</u>	<u>50</u>	
<b>56030</b>	<b>STATIONERY AND PAPER</b>			
	STATIONERY AND PAPER	200	200	
	<b>Total Object</b>	<u>200</u>	<u>200</u>	
<b>56174</b>	<b>AWARDS AND PRIZES</b>			
	AWARDS AND PRIZES	200	200	
	<b>Total Object</b>	<u>200</u>	<u>200</u>	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456241	YOUTH SERVICES			
56300	FOOD			
	FOOD	400	400	
	<b>Total Object</b>	400	400	
56600	ARTS AND CRAFTS			
	ARTS AND CRAFTS	100	100	
	<b>Total Object</b>	100	100	
<b>Grand Total</b>	10456241      YOUTH SERVICES	226,888	213,563	

**Senior Center**  
**Account Code #10457242**

**Narrative:**

The Senior Center is committed to assisting Vernon seniors by providing programs and activities that meet their needs and address their concerns. The Center offers opportunities for socialization, recreation and learning, health and fitness programs, transportation, entertainment and trips, volunteer and information and referral.

**Major Objectives:**

- \* To offer stimulating and enjoyable programs and activities to encourage participation within the community.
- \* To offer helpful information via presentations about various services and benefits that the elderly population may find useful.
- \* To offer health and fitness programs that address diverse needs within the senior population.

**Department Summary:**

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Mayor's 2015-2016 Recommended	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 118,425	\$ 113,949	\$ 116,899	\$ 116,681	\$ 2,732	2.40%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	9,465	9,463	9,463	9,463	-	0.00%
54000	Property Services	1,414	1,543	1,543	1,543	-	0.00%
55000	Other Purchased Services	406	490	490	490	-	0.00%
56000	Supplies & Materials	5,324	5,725	5,725	5,725	-	0.00%
57000	Capital Outlay	490	550	550	550	-	0.00%
58000	Other/Sundry	-	-	-	-	-	0.00%
<b>Total:</b>		<b>\$ 135,524</b>	<b>\$ 131,720</b>	<b>\$ 134,670</b>	<b>\$ 134,452</b>	<b>\$ 2,732</b>	<b>2.07%</b>
<b>Total Excluding Wages:</b>		<b>\$ 17,099</b>	<b>\$ 17,771</b>	<b>\$ 17,771</b>	<b>\$ 17,771</b>	<b>\$ -</b>	<b>0.00%</b>

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - SENIOR CENTER**

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015				DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
-	-	-	-	-	10457242	51010	REGULAR WAGES	-	-	-
-	-	-	-	-	10457242	51016	TEMPORARY/ACTING DIFFEREN	-	-	-
700	600	600	-	600	10457242	51020	OVERTIME WAGES	600	600	-
97,915	113,149	113,149	51,710	113,149	10457242	51030	PART-TIME WAGES	116,099	115,831	-
450	200	200	-	200	10457242	51060	LONGEVITY	200	250	-
-	-	-	-	-	10457242	51078	HIRING INCENTIVE/SIGNING BOI	-	-	-
17,424	-	-	-	-	10457242	51080	COMPENSATED ABSENCES - SIK	-	-	-
1,936	-	-	-	-	10457242	51081	COMPENSATED ABSENCES-VAC	-	-	-
<b>118,425</b>	<b>113,949</b>	<b>113,949</b>	<b>51,710</b>	<b>113,949</b>			<b>51000 SUB TOTAL</b>	<b>116,899</b>	<b>116,681</b>	
-	300	300	-	300	10457242	53010	CLERICAL FEES	300	300	-
-	-	-	-	-	10457242	53032	TRIP BOOKKEEPER	-	-	-
6,240	6,240	6,940	1,197	6,240	10457242	53090	CUSTODIAL FEES	6,240	6,240	-
-	-	-	-	-	10457242	53220	MEDICAL FEES	-	-	-
3,225	2,923	3,036	795	2,923	10457242	53410	INSTRUCTOR FEES	2,923	2,923	-
-	-	-	-	-	10457242	53500	SENIOR CENTER CONSULTANT	-	-	-
-	-	-	-	-	10457242	53520	SUBSTITUTE BUS DRIVER	-	-	-
-	-	-	-	-	10457242	53530	ELDERLY RENTAL REBATE	-	-	-
-	-	-	-	-	10457242	53800	OTHER FEES	-	-	-
<b>9,465</b>	<b>9,463</b>	<b>10,276</b>	<b>1,992</b>	<b>9,463</b>			<b>53000 SUB TOTAL</b>	<b>9,463</b>	<b>9,463</b>	

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - SENIOR CENTER**

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016	
	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT REQUEST				MAYOR'S RECMD	TOWN COUNCIL
-	-	-	-	-	10457242	54330	MAINTENANCE OFFICE EQUIPM	-	-
-	250	250	-	250	10457242	54390	OTHER REPAIR AND MAINTENAI	250	250
1,414	1,293	1,367	353	1,293	10457242	54490	COPIER RENTAL/LEASE	1,293	1,293
<b>1,414</b>	<b>1,543</b>	<b>1,617</b>	<b>353</b>	<b>1,543</b>			<b>54000 SUB TOTAL</b>	<b>1,543</b>	<b>1,543</b>
116	100	100	-	100	10457242	55010	MILEAGE	100	100
115	140	140	38	140	10457242	55315	TELEPHONE - WIRELESS	140	140
175	250	290	160	250	10457242	55650	CONFERENCE FEES & MEMBER	250	250
<b>406</b>	<b>490</b>	<b>530</b>	<b>198</b>	<b>490</b>			<b>55000 SUB TOTAL</b>	<b>490</b>	<b>490</b>

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - SENIOR CENTER**

2013-2014 ACTUAL	FISCAL YEAR 2014-2015				DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015					DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
912	925	925	334	925	10457242	56010	OFFICE SUPPLIES	925	925	
40	75	75	-	75	10457242	56020	ENVELOPES	75	75	
116	125	125	75	125	10457242	56030	STATIONERY AND PAPER	125	125	
207	225	225	178	225	10457242	56040	COPY SUPPLIES	225	225	
-	-	-	-	-	10457242	56130	CUSTODIAL SUPPLIES	-	-	
-	-	-	-	-	10457242	56140	PAINTING SUPPLIES	-	-	
-	-	-	-	-	10457242	56143	ELECTRICAL FIXTURES	-	-	
-	-	-	-	-	10457242	56144	LUMBER & WOOD SUPPLIES	-	-	
-	-	-	-	-	10457242	56171	RECORDING SUPPLIES	-	-	
848	1,200	1,200	193	1,200	10457242	56174	AWARDS AND PRIZES	1,200	1,200	
1,117	1,300	1,300	619	1,300	10457242	56190	OTHER OPERATING SUPPLIES	1,300	1,300	
2,017	1,800	1,822	386	1,800	10457242	56300	FOOD	1,800	1,800	
-	-	-	-	-	10457242	56600	ARTS AND CRAFTS	-	-	
67	75	75	69	69	10457242	56610	SPORTING GOODS	75	75	
5,324	5,725	5,747	1,855	5,719			<b>56000 SUB TOTAL</b>	<b>5,725</b>	<b>5,725</b>	
-	-	-	-	-	10457242	57290	OTHER TOWN BLDGS & GROUND	-	-	
-	-	-	-	-	10457242	57710	COMPUTER HARDWARE	-	-	
490	550	550	-	550	10457242	57810	OFFICE FURNITURE	550	550	
490	550	550	-	550			<b>57000 SUB TOTAL</b>	<b>550</b>	<b>550</b>	

**TOWN OF VERNON**  
**FISCAL YEAR 2015 - 2016 BUDGET SUMMARY**  
**DEPARTMENT - SENIOR CENTER**

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
135,524	131,720	132,669	56,109	131,714		DEPARTMENT TOTAL	134,670	134,452	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
<b>10457242</b>	<b>SENIOR CENTER</b>			
<b>51020</b>	<b>OVERTIME WAGES</b>			
	OVERTIME WAGES	600	600	
	<b>Total Object</b>	<u>600</u>	<u>600</u>	
<b>51030</b>	<b>PART-TIME WAGES</b>			
	DIRECTOR - E2-8	34,866	34,866	
	SENIOR PROGRAM COORDINATOR - N5-X	25,030	24,539	
	SECRETARY N4-8	32,565	32,565	
	PROGRAM COORDINATOR	14,138	13,861	
	BUS DRIVERS	4,500	5,000	
	SENIOR CAR DRIVERS	5,000	5,000	
	<b>Total Object</b>	<u>116,099</u>	<u>115,831</u>	
<b>51060</b>	<b>LONGEVITY</b>			
	SECRETARY	200	250	
	<b>Total Object</b>	<u>200</u>	<u>250</u>	
<b>53010</b>	<b>CLERICAL FEES</b>			
	CLERICAL FEES	300	300	
	<b>Total Object</b>	<u>300</u>	<u>300</u>	
<b>53090</b>	<b>CUSTODIAL FEES</b>			
	CUSTODIAL FEES	6,240	6,240	
	<b>Total Object</b>	<u>6,240</u>	<u>6,240</u>	
<b>53410</b>	<b>INSTRUCTOR FEES</b>			
	INSTRUCTOR FEES	2,923	2,923	
	<b>Total Object</b>	<u>2,923</u>	<u>2,923</u>	
<b>54390</b>	<b>OTHER REPAIR AND MAINTENANCE</b>			
	OTHER REPAIR AND MAINTENANCE	250	250	
	<b>Total Object</b>	<u>250</u>	<u>250</u>	
<b>54490</b>	<b>COPIER RENTAL/LEASE</b>			
	COPIER RENTALS	1,293	1,293	
	<b>Total Object</b>	<u>1,293</u>	<u>1,293</u>	
<b>55010</b>	<b>MILEAGE</b>			
	MILEAGE	100	100	
	<b>Total Object</b>	<u>100</u>	<u>100</u>	
<b>55315</b>	<b>TELEPHONE - WIRELESS</b>			
	TELEPHONE - WIRELESS	140	140	
	<b>Total Object</b>	<u>140</u>	<u>140</u>	
<b>55650</b>	<b>CONFERENCE FEES &amp; MEMBERSHIP</b>			
	CONFERENCE FEES AND MEMBERSHIP	250	250	
	<b>Total Object</b>	<u>250</u>	<u>250</u>	
<b>56010</b>	<b>OFFICE SUPPLIES</b>			
	OFFICE SUPPLIES	925	925	
	<b>Total Object</b>	<u>925</u>	<u>925</u>	
<b>56020</b>	<b>ENVELOPES</b>			
	ENVELOPES	75	75	
	<b>Total Object</b>	<u>75</u>	<u>75</u>	

**TOWN OF VERNON 2015-2016  
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
<b>10457242</b>	<b>SENIOR CENTER</b>			
<b>56030</b>	<b>STATIONERY AND PAPER</b>			
	STATIONERY AND PAPER	125	125	_____
	<b>Total Object</b>	<u>125</u>	<u>125</u>	_____
<b>56040</b>	<b>COPY SUPPLIES</b>			
	COPY SUPPLIES	225	225	_____
	<b>Total Object</b>	<u>225</u>	<u>225</u>	_____
<b>56174</b>	<b>AWARDS AND PRIZES</b>			
	AWARDS AND PRIZES	1,200	1,200	_____
	<b>Total Object</b>	<u>1,200</u>	<u>1,200</u>	_____
<b>56190</b>	<b>OTHER OPERATING SUPPLIES</b>			
	OTHER OPERATING SUPPLIES	1,300	1,300	_____
	<b>Total Object</b>	<u>1,300</u>	<u>1,300</u>	_____
<b>56300</b>	<b>FOOD</b>			
	FOOD	1,800	1,800	_____
	<b>Total Object</b>	<u>1,800</u>	<u>1,800</u>	_____
<b>56610</b>	<b>SPORTING GOODS</b>			
	SPORTING GOODS	75	75	_____
	<b>Total Object</b>	<u>75</u>	<u>75</u>	_____
<b>57810</b>	<b>OFFICE FURNITURE</b>			
	OFFICE FURNITURE	550	550	_____
	<b>Total Object</b>	<u>550</u>	<u>550</u>	_____
<b>Grand Total</b>	<b>10457242 SENIOR CENTER</b>	<u><u>134,670</u></u>	<u><u>134,452</u></u>	<u><u>          </u></u>