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**Iowa Department of Education**

***Child Development Coordinating Council***

***Shared Visions Annual Report***

***July 1, 2007 - June 30, 2008***

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***Iowa Department of Education***

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Des Moines, IA 50319

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State of Iowa

**Department of Education**

Grimes State Office Building  
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## Introduction

The Iowa Child Development Coordinating Council (CDCC) presents this report in fulfilling the requirement to annually submit recommendations to the Governor and the General Assembly on the need for investment in child development services.<sup>1</sup> CDCC advises and assists the Department of Education regarding the administration and implementation of state funded at-risk programs for children ages birth to five. The DE administers two programs: the Shared Visions Parent Support Program and the Shared Visions Preschool Program.

The mission of CDCC is to advocate for Iowa's children and families and support model comprehensive child development and parent support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of quality, family-centered comprehensive early childhood services through:<sup>2</sup>

- established minimum guidelines for comprehensive early child development services for at-risk 3 - and 4-year-old children;
- the establishment of parent support programs to enhance the skills of parents in providing for the learning and development of their children;
- cost-effective child development services for at-risk 3- and 4-year-old children;
- comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and
- equity of access to these services for all Iowa's children and their families.

### Parent Support Programs

The Shared Visions Parent Support programs include:

- Family support programs for high-risk children in approximately 15 Iowa counties (for families with incomes below 125% of the poverty level);
- Twelve grantees located in area education agencies, public schools, Head Start and private non-profit agencies. The grantees collaborate with local Community Empowerment Area Boards, local child care, Area Education Agencies, and school districts; and
- Individual and/or group opportunities for families to obtain information focusing on parenting skills, child growth and development, building of self-concept, nutrition, positive guidance techniques, family resource management, and parent literacy, and accessing the array of supportive services from a network of agencies that are available to families with young children who are at risk.

**Funding.** In 2006-2007, state funds of \$815,259 provided twelve Parent Support Programs serving 1,210 children birth to 3 years of age and their families.

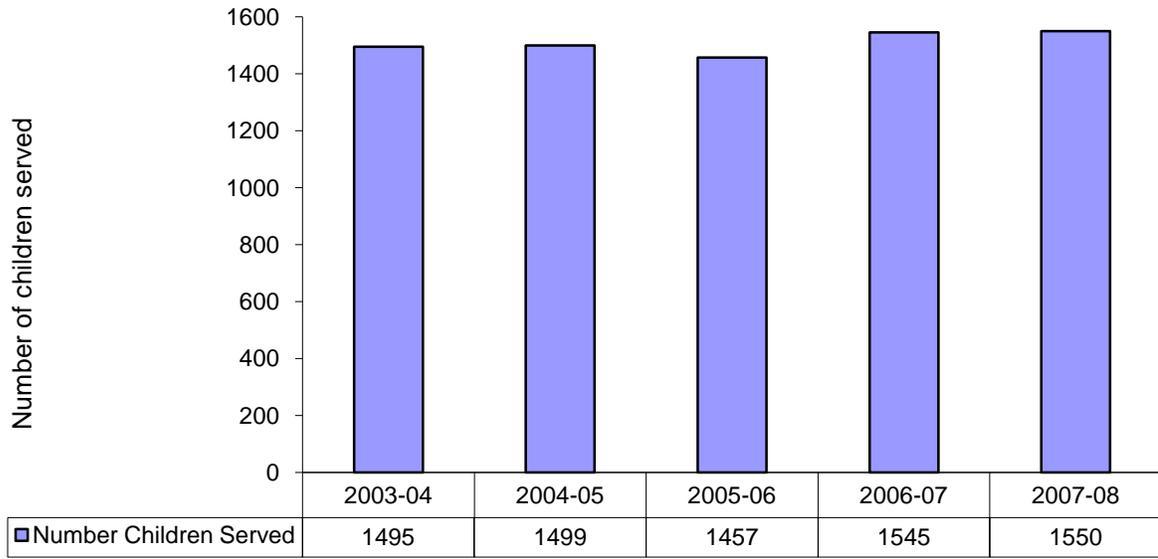
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<sup>1</sup> IAC 256A, IAC 279.51, and IAC 281

<sup>2</sup> IAC 256A

**Children Served.** Figure 1 shows a 5 year trend of enrollment and the decline followed by a slight increase in enrollment during the past two years. Approximately three-quarters of the children qualified for Shared Visions based upon poverty, the remaining children qualified with other risk factors. A total of 2,111 children were served during the calendar year.

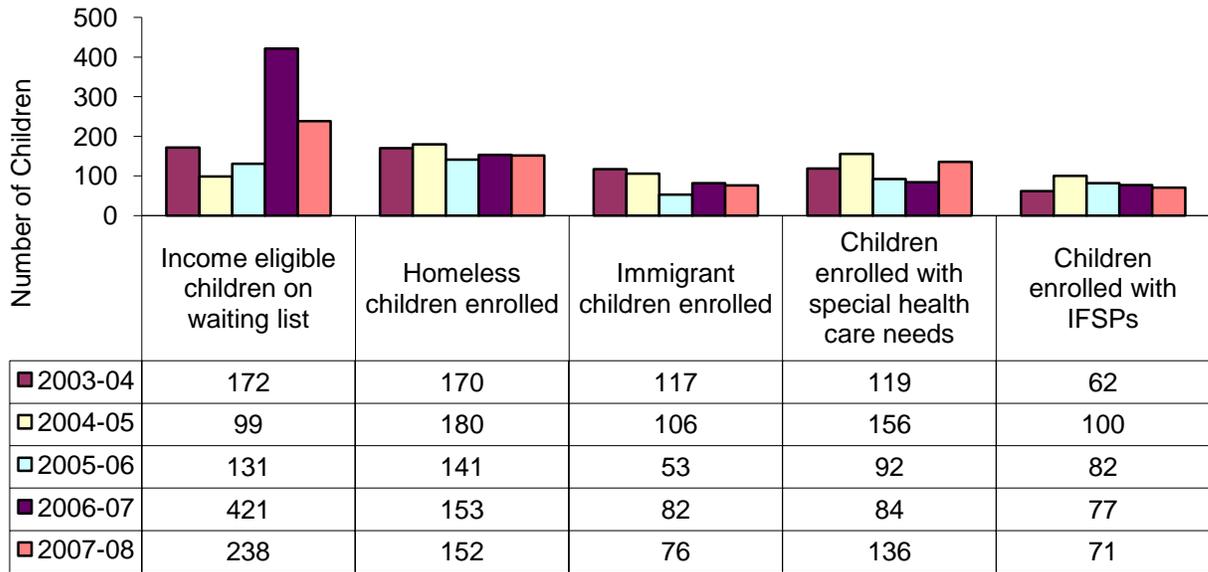
**Figure 1.** Number of Children Served by Shared Visions Parent Support Programs.



Source. Iowa Department of Education, Bureau of Early Childhood Services, CDCC Shared Visions Grant Year End Report, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008 Summary.

Figure 2 describes the characteristics of children served in Shared Vision Parent Support Programs, as well as eligible children on the waiting list. As indicated by the figure, the children served by Shared Vision Parent Support Programs have multiple risk factors. The figure shows the number of children and change in risk factors over time. This also demonstrates the increasing need for parent support as evidenced by the number of income eligible children on the waiting list. In 2007-2008, 223 children were on the waiting list. While this represents a decline during the past year, it still indicates the need for continued parent support programs.

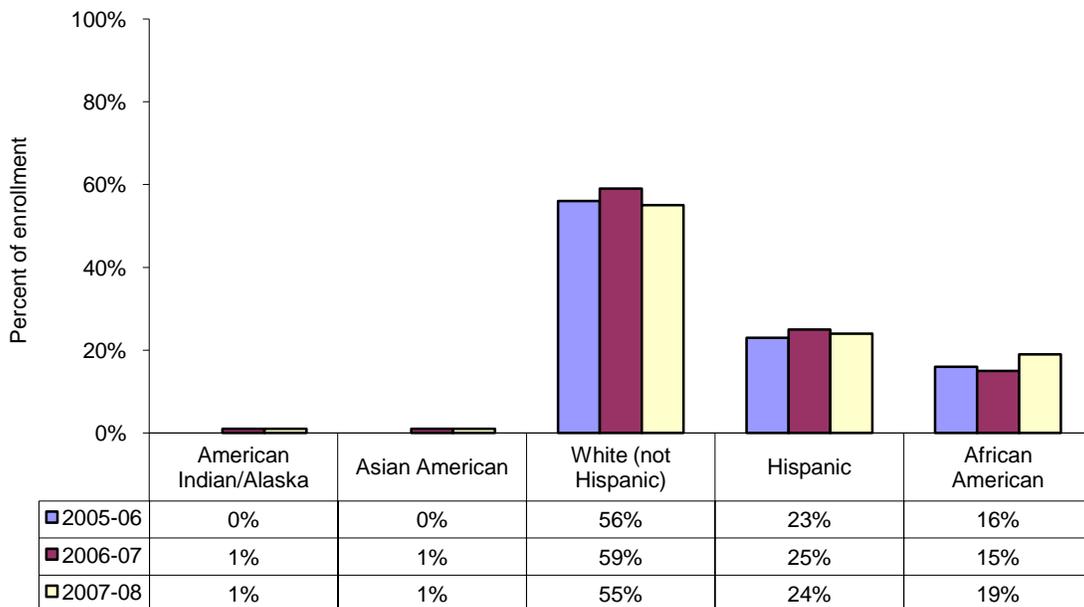
**Figure 2.** Demographic Information for Children Served in Parent Support Programs.



Source. Iowa Department of Education, Bureau of Early Childhood Services, CDCC Shared Visions Grant Year End Report, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008 Summary.

The race/ethnicity representation was analyzed for the same categories used for reporting district data for *No Child left Behind* (see Figure 3). Overall, the ethnic representation of state enrollment for the Parent Support programs has been consistent from year to year. Additionally, the gender of children was analyzed and 52 percent were male and 48 percent female.

**Figure 3.** Percent of children Served in Parent Support Programs by Race/Ethnicity.



Source. Iowa Department of Education, Bureau of Early Childhood Services, CDCC Shared Visions Grant Year End Report, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008 Summary.

**Results.** The Shared Visions Parent Support programs contribute to Iowa results.

**Healthy Children.** Approximately 1,486 or 96 percent of the children served had health insurance. In 2006-2007, only 90% of the children served had health insurance. The 2006-2007 Annual report indicated all the children had received appropriate immunizations. Only 74% of the children received appropriate immunizations for 2007-2008. This indicates a decline from 2006-2007.

**Safe and Supportive Communities.** Shared Visions Parent Support Programs report a decrease in the percentage of children experiencing abuse and neglect.

**Secure and Nurturing Families.** Shared Visions Parent Support Programs report decreases in domestic and family violence.

### **Future Needs**

The impact of the Shared Visions Parent Support programs would be increased by providing funding to:

- Support the infusion of Parent Support Program Standards across all sites including a comprehensive overview for implementation, completion of a self-assessment tool, plan for implementation and annual evaluation of progress.
- Support additional sites and increase the level of contact hours for families. No additional communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds for children since 1996.
- Provide periodic comprehensive evaluation of the programs and outcomes for children.
- Support a cost of living allowance and maintain adequate quality of Parent Support Program staff.
- Support professional development of Parent Support Program staff; no funding has ever been designated.
- Meet the needs of families on the waiting list.

## Preschool Programs

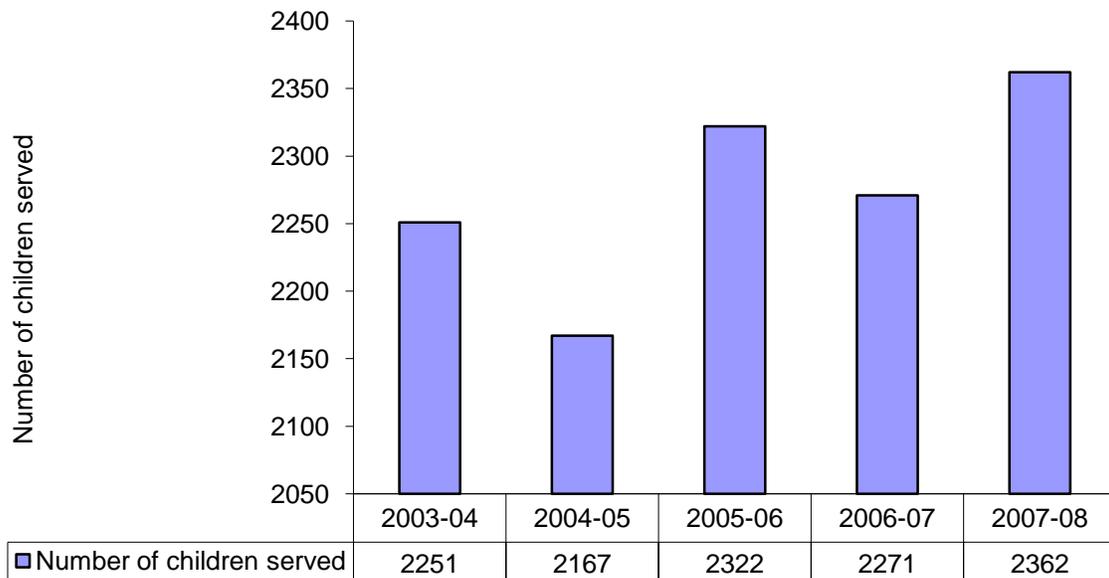
Iowa Shared Visions Preschool programs include:

- High quality child development programs for children ages three to five years of age who are at high risk for later success in school and life for families who have an income below 130 percent of the poverty level;
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, childcare, and school districts in 51 Iowa counties;
- A high level of accountability, documented extensive data collection, a history of established programming in the community with highly trained staff; and
- Programming in diverse settings to support community need and family choice.

**Funding.** In 2007-2008, state funds of \$7,721,481 provided 109 preschool grants supporting approximately 125 classrooms (47 fully funded classrooms and 78 partially funded classrooms) for children three to five years of age. The state funding only supports half of the actual expenses needed to keep programs operating as they are currently structured at this time.

**Children Served.** Preschool services were provided to 2,362 children. The number of children served has increased this past year. In 2005, the legislature allocated funds to the Iowa Empowerment Office for preschool programming support for low-income families. Local Community Empowerment Boards allocated some of these funds to Shared Visions Preschool Programs. At this time, 1,318 eligible children remain on the waiting list. In 2006-2007, 1,434 children were on the waiting list. The waiting list is approximately 300 children less from last year.

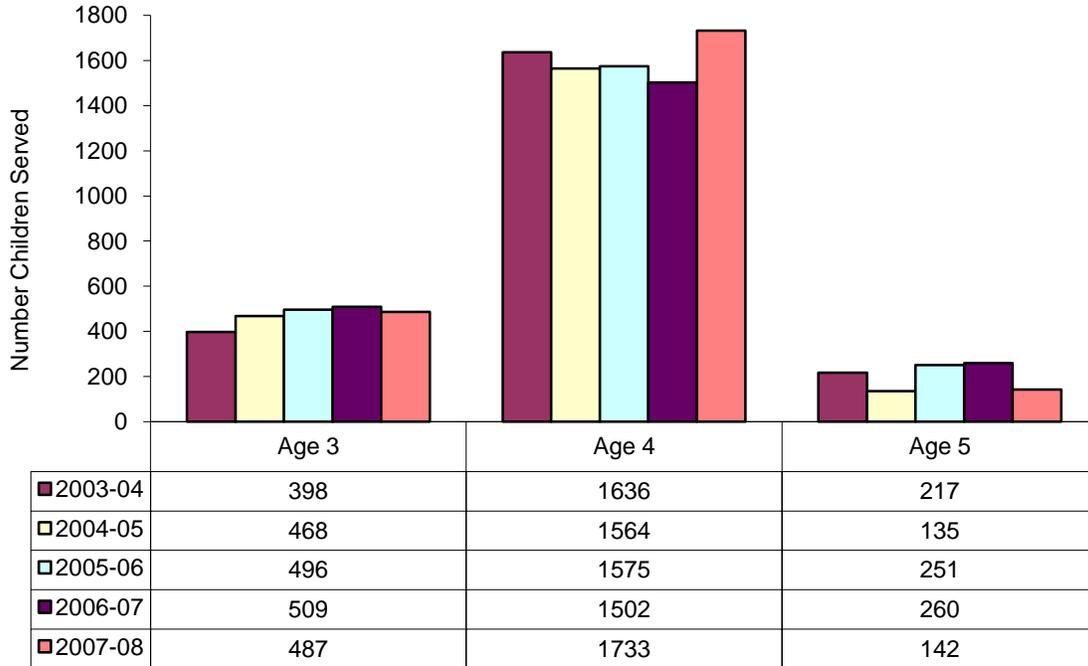
**Figure 4.** Number of Children Served in Shared Visions Preschool Programs.



Source. Iowa Department of Education, Bureau of Early Childhood Services, CDCC Shared Visions Grant Year End Report, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008 Summary.

Shared Visions Preschool Programs serve primarily four-year-olds (see Figure 5). The number of three-year-olds has increased during prior years, but decreased last year.

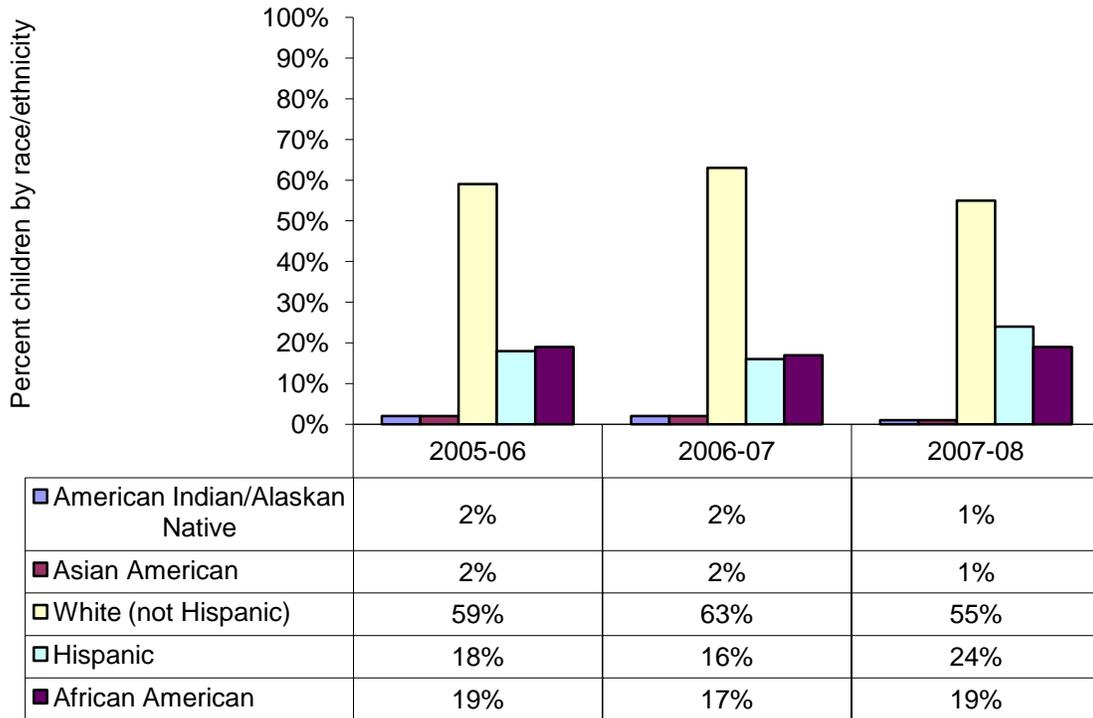
**Figure 5.** Number and Age of Children Served in Shared Visions Preschool Programs.



Source. Iowa Department of Education, Bureau of Early Childhood Services, CDCC Shared Visions Grant Year End Report, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008 Summary.

About 91 percent of the children qualifying for the Shared Visions Preschool Programs are at-risk due to poverty with the remaining children qualifying due to other at-risk factors. Figure 6 indicates enrollment by race/ethnicity. The preschool programs are serving an increasingly diverse population.

**Figure 6. Shared Visions Preschool Enrollment by Race/Ethnicity.**



Source. Iowa Department of Education, Bureau of Early Childhood Services, CDCC Shared Visions Grant Year End Report, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008 Summary.

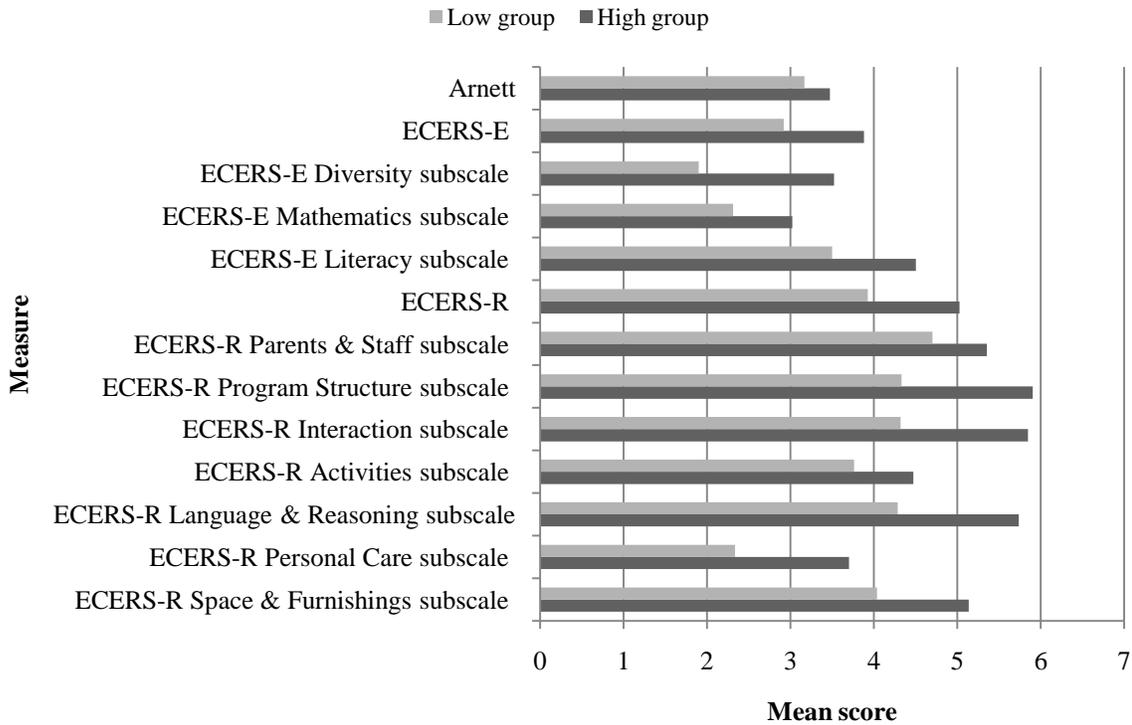
### Shared Visions Preschool Evaluation

Providing high quality services to children at risk has been a primary goal of Shared Visions Preschool Programs; indicators of high quality have been sought consistently. Shared Visions Preschool Programs are accredited by the National Association for the Education of Young Children (NAEYC); work to maintain accreditation supported by the Iowa Department of Education is ongoing. A recent examination of classroom quality in all Shared Visions Preschool Program classrooms revealed that the average rating on the Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 1998) was 5.8 (scale of 1-7 where 1 represents inadequate care, 3 represents care of minimal quality, 5 represents good quality, and 7 represents excellent quality) (Zan, 2003).

*Classroom quality:* The most recent evaluation completed in 2008 was based on a pool of classrooms selected from among those that scored highest and lowest on the ECERS-R in the evaluation conducted by Zan (2003). The assessment of classroom quality was repeated because quality improvements efforts had occurred and there had been staff turnover. A total of 41 classrooms were assessed during the 2004-2005 and 2006-2007 school years. In addition, to the ECERS-R other classroom quality measures included the ECERS-E Literacy subscale, the ECERS-R Mathematics subscale, and the Caregiver Interaction Scale (CIS; Arnett, 1989). The classroom quality measures were collected by trained observers who spent three to four hours in each classroom.

The ECERS-R total mean score and the ECERS-R mean score and sub-scale mean scores were calculated for each classroom. Participating classrooms were divided into two groups based on the median split (4.6) of their ECERS-R total mean scores. This cut point was used to divide classrooms into the high quality or low quality groups. A chart summarizing the findings is presented in Figure 7.

Figure 7. Classroom quality measures



Source. Peterson, C. & Zan, B. (2008). Evaluation of Shared Visions Preschool Programs.

*Child outcomes:* Participating children were selected randomly from among the 4-year-old children enrolled in the classrooms observed each year. Three types of data were collected on participating children: fall teacher reports of children’s developmental status, direct assessment of children’s language and cognitive skills and teacher report of the children’s social-emotional skills, and early literacy skills at kindergarten enrollment. Several standardized assessments were administered to the children to measure the children’s skills in the areas of early literacy, math, and social-emotional development.

The majority of children scored within normal limits on the measures of child developmental status. However, several children’s scores highlight the fact that the Shared Visions Preschool Programs serve very vulnerable children and that vigilance regarding their development across all domains is essential. Assessments completed in the fall of each year revealed that Shared Visions classroom teachers identified concerns for several children across a variety of developmental areas.

*Conclusions:* Quality varies considerably among Shared Visions classrooms. The overall mean for classroom quality as measured by the ECERS-R was slightly below the good level for participating classrooms, and several subscale means were above the good level. However, the means for some ECERS-R subscales, most notably the Activities subscale, as well as for both the Literacy and Mathematics subscales of the ECERS-E were considerably below the good level. These are the subscales most representative of the curricular strength of the Shared Visions Preschool Programs; relatively low scores on these subscales provide substantial reason for concern.

Findings regarding child developmental status suggest that the majority of children served by the Shared Visions Preschool Programs are making satisfactory developmental progress. These are positive results given that Shared Visions programs serve at-risk children. However, the results provide evidence that several children are presenting developmental concerns. Thus, the developmental progress of children enrolled in Shared Visions classrooms must be monitored closely and collaborations between the Shared Visions Preschool Programs and early childhood special education service providers must be further strengthened.

Findings regarding the relations between program quality and child developmental status confirmed our expectations that high quality curriculum is related to better outcomes for children.

**Results:** The Shared Visions Preschool programs contribute to Iowa results.

**Healthy Children.** All children participating in the Shared Visions Preschool Programs received all of their immunizations. Approximately 2,192 or 95 percent of the children served had health insurance, represent a 1% increase.

**Secure and Nurturing Child Care Environments.** Shared Visions Preschool Programs are accredited by NAEYC, the national standard of highest quality early childhood programs strive to achieve.

**Children Ready to Succeed in School:**

- Research indicates children enrolled in high quality classrooms scored significantly higher than children enrolled in lower quality classrooms on some measures. Findings regarding the relationship between program quality and child outcomes confirmed expectations that high-quality curriculum is related to better outcomes for children. Although all of these programs could be considered good based on their achievement of NAEYC accreditation, distinctions can be made among them.
- The majority of children served by the Shared Visions Preschool Programs are making satisfactory developmental progress.

### **Future Needs**

Findings that child outcomes in the area of language development favored the children in the highest quality programs suggests that more can be done to assist teachers in providing the best possible educational programs that will support at-risk children's optimal development. Overall, these findings provide strong argument for ongoing efforts to enhance overall classroom quality, strengthen curricular offerings, and enhance teachers' competence within the Shared Visions Preschool Programs.

The DE is striving to maintain quality preschool programs through ongoing professional development based on the Iowa Professional Development Model. Professional development funds to support preschool teachers implementing program standards aligned with curriculum and assessment will be critical to increasing quality of preschool programs for children.