

Fostering Developmental Competence in the Earliest Years

Technical Assistance Paper No. 6

Prepared by
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Center @
ZERO TO THREE

Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

SUMMING UP

In this paper, we have explored the concept of school readiness and the overall developmental competence of very young children as they relate to preparation for transitions and challenges along the journey to adulthood. We presented four concepts, supported by the Head Start Program Performance Standards (1996), to guide your program in the effort to foster developmental competence in very young children:

- (1) cognitive and social-emotional development are interrelated and cannot be separated;
- (2) relationships facilitate learning, and the adult serves to focus and regulate the child's cognitive experiences;
- (3) curriculum is delivered through relationships, and how the curriculum is delivered is equally important to the learning objectives; and
- (4) staff members who support parents as their child's first and most important teacher provide the best chance for children to reach their greatest developmental potential.

However, no single program or initiative on its own can accomplish the goal of fostering competence in the earliest years. The authors of *From Neurons to Neighborhoods* (National Research Council & Institute of Medicine, 2000) emphasize the importance of social and emotional functioning for overall developmental competence and make three specific recommendations to support the early

learning and social-emotional development of young children:

1. Resources equal to those devoted to the development of literacy and numerical skills should be available to develop "effective strategies for fostering:
 - (a) the development of curiosity, self direction, and persistence in learning situations;
 - (b) the ability to cooperate, demonstrate caring, and resolve conflict with peers; and
 - (c) the capacity to experience the enhanced motivation associated with feeling competent and loved" (p. 387).
2. School readiness initiatives must pay equal attention to how well they improve the performance of those who participate and how effectively they decrease any gaps in skills that are typically observed at the time of school entry among children of different backgrounds
3. Substantial new investments are necessary to address the mental health needs of young children. Resources should be devoted to the full continuum of prevention, screening and early detection, and intervention for mental health problems. The foundations for school readiness are clearly set in the earliest years of life, and through significant relationships, babies and young children acquire the skills that are necessary for competence in all areas of development and later success in school. When they receive the nurturing, responsive, loving care that inspires their initiative, curiosity, and hunger to learn— along with the trust, security, and self-confidence required to buffer the struggle of new challenges—children develop the skills to be fully equipped for success in school and in life.

DEMONSTRATED PROMISE: The Early Head Start Research and Evaluation Project

Research demonstrates that Early Head Start benefits children and their families. The Congressionally mandated Early Head Start Research and Evaluation Project, a rigorous, large-scale, random-assignment evaluation showed that the program has positive impacts in areas such as children's success in school, family self-sufficiency, and parental support of child development:

- Children who participated in Early Head Start programs not only showed gains in language and cognitive development, but they exhibited lower levels of aggressive behavior and more positive interactions with their parents than did children from similar backgrounds who did not participate in Early Head Start.
- Parents who participated in Early Head Start were found to be more supportive, provide more stimulating home environments, and provide more support for learning than those who did not.
- Mothers who enrolled in Early Head Start during pregnancy were more likely to breastfeed than those not enrolled in the program, and demonstrated more emotionally supportive parenting and a reduction in spanking than both non-Early Head Start parents and those who did not enroll prenatally.
- While *all* program approaches had favorable impacts on participating families, the strongest impacts were found in programs that used a mixed of program options to be able to respond to the needs of different families, and that also fully implemented the Head Start Program Performance Standards early on during the study.ⁱ

Comment [rs1]: JENNIFER OR LILLIAN, is this accurate?

Furthermore, some of the positive impacts of Early Head Start were still demonstrated two years later in a wave of follow-up research conducted when the children were entering kindergarten. Early Head Start children demonstrated more positive approaches to learning, had fewer behavior problems, had higher vocabulary scores, and were significantly more likely to attend formal preschool programs than children in the control group. Additionally, parents continued to support their child's early learning and experienced a reduced risk of parental depression two years after the end of the program.ⁱⁱ

ⁱ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, & Evaluation. *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. 2002.

ⁱⁱ U.S. Department of Health and Human Services, Administration for Children and Families. *Research to practice: Preliminary findings from the Early Head Start prekindergarten followup*. 2006.

Name of Family Support Program	Link to Which Comm. Plan Priority or Priorities (as noted in Section III)	How Much Was Invested? (Input Measures) Note: Fiscal Investments must coincide with fiscal report in Family Support prenatal through three	How Much Was Done or Produced? (Output Measures)	How Well Did We Do It? (Quality/ Efficiency Measures)	What Was the Change In Conditions for Those We Served? (Outcome Measures)
<p>(Include with the name the model, i.e. HOPES, PAT, etc. if applicable)</p> <p>Tri-County Early Head Start</p> <p>Home Visitation model birth to three</p>	<p>Healthy Start; Safe Places; School Readiness</p>	<p>Amount expended:</p> <p>\$132,096.65 in this category and \$220,449.00 in Prenatal through Five. All children served in this Home Visitation model are three years old or under.</p>	<p>Number of children participating in the family support program utilizing a home visiting service delivery model (Unduplicated): 218</p> <p>Number of families participating in the family support program utilizing a home visitation service delivery model (Unduplicated): 181</p> <p>Number of face to face visits completed: 2096</p>	<p>Percent of children, 0 –3 years old, while enrolled in the program, who were referred for Early ACCESS services and services were provided: 16%</p> <p>Other local-generated data as applicable.</p> <p>100% of children received Ages and Stages Social/ Emotional Questionnaire assessment.</p>	<p>Number of children up to date on immunization schedule: 100%</p> <p>Percent of families with an increase of healthy informal support systems: 100%</p> <p>100% of all children and families have a medical home provider</p> <p>Percent of families able to enhance the health, growth, and development of their children: 100%</p> <p>100% of all children were covered by Health Insurance by the end of the program year.</p> <p>84% of all enrolled children reached developmental milestones, as evidenced by the Ages and Stages Questionnaire Assessment.</p> <p>Percent of parents with increased parent confidence and competence in their parenting abilities 100%</p>

**Head Start Program Information Report for the 2006-2007 Program Year
Performance Indicators - Individual Program Level**

Nov 02, 2007

07CH0233-200 Tri County Child and Family Development Council

Address: Tri County Child and Family Development Council
P.O. Box 1050

Telephone: (319) 235-0383
Facsimile: (319) 235-0384

Waterloo, IA 50704-1050

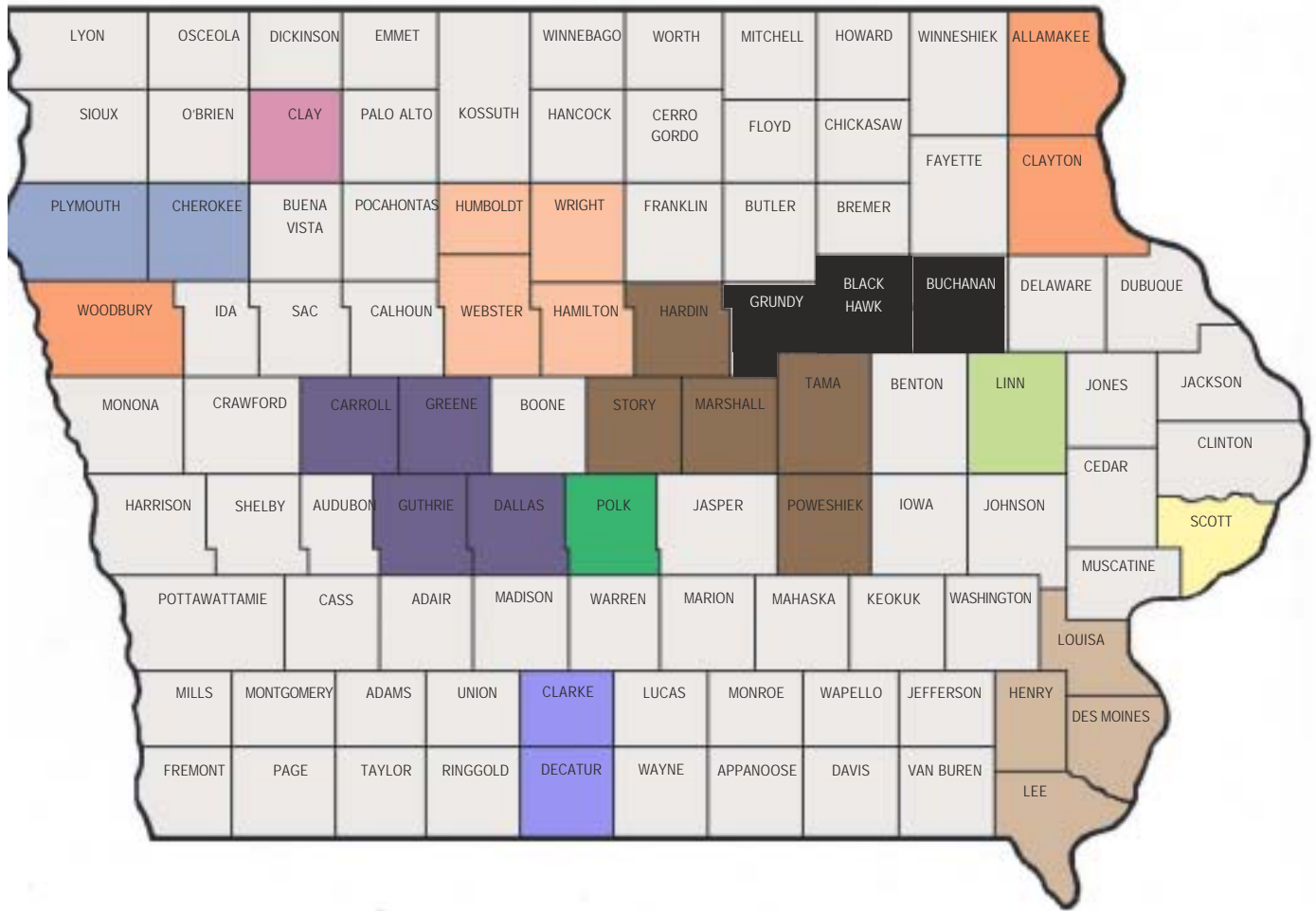
Program Type: Early Head Start

Director: Ms. Kim Young-Kent

<i>Performance</i>	
<i>Indicators</i>	
01. Children up to date on a schedule of Preventative and Primary Health Care:	95.58%
02. Children needing medical treatment:	13.17%
03. Children receiving medical treatment:	100.00%
04. Children completing dental exams:	<i>(Preschool Only)</i> 0.00%
05. Children needing dental treatment:	<i>(Preschool Only)</i> --
06. Children receiving dental treatment:	<i>(Preschool Only)</i> --
07. Children with up-to-date, or all possible, immunizations:	108.50%
08. Children enrolled in Medicaid, SCHIP, or Paid Health Insurance at EOY:	100.00%
09. Children receiving Medicaid paid medical treatment:	<i>(Data no longer collected)</i>
10. Classroom Staff to Child Ratio:	1 : 4
11. Average Class Size:	7.06
12. Classroom teachers with an ECE or related degree (AA, BA or graduate):	82.35%
13. Teachers with an ECE related degree, CDA or State Certificate:	100.00%
14. Home visitors with an ECE related or Human Dev. degree, or CDA:	100.00%
15. Staff without an ECE or related degree or CDA who are in CDA training:	80.00%

16. Staff without an ECE or related degree enrolled in ECE degree programs:	0.00%
17. Home based staff to child ratio:	1 :12
18. Children (and pregnant women in Early Head Start programs), enrolled less than 45 days:	10.57%
19. Timely replacement of children:	100.00%
20. Multiple year enrollment:	51.65%
21. Full enrollment: (Data not available at program level)	
22. OverIncome Enrollment:	1.36%
23. Percentage of Funded Enrollment reported as children with a disability:	15.42%
24. HS Children with a disability receiving special services: (Preschool Only)	0.00%
25. Families participating in a goal setting process resulting in a Family Partnership Agreement:	85.45%
26. Families receiving emergency/crisis assistance and/or education services:	44.40%
27. Families receiving at least one family service:	90.30%
28. Ratio of parent volunteers to total enrollment:	1 : 4.59
29. Ratio of parent staff to total staff:	1 : 0.11
30. Children who dropped out:	28.18%
31. Ratio of ACYF funded enrollment to total funded enrollment:	1 : 1.00
Preliminary data: final data will not be available until the PIR database is finalized.	

Early Head Start Programs in Iowa



AGENCY

HEADQUARTERS PHONE

COUNTIES SERVED

	Community Action of Eastern Iowa	Davenport	563-324-3236	Scott
	Community Action of Siouxland	Sioux City	712-274-1610	Woodbury
	Community Action of Southeast Iowa	Burlington	319-753-0193	Louisa, Henry, Lee, Des Moines
	Drake University Head Start	Des Moines	515-271-1854	Polk
	Hawkeye Area Comm. Action Prog., Inc.	Hiawatha	319-393-7811	Linn
	Mid-Iowa Community Action Inc.	Marshalltown	641-752-7162	Hardin, Marshall, Tama, Poweshiek, Story
	Mid-Sioux Opportunity, Inc.	Remsen	712-786-2001	Plymouth, Cherokee
	New Opportunities, Inc.	Carroll	712-792-9266	Carroll, Greene, Guthrie, Dallas
	Northeast Iowa Community Action Corp.	Decorah	563-382-8436	Allamakee, Clayton
	South Central Iowa Comm. Action Program	Leon	641-446-4155	Clarke, Decatur
	Tri-County Child and Family	Waterloo	319-235-0383	Grundy, Blackhawk, Buchanan
	Upper Des Moines Opportunities, Inc.	Graettinger	1-800-245-6151	Clay
	Your Own United Resources, Inc.	Fort Dodge	515-573-2453	Humboldt, Webster, Wright, Hamilton

State Funded Early Head Start Pilot

Building on the Success of a Federal Program

Pilot Project Launched in October 2006

Four Pilot Sites: Tama County, Sioux City, Council Bluffs, Floyd/Mitchell/Chickasaw Counties

Program Model: Home-based Early Head Start with supplemental weekly or bimonthly visits to child care providers.

Funding: Federal Child Care Development Fund; SFY 08 State Allocation

Preliminary data through September 30, 2007:

Enrollment		
# children currently serving	57	
# children served since beginning of project	68	
# pregnant women	1	
# of pregnant women served since beginning of project	5	
# families currently serving	39	
# families served since beginning of project	49	
# of child care partners currently working with	21	
# of child care partners you have worked with since the beginning of the program	21	
Total number of children served by child care partners	60	
Child Development Services		
Of the number of children enrolled, number with a complete individualized written plan (i.e. curriculum)	56	98%
Of the number of children enrolled, number receiving twice-monthly socializations.	27	52%
Health Services		
Of the number of enrolled children up-to-date on EPSDT screening, exams and tests (including oral health)	45	79%
Number of enrolled children on IFSPs	12	21%
Child Care Partner Services		
Of the number of child care partners, the number that have had an Environmental Rating Scale Assessment	7	33%
Of the number of child care partners with Environmental Rating Assessments, the number that have a quality improvement plan	6	29%

Of the number of child care partners with Environmental Rating Assessments, the number that are participating in the QRS	6	29%
Of the number of child care partners, the number that receive weekly visits from your staff	20	95%
Family Services		
Of the number of families served, the number that receive weekly visits from your staff.	39	100%
Of the number of families served, the number have written family partnership agreements	39	67%
Staff Development		
Of the staff serving as home or child care partner visitors or working directly with children, the number that have completed 2 or more PITC modules	2	

For more information on Iowa and other state's efforts to expand the positive effects of Early Head Start, see *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families*, a forthcoming publication of the Center for Law and Social Policy and ZERO TO THREE.

Location of 4 pilot sites

