

HEAD START *in Iowa*



2013



ANNUAL REPORT

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This report has been prepared by the Iowa Head Start Association and the Iowa Head Start State Collaboration Office. Development, production and distribution of the report were supported by funds from the Iowa Head Start Association.

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ACKNOWLEDGEMENT

This report would not have been possible without the support of the Head Start programs in Iowa and the Head Start Training and Technical Assistance (T/TA) System.



Introduction

The Iowa Head Start Association and the Iowa Head Start State Collaboration Office are pleased to present the *Head Start in Iowa 2013 Annual Report*. This report describes the work of all Iowa-based Head Start and Early Head Start programs, including one Migrant and Seasonal Head Start program. Their efforts offering services and delivering results for individual families, the early childhood system, and the future of the State of Iowa are documented here. This Iowa Head Start Annual Report summarizes the information about Head Start and Early Head Start in Iowa using the 2012-2013 Program Information Report (PIR) data along with other sources.

Mission and History

Head Start and Early Head Start

Head Start and Early Head Start provide comprehensive child development services for children ages birth to five. Head Start serves children from age three until they are age-eligible to attend kindergarten. Early Head Start not only serves children through age three, but also pregnant women. Funding for Head Start goes directly from federal sources to local grantees. Because of this, there is no formal role for the state government; instead, funds go directly to local non-profit agencies across Iowa. Nonetheless, through strong collaboration with agencies at the local and state level, the Iowa Head Start Association and the Iowa Head Start State Collaboration Office contribute to the common vision for Iowa that every child is healthy and successful. Information presented in this report shows the extent to which comprehensive services are provided to Iowa children. These services include

- health, dental care, mental health and nutrition;
- preschool education;
- parent support services;
- services for children with disabilities; and
- child care.

The mission of the Iowa Head Start Association is to build the skills of its members to promote and advocate for a wide variety of quality services for all Iowa's children and families. IHSA supports, coordinates, and develops the Head Start community across Iowa with the end goal of fulfilling the vision of a state in which all children have the opportunity to succeed. Head Start serves the most

vulnerable children and families, transforming the lives of thousands and shaping Iowa's future. Unfortunately, this year was marked by the deep cuts required by sequestration. Federal Head Start funding was cut by 5.27%, or \$405 million¹, with effects beginning in the 2012-2013 program year but growing more severe during 2013-2014. See page 11 for more information.

In Iowa, 14 Early Head Start, 18 Head Start, and one Migrant and Seasonal Head Start grantee served 9,525 children and their families during the 2012-2013 program year. Federal funding of about \$56 million supported these programs.



HEAD START SERVES THE MOST VULNERABLE CHILDREN AND FAMILIES, TRANSFORMING THE LIVES OF THOUSANDS AND SHAPING IOWA'S FUTURE.

Collaboration with the Statewide Voluntary Preschool Program

In 2007, Iowa launched the Statewide Voluntary Preschool Program for Four Year-Old Children (SWVPP) in order to better prepare the state's children for school through a quality education. SWVPP programs are run through school districts across the state and have to adhere to several 'key requirements':

- Licensed teachers
- At least 10 hours of instruction per week
- Community collaboration, including family involvement, home visits, family nights, and conferences
- High program standards – programs implement the Iowa Quality Preschool Program Standards, the National Association for the Education of Young Children Program Standards and Accreditation Criteria, or the Head Start Program Performance Standards²

During the 2011-2012 year, the SWVPP served 23,162 students, down from 24,166 the year before, but up from 14,386 in 2009-2010.³ Additionally, during 2011-2012, 23.2% of the children served by the SWVPP were eligible for free or reduced price meals while 17.2% were non-white.⁴ The SWVPP is committed, like Head Start, to both the education of young children and the support of high-need families. Because of this, collaboration between Head Start and the SWVPP has proven successful. The following are testimonials from Head Start directors about the mutually beneficial relationship between the SWVPP and Head Start.

Kim Young-Kent

Tri-County Child and Family

"Tri-County has been collaborating with SWVPP for many years now. The partnership involves five different school districts. In each district, Head Start-enrolled children are served in the same classroom and with the same staff as the SWVPP. The district provides the certified teacher, space and supervision of employees. Tri-County provides health services and family services and financially supports the Head Start-enrolled children. Tri-County also provides the monitoring of Head Start Performance Standards and CLASS assessment for the teaching staff (see page 8). All classrooms are able to adopt Positive Behavioral and Interventions Support (PBIS) because of training and support offered through the partnership with Tri-County.

"The results of the partnership for the district include increased training and technical assistance in the provision of developmentally appropriate comprehensive child development services for all children in the district. The length of the school day for Head Start-enrolled children was able to be increased. More time at school and more time in appropriate instruction have produced results reflecting significant gains in language development, literacy, math, science, and cognition. Families and children are able to make natural transitions into the local school district, because they have been supported and transitioned according to needs. Tri-County and SWVPP programs together are meeting the needs of children and families, producing results and closing achievement gaps."

Amy Larick

DMPS Head Start

"Collaboration is at the core of everything we do in Des Moines Public Schools Early Childhood. We are one department with multiple state and federal funding sources serving about 2,000 students. As a delegate of Drake University Head Start we serve 424 Head Start children and families. SWVPP funds the majority of our slots, while Early Childhood Special Education and a variety of smaller state and local funders make up the remainder.

"Our leadership team, which includes administrators and program coordinators from all funding sources, meets regularly to make department-wide decisions and plan for joint professional development. We operate under the same district and department policies and procedures and have one central point for families to apply. Our comprehensive Family Support Services model includes recruitment and enrollment staff, family engagement facilitators, an interpreter, social workers, nurses, and case managers, all of whom meet regularly to coordinate and collaborate. We currently provide integrated classroom programming for Early Childhood Special Education students and have future plans to increase full day programming through additional collaboration."

Tonya Weber

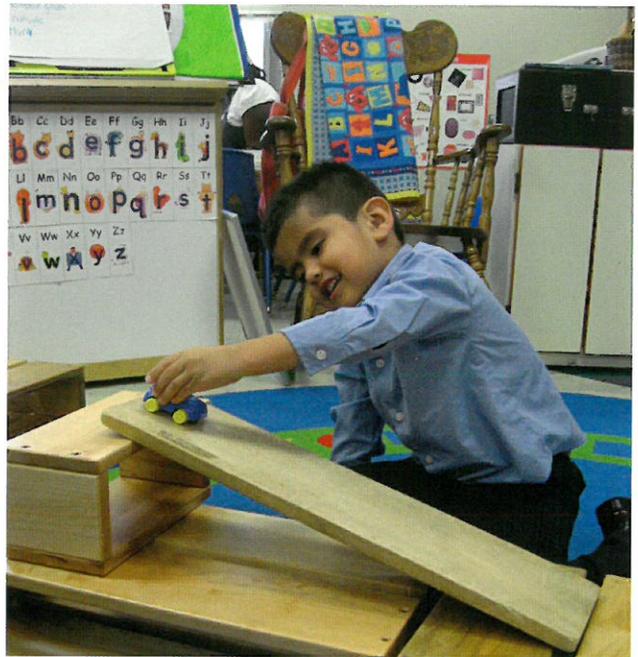
New Opportunities, Inc.

"The New Opportunities, Inc. Head Start program successfully partners with eight school districts within the counties of Audubon, Calhoun, Carroll, Dallas, Greene, Guthrie and Sac. Each one of these partnerships is unique in what each partner brings to the table. Regardless of what the partnership looks like, the goal of the partnership is the same: to provide the highest quality education and to increase access to much needed services for children.

"These partnerships have been instrumental in helping provide services that may otherwise be unattainable if either program was operating alone. By blending funding, Head Start children often are able to receive a full day of education four to five days per week. In addition, many children receive transportation to and from school. Other benefits of the partnerships include enhanced nutrition and health services, the opportunity to find and retain qualified staff, the blending of Head Start-eligible children in classrooms that include higher income peers, and district special education services. As a part of these partnerships, each classroom is monitored using the Head Start Performance Standards ensuring the highest level of quality for each and every student."

Head Start Programs & Children

Head Start and Early Head Start programs are located throughout the state and housed in community-based organizations, faith-based groups, schools, and other non-profit agencies. Fifteen programs are operated by Community Action Agencies. Two are single-purpose non-profit agencies, Tri-County Child and Family in Waterloo and Y.O.U.R., Inc. in Fort Dodge. Another is operated by Drake University in Des Moines. Iowa also has one Migrant and Seasonal Head Start program located in Williamsburg. (See map on the inside back cover.) Each program is monitored by the federal government under the direction of the Administration for Children and Families, U.S. Department of Health and Human Services.



Children

Head Start served 9,525 children in the 2012-2013 program year, most of whom were three and four years of age (Figure 1). Iowa's Head Start enrollment dropped by 155 from 2011-2012; due to sequestration, this number will fall by an even larger amount in the 2013-2014 program year. Head Start and Early Head Start are only able to serve about 24% of Iowa children ages birth to four in poverty.⁵ Iowa Head Start serves about 46% of three and four year-old Iowans in poverty. When the SWVPP began in 2007, Head Start's four year-old enrollment declined by about 500. In recent years, four year-old enrollment had stabilized and grown; in 2013, though, it again fell to 2008 levels.

Diversity

The racial and ethnic diversity of Iowa's Head Start and Early Head Start children reflects Iowa's growing diversity (Figure 2). Children of a race other than white and/or who are Hispanic represent 21.2%⁶ of Iowa's birth-four population compared with 35.1% of Iowa's Head Start population. Iowa's Head Start non-white and/or Hispanic population increased 1% from the 2011-2012 program year to the 2012-2013 program year and 4.1% since 2007.

FIGURE 1 Enrollment by age

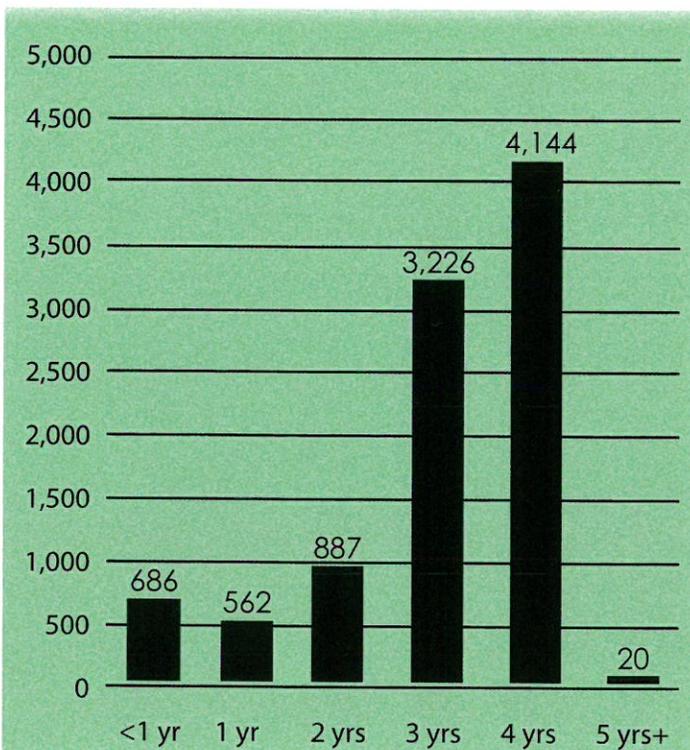
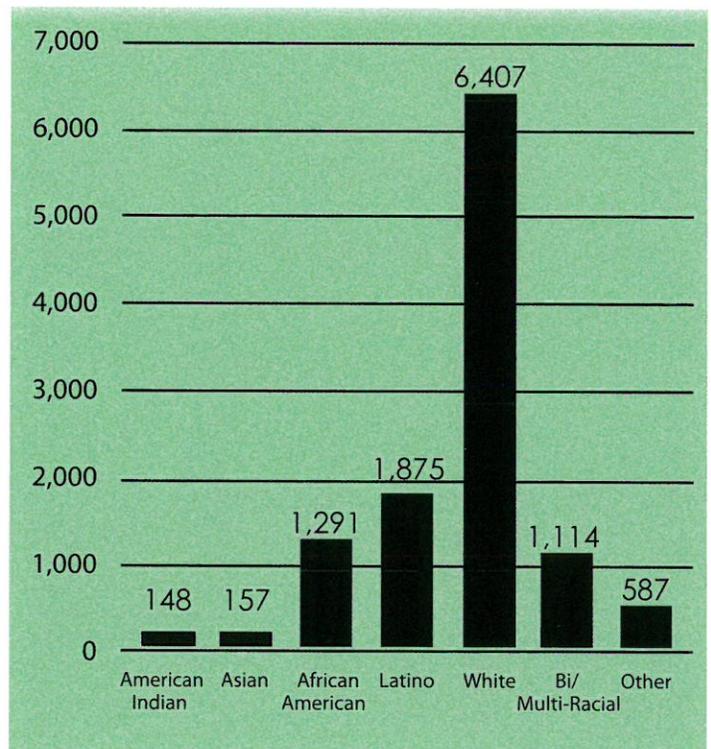


FIGURE 2 Enrollment by race and ethnicity



Head Start Health & Disability Services

Head Start goes above and beyond simply providing child care and education services. Providing health services is one way Head Start provides comprehensive service. Since the 1960s, Head Start has believed in the value of health care because those who are not healthy cannot learn.

So what does it take to make sure children are healthy? First and foremost, they have to have health insurance. Long before the Affordable Care Act expanded access to insurance for all Americans, Head Start ensured high percentages of enrolled children had access to Medicaid or private insurance, reaching 97% in 2013. Next, children should have a continuous and available source of medical care, or 'medical home'. Then, every child should receive a medical screening to ensure they are growing and developing in healthy ways, including sensory screens to verify children can see and hear adequately to be effective learners. If the screenings flag problems, Head Start works to ensure children receive needed services to address these problems. Currently 93% of children identified as needing additional services received them, and 82% needing dental services received them. During the 2012-2013 program year:

- 97.4% of Head Start children had insurance
- 98.4% had a medical home
- 94.1% had a dental home
- 94.9% received medical screening

Health Services

Head Start's commitment to care coordination and early identification has a measurable impact on the children served. Figure 3 demonstrates that Head Start children are more likely to have medical homes than even children from families above 200 percent of poverty.⁷ Figure 4 shows that Early Head Start children tend to be significantly more up-to-date on their immunizations than the statewide average.⁸ The improved immunization status stems from Early Head Start's careful tracking of health services and ensuring those services are provided. For a breakdown of the medical conditions most prevalent in Head Start children, see figure 5 on the next page.

FIGURE 4 Percent of 2-year olds/EHS up-to-date* on immunizations

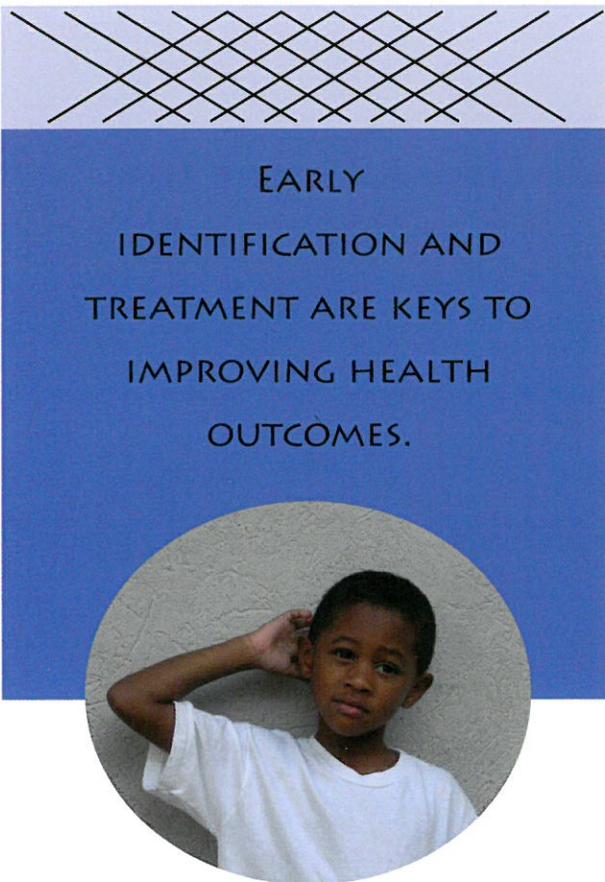
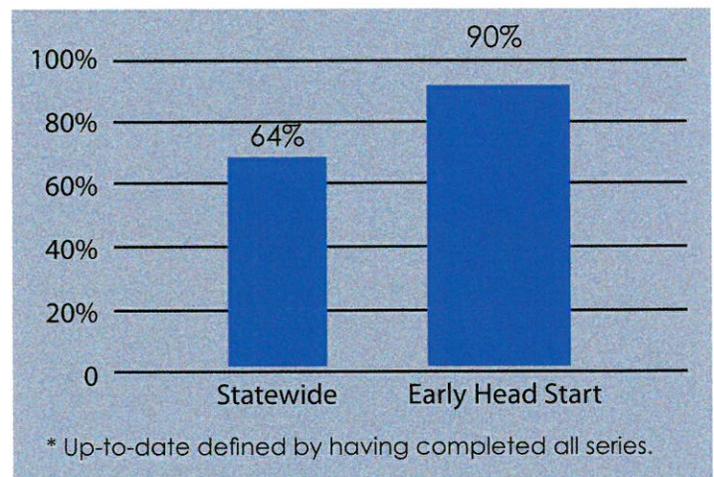
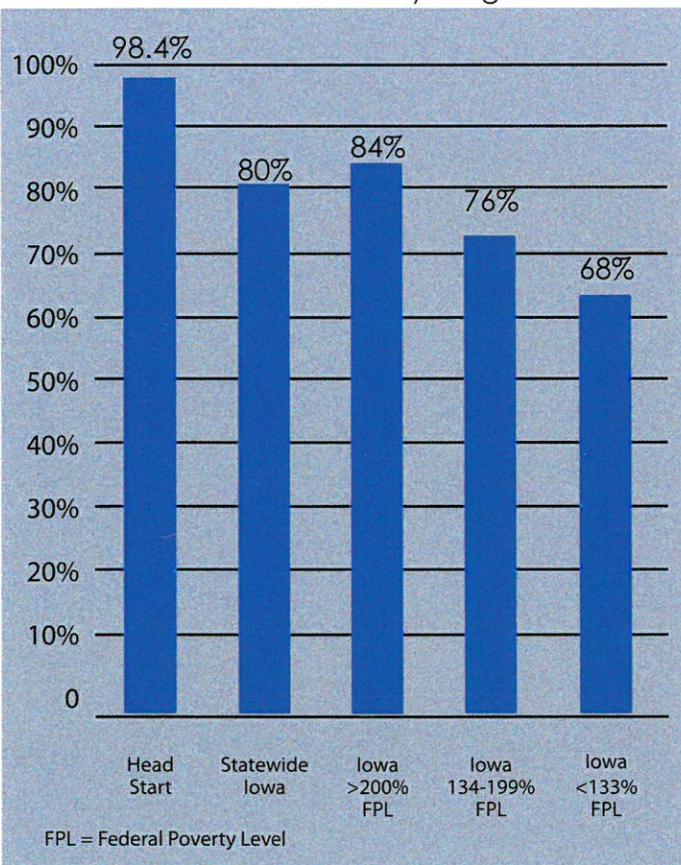


FIGURE 3 Medical home for young children



Disability Services

Children with a diagnosed disability comprised 11.1% of total program enrollment during the 2012-2013 program year – all but one of them, 1,076 out of 1,077 children, received services or special education under Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) as specified by the Individuals with Disabilities in Education Act (IDEA). For 41 years, Head Start has made at least 10% of its enrollment available to children with diagnosed disabilities. Figure 6 shows Head Start, Early Head Start, and cumulative enrollment percentages over the past seven years. Iowa Head Start has consistently been in the area of 11-12% enrollment for children with disabilities.

Head Start works with Area Education Agencies (AEAs) and public schools to identify children in need of services, develop IEPs/IFSPs, and implement those plans. Children with disabilities being served by Head Start are served in inclusive settings. These settings allow children with special needs and their typically developing peers to play and learn together.

FIGURE 6 Serving children with disabilities

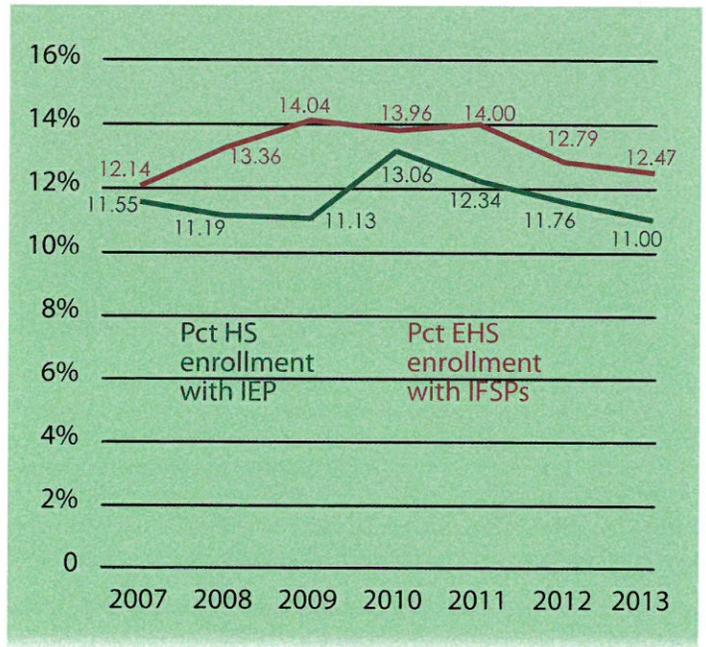
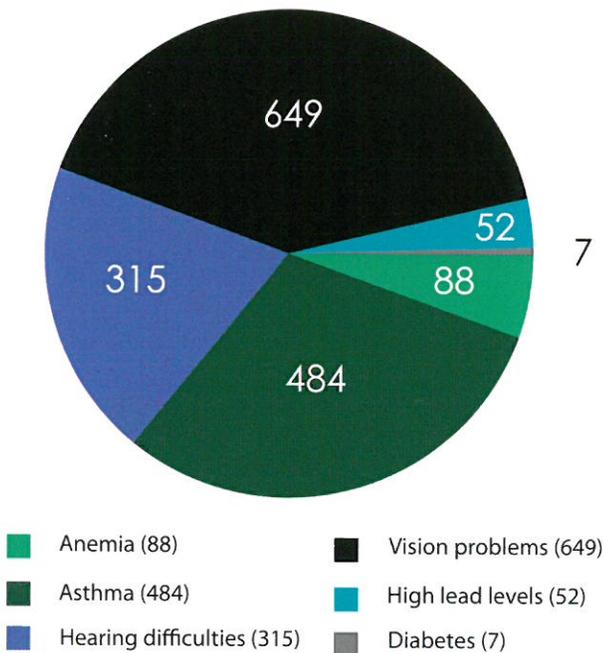


FIGURE 5 Number of children with specific medical conditions



*"Having a child with disabilities is not easy. Since enrolling in Head Start, I have received the best possible care for my child."*⁹

*Head Start parent
Evansdale, IA*

Dental Services

Head Start has established itself as a leading advocate for early preventive oral health services. In Iowa, Head Start and Early Head Start work with I-Smile coordinators in connecting children with a dentist for an examination and regular treatment. Head Start's success in this area is shown in the data: over 89% of Head Start children receive preventive care, typically in the form of fluoride varnish applications.

According to both the American Dental Association and the American Academy of Pediatric Dentistry, children should receive an oral health examination by a dentist at age 12 months. Unfortunately, this is not as common a practice as it should be. Head Start, however, insists that children receive an oral health examination at 12 months; as a comprehensive service, Head Start is committed to a higher standard of care for children in the state of Iowa.



The Goal of Head Start is School Readiness

School readiness lies at the core of what Head Start is all about. Yet children who come from low-income families often start out behind their peers, a gap that occurs sometimes as young as nine months of age.¹⁰ In the words of the Head Start Act of 2007, the purpose of Head Start is “to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development.”¹¹ According to the national Office of Head Start (OHS), “The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children’s learning, and schools are ready for children.”¹² OHS regulations require Head Start programs to create school readiness goals for all children in partnership with their parents. Assessment data shows that around 90 percent of 4 year-old Head Start children were proficient in significant domains such as language, literacy, and cognitive prior to kindergarten (Figure 7).¹³

In recent years, critics of Head Start have based their arguments on the Head Start Impact Study, which seemed to show a so-called ‘fade-out effect’ among Head Start students; that is, the gains made by children in Head Start disappear by third grade in relation to their non-Head Start peers. However, this is not the case in other legitimate and longitudinal measures which have shown sustained effects such as participating in special education, graduation rates, grade retention and overall academic success. And in a variety of measures, a consistent fade-out effect was not found among subsets of the population (e.g., those who had two years of Head Start and those from higher risk backgrounds). The following are important points to consider when evaluating the effectiveness of Head Start:

The Head Start Impact Study included measuring effects of Head Start before the passage and implementation of the Head Start Act of 2007, which greatly increased quality.

The ‘control’ group, or non-Head Start children, in the study often had access to other preschool programs, including Head Start itself. This tended to suppress the comparative effects of Head Start.

Many reputable studies note substantial long-term benefits of Head Start including higher educational achievement, higher income potential, and lower risk of teen parenthood.¹⁴

The goal of Head Start is school readiness and it accomplishes that goal. The impact study itself showed a wide array of benefits for Head Start children entering kindergarten.¹⁵

FIGURE 7 Percent of 4 year-old Iowa Head Start children performing at 4-5 year-old expectations

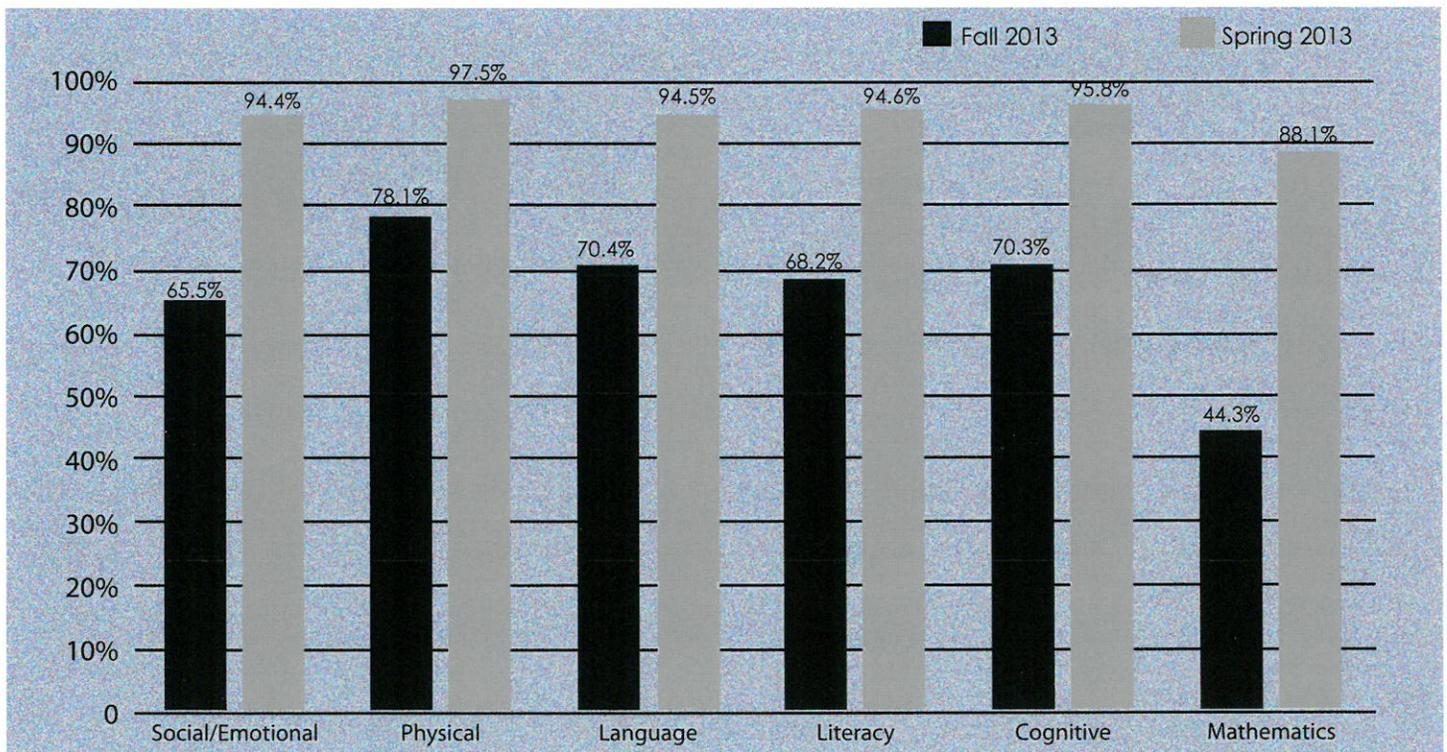


FIGURE 8 Iowa Head Start families

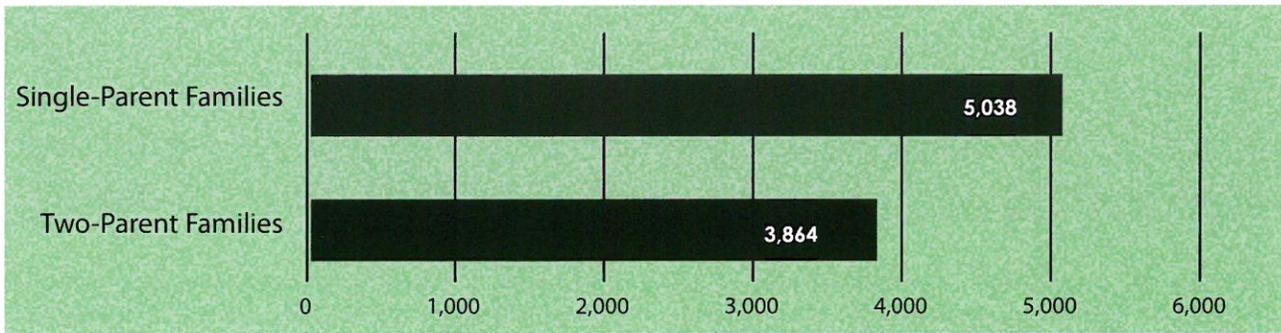


FIGURE 9 Two-parent families' employment

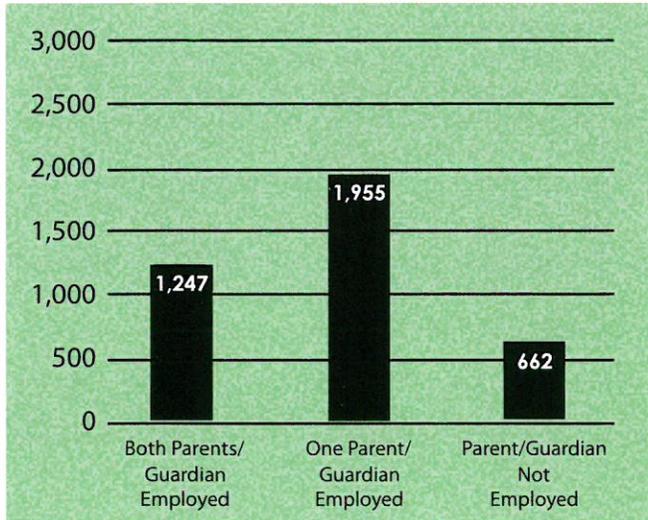
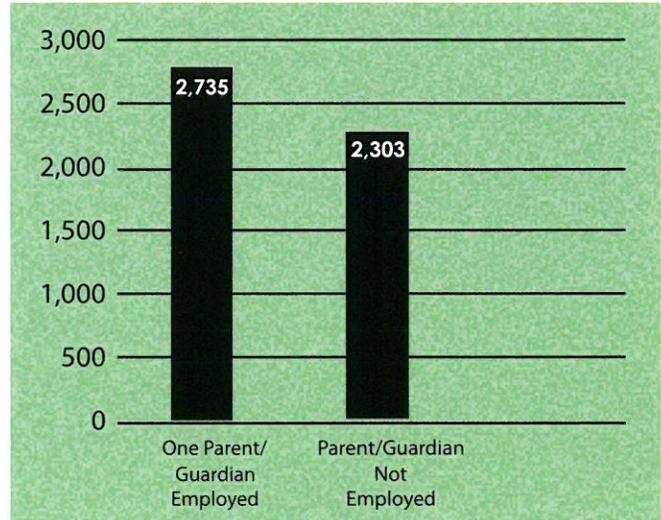


FIGURE 10 Single-parent families' employment



Head Start Families

Families are central to the purpose of Head Start. Services address the unique needs of each family as well as the needs of their children. Family members are vital to program decision-making, making up more than half of the governing body (policy council) of each Head Start program. By supporting parents and families, Head Start impacts those most responsible for the healthy and successful development of a child: his or her family. Parents who engage with Head Start have access to services that can make them healthier, better educated, and more prepared for parenthood. For example, Dominique Dobbs, a mother of four, said her Head Start home visitor showed her how to positively enforce discipline.¹⁶ Skills like proper discipline are fundamental to parenthood and contribute greatly to a child's development. Head Start forges these partnerships with parents so that their children may develop well and gain a good foundation for the rest of their lives.

Specifically, Head Start works with families based on the Parent, Family and Community Engagement Framework in seven key outcome areas: family well-being, parent-child relationships, families as lifelong educators, families as learners, families involved in transitions to kindergarten, families connected to peers and community, and families as advocates and leaders.

During the 2012-2013 program year, Iowa Head Start and Early Head Start programs provided services or referrals for 8,902 families. These services included parenting education; health education (including prenatal education); emergency/crisis intervention; mental health services; housing assistance (subsidies, utilities, repairs, etc.); transportation assistance; adult education (GED programs, college courses, etc.); job training; child abuse and neglect services; child support assistance; English as a Second Language (ESL) training; substance abuse prevention or treatment; domestic violence services; marriage education services; and assistance to families of incarcerated individuals.

Head Start families are much more diverse in structure than common stereotypes claim. In fact, many are two-parent families and most have at least one parent employed, even in the case of single-parent families (Figures 8, 9, and 10). No stereotype or generalization can fully describe the Head Start family community; the only thing that every family has in common is that they want the best for their children, a goal that Head Start shares and works to achieve.

Head Start Quality Staff

Head Start employs high quality staff to best serve the children and families with whom they work. Compensation, education, and retention are the three most important factors in the quality of the early childhood workforce. Compensating teachers better increases morale and decreases turnover. Educated workers are better prepared and more skillful in all industries, early childhood included. And, having consistent teachers is beneficial to any child's development.

Head Start is required, by law, to have in place a monitoring system that assesses the quality of each classroom. The system used nationally by Head Start programs is the CLASSTM (Classroom Assessment Scoring System) Pre-K tool, an instrument that is well-regarded and "validated by over 10 years of research in educational settings."¹⁷ CLASSTM requires the observation of teachers in a classroom setting by trained, reliable, and certified reviewers.¹⁸ Currently, there are CLASSTM reports available for seven of the 19 Iowa Head Start programs. By averaging the Iowa scores and comparing those to the national results published by the Office of Head Start, one finds that Iowa classrooms are outperforming the national average in eight out of the ten dimensions measured, including "Productivity", "Instructional Learning Formats", and "Language Modeling" (Figure 11).¹⁹

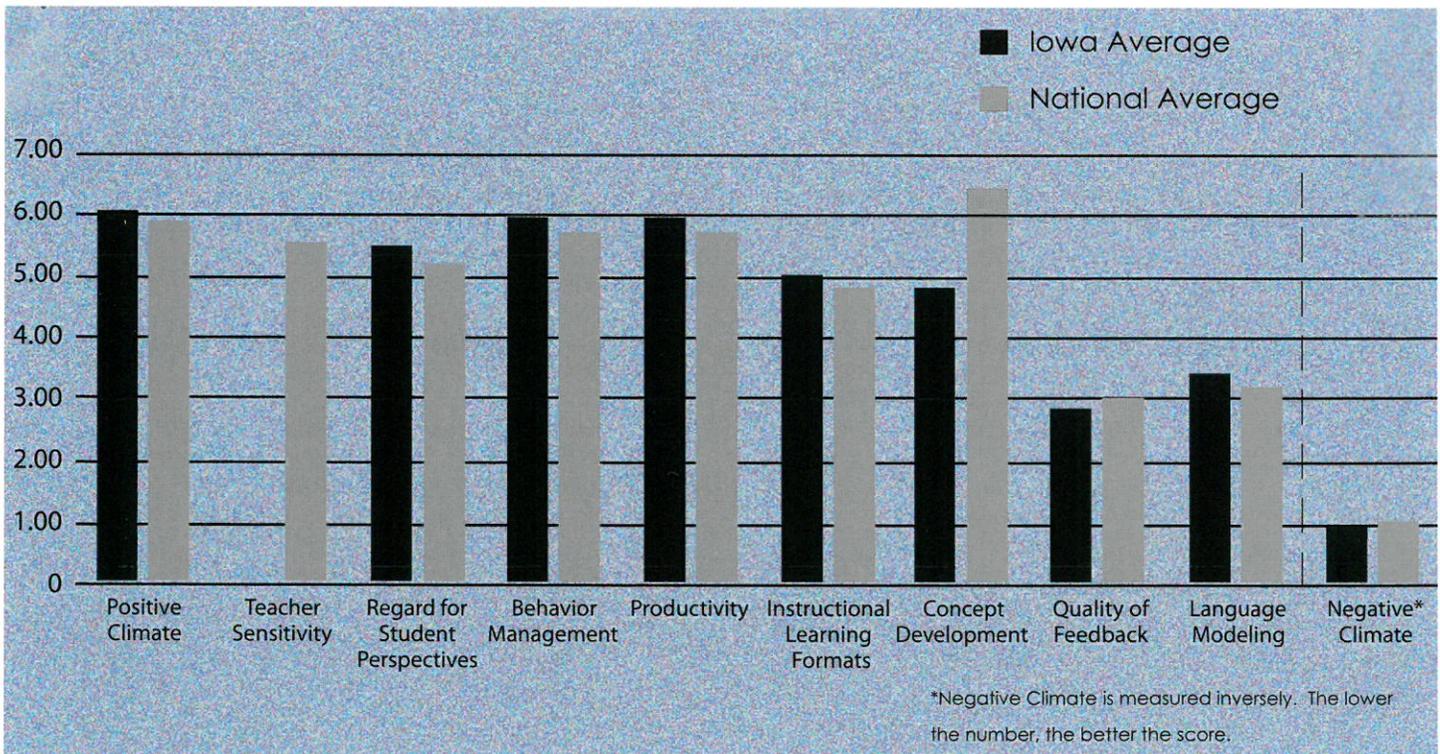
Iowa Head Start employed 2,190 individuals during the 2012-2013 program year. Overall, Head Start child development staff were more diverse than other early childhood and K-12 staff, with 8.9% non-white and 7.1% proficient in a language other than English. In comparison, 2.2% of K-12 teachers in Iowa were non-white in 2012.²⁰ Four percent of child care teachers in the state are non-white.²¹

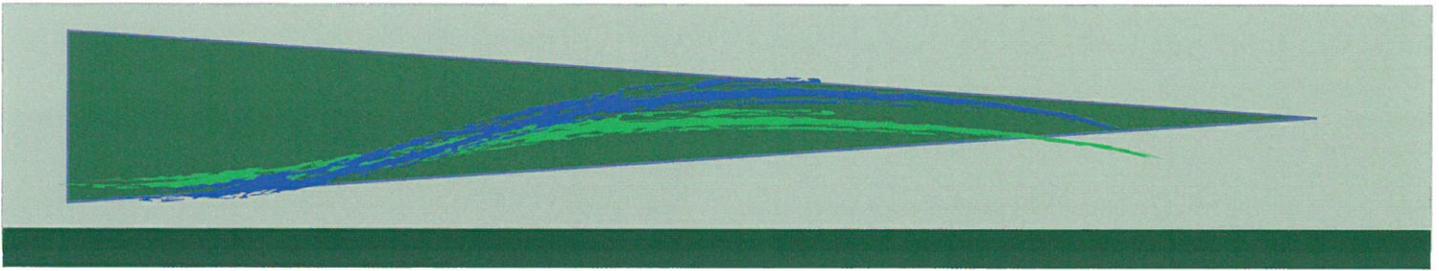
In addition to employed staff, Iowa Head Start programs benefited from the service of 11,569 volunteers, 7,342 (65.1%) of whom were parents. Head Start prides itself on the involvement of parents in programs and, in fact, national guidelines require that programs offer opportunities for involvement to every parent. Importantly, nearly 20% of Head Start workers during the 2012-2013 program year were current or former Head Start parents.

Corrections to Figure 11:

1. The Iowa Average bar for Teacher Sensitivity is missing. Iowa scored 5.7586, which is greater than the national average of 5.53.
2. Both averages for concept development are incorrect. The Iowa average should be 2.5157 and the national average should be 2.75.

FIGURE 11 Average CLASSTM assessment scores, Iowa vs. National





Compensation

Average salaries for Head Start teachers and assistant teachers increased this year from \$26,830 to \$27,720 and \$16,324 to \$18,208. The latest available data suggests the average salaries for child care center teachers and assistant teachers across Iowa in 2010 were \$20,720 and \$17,680.²² However, K-12 teachers in Iowa earned an average regular salary of \$50,218 in 2012.²³ Compensation differences between child care teachers and school teachers have a draining effect on the child care workforce.

Education

The percent of Head Start teachers with at least a Bachelor's degree in early childhood or a related field increased by 3.7, from 73.5% in 2011-2012 to 77.2% in 2012-2013. Likewise, assistant teachers and home visitors with any early childhood or related degree or credential increased by 7.5% and 4.1%, respectively (Figure 12). For the fourth straight year, all home-based supervisors held a degree or credential. Head Start's commitment to an educated staff is continuing to pay dividends and ensure a high-quality level of service for children and families in Iowa.



FIGURE 12 Head Start staff with degrees

	Teachers	Assistant Teachers	Home Visitors	Home-based Supervisors
Percent with degrees/credentials	98.9%	71.1%	92.8%	100.0%
Associate degree, ECE/related	110	137	12	2
Baccalaureate degree, ECE/related	422	83	74	16
Graduate degree, ECE/related	49	5	8	2
CDA credential or equivalent	22	238	9	1
Staff without credentials	7	188	8	0

Retention

Iowa Head Start staff experienced a turnover rate of 11.1%. In 2010, the child care workforce in Iowa experienced total turnover rates of 14% for teachers, and 31% for assistant teachers.²⁴ Given those numbers, Head Start has demonstrated a better-than-average ability to hold on to staff and achieve consistency in the classroom.

Head Start State Collaboration

The Office of Head Start at the U.S. Department of Health and Human Services funds a position in every state to promote Head Start-state collaborations. Since Head Start is a federal-to-local program, the Head Start State Collaboration Office (HSSCO) becomes a central point of contact between federally-funded Head Start programs and the state. In Iowa, the Head Start State Collaboration Office is housed in the Iowa Department of Education and is responsible for addressing four key goals:

To foster seamless transitions and long-term success of Head Start children by promoting continuity of services between Head Start and later experiences in K-12.

To collaborate with institutions of higher education to promote professional development through education and credentialing programs for Head Start staff and early childhood providers.

To coordinate activities with child care and Child Care Resource and Referral (www.iowaccrr.org) to make full working day and full calendar year services available to children, and to support Head Start programs in participating in the Quality Rating System and partnering with child care and early childhood systems at the local level.

To support Regional Office priorities, including involvement with state advisory councils, family and community partnerships, health, mental health, oral health, disabilities, and support to military families.



Accomplishments and Successes in the Key Four Areas

ONE

Transition and collaboration with school districts

The office built on its success last year with the Transition Summit to host a school readiness summit in spring 2013. As is evident in other parts of this report, partnerships with districts are expanding and deepening.

TWO

Collaboration to promote professional development

The Iowa HSSCO has been involved at a leadership level to develop and implement a comprehensive early childhood care, health, and education professional development system. This year saw the development and approval of competencies, so now the necessary skills for all major Head Start professional roles have been defined. This sets the stage for developing pathways and links to educational opportunities that teach the identified skills. The office has promoted T.E.A.C.H. Early Childhood® IOWA, a unique incentive-based program that promotes the professionalization of the early childhood field, which now has been expanded to include family support workers.

THREE

Coordination of activities with child care

Iowa's Quality Rating System includes recognition of Head Start standards and through a wrap-around child care program, full-working-day and full-calendar-year services are available to Head Start children. This year saw an increase in the number of Head Start centers participating in the Quality Rating System. Better alignment is being sought to encourage more participation. The Office maintains a close partnership with Early Childhood Iowa, and took leadership in the state's application for the Race to the Top-Early Learning Challenge grant. The application was not successful.

FOUR

Additional Regional Office priorities

The office has continued its leadership role in developing a statewide system of Early Childhood Positive Behavioral and Interventions Support (EC-PBIS), now launching a new set of programs implementing the model on a program-wide basis. The office has also spearheaded stronger collaboration between Head Start programs and the I-Smile Oral Health system that ensures Head Start children receive appropriate oral health care.

The Impact of Sequestration

In the last few years, President Obama and both parties in Congress have worked together to reduce our deficit by more than \$2.5 trillion through a combination of spending cuts and increased tax rates. In 2011, Congress passed a law saying that if they could not agree on a plan to reduce the deficit by \$4 trillion — including the \$2.5 trillion in deficit reduction lawmakers in both national parties have already accomplished over the last few years — about \$1 trillion in automatic, arbitrary and across the board budget cuts would start to take effect in 2013. As a result, Iowa Head Start children, families and staff have been impacted by the action and inaction of our elected officials.



The Hawkeye Area Community Action Program, which administers Head Start programming in Benton, Iowa, Johnson, Jones, Linn and Washington counties, will serve 70 fewer children during the 2013-14 school year as the result of a 5.27% reduction in federal funding. "It makes you feel vulnerable," said Lisa Nagel, a Head Start early childhood teacher at the Cedar Rapids Inn Circle facility, which HACAP operates. "It's kind of frustrating. You know it's a quality program and you wish other people believed in it."²⁵ Yasmina Vinci, executive director of the National Head Start Association, said sequestration represented the largest hit to Head Start funding in terms of dollars since the program began in 1965. "The cut has been very painful throughout the country," Vinci said. Nationwide, about 1,600 grantees, which include nonprofits and local government agencies, receive federal Head Start funding.

Healing in Tough Times, Bolstering the Future

It's often easy to imagine poverty as a foreign issue, reserved for less-developed countries. But the reality is that 16 million children, about one in five, in the United States are in poverty.²⁶ These children tend to lack access to the basic services needed to thrive, such as education and health care. In Iowa, Head Start continues to provide important, comprehensive services to impoverished children and families in order to guarantee them, and the state, a better future. The 2012-2013 program year saw the following:

- 9,525 children served
- 46% of three and four year-old lowans in poverty enrolled in Head Start
- 35.1% of Head Start children were non-white and/or Hispanic, compared to 21.2% for Iowa in general
- 97.4% of Head Start children had medical insurance, 98.4% had a medical home, and 94.9% received a medical screening
- 99.9% or all but one of 1,077 children diagnosed with a disability in Head Start received services
- A wide array of services, including parenting education, health education, and crisis intervention offered to the 8,902 diverse Head Start families
- A 3.7% increase (to 77.2%) in the amount of Head Start teachers with at least a Bachelor's degree in early childhood or a related field

Despite budgetary tightening across the country, Head Start in Iowa is continuing to offer a quality product. Also, Head Start programs are collaborating well with school districts and the Statewide Voluntary Preschool Program, to the great benefit of the children being served. Even so, the most notable event of the past year was surely the effects of sequestration. Cuts made because of the sequester will have a deep impact in the services Head Start is able to offer, and this will be reflected in the 2013-2014 program year.

During the 2012-2013 program year, Head Start made a difference in the lives of nearly 10,000 children and families in Iowa. The effects of the services they received will resonate for years, both for the families and for the state. Although poverty remains a pervasive issue, Head Start is making a measurable dent by comprehensively serving the children and families that need it most.

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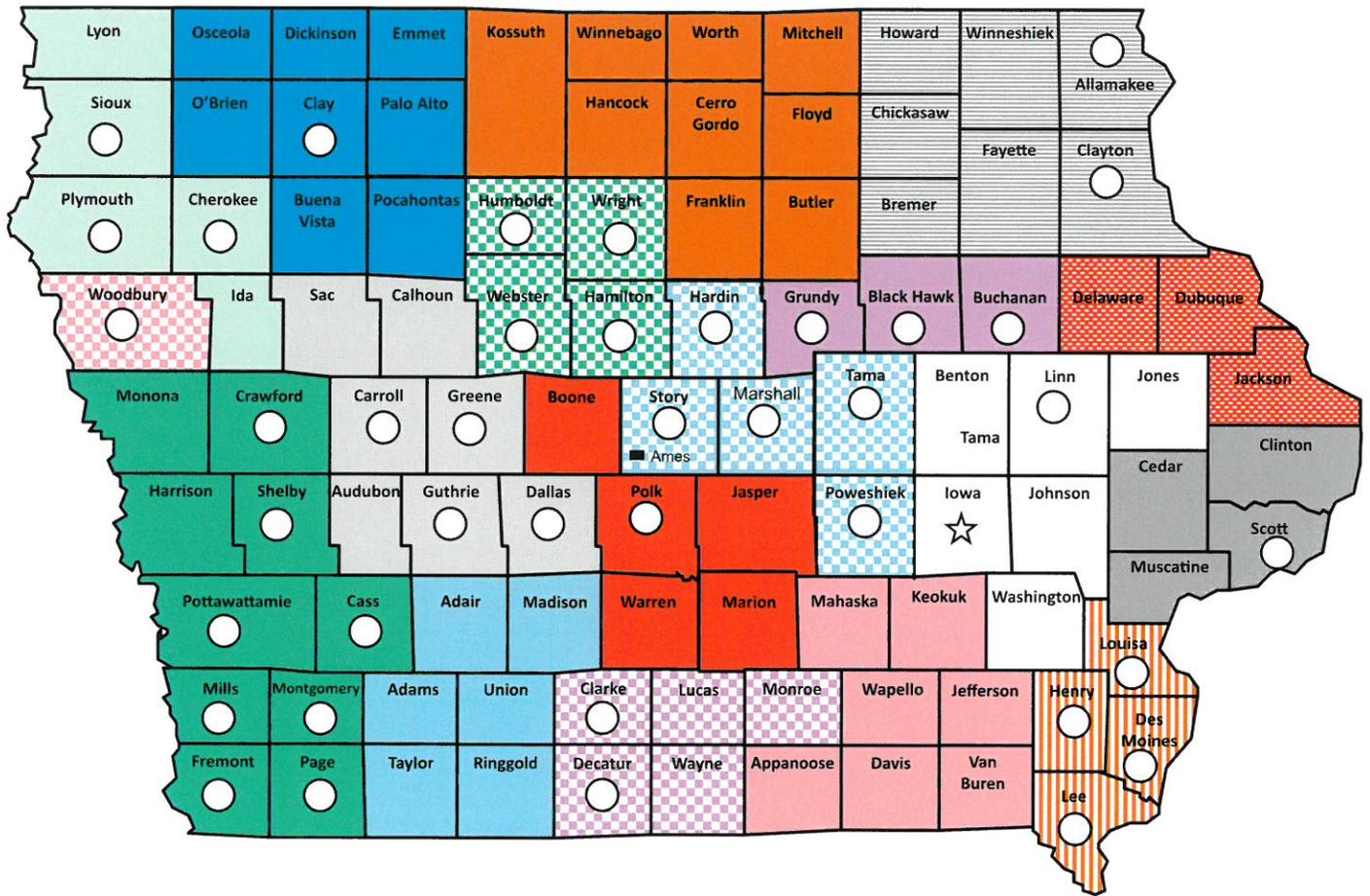
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Head Start and Early Head Start Programs



Agency Providing Programs	Headquarters	Phone
Community Action of Eastern Iowa	Davenport	515-324-3236
Community Action of Siouxland	Sioux City	712-274-1610
Community Action of Southeast Iowa	Burlington	319-753-0193
Drake University Head Start	Des Moines	515-271-1854
Hawkeye Area Community Action Program, Inc.	Hiawatha	319-393-7811
Matura Action Corporation	Creston	641-782-8431
Mid-Iowa Community Action, Inc.	Marshalltown	641-752-7162
Mid-Sioux Opportunity, Inc.	Remsen	712-786-2001
New Opportunities, Inc.	Carroll	712-792-9266
North Iowa Community Action Organization	Mason City	641-494-1891
Northeast Iowa Community Action Corporation	Decorah	563-382-8436
Operation New View Head Start	Dubuque	563-556-5130
South Central Iowa Community Action Program	Chariton	641-774-8311
Southern Iowa Economic Development Association	Ottumwa	641-682-8741
TMC, Inc. (MSHS)	Williamsburg	888-836-5151
Tri-County Head Start	Waterloo	319-235-0383
Upper Des Moines Opportunities, Inc.	Graettinger	800-245-6151
West Central Community Action	Harlan	712-755-5135
Your Own United Resources, Inc.	Fort Dodge	515-573-2453

Denotes Early Head Start offered; all other provide Head Start only.



Iowa Head Start Association

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