



EARLY CHILDHOOD SERVICES IN AEAs: A BLUEPRINT FOR THE FUTURE

PREPARED BY

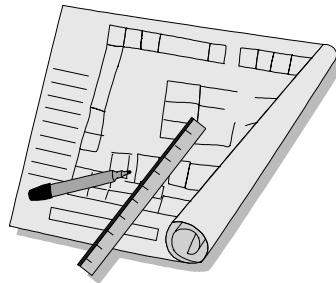
EARLY CHILDHOOD SPECIAL EDUCATION
LEADERSHIP NETWORK AND THE
IOWA DEPARTMENT OF EDUCATION

SEPTEMBER, 2004

A BLUEPRINT FOR THE FUTURE



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SEPTEMBER 2004

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Department of Education
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Des Moines, Iowa 50319-0146

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PROLOGUE

For the past two years, there has been a substantial increase in accountability and outcomes focused on kindergarten through twelfth grade achievement due to the federal mandate of the *No Child Left Behind (NCLB) Act*. Ironically, many of the challenges for improving outcomes of our pre-K children are the same as they are for K-12 children. Many children *begin* school at levels defined as failing and schools immediately feel the burden of helping them catch up. For many of these children this is an unnecessary dilemma and one that can be altered in early childhood through effective interventions. Area Education Agencies (AEAs) have a responsibility to be part of the solution.

The purpose of this document is to facilitate discussion among decision makers at the Iowa Department of Education (DE), AEAs and local communities (including school districts) to establish early childhood priorities, and define the AEA role in the statewide efforts to build a strong early care, health, and education system. Such vision and leadership has appropriately fallen on the shoulders of state and local partners. The current challenge is to manage time, personnel, and fiscal resources to create new and better ways of helping more children to begin kindergarten on a trajectory for success. We must start by identifying the most important priorities in early childhood and create a plan for improving our capacity to support children, families, and schools.

This document identifies priorities for continuous improvement of AEA early childhood special education services, as a collaborative effort with the Iowa Department of Education, in support of the care and education of our youngest children before they begin kindergarten. The following six priorities were developed by the Early Childhood Special Education (ECSE) Leadership Network:

1. Integrate Early Childhood Special Education services with Iowa's Early Care, Health and Education System and coordinate our efforts within the evolving statewide system.
2. Implement the Iowa Department of Education's Quality Preschool Program Standards to ensure quality placements for children receiving ECSE services.
3. Assist with the implementation of the Iowa Early Learning Standards.

- 4.** Create a comprehensive plan of personnel preparation and professional development.
- 5.** Provide leadership to advance assessment practices and data use that serves to improve developmentally appropriate practices, instruction, and outcomes for young children.
- 6.** Strengthen our vision, goals, and leadership in early childhood and our ability to advocate for all young children, including those with disabilities.

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PURPOSE OF THE BLUEPRINT

Quality early learning experiences lead to the development of skills and knowledge that are precursors to success in school and throughout life. However, providing these experiences throughout the day presents a challenge. Some children have such opportunities starting at birth in their homes and early childhood settings, but many children do not (Hart & Risley, 1979; Lee & Burkam, 2002). National research has demonstrated that children who have traditionally been at risk for failure in school are positively affected by the quality of early childhood experiences more than other children (Shonkoff & Phillips, 2000). In addition, high quality early learning experiences successfully predict children's performance well into their school careers (Schweinhart, 2003). There is a strong research base identifying what young children need to succeed in school and in life, which we have used to determine our priorities for children ages three to five years.

The purpose of this document is to facilitate discussion among decision makers at the state, regional and local level, establish early childhood priorities, and define the AEAs' role in the statewide efforts to build a strong early care, health, and education system. The outcome of these discussions will be action plans to advance the priorities addressed in this Blueprint. Allocation of adequate resources for early childhood services will be imperative to implement future action plans. New skills and partnerships will be required to establish community networks of integrated services in an ever more diverse society. AEA staff will need to become proactive as we strive to meet these priorities.

INTRODUCTION

Goals of state leadership begin with the Governor's commitment. Governor Thomas Vilsack stated in his 2002 Condition of the State Address, "A better future for Iowa also depends on our commitment to early childhood learning and literacy." He challenged Iowans to "build upon the progress made to empower parents, teachers, and childcare providers." Governor Vilsack identified the need to better coordinate and advocate for early childhood efforts to ensure that young people start school ready to learn and excel. He stated that, "It's an investment that will pay off many times in the future—and one that will greatly enhance the impact of all our investments in Kindergarten through 12th grade and beyond" (Vilsack, 2002). Also, Governor Vilsack and Lt. Governor Pederson established a Leadership Agenda at the beginning of their second term in office with one of the priorities addressing the "Continuous Improvement of Education." As a part of this priority, they set a goal that "90 percent of children will have a quality preschool experience and 90 percent of students will have at least two years of higher education."

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The State Board of Education has also selected early childhood as a priority. In 2002, they set a goal that “All children will enter school ready to learn.”

AEA early childhood special education staff will need to play a critical role in the achievement of these state goals. Many factors support this role, including:

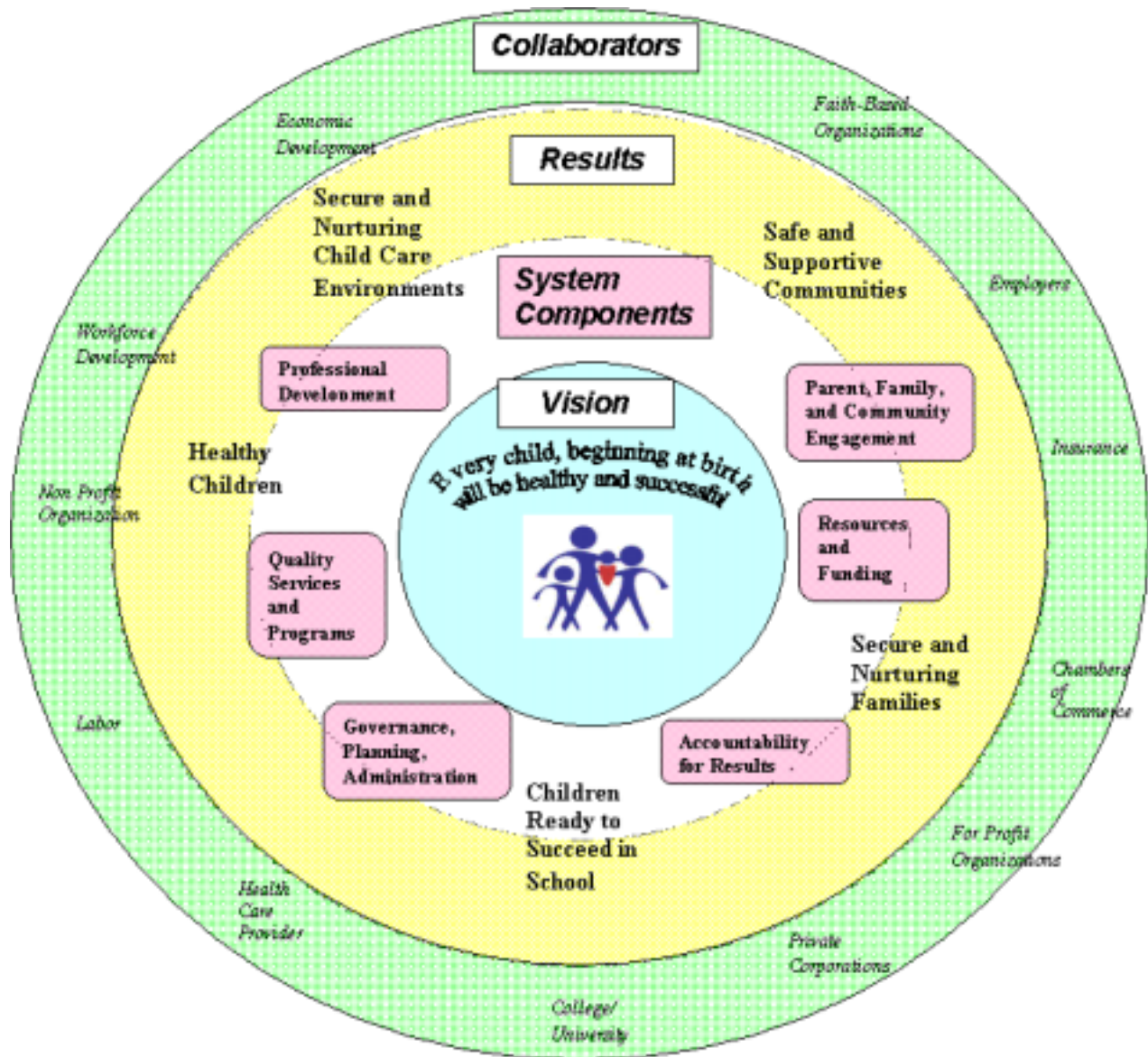
- AEA staff allot time in childcare settings and preschool classrooms collaborating with staff to implement problem solving, assess young children, and monitor Individualized Education Programs (IEPs).
- AEA staff provide consultation for behavior and learning concerns of individual children that could be remediated by addressing systemic problems.
- AEA staff receive quality professional development on current effective practices that need to be shared and implemented in early childhood settings.
- AEA and LEAs currently work together with families and community partners to address challenges and solutions for meeting the diverse educational needs of young children.

PRIORITIES:

PRIORITY #1. INTEGRATE EARLY CHILDHOOD SPECIAL EDUCATION SERVICES WITH IOWA’S EARLY CARE, HEALTH AND EDUCATION SYSTEM AND COORDINATE OUR EFFORTS WITHIN THE EVOLVING STATEWIDE SYSTEM.

Iowa is taking the steps necessary to build an early care, health and education system. This system is comprised not only of direct services that families and children receive, but also includes an infrastructure that enables direct services to function effectively and efficiently (Kagan, 2001). A group of key constituents, referred to as Early Childhood Iowa Stakeholders, representing state, regional and local agencies (AEAs, Early ACCESS, Urban Education Network, DE, etc.) with a vested interest in young children, is guiding the efforts to develop Iowa’s early care, health and education system. The critical components that constitute this system are represented in Figure 1.

FIGURE 1.
Diagram of Iowa's Early Care, Health and Education System.



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The Early Childhood Iowa Stakeholders' vision, "Every child, beginning at birth, will be healthy and successful" is challenging all early care, health, and education constituents at state and local levels to look toward the future and build a system with an infrastructure to attain this vision. The Early Childhood Iowa Stakeholders' five results and supporting goals are built upon the belief that no one agency or organization has the resources, expertise or capacity to attain the results and goals alone; but centers on the belief that collaboration among various stakeholders will support the implementation of an early care, health, and education system that provides the components required to enhance the well-being of children and families.

Currently, over 25 partners, including the AEA Directors of Special Education, Special Education Advisory Panel, Iowa Council for Early ACCESS and the ECSE Leadership Network, have endorsed the Early Childhood Iowa Stakeholders' vision, results and goals on behalf of all young children and families. (See Appendix A.) It is often a challenge for AEA and LEA constituents in the field to know their role in building a comprehensive early care, health, and education system. It is the responsibility of the AEAs and LEAs to make these connections. They must increase their understanding of the early childhood system and take an active role in its development. (See Appendix B.)

PRIORITY #2: IMPLEMENT IOWA'S QUALITY PRESCHOOL PROGRAM STANDARDS TO ENSURE QUALITY PLACEMENTS FOR CHILDREN RECEIVING EARLY CHILDHOOD SPECIAL EDUCATION SERVICES.

In order to improve the quality of early childhood programs in Iowa, the Department of Education's Early Learning Work Team developed Quality Preschool Program Standards based on the National Association for the Education of Young Children (NAEYC) accreditation standards and criteria. These will be used in early childhood settings that are linked to DE funded programs, such as Title I preschools, ECSE classrooms, and early childhood settings where children's IEPs are being implemented. The comprehensive standards address the following ten areas:

- 1) Relationships
- 2) Curriculum
- 3) Teaching

- 4) Assessment
- 5) Health
- 6) Teachers
- 7) Families
- 8) Community Partnerships
- 9) Physical Environment
- 10) Leadership & Management

QUALITY EARLY CHILDHOOD SETTINGS

Federal and state initiatives, national professional organizations, and community-based efforts are focused on improving the quality of early care and education settings. Language in NCLB, IDEA, and the President's Commission on Excellence in Special Education Report (2002), clearly indicate that general and special education systems are interdependent and the success of one depends on the success of the other. This is true in early childhood and early childhood special education as well. A major emphasis in early childhood is to ensure that quality early childhood settings are available for **all** children. Further, the U.S. Department of Education's Office of Special Education Programs (OSEP) has established a performance indicator stating that children with disabilities will be educated with nondisabled peers to the maximum extent appropriate, including preschool. This priority provides a rationale for the importance of ensuring quality early childhood programs upon which AEA Early Childhood staff can provide support and individualized special education services.

Research has documented that high quality preschool programs for young children and their families produce many positive outcomes that are sustained over time (Sandall, McClean, & Smith, 2000). Also, research supports the impact of providing quality early childhood programs for young children and the return on dollars invested. One of the most well known longitudinal studies is the High Scope Perry Preschool Project that showed both a significant and long lasting impact of quality preschool experiences for at-risk three and four year olds. (Schweinhart, 2003). In addition, the study showed that for every one dollar invested in quality early childhood programs, the return on this investment was seven dollars, based on the reduced costs of remedial education and justice system expenditures, and in the increased earnings and projected tax revenues for participants.

HOW DOES IOWA COMPARE?

The quality of childcare received by Iowa's children has recently been reported in the Midwest Child Care Research Consortium Study (Hegland, Peterson, Jeon, & Oesterreich, 2002). Overall, the results indicated that the quality of full-day, full-year childcare in Iowa, particularly in family childcare and infant-toddler center care, was disheartening. Care for our youngest children was generally poor to mediocre. While some preschools were rated as good, the majority scored in the poor to mediocre range.

To increase the number of quality early care and education settings that serve children with disabilities, AEA staff will have a critical role in the implementation of quality program standards. It is imperative that they are involved in the implementation of the quality program standards in order to promote the collaborative relationships. This most likely will be a new role for AEA staff and may require additional allocation of resources, including personnel, time, and financial support.

PRIORITY #3. ASSIST WITH THE IMPLEMENTATION OF THE IOWA EARLY LEARNING STANDARDS.

The Iowa Department of Human Services has been charged by the U.S. Department of Health and Human Services (HHS) to partner with agencies and organizations to improve early care and education. A component of this charge required states to develop early learning standards as a part of a state's plan for the Child Care Development Fund (CCDF).

The Iowa Early Learning Standards (IELS) which will go into effect in July of 2005 describe what children, birth to five, should know and be able to do, as well as provide guidance as to what adults can do to promote children's developmental abilities. The IELS are designed to identify the knowledge, skills, motivation, and attitudes needed by five-year-olds for success in kindergarten, through the remainder of their schooling, and in life. Using the Iowa Professional Development model these standards will be infused into personnel preparation and staff development for early care and education staff.

The goals of the Iowa Early Learning Standards are to improve the quality of early learning experiences and to promote alignment between what children are learning before they enter school and what is expected of them in school. The IELS will have a daily impact on the development and implementation of Individualized Education Programs (IEP). Even though IEPs require a reference to district standards and benchmarks, many districts do not have early learning standards and benchmarks. These

child standards will assist IEP teams as they link IEP goals with standards and benchmarks that address the expectations for the learning and development of young children. By implementing Iowa's Early Learning Standards we will take a step towards a seamless education system that starts at birth.

PRIORITY #4. CREATE A COMPREHENSIVE SYSTEM OF PERSONNEL PREPARATION AND PROFESSIONAL DEVELOPMENT.

A critical element in the provision of quality services for young children with disabilities and their families is the preparation of qualified personnel to deliver those services (Rose & Smith, 1993; Winton & McCollum, 1997; Yates & Hains, 1997; (Sandall et al., 2000). Early Childhood Special Education staff provide services in a variety of roles and settings. The ECSE teachers may work directly with children who have IEPs and their families or they may work in a collaborative relationship with other professionals. Settings for service delivery include the home, ECSE classrooms, Head Start, and community-based early childhood programs. Specialized areas of preparation for ECSE teachers include the development and implementation of intervention plans and strategies, in-depth competence in developing and conducting assessment procedures, competence in initiating and conducting interdisciplinary planning teams, and serving as an advocate for children and families.

One of the challenges for Iowa's institutes of higher education (IHEs) is providing a wide variety of in-depth experiences in Early Childhood Special Education, birth to five. Student teachers may have limited experiences with children who have a low incidence disability, such as multi-sensory impairments (deaf-blind, hearing impairment, etc.) and more severe disabilities. This makes it challenging for new teachers to gain knowledge and experience needed to support children with diverse needs. IHEs have expressed a need for support from AEAs and LEAs in providing quality practica and student teaching experiences. AEAs and LEAs are also challenged to provide quality sites for these experiences, especially in the areas of low incidence, least restrictive environment and home instruction. In addition, AEAs and LEAs need to be responsible for providing support and professional development to their ECSE staff.

Presently, there is beginning collaboration among AEAs, LEAs, and IHEs to ensure that there is a linkage between what is addressed in the curriculum in personnel preparation programs with what is happening in early childhood special education settings across the state. Iowa Script and Natural Allies are two initiatives that are promoting increased communication between IHEs and the field of early care and education. There is still a need for additional activities that will allow more frequent communication and collaboration among IHEs, AEAs, LEAs and other EC agencies.

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Collaboration of AEAs, LEAs, and IHEs should include the following:

- AEAs providing information and assistance with training in the areas of policy and procedures, IEP process, forms, current practices, etc; and
- AEAs including college/university students and faculty in their trainings.

The Department of Education is working on a comprehensive system of personnel development (CSPD) for providers of services, birth to 5. Across Iowa, trainings have occurred in specific areas of expertise, such as autism, behavior, and literacy; but there is presently not a systematic plan of staff development. EC and ECSE classroom teachers and child care providers have limited opportunities for staff development on early childhood topics. Creative collaboration is recommended to address professional development issues. The delivery of quality staff development is challenging because of time constraints, a need for release time, staff with multiple responsibilities, travel distances, and financial constraints. Follow-up after trainings range from sporadic to regular contacts, even though research (Joyce & Showers, 2002) indicates that full implementation of innovations doesn't occur unless there is consistent follow-up. Many early childhood providers report they feel isolated from others in the field. It is important to bring early childhood staff together so they can support each other and learn from one another, as well as keep current in early childhood best practices.

To provide comprehensive, coordinated services for young children with diverse needs and their families, staff development for all personnel (including paraeducators) is critical. Administrators of early childhood programs (AEA, LEA, Head Start and other early childhood community entities) should have knowledge of exemplary programs and be involved in discussion on how to support those quality programs.

Research on staff development has demonstrated conclusively that new learning requires substantially more time than the typical one-shot workshop if the new learning is to be implemented in early childhood settings (Showers, Joyce & Bennett, 1987). Often learning opportunities need to be interspersed with classroom practice so questions that arise from early implementation efforts can be resolved. It is critical for administrators to acknowledge the time commitment needed for follow-up. Professional development, especially for skill building and implementation, includes a wide array of opportunities such as study groups, linkages to web sites, hands-on learning, access to and discussion on current research and support of dialogue. Therefore, AEAs need to have resources of time and financial commitment to be a catalyst for the necessary training of staff.

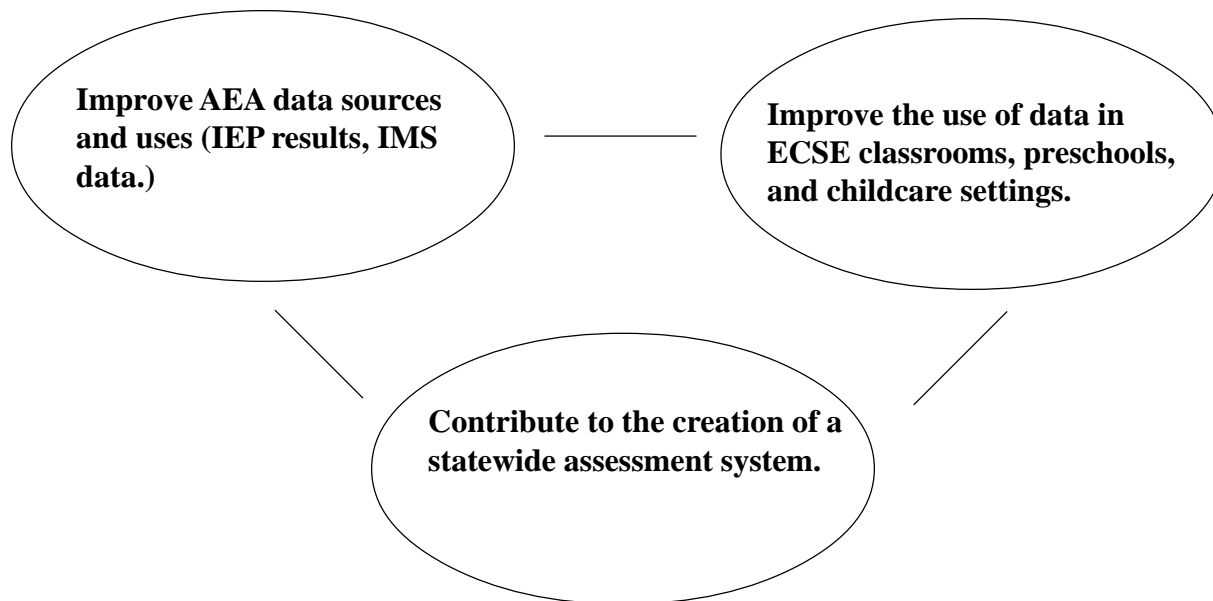
PRIORITY #5. PROVIDE LEADERSHIP TO ADVANCE ASSESSMENT PRACTICES AND DATA USE THAT SERVE TO IMPROVE DEVELOPMENTALLY APPROPRIATE PRACTICES, INSTRUCTION, AND OUTCOMES FOR YOUNG CHILDREN.

Historically, assessment practices and data use in early childhood have been controversial (Shonkoff & Meisels, 2000). Many in the field of early childhood have been reluctant to collect and use assessment data, particularly with respect to individual child outcomes (Kagan, 2001). However, given the climate of accountability that currently exists, it is clear that we must demonstrate the benefit of AEA services to young children. Special educators are very familiar with the expectation that they assess individual child outcomes because we have been required to do so for years according to federal and state law. Thus, special educators have a knowledge base, valuable experiences and an important perspective that we bring to the discussion. The time has come for us to proactively work with early childhood leaders across the state to develop a comprehensive assessment system that starts with assessment practices in EC settings and allows us to answer a variety of questions about early childhood programs and services across the state. Examples of questions we need to answer include:

- Are our early childhood settings meeting the needs of all children?
- Which children need additional support and what support do they need?
- Are children coming to kindergarten with the skills they need to be successful?
- What are the most effective curricula, instructional methods and environmental arrangements that allow us to meet the needs of all children?

There are three parts to this priority. One involves the need to improve our own (AEA) data sources and data use. The second involves the need to improve assessment practices and data use in ECSE classrooms, preschools and childcare settings. The third involves the need to contribute to the creation of a statewide assessment system to enhance outcomes for 3 through 5 year olds.

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IMPROVING OUR OWN DATA USE

Much data is collected through Iowa's Information Management System (IMS). However, data collection needs to be improved for reliability, consistency, and accuracy. Also, we need to develop our understanding and use of early childhood educational placement codes to assess the extent of implementation and effectiveness of the different EC settings. In addition, we need to have IMS data on:

- percent of children receiving special education services in early childhood special education settings;
- percent of children receiving special education services in early childhood settings;
- percent of children exiting special education prior to kindergarten;
- percent of children whose level of service is reduced;
- percent of children demonstrating progress as indicated by IEP results for children ages 3-5; and
- number of early childhood settings that meet quality program standards.

IMPROVING DATA USE IN ECSE, PRESCHOOL & CHILDCARE SETTINGS

Teachers and associates in early childhood settings need support and professional development in the use of various forms of assessment. There are a variety of tools available for different purposes ranging from published assessment tools to observational recording systems that can be implemented to enhance decision-making. AEA early childhood staff are well positioned to provide support and professional development around assessment practices, tools, decision-making, data use and interpretation.

CONTRIBUTING TO A STATEWIDE SYSTEM

Recently the Department of Education convened a multi-agency committee that created guiding principles for a statewide assessment system to enhance outcomes for children ages 3 to 5. The guiding principles stated that the “comprehensive assessment system must address child learning and developmental outcomes, program assessment and improvement, and systems accountability and evaluation.” In addition, as a part of the State’s Annual Progress Report (APR), the Office of Special Education Programs will monitor the progress of preschool children with disabilities receiving special education services in language/communication, pre-reading, and social-emotional skills.

AEAs will contribute to the development of such a system in a number of ways, such as:

- helping to determine what safeguards will prevent or minimize data misuse;
- connecting assessment to early learning standards and benchmarks;
- implementing technically adequate assessment tools in our own settings, then using our experiences to inform those developing the statewide system; and
- creating professional development opportunities on quality assessment and data use for instructional decision making.

PRIORITY #6. STRENGTHEN OUR VISION, GOALS AND LEADERSHIP IN EARLY CHILDHOOD AND OUR ABILITY TO ADVOCATE FOR ALL YOUNG CHILDREN, INCLUDING THOSE WITH DISABILITIES.

Changes in early childhood practices are underway at the state level across many agencies and will create new challenges that require creative solutions and strong leadership. Leadership and vision within AEAs must come from all levels of the agency - from practitioners through chief administrators. While we have benefited from strong leadership to date, there will be a need for an increase in the capacity of management-level leaders to understand early childhood issues in depth in order to support the requisite interagency collaboration and system development that is currently taking form.

Many of the imminent changes represent Iowa's efforts to create an integrated early childhood system with, among other things, program standards, learning standards for young children, and an assessment system that will inform many groups, from policy makers through early childhood teachers and childcare providers, about outcomes for young children. AEAs must help shape the development of this system at the state level and be prepared to implement new programs within each AEA. For example, as early childhood settings strive to implement newly developed program standards, AEAs will need to determine how they will support the process.

Settings with a connection to the Department of Education will no doubt look to the AEAs for assistance. In a study examining 61 Iowa elementary principals' challenges and needs for supporting early childhood inclusion, principals stated that they receive support for early childhood from AEA consultants, but expressed a desire for more support in areas such as community collaboration and training (Brotherson, Sheriff, Milburn & Schertz, 2001). Additionally, these Iowa principals expressed a desire for more support with training and information about early childhood issues, early support for families and community collaboration. Up to this point in time, early childhood special education staff have been supporting the field of early childhood by providing quality hands-on support to educators, care providers, children with disabilities and their families. However, as times change and the spotlight of accountability swings downward to our services for our youngest children, the need for long-term vision and a coherent plan for the future are more apparent than ever before. Such a plan will require changes from AEA early childhood practitioners, supervisors, and coordinators alike. Early childhood staff must become even more vocal and assertive about the needs of our early childhood system while AEA administrators must help to nurture more leadership and involvement on the part of decision makers who shape the work of our early childhood practitioners.

Ironically, much of the expertise that is being developed and coordinated in response to NCLB will be needed in early childhood as well. For example, the creation of a statewide assessment system with a focus on child outcomes will cause us to examine our assessment practices, data analysis and interpretation skills, and our capacity for supporting systems-level change. Moreover, because of our experience with individual child assessment and data use, and our connection with schools, AEAs are in position to show the impact of quality early childhood services on school achievement, if we create a plan to do so.

To attain good outcomes for children, AEA and LEA policies must support effective practices in early childhood. The implementation of best practices in delivering services requires family-based support and child-focused services in the least restrictive environment which often requires flexible personnel job descriptions, and workday schedules that promote service provision in the home or community setting during hours convenient for the family or community program (Sandall et al., 2000).

Administrators, coordinators, supervisors and others who are knowledgeable about early childhood and early childhood special education service delivery can support such changes in AEA structures. In addition, early childhood leaders with knowledge, expertise, and experience are better able to plan meaningful professional development for early childhood professionals, paraprofessionals and childcare providers.

Finally, as new initiatives lead to new responsibilities, it will be necessary to examine personnel resources and ask if we are adequately staffed and appropriately trained to successfully fulfill our increased responsibilities. Currently, AEA resources are stretched to capacity, if not beyond. However, it is certain that as expectations for early childhood services increase, more resources in early childhood are needed as well.

INDICATORS OF SUCCESS

PRIORITY 1

- Increase in participation of AEA staff on statewide, regional and local early childhood committees.
- As a result of collaboration there will be an increase in the quality of early childhood settings serving children with IEPs.

PRIORITY 2 AND PRIORITY 3

- Increase in AEA professional development activities for early childhood settings.
- Increase in the number of children entering Kindergarten with skills they need to be successful.
- Increase in the number of early childhood programs which meet quality program standards as defined by NAEYC accreditation, Head Start program performance standards, and/or Iowa's Quality Preschool Program Standards.

PRIORITY 4

- Increase in family involvement in professional development activities.
- Increase in the number of collaborative efforts among AEAs, LEAs, and IHEs in regard to practicum sites and student teaching placements.

PRIORITY 5

- Increase the percent of Iowa children, ages 3 to 5 with disabilities, who are served in the least restrictive environment.
- Increase in the number of children who demonstrate progress on IEP goals in the areas of early language/communication, pre-reading and social-emotional development.

PRIORITY 6

- Increase in administrators' involvement in early childhood issues.
- Increase in districts offering professional development addressing early childhood.
- Increase in districts providing early childhood programs for all children.
- Increase in number of early childhood goals in districts' Comprehensive School Improvement Plan (CSIP).
- Increase the number of early childhood activities in AEA Accreditation Plan (Comprehensive Improvement Plan – CIP).
- Address areas of strength and improvement regarding early childhood in the Focused Monitoring visits and the compliance reports to school districts.

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APPENDIX A

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APPENDIX B

IOWA'S EARLY CARE, HEALTH AND EDUCATION SYSTEM, JUNE 2003

VISION: ** Every child, beginning at birth, will be healthy and successful.

RESULT: HEALTHY CHILDREN

GOALS: **

- Increase access to and utilization of social, emotional and mental health services
- Increase access to and utilization of preventive health care services
- Increase the number of children with a medical home
- Increase the number of children with a dental home
- Increase the number of children with health care coverage
- Increase access to and utilization of prenatal care services

RESULT: CHILDREN READY TO SUCCEED IN SCHOOL

GOALS:

- Increase the capacity of schools to be ready to meet the educational needs of all children
- Increase the level of performance of children in the areas of learning, communication, movement, self-help, social skills and emotional health
- Increase family capacity to provide a quality early learning environment
- Increase access to affordable quality early learning environments for all children

RESULT: SECURE AND NURTURING FAMILIES

GOALS:

- Increase the safety of children in their home environments
- Increase positive relationships between children and parents
- Increase the number of families who have sufficient resources to provide a stable home to support the well-being of children
- Increase effective opportunities to learn about child development and parenting skills

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RESULT: SAFE AND SUPPORTIVE COMMUNITIES

GOALS:

- Increase the safety of young children and families in their communities
- Increase public engagement and support for families with young children.
- Create a community, family-friendly workforce policy
- Increase community investment in early care, health and education
- Increase the recognition of cultural diversity

RESULT: SECURE AND NURTURING EARLY CARE AND EDUCATION ENVIRONMENTS

GOALS:

- Increase the number of high quality early care and education environments for all children
- Increase parent and community knowledge and demand about quality early care and education environments
- Increase the accessibility and affordability of high quality early care and education environments for all children

**Vision and Goals developed by the Early Childhood Iowa Stakeholders with extensive stakeholder input from across the state (June 2003).

APPENDIX C
ENDORSEMENTS

**Endorsements for Early Care, Health and Education System
Vision and Goals — February 2004**

AEA Directors of Special Education	Iowa Childcare and Early Education Network
AEA Early Childhood Network	Iowa Community Action Association
Bureau of Family Health, Child Health Advocacy Team	Iowa Early ACCESS Council
Bureau of Family Health, Women’s Health Team	Iowa Empowerment Board
Child Care Resource and Referral	Iowa Head Start Association
Child Development Coordinating Council	Iowa Head Start Collaboration Office
Department of Education Early Learning Team	Iowa Nutrition Network
Department of Human Rights Administration	Iowa State University Extension
Department of Human Services Administration	Maternal and Child Health Advisory Council
Early ACCESS Regional Coordinators	Mental Health and Developmental Disabilities Commission
Early Childhood Special Education Network (AEA)	Special Education Advisory Panel
Early Care, Health and Education Congress	State Board of Health
Family Development and Self-Sufficiency (FaDSS) Council	State Childcare Advisory Council
Iowa Association for the Education of Young Children	