

Iowa's Early Care, Health, and Education System Strategic Plan



Prepared by the Early Childhood Iowa Stakeholders

A group of committed advocates dedicated to developing a comprehensive system of programs and services for Iowa's children ages zero to five.

Spring 2008

www.earlychildhoodiowa.org

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

Process:

Iowa was one of the five states/communities in 2002 to receive a North Carolina Smart Start Technical Assistance Grant to help strengthen and expand state and local partnership for providing quality care and education for young children. This grant provided many resources for Iowa to build a strong foundation for building an early care, health, and education system. Resources included an on-call coach, expert consultation, information and referral, site visits, mentoring program, conferences, speakers bureau, resource materials, and web-based technical assistance.

As a result of the extensive Smart Start technical assistance, Iowa began its system building activities to formulate a system wide strategic plan. Additionally, the Smart Start Technical Assistance Team recommended that the system building efforts in Iowa focus efforts on:

1. Developing a comprehensive, compelling, and unifying vision for all of Iowa's young children,
2. Strengthening and building on the accountability for results at the state and local levels,
3. Deepening and broadening the public will to support early childhood issues,
4. Strengthening leadership to increase support for Community Empowerment and the greater vision for early childhood in Iowa, and
5. Expanding organizational capacity to meet Iowa's vision for young children.

The Early Childhood Iowa Stakeholders, established in September 2002, serve as the catalysts in the development of Iowa's early care, health, and education system. This group developed the result areas, defined the indicators, and began to construct goals and strategies for a comprehensive early care, health, and education system. In October 2002, the stakeholders gathered feedback in regional meetings across the state about the goals, indicators, and strategies. Over 250 individuals statewide participated in these sessions. The Early Childhood Iowa Stakeholders reconvened in December 2002 to review input and to further develop a strategic plan. In the past two years, the Early Childhood Iowa Stakeholders have grown from a sounding board for the Smart Start Technical Assistance Team into an advisory role for the early care, health, and education system.

The Iowa Department of Public Health received a two-year planning grant, Early Childhood Comprehensive Systems Grant, from Health Resources and Services Administration (HRSA) for 2004 and 2005. The momentum created from the Smart Start Grant was continued through the HRSA planning grant. Iowa Department of Public Health and Iowa Community Empowerment have partnered to continue planning for a comprehensive early care, health, and education system. As Iowa completes the planning phase and moves toward implementation of a comprehensive system, it draws from the commitments of state agencies and public and private stakeholders across the state.

The stakeholders are diligently working to create a strategic plan that addresses the needs of young children, including children with special needs, within the five result areas: Healthy Children, Children Ready to Succeed in School, Secure and Nurturing Families, Safe and Supportive Communities, and Secure and Nurturing Child Care Environments.

Overarching Themes:

- Early care, health, and education resources, services, and organizations, at all levels are parts of a whole system and through this plan are woven into an integrated system.
- To thrive, young children must have quality experiences, healthy and safe environments, and supportive people in their lives.
- The needs of all young children in Iowa were considered for this plan, including children with special health care needs.
- Good outcomes for young children are tied directly to a positive future for Iowa.
- Investments in care, health, and education of young children reap future economic development for Iowa
- Public policy has a direct effect on young children and their futures.
- All adults have a responsibility to help grow our youngest Iowans.

Forward Movement:

- Gain buy-in and action from state agencies through the State Agency Liaison Team.
- Seek endorsements of strategic plan from early childhood organizations.
- Implement a comprehensive early care, health, and education system for Iowa's children.
- Update strategic plan as lessons are learned.

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Result Area: Healthy Children

Result Indicators:

Percent of low birth weight (DPH)

Rate of immunizations by age 2 (DPH)

Goal: Increase access to and utilization of social, emotional, and mental health services

Goal Measures:

Percent of children, 0 –3 years old, utilizing Early Access (IDOE)

Percent families reporting access to behavioral health services (DPH- Household Health Survey)

Strategies to achieve this goal-

- Assure all children have comprehensive health coverage that includes parity for developmental, social, emotional and mental health services
- Assure that primary health care providers possess and utilize the knowledge and skills to incorporate reviews of contemporary developmental, social-emotional, and parental risk status into their ongoing surveillance and screening practices
- Promote and develop public-private partnerships at the community level
- Adopt and implement evidence-based program policy for Medicaid, *hawk-i*, and insurers in Iowa to support the healthy mental development of Iowa's young children
- Coordinate advancements of healthy mental development with the recommendations of the Children's Redesign (SED/MR/DD/BI) Oversight Committee
- Identify, educate and make referrals to recommended standardized developmental screening tools for early care, health and education professionals and early intervention service providers
- Promote early intervention services dealing with behavior issues and children with special needs
- Identify recommended standardized developmental screening tools for early care, health and education professionals and early intervention service providers
- Build and expand the capacity to serve children, especially in rural areas or communities that lack appropriate health care providers, with social and behavioral problems (Telehealth)
- Expand age-appropriate, culturally sensitive public awareness of children's mental health services (i.e. Providers, communities, and parents)
- Provide training to early care, health and education providers to serve children with mental and behavioral health issues
- Assess provider capacity for preventative health services (Bright Futures)
- Develop consensus on quality standards
- Promote age appropriate, culturally sensitive health promotion & education
- Establish a reimbursement fee structure for providers to reflect "pay for performance" or "incentives for quality" regarding early childhood health care
- Expand the role of the community mental health centers to work with children 0-5 years of age
- Support funding of Iowa Healthy Mental Development Initiative
- Share *1st Five* data and lessons learned about barriers to services for children and families with communities, state agencies, and others involved with community program development

Goal: Increase access to and utilization of preventive health care services

Goal Measures:

Percent of families reporting access to health care (DPH- Household Health Survey)

EPSDT screening rates (IDPH)

Strategies to achieve this goal –

- Complement enhanced access to preventive health services with emphasis on quality care and best practices
- Use economic analysis to demonstrate investments and savings for preventive care services

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- Use a single, consistent definition of “medical home” to enhance likelihood of engagement by legislators and policymakers
- Assess provider capacity of current system to provide recommended preventive health services (Use Bright Futures for recommended schedule)
- Increase consumer education and awareness about the importance of preventive health services and early intervention
- Assure age appropriate, culturally sensitive health promotion education for child development (Anticipatory guidance)
- Improve coordination/collaboration between physicians & dentists
- Employ “pay for performance” and “unbundling of services” by both Medicaid and private insurers to encourage providers to deliver a complete array of quality preventative services
- Develop and promote culturally sensitive preventative health service standards
- Promote the medical home concept and care coordination as strategies to extend the effectiveness of primary care providers to meet child development and family education needs
- Utilize regionalized approaches and resources to spread systemic improvements in early childhood preventative services
- Support the implementation of the Positive Behavior Supports (PBS)

Goal: Increase the number of children with a medical home

Goal Measures:

Percent of families reporting access to health care (DPH- Household Health Survey)

Percent of families reporting access to health care for children with special health care needs (DPH – Household Health Survey)

Strategies to achieve this goal -

- Use economic analysis to demonstrate investments and savings for preventive care services
- Promote team care within an agency and a community to improve outcomes
- Adopt policies through Medicaid and private insurers that encourage providers to deliver services essential to the integrity of a medical home model of care
- Encourage insurance reimbursement for medical home related services
- Incorporate concept and definition into pre-service training and educational settings using evidence-based arguments to influence curriculum
- Promote insurance reimbursement for medical home related services
- Support the Iowa Medical Home Initiative’s effort to develop a statewide medical home network
- Strengthen public awareness of the medical home concept using a targeted approach with policymakers, insurers, service providers and family advocacy organizations

Goal: Increase the number of children with a dental home

Goal Measures:

Percent of families reporting access to dental care (DPH- Household Health Survey)

Strategies to achieve this goal -

- Continue to improve local public health infrastructure through support of I-Smile and similar projects - using I-Smile Coordinators and other dental hygienists within Title V to create systems for treatment referrals, provide preventive dental services, train healthcare providers, and provide family education
- Implement recruitment and retention strategies for underserved areas
- Incorporate culturally appropriate oral health education for families into public and private practice
- Expand available workforce through use of non-dental providers and mid-level practitioners
- Recruit and train physicians, physician assistants, and nurse practitioners to conduct dental screening and risk assessments and provide preventative care and anticipatory guidance for children birth to 3

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- Maximize preventive care offered by dental hygienists to young children in community health and education settings through development of minimum standards for working in public health and less restrictive supervision requirements
- Make administrative changes that 1.) make Medicaid more attractive to dentists, 2.) improve opportunities for dental hygienists to provide limited services, and 3.) allow non-dental health care providers to be reimbursed for dental screenings
- Close the “loophole” in *hawk-i* that prevents children with medical insurance from becoming eligible for *hawk-i* dental benefits (federal policy)
- Develop incentives for new dentists to improve the state’s workforce resources

Goal: Increase the number of children with health care coverage

Goal Measures:

Percent of children without health insurance (Kids Count/Census)

Percent of eligible children with hawk-i or Medicaid coverage (DPH/DHS)

Strategies to achieve this goal -

- Expand *hawk-i* (SCHIP) eligibility to include covering legal resident immigrant children using state dollars
- Establish an Iowa Family Opportunity Act for Iowa families and their children
- Set a preferred standard of pediatric care such as that developed by the American Academy of Pediatrics and promote use of that standard within Medicaid, SCHIP and private insurers
- Provide health care coverage that is available and affordable for all children
- Provide health care insurance that covers the whole child, including care coordination, as needed, for access to medical and other services to promote healthy development and address health needs with parity for mental, social-emotional and developmental assessment and care
- Assure that children’s health care coverage allows for and promotes the provision of preventive and developmental services for all children
- Emphasize quality and a broader application of evidence-based practices within all public and private health care plans
- Ensure access and understanding of recommended, comprehensive and preventative health services
- Assure coordination of state level and community based health coverage outreach activities
- Continue to identify and analyze barriers to enrollment and renewal and make comprehensive policy and program recommendations for removing barriers
- Continue to simplify the enrollment process
- Continue to develop culturally competent outreach methods and materials to be used on a statewide level
- Provide information and resources on health literacy and develop strategies to address how low health literacy affects access to and use of health care coverage
- Continue to identify and implement policy and systems changes for improving retention in Medicaid and SCHIP

Goal: Increase access to and utilization of prenatal care services

Goal Measures:

Percent of mothers with prenatal care in the 1st trimester (DPH)

Percent of mothers with adequate prenatal care (Kotelchuck Index – DPH)

Strategies to achieve this goal -

- Expand evidence-based family support through home visiting to include a prenatal component
- Promote the U.S. Centers for Disease Control and Prevention (CDC) recommendations to Improve Preconception Health and Health Care (April 2006)
- Infuse components of preconception health into existing local public health related programs
- Increase education to providers and patients about pre-birth prevention issues including oral health
- Solicit representation from at-risk population groups to serve in an advisory capacity for policy development related to assuring early prenatal care

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- Conduct and promote prenatal risk screening-targeting high risk populations to identify factors
- Continue to promote the entry into prenatal care during the first trimester
- Enforce a uniform standard of care by health care providers for women in prenatal and/or postnatal care that includes standard screening for HIV, depression, substance abuse and intimate partner violence
- Continue to educate and train providers in regards to maternal depression prevention and treatment

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Result Area: Children Ready to Succeed in School

Result Indicators:

Percent of children with pre-literacy skills (DIBELS – DOE)

Percent of children enrolled in quality (accredited/Head Start standards) setting (DOE)

Goal: Increase the level of performance of children in the areas of learning, communication, movement, self-help, social skills, and emotional health

Goal Measures:

Percent of quality preschools (accredited or meeting Head Start Standards) (DOE/NAEYC/Head Start)

Percent of preschool programs meeting voluntary program standards (DOE future)

Percent of children in preschools meeting voluntary programs standards (DOE future)

Percent of childcare and preschool settings with accreditation (DHS/NAEYC)

Number of children enrolled in Early Childhood Special Education (DOE)

Strategies to achieve this goal -

- Develop a coordinated system of personnel preparation, and ongoing professional development for providers and administrators that are competency-based/learning outcome-based: include articulation agreements with colleges and include incentives and intervention activities to increase the number of professionals from diverse populations
- Enforce regulation of child development homes, child care centers, and district-operated early childhood programs
- Promote standards-based assessments for early care, health, and education programs by: 1.) establishing standards, 2.) establishing assessment criteria, 3.) establishing accountability systems, and 4.) developing an incentives structure that encourages adopting and reaching established standards
- Require mandatory registration for child development homes that includes more stringent requirements and enforcement for home providers
- Support the Department of Management’s study of Family, Friend, and Neighbor Care
- Promote universal adoption of evidence-based curricula that align with the Early Learning Standards
- Assist communities in developing action plans to insure that quality early care, health, and education services are available for all young children in their communities, including those with special needs
- Begin conversations about developing a coordinated statewide technical assistance system for early care, health, and education services and programs that includes looking at other state models and making recommendations to ECI for its implementation

Goal: Increase the capacity of schools to be ready to meet the educational needs of all children

Goal Measures:

Percent of quality preschools (accredited or meeting Head Start Standards) (DOE/NAEYC/Head Start)

Percent of preschool programs meeting voluntary program standards (DOE future)

Percent of children in preschools meeting voluntary programs standards (DOE future)

Percent of childcare and preschool settings with accreditation (DHS/NAEYC)

Number of children enrolled in Early Childhood Special Education (DOE)

Percent of children, ages 3-5, with a disability educated with non-disabled peers, to the maximum extent appropriate, including preschool (DOE)

Percent of children ages 3-5, receiving special education and related services demonstrating improved skills (DOE)

Strategies to achieve this goal -

- Promote the use of transition guidance that assists schools in being family and child-ready
- Encourage districts to employ individuals that mirror the racial and ethnic make-up of the families and students they serve
- Encourage districts to develop transition plans for entering kindergartners
- Encourage schools to adopt standards for K-3 classrooms that are developmentally appropriate

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- Promote alignment of the Early Learning Standards with the statewide model core curriculum K-3

Goal: Increase family capacity to provide a quality early learning environment

Goal Measures:

Percent of children, ages 0-3, with an IFSP served primarily in natural environments (DOE)

Percent of children, ages 3-5, with a disability educated with non-disabled peers, to the maximum extent appropriate, including preschool (DOE)

Percent of children ages 3-5, receiving special education and related services demonstrating improved skills (DOE)

Strategies to achieve this goal -

- Promote access to family support programs that follow evidence-based standards
- Provide increased access to unserved and underserved children in high quality, affordable, and accessible early learning environments (Head Start, statewide voluntary preschool for four-year-olds, community preschools, Shared Visions, child care centers, and child development homes)
- Find public/private partnerships to participate in the expense of quality preschools and child care
- Educate parents on quality programs and values of school readiness
- Increase public funding for early care & education
- Promote home visiting programs from a culturally sensitive workforce using EVP and curricula that includes interventions for children with behavioral health issues

Goal: Increase access to affordable quality early learning environments for all children

Goal Measures:

Average child care cost (DHS – market survey)

Strategies to achieve this goal -

- Regulate licensed and registered child development and child care centers (when providing care for non-related children)
- Assist communities in developing action plans to insure that quality early care, health, and education environments are available for all young children in their communities, including those with special needs
- Make early learning environments part of a comprehensive education system where education starts at conception & funded by the state with state wide standards
- Require mandatory registration/licensure for childcare
- Provide family support pre-natal programs
- State law for family leave-maternity (1-2 year paid leave for mother/father to stay home with child)
- Promote the importance of early maternal health pre-natal so children have the best learning environment pre-natally, which directly affects learning ability at birth and thereafter

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Result Area: Safe and Supportive Communities

Result Indicators:

Crime rate (DPS)

Juvenile crime rate (DPS/CJJP)

Employment rate (IWD)

Child death rate due to accidents (Child Death Review Team)

Goal: Increase the safety of young children and families in their communities

Goal Measures:

Percent of state budget for early childhood programs (LFB)

Strategies to achieve this goal -

- Collaborate with existing entities that address community safety issues-Systematically identify entities.
- Expand the current core stakeholder membership to include representatives from law enforcement, domestic violence, judiciary (Include youth), members of ethnic communities, communities of color
- Educate law enforcement agencies about child and family service agencies and cultural competency issues
- Create general public awareness of child and family safety issues
- Expand and support existing entities and brainstorm strategies for hosting networking sessions for family support providers about existing entities & programs
- Develop a workgroup to share ideas on broadening advocates for early childhood by reaching out to targeted groups (e.g. County Attorneys Association; Iowa Law Schools; Iowa Sheriff's Association, business community, education groups)
- Promote nutrition and obesity programs for young children and their families
- Expand the 1st Five program
- Expand the Community Partnerships for Protecting Children model
- Create support for families with regards to high suicide and dropout rates

Goal: Increase public engagement and support for families with young children

Goal Measures:

Percent of state budget for early childhood programs (LFB)

Strategies to achieve this goal -

- Promote the awareness and the use of community information referral access, including 211 system
- Collaborate with organizers of community and neighborhood events to promote the development of activities for families with young children 0-5
- Promote one system-wide resource guide or directory of support programs for families (connection of the 211 system)
- Universal support to all families with young children (0-5)
- Identify community resources available for families of children with special needs
- Identify community resources available for diverse populations and languages
- Promote community-based collaboration through "Partnerships for Protecting Children"
- Collaborate with family drug courts
- Teen pregnancy prevention

Goal: Create a community family friendly workforce policy

Goal Measures:

Percent of businesses with a family leave policy (DED-future)

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Strategies to achieve this goal -

- Partner with chamber of commerce (and regional/state business & organizations) and working parenting groups in promoting family friendly policies
- Promote employers to develop diversity plans and have recognition for such
- Establish employer recognition for family friendly policies and practices
- Identify family-friendly practices
- Identify & communicate early childhood, cultural and diversity issues, the benefits of employer involvement and the benefits of family friendly policies
- Promote community-based collaboration through “Partnerships for Protecting Children”

Goal: Increase community investment in early care, health, and education system

Goal Measures:

Ratio of Community Empowerment local cash investments to state and federal investments (CE)

Strategies to achieve this goal -

- Complete and implement early childhood business plan to finance the system
- Create a menu of what businesses and communities can do to invest in the early care, health, and education system’s early childhood initiatives (financial and non-financial)
- Reach out to, educate and encourage businesses and communities to invest in early childhood initiatives (i.e. Farm Bureau, the Chamber Alliance)
- Promote legislative advocacy among our business community around early childhood issues
- Release and share highlights of Policy and Fiscal Analysis work
- Implement the First Years First grant program
- Promote a stronger relationship between state and local level early childhood system development

Goal: Recognize cultural diversity

Goal Measures:

Percent distribution by race/ethnicity of children, ages 3-5, enrolled in early childhood special education (DOE)

Ratio of African American and Latino dropout rates to the overall dropout rate (DOE)

Strategies to achieve this goal -

- Advocate for culturally competent practices for all participants, services, and programs in early childhood
- Identify leaders within diverse populations to create networks of support
- Create opportunities for community members with diverse backgrounds to participate in community based leadership training (example: Head Start)
- Broaden definition of cultural diversity beyond ethnic or racial diversity to include diversity in ability, income, and gender
- Develop culturally competent practices

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Result Area: Secure and Nurturing Families

Result Indicators:

Child Abuse and Neglect Incidence Rate (DHS)
Percent of all births to mothers under age 20 (DPH Vital Statistics)
Teen Birth Rate (births per 1,000 females ages 15 –17) (Kids Count)
Percent of children, under 6, living at or below poverty (Census/State Library)
Domestic Violence Rate (DPS)

Goal: Increase the safety of children in their home environments

Goal Measures:

Incidence of child abuse and neglect by family member (DHS)
Incidence of lead poisoning in homes (DPH)
Percent of children not re-entering foster care (DHS)
Percent of confirmed child abuse or neglect due to meth in the home (DHS)

Strategies to achieve this goal -

- Provide evidence-based, comprehensive family support and parent education programs to children 0-5 and their families
- Increase informal community connectiveness/neighborhood network support of all children
- Strengthen the child protection/child welfare services by emphasizing family centered practices which align activities in a way that recognizes the importance of the family unit to a child's healthy development
- Increase awareness of safe home location
- Increase collaboration between public schools and DHS

Goal: Increase positive relationships between children and parents

Goal Measures:

Incidence of physical child abuse by family member (DHS)
Incidence of children, under 6 years of age, entering foster care (DHS)
Percent of children not re-entering foster care (DHS)

Strategies to achieve this goal -

- Provide evidence-based, comprehensive family support and parent education programs to children 0-5 and their families
- Provide more opportunities for parent group meetings
- Provide parent-child groups to implement techniques
- Promote community-based collaboration through "Partnerships for Protecting Children"
- Educate families and communities about the availability and advantages of evidence-based family support and parent education programs
- Increase the availability of family support programs that are offered prenatally

Goal: Increase the number of families who have sufficient resources to provide a stable home to support the well-being of children.

Goal Measures:

Average monthly Family Investment Program (FIP) cases with children ages 0 –5 in the home (DHS)
Percent of FIP cases with children ages 0-5 also receiving food and child care assistance (DHS)
Percent of children living in single parent homes (Census)

Strategies to achieve this goal -

- Establish job training and retention programs (GED)
- Provide increased access to high quality, affordable, culturally responsive, and accessible child care
- Support for community information & referral work -211
- Promote increased availability of child care for children with disabilities and children from diverse populations

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Goal: Increase effective opportunities to learn about child development and parenting skills.

Goal Measures:

Average monthly FIP cases with children ages 0 –5 in the home (DHS)

Strategies to achieve this goal -

- Promote Iowa Early Learning Standards and the Professional Development component group
- Promote access to family support programs that follow evidence-based and recognizable standards
- Educate families and communities about the availability and advantages of evidence-based family support and parent education programs.
- Educate and encourage businesses and corporations to adopt family friendly policies (i.e. breastfeeding, lunch – n-learns, break rooms, flex time)
- Develop a public awareness campaign on the issues of bonding and attachments and brain development for families

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Result Area: Secure and Nurturing Early Care and Education Environments

Result Indicators:

Number of licensed and registered child care slots (DHS)

Percent of confirmed child abuse by child care providers (DHS)

Percent of children, under 6 years old, with all parents in the work force (Census/ACS ranking table)

Goal: Increase the number of high quality early care and education environments for all children

Goal Measures:

Percent of child care centers with accreditation. (DHS/NAEYC)

Number of bachelor degrees awarded for early childhood education (Regents Universities)

Placement rate of bachelor's degree graduates in early childhood education graduated in Iowa (Regents Universities)

Number of associate degrees awarded for early childhood (Community Colleges)

Placement rate of associate degree graduates in early childhood education in Iowa (Regents Universities)

Percent of licensed and registered providers by educational level attained (BA/BS, AA, CDA, (DHS – future)

Percent of licensed/registered child care providers provided training through the CCR&R network (CCR&R)

Percent of child care setting in the upper tiers of the Child Care Quality Rating System (DHS- future)

Strategies to achieve this goal -

- Promote and support program accreditation
- Continue to support the Quality Rating System
- Complete, disseminate, and market a comprehensive early childhood professional development system plan
- Develop, implement, and support the components of the early childhood professional development system
- Increase the number of quality early care and education settings which meet the National Association for the Education of young Children (NAEYC) accreditation, Head Start standards, Iowa's Quality Preschool Program Standards, National Association of Family Child Care (NAFCC), and/or Iowa's Quality Rating System so that all children 0-5 have access to a quality early care and education setting
- Review and strengthen early care and education regulations for licensed and registered providers
- Improve monitoring of early care and education environments for compliance with regulations
- Move toward mandatory licensing of all early care and education programs
- Design and implement a coordinated statewide technical assistance system for early care, health and education services and programs
- Support initiatives that positively impact retention and compensation in the early care, health, and education workforce reflecting the cultures they serve
- Increase and promote access to pre-service programs in higher education
- Increase the number of trained, qualified, educated, and culturally diverse staff to regulate programs annually
- Increase trained, qualified, educated, and culturally diverse consultants for child care providers
- Increase the number of child care center directors with a BA Degree in Early Childhood Ed.
- Increase the number of child care center directors with NAC
- Identify standardized developmental screening tools

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Goal: Increase parent and community demand for quality in early care and education environments

Goal Measures:

Percent of child care setting in the upper tiers of the Child Care Quality Rating System (DHS future)

Average child care cost (DHS – Market Survey)

Percent of eligible families receiving child care assistance

Strategies to achieve this goal -

- Develop a strategic communications effort to increase parent and community knowledge about quality early care, health, and education (Includes tools for parents in choosing and assessing high quality environments and encouraging parents to make that choice)
- Educate parents and communities about provider references and information
- Expand and increase participation and understanding of QRS and provide resources for QRS support
- Increase parent and community awareness and demand for strengthened regulations and annual monitoring of child care programs by increasing the number of trained qualified consistent regulators
- Increase parent and community awareness and demand for mandatory licensing of early childhood programs
- Increase parent and community awareness and demand for professional development in early care and education
- Increase the number of Early Care, Health, and Education settings that meet higher standards on accepted scales (e.g. QPPS, NAEYC, NAFCC, Head Start performance standards).

Goal: Increase the accessibility and affordability of high quality early care and education environments for all children

Goal Measures:

Average child care cost (DHS- Market Survey)

Percent of eligible families receiving child care assistance (DHS)

Strategies to achieve this goal -

- Raise the child care subsidy income eligibility level
- Increase the reimbursement rate for child care income subsidy to providers
- Reduce regulatory barriers to collaboration in using child care subsidy
- Increase the number of child care providers that take subsidy who are involved in the Quality Rating System
- Investigate tiered reimbursement related to the QRS

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Early Childhood Iowa Stakeholders

Vision Statement: Every child, beginning at birth, will be healthy and successful.

Purpose: Be a catalyst in the development of Iowa's comprehensive, integrated early care, health, and education system.

Functions:

Serve in an advisory capacity to:

- Iowa Empowerment Board
- Early Childhood Comprehensive Systems Project
- State Departments
- Other identified early care, health and education planning boards, commissions, and initiatives

Specific activities include, but not limited to:

- Review, design, participate in cross-functional proposals
- Understand all parts of the system (building knowledge)
- Assess, understand, and respond to internal and external threats to the system
- Create and keep system strategic plan updated
- Serve as liaison/ally to constituency groups
- Ensure family-centered seamless services to children and families through braided funding streams
- Assess progress against the system plan
- Agree on common language for the system
- Develop a menu of best practices and rationale
- Encourage personal relationships across disciplines
- Maximize resources and expertise across the system
- Advocate for an early care, health and education system
- Advocate for early intervention

Guiding Principles: *The highly valued tenets of behavior, attitude, and action that drive the culture, work, and decision making of the Early Childhood Iowa Stakeholders.

- Broad Based Representation
- Respect
- Responsiveness
- Informed Decision Making
- Agent of Change

* Full statements of the Guiding Principles can be found in the Early Childhood Iowa Stakeholder Charter Documents

Result Areas:

Healthy Children
Children Ready to Succeed in School
Secure and Nurturing Families
Safe and Supportive Communities
Secure and Nurturing Early Care and Education Environments

Early Childhood Iowa Stakeholders

- Area Education Agencies
- Centers for Disability & Development
- Child and Family Policy Center
- Child Care Centers
- Child Care Resource and Referral
- Child Health Specialty Clinics
- Delta Dental of Iowa
- Department of Education
- Department of Human Rights
- Department of Human Services
- Department of Management
- Department of Public Health
- Des Moines Area Community College
- Des Moines Public Schools
- Drake University
- Early ACCESS
- FaDSS Program
- five giant steps
- Governor's Office
- Head Start
- HOPES Program
- Iowa Association for the Education of Young Children
- Iowa School Boards Foundation
- Iowa Child Care Advisory Council
- Iowa Community Action Agency
- Iowa Community Empowerment State Technical Assistance Team
- Iowa Empowerment Board
- Iowa Family Resource Network
- Iowa Public Television
- Iowa State University
- Iowa State University Extension
- Iowa Urban Education Network
- Kirkwood Community College Child Care Center
- Lakeshore Learning Materials
- Language Schoolhouse
- Local Community Empowerment Areas
- Lutheran Services in Iowa
- MATURA Community Action Agency
- Mid Iowa Community Action
- Mid Iowa Health Foundation
- Parents As Teachers
- Partners in Family Development
- Prevent Child Abuse Iowa
- Program for Infant and Toddler Caregivers
- State Library of Iowa
- United Way of Central Iowa
- University of Iowa
- University of Northern Iowa
- Upper Des Moines Opportunity

Endorsements of the Early Childhood Iowa's Strategic Plan

- AEA Early Childhood Special Education Leadership Network
- Area Education Agency Directors
- Association for Iowa's Children
- Butler County Public Health
- Cass Co. P.H.
- Child and Family Policy Center
- Child Care Resource and Referral
- Child Development Coordinating Council
- Community Health Services of Marion Co.
- Decatur Co. Public Health (P.H.) and Home Care (H.C.)
- Department of Education Early Learning Team
- Department of Human Rights
- Early Access Regional Liaisons
- Emmet Co. P.H.
- Family Development and Self-Sufficiency Program (FaDSS)
- Green Co. PH and Hospital
- Guthrie Co. P.H.
- Healthy Child Care Iowa Campaign
- Head Start Collaboration Office
- Hopes-HFI
- Ida County Community Empowerment
- IDPH Bureau of Oral Health

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

- IDPH Child Health Advisory Team, Bureau of Family Health
- Iowa Head Start Association
- IDPH Office of Multicultural Health
- IDPH Women's Health Team
- Iowa Chapter of Association for the Education of Young Children
- Iowa Community College Early Childhood Alliance
- Iowa Council for Early Access
- Iowa Dental Hygienists Association
- Iowa Empowerment Board
- Iowa Early Care Health & Education Congress
- Iowa Family Resource Network
- Iowa Nutrition Network
- Iowa School Boards Foundation
- Iowa State Board of Health
- Iowa State University Extension
- Jefferson Co. P.H.
- Keokuk Co. P.H.
- Kirkwood Kids Child Care Center
- Kossuth Co. P.H.
- Language Schoolhouse
- Lutheran Social Services in
- Madison Co. PH
- Maternal & Child Health Advisory Council
- Mitchell Co. P.H. and H.C.
- Myrtue Memorial Hospital Home & Public Health/Hospice
- P.H. Nursing of Montgomery County
- Page Co. P.H.
- Palo Alto Community Health
- Prevent Child Abuse Iowa
- Prevention of Disabilities Policy Council
- Shelby Co. P.H.
- Siouxland Human Investment Partnership
- State Child Care Advisory Council
- State Library of Iowa Youth Services Advisory Council
- Urban Education Network
- Western Iowa Tech. Community College
- Winnebago Co. P.H.

**Don't see your organization's name?
You should!
Contact Jenny Hodges to get involved.
jhodges@idph.state.ia.us**