

# 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 2006

[www.earlychildhoodiowa.org](http://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 Early Care and Education 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.

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

- Update strategic plan as lessons are learned.

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

## **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-**

- 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 public awareness of children’s mental health services –providers, communities, and parents
- Provide training to early care, health and education providers to serve children with mental health issues
- Focus on early intervention dealing with behavior issues
- Assess provider capacity for preventative health services (Bright Futures)
- Develop consensus on quality standards
- Promote age appropriate health promotion & education
- Promote early intervention services to enhance the development of children with special needs
- 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
- Promote and develop strong public/private partnerships among all infant and early childhood, health and education social providers
- Support funding of Iowa Healthy Mental Development Initiative
- Share ABCD II 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 –**

- Assess provider capacity of current system to provide recommended preventive health services (Use Bright Futures for recommended schedule)
- Work collaboratively with primary care physician and dentist associations to develop consensus on quality standards
- Increase consumer education and awareness about the importance of preventive health services and early intervention.
- Assure age appropriate health promotion & education for child development (Anticipatory guidance)
- Improve coordination/collaboration between physicians & dentists (Make sure doctors/dentists are both aware of their roles)
- 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 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

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

- Utilize regionalized approaches and resources (e.g. Community Empowerment, EPSDT care coordinator network, CHSC, telehealth infrastructures) to spread systemic improvements in early childhood preventative services

**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 -**

- Incorporate the medical home concept into pre-service education (Medical Schools)
- Increase provider awareness of the medical home definition
- Encourage insurance reimbursement for medical home related services
- Incorporate concept/definition into pre-service training and educational settings using evidence-based arguments to influence curriculum
- Increase public awareness of the medical home definition
- Support the Iowa Medical Home Initiative's effort to develop a statewide medical home network
- Participate in efforts to refine the medical home definition and expand the research base clarifying the merit and worth of the medical home concept
- Strengthen public awareness of the medical home concept using a targeted approach with policymakers, insurers, service providers and family advocacy organizations
- Employ "pay for performance" by both Medicaid and private insurers to encourage providers to deliver services essential to the integrity of a medical home model of care (e.g. include care coordination, developmental screening, patient registry development and patient education)

**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 -**

- Increase local infrastructure to address dental health access issues (Capacity issues)
- Expansion of non-dental providers including mid-level practitioners
- Increase scope of practice for dental homes
- Educate practice-bottle feeding, cultural issues, etc
- 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
- Maximize preventative care offered by dental hygienists to young children in community health and education settings
- Adopt the American Academy of Pediatrics definition of a "dental home" for use in Iowa
- Improve existing local public health infrastructure to expand preventative care and improve access to all restorative care
- Provide a dental hygienist oral/health coordinator in every Title V agency
- Expand the ABCD initiative that links families with dentists and works with families on compliance issues
- Increase or provide reimbursement to: **1.** Dentists for providing care and make administrative changes that make Medicaid more attractive to dentists **2.** Non-dental providers for limited services (e.g. fluoride varnish) **3.** Physicians and nurse practitioners providing dental screenings
- Close the "loophole" in *hawk-i* that prevents children with medical insurance from becoming eligible for *hawk-i* dental benefits (federal)
- Develop incentives for new dentists to develop consensus recommendations about the future reallocation of the state's workforce resources

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

**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 -**

- Assure coordination of state level and community based health coverage outreach activities
- Identify and analyze barriers to enrollment and renewal and make comprehensive policy and program recommendations for removing barriers
- Continue to simplify the enrollment process
- Improve the enrollment of eligible children into the Medicaid and *hawk-i* programs
- Support the legislation regarding electronic or annual Medicaid card
- Utilize data and ongoing research regarding Medicaid renewal-one card with monthly reactivation
- 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 the use of health care coverage.

**Goal: Increase access to and utilization of prenatal care services**

**Goal Measures:**

Percent of mothers with prenatal care in the 1<sup>st</sup> trimester (DPH)

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

**Strategies to achieve this goal -**

- Increase education provided to providers and patients about prebirth 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
- Promote prenatal risk screening; targeting high-risk populations to identify factors
- Conduct prenatal risk screening-targeting high risk populations to identify factors
- Continue to promote the entry into prenatal care during the first trimester
- Increase education to providers and patients about pre-birth prevention issues
- 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

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

## **Result Area: Children Ready to Succeed in School**

### **Result Indicators:**

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

Percent of children enrolled in a 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 and include articulation agreements with colleges
- Enforce regulation of child development homes, child care centers, and district-operated early childhood programs
- Implement a standardized rating system with incentives/supports for early care, health, and education programs
- Implement a coordinated statewide technical assistance system for early care, health, and education services and programs
- 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, and/or Iowa's Quality Rating Scale so that all preschoolers have access to a quality early learning environments
- Increase collaboration with DHS and non-certified child development homes
- Require mandatory childcare center registration
- Include more stringent requirements and enforcement for home providers
- Include learning standards that address social-emotional goals, social skills, and approaches to learning
- Implement and adopt a statewide curriculum that addresses all domains
- Support a State initiative-public relations campaign
- Subsidy directly related to Quality Rating System for childcare environments

### **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 -**

- Adopt consistent standards across early care, and education programs and state agencies which reflect quality care
- Assist communities in developing transition plans for all children transferring from early childhood education settings to kindergarten programs

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

- Assist communities in developing on-going communication strategies among parents, early childhood education staff, elementary principals, and kindergarten teachers
- Develop Statewide standards for childcare-child achievement and school's readiness for school criteria for kindergarten
- Help schools adopt standards that are developmentally appropriate
- Conduct an analysis of Iowa Early Learning Standards-are they flowing together (It would be nice to have on a local level in working with local school districts)
- Promote the education system's awareness of and support for families of children with special needs

**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, day care, preschool, Shared Visions, child development homes)
- Increased access to expanded reimbursement rates to providers who demonstrate high quality
- Find public/private partnerships to participate in the expense of quality child care
- Educate parents on quality programs and the values of school readiness
- Increase public funding for early care & education
- Provide family support pre-natal programs
- State law for family leave –maternity (1-2 yr. Paid leave for mother/father to stay home with child)
- Promote the importance of early maternal health pre-natal so children have best learning environment pre-natally, which directly affects learning ability at birth and thereafter

**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 child care & pre-school part of k-12 education where education starts at conception & funded by the state with state wide standards
- Require mandatory registration/licensure for childcare
- Create incentives for daycares to become registered

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

## **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)
- Educate law enforcement agencies about child and family service agencies
- Create general public awareness of child and family safety issues

### **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.
- Develop or update regularly, a 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

### **Goal: Create a community family friendly workforce policy**

#### **Goal Measures:**

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

#### **Strategies to achieve this goal -**

- Partner with chamber of commerce (and regional/state business & organizations) in promoting family friendly policies
- Establish employer recognition for family friendly policies and practices
- Identify family-friendly practices
- Identify & communicate early childhood issues, the benefits of employer involvement and the benefits of family friendly policies

### **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

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

- 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)
- Educate and encourage businesses and communities to invest in early childhood initiatives
- Business community must advocate with our legislator

### **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 and income
- Develop culturally competent practices

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

## **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
- Broaden the base of involvement with 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

### **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
- Provide increased access to high quality, affordable, and accessible child care
- Support for community information & referral work
- Continue to support the community information & referral system-211
- Promote increased availability of child care for children with special needs

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

**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
- Promote access to family support programs that follow evidence-based and recognizable standards
- Educate businesses/corporations on the importance of allowing time for employees to be involved with family support programs
- Promote the *Family Support Evidence-Based Assessment Tool* and *Family Support Evidence-Based Manual*

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

## **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 bachelors 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
- Develop, support, and implement a 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, and/or Iowa's Quality Rating scale so that all preschoolers have access to a quality early childhood 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
- 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
- Increase the number of pre-service programs in higher education
- Increased understanding of the Quality Rating System
- Increase the number of trained, qualified, educated staff to regulate programs annually
- Increase trained, qualified, educated consultants for child care providers
- Increase the number of child care center directors with a BA Degree in Early Childhood Ed.

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

**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)
- Educating parents and communities about provider references and information such as the Quality Rating System
- Identify standardized developmental screening tools

**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 -**

- Lower 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

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

## **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 Agency 9, 10, 11 & 13
- Blank Children's Hospital
- Child and Family Policy Center
- Child Care Advisory Council
- Child Care Resource and Referral
- Child Health Specialty Clinics
- Citizen Members
- Department of Education
- Department of Human Rights
- Department of Human Services
- Department of Management
- Department of Public Health
- Department of Workforce Development
- Des Moines Area Community College
- Des Moines Area Women's Leadership Connection
- Drake University
- Early ACCESS
- FaDSS Program
- Governor's Office
- Head Start Association
- Head Start Collaboration Office
- HOPES Program
- Iowa Association for the Education of Young Children
- Iowa Business Council
- Iowa Child Care Advisory Council
- Iowa Community Action Agency
- Iowa Community Empowerment State Technical Assistance Team
- Iowa Empowerment Board
- Iowa Family Resource Network
- Iowa Medical Home Initiative
- Iowa Public Television
- Iowa School Boards Foundation
- Iowa State University
- Iowa State University Extension
- Iowa Urban Education Network
- Lakeshore Learning Materials
- Local Community Empowerment Areas
- MATURA Community Action Agency
- Mid Iowa Community Action Agency
- Parents Anonymous of Iowa
- Parents As Teachers
- Prevent Child Abuse Iowa
- Prevention Concepts
- Program for Infant & Toddler Caregivers
- Southern Iowa Community Action Agency
- Southern Iowa Economic Development Association
- Special Supplemental Nutrition Program for Women, Infants, and Children
- State Library of Iowa
- United Way of Central Iowa
- University of Iowa

### **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 County Public Health
- Child and Family Policy Center
- Child Care Resource and Referral
- Child Development Coordinating Council
- Community Health Services of Marion County
- Decatur County Public Health & Home Care
- Department of Education Early Learning Team
- Department of Human Rights
- Early Access Regional Liaisons
- Emmet County Public Health
- FaDSS
- Green County Public Health & Hospital
- HCCI Campaign
- Head Start Collaboration Office
- Hopes-HFI

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

- IDA County Community Empowerment
- IDPH Bureau of Oral Health
- IDPH Child Health Team, Bureau of Family Health
- 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 Head Start Association
- Iowa Nutrition Network
- Iowa School Boards Foundation
- Iowa State Board of Health
- Iowa State University Extension
- Jefferson County Public Health
- Keokuk County Public Health
- Kirkwood Kids Child Care Center
- Kossuth County Public Health
- Local Community Empowerment Areas
- Local Public Health Agencies
- Lutheran Social Services in Iowa
- Madison County Public Health
- MCH Advisory Council
- Mitchell County Public Health & Home Care
- Myrtue Memorial Hospital Home & Public Health Hospice
- Page County Public Health
- Palo Alto Community Health
- Public Health Nursing of Montgomery County
- Prevent Child Abuse Iowa
- Prevention of Disabilities Policy Council
- Shelby County Public Health
- 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 County Public Health

**Don't see your organization's name?**

**You should!**

**Contact Gretchen Hageman to get involved.**

**[ghageman@idph.state.ia.us](mailto:ghageman@idph.state.ia.us)**