

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 2005

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 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.

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- 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-

- Identify/develop recommended standardized developmental screening tools for physicians and health care professionals
- Build the capacity to serve children with social and behavioral problems (Telehealth)
- Expand public awareness of children’s mental health services –providers, communities, and parent

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 associations to develop consensus on quality standards
- Increase consumer education and awareness about the importance of preventive health services
- Assure age appropriate health promotion education for child development (Anticipatory guidance)

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 preservice education (Medical Schools)
- Increase public awareness of the definition of medical home
- Encourage insurance reimbursement for medical home related services

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)

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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

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 -

- Increase education provided to providers and patients about prebirth prevention issues
- 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

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 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

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

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- Assist communities in developing on-going communication strategies among parents, early childhood education staff, elementary principals, and kindergarten teachers

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 recognized 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

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

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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
- Expand the current core stakeholder membership to include representatives from law enforcement, domestic violence, judiciary, etc.
- Educate law enforcement agencies about child and family service agencies

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 use of community information referral access
- Collaborate with organizers of community and neighborhood events to promote the development of activities for families with young children

Goal: Create a community family friendly workforce policy

Goal Measures:

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

Strategies to achieve this goal -

- Partner with chamber of commerce in promoting family friendly policies
- Educate employers about early childhood issues and family friendly policies
- Establish employer recognition for family friendly policies and practices

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)
- Educate and encourage businesses and communities to invest in early childhood initiatives

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)

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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 research/evidence-based, comprehensive home visitation 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

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 research/evidence-based, comprehensive home visitation programs
- Provide research/evidence-based, comprehensive parent education opportunities

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

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)

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Strategies to achieve this goal -

- Promote Iowa Early Learning Standards
- Promote access to family support programs that follow researched evidence-based and recognizable standards

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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 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

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

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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)

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

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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 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

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

- Child and Family Policy Center
- Child Care Resource and Referral
- Child Health Specialty Clinics
- Department of Education
- Department of Human Rights
- Department of Human Services
- Department of Management
- Department of Public Health
- Drake University
- Early ACCESS
- FaDSS Program
- Governor's Office
- Head Start
- HOPES Program
- Iowa Association for the Education of Young Children
- Iowa Child Care Advisory Council
- Iowa Child Care and Early Education Network
- Iowa Community Action Agency
- Iowa Community Empowerment State Technical Assistance Team
- Iowa Empowerment Board
- Iowa Family Resource Network
- Iowa State University
- Iowa State University Extension
- Iowa Urban Education Network
- Local Community Empowerment Areas
- MATURA Community Action Agency
- Parents As Teachers
- Prevent Child Abuse Iowa
- Program for Infant and Toddler Caregivers
- 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
- Child Care Resource and Referral
- Child Development Coordinating Council
- Early Access Regional Liaisons
- HCCI Campaign
- IA Dental Hygienists Association
- IDPH Bureau of Oral Health
- IDPH Child Health Team, Bureau of Family Health
- IDPH Office of Multicultural Health
- IDPH Women's Health Team
- Iowa Child Care and Early Education Network
- Iowa Community College Early Childhood Alliance
- Iowa Empowerment Board
- Iowa Nutrition Network
- Iowa State University Extension
- Kirkwood Kids Child Care Center
- Local Community Empowerment Areas
- Local Public Health Agencies
- MCH Advisory Council
- Urban Education Network
- Prevention of Disabilities Policy Council

**Don't see your organization's name?
You should!**

**Contact Kelly Schulte, Community Empowerment/Department of Management
to get involved. kschulte@idph.state.ia.us**