

Final
STAFF SUMMARY OF MEETING

EARLY CHILDHOOD AND SCHOOL READINESS LEGISLATIVE COMMISSION

Date:	07/14/2014	ATTENDANCE
Time:	08:59 AM to 03:04 PM	Kefalas X
		Marble E
Place:	HCR 0112	McCann X
		Wilson X
This Meeting was called to order by		Todd X
<u>Representative Pettersen</u>		Pettersen X

This Report was prepared by
Kristen Koehler

X = Present, E = Excused, A = Absent, * = Present after roll call

Bills Addressed:	Action Taken:
Call to order	Witness Testimony and/or Committee Discussion Only
Update on the Landscape of Early Childhood	Witness Testimony and/or Committee Discussion Only
Quality Ratings and Improvement	Witness Testimony and/or Committee Discussion Only
CCCAP and Poverty and Risk in Colorado	Witness Testimony and/or Committee Discussion Only
Mental and Behavioral Health and Physical Wellness	Witness Testimony and/or Committee Discussion Only

09:03 AM -- Call to Order

Representative Pettersen, Chair, called the meeting to order and asked the members of the commission to introduce themselves. All members of the commission were present except for Senator Vicki Marble. Each member provided information on their background and why they are serving on the commission. Representative Pettersen discussed the upcoming meeting dates of the commission and the expectations for working groups.

09:13 AM -- Update on the Landscape of Early Childhood

Representative Pettersen invited the panelists to come to the table. The panel included: Dr. Melissa Colzman, Executive Director, Teaching and Learning Unit, Colorado Department of Education (CDE); Ms. Mary Anne Snyder, Director, Office of Early Childhood, Colorado Department of Human Services (CDHS); Ms. Heather Tritten, Interim President and CEO, Qualistar, and Chair of the Early Childhood Summit; Ms. Kathryn Hammerbeck, Director, Early Childhood Education Association of Colorado; and Mr. Bill Jaeger, Vice President Early Childhood Initiatives, Colorado Children's Campaign.

Dr. Colman and Ms. Snyder began the presentation by discussing the Early Childhood Colorado Framework (Attachment A). The Power Point presentation and other handouts were provided to the commission members (Attachment B). Ms. Snyder discussed the programs that exist in the Office of Early Childhood at CDHS. She said that the goal of the office, which was established in July 2012, is to align a variety of early childhood programs and increase efficiency. She discussed the role of the early childhood offices within CDE and CDHS. Dr. Colman discussed the early childhood programs administered by the CDE and talked about the close relationship between CDHS and CDE in the area of early childhood. She said, for instance, that both CDE and CDHS are the named agencies in the Race to the Top - Early Learning Challenge Grant (RTTT-ELCG). Dr. Colman discussed the grant and provided a fact sheet on the topic (Attachment C).

09:23 AM

Ms. Snyder continued to discuss the grant and said that the discussion about early childhood needs to center around quality. She said that in July 2014, Colorado became the fifth state to link a rating system to quality for early childhood. She discussed the Early Learning Development Guidelines, which can be accessed on the CDHS website. She discussed ways to incentivize the early childhood workforce to obtain four-year degrees.

Dr. Colman continued the presentation by discussing the Colorado Preschool Program (Attachment D). She said that the program was expanded last year as a result of legislation. She said that students who participate in the Colorado Preschool Program have lower rates of being held back and higher academic performance. She said that CDE is currently tracking cohorts through grade eight. She discussed the 2014 legislative report on the program and talked about CDE's work towards securing a federal preschool development grant. She talked about a high quality workforce grant and the work being done to align early childhood professional development competencies and programs.

09:34 AM

Ms. Snyder continued the presentation. She talked about the Early Intervention Program and steps taken to ensure that children are being referred for help, when necessary. She said that cases cannot be closed out until the caseworker has made a referral. She discussed the role of the Early Childhood Leadership Commission.

09:38 AM

Ms. Hammerbeck began her portion of the presentation. She provided her presentation in a handout (Attachment E). She talked about equal access to quality care. She said that a declining number of providers are accepting Colorado Child Care Assistance Program (CCCAP) kids. She said that there is concern that the families that utilize CCCAP will not have the options for care that a private-pay family has. She discussed House Bill 14-1317, which provided funding to study why providers may leave the CCCAP program. She discussed a report concerning the cost of child care in Colorado (included in Attachment E). She said that Colorado ranks fifth in the U.S. for the least affordable care for both infants and children. She talked about the costs that make child care expensive for families and said that personnel costs are about 65 to 70 percent of a center's budget. She said that most providers have a one percent margin. She said that it is not about how much child care costs, but about ways to help families cover those costs. She discussed the child care tax credit.

09:46 AM

Ms. Tritten began her portion of the presentation. She said that the Early Childhood Summit is a coalition of organizations that come together to influence early childhood policy. She stated that Colorado is home to over 340,000 children between the ages of 0 and 5, and that 74 percent of these children live in homes where all adults work and that 18 percent of these children are living in poverty. She said that 42 percent qualify for reduced-price lunch. She discussed adverse early childhood experiences, and said that stressed students may have developmental delays. She said that with quality programs, students are less likely to need special education or remediation. She added that children who grow up in poverty have been exposed to 30 million fewer words by age 3 than children who do not grow up in poverty. She said that providing early interventions can lower costs later and that high quality programs are meant for all children. She discussed Qualistar's role in identifying early childhood program quality.

09:53 AM

Mr. Jaeger began his presentation. He provided his presentation in a handout to the commission members (Attachment F). He said that early childhood establishes the foundation for life and that 90 percent of a child's critical development occurs before he or she is five years old. He said that persistent stress changes the brain and this results in gaps in opportunities as the child grows up. He stated that Colorado has made progress in closing opportunity gaps between racial groups, but that income is still a factor in these gaps. He said that there has been a 30 percent increase in the gap between students from high- and low-income families, and that this gap is widening because well-resourced students are coming into school much more prepared than those from low-income homes. He discussed the importance of investing early in supporting young children and said that the children in the state most likely to be living in poverty are under the age of six years.

10:03 AM

Senator Kefalas asked about the metrics that are used to calculate the poverty rate and why the poverty rate continues to increase. Mr. Jaeger responded that the metrics are based on the federal government's poverty guidelines. Senator Kefalas and Mr. Jaeger discussed ways to convince people that early investment in children is necessary. Mr. Jaeger discussed breaking the cycle of inter-generational poverty. Senator Todd asked where the money will come from to fund early childhood care and education and discussed the involvement of the business community. Mr. Jaeger and Ms. Tritten responded about the need to prioritize programs and invest in access to quality. Representative McCann asked for clarification regarding the number of children served by the Colorado Child Care Assistance Program. Representative Wilson and Dr. Colman discussed math scores in the state.

10:20 AM

The commission recessed.

10:30 AM -- Quality Ratings and Improvement

Representative Pettersen called the commission back to order and welcomed the members of the Quality Ratings and Improvement Panel to the table. The panel included: Ms. Nancie Linville, Early Childhood Professional Development System Director, CDE; Ms. Stacey Kennedy, Quality Child Care Initiatives Director, Office of Early Childhood, CDHS; and Ms. Heather Tritten, Interim President and CEO, Qualistar Colorado.

Ms. Kennedy began the presentation by giving the history of the quality rating improvement system (QRIS). Several handouts were provided to the committee members (Attachment G, Attachment H, Attachment I, Attachment J, Attachment K, and Attachment L). Ms. Tritten continued the presentation and said that the QRIS is a system used to assess quality in early childhood care. She said that a QRIS should include clear and ambitious standards, and be scientifically based and validated. She provided background on Qualistar Colorado.

10:37 AM

Ms. Kennedy continued the presentation. She discussed the activities that are underway to increase high quality care in Colorado. She discussed the RTTT-ELCG. She talked about the Colorado SHINES program, which will launch in late fall 2014. She discussed the five levels of quality within the program and how providers can attain new levels of quality.

10:43 AM

Ms. Linville began her portion of the presentation. She discussed CDE's work to provide professional development to early childhood educators and workers. She said that a large portion of the QRIS relates to the early childhood workforce. She said that the CDE will provide a series of online programs for these professionals and that a key part of the training is familiarizing the early childhood workforce with the Colorado early childhood framework. She discussed improving and revising the early childhood credential and discussed how professionals qualify for credentials. She talked about investments being made in early childhood professional development. Committee discussion regarding the amount of scholarships available for early childhood professional development ensued.

Senator Kefalas asked about geo-mapping and the ability to target quality improvement. Ms. Kennedy responded that the technology will provide an understanding of where children with the highest needs are. Ms. Linville stated that CDE is currently working with the state's community colleges to use the competencies framework as a guide for course work. She talked about credit for prior learning. She added that one of the main issues is that if increased academic requirements are required for this work, then professionals will require an increased level of pay as well.

11:03 AM

The commission recessed.

11:20 AM -- CCCAP and Poverty and Risk in Colorado

Representative Pettersen called the commission back to order and invited the panelists to the table. Ms. Mary Anne Snyder, Director, Office of Early Childhood, CDHS, presented statistical information about the CCCAP). She discussed the state's efforts to improve both the availability and quality of child care. She went over the establishment of Early Childhood Councils and the state's new QRIS system. She mentioned that Child Care and Development Fund (CCDF) programs rely on providers choosing to participate and that costs have risen 16 percent since 2007. She stated that Colorado can meet only a fraction of the need for quality child care. She discussed problems with quality and continuity of care and the department's efforts to address those issues. She established that the department does not have a good way to identify unmet need and that it is engaging the University of Colorado, Denver to research this issue. Ms. Snyder identified copays as an additional burden for families and discussed a sliding scale of copays based on the family's income and number of children. She stated that continuous care is necessary for improved outcomes and that Colorado should work towards improved eligibility, provider payments, and reduced copays to improve continuity of care. She discussed the department's efforts to shift away from the perception that child care programs are only workforce support, and encourage stakeholders to think of child care as a two-generation program. She spoke about recent changes to eligibility, such as the inclusion of job training as an eligible activity and the extension of time during a job search for which a family is eligible for the program. She discussed tiered reimbursement for facilities, in which higher-quality facilities receive higher reimbursements. Ms. Snyder responded to questions from the commission.

11:30 AM

Ms. Molly Yost, Policy Specialist, Clayton Early Learning, discussed the nature of Clayton Early Learning. She spoke about what her organization provides, and its research, training, and professional development for early childhood educators. Clayton serves 600 children, approximately 100 of whom receive a CCCAP subsidy. She discussed how policies translate into practice and the importance of the stakeholder engagement process. Ms. Yost told the commission about the CCCAP Collaborative, which consists of 50 to 60 stakeholders and began meeting in August 2013. She discussed the collaborative's two-generation vision for CCCAP and how the collaborative's perspectives and ideas informed the drafting of House Bill 14-1317 and House Bill 14-1022. She distributed copies of her presentation to the commission (Attachment M). Ms. Yost responded to questions from the members.

11:38 AM

The preceding two panelists responded to questions from the commission. Mr. David Collins, Director of the Childcare Division, CDHS, responded to questions from the commission.

11:44 AM

Ms. Judy Williams, Director, Early Learning Ventures (ELV), distributed copies of her presentation to the commission (Attachment N). She discussed the genesis of ELV's business plan. ELV is a statewide shared services venture to bring down costs for childcare providers. Currently, ELV has more than 500 participants. The backers of ELV believe a strong business foundation will help providers improve care. Ms. Williams spoke about ELV's web-based technology platform that delivers a way to share resources on a continuum. She told the commission that group purchases, e-training, information management, a centralized back-office system, and financial services are all offered on a tiered basis. She discussed ELV's web-based system for gathering data to assist with licensing and reporting requirements, and how digitized inspection reports for licensing purposes increase efficiency for both providers and licensing staff. She explained that ELV also provides assistance with billing, collections, and financial reporting.

11:55 AM

Ms. Lisa Hill, Executive Director, Invest in Kids, discussed her organization. She told the commission that Invest in Kids is a statewide partner with agencies and with local providers and that it aims to introduce, implement, and provide assistance with evidence-based practice. She discussed her group's work to implement research-based programs through partnerships with local providers in a way that culminates in measurable results. She spoke about two programs: the Nurse Home Visitor program, also known as the Nurse-Family Partnership, and the Incredible Years program, which is a social emotional skill building program for preschool and kindergarten students. She discussed her organization's presence in 59 of Colorado's counties, as well as the risk factors associated with low-income children and families. She provided information to the commission (Attachment O). Ms. Hill discussed the state's Early Childhood Framework Principles and research by the University of Denver on the effectiveness of the Nurse-Family Partnership. She spoke about her organization's formula for success, which includes effective interventions, effective implementation methods, and enabling contexts leading to socially significant outcomes. Ms. Hill discussed the outcomes of both the Nurse-Family Partnership and Incredible Years programs.

12:05 PM

Ms. Jildi Gentry, Executive Director, Morgan County Early Childhood Council, and Mr. Richard Garcia, Executive Director, Colorado Statewide Parent Coalition, distributed their presentation to the commission (Attachment P). Ms. Gentry discussed Family, Friend, and Neighbor (FFN) care and shared the goals of Colorado's FFN learning community, which include efforts to learn and implement what works, to reach out and engage the community, and to serve as a hub for FFN providers. FFN care is defined as childcare provided in informal settings by unlicensed caregivers. Mr. Garcia urged the commission to support FFN providers in order to ensure children are safe and receive enriching experiences. Ms. Gentry and Mr. Garcia discussed various ethnic communities that make use of FFN care networks. They spoke about a March 2013 report on FFN care in Colorado, which provided an initial snapshot of the FFN landscape. Mr. Garcia discussed FFN care as universal, and explained that these providers are a crucial part of the state's early childhood support system. Ms. Gentry mentioned that FFN care takes many shapes and forms, and that FFN providers are diverse and want training. She said that 57 percent of kids under age 6 with all parents working are not in licensed settings and are most likely in FFN care. She stated that investment in FFN care is often missing from public policy even though the majority of children spend some time in such care. Mr. Garcia said that FFN care providers do not necessarily need licensing, and stressed that informal care is not always inadequate.

12:16 PM

Ms. Chaer Robert, Manager of the Family Economic Security Program, Colorado Center on Law and Policy distributed her presentation to the commission (Attachment Q). She stated that interventions that focus on parent and child are more effective than those that focus only on one or the other. She discussed current research on parental achievement levels as they correlate to child outcomes. She spoke about a 2011 published longitudinal study that found that increasing the income of poverty-level families resulted in improved school achievement and increased earnings decades later. Ms. Robert discussed the state's need to address the educational needs of parents if it wants higher-achieving kids. She spoke about recent Congressional action, including the Workforce Innovation and Opportunity Investment Act, which re-authorizes funding for workforce development training. She discussed recent actions by the General Assembly, including funding for adult education and literacy, an increase in full-day kindergarten, and legislation relating to the Child Care Tax Credit and CCCAP which provide families with lower copayments, improved quality, and the addition of education and skills training as an eligible activity. She mentioned that a report this month from www.clasp.org outlines how to address both generations by addressing the education and income of parents concurrently with the educational needs of children.

12:24 PM

The preceding five panelists responded to questions from the commission members.

12:36 PM

Ms. Kathryn Hammerbeck, Director, Early Childhood Education Association of Colorado, returned to the table to respond to questions from the members.

12:51 PM

Representative Pettersen announced the working groups and each group's legislative Chair (Attachment R). The committee recessed for lunch.

01:35 PM -- Mental and Behavioral Health and Physical Wellness

Representative Pettersen called the commission back to order and invited the panelists to the table. The panel included: Ms. Mary Anne Snyder, Director, Office of Early Childhood, CDHS; Ms. Stephanie Wasserman, Executive Director, Colorado Children's Immunization Coalition; Dr. Ayelet Talmi, Associate Director, Irving Harris Program in Child Development and Infant Mental Health, University of Colorado School of Medicine; and Dr. Barbara Smith, Principle Investigator, Pyramid Plus: The Colorado Center for Social Emotional Competence and Inclusion. The panelists introduced themselves and began their presentations on mental and behavioral health and physical wellness.

Ms. Snyder discussed the CDHS efforts to support mental and physical health and funding from the Rose Family Foundation. She discussed the expulsion rate from child care and behavioral problems that arise in children with mental health needs.

Dr. Talmi presented on integrated care for behavioral, mental, and physical health (Attachment S). She discussed the lifelong health impacts of adverse childhood experiences and the positive effects of early intervention and prevention. The panel discussed the prevalence and definition of adverse experiences. Dr. Talmi talked about serving children and families and how mental health is often provided in the context of primary care and physical health. She discussed the need for workforce training so primary care providers are aware of mental health needs. Dr. Talmi presented on the Healthy Steps for Young Children program and the Baby and Me program. She discussed how these programs build relationships with health care providers and give an opportunity for preventative care and screening. Representative Pettersen asked how they identify families in need and how they screen. Dr. Talmi discussed the need for universal screening.

02:01 PM

Dr. Smith began her presentation on the Pyramid Plus Center (Attachment T). She described the origin of the center and the need to address the fact that preschoolers were being expelled at a rate three times greater than children in K-12 education settings. She mentioned the impact expulsion has on working parents and on the child. She discussed the fact that many graduates of higher education in early childhood report that they are unable to deal with behavioral issues exhibited by children. She discussed how emotional and social skills are just as important for school readiness as academic preparation. She then highlighted the relationship between preschool aggression and aggression at age 10, and noted that this is more indicative of future behavior than IQ. If aggressive behavior is not addressed early, she said that interventions will have a poor chance of success. She then discussed evidence-based practices to prevent and intervene in preschooler behavioral problems. Dr. Smith then described the Pyramid Plus Approach. She then discussed the outcomes from using the Pyramid Plus Approach. She highlighted the fact that the program builds local capacity by certifying trainers and coaches to work with local providers. Dr. Smith then responded to questions from the commission.

02:25 PM

Ms. Wasserman began her presentation on childhood immunization and the work of the Colorado Children's Immunization Coalition (Attachment U). She provided an overview on the importance of childhood vaccinations and the cost savings from immunization. She stated that Colorado ranks 22nd in the nation in terms of rate of vaccination. She said that Colorado is in the middle of a whooping cough epidemic and discussed the increased prevalence of measles nationwide. She discussed the cause of vaccine-preventable disease outbreaks. Ms. Wasserman then discussed the different types of exemptions to mandatory school immunization. She highlighted legislation from prior sessions concerning immunization and discussed the recommendations of various task forces and stakeholders groups. Ms. Wasserman and the other panelists responded to questions from the commission.

02:49 PM

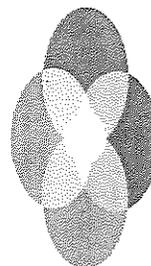
Representative Pettersen opened up the meeting for public testimony, but nobody was signed up to testify. Representative Pettersen talked about the expectations for the working groups.

03:04 PM

The commission adjourned.

KEY LEADERS FROM THE FOLLOWING EARLY CHILDHOOD GROUPS REVIEWED AND SUPPORT THE EARLY CHILDHOOD COLORADO FRAMEWORK:

- Aloha Foundation
- American Academy of Pediatrics, Colorado Chapter
- Blue Ribbon Policy Council
- Chambers Family Fund
- Clayton Early Learning
- Colorado Association for the Education of Young Children
- Colorado Bright Beginnings
- Colorado Children's Campaign
- Colorado Department of Education
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Human Services
- Colorado Department of Public Health and Environment
- Colorado Foundation for Families and Children
- Colorado Head Start Association
- Colorado Interagency Coordinating Council
- Colorado Medical Home Advisory
- Colorado Office of Professional Development
- Colorado Parent and Child Foundation
- Colorado Parents Teacher Association
- Colorado Statewide Parent Coalition
- Colorado Trust
- Daniels Fund
- Donnell-Kay Foundation
- Early Childhood Councils Advisory Team
- Early Childhood Councils Leadership Alliance
- Early Childhood Education Association of Colorado
- Early Childhood State Systems Team
- Early Childhood Summit
- Education Commission of the States
- Family Leaders
- Family Resource Centers
- Invest in Kids
- JFK Partners, Project BLOOM
- Local early childhood councils
- Maslico Family Foundation
- Mirages Foundation
- Mile High United Way
- Morningside College of Education, University of Denver
- National Conference of State Legislatures
- Office of Lt. Governor Barbara O'Brien
- P-3 Subcommittee of P-20 Education Coordinating Council
- Pitkin Foundation
- Qualistar Early Learning
- Rose Community Foundation
- State Board of Education
- Temple Hoyne Buell Foundation



Early Childhood Colorado Framework

A COLLECTIVE VISION ON BEHALF
OF COLORADO'S YOUNG CHILDREN
AND THEIR FAMILIES



GOALS

Children have high quality early learning supports and environments and comprehensive health care.

Families have meaningful community and parenting supports.

Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

100 children are valued, healthy, and thriving

SUBSTANTIAL ACCESS OUTCOMES

EARLY LEARNING

- Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
- Increased access to high quality early learning, birth through third grade.

QUALITY OUTCOMES

- Increased number of children meeting developmental milestones to promote school readiness.
- Increased number of programs that are accredited and/or quality rated.
- Increased number of schools that have leadership and educational environments that support young children's success.
- Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.

EQUITY OUTCOMES

- Increased number of children with special needs who receive consistent early learning services and supports.
- Decreased gaps in school readiness and academic achievement between populations of children.

STRATEGIES FOR ACTION

- Develop and support use of early learning standards by families, programs, and professionals.
- Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
- Develop, promote, and support high quality professional development and formal education for adults who work with young children.
- Monitor children's learning and development through screening and on-going assessments.
- Improve financial sustainability and governing efficiency of early learning programs and infrastructure.

SOCIAL, EMOTIONAL AND MENTAL HEALTH

- Increased availability and use of high quality social, emotional, and mental health training and support.
- Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.

- Increased number of environments, including early learning settings, providing early identification and mental health consultation.
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.

- Increased number of mental health services for children with persistent, serious challenging behaviors.
- Decreased number of out-of-home placements of children.

HEALTH

- Increased access to preventive oral and medical health care.
- Increased number of children covered by consistent health insurance.

- Increased number of children who receive a Medical Home approach.
- Increased number of children who are fully immunized.
- Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).

- Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
- Increased percentage of women giving birth with timely, appropriate prenatal care.
- Decreased number of underinsured children.

- Promote caregivers' knowledge of the social, emotional, and mental health of young children.
- Provide early childhood professionals with effective practices that promote children's social-emotional development and mental health.
- Strengthen and support community-based mental health services that identify and serve young children.

- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support family leadership through effective training models.
- Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
- Provide information to families to facilitate connection to services and supports.

- Enroll more children in health insurance programs.
- Promote and support use of standards for a Medical Home approach (including medical, oral, and mental health, as well as developmental, vision, and hearing screening and services).
- Strengthen coordinated efforts of public and private stakeholders to support health and wellness.

FOUNDATIONS

Build and Support Partnerships

Fund and Invest

Change Policy

Build Public Engagement

Share Accountability

Generate Education and Leadership Opportunities

EARLY CHILDHOOD COLORADO PROVIDES A FRAMEWORK THAT:

- Recognizes the needs of the whole child and family.
- Communicates the vision for comprehensive early childhood work.
- Focuses on specific measurable outcomes.
- Cuides, organizes, and focuses the actions and accountability of public and private stakeholders.

THIS WORK IS GUIDED BY THE FOLLOWING PRINCIPLES:

- Be child-focused and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age 8.
- Promote partnerships.
- Act at state, local, and statewide levels.

For more information, contact Early Childhood Team @ capital.state.co.us.

Colorado's Early Childhood Landscape

Mary Anne Snyder, Executive Director, Office of Early Childhood
Colorado Department of Human Services

Melissa Colzman, Ph.D., Executive Director, Teaching and Learning Unit
Colorado Department of Education



Colorado's Early Childhood Framework



Colorado's Early Childhood Landscape

Colorado Department of Human Services Office of Early Childhood

- Child Care Assistance Program
- Child Care Licensing and Administration
- Quality Rating and Improvement System
- Early Learning and Development Guidelines
- Universal Application
- School Readiness Quality Improvement Grants
- Healthy Child Care Colorado
- Early Intervention (IDEA Part C)
- Early Childhood Mental Health
- Early Childhood Councils
- Early Childhood Leadership Commission

Colorado Department of Education Office of Early Learning and School Readiness Exceptional Students Services Unit

- Colorado Preschool Program and Results Matter
- School Readiness
- Expanding Quality in Infant/Toddler Care
- Early Childhood Professional Development
- Preschool Special Education
- Child Find

Early Childhood Partner and Advocacy Organizations

- Race to the Top Early Learning Challenge Grant
- Memorandum of Understanding
- Interagency Agreement
- Data Sharing Agreement

Race to the Top Early Learning Challenge Grant

Overall Grant Management: Coordinated emphasis on
Increasing Access to High Quality Programs for Children
with High Needs

QRIS: Improving Program Quality
With Focus on Continuous
Improvement

Early Learning
and
Development
Guidelines

Highly Qualified
Workforce

Results Matter
for children 0-4
years

Statewide
Kindergarten
Readiness

CDE Early Childhood Programs

- **Organization**
 - Office of Early Learning and School Readiness
 - Exceptional Student Services
- **Programs**
 - Preschool
 - CPP and Results Matter
 - Special education; Child find
 - Federal preschool expansion grant
 - School Readiness
 - Early Childhood Professional Development*
 - Expanding Quality in Infant Toddler Care*
- **Race to the Top**

*Through an interagency agreement with CDHS

State Preschool Services

Colorado Preschool Program

- High quality early childhood programming for eligible preschool and kindergarten children
- Eligibility factors shown to be associated with school failure
- CPP graduates consistently out-perform at-risk children who did not participate in the program
- Will serve 28,360 children in 2014/2015
- Service provided in public school, Head Start and community child care settings

Preschool Special Education and Child Find

- Child Find is a service available in every district or BOCES to evaluate children for eligibility determination for early intervention (ages birth to three) or preschool special education services (ages three through five)
- Individualized preschool special education services is mandated by state and federal law for eligible children, three to five years of age, are provided by BOCES and local school districts.
- Currently approximately 11,000 preschool-age children receive individualized special education preschool services.
- Services are funded through a combination of federal and state special education funding and through the School Finance Act.
- Services are provided through school-based programs and/or under contracts with Head Start and other local community based preschool programs.

Preschool Development Grant

- Federally funded grant program to strengthen access to high quality state preschool programs for children at
- Colorado eligible to apply for \$15 million per year for 4 years
- Grant requires strong commitment to public-private partnerships and high quality programming
- Lays the groundwork for national effort to increase access to voluntary preschool in high quality programs for all low and moderate income families

Race to the Top Grant Projects at CDE

Overall Grant Management: Coordinated emphasis on
Increasing Access to High Quality Programs for Children
with High Needs

QRIS: Improving Program Quality
With Focus on Continuous
Improvement

Early Learning
and Development
Guidelines

Highly Qualified
Workforce

Results Matter for
children 0-4
years

Statewide
Kindergarten
Readiness

CDHS Early Childhood Programs

- Office of Early Childhood established in June 2012, to consolidate and better administer early childhood programs:
 - Singular structure and shared leadership resulting in greater collaboration.
 - Single point of contact for stakeholders in need of programs and services.
 - More efficient and effective use of resources through the coordination of funding streams and internal systems.
- OEC Priorities:
 - School Readiness
 - Safety
 - Quality
 - Access



COLORADO
Office of Early Childhood
Department of Human Services

OEC Early Childhood Programs

- Division of Early Care & Learning
 - Child Care Licensing & Administration
 - Colorado Child Care Assistance Program
 - Race to the Top
 - Infant & Toddler Quality & Availability Grant Program
 - School Readiness Quality Improvement Program
- Division of Community & Family Support
 - Early Intervention Colorado
 - Nurse Home Visitor Program
 - Maternal, Infant, & Early Childhood Home Visiting Program
 - Early Childhood Mental Health Services
 - Children’s Trust Fund and Board
 - Promoting Safe & Stable Families
 - Colorado Community Response
 - Head Start State Collaboration
- Early Childhood Leadership Commission
 - Advisory body to CDHS and the Office of Early Childhood

Race to the Top Grant Projects at OEC

Overall Grant Management: Coordinated emphasis on
Increasing Access to High Quality Programs for Children
with High Needs

QRIS: Improving Program Quality
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Statewide
Kindergarten
Readiness



COLORADO
Office of Early Childhood
Department of Human Services

Race to the Top Grant Projects at OEC

- Goal is to improve early learning and development for young children by supporting efforts to:
 - increase the number of children with high needs in high quality early childhood settings; and
 - build comprehensive early childhood systems.
- **Priorities**
 - Promoting school readiness for children with high needs.
 - Including licensed early learning and development programs in the Next Generation Quality Rating and Improvement System (QRIS).
 - Understanding the status of children’s learning and development at kindergarten entry.

Early Childhood Leadership Commission

- Reauthorized through HB13-1117, the ECLC is a composed of 20 members responsible for creating a high-level, interagency, public-private leadership commission
- Mission is to ensure and advance a comprehensive service delivery system for pregnant women and children from birth to eight years of age.
- Key responsibilities
 - Make recommendations to government, nonprofit agencies, and policy boards to enhance the alignment and provision of services and supports for young children
 - Collaborate with early childhood councils and any other boards, commissions, and councils within executive branch agencies that address services and supports for young children
- Committees
 - Program Quality and Alignment
 - Data
 - Finance
 - Communications
 - Legislative Implementation Task Force



COLORADO
Office of Early Childhood
Department of Human Services

Early Intervention Colorado Fact Sheet



The Early Intervention (EI) Colorado program provides supports and services to children birth through two years of age who have developmental delays or disabilities and their families. It is a voluntary program and does not discriminate based on race, culture, religion, income level or disability.

Services for Infants, Toddlers and their Families through EI Colorado

EI Colorado contracts with 20 Community Centered Boards to provide early intervention services and service coordination.

Services are provided in collaboration with parents and provided in the child's natural environments such as the child's home, the child care, or community settings.

Services are designed to meet the developmental needs of an infant or toddler and the needs of the family to assist in their child's development in one or more of the following areas:

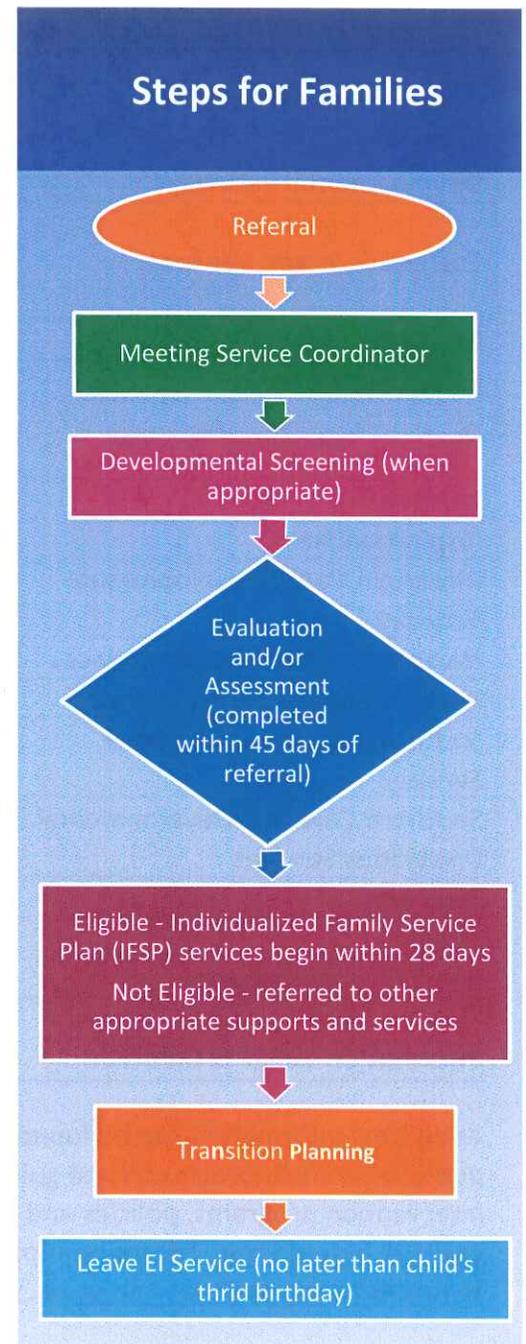
- Adaptive development
- Cognitive development
- Communication development
- Physical development, including hearing and vision
- Social and emotional development

Services are provided at no cost to families and are funded through a Coordinated System of Payment using a funding hierarchy that includes;

- Private Health Insurance
- Medicaid
- Local funds
- State General Fund
- Federal Part C of IDEA

Key Results (FY 2012-2013)

- 12,032 infants and toddlers received early intervention services
- 98.94% of the children referred, evaluated, and found eligible had a service plan developed in a timely manner (defined as within 45 calendar days from referral) and 97.49% of early intervention services were initiated within the required 28 calendar days
- The following percentages indicate that families who participated in early intervention services reported that services helped their family:
 - Know their rights (92%)
 - Effectively communicate their children's needs (94%)
 - Help their children develop and learn (95%)
- 99% of children enrolled in early intervention services made progress in each of the three measured outcome areas: social emotional functioning, use of knowledge and skills, use of appropriate behaviors to meet their needs.



Local Program Contact Information

Community Centered Board	Counties Served	Program Contact Phone Number
Blue Peaks Developmental Services	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache	719-589-5135 Ext 220
Colorado Bluesky Enterprises	Pueblo	719-542-6701
Community Connections	Archuleta, Dolores, La Plata, Montezuma, San Juan	970-385-3498
Community Options	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel	970-249-1412 Ext 212
Developmental Disabilities Resource Center	Clear Creek, Gilpin, Jefferson, Summit	303-462-6655
Developmental Pathways	Arapahoe, Douglas	303-858-2112
Eastern Colorado Services	Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	970-526-3623 Ext 303
Envision	Weld	970-313-2655
Foothills Gateway	Larimer	970-266-5424
Horizons Specialized Services	Grand, Jackson, Moffat, Rio Blanco, Routt	970-871-8558
Imagine!	Boulder, Broomfield	303-457-5650
Inspiration Field	Bent (Western), Crowley, Otero	719-384-8741 Ext 123
Mountain Valley Developmental Services	Eagle, Garfield, Lake, Pitkin	970-945-2306
North Metro Community Services	Adams	303-252-7199
Rocky Mountain Human Services	Denver	303-636-3826
Southeastern Developmental Services	Baca, Bent (Eastern), Kiowa, Prowers	719-336-3244 Ext 11
Southern Colorado Developmental Disabilities Services	Huerfano, Las Animas	719-846-4400
Starpoint	Chafee, Custer, Fremont	719-276-6190
Strive	Mesa	970-644-1564
The Resource Exchange	El Paso, Park, Teller	719-785-3760

Information about EI Colorado

Additional information can be found at the EI Colorado website including referral and local contact information, public awareness brochures and guidebooks, videos for families and professionals, forms used in early intervention programs, policies and procedures, and training information and event opportunities at www.eicolorado.org. For more information about EI Colorado please contact Program Manager, Ardith Ferguson at Ardith.Ferguson@state.co.us or 303-866-5468.

Nurse Home Visitor Program

Nurse Home Visitor Program in Colorado

The Colorado Nurse Home Visitor Program (NHVP) was created by the Colorado General Assembly in 2000 to award grants to public or private organizations in Colorado to offer health education and support services to first-time, low-income women beginning in pregnancy and up to the child's second birthday. Local grantees are implementing the Nurse-Family Partnership (NFP) home visiting model that was developed and tested by the National Center for Children, Families and Communities at the University of Colorado Denver. NFP is a voluntary, relationship-based program that partners highly-trained professional nurses with vulnerable first-time mothers and their babies. The program transforms lives through improved pregnancy outcomes, promotion of child health and development, and the encouragement of economic self-sufficiency for families.

Funding for the Colorado program is made available as a part of the state's Tobacco Settlement legislation [C.R.S. 26-6.4-101 (2013)]. The legislative intent is to expand NHVP annually and make services available to all eligible mothers across the state who chooses to participate. The legislation creates an administrative partnership between the University of Colorado Denver (UCD) and the Colorado Department of Human Services (CDHS) to support and oversee the program. Implementation is managed by the Colorado Coordination Team, which includes the School of Nursing at UCD, Invest In Kids (the state intermediary for the Nurse-Family Partnership), the Nurse-Family Partnership National Service Office and the Office of Early Childhood at CDHS.

Nurse Family Partnership outcomes in Colorado:

- Significant reductions (20%) in cigarette smoking during pregnancy – an important positive outcome as the program is funded through tobacco dollars
- Significant reductions during pregnancy in nearly every measure of family/domestic violence including physical (46%) and fear of partner (48%)
- Increased employment in the Colorado workforce by NHVP mothers of all ages
- 41% of those entering the program without a diploma or GED received their diploma/GED by program completion

Infants born to Colorado NFP mothers have:

- An overall preterm birth rate consistently lower than the Colorado rate
- An overall low birth weight rate consistently lower than the Colorado statewide rate
- Completed immunization rates of over 92% at 24 months of age for all vaccines
- Breast feeding rates of 87% at birth; 34% continue to breast feed at 6 months of age, which is virtually identical to national rates for all mothers even though NHVP serves the most at-risk mothers in our state
- High rates of success for children in achieving developmental and language milestones based on screening tests and other assessments

What this means for Colorado...

- Improved prenatal health and healthy infants
- Fewer childhood injuries
- Increased intervals between births
- Increased maternal education and employment
- Improved school readiness for children born to mothers with low psychological resources

For more information, please call:
Mary Martin, Program Manager
Maryw.martin@state.co.us
303-866-5023



Maternal, Infant and Early Childhood Home Visiting Program

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, funded by the Affordable Care Act (ACA), was enacted in 2010 as part of the national effort to build comprehensive statewide early childhood systems and to improve health and developmental outcomes for at-risk children through evidence-based home visiting programs. Statutory goals are to strengthen and improve the programs and activities carried out under Title V of the Social Security Act; to improve coordination of services for at-risk communities; and to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. It is administered under Health and Human Services by the Maternal and Child Health Bureau in the Health Resources and Services Administration (HRSA).

MIECHV in Colorado

Colorado received \$22 million (a combination of formula-based funding and a competitive award) to support expansions of evidence-based home visiting programs in seven communities (ten counties) identified in a statewide needs assessment; and to support state and local systems building activities to strengthen the early childhood system and improve collaboration and coordination of services and resources. The five-year project was implemented in 2011 and will be considered for reauthorization by Congress in 2015. Colorado's MIECHV communities include Pueblo, Adams, Alamosa, Costilla, Saguache, Crowley, Otero, Denver, Morgan and Mesa.

Evidence-Based models currently funded for expansion in Colorado

Healthy Steps for Young Children (HS) is implemented in pediatric primary care settings and emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional and intellectual growth and development of children from birth to age three. The state representative for Healthy Steps is [Assuring Better Child Health and Development \(ABCD\)](#).

HIPPY - Home Instructions of Parents of Preschool Youngsters, focuses on parent-involved learning to empower parents as their children's first teacher by giving them the tools, skills and confidence they need to prepare their children for success in school and beyond. The state representative for HIPPY is [Colorado Parent & Child Foundation](#).

Nurse Family Partnership (NFP) is designed for first-time, low-income mothers and their children. Using human attachment, human ecology and self-efficacy theories, nurse home visitors promote health during pregnancy, care of the child, and personal growth and development of the mother to improve prenatal and health outcomes, improve child health and develop and to improve families' economic self-sufficiency and/or maternal life course development. The state representative for Nurse Family Partnership is [Invest in Kids](#).

Parents as Teachers (PAT) is designed to ensure that young children are healthy, safe and ready to learn. Parent Educators aim to increase parent knowledge of early childhood development, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success. The state representative for PAT is [Colorado Parent & Child Foundation](#).

SafeCare Augmented is designed to support parents who are at-risk or have been reported for child maltreatment. Parents are guided in how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues. The state implementation organization is [Kempe Center](#).

What this means for Colorado...

- Improvements in maternal, prenatal and infant health
- Improved child health and development, and school readiness outcomes
- Reductions in child maltreatment
- Reductions in family violence or crime
- Improved family economic self-sufficiency
- Improved coordination of services and referrals

For more information, please call:
Mary Martin, Program Manager
Maryw.martin@state.co.us
303-866-5023



Early Childhood Mental Health Specialist Program

The purpose of the Early Childhood Mental Health Specialist (ECMHS) program is to increase the availability of mental health services to young children, birth through 5 and provide consultation and coaching/training to families and early learning programs. The ECMHS program focuses on developing and strengthening the social emotional skills of young children through timely screening and assessment, increasing the parent and the early learning provider's ability to manage difficult behaviors, and providing outreach and connecting families to other community resources.

ECMHS in Colorado

The ECMHS program in Colorado is currently funded solely by State funds and is managed by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. There is one Early Childhood Mental Health Specialist based out of each of the 17 Community Mental Health Centers across Colorado. The ECMHS provides services in the community, home, and the early learning environment. Funding for the State Fiscal Year 2013-2014 is \$1,169,609.

Program Services

Developmental Screening – Screening can help detect potential social-emotional, health, and developmental difficulties early on. It typically entails the use of a screening tool such as the Ages and Stages Questionnaire and observation.

Developmental Assessment/Evaluation – Developmental assessments are completed using parental insight, teacher observations, and the child's records. The assessment will aid in the discovery of learning, developmental, and other delays and can be used as a guide for future actions.

Consultation – Consultation services are individualized according to the client, situation and need. They are collaborative in nature and provided by a professional with expertise in early childhood mental health. Consultation is provided in a natural setting for the family or child such as the home or early learning environment. Consultation is also provided to early care and learning providers.

Parent Services – Early Childhood Mental Health Specialists provide training to parents in a group setting or one-on-one coaching either in the community or in the home. The ECMHS can help bridge the gap between the educational setting and the home.

Kindergarten Readiness – Research shows that children who have pro-social skills tend to have a more positive school experience which leads to better and more productive learning. The ECMHS work with children to enhance their ability to make friends, share and take turns, follow directions, care about other people's feelings, and regulate emotions.

Contact: Connie Fixsen
Early Childhood Specialist
connie.fixsen@state.co.us
303-866-4393

What this means for Colorado...

- Improved early learning environment
- Improved child and family relationships
- Improved early learning provider retention
- Decrease in expulsions from early learning programs
- Children will be socially and emotionally ready for kindergarten

Mental Health Center Contacts

<u>Mental Health Center</u>	<u>Counties Served</u>	<u>Link</u>
Arapahoe/Douglas Mental Health Network 303-797-0400	Arapahoe, Douglas	www.admhn.org
AspenPointe Health Network 719-572-6100	El Paso, Park, Teller	www.aspenpointe.org
Aurora Mental Health Center 303-766-2135	City of Aurora, Parts of Arapahoe	www.aumhc.org
Axis Community Health 970-247-5245	Archuleta, Dolores, La Plata, Montezuma, San Juan	www.axishealth.org/index.html
Centennial Mental Health Center 970-867-4924	Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	www.centennialmhc.org
Mind Springs Health 970-887-2179	Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, Summit	www.mindspringshealth.org
Community Reach Center 303-853-3500	Adams	www.communityreachcenter.org
Jefferson Center for Mental Health 303-425-0300	Clear Creek, Gilpin, Jefferson	www.jeffersonmentalhealth.org
Touchstone Health Partners 970-494-4300	Larimer	www.touchstonehealthpartners.org
Mental Health Center of Denver 303-504-7900	Denver	www.mhcd.org
Mental Health Partners 303-443-8500	Boulder, Broomfield	www.mhpcolorado.org
North Range Behavioral Health 970-353-3686	Weld	www.northrange.org
San Luis Valley Comprehensive Community Mental Health Center 719-589-5134	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache	www.slvmmhc.org
Southeast Mental Health Services 719-384-5446	Baca, Bent, Crowley, Kiowa, Otero, Prowers	www.southeasthealthgroup.org
Spanish Peaks Behavioral Health Center 719-545-2746	Huerfano, Las Animas, Pueblo	www.spanishpeaks.org
The Center for Mental Health 970-874-8781	Delta, Montrose, Gunnison, San Miguel, Ouray, Hinsdale	www.centermh.org
West Central Mental Health Center 719-275-2351	Chaffee, Custer, Fremont, Lake	www.wcmhc.org

Promoting Safe and Stable Families (PSSF)

Fact Sheet

The Promoting Safe and Stable Families (PSSF) is a federal program whose purpose is to help prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States receive PSSF funding for services that address: family support, family preservation, time-limited family reunification and adoption promotion and support.

Colorado's PSSF Program:

Through local grants, the programs seeks to secure permanency and safety for all children by providing support to families in a flexible, family-centered manner through a collaborative community effort; prevent unnecessary separation of children from their families; help with timely reunification and for families in crisis who have children at risk for maltreatment or re-abuse. There are thirty-two PSSF sites in Colorado that serve forty counties; one adoption agency that provides services statewide; and one tribe. The sites serve more than 95% of Colorado's children ages 0-18.

The program funds four service categories:

- **Family Support Services:** Voluntary preventative services and activities designed to alleviate stress and help parents care for their children's well-being before a crisis occurs and connect families with available community resources and supportive networks which assist parents with child rearing.
- **Family Preservation Services:** Services designed to help families alleviate crises, maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs that might otherwise lead to out of home placements.
- **Time-limited Family Reunification Services:** Services and activities provided to a child that has been removed from the child's home and placed in out of home care and to the parent or primary care giver, in order to facilitate a reunification of the child safely and appropriately during a 15-month period for a child in foster care.
- **Adoption Promotion and Support Services:** Services and activities designed to encourage more adoption out of the foster care system when adoption is in the best interest of a child, including such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families.

Services:

- Concrete supports: rent, utilities, food assistance
- Parenting education
- Healthy relationship education
- Mentoring
- Budgeting/finance education training
- Respite care
- Emergency child care
- Transportation
- Domestic Violence services
- Substance abuse treatment
- Counseling/mental health services
- Medical care
- Family engagement activities (fatherhood)

Currently funded PSSF sites in Colorado include:

1. Adams County Department Human Services (DHS) 303-412-5174
2. Arapahoe (Aurora Mental Health) 303-617-2648
3. Baca County Department of Public Welfare 719-529-6088
4. Bent County Department of Social Services (DSS) 719-456-2620
5. Boulder County Department of Housing and Human Services 303-441-1512
6. Broomfield County Department of Health and Human Services (DHHS) 720-887-2246
7. Chaffee County Department of Health and Human Services 719-530-2575
8. Custer (Custer County Transitions) 719-783-2112
9. Denver County Department of Human Services 720-944-6020
10. El Paso County Department of Human Services 719-444-5485
11. Elbert County Department of Human Services 303-621-3149
12. Fremont County Department of Human Services 719-275-2092
13. Garfield County Department of Human Services 970-945-9191
14. Grand County Department of Health and Human Services 970-725-3331
15. Huerfano/Las Animas (Huerfano/Las Animas Family Resource Center) 719-738-2378
16. Jackson County Department of Social Services 970-723-4750
17. Jefferson County Department of Human Services 303-271-4821
18. Kit Carson (Prairie Family Center) 719-346-5398
19. La Plata, Archuleta, Montezuma County Department of Human Services 970-382-6146
20. Larimer County Department of Human Services 970-498-6579
21. Mesa County Department of Human Services 970-683-2645
22. Montrose/Delta (Hilltop Community Services) 970-244-0500
23. Morgan (Morgan County Family Center) 970-867-9606
24. Otero (Tri- County Family Care Center Resource Center) 719-254-7776
25. Prowers County Department of Social Services 719-336-7486
26. Pueblo (Hope For Children) 719-545-6821
27. San Luis Valley (La Gente Project - BOCES- includes Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache) 719-589-5851
28. Summit (Family Intercultural Resource Center) 970-262-3888
29. Teller County Department of Social Services 719-686-5500
30. Ute Mountain Ute Tribe 970-564-5302
31. Washington (Rural Communities & Resource Center) 970-848-3867
32. Weld (Catholic Charities) 970-353-6433
33. Adoption Exchange (statewide adoption services) 303-755-4756

For further program information contact Jill Jordan at 303-866-3796 or Jill.Jordan2@state.co.us

Colorado Community Response Fact Sheet

As part of a group of cornerstone prevention programs formed or expanded under the state's *Child Welfare Plan 2.0*, Colorado Community Response (CCR) will provide comprehensive voluntary services for families screened out and/or closed after initial assessment by child welfare services.

In Colorado, approximately 55% of child welfare referrals are "screened out" following a maltreatment report. These families generally do not receive further outreach or support; CCR is intended to reach families at an earlier stage when they are facing stress in an effort to reduce future referrals to child welfare.

Colorado Community Response Model

Vision: A powerful partnership with vulnerable families to proactively increase protective capacities and improve child safety in Colorado.

Mission: To provide a comprehensive, community-based service continuum for families at risk for child maltreatment.

Goals

- To enhance comprehensive voluntary services for families reported to child protective services, but screened out or closed after initial assessment;
- To increase families' protective capacities by promoting individual, family and community strengths;
- To address the link between poverty and maltreatment by connecting families to vital economic and other support services;

Outcomes

- To reduce re-referrals to child welfare related to escalation of risks;
- To prevent high financial costs associated with being "screened in" to the child protection system.

Currently Funded Sites

1. Arapahoe County, in partnership with Douglas County and Tri-County Health Department, serving Arapahoe and Douglas counties 303-636-1899
2. Boulder County, in partnership with Sister Carmen Community Center and City of Longmont Children Youth and Services 303-441-1509
3. Chaffee County 719-530-2575
4. Eagle County, in partnership with Eagle County School District 970-328-8835
5. Larimer County, in partnership with The Matthews House 970-498-6561
6. Mesa County, in partnership with Hilltop Community Resources 970-683-2645

Components of all CCR programs...

- Outreach and Family engagement
- Case management, direct services and resource referrals
- Home visits (minimum of one)
- Collaborative goal-setting
- Financial decision making assistance and coaching
- Social capital, group-based programs
- Flex funding

For further program information contact Teri Haymond at 303-866-5227 or Teri.Haymond@state.co.us

7. Montrose County, in partnership with Hilltop Community Resources 970-252-5000
8. Otero County, in partnership with Tri-County Family Care Center, serving Otero, Bent and Crowley counties 719-383-3131
9. Teller County, in partnership with Community Partnership Family Resource Center 719-686-5500
10. Washington County, in partnership with Rural Communities Resource Center, serving Washington and Yuma counties 970-345-2238



Colorado Department
of Human Services
people who help people



Colorado Infant and Toddler Quality and Availability Grant

HB13-1291

In May of 2013, the Colorado legislature passed the Colorado Infant and Toddler Quality and Availability Grant Program (HB 13-1291) in recognition that the first three years of life are crucial to future development. The legislation uses a four-prong approach in its goals to ensure that infants and toddlers in poverty receive the start in life they need to become productive citizens.

Raising quality for children 0-3 years old

Education councils and county departments of social service (DSS) raise quality by supporting home and center based programs to get rated by the state approved rating system, accreditation, or participating Early Head Starts. Councils and DSS can provide coaching, college scholarships, trainings, and other quality improvement measures to increase and maintain the number of high quality programs in early childhood.

Increasing slots and providing tiered reimbursement

Grantees increase slots by partnering with local organizations, to provide pre-licensing trainings and technical assistance to support the application process, and help programs apply to become a Colorado Child Care Assistance Program (CCCAP) provider to serve more children in poverty. Tiered reimbursement provides increased rates of pay in high quality centers, such as 3 or 4 star Qualistar rated programs, National Association of Education for the Young Child (NAEYC) OR National Association for Family and Community Education (NAFCE) accreditation, or an Early Head Start in good standing for accepting children on the CCCAP program. The tiered reimbursement system is an incentive for centers to provide high quality care and open more slots for children in CCCAP without suffering a financial gap.

Promoting parent involvement

Education councils and DSS help education programs create a plan to get parents involved in their child's education through trainings, parent education classes, monthly parent meetings, and other activities. This ensures we are using a more holistic approach to children's success. We also know that poverty is a two generation cycle to break and that we need to support both children and families to have success in our programs to be successful.

"Having these 12 extra toddler spots is huge for this community and it will also allow us to take more children on CCAP. In the past, if families didn't get in as an infant we weren't able to take them until they went to preschool." -

Jeanette Johansen, Director
United Methodist Christian School, Durango, Colorado

2013-2014 Early Childhood Council and

Arapahoe
Boulder
Denver
Echo (Freemont)
HuLA (Las Animas, Huerfano)
La Plata
Larimer
Rural Resort West (Eagle, Lake, Pitkin)
Rural Resort East (Grand, Summit)
Triad (Jefferson)
San Luis Valley (Alamosa, Conejos, Costilla, Rio Grande, Mineral, Saguache)



More on ITQIP...

While setting clear parameters to work within, this grant provides communities the flexibility needed to meet the needs of infants and toddlers, and provide for high quality care through a menu of options, such as a rating, accreditation, or Early Head Start, as well as provide a menu for quality improvement activities (coaching, trainings, college classes) and different ways that the subsidy for CCCAP qualified children and tiered reimbursement can be administered.



Who can apply?

In order to accomplish these goals, the legislation requires Early Childhood Councils and County Departments of Social Services to collaborate to create a system where these goals are achieved. This type of collaboration has not been required for quality improvement initiatives before, and so represents a turning point in building a system to meet the needs of a community.

Early Childhood Councils and County Departments must apply together through the Department of Human Services. Grants are awarded based on a community's ability to develop and implement a tiered reimbursement system, as well as provide quality improvement services, and quality assessments. **The legislature appropriated three million dollars annually to be used for this program, including a 1 FTE position.**

Early Learning program must be in the service area of both the Council and the County Department, as well as accept CCAP or be willing to accept CCAP. Early Learning programs apply directly to their local Council and County Department.



For more information on the Infant and Toddler Quality and Availability Grant please contact:

Kelly Schultz

Infant and Toddler Program Specialist

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303-866-5020

Teen Parent Coordinators

"Due to various funding cuts over the last few years, two of our counties lost funding for their teen parent programs. Due to ITQIP funds, the two counties were able to contract with their previous Teen Parent Coordinators; who provide evidenced based teen parent support and education. Teen parents and their children face several risk factors and we have no doubt that the parent education provided through this grant will improve outcomes for both the parents and their children, which research suggests."

Liz McGilvray, Rural Resort West Council Coordinator

The School Readiness Quality Improvement Program

The School Readiness Quality Improvement Program (SRQIP) was created to improve the school readiness of children, five years of age or younger, who are cared for at early care and education facilities located in neighborhoods with low performing elementary schools. Funds are given to Early Childhood Councils, who then use the money to target quality improvement.

SRQIP in Colorado

Created in 2002 and reauthorized in 2005, the SRQIP program gives \$2.2 million dollars annually to Early Childhood Councils in Colorado to focus on quality improvement of early care and education facilities. The Councils do this by focusing on the ten SRQIP strategies for quality:

- Adult-child interactions
- Child Guidance Techniques
- Learning environment
- Health and safety
- Management/leadership
- Business Practices
- Family engagement
- Professional development
- Special needs services
- Mental health services

Councils provide coaching and mentoring, classroom supplies and training on environment rating scales in order to build capacity for quality within Early Learning programs, while promoting best practices that support the development of the whole child. Programs participating in SRQIP go through a quality rating process, and then must either maintain a high rating or make certain gains each year.



An early learning program toddler room after receiving SRQIP funds

Early Childhood Councils Participating in SRQIP 2013-2015:

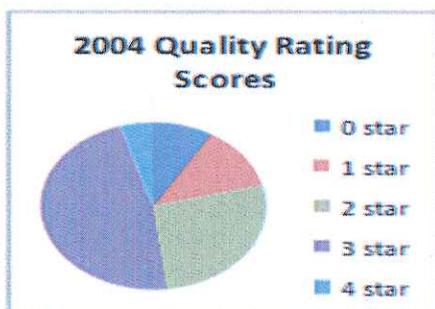
- Alliance for Kids
- Arapahoe County Early Childhood Council
- Bright Futures Early Childhood Council
- Denver Early Childhood Council
- Early Childhood Council of the San Luis Valley
- Early Childhood Partnership of Adams County
- Early Childhood Council of Larimer County
- Early Childhood Council for Yuma, Washington, and Kit Carson
- Fremont Early Childhood Council
- Mesa County Partnership for Children & Families
- Montelores Early Childhood Council
- Pueblo Early Childhood Council
- Promises for Children Early Childhood Council
- Triad Early Childhood Council

Quality Improvement

Over 550 facilities serving approximately 13,700 children have been positively affected by the SRQIP in the past ten years. The great majority of programs that participate make gains in both their quality rating and the overall quality of their program. Early data also indicates that children who are in programs participating in SRQIP are better ready to enter kindergarten.

Changes in Quality Rating scores: data suggests that the programs involved in SRQIP increased quality on their rating scores over an eight year span

Changes in Quality Rating subscale scores suggest that programs are partnering with families more, and that teachers in these SRQIP programs have higher levels of education.



Family Partnerships

2010	6.98 average score
2013	8.33 average score

**out of 10 points*

Teacher Education

2010	3.66 average score
2013	4.69 average score

**out of 10 points*

Next Steps

Anecdotal reports from Early Childhood Councils and SRQIP participants have long stated that SRQIP is a very beneficial program to the community, families and young children. As CDHS begins to collect data more systematically, however, it will allow for more specific exploration of how SRQIP may be affecting change in the areas of child outcomes, professional development, staff retention and family partnerships. Having this information will allow us to tailor the program to be the most effective it can be!

For More Information

Please contact a participating Early Childhood Council, or:
Kirsten Hermanutz, SRQIP Coordinator, at (303) 866-5110 - Kirsten.Hermanutz@state.co.us

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Lindsay Dorneman
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Lorilee
 Barrance
 AA II, #4758

Division of Early Care and Learning
 Division Director
 David Collins, GP VI, #5341

Sally
 Walker
 SA II, #5546

Division of Community and Family Support
 Division Interim Director
 Mary Murphy, GP VI, #5318

VACANT
 Contract
 Administrator, GP II

Finance

Data

Child Care
 Assistance
 Program

Child Care Licensing & Administration

Quality Early Care Initiatives

School Readiness

Early Childhood
 Mental Health
 Services

Child Welfare
 Prevention

Year Start
 Collaboration
 Sheila Grombach
 GP VI, #5338

- Willa Mohrman GP V, #2201
- Angela Graham GP IV, #5392
- Genette Hunt GP III, #1918
- Skudra Schwaner GP II, #3315
- Brett Reeder GP V, #5336
- Jake Barney Data Analyst GP IV, #5081
- Li-Chan Kao GP IV, #5295
- Quang Tran GP IV, #5393
- CCAP Analyst TSD

- VACANT GP V, #2282
- Mark Schatz GP III, #5410
- Patricia Scaccia GP II, #5685
- Krista Sanchez GP V, #1243
- Patricia Logan GP IV, #2216
- CCAP TSD

- Carin Ross GP VI, #0587
- VACANT GP V, #1181
- Key Milus GP IV, #4534
- Martha Lopez GP II, #0940
- Sheena Sutter GP II, #4887
- Bekina Villalobos GP III, #4559
- Phyllis Nibbler AA II, #1726
- Mark Kapka GP V, #2275
- Edytha Eberhard GP III, #2280
- Gail Hasselbach GP II, #2279
- Ruth Ann McCann GP III, #2386
- Roberta Rivera GP II, #2272
- Niliyah GB GP V, #0093
- Alexis Tatom GP III, #5087
- Beth Chase GP II, #5086
- Heather Sporer GP III, #5085
- Martene Romano GP II, #0364
- VACANT GP V, #1780
- Nicole Betts GP IV, #4658
- James Koch GP III, #2264
- Colleen Rosa GP III, #2269
- Patricia Kriebel PA I, #2347
- April Trujillo AA II, #5677

- Terry Santl GP V, #4804
- VACANT PA I, #2287
- Patricia Slivers GP IV, #4603
- Nickya Koch GP III, #2264
- Colleen Rosa GP III, #2269
- Patricia Kriebel PA I, #2347
- April Trujillo AA II, #5677
- Sharon Nichole GP V, #0486
- Theory Godwin GP III, #2497
- Sharon Kelley GP III, #5291
- Sarah Herros GP IV, #9409
- Ingrid Reburner PA II, #5267
- Alicia Ramirez AA II, #5387
- Sherry Kennedy GP VI, #5332
- Kim Owen GP IV, #4844
- Kiran Hermantantz GP III, #2336
- Kelly Schultz GP III, #5631
- Maggie Varick PA I, #3388
- Sherry Slusher GP V, #2330
- Karen Eibsen GP V, #5335
- Colin Tackett GP V, #5584
- VACANT GP II, #5393
- Monique Ellington PA II, #5021
- VACANT GP II, #1780

- Early Intervention Program
- Angela Ferguson GP VI, #4968
- Elizabeth Johnson GP IV, #4985
- Bob Cole GP IV, #4970
- Christy Esch GP IV, #4951
- Laura Meyrill GP IV, #4972
- Sharon Mowbray GP IV, #5011
- Tracy Perry PA I, #5307
- Home Visitation Programs
- Nancy Martin GP V, #5540
- VACANT GP V, #1780
- Tracy Perry GP IV, #4959
- Christy Esch GP IV, #4951
- Laura Meyrill GP IV, #4972
- Sharon Mowbray GP IV, #5011
- Tracy Perry PA I, #5307
- Early Childhood Mental Health Services
- Jordana Ash GP VI, #5670
- Elizabeth Johnson GP V, #5079
- Coma Fresh GP IV, #5029
- Child Welfare Prevention
- GP V, #5832
- Sharon Slusher GP V, #2330
- Community Services GP V, #2474
- Community Services GP V, #2474
- VACANT GP V, #1780

Criminal Background
 Check Unit
 Pueblo

- Julie Maestas Tech IV, #4704
- Shirley Skul Tech IV, #4902
- Janley Ely Tech II, #6007
- Vacant AA II, #4729



General Information

- Colorado was awarded a total of \$44.8 million Race to the Top Early Learning Challenge Grant (RTT-ELC).
- The RTT-ELC is a 4 year grant from 2013-2016.
- Colorado's grant priorities are to increase the school readiness of Colorado's children and to decrease the gap in readiness between children with high needs and their peers.
- The grant focuses on three major areas: (1) improving the quality of early learning and care; (2) building a stronger early childhood workforce; and (3) determining and supporting the school readiness of each kindergartner.
- By harnessing the investments from the RTT-ELC grant, Colorado will increase the chances that a child's first day of kindergarten sets them on a successful path for life.

Grant Components and Goals

1. **Better Quality Early Learning and Care:** Launch Colorado's next generation quality rating improvement system for all licensed child care and early learning programs, and increase the number of programs at the highest levels of quality.

Outcomes:

- a. All licensed child care centers and family child care homes, serving approximately 200,000 children, will have a quality rating to provide more information to parents.
 - b. The cost of rating will be subsidized by the grant.
 - c. At least 1/3 of center-based child care programs will be rated in the highest levels.
 - d. Coaching and funding to increase the quality of programs serving high needs children will be provided.
2. **A Stronger Early Childhood Workforce:** Provide resources to advance the competency of Colorado's early childhood workforce.

Outcomes:

 - a. Bolster the early childhood education credentialing system.
 - b. Incorporate the Early Childhood Competencies into two and four year degree programs.
 - c. Provide scholarships and other incentives for early childhood professionals to advance in their careers, especially for high need providers.
 - d. Fully deploy a statewide Professional Development Information System to advance professional development opportunities to the early childhood education workforce.
 3. **Improved School Readiness:** Provide better information to parents, providers, and teachers about the healthy growth and development of children to ensure all children are ready for success in school. Improve instructional practices of teachers and providers by increased usage of formative assessment systems in early childhood care and education settings.

Outcomes:

 - a. Prior to kindergarten, 3,500 additional high needs children will receive individual support by participating in the state's Results Matter assessment program through community based child care providers and Head Start programs.
 - b. All children in public schools will have an individual school readiness plan based on information from parents and a school readiness assessment.

Participating Agencies

- The grant deepens the partnership between Colorado Department of Human Services and Colorado Department of Education.
- Colorado agencies included within the grant:
 - Colorado Department of Human Services
 - Lead agency
 - Lead on grant components related to governance, early learning and development guidelines, and Tiered Quality Rating and Improvement System
 - Colorado Department of Education:
 - Lead on grant components related to expansion of Results Matter, school readiness assessment, and early childhood workforce
 - Colorado Department of Public Health and Environment
 - Lead on grant component related to developmental screening and family leadership training institute
 - Colorado Department of Higher Education
 - Collaborating with CDE on early childhood degree programs

Highlights of Work-to-Date

1. Engaged in 15 city state-wide listening tour for next generation quality rating improvement system and early childhood workforce competencies.
2. Aligned Early Childhood Competencies Framework with next generation quality rating improvement system workforce standards and 2-and 4-year early childhood degree programs.
3. Awarded contract for Colorado's Professional Development Information System (PDIS) contract to SimplyDigi through competitive request for proposal (RFP) process. The PDIS will pilot in fall 2014.
4. Distributed \$400,000 in scholarship awards and launched a partnership with the Foundation for Colorado Community Colleges to match scholarship awards.
5. Initiated communication plan for Colorado's Early Learning and Development Guidelines.
6. Conducted 15 state-wide school readiness informational meetings and 16 state-wide school readiness trainings.
7. Phasing in school readiness assessment within 102 districts, 529 schools, and approximately 16,000 kindergartners.
8. Negotiating contract with provider of Colorado's next generation quality rating improvement system.
9. Establishing business requirements for the programs to be included universal application including: Early Intervention Colorado, Free and Reduced Lunch Program, Head Start, Low Income Energy Assistance (LEAP), Colorado Child Care Assistance Program (CCCAP), Nurse Family Partnership, Colorado Preschool Program (CPP), Women, Infants and Children (WIC), Healthy Steps, Child Find, Parents As Teachers (PAT), and Home Instruction for Parents of Preschool Youngsters (HIPPIY).

Colorado Preschool Program (CPP) Fact Sheet



www.cde.state.co.us/cpp

Attachment D

Program Description

The Colorado Preschool Program (CPP) is a state-funded early childhood education program administered by the Colorado Department of Education. CPP provides the opportunity for eligible children to attend half-day or full-day preschool or full-day kindergarten.

Children who are eligible for CPP attend high quality early childhood programs. These may be located in school district settings, local child care centers, community preschools or Head Start programs.

CPP is managed by local school districts and their preschool advisory councils. Each participating school district is given a predetermined number of half-day slots to serve eligible children. Two types of slots can be allocated to districts: CPP slots which can be used to serve eligible preschoolers and ECARE slots which can be used to serve preschoolers or to provide full-day opportunities for eligible kindergarteners. Two half-day slots can be combined to create full-day opportunities for preschool children with very high needs.

Children are determined eligible for CPP based on certain risk factors present in their lives. These risk factors have been shown to be associated with later challenges in school. School district staff members work with families to gather information about their child's development and learning. They also ask families questions about challenges they and their child may have experienced. If a child is found eligible and the school district program has space available, the staff will work with the family to arrange a program location and start date.

Total Authorized Slots for 2013/2104

23,360

2013/2014 Total Enrollment*

22,359 **actual enrollment is usually lower than the number of authorized slots due to children served full-day using two slots.*

Kindergarteners – 1,509
4 and 5 year olds – 15,297
3 year olds – 5,194
Children under 3 – 359

Did you know...

- Since its inception in 1988, CPP has provided essential early learning experiences for more than **291,000** young children.
- Children eligible for CPP may attend **half-day or full-day programs** depending on their needs. In 2013/2014, the breakdown was:

Half-Day Preschool	19,849
Full-Day Preschool	1,001
Full-Day Kindergarten	1,509
- In FY 2012-13, the **Colorado Department of Human Services (CHDS) used CPP funding to draw down \$28 million** in federal funding, through maintenance of effort (MOE) and match funding for Temporary Assistance for Needy Families (TANF) and the Child Care Development Fund (CCDF).
- All preschoolers served by CPP are part of **Results Matter**, a formative assessment program that helps teachers collect information about each child's development and learning. Teachers use this information to improve instruction and intervention.

Number of School Districts Participating

172 of 178 including the Charter School Institute

Total Program Funding Projected for 2013/2014

\$ 79,811,308

2013 and 2014 CPP Expansion – Early Childhood At-Risk Enhancement (ECARE)

In 2013, the General Assembly approved 3,200 half-day ECARE slots that can be used flexibly to serve eligible children through half-day or full-day preschool or full-day kindergarten. In the 2013-2014 school year, districts used ECARE slots to serve an additional:

1,133	Half-Day Preschoolers
279	Full-Day Preschoolers (2 slots for each full-day child)
1,509	Full-Day Kindergarteners

In 2014, the General Assembly approved an additional 5,000 half-day ECARE slots. In 2014-2015, districts will use the new ECARE slots to serve an additional:

941	Half-Day Preschoolers
268	Full-Day Preschoolers (2 slots for each full-day child)
3,523	Full-Day Kindergarteners

These recent expansions make it possible to provide a high quality early childhood education experience for as many as 28,360 eligible children each year.

Where can I learn more?

Visit our website: www.cde.state.co.us/cpp

- District coordinator, parent and stakeholder resources
- Child outcomes and assessment results
- Rules and regulations
- Slot allocations by school district

For CPP reports to the Colorado Legislature, visit: <http://www.cde.state.co.us/cpp/legreports.htm>



COLORADO DEPARTMENT *of* EDUCATION

Colorado Preschool Program Legislative Report

2014



Greetings!

Each year, the Colorado Department of Education reports to the General Assembly on the effectiveness of the Colorado Preschool Program (CPP). We are pleased to present you with the 2014 report which provides highlights of how CPP was implemented in the 2012-2013 school year by 171 school districts including the Charter School Institute. Our report includes valuable information about the 19,538 children who benefitted from the high quality preschool experiences that CPP funding affords. We have also included information about how quality is defined and supported in school district and community partner programs.

We wish to thank you for your continued support of the Colorado Preschool Program. This important initiative continues to make long-lasting change possible for children who are at risk for academic challenges.

Respectfully,

Robert K. Hammond
Commissioner of Education



2013 CPP Expansion—Early Childhood At-Risk Enhancement (ECARE)

In 1988, the Colorado General Assembly created the Colorado Preschool Program (CPP) to serve young children in Colorado who were most at risk for starting elementary school unprepared. Since the 2008-2009 school year, CPP enrollment has been capped at 20,160 half-day preschool slots. In 2013, the General Assembly approved an additional 3,200 half-day ECARE slots that can be used flexibly to serve eligible children through half-day or full-day preschool or full-day kindergarten. In the 2013-2014 school year, districts are using ECARE slots to serve an additional:

- 1,133 Half-Day Preschoolers
- 279 Full-Day Preschoolers
- 1,509 Full-Day Kindergarteners



The expansion now makes it possible to provide a high quality early childhood education experience for as many as 23,360 eligible children each year.

Colorado State Board of Education

Paul Lundeen (R), Chairman
5th Congressional District, Colorado Springs

Marcia Neal (R), Vice-Chairman
3rd Congressional District, Grand Junction

Elaine Gantz Berman (D)
1st Congressional District, Denver

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2nd Congressional District, Boulder

Pam Mazanec (R)
4th Congressional District, Larkspur

Debora Scheffel (R)
6th Congressional District, Parker

Jane Goff (D)
7th Congressional District, Arvada

CPP in 2012-2013—By the Numbers

Slots Authorized by the Legislature—20,160

Total Enrollment— 19,538*

4-year-olds—14,830

3-year-olds—4,481

Children under 3—227

Half-Day Enrollment— 18,916

Full-Day Enrollment—622

*Number of children enrolled is lower than authorized slot total because some children are served in a full-day program using two slots

School Districts Participating in CPP— 96%

Including the Charter School Institute

Total Program Funding— \$67,236,788

Compared to \$5.229 billion total funding in K-12

Colorado Average Funding per Slot— \$3,335

Compared to \$4,596—national average of state preschool spending per slot (*The State of Preschool 2012*, National Institute of Early Education Research)

Districts Giving Vision/Hearing Screening— 97%

166 of 171 participating school districts

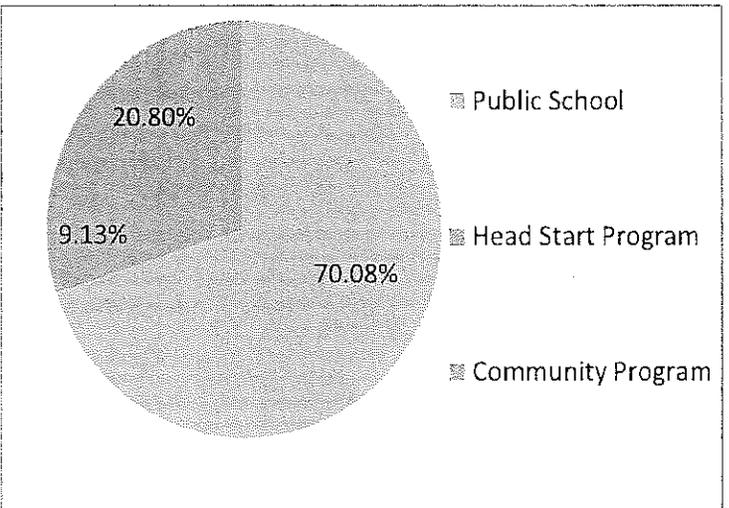
Children on Local CPP Waiting Lists— 6,184

Self-reported by school districts. Exact level of need estimated to be significantly higher.

Estimated Unmet Need for CPP

Using data from the State Demography Office and state pupil counts, CDE estimates that as many as 16,588 at-risk four-year-olds had no preschool available to them through either CPP or Head Start in the 2013-2014 school year, up from 12,010 in 2012-2013. This calculation factors in the average number of families with children in first through eighth grade who are eligible for free or reduced price meals as a percentage of the total first through eighth grade student population. That percentage rose to 53% in 2012-2013 from 45% in 2011-2012.

Figure 1 Where CPP Children Were Served



Charter School Participation

Last year, 96 children with CPP funding were served in charter schools including High Point Academy, Community Leadership Academy and schools in Denver, St. Vrain, Clear Creek, West End, Canon City and Park County School Districts.

Availability of Early Childhood Centers in Communities

In the 2012-2013 school year, more than one-third of districts participating in CPP served children only in district preschool settings because there were no other licensed early childhood centers to partner with in their communities.

CPP in 2012-2013—By the Numbers

Figure 2

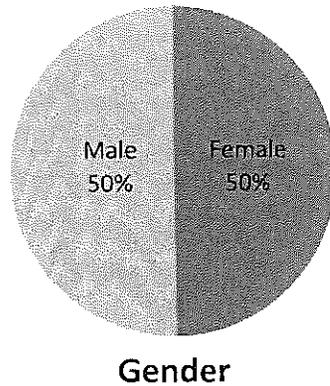
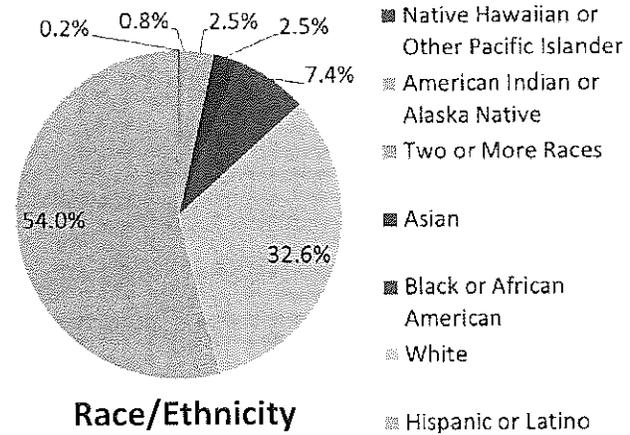


Figure 3



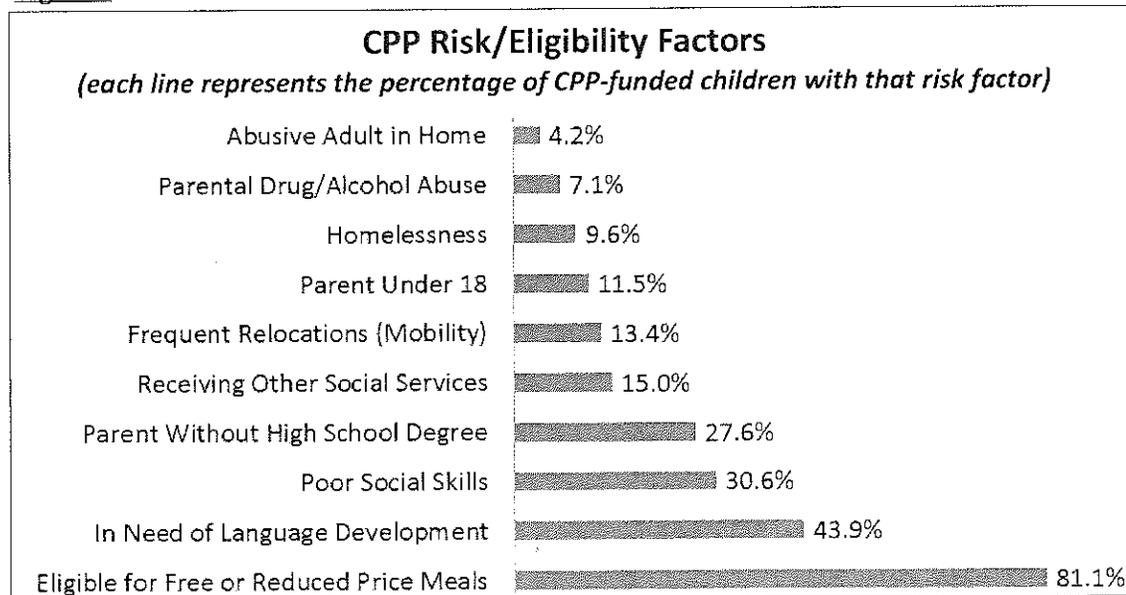
81% of Children Served in CPP are Eligible for Free or Reduced Price Meals

Why is the opportunity for high quality preschool so important for these children?

"Poverty creates and widens achievement gaps. Children growing up in poverty, when compared with their economically more secure peers, fall behind early. Starting in infancy, gaps are evident in key aspects of learning, knowledge, and social-emotional development. When left unaddressed, these early gaps become progressively wider. Early optimal development tends to open doors to further optimal development, while impoverished development tends to close those doors. So, poor children lag behind their peers at entry to kindergarten, in reading ability at the end of third grade, in the important self-monitoring skills often called "executive functioning," and in school attendance in eighth grade. Poor children are more likely to drop out of school, or fail to obtain post-secondary education."

Excerpt from *Five Ways Poverty Harms Children*—Child Trends, January, 2014

Figure 4



Colorado's Commitment to High Quality Preschool

There is impressive research that demonstrates the long-lasting and meaningful benefits of investing in preschool. Moreover, research has shown that the children who are most at risk, particularly those affected by poverty, stand to gain the most. In order to realize these gains, however, preschool programs must be of high quality.

From the beginning, Colorado lawmakers and education leaders advocated for CPP requirements that would support high quality programming. Requirements for class size limits, low child to adult ratios, individual child planning, parent involvement and program evaluation are established in statute. The statute also calls for CDE to develop program quality standards. The Colorado Quality Standards for Early Childhood Care and Education Services were developed by CDE and the State Board of Education established in rule the requirement that participating programs follow these comprehensive program expectations.

The Quality Standards address elements such as curriculum, staffing and interaction among staff and children, as well as elements that address children's broader needs like health and safety, nutrition and family/staff partnerships. In the next pages, highlighted elements of quality are described in more detail.

Quality Ratings in 2012-2013

Program Sites Serving CPP Eligible Children

Qualistar Ratings: 204 sites had a Qualistar Rating from Qualistar Colorado and, of these, 196 were rated with 3 or 4 stars on the 4-star scale. Note: Additional sites may have a rating, but did not authorize release of this information.

Accreditation: 22 sites were accredited by the National Association for the Education of Young Children.



Fostering Quality in Local CPP Programs

Many partners in the Colorado Preschool Program work together to continuously improve program quality.

- District preschool advisory councils are charged with monitoring all classrooms where children funded by CPP attend. Representatives are required to visit each classroom two times a year.
- Each year, local district preschool advisory council representatives make two onsite visits to each classroom in participating programs to monitor compliance with CPP requirements.
- Local preschool programs use the results of family satisfaction surveys to help inform quality improvement work.
- State level CPP staff support quality through ongoing technical assistance and professional development activities. In the 2012-2013 school year, state staff provided 141 technical assistance visits, 28 official site review visits and 62 teacher training workshops for local staff participating in CPP.

Elements of Quality: *Thoughtfully Planned Classroom Environments*

When thoughtfully planned and arranged, early learning environments contribute to greater child outcomes by supporting rich opportunities to explore, experiment and engage in learning activities. Preschoolers need classroom environments that are safe and stimulating and that support ever-increasing independence.

High quality learning environments:

- Are warm and inviting with soft elements and home-like features.
- Are well-organized and easily accessible to children with low shelving and appropriately sized tables and chairs.
- Have well-defined interest areas that are provisioned with abundant sensory materials, building blocks, music and art supplies, dramatic play props, writing supplies, math manipulatives, science materials, toys, games and books.
- Have materials and equipment that support developmental domains such as fine and gross motor development as well as academic domains such as literacy and mathematics.
- Have a balance of spaces for quiet and active work, for individual, small and large group time and for floor activities.
- Have well-provisioned outdoor play and learning spaces.
- Include a balance of purchased and natural or found materials.
- Provide toys and materials suitable for multiple ages and developmental levels.
- Have tasteful displays of children's work, fine art prints and a variety of photos including photos of the children and their families.
- Have defined personal spaces where children can store belongings.
- Are rich with examples of print and opportunities to explore quality literature and reference books.



Elements of Quality: *Balanced and Predictable Daily Routines*

A well-planned, balanced and predictable daily schedule is a key component of a quality preschool classroom. Predictable routines help children feel secure because they know what to expect next. As children gain experience with classroom routines, they begin to predict what comes next, helping them develop a sense of time and manage transitions between activities effectively and more independently.

The preschool day should consist of a balance of both teacher-directed and child-directed activities and should be planned so that time blocks are appropriate for very young children's developing attention spans. Young children have a limited ability to sit still and focus their attention for long periods of time, thus many parts of the daily routine are limited to short blocks of time. For example, 15 minutes is appropriate for a science experiment and discussion or a morning greeting circle, while longer blocks of time are reserved for more active opportunities such as outdoor play or child-directed use of the classroom learning centers.

Transitions between activities are seamless and children are not made to wait for long periods of time. Teachers plan transition time strategies such as singing songs, leading finger plays or other activities.

Elements of Quality: *Trained and Responsive Teaching Staff*

In a position paper on professional preparation standards for early childhood staff describing what teachers should know and be able to do, the National Association for the Education of Young Children (NAEYC) states that adults must “understand that teaching and learning with young children is a complex enterprise, and its details vary depending on children’s ages, characteristics, and the settings within which teaching and learning occur.”

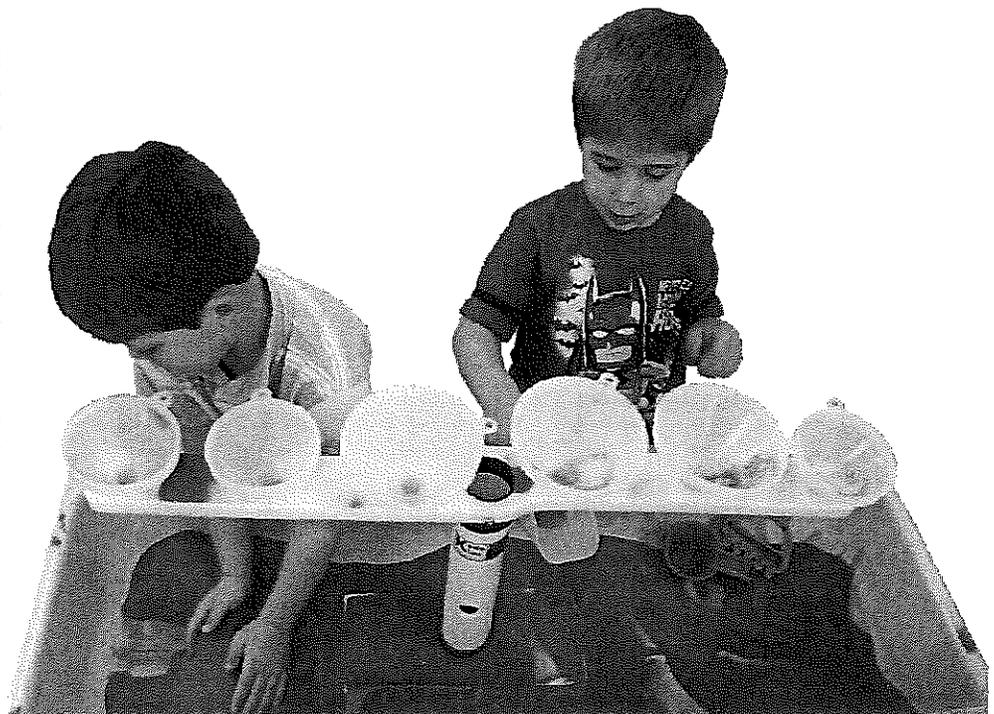
To be an effective teacher in this “complex enterprise” of an early childhood program, there are many things an adult must know and do to optimize learning for each young child in their care. They need to have an extensive knowledge of early childhood development in the social-emotional, physical, cognitive and language areas as well as a thorough knowledge of literacy, math and science content appropriate for young children.

This knowledge base of early childhood development is an important part of what is needed to be effective when working with young children, as well as the ability to put that knowledge to use on a daily basis in order to create a warm, encouraging and appropriately challenging learning environment.

A strong early childhood teacher will utilize his/her knowledge to:

- Understand the importance of and establish a genuine relationship with children and adults to set the stage for a safe and caring environment in which learning will take place.
- Accept every child who enters the classroom, showing respect and inclusion for children and their diverse family traditions.
- Use each child’s strengths to continually facilitate the learning of new knowledge and skills.
- Be a lifelong learner who actively seeks current best practices to improve the learning outcomes for each child.
- Model the love of learning in fun ways to motivate children by demonstrating an inquisitive mind and actively participate with children in learning activities.
- Value children’s participation, respecting their level of ability and skill acquisition and fostering growth for each child with their unique abilities.
- Foster independence in all young children to the best of their ability.
- Implement instructional strategies that allow all children to grow, knowing that children think and learn in different ways.
- Lead the teaching team and assure that families are involved and valued in their child’s learning process.
- Continually share information about early childhood best practice and how it differs from the education of older students.
- Celebrate successes with young children and their families.

Reference: Coker, L. (2008). *Twelve Characteristics of Effective Early Childhood Teachers*. Beyond the Journal. Retrieved from http://www.naeyc.org/files/yc/file/200803/BTJ_Colker.pdf.



Elements of Quality: *High Quality Curriculum*

At its simplest level, curriculum refers to the content of what is taught.

The Colorado Early Learning and Development Guidelines for Birth to Third Grade provide the framework for what is taught in preschool classrooms. These guidelines include the Colorado Academic Standards along with expanded developmental expectations for very young children.

Guidance for implementing curriculum is found in program standards like the Colorado Quality Standards. Other program guidelines such as the National Association for the Education of Young Children (NAEYC) Teaching and Curriculum Accreditation Standards, state quality rating improvement systems and the Classroom Assessment Scoring System (CLASS) also provide information about how to provide high quality curriculum implementation in early childhood programs.

When designing or selecting a curriculum, decision makers should reflect on whether the curriculum fits the needs of the children in the program. Is there enough differentiation to guide teachers in meeting the needs of all learners? Does it focus on using a balance of structured and play-based learning? Is there a balance between academic and developmental focus? Does it

foster physical development and the ability of children to problem solve, think creatively and develop self-regulation skills? These elements are crucial for children's success.



National Institute for Early Education Research (NIEER) Policy Brief

Preschool Curriculum Decision-Making: Dimensions to Consider

Recommendations for Decision Makers:

- To help discern which curricula are more appropriate, the roles of the teacher and the child in the learning process and the areas of learning to be addressed should be considered.
- Curricular decisions should take into account children's ages, behavior or learning needs, linguistic and cultural backgrounds, and economic status, as well as teachers' prior training and experience and need for ongoing professional development.
- For parent involvement, curricula should help build program-family partnerships and establish ongoing meaningful communication with families.
- Decision-makers should look for research evidence of a model's effectiveness and attempt to see the model in action in multiple settings.

Retrieved from: <http://nieer.org/resources/policybriefs/12.pdf>

Elements of Quality: *Partnerships with Families*

In quality early childhood programs, families and providers work together as partners in supporting positive outcomes for young children. Family involvement is a requirement in CPP, and the Colorado Quality Standards describe the crucial underpinnings for this important aspect of high quality programming:

GOAL: Families are well informed about the program and are welcomed as important contributors as well as observers. Families and staff interact on an ongoing basis to ensure a strong quality program.

RATIONALE : Young children are integrally connected to their families. Programs can best meet the needs of children when they also recognize the importance of the child's family and develop strategies to work effectively with families. All communication between programs and families should be based on the concept that parents are the principal influence in their children's lives.

Informing – Involving – Engaging

As early childhood programs plan their work with families, they often start with a basic level of making sure families are *informed* about the program and about how their children are progressing. They share information about the program's philosophy, policies and routines. They talk with families at arrival and departure time, share child progress information at family conferences and send home class newsletters.

In addition to making sure that families have the information they need, high quality programs work on finding ways to *involve* families. One way they do this is by having an open-door policy where family members are always welcome to visit and observe, to join in classroom activities or function as a classroom helper. Families may be invited to volunteer for classroom projects and to attend special events such as field trips. Teachers may send home activities that are related to classroom study topics so that families can work with their children to strengthen the learning experience.

Family involvement usually applies to strategies or activities identified by the teacher or program. Family *engagement* takes family involvement to a whole new level where families are seen as true partners in the program. In addition to receiving information about their child's progress, families contribute observations and work samples to their child's assessment portfolio and are active contributors in deciding what individual learning goals to focus on. They suggest program projects of interest to them and volunteer to take the lead. They may join or even play a lead role on the program advisory council. Families are asked for their ideas about how to strengthen the quality of the program or ways to address unmet needs of the classroom community.

Early childhood providers should include aspects of all three levels when planning how their program will work with families. When partnerships with families are strong, the overall quality of the program improves and outcomes for children are strengthened.



Quality Rating and Improvement System (QRIS) — Coming Soon

Enhancing Quality in Early Education and Care Settings

Colorado's Next Generation Quality Rating and Improvement System (QRIS) is a method to assess, enhance and communicate the level of quality in early education and care for all licensed providers in Colorado, including programs and sites serving children funded through the Colorado Preschool Program. QRIS provides standardized criteria for all early childhood providers in Colorado to be rated for quality, and provides incentives and supports to providers that wish to raise the level of quality care available at their facility.

Colorado is committed to improving the quality of early learning and school-age programs for families and children. For the past 20 years, early childhood experts, community stakeholders and Department of Human Services staff have been developing QRIS strategies in Colorado which support and strengthen early learning programs. Colorado's QRIS builds upon these best practices and connects the state with committees such as the Early Childhood Leadership Commission and the Early Childhood Councils.

The Next Generation QRIS system will:

- Embed quality ratings in the licensing process, providing a method to assess, enhance and communicate quality as a critical component of licensed childcare.
- Incentivize providers to strive for higher quality ratings.
- Improve outcomes for all Colorado children by increasing access to quality education and care.

The Next Generation QRIS system will not:

- Threaten the licensing of those facilities already licensed.
- Require providers to adjust their educational philosophy.



Information provided by the Office of Early Childhood at the Colorado Department of Human Services

<http://www.coloradoofficeofearlychildhood.com/#!/qris/c5ch>



Ongoing Assessment—A Standard of Practice in High Quality Programs

What should assessment look like for young children? Traditional assessment methods such as the paper and pencil tests administered to older students are not appropriate for young children and do not provide an accurate picture of a child’s learning and development. High quality early childhood assessment is observation-based and takes place in the context of everyday routines, activities and places. It is strengths-based and considers how children are progressing over time.

What areas are assessed? The assessments used in CPP measure a child’s progress in the *developmental domains* of language, cognitive, social-emotional and physical development and the *academic domains* of literacy, mathematics, science, social studies and the arts.

Why is it important to measure developmental progress in young children? Academic success is only possible when crucial developmental foundations are firmly in place. For example, it is not possible to make good progress in reading and writing unless a child’s oral language skills as well as his/her ability to understand spoken language are developing at an age appropriate rate.

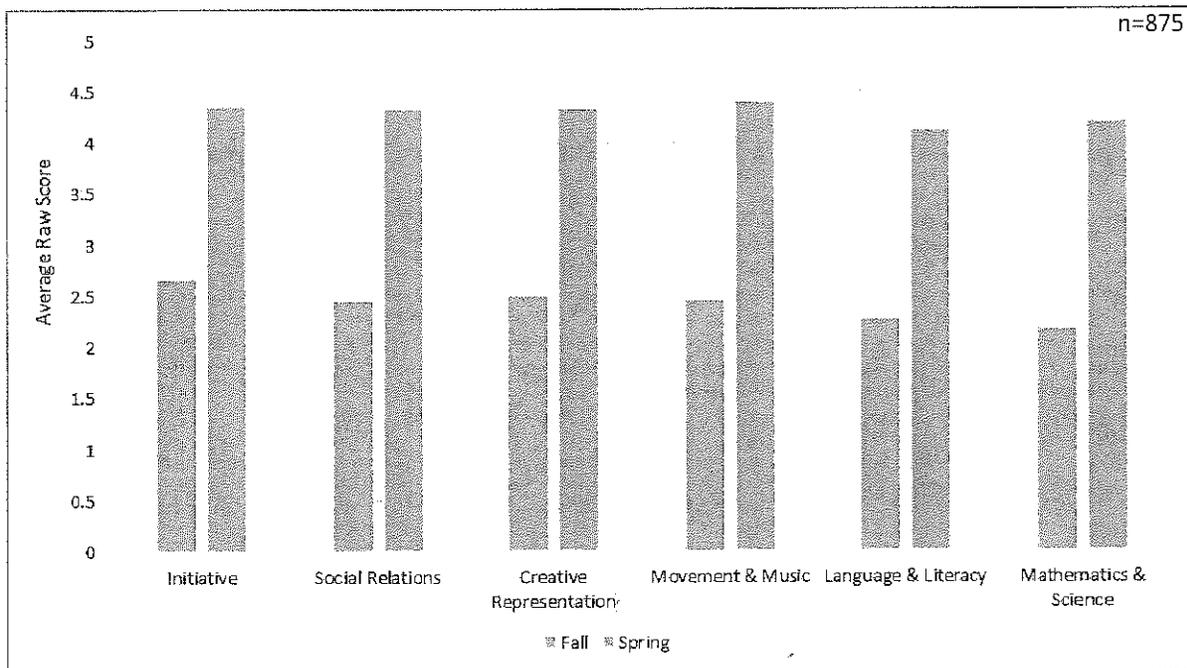


Colorado Preschool Program—Measuring Growth in the Preschool Years

All programs utilize an assessment system, either the HighScope Child Observation Record (COR) or *Teaching Strategies GOLD*®. Figure 5 uses HighScope COR information to illustrate the significant progress children made in the course of one year. Children exhibit strong developmental progress, on average more than one full point in each domain measured by the HighScope COR scale. Note: The scale for HighScope COR goes from zero to five.

Figure 5

HighScope COR | 2012-2013 CPP Growth



Colorado Preschool Program—Measuring Growth in the Preschool Years

Many programs serving children in the Colorado Preschool Program use an assessment system called *Teaching Strategies GOLD*®. During the school year, teachers use *Teaching Strategies GOLD*® to make three ratings that measure children’s progress. Like those from the HighScope COR, these results can also be used to illustrate the significant growth made by children in the course of one year.

Figure 6 uses scale scores to illustrate child progress in the year before kindergarten. Scale scores are scores that have been transformed so that you can look at outcomes consistently across populations. This scale goes from 200 to 800. In this chart, a score of 200 would be typical of newborns, while a score of 800 would be typical of kindergarteners. This type of score is very sensitive to actual growth within an area or domain.

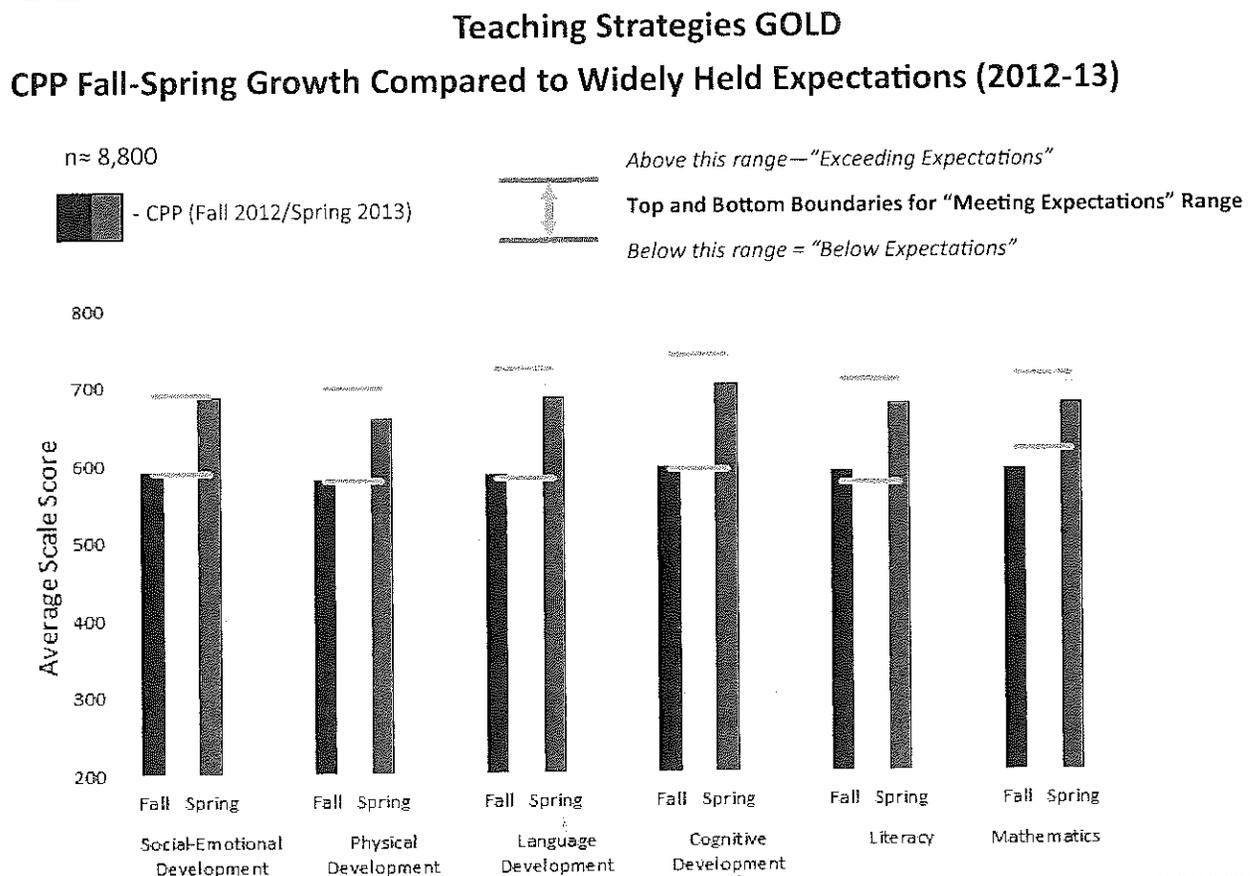
The horizontal orange bars represent boundaries for *below*, *meeting* or *exceeding* widely held expectations for the age group. Anything in between these bars would be considered *meeting* expectations.

In all domains except math, children participating in CPP start out the year at the very low end of “meeting expectations.” In all domains, children have grown toward the higher end of this boundary. We know that in every area except mathematics, more than 90% of children in the program end the year meeting or exceeding widely-held expectations.

Using Assessment Findings:

We know from past results that mathematics is a consistent area of challenge for preschool children and these trends continue through K-12. In response, CPP staff are beginning to provide teacher development workshops focused on strengthening mathematical learning and development in the early years.

Figure 6



Colorado Preschool Program—Long-term Impact on Student Achievement

CDE charts the longitudinal academic growth of children in CPP to track the long-term impact based on CSAP/TCAP results. It is clear that graduates of CPP have a lasting benefit from the program compared to a matched cohort of at-risk children who did not participate in CPP or any other public preschool programs.

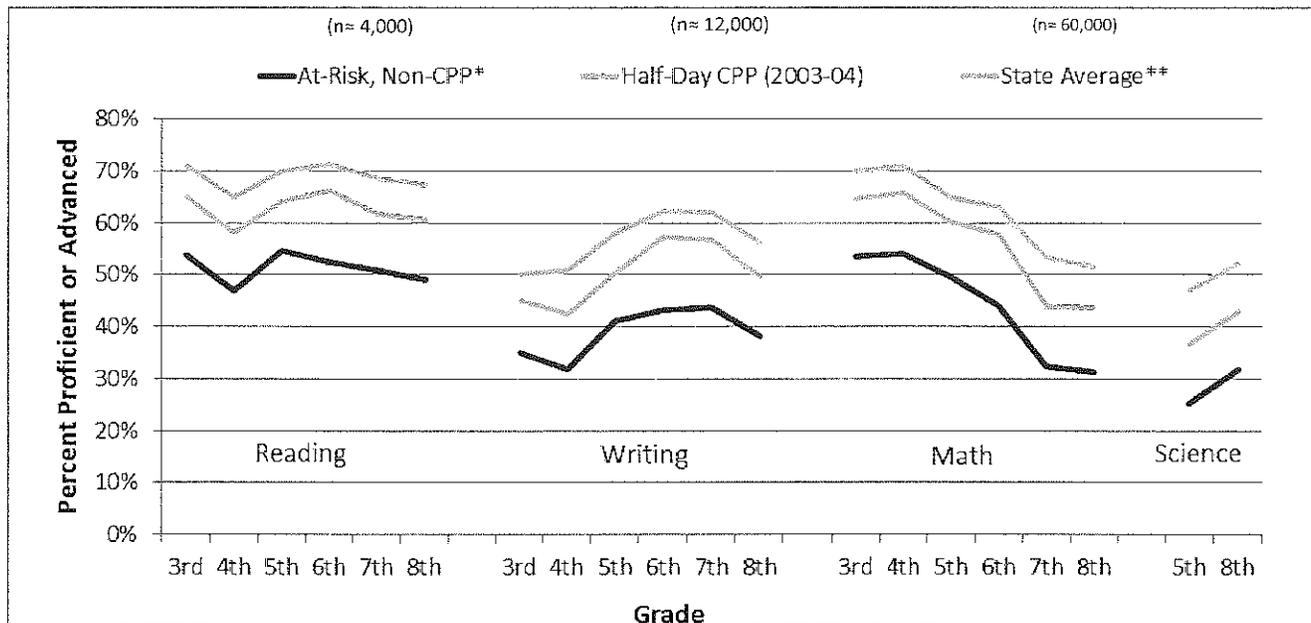
In the analysis illustrated in Figure 7, we examined results through eighth grade—the latest data available for the CPP cohort followed. New to this year’s analysis is the addition of the Science content area.

As demonstrated in the past, we see that on average, CPP graduates outperform other at-risk children who did not participate in CPP, even as far out as eighth grade. In other words, academic improvements relative to similar peers do *not* fade out.



Figure 7

CSAP/TCAP Grades 3-8 Outcomes



*At-Risk, Non-CPP is defined as children eligible for free or reduced price meals in first grade with no history of preschool in CDE collections.

**State Average includes everyone assessed in the year corresponding with the expected grade/year of assessment for the 2003-04 CPP cohort. So, “3rd grade” results for State Average equals 3rd grade overall results from 2008, “4th grade” = 2009, etc.

In order to align with Colorado’s new academic standards, CDE introduced the Transitional Colorado Assessment Program (TCAP) in 2012—seventh grade in this particular chart. Results from CSAP and TCAP are comparable across years.

Colorado Preschool Program—Long-term Impact on Grade Retention

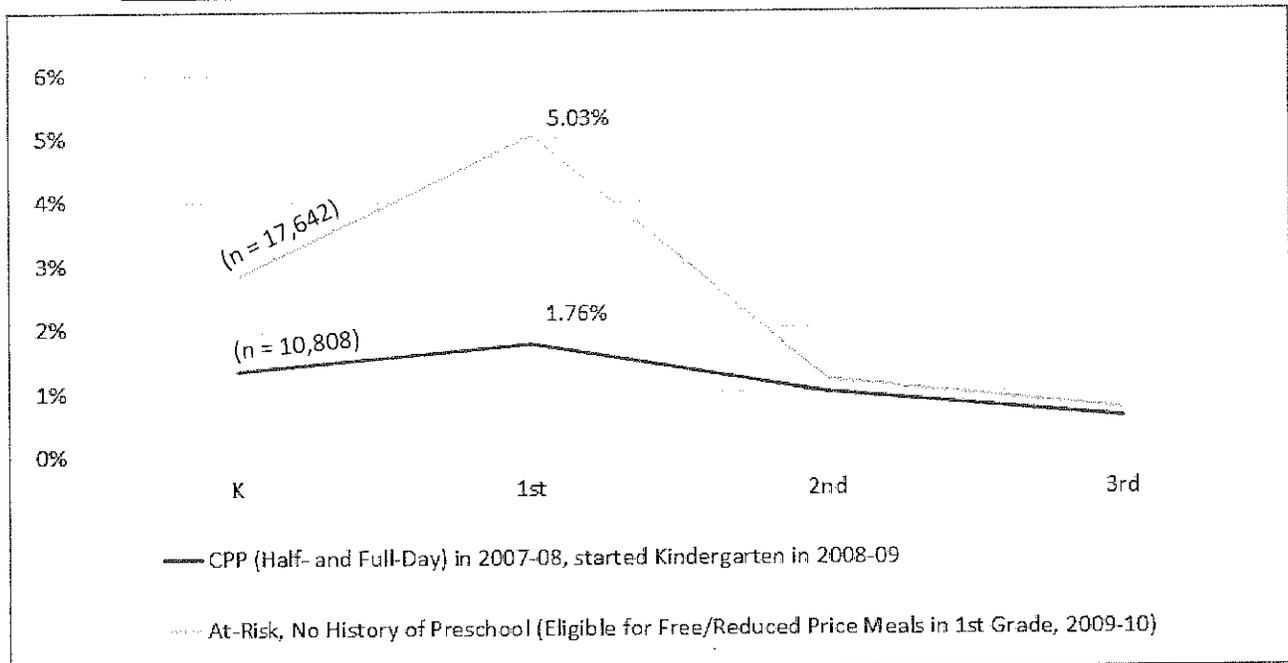
One of the added benefits of CPP is that it is associated with a reduced rate of retention—in other words, children who have a CPP experience are held back in a grade less often. Figure 8 shows the proportion of children from one particular cohort who were held back at any point during kindergarten through third grade. Compared to a similar group of at-risk children who did not attend publicly funded preschool, CPP is associated with a reduced need for retention by as much as one-third in first grade and a lower rate in subsequent years.

Grade retention is just one mechanism in a school’s toolbox of intervention strategies. Implementing strategies to support children who have fallen behind puts pressure on school resources and requires additional expenditures. Retention effectively costs Colorado taxpayers an extra year’s worth of per-pupil spending. Not only does the educational system pay the cost of later remediation, but the child does as well, in the form of lost opportunities and lower self-confidence in their own learning. And while high-quality preschool itself costs money, the return on investment is evident in the positive effects on social-emotional and physical development, early literacy and future academic success, as evidenced throughout this report and the wider research base.



Figure 8

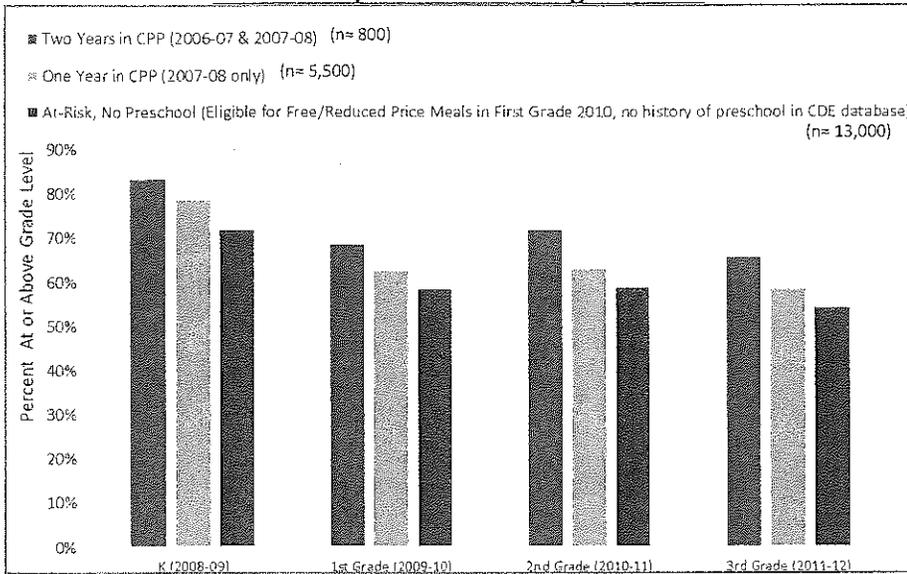
Grade Retention (What Proportion of Children Repeated Each of These Grades?)



Colorado Preschool program—Long-term Impact on Literacy Outcomes

Figure 9

K-3 Literacy Outcomes - Single Cohort



Outcomes in early-grade literacy further confirm the positive impact of CPP. Throughout school year 2012-2013, kindergarten through third grade teachers identified whether children were at grade level, below grade level, or above grade level in literacy skills. This identification was made based on a body of evidence including children’s work samples and scores from early literacy assessments like the Developmental Reading Assessment (DRA2), Phonological Awareness Literacy Screening (PALS), and Dynamic Indicators of Basic Early Literacy Skills (DIBELS).

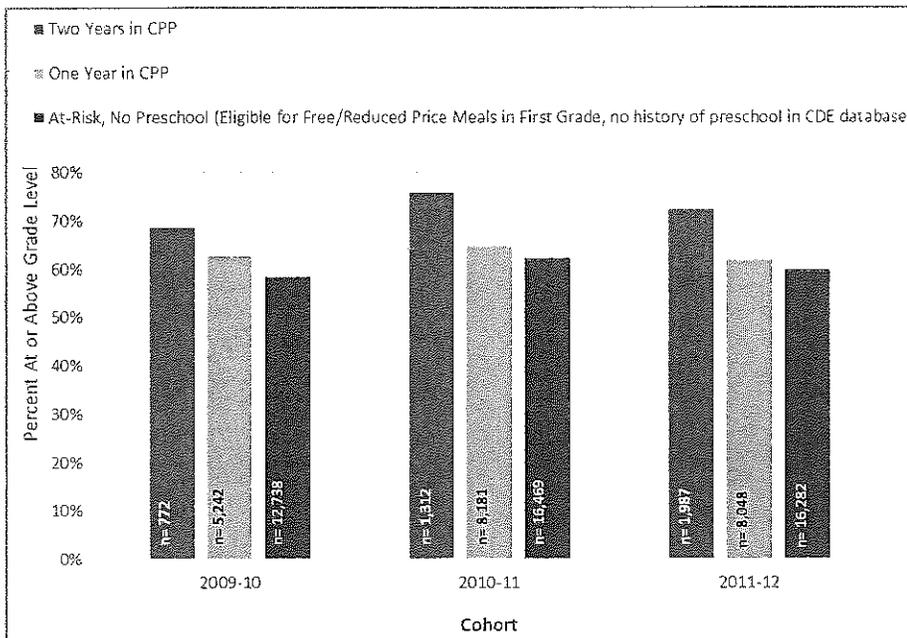
CPP graduates had a better chance of being at or above grade level in literacy than a matched cohort of at-risk peers who did not attend a publicly funded preschool. The results also confirm a wide body of research demonstrating the added benefit of multiple years of quality early intervention versus a single year.

Figure 9 shows literacy outcomes in kindergarten through third grade for one particular cohort. On average, those children who participated in CPP for two years clearly outperformed those who participated for only year. Figure 10 shows literacy outcomes in first grade for three different cohorts of CPP-funded children, demonstrating that the effect occurs within not just one but across many groups.

Again, the message rings true: more sustained quality preschool tends to benefit children who are at risk for later problems with literacy.

Figure 10

First Grade Literacy Outcomes - Multiple Cohorts



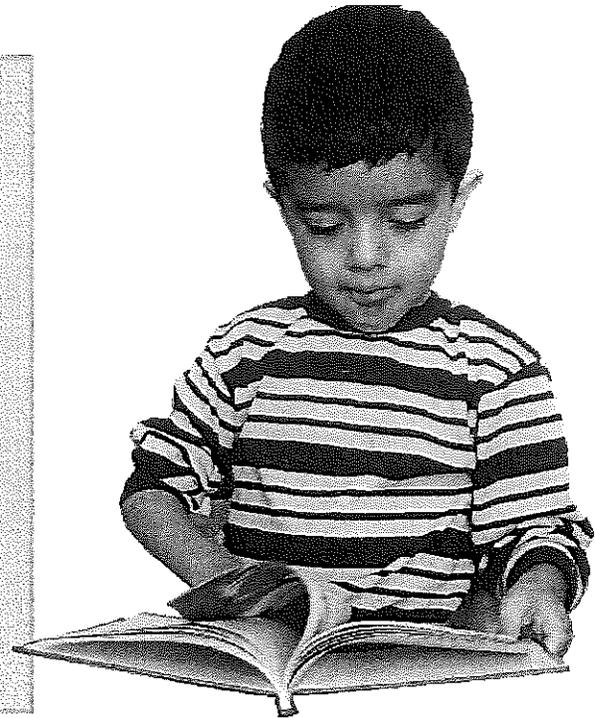
The Colorado Reading To Ensure Academic Development Act (Colorado READ Act) was passed by the Colorado Legislature during the 2012 legislative session. The READ Act repeals the Colorado Basic Literacy Act (CBLA) as of July 1, 2013, keeping many of the elements of CBLA such as a focus on K-3 literacy, assessment and individual plans for students reading below grade level. The READ Act differs from CBLA by focusing on students identified as having a significant reading deficiency, delineating requirements for parent communication and providing funding to support intervention.

In Appreciation

Thank you to each of the CPP District Advisory Council members, teachers and coordinators for their efforts in collecting and reporting data on the effectiveness of CPP.

Special thanks to the children, teachers and families whose pictures are featured throughout the report and to Larry Edelman for capturing photos of children flourishing in CPP participating programs.

Finally, our sincere gratitude to the General Assembly and the citizens of Colorado for continued support of the Colorado Preschool Program.



Submitted to the Colorado General Assembly on January 15, 2014

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Colorado Early Childhood Education Professional Development

About Colorado's Early Childhood Professionals

- **Composition:** The early childhood workforce is very diverse, including all teachers, administrators and coaches in child care settings, family home providers, Head Start programs, Colorado Preschool Program sites, public and private preschools, early intervention and preschool special education, and K-3 teachers.
 - Issue: Credential and licensing requirements vary and are spread across multiple agencies and 2- and 4-year institutions of higher education.
- **Size:** Colorado's early childhood workforce is estimated at 32,380.
 - Issue: The state does not have a single system to track the early childhood workforce in order to gauge need or quality.

Key Questions Driving Colorado's Early Childhood Professional Development Work

- ✓ How prepared is Colorado's early childhood workforce to provide effective care and education for all children?
- ✓ What policies and investments lead to a skilled and stable early childhood workforce?
- ✓ What are characteristics of early childhood professionals within high quality programs?
- ✓ Do Colorado's children with the highest needs have access to qualified staff?

Background

- Colorado's current early childhood credentialing system was established in 2007 pursuant to C.R.S. 26-6.5-107 as a voluntary program for child care professionals through the Colorado Department of Human Services (CDHS).
- Colorado's Office of Professional Development started in the early 2000s with the Community College of Denver serving as the fiscal agent. In 2011, the office came to CDE through an interagency agreement with CDHS. This allows the early childhood professional development system to align more closely with Colorado's K - 12 licensure and educator effectiveness system.
- As part of the P - 20 Council convened by Gov. Ritter in 2007, a P - 3 Early Childhood Task Force was charged with creating a multi-year Early Childhood Professional Development Plan focused on building a strong early childhood teacher and leader workforce. This plan continues to guide Colorado's early childhood professional development system and components of the Race to the Top Early Learning Challenge Grant.
- Key recommendations from Colorado's Early Learning Professional Development Plan include:
 - ✓ Develop and implement a set of competencies as the basis for credentialing early learning professionals and approving professional development programs (including teacher preparation programs).
 - ✓ Establish an ongoing, state-level advisory group for the early childhood professional development system.
 - ✓ Coordinate implementation of the Early Learning Professional Development Plan with current state initiatives including Educator Effectiveness and the redesign of the Quality Rating and Improvement System.

Activities of CDE’s Professional Development Team

- Managing Colorado’s early childhood professional credential system.
- Facilitating the implementation of the Early Childhood Competencies Framework.
- Leading the early childhood workforce component of the Race to the Top Early Learning Challenge Fund.
 - a. Incorporate the new Early Childhood Competencies Framework and credentialing requirements into two and four year degree programs and ongoing professional development programs.
 - b. Revise the early childhood education credentialing system.
 - c. Facilitate the building of a statewide coaching and technical assistance network including credentialing of coaches.
 - d. Provide scholarships and other incentives for early childhood professionals to advance in their careers, especially for high need providers.
 - e. Fully deploy a statewide Professional Development Information System to advance professional development opportunities to the early childhood education workforce.

About the Professional Development Information System

- The Professional Development Information System (PDIS) is a web-based application combining a workforce registry with a learning management system.
- The PDIS will be based on Colorado’s Early Childhood Competencies.
- The PDIS will:
 - Allow early childhood professionals to manage their career and professional growth.
 - Allow the state to:
 - Track and deliver professional development.
 - Gain information about Colorado’s early childhood workforce to inform program support, system-level professional development planning, and delivery of resources.
 - Track and report information for professional development section of Quality Rating and Information System (QRIS) scoring
 - Track trends over time to evaluate early childhood workforce development and its role in impacting outcomes for children birth to 8.
- Launch of PDIS set for fall 2014.
- Full implementation set for January 2015.



Results Matter is a statewide program that promotes the use of ongoing, developmental, observation-based assessment in early care and education settings and serves as Colorado's outcomes measurement system for early childhood.

Which Academic & Developmental Domains are Assessed?

Social-Emotional Development • Language Development • Literacy
Cognitive Development • Math • Science • Creative Arts
Physical Development • Approaches to Learning

What are the Official Assessment Choices?

- *Teaching Strategies GOLD*®
- *HighScope COR Advantage*® (under review)

Which Programs & Funding Streams Participate?

Colorado Preschool Program* • Preschool Special Education*
Title I • Head Start • Early Head Start • Child Care Centers
Charter Schools • Family Child Care Homes
School Readiness Quality Improvement Program Grantees

**required to participate*

How Many Children/Teachers/Classrooms/Schools are Involved?

- 47,000+ Children
- 4,000+ Teachers
- 2,000+ Classrooms
- 900+ Schools & Centers

What are Some of the Benefits to Participating in Results Matter?

- A deeper understanding of each child's development and learning gained through careful observation and reflection
- Use of a single, meaningful assessment to fulfill multiple purposes, including instruction and intervention planning, progress monitoring and accountability
- Ability to compare and contribute to statewide results
- Opportunities to participate in professional development activities
- Special pricing for online assessment subscriptions

Discover more...

- While programs may choose from two assessment systems, **Teaching Strategies GOLD**® was the assessment of choice for **100% of programs participating in Results Matter in 2013-14.**
- It is estimated that **more than 98% of Colorado Head Start programs are part of Results Matter**, with more than 85% of all Head Start-funded children assessed using TS GOLD®.
- Results Matter is a **nationally-recognized model for child assessment and professional development**, and has been credited for outstanding use of video and other assistive technology in the classroom.
- In the last few years, **more than 3,000 preschool teachers have passed Inter-Rater Reliable certification on the TS GOLD**® assessment.

What's New in the Results Matter Program?

- The *Results Matter Child Care Expansion Project*, funded by the Race to the Top – Early Learning Challenge Fund Grant, will increase the number of children included in the Results Matter program by 3,500 between 2013 and 2016. Through intensive work with two cohorts of providers who will receive training and technical assistance over a two-year period, the project will develop resources to support the use of high quality, developmentally appropriate assessment in child care settings.
- Also funded through the Early Learning Challenge Fund Grant, numerous school districts have opted to use the same assessment system for kindergarten-level school readiness assessment as used in the Results Matter program. This is creating rich opportunities for partnerships between preschool and kindergarten teachers and improved transition planning for individual children.

Where can I learn more?

For more information, visit our website: www.cde.state.co.us/resultsmatter

- Professional development opportunities
- Nationally recognized video library to support use of observation, documentation, and technology in early care and education settings
- Technical assistance services
- Schedules and policies

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SUPPORTING School Readiness

Building a foundation for success

Senate Bill 08-212, Colorado's Achievement Plan for Kids (CAP4K), passed in 2008 with the goal of aligning Colorado's preschool through postsecondary education system. The act included provisions related to school readiness for both the State Board of Education and local education providers.

School Readiness: Ready Child, Ready School

The State Board of Education defined school readiness in 2008:

School readiness describes both the preparedness of a child to engage in and benefit from learning experiences, and the ability of a school to meet the needs of all students enrolled in publicly funded preschool or kindergarten. School readiness is enhanced when schools, families, and community service providers work collaboratively to ensure that every child is ready for higher levels of learning in academic content.

School readiness describes the status and ongoing progress a child makes within the domains of physical well-being and motor development, social and emotional development, language and comprehension development, and cognition and general knowledge. By monitoring each child's progress across multiple domains, teachers, parents, schools, and caregivers can provide needed support to ensure each child's success in school. Information gathered from school readiness assessments is to be used for supportive and instructional purposes and cannot be used to deny a student admission or progression to kindergarten or first grade.

School District and State Board School Readiness Requirements

CAP4K has requirements for both local education providers and the State Board of Education related to school readiness.

Local Education Providers

Beginning in the fall of 2013, local education providers are required to ensure all children in publicly-funded preschool or kindergarten receive an individual school readiness plan. Also, local education providers must administer the school readiness assessment to each student in kindergarten. The Colorado Department of Education (CDE) is advising districts to phase-in this provision of CAP4K by the 2015-16 school year.

School Readiness Timeline

2008 Colorado Legislature passes SB 212, Colorado's Achievement Plan for Kids (CAP4K), to align Colorado's education system.

- CAP4K required the revision of standards and design of a new state assessment system, including school readiness assessment.
- CAP4K required the State Board of Education to define school readiness and postsecondary workforce readiness.

2010 The State Board of Education adopted the design attributes of the state's new assessment system, including school readiness assessment.

2012 The State Board of Education voted to adopt a menu of school readiness assessments and adopts Teaching Strategies GOLD as the first approved assessment.

2013 The Colorado Department of Education advises districts to phase-in implementation of the school readiness provisions of CAP4K by the 2015-16 school year.

State Board of Education

The State Board of Education is required to define school readiness, which was accomplished in 2008. The State Board is also required to adopt one or more assessments aligned with the definition of school readiness.

The remainder of this document provides more detail on the individual school readiness plans and school readiness assessments.

Individual School Readiness Plans

CAP4K indicates that local education providers are required to ensure all children in publicly-funded preschool or kindergarten receive an individual school readiness plan. The legislation does not specify the contents of school readiness plans except that the plans be informed by the school readiness assessment. The department recommends that school readiness plans be considered as living documents, documenting the progress children are making across the developmental and academic domains. To assist districts with developing these plans, the department has developed a [School Readiness Assessment Guidance](#) document which includes a sample school readiness plan template that districts may adapt and use as desired. The samples will be available in the spring of 2013. CDE is advising districts to phase-in school readiness plans by the 2015-16 school year to coincide with implementation of school readiness assessments.

School Readiness Assessments

In approving school readiness assessments, CAP4K directs the State Board of Education to consider assessments that are research-based, recognized nationwide as reliable instruments for measuring school readiness; and suitable for determining the instruction and interventions students need to improve their readiness to succeed in school. In December 2012, the State Board of Education voted to offer districts a menu of school readiness assessments. The first approved assessment tool for the menu is Teaching Strategies GOLD.

In the fall of 2013, the department conducted an additional review process of school readiness assessments. The Colorado School Readiness Assessment Subcommittee was unable to identify additional quality school readiness assessments for the menu. At the November 2013 State Board of Education meeting, staff shared and the State Board affirmed the department's recommendation to extend the implementation timeline to the 2015-16 school year. This extension will allow the marketplace to meet the growing demand for quality school readiness assessments. This will also give districts additional time to support kindergarten teachers with implementation of the new standards and the READ Act while building capacity for the school readiness work.

Funding for School Readiness Assessments

CAP4K did not provide funding for school readiness assessments. As school readiness assessment is phased in, Colorado's Race to the Top Early Learning Challenge Fund grant will cover the initial cost of Teaching Strategies GOLD subscriptions. An application for funds for the 2014-15 school year can be found at <http://www.cde.state.co.us/schoolreadiness>.

Frequently Asked Questions

How is the Race to the Top Early Learning Challenge Fund related to school readiness?

The Race to the Top Early Learning Challenge Fund will provide funds to cover the initial district cost of subscriptions to Teaching Strategies GOLD for each kindergarten student. This grant also provides funds for training and technical assistance provided by CDE. More information on the Race to the Top Early Learning Challenge Fund as it pertains to school readiness can be found at

<http://www.cde.state.co.us/early/>

What support will CDE provide with implementation of school readiness?

Through funds provided within the Race to the Top Early Challenge Fund, the department will be able to provide financial support for school readiness assessment subscriptions, training, and school readiness plan templates.

How are efforts related to increasing access to the Colorado Preschool Program and full day Kindergarten related to school readiness?

Colorado's Achievement Plan for Kids (CAP4K) does not address an increase in the access to the Colorado Preschool Program or provision of full-day kindergarten.

Are assessments required by the READ Act the same as school readiness assessments?

While the information gathered by school readiness assessments and literacy assessments required by the READ Act are complementary, the assessments serve different purposes. CAP4K requires the school readiness assessment to consider the whole child (i.e., physical well-being and motor development, social and emotional development, language and comprehension development, and cognition) not only areas of academic content mastery. The READ Act requires assessment on the components of reading to inform instruction and intervention in literacy skills.

What are the rules about using and sharing school readiness data?

School readiness assessment results shall not be publicly reported for individual students. The State Board of Education is required to adopt a system for reporting population-level results that provide baseline data for measuring overall change and improvement in students' skills and knowledge over time. Action on these rules is anticipated in 2014.

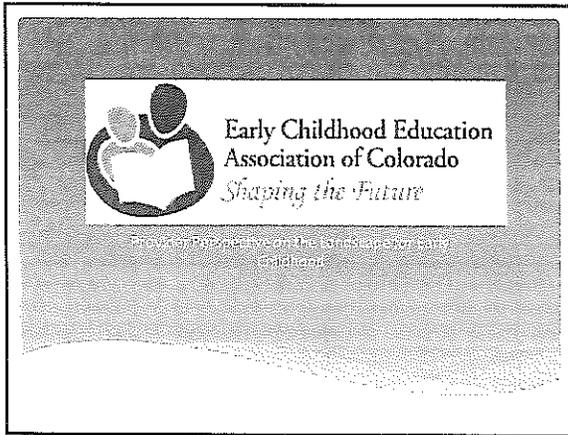
Where can I learn more?

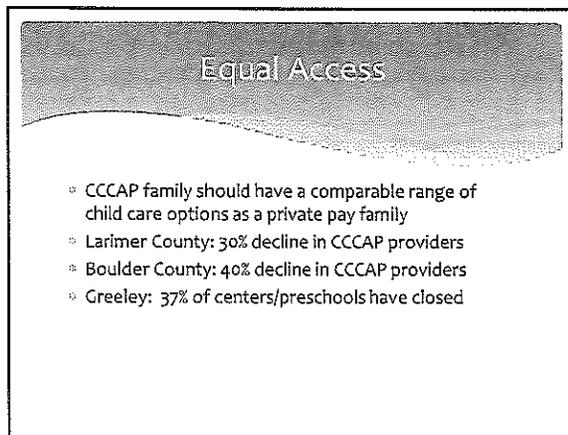
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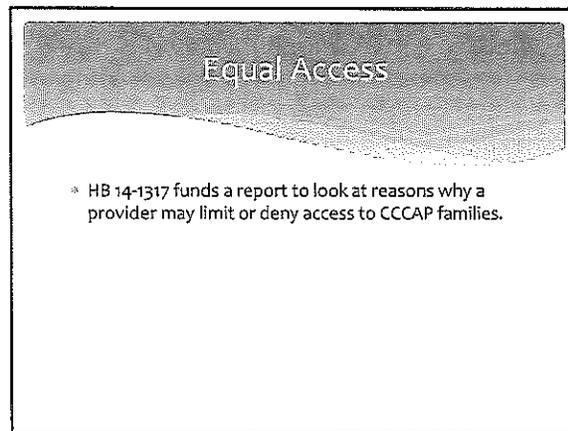
The Colorado Department of Education

CONNECTING . . . *rigorous academic standards* . . . *meaningful assessments* . . .
engaging learning options . . . *excellent educators* . . . **for STUDENT SUCCESS**

7/11/2014







Cost of Care

- * Child Care Aware: "Parents and the High Cost of Child Care 2013 Report."
- * Colorado ranks 5th in the nation as the least affordable for both infant and 4 year olds.
- * Ranking is based on the average cost of care compared to state median income.

Cost of Care Report

- * Annual hourly earnings rose by .6% nationwide
- * Cost of infant care in a center increased 2.7%
- * Cost of care for a 4 year old increased 2.6%

Cost of Care

Full report can be found at:
<http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

Cost of Care

- Payroll accounts for 65 – 70% of a program's budget.
- Facility costs account for 20%
- Supplies, food, insurance run 9%
- Most providers have a margin of 1%

Cost of Care

- Shared services programs such as Early Learning Ventures can mitigate some of the expenses, allowing providers to improve quality.
- Qualistar Colorado with funding from the Women's Foundation and support from the Colorado Children's Campaign is working on a series of briefs on affordability for child care.

Cost of Care

- Affordability of child care is central to all discussions, but it is wrongly framed.
- Real issue isn't what child care costs, but how those costs are to be met by working families.

Models to Look At

- * Denver Preschool Program – tuition credits on a sliding costs balancing quality with a family's income.
- * Child Care Tax Credits

Thank You!

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CHILD CARE PRICES AND AFFORDABILITY

A STRUGGLE FOR COLORADO FAMILIES & PROVIDERS

JUNE 2014

ABOUT THIS BRIEF: INFORMING ACTION

In 2013 The Women's Foundation of Colorado produced a comprehensive research report entitled *The Status of Women & Girls in Colorado*. Throughout the research phase for that report, many questions and concerns about child care access and affordability were raised. In particular, single mothers were found to be struggling with the price of child care. As a direct result, The Women's Foundation of Colorado provided a grant to Qualistar Colorado to investigate and address the barriers to affordable child care. Qualistar Colorado has produced this brief with that generous funding. Additional effort on this project has been provided by the Colorado Children's Campaign. This brief is the first in a series to be produced in conjunction with this project.

CHILD CARE IN COLORADO

Child care is a term that refers to a wide range of settings in which young children are cared for and educated. Licensed child care includes programs that have gone through the necessary steps to become licensed by the State of Colorado. Licensing ensures that the facility has complied with basic health and safety standards, and that it has met certain requirements for staff training and background checks. In addition, licensing regulations outline the staff-to-child ratios required in each type of child care setting, the age range of children that can be cared for, and the total number of children that can be cared for at one time. In Colorado, child care licenses are issued to child care centers, part-day preschools, family child care homes and school-age facilities.¹

TYPES OF LICENSED CHILD CARE



Child Care Centers and Preschools: Care is provided in a setting similar to school where there may be many classrooms and children are usually grouped by age. These facilities are regulated by the Colorado Department of Human Services, Division of Early Care and Learning. Preschools are specifically licensed to serve children for only part of the day.



Family Child Care Homes: Care is provided in a home that has been licensed and is regulated by the Colorado Department of Human Services, Division of Early Care and Learning.



School-Age Child Care: Care is provided for children ages 5 and up before and after school, on holidays and during the summer. It is offered by many kinds of programs. Some programs serve only school-age children and some also serve younger children.

THE WOMEN'S
FOUNDATION
OF COLORADO



WHY IS CHILD CARE SO EXPENSIVE?

Many families struggle to find child care that meets their needs. While the availability of care poses challenges in many areas of the state, perhaps the most common barrier to using licensed child care is affordability. Child care, particularly high-quality child care, is expensive to provide. Many new parents are shocked by the price of licensed child care and find that they are financially unprepared for it when they need it.

Child care is a labor-intensive industry. Child care professionals earn considerably less than workers in similar industriesⁱⁱ, and many do not receive employee benefits such as health insurance. Nevertheless, **personnel costs** are by far the largest expense category within child care programs' budgets. These costs (wages, payroll taxes and fees) are higher for child care programs than for many other types of businesses because of two main factors: staff-to-child ratios and multiple shifts.

Staff-to-child ratios: As in most states, Colorado's child care center licensing regulations dictate the maximum number of children that can be with one teacher. And while Colorado's ratio requirements do not meet nationally recommended levels, they nevertheless mean that child care programs need a large number of teachers on staff. For infants and young toddlers in Colorado's centers, there must be one teacher for every five children. For older toddlers that ratio is 1:7; for young preschoolers it is 1:8, and for 3- to 4-year olds the ratio is 1:10. Consider those ratios (and the associated staffing costs) compared to an elementary school classroom in which there is one teacher for 20 children, or a college lecture class in which there is one professor teaching hundreds of students at one time.

Multiple shifts: Full-time child care programs are generally open for 11 or 12 hours per day in order to accommodate the needs of working families. A parent working an eight-hour shift might need her children to be in care for 10 hours in order to give her time to get to and from work, and of course not all parents work the same schedules. In order for child care programs to operate for that many hours, they must be staffed with enough qualified teachers to cover all of the operating hours. A large child care center can employ 40 teachers and an additional 10 non-classroom staff such as administrators and cooks.

In addition to personnel costs are facility costs. **Facility costs** are significant because child care programs must ensure that the environment is safe for children and adequately supports their developmental needs. Whether facilities are rented or owned, the costs to occupy, maintain and improve them are substantial. **Food costs** are another major expense for most child care programs, as many children are in care for up to 10 hours per day and therefore require multiple well-balanced meals and snacks.

WHAT DOES ALL THIS MEAN FOR FAMILIES?

Licensed child care is a major expense for families who use it. It tends to be one of the largest expenses for families, particularly families with multiple young children.ⁱⁱⁱ Married couples can expect to spend 15 percent of their

COST vs. PRICE

Though they may sound like the same thing, the cost of child care and the price of child care are actually quite different. "Cost" refers to the full extent of resources needed to provide care; "price" is the amount that is actually charged to families. Child care, particularly high-quality child care, is expensive to provide. Most often child care programs cannot charge prices high enough to cover all their costs because families would not be able to afford it.

household income on infant care and another 10 percent on preschool-age care.^{iv} The price for child care for an infant is nearly half (48 percent) the median annual income for single mothers, which is a particularly staggering amount for the third of single mothers who live in poverty.^v Licensed child care in Colorado is more expensive than in-state tuition and fees at a public four-year college.^{vi} While child care comprises a significant part of virtually any family's budget, there is some variation in child care prices. The price of child care varies according to the ages of children, the type of care setting and geographical factors.

Ages of children

Infant care is particularly expensive to provide. It requires the highest staff-to-child ratios, the smallest group size, the most square footage per child, specific equipment and furnishings and, ideally, specially trained caregivers. Due to the added costs, many child care programs find the expense of providing infant care prohibitive. Child care prices drop as children age. The price for a preschooler in a child care center is approximately 20-25% lower than for an infant. In Arapahoe County, for example, full-time infant care in a center averages \$12,824 per year and full-time preschool-age care averages \$10,375 per year, a difference of 23.6%.^{vii}

Type of care setting

Center-based child care is more expensive than home-based care. Much of the difference can be attributed to personnel costs and facility costs. Home-based child care providers do not have to pay salaries or employer-related taxes and fees.^{viii} Since home-based child care providers operate their businesses out of their homes, they do not have the extensive costs associated with operating a large facility. In Boulder County, centers charge an average of \$13,210 per year for care for 4-year-olds, and family child care providers charge an average of \$10,440 per year for 4-year-olds, a difference of 26.5%.^{vii}

Geographical factors

Families living in cities and large towns can expect to pay significantly more for child care than families in rural areas, with the exception of rural resort communities. The price difference is largely due to the overall cost of living. Families in urban areas also pay more for housing and transportation than rural families.ⁱⁱⁱ The average annual price for full-time center-based infant care in non-resort rural counties in Colorado is \$8,800; in urban counties it is 55% higher, at \$13,662.^{vii,ix} It is the resort areas in Colorado that have the highest prices for child care, with an annual infant care price of \$14,100.^{vii,ix} Child care prices can vary significantly even within a large urban area. For example, child care prices in downtown Denver are 42% higher than in the Cherry Creek and Baker neighborhoods a few miles south of downtown.^x

The price for licensed center-based child care in Colorado ranges from \$6,000 to \$17,000 per year.^{vii}

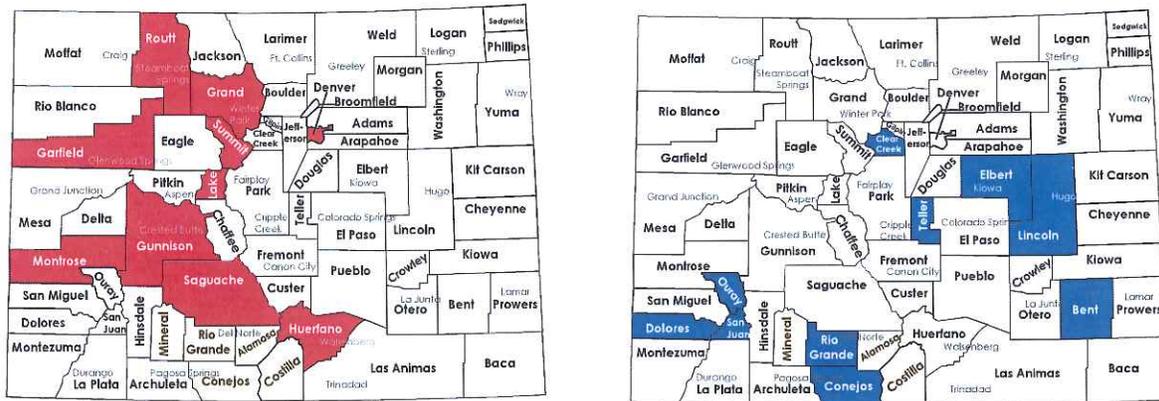
AFFORDABILITY

Child care prices have differing impacts on families. The impact of child care on a family's budget can be measured by comparing child care price to family income. Just as the price of child care varies throughout the state, so does family income. The median annual income for married couples with children ranges from \$38,281 in Saguache County to \$125,477 in Douglas County.^{xi} For households headed by single mothers, median incomes range from \$12,401 in Fremont County to \$55,938 in Pitkin County.^{xi}

Least-Affordable and Most-Affordable Counties

The following figures and tables depict the top ten least-affordable and top ten most-affordable counties in Colorado for full-time preschool-age care in a child care center for married couples and for single mother families.^{vii, xi} Child care affordability was calculated by dividing the average price of care in each Colorado county by the county median income.^{xii} For a complete list of median incomes and child care prices by age group and county, see the Appendix on page 8.

FIGURE 1: TOP 10 LEAST-AFFORDABLE AND MOST-AFFORDABLE COLORADO COUNTIES FOR CENTER-BASED PRESCHOOL-AGE CARE FOR MARRIED COUPLES WITH CHILDREN



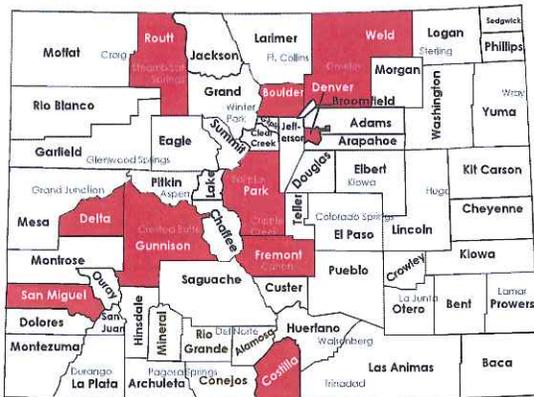
County	Average Annual Price of Preschool-age Care in a Center ^{vii}	County Median Income for Married Couples with Children ^{xi}	Price of Care as a Percentage of County Median Income
Routt	\$14,711	\$87,635	16.79%
Huerfano	\$6,495	\$41,000	15.84%
Lake	\$8,047	\$51,771	15.54%
Saguache	\$5,677	\$38,281	14.83%
Grand	\$10,522	\$71,047	14.81%
Gunnison	\$11,359	\$77,028	14.75%
Denver	\$11,477	\$78,929	14.54%
Montrose	\$7,664	\$53,814	14.24%
Garfield	\$10,842	\$76,577	14.16%
San Juan	\$4,157	\$75,556	5.50%
Ouray	\$4,313	\$70,515	6.12%
Teller	\$6,982	\$88,250	7.91%
Lincoln	\$5,066	\$63,750	7.95%
Conejos	\$4,440	\$55,156	8.05%
Clear Creek	\$9,076	\$106,473	8.52%
Rio Grande	\$5,160	\$55,938	9.22%
Elbert	\$8,314	\$90,000	9.24%
Dolores	\$5,456	\$58,846	9.27%
Bent	\$4,780	\$51,500	9.28%

Top 10 Least Affordable

Top 10 Most Affordable



FIGURE 2: TOP 10 LEAST-AFFORDABLE AND MOST-AFFORDABLE COLORADO COUNTIES FOR CENTER-BASED PRESCHOOL-AGE CARE FOR SINGLE MOTHER FAMILIES



County	Average Annual Price of Preschool-age Care in a Center ^{viii}	County Median Income for Single Mother Families ^{xi}	Price of Care as a Percentage of County Median Income
Gunnison	\$11,359	\$13,262	85.65%
Park	\$9,888	\$20,284	48.75%
Denver	\$11,477	\$23,607	48.62%
Fremont	\$5,716	\$12,401	46.09%
Delta	\$6,646	\$14,600	45.52%
Weld	\$10,178	\$22,635	44.97%
San Miguel	\$11,431	\$25,694	44.49%
Routt	\$14,711	\$33,500	43.91%
Costilla	\$6,235	\$14,271	43.69%
Boulder	\$13,210	\$32,287	40.92%
Ouray	\$4,313	\$36,023	11.97%
Lincoln	\$5,066	\$36,688	13.81%
Crowley	\$5,196	\$29,583	17.56%
Teller	\$6,982	\$39,006	17.90%
Bent	\$4,780	\$24,357	19.63%
Yuma	\$6,322	\$29,942	21.11%
Clear Creek	\$9,076	\$38,750	23.42%
Conejos	\$4,440	\$17,782	24.97%
Douglas	\$12,359	\$49,089	25.18%
Baca	\$5,196	\$20,625	25.19%

Top 10 Least Affordable

Top 10 Most Affordable

INFORMING ACTION

Despite the high prices being charged, many child care programs struggle to stay afloat. Programs cannot withstand long periods of decreased enrollment or habitual non-payment from the families they serve if they are to succeed financially. Often the price of care is not high enough to allow child care programs to pay teachers a living wage or offer benefits.

If the price of child care is not unnecessarily high, and if families cannot afford the price that is charged, then the solution to the affordability problem is not as simple as charging less or paying more. Child care affordability is a challenge nationally. However, the challenges for families in Colorado, especially for low-income single mother families, are particularly pronounced because Colorado ranks as the fifth least-affordable state for center-based care.^{xiii} The Women's Foundation of Colorado, Qualistar Colorado and the Colorado Children's Campaign are working together to explore and address the reasons behind the affordability problem in our state.

Qualistar will continue analyzing our state's current system of child care funding and examining the costs of operating child care businesses in other states. This project will culminate in a large and detailed report in late 2014 that will include an action plan and innovative strategies for addressing child care affordability in Colorado.

END NOTES

ⁱSome child care programs are exempt from licensing requirements. A list of exemptions can be found in *General Rules for Child Care Facilities*, issued by Division of Child Care, Colorado Department of Human Services, accessible at <http://www.coloradoofficeofearlychildhood.com/#!/rules-and-regulations/c86v>

ⁱⁱUnited States Department of Labor, Bureau of Labor Statistics. (2013). May 2013 State Occupational Employment and Wage Estimates Colorado. http://www.bls.gov/OES/current/oes_co.htm

ⁱⁱⁱColorado Center on Law and Policy. The Self-Sufficiency Standard for Colorado, 2011: Self-Sufficiency Standard Tables by County, All Family Types.

^{iv}See Figures 1-2 on pages 5-6.

^vAs reported in *The Status of Women and Girls in Colorado*, The Women's Foundation of Colorado (2013). Primary source: Child Care Aware® of America. 2012. Child Care In America: 2012 State Fact Sheets. <http://www.naccrra.org/public-policy/in-the-states-0>

^{vi}CollegeBoard. *In-State Tuition and Fees by State, 2013-14, and Five-Year Percentage Changes*. <http://trends.collegeboard.org/college-pricing/figures-tables/in-state-tuition-fees-state-2013-14-and-5-year-percentage-changes>

^{vii}Throughout this brief, references to Colorado child care prices come from Qualistar Colorado and its network of Child Care Resource & Referral partners and were the prices on record as of January 2014.

^{viii}Some home-based family child care providers, particularly those licensed as Large Family Child Care Homes, do employ other caregivers.

^{ix}For the purposes of this brief, counties are defined as urban, rural or rural resort as follows: Urban: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Weld. Rural resort: Eagle, Garfield, Grand, Lake, Pitkin, Routt, Summit. The remaining 45 counties are defined as rural.

^xZip code 80202 was used to determine the downtown Denver price. Zip code 80209 was used to determine the price in Cherry Creek and Baker neighborhoods.

^{xi}U.S. Census Bureau, American Community Survey, 2012 five-year estimates. Table B19126.

^{xii}At the time of publication, in some counties there was no full-time licensed center-based care for one or more age groups. Additionally, there was no county median income reported for single mother families in Dolores, Hinsdale, Mineral or San Juan counties. Affordability rankings only include counties for which there is both child care price data and county median income data.

^{xiii}Child Care Aware of America. *Parents and the High Cost of Child Care 2013 Report*. http://usa.childcareaware.org/sites/default/files/cost_of_care_2013_103113_0.pdf

APPENDIX

County	County Median Income for a Married Couple ^{xi}	County Median Income for a Single Mother Family ^{xi}	Average Annual Cost of Infant Care in a Center ^{vii}	Average Annual Cost of Preschool-age Care in a Center ^{vii}
Adams	\$72,918	\$28,683	\$13,009	\$10,231
Alamosa	\$55,348	\$18,068	\$6,695	\$6,076
Arapahoe	\$91,248	\$32,223	\$12,824	\$10,376
Archuleta	\$59,025	\$27,222	N/A	\$7,404
Baca	\$54,474	\$20,625	N/A	\$5,196
Bent	\$51,500	\$24,357	\$7,794	\$4,780
Boulder	\$113,971	\$32,287	\$15,193	\$13,210
Broomfield	\$119,277	\$49,208	\$15,734	\$12,790
Chaffee	\$67,971	\$25,278	N/A	\$7,559
Cheyenne	\$71,406	\$25,208	N/A	N/A
Clear Creek	\$106,473	\$38,750	\$11,119	\$9,076
Conejos	\$55,156	\$17,782	N/A	\$4,440
Costilla	\$58,417	\$14,271	\$6,235	\$6,235
Crowley	\$48,906	\$29,583	\$6,495	\$5,196
Custer	\$61,000	\$15,069	N/A	N/A
Delta	\$70,893	\$14,600	N/A	\$6,646
Denver	\$78,929	\$23,607	\$15,410	\$11,477
Dolores	\$58,846	-	\$4,936	\$5,456
Douglas	\$125,477	\$49,089	\$16,311	\$12,359
Eagle	\$86,809	\$29,300	\$13,033	\$11,105
El Paso	\$80,688	\$25,667	\$11,434	\$9,389
Elbert	\$90,000	\$31,696	N/A	\$8,314
Fremont	\$60,906	\$12,401	\$7,067	\$5,716
Garfield	\$76,577	\$37,162	\$12,297	\$10,842
Gilpin	\$99,063	\$26,250	\$13,769	\$9,613
Grand	\$71,047	\$27,917	\$13,250	\$10,522
Gunnison	\$77,028	\$13,262	\$12,539	\$11,359
Hinsdale	\$80,288	-	\$10,392	\$9,093
Huerfano	\$41,000	\$19,237	N/A	\$6,495
Jackson	\$67,778	\$26,429	N/A	N/A
Jefferson	\$103,404	\$35,950	\$14,125	\$10,675
Kiowa	\$61,250	\$14,821	N/A	N/A

County	County Median Income for a Married Couple ^{xi}	County Median Income for a Single Mother Family ^{xi}	Average Annual Cost of Infant Care in a Center ^{vii}	Average Annual Cost of Preschool-age Care in a Center ^{vii}
Kit Carson	\$60,380	\$16,125	\$5,975	\$5,975
La Plata	\$73,570	\$31,224	\$10,350	\$8,258
Lake	\$51,771	\$30,240	N/A	\$8,047
Larimer	\$89,763	\$29,128	\$14,683	\$11,101
Las Animas	\$68,871	\$30,078	N/A	\$7,989
Lincoln	\$63,750	\$36,688	N/A	\$5,066
Logan	\$59,650	\$17,917	\$7,015	\$6,430
Mesa	\$74,194	\$20,568	\$8,648	\$7,111
Mineral	\$63,214	-	N/A	N/A
Moffat	\$72,479	\$23,750	N/A	N/A
Montezuma	\$54,143	\$18,609	\$7,794	\$6,851
Montrose	\$53,814	\$21,007	\$7,729	\$7,664
Morgan	\$61,632	\$24,129	\$7,794	\$6,495
Otero	\$44,141	\$15,536	\$5,867	\$5,391
Ouray	\$70,515	\$36,023	N/A	\$4,313
Park	\$91,667	\$20,284	N/A	\$9,888
Phillips	\$71,149	\$16,833	\$7,145	\$6,625
Pitkin	\$116,771	\$55,938	\$18,186	\$16,333
Prowers	\$54,375	\$17,821	\$7,794	\$5,820
Pueblo	\$68,143	\$20,589	\$8,000	\$6,873
Rio Blanco	\$76,934	\$33,333	N/A	\$10,392
Rio Grande	\$55,938	\$19,279	N/A	\$5,160
Routt	\$87,635	\$33,500	\$16,497	\$14,711
Saguache	\$38,281	\$17,031	\$7,794	\$5,677
San Juan	\$75,556	-	\$5,716	\$4,157
San Miguel	\$92,000	\$25,694	\$12,990	\$11,431
Sedgwick	\$58,542	\$20,833	N/A	\$7,015
Summit	\$86,494	\$33,717	\$15,324	\$12,588
Teller	\$88,250	\$39,006	\$7,794	\$6,982
Washington	\$64,500	\$24,500	\$6,430	\$6,430
Weld	\$76,457	\$22,635	\$12,322	\$10,178
Yuma	\$59,057	\$29,942	\$6,495	\$6,322

No median income was reported for single mother families in Dolores, Hinsdale, Mineral or San Juan counties. N/A indicates there was no full-time licensed center-based care in these counties at the time of publication.

THE WOMEN'S FOUNDATION OF COLORADO

The Women's Foundation of Colorado's mission is to build resources and lead change so that every woman and girl in Colorado achieves her full potential. The Women's Foundation of Colorado is a leader in conducting research, bringing together resources, impacting policy and investing in community partners who share their goals and impact their ability to dramatically change lives of women and girls in our state. Extensive, strategic research guides their work and is combined with their dedication to education, advocacy and collaboration as they set the agenda and lead systemic change in Colorado.

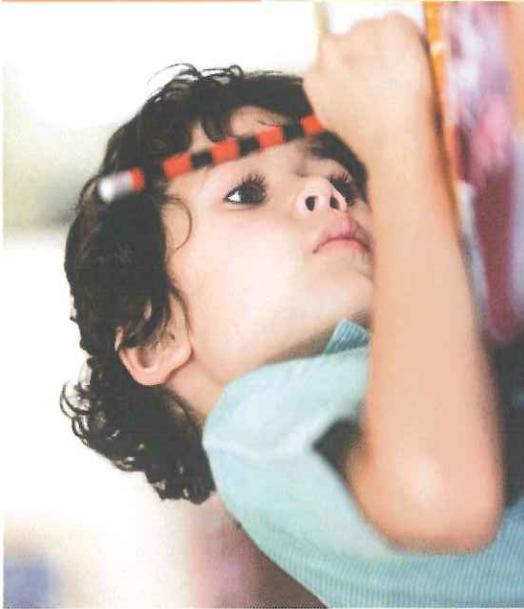
QUALISTAR COLORADO AND THE COLORADO CHILDREN'S CAMPAIGN

Qualistar Colorado is a statewide non-profit dedicated to advancing quality early childhood education across Colorado. We believe that all children deserve a high-quality early childhood education experience. Qualistar works to improve early childhood education by helping families find child care through a free referral service, rating the quality of child care programs, providing college scholarships for child care teachers, managing grants to improve child care facilities and strengthening federal, state and local policy through the use of data and information.

The Colorado Children's Campaign is a non-profit, non-partisan advocacy organization that works to create hope and opportunity in Colorado, more than one million kids at a time. The Campaign uses accurate, compelling data and research on child well-being to champion policies and programs that improve children's lives.

THE WOMEN'S
FOUNDATION
OF COLORADO





Early Childhood School Readiness
Legislative Commission
 Key Considerations for
 Early Childhood Policy



COLORADO CHILDREN'S CAMPAIGN

Bill Jaeger, Vice President,
Early Childhood Initiatives



The Case for Early Childhood:
Brain Science & Data

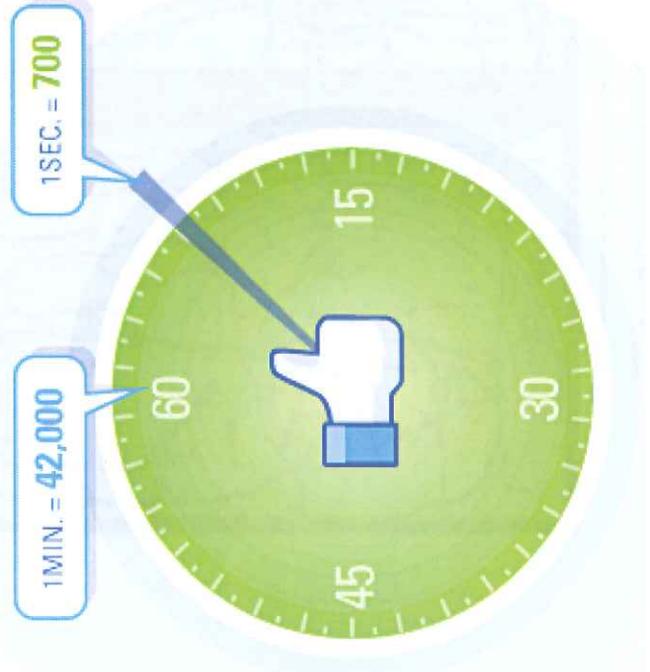
Early Childhood Establishes the Foundation for a Healthy Life



90%
OF A CHILD'S CRITICAL
BRAIN DEVELOPMENT
HAPPENS BY AGE 5.



DIFFERENCES IN THE SIZE OF
CHILDREN'S VOCABULARY
FIRST APPEAR AT ABOUT
18 MONTHS



IN THE FIRST FEW
YEARS OF LIFE,
700 NEW
NEURAL CONNECTIONS ARE
FORMED EVERY SECOND.

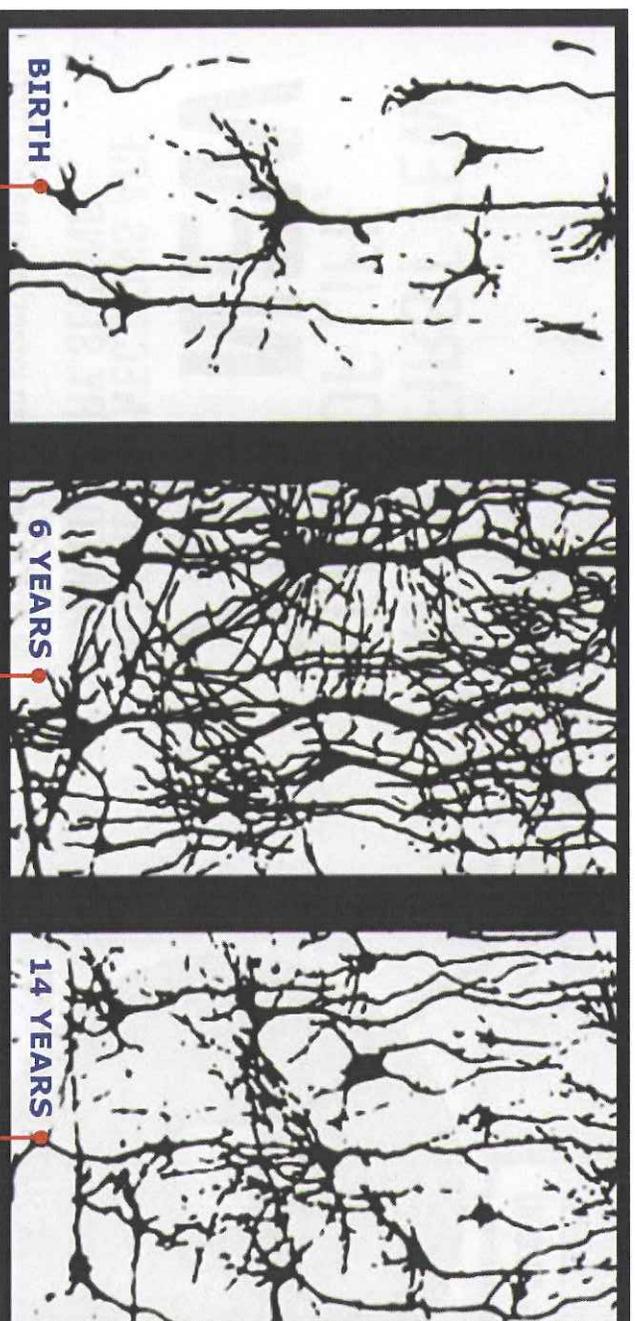
At age 8 months an infant may have 1,000 trillion synapses (42,000 a minute!)



Foundations for Healthy Life

- Children are **learning from the moment they are born** and learn in partnership with those who care for them.
- Rapid physical, cognitive development occurs in early years
- Working memory
- Sensory system
- Immune system

Experience Shapes Brain Architecture by Over-Production of Connections Followed by Pruning



2 Neural proliferation and pruning is a normal, healthy part of brain development: connections that are not used are pruned away.

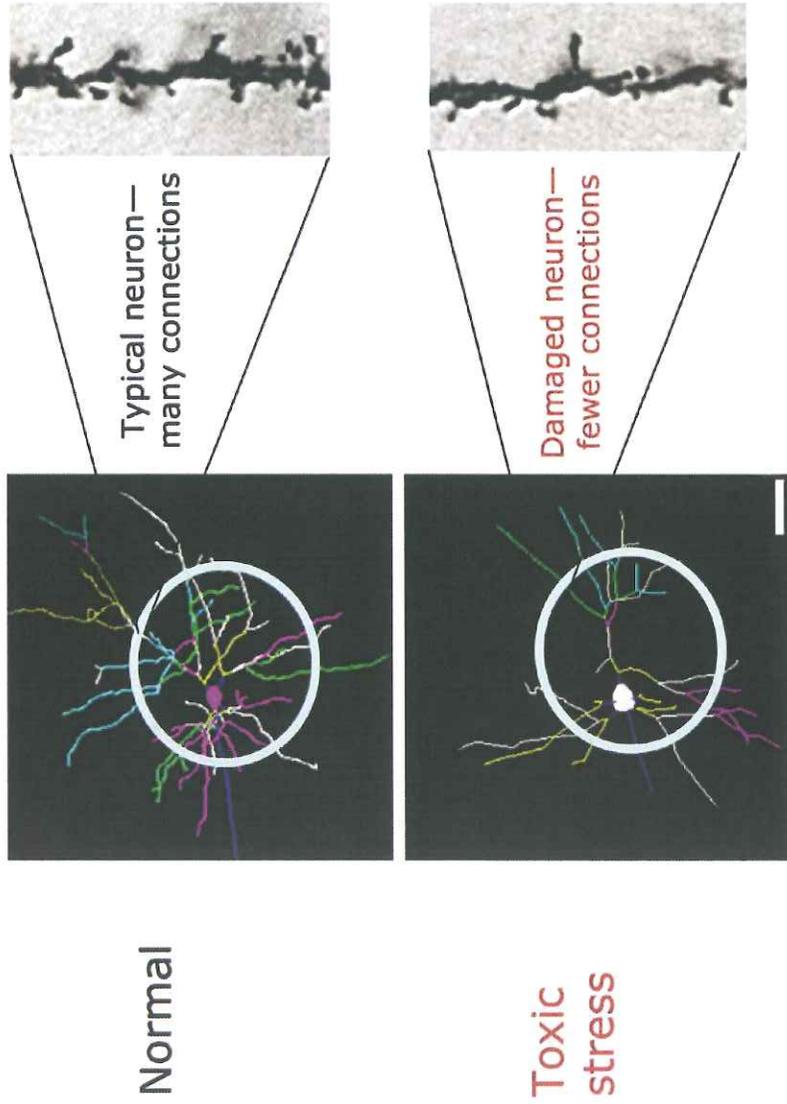


Toxic Stress



Center on the Developing Child
HARVARD UNIVERSITY

Persistent Stress Changes Brain Architecture



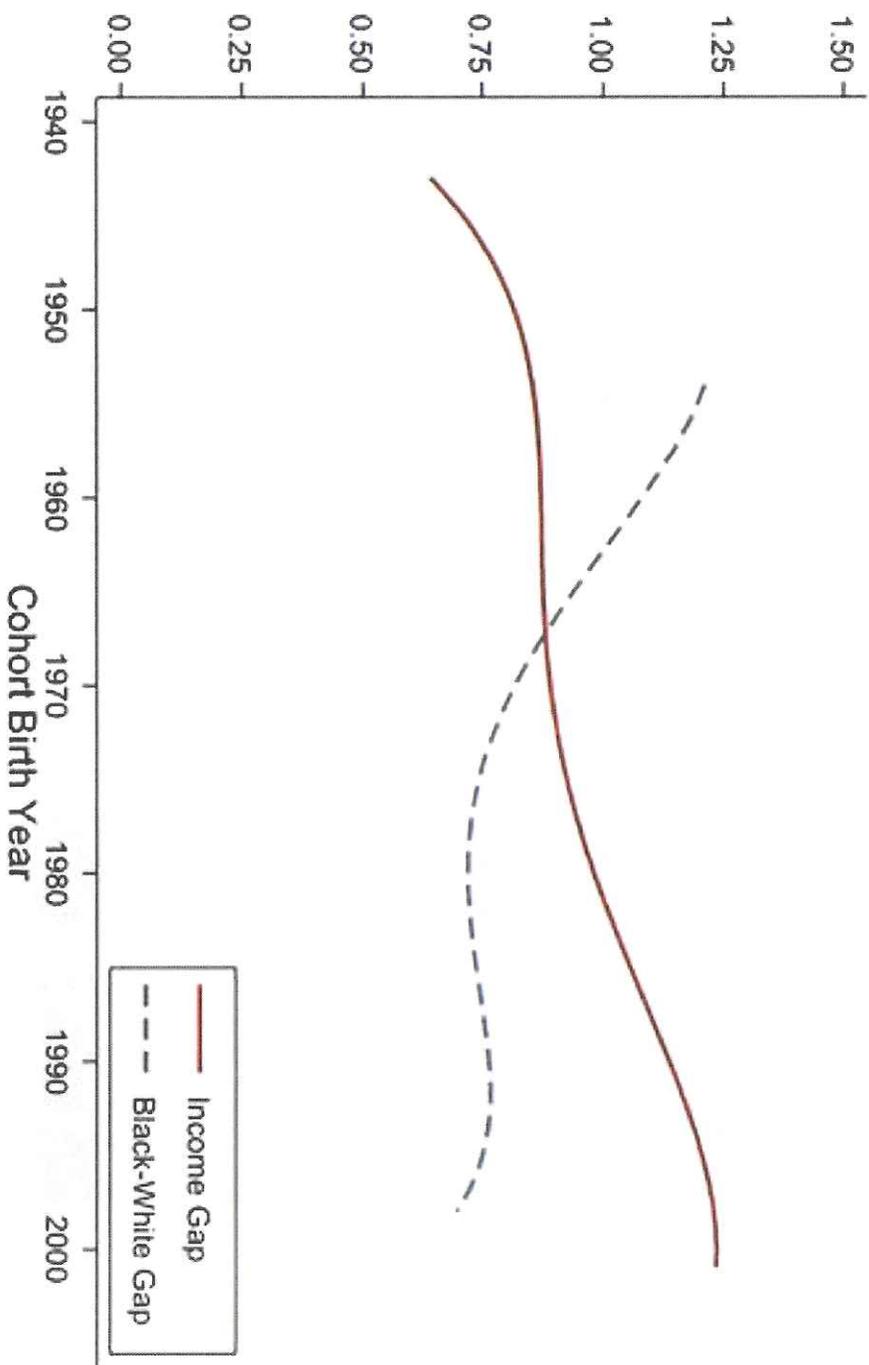
Prefrontal Cortex and
Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)



The Opportunity Gap

Income Achievement Gap and Black-White Achievement Gap
Reading, 1943-2001 Birth Cohorts



Source: Reardon (2011)



Closing the Opportunity Gap

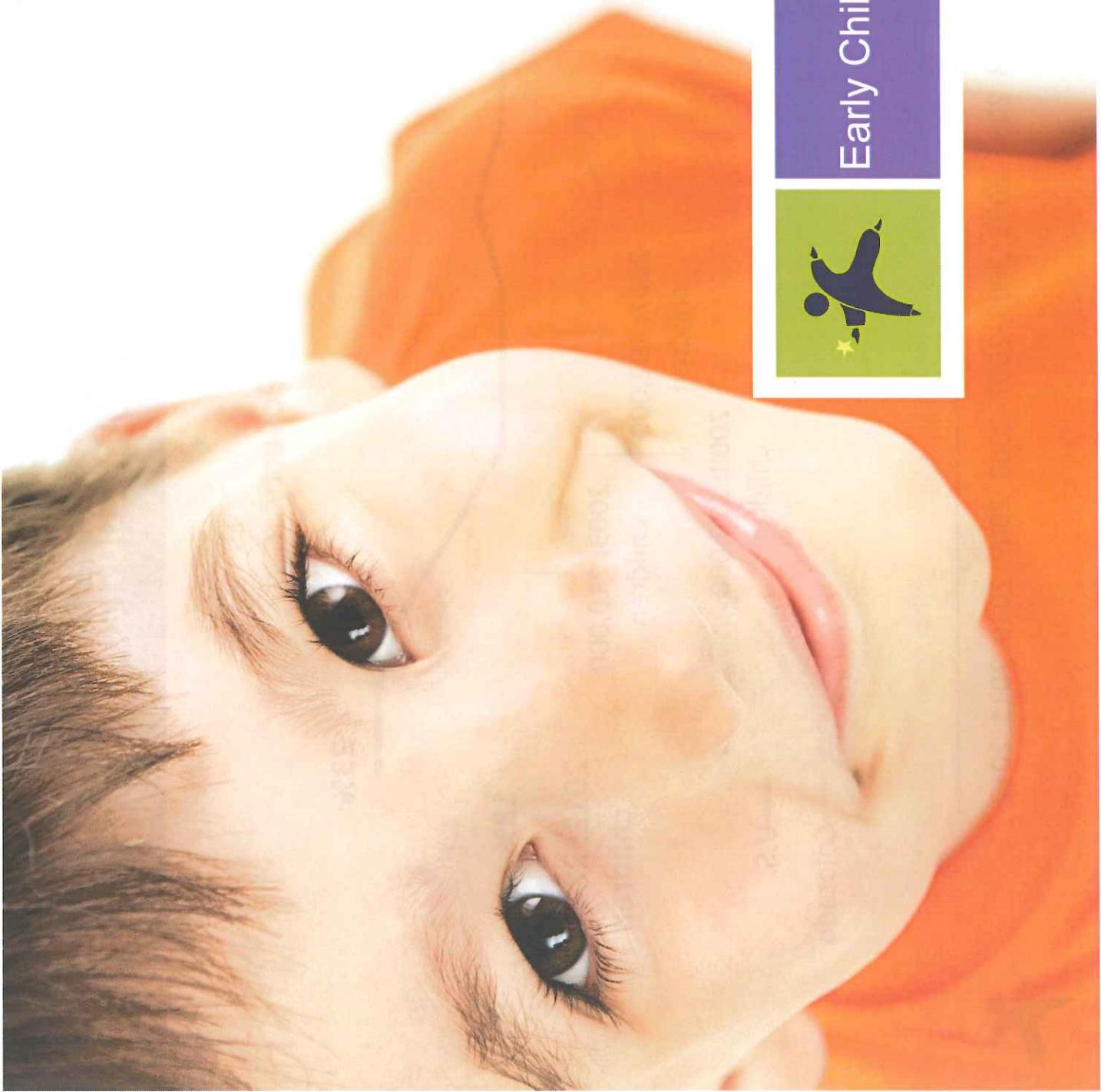
- The income gap in academic achievement is **not growing because the test scores of poor students are dropping.**
- In fact, average test scores on the NAEP, the Nation's Report Card, have been rising — substantially in math and very slowly in reading — since the 1970s.
- The average 9-year-old today has math skills **equal to those her parents had at age 11**, a two-year improvement in a single generation.



Closing the Opportunity Gap

- The academic gap is widening because well-resourced children are **increasingly entering kindergarten much better prepared** to succeed in school than middle-class students.
- Middle-class and poor families are increasing the time and money they invest in their children, **but they are not doing so as quickly or as deeply as those with more resources.**
- Murnane and Duncan find that from 1972 to 2006 high-income families increased the amount they spent on enrichment activities for their children by **150 percent**, while the spending of low-income families grew by **57 percent** over the same time period.

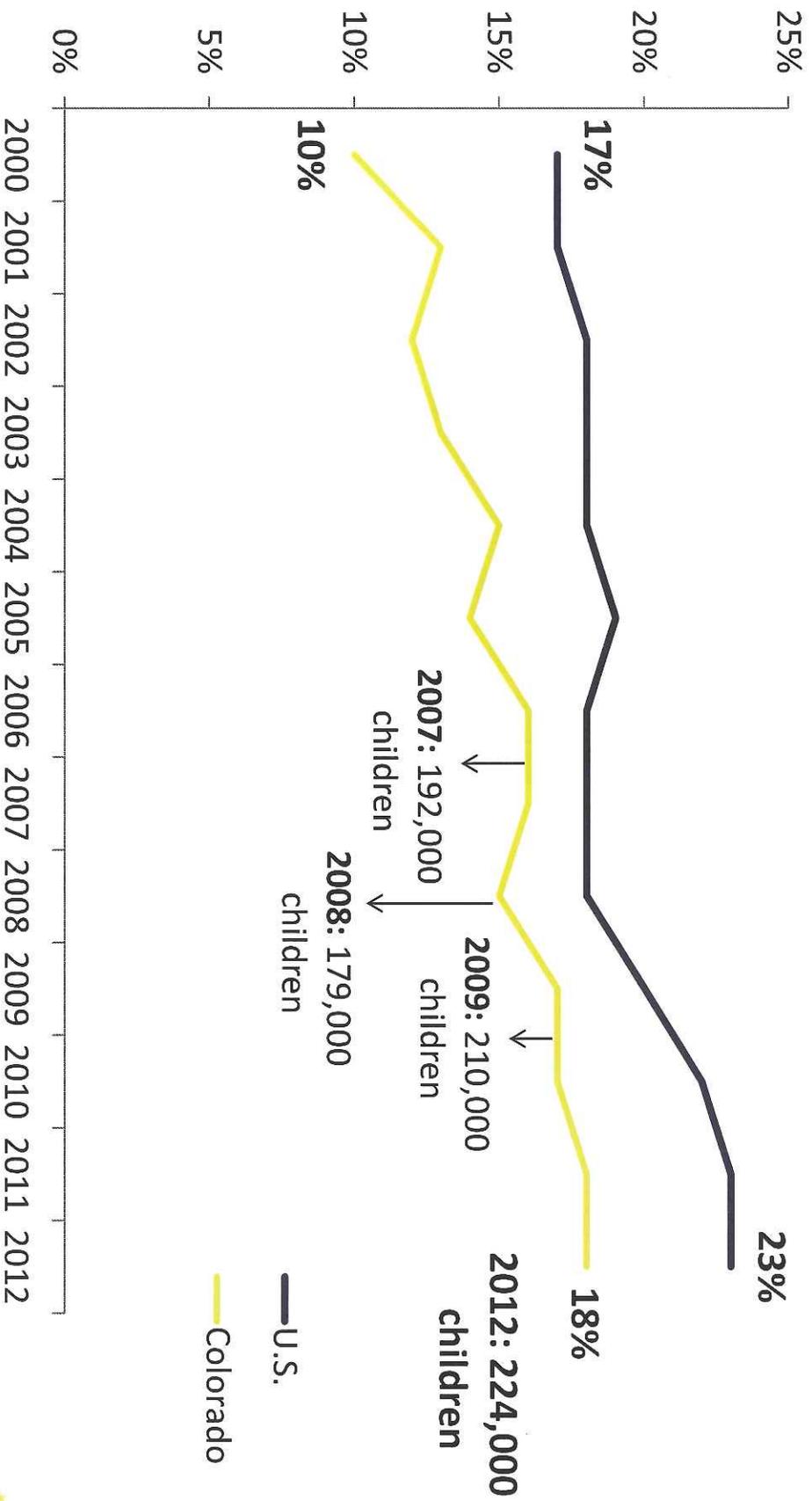




Early Childhood in Colorado

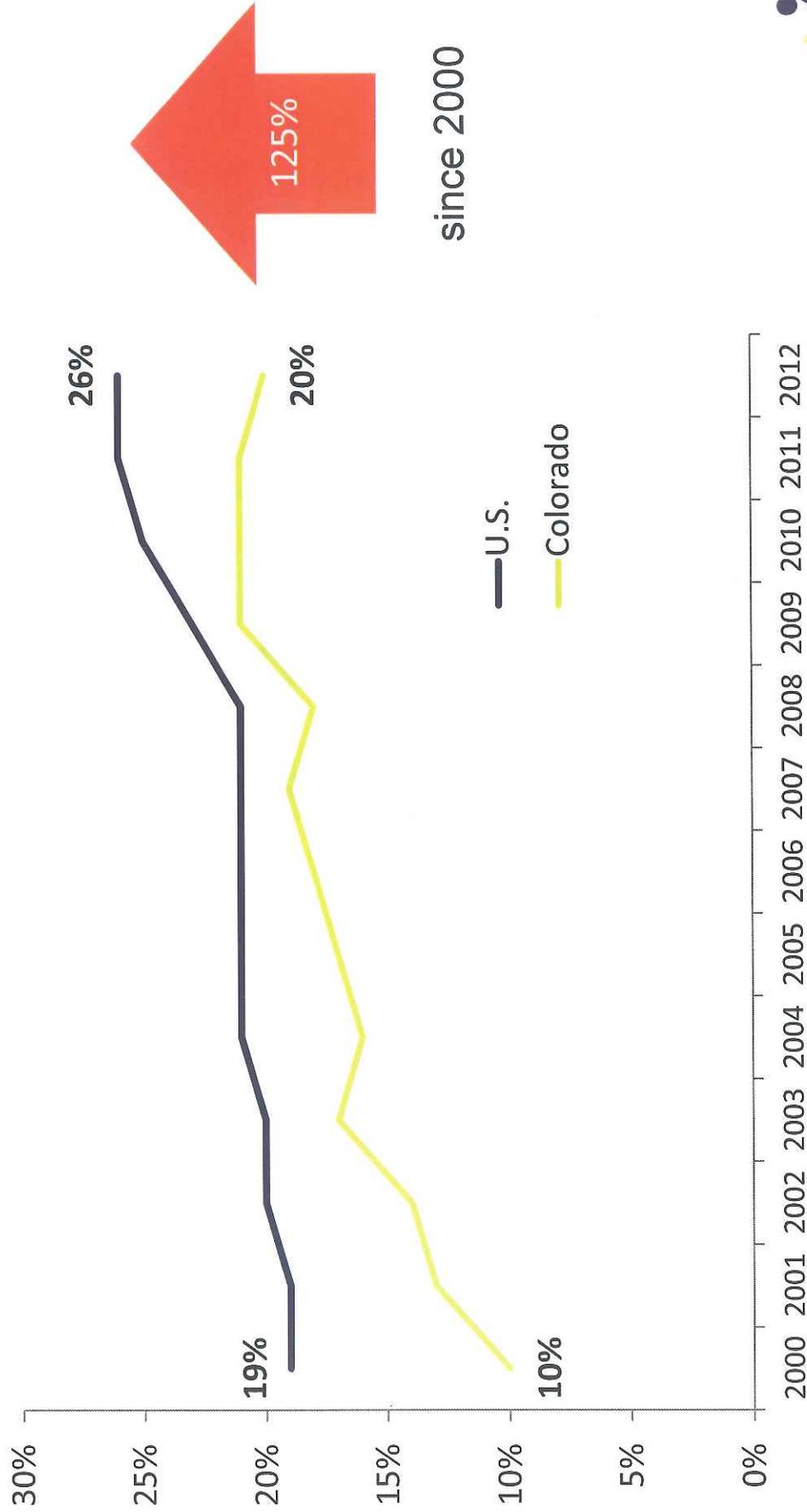
More Colorado children are living in poverty now than during the worst of the Great Recession of 2007-2009.

Children in Poverty



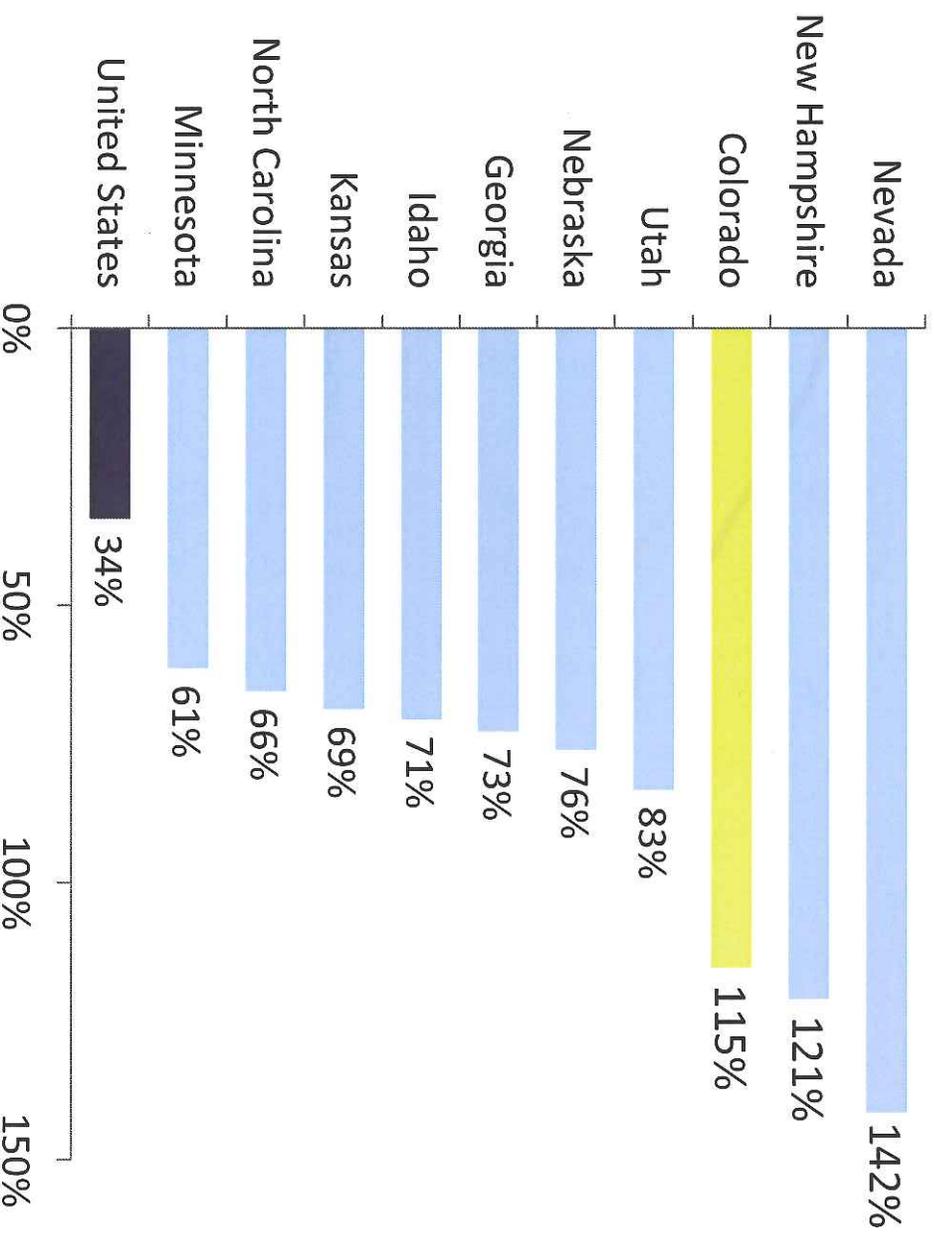
Our youngest children are most likely to be living in poverty

Children Under 6 in Poverty



Since 2000, Colorado has had the third fastest-growing number of children in poverty in the country.

Ten States with Fastest Growth in the Number of Children in Poverty, 2000-2012



Important Programs for Young Children

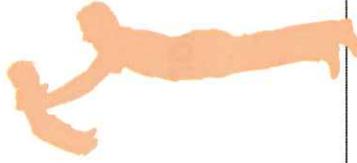
Colorado Child Care Assistance Program

CCCAP is a state-supervised, county-administered program providing subsidies to child care providers serving children in low-income families whose parents are working, searching for employment, or in school.

Colorado Preschool Program (CPP) & Preschool

Special Education

CPP is Colorado's state-funded preschool program providing high-quality preschool to at-risk 3- and 4-year olds to promote school readiness and prevent achievement gaps later in their education.



Early Childhood Mental Health Services and Early Intervention

Mental health specialists support the 17 publicly funded community mental health centers around the state. The state also coordinates an interagency system of services for infants and toddlers from birth through age 2 with disabilities.

Voluntary Home Visiting Programs

These programs promote healthy growth for the Colorado children who need the most support.



Early Childhood in Colorado – A Story of Unmet Need

Licensed Care

- In 2012, 247,000 Colorado children under the age of 6 (62% of all children under 6) lived in families where all available parents worked.
 - Licensed child care and family care homes have capacity for only about 44 percent of these children.

Child Care Assistance

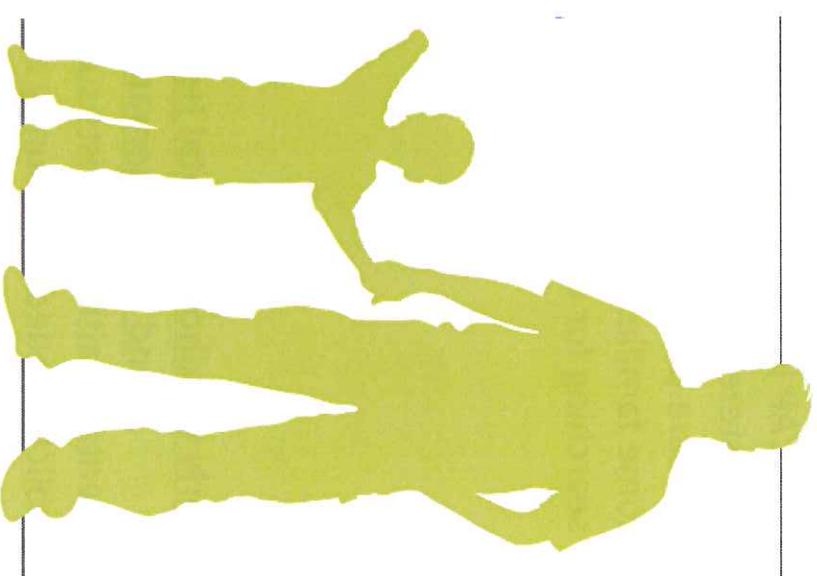
- Only a fraction of eligible children are supported with child care assistance.

Preschool for At-Risk Children

- CPP serves about 20,000 children, but over 16,500 at-risk 4-year olds had no access to preschool of any kind.

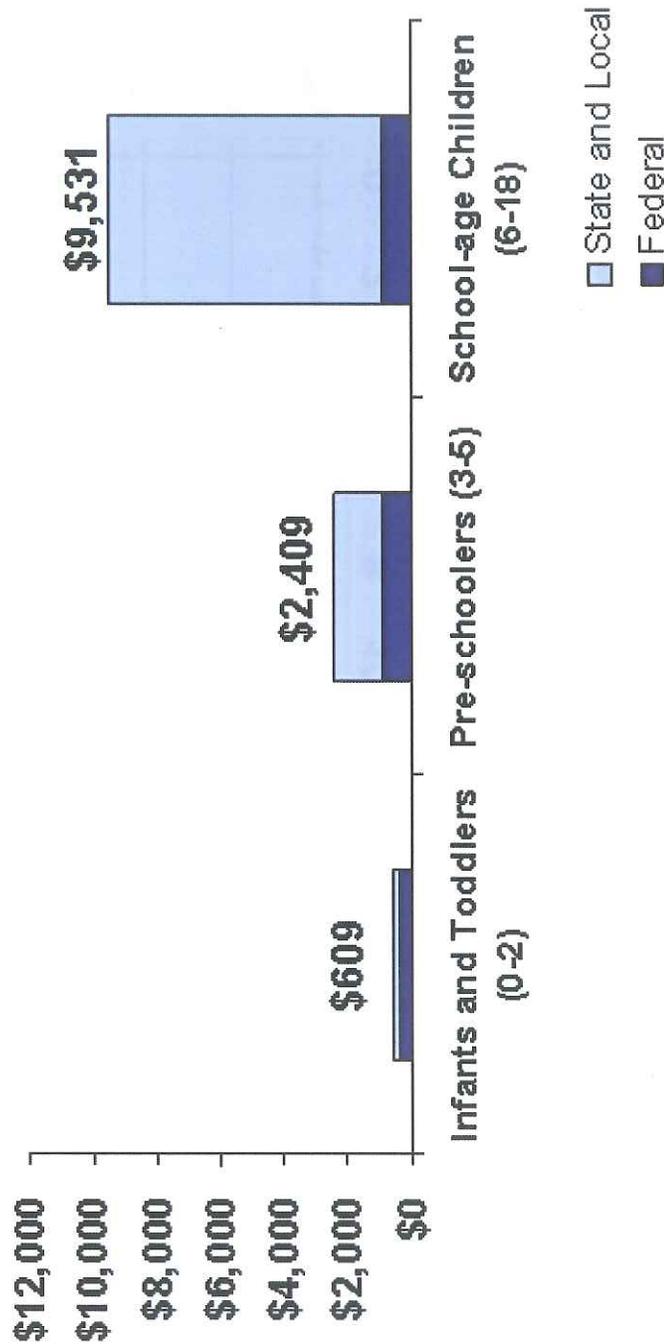
Full-day Kindergarten

- Over 19,000 children are in only a half-day with many others in a full-day relying on other funding sources



The Mismatch Between Spending and Development

Chart Two
Per Child Composite Investment in Education and Development by Child Age
50 States & District of Columbia Composite Assessment

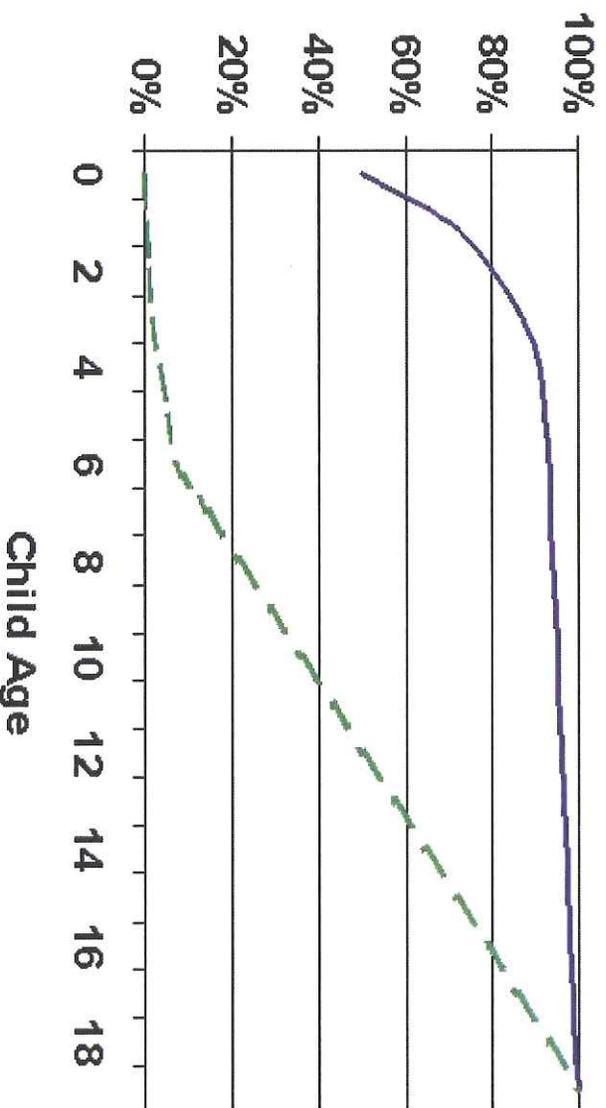


Source: U.S. Census 2000 & American Community Survey 2006



The Mismatch Between Spending and Development

Chart One
Public Investments by Child Age
50 States & District of Columbia Composite Assessment

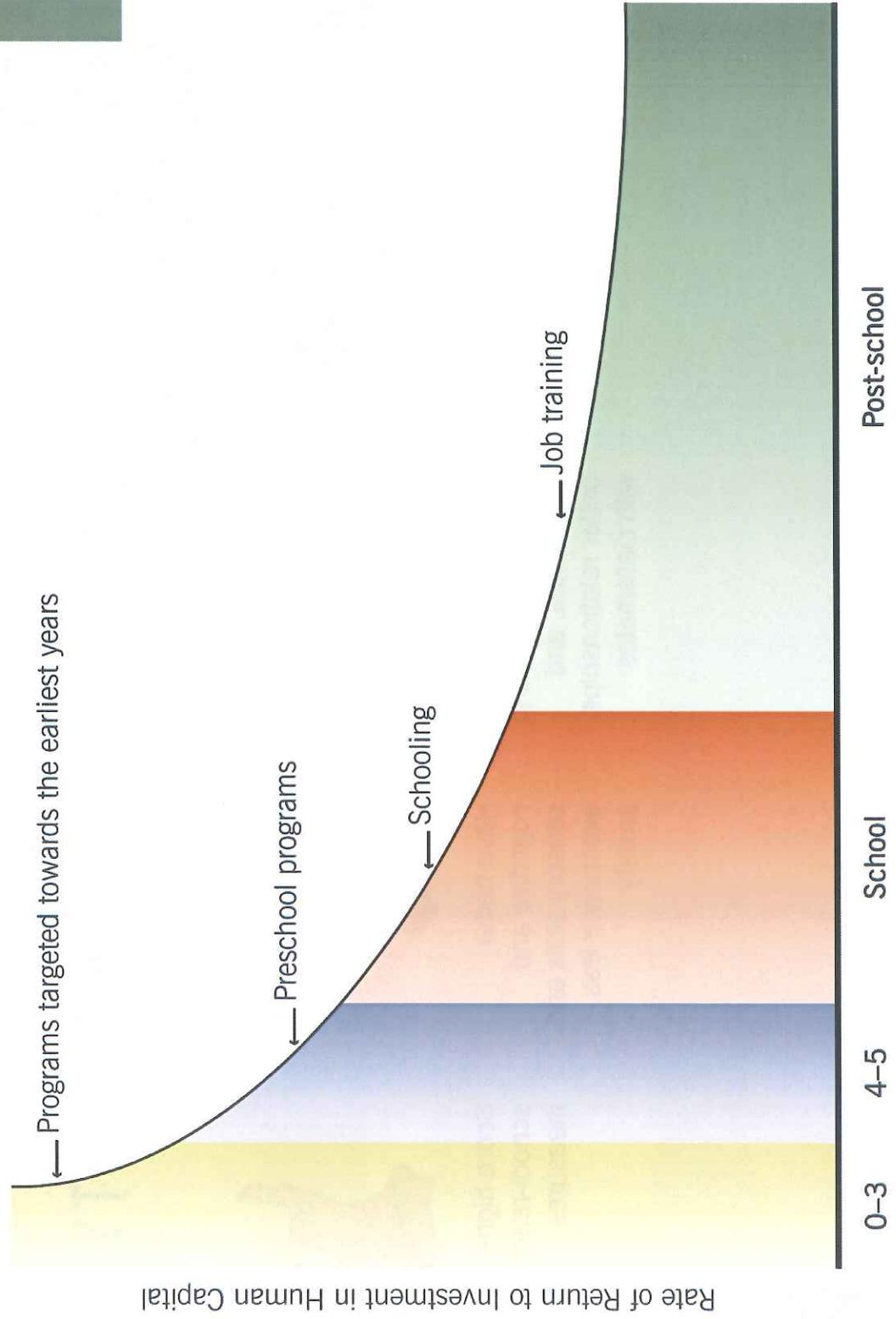


Source: *Voices for America's Children and the Child and Family Policy Center*. (February 2004). *Early learning left out: An examination of public investments in education and development by child age*.



Pay A Little Now or A Lot Later

Returns Per Annum to a Unit Dollar Invested



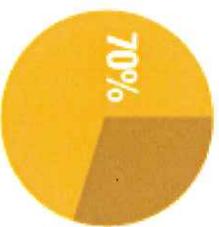
The Return on Our Investment in Early Childhood

NATIONAL STUDIES

SHOW THAT CHILDREN EXPOSED TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION:



Are 40% less likely to need special education or be held back a grade



Are 70% less likely to commit a violent crime by age 18



Have better language, math and social skills, and better relationships with classmates

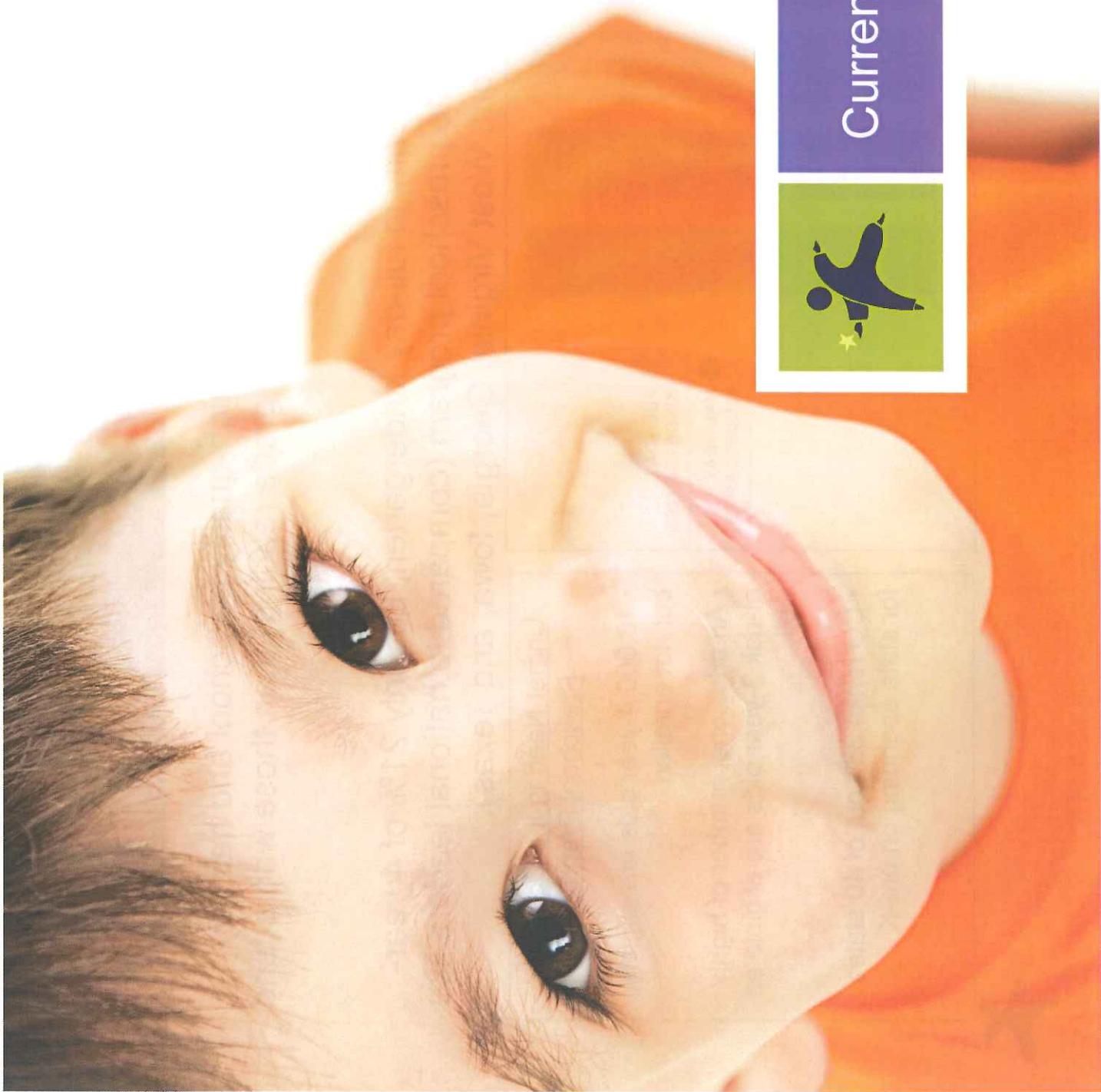


Have better cognitive and sensory skills and experience less anxiety



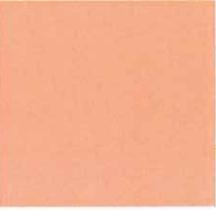
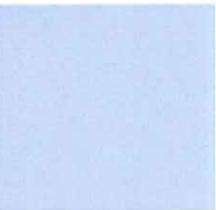
Score higher on school-readiness measures





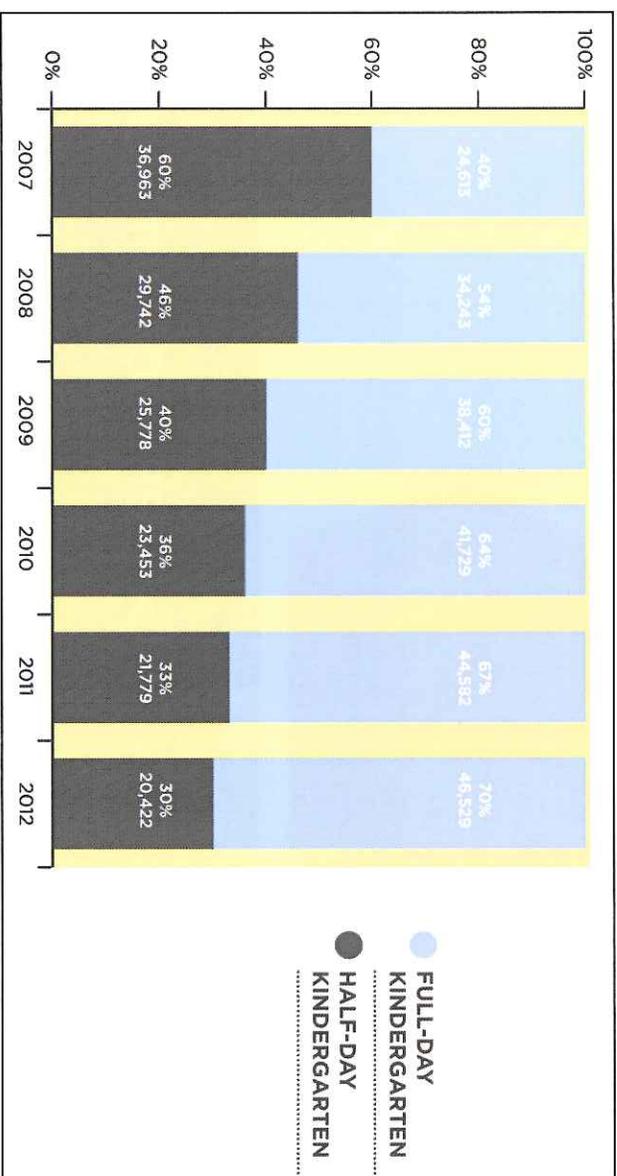
Current policy issues

High Quality Preschool & Full-day Kindergarten



- The research is clear: children who attend high-quality preschool and half day kindergarten perform better (for example, 3rd grade reading) than those who attend full-day kindergarten alone.

- Over 70% of students currently in full-day kindergarten, but only 21% of 4 year-olds are enrolled in our state preschool program (compared to national leaders like Florida, Oklahoma, Vermont, West Virginia, Georgia, Iowa, and Texas).



Unmet Need in the Colorado Preschool Program

- 16,000 4-year olds are eligible, but not enrolled
- An additional number of highly at-risk 3-year olds are eligible as well.
- CO ranks 38th out of 40 states for state spending on pre-K



Access to Quality Child Care

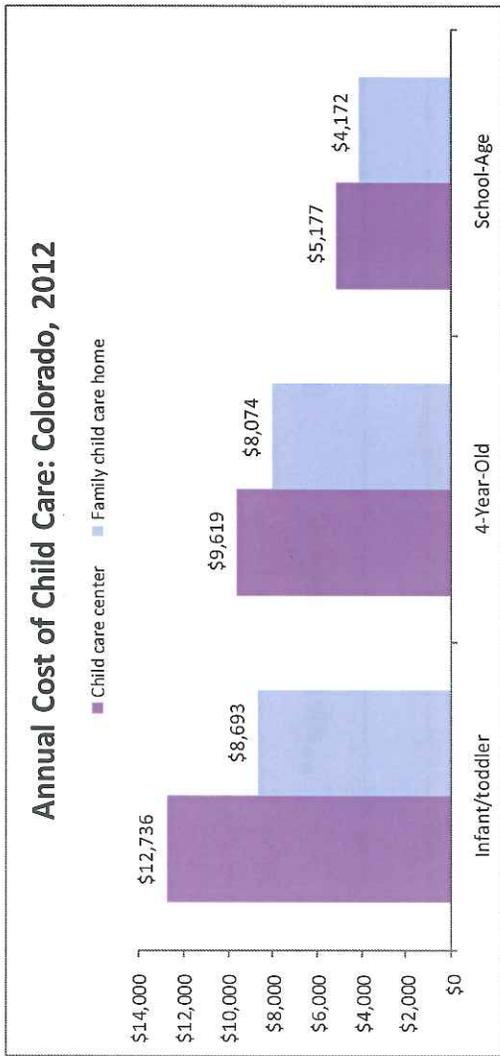


Figure 53 Cost of Infant Care in a Center as a Percent of Income

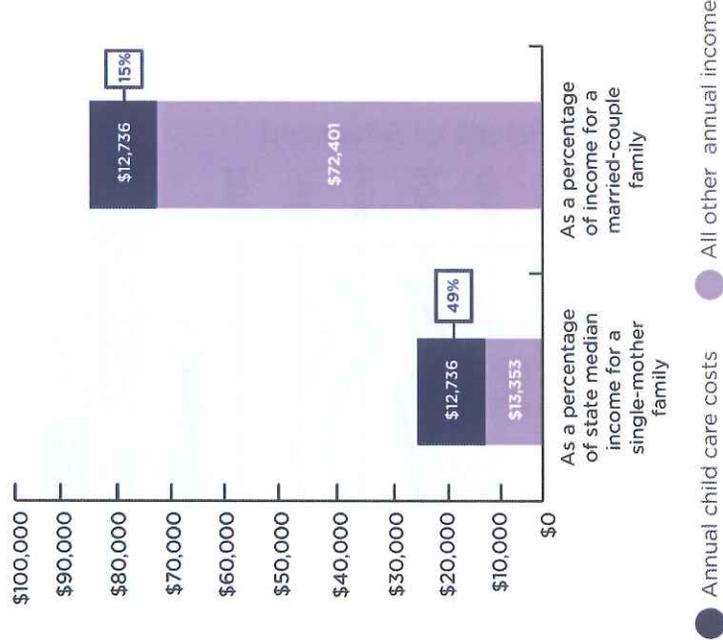
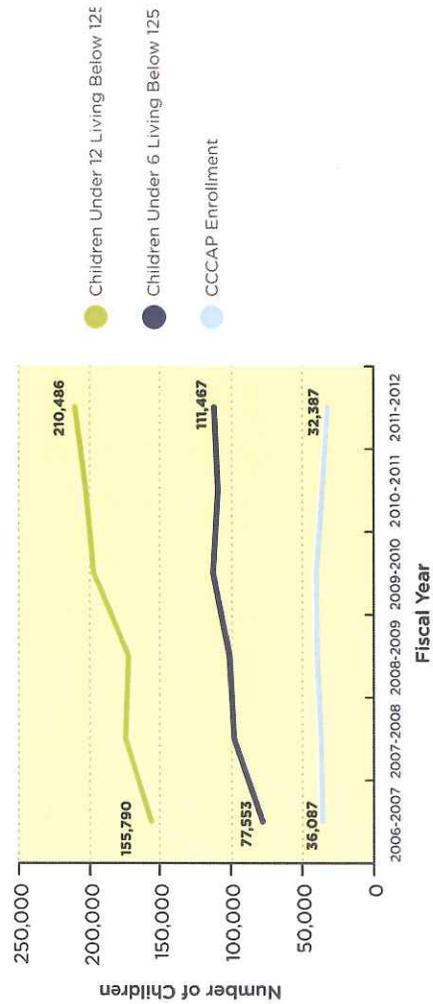


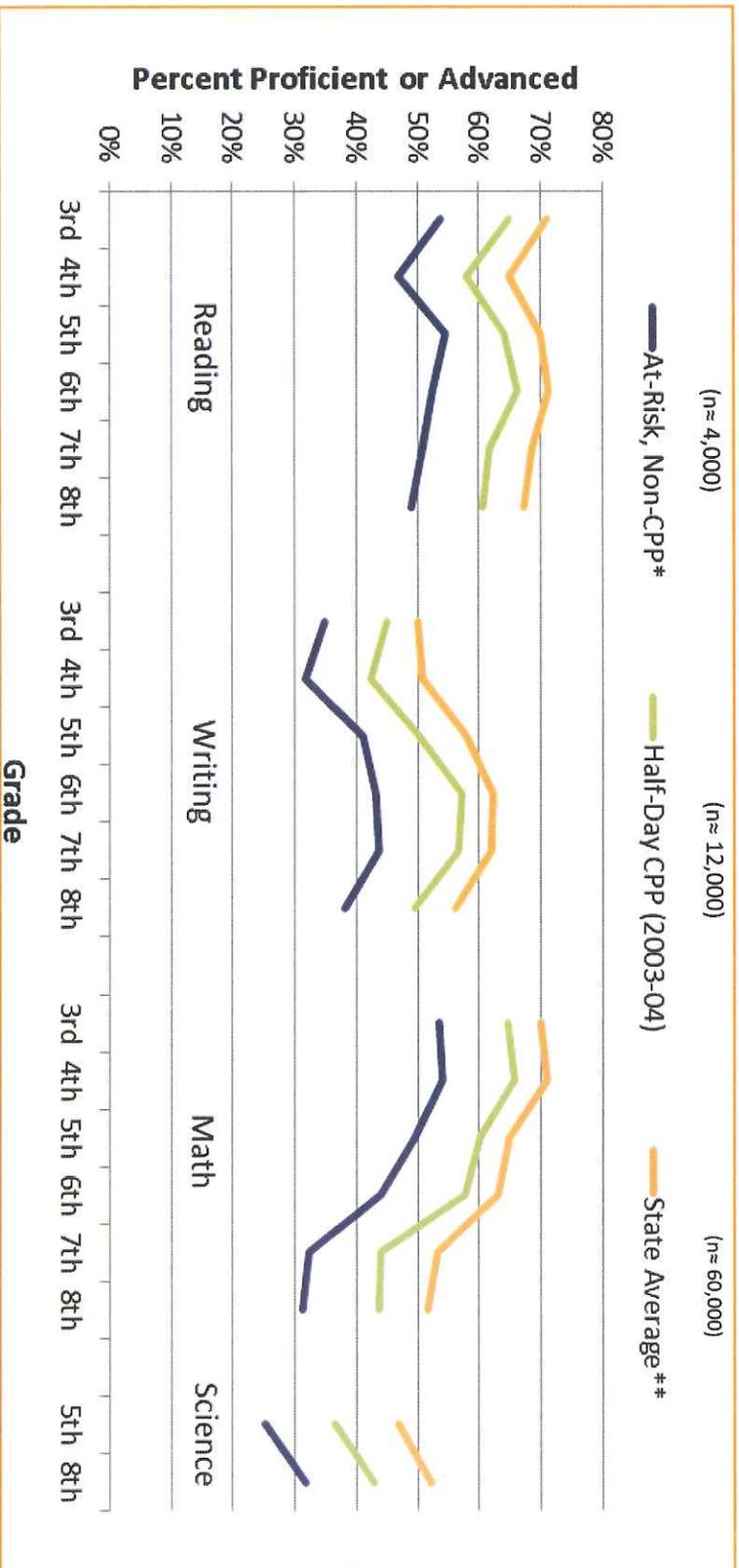
Figure 45 CCCAP Enrollment vs. Low-Income Children



Investing in Quality

- Quality matters: Investments in workforce development, teacher to student ratios, and professional development help sustain the quality outcomes we see in Colorado's preschool classrooms.

CSAP/TCAP Grades 3-8 Outcomes



The Early Childhood Colorado Framework

EARLY LEARNING

- Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
- Increased access to high quality early learning, birth through third grade.
- Increased number of children meeting developmental milestones to promote school readiness.
- Increased number of programs that are accredited and/or quality rated.
- Increased number of schools that have leadership and educational environments that support young children's success.
- Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.
- Increased number of children with special needs who receive consistent early learning services and supports.
- Decreased gaps in school readiness and academic achievement between populations of children.

FAMILY SUPPORT AND PARENT EDUCATION

- Increased availability and family use of high quality parenting/child development information, services, and supports.
- Increased parent engagement and leadership at program, community, and policy levels.
- Increased number of children who live in safe, stable, and supportive families.
- Improved family and community knowledge and skills to support children's health and development.
- Increased family ability to identify and select high quality early childhood services and supports.
- Increased availability and use of family literacy services and supports.
- Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency.
- Increased coordination of services and supports for families and children who are at-risk or have special needs.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Increased availability and use of high quality social, emotional, and mental health training and support.
- Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.
- Increased number of environments, including early learning settings, providing early identification and mental health consultation.
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.
- Increased number of mental health services for children with persistent, serious challenging behaviors.
- Decreased number of out-of-home placements of children.

HEALTH

- Increased access to preventive oral and medical health care.
- Increased number of children covered by consistent health insurance.
- Increased number of children who receive a Medical Home approach.
- Increased number of children who are fully immunized.
- Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).
- Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
- Increased percentage of women giving birth with timely, appropriate prenatal care.
- Decreased number of underinsured children.



Thank you!

Contact Information

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Components of a Quality Rating & Improvement System

A quality rating and improvement system (**QRIS**) is a systemic approach to assess, improve, and communicate the level of quality in early care and education programs.

According to Child Trends, a fully functioning QRIS should have the following five components:

QUALITY STANDARDS

The standards outlined within the QRIS should be clear, ambitious, and achievable. A strong QRIS should rely on standards that are scientifically based and have been validated.

SUPPORTS and INFRASTRUCTURE

In order to achieve success, it is important to provide supports and infrastructure to aid programs in meeting the required standards. An infrastructure that provides coaching and technical assistance helps programs increase their level of quality.

MONITORING and ACCOUNTABILITY

Monitoring and accountability systems ensure compliance with quality standards. This takes the form of a quality rating.

ONGOING FINANCIAL ASSISTANCE

Providing programs through grants, scholarships, salary supports, or bonuses both supports and incentivizes participation in the QRIS. Tiered reimbursement is a common form of financial assistance for programs that serve children through subsidy programs.

PARENT ENGAGEMENT and OUTREACH

A QRIS is a tool for parent choice and education. Providing information to parents that helps them understand and identify elements of quality in child care ensures that they are making the best possible choice for their child. Parent outreach is done through marketing efforts and websites. Some states incentivize parents to choose high quality care by providing tax credits or subsidies to those that choose highly rated programs.



Components of a Quality Rating & Improvement System



Office of Early Childhood Quality Initiatives

Race to the Top - Early Learning Challenge Grant

Colorado was awarded \$45 million dollars in grant funding through the Race to the Top Early Learning Challenge Grant. The Grant will provide funding through 2016, which will accelerate the State's plan to improve school readiness for all children.

All children, but especially children with high needs, need a solid start with caring adults who provide learning and development opportunities in every setting - homes, child care centers, and schools

Research on Importance of Quality in Early Childhood

State's Priorities around Early Childhood

Components of the RTT - ELC Grant

People

- Strong workforce
- Understand children
- Background and education to fully use tools to support each child

Processes

- Manage smarter and more effectively
- Collaborate across agency, across department, with community and families

Tools

- Quality Rating Information System (QRIS)
- Universal Application
- Professional Development Information System (PDIS)
- Early Childhood Competencies Framework
- Child Assessments: Kindergarten Readiness/Results Matter Expansion
- Early learning and Development Guidelines
- Standardized Developmental Screening

EARLY CHILDHOOD DEVELOPMENT BENEFITS AND IMPORTANCE

- Early Childhood Development (ECD) builds a strong foundation for Colorado's future success, ensures all children are safe, healthy and thriving.
- High quality programs have impact to include reduced dropout and repetition rates, improved social achievements, greater adult productivity, and higher levels of social and emotional functioning.
- Stimulus effect on the economy, tax savings and return on investment
- Research shows that the first 2,000 days of a child's life have a lasting impact on later learning, health and success. Children's earliest experiences determine how their brains are wired, lay the groundwork for future health, and form the foundation of the social and emotional skills needed for academic and workplace success.

FIVE NUMBERS TO REMEMBER ABOUT EARLY CHILDHOOD

700 new neural connections per second

18 months: Age at which disparities in vocabulary begin to appear

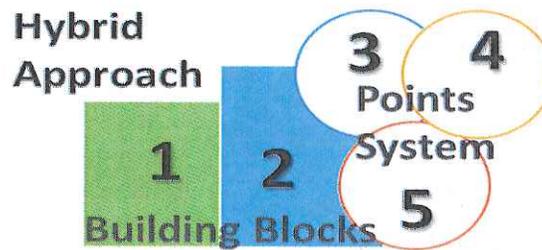
3:1 odds of adult heart disease after 7-8 adverse childhood experiences

\$4-\$9 in returns for every dollar invested in early childhood programs



COLORADO'S NEXT GENERATION QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS)

A method to assess, enhance and communicate the level of quality in early education and care for all licensed providers in Colorado. This system provides standardized criteria for all child care providers in Colorado to be rated for quality, and provides incentives and supports to providers that wish to raise the level of quality care available at their facility.



The system is a blocks and points system. Levels 1 and 2 are "building blocks" tiers with movement to the next level based on completion of identified activities and standards. To reach Level 1, providers will need to be in compliance with licensing standards. To reach Level 2, providers will show they have established other aspects of care and education to promote positive experiences. To receive a Level 2 designation, all indicators within this level must be met. Designations for Levels 3, 4, and 5 will be determined by cumulative points plus a minimum number of points in each of the standard areas.

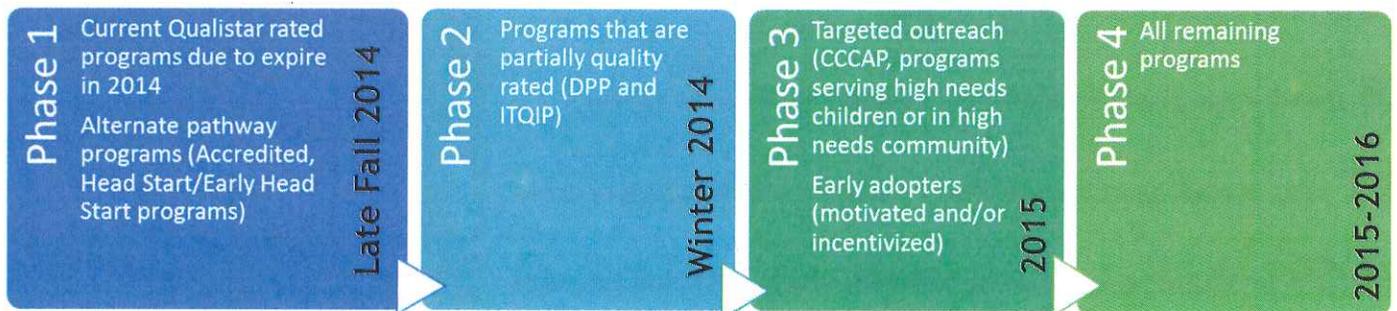
Summer - Fall 2014 Timeline

- Ratings Design Guide (v4) Published
- Quality Improvement Incentives Framework Established
- QRIS Branding
- Data Systems Development
- Provider Guidance Documents
- Training Designs and Support
- Phase 1 Alternate Pathways
- Piloting, Roll-out and Training of Level 2 Modules

Program Planning Activities

- Ensure all staff transcripts and training documents are up to date
- Become familiar with the Environment Rating Scales (ECERS-R, ITERS-R, FCCERS-R) that relate to your program
- Make the most of each licensing visit – talk to Specialists about areas of strength and opportunity
- Prepare Teaching Teams and include them in the planning process
- Discuss and set Program Goals

QRIS Phased Approach Summer 2014-Fall 2016



Better Quality

Inputs

Quality Rating and Improvement System (QRIS)

Outputs

- Include all licensed early learning programs, serving approx. 200,000 children, in Next Gen QRIS.
- Ensure that 35% of center-based child care programs are in the highest tiers (3-5) of quality.
- Develop and disseminate provider training on use and value of QRIS.
- Provide tiered reimbursement implementation to support providers striving for higher quality.

Goals

Short Term Goals (Present – 2 Years)

- Providers increase their understanding of what constitutes quality.
- The availability of high-quality programs across the state, particularly low-income, high-needs areas, is increased.
- Development of system infrastructure supports effective delivery of QRIS.
- Validation of QRIS determines that the different rating tiers reflect meaningful differences in program quality.

Medium Term Goals (3 – 5 Years)

- All providers are committed to and making progress in quality improvement.
- There is an increase in families considering/demanding quality in the providers they select.
- Policy and program management environments exhibit demonstrated commitment to a culture of continuous quality improvement.
- Colorado's licensed programs move into the highest tiers (3-5) of QRIS.
- Access to high-quality programs is increased, particularly for low-income, high-needs students.
- The number of providers that become licensed is increased.

Long Term Goals (5+ Years)

- EC professionals, families, advocates, and policymakers demand and provide support for high-quality.
- All children are on track for school and future success.
- There are improved learning and development outcomes for children birth-8.
- There is validation that high-quality programs result in improved child outcomes.
- All early childhood programs are participating in QRIS and licensed programs are in the highest tiers (levels 3-5).
- There is an increased understanding of which components of high-quality programs result in improved outcomes for children and families.

* Items in bold are specific RTT-ELC grant goals.

Stronger Workforce

Inputs

Professional Development Information System (PDIS)

Higher Education Integration and Accessibility

Early Childhood Competencies for Educators and Administrators

Outputs

- Incorporate new Early Childhood Workforce Competency Framework into early childhood degrees by all Colorado community colleges and 50% of Colorado four year institutions.
- Ensure 10% of professionals advance at least one credential level and 25% make progress towards the next credential level.
- Make publically available professionals' competency levels and progress, in aggregate.
- Ensure Higher Education institutions have capacity, supports and relevant programs for EC professionals.

Goals

Short Term Goals (Present – 2 Years)

- PDIS is fully functional.
- EC professionals understand, participate, and advance in the PD system, as documented by data available through the PDIS.
- The majority of EC Professionals exhibit an understanding of the EC Competencies Framework and the EC Professional Credential.
- A baseline of workforce characteristics is established.
- There are increased options for, quality of, and access to workforce preparation, support and leadership programs.

Medium Term Goals (3 – 5 Years)

- Across the early childhood sectors, there is increased integration of workforce preparation and support programs.
- A sustainable, aligned set of system standards, incentives, quality assurance structures, and processes for tracking progress toward system goals is developed.
- There is increased retention and compensation amongst Colorado's highly skilled and effective workforce.
- EC professionals are advancing through the credential system.
- Higher education early childhood courses, certificates, and degrees are aligned with Colorado's Competencies for Educators and Administrators.
- Use of EC assessment tools measuring effective teaching and leadership informs professional practices and skill growth.
- All EC professionals demonstrate cultural competencies that support their ability to positively affect the school readiness of diverse populations, including children with special needs.
- A diverse EC workforce is recruited and retained.

Long Term Goals (5+ Years)

- Colorado's EC workforce is skilled, effective, and well compensated.
- Integration of workforce qualifications, preparation and support programs across the early childhood sectors is increased.
- Public support for ECE and political will to enact policy changes leads to compensation parity and higher baseline requirements.

* Items in bold are specific RTT-ELC grant goals.

Early Childhood Professional Development Information System

As a part of Colorado's Race to the Top – Early Learning Challenge Grant (RTT-ELC), Colorado's Early Childhood Professional Development Team is working with a web developer to create an accessible and interactive web-based system for Early Childhood Professional Development. This Professional Development Information System (PDIS) is one of several projects included in the RTT-ELC grant funding.

What is the PDIS?

The Professional Development Information System (PDIS) is the statewide web-based system supporting professional development for Colorado's early childhood workforce. The system will be developed with *Colorado's Competencies for Early Childhood Educators and Administrators* as the foundation and all professional development offerings within the system will align with these competencies. A wide range of professional development opportunities will be available to users in a variety of formats for both individual and group use. The PDIS will allow early childhood professionals to manage their own career and professional growth using an Individual Professional Development Plan which includes professional experience, education, and training as well as individually constructed growth plans. The PDIS will also issue Early Childhood Professional Credentials at a level reflecting demonstrated competency achievement. The PDIS is designed to support early childhood professionals at all levels of experience and education.

Why is Colorado implementing the PDIS?

Colorado's Early Learning Professional Development System Plan was approved by the Early Childhood Leadership Commission in 2010. That plan includes aligning training for early childhood professionals with EC workforce competencies, development of an interactive web-based clearinghouse to advise early learning professionals, provision for an early childhood workforce registry system, development of a data system linked to other important early childhood data systems, and the ability to develop reports for key stakeholders and policy makers.

Vision for Colorado's Early Childhood Professional Development Plan

Colorado's Early Childhood Professional Development Plan assures positive outcomes for young children and their families by recruiting, preparing and supporting highly effective, caring and diverse early learning professionals.

Colorado's professional development system is:

- Accountable
- Innovative
- Accessible
- Inclusive
- Aligned
- Well-financed
- Collaborative

"A growing body of evidence shows that early childhood professionals benefit greatly from professional development opportunities beyond minimal training – and that these benefits are passed on to the children in their care and classrooms."

(NGA Center for Best Practices, February 2010)

The PDIS will:

- Allow Colorado to gain information about the early childhood workforce to inform program support, system-level professional development planning, and delivery of resources.
- Provide a connected and organized professional development resource for all early childhood professionals in the State of Colorado
- Assure a well-coordinated system of credentialing for the early childhood workforce
- Track trends over time to evaluate early childhood workforce development and its role in impacting outcomes for children birth to 8.

Understanding and supporting the workforce who cares for and educates young children will improve Colorado's efforts to assure a strong start for young children as they enter school as well as support the goal of reading by third grade.

What are the advantages to me as an early childhood professional?

The PDIS will offer you many advantages. Some of these include:

- One place to find all training and education information – from required yearly training hours to professional advancement at all levels.
- Training sortable by competency area, instructor, location, format and more.
- The ability to directly register for training.
- High-quality online training directly available through the PDIS; links to approved training with other organizations.
- Connections to educational opportunities leading to a variety of certificates and degrees in early childhood related professions.
- Information about scholarships and a scholarship approval process.
- One place to keep all your experience, training and education documentation, accessible from any location.
- The ability to add to this documentation and create an individual portfolio demonstrating competence.
- Support for creating a competency-based individual professional development plan.
- An automatically calculated credential level.
- A competency profile to support your ongoing professional development needs.

The PDIS will be a “one-stop shop” for all your professional development needs.

Will the PDIS support trainer and training approval?

The PDIS will have online systems for submitting your application to become an approved trainer. It will also include a training approval application to help you design a high-quality training experience and link it to *Colorado's Competencies for Early Childhood Educators and Administrators*.

How is the information collected?

The information in the PDIS will be collected in several ways. The individual professional will enter the majority of the information as a part of the registration process. Some information will be collected from other systems connected to the PDIS such as the Colorado Department of Human Services' Next Generation QRIS. Information on training and education may be entered by an approved trainer or institution so that completion is automatically included in the professional's PD profile. Demonstrated competency measures can also be entered by those approved to do so.

Who will have access to the information?

Data privacy and security are a major consideration in the creation of this system. Ultimately, it is the individual who provides access to any personally identifiable information. The information collected for workforce reporting and policy considerations will only be in aggregate format looking at trends and movement within the workforce.

How will the information be used?

The information will be used in multiple ways. One important use will be to support the Colorado Next Generation Quality Rating Improvement System (QRIS). Information on training, education and experience as well as demonstrated early childhood competence will be used to calculate an individual's Early Childhood Professional Credential level. This credential level will be communicated to QRIS in order to track and report information for the professional development section of the Quality Rating and Information System (QRIS) scoring.

The information in the PDIS will be used in aggregate form to answer important questions about professional development for early childhood professionals. For example:

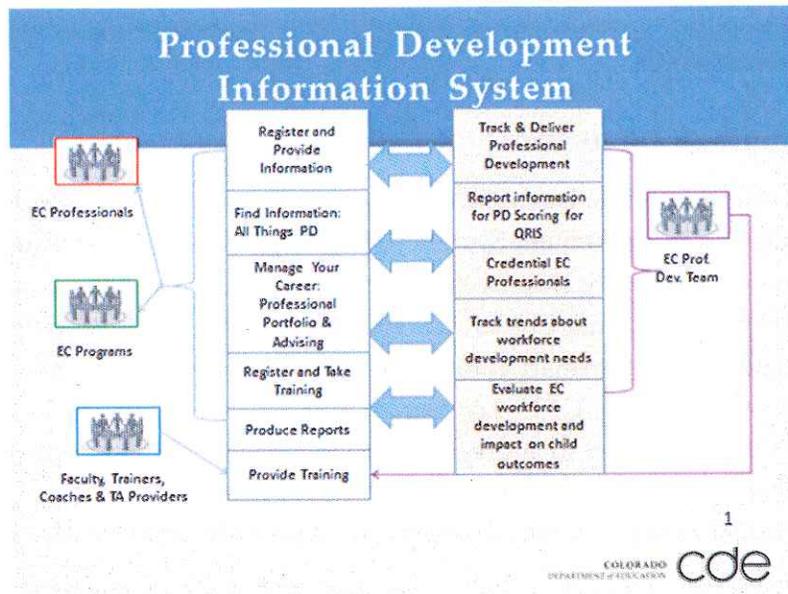
- ✓ How prepared is Colorado's early childhood workforce to provide effective care and education for all children?
- ✓ What policies and investments lead to a skilled and stable early childhood workforce?
- ✓ What are characteristics of early childhood professionals within high quality programs?
- ✓ Do Colorado's children with the highest needs have access to qualified staff?

What is the timetable?

- Summer, 2014 – begin to offer Level II training for the Next Generation QRIS
- Summer 2014 – pilot launch of PDIS system including:
 - Competency integration
 - Credential calculation
 - Individual professional development plan and portfolio
 - Full menu of Next Generation QRIS Level II training
- September – December, 2014
 - Support and training for pilot participants
 - Additional system customization based on pilot feedback
 - New and improved training modules

- Training approval application online
- January 2015 – full launch statewide of PDIS
- Ongoing
 - Continued system improvement based on stakeholder feedback
 - Additional training opportunities

Early Childhood Professionals from all parts of the workforce will benefit from the PDIS. No matter what role you play in the wider system, the Early Childhood Professional Development System has something for you.



Where can I learn more?

For the latest information, consult these websites:

- <http://www.cde.state.co.us/early/earlychildhoodprofessionaldevelopmentteam>
- <http://www.coloradoofficeofearlychildhood.com>
- Or contact:

Kathleen Devries, PDIS Manager
devries_k@cde.state.co.us
 303-866-6217

Implementing Colorado's Early Learning Professional Development System Plan

The Next Step

The first goal outlined in the Early Learning Professional Development System Plan states:

“Improve the effectiveness of early learning professionals by establishing and adopting an aligned, research-based, tiered set of competencies as the basis for credentialing early learning professionals at all levels and approving professional development programs (including teacher preparation programs).”

In May 2013, the Early Childhood Leadership Commission officially adopted Colorado's Competencies for Early Learning Educators and Administrators. To align with these new competencies and to implement the next step of the Professional Development System Plan, the Early Childhood Professional Development Team at the Colorado Department of Education has created a new framework for the Early Childhood Professional Credential. This framework provides a common system for all Colorado early childhood professionals to document and quantify their professional growth and accomplishments, and by doing so to define and advance the profession. Individuals accumulate points along each of four pathways-- Formal Education, Ongoing Professional Development, Experience, and Demonstrated Competencies.

The following guiding principles serve as the underlying foundation for the implementation of the Early Learning Professional Development System Plan:

- An accountable professional development system collects and evaluates data to demonstrate effectiveness, track child progress, plan improvements and assure quality through a continuous improvement process.
 - An innovative professional development system is flexible, incorporates relevant research and research-based practices and experiments with new approaches for preparing, credentialing and rewarding early learning professionals.
 - An accessible professional development system offers affordable and convenient options for education, training and coaching, acknowledging multiple avenues towards teacher effectiveness including college courses, prior experience and alternative classroom-and field-based training.
 - An inclusive professional development system promotes culturally-sensitive practices, engages diverse stakeholders, embraces individuals of all abilities and actively seeks to diversify the early learning profession.
 - An aligned professional development system provides a coherent, easily navigable and coordinated system for guiding early learning professionals' college preparation, recruitment and ongoing professional development activities across all early learning settings.
 - A well-financed professional development system provides equitable opportunities for early learning professionals to achieve higher levels of competency through college education and ongoing professional development that is tied to increased compensation and benefits.
 - A collaborative professional development system is developed by and built upon authentic partnerships among the Department of Education, higher education, Department of Human Services, Head Start, local Early Childhood Councils, resource and referral, the Early Childhood Professional Development Team and recipients of professional development services.
-

The Early Childhood Professional Credential Framework

Formal Education

NAEYC defines 'Education' as "a series of learning experiences with related assessments of learning; specific to an area of inquiry and related set of skills or dispositions; delivered by a professional(s) with subject matter and adult learning knowledge and skills; and offered by an accredited school, college or university."¹ This section of the Early Childhood Professional Credential recognizes and honors formalized education as a path for attaining this specialized knowledge. While a degree in any field demonstrates increased professional knowledge, degrees and coursework that are directly related to the field of early childhood and aligned to Colorado's Competencies for Early Childhood Educators and Administrators demonstrate the truly specialized knowledge required to most effectively support young children's growth and learning. To most accurately reflect a current understanding of the science of early childhood, areas of study and coursework aligned to the competencies must have been completed since 1990. Points are earned for highest degree attained and additional points are earned for degrees with an early childhood focused area of study and coursework demonstrated to align with the competencies.

Ongoing Professional Development

NAEYC defines training and ongoing professional development as "A learning experience, or series of experiences, specific to an area of inquiry and related set of skills or dispositions, delivered by a professional(s) with subject matter and adult learning knowledge and skills."² This section of the Early Childhood Professional Credential recognizes and honors the role of training in providing ongoing professional development to support a professional's continued growth throughout a career. Research demonstrates that training completed as a series that takes place over time and that includes 'job-embedded' components such as Coaching more effectively increase a professional's knowledge and skills. This section awards points for training hours and/or CEUs earned in the last 3 years. Additional points are earned for training hours that focuses on children with high needs, are completed as a series, include a 'job-embedded' component, or lead to a certificate, credential or endorsement.

Experience

With experience, early childhood professionals have the opportunity to apply the knowledge gained through formal education and training to increase their skills as professionals. Points are earned for years of experience in the field of early childhood. "Experience" for purposes of this model includes:

- 1) Direct work* with young children (birth - 8) and families, including field experiences;
- 2) Supervision, leadership, or management of programs;
- 3) Program coordination, development, or regulation;
- 4) Training, instruction, or technical assistance of programs;
- 5) Evaluation or research in the field.

* must be 18 years of age

Demonstrated Competencies

The goal of Formal Education, Ongoing Professional Development and Experience is to increase competence. Ultimately, it is a professional's competence that most accurately demonstrates expertise. The goal of this area is to incorporate current research-based measures of competence and best practice for EC professionals. Beginning in 2014, the Early Learning Challenge Grant provides funding to research, adopt measures of the EC Competencies Framework and develop scoring for this section.

The final credential level (I through VI) will be determined by total points earned.

¹ NAEYC/NACRRRA (2011) *Early Childhood Education Professional Development: Adult Education Glossary*

² NAEYC/NACRRRA (2011) *Early Childhood Education Professional Development: Training and Technical Assistance Glossary*
January 2014

Colorado Child Care Assistance Program (CCCAP): 2014 Policy Changes



Molly Yost
Policy Specialist

Early Childhood and School Readiness Legislative Committee
July 14, 2014

OVERVIEW

- CCCAP Collaborative stakeholder engagement process
- 2014 child care-related legislation and investments
- Status update on rulemaking and implementation

CCCAP COLLABORATIVE

- Convened by the Colorado Children's Campaign, Clayton Early Learning and Executives Partnering to Invest in Children (EPIC)
- 50-60 stakeholders
- Began in August 2013; monthly meetings ongoing
- "Two generation" mission and vision
- Meeting themes cover different perspectives
- Ideas informed HB14-1317 & HB14-1022



**2014 LEGISLATIVE ACCOMPLISHMENTS:
CHILD CARE**

- **HB14-1317** "Colorado Child Care Assistance Program Changes" (*Rep. Duran, Sen. Nicholson, Sen. Kefalas*)
- **HB14-1022** "Colorado Child Care Assistance Program Eligibility/Authorization" (*Rep. Landgraf, Sen. Newell*)
- **SB14-003** "Cliff Effect Pilot Program Changes" (*Sen. Nicholson, Rep. Petterson*)
- **HB14-1072** "Child Care Expenses Tax Credit" (*Rep. Petterson, Rep. Exum, Sen. Kefalas*)

OTHER 2014 INVESTMENTS IN CHILD CARE

- Quality improvement grants and technical assistance for providers with a priority for those who enroll CCCAP-subsidized children
- Child care licensing staff increase to improve site monitoring frequency
- Child Care Assistance Program community provider rate increase (at county discretion)

IMPLEMENTATION UPDATE

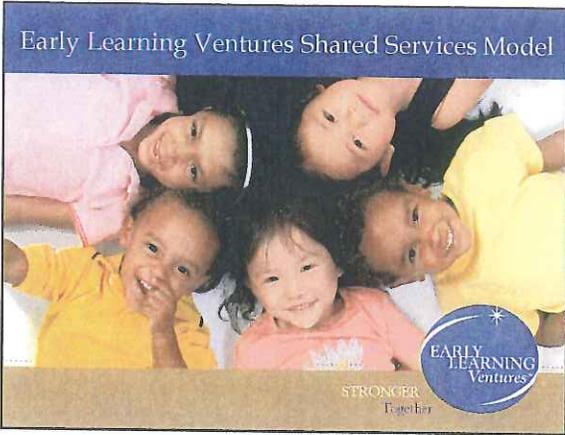
- Joint Implementation Task Force established
- Comprised of members from the Early Childhood Leadership Commission (ECLC) and the Office of Early Childhood Sub Policy Advisory Council (Sub-PAC)
- Charged with prioritizing provisions that require rulemaking and technology changes prior to implementation

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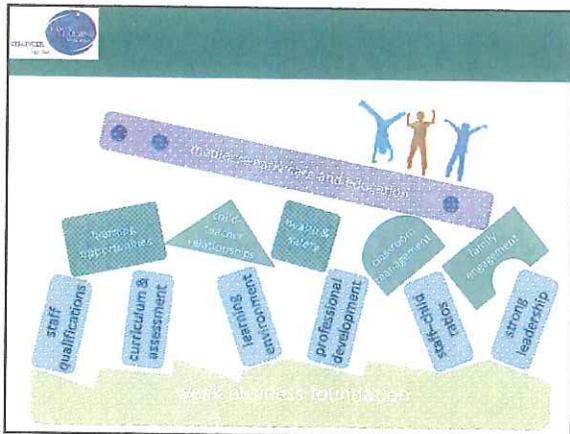
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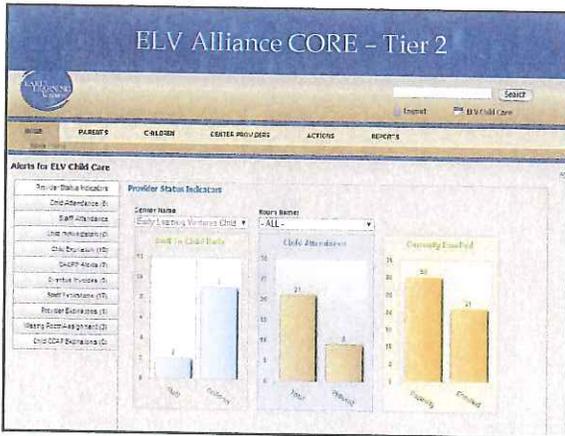
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History

- ❖ ELV started in 2008
- ❖ Initially funded by 
 - Wanted to make impact in education, decided to start shared services model to help positively impact fragile industry of ECE
 - Focus on time and cost savings, providing access to tools and resources to strengthen business operations & increase quality
- ❖ Started with a handful of pilot sites in 2009, currently working with 500+ centers and family child care homes throughout Colorado
- ❖ Philanthropic/charitable organization providing competitive tools and services





Tier 3 Level - Financial Services

Tier III - Billing & Financial Services

- ❖ Tuition billing and collection
- ❖ Subsidy billing and collection - CCCAP
- ❖ Financial reporting tailored to each center's needs

All billing & financial services require use of Alliance CORE

Contact Info

- Judy Williams, ELV Director
- jwilliams@earlylearningventures.org
- 303-789-2664 x225

IMPROVING THE HEALTH AND WELL-BEING OF COLORADO'S MOST VULNERABLE CHILDREN & FAMILIES



OVERVIEW

For 15 years Invest in Kids has been committed to improving the health and well-being of vulnerable young children and families throughout Colorado. We bring research-based, proven programs into communities across the state, focusing our efforts on meeting the specific needs of children in low-income families. We partner with community leaders, care providers, and donors to ensure every child in Colorado has the opportunity to thrive. What makes Invest in Kids unique is our approach to finding, delivering and measuring the effectiveness of the programs we provide. Only those able to demonstrate the highest level of proven outcomes and a promise of significant impact become Invest in Kids programs. This approach has been studied and proven effective by University of Denver Researchers and has been recognized by the Substance Abuse Mental Health Services Administration SAMHSA, Center for High Impact Philanthropy, Social Impact Exchange, and other independent review agencies.

UNDERSTANDING THE PROBLEM

Across our state, in every community, there are children who never get the chance to reach their potential. Without help, many of these children will receive inadequate prenatal care, lack preparation for school, or will experience abuse and neglect – all threatening their health and well-being and that of their families, and ultimately, our communities. According to recent data in Kids Count in Colorado 2013, the age group most likely to be living in poverty is children. The American Journal of Pediatrics and many others have documented the connection between poverty and a higher likelihood of experiencing toxic stress and related mental health issues. The Colorado Health Foundation gave Colorado a C grade of in the areas of “Healthy Beginnings” and “Healthy Children” in its 2014 Report Card, which looked at child poverty and other child health and risk indicators. According to the American Medical Association, for the first time in history the top five disabilities facing children in the U.S. are mental health problems rather than physical ones. Adults with mental, behavioral, or development problems as children lost more schooling, had fewer educational opportunities, and worked an average of seven fewer weeks per year translating to a 37% decline in family income.

A UNIQUE APPROACH

We function as a bridge between program developers and communities, between research and practice. We act as advocates, collaborators, facilitators, and ongoing guardians of program sustainability and success. We take this responsibility very seriously. Communities across Colorado have come to know us for our commitment to positive outcomes and our diligence in delivering results. We accomplish this by:

- ✓ Identifying research-based, proven programs with methodologies for success
- ✓ Introducing them to Colorado communities and constituencies to determine potential for impact
- ✓ Implementing programs through agency partnership and community collaboration
- ✓ Ensuring their ongoing success through measurement of results



PROGRAMS



First-time, low-income mothers face many challenges, both during their pregnancies and after the birth of their first child. Nurse-Family Partnership is a home visitation program designed to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children through weekly or bi-weekly nurse visits. Starting early in the pregnancy, and continuing until the child's second birthday, the program produces improved pregnancy outcomes, better child health and development, and more economic self-sufficiency for program participants. Invest in Kids selected Nurse-Family Partnership as our first program because of its life-changing impact for mothers and babies, demonstrated through long-term, rigorous scientific research.

OUTCOMES

- ✓ 17,000+ families served in Colorado since 2000
- ✓ 49% reduction in domestic violence during pregnancy
- ✓ 90% of babies were born full-term
- ✓ 90% of children received immunizations by 24 mo.
- ✓ 91% breast feeding rate at birth
- ✓ 30% reduction in alcohol use during pregnancy

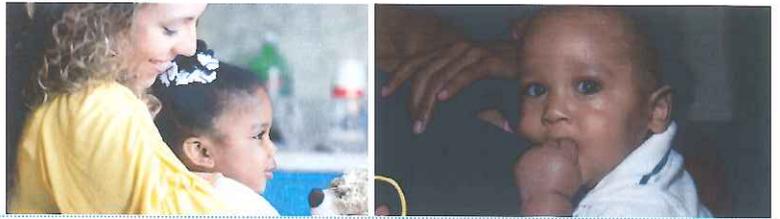


Many children and parents do not have the social and emotional skills necessary to succeed in life's challenging situations. Low-income children are particularly at risk for emotional and psychological problems from a very young age. The Incredible Years is designed specifically for children in the classroom. With the help of child-size puppets, children learn to get along with others, solve problems, control anger and express feelings. The program also provides parents with weekly, facilitated discussion groups where they learn to increase nurturing parenting skills while decreasing their children's oppositional behaviors.

OUTCOMES

- ✓ 7,500 children, and 400+ parents served annually
- ✓ 91% significant reductions in conduct problems
- ✓ 73% significant reductions in negative behaviors at home
- ✓ 69% of children showing poor social skills at program beginning, demonstrated normal skills at year end
- ✓ 80% of children continued to show improved conduct one year after program end





MEMPHIS TRIAL OUTCOMES: REDUCTIONS IN MATERNAL AND CHILD MORTALITY

NURSE-FAMILY PARTNERSHIP IS THE FIRST EARLY INTERVENTION TO FIND REDUCTIONS IN MATERNAL AND CHILD MORTALITY

Nurse-Family Partnership® (NFP) is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first children. Built upon the pioneering work of David Olds, Ph.D., Nurse-Family Partnership's model is based on over 37 years of evidence from randomized, controlled trials that prove it works to improve maternal and child health.

Beginning in 1990, the second randomized, controlled trial was conducted in Memphis, Tenn. to study the effects of Nurse-Family Partnership on low-income, primarily African-American mothers living in disadvantaged, urban neighborhoods.

In July of 2014, JAMA Pediatrics published a study that found for participants in Nurse-Family Partnership there were lower rates of preventable causes of death among children and all causes of death among mothers.

"Death among mothers and children in these age ranges in the United States general population is rare, but of enormous consequence. The high rates of death in the control group reflect the toxic conditions faced by too many low-income parents and children in our society. The lower mortality rate found among nurse-visited mothers and children likely reflect the nurses' support of mothers' basic human drives to protect their children and themselves."

DAVID OLDS, Ph.D.
Program Founder, Nurse-Family
Partnership

MEMPHIS TRIAL



TRIAL BEGAN: 1990
MORTALITY STUDY FOLLOW-UP: 1990-2011
POPULATION: LOW-INCOME AFRICAN-AMERICAN
ENVIRONMENT: DISADVANTAGED, URBAN AREA

MEMPHIS TRIAL - MORTALITY OUTCOMES

Reductions in Child Mortality

- Among Nurse-Family Partnership participants, there were lower rates of preventable child mortality from birth until age 20.
- 1.6% of the children not receiving nurse-home visits died from preventable causes – including sudden infant death syndrome, unintentional injuries and homicide – while none of the nurse-visited children died from these causes.

Reductions in Maternal Mortality

- Mothers who did not receive nurse-home visits were nearly 3 times more likely to die from all causes of death than nurse-visited mothers (3.7% versus 1.3%).
- Mothers that did not receive nurse-home visits were 8 times more likely to die from external causes – including unintentional injuries, suicide, drug overdose and homicide – than nurse-visited mothers (1.7% versus 0.2%).

Olds, D.L., Kitzman, H., Knudtson, M.D., Anson, E., Smith, J.A., & Cole, R. (2014) Effect of home visiting by nurses on maternal and child mortality: results of a two-decade follow-up of a randomized, clinical trial. JAMA Pediatrics.

SIGNIFICANCE OF MORTALITY STUDY

This is the first study of NFP to show significant findings of reductions in maternal and child mortality based upon a randomized, clinical trial with over two decades of follow-up. The evidence of this effect will be further strengthened when replicated in future studies.

In addition, unlike many other outcomes, death is an outcome of unequivocal importance. The study uses the gold standard measure of death – the National Death Index – which records all deaths in the U.S.

This mortality study provides findings that are consistent with previous evidence that Nurse-Family Partnership is effective at meeting its goals of improving maternal and child health as shown by outcomes of the Memphis randomized, clinical trial.

MEMPHIS TRIAL – OTHER OUTCOMES FROM EARLIER STUDIES

Earlier follow-up studies of the Memphis trial showed Nurse-Family Partnership showed better outcomes for maternal health including:

- Better prenatal health and behavior;
- Decreased use of welfare, Medicaid and food stamps;
- Fewer behavioral impairments due to substance use; and
- Fewer parenting attitudes that predispose them to abuse their children.

In addition, earlier follow-up studies of the Memphis trial showed that nurse-visited children had better outcomes in child health including the children were:

- Less likely to be hospitalized with injuries through age 2;
- Less likely to have behavioral problems at school entry; and
- Less likely to reveal depression, anxiety and substance use at age 12.

TOP TIER EVIDENCE

The Coalition for Evidence-Based Policy – a nonprofit, nonpartisan organization – has identified Nurse-Family Partnership as the only prenatal or early childhood program that meets its “Top Tier” evidence standard, which is used by the U.S. Congress and the executive branch to distinguish research-proven programs.



1900 Grant Street, Suite 400
Denver, Colorado 80203-4304
www.nursefamilypartnership.org
866.864.5226

Family, Friend, and Neighbor Care in Colorado

Presented to the
Early Childhood School Readiness Legislative Commission

Richard Garcia, Colorado Statewide Parent Coalition
Jildi Gentry, Morgan County Early Childhood Council
on behalf of the
FFN Learning Community

July 14, 2014

1

FFN Caregivers in Delta & Pueblo Counties



*Photos taken at School Readiness for All
Community Conversations in Delta and Pueblo

2

FFN Provider and Children



*Photos taken in a PASO FFN care setting and Clayton Play and Learn

3

Colorado FFN Learning Community

Our Mission:

We are a collective voice ensuring children in Family, Friend, and Neighbor care are thriving.

Our Goals:

- **To learn what works and make it happen.**
 - Collect data, conduct pilots, identify and disseminate effective strategies for supporting children's school readiness in FFN care.
- **To reach out and engage the community.**
 - Identify FFN providers, engage in marketing and communication activities.
- **To serve as a hub for the FFN community.**
 - Source for resources and TA, with centralized location.

4

What Is FFN Care?

Family, Friend and Neighbor Care refers to care of children provided by the network of relatives, friends and neighbors of parents who may be working or in other activities. These “informal” or unlicensed caregivers play a large and important role in the lives of young children in Colorado and should be supported to ensure children receive safe and enriching experiences while in their care.

5

Children in FFN Care Settings



*Photos taken in a PASO FFN care setting and Clayton Play and Learn

6

FFN Caregivers from the Somali Bantu Community in Metro Denver



*Photo taken at School Readiness for All Community Conversation with Somali Bantu community in Denver

7

School Readiness for All Report

- March 2013: Report completed that provided an overview of FFN in Colorado.
- 8 community focus groups in Delta, Pueblo, Cortez, Yuma, Weld, Arapahoe and Denver Counties.
- Initial snapshot of the FFN landscape in Colorado based on an intentional effort to uncover, talk to, and understand the caregivers whose work often goes unacknowledged in national, state, and local discussions about quality in child care.

8

FFN Caregivers from Arapahoe County



*Photo taken at School Readiness for All
Community Conversation in Aurora

9

What Do We Know?

- FFN care is universal.
- FFN providers are a crucial part of the early childhood support system.
- FFN care takes many shapes and forms.
- FFN providers are diverse.
- Opportunities for training and support are critical for FFN providers.

10

Children in FFN Care Before Training



*Photo taken in a PASO FFN care setting

11

Children in FFN Care After Training



*Photo taken in a PASO FFN care setting

12

Colorado FFN By The Numbers

- Approximately 411,000 children in CO are under the age 6, 63% of these children live in homes where all available primary caregivers work.*
- Licensed child care has capacity for only 44% of this population, many of those children are not in child care full time.*
- **57% of the children under 6 with all eligible adults working are not in licensed settings and are most likely in FFN care settings.***
 - In addition, children who spend some time in licensed care are also in FFN settings part of the day.

* Colorado Children's Campaign. (2014) KIDS COUNT in Colorado!

13

Why FFN Matters to Colorado

- The state of Colorado has one of the widest achievement gaps in the nation*
 - One of our best strategies for closing an opportunity gap is to invest early
 - We need to meet children and caregivers where they are
 - Investment in FFN care is often missing in public policy, funding, and support, **even though that is where most children receive care.**

* 2014 National Assessment of Educational Progress 4th grade reading- 80% of low income 4th graders are below proficient compared to only 45% of higher income

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Important Things to Remember About FFN Care

- Turning FFN providers into formal or licensed child care providers is not necessary.
- **Informal care ≠ inadequate care.**
- Most of us are or have been FFN providers.
- Supporting FFN providers ensures a comprehensive approach to giving children the best start in life.

15

Examples of FFN Caregiver Trainings



Photos taken at a PASO training session and Clayton Play & Learn

16

Here Is What You Can Do!

- Across the work in early childhood, we must avoid being unintentionally exclusive of FFN and need to be intentionally inclusive of all caregivers.
- Create a mechanism to provide opportunities and services to Family, Friend, and Neighbor care providers.
- Provide equity in access to early learning opportunities and resources centering on child development and positive outcomes for all children.

17

Additional Recommendations

- Implement a communications and outreach campaign for FFN caregivers to ensure that they are familiar with available resources and services including public, nonprofit and private funds that may support their work.
- Ensure that all outreach to FFN providers is culturally responsive to the differences within the FFN community.

18

FFN Success



*Photos taken at Clayton Play and Learn

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Thank You!



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Mother's Education and Children's Outcomes: How Dual-Generation Programs Offer Increased Opportunities for America's Families

Donald J. Hernandez, Hunter College and the Graduate Center, City University of New York
Jeffrey S. Napierala, University at Albany, State University of New York

Executive Summary

Policies and programs aimed at increasing educational and economic opportunities typically target either low-income children or their mothers, but not both, which limits their impact in fostering intergenerational mobility. This insight undergirds the development and implementation of dual-generation strategies, which focus simultaneously on both children and mothers to foster long-term learning and economic success for low-income families. The results in this report highlight the need for dual-generation strategies, based on the first-ever analysis of 13 economic, education, and health indicators for children whose mothers have not graduated from high school, compared to children whose mothers have higher levels of education.

The enormous disparities in well-being identified here point toward the value and need for comprehensive dual-generation strategies that offer high-quality PreK-3rd education for children, effective job training for parents that leads directly to well-paid work, and additional public services—such as health, nutrition, food, and housing—which enable low-income families to overcome barriers to success. There already exist a wide range of policies and programs that could be coordinated and integrated to create dual-generation strategies. But a major step forward will require more flexible, integrated, and supportive federal, state, and local policy structures.

One in every eight children in the U.S. (12 percent) lives with a mother who has not graduated from high school. These children experience especially large disparities compared to children whose mothers have a bachelor degree. Key findings include the following:

Family Economic Resources

Disparities separating children whose

(1) mothers had not graduated from high school, compared to those whose

(2) mothers had a bachelor degree were, respectively:

- 53 vs. 4 percent for the official federal poverty rate
- 84 vs. 13 percent for the low-income rate (that is, family income below twice the official federal poverty threshold)
- \$25,000 vs. \$106,500 for median family income
- 48 vs. 11 percent for the rate of not having a securely employed parent in the home (that is, not having a parent who works full-time year-around)

Reading and Mathematics Proficiency

Disparities separating children whose

(1) parents had not graduated from high school, compared to those whose

(2) parents had a bachelor degree were, respectively:

- 16 vs. 49 percent for reading proficiently (at grade level) in Eighth Grade
- 16 vs. 52 percent for proficiency in mathematics (at grade level) in Eighth Grade

School Enrollment and Completion

Disparities separating children whose

(1) mothers had not graduated from high school, compared to those whose

(2) mothers had a bachelor degree were, respectively:

- 63 vs. 36 percent for not being enrolled in PreKindergarten at ages 3-4
- 40 vs. 2 percent for not graduating from high school on time (by age 19)

Health

Disparities separating children whose

(1) mothers had not graduated from high school, compared to those whose

(2) mothers had a bachelor degree were, respectively:

- 9.0 vs. 6.8 percent for low birthweight
- 8.2 vs. 3.9 deaths to children under age 1 per 1,000 live births
- 27 vs. 13 percent for obesity
- 29 vs. 8 percent for not in excellent or very good health
- 16 vs. 4 percent for not covered by health insurance

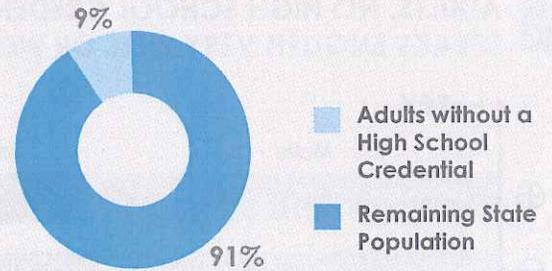
Following the presentation of detailed statistics for the nation and for individual states, the report identifies opportunities for federal, state, and local governments to take the lead or to collaborate with others to develop and implement dual-generation strategies for low-education, low-income families that could lead to improved academic and life outcomes for children, greater employment opportunities for mothers, and higher incomes for families who currently have the fewest resources and greatest needs.

Tapping the Potential COLORADO

Profile of Adult Education Target Population

TOTAL STATE POPULATION
5,045,562

437,668 adults or **9%** of the total state population are adults without a high school credential.

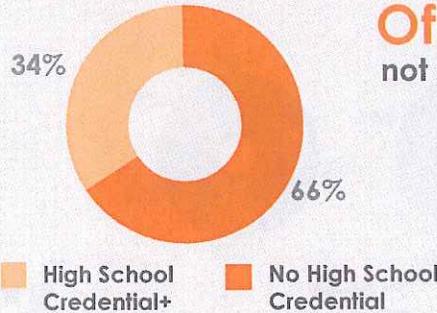


157,455 adults or **3%** of the total state population are adults who do not speak English well or at all.

Of those 3% who do not speak English well or at all:

34% had a high school credential or more.

66% had no high school credential.



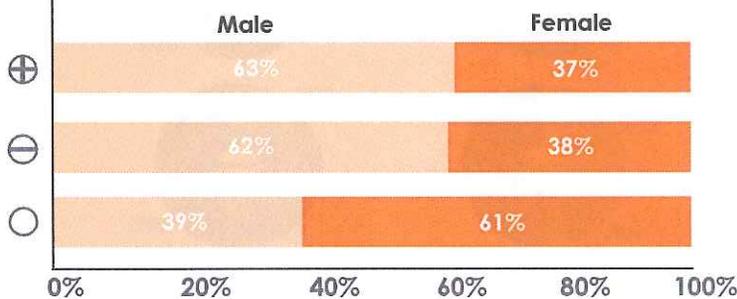
Investments in Adult Education

	2009	2010
Federal	\$6,156,797	\$6,909,220
State	\$3,101,363	\$3,007,850
Total	\$9,258,160	\$9,917,070

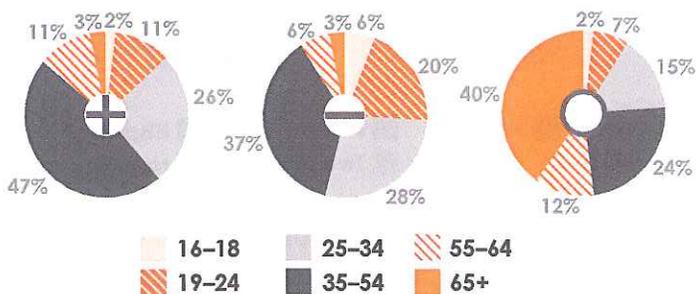
EMPLOYMENT STATUS ⊕ Employed ⊖ Unemployed ○ Not in Labor Force

ADULTS, NO HIGH SCHOOL CREDENTIAL ADULT TARGET POPULATION

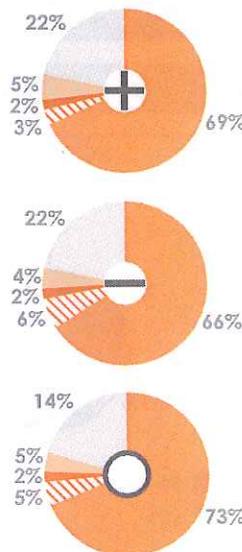
by SEX



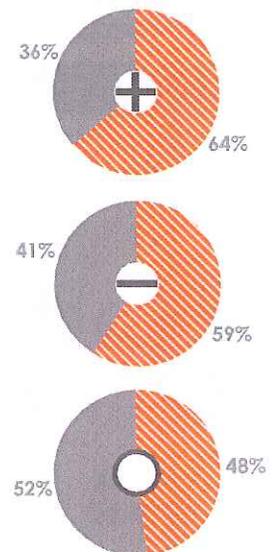
by AGE



by RACE



by ETHNICITY



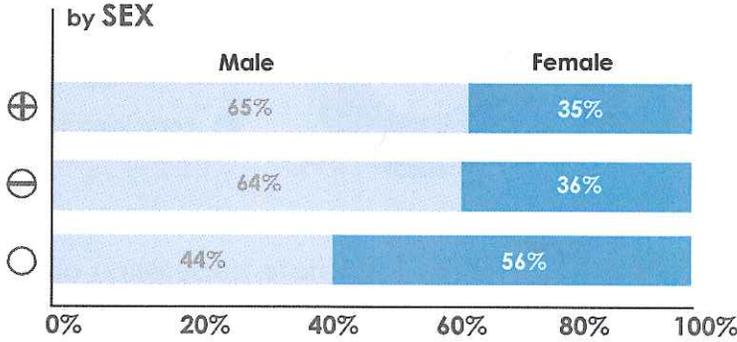
White Black Native American Asian Two or more Hispanic Non-Hispanic

COLORADO

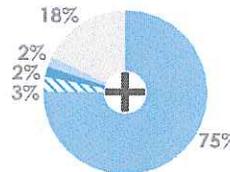
Profile of Adult Education Target Population Continued

ADULTS, NO HIGH SCHOOL CREDENTIAL SPEAKS ENGLISH VERY WELL OR WELL

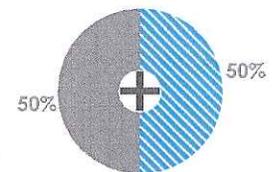
⊕ Employed ⊖ Unemployed ○ Not in Labor Force



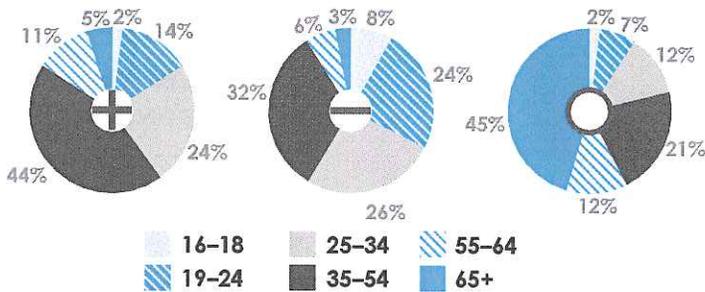
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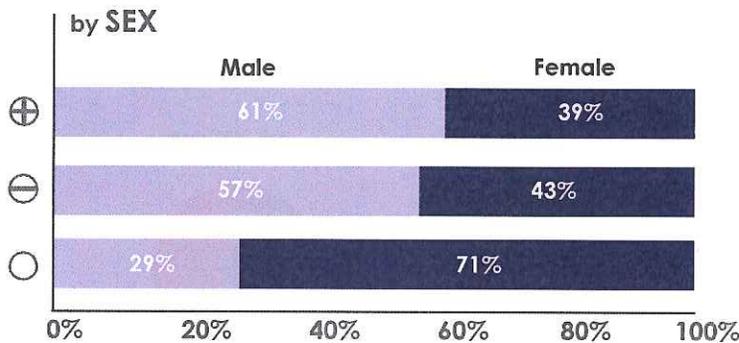


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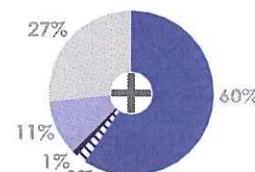


White Native American Asian Hispanic
Black Two or more Non-Hispanic

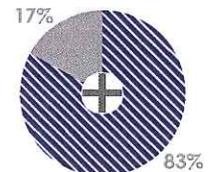
SPEAKS ENGLISH NOT WELL OR NOT AT ALL



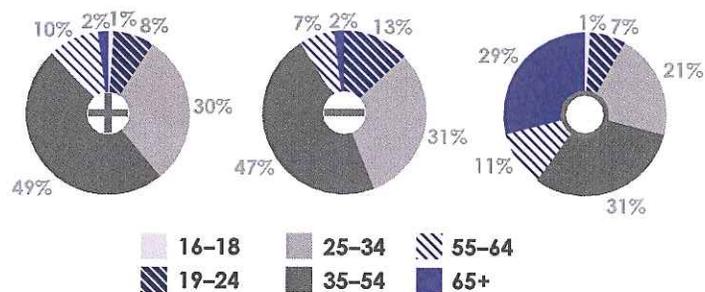
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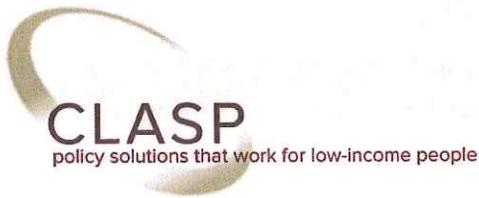


by AGE



White Native American Asian Hispanic
Black Two or more Non-Hispanic

NOTE: Detail may not sum to 100% because of rounding. Profile produced under U.S. Department of Education Contract No. GS-10F-0112J/ED-VAE-10-O-0107 with the American Institutes for Research. Population estimates calculated from American Community Survey 2009-11, U.S. Census Bureau. Funding estimates drawn from National Reporting System, Office of Vocational and Adult Education, U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, service, or enterprise mentioned in this publication is intended, and should be informed by the user.



Thriving Children, Successful Parents: A Two-Generation Approach to Policy

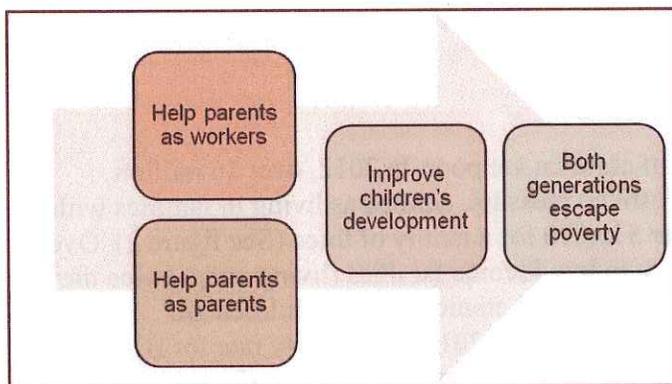
July 9, 2014

By Stephanie Schmit, Hannah Matthews, and Olivia Golden

A two-generation approach to public policies brings together worlds that are often separated (focusing only on children or only on parents) to modify or create new policies that focus on the needs of parents and children together. Two-generation policies reflect strong research findings that the well-being of parents is a crucial ingredient in children’s social-emotional, physical, and economic well-being.¹ And at the same time, parents’ ability to succeed in school and the workplace is substantially affected by how well their children are doing.

Two-generation programs and policies are not a new idea. One of the most commonly known two-generation programs, Head Start, was created nearly 50 years ago with the idea of supporting the developmental needs of children while also supporting their parents’ ability to parent and to improve their livelihood. Recently, there has been considerable attention to encouraging, supporting, testing, and disseminating local two-generation programs that align services for parents and children.² However, there has been much less attention to the focus of this paper: an examination of major federal and state policy areas to identify opportunities for large-scale change that better support families as a whole and provide a more conducive environment for local programs to do their work with families. This paper has two goals: (1) To give policy experts in individual program areas a sense of what it could mean to think two-generationally and why it matters and (2) to look at the opportunities for large scale policy changes that go beyond innovative local programs.

Figure 1: A Two Generation Pathway



Despite the strong evidence that both generations benefit when their needs are considered together, neither the economic circumstances of poor families nor the characteristics of low-wage work support this connection between child and adult well-being. More often, the conditions that low-income families live under may in fact do just the opposite. The nature of employment among the working poor can make it difficult to raise children, creating great hurdles for parents who are trying to better their lives and their children’s.³

Current federal and state policies also do not adequately support two-generation approaches. Exclusively “child-focused” programs and policies may focus on improving child outcomes, such as child health or nutrition or boosting school readiness, without regard to supporting parent’s economic success or capacity as parents. For example, many state pre-kindergarten programs operate for as little as three hours a day. This makes it difficult for parents working in low-wage jobs with little flexibility to make use of them.⁴ Likewise, “adult-focused” programs and policies, such as workforce development programs and post-secondary education, may aim to increase economic success but may not take into account adults’ role as parents, and their children’s competing

needs that may run contrary to participation in a particular program or course of study, due to its hours. Even programs that are explicitly targeted to parents, such as cash assistance under Temporary Assistance for Needy Families (TANF), often fail to accommodate parental responsibilities beyond wage earning, and the needs of children.

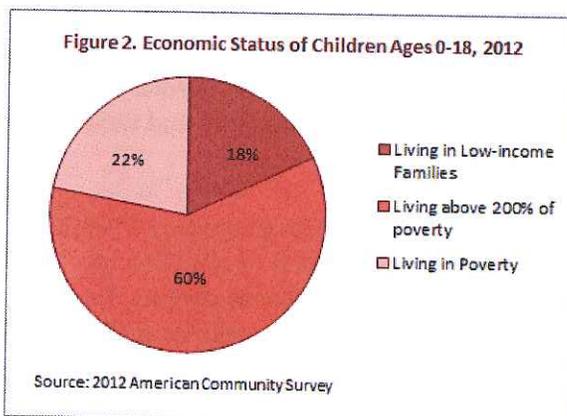
Even when policies are intended to meet the needs of both generations, there is often room for improvement. Child care assistance – inherently a two-generation program that supports low-income parents’ access to work and low-income children’s access to child care and early education— is often implemented with overly complex and burdensome policies that simultaneously make it difficult for parents to get help and less possible for children to have continuous access to stable child care that supports their development.

Local innovation is taking place across the country identifying and encouraging effective two-generational programs. Most often, these programs combine workforce development and early childhood education, along with other family services.⁵ For example, *CareerAdvance* in Tulsa, Oklahoma is a two-generation program providing training and support for parents leading to a degree in the health field. While focusing on skills that will lead to family-supporting jobs, the program also offers support in balancing child care and transportation.⁶ The *CareerAdvance* program links Head Start with intensive parental support. This includes education and training to help parents build careers in nursing or other related health care fields, with the added support of life coaches and financial bonuses.

Many at-risk, low-income children and families could tremendously benefit from two-generation policies that would better meet their needs. Fortunately, opportunities exist to amplify and move forward with a two-generation approach to policy.

The Current Status of Children and Families

Children are the poorest Americans.⁷ Almost 22 percent of children are poor. In 2012, over 16 million children in the U.S. were living in poverty according to the official measure, defined as living in families with



income under \$19,090 for a family of three (See figure 2). Over 40 percent live in low-income families (living under twice the poverty line). Racial and ethnic minority children are disproportionately poor. In 2012, the poverty rate for Black children (37.5 percent) and Hispanic children (33 percent) was higher than that of non-Hispanic White Children (12 percent). Among those in poverty, the largest group of children is Hispanic (5.8 million), followed by non-Hispanic White children (4.5 million) and Black children (4.1 million).

Among all children, the youngest are most likely to be poor. The prevalence of poverty is highest during the earliest, most formative years of children’s lives--with potentially lasting

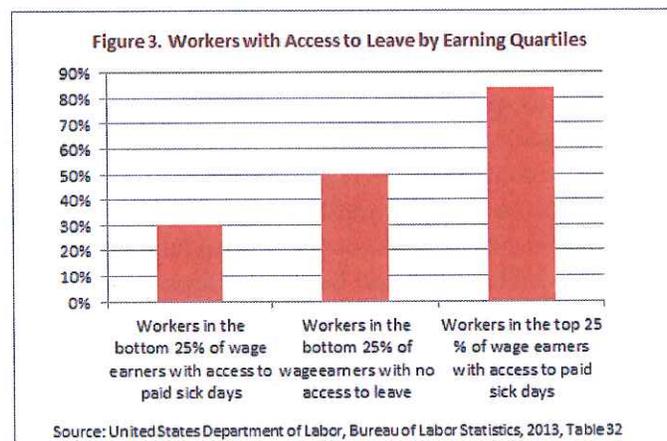
consequences for education, health, and other key outcomes.⁸ Research shows poverty is a strong predictor of children's success in school and adult employment and earnings. Children growing up in poverty experience poorer health, higher incidence of developmental delays and learning disabilities, and more hunger compared to their peers. And the longer children live in poverty, the worse their adult outcomes.⁹

Many poor children live with working parents. More than two-thirds of poor children live in families with at least one worker. Over 30 percent of poor children—and more than half of low-income children—live in families with at least one worker employed full-time year round. Among Hispanic children, the largest single group of poor children, only about one-quarter live in families with no worker and more than one-third are in families with at least one full-time, full-year worker. Many poor and low-income children have parents who work hard but for very little pay.¹⁰

Children in single-mother households are at greatest risk of poverty, even when their mothers work.¹¹ Even among children with single mothers who work full-time year round, nearly 20 percent are poor. And the official poverty rate does not account for the cost of child care. Poor families paying for child care spend an estimated 30 percent of their income on child care, compared to 8 percent for families above poverty.¹² More than half of mothers who have very young children and work in low-wage jobs are raising children on their own; half are working full-time; and over one-third are poor.¹³

The conditions of low-wage work contribute to families' difficulty making ends meet and interfere with parenting. Low-wage work is harmful to both generations--parents and children. It is not only low wages that pose challenges for parenting and children's development, but also the characteristics of low-quality jobs, such as volatile scheduling and lack of paid leave,¹⁴ that are frequently found in low-wage work. Moreover, job growth since the recession has been concentrated in sectors characterized by low-quality jobs, creating major burdens for working families.¹⁵

Volatile and non-standard schedules, increasingly the new normal for low-wage workers, are particularly problematic for parents. Workers experience scheduling challenges that include unpredictable hours, lack of advance notification of schedules, and fluctuations in quantity and scheduling of hours. Workers with non-standard schedules have hours that fall outside typical daytime and weekday shifts.¹⁶ These job schedules make it difficult for working parents to secure stable child care, hold second jobs (often needed to make ends meet in low-wage jobs), and take classes or training necessary to find better paying work.¹⁷ In addition to the effects of volatile schedules on families' economic security, stress associated with these practices may have a negative impact on children's development.¹⁸



Lack of access to paid leave, including sick days and family and medical leave, poses particular challenges for children's health and early development and for parents' capacity to balance parenting with stable work and

economic security. Since no federal law provides private sector workers with paid leave, employers determine whether or not employees will have access to such leave. About 40 percent of low-income parents have no access to any paid time off (no sick days or medical leave, no parental leave, no vacation), making it difficult to care for their own health issues, new babies, or sick children.¹⁹ Without leave, parents risk losing wages or jobs. In fact, one in seven low-wage workers (and one in five low-wage working mothers) report losing a job in the past four years because they were sick or needed to care for a family member.²⁰

When considering just paid sick days, 61 percent of private sector workers have access to paid sick days. But only 30 percent of low-wage workers (those in the bottom 25 percent of average wages) have access to paid sick days, compared to 84 percent of the top quartile of wage earners (See Figure 3).²¹ As a result, parents are often forced to miss appointments that are critical to their own and their children's preventive health care, such as well doctor visits and immunizations.²²

And finally, when looking just at paid family leave, only 12 percent of all private sector workers and a mere 5 percent of low-wage workers have access to this important type of leave used when caring for a newborn or a sick relative.²³ All forms of paid leave have a range of implications for child health and well-being. When parents have access to leave, their children have lower mortality rates and higher birth weights. Parents with leave are better able to care for children with special health care needs and breastfeed for longer. Furthermore, a growing body of evidence shows that children's cognitive and social development may be enhanced when parents have paid leave.²⁴

Why A Two-Generation Approach?

Parent and child well-being are inextricably linked. Parents are crucial to children's healthy development and to families' ability to move out of poverty. The first few years of a child's life are critically important to ensure their healthy development²⁵ and to ensure this, children need stability, coupled with responsive, nurturing relationships.²⁶ As such, parenting deeply affects children's development. Parental stress, health and mental health, as well as, parental education affect parenting. Growing up in poverty can lead to negative consequences throughout a child's entire life. One reason for the lifetime consequences is straightforward: poor and low-income children may miss out on basics like nutritious food and stable housing. Researchers have also long known that parents' stress—compounded by untreated health and mental health challenges—can hinder children's early learning and development.²⁷ In addition to the stresses caused by not being able to cover their bills and meet their families' basic needs, the nature of low-wage jobs can compound family stress because of irregular work schedules and the lack of basic benefits like health insurance and paid leave when a parent or child is ill.²⁸ Moreover, because poor and low-income families often lack meaningful savings, any minor setback—from a traffic ticket to illness—can quickly spiral into a crisis.

Children can also affect parents' ability to succeed. When children are ill,

Because parents' outcomes and children's outcomes, positive and negative, are so tightly linked, developing two-generational policies is imperative, not optional.

having difficulties at school that require parent meetings, or are experiencing other problems, parents who lack paid leave may be forced to compromise their attendance, stability, and success at work. Without paid family leave, low-wage workers who are new parents are often forced to return to work right away in order to make ends meet. Many times this means cobbling together unstable child care arrangements, putting infants' health and development at risk. Without paid medical leave, children with serious illness are too often in hospitals without their parents at their bedside: this increases the time it takes for children to heal and increases the stress on parents who might be fired if they take off work to care for their children. Without sick days, a parent can lose wages or a job when child care calls for the child to be taken home.

Policies to address the needs of low-income children and low-wage workers typically operate independently and fail to consider the importance of addressing both economic and child well-being. Because parents' outcomes and children's outcomes, positive and negative, are so tightly linked, developing two-generational policies is imperative, not optional.

Policies and programs that are designed to meet the needs of adults or children often reside within different departments or agencies in government and employ service workers with differing sets of skills, unique to the populations they serve. The result is that neither the "adult" program nor the "child" program may understand the complexities and needs of the whole family in which the individual resides. Even when individual caseworkers or program managers have the two-generational perspective, they may be constrained in what they can do by funding restrictions, narrow measures of program performance, or excessive caseloads.

Opportunities and Next Steps in a Two Generation Policy Agenda

Federal and state policymakers, program leaders and advocates have many opportunities to take steps toward a two-generation policy agenda. Below are just a few examples:

Pair education and training pathways with child care and early education. Many of the innovative two-generation programs across the country have focused their efforts on this pairing. But high-quality individual programs often run into barriers driven by funding and policy challenges at the federal or state level. For example, the inability to use federal post-secondary financial aid for shorter-term credential programs thwarts the development of innovative programs that could combine short-term training for parents of young children with early childhood education. While federal Workforce Investment Act funds can pay for this type of training, the funding is so limited that few people in need of training are ever served. So, identifying opportunities for better policy choices that would make it easier to pair education and training pathways with early education would help both parents and children. This would require rethinking program design throughout many policy areas, including TANF, workforce development, higher education, child care, and Head Start. Changing federal student financial aid programs to better take into account the financial needs of students who are parents is one example.

Expand early childhood home visiting programs through state and federal investments, and seize other opportunities to help parents and young children in their very vulnerable early years. Home visiting programs offer a variety of voluntary, family-focused services to expectant parents and families with new babies and young children in the families' home. They help parents develop strong parenting skills that focus on

improving children's health and development, which can lead to fewer children in the social welfare, mental health, and juvenile corrections systems. Many home visiting programs have a two-generation approach, focusing on the parenting skills and needs of parents while providing child development activities, although this varies tremendously depending upon the model used. Take advantage of the opportunities to use TANF to provide two-generational services and to exempt parents of infants from narrow participation requirements.

Improve child care policies for both children and parents. Continuity and stability of child care can improve children's early education as well as adults' work stability. The design of child care subsidy policies can either support this continuity and stability of care – thus supporting parents' ability to work while providing children continuous access to child care settings – or get in the way. When states choose less burdensome eligibility and redetermination policies and processes, including annual redetermination with limited interim reporting, they can support both parents' employment and children's care. For example, while not a requirement of federal law, policies in some states require parents to show documentation of work schedules to determine eligibility for child care assistance or require them to report any small changes in income or work in order to retain eligibility. If parents' schedule or income is in constant flux due to erratic work schedules beyond their control, they risk losing child care – so removing work schedule verification requirements and allowing for broader authorizations can make child care assistance more usable for parents.²⁹ Linking child care enrollment policies with those of other public benefits can also reduce the burden on parents to get and keep subsidies.

Improving these policies and processes goes beyond just helping parents retain a benefit. Creating a smoother system for parents in turn supports employment and access to care. But it's also possible to make low-income parents' lives less stressful, increasing their capacity for parenting. For example, allowing families to apply online for assistance versus requiring families to apply in-person, often with young children in tow, may improve the quality of life for both adult and child.

In addition to improving access to child care assistance, changes in policy can improve child care quality in ways that benefit both children and their parents. Policies that promote the integration of comprehensive services like family support, linkages to basic needs, preventive health strategies, and developmental screening into child care and early education settings can help engage parents more effectively in their children's development while connecting adults to needed resources and opportunities and improving outcomes for children. At the state level, these policies can take the form of licensing and quality standards, funding partnerships, or requirements linked to subsidy policies.³⁰

Improve labor policies for low-income workers. Improving labor policies enhances parents' stability at work and children's wellbeing. For many low-wage workers, volatile and nonstandard schedules make parenting and juggling child care very challenging. When children are ill and parents are unable to attend to their needs for fear of losing wages or even their job, children's health and parents' work performance suffers. Improving job scheduling and paid leave policies to better meet the needs of children and families are imperative to families' future success.

A comprehensive package of improvements in labor policies, including an increase in the minimum wage, advance notice of job schedules, the right to request and receive flexible and predictable job schedules, minimum hours, paid family and medical leave, and paid sick days would support low-income workers in their

role as parents. Enforcement of existing labor protections, such as overtime, wage-theft, family and medical leave act, and minimum wage laws, is also crucial to ensuring working parents success in their jobs and at home.

Expand access to health care and mental health treatment. Physical and mental health are critical components of parents' ability to participate in the labor force and effectively raise their children and of children's ability to appropriately grow and develop. Despite big improvements in children's health coverage, the health coverage of parents is equally as important, but hasn't been focused on as much. The key to children's healthy development is having parents who are physically and mentally capable of providing a stable, nurturing environment. Mental illness affects many Americans and disproportionately affects low-income vulnerable families, who typically have less access to treatment even for serious problems. Depression, which is highly treatable, is a prime example of a parental mental illness that affects large numbers of families and poses risks to children's safety and cognitive development when untreated. Depression is widespread among poor and low-income mothers, including mothers of very young children.³¹ While depression is highly treatable,³² many low-income mothers do not receive treatment—even for very severe levels of depression. Strong and consistent evidence indicates that a mother's untreated depression undercuts young children's development, including risks to learning and success in school, and may have lifelong effects.³³

The Affordable Care Act (ACA) offers a game-changing opportunity to address mental health. The ACA tears down major barriers to depression treatment and provides many mothers with health insurance for the first time. The benefit package includes mental health (and substance abuse) treatment, access to primary and preventive care, as well as, prevention screening and quality measures to target depression. There are also important provisions in the ACA that promote integrated care. The provisions that benefit low-income working families will have the largest effect in states that take the Medicaid expansion providing for more mothers and fathers to access care.

Recent changes in the ACA offer the opportunity to design and implement reforms that would increase the number of mothers who receive effective treatment for depression, in turn bolstering children's emotional and social development and learning—helping families across the country rise out of poverty.

Conclusion

Developing two generational policies is not an easy task—it will require working across systems and infusing adult- and child-oriented services and approaches across policy areas. However, great opportunities exist—in child care and early education, in workforce development and community colleges, in the ACA, and in home visiting. Given these important and appealing opportunities, we must get started.

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- ³ Center for Law and Social Policy, Retail Action Project, and Women Employed, *Tackling Unstable and Unpredictable Work Schedules*, Center for Law and Social Policy, 2014, <http://www.clasp.org/resources-and-publications/publication-1/Tackling-Unstable-and-Unpredictable-Work-Schedules-3-7-2014-FINAL-1.pdf>.
- ⁴ Liz Ben-Ishai, Jodie Levin-Epstein, and Hannah Matthews, *Scrambling For Stability: The Challenges of Job Schedule Volatility and Child Care*, Center for Law and Social Policy, 2014, <http://www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat-.pdf>.
- ⁵ Ascend at the Aspen Institute, *Two Generations, One Future: Moving Parents and Children Beyond Poverty*, The Aspen Institute, 2013, <http://www.aspeninstitute.org/sites/default/files/content/docs/ascend/Ascend-Report-022012.pdf>. On a broader scale, a project, lead by Christopher King in partnership with the Foundation for Child Development and the University of Texas, is underway to create and promote the field of "dual-generation" strategies.
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- ⁷ Center for Law and Social Policy, *Child Poverty in the U.S.: What New Census Data Tells Us About Our Youngest Children*, 2013, http://www.clasp.org/resources-and-publications/publication-1/9.18.13-CensusPovertyData_FactSheet.pdf.
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- ¹² William G. Gale, *Who's Minding the Kids*, Urban Institute, 2004, <http://www.urban.org/publications/1000703.html>.
- ¹³ Helen Blank, Karen Schulman, and Lauren Frolich, *Nearly One in Five Working Mothers of Very Young Children Work in Low-Wage Jobs*, National Women's Law Center, 2014, http://www.nwlc.org/sites/default/files/pdfs/mothers_of_young_children_in_low_wage_jobs.pdf.
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- ¹⁷ On challenges accessing child care, see, <http://www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat-.pdf>.
- ¹⁸ Pamela Joshi and Karen Bogen, "Nonstandard Schedules and Young Children's Behavioral Outcomes Among Working Low- Income Families," *Journal of Marriage and Family* 69 (2007).
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- ²⁴ Curtis Skinner and Susan Ochshorn, *Paid Family Leave: Strengthening Families and Our Future*. National Center for Children in Poverty, 2012, http://www.nccp.org/publications/pdf/text_1059.pdf; Center for Law and Social Policy and Breastfeeding Taskforce of Greater Los Angeles. *Paid Family Leave: A Crucial Support for Breastfeeding*, 2013, <http://www.clasp.org/resources-and-publications/files/Breastfeeding-Paid-Leave.pdf>.

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²⁶ Center on the Developing Child, Harvard University, *In Brief: The Impact of Early Adversity on Children's Development*, http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/.

²⁷ Greg J. Duncan and Katherine MaGnuson, *The Long Reach of Early Childhood Poverty*, 2011, http://www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf and Caroline Ratcliffe and Signe-Mary McKernan, *Child Poverty and Its Lasting Consequence*, Urban Institute, 2012, <http://www.urban.org/UploadedPDF/412659-Child-Poverty-and-Its-Lasting-Consequence-Paper.pdf>.

²⁸ Pamela Joshi and Karen Bogen, "Nonstandard Schedules and Young Children's Behavioral Outcomes Among Working Low- Income Families," *Journal of Marriage and Family* 69 (2007); Liz Ben-Ishai, *Access to Paid Leave: An Overlooked Aspect of Economic and Social Inequality*, Center for Law and Social Policy, 2014, http://www.clasp.org/resources-and-publications/publication-1/2014-04-09-Inequities-and-Paid-Leave-Brief_FINAL.pdf.

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Early Childhood and School Readiness Working Groups:

1. Kindergarten and School Readiness – Rep. Wilson

- Paying for full-day kindergarten
- More alignment between early childhood and kindergarten
- Continuing supports for high-needs children from preschool into kindergarten
- Promoting the use of the QRIS to improve quality

2. Early Childhood Funding – Sen. Kefalas

- Tax credits for employers providing child care and/or for child care providers
- Quality incentives for preschools
- Support for Early Childhood Councils
- Tax credits to benefit either real estate developers /housing development /building owners as a way to reduce the rent/mortgage paid by ECE providers

3. Mental and Behavioral Health and Physical Wellness – Rep. McCann

- Increasing childhood immunizations
- Early childhood behavioral issues – decreasing expulsion in early care
- Access to oral health for young children

4. Quality of the Early Childhood Workforce – Sen. Todd

- Increasing compensation for early childhood workers
- Increasing availability of higher education for child care workers
- Increasing support for TEACH scholarships or aligning them with ECEDS (Early Childhood Educator Development Scholarships)

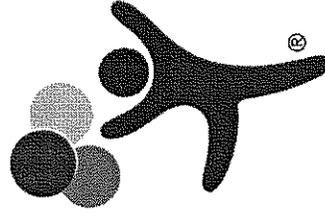
5. Family Support and Parent Education – Sen. Marble

- Increasing availability of quality care for infants and toddlers
- Increasing home visitation programs
- Expanding family leadership training

Integrated early childhood services in primary care settings

Ayelet Talmi, PhD

Early Childhood and
School Readiness
Legislative Commission
July 14, 2014



Children's Hospital Colorado

Affiliated with



University of Colorado
Anschutz Medical Campus
School of Medicine



Children's Hospital Colorado

Why is primary care an important setting for early childhood mental health services?

- 121,000,000 visits (< 15 years old)
- 64,000,000 visits(< 4 years old)
- Type of insurance
 - 60% private insurance
- Routine infant/child well-child check
 - **34,000,000 visits/year***
- Reasons for visit
 - Well-child checks (routine, health supervision)
 - Sick visits (acute)
 - Treatment of chronic conditions

* 11 recommended visits in the first 4 years (7 in the first year)

GOALS

Children have high quality early learning supports and environments and comprehensive health care.

Families have meaningful community and parenting supports.

Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

all children are valued, healthy, and thriving

OUTCOMES

ACCESS OUTCOMES

EARLY LEARNING

- Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
- Increased access to high quality early learning, birth through third grade.

QUALITY OUTCOMES

- Increased number of children meeting developmental milestones to promote school readiness.
- Increased number of programs that are accredited and/or quality rated.
- Increased number of schools that have leadership and educational environments that support young children's success.
- Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.

EQUITY OUTCOMES

- Increased number of children with special needs who receive consistent early learning services and supports.
- Decreased gaps in school readiness and academic achievement between populations of children.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Increased availability and use of high quality social, emotional, and mental health training and support.
- Increased number of supports and nurturing environments that promote children's healthy social and emotional development.

- Increased number of environments, including early learning settings, providing early identification and mental health consultation.
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.

- Increased number of mental health services for children with persistent, serious, challenging behaviors.
- Decreased number of out-of-home placements of children.

HEALTH

- Increased access to preventive oral and medical health care.
- Increased number of children covered by consistent health insurance.

- Increased number of children who receive a Medical Home approach.
- Increased number of children who are fully immunized.
- Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).

- Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
- Increased percentage of women giving birth with timely, appropriate prenatal care.
- Decreased number of underinsured children.

STRATEGIES FOR ACTION

- Develop and support use of early learning standards by families, programs, and professionals.
- Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
- Develop, promote, and support high quality professional development and formal education for early learning practitioners and programs.
- Increase the availability of community resources through screening and on-going assessments.
- Improve financial sustainability and governing efficiency of early learning programs and infrastructure.

- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support family leadership through effective training models that promote family engagement and involvement in their children's lives.
- Provide information to families to facilitate connection to services and supports.

- Promote caregivers' knowledge of the social, emotional, and mental health of young children.
- Provide early childhood professionals with effective practices that promote children's social, emotional, and mental health. Strengthen and support community-based mental health services that identify and serve young children.

- Enroll more children in health insurance programs.
- Promote and support use of standards for a Medical Home approach (including medical, oral, and mental health), as well as other professional services of high quality, coordinated efforts of public and private stakeholders to support health and wellness.

Colorado's

Early Childhood Framework

FOUNDATIONS

Build and Support Partnerships

Fund and Invest

Change Policy

Build Public Engagement

Share Accountability

Generate Education and Leadership Opportunities

Adverse Childhood Experiences Study

(ACES) <http://www.cdc.gov/ace/pyramid.htm>

Abuse

- Emotional Abuse
- Physical Abuse
- Sexual Abuse

Neglect

- Emotional Neglect
- Physical Neglect

Household Dysfunction

- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member



Finding Your ACE Score

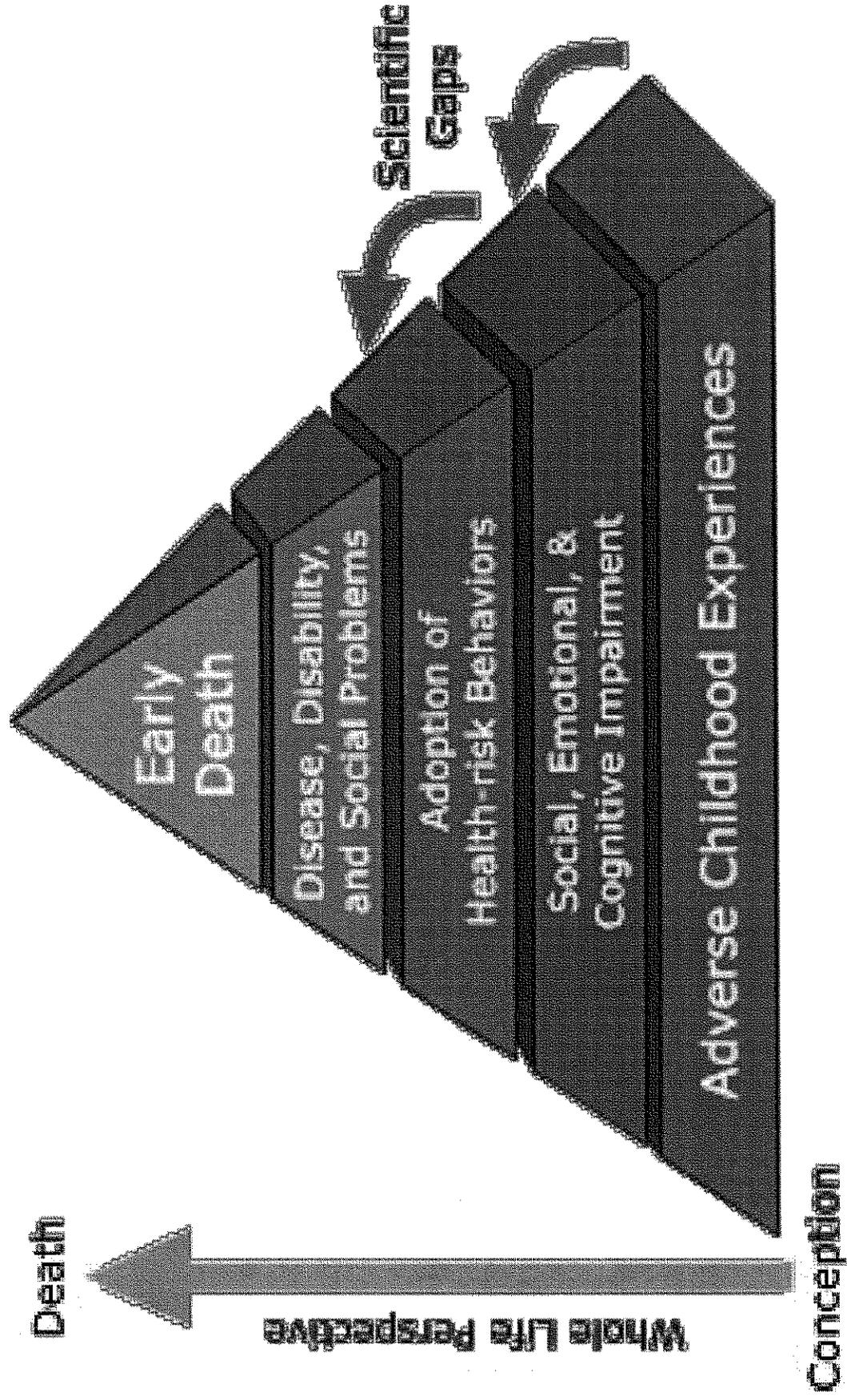
While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No _____
if yes enter 1 _____
2. Did a parent or other adult in the household often or very often ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No _____
if yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever ...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No _____
if yes enter 1 _____
4. Did you often or very often feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No _____
if yes enter 1 _____
5. Did you often or very often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No _____
if yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No _____
if yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No _____
if yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No _____
if yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No _____
if yes enter 1 _____
10. Did a household member go to prison?
Yes No _____
if yes enter 1 _____

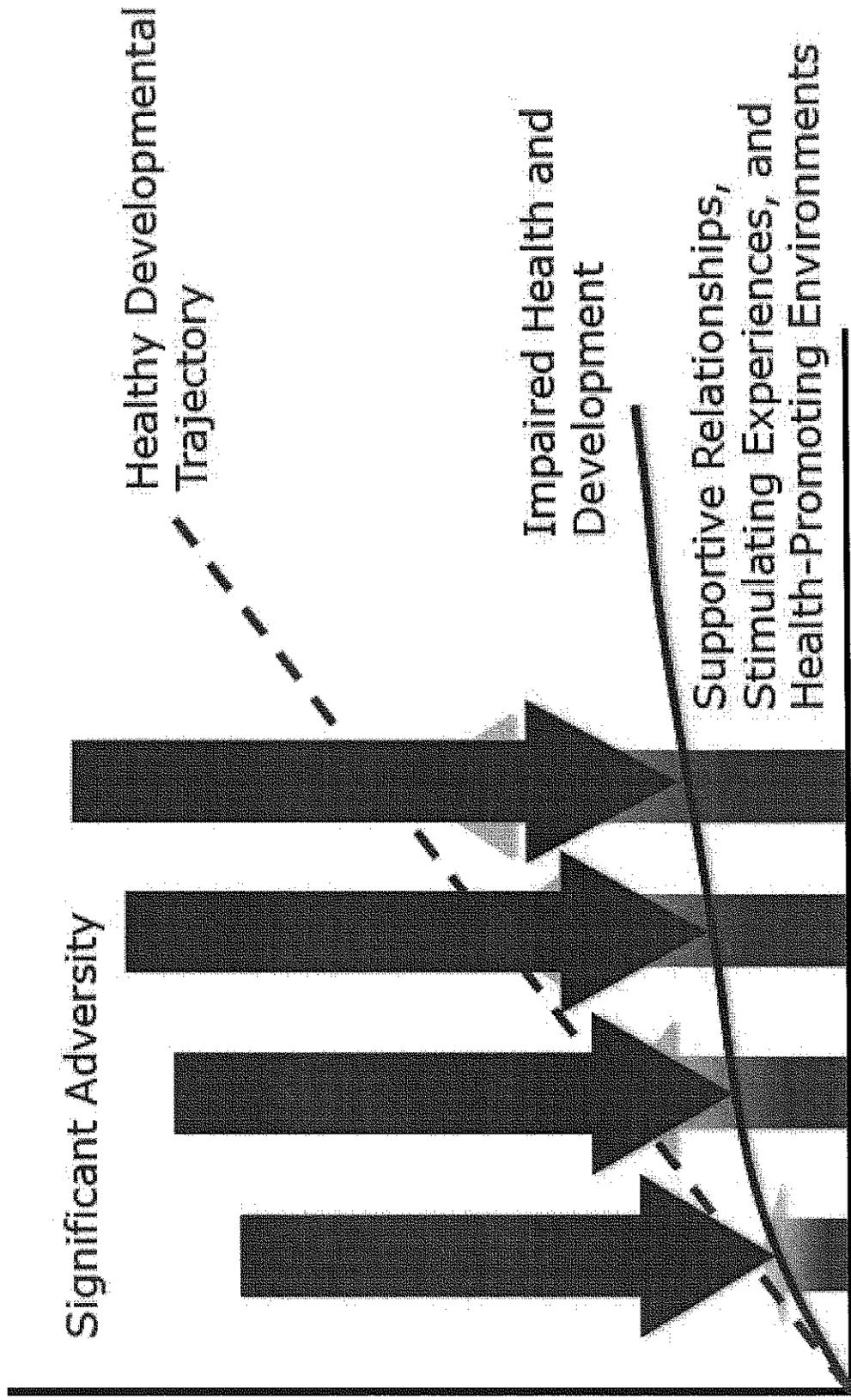
Now add up your "Yes" answers: _____ This is your ACE Score.

Adverse Childhood Experiences Study

(ACES) <http://www.cdc.gov/ace/pyramid.htm>



Current Conceptual Framework Guiding Early Childhood Policy and Practice

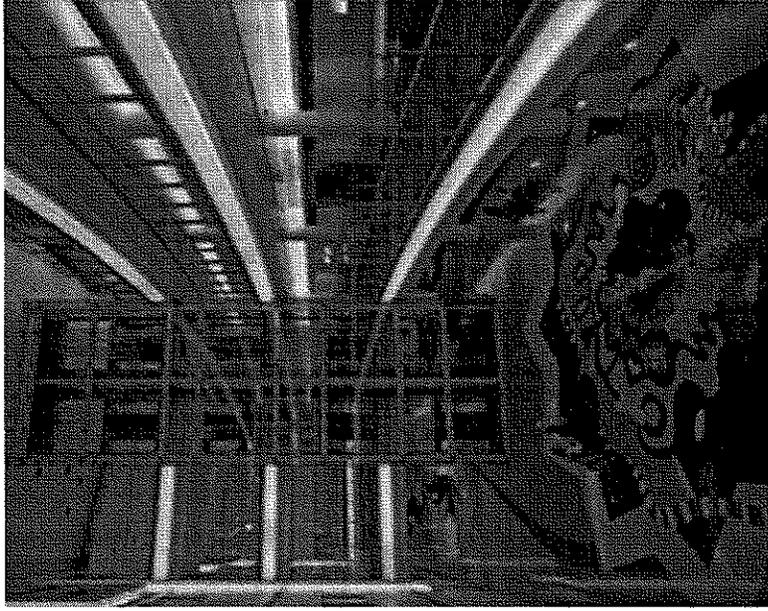




Children's Hospital Colorado

Project CLIMB: Consultation Liaison in Mental Health and Behavior

*INTEGRATING BEHAVIORAL
HEALTH INTO PEDIATRIC
PRIMARY CARE*



Child Health Clinic

- Children's Hospital Colorado
- Large Urban Primary Care Teaching Clinic
- Low income= >90% Medicaid/SCHIP
- 23,000 visits per year
- 60% of visits for zero to 3 years
- 56% Hispanic, 40% Spanish Primary Language
- Pod based clinic design
- Dissemination to community based clinics



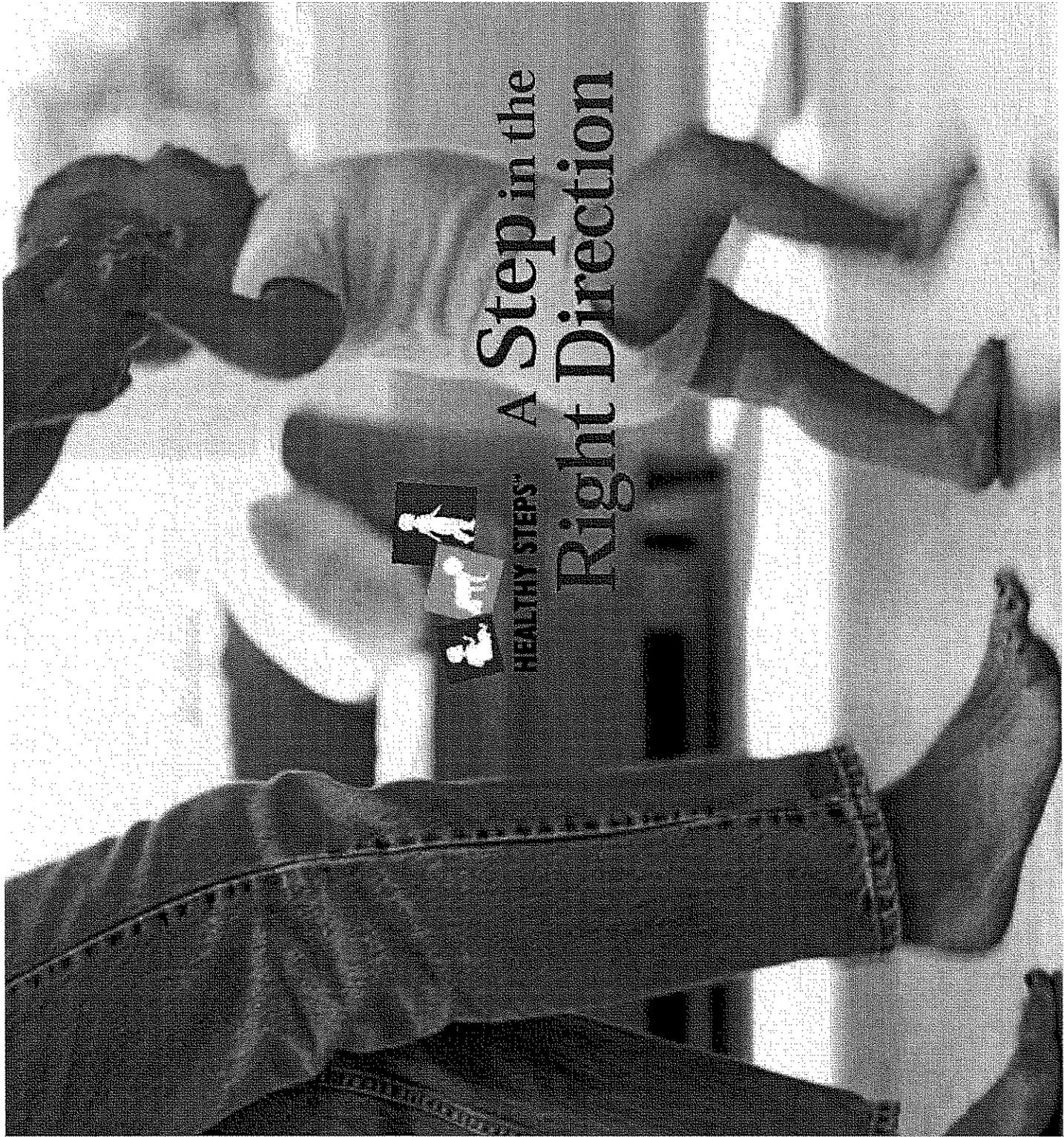
Program and Services

- Developmental Screening Initiative (Child)
- Pregnancy related depression (PRD) screening (Caregiver, Child, Family)
- Healthy Steps for Young Children & MIECHV (Child, Caregiver, Family)
- Baby & Me at the CHC (Child, Caregiver, Family)
- Case-based consultation (Child, Caregiver, Family)
- Care coordination, triage, and referral (Child, Caregiver, Family)
- Psychopharmacology consultations (Child)
- Counseling and brief therapy services (Child, Caregiver, Family)
- CLIMB to Community pilot (Child, Caregiver, Family)
- Training and education (Providers/Health Professionals)
 - Formal didactics
 - Precepting trainees
 - Collaborative care



Medical and Psychiatric Diagnoses by Age Group

Medical Dx	Total	0-3	3-6	6+
Well Child Check	3885	2685 (69%)	167 (4%)	1033 (27%)
Asthma	364	34 (9%)	28 (8%)	302 (83%)
Weight Issues	340	19 (6%)	29 (9%)	292 (86%)
Feeding problems	265	241 (91%)	3 (1%)	21 (8%)
Failure to Thrive	145	117 (81%)	5 (3%)	23 (16%)
Psychological Dx	Total	0-3	3-6	6+
ADHD	1135	1 (0%)	11 (1%)	1123 (99%)
Mood Disorder	387	2 (1%)	1 (0%)	384 (99%)
Behavior problems	340	19 (6%)	29 (9%)	292 (85%)
Developmental Delay	252	88 (35%)	23 (9%)	141 (56%)
Other mental health concern	110	8 (7%)	13 (12%)	89 (81%)
PTSD	49	0 (0%)	0 (0%)	49 (100%)



HEALTHY STEPS™ A Step in the
Right Direction





Children's Hospital Colorado

Healthy Steps for Young Children (www.healthysteps.org)

- Provide enhanced developmental services in pediatric primary care settings;
- Focus on developing a close relationship between the clinician and the family in order to address the physical, socioemotional, and cognitive development of babies and young children;
- Currently used in 18 residency training programs nationally
- MIECHV funding to expand our program and develop new sites across Colorado
- Baby & Me at the CHC
- **(Child, Caregiver, Family)**





Children's Hospital Colorado

Pregnancy-Related Depression



- Formal screening at well-child visits from birth to four months using *Edinburgh Postnatal Depression Scale* (Cox et al., 1987)
- Primary care services
 - Training for providers
 - Psychoeducation
 - Support to mothers
 - Referral
 - Electronic medical record
- System changes
 - Capacity building
- **(Caregiver, Child, Family)**



Pregnancy-Related Depressive Symptoms Guidance

5 - See additional supplemental information

NOTE: Depression is the most common complication of pregnancy. Maternal & neonatal mental health affect child health & development.

Goal for when depressive factors:
Decrease risk factors
Early identification
Improve treatment

Protective Factors:
• Adequate nutrition, physical activity and healthy sleep
• Family staying on an intended pregnancy
• Received & acted social and medical support
• Parenting confidence
• Recognition of traditional postpartum cultural practices
• Positive parenting relationships
• Support of favorable living conditions
• Healthy co-parent involvement

Risk Factors:
• Complications of pregnancy, miscarriages or infant health
• First trimester loss
• Family history of postpartum depression
• Teen pregnancy
• History of substance use or prior postnatal violence
• Untreated/unwanted pregnancy
• Major life stresses

When symptoms occur during pregnancy:
• Anxiety symptoms commonly co-occur
• Key factors include thoughts
• Birth to 2 weeks postpartum
• Postpartum depression
• No medical factors
• Mom may worry (e.g. about infant)
• Social isolation may be present

Starting the Conversation

When to start the conversation:
• "How are you feeling about being pregnant?"
• "How are you feeling about being pregnant?"
• "How are you feeling about being pregnant?"

When to screen:
• All postpartum visits
• Well child visits (up to 1 year postpartum)

Who could screen:
• Medical providers
• Community-based providers
• Baby's medical provider

Screening

When to screen:
• All postpartum visits
• Well child visits (up to 1 year postpartum)

Who could screen:
• Medical providers
• Community-based providers
• Baby's medical provider

What kind of screening tool to start with:
Edinburgh-3 Brief Screen
1. How blamed most of time when things went wrong?
2. How often in last 12 months have you felt sad?
3. How often in last 12 months have you lost interest in things you used to enjoy?

Other tools validated for pregnancy and postpartum

Other tools validated for pregnancy and postpartum

Other tools validated for pregnancy and postpartum



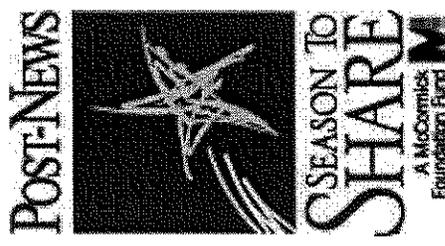
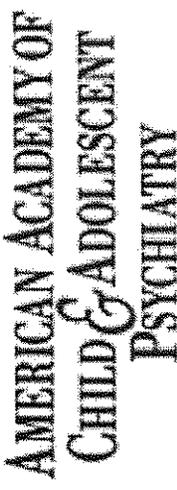
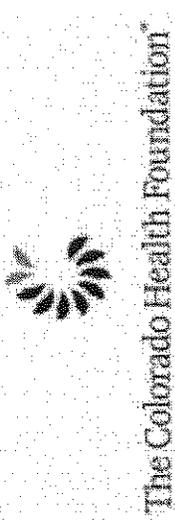
Conclusions

- 1) The majority of children get seen in primary care settings (and young children get seen often)
 - Universal prevention, promotion, and screening
 - Preventative primary behavioral health model
 - Promoting optimal development through relationship-based care
- 2) Children come to primary care with their families (and the psychosocial complexities in their lives)
 - Family-level screening, identification, services
 - Two (plus) generation models
- 3) Integrating behavioral, developmental and mental health services into health settings is essential
 - Sustainable, system-wide services and supports
 - Payment and service delivery transformation
 - Technical assistance to providers

Generously Funded By:

with special thanks to Children's Hospital Colorado Foundation and
Kathy Crawley and Jennie Dawe

- American Academy of Child and Adolescent Psychiatry
 - Access Initiative Grant
- Rose Community Foundation:
 - Access to Mental Health Services
 - CLIMB to Community
- The Colorado Health Foundation
 - Pediatric Resident Education
- Caring for Colorado
- Walton Family Foundation
 - CLIMB to Community
- Liberty Mutual
- Denver Post Season to Share





PYRAMID PLUS: THE COLORADO CENTER FOR SOCIAL EMOTIONAL COMPETENCE AND INCLUSION

The Colorado Center for Social Emotional Competence and Inclusion



School of Education & Human Development
UNIVERSITY OF COLORADO DENVER



Pyramid Plus Center

- Established in 2009 by CDHS (joint funding and support from child care, early intervention and behavioral health) to address a critical need
- To improve the social, emotional and behavioral competence and inclusion of young children, birth-five years, in Colorado



The Colorado Health Foundation



OFFICE OF EARLY CHILDHOOD



Temple Hoyne Buell Foundation

Critical Need

- Preschool children are three times more likely to be "expelled" than children in grades K-12. *(Gilliom, 2005)*
- Faculty in higher education early childhood programs report that their graduates are least likely to be prepared to work with children with persistently challenging behavior. *(Himmelfarb, Santos, & Ostrowsky, 2004)*
- And yet, social skills are link to school readiness as much as or more than cognitive skills *(Smith, 2009)*



Critical Need

- Approximately 10-15% of preschool children have chronic mild to moderate levels of behavior problems
- Children who are poor are much more likely to develop behavior problems with prevalence rates that approach 30%
- Children with disabilities have more than three times the number of serious misconduct than do typically developing children.



Developmental Trajectory

- The correlation between preschool-age aggression and aggression at age 10 is higher than that for IQ.
- Early appearing aggressive behaviors are the best predictor of juvenile gang membership and violence.
- When aggressive and antisocial behavior has persisted to age 9, further intervention has a poor chance of success.



The Good News!

- There are evidence-based practices that are effective in changing this developmental trajectory...the problem is not what to do, but rests in ensuring access to intervention and support. *(Kazdin & Whitley, 2006)*
- Intervention was defined by Dunlap and colleagues as "procedures that caregivers can use to reduce the challenging behaviors of individual young children". *Dunlap, G., Strain, P. S., Fox, L., Carta, J. Conway, M., Smith, B., et al. (2006)*



Long Term Benefits of Evidence Based Practices (EBPs)

- Increase rates of high school completion
- Reduce rates of juvenile arrest
- Reduce arrests due to violent crimes
- Reduce special education placements
- Reduce grade retention
- Reduce abuse and maltreatment
- Increase higher education attainment, which equals higher earning capacity
- Reduce long term monetary costs to society, government, and the general public



CO Studies on Preschool Expulsion

- Key Findings:
- 2006: 10 out of 1000 expelled
 - 2011: 4 out of 1000 expelled
 - Use of one evidence based teaching strategy increased: "teaching appropriate behavior"
 - Teaching staff use strategies that either not evidence-based and/or are reactive rather than preventive

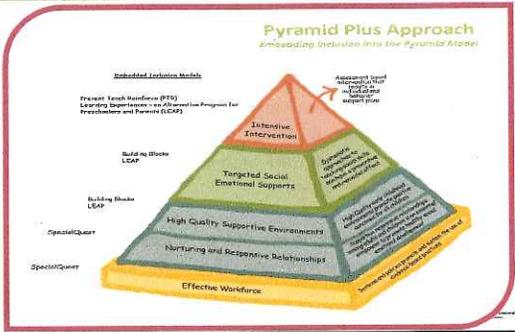


Key Factors of Pyramid Plus

- **Committed to EBPs** and a tiered approach
- **Focus on prevention** by increasing overall EC program quality and teacher competence for ALL children
- **Data Driven**
 - Demonstration sites and Implementation Communities provide annual outcome data
- **Use Implementation science**
 - Fidelity
 - Coaching
 - Data based decision making



Pyramid Plus EBP: the Pyramid Model and Inclusion Practices



Pyramid Plus Implementation Communities

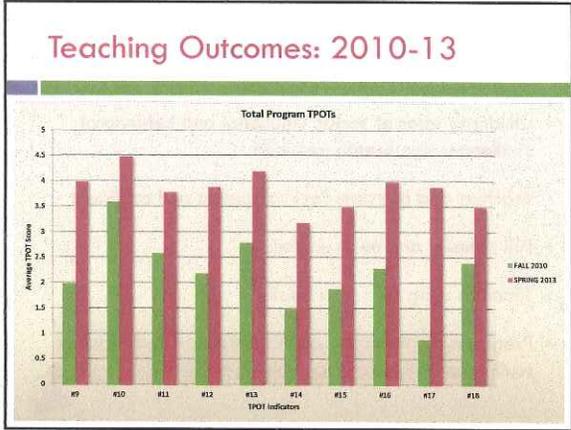
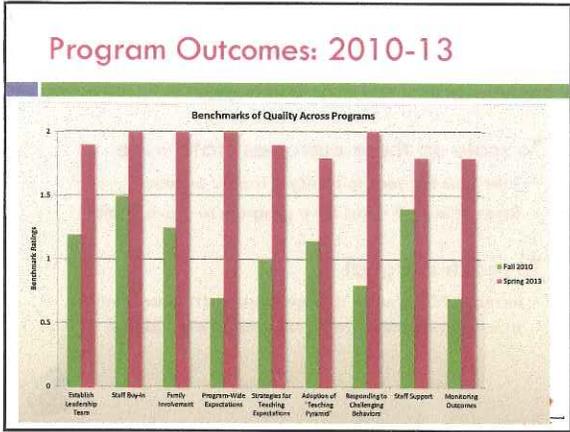
- Grand
- Summit
- Gunnison
- Denver
- LaPlata
- San Luis Valley
- El Paso



Pyramid Plus Demonstration Sites

- Bal Swan Children's Center, Broomfield
- Disabilities Connection (formerly Creative Options), Denver/Aurora
- Fremont County Head Start, Canon City
- Primetime, Norwood





Child Outcomes: 2012-2013

Across all 4 of the Pyramid Plus Demonstration Sites:

- Pre-test/Post test: 83% of children identified as social/behaviorally "at risk" on the ASQ-SE were no longer "at risk"

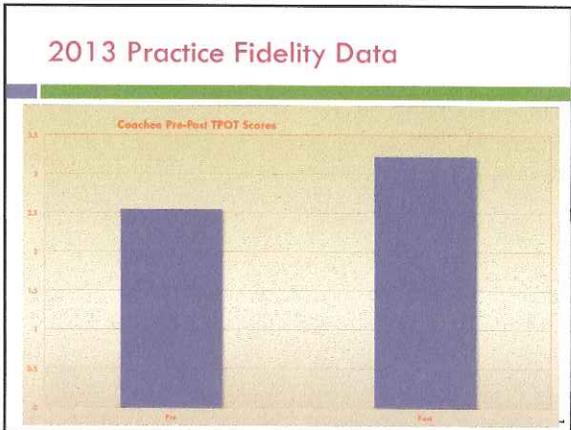
Professional Development that Works

(Joyce & Shivers, 2002)

Training Components	Knowledge	Skill Level	Use in Classroom
Theory and Discussion	10%	5%	0%
w/ Demonstration in Training	30%	20%	0%
w/ Practice and Feedback in Training	60%	60%	5%
w/ Coaching in Classroom	95%	95%	95%

Pyramid Plus Certified Trainers & Coaches

- Year-long intensive, individualized training, coaching and observation
- Currently – 86 State-wide
 - 38 Certified Trainers
 - 48 Certified Coaches



Pyramid Plus Outcomes

- Children's rates of social, emotional and behavioral challenges significantly reduced
- Teachers and directors feel competent and confident
- Full inclusion and no expulsions
- Teachers using EBPs with fidelity
- Programs, Communities, certified trainers and coaches scaling up and sustaining (with support)



Pyramid Plus Goal

- **To scale up these outcomes state wide**
 - Takes one full year to certify a trainer or coach
 - Takes at least 2 years for a program to reach fidelity
- **To reach the goal**
 - Increase PD capacity through more staff=more coaches, trainers, communities and programs at high fidelity



Contact Us

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Statewide System Change: Improvement in Services for Children with Challenging Behaviors in Colorado from 2006-2011: Summary of Study Findings

Megan Vinh, Phil Strain, Sarah Hoover, Barbara J. Smith
Pyramid Plus: the Colorado Center for Social Emotional Competence and Inclusion
January, 2013

In 2006, a Colorado study found that 10 out of every 1000 children were removed from licensed and legally exempt early care and education programs, a rate three times higher than the rate of K-12 removals. Furthermore, it was found that challenging behaviors were prevalent and practitioners were largely using ineffective strategies to address challenging behaviors (Hoover et al., 2006).

A 2011 survey was conducted as a follow-up to the 2006 study to determine changes to:

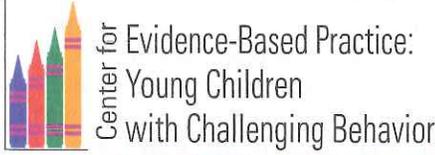
- 1) Prevalence rates of children with challenging behaviors.
- 2) Removal rates of these young children.
- 3) Practices used by practitioners for children with challenging behaviors (Vinh, et.al. 2013)

Major Findings include:

- In 2006 and again in 2011, hundreds of early care programs provided data on their practices related to young children with challenging behavior.
- Across both time points, a large percentage of respondents indicated that challenging behavior had a negative impact on their staff.
- Across both time points respondents indicated that staff often responded to challenging behavior with strategies that are either not evidence-based and/or are reactive rather than preventive.
- An important exception to the above finding was a sharp increase from 2006 to 2011 in practitioner's use of "teaching appropriate behavior", arguably the most impactful prevention practice.
- From 2006 to 2011, the rate at which children were removed from settings for engaging in challenging behavior dropped dramatically from 10 per 1000 children, to 4 per 1000.

Understanding the removal of young children with challenging behaviors from early care and education (ECE) settings is a complex issue and requires collecting data on practices that serve to prevent challenging behavior in the first place (Hoover et al., 2006). It is important to know how many children in Colorado are removed from programs, and whether that number increases, decreases, or stays the same over time. The 2006 survey included recommendations to improve access to high quality ECE environments and reduce the number of removals from settings through the use of evidence-based promotion, prevention, and intervention strategies. Colorado has shown a commitment to the promotion of social, emotional, and behavioral skills of young children, and intervention with best practices when children exhibit challenging behaviors.

While the 2011 survey findings indicate a trend toward improved practices and a reduction in removal, there continues to be a significant concern about children's behavior as well as a large majority of non-evidence-based practices being used. Two **recommendations** from the 2011 study are: 1) to increase practitioner's use of evidence-based practices to promote young children's social emotional competence, prevent challenging behavior and to address such behaviors effectively when they occur; and 2) to provide mechanisms for periodic data collection and review of removal and expulsion rates, and importantly, the prevalence of the use of evidence-based practices related to children's social, emotional and behavioral competence.



www.challengingbehavior.org

Recommended Practices

Linking Social Development and Behavior to School Readiness

Barbara J. Smith, Ph.D. — University of Colorado-Denver and Health Sciences Center

“From the last two decades of research, it is unequivocally clear that children’s emotional and behavioral adjustment is important for their chances of early school success.” (Raver, 2002)

There is mounting evidence showing that young children with challenging behavior are more likely to experience early and persistent peer rejection, mostly punitive contacts with teachers, family interaction patterns that are unpleasant for all participants, and school failure (Center for Evidence-Based Practice: Young Children with Challenging Behavior, 2003). Conversely, children who are emotionally well-adjusted have a greater chance of early school success (Raver, 2002). Social and behavioral competence in young children predicts their academic performance in the first grade over and above their cognitive skills and family backgrounds (Raver & Knitzer, 2002).

Science has established a compelling link between social/emotional development and behavior and school success (Raver, 2002; Zins, Bloodworth, Weissberg, & Walberg, 2004). Indeed, longitudinal studies suggest that the link may be causal....academic achievement in the first few years of schooling appears to be built on a foundation of children’s emotional and social skills (Raver, 2002). Young children cannot learn to read if they have problems that distract them from educational activities, problems following directions, problems getting along with others and controlling negative emotions, and problems that interfere with relationships with peers, teachers, and parents. “Learning is a social process” (Zins et al., 2004).

The National Education Goals Panel (1996) recognized that a young child must be ready to learn, e.g., possess the pre-requisite skills for learning in order to meet the vision and accountability mandates of academic achievement and school success. Academic readiness includes the prosocial skills that are essential to school success. Research has demonstrated the link between social competence and positive intellectual outcomes as well as the link between antisocial conduct and poor academic performance (Zins et al., 2004). Programs that have a focus on social skills have been shown to have improved outcomes related to drop out and attendance, grade retention, and special education referrals. They also have improved grades, test scores, and reading, math, and writing skills (Zins et al., 2004).

Social skills that have been identified as essential for academic success include:

- ⊗ getting along with others (parents, teachers, and peers),
- ⊗ following directions,
- ⊗ identifying and regulating one’s emotions and behavior,
- ⊗ thinking of appropriate solutions to conflict,
- ⊗ persisting on task,





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On the web

www.challengingbehavior.org

Center for Evidence-Based Practice: Young Children with Challenging Behavior

www.csefel.uiuc.edu

Center on the Social and Emotional Foundations for Early Learning

www.zerotothree.org

ZERO TO THREE

- Ⓢ engaging in social conversation and cooperative play,
- Ⓢ correctly interpreting other's behavior and emotions,
- Ⓢ feeling good about oneself and others.

And yet, many children are entering kindergarten and first grade without the social, emotional, and behavioral skills that are necessary for learning and success in school. One survey of over 3000 kindergarten teachers found that 30% claimed at least half of the children in their classes lacked academic skills, had difficulty following directions and working as part of a group; and 20% reported that at least half of the class had problems in social skills (Rimm-Kaufman, Pianta, & Cox, 2000).

Research indicates that children who display disruptive behavior in school receive less positive feedback from teachers, spend less time on tasks, and receive less instruction. They lose opportunities to learn from their classmates in group-learning activities and receive less encouragement from their peers. Finally, children who are disliked by their teachers and peers grow to dislike school and eventually have lower school attendance (Raver, 2002).

What can we do to increase school readiness in young children?

- Ⓢ Policy – Federal and state policies need to reflect the importance of these foundational skills by removing barriers and providing incentives and resources to communities and programs: (1) to improve the overall quality of early care settings; (2) to support families so that they are able to promote positive relationships and social competence in their infants and young children; (3) to prevent problem behavior by addressing social and educational factors that put children at risk for challenging behavior; and (4) to provide effective services and interventions to address social/emotional problems and challenging behavior when they occur.
- Ⓢ Public Awareness – Federal, state, and local governments and community agencies need to raise the visibility of importance of social competence in school success.
- Ⓢ Knowledge and Skills – Early care and education professionals need training and on-site technical assistance in evidence-based practices for: (1) promoting social skills (e.g., identifying and regulating emotions, playing cooperatively, following directions, getting along with others, persisting with tasks, problem solving, etc.); (2) preventing problem behavior (through classroom arrangements, individualizing to children's interests and abilities, etc.); and (3) providing effective intervention strategies when needed (e.g. positive behavior support, peer mediated strategies, etc.) (Fox et al., 2003). Early childhood education professionals need to know how to integrate social/emotional learning with literacy, language, and other curricular areas. Professionals need to know how to provide parents with information and support around parenting practices that prevent problems and effectively address challenging behavior.
- Ⓢ Research – Studies are needed on specific promotion, prevention, and intervention strategies to establish their efficacy for specific groups of children in particular settings. Research is also needed on policy and programmatic features that result in more effective services for children and families related to social development.

“The emotional, social, and behavioral competence of young children is a strong predictor of academic performance in early elementary school.” (Zero to Three, 2003)

The reproduction of this document is encouraged.



The Colorado Center for Social Emotional
Competence and Inclusion

Outcomes Associated with High Fidelity Implementation of the Pyramid Plus Approach

March, 2013

Demonstration sites serve multiple functions in Colorado's state-wide, Pyramid Plus initiative. First, they serve as a model for other programs considering adopting the Pyramid Plus Approach. They do this by hosting tours and providing trainings for interested sites. Second, the Demonstration Sites provide the Center with important data on implementation fidelity and child outcomes. Finally, the sites provide valuable data to the Pyramid Plus State Policy Team on supports needed to adopt, maintain and scale-up the Pyramid Plus Approach.

The Pyramid Plus Demonstration Sites report the following outcomes of implementing the Pyramid Plus Approach with fidelity over several years.

- 1) Specific policies and procedures to facilitate the continued enrollment and progress of children with identified special needs.
- 2) Specific policies and procedures consistent with a "no exclusion" approach to serving children with challenging behavior.
- 3) A program-wide team that is committed to the promotion of Pyramid Plus practices.
- 4) Ongoing data systems that quickly identify children at risk for developing challenging behavior and teachers who may not be implementing practices with fidelity.
- 5) Program-level hiring and promotion policies that support the Pyramid Plus practices.
- 6) Classrooms that are consistently judged on a standardized observation measure (TPOT) to be at fidelity on Pyramid Plus practices.
- 7) Reductions in the number of children in need of more expensive and intrusive interventions to handle challenging behavior.
- 8) Ongoing data (Benchmarks of Quality) from the program-wide team that show continued quality improvement within and across years.
- 9) A cadre of Pyramid Plus certified internal coaches and trainers that permit sites to address turn-over and community expansion to other sites without the need for Pyramid Plus Center Assistance.
- 10) Improvement in children's social/emotional functioning from the beginning to the end of each school year.

For more information, visit www.pyramidplus.org



**Colorado Children's Immunization Coalition:
Successes and Opportunities**

Stephanie Wasserman, MSPH, Executive Director
July 14, 2014, Early Childhood and
School Readiness Legislative Commission



CCIC Mission

- ▶ CCIC is dedicated to keeping Colorado kids healthy by building awareness for vaccines, educating health care providers, and advocating for policies that protect children with the goal of increasing childhood vaccination rates.

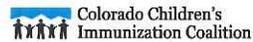


- ▶ **Mission:** *to strategically mobilize diverse partners and families to advance children's health through immunizations.*



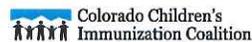
CCIC Background

- ▶ Colorado's only statewide independent 501(c)(3) organization committed to children's immunization
- ▶ Formed in 1991 by Colorado doctors to increase and sustain childhood immunization rates in response to the fact that only around 50 % of CO children were adequately immunized against vaccine-preventable diseases.



Key CCIC Programs & Strategies

- ▶ Providing Free and Low-Cost Immunization Services
- ▶ Raising Awareness & Conducting Outreach Campaigns
- ▶ **Advocating for Public Policy**
- ▶ Educating Healthcare Professionals
- ▶ Building a Statewide Coalition & Collaborative Partnerships



Overview



- ▶ Importance of Vaccines, especially in Early Childhood
- ▶ Vaccine Preventable Diseases in CO Children
- ▶ CCIC Public Policy Agenda

Importance of Vaccines

- ▶ Vaccines are **safe** and are one of the most successful and **cost-effective** public health interventions ever developed.
- ▶ Immunization has been credited for **eradicating smallpox** and **nearly eradicating polio**.
- ▶ Immunization **prevents between 2 and 3 million deaths** every year.
- ▶ Hospitalizations avoided and lives saved through vaccination will save nearly **\$295 billion** in direct costs and **\$1.38 trillion** in total societal costs.

IN ONE YEAR, VACCINES PREVENTED:

6,500

CHILD HOSPITALIZATIONS IN COLORADO



\$400 million

IN HOSPITAL CHARGES IN COLORADO

Source: 2013 Vaccine-Preventable Diseases in Colorado's Children Report
www.childrensimmunization.org/2013vprreport



Colorado Children's Immunization Coalition



Colorado Children's Immunization Coalition

COLORADO RANKS

No. 22

FOR CHILDHOOD IMMUNIZATION COVERAGE IN THE NATION*



20%

OF COLORADO 2-YEAR-OLDS ARE UNDER OR UNVACCINATED

* 2012 results for the composite 48/131 National Immunization Survey vaccination rate at 19.5% results.

Source: 2013 Vaccine-Preventable Diseases in Colorado's Children Report
www.childrensimmunization.org/2013vprreport



Colorado Children's Immunization Coalition



Colorado Children's Immunization Coalition

\$26.6 Million

HOSPITAL CHARGES FOR
TREATING COLORADO
CHILDREN FOR
VACCINE-PREVENTABLE
DISEASES IN ONE YEAR*

*2012 data. Actual costs of those not hospitalized but with office visits, emergency department visits, pharmacy costs, and missed work, are much higher.
Source: 2012 Vaccine-Preventable Diseases in Colorado Children Report
www.cchic.org/immunizationreport

Colorado Children's
Immunization Coalition

Colorado Children's
Immunization Coalition

66%

OF COLORADO CHILDREN HOSPITALIZED FOR
VACCINE-PREVENTABLE DISEASES ARE

**4 years or
younger**

Source: 2012 Vaccine-Preventable Diseases in Colorado Children Report
www.cchic.org/immunizationreport

Colorado Children's
Immunization Coalition

Colorado Children's
Immunization Coalition

Pertussis Epidemic In Colorado

- ▶ Since 2012, Colorado observed a sustained increase in reports of cases of pertussis
- ▶ 1466 cases in 2013, remaining at 'epidemic' level
- ▶ Baseline 5-year average of 324 cases/yr between 2007-2011 (almost 5X increase)



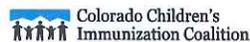
Additional Concerns

- ▶ In 2014:
 - Mumps:
 - 871 cases at 4 Universities
 - Measles:
 - 554 cases since
across 20 states
 - 84% of US cases
are in unvaccinated



What is the cause of outbreaks?

- Access to healthcare
- Misconceptions and myths
- Recent changes in federal funding
- Vaccine hesitancy and exemptions
- Infants and the very young at higher risk
- Seniors and immune compromised at higher risk
- Lack of herd immunity for some diseases
- Vaccines not 100%

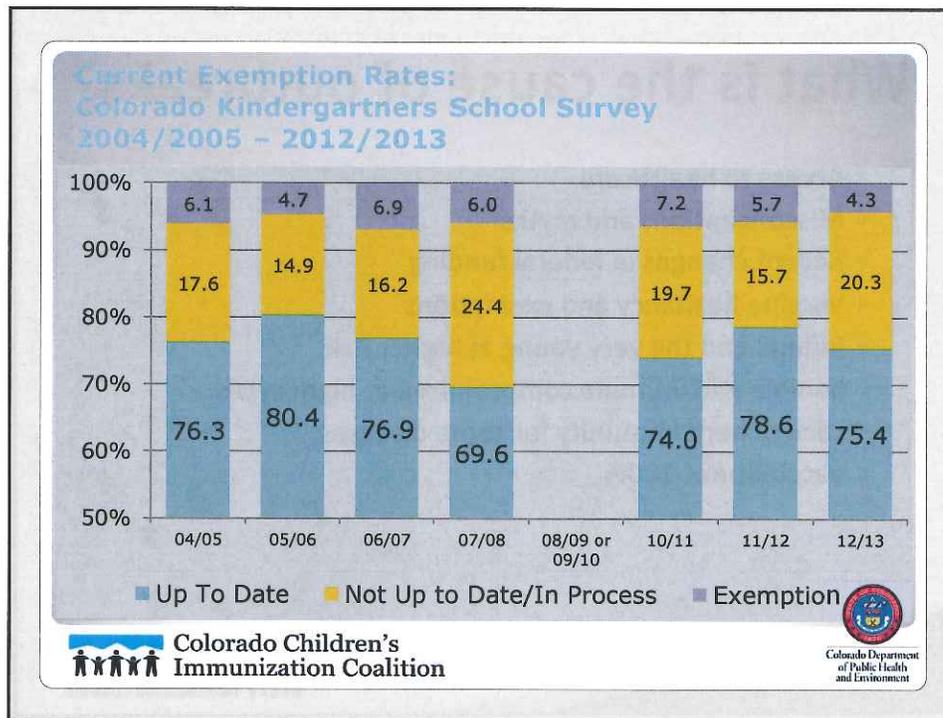


What is an immunization exemption?

- ▶ Process of opting out of immunizations required for school entry
 - All 50 states have school-required immunizations
 - All 50 states have exemptions in place
 - Medical
 - Religious
 - Personal Belief

Exemptions		
Medical 50 states	Religious 48 states	Personal Belief 20 states



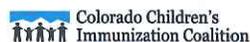


Immunization Policy Highlights

- ▶ HB14-1288 spearheaded by CCIC and partners
- ▶ Colorado Immunization Information System (CIIS) stakeholder engagement recommendations led by CCIC
- ▶ CCIC and partners recommending strengthening rules regarding childcare facilities
- ▶ SB13-222 Vaccine Access Taskforce completed vaccine finance and delivery policy framework

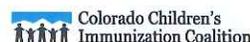
HB14-1288

- ▶ Requires schools and child care centers to disclose immunization and exemption rates, upon request
- ▶ July 1, 2014 effective data
- ▶ CDPHE issued implementation guidance and tools



Colorado Immunization Information Registry (CIIS)

- ▶ Voluntary registry operated and maintained by CDPHE
- ▶ Enables any immunization provider or school to electronically track immunizations received by individuals
- ▶ Critical infrastructure for providers, schools, health plans
- ▶ As of March 31, 2014: 4.2 mill patients, 91% pediatrics, 73% family practice, 5% childcares
- ▶ 500 provider sites on waitlist



CIIS Stakeholder Recommendations

- ▶ **Priority #4 – Improve Functionality and Expand Access to CIIS for Schools & Child Care Centers**
 - Improve and expand connectivity with school district systems such as Infinite Campus
 - Support child care centers and schools ability to view records and add demographic and historical data
 - Provide IT and technical support for different data collection systems
 - Utilize CIIS to ensure access to exemption and immunization rates in accordance with Colorado HB14-1288
 - Create data use agreements and memorandums of understanding between CDE, CDPHE and DHS

Vaccines and Child Care Settings

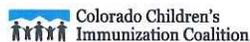
- ▶ Child care programs are at increased risk for outbreaks of vaccine preventable diseases
 - ▶ Outbreaks of measles, mumps, Hib, hepatitis A, varicella, and pertussis in school or child care settings among unvaccinated children
 - ▶ Greatest morbidity and mortality often in young children, some too young to be fully vaccinated
 - ▶ All 50 states have laws requiring children attending licensed child care programs meet minimum vaccination requirements
- Targeting child care programs is critical in efforts to protect infants and young children :*
- ▶ *As a condition of employment, all child care center employees should be required to provide documentation of having received: Tdap, Varicella, MMR and annual flu*

SB13-222

Taskforce Recommendations

▶ Guiding Principles

- CIIS is the primary, consolidated source for immunization data in the state
 - Recommendations from taskforce would benefit from priorities identified through CIIS stakeholder process
 - Vital for additional funding and resources to be secured to support substantial improvement in system capacity



Thank You!
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