Colorado Shines Brighter

Opportunities for Colorado's Early Childhood System

The Colorado Birth Through Five Needs Assessment

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COLORADO
Office of Early Childhood
Department of Human Services

COLORADO
HEALTH INSTITUTE
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Colorado Shines Brighter

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EXECUTIVE SUMMARY

The early years of life are very important for learning and development. That's because during the first few years, children's brains are developing fast. In fact, more than one million new brain connections form every second.[1] Because of this, the experiences and relationships that young children have in the early years can impact them for life.[2]

Whether a child is at home with their parents or in a child care program with professionals, it's important for children to be with caring adults who ensure they are safe and able to participate in a variety of activities that help them learn and grow.

Colorado's early childhood system fosters this understanding, but more can be done to ensure all children and their families have access to programs, services and funding that help them to thrive. This Birth through Five (B-5) Needs Assessment identifies meaningful opportunities to strengthen the state's early childhood system.

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators, and policymakers gave their time and shared their experiences to inform the efforts of Colorado Shines Brighter in 2019.[3]

Their contributions show that Coloradans have abundant opportunities to:

- Build on a solid foundation, decades in the making, to create an early childhood system that reaches every family who needs it;

- Build bridges across programs and services, enabling early childhood professionals to connect children and families to needed supports where they're at; and

- Effect policy change to build a strong mixed-delivery system that supports parent choice and ensures all children have access to high-quality early care and education environments.

Sixteen percent of Colorado children under 5 still live in poverty.[4] Rural families struggle with access to quality, affordable care, and children stand to

fall further behind as the economic split between rural and urban Colorado widens. Other vulnerable and underserved populations — those with developmental delays, those from families with lower incomes, tribal and refugee children — also need investment in their futures.

The benefits of taking action last for generations. Investments in quality early childhood development for vulnerable and underserved children demonstrate cost savings as a result of better outcomes in education, health, sociability, economic productivity and reduced crime.[5]

The needs identified in this report are accompanied by solutions that can create positive change for this generation of children. From strengthening the early childhood workforce to aligning data systems to promoting best practices, solutions are at hand.

These goals are advanced by one or more of the 12 opportunities that this Needs Assessment identified:

1. Increase Availability of Affordable, Convenient, and Quality Care, Especially for Infants and Toddlers

2. Provide More Equitable and Culturally Relevant Care

3. Increase Inclusivity and Access for Children with Special Needs

4. Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape

5. Continue to Develop a Diverse Early Childhood Workforce

6. Increase Knowledge and Supports Around Child Care Licensing and Offer Essential Business Supports to Child Care Providers

7. Centralize and Increase Parent and Caregiver Access to Early Childhood Information

8. Increase Transition Knowledge and Associated Supports

9. Expand Access to Early Childhood Mental Health Consultation

10. Invest in Rural Outreach

11. Integrate Disparate Data Sources

12. Enhance Cross-Sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long-Term Outcomes

Addressing these needs will advance the six goals of Colorado Shines Brighter, the state's Preschool Development Grant Birth through Five (B-5). These goals are:

1. Increase Meaningful and Equitable Access

2. Innovate Service Delivery

3. Maximize Family Knowledge and Engagement

4. Strengthen Business Practices

5. Improve the Quality of Early Care and Education (ECE) Environments and Workforce

6. Align and Coordinate Systems

In addition to identifying opportunities to better serve children and their families, this report provides detailed profiles of 18 programs that are part of Colorado's early childhood system. This examination of a few of the programs, services, and financial assistance programs offered by state agencies and their partners provides a glance at Colorado's early childhood system.

Figure 1. Colorado's Early Childhood System
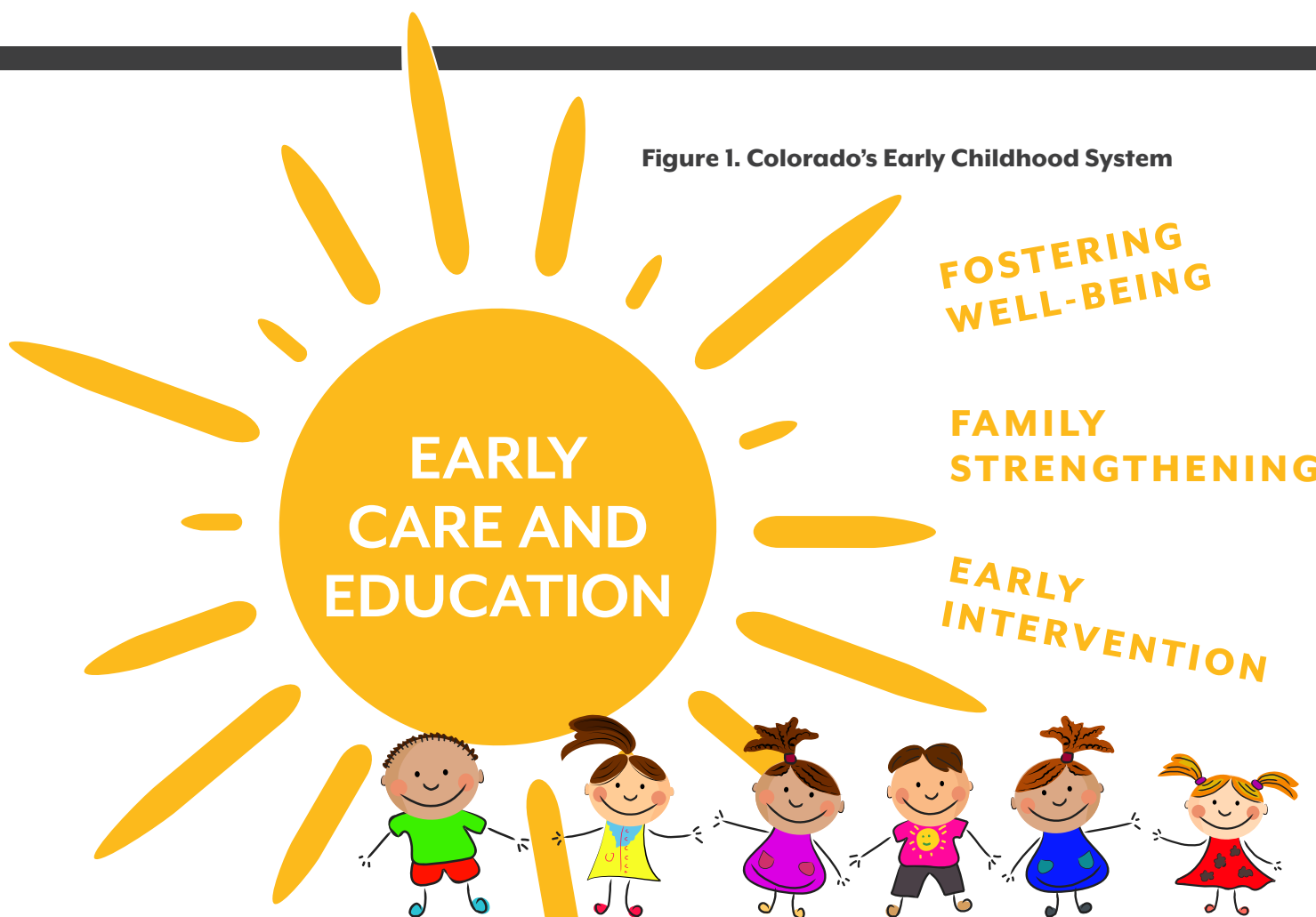
This Needs Assessment takes a deeper look at the state's early care and education (ECE) system, highlighting program strengths, needs, and opportunities. It also applies a newly developed algorithm to approximate available licensed care in Colorado. This Child Care Model quantifies and takes into account the type of care settings families would prefer to use in the absence of any barriers (see page 99). Programs in the ECE system include:

- Licensed Child Care
- Colorado Shines
- Head Start
- Colorado Child Care Assistance Program
- Colorado Preschool Program and Early Childhood At-Risk Enhancement
- Preschool Special Education

In keeping with its aim to serve the broader early childhood community, this Needs Assessment also details family and community support programs that are foundational to ensuring positive outcomes of all children and their families (see Figure 1). These programs are addressed under three categories:

- Fostering Well-Being
- Family Strengthening
- Early Intervention

This Needs Assessment reached out across Colorado to listen to parents, caregivers, early childhood professionals, program administrators, and policymakers. The opinions captured were broad and diverse, but taken together, they provide a clear direction for the state's leaders: Now is the time to invest in these opportunities.

Time is fleeting. Infants grow quickly into toddlers, and preschoolers advance to kindergarten. Children grow faster than policy can evolve. The need to improve access to, and the quality of, early childhood programs and services is urgent if we are to affect the hundreds of thousands of young children in Colorado today.

This report is prepared on their behalf.

INTRODUCTION

Overview

The crucial role of life's first years has been well established. Children who are on track developmentally by kindergarten are more likely to enjoy better health and educational success into adulthood.[6] For each child, Colorado's early childhood system has just four or five precious years to get it right.

To maximize young children's learning and development, parents and caregivers often need access to programs, services, and financial assistance — from child care to developmental supports, from health care to nutrition — that are complex and interconnected.

This Birth through Five (B-5) Needs Assessment offers a chance for Coloradans to take stock of the state's early childhood system for developing young minds and bodies.

As we look to 2020 and beyond, Colorado stands at an inflection point in its investment in and commitment to young children's learning and development. This Needs Assessment takes a step toward fulfilling that commitment with a focus on access to early care and education programs and the important role family and community supports play for all children and families.

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators, and policymakers lent their voices to Colorado Shines Brighter in 2019.[7]

The Needs Assessment pairs these voices with a new Child Care Model that quantifies what currently exists across Colorado's early care and education programs, and accounts for family preference in the absence of any barriers (see page 99). This research led to some clear conclusions:

- **Families need more licensed child care options.** According to the Child Care Model, if parents could use the child care setting of their choice, nearly 39,000 more children under age 5 currently in the care of their parents or in the care of their families, friends, or neighbors would be cared for in a licensed child care or preschool program, a 34% increase.

- **There is not enough licensed child care to serve infants and toddlers.** The model estimates that absent any barriers to parental choice, only about one third of infants whose parents want licensed child care are obtaining it today.

As a result, almost 11,000 infants and 18,000 toddlers whose parents prefer licensed care are estimated to be currently cared for in a setting outside of licensed child care. That's about 16% of all infants and 14% of all toddlers in the state. Colorado has somewhat better options for 3- and 4-year-olds, but still not enough to meet family preference in most communities.

- **The cost and availability of child care impacts Colorado's workforce.** An estimated 10% of parents who care for their children full time say they could go back to work if they could find affordable care.[8]

- **Policy efforts have worked.** Decades ago, policymakers set out to expand enrollment in preschool for children from families with lower incomes. These children now have a higher preschool enrollment rate than those from middle-income families. New policy efforts can make sure all families can access their child care and preschool program of choice across the state's mixed-delivery system.

Building on Tradition

Colorado has long enjoyed a tradition of caring about and investing in young children. The architecture of the current early childhood system dates back at least three decades. Policy and structural decisions of the late 1980s and early 1990s, including the First Impressions Initiative and the enactment of the state preschool program,

have linked and integrated the multiple systems serving families with young children. Importantly, the decisions from that era define the ethos behind Colorado's overall system today:[9]

- Acknowledging that the first years of life are foundational

- The importance of parent-child relationships

- The essential role of communities in supporting children and families

This Needs Assessment is premised on the belief that all children and their families will benefit from equitable access to a stronger, high-quality early childhood system, and that many could benefit from immediate increased capacity in the system. For example, the number of children under age 6 with all parents in the workforce has remained relatively unchanged since 2010.[10] Parent Survey findings illustrate this with respondents indicating they are unable to pursue employment due to the lack of available child care options.

This is a priority for state policymakers. Governor Jared Polis's administration is deeply committed to investing in early childhood opportunities to bring them within reach for all families. In his first legislative session, the governor signed into law funding for free full-day kindergarten. While implementation of full-day kindergarten is under way, his attention is turning toward universal preschool for 4-year-olds. The commitment to early childhood investment is a central part of Colorado's policy platform.

Figure 2. The Early Childhood Colorado Framework

Outcomes: **Access** | **Quality** | **Equity**

Domains: **Family Support & Education** | **Health & Well-being** | **Learning & Development**
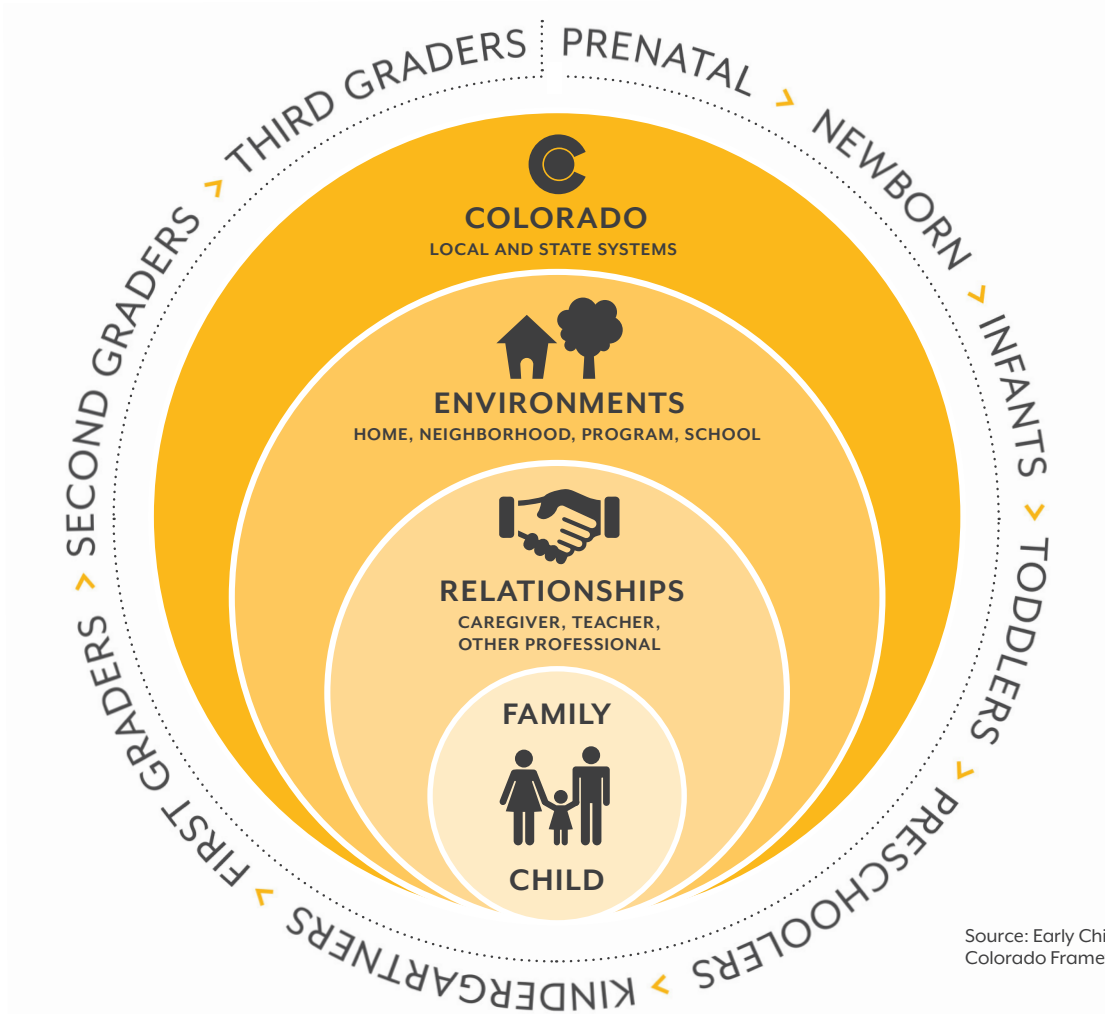
Source: Early Childhood Colorado Framework, 2015

Colorado also continues to prioritize alignment and coordination across the state's early childhood system. In 2012, the Office of Early Childhood (OEC), situated in Colorado's Department of Human Services (CDHS), was formed to bring together 23 funding streams administered through five state agencies to more efficiently and effectively support young children birth through age 8 and their families. The OEC serves to advance the state's early childhood platform by providing collaborative leadership across the early childhood system and aligning resources available throughout the state. Similarly, the Preschool through 3rd Grade Office (P-3), located in Colorado's Department of Education (CDE), was formed in 2018 to partner with educators and leaders to create seamless high-quality early learning environments. P-3 focuses on educational policies, institutional capacity, and the adult capabilities that support strong foundations to promote ready systems that lead to high-quality early learning and literacy for all students preschool through third grade.

The OEC engaged the Colorado Health Institute (CHI) to conduct this Needs Assessment. This report is designed to allow a variety of stakeholders — organizations, advocates, providers, policymakers, and funders — to take stock of where we are today, and to ready themselves for future opportunities.

Building on the Early Childhood Colorado Framework

The early childhood system is a large network serving children birth through 5* and their families and caregivers, comprised of multiple systems that are large, overlapping, and significant in and of themselves. This network incorporates core early care and education programs; a wide range of programs and services that strengthen, engage, and stabilize families and their children; programs and services that target health and wellness; and the infrastructure to support them.

All these systems need to work together. To promote integration, early childhood stakeholders throughout Colorado came together in the early 2000s under the auspices of the Early Childhood Leadership Commission (ECLC), the State Advisory Council, to create and disseminate a shared vision of the state's early childhood system. This effort resulted in the adoption of the Early Childhood Colorado Framework (Framework) in 2008.[11] It was built on dozens of previous frameworks, plans, and logic models, and it was designed to be inclusive of early care and education, family support, social-emotional development, and mental and physical health.

The Framework provided a way to begin discussions across disciplines and services to align and coordinate the state's disparate systems serving young children and their families. Updated in 2015, the Framework reflects current research, including recognition of the importance of the earliest years from prenatal to 3, transitions in a mixed-delivery system, and the crucial need for high-quality ECE environments and relationships with caregivers.

The Framework also emphasizes three shared outcomes that align the many systems and services working to support young children and their families. Those outcomes focus on **access** to necessary supports, the **quality** of those supports, and **equity** — meaning the opportunity for all children and families to thrive (see Figure 2).

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* Colorado's early childhood system serves children birth through 8. Following the requirements of Preschool Development Grant Birth through Five (PDG B-5), this report focuses primarily on children birth to kindergarten entry.

The Needs Assessment uses the goals of Colorado Shines Brighter to build on the Framework by focusing on how current programs and services provided to Colorado children and families meet their needs as well as opportunities to improve the access, quality, and equity across programs, services, and funding.

The goals of Colorado Shines Brighter are:

- Increase Meaningful and Equitable Access

- Innovate Service Delivery

- Maximize Family Knowledge and Engagement

- Strengthen Business Practices

- Improve the Quality of Early Care and Education (ECE) Environments and Workforce

- Align and Coordinate Systems

Creating the Needs Assessment

This report captures the difference between what currently exists within Colorado's early childhood system and what would be needed to meet parents' preferences from both a quantitative and qualitative perspective. To do this, the Needs Assessment was founded on two elements.

First, the findings of this report are based on parent voice. Nearly 6,000 Coloradans lent their voices to inform Colorado Shines Brighter, including over 5,000 parents and caregivers of children under 5.[12] Focus groups gathered people's experiences from Haxtun to Steamboat Springs to Durango, and online focus groups and surveys reached even more Coloradans. In addition to parents and families, researchers solicited input from providers of early childhood services, program administrators, policymakers, and advocates.

Second, Colorado has created a quantitative model assessing the state's early care and education system. This Child Care Model represents a new look at Colorado's early care and education programs in a holistic manner, rather than considering the individual parts of the system in isolation (see page 99). We believe this model will not only improve the state's early childhood system, but also advance the field beyond Colorado.

What to Expect from this Needs Assessment

This report first establishes definitions of common terms used in the state's early childhood system and other key terms for the purpose of this Needs Assessment.

Next, the report identifies 12 opportunities to address needs across Colorado's early childhood system, followed by an overview of Colorado's children — who they are, where they live, the economic resources available to their families, and their specific needs.

This is followed by a discussion of Colorado's early childhood programs, services, and financial supports, starting with programs supporting early care and education. The report also examines several support programs that offer crucial resources for the state's children, families, and communities. Descriptions of family and community support programs are found in Appendix A (see page 111).

The report then documents data sources and analytic approaches to better understand how both the Needs Assessment and the Child Care Model were developed.

Finally, the report takes stock of all this analysis and data and looks at the future of Colorado's early childhood system.

DEFINITIONS

Shared Definitions

Developing shared definitions is important to forming accurate assessment, meaningful planning, and successful implementation. This activity is particularly important to the work within the early childhood system when multiple partners are involved in reaching desired outcomes. Everyone plays a role in improving child and family outcomes, and shared language provides a foundation for everyone to participate.

Process

For this Needs Assessment, a list of terms was selected in partnership with the OEC and its partners. Initial definitions evolved from existing definitions in the early childhood field across Colorado and beyond. Important considerations included: unifying language across definitions, comprehensiveness of scope, and language that would resonate across multiple systems. We conducted a review of current literature and resources for key definitions. A broad stakeholder group then reviewed key definitions, and we revised the definitions using this feedback.

While it is challenging to include all perspectives and aspects of complex concepts in a definition, we sought to embrace variations to the greatest degree possible. The final step in the process was to review Needs Assessment findings for

Colorado-specific implications for the definitions. This was critical to reflect current Colorado context and give greater meaning when implementing strategies beyond this Needs Assessment.

Challenges

Definitions of some key terms can vary by stakeholder group. For example, a parent definition of child care "quality" may be different than that of a state-level stakeholder. Some definitions may also have some nuance or local variability. These tensions were alleviated to the greatest degree possible by striving to arrive at the broadest and most inclusive definitions and including relevant stakeholders in definition development.

Systems Definitions

Colorado's Early Childhood System

The comprehensive, coordinated program, service, and infrastructure elements that impact child and family outcomes across the Early Childhood Colorado Framework domains of Family Support and Education, Health and Well-being, and Learning and Development.[13]

Early Care and Education System

A system of early care and education programs that support or deliver early care and education services. This includes programs providing direct services, such as formal and informal child care programs and providers, preschool programs, and Head Start/Early Head Start programs. It also includes programs and supports providing funding, coaching, training, and advocacy to early care and education programs and providers.[14]

Mixed-Delivery System

A system of early care and education services that are delivered through a combination of programs, providers, and settings, such as Head Start, licensed family and center-based child care programs, public schools, and other community-based organizations, that is supported by a combination of public and private funds.[15]

Outcome Definitions

Access

Families are able to utilize the services that are available in their communities. This includes affordability of available services as well as services that are present when and where they are needed, often near home or work.[16]

Availability

High-quality services are present within a community at levels sufficient to meet the demand and ensure parental choice. This includes a mixed-delivery system of early care and education services to meet family needs and preferences.[17]

Equity

All children are ready for school regardless of life experiences, demographic characteristics, or the impacts of social determinants of health.

Quality Early Care and Education

Formal, licensed early care and education homes and centers that have systems, facilities, resources, and people to adequately and equitably prepare children to be ready for school when entering kindergarten.[18] This includes homes and centers that are rated Levels 3-5 by Colorado Shines Quality Rating and Improvement System.

Quality Relationships

Interactions between young children and all their important caregivers are reciprocal, stable, safe, mutually enjoyable, and individualized to the child's unique personality, interests, and capabilities.[19] Everyday interactions within relationships lead to healthy development in all domains.[20]

School Readiness

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 learning needs of all students. School readiness is enhanced when schools, families, and community service providers work collaboratively to ensure that support exists for higher levels of learning for every child. Colorado embraces the philosophy of *"Ready child, ready family, ready community, ready school."*[21]

Population Definitions

Families

A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.[22] In the context of Colorado Shines Brighter, we adopt definitions developed by the National Center on Parent, Family and Community Engagement. The terms parent and family honor all those who "make a difference in a child's life."[23]

- *Parent* refers to biological, adoptive, and stepparents as well as primary caregivers, such as grandparents, other adult family members, and foster parents.

- *Families* can be biological or nonbiological, chosen or circumstantial. They are connected through culture, language, tradition, shared experiences, emotional commitment, and mutual support.

Underserved Children

Children for whom school readiness supports and opportunities have been less accessible or not available related to personal or family characteristics, their life experiences, or demographic characteristics.[24]

Vulnerable Children

Children for whom existing systems have provided insufficient access to opportunities and resources to optimally support their development, often related to personal or family characteristics, their life experiences, demographic characteristics, or social determinants of health.[25]

Principles Definitions

Family Engagement

Family engagement is a collaborative strengths-based, and culturally and linguistically responsive ongoing partnership through which early childhood professionals, families, and children create change together.[26] Engagement may involve engaging with their children, shaping programs and services, and influencing policies and systems.[27]

Protective Factors, Family and Community

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that reduce or eliminate risk and promote healthy development and well-being of children and families. These factors ensure that infants, toddlers, and young children are functioning well across all settings, including home, early care and education, and in their communities.[28]

Setting Definitions

Formal Early Care and Education Environments

Early care and learning settings licensed by the state for the primary purpose of providing regular child care. These include preschools, centers, and homes.

Informal Early Care and Education Environments

Care provided in the child or caregiver's home by a person who is a relative, friend, neighbor, babysitter, or nanny.[29] These settings operate within state guidelines, which allow them to be exempt from regulations. May also be referred to as Family, Friend, and Neighbor (FFN) care.

Geographic Definitions

Rural Areas

Following the U.S. Census Bureau, we define rural areas as non-urban, open country and settlements with fewer than 2,500 residents.

Rural Centers

We define rural centers as areas with at least 2,500 and less than 50,000 people. The U.S. Census Bureau categorizes these as "Urban Clusters."

Urban Areas

According to the U.S. Census Bureau, urban areas represent densely developed territory encompassing residential, commercial, and other non-residential urban land uses with 50,000 or more residents.

Definitions Specific to this Report

Birth through Five (B-5) Needs Assessment ("Needs Assessment")

This Needs Assessment fulfills the formal requirements of Colorado Shines Brighter, the state's Preschool Development Grant Birth through Five (PDG B-5).

Parent Survey

This Needs Assessment draws on data gathered in the 2019 PDG Parent Survey, which this report will refer to as the Parent Survey. More information on survey methodology can be found on page 95.

Child Care Model

A quantitative estimation of current and desired states for child care use in Colorado.

Current State

Model-generated estimates of where Colorado's children are currently receiving care (licensed, informal, and parent).

Desired State

Model-generated estimates of where Colorado's children would be receiving care in an ideal state based on parental preference and free of barriers such as cost and availability.

Eligible Population

Estimates of the total eligible population for specific programs based on program eligibility criteria (income, family characteristics, etc.).

OUR ASSESSMENT

Twelve Pressing Needs and Potential Approaches

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators, and policymakers shaped the efforts of Colorado Shines Brighter in 2019 by sharing their experiences through focus groups, interviews, and surveys.[30] Existing data and the new Child Care Model also informed the assessment. Both the qualitative and quantitative research is applied to appraise individual programs, which are featured later in this report.

A full review of these data sources and related findings leads to 12 equally pressing opportunities to increase equitable access to, and the quality of, Colorado's early childhood system.

Twelve Pressing Needs: A Summary

1. Increase Availability of Affordable, Convenient, and Quality Care, Especially for Infants and Toddlers

2. Provide More Equitable and Culturally Relevant Care

3. Increase Inclusivity and Access for Children with Special Needs

4. Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape

5. Continue to Develop a Diverse Early Childhood Workforce

6. Increase Knowledge and Supports Around Child Care Licensing and Offer Essential Business Supports to Child Care Providers

7. Centralize and Increase Parent and Caregiver Access to Early Childhood Information

8. Increase Transition Knowledge and Associated Supports

9. Expand Access to Early Childhood Mental Health Consultation

10. Invest in Rural Outreach

11. Integrate Disparate Data Sources

12. Enhance Cross-Sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long-Term Outcomes

Each of these 12 needs speaks to one or more of the six goals of Colorado Shines Brighter. The goals that fit with each need are indicated by the following icons:

ACCESS — Increase Meaningful and Equitable Access

INNOVATE — Innovate Service Delivery

FAMILY — Maximize Family Knowledge and Engagement

BUSINESS — Strengthen Business Practices

QUALITY — Improve the Quality of ECE Environments and Workforce

SYSTEMS — Align and Coordinate Systems

1. Increase Availability of Affordable, Convenient, and High-Quality Child Care, Especially for Infants and Toddlers

QUALITY   **SYSTEMS**

Throughout the state, parents and caregivers report that it is increasingly difficult to locate one or more child care arrangements that can meet the needs of the family's composition, schedule, and budget. As demand for licensed child care grows, it is becoming more challenging to locate a single child care provider who is accepting new enrollments, especially for families seeking infant and toddler care or mixed age care. Moreover, most licensed child care facilities keep hours that accommodate a traditional 9-to-5 work schedule, leaving parents who work nights and weekends with few options.

In line with national trends, Colorado licensing data reflects a significant and demonstrable decline in licensed child care capacity for infants and toddlers.[31] At the same time, demand for licensed child care in Colorado appears to be increasing.[32] This dynamic creates a pressing need for more qualified care providers as well as more center- and home-based facilities. Without these increases it will be incredibly difficult to accommodate parents' preferences for child care.

It is unclear if the increased demand for licensed child care reflects changes in priorities, changes in demographics, or restricted availability of friend and family care. For example, individuals relocating to Colorado from 2011-2016 tended to be younger, have higher levels of educational attainment than Colorado residents, and a median household income of $69,400 in 2016. These characteristics may shape child care preferences.[33] The next iteration of the Needs Assessment should seek to better understand this trend in an effort to promote the unique care arrangements needed and desired by Colorado children and families.

After identifying an appropriate care arrangement, another consideration for many of Colorado's families is whether the child care program is affordable. As of July 2019, 1,685 licensed facilities were authorized to accept Colorado Child Care Assistance Program (CCCAP) to help eligible families cover the cost of child care.[34] While CCCAP and other tuition-assistance and subsidy programs lessen the cost of child care to families, these programs may only cover a fraction of the total cost of care. In some cases, parents may be required to supplement CCCAP through a copayment. Affordability is an even larger barrier for families experiencing homelessness and families who do not have the resources to meet their basic needs.

The health and safety of the child care environment is another top consideration. Parents are also increasingly looking for child care programs that exhibit characteristics of high-quality care, which include opportunities to strengthen the child-caregiver relationship, a key component of supporting young children's learning and development.

For example,

- Parents surveyed universally cited a care setting's ability to provide a safe and supportive environment (97%) and positive child-caregiver interactions (94%) as major reasons in choosing child care.[35]

- The next set of highly rated attributes included the learning environment (84%), socialization opportunities (75%), and flexible scheduling (65%).[36]

- Parents who identified as Hispanic (69%) and whose household income is below $40,000 annually (71%) prioritized flexible scheduling as compared with other survey respondents.[37]

- The leading reasons cited by parents as barriers to engaging their preferred care arrangement:[38]

  o Cost of care (major 63%; minor 16%)

  o Space/availability of care (major 45%; minor 21%)

  o Location (major 38%, minor 29%), and hours of operation (major 43%, minor 25%)

  o Ability to accept child care subsidy/assistance (major 25%, minor 13%)

- Moreover, more than half of parents surveyed (53%), stated they had to turn down a work opportunity in the past year because they could not find or afford care.[39]

- Finally, only 11% of the 22,300 Colorado children under the age of 6 experiencing homelessness were served by an early care and education (ECE) program in 2016.[40]

Greater availability and accessibility to quality ECE programs that are meaningful, convenient, and affordable is essential to supporting the positive development and well-being of both children and families. Potential approaches to increasing availability and access include incentivizing licensed child care facilities to offer non-traditional hours and increase the number of infant and toddler slots. Paid family leave is a critical gap for many families and children, especially because it can help families address the challenge of affordability.

Other opportunities include:

- Fund grants to prospective and existing family child care home providers and centers serving infants and toddlers in communities demonstrating need, child care deserts, and/or those providing non-traditional hours.

- Ensure a mixed-delivery ECE system — a system where there is a balance of center child care, home child care, Head Start, and school-district based preschools, to ensure parents have choices that best fit their needs and the need of their child, at any age.

- Develop a policy analysis tool to examine how

current and future policies affect availability of infant and toddler care with a lens toward equity and impacts on priority populations, such as dual language learners and families experiencing poverty.

- Strengthen policies that incentivize providers who serve priority populations, such as infants and toddlers. For example, consider development and expansion of tax credits, the Colorado Child Care Assistance Program, the Child and Adult Care Food Program, and future initiatives to increase funding for providers who serve priority populations.

- Identify tools that ECE programs can use to identify families experiencing homelessness, better engage and build relationships with these families, and use strengths-based approaches to support families and connect them to other resources in their communities.

> "*Child care takes two-thirds of what we make a month. It's hard to find affordable child care when you need to pay for living expenses [like] food, etc. It is a real struggle.*"— Colorado parent, 2019

2. Provide More Equitable and Culturally Relevant Child Care

ACCESS   **INNOVATE**   **QUALITY**

Within focus groups, inequitable access to child care was a prominent point of discussion. Both parents and ECE providers noted significant differences in available options, frequently contrasting rural and urban resources, as well as the limited number of facilities statewide appropriately prepared to support the development of all children. In particular, recent immigrants and dual language learners were noted as typically underserved populations, as well as children from a diversity of racial and ethnic backgrounds, children from refugee families, and children from tribal families.

For example,

- Colorado is culturally and linguistically diverse. For instance, 145 languages were spoken by students in Denver Public Schools in 2014.[41] (See At Our Core: Colorado's Children and Families on page 35 for more detail).

- Parent Survey respondents cited the (in)ability to accommodate their child's language (23%) as a barrier to engaging in their preferred care arrangement. It is important to note that the Parent Survey was available only in English and Spanish.[42]

- On average, 46% of parents reported culturally relevant information and programs as being a major driver when choosing child care. This grows to over 56% for families with incomes below $40,000 annually and 59% across all respondents of color.[43]

Colorado has a pressing need to foster inclusive and culturally relevant care settings. Potential approaches include increasing the cultural competency of ECE providers and investing in instruction and materials that are adaptive to serve all children. However, the next iteration of the Needs Assessment should make a concerted effort to capture the voices of commonly isolated and difficult-to-reach populations to better understand how best to support ECE needs within these special populations.

> *Parents are concerned about their children forgetting their culture and language. It is important for schools to offer [programming that supports] different cultures/languages.*
> — Colorado parent, 2019

3. Increase Inclusivity and Access for Children with Special Needs

ACCESS

Locating, securing, and paying for child care is a challenge parents face nationally. Over 98% of Parent Survey respondents stated the importance of safe and healthy environments in their consideration of child care arrangements.[44] However, for parents of children with special needs, this consideration was paired with the added necessity of identifying appropriately prepared care environments, making child care even harder to locate for these families.

For example,

- Close to half of all parents surveyed (44%) cited the importance of accommodating special needs in choosing child care.[45]

- This number rises to 60% for families earning under $25,000 annually.[46]

- And 34% of parents cited the (in)ability to accommodate any special needs of their

child(ren) as a barrier to engaging their preferred care arrangement.[47]

- Current assessments of program quality do not capture inclusive practices, and participation in inclusivity training is optional for child care providers.[48]

- Head Start is serving a small percentage of this eligible population. Federal law requires at least 10% of the total number of children enrolled by each Head Start program be children with disabilities who are determined to be eligible for preschool special education (IDEA Part B — Section 619) and related services or early intervention services (IDEA Part C).[49]

> **There are no child care facilities that have a fluent ASL user. The only full-day preschool option is an oral-only approach. I have been unable to work for three years because of the lack of access for my child.**
> — Colorado parent, 2019

Continuing to create an ECE system that is inclusive for all children, especially children with developmental delays or disabilities, requires investment in training, facilities, and programs that promote inclusivity. A potential approach to building more capacity is to connect licensed child care facilities to funding streams that allow for necessary renovations and adaptive instruction and materials purchases. Another avenue for advancement is to create and offer free and accessible professional development opportunities, including coaching, consultative services, and online training modules. Finally, approaches to building this critical knowledge into foundational coursework for ECE professionals should be considered. Systematic investment in increasing the availability of appropriately prepared care environments and child care providers is vital to ensuring that all children are valued, healthy, and thriving. As such, increased inclusivity is a pressing priority.

4. Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape

QUALITY

An emphasis on the importance of high-quality ECE environments can be heard from all stakeholders, from parents to policymakers. Quality may vary in definition by individual — from access and convenience to systematic environmental ratings — but the voices captured in this report all underscored the importance of quality.

> **Quality care is ... having caregivers that genuinely enjoy being with kids; they're not doing it just because it's the only job they can land in town. It's greeting parents and kids at the door. It's meeting their needs when they see there's something going on with the family, so it's not just working with children in the academic sense...You're asking those questions of families: How can you better be supported?"**
> — Colorado child care provider, 2019

Colorado's ECE system would benefit from consistent training requirements that support the quality of care, as well as efforts to recruit and retain a qualified workforce. Stakeholders shared that ECE professionals often leave the sector to secure better paying, more stable, and less demanding positions.[50]

For example,

- According to a 2017 Colorado early childhood workforce survey, ECE center directors reported a 17% annual turnover rate in program leadership positions and a 16% turnover rate in lead teacher positions. Community-based and Head Start centers tended to experience higher rates of turnover across job roles in comparison with public school-based ECE programs.[51]

- In the same survey, teachers who reported leaving their jobs most often left the field altogether, left to obtain a higher paying teaching job, or left to stay at home with their families. Approximately a quarter of teachers indicated that they plan on making a job change within the next two years.[52]

- Almost three out of four (70%) ECE center directors reported difficulty in filling vacant positions and took an average of two and a half months to fill those roles. As a result of those recruitment challenges, directors reported hiring less qualified staff to meet the need.[53]

High turnover of ECE professionals negatively impacts Colorado's children and families, as well as child care programs that cannot provide services due to staff shortages or vacancies. Difficulty in retaining qualified ECE providers also limits the number of available high-quality ECE programs in Colorado.[54]

The quality of current and future licensed child care programs will improve by retaining and investing in the professional development of the workforce. Potential approaches to grow and retain staff are to "professionalize" the occupation through certifications and other credentialing programs; offering structured career ladders; and increasing coaching, education, and training options through new partnerships or the provision of scholarships. Increased compensation would improve recruitment and retention rates, too. Some regions may consider local tax options to do just that.

5. Continue to Develop a Diverse Early Childhood Workforce

BUSINESS **QUALITY**

> *We want diversity. Children want to see people who look like them."*
> — Colorado parent, 2019

Focus groups shared that ECE professionals do not always represent the diverse children they serve. This finding is also captured in the 2017 Colorado Early Childhood Workforce Survey, which found that:

- Half of teachers work with children whose primary language they do not speak.[55]

- Latinx teachers were less likely to be in lead teaching roles and more likely to be in assistant teaching roles than their white, non-Latinx counterparts.[56]

- African Americans accounted for 5% or less of commonly held roles in ECE settings (Director, Lead Teacher, Assistant Teacher, and/or Family Child Care Provider).[57]

A more representative workforce would serve children and families more effectively. This is particularly relevant as the state's demographics continue to shift and change. Potential approaches include broadening recruitment, training, and outreach efforts to communities of color throughout the state; providing more educational scholarships and fellowships; and supporting current informal care providers in obtaining child care licenses.

6. Increase Knowledge and Supports Around Child Care Licensing and Offer Essential Business Supports to Child Care Providers

INNOVATE **BUSINESS**
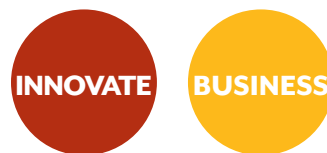
Small businesses make up most of the child care provider market.[58] Those small businesses must navigate the many administrative burdens that come with local and state regulations. For example, a report examining family child care home providers in Colorado reveals that:

- Nearly 15% of surveyed family child care home providers found the licensing application confusing and 12% did not know how to get help.[59]

- Local regulatory agencies may assign more requirements than child care licensing rules require. If localities have adopted the International Business Code, which treats family child care homes as small businesses, they may require a sprinkler system and an additional point of egress be installed. Additionally, some local regulations allow fewer children than the state child care licensing rules. Even when

local regulation does support family child care homes, a Homeowners' Association (HOA) may completely prohibit the operation of family child care.[60]

In addition to providing care, many child care providers play a dual role of child care administrator or director. Successfully operating licensed child care facilities can include a range of duties, from offering nutritious meals to meeting payroll to regularly reporting quality metrics. Small facilities may not have the staff or training to successfully complete all of these activities.[61]

Efforts aimed at supporting both new and continuing providers in navigating layered, and sometimes competing licensing regulations, is imperative to meeting the state's current child care demands. Reducing this burden may allow providers to more efficiently maintain their license and lower barriers to other providers becoming licensed. Suggested approaches include developing and providing technical assistance to support providers through the licensing process, increasing the number of licensing specialists to expedite application processing, and creating more relevant e-learning content to support licensing and professional development requirements.

Child care facility owners, whether center- or home-based, would benefit from business support and technical assistance. An approach is to explore partnerships with business consultants or navigators to support providers through the start-up process, providing training, technical assistance, and other resources associated with starting and maintaining a financially sound licensed child care facility.

7. Centralize and Increase Parent and Caregiver Access to Early Childhood Information

FAMILY **SYSTEMS**
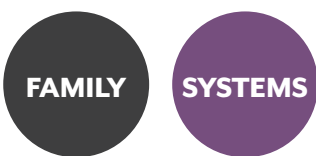
The early childhood system is large and complex. Many professionals within the early childhood system report limited knowledge of all of the programs, services, and financial assistance available to families. Navigation of the system is considerably more difficult for those outside the system such as parents and informal child care providers. This barrier can feel concentrated and insurmountable

for specific populations such as new parents, immigrant and migrant parents, and rural and low-resource parents.

> " *Many parents aren't aware of the resources available and rely on word of mouth to find programs and services.*
> — Colorado parent, 2019

For example,

- When asked what services are locally available when needed, medical and dental care were prominent among Parent Survey respondents — 95% and 91% respectively.[62]

- In contrast, parent knowledge of early childhood programs is limited. Between 7-19% of parents surveyed reported a range of child development services were not available locally and another 35-65% had no knowledge of existing child development supports.[63]

Parents are not alone. Informal child care providers interviewed for this Needs Assessment were not aware of how to connect to family and community supports such as early intervention services or home visitation programs. For example, a focus group of primarily Spanish-speaking informal care providers shared that the only way they learned about support programs for the children in their care was through their own child's experience in a preschool or home visitation program.

Increasing families' and caregivers' knowledge of the programs, services, and financial assistance available to them — from knowing the quality and availability of local licensed child care programs to understanding funding available to pay for child care, especially for families with lower incomes — would empower families to make informed choices in Colorado's mixed-delivery system. One approach is to create a family-facing website that consolidates, highlights, and connects parents to early childhood programs, services, and financial assistance. Another potential approach is to increase targeted outreach efforts to locations families and informal child care providers gather — libraries, parks, pediatric offices, community and faith-based organizations. Systematic investment in outreach efforts should hold equity at the forefront, aligning initiatives with the needs of families from diverse

backgrounds, cultures, races, and ethnicities, and would include creating outreach tools in languages responsive to Colorado's populations.

8. Increase Transition Knowledge and Associated Supports

ACCESS **FAMILY**

Transitions in early childhood, between and across caregivers and settings, can be a source of great excitement as well as great uncertainty for children and families. Uncertainty may outweigh excitement for some families, such as immigrant families, families with a history of trauma and adversity, and children with developmental delays and disabilities.

To make transitions successful, families and early childhood professionals need to share information, focus on supportive relationships, and align programming to ensure consistency and stability.

For example,

- Within focus groups, home visits were cited as opportunities to have rich conversations with children and families about how children are feeling about the transition, including expectations, concerns, and fears.

- Parents shared that children transition best when they have a nurturing environment, and when their teachers and child care providers understand the child's previous care and education environment. This was a repeating theme for parents, ECE providers, and other early childhood professionals.[64]

This Needs Assessment captures the experiences of families and early childhood professionals as children transition out of sending programs; however it does not reflect opportunities to address the challenges and opportunities of transitioning into the receiving entities, such as kindergarten classrooms. Greater understanding is necessary to more effectively support the transitions of children, especially those who are vulnerable and underserved and children experiencing special needs who are entering kindergarten.

Some local ECE programs and school districts

may participate in transition planning for children entering kindergarten. However, Colorado lacks a system-level approach to planning and providing support to parents, child care providers, K-12 educators, and other professionals. This is especially true regarding children's transitions into kindergarten. Increased coordination between the OEC and the P-3 Office is recommended to facilitate systematic investment into the development and communication of transition plans, provider-to-provider data sharing, and activities that encourage families to share information about their child's strengths and challenges across ECE environments.

Activities to support children's transitions include connecting parents and early childhood professionals to concrete strategies to support and guide children and families through transitions. This effort would leverage national best practices and the positive experiences of Colorado families to ease transitions, increase social-emotional support, and ensure children are ready to learn.

For example,

- Embedding transitions content into the Colorado Early Learning and Development Guidelines to inform practices by formal and informal child care providers, parents, and others working with children and their families, of the four principles to ensure smooth transitions.

- Developing tools for families and informal child care providers to support children's school readiness and transition into kindergarten and resources for early childhood professionals to have structured conversations with parents as children transition across caregivers and settings.

- Promoting cross-provider and family involvement in developing transition plans for children who meet criteria for Early Intervention Colorado (IDEA Part C; birth through age 2) who will likely need continued services in preschool special education (IDEA Part B - Section 619 programs; ages 3 through 21) or another program.

> **"**
> *[Children] need ... that nurturing element [and providers need] an understanding of where children have been when they enter kindergarten."*
> — Colorado parent, 2019

9. Expand Access to Early Childhood Mental Health Consultation

ACCESS **INNOVATE** **FAMILY** **QUALITY**

Early Childhood Mental Health Consultation (ECMHC) is a prevention and promotion approach that places mental health professionals in ECE facilities to assist child care providers in creating environments and interactions that foster social-emotional competence for all children from birth through age 8. Consultation services are available at the child-, classroom-, and program-level (see ECMHC profile on page 116). However, ECMHC services are largely embraced for child-level guidance to reduce challenging behaviors, suspensions, and expulsions. Taken together with constraints on funding and available workforce, much of Colorado is not receiving this free, quality-enhancing service.

In 2016, the Colorado legislature doubled the number of state-funded ECMHC professionals from 17 full-time equivalents (FTE) to 34 FTE.[65] This was a much-needed step in the right direction; however, this increase has not been enough to meet current demand.

As of today, the state funds 34 ECMH Specialists serving 64 counties that participate in the state program.[66] This equates to:

- Less than one service provider per county.
- Less than one service provider per 120 child care classrooms.[67]
- Less than one service provider per almost 12,000 children under 5.[68]

For example,

- Of the 28 ECMHC professionals who completed an internal program survey in August 2019 (47% response rate):[69]
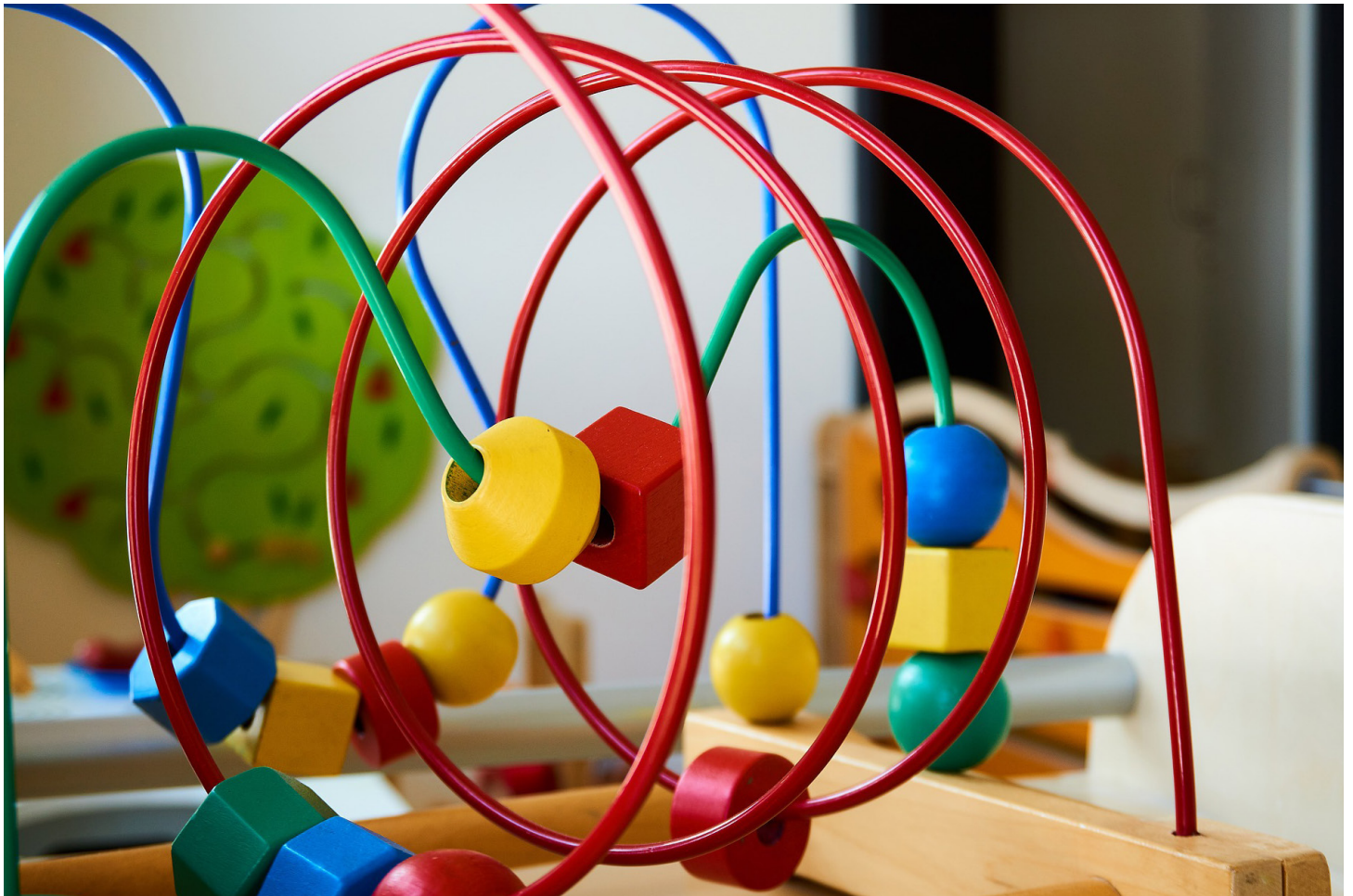
- o 32% stated they turned down one to three referrals a week due to high or full caseloads.

- o Of those who independently kept waitlists, the number of children and classrooms awaiting services ranged from four to 20.

- o Survey respondents identified 10 children for whom they did not or could not provide services, and who were ultimately removed from their ECE programs.

- This mismatch of supply to demand was reflected in the Parent Survey, with 52% of parents rating ECMH services that address challenging behaviors or social emotional development as extremely or very important to the care of their child.[70]

- This was rated much higher for areas with rural counties (e.g., 57% in Central region), communities of color (e.g., 62% for Black or African American parents), and families experiencing low income (e.g., 66% for families earning less than $25,000 annually).[71]

- However, 52% of parents were not aware of local availability of ECMH services.[72]

ECMHC professionals, though valuable in equipping adults with the skills needed to appropriately and positively engage children whose behaviors they find challenging, are also important contributors to increasing program quality, improving family-provider collaboration, and reducing ECE professionals' stress, burnout, and turnover. Additionally, ECMHC professionals have the tools and developmental expertise to enhance statewide screening and referral initiatives.

While parent and child care provider demand is growing for ECMHC, convenient and timely access to services continues to be a barrier to receiving services statewide. One targeted approach is to explore remote options such as a warm-line and telehealth strategies. Another approach is to incentivize program-level use of ECMHC services to increase reach and expand adult knowledge. Systematic investment in increasing the availability of ECMHC services to all ECE environments will likely yield positive outcomes for children, staff and providers, and is therefore a pressing priority.

10. Invest in Rural Outreach

ACCESS **INNOVATE** **BUSINESS**

Rural service delivery presents a perennial challenge. Offering early childhood programs and services that focus on specific subpopulations are especially difficult to implement in rural settings because of both reach and scale.

For example,

- Formal (Licensed) Child Care:

  - o On average, Colorado is meeting 74% of the desired state for licensed child care with the current state (see page 48). Fourteen of Colorado's rural counties are below the state average for meeting the desired state for licensed child care with their current offerings.

  - o Parents in southwestern Colorado reported the highest rate of having a time when they went without needed child care as compared with the rest of the state, noted by almost three out of four Parent Survey respondents (71%) in this rural region.[73]

- Family and Community Support Programs:

  - o Family Resource Centers (FRCs). Families in 16 counties do not have access to Colorado's 31 FRCs.[74]

  - o Services for Children with Special Needs. Parent Survey respondents in non-Denver metro areas of the state — though not completely rural — were less likely than their Denver metro area counterparts to report having the services they need for children experiencing developmental delays or physical or mental disabilities, with about a third of parents indicating awareness that services are available.[75]

  - o Early Childhood Mental Health Consultation (ECMHC). The northwest region of the state has two full-time ECMH Specialists who are responsible for an area larger than the state of Massachusetts.[76]

o Home Visitation. Nurse-Family Partnership serves all counties. However, HIPPY, PAT, and HealthySteps have little presence on the Eastern Plains. SafeCare Colorado is not available in the mountainous western counties (see Map 8 on page 88).

The recruitment and retention of rural ECE providers will benefit from increased access to training and technical assistance through more effective outreach. A potential approach is to invest in more outreach — both in-person and increasingly through digital modalities — to provide more consultative services and practice-based coaching for ECE professionals, informal care providers, and other early childhood professionals. Additionally, micro-grants and other investments to increase the number of licensed and quality child care providers should target rural communities.

Since 2017, Early Intervention Colorado has successfully expanded its reach into rural communities through the use of telehealth. Other family and community support programs such as ECMHC, and ECE program supports like quality improvement coaching, may expand their reach into rural communities by employing similar efforts.

11. Integrate Disparate Data Sources

SYSTEMS

Currently, early childhood data systems are organized to capture and provide information on individual engagement in programs and services. This approach generates meaningful information for specific stakeholders and lends itself to strong program evaluation. However, it also limits Colorado's understanding of how programs and services interact to best serve and support children and families.

For example,

• In FY2018-19, ECMHC professionals provided 2,706 services to adults working with young children.[77]

• In the 2018-19 school year, more than 14,400 children received services through the preschool special education program (IDEA Part B — Section 619).[78]

• In calendar year 2018, 4,586 first-time moms participated in Nurse-Family Partnership.[79]

At this time, current data systems cannot easily nor systematically assess whether these are unique or duplicate child or parent counts. Additionally, these systems cannot assess additive benefits derived from engagement in multiple services at the child- or family-level. Finally, they cannot connect nor assess long-term outcomes for children and families.

To further illustrate this need, the Child Care Model within this Needs Assessment employed more than four distinct data sources to arrive at an *estimate* of the current state of available child care in Colorado (See Our Approach, page 93).

Simple counts of current supply and demand — of children, providers, available slots, or funding — are technical challenges. Forecasting future demand is even more challenging. With a unique identifier, systems could have more precise counts of children or parents who may be connecting to more than one service. This would allow local providers, program administrators, and policymakers to better understand the degree to which children and families are — or are not — served. This will be especially helpful to better track children and their families longitudinally and support children's transitions across programs in the early childhood system. Systematic investment in Colorado data systems, structures, and data sharing agreements among agencies and programs is a pressing priority.

12. Enhance Cross-Sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long-Term Outcomes

SYSTEMS

Building on the previous first need to integrate internal data sources, the state would greatly benefit from an investment in new or strengthened cross-sector partnerships and data sharing agreements. Longitudinal data that follows children through age 5 — and potentially beyond (e.g., prenatal through third grade) — would allow program administrators and policymakers to assess and invest in the programs and services that improve school readiness across the entire system. Additionally, supports to children and families could be better coordinated and leveraged across sending and receiving programs during important transitions.

For example,

- Early Intervention Colorado (IDEA Part C; birth through age 2) is administered through the Colorado Department of Human Services, while preschool special education (IDEA Part B — Section 619; ages 3 through 21) is through the Colorado Department of Education.

- Early Intervention Colorado administrators are currently unable to provide information on whether children who aged out of IDEA Part C services and were referred to IDEA Part B — Section 619 met eligibility criteria or started receiving services.

At this time, child- and family-level assessment and outcome data are regularly collected. However, progress indicators only align with individual program initiatives and required reporting. For example,

- Colorado Community Response, Promoting Safe and Stable Families, and Family Resource Centers focus on increasing family protective factors.

- ECMHC focuses on increasing key social and emotional strengths in children and improving the quality of adult-child interactions.

- Early Intervention Colorado focuses on increasing current levels of developmental functioning.

- The Colorado Shines Quality Rating and Improvement System relies on ratings of the child care or preschool environment.

Few, if any, programs collect data on children and families following program engagement (e.g., no longer enrolled). Appropriate and meaningful information exists across data systems. However, at this time it is not possible to determine whether a family has had one or multiple connections to programs or services in the early childhood period or whether those contacts improved school readiness as well as long term family well-being. Therefore, another area of suggested improvement is selection of agreed-upon progress indicators that could be collected across programs and services to assess collective and long-term impact. Systematic investment in evidence-based, uniform, measurable outcomes will help assess the impact of various programs on children and the system overall.

We believe that a framework to support the development and education of young children requires a comprehensive approach grounded in an understanding of how current gaps in early child care access and quality contribute to the growing deficits in school readiness and educational outcomes over time."[80]

— Ajay Chaudry et al., *Cradle to Kindergarten: A New Plan to Combat Inequality*

AT OUR CORE

Colorado's Children and Families

Colorado is home to an estimated 332,000 children under age 5 (see Table 1).[81] The first step to serving them is to understand who they are and the communities where they grow up.

Colorado's children are diverse, and understanding this diversity will help in the implementation of programs and services that are tailored to meet demand, promote school readiness, and optimize overall child development.

Diversity also poses challenges for early childhood leaders. Rural areas must cope with issues of reach and scale. Poverty is closely and inversely correlated with many school readiness measures. Historical inequities mean that children of color are frequently not as ready for school as their white counterparts. And children with developmental delays and disabilities who do not receive services early in life may not be as school-ready as their peers when entering kindergarten.

This portion of the Needs Assessment takes a detailed statistical look at Colorado's young children. Section One profiles key populations in the state of Colorado according to the following characteristics:

household income, experiences of homelessness, race and ethnicity, language spoken, developmental delays and disabilities, teenage parenthood, military background, single-parent status, parents' employment status, immigration, refugee status, American Indian identity, and experiences of trauma. This section also describes associations between select characteristics and school readiness.

Section Two analyzes geographic differences. First, we look at children by region: Central, East, Metro, Mountain, Southeast, and Southwest (see Map 1).[82] Second, we analyze the urban/rural dichotomy. The contrasts among populations, services, and programs in rural and urban areas create distinct challenges and opportunities for program administrators and policymakers.

Unless otherwise noted, the data in this section come from public data sources. Additionally, in cases where data are not available to specifically describe the population of children under 5, older children are included (e.g. children under 6, children under 18).

Table 1. Colorado's Children Under 5 by Age, 2018 Estimates

Age Group Name	Age	Estimated Number of Children	Estimated Total by Age Group
Infants	<1	64,422	64,422
Toddlers	1	65,623	133,005
	2	67,382	
Preschool-aged Children	3	67,708	135,041
	4	67,333	
	Total Children Under 5		332,468

Section One: Key Populations

A. Socioeconomic Factors

A1. Low-Income Households

Nearly one in six (16%) children under 5 in Colorado are from families who earn less than the federal poverty level.[83] And the number of young children living below the federal poverty level (FPL) represents just a portion of those living in resource-constrained homes. (See "Defining Low Income" on page 36.)

39% of children under 6 live in households that earn less than 200% of the FPL, which was $51,500 for a family of four in 2019.[84]

Poverty can affect nearly every indicator of child well-being, including cognitive, socio-emotional, and physical health outcomes.[85] As a result, children from low-income families, on average, enter kindergarten less ready to start school than children from families with moderate and higher incomes.[86] The developmental effects of poverty appear around age 2 and are pronounced by age 3, and poverty experienced in a child's earliest years often produces more pronounced adverse effects than poverty experienced later in childhood.[87]

Economic hardship does not occur evenly across Colorado's population. Children from rural communities, communities of color, and immigrant families are disproportionately likely to be from a low-income household. In Colorado, Black, American Indian, and Hispanic children are more than twice as likely to live in a household earning below 200% of the FPL, relative to non-Hispanic white and Asian children (see Figure 3).[88] And children from immigrant families are nearly twice as likely to live in homes earning below 200% of the FPL (see Figure 4).[89]

Take Five: What About Colorado's 5-Year-Old Children?

This Needs Assessment focuses on children under age 5 except where indicated. This is due to the desire to take a deeper look at the state's early care and education (ECE) system and the ages of children participating in these programs. Specifically, Colorado implemented free, full-day kindergarten during the 2019-20 school year. Children who were age 5 on or before October 1, 2019, were eligible to enter kindergarten. That means 5-year-old children with a birthday before October 1 — most of them, if birthdays are evenly distributed across the year — are included in the K-12 system and not the early care and education system.

Five-year-old children remain an important focus for the early childhood system. There are an estimated 66,800 5-year-olds in Colorado, and understanding their needs and experiences — and those of their families — is essential to best serving the state's youngest children.[150]

Colorado's 5-year-olds are demographically similar to its children under 5.

- Nearly one in six 5-year-old children (17%) live below the poverty line — a similar rate to the under-5 population (16%).[151]

- Colorado's 5-year-olds are diverse: 59% are non-Hispanic white, 31% are Hispanic, 7% are Black, 4% are Asian or Pacific Islander, and over 2% are American Indian — a distribution nearly identical to that of Colorado's children under 5.[152]

- More than one in 10 (11%) 5-year-old children live in rural parts of the state — the same proportion as children under 5.[153]

While the socioeconomic, racial, ethnic, and rural/urban profiles of 5-year-olds are similar to their younger counterparts, 5-year-olds are at a unique transition point out of the early care and education system into the K-12 system — and with that, they present a unique set of challenges and opportunities.

The transition to kindergarten is a critical developmental milestone for 5-year-old children and for their families, many of whom have never engaged with a formal care environment like a public school setting.[154] To make transitions successful, families and early childhood professionals need to share information, focus on supportive relationships, and align programming to ensure consistency and stability.

Understanding the needs of these children is necessary to more effectively support their transitions, especially those who are vulnerable and underserved and children experiencing special needs.

Figure 3. Percentage of Colorado Children Living in Households Earning Below 200% of the Federal Poverty Level by Race/Ethnicity, 2016

Race/Ethnicity	Percentage
Black	69%
Hispanic	61%
American Indian	61%
Non-Hispanic White	26%
Asian	24%

n = 149,178
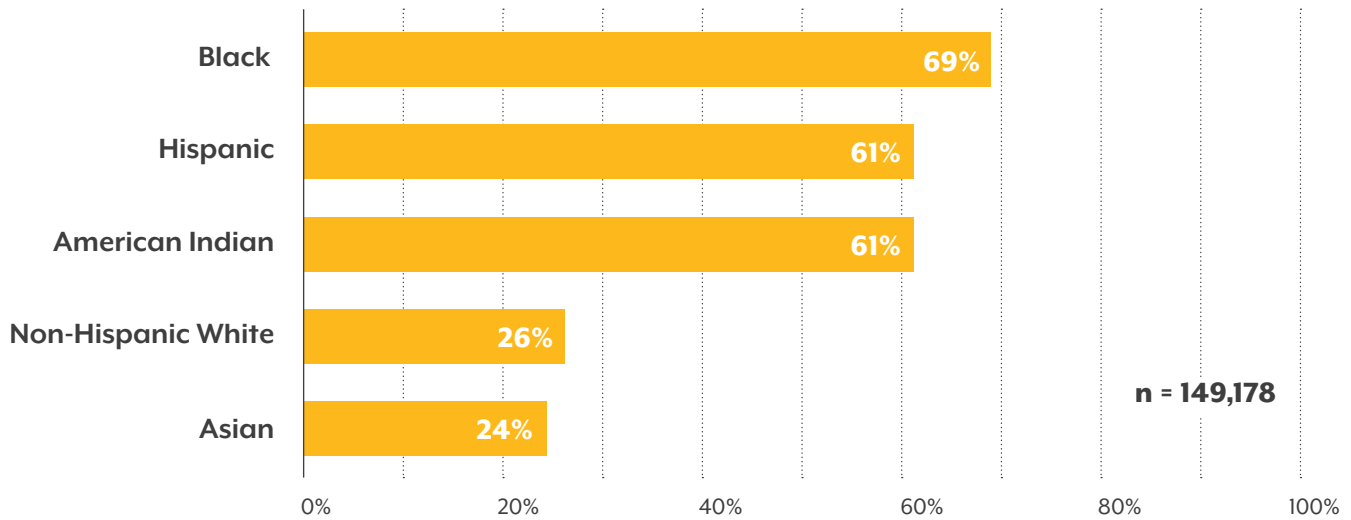
Figure 4. Percentage of Colorado Children Living in Households Earning Below 200% of the Federal Poverty Level by Parental Nativity, 2016

Parental Nativity	Percentage
Children of Immigrant Parents	58%
Children of Native-Born Parents	33%

n = 155,137
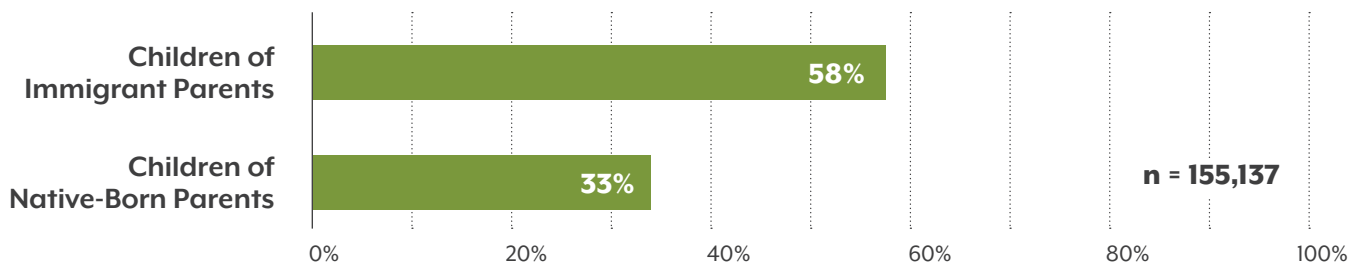
A2. Families Experiencing Homelessness

Colorado recognizes children or youth who do not have a fixed, regular, or adequate nighttime residence as homeless.[90] Experiences of homelessness in early childhood are associated with reduced school readiness.[91] Young children experiencing homelessness in Colorado are therefore especially in need of programs and services to prepare them to enter kindergarten.

22,300 children under age 6 experienced homelessness in Colorado at some point during the 2015-2016 school year — one in every 18 children, according to the U.S. Department of Education.[92]

Two programs in Colorado's early childhood system emphasize serving young children experiencing

homelessness: Head Start and the McKinney-Vento Education for Homeless Children and Youth program. In 2016, only 11% of children under age 6 experiencing homelessness were served by Head Start or McKinney-Vento-funded early childhood programs.[93] This presents an opportunity for future outreach to families experiencing homelessness.

B. Race, Ethnicity, and Language

B1. Racial and Ethnic Diversity

Colorado is home to children from a diversity of backgrounds. Four in 10 children under 5 in Colorado are children of color (see Figure 5).[94]

In Colorado, many families of color are underserved. For example, the Parent Survey found that 82% of Black or African American parents and 69% of Hispanic parents had gone without child care when

Figure 5. Colorado Children Under 5 by Race/Ethnicity, 2018

Category	Percentage
Non-Hispanic White	59%
Hispanic (Any Race)	31%
Black (Hispanic or Non-Hispanic)	7%
Asian or Pacific Islander (Hispanic or Non-Hispanic)	4%
American Indian (Hispanic or Non-Hispanic)	3%
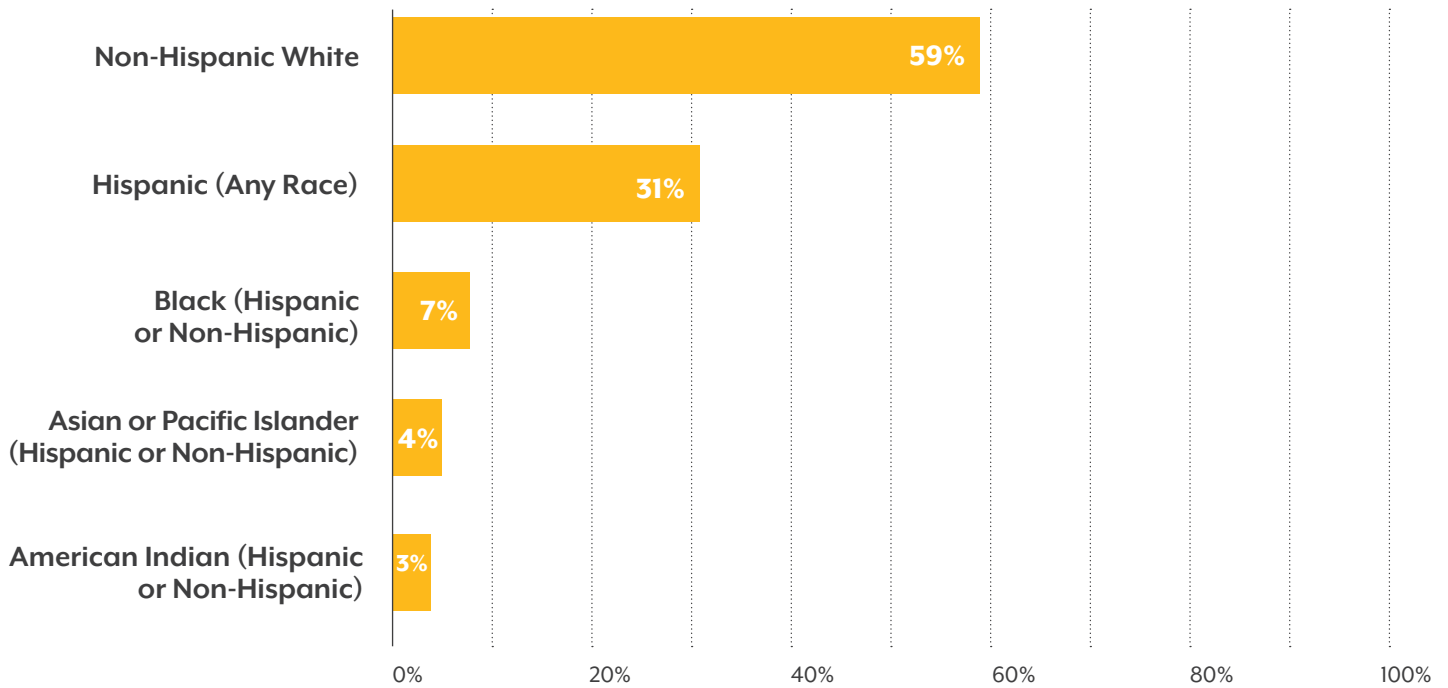
Numbers do not sum to 100% because Hispanic origin and racial categories are not mutually exclusive.

How This Report Talks About Race and Ethnicity

Sources cited in this assessment use different language to talk about different racial and ethnic groups. In some cases, language differences are due to different ways of categorizing groups of individuals. For instance, a survey may ask people to self-identify as Black or African American, and people may self-identify as one but not the other. Similarly, data on Hispanic and Latinx populations are not interchangeable: "Hispanic" typically refers to people who have Spanish-speaking ancestry, while "Latinx" refers to people with Latin American ancestry. Some sources aggregate data on Asian Americans and Pacific Islanders, while others do not. And some but not all sources distinguish between immigrant and non-immigrant groups.

This report uses standardized language where possible. In some cases, it employs the language used by the source in order to accurately reflect the content of its sources. That means this report uses the terms "Latinx," "Latino," and "Hispanic," sometimes within the same section, because those terms are not always interchangeable.

This report also discusses "communities of color." Communities of color are not monolithic: a given community includes people and groups with diverse experiences. And yet there are common threads worth exploring in how Coloradans who are not white are uniquely affected by policies and practices.

Table 2. Percentage of Kindergartners Who Met All School Readiness Domains by Race/Ethnicity, 2018-19

Ethnicity	Percentage
Non-Hispanic	46%
Hispanic	30%
Race	**Percentage**
American Indian/Alaska Native	25%
Asian	33%
Black	30%
Native Hawaiian/Pacific Islander	36%
Two or more races	41%
White	45%

they needed it, compared with 59% of white parents and 55% of Asian parents. Relative to other parents, Black or African American parents were also more likely to turn down a work opportunity because they could not find or afford child care.[95]

Furthermore, when it comes to school readiness, inequities between children of color and their non-Hispanic white peers are well-documented.[96]

At the beginning of each school year, Colorado's school districts assess whether their kindergartners are meeting age expectations in each of the following school readiness domains: physical well-being and motor development, social and emotional development, language and comprehension development, cognition, mathematics, and literacy. During the 2018-19 school year, 46% of non-Hispanic kindergartners met all school readiness domains used by the Colorado Department of Education, compared with just 30% of Hispanic kindergartners. American Indian/Alaska Native children were least likely to meet all school readiness domains (25%), followed by Black children (30%), Asian children (33%), Native Hawaiian or other Pacific Islander children (36%), children of two or more races (41%), and white children (45%). Data for ethnicity and race were reported separately due to reporting limitations.[97]

It is vital that Colorado attend to its youngest children — 41% of whom are children of color — with these inequities in mind.[98]

B2. Language

An estimated 17% of Colorado residents speak a language other than English at home.[99] Among Coloradans who speak a language other than English, approximately two-thirds (65%) speak English "very well." However, for the 300,000 Colorado residents who speak English less than "very well," language barriers may remain an obstacle to accessing services for themselves and their families.[100]

After English, Spanish is the most common language spoken in Colorado, with 12% of the state's population speaking Spanish at home. An additional 5% of Coloradans speak a language other than Spanish or English.[101]

In 2014, Denver Public Schools identified 145 spoken languages by their students' families. After English and Spanish, top languages included Vietnamese, Arabic, and Somali.[102]

Table 3. Distribution of Colorado's Foreign-Born Residents by Region, 2017

Region	Percentage
Latin America	51%
Asia	26%
Europe	13%
Africa	8%
Northern America	3%
Oceania	1%

Numbers do not sum to 100% due to rounding.

C. Developmental Delays and Disabilities

Colorado's children have a wide variety of special needs, including disabilities that affect vision, hearing, movement, thinking, remembering, learning, communicating, mental health, and social relationships.[103] This Needs Assessment includes a focus on children with developmental delays and disabilities, which include a range of language, learning, or physical impairments that may affect day-to-day functioning.

In the United States, 7% of children ages 3 to 17 have been diagnosed with a developmental disability.[104] Data from Colorado show a similar story, with 8% of Parent Survey respondents reporting having a child with a developmental disability.[105]

Identifying developmental delays and disabilities and connecting families to supports early in a child's life can have a significant impact on their school readiness and life course.[106]

D. Family Composition

Many family characteristics — from parental unemployment to recent histories of immigration and other factors described below — are associated with barriers to school readiness and other developmental outcomes. Knowledge of the circumstances of Colorado families can help policymakers offer programs and services that effectively meet the needs of children and their families.

Defining Low Income

This Needs Assessment bases its analyses of income and poverty on the federal poverty level (FPL). **Poverty** refers to the conditions of a household earning less than 100% of the FPL, which was $25,750 for a family of four in 2019.[155] **Low income** refers to families who do not have the resources to meet their basic needs. When "low income" refers to a group or household making less than a designated income threshold (such as 200% of the FPL), we will specify.

Many programs in Colorado's early childhood system have income eligibility thresholds based on FPL, but eligibility varies from program to program. For example, Head Start serves families with incomes at or below 100% of the FPL, while the Nurse-Family Partnership (NFP) serves families making less than 200% of the FPL.[156] Some eligibility requirements even vary within programs, as with the Colorado Child Care Assistance Program (CCCAP). Under CCCAP, counties set their own maximum eligible income, provided they serve families with incomes at or below 165% of the FPL and do not serve families earning over 85% of the state median income.[157]

Many families who fall just above eligibility thresholds may actually be in greater need of supports than those who fall below. These families may be both low resourced and ineligible for many programs.

D1. Teen parents

Being a child of a teenage parent is associated with low birth weight, poor health outcomes, greater risk of social-emotional challenges, and greater risk of becoming an adolescent parent oneself.[107] Colorado's teen birth rate has declined dramatically, from 55.5 births per 1,000 females ages 15 to 19 in 1991 to 16.1 births in 2017.[108]

D2. Military families

Nearly 44% of U.S. active duty military members and 43% of reserve members have children.[109] As of September 2019, 49,703 Coloradans were active duty or reserve members of the military.[110] On average, military families move three times more often than civilian families. These frequent transitions can result in challenges at home and issues with enrolling in and adapting to early care and education environments — important factors when it comes to child development.[111]

D3. Single-parent households

Children in single-parent households are at greater risk of experiencing home-related stressors. For example, the poverty rate for single-parent families in Colorado is over four times that of married-couple families (31% and 7%, respectively).[112]

28% of Colorado's children under age 18 live in single-parent households.[113]

D4. Parents experiencing unemployment

Children living in homes experiencing economic hardship are more likely to have poor mental health compared with those raised in more advantaged households. Some studies show that children whose mothers are unemployed have worse mental health outcomes.[114] In 2017, 2% of Colorado parents were unemployed, down from 8% in 2010.[115]

D5. Immigrant and refugee families

While there is significant variation among immigrants, children from immigrant families, on average, experience more barriers to school readiness than children from native-born, non-Hispanic white families. Research suggests that factors such as family socioeconomic characteristics, parental decisions about child care, language background, and availability of early childhood programs are all associated with school readiness of children of immigrants.[116]

In Colorado, one in 5 children under 6 (21%) have at least one foreign-born parent.[117] The majority of Colorado children with foreign-born parents (88%) were born in the United States.[118] And Colorado's foreign-born residents are diverse: An estimated 51% are from Latin America, 26% from Asia, 13% from Europe, 8% from Africa, 3% from Northern America, and 1% from Oceania.[119] The estimated unauthorized population of Colorado is approximately 162,000, approximately 8% of whom are children under age 16.[120]

Colorado also welcomes an average of 1,650 refugees each year.[121] Since 2000, more than 29,000 refugees have settled in Colorado.[122] In recent years, refugees resettling in Colorado are most commonly from Burma, Iraq, Afghanistan, Democratic Republic of the Congo, Bhutan, and Somalia. Colorado's primary resettlement sites are the Denver Metro area, Colorado Springs, and Greeley.[123]

Refugee children often have academic and behavioral challenges, attributable in part to above-average rates of post-traumatic stress disorder, anxiety, and exposure to stressful life events.[124] In

addition to stressors experienced in their country of origin, the resettlement process presents a variety of challenges for refugee children and their families, including social isolation, discrimination, language barriers, financial stressors, and unemployment.[125]

D6. American Indian families

An estimated 3% of Colorado's children under 5 are American Indian.[126]

American Indian communities are disproportionately affected by challenges such as poverty, mental health issues, and substance use disorder, in large part due to a long history of oppressive policies and practices, including the forcible removal of children from their families.[127] Still today, American Indian children are over three times more likely than their white peers to be removed from their homes and placed into foster care, even compared with families with the same characteristics and challenges.[128] These inequities manifest themselves in adverse educational outcomes for American Indian children and youth.[129] For example, in 2018, the graduation rate for American Indian students in Colorado was 69%; among white students, it was 85%.[130]

E. Experiences of Trauma

Adverse childhood experiences (ACEs) are potentially traumatic events or aspects of a child's environment that undermine their sense of safety, stability, and bonding.[131] ACEs include experiencing or witnessing violence in the home, growing up with a family member with a substance use disorder, and being separated from one's parents. ACEs are associated with adverse educational, health, and socioeconomic outcomes.[132]

More than one in 10 Colorado children under 6 have already been exposed to multiple ACEs. And exposure to ACEs varies by family income: In Colorado, children from families earning less than 200% of the FPL are five times more likely to experience multiple ACEs than children from families earning more than 400% of the FPL.[133]

Providing supports to children who have experienced — or are at risk of experiencing — ACES, along with their parents and early care and education providers, will improve school readiness, social-emotional well-being, and educational outcomes throughout a child's schooling.[134]

Section Two: Geographic Variation

The economic, racial, and ethnic composition of Colorado communities varies widely across regions. Understanding this variation can help inform the allocation of resources within the state's early childhood system.

Income and Poverty Across Regions

Children who live below the poverty line are ready for school at a lower rate than those from middle- or higher-income backgrounds.[135] For this reason, early childhood leaders should pay particular attention to the southeastern and southwestern regions of Colorado, which have the highest rates of poverty among children under 5.[136]

Race and Ethnicity Across Regions

Hispanic, Black, and American Indian children are disproportionately affected by poverty and are less likely to arrive at kindergarten school-ready, relative to their white peers.[137] Identifying areas with relatively large Hispanic, Black, and American Indian populations can therefore suggest places for intensified programmatic investment.

Colorado's under-5 population is 31% Hispanic, 7% Black, and 3% American Indian.[138] But geographic variation across the state is significant.

Map 1. Percentage of Children Under 5 Living in Households Earning Below 100% of the Federal Poverty Level by Region, 2017 [158]

Mountain Region:

The proportion of children under 5 living in poverty in the Mountain region is slightly greater than the state average.[162]

Metro Region:

The Metro region has a slightly lower poverty rate for children under 5, relative to the state average. However, many children in this area are still affected by poverty: The Metro region is home to an estimated 27,000 children living below the poverty line.[161]

East Region:

The East region has the lowest percentage of young children living in poverty in the state.[163]

State Average

Percentage of Children Under 5 Living in Poverty:

16%

Central Region:

The poverty rate for children under 5 living in the Central region is the same as that for the entire state.

Mountain 17.8%

Metro 14.8%

East 13.1%

Central 15.8%

Southwest 23.8%

Southeast 31.0%

| 13.0% - 15.9% | 16.0% - 23.9% | 24.0% - 31.0% |

Southwest Region:

In southwestern Colorado, one in four children under 5 live below the poverty line, the second highest rate in the state, after the Southeast.[160]

Southeast Region:

In southeastern Colorado, nearly a third of children under 5 live below the poverty line — almost twice the state average.[159]

Map 2. Percentage of Children Under 5 Who Are Children of Color by Region, 2018 [164]

Metro and Central Regions:

The Metro and Central regions have both the highest concentration and greatest number of Black children in the state. Over 10% of children under 5 in central Colorado and 9% of children under 5 in the Metro area are Black, compared with 2-4% of children in other regions of the state.[167]

Metro Region:

An estimated 4,200 American Indian children live in the Metro region — the most in the state.[169]

Southwest Region:

In the Southwest, 11% of children under 5 are American Indian, four times the state average of 3%. This amounts to an estimated 1,100 children. [168]

Metro Region:

The Metro region is home to the greatest number of Hispanic children in the state: Some 58,700 children under 5 in the Metro area are Hispanic. Hispanic children represent 32% of the region's under-5 population.[166]
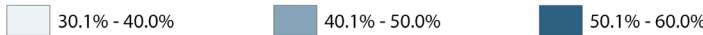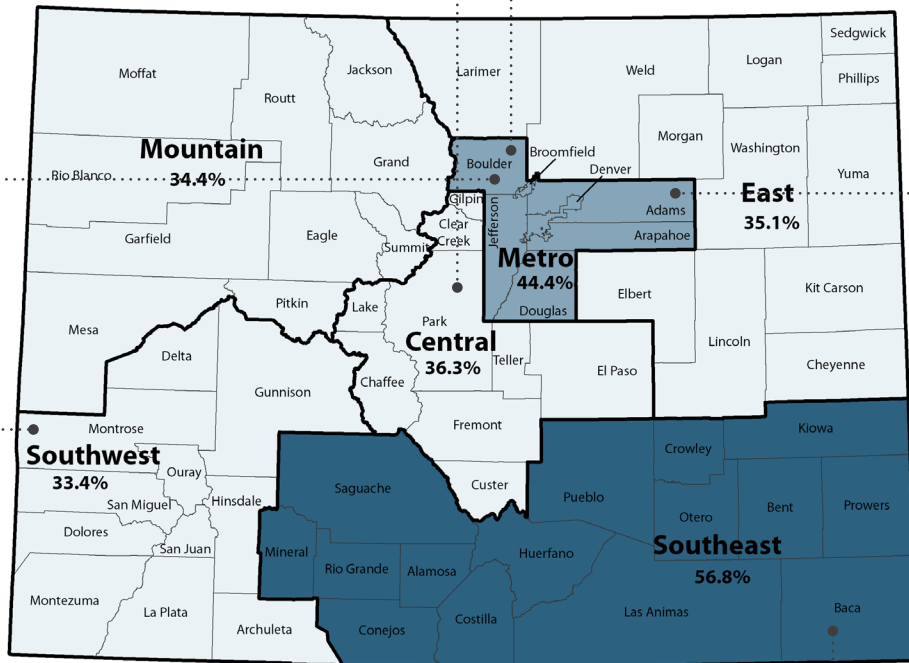
Southeast Region:

In the Southeast, over half (52%) of children under 5 are Hispanic, the highest concentration in the state.[165]

Map regions and counties:

Moffat, Routt, Jackson, Larimer, Weld, Logan, Sedgwick, Phillips, Morgan, Washington, Yuma

Mountain 34.4%

Rio Blanco, Grand, Broomfield, Denver, Boulder, Gilpin, Clear Creek, Summit, Jefferson, Adams, Arapahoe

East 35.1%

Garfield, Eagle, Pitkin, Lake, Park, Douglas, Elbert, Kit Carson

Metro 44.4%

Mesa, Delta, Gunnison, Chaffee, Teller, El Paso, Lincoln, Cheyenne

Central 36.3%

Montrose, Fremont, Crowley, Kiowa

Southwest 33.4%

Ouray, San Miguel, Hinsdale, Saguache, Custer, Pueblo, Otero, Bent, Prowers

Dolores, San Juan, Mineral, Rio Grande, Alamosa, Huerfano

Southeast 56.8%

Montezuma, La Plata, Archuleta, Conejos, Costilla, Las Animas, Baca

Legend:
- 30.1% - 40.0%
- 40.1% - 50.0%
- 50.1% - 60.0%

The Urban/Rural Divide

Despite the state's wide-open spaces, Colorado's population is highly urban. Nine in 10 of Colorado's children under 5 (89%) live in an urban county, and nearly half of Coloradans (47%) live in a city or town with more than 100,000 residents.[139] But 47 of Colorado's 64 counties are considered rural, and the experiences and challenges faced by rural Coloradans should not be overlooked (see Map 3).[140]

This analysis reveals stark differences between urban and rural populations, which should inform the reach and resource allocation for early childhood programming.

Rural communities face unique barriers compared with their metropolitan counterparts. Many have a lower median household income, more residents living in poverty, and more widespread food insecurity.[141] These characteristics can affect children's readiness for school and leave them at a disadvantage compared with those living in urban areas.[142]

- Research indicates that young children in rural areas, on average, enter kindergarten with less advanced academic skills than children in small urban areas and suburbs.[143]

- Rural families, on average, lack the financial resources of their urban counterparts. In Colorado, 21% of children under 5 in rural counties live below the FPL, compared with 15% of their urban counterparts.[144] And the average median household income in Colorado's rural counties is approximately $54,000, compared with $69,000 in urban counties.[145] This discrepancy is likely not simply a result of difference in cost of living: In 2011, urban households in the United States received 32% ($15,779) more in yearly income than rural households, but spent just 18% ($7,808) more on household expenditures.[146]

- Children in rural Colorado experience higher rates of food insecurity compared with those in urban areas. About 13% of rural children under 18 have low or limited access to safe, nutritionally adequate food, compared with about 5% of

Map 3. Urban- and Rural-Designated Counties

Rural County   Urban County
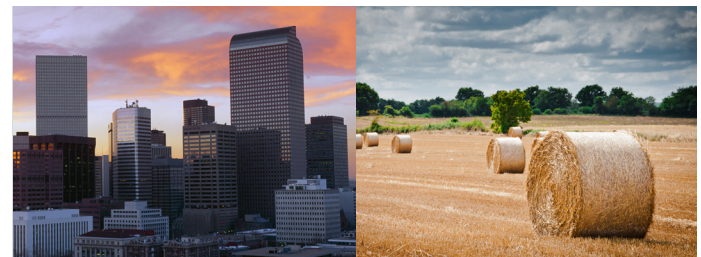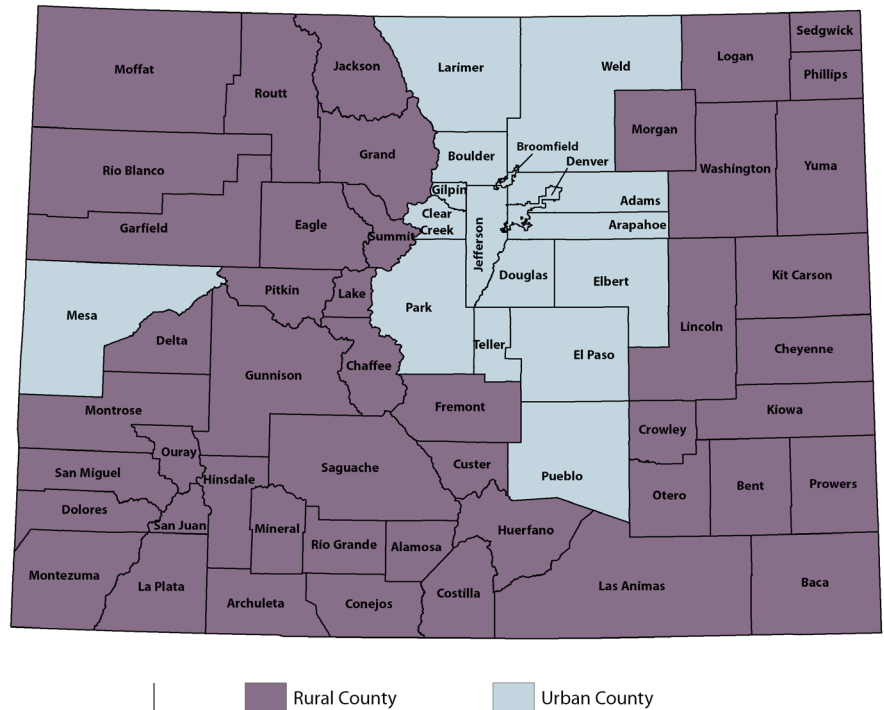
Defining Rural and Urban

This section of the Needs Assessment assigns rural and urban designations using the programmatic designation used by the Colorado Rural Health Center and the Office of Management and Budget: "All counties that are not designated as parts of Metropolitan Areas (MAs) are considered rural."[170] When citing public data sources, this assessment defers to the definitions used by the source.

urban children.[147] Food insecurity is particularly pronounced in the Southeast region, where 23% of children under 18 have low access to a supermarket or large grocery store.[148]

- Nationally, rural families spend 12% of their income on child care, while families in metropolitan areas spend about 11%.[149]

COLORADO'S EARLY CHILDHOOD SYSTEM

Colorado's long history of supporting children from birth to kindergarten is grounded in a systems approach designed to impact the child and family outcomes of access, quality, and equity across the domains of family support and education, health and well-being, and learning and development from the Early Childhood Colorado Framework.[171]

The early childhood system includes a wide array of programs and services in the early care and education (ECE) system, as well as a number of programs and services defined broadly as family and community supports (see Figure 6). While this Needs Assessment focuses on families' access to ECE programs, services, and funding, it also recognizes the important role family and community support programs play to ensure positive outcomes of all children and their families.

This systems view is based on a fundamental assumption that consistent, stable care across settings in the context of healthy relationships is foundational to ensuring all Colorado children are healthy, valued, and thriving, and achieving the express goal of preparing every child in Colorado for school when entering kindergarten.

Colorado's early childhood system is designed to promote inclusive settings for all children regardless of their abilities, incorporate trauma-informed care approaches, and provide successful transitions both within the early childhood system and into kindergarten. As a state, Colorado strives to prepare every child for school, support resilient families, and offer the safest facilities and highest-quality programming possible to ensure children have a strong start in life.

The next two sections of this report examine Colorado's early care and education programs followed by family and community support programs.

The early care and education programs profiled in this Needs Assessment:

- Licensed Child Care
- Colorado Shines
- Head Start
- Colorado Child Care Assistance Program
- Colorado Preschool Program/Early Childhood At-Risk Enhancement
- Preschool Special Education

Figure 6. Colorado's Early Childhood System

EARLY CARE AND EDUCATION

FOSTERING WELL-BEING

FAMILY STRENGTHENING

EARLY INTERVENTION
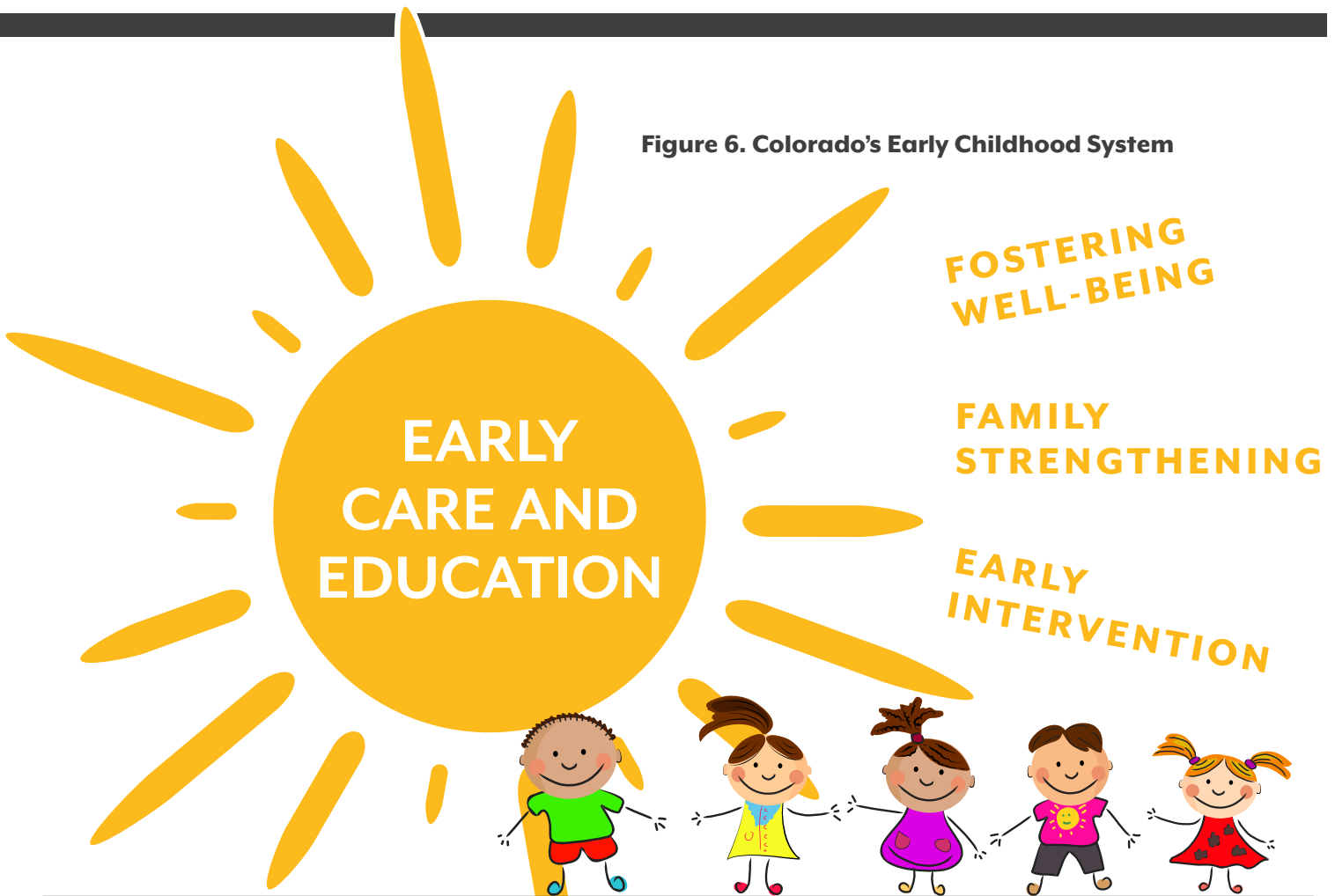
The family and community support programs and services detailed in this Needs Assessment:

- Fostering Well-Being
  - Early Childhood Mental Health Consultation
  - Growing Readers Together
  - The Incredible Years
- Family Strengthening
  - Colorado Community Response
  - Family Resource Centers
  - HealthySteps for Young Children
  - Home Instruction for Parents of Preschool Youngsters
  - Nurse-Family Partnership
  - Parents as Teachers
  - Promoting Safe and Stable Families
  - SafeCare® Colorado
- Early Intervention Colorado

These family and community support categories are explored in detail beginning on page 77 of this report. Detailed program profiles are available in Appendix A (see page 111).

This report provides a snapshot of the ECE and family and community support programs, services and funding, and how these programs work together to support children and their families. It's important to bear in mind that other factors influence children's school readiness and their families' ability to thrive, including secure housing, health, and financial well-being. This report does not attempt to assess needs in these broad categories outside the programs and services listed above.

Figure 7. Other Factors that Influence Children's School Readiness

- Secure Housing
- Health
- Financial Well-Being
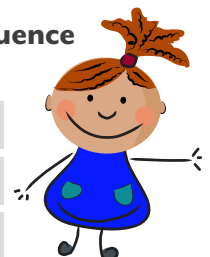
EARLY CARE AND EDUCATION

For more than 30 years, Colorado's state leaders, policymakers, educators, and providers have made repeated and lasting investments in early care and education (ECE). In particular, Colorado has made significant strides in promoting quality child care and preschool options for children. The state took an important step in 1988 when the legislature enacted a preschool program to serve 2,000 young children with language delays, forming the foundation of the Colorado Preschool Program. Another significant milestone was achieved in 2015, with the launch of the state's quality rating and improvement system, Colorado Shines.[172]

Today's ECE system reflects Colorado's continued investments and a commitment to the following goals:

- Prepare all children for kindergarten, with special emphasis on transitioning each child effectively.

- Provide inclusive care for all children, regardless of income, race, ethnicity, ability, or geography.

- Support families' choice of quality care setting through equitable access and affordability.

Surrounding the ECE system are supporting areas that form a vibrant and necessary early childhood system. These supporting programs are discussed in the Family and Community Supports section (see page 77).

Most ECE programs are coordinated through the Office of Early Childhood (OEC)'s Division of Early Care and Learning and the Colorado Department of Education (CDE)'s Preschool through Third Grade (P-3) Office.

In 2019, Colorado's ECE landscape is a complex system that is organized into three large categories of activity (see Figure 8):

- **Licensing and administration.** Regulation and activities to ensure the health and safety of children in ECE facilities.

- **Access and funding.** Subsidies and financial supports to increase families' access to high-quality ECE programs.

- **Quality and programming.** Programs to rate and improve the quality of ECE facilities.[173]

Figure 8. Early Care and Education System Map


```
                    Early Care and Education

Licensing and Administration    Access and Funding    Quality and Programming

Family Child Care Homes         CCCAP                 Colorado Shines

Child Care Centers              Local Subsidy/Programs   Head Start/Early Head Start

Preschools                      Colorado Preschool Program   Preschool Special Education
```

■ Office of Early Childhood Program   ■ External Program   ■ Preschool through Third Grade Office Program

It's also important to note that many programs cross multiple categories. For example, Head Start provides access to ECE slots, federal reimbursement directly to ECE providers, and high-quality programming.

Key Needs in Colorado

This Needs Assessment revealed critical challenges that will require continued investment:

- The high cost of child care prevents parents from accessing the care they want for their children. This can complicate the decision of whether to return to work or provide care for their child. Data from the Parent Survey confirmed the greatest limitation to accessing their preferred child care is cost, with eight in 10 parents (79%) saying that cost is a limiting factor.[174]

- Within focus groups, inequitable access to child care was a prominent point of discussion. Both parents and early care and education providers contrasted rural and urban resources and cited the limited number of facilities

statewide appropriately prepared to support the development of all children.

- These challenges are compounded for families of children with special needs, who have immense trouble finding care that can accommodate their needs in a safe, nurturing environment at a cost their family can afford.

- The ECE workforce needs increased supports and training to promote inclusivity of children with special needs, to apply trauma-informed care best practices, and to benefit from early childhood mental health services.

- Providers are struggling to attract, train, and retain talented staff. Pay, benefits, and working conditions need to improve to retain and grow a skilled workforce capable of driving improvements in the quality of care delivered.

- Licensed infant and toddler child care options have declined dramatically, due to the high cost of providing this type of care and the perceived burden of regulation, especially on licensed family child care homes.

- Offering early childhood programs and services in rural settings is a challenge because of reach and scale. For example, many parts of the state do not have sufficient workforce or funding to meet family needs with licensed child care options.

- Current data systems cannot systematically assess unique child or parent counts accessing programs and services. These systems also cannot connect nor assess long-term outcomes for children and families.

- In addition to integrating internal data sources, the state would greatly benefit from an investment in new or strengthened cross-sector partnerships and data sharing agreements.

What Parents Say

- When asked what they want when it comes to high-quality, available child care options, families prioritized highly individualized, safe, reliable care options that promote social-emotional health.

- But six out of 10 parents (62%) were unable to get child care when it was needed, and just over half (53%) reported having missed work opportunities because they either did not have access to care or could not afford it, according to the Parent Survey.

Child Care Model

For this Needs Assessment, Colorado applies a newly developed algorithm to approximate available licensed care in Colorado. The Child Care Model quantifies and takes into account the type of care settings families would prefer to use in the absence of any barriers.

This model leverages multiple data sources, including census data (American Community Survey, 2017), administrative data on licensed capacity from the OEC, enrollment data from the Colorado Shines Quality Rating and Improvement System (QRIS), and responses to the Parent Survey, to estimate the number of children, by age and county, in licensed, informal, and parental care today (current state) and the number who would be cared for in these settings based on parental

preference in the absence of barriers (desired state).

The Child Care Model estimates that, in the desired state absent any barriers, 152,000 children under 5 would be enrolled in licensed care. This is approximately 39,000 more children than estimated to be enrolled in licensed care today.

The model is also designed to provide unique estimates for specific programs, including Head Start, Colorado Child Care Assistance Program (CCCAP), and Colorado Shines, based on eligibility criteria and parental preference. Collectively, this allows for both regional comparisons and state-level analyses.

The model includes several assumptions, including the time it takes parents to drive to a child care facility and licensed provider waitlists. We acknowledge that children often receive care in multiple settings (licensed, informal, and parental). However, the model places children into one primary care category for estimates of both the current and desired state. See Our Approach on page 99 for additional information.

Data Strengths and Opportunities

- The Colorado Shines QRIS captures information on licensed child care facilities and the children they serve. However, data are not available to describe children not participating in these programs.

- Colorado would benefit from a comprehensive system capable of linking children served across multiple programs and agencies. Current data systems cannot easily or systematically assess unique child or parent counts receiving services from multiple programs. For example, current data systems cannot assess whether families using CCCAP are the same families receiving services from the Early Childhood Mental Health Consultation (ECMHC) program.

- Finally, current data structures allow only limited tracking of the outcomes of early childhood programming. We cannot systematically link children to school readiness data. Colorado's next step in advancing ECE data systems is to move from process measures to outcome measures.

Licensed Child Care

Overview

Colorado's licensed child care providers play a critical role in the state's ECE system and often serve as a common entry point for many Colorado children and families to the larger early childhood system's provision of services and supports.

The OEC licenses less-than-24-hour ECE programs that provide care for infants, toddlers, and young children.

Family child care homes provide care for five or more children unrelated to the provider in the provider's place of residence.

Non-home child care facilities include child care centers, school-age child care centers, preschools, children's resident camps, and neighborhood youth organizations.

Licensed child care providers must meet the regulations specified in the state's Child Care Licensing Act and outlined in the General Rules for Child Care Facilities, as well as the individual rule sets appropriate to the type of license they are issued.[175]

Licensure can provide parents with security and assurance that their children are receiving care that meets standards for health and safety; has policies in place regarding supporting positive child behavior and guidance; is provided by qualified professionals who have passed background checks for criminal history and child abuse and neglect; and is inspected by external parties.

- **Administration.** The Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning is responsible for the licensing and regulation of less-than-24-hour child care providers.

- **Funding.** Licensed child care providers do not receive funds based on their license status.

- **Quality.** Colorado Shines, the state's Quality Rating and Improvement System (QRIS), is embedded in child care licensing. Licensed providers that serve children prior to kindergarten entry are part of Colorado Shines QRIS.

- **Target Populations.** Licensed providers serve children as young as six weeks old. Different programs serve children in unique age ranges.

  o **Infant programs:** Six weeks to 18 months.

  o **Toddler programs or classrooms:** 12 to 36 months.

  o **Preschool programs or classrooms:** 30 months to 7 years.

The age and number of children served also vary based on provider type. For example, large child care centers provide care between six weeks up to 18 years. Infant and toddler programs may be included in a large child care center license to enable that facility to serve children of all ages.

Current Supply of Licensed Child Care Providers

Data limitations regarding enrollment among licensed providers limits Colorado's abilities to describe the current supply of licensed child care providers with absolute certainty; however, available information on current licensed providers is described below.

Table 4. Licensed Facilities by Colorado Shines QRIS Rating Level, October 2019

QRIS Level	Number of Facilities
Level 1	1,813 (48%)
Level 2	988 (26%)
Level 3	190 (5%)
Level 4	673 (18%)
Level 5	94 (3%)

Licensed Providers

Colorado had nearly 3,800 licensed child care providers (centers and homes) in October 2019.[176]

Quality

The majority of licensed providers are currently rated Level 1-2 in the Colorado Shines QRIS (see Table 4). However, 957 (25%) licensed child care facilities have received Levels 3-5 ratings, having completed a process to demonstrate quality across program operations, including workforce qualifications, family partnerships, administrative practices, learning environments, and child health (see Colorado Shines on page 55 for more information).[177]

Analytic Approach

Terms used in the Child Care Model are referenced throughout this report and are defined below. Please see Our Approach on page 99 for additional information.

- **Current State:** Estimates of where Colorado's children are currently receiving care

- **Desired State:** Estimates of where Colorado's children would be receiving care based on parental preference and free of barriers (cost, availability, quality, accessibility, etc.)

- **Eligible Population:** Estimates of the total eligible population for any given program is based on specific program criteria (income, family characteristics, etc.)

- **Infants:** Under Age 1 (0 to 11.99 months)

- **Toddlers:** Ages 1 and 2 (12 to 35.99 months)

- **Preschoolers:** Ages 3 and 4 (36 to 59.99 months)

The Child Care Model generated the following estimates:

- **Eligible population estimates:** 329,000 children under 5

- **Current state estimates:** 113,000 children under 5

- **Desired state estimates:** 152,000 children under 5

Data Strengths and Gaps

The Child Care Model accounts for geographic variations in the supply and availability of licensed

Figure 9. Current and Desired State of Available Licensed Care for Children Under 5 in Colorado, October 2019
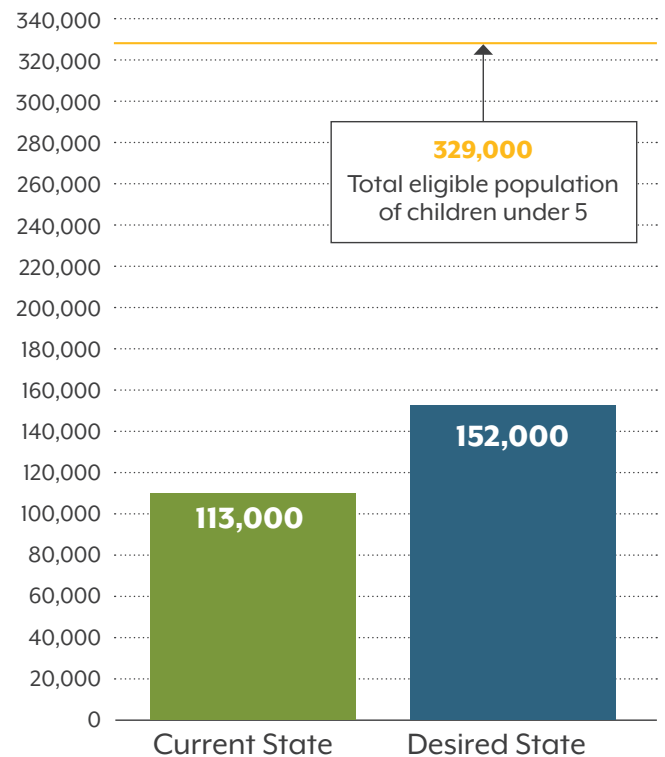
child care as well as parent preferences. Although children receive care in multiple settings, the current and desired states place them in one care type. Age-specific estimates may not sum to the total estimate due to rounding. Assumptions and limitations of this analysis are described in the Our Approach section.

The next sections outline the contrast between current estimated supply and extrapolated demand utilizing the Child Care Model.

What Is Enough?

Approximately 113,000 (34%) children under age 5 are estimated to be in licensed child care currently.

In the desired state — parental preference in the absence of any barriers — an estimated 152,000 children would be in licensed care — an increase of 34.5% or 39,000 more children from the current state (see Figure 9).

Figure 10. Current State and Desired State of Available Licensed Care by Age, October 2019

Bar chart. Y-axis: "Children Under Age 5" from 0 to 100,000.

- Age <1: Current State 5,000; Desired State 15,000
- Ages 1-2: Current State 27,000; Desired State 45,000
- Ages 3-4: Current State 81,000; Desired State 91,000

Legend: Current State (green), Desired State (blue)
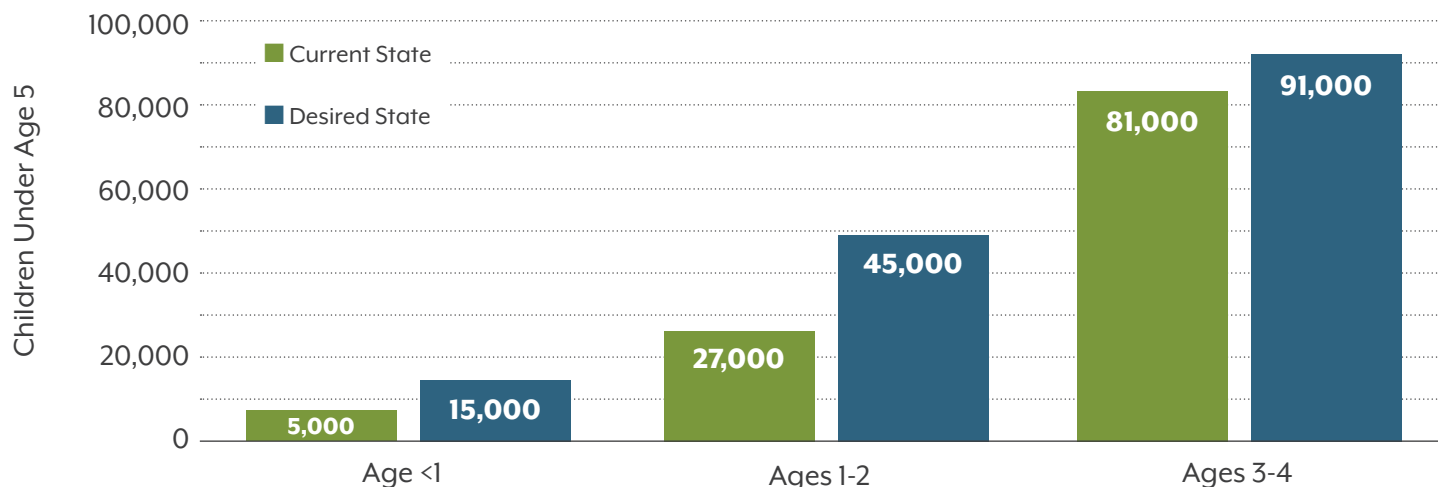
The total eligible population for children under age 1 is 66,000; children ages 1-2 is 131,000; and for children ages 3-4 is 132,000.

Who is Not Getting Enough?

The biggest difference between current and desired states in licensed care is observed for infants and children ages 1-2.

Infants: Only 33% of infants whose parents would choose licensed child care in the absence of barriers are estimated by the model to be enrolled in licensed care currently. The desired state estimates 10,000 additional infants (15,000 total) would be receiving licensed care — three times the current state (5,000 infants).

Toddlers: Parents of toddlers have a slightly better opportunity to secure licensed child care. Some 60% (27,000) of the 45,000 toddlers whose parents desire licensed care are estimated to be receiving it.

Preschoolers: At 89%, preschool age licensed care in its current state most closely mirrors desired state. Which is to say it appears that parents of preschoolers seeking licensed child care are nearly all able to obtain it, with 81,000 of the 91,000 children in this age group whose parents desire licensed care currently receiving it (see Figure 10).

Colorado providers and stakeholders participating in focus groups consistently identified the challenges in securing licensed child care for infants. This was the case for both center and home-based child care.

> *It was extremely difficult to find care for infants under 1 year...waitlists are approximately seven to eight months long."* — Colorado parent, 2019

However, Colorado's licensed child care homes are currently meeting 66% of parental preference for children under age 1, compared with center-based settings at only 29% (see Figure 11).

Parents of children with special needs may have more limited options.

Nineteen percent of all parents responding to the Parent Survey said that the ability to accommodate the special needs of their children significantly limited their ability to use their preferred type of child care. For families earning less than $25,000 annually, this number jumped to 35%.[178]

> *There are kids that should be in school all day that (are) only in part day because the schools don't have the resources to be able to meet their needs."* — Colorado parent, 2019

Figure 11. Current and Desired State of Licensed Homes and Licensed Centers, Infants, October 2019
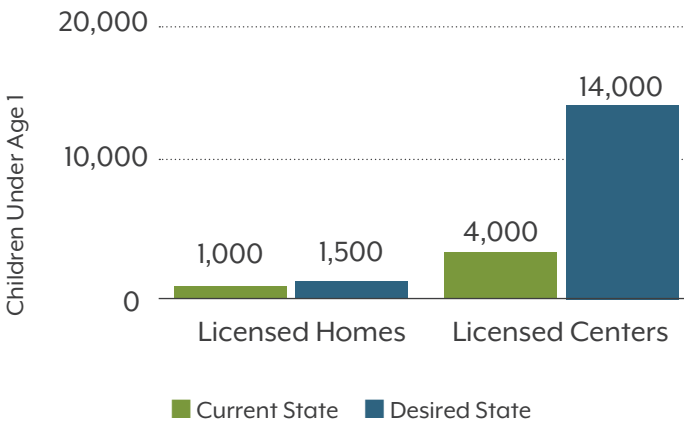
The total eligible population for children under age 1 is 66,000.

Frustration was readily shared in both the Parent Survey and focus groups by parents of children with special needs regarding the quantity and quality of care available to their families.

Where Is There Not Enough?

Most counties are meeting at least 60% or more of the desired state for licensed child care with the current state (see Table 34 in Appendix B). But counties vary widely in the differences between the desired state and the current state for infants and toddlers.

Infants

Among the 25 of Colorado's 64 counties with more than 50 infants estimated to be in the current or desired states (see Map 4), the rural counties of Eagle, Summit, and La Plata are meeting about half (59%, 53%, and 46%, respectively) of the desired state today.

The seven urban counties in metro Denver fare similarly to one another — meeting approximately a third (29-35%) of the desired state in the current state for infants.

The urban counties of Pueblo and Elbert appear to be meeting parental preference absent of barriers at

The Role of Informal Care

Some of the state's most important child care providers are not formally part of the child care system. Grandparents, aunts and uncles, and a neighbor down the block are essential to the child care plans of more than half of Colorado's families, according to estimates from the Child Care Model.

Certain child care providers may be legally exempt from licensing requirements under Colorado's Child Care Licensing Act. Family care homes that provide less than 24-hour care to four or fewer children ages birth to 18 and no more than two children under age 2 may be exempt from licensing. The maximum number of children in care includes the providers' own children.

These types of license-exempt child care providers, as well as babysitters and nannies, are often referred to as informal care providers. A quarter of parents (28%) who responded to the Parent Survey use informal care frequently, and another 28% rely on it occasionally.[182]

the lowest rates among urban counties, at 18% and 22% respectively.

Toddlers

For toddlers, most urban counties are meeting 58-68% of the desired state in the current state. Park and Pueblo counties are the exception and among the lowest, meeting just 41% and 46% respectively (see Map 5).

The rural mountain west counties of Summit, Eagle, Pitkin, and Gunnison are estimated to be meeting 73-77% of the desired state in the current state. Rural Alamosa and Washington counties are also estimated to be meeting nearly three quarters of the desired state in the current state for toddlers.

What Parents Say

Many parents say they face barriers related to licensed child care's accessibility and affordability.

The Parent Survey shows that most parents prefer school-based preschool programs or licensed child

Map 4. Rate of Licensed Care Desired State Being Met by Current State, Infants Under Age 1, October 2019
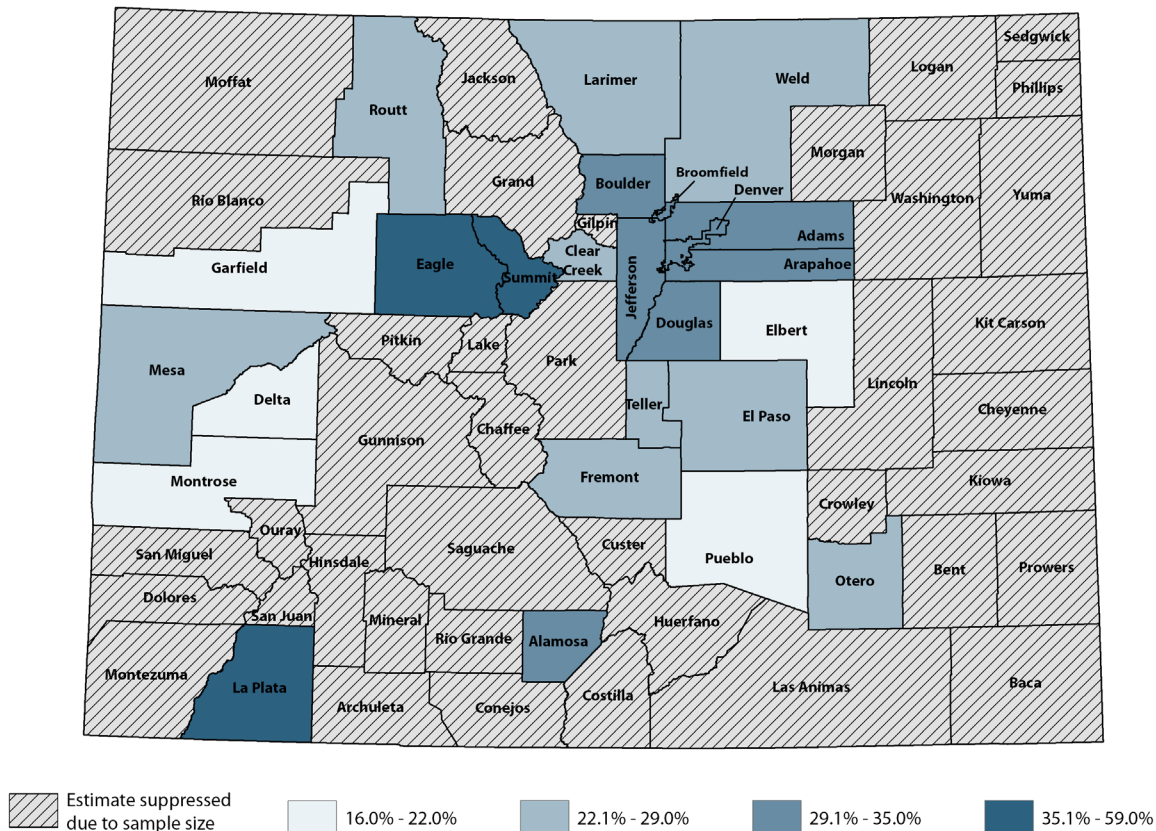
Legend:
- Estimate suppressed due to sample size
- 16.0% - 22.0%
- 22.1% - 29.0%
- 29.1% - 35.0%
- 35.1% - 59.0%

Counties with fewer than 50 children estimated to be in the current or desired states are suppressed in this map due to the potential instability of the estimate.

Taking Multiple Views of the Need for Infant Child Care

In 2019, Gary Community Investments engaged Dr. Ajay Chaudry and his team to inform a state-based cradle to kindergarten policy agenda and funding estimates based on their book, *Cradle to Kindergarten.* Within this project, Dr. Chaudry provided an estimate of Colorado's need for infant child care and family child care homes in response to Colorado Senate Bill 19-063. In regard to infant care, Dr. Chaudry and his team found that the state would need to double the current capacity for licensed infant care from 9,500, including 7,000 in centers and 1,500 in family child care homes, to 16,000-22,500 for children under age 1 (13,500 – 18,500 in centers and 2,500 – 4,000 in family child care homes).

In contrast to the Child Care Model reported here, findings from Chaudry's team focus on infant care and produce estimates relative to maximum licensed capacity. The Child Care Model developed by CHI arrives at a lower estimate of current licensed child care for children under age 1 by applying enrollment and drive time data to maximum licensed capacity to arrive at an estimate that more closely reflects operating capacity (5,000 vs 9,500). These analyses provide different yet complementary insights into Colorado's child care needs. Importantly, both arrive at a similar estimated need for increased infant care (16,000-22,500 vs 20,000).[183]

Map 5. Rate of Licensed Care Desired State Being Met by Current State, Children Ages 1-2, October 2019
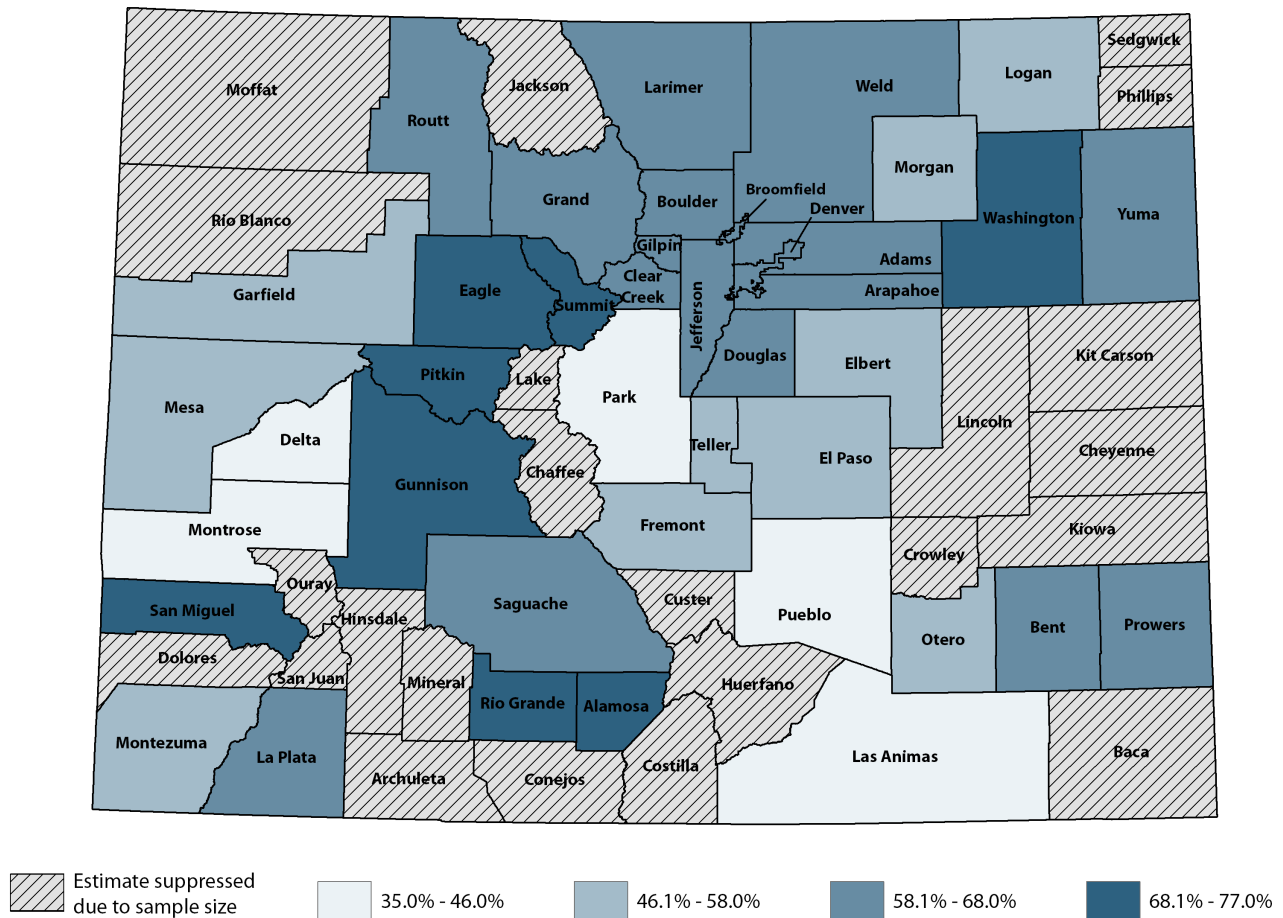
Estimate suppressed due to sample size	35.0% - 46.0%	46.1% - 58.0%	58.1% - 68.0%	68.1% - 77.0%

Counties with fewer than 50 children estimated to be in the current or desired states are suppressed in this map due to the potential instability of the estimate.

care centers at 62% combined compared with 8% of parents who stated a preference for licensed home-based child care.[179]

However, these preferences appear to be influenced by several factors.

- **Geography.** Overall preference for licensed child care facilities varies by region across Colorado, with 54% of parents living in southeast Colorado and 74% of parents in the mountain region indicating this preference.

- **Child age.** Families with very young children want more informal care, while families with children age 3 and older want more formal environments. About 34% of parents with children under age 1 stated a preference for friend, family, or neighbor (informal) care. For parents with children age 3 or 4, more than 40% reported preschool as their top choice.

- **Household Income.** Families earning the least (less than $40,000 annually) are significantly less likely than the rest of the state to prefer preschool/pre-kindergarten (about 27%), while higher income earners ($100,000 - $149,999 annually) are significantly more likely to prefer preschool/pre-kindergarten (about 35%) than the rest of the state.

> *The barrier many families face is the cost and availability of quality programs when you have more than one child – the associated cost and availability of wanting one quality place for a four-month old and a nearly three-year-old."*
> — Colorado parent, 2019

Stakeholder Feedback

Child care providers shared that they must navigate the many administrative burdens that come with local and state regulations. Efforts aimed at supporting both new and continuing providers in navigating layered, and sometimes competing licensing regulations, is imperative to meeting the state's current child care demands.

Why is There Not Enough?

- **Cost of providing infant and toddler care.** Results of the Child Care Model, as well as feedback from parents and stakeholders, find the availability of infant and toddler licensed care lacking. Stakeholders identified several challenges, including the costs associated with meeting infant program requirements and expenses required to meet staffing ratios without making the care out of reach for parents. In some cases, the financial cost of complying with the low staff-to-child ratio can lead a facility to opt out of caring for infants. Colorado center-based providers cited the high cost related to lower adult-to-child ratios, difficulty finding qualified staff, and lack of space to meet requirements as major barriers to providing infant care. Child care licensing rules require a low staff-to-child ratio for infants. This rule, while costly in resources and staff, ensures safe, nurturing care for very young children.

- **Challenges of becoming and staying licensed.** Providers and stakeholders participating in focus groups recognized the importance of licensure and standards. They also flagged concerns about the costs and benchmarks set for meeting these standards as a barrier to becoming and staying licensed. Although the federal government has some involvement, the state plays the lead role in establishing and enforcing child care licensing. State and local stakeholders, providers, and parents share the goals of improving access and expanding licensed providers while also ensuring safety and quality. The next step might be to expand available supports and technical assistance to support providers in licensing activities, including boosting the number of licensing specialists.

The Active Ingredient

The "active ingredient" in a child's growth is the developmental relationship between the child and their caregivers. The basic building blocks of such relationships are the day-to-day interactions between children and the adults who teach and care for them.[184] Very young children use interactions with responsive adults to learn about themselves, others, and the world. Even when they are busy exploring materials or practicing rolling, crawling, and walking, infants check back often with their trusted adult to be sure they're still safe. Babies need to be held and comforted, talked to about everything around them, fed, changed, and, always, kept safe and healthy.

Colorado's child care licensing rules require a low staff-to-child ratio for infants. This rule, while costly in resources and staff, ensures safe, nurturing care for very young children through simple interactions.

Opportunities to Address Needs

- **Address affordability.** Most parents responding to the Parent Survey (80%) cited cost as the biggest barrier to receiving their preferred type of child care.[180] Supporting parents and providers in weaving together federal, state, and local funding sources to access and maintain high-quality care is one opportunity.

- **Explore avenues for mixed-delivery and co-locating licensed child care programs in other family- and child-friendly settings.** Some stakeholders expressed concern that expanding full-day kindergarten and the implementation of

universal preschool may reduce the number of physical spaces available for preschool and other programs, especially in school-based settings. Head Start stakeholders specifically talked about opportunities for building on its two-generation approaches to co-locate programs with local organizations, senior centers, or other family- and child-friendly locations.

- **Enhance the visibility of Colorado Shines for parents and providers.** Respondents to the Parent Survey cited safety as the most important aspect when evaluating child care options for their children.[181] Colorado Shines provides free, on-demand tools for parents to research the health and safety of child care programs. Additionally, continuing to communicate with parents about the value of Colorado Shines QRIS ratings as a mark of high-quality care when choosing a program can reinforce this important program.

- **Support and expand inclusive, licensed environments.** Equitable access to child care is a prominent need. Inclusive environments must serve the needs of many populations, including recent immigrants, dual language learners, children from refugee families, and children from tribal families. In addition, parents of children with special needs want — and need — licensed care options that allow their children to learn, be cared for, and thrive safely. Current programs and options are very limited and may have income eligibility criteria that exclude many children who could benefit from these services. Supports for children under age 4 who are not yet in school or for children ages 3 and up already in preschool also may be lacking. At the same time, a lack of qualified ECE providers present workforce burdens.

Colorado Shines

Overview

Colorado Shines is a quality rating and improvement system (QRIS) for licensed early care and education programs that serve children prior to kindergarten entry. Colorado Shines QRIS is embedded into the state child care licensing system. Its primary functions are to rate the quality of early care and education programs; help participating programs and professionals improve the quality of services they provide; and to connect Colorado families with quality child care and preschool programs.

The program also includes the Colorado Shines Professional Development Information System (PDIS), a free, comprehensive online resource tool for learning and professional advancement for all early childhood professionals in Colorado.[185]

- **Administration.** Colorado Shines is administered by the Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning.

- **Funding.** Colorado Shines is currently funded through the federal Child Care and Development Fund. It launched in 2015 using a portion of the Race to the Top Early Learning Challenge grant, a federal program that aimed to improve the quality of early learning and development and close the achievement gap for children with high needs.[186]

- **Target Populations.** Colorado Shines works with licensed programs serving children prior to kindergarten entry and early care and education professionals to improve their quality, and with families searching for quality child care and preschool programs.

Colorado Shines QRIS assigns quality rating Levels 1 through 5. A higher QRIS level indicates a higher-quality facility.

All licensed programs serving children prior to kindergarten entry that meet basic licensing health

Figure 12. Current and Desired State of High-Quality (Colorado Shines QRIS Levels 3-5) Care for Children Under 5 in Colorado, October 2019
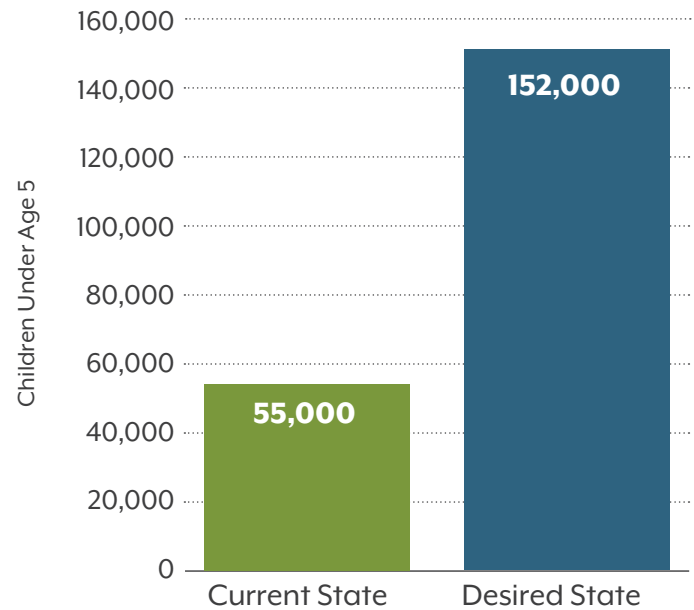
The total eligible population is 329,000 children under 5. The desired state estimates are based on parental preference in the absence of barriers and do not take into account provider preference or availability of funding that would be necessary to meet estimated parental/family demand.

and safety requirements are rated at Level 1. To advance to Level 2, a program must complete certain activities, which prepare the program to advance toward the high-quality ratings of Levels 3-5 in the future.

Levels 3-5 are based on points earned by meeting quality indicators and criteria across five category standards:

- Workforce and Professional Development
- Family Partnerships
- Leadership, Management, and Administration
- Learning Environment
- Child Health

Programs can also achieve a Level 3 or 4 using alternative pathways, including national accrediting bodies, being a part of an approved school district, or being a Head Start program.

As of October 2019, only 25% of Colorado licensed child care facilities (957 facilities out of a total of 3,758) have achieved quality ratings of Levels 3-5 (see Table 4 in Licensed Care). Child care centers are much more likely to participate in and receive a high-quality rating than child care homes (38% and 6% respectively).[187]

Analytic Approach

The Colorado Shines analysis is based on the Child Care Model as described in Our Approach (see page 93). The model provides estimates for infants (under age 1), toddlers (ages 1-2), and preschoolers (ages 3-4). However, the following adjustments have been made to reflect the specifics of Colorado Shines:

- **Eligible population estimates** include all children under age 5.

- **Current state estimates,** like the overall model, adjust licensed capacity downward to account for child care facilities that enroll below their

licensed capacity for various reasons, including available teaching staff.

- **Desired state estimates** assume that all children and families who prefer licensed care based on estimates from the overall model will prefer licensed care with a quality rating of Level 3 or above.

Data Strengths and Gaps

- Colorado Shines maintains comprehensive rating data on all licensed providers in the state because the program is embedded into the state child care licensing system.

- Provider rating information is up-to-date and is refreshed continuously.

- Colorado Shines has detailed information on all component scores of the rating assigned to a provider, providing transparency into the rating logic and calculations. For instance, individual scores are recorded for Child Health, Family Partnership, Leadership, Learning Environment, and Workforce.

- Colorado Shines also maintains information about alternate path accreditation for achieving Level 3 or 4, including the accrediting entity as well as expiration of accreditation.

- In some cases, a small amount of data in the Child Care Model is lost during the process of cross-walking between various sources during the intermediate calculations of the model. The impact on model outputs and analysis is negligible.

- Age-specific estimates may not sum to the total estimate due to rounding.

What Is Enough?

Approximately 55,000 (17%) children under age 5 are estimated to be in high-quality rated licensed child care facilities in the current state.

In the desired state, 152,000 (46%) children under age 5 would be in high-quality (Colorado Shines QRIS Levels 3-5) licensed care — 97,000 more children and a near three-fold increase from the current state (see Figure 12).

Who is Not Getting Enough?

The number of parents who desire high-quality care is larger than those estimated to be currently receiving it. This is consistent across age groups (see Figure 13 on page 59).

For infants, the difference observed between current and desired state is the smallest. However, the ratio of desired state to current state reveals the lowest supply relative to demand at 13% for children age < 1 (24% for ages 1-2, 46% for ages 3-4, and 36% for all children under 5). An eight-fold increase in available high-quality licensed infant care would be needed to meet parental preference absent any barriers. For preschool age children, a two-fold increase from 42,000 to 91,000 is needed.

Where is There Not Enough?

Overall, the current state is meeting the need for just over one in three (36%) of Colorado children whose parents desire high-quality rated care. Across the state there is wide variation, but no county's current state estimates meet parental preferences for high-quality child care (See Map 6 on page 59).

More than 70% of children in the desired state for high-quality care are estimated to be served in the current state in some rural counties, including Gunnison, Costilla, Alamosa, and San Miguel.

However, some of Colorado's more densely populated counties in the west, south, and eastern parts of the state are well below the state average.

In Mesa County, home to Grand Junction, the current state accommodates only 17% of children whose parents desire high-quality care (Colorado Shines QRIS Levels 3-5).

In southern Colorado, the rate of children is similar in Pueblo County (22%) and some of its rural neighboring counties. On the Eastern Plains, Baca and Kiowa counties have similar rates (27% and 23% respectively).

Across the populous urban Front Range counties, including Arapahoe, Boulder, Broomfield, Denver, Douglas, Larimer, El Paso, and Weld, the rate is below 40%.

County-level rates are influenced by many factors, including the number of children in a county, the total number of child care providers, the number of providers participating in Colorado Shines, and local opinions of the program from parents and providers. Closing county-level gaps will require addressing these factors, as well as a deeper dive into the unique needs of counties identified by this analysis — in addition to funding needs.

What Parents and Providers Say

One in three respondents (31%) to the Parent Survey cited a Colorado Shines quality rating as a major reason for choosing their preferred child care.[188]

Nearly all respondents, however, cited safe and supportive environments and providing children with positive interactions with caregivers as major reasons for choosing their preferred child care (97% and 94%, respectively).[189] This creates opportunities for informing parents of the assurances that come with a Colorado Shines rating, including safety, supportive environments, and quality interactions with caregivers.

> *I greatly value our caregiver having a license, but the higher ratings are not as much of a concern since I feel she does a wonderful job. She is nurturing and great at helping the children explore curiosities and learn through play, reading, art, etc."*
> — Colorado parent, 2019

Survey findings suggest that the Colorado Shines rating resonates more strongly with parents with household incomes less than $40,000 (see Table 5).[190] This is possibly a reflection of CCCAP policies related to Colorado Shines (see page 64) and a result of the OEC's focused outreach to lower-income families.

For preschool, less than a third (31%) of parents indicated a Colorado Shines quality rating as extremely important. Instead nearly half of parents reported other quality ratings or accreditation as extremely important.

Tribal stakeholders in the southwest corner of the state expressed difficulty in accessing quality-improvement support such as coaching as well as lack of awareness of the program by parents and early care and education providers.

Why is There Not Enough?

Opportunities to Address Needs

- **Increase awareness among parents and providers.** Emphasize the assurances that come with a Colorado Shines rating to all parents — specifically highlighting safety, nurturing environments, and skilled, trained staff. Communicating these issues to parents, and supporting Colorado Shines rated providers in this as well, can increase awareness of how Colorado Shines ratings align with parents' preferences for child care.

- **Support providers with resources to advance their Colorado Shines QRIS quality ratings.** Increasing the number of providers moving into high-quality rating Levels 3-5 will increase Colorado's ability to meet the desired state. Concentrating efforts among those providers who serve infants — or are willing to expand to serve infants — is a priority. Colorado Shines should balance the value of specific rating criteria in improving quality against the administrative burden for providers in complying with requirements.

Table 5. Percentage of Parents Identifying Colorado Shines Ratings as a Major Reason for Selecting Care, by Income, August 2019

Household Income	Percentage That Indicate Having a Colorado Shines Quality Rating is Important
< $25,000	44%*
$25,000 -39,999	41%*
$40,000-64,999	31%
$65,000-99,999	25%*
$100,000-149,999	23%*
>$150,000	16%*

*Indicates this income group reported significantly different than the rest of the state at p <.05.

> **"I've never heard of Colorado Shines. I looked it up and it looks like a great program, but it's not talked about at all. It needs better marketing."**
> — Colorado parent, 2019

Figure 13. Current and Desired State of High-Quality (Colorado Shines QRIS Levels 3-5) Care, by Age, October 2019

Legend: ■ Current State ■ Desired State

Y-axis: Children Under Age 5 (0 to 200,000)

- Age <1: Current State 2,000; Desired State 16,000
- Ages 1-2: Current State 11,000; Desired State 45,000
- Ages 3-4: Current State 42,000; Desired State 91,000
- Total (Ages 0-4): Current State 55,000; Desired State 152,000
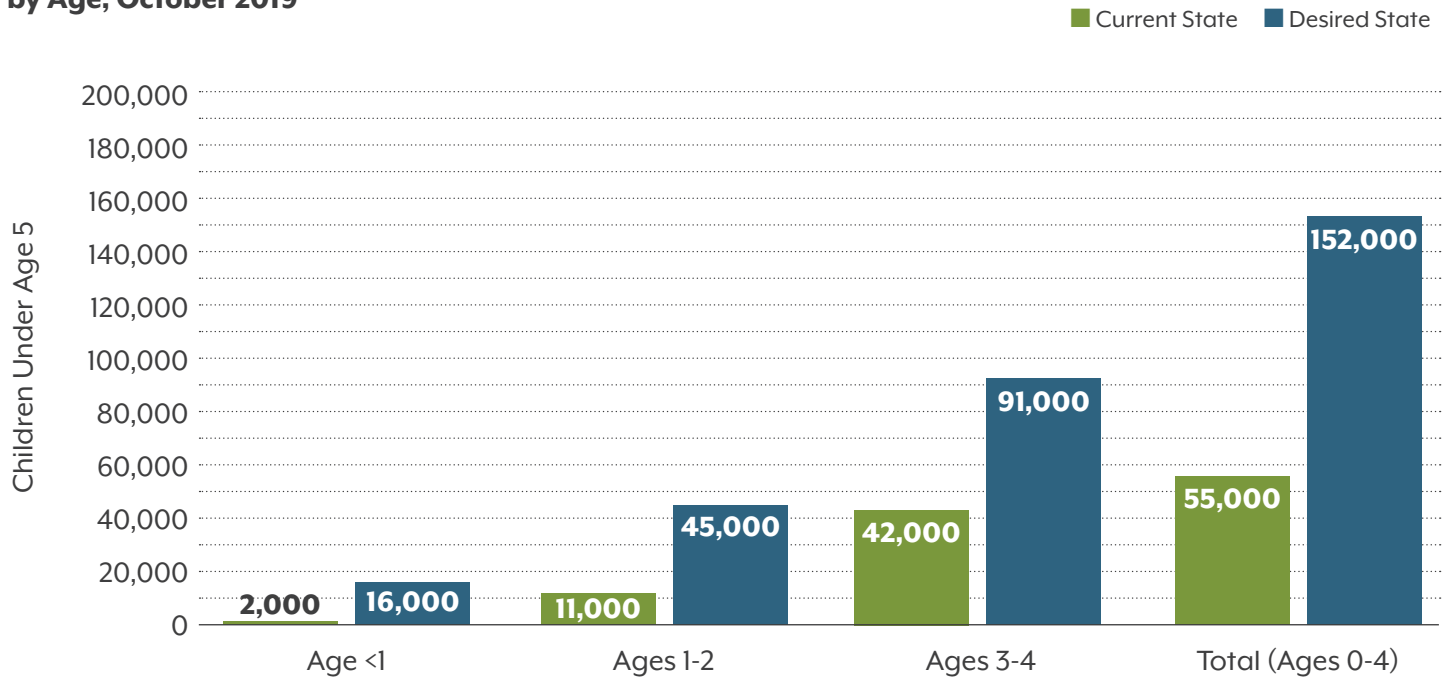
Map 6. Rate of Children in the Desired State for High-Quality Care (Colorado Shines QRIS Levels 3-5) Being Served by Current State, Children Under 5, October 2019

Legend: 0.0% - 16.6% | 16.7% - 40.8% | 40.9% - 61.0% | 61.1% - 100.0%
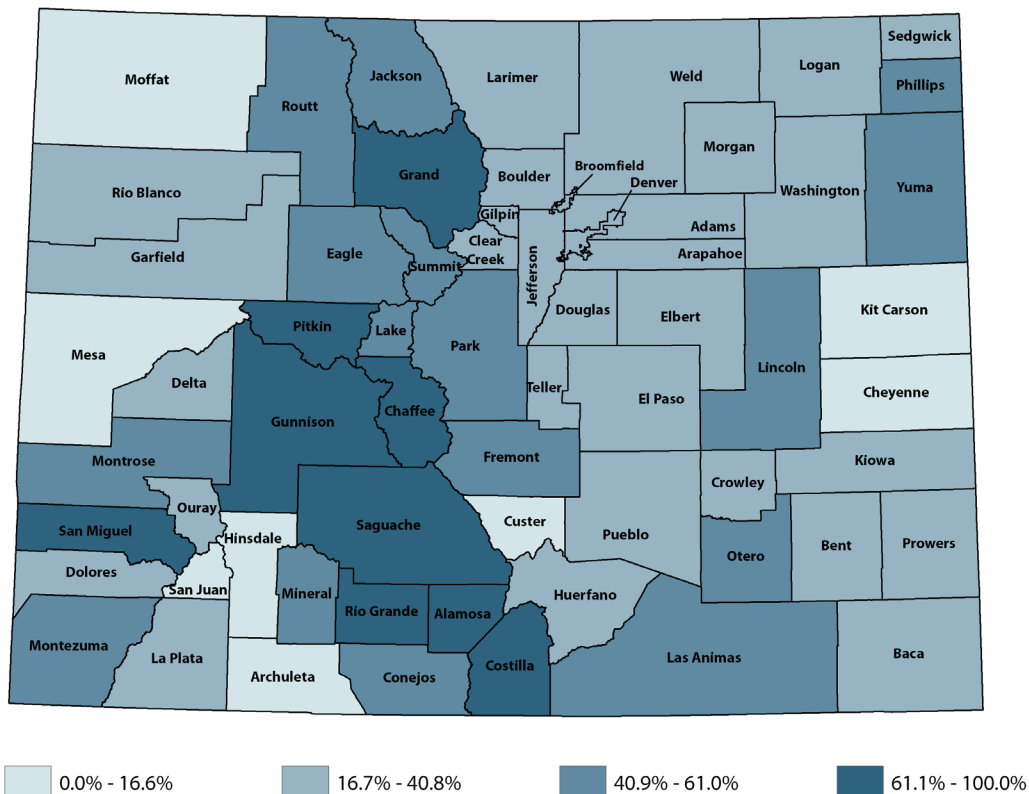
Statewide, 36% of the desired state is met in the current state for children under 5.

Head Start

Overview

Head Start puts two-generation approaches into practice every day for thousands of Colorado families.

Head Start is a federal grant program that promotes school readiness of children under 5 from low-income and at-risk families. It is a comprehensive early education program that focuses on the development of the whole child, from early math and reading skills to confidence and resilience.

Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs, which serve infants (under 1), toddlers (ages 1 and 2), and pregnant women.

Funded enrollment for Head Start in Colorado in the 2017-18 school year was approximately 10,300 children and pregnant women.[191]

- **Administration.** Public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems receive federal funds directly from the federal Administration for Children and Families division of the Department of Health and Human Services. The Colorado Department of Human Services houses the federally required Collaboration Office that facilitates partnerships with other state entities that provide services to benefit low-income children and their families.[192]

- **Funding.** The Office of Head Start (OHS) administers grant funding and oversees 1,600 Head Start agencies across the country with 64 agencies in Colorado. Federal funding is allocated directly to local agencies that administer Head Start programs. As of July 2019, Colorado Head Start programs employed an estimated 3,000 full-time equivalent workers and reported a combined annual budget of $92 million.[193]

- **Quality.** Programs must meet the Head Start Program Performance Standards (HSPPS), which were revised in 2016 to strengthen and improve the quality of Head Start programs.[194] Office of Head Start (OHS) grantee and delegate programs that are also licensed by the Office of Early Childhood, Division of Early Care and Learning can utilize an alternative pathway to receive a Level 4 rating in the Colorado Shines Quality Rating and Improvement System.[195]

- **Target Populations.** Head Start serves pregnant women and children under 5 who are from families with incomes at or below 100% of the federal poverty level. Children experiencing homelessness, children in foster care, and families receiving Temporary Assistance for Needy Families (TANF) are eligible regardless of income. Each grantee is required to reserve at least 10% of its funded enrollment for children who have been identified with special needs. Head Start also offers culturally relevant programs for migrant and seasonal families and American Indian and Alaska Native families.[196]

There are 64 programs (including Head Start, Early Head Start, and programs available to specific populations) operating in 32 of Colorado's 64 counties.[197]

Head Start provides a wide range of services to children and families in need, including education and academic supports; oral, mental, and physical health resources; and social supports and services. Program administrators work with local community members to offer services that match each community's needs.

Head Start programs are implemented in centers, schools, and family child care homes. Some Head Start programs also offer home-based services, where staff conduct weekly visits to children and their families in their own homes. Head Start programs are not required to be licensed; however, they are monitored annually by the federal government.

Analytic Approach

The Head Start analysis is based on the overall Child Care Model as described in Our Approach (see

page 99). However, the following adjustments have been made to reflect the specifics of the Head Start program.

- **Eligible population estimates** are based on the total numbers of Coloradans within specific groups, including pregnant women, foster children, and children under 5 in low-income families.

- **Current state estimates** are generated from Head Start Licensed Facilities data on funded slots. The current state assumes the number of slots is equal to the number enrolled because Head Start facilities are required to fill their allocated slots.

- **Desired state estimates** are based on the total eligible population within specific groups, including pregnant women, foster children, and children in low-income families, and adjusted based on parent preference for licensed child care.

Data Strengths and Gaps

- Head Start is required to collect child outcome data to inform their school readiness goals, however there is not a centralized state system to house the data or track progress over time, as data reside at the local level.

- The eligible population does not include all demographics that Head Start uses to determine

eligibility based on data availability. This includes children from families experiencing homelessness and families receiving public assistance such as TANF.

- "Pregnant parents" is a preferred term for eligible populations, however the term "pregnant women" is used in this section in order to align terminology with enrollment data.

- Approximately 22 Head Start centers in the program files could not be matched to a licensed care facility cross-walk by center name or address, so they were excluded from the analysis (accounting for 7% of current Head Start funded slots). Modeled current state estimates differ from the funded enrollment number reported at the beginning of this section due to this exclusion as well as the assumption that the number of funded slots equals the number enrolled.

- In some cases, a small amount of data is lost during the process of cross-walking among various sources during the intermediate calculations of the model.

- Age-specific estimates may not sum to the total estimate due to rounding.

What is Enough?

According to the Child Care Model, an estimated 9,000 children and pregnant women are

participating in Head Start in the current state, while 52,000 children and pregnant women are estimated to be eligible for Head Start based on income and other demographics. Approximately 17% of the total eligible population is estimated to be currently enrolled in the program.

Taking into account preference for licensed care, 22,500 children and pregnant women would participate in Head Start in the desired state, an additional 13,500 individuals and more than double the current state.

Who is Not Getting Enough?

Pregnant women and children ages 1-2 desiring Head Start are currently participating in the program at the lowest rates relative to other eligible populations.

Table 6 shows the estimated eligible population, current state, and desired state for all Head Start programs in Colorado, as well as the percent increase needed to reach the desired state.

Although children ages 3 and 4 make up the largest proportion of the desired state, the current state accounts for 64% of these children.

Where is There Not Enough?

Geographic analyses find that, on average, the current state is meeting 41% of the desired state for Head Start programs. Put another way, Colorado would need more than 13,000 new Head Start slots to meet the desired state.

Figure 14. Head Start Current State and Desired State of Eligible Pregnant Women and Children Under 5, October 2019
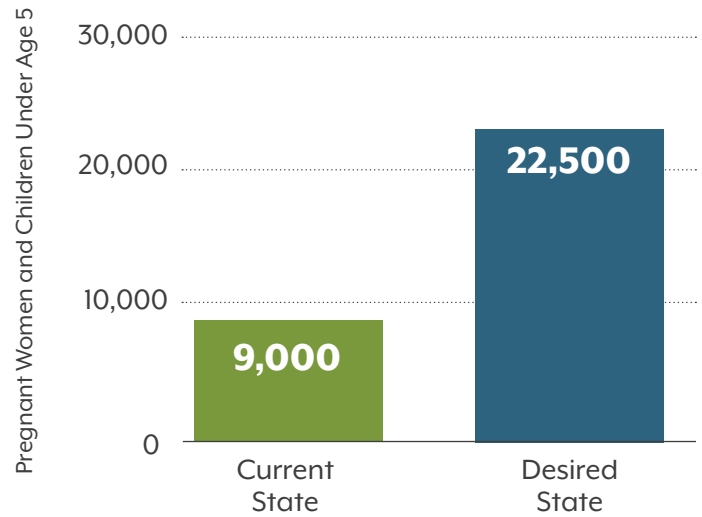
The estimated eligible population is 52,000.

However, some rural counties do not have Head Start programs, including Baca, Cheyenne, Gunnison, Rio Blanco, and San Miguel. Urban counties on the periphery of the Denver metro area, including Clear Creek, Douglas, Elbert, Gilpin, and Park, also do not have programs.[198] While families in the metro areas, including Douglas County, may be able to access a program in a neighboring county, rural families face greater geographic barriers to travel.

Table 6. Head Start Estimated Eligible Population, Current State, and Desired State, by Age Group, October 2019

Age	Estimated Eligible Population	Estimated Current State	Estimated Desired State	Estimated Percent Increase Necessary to Reach Desired State
Children Under 1	9,100	700	2,100	200%
Children Ages 1-2	20,700	1,300	6,900	431%
Children Ages 3-4	16,600	7,000	11,000	57%
Pregnant Women	5,800	300	2,500	733%
Total	52,200	9,300	22,500	142%

What Parents and Providers Say

> *Early Head Start does a great job connecting with resources ... even things like cooking classes ... watching for timely developmental cues, and making sure kids are getting any extra care and attention they need."*
> — Colorado parent, 2019

Why is There Not Enough?

Opportunities to Address Needs

- **Unify enrollment waitlists.** Head Start providers are required to fill vacant enrollment slots within 30 days.[199] Each Head Start program is also required to maintain a waitlist, but there is no centralized mechanism for all Head Start programs to track capacity and waitlists. A unified enrollment process and improved communications across providers could ensure slots are filled quickly when they become available. The state does not play a role currently in these activities, because Head Start funding goes directly to local grantees.

- **Quality child care facilities are hard to find.** Because expanding full-day kindergarten is reducing the number of physical spaces available for preschool and other programs, Head Start needs new and innovative ways of housing its programs, including co-location with local organizations, senior centers, or other family- and child-friendly locations.

- **Enhance two-generation efforts.** Head Start already has strong parent engagement, and it can inform Colorado's leaders looking to leverage and expand two-generation approaches in other programs.

- **Funding limits ability to meet demand.** Colorado relies on federal funding for Head Start. Fifteen states had supplemented federal resources with state funding for Head Start in 2014-2015.[200]

- **Fill data gaps and create standardization.** Child assessment and outcome data (including school readiness) is collected, but not uniformly. Each grantee has the same framework to collect child outcome data every year. Federal funding also requires programs to conduct a community assessment every three years. Head Start needs standardized data collection and reporting on school readiness goals and outcomes. In addition, incorporating robust local-level evaluation into the assessment may allow for more tailoring of slots and services. For example, if a county has high rates of teenage pregnancy, additional Early Head Start services could be allocated to serve pregnant women and infants.

Colorado Child Care Assistance Program

Overview

Cost is one of the most significant barriers to accessing child care, especially for lower-income families.

The Colorado Child Care Assistance Program (CCCAP) provides financial assistance for child care to families who are working, those who are searching for employment or are in training, and those who are enrolled in the Colorado Works program and need child care services to support their efforts toward self-sufficiency.

- **Administration.** CCCAP is administered through county departments of social/human services under the direction of the Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning.

- **Funding.** CCCAP funding is comprised of federal, state, and local funding. The federal Child Care Development Block Grant provides approximately 65% of CCCAP funding. The Fiscal Year 2019-20 appropriation in total is $124,537,113, including $29,410,508 from the General Fund, $83,481,532 in federal funds, and $11,645,071 in county funds.[201] Counties must reimburse child care providers based on state-established rates. Parents must contribute a portion of the monthly child care cost as a copayment directly to the child care provider.

- **Target Populations.** Income-eligible families who are working, searching for employment or in training, and families who are enrolled in the Colorado Works program. Colorado House Bill 18-1335 requires counties to serve families with income at or below 185% of the federal poverty level (FPL), although they can serve families with higher incomes, up to 85% of the state median income.[202]

The CCCAP program provided funding for nearly 11,000 Colorado children under 5 as of July 2019.[203] Children authorized to receive CCCAP funding are ethnically and racially diverse, with Hispanic children making up approximately 50% of the population for which data are available. Non-white children comprise another 16% of children enrolled in CCCAP, including 9% Black or African American.

Of children under age 5 served by CCCAP, just under half (5,703) are ages 3-4 and another 4,344 are ages 1-2. About 8% (881) of children enrolled to receive CCCAP funding are under age 1.

Ideally, all licensed facilities would accept CCCAP funding. Currently, nearly half (40%) of licensed facilities in Colorado have a fiscal agreement in place to accept CCCAP payment for enrolled, eligible children (see Table 7).[204] The majority of licensed child care centers in Colorado have a fiscal agreement to accept CCCAP (55%) whereas only one in five preschools have a fiscal agreement to accept CCCAP (20%). Approximately one in four providers (27%) who responded to a provider survey conducted by the Butler Institute for Families, however, indicated that they limit enrollment of the number of children and families receiving CCCAP.[205]

Approximately 164 providers authorized to accept CCCAP are considered "Qualified Exempt," according

Table 7. Licensed Child Care Facilities Authorized for CCCAP, July 2019

Child Care Facility Type	Number of Licensed Facilities in Colorado	Number of Licensed Facilities Authorized for CCCAP
Child Care Center	1,497	819 (55%)
Large Child Care Home	295	135 (46%)
Infant/Toddler Home	17	6 (35%)
Experienced Child Care Home	361	118 (33%)
Child Care Home	1,101	332 (30%)
Preschool	558	111 (20%)
Total	**3,829**	**1,521 (40%)**

An additional 164 Qualified Exempt Providers/Facilities in the state of Colorado are authorized for CCCAP.

to July 2019 administrative data.[206] These providers, such as friends or relatives, are legally exempt from licensing requirements.

Analytic Approach

The CCCAP analysis is based on the Child Care Model as described in Our Approach (see page 99). However, the following adjustments have been made to reflect the specifics of CCCAP.

- **Eligible population estimates** reflect the total number of children eligible for CCCAP based on income (but do not take into account available funding or other eligibility criteria such as employment). Income eligibility is determined using the midpoint between:

  o Entry income: the state and county-determined maximum income threshold at program application (which must be at least 185% FPL).

  o Exit income: the maximum income at eligibility redetermination, which is 85% of the state median income.

- **Current state estimates** include only the number of children under age 5 currently enrolled in and receiving CCCAP funding as of July 2019 (10,928, according to data provided by the OEC).

- **Desired state estimates** include the total number of children eligible for CCCAP based

on eligibility criteria and parent preference for licensed child care (but do not take into account available funding). This estimate begins with the number of income-eligible children and then adjusts downward at the county level to account for children whose parents would rather care for their own children or use informal care, based on the Child Care Model.

Data Strengths and Gaps

- Data on provider fiscal agreements and family authorizations are updated nightly, meaning information on program participation is current and accurate and can be readily accessed to provide insights on utilization.

- Data contain detailed information about the race, ethnicity, and age of both the child and the primary guardian of the child.

- There are no data regarding early care and education (ECE) program waiting lists specifically for families enrolled in CCCAP.

- Neither the total number of income-eligible children nor the desired state estimate take into account available funding, available provider capacity, or the potential impacts of the need for parents to apply and maintain their eligibility for the program. The desired state only accounts for an expansion of

CCCAP funding for licensed providers, not informal providers such as those who are Qualified Exempt.

- In some cases, a small amount of data is lost during the process of cross-walking among various sources during the intermediate calculations of the model. The impact on model outputs and analysis is negligible.

- Age-specific estimates may not sum to the total estimates due to rounding.

What is Enough?

Nearly 11,000 children under 5 are enrolled in and receive CCCAP funding in the current state.

An estimated 133,000 children under 5 in Colorado are eligible to receive CCCAP based on income. Approximately 8% of the total income-eligible population is currently enrolled in the program.

Taking into account parent preferences for licensed care, 59,000 children would receive CCCAP funding in the desired state — 44% of the total number (133,000) of children eligible to receive CCCAP based on income and 48,000 more children under 5 than the current state.

For the state overall, an estimated 18% of the desired state children under 5 are receiving CCCAP in the current state.

Who is Not Getting Enough?

Children ages 1-2 make up the largest portion of income-eligible children under 5. However, children under age 1 have the lowest rate of the desired state being met by the current state.

Table 8 shows the estimated eligible population, current state, and desired state for CCCAP, as well as the percent increase needed to reach the desired state.

Where is There Not Enough?

For the state overall, an estimated 18% of the desired state children under 5 are receiving CCCAP in the current state. No county is currently meeting the desired state.

County-level rates are influenced by many factors, including the total number of child care providers in a county, the number of providers with a fiscal agreement in place to accept CCCAP, and the number of children using CCCAP that an authorized provider is willing to accept. Closing county-level gaps will require addressing these factors, in addition to the funding needs.

What Parents and Providers Say

Three in 10 Parent Survey respondents (29%) did not know if they were eligible for CCCAP when asked and only one in five (21%) did know they were eligible. Among parent respondents who said they know they are eligible, two-thirds (67%) participate in CCCAP while the remaining third do not.[207]

When asked why they don't participate, despite being eligible, the top reasons were lack of providers accepting CCCAP in their area (20%) and that the providers who accept it do not meet

Table 8. Estimated Eligible Population, Current State, and Desired State, by Age Group for CCCAP, October 2019

Age	Estimated Eligible Population	Estimated Current State	Estimated Desired State	Estimated Percent Increase Necessary to Reach Desired State
Children Under 1	27,000	900	6,000	567%
Children Ages 1-2	57,000	4,400	19,000	332%
Children Ages 3-4	49,000	5,700	34,000	496%
Total	**133,000**	**11,000**	**59,000**	**436%**

Figure 15. CCCAP Current State and Desired State of Eligible Children Under Age 5, October 2019
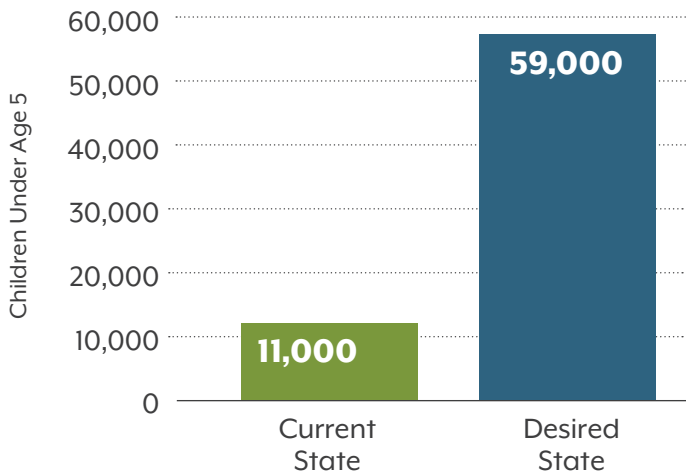
The estimated eligible population is 133,000.

their needs (19%). Lowest-income (below $25,000 per year) respondents were most likely to indicate they know they are eligible for CCCAP but not participating (21%) compared with the rest of the state.[208]

Other challenges include the difficulty of applying for and maintaining eligibility, along with provider waitlist issues and the time it takes to find out whether they have been accepted. Affordability is also a barrier. While CCCAP and other tuition-assistance and subsidy programs lessen the cost of child care to families, these programs may only cover a fraction of the total cost of care. In some cases, parents may be required to supplement CCCAP through a copayment.

> *We have been on the CCCAP waitlist for over two years with no funding available to accept waitlisted families."* — Colorado parent, 2019

One of four providers (27%) with a CCCAP fiscal agreement who responded to the Butler Institute for Families Provider Survey, when asked if their program limits CCCAP authorizations at a given time, indicated they do limit authorizations.[209]

> *I wish that CCCAP had higher income limits...that would be easier to qualify for... it's based off of my gross income not my net income."* — Colorado parent, 2019

Why is There Not Enough?

Opportunities to Address Needs

- **Address barriers to growth.** CCCAP's growth is limited by federal, state, and local funding, which dictates the extent to which Colorado can address the opportunities and challenges in meeting the current and desired state of its ECE system. Similarly, counties have discretion in how they administer CCCAP eligibility, affecting state-level efforts.

- **Increase capacity to serve infants.** Colorado's efforts to expand total licensed capacity for infants may help address this need. However, given the potential increased costs that providers shoulder to be licensed for infant care, they may be less willing to accept CCCAP despite higher reimbursement.

- **Increase availability of high-quality facilities.** Continue to increase the percentage of Colorado Shines rated high-quality facilities that have CCCAP fiscal agreements and can leverage tiered reimbursement.

- **Address barriers to cost.** Consider elements of the CCCAP reimbursement structure, regulations, and operations that may be barriers to provider and family participation such as family copay amounts and reimbursement when children are absent from care.

- **Continue to increase provider awareness and education around the program as part of a push to increase the number of providers.** Sixty-two percent of providers who responded to the Butler Institute for Families survey indicated they know a little, not very much, or nothing about the program.[210]

- **Address stigma associated with receiving CCCAP "low-income subsidies" that limits families' participation in some communities, especially rural areas.** Other states — and other Colorado programs such as the Denver Preschool Program — have implemented best practice strategies for marketing, branding, and subsidy structure to reduce stigma and improve uptake. These strategies can also drive improvements in care and facility quality.

Local Supports to Expand Access for 4-Year-Olds: Denver and Summit Counties

Voters in Denver and Summit counties have approved local taxes to put preschool programs within reach for all families — including middle-income families who may struggle to afford quality child care yet do not qualify for other public programs. The Denver Preschool Program (DPP)[211] and Summit Pre-K (SPK)[212] provide tuition support for families with 4-year-olds enrolled in participating preschool programs in the year before kindergarten.

Both programs are available to any family, with tuition credits based on household income and the preschool program quality rating. DPP also includes criteria on the number of hours each day a child attends preschool while SPK factors in whether the family has younger children in child care.

These local subsidy programs are innovative opportunities for leveraging local resources to support families in accessing preschool services. Families and providers can blend or stack together subsidies from other programs such as CCCAP with DPP or SPK, for example, to lower the costs of child care and expand access.

Colorado Preschool Program and Early Childhood At-Risk Enhancement

Overview

Colorado Preschool Program (CPP) is a state-funded program that provides high-quality early childhood programs for children ages 3, 4, and 5 who are experiencing certain risk factors that put them at risk of school failure.[213] Children access either half- or full-day programming in various early childhood classroom settings — school districts, local child care centers, community preschools, or Head Start programs.[214]

Enacted by the state legislature in 1988, CPP is one of the state's longest-standing funding streams supporting young children and their families. Each year, CPP funds half- or full-day preschool for children considered at-risk for adverse educational outcomes later in their schooling.[215] Colorado also funds Early Childhood At-Risk Enhancement (ECARE), which affords districts greater flexibility in using CPP positions.[216]

In 2019-2020, CPP was funded for 29,360 positions, including ECARE positions.

CPP is one of multiple programs administered by school districts. As participants in CPP, school districts administer state-funded preschool, including blending funding from CPP with other programs such as preschool special education funding. School districts are allowed to add eligibility criteria to reflect community needs when the expanded criteria can be linked to school failure.

Because of this Needs Assessment's focus on system connectivity, data systems, and other infrastructure needed to better serve families, this profile looks at CPP through the lens of school district administration as an opportunity to better serve families of young children in a coordinated way.

- **Administration.** CPP is administered by the Colorado Department of Education (CDE), Preschool through Third Grade (P-3) Office and

managed by participating local school districts and their respective District Advisory Councils (DAC). Local community members play a significant role in local implementation through participation in the DAC.

- **Funding.** Colorado finances CPP with state funds. The program budget for the 2018-19 school year was $122,458,295, according to

CDE. About 81.1% ($99,295,574) went toward preschoolers while 18.9% ($23,162,721) went toward full-day kindergarten via ECARE positions (although some ECARE positions were used in preschool).

- **Target Populations.** CPP serves 3-, 4-, and 5-year-old children who experience risk factors associated with challenges later in school. Four and 5-year-olds are eligible for CPP the year before they enter kindergarten in their district and meet at least one risk factor, such as being eligible for free and reduced-price lunch or having a parent without a high school degree. Three-year-olds are also eligible if they meet at least three risk factors.

Innovating for the Future

Colorado recently began funding free full-day kindergarten, and policymakers are now turning their attention to expanding preschool.[217] CPP's infrastructure and lessons learned — from local preschool DACs to program data systems — can inform strategies for a statewide preschool expansion.

For example, any statewide preschool program expansion will need to consider issues ranging from how to define eligibility, how to recruit and retain qualified providers, and where to find or create new preschool classrooms to address a broader population.

Program Strengths

CPP engages with parents and families with high-needs and connects them to other needed services and supports. CPP programs may be provided in a variety of ECE settings, depending on the community market and local partnerships in place.

- **Proven outcomes.** CPP has shown to support significant, long-lasting positive outcomes. Proven outcomes include reductions in students identified with significant reading deficiencies, lower rates of students being held back, and increased changes for on-time high school graduation.[218]

- **Parent engagement.** Given its eligibility criteria, CPP is uniquely positioned to engage with parents who might need additional support to offer their

Calculating CPP Saturation

CDE estimates the total proportion of potentially eligible children who are served or who may need service.[223] A summary of methods and assumptions is provided here. For additional detail, please contact the Colorado Department of Education.

Methods

To find the number of children potentially eligible for CPP positions, CDE used data from school district enrollment counts and eligibility data from CPP district annual reports:

- First, CDE doubled the most recent kindergarten enrollment as a proxy for 3- and 4-year-olds — assuming either the highest of last year's kindergarten enrollment or the average of the last three years.

- Then, CDE multiplied the 3- and 4-year-old population estimate by the district's percentage of at-risk pupils as reported in the school finance formula.

- Finally, CDE divided this number by the percentage of children who qualified for CPP based on free and reduced-price lunch criteria only as reported in the district's CPP Annual Report. That way, the estimate captures children who may qualify based on other eligibility factors.

CDE measures its program capacity in terms of "base allocation," which includes a total number of positions available for CPP including ECARE.[224] Comparing the base allocation with the number of potentially eligible children provides a saturation rate.

Assumptions

- **Half-day positions.** This method assumes that all CPP positions are used to fund eligible children for a half day. However, districts have the flexibility to combine some half-day positions to serve children in full-day programming. In the 2018-19 school

year, 3,422 positions (1,711 children) were combined in this manner. There is significant variability across districts as to how they combine half-day slots. For example, there are differences between whether districts operate full-day programs and whether they choose to combine part-day positions into full day, as well as how to establish which eligible children will have access to full-day programs. There is a 5% cap on the number of standard CPP positions (not ECARE) that can be combined for a full day of service.

Map 7. CPP Saturation Rate by County, 2019-20

Estimate suppressed due to sample size | 6.0% - 36.0% | 36.1% - 63.0% | 63.1% - 95.0% | 95.1% - 169.0%

- **Differences from base allocation.** Actual CPP slot usage by individual school districts can vary from their base allocation. This is due to some districts receiving temporarily reallocated slots from a district that turned them back because they could not use them that year. The present model assumes base allocations.

- **Mapping school districts to counties.** Results cannot be determined for Broomfield County using this methodology. CPP base allocations are awarded by CDE through an application process in any year in which additional positions are funded by the legislature. School districts are coded to the county in which most of the population resides, although district boundaries can overlap counties.

A note about program intensity: Each half-day position equals access to 360 hours of programming across a school year, or 720 hours for a full day. According to CDE, this is the

Note: Percent of eligible population served by CPP in 2019-20 uses data calculated and provided by CDE. Estimates of children who may qualify for CPP and Head Start become less stable in rural communities with fewer children. More than 100% saturation is due to the fact that CDE is estimating eligible populations and does not have access to verifiable data on the true population of children who would qualify for CPP based on all combined eligibility factors. Districts that serve over 100% of the potentially eligible populations generally serve a small number of children and district allocations typically include a minimum number of funded positions in order to ensure that the program is adequately supported. See methods and assumptions below.

minimum amount of time that families must have access to a free high-quality preschool. Additional wraparound child care, when needed by the family, may have to be funded with other resources, including the Colorado Child Care Assistance Program (CCCAP) or families being charged for tuition.

Figure 16. Eligibility Risk Factors for CPP, 2018-2019

Risk Factor	Percentage
Abusive Adult in Home	3.5%
Parent Under 18	4.2%
Child in Foster Care	5.3%
Parental Drug/Alcohol Abuse	5.9%
Homelessness	7.6%
Frequent Relocation (Mobility)	12.1%
Parent Without High School Degree	19.8%
Poor Social Skills	31.6%
In Need of Language Development	38.0%
Eligible for Free and Reduced Lunch	71.1%
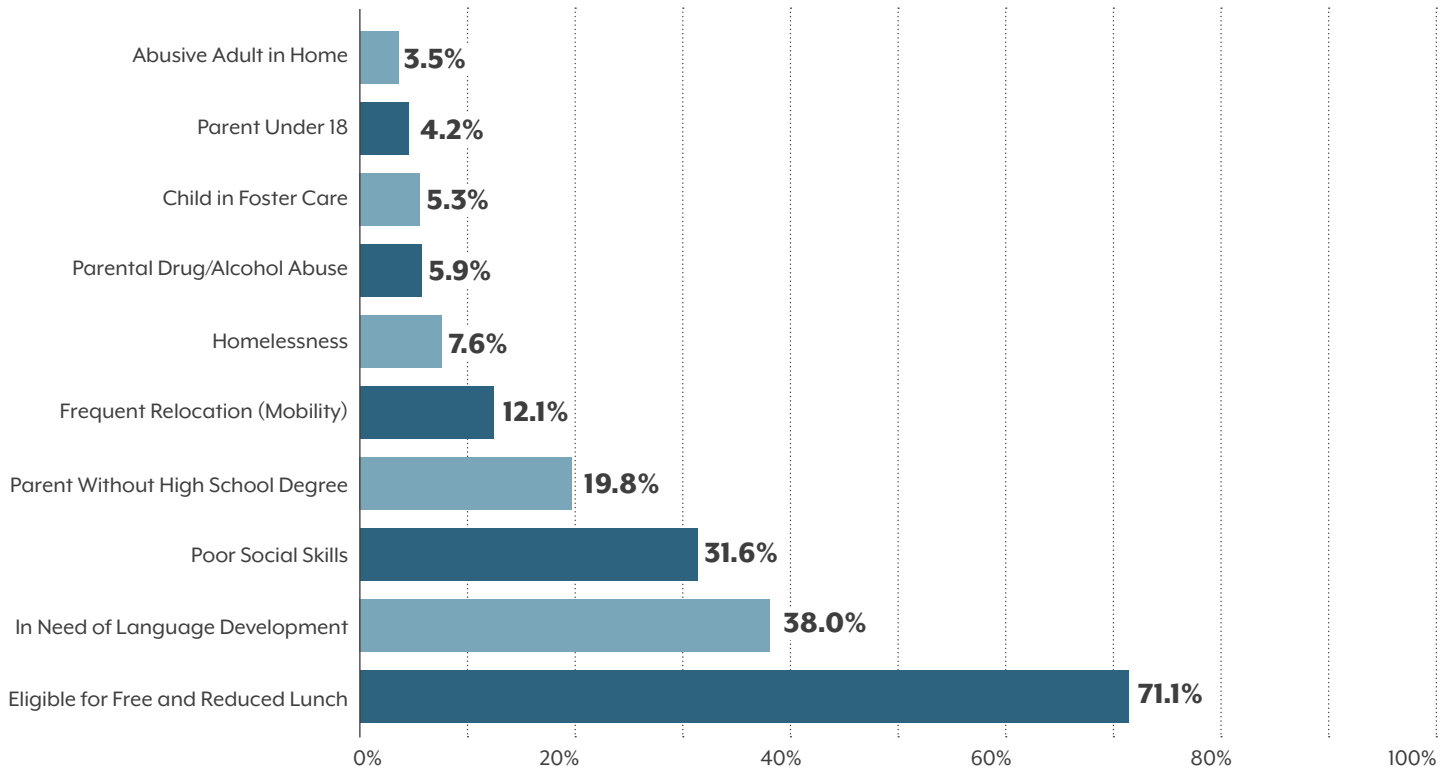
Each line represents the percentage of children funded by CPP with that reported risk factor. Note that children may be experiencing several risk factors and reflected in multiple categories. Not all risk factors may be reported.

children a strong start. For example, CPP can help parents navigate the school system, transition between service providers, and access related community-based services such as parental substance use treatment. That engagement begins with initial outreach and program intake and continues into programming.

• **High-need population focus.** CPP data systems reveal that programs are serving children facing a variety of risk factors — from experiencing frequent relocation of their family to having poor social skills (see Figure 16).[219]

• **Flexible program setting.** CPP may be available in multiple settings — from district schools, local child care centers, community preschools, or Head Start programs — depending upon local factors, including school districts/DAC decisions and community partner participation. Most enrolled preschoolers are receiving supports in a public school environment (77.5%), with fewer children enrolling in programs run by community partners and Head Start facilities (see Figure 17).[220]

Figure 17. Enrollment of Children in CPP by Setting, 2018-2019

Public Schools: **77.5%**

Community Provider: **13.3%**

Head Start: **9.2%**
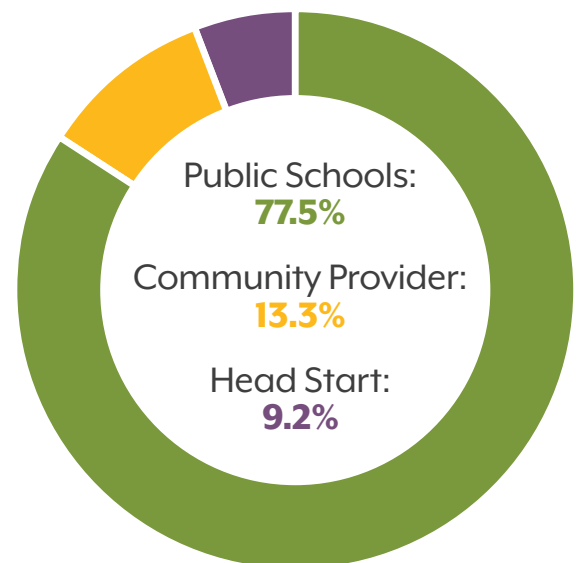
Program Needs

CPP faces challenges in order to expand the program reach to all eligible but not yet enrolled children.

Addressing that gap requires additional funding. Expansion also brings additional challenges — locating physical spaces for expansion, reaching out to eligible children, recruiting additional providers, and increasing partner programs in the community to serve more eligible children.

Limited Program Reach

Today's CPP funding is enough to meet the needs of about a third (38%) of eligible children in Colorado, according to 2019-20 analyses conducted by CDE. CPP estimates that 76,410 Colorado children are eligible for CPP in the 2019-20 school year, and that only 29,360 positions (or 38% of the need) are funded for that time period (see Figure 18).

That leaves more than 47,000 potentially eligible children not enrolled in CPP.

Mapping these estimates reveals some parts of the state with large eligible populations that do not yet have access to CPP. Many of these are urban counties. For example, Jefferson, Douglas, and El Paso counties — highlighted in light blue — currently have only enough CPP positions to meet the needs of no more than a third of the potentially eligible population (see Map 7).

Data Strengths and Gaps

CPP program data are rich and reflect quantitative needs and utilization.

- **Comprehensive data collection.** Using CDE data systems, CPP captures data on children eligible for CPP. For example, program data capture information on child age, race/ethnicity, and program setting, as well as some family characteristics and needs/risk factors such as parental drug or alcohol abuse, frequent relocation, or homelessness. CPP's data system can be linked with the same unique identifier to preschool special education data as well as K-12 enrollment, which allows deduplication across the two preschool funding streams as well as longitudinal K-12 analysis.[221]

Figure 18. CPP Potentially Eligible Population and Funded Positions, 3- and 4-Year Olds, 2019-20
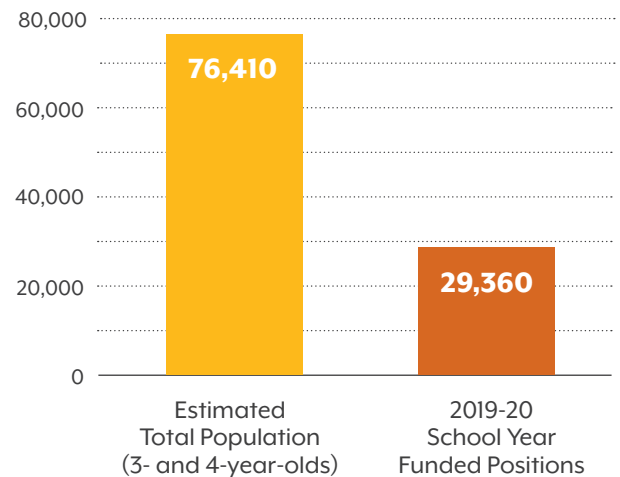
- **Limited waitlist data.** Not all school districts report the full eligible population to CDE. The state has a systemic way to collect this data across all school districts during the pupil count, but districts are not required to identify eligible children they do not have the capacity to serve. Many districts keep waitlist data locally but do not all report it to CDE. Data from those districts that do keep waitlists revealed 4,150 children waiting for services.[222] CDE recently started using administrative data to estimate unmet needs as shown in Figure 18.

Preschool Special Education

Overview

Preschool special education is a combined state and federal program for children ages 3 through 5 not yet enrolled in kindergarten who have been identified with an educational disability. The program entitles eligible children to a free and appropriate public education in an inclusive setting at no cost to families.[225] The program is mandated by Part B of the Individuals with Disabilities Education Act (IDEA), which serves children from age 3 to 21 years. Section 619 of IDEA refers to the preschool component of the system. Almost 9,000 Colorado students were reported to be enrolled in preschool special education services in the October 2018 pupil count, and enrollment typically grows by approximately 40% by the end of each school year.

IDEA Part B — Section 619 complements IDEA Part C, also known as Early Intervention (EI) Colorado. That program serves families and their children under age 3.

- **Administration.** The Colorado Department of Education (CDE), Preschool through Third Grade (P-3) Office administers the preschool special education program, and it is implemented through local Special Education Administrative Units, designated school districts, and/or Boards of Cooperative Educational Services (BOCES). Access to general education preschool programming, along with specialized instruction and related services, may be provided in various settings, including public schools, community programs, and Head Start programs.[226]

- **Funding.** State and federal dollars pay for services. Federal funding comes through Part B of IDEA. State funding comes from the Exceptional Children's Education Act. Local school systems pay additional costs that are not funded with existing state and federal funds.

- **Target Population.** Children ages 3 through 5 who are not in kindergarten and who cannot benefit from general education without additional supports because of a specific disabling condition.[227]

Innovating for the Future

Preschool special education is already meeting some of the core tenants of a strong data system — from using a unique identifier to capturing child-level demographic and program participation data.[228]

Preschool special education program administrators should consider strengthening linkages across the early intervention system by adopting recommendations from the Early Childhood Data Collaborative.[229]

Examples include:

- Pursue the ability to link child-level data with other key data systems.

- Adopt a unique early care and education workforce identifier with the ability to link with data systems outside of CDE.

Early Intervention Colorado

Early Intervention Colorado is a program for infants and toddlers with developmental delays or disabilities, also known as Part C of the Individuals with Disabilities Education Act (IDEA). The program identifies infants and toddlers potentially eligible for services, and provides families with supports and resources to help them enhance their child's learning and development through everyday learning opportunities. Services are voluntary, provided at no cost to families, and occur in families' homes or other environments where children spend their day. See the full profile on page 90.

Program Strengths

Colorado's preschool special education program benefits families by promoting parent choice and aligning with other CDE-administered programs for young children such as the Colorado Preschool Program (CPP).

- **Measurable outcomes.** A significant strength of the preschool special education program is the program effectiveness data collected at the child level. For example, the program tracks child social relationships, knowledge, and skills and compares those outcomes to national results.[230]

- **Program reach.** The preschool special education program provided services to more than 14,400 children during the 2018-19 school year.[231]

- **Program funding and cost to families.** The preschool special education program has funding available for all children who are identified as eligible. Services are provided at no cost to families. Similarly to CPP, access to programming and services is expected to be approximately 360 hours per year, which is about 10-12 hours each week during the school year. Some children may have fewer or more hours of access to programming depending on their needs and decisions made by the Individualized Education Program (IEP) team.

- **Funding alignment with CPP.** CPP provides preschool services to children experiencing certain risk factors, (as defined on page 72). Children with an educational disability who also meet the eligibility criteria for CPP may access funding from both programs in order to receive the equivalent of a minimum of 720 hours of programming across the school year. In 2018-19, 776 children attended full-time preschool with combined funding from CPP and preschool special education (see Figure 19).[232]

Program Needs

Program needs include challenges related to aligning funding allocation with pupil counts and

Figure 19. Number of Eligible Children Receiving Full-time Care through Colorado Preschool Program (CPP) and Preschool Special Education, and Part-time Care through Preschool Special Education Only, October 2018

776
Full-Time CPP and Preschool Special Education

8,129
Part-Time Preschool Special Education
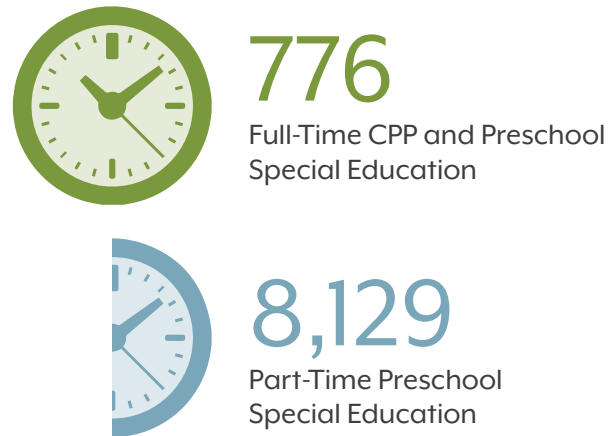
These counts were provided by CDE and reflect enrollment as of October 2018. Children identified for special education services during the rest of the school year are excluded. Approximately 40% more children are determined eligible and enroll in preschool special education services between the fall pupil count and the end of each school year.

supporting parents and children who transition from EI Colorado to preschool special education.

- **Undercounted funding needs.** Funds are allocated for local school districts' preschool special education services based on the number of children enrolled during the pupil count window in the fall of each school year. Because children are identified for special education services throughout the year, pupil counts generally differ between the fall and the end of the school year. According to CDE, approximately 40% more children enroll in preschool special education services between the fall pupil count and the end of each school year. Many programs are operating on a budget that undercounts actual enrollment.[233]

- **Transitions from Early Intervention Colorado.** EI Colorado has different eligibility criteria than preschool special education — a reflection that not all children who experienced delays as infants or toddlers have educational disabilities requiring specialized instruction. Explaining these differences and supporting parents through the evaluation process is key.

Data Strengths and Gaps

Colorado's preschool special education data are rich with information about disability categories, service settings, demographics, and other data. However, the program — and the broader early intervention system in Colorado — would benefit from increased interoperability between CDE and OEC data systems. These two state agencies are currently working together on ways to track children as they transition between the programs and beyond age 5.

- **Unique identifier.** CDE tracks children served by the preschool special education program using a unique identifier. That allows the program to track individual child service utilization, needs, and outcomes across programs within the same data system. The Colorado Preschool Program (CPP) — as well as all other parts of the preschool through high school system — uses the same unique identifier, which allows linkages across data systems.[234] However, that unique identifier is not used by data systems outside of CDE such as the IDEA Part C data system administered by OEC. Because of this fragmentation, no agency has a view across the entire system.

- **Transition data.** Because EI Colorado and preschool special education are administered by two different state agencies, some administrators experience challenges tracking children through service transitions. For example, whether or not the child is or is not eligible for IDEA Part B — Section 619 services is not always reported back to EI Colorado. EI Colorado is partnering with CDE to identify which children were eligible and whether they participated in preschool special education.

FAMILY AND COMMUNITY SUPPORTS

Positive child development happens within the context of supportive relationships and healthy environments. Colorado's early childhood system is designed to reflect this important reality. The state's system of family and community supports focuses not only on children, but on their parents and caregivers, their homes, and their communities.

Collectively, these support programs prepare families and communities to ensure that all children in Colorado are ready for school when entering kindergarten. Families and children currently engaged in Colorado's early care and education system may access family and community support programs. However, these programs also ensure children not currently attending licensed child care programs, their families, and caregivers are connected to important programs, services, and funding that meet their individual family and child development needs.

Family and community support programs use the Strengthening Families approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect by engaging families, programs, and communities in building five key Protective Factors.[235]

Table 9. Strengthening Families Protective Factors Framework

Protective Factor	Description
Parental Resilience	Managing stress and functioning well when faced with challenges, adversity and trauma.
Social Connections	Positive relationships that provide emotional, informational, instrumental and spiritual support.
Knowledge of Parenting and Child Development	Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
Concrete Support in Times of Need	Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
Social and Emotional Competence of Children	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

Family and Community Supports in Colorado

In 2019, Colorado's landscape of family and community supports includes programs in three areas: **Fostering Well-Being, Family Strengthening, and Early Intervention**. These programs provide important connections to other systems that support children and their families.

Why This Matters

Cross-system collaboration leads to better outcomes for children and families.[236] Family and community support programs create important connections between families and their communities to increase their access to the programs, services, and funding they need to thrive, such as child care, health care, employment support, and economic assistance. This is especially important for families of children not participating in formal child care programs, and informal care providers, who may require additional resources to support children's development and ensure they are ready for school when entering kindergarten.

Colorado's system of family and community supports uses the research-informed Strengthening Families approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.[237] These services and supports focus on building five key protective factors in families (see Table 9).[238]

Family and community support programs are evidence-based approaches to promoting healthy children and healthy communities — from safe neighborhoods to healthy child development. For example, research shows that home visitation improves public safety by reducing child abuse and neglect. Young children living in families receiving coaching on early literacy strategies are significantly less likely to need special education services later in life.[239]

These programs are also cost-effective and take a two-generational approach to promoting healthy child development. One estimate suggests home visitation programs save up to five dollars for every dollar invested.[240] Family and community support programs such as Family Resource Centers help improve parents' finances, which provides stability for their child's development.

Key Needs in Colorado

This Needs Assessment revealed critical challenges that will require continued investment:

- **Transitions in early childhood,** between and across caregivers and settings, are critical moments for children and families. Some families may experience more uncertainty than others, such as immigrant families, families with a history of trauma and adversity, and children with developmental delays and disabilities.

- **Workforce constraints.** Due to constraints on funding and available workforce, much of Colorado is not receiving free, quality enhancing Early Childhood Mental Health Consultation (ECMHC) services.

- **Reaching rural children.** Many of the state's family and community support services are not reaching rural parts of Colorado. And programs that are statewide do not have adequate capacity to reach all families in need. For example, 34 state-funded Early Childhood Mental Health Consultation (ECMHC) professionals serve all regions of the state — but that means in some regions, two full-time equivalents (FTEs) are supporting classrooms serving more than 58,000 children under age 6.[241] Families in 16 counties do not have access to Colorado's 31 Family Resource Centers (FRCs).[242]

- **Limited engagement of informal care providers.** More than half of Colorado families get at least some child care outside the licensed system. Informal care provided by parents, families, friends, or neighbors is the most common child care option in the state for infants, toddlers, and other vulnerable populations.[243] Many informal care providers interviewed for this Needs Assessment were not aware of how to connect to family and

27 percent

of parents reported working inconsistent or irregular hours, often leading to less economically stable lives.

community supports such as early intervention services or home visitation programs. For example, a focus group of primarily Spanish-speaking informal care providers shared that the only way they learned about support programs for the children in their care was through their own child's experience in a preschool or home visitation program.

- **Data fragmentation.** Funding for family and community support programs comes from federal, state, and local sources, each with its own program-specific regulation, data collection, and reporting requirements. Program administrators interpret and implement data requirements differently, making it difficult to systematically link children to service utilization or outcomes across the family and community support system.

What Parents Say

Parents and caregivers participating in focus groups and the Parent Survey revealed the family and community supports and other programs, services, and funding they would benefit from — from financial assistance to health care to early intervention services.

- A quarter of parents (27%) reported working inconsistent or irregular hours, often leading to less economically stable lives.[244]

Other families pointed to behavioral health care needs for children and families.

> " *Caregivers [are needed] who have had training in dealing with issues that arise from foster care placement, trauma, neglect and abuse such as PTSD and anxiety."*
> — Colorado parent, 2019

About one in seven Parent Survey respondents (14%) reported having children who have a disability, identified developmental concern, or behavioral health issue.[245] Of these parents, about half reported having children with multiple disabilities or special needs, such as developmental, emotional, or social challenges.

Due to the constraints of self-reported survey data,

it's challenging to interpret these results other than some parents believe their children have a disability, developmental concern, or a behavioral health issue. Methods limit our understanding of whether these children have or could qualify for services from programs such as IDEA Part B — Section 619 and Part C where eligibility is specific and prescribed. We therefore encourage leaders and policymakers to consider survey results as general indicators of parents who perceive their children to require specialized care, regardless of whether eligibility criteria are met.

From this generalized standpoint, nearly one in five (19%) parents reported not having local access to needed services related to their child's disability — most commonly speech therapy, followed by physical/occupational therapy, general disability services, and autism services (see Figure 20).[246]

Parents of children with perceived special needs were more likely to want other services for their children relative to parents who did not indicate their children had special needs. But parents of children with special needs were also less likely to have access to those services when they needed them.

For example, parents of children with disabilities were almost twice as likely to want support and advice on health, child development, and parenting (54%) as parents of children who did not have disabilities (29%).[247] But parents of children with disabilities were twice as likely (20%) to report they do not have access to those services, relative to their counterparts (9%).[248]

Parents who reported needing supports did not just point to one area or child-specific needs. Requests were often compounded, leading to needs for significant, coordinated service provision. For example, more low-income families responding to the survey reported caring for a child with a disability or special needs. And low-income respondents were more likely to be female, Latinx, and/or Black or African American — groups that are more at risk for experiencing structural sexism and racism in the workplace and other environments.[249]

Figure 20. Service Needs Reported by Parents of Children with Disabilities or Special Needs

Does your child have a disability, identified developmental concern, or behavioral health issue?

NO
86%

YES
14%

Of those with a disability, what kind of disability or special needs does your child have?

Physical	**21%**
Cognitive	**24%**
Other	**28%**
Social	**37%**
Emotional	**39%**
Developmental	**59%**

Are all the services your child needs available to you locally?

YES **81%**   NO **19%**

What services are not available?

Speech Therapy	**26%**
Physical/Occupational Therapy	**19%**
Disability Services/General	**12%**
Autism Services	**11%**
Behavioral (General)	**9%**
Disability Care (General)	**9%**
Disability Testing Services	**9%**
ABA	**8%**
Psychology/Pediatric Psychologist	**4%**
Other Services	**24%**

Innovating for the Future

Colorado's family and community support programs are coordinated, monitored, and regulated at a state level with local support from implementing agencies and partner organizations such as schools, community-based organizations, Community Centered Boards, Family Resource Centers, and Early Childhood Councils. Despite this alignment, there are opportunities to better support young children and their families. Examples of these innovations include:

- **Interagency collaboration.** Program administrators across state agencies, the Governor's Office, and local organizations are eager to leverage the state's family and community supports to reach more families. Varying funding sources, requirements, policies and practices reflect this commitment to interagency collaboration, but others hinder alignment.

- **Data system strengthening.** Promoting cross-agency collaboration requires interoperable data systems. Strengthening existing infrastructure is one opportunity to better serve the most vulnerable Coloradans. Other efforts are underway to advance data systems through deployment of the OEC's Information Technology Strategic Roadmap to improve the ability of state

and local program administrators to capture and report data.

- **Streamlining transitions.** Transitioning families between sending and receiving services across Colorado's system of family and community supports is critical for child well-being and school readiness. That's especially true for certain groups such as families of children with special needs. For example, Early Intervention Colorado (IDEA Part C) is required to provide transition activities for families as their children age out of the program. However, challenges exist to ensuring the continuity of services through other programs, such as preschool special education (IDEA Part B – Section 619) including the timing of the family's exit from Early Intervention Colorado and access to eligibility data.

- **Reaching informal care environments.** Colorado's early childhood administrators are working to leverage family and community support programs to better engage informal care providers — such as the Growing Readers Together early literacy program and home visitation pilot programs — to extend family and community supports to children in informal care environments, their families, and their caregivers.

Other Systems Supporting Children and Families

The early childhood system is a large network serving children and their parents and caregivers, comprised of multiple systems that are large, overlapping, and significant in and of themselves.

This Needs Assessment profiles only a few of the programs, services, and funding that strengthen, engage, and stabilize families and their children. Additional programs provide essential supports — from health care to economic assistance to nutritional support — but are beyond the scope of this Needs Assessment.

Colorado's family and community support programs connect with or refer families to these programs. These strong connections are critical to support vulnerable and underserved families.

For example, Colorado's public health insurance programs help low-income families access health care — including Health First Colorado, which is Colorado's Medicaid public health insurance program, and the Child Health Plan *Plus* for children and pregnant women. Health care providers are critical referral partners for many of the family and community supports analyzed in this report — including early intervention supports, home visitation programs like HealthySteps, and connections to community-based family-support services.

Other public programs increase access to healthy food and other supports such as cash assistance and job opportunities. These include, for example, the Child and Adult Care Food Program (CACFP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), and other supports. Several critical programs serving children and families are described in Table 10.

Table 10. Selected Federal-State Partnerships to Support Families

Program	Description
Health First Colorado (Medicaid)	Public health insurance program connecting low-income Coloradans with comprehensive health care services.
Child Health Plan *Plus* (CHP+)	Low-cost health insurance program providing comprehensive health care services for pregnant women and children from families who earn too much to qualify for Health First Colorado, but not enough to pay for private insurance.
Supplemental Nutrition Assistance Program (SNAP)	Food assistance program that supports low-income families to purchase foods at participating stores.
Colorado WIC (The Special Supplemental Nutrition Program for Women, Infants and Children)	Program that provides supplemental foods, health care referrals, and nutrition education for low-income, pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.
Colorado Works (Colorado's Temporary Assistance for Needy Families or TANF program)	Financial support program administered by county departments of human or social services to support Coloradans with low incomes.

FOSTERING WELL-BEING

Overview

Children develop in the context of supportive, positive, and interactive relationships. All caregivers — including families as the child's first teacher, as well as providers beyond the family — play important roles to support healthy development.

Colorado fosters child well-being by delivering services that support parents and caregivers and their relationships with children. These programs touch a range of environments — at home, in early care and education (ECE) settings, in communities, and in community-based organizations.

This section profiles three programs that focus on fostering well-being for children, families, and communities: Early Childhood Mental Health Consultation, The Incredible Years, and Growing Readers Together.

Program Overviews

Early Childhood Mental Health (ECMH) Consultation
Professionals in early childhood development and mental health who support caregivers and programs that serve young children.

The Incredible Years
A suite of prevention programs designed to increase a child's success at school and at home by promoting positive parent, teacher, and child relationships.

Growing Readers Together
A program supporting local public libraries to work with caregivers to better support the early literacy development of children in their care.

For more information, detailed program profiles can be found in Appendix A beginning on page 111.

Why This Matters

Evidence suggests that promoting emotional health and social-emotional learning skills is foundational to all other development and competencies in children.[250]

Decades of research reveal that programs working to promote strong relationship skills in adults have long-term impacts on the children in their care. The Incredible Years program — a suite of interventions that work on parent, teacher, and child relationships — provides an example:

- 58% of children whose parents and teachers received the program decreased their negative behavior, compared with 36% of children in the control group.[251]

- At school, 96% of children whose parents and teachers received the program were better able to follow directions from their teachers compared with 56% of children in a control group.[252]

According to the 2017 Colorado Child Health Survey, 15% of Colorado's children needed mental health care or counseling in the past 12 months, but almost a quarter of those children (23%) did not receive it.[253] ECMH consultation, a promotion and prevention program, can support positive early childhood mental health and, when appropriate, connect adults with necessary resources and referrals.

Overall Assessment

Key Findings

1. The three programs evaluated as part of this profile are leveraging limited resources to reach large parts of the state with evidence-based programs. However, programs are spread thin, which leads to not meeting the needs of all families.

2. When it comes to promoting their children's well-being, families want and need more information and education about child

development and parenting, and they need increased access to services — especially early childhood mental health supports.

3. Expanding these programs requires investing in their workforce, increasing the connectedness of their data systems, and leveraging their infrastructure to engage more informal caregivers.

Innovating for the Future

Colorado has generated a service selection tool for community-based organizations to assess their current ECMH consultation and service landscape, identify gaps, and select programs and services to meet their child population's needs. State policy leaders should consider generating a similar service selection tool to help community leaders strengthen their system of programs fostering child well-being.

What Parents Say

The programs included in this profile serve primarily non-parent caregivers, so parent focus group and survey respondents were less likely to cite them directly. That said, these programs indirectly address many of the pressures that parents raised.

For example, parents in focus groups across the state reported they are overwhelmed and struggle to have the time and resources to manage their child rearing responsibilities with everything else.

To address the need, parents called for high-quality programs that promote social-emotional health and school readiness. Early childhood mental health consultation is one way to address this need.

> *Early childhood teachers are lacking and early childhood education that fosters motor, cognitive, social-emotional, language and communication development is extremely important! It's hard to find quality care."*
> — Colorado parent, 2019

Key Needs in Colorado

The three programs profiled here are not yet resourced to reach all parents who might want services. These programs — like other programs serving young children in Colorado — do not yet benefit from a workforce that is fully representative of Colorado's diverse population.[254]

- **Improved program marketing.** Though these programs may be available in their community, many families are not aware of them. According to the Parent Survey, 28% of parents did not know about community-based programs such as early literacy programs at local libraries or other services to support families. Early childhood mental health services were used even less, with 52% of parents reporting they did not know about these programs.[255] Colorado should consider supporting additional education, awareness, and communication to connect families to these programs.

- **Representative workforce.** Communities need trained early childhood professionals — including ECMHC professionals, literacy specialists, ECE providers, and others delivering programming — who represent the communities they serve in terms of gender, race and ethnicity, culture, and language. Even when translators are available, not all program elements are easily translated into a family's home language.

Program Reach

Colorado is working to leverage limited resources to foster child well-being across all parts of the state. However, available programs are currently overextended.

For example, every county in Colorado has at least one assigned ECMHC professional. But given the limited consultative workforce in the state, most need is likely going unmet. In both the northeast and northwest corners of the state, just two full-time equivalent (FTE) specialists are responsible for providing ECMHC services to programs, classrooms, and children across 10 counties.[256] State-level program administrators are considering ways to broaden ECMHC services to other regions, professionals, and caregivers or parents. Some strategies may include provider trainings, site visits, online resources, and/

or a warm-line for parents and ECE providers with questions about early childhood mental health.

Literacy and social-emotional programs profiled here have similarly limited resources. For example, the Growing Readers Together program is serving 22 libraries out of several hundred library facilities, and the Incredible Years program served families in 21 of 64 counties in 2018-19.[257]

Data Strengths and Opportunities

Like other parts of the early childhood system, the programs profiled here do not have the data systems available to measure long-term impacts or to estimate the unmet needs of families.

- **Measuring impact.** These programs fostering child well-being are tracking primarily process measures — from partnerships formed and events hosted by Growing Readers Together to ECMHC services delivered at the child, classroom, and program level. However, the system is currently not equipped to measure long-term impacts. Strengthening data systems to track children longitudinally and across programs could improve development. For example, tracking long-term impacts could better demonstrate a child's needs over time, including identifying needs for other services like early intervention.

- **Estimating waitlists.** These programs have no way of identifying children who need services but cannot access them. Barriers may include program funding or workforce limitations, or program convenience for families, or other barriers like stigma. For example, most state funded ECMHC professionals are serving multiple counties — a workforce that is likely not enough to meet the need of the hundreds of thousands of children living in Colorado. That said, data systems cannot currently track unmet demand for services. This information would help Colorado allocate resources to the areas with the most needs.

FAMILY STRENGTHENING

Overview

The Strengthening Families Protective Factors Framework is a research-informed, strengths-based framework to promote child and family well-being and lessen the likelihood that children will be abused or neglected. Protective factors include parental resilience, concrete supports in times of need, social connections, knowledge of parenting and child development, and social and emotional competence in children.[258]

Colorado offers multiple programs that promote protective factors to support families, ranging from case management services to brick-and-mortar Family Resource Centers that connect families with comprehensive services. These programs also include evidence-based home visitation services in which a nurse, social worker, early childhood professional,

Program Overviews

Community-Based Child Abuse Prevention (CBCAP)*

Federal CBCAP grants support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect, and foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Colorado Children's Trust Fund (CCTF)*

The CCTF, established in statute in 1989, exists to prevent the abuse and neglect of Colorado's children. The CCTF is governed by an advisory board of directors with unique backgrounds to guide the work supported by the trust fund dollars.

Colorado Community Response (CCR)

Voluntary program that provides family-driven case management to families that have been referred to Child Protective Services for concerns about child abuse or neglect.

Family Resource Centers (FRCs)

Agencies that provide or connect families with comprehensive, integrated services in their community, ranging from early care and education to adult education and wellness programming.

HealthySteps

Pediatric clinical program that fosters positive parenting and promotes children's early development from birth to age 3.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Parent-driven school readiness program for children ages 3, 4, and 5.[273]

Nurse-Family Partnership

Home visitation program for first-time, low-income mothers from pregnancy until age 2.

Parents as Teachers (PAT)

Program that empowers parents in their roles as their children's first teachers from pregnancy until children enter kindergarten.

Promoting Safe and Stable Families (PSSF)

A funding stream to support services that ensure children can thrive in their families.

SafeCare® Colorado

Home visiting program for families with children age 5 or younger to help parents manage challenging behaviors and identify household hazards.

For more information detailed program profiles can be found in Appendix A.

*Denotes family strengthening programs administered by the OEC that are not profiled in this report.

or other trained professional provides services in a family's home during the first years of a child's life.

This section provides a brief overview of eight programs that use the Strengthening Families Protective Factors Framework and that are supported at least in part by the OEC.

Other parts of Colorado's early childhood system also promote these key protective factors. See the Family and Community Supports overview on page 77 for more detail.

Why This Matters

Programs that focus on family protective factors reduce abuse and neglect and promote child development.[259] These programs build family strengths and assets, support positive child development outcomes, and foster strong relationships upon which children rely.[260] Protective factors help mitigate the impact of adversity and promote resilience.[261]

Neurobiological research informs the Strengthening Families approach. Focusing on protective factors can reduce biological stress responses such as toxic stress — or responses that result from strong, prolonged adversity such as family violence.[262] Strengthening protective factors also mitigates the effects of adverse childhood experiences (ACEs) — ranging from physical, emotional, and sexual abuse to living with an adult experiencing a substance use disorder — which can have lifelong impacts on physical and mental health.[263]

Overall Assessment

Key Findings

1. Colorado maintains a series of programs that promote family strengths and offer a full array of services to thousands of families every year — from Family Resource Centers to home visitation programs.

2. Compared with other states, Colorado is a leader in home visitation programming in terms of numbers of programs offered, blended financing approaches, local Early Childhood Council engagement, and reporting accountability.[264]

3. Colorado's family strengthening programs do not currently have the capacity to reach all parts of the state; bolstering these programs will require increased coordination of funding and the expansion of interoperable referral and data systems.

Innovating for the Future

The eight programs profiled in this overview use the Strengthening Families approach to support families. Each program has strong referral networks, data systems, and trained professionals. One opportunity to innovate is to leverage existing program infrastructure to reach more families in need.

Colorado could consider leveraging existing program infrastructure to reach more families in need of family strengthening programs or services. For example, current home visitation programs are supported by several intermediary agencies, including Invest in Kids, Parent Possible, and Assuring Better Child Health & Development (ABCD). These organizations monitor program fidelity, provide technical assistance, identify potential program sites, and build capacity. If given additional resources, these entities have the expertise and infrastructure necessary to act as connectors for families in need of multiple family strengthening programs. They also have relationships with community-based organizations and with networks of parents and informal care providers. Leveraging these agencies locally could help boost family awareness of, and participation in, other programs and services.

What Parents Say

Family strengthening programs support families by promoting key protective factors — from strengthening parent resilience to offering concrete support in times of need. Parents participating in focus groups statewide reiterated their appreciation for these programs.

But many parents are not aware of the state's variety of family strengthening programs, while others cannot access the ones they want. For example, parents participating in focus groups shared that home visitation programs are critical

tools for parents, but not all programs are available everywhere. One Spanish-speaking mother who is also an informal care provider described her experience with Parents as Teachers:

> " *I could be a teacher to my son. It was a really incredible experience. When my son started preschool, he knew colors, numbers, and had more knowledge going into kindergarten. When I moved out of Denver, they didn't have these programs in [my county], so my daughter couldn't participate. Now my daughter is not as developed as my son at the same age. These programs are really good and need to be promoted and expanded."*
> — Colorado parent, 2019

Key Needs in Colorado

Colorado's family strengthening programs do not yet have the capacity to serve all families who need support, and many families are not aware of the programs offered. Meeting these needs will require additional resources for the early childhood workforce and expanded parent outreach.

- **Limited workforce.** Program administrators cited the limited workforce of home visitors and other family strengthening service providers — and limited funding to support that workforce — as a major need. As a result, many programs report having a long waitlist of families but no way to serve them. One reason for this limitation is that Colorado's family strengthening programs rely on a wide range of staff with varied levels of training and expertise, from providers without a high school degree to registered nurses. Staffing all components of the home visitation system is a challenge.

- **Culturally responsive services.** Similar to national trends, Hispanic or Latinx and Black and African American families are disproportionately represented in Colorado's child protection system.[265] The Strengthening Families approach — which helps prevent involvement in the child protection system — is a culturally responsive framework. However, parents and early care and

education providers participating in focus groups highlighted the need to train service providers on issues ranging from implicit bias to culturally competent service delivery. Program administrators also note that program staff are not always able to provide these services in the language needed. Many programs have Spanish-speakers on staff, but other languages often are not available.

- **Parent availability.** Programs using the Strengthening Families approach aim to meet families where they are, but families often struggle to access services in a way that meets their needs. For example, some families do not have access to stable housing, so they are unable to maintain a consistent relationship with a home visitor. Implementing agencies are also offering increasingly flexible services at multiple times during the week to accommodate parent work schedules, including evenings and weekends.

- **Family awareness and perceptions**. When it comes to programs that use the Strengthening Families approach, many families are not accessing services because they do not know the programs are available, while others do not access services due to privacy concerns or fear. For example, a common referral source is word of mouth. In the absence of a network or gathering place, this information may not reach isolated or disconnected families. Families living without documentation may be fearful of publicly funded programs, including home visitation services. Other families are not interested in accepting services in their home due to privacy concerns.[266]

Program Reach

The programs profiled here currently reach thousands of families annually. For example, the state's 31 Family Resource Centers provided services to more than 13,000 families in 2018-19, including services to help meet basic needs, support early care and education, and foster high-quality parenting.[267] The Promoting Safe and Stable Families program supported services for more than 3,000 Coloradans in fiscal year 2017-18.[268]

Map 8. Home Visitation Program Density by County, 2019

Number of Programs per County

| 1 | 2 | 3 | 4 | 5 |

Parents as Teachers   HealthySteps   HIPPY
Nurse-Family Partnership   SafeCare
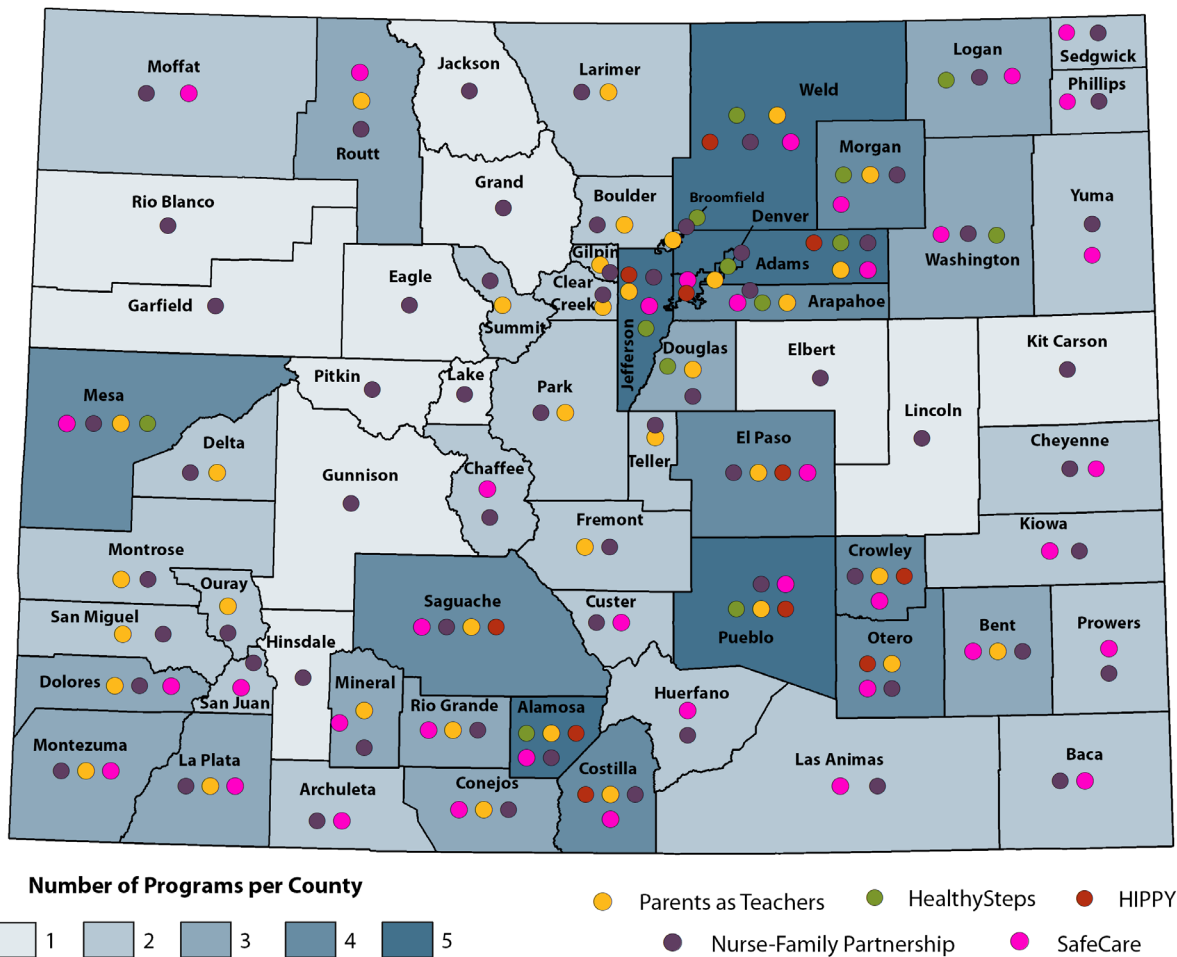
That said, data systems are not currently aligned in a way that allows programs to assess families' involvement with multiple programs or to track their waitlists, estimate unmet demand, or analyze eligible but unenrolled populations. But existing evaluations, family surveys, and focus group findings suggest that not all families in need are accessing services. For example:

• Although Nurse-Family Partnership serves all 64 counties, HIPPY, PAT, and HealthySteps are not yet able to serve many families on Eastern Plains (see Map 8).[269]

• SafeCare Colorado is not funded to be able to reach many of the mountainous western counties (see Map 8).[270]

• Due to limited funding and capacity, Colorado Community Response currently only serves 36 of Colorado's 64 counties (see Colorado Community Response in Appendix A on page 112).

• Because of their limited funding and capacity, Family Resource Centers do not currently reach families in much of northwestern and northeastern Colorado, as well as some mountainous regions such as Gunnison and Hinsdale counties (see Family Resource Centers in Appendix A on page 121).

Data Strengths and Opportunities

Colorado's family strengthening programs could better serve families by aligning data systems and tracking family outcomes.

• **Tracking parent and child outcomes.** Many programs in Colorado that use the Strengthening

Families approach monitor progress at a family level, but do not necessarily assess both parent and child outcomes. Having access to this information could help programs better provide evidence-based services to the parents and children they serve.

- **Cross-system connectivity.** Most of the state's program data systems — including those that use the Strengthening Families approach — are siloed due to program funding, reporting requirements, and confidentiality concerns. Connecting these systems — for example, by using unique identifiers across all program data systems or improving data sharing agreements — could track families' needs over the long-term, sustain impact, and improve family outcomes.

- **Measuring complex family outcomes.** There is not yet consensus on which family functioning indicators programs should collect data on in order to demonstrate program effectiveness. One exception is the Protective Factors Survey, which many programs are using to assess family strengths across the five protective factors.[271] Measuring these outcomes — from economic stability to reduced involvement with the child protection system — will require aligning multiple data systems and pursuing long-term tracking spanning decades.

- **Linkages to school district data.** At least one school district in Colorado is tracking enrollment in services like home visitation programs to monitor family outcomes over time.[272] Scaling up this approach to multiple school districts could enhance local coordination within a region and better track family outcomes. However, local control of Colorado's schools may pose a challenge to statewide adoption.

EARLY INTERVENTION

Overview

Research shows that the first three years of a child's life are the most important time for development and learning. By providing needed services and supports during this time, families are able to help their children with special needs develop to their full potential and may decrease the need for additional help later in life.

The Early Intervention (EI) Colorado program bases its foundation of support on seven guiding key principles. They are a way to talk about how services are provided and delivered to the families the program supports. They include being family-centered, focusing on children's learning in their natural environment, adult learning, and quality teaming.[274]

This section profiles EI Colorado, a program for infants and toddlers with developmental delays or disabilities in the state of Colorado, also known as Part C of the Individuals with Disabilities Education Act (IDEA). The program identifies infants and toddlers potentially eligible for EI Colorado and provides families with supports and resources to help them enhance their child's learning and development through everyday learning opportunities. Services are voluntary, provided at no cost to families, and occur in families' homes or other environments where children spend their day.

Overall Assessment

Key Findings

1. Colorado's program boasts generous eligibility criteria. An infant or toddler and their family are eligible for EI Colorado when:
    o   The child exhibits a 25% or more delay in one or more of five developmental domains: adaptive, cognitive, communication, physical (including vision and hearing), and speech and language; or
    o   The child has an established condition that is determined to result in the likelihood of a long-term developmental delay; or
    o   The child resides with a parent who has been identified as having a developmental delay.[275]
2. EI Colorado makes it a priority to deliver services in families' homes or in other environments where families spend their day. This allows parents and children to learn in their "natural environment" and reduces barriers to services related to transportation and accessibility.[276]
3. Colorado's efforts to provide early intervention services through video conferencing has generated substantial buzz in the early childhood development field.[277] Since implementing a pilot program in Pueblo County in 2017, the state has seen an increase in the number of providers completing EI Colorado-provided telehealth training and an increase in providing telehealth services. As of November 2019, 444 providers completed the telehealth training offered by EI Colorado.[278]

Innovating for the Future

*   **Building the workforce.** Depending on the specific needs of the cohort of children being served at that time, Colorado may experience a shortage of direct service providers with a specific expertise who are also experienced in working with infants and toddlers. These shortages are particularly prevalent in rural communities.[279]

*   **Improved screenings and referrals.** Families receiving services from EI Colorado are referred by health care providers or other referral sources. Early care and education (ECE) providers are also positioned to identify signs of a possible developmental delay or disability and encourage families to participate in developmental screenings. To better engage families, ECE

Program Overview

Early Intervention Colorado (IDEA Part C)
This program provides supports to families with children under 3 who have developmental delays or disabilities.

Preschool Special Education

Preschool special education is a combined state and federal program for children ages 3 through 5 not yet enrolled in kindergarten who have been identified with an educational disability. The program entitles eligible children to a free and appropriate public education in an inclusive setting at no cost to families.[285] The program is mandated by Part B of the Individuals with Disabilities Education Act (IDEA), which serves children from age 3 to 21 years. Section 619 of IDEA refers to the preschool component of the system.

providers need training on EI Colorado services and child development — especially those providers working with families with lower incomes or who speak languages other than English at home.

- **Inclusivity training.** All ECE providers should be trained in inclusivity to better engage children with disabilities and delays in the general child population. Informal care providers — given their broad reach and diverse populations served — could be the first area of priority. Expansion of the Colorado Shines Professional Development Information System (PDIS) course offerings can provide free, online access to this training.

- **Expand telehealth service delivery.** Colorado can capitalize on existing telehealth infrastructure by encouraging more early intervention providers

to take the telehealth training provided by EI Colorado.[280] Telehealth can help reach families in rural communities and during inclement weather. Telehealth also makes it easier for families who speak languages other than English to access interpreters, and it enables providers who have expertise with less common disabilities to connect with families who require their services.[281] Expanding telehealth initiatives should happen in conjunction with efforts to expand the number of direct service providers, and these services should be monitored, evaluated, and adjusted to incorporate feedback from families and providers.

- **Coordinating Early Intervention Colorado with infant and toddler care.** Because EI Colorado services are provided within the child and family's natural environment, many services are provided within an education setting. Training must be available for child care workers to recognize when an infant or toddler should be referred for a developmental screening. Additionally, child care facilities should be prepared to care for children of all abilities.

Key Needs in Colorado

Preschool special education (IDEA Part B — Section 619) provides a continuum of services for some children who participate in EI Colorado, however challenges exist during this transition.

- **Transitions for children aging out.** Children transition out of EI Colorado services on their third birthday. Those identified as being potentially eligible for preschool special education are referred to these services for a federally required, coordinated transition process to determine eligibility for preschool special education. Because IDEA Part B — Section 619 has narrower eligibility criteria than IDEA Part C, children who received EI Colorado services may not be eligible for preschool special education, and their families must look for supports in their communities and at their medical homes. Additionally, children who are found eligible for preschool special education services may experience a gap in services if their third birthday falls during a time that the traditional school year is not in session and services are not being provided. This is an area to explore to strengthen children's transitions to services and/or additional supports after exiting EI Colorado.

Program Reach

As the IDEA Part C lead agency, CDHS administers the EI Colorado program within the OEC, Division of Community and Family Support. EI Colorado serves all parts of the state through 20 local EI programs implemented through Community Centered Boards (CCBs).[282]

EI Colorado is available to children in every county in the state. The program provided services to more than 15,000 children during the 2018-19 fiscal year. EI Colorado works with more than 1,500 providers and service coordinators throughout Colorado.[283]

The program receives $49.8 million annually from federal and state funding. Direct services and service coordination are also funded in part by Medicaid ($13.3 million) and private health insurance through the Early Intervention Services Trust ($4.8 million).[284] Through this funding structure, Colorado is able to provide services to children and from diverse economic backgrounds.

Data Strengths and Opportunities

- **Data sharing.** EI Colorado maintains a statewide data system that records data for children referred to EI Colorado until they transition out of the program. Referral sources, such as pediatricians, do not have access to the data system, but are expected to share development screening information at the time a referral to EI Colorado is made. These referral sources are provided a referral status update at each step of the referral and evaluation process.

- **Longitudinal data transmission.** EI Colorado is required to report the status of every child who exits the program at age 3. Data are available on the number of children who are referred to Part B — Section 619 services upon aging out of EI Colorado program, and the number of children who had timely transition activities and their eligibility status. However, whether or not the child is or is not eligible for Part B – Section 619 services is not always reported back to EI Colorado to capture that data. EI Colorado is partnering with the Colorado Department of Education, the agency responsible for the administration of Part B — Section 619, to identify which children were eligible and whether they participated in preschool special education.

OUR APPROACH: DATA AND ANALYSIS

This Needs Assessment uses multiple qualitative and quantitative approaches to assess the current and desired states of Colorado's early childhood system. We describe our qualitative methods used to capture the voices of parents, providers, stakeholders, and stewards across the state. We also explain our quantitative methods, including data sources, analytic approaches, stepwise development of Colorado's closest approximation to readily available child care (i.e., the Child Care Model), and the current limitations of these approaches.

Primary Data Sources

Parent Survey

In August 2019, the Preschool Development Grant Parent Survey engaged over 3,000 Colorado parents of children under age 6.

The Colorado Health Institute (CHI) and subcontracted survey administrators, the Office of Early Childhood (OEC), and other partner organizations used mixed data collection methods in outreach efforts that included targeted social media and email canvassing (Table 11). Flyers were also created in English and Spanish to share with organizations such as pediatricians' offices, Family Resource Centers, and Early Childhood Councils statewide. It is important to note that distribution methods primarily leveraged established early childhood systems and partners. Therefore, certain populations such as those least engaged with Colorado's early care and education system may be underrepresented in the sample.

Map 9. Parent Survey Participation by Region
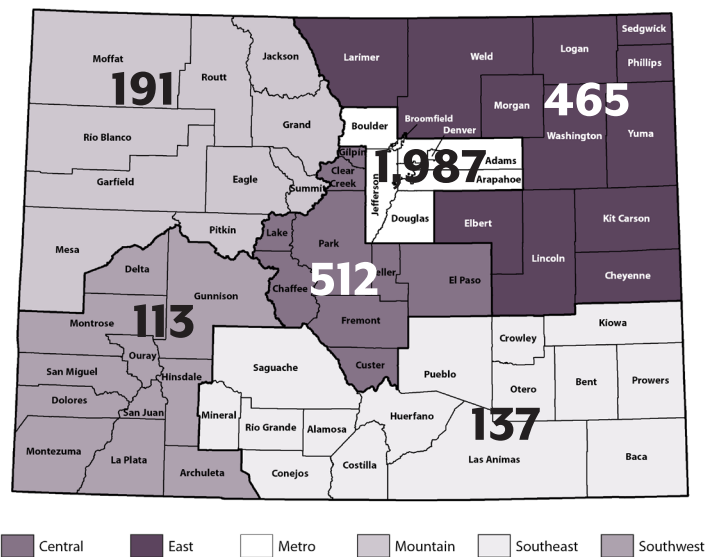
CHI and OEC developed the 87-item survey to capture information on the topics in Table 12.

The survey (see Appendix B on page 149) used skip logic to present respondents with items relevant to their family as well as allow respondents to pass on items where they were unable and/or unwilling to answer. Individuals who did not respond on a question-by-question basis were excluded from the results.

Data from the 2017 American Community Survey (ACS) was used to weight the collected parent survey data to reflect Colorado's population of parents with children under age 6. Weighting was applied to the following variables: parent age, parent ethnicity, and geographic region.

Table 11. Parent Survey Responses by Data Collection Method

Method	Responses (%)
Phone	100 (3%)
Online panels	348 (10%)
Online survey	2,956 (87%)
Total	**3,404**

Table 12. Parent Survey Topic Areas

Topic Areas	Sample items
Participant and family demographics	• Age, race and ethnicity, county of residence, income, special populations
Current child care arrangements	• Provider type, frequency, and satisfaction
Preferred child care arrangements (i.e., desired)	• Most and least preferred provider type • Important characteristics (e.g., opportunities for socialization, learning environment, language match) • Barriers to use of preferred provider type
Preschool	• Preferred setting and duration • Preschool accreditation importance
Family supports	• Colorado Child Care Assistance Program (CCCAP) eligibility and participation • Service availability and importance (e.g., physical health, mental health, child development resources, early literacy programs, etc.)

Table 13. Survey Participant Demographics

Weighting Variable	Value	Unweighted Responses	Weighted Responses
Parent Age	Under 18	14	16
	18 to 24	162	197
	25 to 34	1,581	1553
	35 to 44	1,421	1,432
	45 to 54	179	169
	55 to 64	32	28
	65 to 74	12	8
	75 to 84	3	2
Race and Ethnicity	White	2,389	2,109
	Hispanic	621	902
	Other Race	390	390
Region	Metro Area	1,604	1,987
	Central	455	512
	East	522	465
	Mountain	335	191
	Southeast	296	137
	Southwest	192	113

Table 14. Key Populations as a Percentage of Total Survey Respondents

Key Populations		Survey Respondents (Weighted)
Parent(s) or Primary Guardian(s)	Working parents and primary caregivers	75%
	Household income < $30,000/year	22%
	Household income under $50,000/year	38%
	Recipient of SNAP, WIC, or TANF benefits	22%
	Active in the military	2%
	Under 18 years of age	1%
	Employed as a migrant worker	1%
	Experiencing homelessness or at risk of becoming homeless	4%
Child(ren)	Lives in a home where English is not the main language spoken	10%
	Special health care needs (such as food allergies, asthma, diabetes, takes prescribed medication, etc.)	12%
	Has a disability, identified developmental concern, or behavioral health issue	14%
	Has been involved in the child welfare system (including foster care placement)	4%
	Tribal member or reside on tribal lands	1%

For each variable, unweighted responses have been adjusted either up or down relative to population data from the 2017 American Community Survey to produce weighted response data. In some cases, sums may differ due to rounding.

Data was aggregated to six geographic regions for the purposes of analysis. Region designations were developed in consultation with stakeholders and use boundaries based on preexisting frameworks: the Health Statistics Regions developed by the Colorado Department of Public Health and Environment and regional designations used by the Colorado Department of Human Services Office of Behavioral Health.[286]

Survey data are included throughout this report to provide additional context for the quantitative findings and to reflect parent voices, preferences, challenges, and insights. Survey findings were also used to inform key elements of the Child Care Model, including child care preferences.

Focus Groups

CHI engaged with parents, families, providers, and other early childhood stakeholders through focus groups in multiple settings. CHI organized and facilitated 19 groups in 12 locations across the state (see Map 10 and Table 15) capturing 102 family and 137 provider/stakeholder voices.

Participants were led through a structured discussion to provide local insights to inform this report (see Appendix B beginning on page 149 for the focus group guides).

Focus Group Demographics

Parents and Families
Focus groups solicited inputs from 102 parents, family members, and guardians to inform the Needs

Map 10. Counties Represented in Focus Groups Convened for the Needs Assessment

Counties Represented in Focus Groups
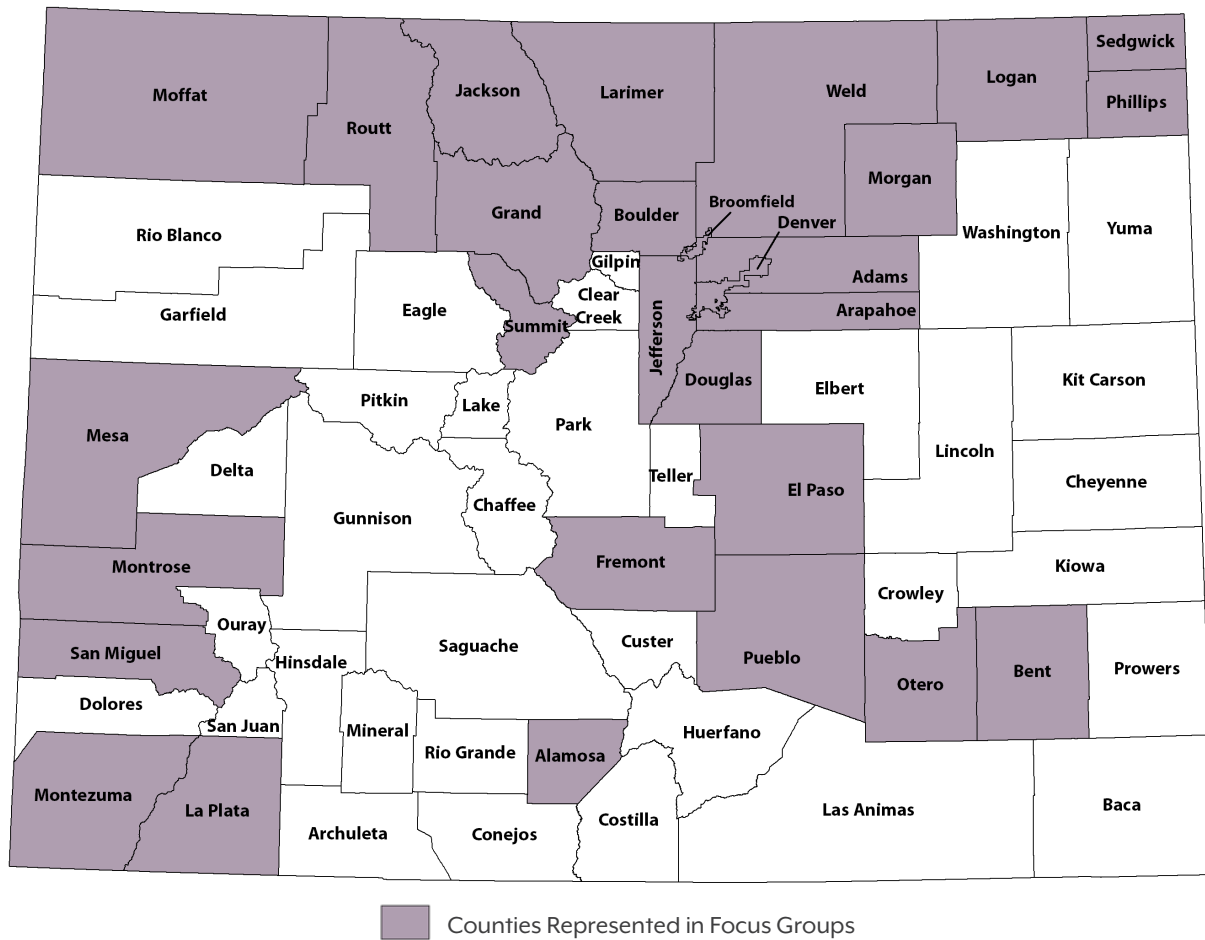
Table 15. Focus Groups by Location and Participant Type

Location	Participant Type
Alamosa	🔵
Aurora	🔵
Durango	🔴
Fort Morgan	🔵
Grand Junction	🔴 🔵
Greeley	🔴 🔵
Haxtun	🔵
La Junta	🔴 🔵
Pueblo	🔴 🔵
Steamboat Springs	🔴 🔵
Westminster	🔴 🔵
Zoom webinar (statewide)	🔴 🔵

🔴 Families   🔵 Child Care Providers and other Early Childhood Stakeholders

Assessment. Participants represented diverse communities within Colorado:

- Families with foster children or involved in child welfare
- Families of children with special needs
- Experiencing housing insecurity
- Experiencing economic insecurity
- Experiencing food insecurity
- Experiences of trauma
- Tribal populations
- Migrant families
- Refugees
- Non-refugee immigrants
- LGBTQ community
- Military
- Teen parents

Child Care Providers and Early Childhood Stakeholders

Focus groups also engaged 137 child care providers and early childhood stakeholders, including:

- **Child care providers.** Both current and former providers representing licensed and informal care settings

- **Early childhood stakeholders.** Head Start and Early Head Start, home visitation, mental health centers, Family Resource Centers, foster care, Early Childhood Councils, medical clinics, libraries, county services, county commissioners, health departments, and state representatives

Additional Focus Group Data

CHI was also invited by early childhood stakeholders and collaborative OEC vendors to leverage nine previously scheduled organizational meetings to capture further focus group data (see Table 18).

Key Informant Interviews

Interviews with key stakeholders across the state highlighted particular areas of need and opportunity. In addition to meetings with state and local program administrators, CHI conducted six formal key informant interviews with stakeholders from the following organizations:

Table 16. Family Focus Group Demographics*

Participant Demographics	Percentage
Race	
White	65%
Black or African American	6%
American Indian or Alaska Native	4%
Asian	3%
Ethnicity	
Hispanic or Latino	28%
Attended focus group in rural county	36%
Household income under $65,000/yr	60%

Based on data collected from participants who completed intake forms.

Table 17. Provider and Early Childhood Stakeholder Focus Group Demographics*

Participant Demographics	Percentage
Race	
White	83%
Black or African American	3%
American Indian or Alaska Native	1%
Asian	1%
Ethnicity	
Hispanic or Latino	15%
Attended focus group in rural county	53%

Based on data collected from participants who completed intake forms.

- Delta Family Center
- Early Intervention Colorado, Office of Early Childhood
- Family Resource Center Association
- Head Start State Collaboration Office
- Responsible Fatherhood Program, Jefferson County Department of Human Services
- Renaissance Children's Center, Colorado Coalition for the Homeless

Table 18. Focus Group Data Collected at Organizational Meetings

Meeting or Group	Description
Parents and Families	
Families First*	Spanish-speaking family support group in the Denver metro area
Family Voice Council	Families engaged in two or more CDHS programs across Colorado
Florence Crittenton*	Teen mothers living in the Denver metro area
Parent To Parent*	Families of children with disabilities or special health care needs across Colorado
Spring Institute*	Immigrant and refugee families living in the Denver metro area
Strengthening Working Families Initiative (SWFI)*	Parents who are working and attending school in the Denver metro area
Stakeholders	
Adelante Group – Jefferson County	Latino Network for Health and Education; formal and informal care providers
Early Childhood Summit - PDG/SB-063	Broad membership of early childhood stakeholders across Colorado
Ute Mountain Ute Tribes*	Early childhood professionals serving tribal families

*Indicates the meeting was organized and facilitated by the OEC Strategic Planning vendor as part of ongoing strategic planning efforts. CHI was invited to join these meetings to capture data for this report.

Additional Conversations

CHI and OEC presented analyses and process updates to multiple stakeholder groups to gather feedback and refine our approaches, including:

- Program Quality and Alignment (PQA) Subcommittee of the Early Childhood Leadership Commission (ECLC)
- The PDG Steering Committee, comprised of executive leadership from both the OEC and the Preschool through 3rd Grade (P-3) Office at the Colorado Department of Education (CDE)

Secondary Data Sources

This Needs Assessment and the associated Child Care Model rely on a broad collection of quantitative data housed within the OEC, CDE, and other organizations. CHI worked with over two dozen administrators and unit leads to obtain data and refine analyses from the following organizations:

Administrative Data

Office of Early Childhood, Colorado Department of Human Services (CDHS)

- Division of Early Care and Learning
  - Licensing and Administration
  - Colorado Shines
  - Colorado Child Care Assistance Program (CCCAP)
  - Head Start
  - Child Care Quality Initiatives
- Division of Community and Family Supports
  - Colorado Community Response
  - Early Childhood Mental Health Consultation
  - Early Intervention Colorado
  - Family Resource Centers
  - Home Visitation
  - The Incredible Years
  - Promoting Safe and Stable Families

Colorado Department of Education

- Preschool through 3rd Grade (P-3) Office
  - o   Colorado Preschool Program
  - o   Preschool Special Education
- Colorado State Libraries
  - o   Growing Readers Together

Parent Possible

- Parents as Teachers (PAT)
- Home Instruction Program for Preschool Youngsters (HIPPY)

Invest in Kids

- Nurse-Family Partnership
- The Incredible Years

Assuring Better Child Health and Development

University of Colorado School of Medicine

- SafeCare

U.S. Census Data

American Community Survey (ACS), U.S. Census Bureau, 2017

Annual Social and Economic Supplement to the Current Population Survey, U.S. Census Bureau, 2017

Child Care Model: Analytic Approach

The Child Care Model estimates both current and desired states of child care in Colorado. The current state estimates the number of children under 5 who are receiving care within each child care setting as of August 2019. The desired state estimates the number of children under 5 who would be receiving care within each child care setting based on parental preference in the absence of any barriers as of August 2019. The differences observed between current state and desired state highlight the areas of greatest need for Colorado.

Current state and desired state estimates in the

Child Care Model are calculated using multiple data sources and a multistep quantitative model. Detailed data inputs, methodology, assumptions, and caveats are included separately below.

Values from some intermediate calculations have been included below. It is our hope that this will allow the reader to step through the model, assess the assumptions at each stage, and ultimately understand how the selected approach impacts the resulting Child Care Model.

Current State Estimates

Current State Data Sources

- American Community Survey (ACS), U.S. Census Bureau, 2017
- Licensed Child Care Facilities Report, Division of Early Care and Learning, September 2019
- ArcGIS Create Drive-Time Areas Tool
- Licensed Capacity Facility File, Division of Early Care and Learning, October 2019
- Colorado Shines Enrollment File, Division of Early Care and Learning, October 2019
- Capacity by Age by Facility File, October 2019
- PDG Parent Survey, August 2019

Current State Overview

The current state estimates in the Child Care Model reflect the current provision of care from parents, informal caregivers, and licensed care providers for all children under the age of 5 in Colorado. See Table 20 for a summary of the model approach. Associated assumptions are detailed for each step.

Current State Approach

Step 1: Determine the number of children under the age of 5 (0 to 59.99 months) who live in each Colorado census tract.
Data sources: American Community Survey

CHI used ACS data to determine the number of children under the age of 5 living in each Colorado census tract. CHI pulled data for three mutually exclusive age groups (see Table 21):

Assumption #1: All children under age 5 (0 to 59.99

Table 19. Key Terms for the Analytic Approach

Term	Definition
Child Care Model	A quantitative estimation of current and desired states of child care in Colorado.
Licensed Capacity	Administrative data on the maximum number of children for whom licensed care can be provided at any point in time.
Current State	Model-generated estimates of where Colorado's children are currently receiving care (including licensed, informal, and parent care).
Desired State	Model-generated estimates of where Colorado's children would be receiving care in an ideal state based on parental preference and free of barriers such as cost and availability.
Estimated Operating Capacity	Model-generated estimate of facility or census tract licensed capacity following a downward adjustment using enrollment data to reflect the actual number of slots available (e.g., unstaffed classrooms).
Estimated Service Area	All census tracts that fall within a 20-minute drive time radius of any given child care facility. This value was defined for the purpose of allocating available supply of licensed care geographically. In instances where only part of the census tract fell within the radius, the entire census tract was considered the estimated service area.
Eligible Population	Estimates of the total eligible population for specific programs based on program eligibility criteria (income, family characteristics, etc.). Eligibility requirements vary by program, so the eligible population estimate will be different for each. For licensed child care, the entire population of Colorado children under age 5 is assumed to be eligible.

months) are assumed to be eligible to use licensed child care. Children age 5 (60 to 71.99 months) are likely enrolled in kindergarten and therefore not included in the model. As not all children age 5 are enrolled in kindergarten, the model may underestimate the number of children in need of child care.

Assumption #2: The geographic concentration of children under age 5 is relatively static and has not meaningfully changed from 2017 to 2019.

Step 2: Assign licensed care facilities serving children under 5 to a specific census tract or set of census tracts within a 20-minute drive time radius.
Data sources: Licensed Child Care Facilities Report and ArcGIS Create Drive-Time Areas Tool

To estimate which census tracts fall within the estimated service area of each licensed facility, CHI used ArcGIS to calculate a 20-minute drive

time radius around each facility address. A census tract was included in the facility service area if any part of the census tract fell within the 20-minute radius. At the end of this step, each census tract was associated with a set of licensed facilities. Each facility could be counted in multiple census tracts.

Assumption #3: Families use child care arrangements near their primary residence, rather than another point of reference such as a place of employment or another caregiver.

Assumption #4: If the drive time radius of a facility touches any part of a census tract, all children living in that census tract are considered as potentially receiving care at that facility, even if they do not technically live within the 20-minute drive time radius.

Step 3: Adjust licensed capacity for each facility to reflect real-world operating capacity based on administrative enrollment data for children under the age of 5 (estimated operating capacity).

Table 20. Estimating the Current State in the Child Care Model

Step	Description
1	Determine the number of children under the age of 5 (0 to 59.99 months) who live in each Colorado census tract.
2	Assign licensed care facilities serving children under 5 to a specific census tract or set of census tracts within a 20-minute drive time radius.
3	Adjust licensed capacity for each facility to reflect real-world operating capacity based on administrative enrollment data for children under the age of 5 (estimated operating capacity).
4	Allocate each facility's estimated operating capacity among census tracts within the drive time radius (step 2).
5	Allocate children into licensed care, informal care, and parental care for each census tract based on steps 2-4 and care use data from the Parent Survey.
6	Aggregate census tract-level estimates to arrive at county and state level estimates for children under the age of 5 in licensed, informal, and parental care.

Step 3a: Allocate licensed capacity into discrete age groups used by the Child Care Model.

Data sources: Licensed Capacity Facility File and Colorado Shines Enrollment File

To estimate the current state of licensed care capacity, CHI started with the Licensed Capacity Facility file from October 2019 exported from the OEC's licensing database. This file contains the total capacity for 3,783 licensed care facilities in Colorado. For home-based licensed facilities, individual ages are not available. The home-based file contains the total capacity as an aggregate of all ages. For center-based licensed facilities, the available data is broken out into age groups.

The Licensed Capacity Facility file from the OEC uses the age groups of infant, toddler, and preschool, but with different, overlapping age ranges than those used by the Child Care Model, shown in Table 22:

To distribute these capacity groups into the mutually exclusive age groups used by the Child Care Model, CHI linked licensed facilities in the Licensed Capacity Facility file with the Colorado Shines Enrollment file from October 2019. The Colorado Shines Enrollment file contained 3,772 (99%) active applications from facilities seeking a quality rating of Level 2 or higher. Enrollment figures by child age (e.g., below age 1, age 1, age 2, etc.) were captured from the facility's latest active application regardless of the facility's progress in obtaining a Level 2 rating.

Table 21. Age Groups in the Child Care Model

Category	Ages Included	Months
Infants	Age 0	0 - 11.99
Toddlers	Ages 1 and 2	12 - 35.99
Preschoolers	Ages 3 and 4	36 - 59.99

For home-based licensed facilities that had an active application and therefore could be located in the Colorado Shines Enrollment file, CHI used the distribution of enrollment for ages 0 through 4 to allocate the facility's total capacity by age group.

For center-based licensed facilities that had an active application and therefore could be located in the Colorado Shines Enrollment file, CHI used the following algorithm for distributing infant, toddler, and preschooler capacity into discrete age groups:

- **Infants (1.5 to 18 months):** CHI allocated infant capacity into age 0 (0 to 11.99 months) and age 1 (12 to 23.99 months) based on the weighted enrollment proportion of those two ages. Because the infant age range overlaps with the toddler age range at age 1, the weight of age 1 enrollment was reduced by 50% for the calculation.

- **Toddlers (12 to 36 months):** CHI allocated toddler capacity into age 1 (12 to 23.99 months) and age 2 (24 to 35.99 months) based on the

weighted enrollment proportion of those two ages. Because the toddler age range overlaps with the infant age range at age 1 and with the preschooler age range at age 2, the weight of both age 1 and age 2 enrollment was reduced by 50% for the calculation.

- **Preschoolers (30 months and above):** CHI allocated preschooler capacity into age 2 (24 to 35.99 months), age 3 (36 to 47.99 months), and age 4 (48 to 59.99 months) based on the weighted enrollment proportion of those three ages. Because the preschooler age range overlaps with the toddler age range at age 2, the weight of age 2 enrollment was reduced by 50% for the calculation.

Of the 3,772 applications in the Colorado Shines Enrollment file, 2,565 (68%) were able to be matched to the Licensed Capacity Facility file by license number. These 68% of facilities represent 80% of the total licensed capacity of the Licensed Capacity Facility file. It was assumed that a facility's reported enrollment would provide an accurate distribution of capacity by year of age needed to inform the Child Care Model (i.e., Age 0, Age 1 and 2, Age 3 and 4).

For the 32% of facilities that did not have a match with the Colorado Shines Enrollment file, CHI built a model to estimate the age distribution of each facility based on the type of facility (home or center) and total capacity.

CHI divided the 2,565 facilities with enrollment data available into five groups:

- Home Based
- Center Based
  - o Small Center (Capacity of 4-20)
  - o Medium Center (Capacity of 21-49)
  - o Large Center (Capacity of 50-94)
  - o Very Large Center (Capacity of 95 and higher)

The number of facilities and distribution by age for these facilities is listed in Table 23.

CHI averaged age dispersal for each group and found substantial differences in the typical age

Table 22. Matching Age Ranges Across Files

| Category | Age (Months) | |
	Child Care Model	Licensed Capacity Facility File
Infants	0 - 11.99	1.5 – 17.99
Toddlers	12 - 35.99	12 – 35.99
Preschool	36 - 59.99	30 and above

distribution served by each. CHI then applied the age distribution of each group to corresponding unmatched facilities based on their type of facility and total capacity.

Assumption #5: A facility's reported enrollment can provide an accurate distribution of estimated operating capacity by individual ages.

Step 3b: Adjust licensed capacity downward to account for facilities that are not able or choose not to enroll as many children as their licensed capacity allows.
Data sources: Licensed Capacity Facility file and Colorado Shines Enrollment file

For facilities with a match in the enrollment file, CHI also adjusted capacity estimates to account for facilities reporting enrollment below their licensed capacity (see Table 24). For any facility that matched and reported lower enrollment than licensed capacity, CHI calculated enrollment as a percentage of licensed capacity and applied that ratio to the facility's capacity for each age group, reducing capacity downward to match enrollment.

Total licensed capacity exceeds enrollment for 1,251 facilities, which decreased estimated effective capacity by about 19,500 spots. This was a reduction of 790 infant slots, 4,900 toddler slots, and 13,810 preschool slots.

The end result of these two adjustments is that each facility's licensed capacity is allocated to the discrete age ranges used in the Child Care Model and adjusted to account for not every facility operating at full licensed capacity.

Lastly, CHI broke current state estimates into home- and center-based slots using each facility's

designation as a home or center in the administrative data. The result of this step is the Capacity by Age by Facility file, which is used in the next step.

See Assumption #5 above.

Step 4: Allocate each facility's estimated operating capacity among census tracts within the drive time radius (see step 2).
Data sources: Capacity by Age by Facility file

For each facility, an associated set of census tracts were assigned to define an estimated service area. A facility's estimated operating capacity (calculated in Step 3) was allocated evenly among the census tracts associated with the facility based on the drive time radius. For instance, if a facility has an estimated operating capacity of 30 slots and the drive time radius for that facility touched three census tracts, CHI allocated 10 slots to each of the three census tracts.

See Assumption #4 above.

Assumption #6: Estimated operating capacity is evenly allocated to all census tracts within the drive time radius of each licensed facility, irrespective of the relevant population size of those census tracts.

Step 5: Allocate children into licensed care, informal care, and parental care for each census tract based on Steps 2-4 and care use data from the Parent Survey.
Data sources: Parent Survey

For each census tract, children under age 5 are allocated into licensed care, informal care, and parental care using a multistep approach, based first on the estimated operating capacity in that census tract, then based on statewide preferences for informal and parental care. The methodology for establishing estimated operating capacity is described in steps 2 to 4 above.

In order to calculate the portion of children cared for by informal providers in the current state, CHI used findings from the Parent Survey, which asks parents to report the frequency with which they use different types of child care, including from informal providers. Since individual parents answering the survey could indicate more than one care type for their children but the model sorts each child into only one care type, CHI adjusted survey data based on the relative proportions of responses so that the sum of those responses totals to 100%. The adjusted survey values estimate that, on average, 16% of all children under 5 are cared for by informal providers. This varies by age: the rate is 22% for infants, 17% for toddlers, and 13% for preschoolers. For each census tract, these percentages were multiplied by the number of children in the relevant age category to estimate the number of children being cared for by informal providers.

After subtracting children cared for by licensed providers and informal providers, CHI assumed that any remaining children were being cared for by their parent(s).

Table 23. Enrollment Distribution by Age and Facility Size, Colorado Shines Enrollment File, October 2019

Groups by Facility Type and Size	Licensed Sample (number of facilities	Age Under 1 (0 to 11.99 months)	Ages 1-2 (12 to 35.99 months)	Ages 3-4 (36 to 59.99 months)
Home Total	804	12.4%	44.2%	43.3%
Small Center	430	2.0%	7.5%	90.5%
Medium Center	452	1.8%	8.2%	90.0%
Large Center	446	4.4%	18.5%	77.1%
Very Large Center	433	6.8%	26.7%	66.5%

See page 102 for definitions of small, medium, large, and very large centers.

Assumption #7: In the current state, all licensed facilities are operating at estimated operating capacity unless the estimated operating capacity for a particular age range in a census tract exceeds the number of children in that age range and census tract.

Assumption #8: Care arrangements that involve multiple provider types are not modeled. Although individual children are often cared for by a variety of providers during the week, in the current state every child is allocated to care from one of three provider types (licensed care providers, parents, informal providers).

Assumption #9: Parental preferences for child care arrangements are similar across geographic regions and demographic groups. (Note: Individual counties were underpowered in the Parent Survey to confidently apply the same modeling approach at a county level.)

Assumption #10: Neither parental nor informal care is being used and/or is needed in regions where estimated operating capacity for any age group (i.e. either infants, toddlers, or preschoolers) is sufficient to serve the total estimated population.

Assumption #11: In census tracts where estimated operating capacity for any age group exceeds the total estimated population of children for any age group, the net amount of estimated operating capacity is assumed to be unused.

Assumption #12: In census tracts where estimated operating capacity is lower than the estimated population for any age group but the combination of estimated operating capacity and estimated informal care exceeds the total estimated population for any age group, informal care use is assumed to be zero and the net of total estimated population and estimated operating capacity is assigned to parental care.

Step 6: Aggregate census tract-level estimates to arrive at county and state level estimates for children under the age of 5 in licensed, informal, and parental care.
Data sources: See above.

CHI aggregated the calculated census tract-level estimates to the county and state levels.

For reporting purposes, model output values have been rounded to the nearest thousand except in

Table 24. Explaining Licensed Capacity and Estimated Operating Capacity

Term	Licensed Capacity	Estimated Operating Capacity
Source	OEC administrative data.	Modeled using OEC administrative data on licensed capacity and enrollment data available for a subset of licensed facilities.
Definition	The maximum number of children for whom care can be provided by a licensed facility at any point in time.	The estimated number of children for whom care is available at a facility after licensed capacity has been adjusted for age for every facility and for enrollment where available.
Age Ranges	For center-based providers, capacity is reported for the following age ranges: • Infants (1.5 months to 18 months) • Toddlers (12 months to 36 months) • Preschoolers (30 months and above) For home-based providers, no age ranges are assigned.	For both center-based and home-based providers, capacity is reported for the following age ranges: • Infants: Age 0 (0 months to 11.99 months) • Toddlers: Ages 1 and 2 (12 months to 35.99 months) • Preschoolers: Ages 3 and 4 (36 months to 59.99 months)

tables where rounding occurs to the nearest hundred.

Current State Assumptions

Below is a complete list of the assumptions embedded in the step descriptions above. This list is meant to document the assumptions made as part of the modeling exercise.

- **Assumption #1:** All children under age 5 (0 to 59.99 months) are assumed to be eligible to use licensed child care. Children age 5 (60 to 71.99 months) are likely enrolled in kindergarten and therefore not included in the model. As not all children age 5 are enrolled in kindergarten, the model may underestimate the number of children in need of child care.

- **Assumption #2:** The geographic concentration of children under age 5 is relatively static and has not meaningfully changed from 2017 to 2019.

- **Assumption #3:** Families use child care arrangements near their primary residence, rather than another point of reference such as a place of employment or another caregiver.

- **Assumption #4:** If the drive time radius of a facility touches any part of a census tract, all children living in that census tract are considered as potentially receiving care at that facility, even if they do not technically live within the 20-minute drive time radius.

- **Assumption #5:** A facility's reported enrollment can provide an accurate distribution of estimated effective capacity by individual ages.

- **Assumption #6:** Estimated operating capacity is evenly allocated to all census tracts within the drive time radius of each licensed facility, irrespective of the relevant population size of those census tracts.

- **Assumption #7:** In the current state, all licensed facilities are operating at estimated operating capacity unless the estimated operating capacity for a particular age range in a census tract exceeds the number of children in that age range and census tract.

- **Assumption #8:** Care arrangements that involve multiple provider types are not modeled. Although individual children are often cared for by a variety of providers during the week, in the current state every child is allocated to care from one of three provider types (licensed care providers, parents, informal providers).

- **Assumption #9:** Parental preferences for child care arrangements are similar across geographic regions and demographic groups. (Note: Individual counties were underpowered in the Parent Survey to confidently apply the same modeling approach at a county level.)

- **Assumption #10:** Neither parental nor informal care is being used and/or is needed in regions where estimated operating capacity for any age group (i.e. either infants, toddlers, or preschoolers) is sufficient to serve the total estimated population.

- **Assumption #11:** In census tracts where estimated operating capacity for any age group exceeds the total estimated population of children for any age group, the net amount of estimated operating capacity is assumed to be unused.

- **Assumption #12:** In census tracts where estimated operating capacity is lower than the estimated population for any age group but the combination of estimated operating capacity and estimated informal care exceeds the total estimated population for any age group, informal care use is assumed to be zero and the net of total estimated population and estimated operating capacity is assigned to parental care.

Current State Data Limitations

- Survey data from the American Community Survey provide some of the most comprehensive information available on children and families across Colorado. But certain populations, particularly young children living in complex households or with unstable access to housing may be undercounted.[287]

- The model assumes that families prefer to use child care within a reasonable drive of their primary residence. Some families may have

other preferences, such as child care near their employer or near another caregiver, but quality census tract level data on those alternate reference points are not available.

- Not every facility was able to be geolocated for the purposes of finding a drive time radius. These facilities account for about 860 (0.7%) licensed capacity slots which were excluded from the model.

Desired State Estimates

Data sources: Annual Social and Economic Supplement to the Current Population Survey, U.S. Census Bureau, 2017

Data sources: Parent Survey, August 2019

Desired State Overview

The desired state model estimates where Colorado's children would be receiving care in an ideal state based on parental preference and free of barriers such as cost and availability.

The Child Care Model desired state finds a net decline in the number of children being cared for by parents and informal providers compared to the current state. Conversely, these adjustments result in an increase in the estimated number of children using licensed child care. The desired state model estimates current provision of care using the following steps (see Table 25). Associated assumptions are detailed for each step.

Desired State Approach

Step 1: Estimate how many parents not working due to child care demands in the current state would opt to work in the desired state where either licensed care or informal care is accessible to them.
Data sources: Annual Social and Economic Supplement to the Current Population Survey

CHI used the 2017 Current Population Survey to quantify how many parents say their reason for not working is care for a child under 6. Statewide, 10% of parents reported this barrier to work, a barrier that could potentially be alleviated if they could access informal care or licensed care for their children.

This value was applied to the number of children

receiving care from parents from the current state estimate in each census tract to yield an increase in the number of children using both licensed and informal care under the desired state estimate.

Assumption #1: More parents of young children in Colorado would work if they had access to affordable, convenient, and quality child care (either informal or licensed care).

Assumption #2: The proportion of parents not working to care for a child under age 6 is similar to the proportion of parents not working to care for a child under age 5.

Assumption #3: Parental preferences for child care arrangements are similar across geographic regions and demographic groups.

Step 2: Estimate how many parents from Step 1 would prefer to use licensed care and how many would prefer informal care in the desired state.

Data sources: Parent Survey

CHI used responses from the Parent Survey to allocate children whose parents would prefer to work (calculated in Step 1) into licensed and informal care. Responding to a question about the most preferred type of child care in the absence of barriers, 69% of parents preferred licensed care and 31% preferred informal care.

See Assumption #3 above.

Step 3: Estimate how many parents using informal providers in the current state would prefer to use licensed care in the desired state.

Data sources: Parent Survey

In order to calculate this proportion, CHI used the Parent Survey, which asks parents who are using informal care if they would prefer to switch to licensed care. The survey finds that more than half of all parents using informal providers for children under 5 would prefer to switch to licensed care (see Table 26).

In this step, the percentages are applied to the relevant age ranges to estimate a decrease in informal care use and an increase in licensed care use in the desired state.

See Assumption #3 above.

Assumption #4: Some parents of children currently cared for by informal providers would switch their

Table 25. Estimating the Desired State in the Child Care Model

Step	Description
1	Estimate how many parents not working due to child care demands in the current state would opt to work in a desired state where either licensed care or informal care is accessible to them.
2	Estimate how many parents from Step 1 would prefer to use licensed care and how many would prefer informal care in the desired state.
3	Estimate how many parents using informal providers in the current state would prefer to use licensed care in the desired state.
4	Allocate the number of children in the desired state into home- and center-based care.
5	Aggregate census tract-level estimates to the county and state levels.

child to licensed child care facilities if they had access to affordable, convenient, and quality licensed child care.

Step 4: Allocate the number of children in the desired state into home- and center-based care.
Data sources: Parent Survey

Preference for licensed care in the desired state was allocated to either home- or center-based care using data from the Parent Survey. The survey finds that most parents prefer center-based care. Of parents who indicated they prefer licensed care, the percentage who reported preferring center-based care is available by age range (see Table 27).

In this step, the percentages are applied to the relevant age ranges to estimate the number of children in licensed care in the desired state using home- and center-based care.

See Assumption #3 above.

Step 5: Aggregate census tract-level estimates to the county and state levels.
Data sources: See above.

Lastly, CHI aggregated the above calculated census tract-level estimates to the county and state levels.

For reporting purposes, model output values have been rounded to the nearest thousand except in tables where rounding occurs to the nearest hundred.

Desired State Assumptions

Below is a complete list of the assumptions embedded in the step descriptions above. This list is meant to document the assumptions made as part of the modeling exercise.

- **Assumption #1:** More parents of young children in Colorado would work if they had access to affordable, convenient, and quality child care (either informal or licensed care).

- **Assumption #2:** The proportion of parents not working to care for a child under age 6 is similar to the proportion of parents not working to care for a child under age 5.

- **Assumption #3:** Parental preferences for child care arrangements are similar across geographic regions and demographic groups.

- **Assumption #4:** Some parents of children currently cared for by informal providers would switch their child to licensed child care facilities if they had access to affordable, convenient, and quality licensed child care.

Desired State Data Limitations

- Data from the Annual Social and Economic Supplement to the Current Population Survey are statewide, not adjustable by various demographic factors such as geography, race and ethnicity, and income that may affect desire to work in absence of child care barriers.

- Responses to the Parent Survey have been weighted to the population of Colorado's parents based on the variables of age, ethnicity, and geographic region. However, sample size limits the feasibility of some geographic and demographic analyses. Finally, general findings are not applicable to the unique circumstances of individual families.

Additional Modeling

In addition to child care, analysis of the following licensed care-based programs was informed through further analysis:

- Colorado Shines (page 55)

- Head Start (page 60)

- CCCAP (page 64)

For each program, modeling was used to estimate the gap between the current and desired states. The specific approach depended on the type of program, availability of data, funding mechanism, and program-specific eligibility criteria, if applicable. More detail on each analysis can be found in the corresponding section.

Table 26. Parents Using Informal Care Who Would Prefer to Switch to Licensed Care, August 2019

	Age Group	Months	Using Informal Care in the Current State	Would Prefer Licensed Care
Infant	Age 0	0 to 11.99	22%	51%
Toddler	Age 1 and 2	12 to 35.99	17%	54%
Preschool	Age 3 and 4	36 to 59.99	10%	65%

Table 27. Parental Preference for Home- and Center-Based Care, August 2019

	Age Group	Months	Prefer Home-Based Care	Prefer Center-Based Care
Infant	Age 0	0 to 11.99	10%	90%
Toddler	Age 1 and 2	12 to 35.99	17%	83%
Preschool	Age 3 and 4	36 to 59.99	9%	91%

CONCLUSION
Making Colorado Shine Brighter

Taking steps to make sure Colorado's early childhood system supports equity, quality, and access is essential to ensuring young children and their families are healthy, valued, and thriving.

Colorado parents, caregivers, early childhood professionals, program administrators, policymakers, and advocates have been building the current early childhood system for more than 30 years. The work has led to innovative approaches to programs, services, and funding, making Colorado a national leader. This Needs Assessment builds on this tradition, identifying meaningful opportunities to strengthen the state's early childhood system.

Nearly 6,000 Coloradans lent their voices to inform Colorado Shines Brighter, including over 5,000 parents and caregivers of children under 5, to better understand their awareness of, participation in, and desire for programs, services, and financial assistance necessary to give their children a strong start.[288]

This effort revealed:

- Many parents prefer formal child care settings; however, the current supply cannot meet this preference. Gaps vary widely by region and the age of child, and the most significant gaps exist for infant and toddler care. Parents of children with special needs or who are seeking culturally relevant care have even fewer choices in the current system.

- Affordability of child care continues to be a major challenge for all families.

- Parents want to make informed decisions to support their children's optimal learning and development. However, information is not always accessible in the format or language families require. Additionally, their trusted networks may not be aware of the programs, services, and financial assistance available to families in their communities.

- Parents may not have access to important family and community supports, like Early Childhood Mental Health Consultation or Family Resource Centers, especially in rural communities.

This report analyzed 18 programs, services, and funding sources to identify solutions to address the needs above. Despite the extent of the analysis, there's more work to do to understand the depth and complexity of these issues and the state's early childhood system. Future needs assessments should examine:

- **Parent choice.** While the Parent Survey and focus groups conducted for the purpose of this assessment reached thousands of parents, they only scratched the surface of parent preferences and drivers of the choices they make. Future iterations should test levels of knowledge and understanding, and include a broader demographic reach, to allow for greater refinement of parent preferences by income, geography, race, and ethnicity.

- **Availability of formal child care.** Colorado needs a better understanding of seemingly simple issues like how many child care slots are available in licensed child care facilities at any point in time, in which communities, and for which ages.

- **Availability of infant and toddler child care.** Colorado should continue to explore the policy levers and investments that are necessary to increase the availability of these much-needed services.

- **Capturing long-term outcomes.** Current data systems cannot easily or systematically assess the benefits derived from engagement in multiple early childhood programs and services at the child- or family-level, nor can they connect or assess long-term outcomes for children and families. Future work is needed to understand the interconnectedness of the state's early childhood system and to better demonstrate its benefits.

As state leaders continue to focus on Colorado's early childhood system, the rewards will be substantial if equity, quality, and access remain at the forefront. It is our hope that this Needs Assessment guides new investments that will pay lifetime dividends for a new generation of Coloradans.

Appendix A

Program Profiles

Colorado Community Response

Overview

Colorado Community Response (CCR) works to prevent child abuse and neglect by providing services to families who have been referred to the child welfare system but ultimately do not meet the statutory requirements for Child Protective Services' (CPS) involvement. CCR targets families who have been reported to CPS for maltreatment, but are screened out because the allegations do not constitute an imminent safety or risk requiring CPS involvement.

CCR provides primary caregivers with 12 to 20 weeks of comprehensive services, including case management, family goal setting, financial coaching, one-time financial assistance, and resource referral to state and community agencies. Services are voluntary and provided free of charge.

- **Administration.** CCR is administered by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. CCR is implemented by county human services departments or Family Resource Centers.

- **Funding.** CCR receives approximately $3 million annually from the state General Fund. Additional funding has been provided by some county human services and other child maltreatment prevention programs.

- **Target Population.** CCR serves families with children under 18 who have been reported to and screened out of the child welfare system. Priority populations include families with children under age 5, expecting parents, single caregivers, and families facing multiple challenges that increase the risk for child neglect.

Innovating for the Future

- **Increasing resources to expand services across the state.** CCR has 24 sites that serve 36 counties across the state. A rigorous evaluation of the program found that CCR has measurable positive impacts on families who complete the program, suggesting a need to expand CCR into counties that are not being served.[289] Some larger counties also have started accruing waitlists of families in need of services. To expand CCR, the program will need additional funding and investment in a state intermediary organization to better support program sites. In some cases, counties may be able to provide matching dollars for the program, as Denver, Boulder, and Garfield counties did.[290]

- **Assessing reasons for noncompletion.** More than a third of families (36%) begin but do not successfully complete the CCR program. Some families disengage or opt-out of services, while others become ineligible, such as families who have a CPS case open after they begin CCR services.[291] The program has developed its data system to better understand why families leave before program completion — whether due to disengagement, opting out, moving around or outside of the state, or something else. These new data should help CCR better support families.

> *"The support I received from this program has been huge and ranged from someone to talk to, to finding supports and resources in the community around me. The number one purpose of this program was also my number one concern, which was getting my kids the best possible care and support. I was reminded that I made the right choices, and while I may not be exactly where I want to be, there are options to help me move forward."[308]* — CCR client, 2019

What Parents Say

The Colorado Community Response Evaluation facilitated by the OEC from 2014 to 2017 found that an overwhelming majority of parents were satisfied with services they received through CCR. The majority of parents reported feeling "thankful," "hopeful," and "encouraged" after completing CCR services.[292] In speaking with evaluators, one CCR recipient reported, "Once you understand that the end goal is to help the child ... then you feel like, 'Okay, she is on my team. Not the opposite.' It's another resource. It takes a village to raise a child, and this person ... is there to give you more resources and help with whatever they can."[293]

Program Strengths

- **Filling a gap.** By providing services to families who were reported to CPS but determined not to require child welfare services, CCR ensures that families who are at risk for involvement with the child welfare system receive supports.

- **Holistic approach.** CCR provides families with coordinated case management, family engagement in a convenient location identified by the family, financial assistance and coaching, and resource referral. Families set between one and three goals across 14 domains of family functioning. In doing so, CCR targets a wide variety of factors that contribute to child and family well-being. As part of program participation, families set a minimum of one economic self-sufficiency goal.

- **Reduction of reinvolvement with child welfare.** The 2014-2017 evaluation found that families who complete CCR programming are less likely to become reinvolved in the child welfare system in the next year than families with similar characteristics who did not receive CCR services. The evaluation also revealed that families completing the program:

    o Experienced improvement in all 14 domains of family functioning;

    o Had fewer out of home placements; and

    o Demonstrated statistically significant improvement in all five protective factors with the most improvement observed in the areas of parental resilience, concrete supports, and social connections, which are core concepts associated with the model.[294]

- **Family strengthening.** Eighty-nine percent of caregivers reported being better off as a result of participating in CCR, and 91% reported they received all the help they needed. Evaluators also found that, on average, participants had greater concrete support, social support, nurturing family relationships, knowledge of parenting, and resiliency following the completion of the program. Families who completed CCR were also found to become more self-reliant over the course of the program.[295]

Table 28. CCR Participant Education, Employment, and Income, Nov. 2014-March 2017

Characteristic	CCR families [302]	Colorado residents
Annual Household Income Under $20,000	1,233 (64%)	12.8%[303]
Receiving Medicaid	1,406 (73%)	13.8%[304]
Receiving SNAP	1,136 (59%)	8.2%[305]
Highest Education: High School or Less	1,002 (52%)	31.9%[306]

The number of CCR families with each characteristic are estimated based on data collected from 1,752 caregivers who responded to a confidential pretest survey on family demographics and circumstances. Those rates are applied to the 1,926 families for which their referrals resulted in an intake.[307]

Figure 21. CCR Participants by Biological Sex, Relationship Status, Age, Nov. 2014-March 2017

Biological Sex

Male: **17%**

Female: **83%**

Relationship Status

In a Relationship: **40%**

Unpartnered: **60%**

Age

<30: **32%**

30-39: **41%**

>40: **27%**
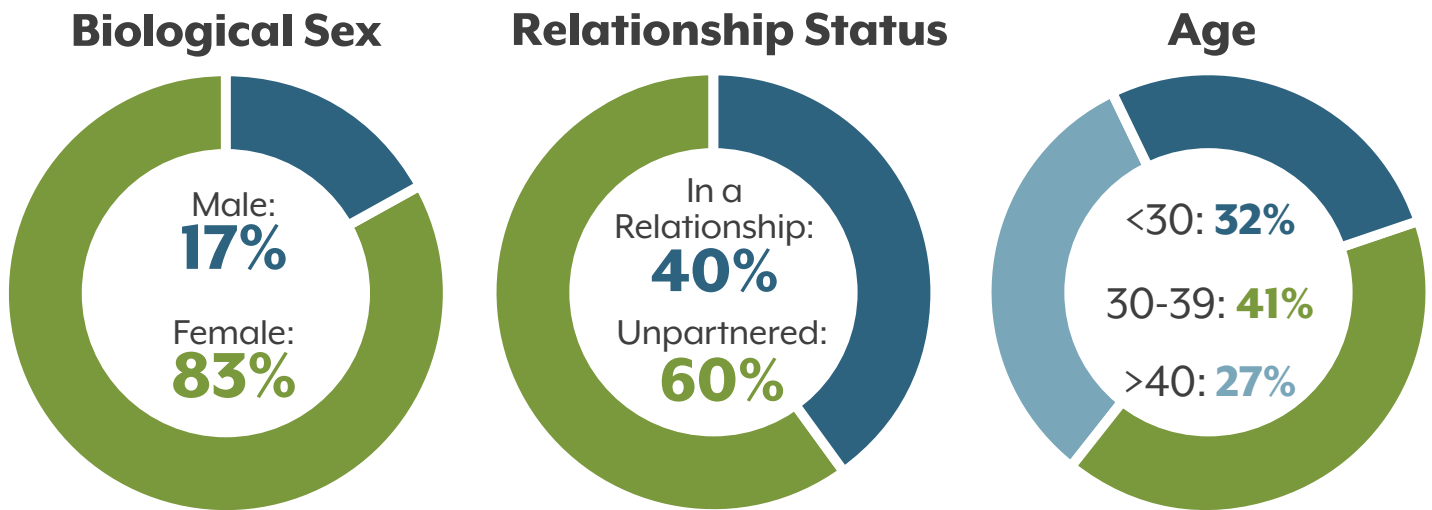
- **Reaching economically vulnerable families.** CCR participants have disproportionately low incomes and low educational attainment relative to the general population of Colorado (see Table 28). Nearly two-thirds of CCR participants report earning less than $20,000 in household income. Seventy-three percent of participants are insured through Medicaid; 59% receive benefits through the Supplemental Nutrition Assistance Program (SNAP); and 52% have not completed education beyond high school.[296]

- **Reaching female caregivers and single parents.** The majority of CCR participants are female (83%) and unpartnered (60%) (see Figure 21).[297]

Program Needs

- **Low program capacity to meet demand.** CCR does not have the capacity or funding to serve all families eligible for services. Between November 2014 and March 2017, 18,081 families were deemed eligible to receive CCR services. Of those, 47% were referred to CCR, and 23% of referrals (1,926

families) resulted in an intake. CCR workers averaged three outreach attempts per referral and were unable to reach half of referred families. By this measure, less than 11% of eligible families ultimately enroll in CCR. Most of the eligible families who did not enroll were contacted multiple times without success. The program is also voluntary, and families are not required to participate.[298]

- **Limited program reach.** Many families leave CCR because they are moving outside of the 36-county program catchment area. The program's reach is limited by funding, so program administrators cannot continue to support these families after their moves. For example, from 2014 to 2017, 64% of CCR cases closed following the successful completion of the program, with families having met the goals they established with their case worker. Meanwhile, 26% of families disengaged or opted out of services during the program. Another 10% became ineligible for services after intake, often due to an open CPS case.[299]

Figure 22. CCR Participants by Race/Ethnicity, Nov. 2014-March 2017

Hispanic/Latino, 32%

White, Non-Hispanic, 58%

American Indian or Alaska Native, 6%

Black/African American, 3%

Other, 2%
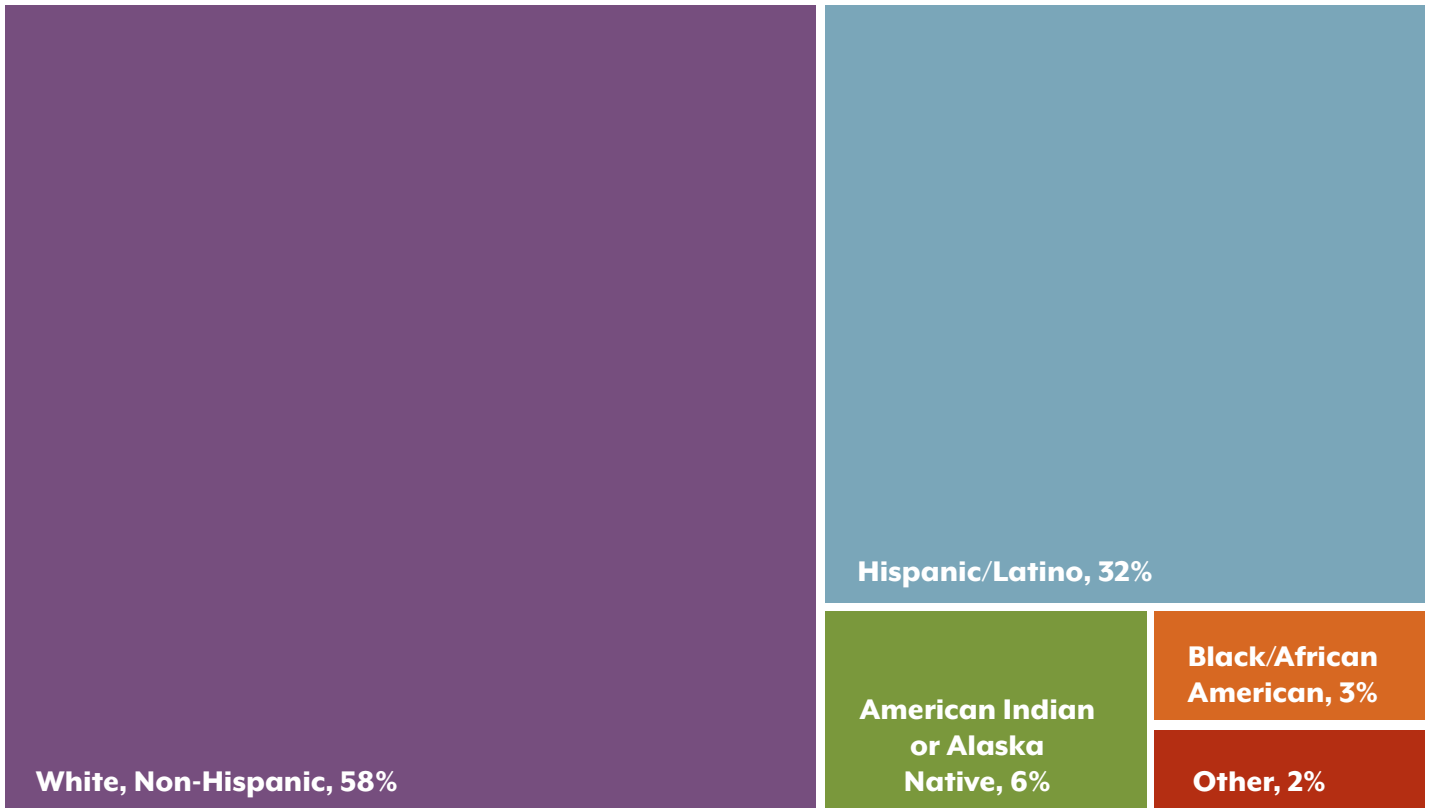
Does not sum to 100% due to rounding. CCR captures information on "Native American or Alaska Native" populations, but this graphic uses the term "American Indian or Alaska Native" for consistency in this report.

Data Strengths and Gaps

- **Recent program evaluation.** From November 2014 to March 2017, the OEC supervised an evaluation of CCR.[300] The evaluation was conducted by the Social Work Research Center, the School of Social Work at Colorado State University, and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. The resulting report is a rich resource for information about the program and its impact on families.

- **Limited program capacity to track impact measures.** Much of the data represented in the evaluation is self-reported, which, while useful, is susceptible to response bias. CCR program administrators are addressing this limitation by using a validated, reliability-tested data collection tool. Additionally, the measures evaluating the impact of CCR are limited to families who successfully completed the program, which constitute just 64% of participating families. There

is therefore limited data on families who do not complete the program, including the impact of CCR services.[301]

- **Outcomes-based data.** The CCR evaluation captured valuable data on the reinvolvement rates of families who completed CCR, relative to families with similar characteristics who were never referred to the program. At the time of publication, this data had been evaluated only for a period of one year following program completion. Continuing to collect data on reinvolvement rates for longer follow-up periods and across multiple cohorts could reveal longer-term program impacts and areas for improvement.

- **Continued investments.** In 2019, the OEC partnered with the Colorado Evaluation and Action Lab (CEAL) at the University of Denver to begin a randomized control trial study on CCR. Results are expected in late 2021.

Early Childhood Mental Health

Overview

Early Childhood Mental Health Consultation (ECMHC) is a free program that helps adults create nurturing environments and relationships that support mental health and well-being among children and families.

ECMHC professionals are experts in early childhood development and mental health. ECMHC professionals work with parents, caregivers, and early childhood professionals, including early care and education (ECE) providers at the family's home, at ECE facilities, or at other convenient locations.

Benefits of the ECMHC include:

- Fewer incidents of challenging behaviors,
- Improved school readiness for children,
- Increased resiliency for children, and
- Stronger relationships between children and the adults who care for them.

ECMHC is designed to help adult caregivers more effectively support children who have difficulty in the following areas:

- Making friends and getting along with others,
- Participating in and enjoying daily activities,
- Managing "big" feelings that lead to behaviors like hitting, biting or withdrawal,
- Getting easily mad or frustrated or feeling sad much of the time, and
- Adjusting to changes at home or in child care and education programs.

ECMHC has a promotion and prevention focus that aims to build the knowledge and skills of adults to support all children's social-emotional development and early mental health (see Figure 23).[309]

Figure 23. Mental Health Continuum of Care
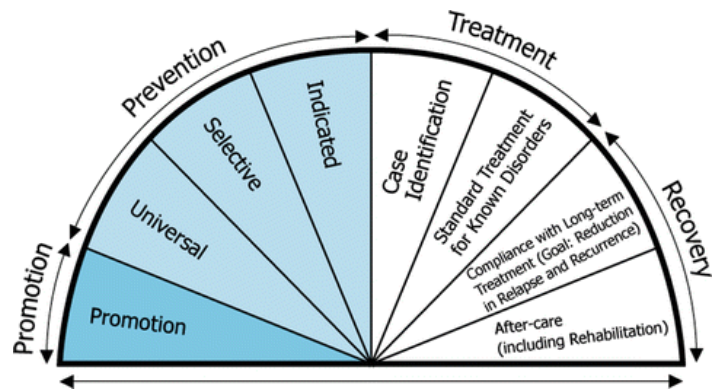
ECMHC professionals provide support when a child is at risk of expulsion or disenrollment from a child care program. Additionally, consultation seeks to identify children with mental health concerns early in life and connect them to the appropriate support and follow up. ECMHC professionals can make referrals for additional resources for adults and children, including mental health counseling if needed.

- **Administration.** The ECMHC Specialist program is administered by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. The program is implemented in partnership with community mental health agencies and Early Childhood Councils. ECMHC professionals receive logistical support from the OEC and contribute to the state data system.

- **Funding.** Approximately $3 million is available annually from state and federal funds to support the ECMHC Specialist program. Private foundations collectively fund between 20-30 additional ECMHC professionals annually.[310]

- **Target Population.** Children birth through 8, their families, and their early care and education providers.

Innovating for the Future

Demands for in-person supports to better manage challenging behaviors, support the implementation of social-emotional curriculum, and foster the well-being of children and their families continue to grow. Unfortunately, the current workforce is stretched. Many ECMHC professionals carry high caseloads and often need to decline new requests for services. ECMHC professionals in rural areas may spend up to 15 of their 40 working hours each week commuting to early care and education facilities or other locations to which they provide services.[311]

There is undoubtedly a pressing need to expand the ECMHC workforce. In the meantime, efforts should focus on leveraging the current workforce, existing service categories, and advancing technology to expand access and increase impact.

- **Incentivize Program-level ECMHC Services.** ECMHC professionals are supporting healthy behaviors at multiple levels by offering child-, classroom-, and program-focused services (see Table 29). One opportunity is to take a "top down" approach and focus on ECE program-level services that enhance the skills and knowledge of adults throughout the program, from lead teachers to directors and administrators. Efforts like these have the potential to shift culture and build capacity at the program level, resulting in larger mental health and well-being gains for children, families, and staff. Because the skills cultivated in ECE classroom- and program-focused services can be widely applied, these services stand to have the greatest impact on the most children. Currently, about 11% of services are delivered at the program level (see Table 30).[312] Efforts to increase these service categories have the potential to impart strategies for promoting positive social emotional development to more ECE providers. Importantly, services within this category would be delivered at a time when ECE providers are best prepared to receive this information — meaning in the absence of a current crisis or impending expulsion.

- **Explore a warm-line and telehealth options.** Online referral options paired with a dedicated warm-line have the potential to reduce wait times and connect parents and early care and education providers to ECMHC resources and referrals quickly and efficiently. In addition, telehealth options allow for more frequent contact and increased inclusivity. For example, ECMHC professionals in rural areas could alternate in-person and telehealth sessions, reducing time spent commuting and increasing service for all clients. Telehealth can also be utilized to reach clients in inclement weather or when a child is ill. In addition, telehealth options allow multiple parties to be present for a session. This could mean including via teleconference a caregiver or relative who could not be present, as well as a translator. Both of these approaches have the potential to increase reach and impact to vulnerable and underserved populations.

Table 29. ECMHC Service Categories and Example of Services Supported

Category	Example Services	Potential Impact
Child-focused	In-person consultation and resources for parents and providers on behavior management, positive guidance, and emotion regulation strategies	1-3 care providers 1 child
Classroom-focused	In-person consultation and resources for providers on classroom management, transitions, and activities and spaces that support social emotional development for all children	1 care provider 4-20 children
Program-focused	In-person consultation and resources for directors and providers on self-care, positive guidance curriculum and philosophies, and skill building	1 ECE director 4-15 care providers 25-250 children

What Parents Say

Parents statewide, including focus group participants and survey respondents, highlighted the need for additional ECMHC supports — especially for children and their parents or caregivers who have experienced early adversity and trauma.

Some parents expressed concern that their child had not received appropriate supports to offset experiences such as poor quality of care, isolation in care environments, or suspension and expulsion.[313]

One respondent to the Parent Survey emphasized a two-pronged approach, stating a need for more support for children as well as more training for early childhood professionals who work with or care for children with a history of trauma and adversity.[314]

Nearly a third of parents (32%) reported that ECMHC services addressing challenging behaviors or social and emotional development were "extremely important" for the care of their child. Notably, parents who made less than $40,000 a year were more likely to describe ECMHC services as important for the care of their child, relative to all parents.[315]

Program Strengths

ECMHC takes a comprehensive approach to support and address the needs of children, parents, and ECE providers. By addressing children's behavioral health needs early in life, they can help prevent a variety of negative outcomes — such as expulsion from an early care and education program.

- **Multilevel approach.** ECMHC professionals deliver services targeting multiple levels of an early care and education environment: child-focused, classroom-focused, and program-focused services (see Table 29).[316] ECMHC professionals work with parents and ECE staff to address the needs of an individual child or all children in the classroom by working with the adult to strategize and plan. They also provide child care staff training, parent education, and reflective practices to support the adults' well-being and as they implement the strategies to support children.

Table 30. ECMHC Services by Client Level, State Fiscal Year 2018-19.

	Opened Cases	Percentage
Child-Focused	1302	48%
Classroom-Focused	1114	41%
Program-Focused	290	11%
Total	**2706**	**100%**

- **Supporting children at risk of expulsion.** Child-focused cases typically start with an outcry for support around a child who is experiencing difficulties in the early care and education setting. The current landscape in Colorado shows that nearly one quarter of child-focused ECMHC professional cases (23%) are initiated because the child is at risk for suspension and expulsion.[317] By better equipping the ECE provider to manage challenging behaviors and support the child's needs, ECMHC professionals can reduce the need for removal from the classroom, which can be disruptive and potentially retraumatizing for the child and their family.

Program Needs

We know ECMHC has positive effects for children through the development of positive social emotional skills, which result in the young child's ability to self-regulate, make friends, and build empathy. We also know that by supporting the adults to address their own well-being, they bring a more positive, reciprocal, and engaging environment to the classroom and home settings. Results of ECMHC have shown that early care and education professionals feel more confident and competent, increasing retention, which, in turn, reduces the number of transitions that children experience. The most imminent need the ECMHC program faces is its limited workforce.

- **Workforce shortage.** Across both urban and rural parts of the state, availability of ECMHC professionals is limited. The OEC currently supports 34 full-time equivalent (FTE) ECMHC Specialists who are assigned to one of 18 designated

"ECMHC regions" across the state, including the Ute Mountain Ute tribe (Map 11).[318] According to the Colorado State Demography Office 2018 estimates, the counties of El Paso, Park, and Teller, have just two state-funded ECMHC specialists serving more than 58,000 children ages 0 through 5.[319] The northwest has two full-time, state-funded ECMH Specialists who are responsible for an area larger than the state of Massachusetts.[320]

- **Limited capacity.** In many regions, ECMHC is delivered in person in nearby locales or via phone if extensive travel is needed to reach a site. However, due to need, ECMHC professionals regularly maintain waitlists. A recent survey to assess waitlists for ECMHC found that approximately 5% of ECMHC professionals either maintain a waitlist or find the need to turn away requests for services due to demand.[321] Approximately 25% of ECMHC professionals reported having an average of four or more referrals waitlisted at a given time; one consultant reported having upwards of 20.[322]

Several consultants reported that they knew of children for whom they could not provide services who were ultimately suspended, expelled, or otherwise removed from their program.[323]

An additional strain on capacity is high staff turnover in early care and education settings. ECMHC builds the capacity or ability of ECE providers to more easily identify and proactively engage a child who is experiencing difficulty in the classroom. As a result of high staff turnover, an ECMHC professional may be in the same classroom for an extended period to build similar skills in the next ECE provider — essentially starting over.

- **Identifying need.** There is not a single indicator of risk that helps identify children who might be most at risk for early childhood mental health issues. This makes it challenging to allocate the limited human resources to the populations that need the most support.

Map 11. Representation of ECMHC Professionals and Associated Service Areas, 2017

● Publicly Funded FTE   ● Privately Funded FTE
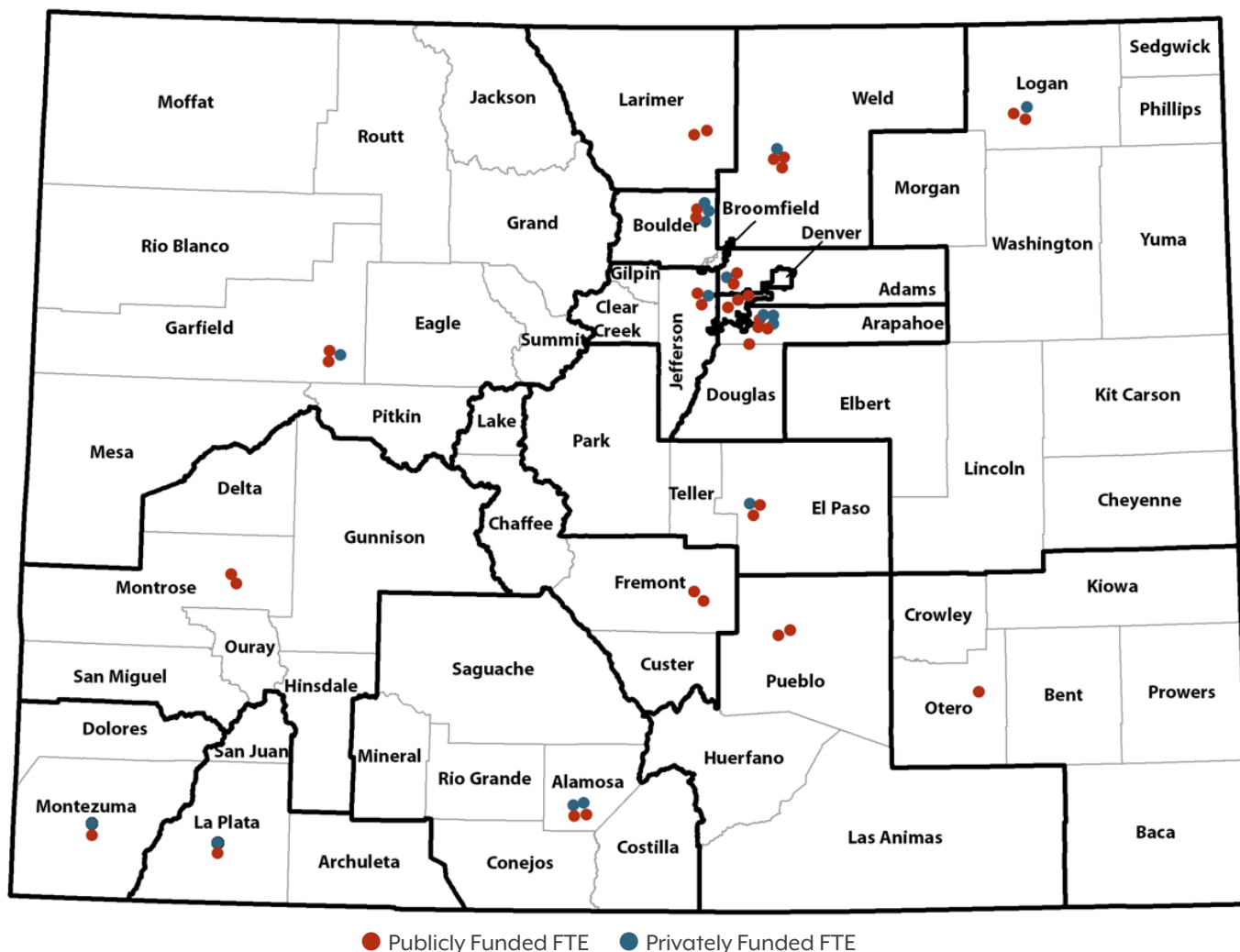
Additionally, families and child care staff may not reach out for ECMHC services until the difficulties a child is experiencing place them at risk of suspension or expulsion. The need to focus on one child at a time brings even greater limitation to ECMHC services. Supporting early care and education providers so that they can support the children they see and work with in their programs every day has the largest and most lasting impact.

However, it is important to note that ECMHC services span promotion and prevention and therefore are appropriate and recommended for all children, families, and early care and education providers.

Data Strengths and Gaps

- **Estimating waitlists.** Data from recent Parent

Surveys and focus groups illustrate a high demand for ECMHC services, however data systems are not adequate to demonstrate how large those needs are. For example, some programs maintain waitlists, but there is no centralized record that shows the whole picture. This is currently being explored as a potential enhancement as part of an online referral system.

- **Data quality.** The current ECMHC data system needs further enhancement to ensure that ECMHC services are applied similarly statewide. Data on frequency of services, intensity of services, and duration of services require a model of ECMHC which is currently being developed, however data collection methods will need to be modified and appropriate technical assistance and training provided to ensure its success.

Family Resource Centers

Overview

Family Resource Centers (FRCs) provide a single point of entry for families to receive comprehensive, integrated services in their community. FRCs provide families with a broad range of supports, which may include early child care and education, adult education, wellness programming, Medicaid enrollment, connections to local food banks and housing supports, utility assistance, and other services. Established in 1993, the FRC system is one of the longest-standing family supports in the state. [324]

For many families, FRCs are the gateway to accessing the early childhood system, including home visitation programs, early intervention supports, and child care. In 2016, the Office of Early Childhood provided Family Support Services grants to 10 FRCs to expand their family case management capacity. [325] In 2019, the Colorado Joint Budget Committee increased funding to support an additional 10 centers for family case management, bringing the total to 20 supported centers.[326]

- **Administration.** Colorado's 31 FRCs are locally administered by community-based organizations or school districts. The Family Resource Center Association (FRCA) provides FRCs with support for program implementation, evaluation, and data.

- **Funding.** Funding varies widely from center to center. FRCs are supported by a mix of local, state, and federal funding; foundations; faith-based organizations; individual donations; special events; earned income; and program fees.[327]

- **Target Population.** FRCs serve vulnerable families, including parents and caregivers, children, and youth.

Innovating for the Future

Families receiving FRC services show significant improvements in multiple measured areas ranging from employment to child care to increased cash savings.[328] But parents participating in focus groups felt that middle-income families are not able to access resources they need through the current system. That's despite the fact that all families are eligible for a wide range of supports provided by FRCs, regardless of income. FRCs and partner programs could consider ways to further engage this demographic. For example, many parents use FRCs less during the daytime when they are working. This could provide an ideal time to engage with home-based early care and education providers who may need support themselves or who could connect their community of families with other services like home visitation and early intervention.[329]

What Parents Say

Family, stakeholder, and early care and education provider focus groups — along with written testimonials captured by FRCs — reveal a strong appreciation for these programs and the services they provide.

One parent wrote, "My children attend the Bayfield Family Center After School program, which allows me to work a full 40-hour week and have my children in a quality educational program and receive tutoring help and have their homework done before I pick them up to head home."[330]

Another parent shared, "Without the Family Center

Map 12. Family Resource Center Locations and Counties Served, FY 2018-19

● Family Resource Center Locations
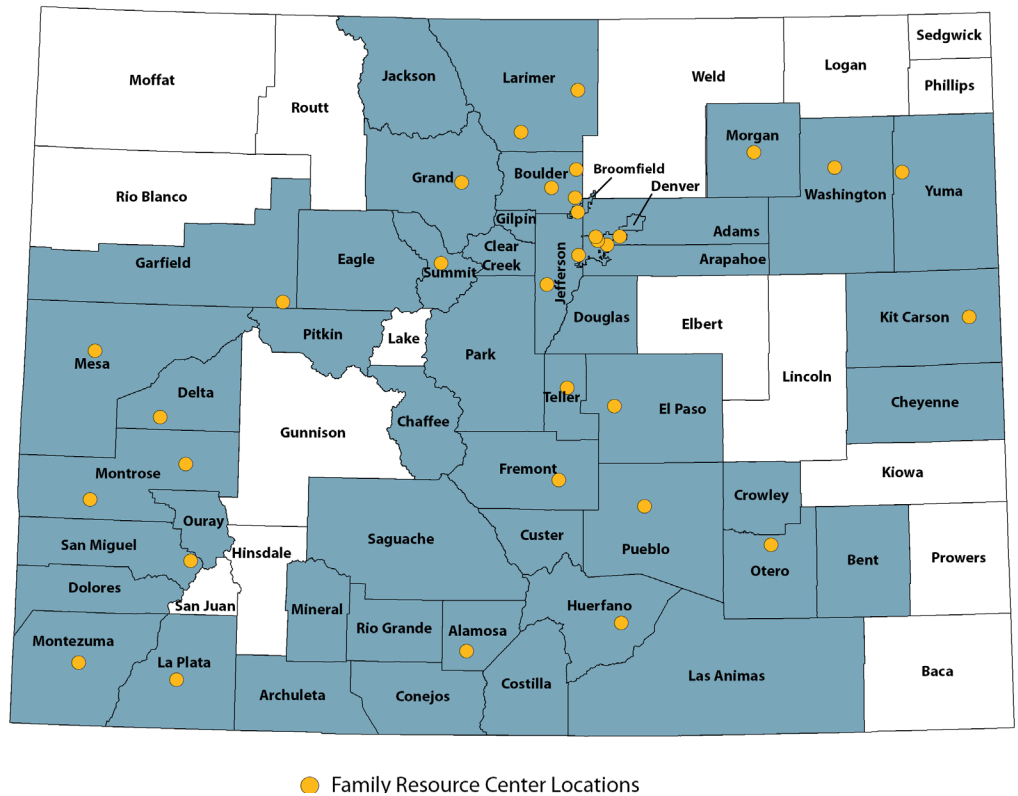
There are more than 31 locations marked, as some FRCs have multiple locations.

of Durango, I would have gone crazy! They were able to offer me developmental information and support through the playgroups for my 3-month-old." [331]

Parents highlighted the quality of services they received at their local FRC. One explained, "I was treated with respect and kindness and empathy, and it changed my life, and it changed how I view life."[332]

Program Strengths

- **Extent and breadth of services provided.** Colorado's 31 FRCs serve people from 48 counties (see Map 12). In Fiscal Year 2018-19, FRCs served 28,876 individuals in 13,210 families.[333] Their programs focused on helping families meet basic needs, fostering high-quality parenting, supporting early care and education, furthering adult education, and cultivating healthy living (see Table 31).[334]

- **Reaching families with unmet needs.** FRCs primarily serve families experiencing economic insecurity. For example, the median income of all families served in FY 2018-19 was $16,182 — a quarter of the median income statewide (see Figure 24).[335] In just over half of families (51%), no adult had beyond a high school education. More than three quarters of families served (77%) had no cash savings, and two in five (39%) did not have access to safe, stable, or affordable housing (see Figure 25). [336]

- **Demonstrated improvements.** FRCA's 2018-19 annual evaluation revealed that families receiving FRC services made statistically significant gains in the areas of income, cash savings, debt management, housing, employment, health coverage, food security, child care, children's education, physical and mental health, and transportation. Families also reported an increase in their levels of understanding child development and parenting practices as a result of participating in FRC programming.[337]

- **Centralized data system.** FRCs use a shared-data system to track outcomes and store data. This approach simplifies data sharing and allows for statewide and cross-region analyses of service provision and outcomes.[338]

- **Shared, robust data collection methods.** All FRCs use the same instrument, the Colorado Family Support Assessment 2.0 (CFSA 2.0), to assess families' strengths and areas for growth. This pre- and post-assessment allows FRCs to track outcomes in economic self-sufficiency, health, and parenting skills. Focusing on outcomes rather than services delivered makes these data uniquely helpful for FRCs and other parts of the early childhood system.[339]

Table 31. FRC Services Provided by Program Type, FY 2018-19

Service Type	Number
Basic Needs	104,000
High-Quality Parenting	75,600
Early-Childhood Education	15,900
Adult Education	14,290
Healthy Living	23,360

Figure 24. Median Annual Income of Families Served by FRCs, FY 2018-19 vs. All Colorado Households, FY 2017
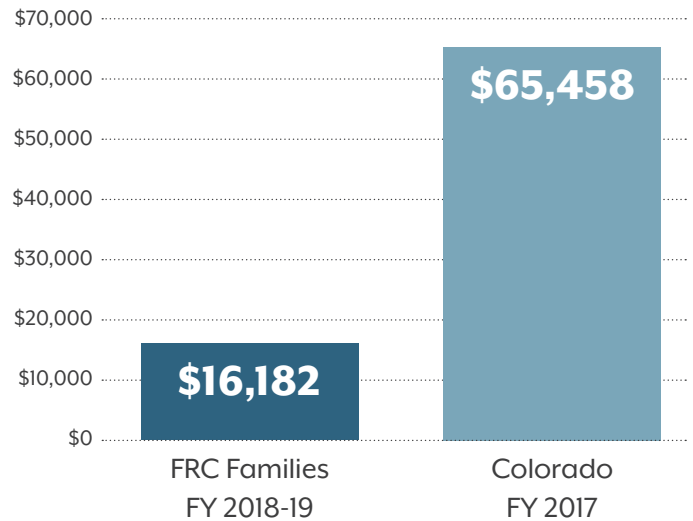
Program Needs

- **Establishing centers in underserved regions.** Large swaths of Colorado — particularly rural communities — cannot easily access FRCs. In 2018-19, families in 16 counties could not access FRCs.[340] And even in counties where at least one family was served, families might need to drive more than an hour to reach the nearest FRC (see Map 12).[341]

- **Funding.** Program administrators report that many FRC facilities do not have adequate funding. As a result, some FRC facilities are understaffed, located in suboptimal buildings in need of renovation, or don't comply with Americans with Disabilities Act (ADA) standards.

- **Limited capacity.** Many FRCs have waitlists for family case management services. Service delays often lead families to forgo services altogether.[342] In the case of at least one center, there are so many applicants on the waitlist that the FRC is only adding families to the queue if they are expecting a child.[343]

Figure 25. Percentage of Families with Unmet Needs Upon FRC Intake, FY 2018-19
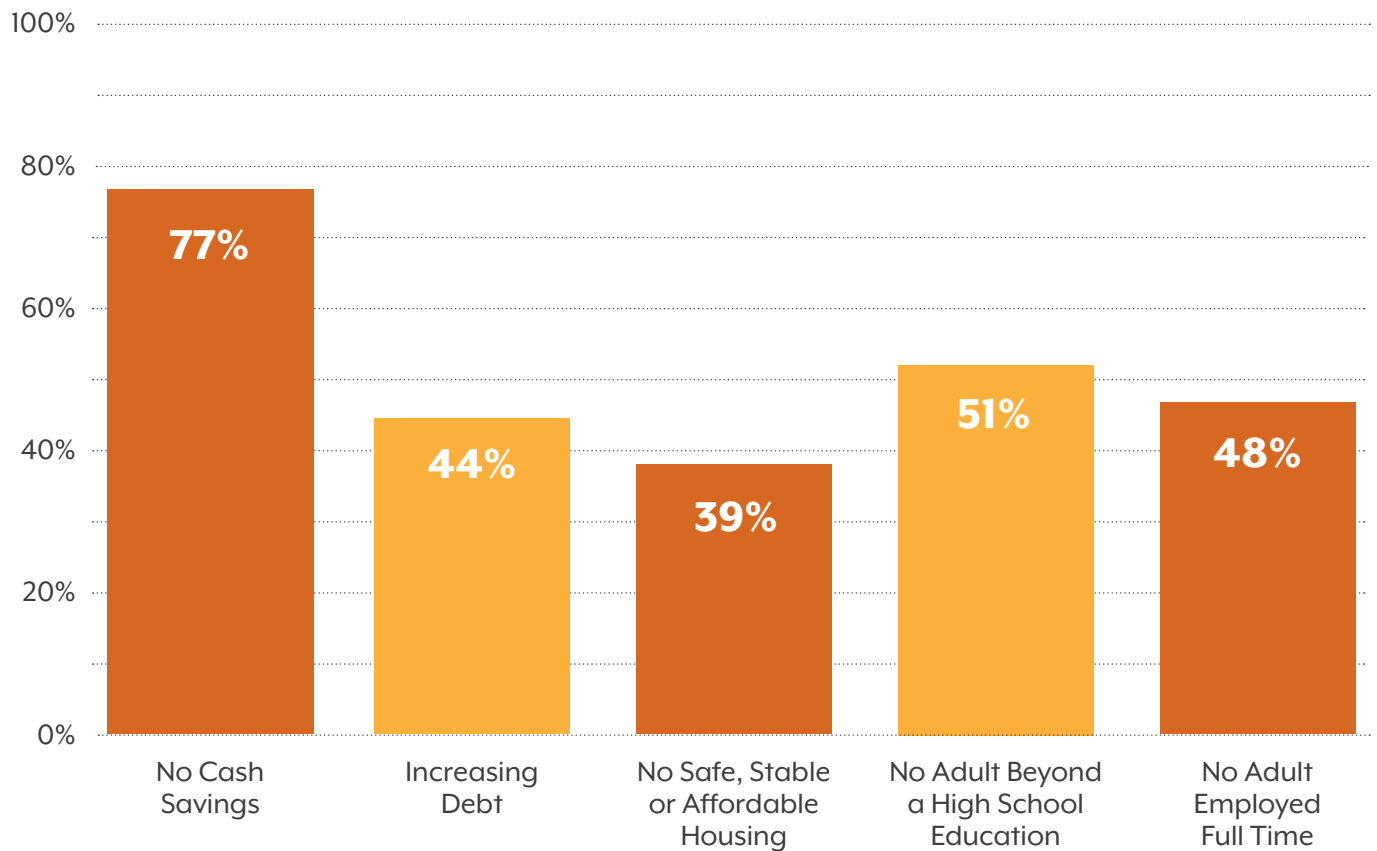
- **Addressing stigma.** Some families may not access formal supports because of stigma. Combatting stigma associated with seeking support, while also offering families discrete ways to access FRC-provided services, should lessen this barrier to access.

Data Strengths and Gaps

- **Data tracking across service providers.** FRCs can track which referral service agency each family reaches out to, allowing for effective tracking of referral follow-through and service utilization.[344]

- **Inconsistent data entry and reporting requirements.** According to program administrators, FRCs face multiple data entry and reporting guidelines required by their various funding streams. As a result, FRCs spend significant time and resources storing and analyzing data across multiple databases. The FRCA is currently working in partnership with other data owners to develop a more automated, centralized system for storing and retrieving data.

- **Limited child-level data**. Because FRC-provided services target families rather than individual children, FRCs do not collect child-level data. It is therefore difficult to pinpoint the effect of FRC services on specific children.

- **Forthcoming evaluation.** FRCA is currently conducting a randomized controlled trial with three FRCs in Colorado. The study, funded by the Robert Wood Johnson Foundation, will identify the impact of FRC services on family health and well-being. Results are expected in 2021 and will be an important resource for identifying program strengths and room for growth.[345]

Growing Readers Together

Overview

Growing Readers Together (GRT) engages informal care providers through early literacy programs at Colorado's public libraries. The goals of GRT are to:

- Empower informal care providers with the skills, confidence, and resources to engage the children in their care with early literacy materials and activities daily.

- Provide strategies to public library staff in Colorado to connect informal care providers with early literacy services.

- Develop state-level infrastructure for early literacy support to informal care providers and the children in their care.

- Expose children six and under throughout the state to language and literacy-rich experiences in informal child care settings and at the library.

Between September 2018 and August 2019, participating libraries hosted 258 GRT events attended by 2,516 children and 1,956 informal care providers. With additional 2019 funding from the Preschool Development Grant Birth through Five (PDG B-5), the program hired three early literacy specialists to support any library in the state, not just those already participating in GRT.[346]

- **Administration.** The program is supported through the Colorado State Library (CSL), which is a division of the Colorado Department of Education (CDE) that serves public, academic, and institutional libraries to foster lifelong learning.[347] The CSL provides grants to local library partners that carry out GRT activities and report data back to the state.

- **Funding.** The Buell Foundation funded the program's inception in 2016 with 15 participating library systems concentrated in the southeastern part of the state.[348] As of 2019, Buell supports activities at 22 library systems (see Map 13).[349] In 2019, GRT employed three part-time early literacy specialists through the PDG B-5 to augment program activities.

- **Target Population.** The program supports informal care providers with children age 6 and under. Buell Foundation-funded communities were chosen based on their willingness to participate, their library's current staffing, and areas with a high proportion of free and reduced lunch for children.

Innovating for the Future

GRT empowers informal care providers to help the children in their care build literacy skills at an early age. The following strategies should be considered to strengthen programming in urban and rural areas:

- **Focus on informal care — and beyond.** Initial funding was intended for informal care providers, but experience from the first three years of the program show that informal care providers are not the only audience this program can help. Parents, particularly those who may use the library but do not otherwise interact with formal care environments, need and want early literacy support. Early care and education providers also may benefit from additional early literacy training and support.

- **Leverage community relationships.** Creating and maintaining partnerships with other

programs — from home visitation programs to Head Start — can help extend GRT into new populations. Parents and informal care providers know how important early literacy is for child development, and leveraging a relationship with a trusted organization can connect more parents and providers with the program.

What Parents Say

Almost three quarters (71%) of Parent Survey respondents said they thought it extremely or very important to have access to community-based programs, such as early literacy programs through a library, or other community events or services that strengthen families and support networking among families.[350]

Map 13. Growing Readers Together Participating Library Systems

● Participating Library Systems, 2018-2019   ● Participating Library Systems, 2016-2018

GRT is leveraging informal child care to enhance the early literacy of Colorado's children.

Some focus group participants highlighted GRT specifically as a critical resource for their community. For example, several parents and caregivers representing the Ute Mountain Ute Tribe commented that the GRT program has made a significant impact on the early literacy of the children in their community.

That said, many parents are not able to access these services because they are not aware of them. More than a quarter of Parent Survey respondents (28%) reported not knowing whether services such as early literacy programs were available in their community, indicating an opportunity to increase awareness.[351]

Program Strengths

As a result of GRT's funding from Buell and PDG, the program has grown in terms of services offered, community connectedness, and flexibility for the program statewide. Examples include:

- **Demonstrated outcomes.** GRT program sites are capturing initial outcomes that suggest increases in informal care provider knowledge and skills and an ability to reach children who would not otherwise experience early literacy services. For example, participating informal care providers learn about early literacy and strategies to promote these skills in the children they serve. They also get access to the programming and materials to deliver these services. A recent evaluation of the program revealed that children who would not otherwise engage with the library are now doing so: "A little boy...had never been to the library until his daycare provider who is a homeschooler [brought him]. He's four and our poster child — he says, 'I love the library'. He insisted that his mother sign him up so he could [check] things out."[352]

- **Increased support.** PDG funding in 2019 allowed for the hiring of additional early literacy specialists to do training and coaching at libraries across the state, augmenting existing foundation funding that sponsors events at partner libraries.

- **Community connection.** The community-based

setting is crucial for reaching populations outside of the normal touchpoints. It piggybacks on the existing infrastructure, community connections, and resources in local libraries. Libraries in rural communities reported more success with GRT because there are fewer competing programs in the area, and smaller communities allow for staff to identify informal care providers more easily.

- **Staff commitment.** As a result of delivering the GRT program, participating sites have noted beneficial developments in library staff and the libraries themselves. For example, Colorado State Library noted that staff are deeply committed to the project, and almost every library participating in GRT has made physical improvements to its children's area to encourage informal care providers and children to use the spaces.[353] Additionally, many libraries have relaxed their "silence" policies, which allows caregivers to feel comfortable letting their children enjoy the space.[354]

- **Meeting children where they are.** Program funding is flexible to foster partnerships that resonate on a local level. For example, a GRT-supported program in Cortez created a partnership with a local McDonald's. GRT programs also have the option to partner with other providers and stakeholders such as Early Childhood Councils and preschool programs to connect informal care providers and the children in their care with programming.

Program Needs

Participants in GRT noted that language and cultural barriers, staffing capacity, and transportation limited the program's reach statewide. Examples of needed changes to address these issues include:

- **Overcoming language barriers.** Staff with bilingual abilities who can provide support to non-English speakers are hard to find, especially in rural areas. Some Spanish-speaking providers noted that they prefer their children to learn to read in English.[355]

- **Addressing cultural differences.** Across Colorado, parents and informal care providers have diverging views on programs held in government buildings such as libraries. Program administrators believe that some populations

— such as immigrants or people living without documentation — do not feel safe coming to the library.[356] Additionally, reaching key demographic groups like immigrants and refugees is a challenge because parents and providers from other countries may not recognize the library as a place where they can receive public support.

- **Staffing capacity.** Staffing and time dedicated to the program are challenges for libraries, especially those in rural areas. Low staff numbers, turnover, and the need to serve other library priorities and patrons can result in lack of promotion or even cancelling of GRT events.

- **Transportation.** Informal care providers with limited transportation access may find it challenging to consistently participate in the program. Little or no public transportation and hazardous weather in the winter months are noted barriers for caregivers.

Data Strengths and Gaps

GRT's data and evaluation systems face challenges because of the difficulty in engaging with informal care providers who are not licensed and tracked in the state's data systems.

- **Tracking process measures.** Each library participating in the program tracks data on partnerships formed, events hosted, consultations with informal care providers, and materials distributed as part of the program. These data tell a story of engagement with the community and with informal care providers. Consultations with informal care providers are tracked in both library and outside library settings. Informal care provider participation is also tracked at both GRT-planned events as well as other general library programming. Information is also tracked on the types of materials handed out, primarily promotional materials but also early literacy information and informal care provider "kits." [357]

- **Informal care is fluid.** Informal care providers take many forms, including an older sibling, a neighbor, a coworker, or others. Some informal care providers help out for only a limited amount of time — such as an adult who cares for their niece or nephew while temporarily not working. This transitional nature of the workforce complicates data tracking.[358]

HealthySteps for Young Children

Overview

HealthySteps for Young Children (HealthySteps) is an evidence-based pediatric primary care program that promotes positive parenting and healthy development for infants and toddlers.[359] The program places a child development specialist into a primary care team to provide personalized support to parents to help raise healthy families.[360]

Specialists screen families during their child's visit to a primary care provider to determine what level of support the child or family may need, ranging from a brief consultation to ongoing, team-based well-child visits.[361]

- **Administration.** HealthySteps is administered at the state level by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. Technical assistance and implementation support come from the program intermediary, Assuring Better Child Health & Development (ABCD), a statewide nonprofit focused on improving the lives of Colorado children through early identification of developmental needs.[362]

- **Funding.** HealthySteps receives $577,665 in state General Fund money.[363] Additional resources include in-kind administrative support from the OEC and public and private funding utilized by ABCD and program sites to augment OEC contracts.

- **Target Population.** Children from birth to age 3 and their families.

Innovating for the Future

Though HealthySteps is part of Colorado's home visitation system, providing home visitation is only one optional part of the program's service delivery strategy. HealthySteps primarily delivers services in a location that families know and trust — their primary care provider's office.

The clinical environment provides a unique opportunity for program staff to serve parents as well as their children. These services might include psychiatric prescribing for parents, substance use disorder counseling and treatment services, or other behavioral health therapies.

HealthySteps program administrators are considering whether to "go deep or go broad" — meaning investing in clinics and counties already served by existing programs or extending services to new parts of the state. When making those decisions, policymakers should consider the potential of connecting program data to electronic medical records and the feasibility of offering intensive adult behavioral health services for parents in need.

What Parents Say

According to multiple focus group participants, parents want to receive supports for their child's health, development, and their parenting skills from practitioners they trust, like primary care providers. HealthySteps is meeting this need by connecting families to services via their doctor's office.

That said, parents also highlighted that programs like HealthySteps could better serve families by making services available in multiple languages and by streamlining data transfers when parents use different HealthySteps facilities. For example, a Spanish-speaking focus group participant shared that there is limited information and services available in Spanish. Another focus group participant highlighted that electronic records are not always available to transfer screening records across counties, resulting in additional burden on parents.

Figure 26. Selected Demographics of Children and Families Receiving Services from HealthySteps Clinics, August 2019

Employment Status of Child's Primary Caregiver

Employed
Full Time: **24.7%**

Employed
Part Time: **10.4%**

Not Employed: **51.7%**

Unknown: **13.1%**

Child Insurance
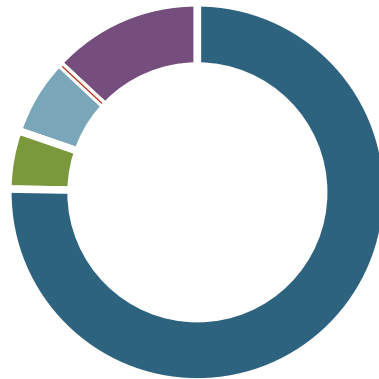
Medicaid
or CHP+: **75.7%**

No Insurance: **4.9%**

Private/Other: **6.5%**

TRICARE: **0.2%**

Unknown: **12.5%**

Child Race/ Ethnicity
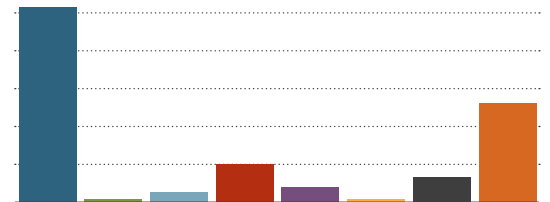
Hispanic/Latino: **51.7%**

American Indian or
Alaska Native: **0.4%**

Asian: **1.9%**

Black or African
American: **10.0%**

Multiracial: **3.3%**

Native Hawaiian or Other
Pacific Islander: **0.5%**

Unknown/
Did Not Report: **6.2%**

White: **25.9%**

Figures do not sum to 100 percent due to rounding.

Employment status and insurance type reflect family circumstances at the time of enrollment. Data reflect demographics of families receiving most intensive level of services.

Program Strengths

Colorado's HealthySteps clinics deliver a tested and effective approach to parent engagement and healthy child development. Programs are reaching high-need families with a broad range of services, from universal screening to intensive, ongoing consultation.

- **Strong evidence base.** Rigorous analysis reveals that children who participate in HealthySteps are more likely to attend well-child visits and receive vaccines and recommended screenings on time. Participating parents are more likely to receive information on community supports, provide age-appropriate nutrition, use positive parenting strategies, and engage in early literacy practices.[364]

- **Tiered service approach.** HealthySteps clinics use a tiered approach to service delivery — meaning clinics with limited workforce or funding capacity can allocate resources based on family need. This allows children and families with more significant needs to get more intensive services, while other families in the clinic still benefit from the program. Individual practices have the flexibility to determine which families will benefit most from higher tier supports, depending on their community's health needs.

- **Universal screening.** HealthySteps uses a universal screening approach, ensuring that every family and child who receives services at a participating clinic is screened to determine if they could benefit from additional services.

- **Reaching high-need families.** As of August 2019, 1,889 children and their families are receiving ongoing, team-based well-child visit services

Map 14. Counties Served by HealthySteps Programs, November 2019

Counties with current HealthySteps sites

Clusters of HealthySteps sites

Counties with HealthySteps sites to be implemented in 2020
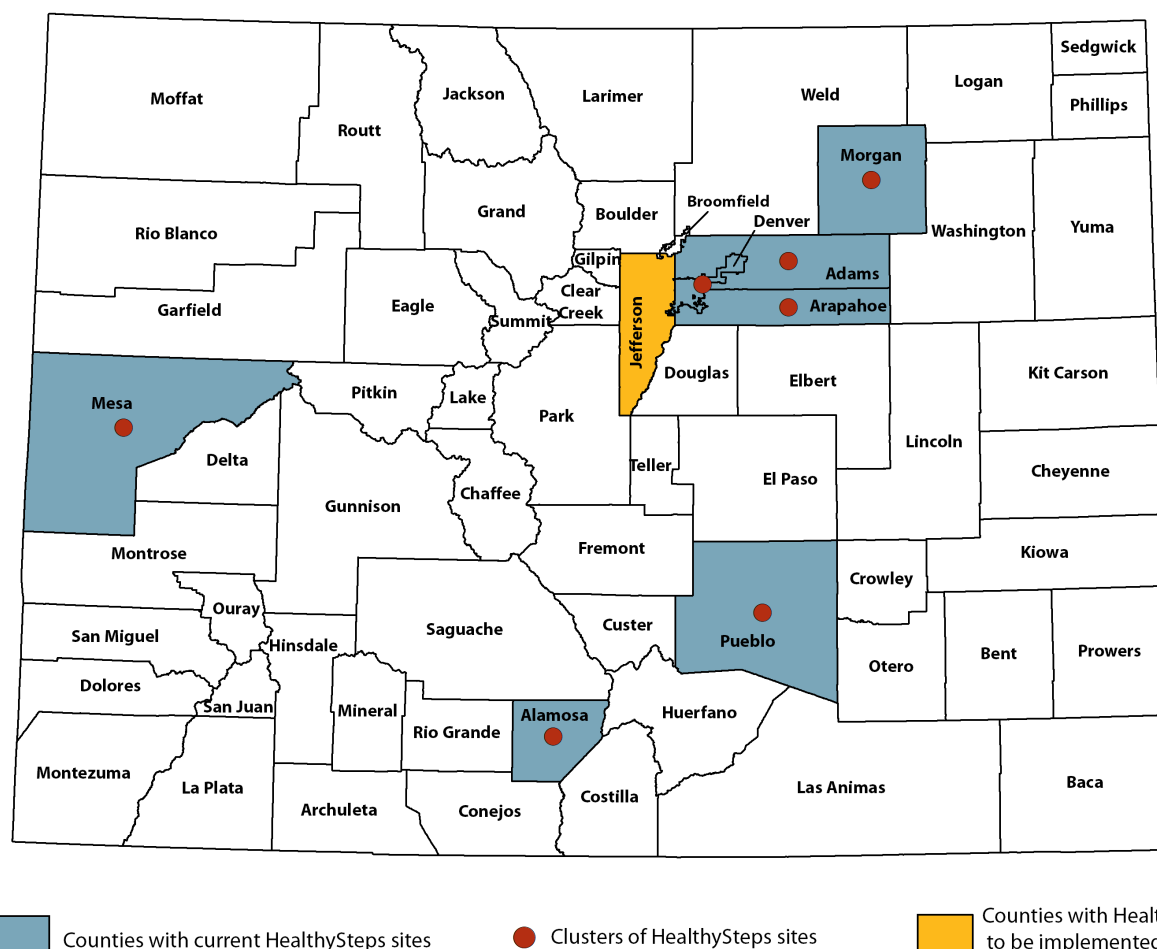
through the HealthySteps program. These families represent a diverse, high-need population of Coloradans. Most participating families are enrolled in Medicaid or CHP+ and most identify as Hispanic or Latino. More than half of participating primary caregivers are unemployed (see Figure 26).[365] Other characteristics include:

- o One in 10 children (11%) served are from families who report previous involvement in the child welfare system.

- o Almost 300 children (16%) have a family member misusing substances in the home.

- o Nearly one in 10 (9%) children have someone in their family serving in the armed forces.[366]

These characteristics only capture families receiving intensive services. Families receiving screening and brief consultations are not reflected here.

Program Needs

Sustainably funding a program that reaches all parts of the state — and employs a highly trained behavioral health workforce — is a critical challenge that HealthySteps faces in Colorado.

- **Geographic reach.** HealthySteps clinics are serving children in 19 of 64 counties in Colorado.[367] Though families in most parts of the Front Range are accessing services, HealthySteps is not yet available on the Eastern Plains or the Western Slope (see Map 14). This limited reach is primarily due to limited funding. Additional funding could increase the program's impact.

- **Medicaid billing.** Many HealthySteps clinics are not leveraging Medicaid funding even though program services are billable. Program administrators are considering developing a billing manual for program sites to encourage more sustainable financing practices.

- **Limited behavioral health workforce.** Program administrators report major challenges hiring for local, trained behavioral health specialists — especially those with experience working in primary care or in early childhood development. As a result, some programs have used workers who are not trained specialists, which may affect the program's Medicaid billing and financial bottom line.

- **Sustainable funding.** Program funding is subject to fluctuating budgets and shifting donor priorities. Although state funding has increased, it only covers seven of the 15 clinics in the program, with the rest coming from philanthropic support. Lack of funding for ABCD, the program administrator, leads to limited professional support and trainings available for local HealthySteps program implementers.

Data Strengths and Gaps

In the next phase of HealthySteps' data system strengthening efforts, program administrators should consider expanding data collection to include all participating children and families and shifting beyond process measures to track Colorado-specific outcomes.

- **Focused recordkeeping.** HealthySteps specialists track family data in a shared database at each point of contact with the family. As a result, program administrators can ensure programs are serving the Coloradans with the highest needs. However, data are only recorded for children receiving intensive services, so a large portion of the program's reach goes uncaptured.

- **Process data focus.** Most data collected by the program documents processes rather than child and family outcomes. Given the strong existing evidence basis for the HealthySteps program at a national scale, there has been limited appetite for more rigorous evaluation at the state level. But tracking Colorado-specific outcome data — such as impact on breastfeeding and vaccination rates or primary care access — could reveal important insights for the health care system and other systems serving children and families.

Home Instruction for Parents of Preschool Youngsters

Overview

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home visiting program that helps parents prepare their children for success in school and throughout life. The program uses curriculum, story books, and other materials to help parents strengthen their children's cognitive, literacy, social-emotional, and physical development. The HIPPY Program is delivered by home visitors who are members of the participating community and are also parents who have used the program. They visit participating parents of preschool-aged children starting at age 3 in their homes weekly to instruct them in using HIPPY educational materials.[368] Curriculum for 5-year-olds follows the child through kindergarten, reinforcing learning through a home-and-school connection. The program also provides monthly group meetings.

- **Administration.** With funding and support from the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support, HIPPY is administered by Parent Possible, a nonprofit organization that promotes multiple evidence-based programs focused on parents of young children. HIPPY is implemented in communities by different types of sites, including school districts, child care centers, Family Resource Centers, and other entities.

- **Funding.** Depending on the implementing agency, the program is funded by federal (Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV), state (Tony Grampsas Youth Services), AmeriCorps, local, or private sources.

- **Target Population.** Low-income families with children ages 3, 4, and 5.[369]

Innovating for the Future

Like other home visitation programs, the HIPPY program's greatest challenge is its limited funding and its limited reach as a result. Allocating resources to the areas that need them the most is critical for HIPPY to create the biggest impact in the families it serves.

However, current data systems do not fully meet this need. For example, program administrators do not have information on children or families who are waiting for services. As a result, there is no way to refer families in need to a different program site or a different home visitation program. Program administrators should consider innovative approaches to this question: Could a centralized data system for home visitation programs in Colorado better distribute resources and meet demand?

What Parents Say

According to the Parent Survey:

11% Eleven percent of Colorado parents indicate that services provided by programs such as HIPPY (support and advice on health, child development, and parenting — either in the home or at another location) is unavailable to them.

30% Thirty percent of Colorado parents do not know if such services exist.[370]

Program Strengths

The HIPPY program served almost 1,000 children and almost 900 families during the 2018-19 school year.[371] HIPPY reaches families with diverse demographic profiles, including age, education, and employment status of parents as well as family language, ethnicity, and income. The majority (56%) of families served by HIPPY are living below 100% of the federal poverty line (FPL).[372]

Parents participating in the HIPPY program report significant increases in the frequency of performing behaviors that promote literacy and school readiness in their children. Participating children

demonstrate significant growth in all areas of school readiness, increasing from 83% pre-program to 93% post-program. Parents who complete the HIPPY program also report higher levels of confidence in their parenting practices, their ability to support their child's development, and their comfort with asking their social networks for parenting help, advice, and support.[373]

Program Needs

With additional funding, Colorado's HIPPY program could impact significantly more families in more rural parts of the state. That said, it's a challenge to retain the home visitor workforce.

- **Increased capacity.** There is significant unmet demand for HIPPY services in many Colorado communities, as many counties are currently without access to a HIPPY program site (see Map 8).

- **Funding.** The principal need for meeting the demand for HIPPY services across the state is funding for both outreach to family service agencies and hiring more home visitors. There is significant lack of awareness of the HIPPY program in Colorado communities, and more money could help get the word out.

- **Instructor retention.** HIPPY suffers a high attrition rate among home visitors, much like many other early childhood programs.

Data Strengths and Gaps

Parent Possible collects very detailed demographic data annually about the children and families enrolled in the program, including information on age, race, ethnicity, and family income. Annual evaluation efforts are also rigorous, including a parent survey, an assessment of parent-child interactions, and a child assessment of school readiness.

That said, there are opportunities to strengthen HIPPY data systems to better serve families. One example for policymakers is to track waitlist information to better distribute resources and meet demand across the state. Adopting the statewide Salesforce-based data system is one way to address this gap. However, parents may be more comfortable sharing their information with local implementing organizations, as they are today, rather than a statewide data system. But keeping those data local means program administrators are not equipped to realign resources for the highest need areas.

The Incredible Years

Overview

The Incredible Years (IY) is a suite of evidence-based programs that includes three prevention components for parents and teachers of young children. The Office of Early Childhood (OEC), in partnership with its implementation partner, Invest in Kids (IIK), supports implementation of the three IY components in Colorado. These are Teacher Classroom Management (TCM), Dinosaur School, and the Preschool BASIC Parent Program (Parent Program). Each works to reduce risk factors and increase protective factors by promoting positive parent-child and teacher-child relationships to promote social-emotional skills in early childhood (ages 3 through 8), which prepare young children for success in school and in life.[374]

Teacher Classroom Management (TCM) is a framework through which early childhood educators learn positive classroom management strategies, how to build positive relationships with children demonstrating challenging behaviors, and how to help those children control their behaviors.[375]

Dinosaur School is a social-emotional curriculum that includes 60 lessons delivered two to three times per week in early childhood classrooms (preschool through first grade). Trained teachers co-lead the lessons using engaging activities, role-play, and video vignettes. The lessons focus on how to solve problems, control one's anger and emotions, succeed in school, and form friendships.[376]

The Preschool BASIC Parenting Program (Parent Program) is delivered by IIK-trained cofacilitators over 14 weeks through weekly two-hour sessions. During these sessions, parents learn to promote children's social competence and reduce behavior problems through strategies and skills such as effective praise and use of incentives, establishing predictable routines, effective limit-setting, strategies to manage misbehavior, and teaching children to problem solve.[377]

- **Administration.** IY is administered by the OEC Division of Community and Family Support and IIK. They contract with individual agencies to operate IY sites. TCM and Dinosaur School are delivered in early childhood settings (both public and private centers), and the Parent Program is delivered in schools and community settings, including mental health agencies and Family Resource Centers.

- **Funding.** Funding is provided by state marijuana tax dollars, state General Fund, local sources, and philanthropies.[378]

- **Target Population.** Depending on the IY program, services support parents, early childhood educators, and children age 3 through 8.[379]

Innovating for the Future

Expanding the reach of IY in Colorado will require new funding streams and an expanded program workforce. IIK is currently exploring innovative approaches to addressing these needs, including using outcomes-based funding approaches and expanding its peer coaching model to strengthen and expand program delivery across the state.

- **Outcomes-based funding.** IIK recently launched an outcomes-based funding project with Aurora Public Schools and Sheridan School District. The goal of the project is to demonstrate that implementing IY in schools can lead to sustainable outcomes in the children they serve — enough so to warrant continued funding from school districts across Colorado. If the target outcomes are achieved after the first four years of this project (as measured by an independent evaluator), Aurora Public Schools and Sheridan School District will continue to implement and fund IY for an additional five-year term. Policymakers should consider piloting this financing model in other parts of the state that do not yet have access to IY.

- **Peer coaching model.** IIK uses peer coaching to build state and local capacity through collaborative partnerships. This effort aims to increase the number of families served, and at the same time, maintain high-quality programming and ensure meaningful outcomes. The Director of the IIK Peer Coach Initiative started training a third cohort of peer coaches in 2019. Those coaches collectively will extend IIK's capacity to support IY in counties across the state. In cases where the local implementing agency and/or community have the staff and capacity, local implementers are trained to become peer coaches.

What Parents Say

Parent focus group participants reiterated the importance of promoting social-emotional learning, parenting supports, and training for early childhood professionals. IY offers all three of these services.

Parents agreed that these types of programs are especially important to help children make the move from preschool into the school system. In addition, they recommended all adults working with young children should get training on how to support their children who display challenging behaviors, saying "instead of responding punitively and reacting, adults need to explore what message that behavior is trying to communicate."

Program Strengths

In addition to its longstanding evidence base, IY's strengths include a strong infrastructure for training and implementation and a broad and measurable program reach:

- **Support infrastructure.** All IY sites receive implementation supports from the OEC and IIK to ensure high program fidelity. Key supports include:
  - o Community readiness and entity selection,
  - o Training, coaching, and fidelity monitoring,
  - o Local Implementation Team (LIT) development,
  - o Entity-specific and statewide process and outcomes evaluation, and
  - o Ongoing quality improvements to ensure high-quality scale and sustainability.

- **Program reach.** IY's data systems are robust and provide an accurate measurement of the program's reach in Colorado. During the 2018-19 program year:
  - o IY was offered across 21 counties in Colorado.
  - o 464 teachers and education staff delivered Dinosaur School to 6,599 students.

o 30 teachers and 428 students participated in Teacher Classroom Management training.

o Preschool BASIC Parent Program saw 73 Parent Program Facilitators deliver the Parent Program to 595 parents across 51 unique parent groups in Colorado.[380]

Program Needs

There is significant demand for this program in many Colorado communities. IY program sites prioritize serving low-income families. During the 2018-19 program year, the average school where IY was implemented had 75% of children enrolled in a free and reduced lunch program. In addition, 67% of Parent Program participants reported an annual family income at or below $60,000. IIK needs funding to expand its reach to additional counties and serve more families earning lower incomes.[381]

Data Strengths and Gaps

IIK collects detailed process and statewide outcomes data annually about the children, providers, and parents who benefit from IY. These data not only provide IIK with crucial strategic insight into growing and sustaining the program with a high level of fidelity, but also demonstrate the outcomes for parents, providers, and children in communities across Colorado.

The program's strong data systems make it possible to rigorously track outcomes in all program types. In the 2018-19 state report, there was a significant increase from pre-test to post-test for student's Prosocial Communication, Emotion Regulation, Academic Skills, and overall Social Competence, as reported by teachers delivering Dinosaur School. For Teacher Classroom Management, there was a significant increase from pre-test to post-test for teachers' use of Positive Management Strategies and Planning and Support. For participants of the Parent Program, there was a significant increase from pre-test to post-test for parents' Appropriate Discipline, Clear Expectations, and Positive Parenting, and a significant decrease from pre-test to post-test for parents' Harsh Discipline and Inconsistent Discipline. There was also a significant increase in preschool-aged children's Prosocial Communication, Emotion Regulation, and overall Social Competence, as reported by parents.[382]

However, IY's data systems are not yet interoperable with other state data systems. Addressing this gap would allow additional programs in the early childhood system to leverage IY family data and outcomes and make referrals based on family needs.

Nurse-Family Partnership

Overview

Nurse-Family Partnership (NFP) is a voluntary community health nursing program where nurses visit first-time mothers and their babies in their homes for over two years. Colorado has a long tradition with NFP. The program was developed at the University of Colorado, and the state was one of the earliest implementers of the program beginning in 2000.[383] The national program is still headquartered in Denver.

NFP is one of the few programs in the country with more than 40 years of clinical trials demonstrating long-term outcomes such as reduced childhood injuries.[384] Trained, registered nurses deliver consultation and mentoring to new moms using a relationship-based approach. The model emphasizes the client's strengths to help families develop a positive vision and plan for their lives and the lives of their children.

- **Administration.** Individual agencies operate NFP sites. These agencies include public health departments, community health centers, federally qualified health centers, community nursing agencies, a school of nursing, and hospital systems. NFP is administered by a four-organization team that includes the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support; the University of Colorado, Denver; the NFP National Service Office; and Invest in Kids (IIK).

- **Funding.** Funding is provided by state Tobacco Master Settlement funds, Medicaid reimbursement, and federal home visiting funds (Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV).

- **Target Population.** Low-income, first-time mothers and their babies from pregnancy until age 2.

Innovating for the Future

NFP's greatest needs are recruiting qualified, trained, registered nurses, and addressing the growing challenge of substance use disorders in clients. As the intermediary implementing organization, IIK is uniquely positioned to address these challenges using innovative approaches — a process it continues today.

- **Workforce.** To address recruitment and retention of nurses, IIK continues to partner with the University of Colorado on the NFP Nurse Residency Program to support new graduate nurses in implementing NFP. This intensive online learning community is in its third cohort and costs approximately $30,000 per year to maintain. The funding for this program is only secured for one more year.[385]

- **Behavioral health.** To address mental health needs and substance use issues with clients, IIK partners with the NFP National Service Office and the University of Colorado to provide extra support and education for nurses. One of these educational offerings is in partnership with ECHO (Extension for Community Health Outcomes) Colorado as a currently funded pilot specifically focused on working with NFP clients who use substances. IIK will need to find funding in the future to continue this project. Resources for mental health care and substance use recovery are lacking in many Colorado communities. While NFP nurses are expert at screening for mental health and substance use issues, there are not always affordable, accessible, appropriate referral sources for clients in their communities.

- **Quality improvement.** NFP sites work on improving client recruitment and retention with numerous continuous quality improvement projects. IIK has recently hired an outreach and referral nurse to help ensure that all clients, especially in the densely populated Denver metro area, have the opportunity to participate in NFP. A small expansion in Denver is underway, and the work of this outreach nurse may yield data to guide further expansion.

What Parents Say

NFP Colorado is meeting parent demand for parenting support and advice. But some groups of parents require additional support.

For example, one mother participating in a Denver area focus group with the Strengthening Working Families Initiative, a partnership that helps parents access jobs while addressing child care needs, shared that NFP was a critical resource for her and her baby. But she wished services were available for her after her child turned 2, and for her second child.

Members of a focus group with the Ute Mountain Ute tribe in southwestern Colorado also pointed to NFP

as a vital support for tribal families, saying that the program had been successfully in place in Cortez for 20 years. Members of the group highlighted how important the program is to the community, especially because social isolation of new mothers is a significant issue, and cultural standards compel new mothers to keep their babies indoors for the first year of life.

Program Strengths

NFP is a wide-reaching program serving high-need populations in Colorado. It comes with strong infrastructure for technical assistance and a rigorous evidence basis.

- **Supported implementation.** All NFP implementing sites receive implementation supports from IIK through a variety of activities in the following areas:
  - Community readiness and entity selection,
  - Training, coaching, and fidelity monitoring,

4,586
first-time moms
participated in the Nurse-Family Partnership program in 2018.

- o Entity-specific and statewide process and outcomes evaluation, and

- o Ongoing quality improvements to ensure high-quality scale and sustainability.

- **Program reach.** The NFP program provides services in all 64 Colorado counties through its 22 sites across the state. In calendar year 2018, 4,586 first-time mothers participated in the program, receiving a total of 50,066 visits.[386] NFP is funded to serve 3,524 families at any one time. The number of potential new clients every year is just enough to replace clients who have graduated or have left the program early.[387]

- **Evidence basis.** Research has shown that NFP home visits can significantly improve maternal and child outcomes. For example, compared with a similar reference group of low-income women nationally, NFP participants had 18% fewer preterm births, 21% more mothers were breastfeeding, and 19% more infants were immunized at six months.[388]

- **Diverse demographics.** NFP sites across the state reach mothers with diverse demographic profiles. The median age of mothers in the program is 20 years, and their median annual household income is about $7,500. In 2018, 46% of clients served identified their ethnicity as Hispanic.[389]

Program Needs

The greatest challenge for NFP is the recruitment and retention of a competent nursing workforce. The therapeutic relationship with the nurse is the key to success for clients in the NFP program. Program administrators find that when a nurse leaves the program, only about 50% of their clients remain in the program, and it is difficult to achieve outcomes when clients leave early. Community health nurses typically earn less than acute care nurses, and this discrepancy further challenges Colorado NFP's ability to recruit and retain nurses.

But funding remains a need. Just to maintain current caseload capacity, program administrators project that NFP in Colorado will experience a gap in funding of over $3 million starting in fiscal year 2025.[390] In anticipation of funding gaps related to decreasing Master Tobacco Settlement funds, the OEC, Invest

in Kids, and the Colorado State Legislature created the Nurse Home Visitor Fund. The Fund currently holds $16 million from previous year cost savings. It is anticipated these funds will be accessed for the first time during state fiscal year 2019-2020.[391]

Data Strengths and Gaps

NFP collects abundant program fidelity and outcome data. For example, Colorado's 2018 NFP program data reveal that for clients enrolled in NFP during pregnancy:

- 93% of mothers initiated breastfeeding.

- 93% of babies received required immunizations by 24 months.

- 67% of clients age 18 and over were employed at 24 months in the program.[392]

NFP nurses provide care coordination and referrals to other community services, which includes referring and ensuring coordination to other home visiting programs as families graduate from NFP. Each NFP site owns its own data, and it is entered into the national NFP data system. If a client moves around the state or to another state with NFP, the client can be transferred to another NFP site and the NFP National Service office manages this transfer.

NFP data is not integrated with other early childhood or state data systems. If programs outside of NFP are interested in NFP data, this data can be accessed on a state level by consulting and connecting with IIK or can be accessed by connecting with individual local NFP agencies.

Parents as Teachers

Overview

Parents as Teachers (PAT) is a parent education and support program designed to empower parents as their child's first teacher. PAT provides home visitation to families from pregnancy to kindergarten entry to improve parenting practices by increasing parents' knowledge of early childhood development. Through home visits and ongoing assessment, parent educators can provide early detection of developmental delays and health issues, help in the prevention of child abuse and neglect, and increase children's school readiness and success. Parent educators also conduct group meetings, help set goals for children, and refer families to other community resources.

- **Administration.** With funding and support from the Colorado Department of Human Services, Office of Early Childhood (OEC), Division of Community and Family Support, PAT is administered by Parent Possible, a nonprofit organization that promotes multiple evidence-based programs focused on parents of young children. Different types of organizations implement the program locally, including nonprofits, family resource centers, child care centers, and Early Childhood Councils.

- **Funding.** Depending on the implementing agency, the program is funded by federal (Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV), state, local, and private sources.

- **Target Population.** Families from pregnancy until the child enters kindergarten.[393]

Innovating for the Future

Colorado policymakers have opportunities to leverage the state's home visitation infrastructure to extend supports to families who need them, including through parents and informal caregivers.

For example, communities can benefit from systems to help blend and braid funding to promote a comprehensive home visitation system locally. State-level technical assistance could promote workforce development and quality improvement, as well as overall coordination and evaluation efforts across home visitation programs and other parts of the early childhood system. Currently, these efforts are siloed by program.

What Parents Say

Focus groups and survey results reveal the same thing when it comes to home visitation programs like PAT: parents want support at home for their child. Family focus group participants across the state shared that home visits help their families in multiple ways — from easing transitions to kindergarten to promoting healthy social-emotional development.

According to the Parent Survey, more than half (58%) of Colorado parents indicated that services provided in their home or another location that help them track their child's health, development, and parenting — the type of information and services that PAT provides — are very or extremely important for the care of their child.[394]

58% of parents say services provided in their homes or another location are very important

Program Strengths

The PAT program provides services through 27 sites for 36 counties across the state.[395] PAT programs are found in counties along the Front Range, in the San Luis Valley, and southwestern Colorado (see Map 8 on page 88).[396] The program served more than 2,400 children and 1,900 families in the 2018-19 school year.[397]

PAT sites across the state reach families with diverse demographic profiles, including age, education, and employment status of parents, family language, ethnicity, and income. The majority (51%) of families participating in PAT are living below the federal poverty line (FPL).[398]

Families participating in the PAT program show

significant improvement post-enrollment versus pre-program in both parent-child interactions as well as school readiness. The annual PAT evaluation for 2017-18 found that 95% of parents surveyed post-program exhibited average or above-average developmentally appropriate behavior with their children overall. Children assessed also showed significant improvement in school readiness, with 29% of children demonstrating advanced readiness pre-program and 39% post-program.[399]

Program Needs

Colorado's PAT program — like other home visitation programs — needs additional funding to reach unmet demand in underserved parts of the state. But parents report that home visitation programs like PAT need to be flexible to meet the needs of families who are increasingly burdened by multiple jobs and other barriers to participation.

- **Unmet demand.** There is significant unmet demand for PAT services in many Colorado communities. Thousands of children live in one of the 28 counties without a PAT program.[400] Approximately 190 families were on waitlists for 17 of the 27 PAT sites in the past year.[401]

- **Funding.** Funding is the principal need to meet this demand for PAT services — both for outreach to family servicing agencies and for hiring more home visitors. There is significant lack of awareness of the PAT program in Colorado communities, and more money could help get the word out. In addition, PAT suffers a high attrition rate among parent educators, much like many other early childhood programs in the state; more funding could ameliorate the high turnover rate.

- **Parental barriers.** Parents and home visitors participating in statewide focus groups revealed that parents are increasingly "too busy" to participate in home visitation programs like PAT. Some families also pointed to stigma as a barrier, saying that many families do not want to depend on people coming to visit them in their homes. These are important trends for program administrators, since families who may be most in need of home visiting services — due to multiple jobs, family obligations, or other barriers — may also be least able to access them.

Data Strengths and Gaps

Parent Possible collects very detailed demographic data annually about the children and families enrolled in the PAT program, including information on age, race, ethnicity, and family income. In addition, Parent Possible conducts a yearly evaluation of the program by administering a parent survey, an assessment of parent-child interactions, and a child assessment of school readiness.

But like most other home visitation programs in Colorado, PAT data systems are not currently structured to capture long-term academic and/or employment outcomes to measure how children served by the program thrive later in life. PAT and other home visiting programs should integrate with existing statewide data systems — such as the OEC's Salesforce-based state system — to track long-term measures for children and families and to better connect families across the early childhood system.

Promoting Safe and Stable Families

Overview

Promoting Safe and Stable Families (PSSF) is a federal funding stream that supports services for preventing unnecessary separation of children from their families. In Colorado, PSSF provides funding for many county agencies responsible for helping families with children.

PSSF funding supports programs that provide services for adoptive families and services to reunite a family in the months immediately following a child's removal from the home.[402] The program aims to provide family support, preservation, reunification, and adoption promotion and support.[403]

PSSF-supported services are organized into four categories, and Colorado is required to devote at least 20% of its funding to each of the areas listed in Table 32. [404]

PSSF dollars are awarded to counties and eligible American Indian tribes to provide identified services that are needed in their community. PSSF sites sometimes partner with a community-based organization to develop PSSF program plans based on local population needs ranging from post-adoption permanency supports to case management services for families. These coordinating bodies participate in existing community committees (or develop new ones) to enhance collaboration and ensure PSSF-supported service delivery is streamlined for families. Community meetings include stakeholders such as the Early Childhood Councils, parents, and service providers, such as respite care providers.

- **Administration.** With oversight from the Colorado Department of Human Services, Office of Early Childhood (OEC), Division of Community and Family Support, counties and American Indian tribes administer PSSF funding by subcontracting with community-based nonprofit agencies or Family Resource Centers and by delivering services directly through the county's department of human or social services.[405]

- **Funding.** The annual budget of $3.2 million is mainly from federal funding, with a small portion

Table 32. PSSF Service Categories and Example Services Supported

Category	Definition	Example Services
Family Support	Services to prevent child maltreatment among families at risk.	Activities to increase parents' confidence in their parenting abilities Child mentoring services
Family Preservation	Services to assure children's safety in the home and to preserve intact families in which children have been maltreated in the past.	Intensive family preservation programs to help children remain safely with their families Respite care
Time-Limited Family Reunification	Services to ensure safe and stable reunification of families with children who have been placed in foster care or have been returned to the home from out-of-home placement.	Mental health services Substance use treatment services Assistance to address domestic violence
Adoption Promotion and Support	Services to support parents who adopt from the foster care system.	Pre- and post-adoptive activities to support families and expedite the adoption process

of the state General Fund.[406] Local match funding is provided by counties.[407]

- **Target Population.** Children birth to 18, their families, and their communities.

Innovating for the Future

PSSF's funding and areas of focus will expand as a result of the federal Family First Prevention Services Act (FFPSA), which was signed into law in February 2018. The act will provide expanded data and referral infrastructure and additional services for families.

For example, FFPSA requires states to develop electronic interstate case-processing systems that will reduce the time children remain in the foster system, improve administrative processes, and reduce costs to the system. PSSF funding will also expand its definition of "Family Support Services" from focusing on a child's birth family to include community-based services for foster families.[408]

What Parents Say

As a funding stream, PSSF is supporting families "behind the scenes" — so parents participating in the focus groups and Parent Survey did not discuss the program specifically.

Table 33. PSSF in Colorado is currently funding the following seven priorities:

Priority Area	Service Aim
1. Intensive Case Management	Support for families navigating the child welfare system.
2. Family Team Decision-Making	A meeting-based approach for families of children involved in the child welfare system to connect families, case workers, and service providers.[413]
3. The Incredible Years Parenting Program	An evidence-based program to help parents promote their children's social competence using strategies such as establishing predictable routines and teaching children to problem solve (see The Incredible Years profile on page 134).
4. Nurturing Fathers and Nurturing Parenting Programs	Parenting education programs for families who need support creating a nurturing environment for their children.[414]
5. Respite Care	Short-term child care services that offer temporary relief for primary caregivers of a child.[415]
6. Post-Adoption Permanency Supports	Services such as referrals, support groups, and parenting classes for families and youth who have exited the child welfare system into a permanent placement.
7. County Design	If counties demonstrate they need something other than the six previously listed priorities, they can request funding for other evidence-based programs.

That said, parents did reveal their desire for supports related to strengthening their families and learning about child development and parenting. For example, one focus group participant said, "In a perfect world, I would advocate for care that helps the child in all aspects from behavioral health to social needs. I would like more services that provide parenting support on top of child care."

Program Strengths

Through multiple training avenues and an upcoming adoption support services evaluation to improve long-term outcomes of their services, PSSF sites implement programs based on community needs to reach approximately 3,000 individuals across Colorado each year.[409]

- **Comprehensive Training.** All PSSF sites get training through multiple vehicles, including site visits, webinars, workshops, and a biennial prevention conference. Topics discussed include program model fidelity, motivational interviewing, financial coaching, and family engagement.

- **Implementation Flexibility.** Since PSSF does not have an implementation team at the state level, each site implements its program to best meet its community's needs. Sites can choose from six priority areas or select a "county design" option to provide services (see Table 33).[410]

- **Service Reach.** In FY 2018-19, PSSF served more than 3,000 individuals across 36 counties and one of Colorado's federally recognized tribes (see Map 15).[411] Funds support a variety of implementing organizations, from child welfare agencies to tribes. Most families served received family support services, which are community-based services designed to promote the safety and well-being of children and families, increase parents' confidence in their parenting abilities, and enhance child development (see Figure 27).[412]

Map 15. Counties Served by Promoting Safe and Stable Families
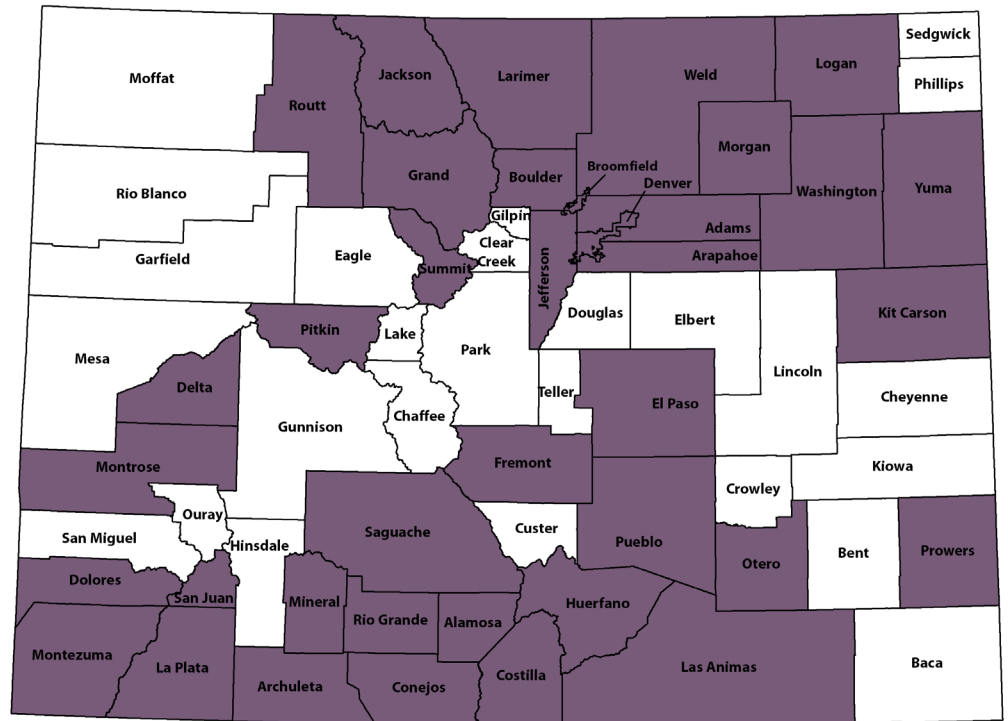
Figure 27. Individuals Receiving PSSF-Supported Services by Service Type, FY 2018

- Family Preservation
- Family Support
- Time-limited Reunification
- Adoption Promotion and Support
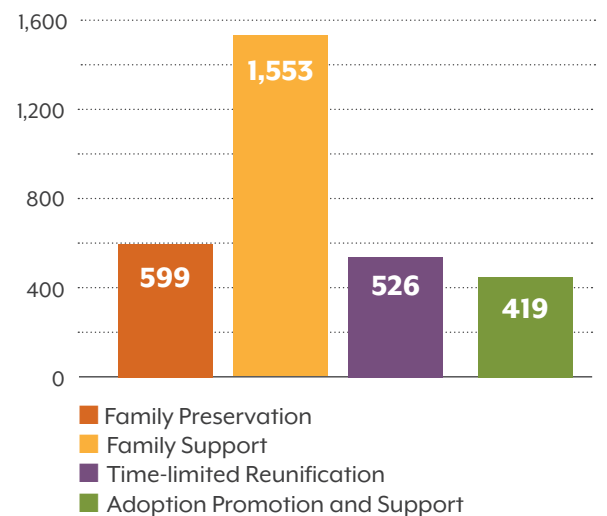
- **Upcoming Evaluation.** To improve the long-term outcomes of adoptive families, PSSF sites will conduct an evaluation of their post-adoption support services in FY 2020. This evaluation can strengthen this focus area and open further evaluations for PSSF's other priority areas.

Program Needs

Colorado's PSSF-funded programs are not serving large parts of the state. And programs supported by this funding stream focus on local needs, which can differ community by community. As a result, comprehensively evaluating the program's impact is a challenge.

- **Program Implementation Evaluation.** Colorado's PSSF-supported sites are decentralized and flexible in their program implementation, so programs vary based on community needs. For example, counties may invest in programs ranging from adoption support services to The Incredible Years, which promotes positive parent, teacher, and child relationships. This range of program focus areas makes it a challenge to select and monitor common, measurable outcomes in a comprehensive way. To address this challenge, program administrators are adopting a new data system and implementing new evaluation techniques.

- **Geographic Spread.** Colorado does not have enough PSSF funding to support programs in all parts of the state. PSSF-supported sites cover most of the metro, southwestern, and northeastern parts of the state. However, many regions still do not have access to supported services — especially northwestern counties.

> " *In a perfect world, I would advocate for care that helps the child in all aspects, from behavioral health to social needs. I would like more services that provide parenting support on top of child care."* — Colorado parent, 2019

Data Strengths and Gaps

PSSF-funded programs collect data relevant to services that families use, and they track information in a newly enhanced Salesforce data system.

- **Cross-Program Connectivity.** PSSF adopted a new data system in 2019. As a result, PSSF will not only be collecting more data, it also will collect outcomes data, and data collected will be consistent across sites. PSSF is providing training for the system and building reports to allow for accessible information across sites and programs. Using the Salesforce data system that is consistent with other family support systems facilitates referrals for families and makes it easier for other programs to track services a family receives.

- **Parental Involvement.** Even though PSSF-funded services are provided directly to parents, sites collect data on the entire family. This allows PSSF to look at the needs of the families they serve — from access to healthy foods to health care. As a result, PSSF can refer families to a broader set of services in their community.

SafeCare Colorado

Overview

SafeCare® Colorado has a strong record of promoting healthy families while saving money. Colorado is unique compared with many other states delivering SafeCare in that the program focuses on prevention by keeping services voluntary. Referrals come from multiple sources — from community-based organizations to families themselves, as well as child welfare — as long as it is not a court-ordered case.

SafeCare Colorado is a free, voluntary support program for parents and caregivers with children ages 5 and under who need extra support to keep their families safe and healthy. Home visitors work with parents on a weekly or biweekly basis in 50- to 90-minute visits to help parents build on existing skills in parent-child interactions, home safety, and child health. Their primary goals include:

- Reduce future incidents of child maltreatment.
- Increase positive parent-child interactions.
- Decrease safety hazards in the home.
- Enhance home safety and parent supervision.
- Improve how parents care for their children's health.

Funded since 2013, SafeCare Colorado is one of the state's newest home visiting programs. The program delivers services over the course of 18 to 20 weeks — one of the shortest home visitation programs available.

- **Administration.** SafeCare Colorado is administered by the Colorado Department of Human Services, Office of Early Childhood (OEC) Division of Community and Family Support through the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Fourteen county public health agencies, Family Resource Centers, and community-based organizations implement the program locally.

- **Funding.** $5.4 million annually from the state General Fund.[416]

- **Target Population.** Parents and caregivers of children birth through 5. Eligibility criteria include having a childhood history of child abuse or neglect, earning a low income, having multiple children under age 5, housing instability, or demonstrating a history of substance use disorder and/or domestic violence.

Innovating for the Future

SafeCare Colorado has some of the strongest data and training infrastructure available to the state's family and community support programs. Policymakers should consider how to leverage existing data systems, trainings, and outreach efforts to strengthen home visitation models statewide.

What Parents Say

Parents and caregivers report that SafeCare Colorado helps them create informal support networks without judgement. This is important for parents who need support keeping their children safe. For example, results from a parent survey informing the Colorado Child Maltreatment Prevention Framework for Action revealed that:

- Parents want more opportunities to help build informal support networks, but they are reluctant to ask for help and are concerned about judgment — as well as legal implications related to documentation or child welfare involvement.[417]

- Parents and caregivers participating in SafeCare Colorado described their experience with the services as "encouraging, caring, friendly, calm, welcoming, open, knowledgeable, supportive, emotionally invested, nonjudgmental, responsive, thorough, helpful, well-trained, informative, and accommodating."[418]

Program Strengths

- **Strong evidence base.** Rigorous research —

Figure 28. Demographics of Parents or Families Served by SafeCare Colorado, FY 2017-18

Parent Age

<20: **5%**
20-29: **44%**
30-39: **36%**
40-49: **7%**
>50: **8%**

Parent Biological Sex

Male: **5%**
Female: **95%**

Parent Primary Language

Spanish: **19%**
English: **81%**
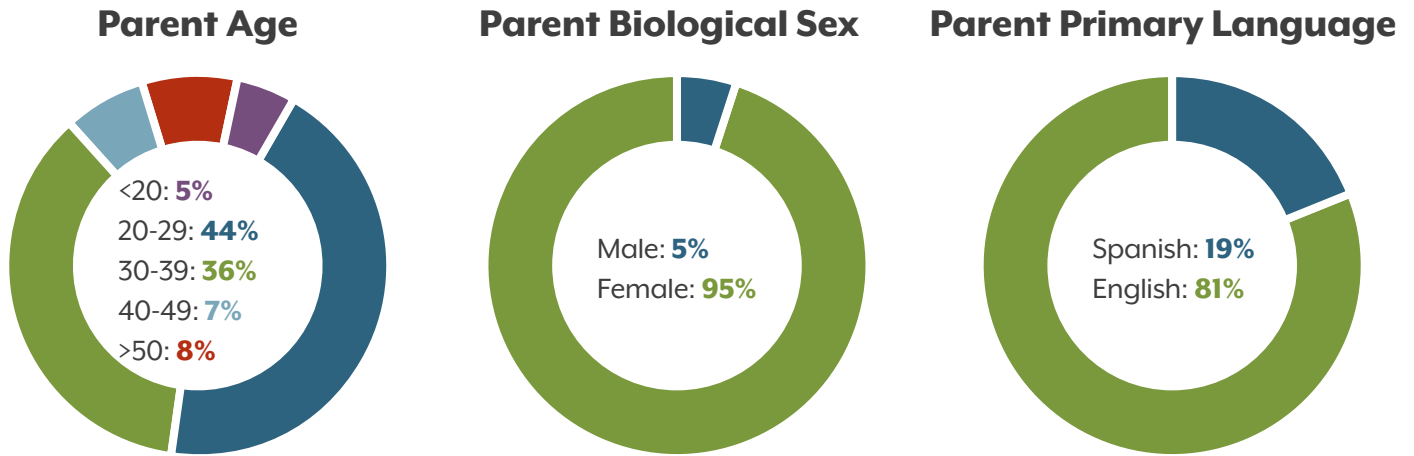
Number of Families Served by Location

Urban **1,367**

Rural **404**

Unknown: **34**

including several randomized control trials — reveals that the SafeCare model works to increase parenting skill, reduce the likelihood of child maltreatment reports, and reduce parental depression, among other outcomes.[419] The program also has a comprehensive evaluation partner in Colorado State University. Every SafeCare Colorado site also completes a basic needs assessment to demonstrate community need for the program.

- **Cost saving.** Evaluation efforts have revealed significant cost savings associated with SafeCare service delivery. Families completing some level of the program cost the state between $1,600 to $5,000 less than families who were involved in the child welfare system, such as through an out-of-home placement of their child.[420]

- **Prevention oriented.** Compared with other states implementing SafeCare, Colorado is using this home visitation program as a preventive service rather than a court-ordered, mandatory requirement. State administrators market the program to community partners serving the early childhood system to encourage referrals from other sources beyond child welfare and to make the program less stigmatizing, more accessible, and likely to help more families in need.

- **No wrong door.** Referrals to SafeCare Colorado services can come from multiple sources — including non-court-ordered child welfare workers for court-involved families, community-based organizations such as medical clinics and TANF providers, and families themselves.

- **Whole-family focus.** SafeCare Colorado home

visitors focus on building skills in parents — but like in other home visitation programs, all members of the family benefit.

- **Vulnerable population focus.** SafeCare Colorado served 1,805 families between July 1, 2017 and June 30, 2018.[421] These parents and caregivers are some of the most vulnerable in the state. For example, most participating families earn incomes below $20,000 per year.[422] Almost one of five (19%) of participants speak Spanish as their primary language.[423] Almost a quarter (404 families, or 22%) of families are from rural parts of the state (see Figure 28).[424]

Program Needs

Despite a strong evidence base, funding and workforce capacity issues limit the program's reach.

- **Geographic reach.** SafeCare Colorado is currently available at 14 program sites serving at least 38 counties and two tribes (see Map 8).[425] Nevertheless, many parts of the state go without access, including many counties up and down the Continental Divide and other mountainous western counties.[426] Funding is a critical need to be addressed before expanding the program.

- **Workforce training.** Participating SafeCare Colorado parents and caregivers have often experienced high levels of adverse childhood events and other trauma.[427] To address these needs, SafeCare Colorado's state administrators are connecting the local program workforce with ongoing training on secondary trauma and building resilience.

Data Strengths and Gaps

SafeCare Colorado's data and evaluation systems capture high-quality, outcomes-oriented data. The next step is to leverage and connect these program data to other parts of the early childhood system.

- **Strong evaluation systems.** SafeCare Colorado's strong data and evaluation structures make it possible to track participating families during program participation and in follow-up. As a result, evaluation findings demonstrate impacts that go beyond process measures. For example, a matched comparison analysis of parents and caregivers who participated in SafeCare Colorado and those who did not revealed that participating families had no open child welfare cases during a six-month follow-up, compared with a statistically significant 6% of the comparison group experiencing an open case during follow-up. The next step will be tracking other children in the family and extending the follow-up period.[428]

- **Aligned data system.** SafeCare Colorado adopted the statewide Salesforce data system in 2016. This alignment presents opportunities to connect participating parent and caregiver program data with other service data from programs such as Colorado Community Response and Promoting Safe and Stable Families.[429]

Appendix B

Data Collection Tools

Table 34.

County	County Designation	Infants (Age 0)			Toddlers (Ages 1-2)		
		Current State	Desired State	Percentage of Desired State Met by Current State	Current State	Desired State	Percentage of Desired State Met by Current State
Colorado		4,650	15,450	30%	27,350	45,000	61%
Urban		4,100	13,750	30%	24,300	39,950	61%
Rural		550	1,700	32%	3,000	5,050	59%
Adams	Urban	500	1,550	32%	2,800	4,550	62%
Alamosa	Rural	-	50	0%	100	150	67%
Arapahoe	Urban	500	1,400	36%	2,850	4,550	63%
Archuleta	Rural	-	-	-	-	50	0%
Baca	Rural	-	-	-	-	-	
Bent	Rural	-	-	-	50	50	100%
Boulder	Urban	200	750	27%	1,300	2,050	63%
Broomfield	Urban	200	700	29%	1,200	1,950	62%
Chaffee	Rural	-	-	-	-	50	0%
Cheyenne	Rural	-	-	-	-	-	
Clear Creek	Urban	-	100	0%	150	200	75%
Conejos	Rural	-	-	-	-	50	0%
Costilla	Rural	-	-	-	50	50	100%
Crowley	Rural	-	-	-	-	-	
Custer	Rural	-	-	-	-	-	
Delta	Rural	-	100	0%	100	200	50%
Denver	Urban	550	1,700	32%	3,350	5,400	62%
Dolores	Rural	-	-	-	-	-	
Douglas	Urban	400	1,150	35%	2,300	3,700	62%
Eagle	Rural	50	100	50%	350	450	78%
El Paso	Urban	450	1,700	26%	2,650	4,600	58%
Elbert	Urban	50	350	14%	400	850	47%
Fremont	Rural	50	150	33%	200	350	57%
Garfield	Rural	50	200	25%	300	500	60%
Gilpin	Urban	-	50	0%	50	50	100%
Grand	Rural	-	50	0%	100	150	67%
Gunnison	Rural	-	50	0%	100	150	67%
Hinsdale	Rural	-	-	-	-	-	
Huerfano	Rural	-	-	-	-	50	0%
Jackson	Rural	-	-	-	-	-	
Jefferson	Urban	450	1,350	33%	2,800	4,350	64%
Kiowa	Rural	-	-	-	-	-	
Kit Carson	Rural	-	-	-	-	50	0%
La Plata	Rural	50	150	33%	250	400	63%
Lake	Rural	-	-	-	-	50	0%
Larimer	Urban	200	850	24%	1,300	2,100	62%
Las Animas	Rural	-	50	0%	50	50	100%
Lincoln	Rural	-	-	-	-	-	
Logan	Rural	-	50	0%	100	150	67%
Mesa	Urban	100	350	29%	600	1,050	57%
Mineral	Rural	-	-	-	-	-	
Moffat	Rural	-	50	0%	-	50	0%
Montezuma	Rural	-	50	0%	100	150	67%
Montrose	Rural	-	100	0%	100	250	40%
Morgan	Rural	-	50	0%	50	100	50%
Otero	Rural	-	50	0%	50	100	50%
Ouray	Rural	-	-	-	-	50	0%
Park	Urban	-	50	0%	50	100	50%
Phillips	Rural	-	-	-	-	-	
Pitkin	Rural	-	50	0%	150	200	75%
Prowers	Rural	-	-	-	50	50	100%
Pueblo	Urban	50	400	13%	400	900	44%
Rio Blanco	Rural	-	-	-	-	50	0%
Rio Grande	Rural	-	50	0%	50	100	50%
Routt	Rural	50	100	50%	150	250	60%
Saguache	Rural	-	-	-	50	50	100%
San Juan	Rural	-	-	-	-	-	
San Miguel	Rural	-	-	-	50	100	50%
Sedgwick	Rural	-	-	-	-	-	
Summit	Rural	50	50	100%	150	200	75%
Teller	Urban	-	50	0%	100	200	50%
Washington	Rural	-	50	0%	100	100	100%
Weld	Urban	350	1,300	27%	2,050	3,350	61%
Yuma	Rural	-	50	0%	50	100	50%

Blank values indicate that the data element has been suppressed because the calculated output was below 25. All values in this table have been rounded to the nearest 50.

Totals will not sum due to data suppression and rounding. Sum totals for Colorado, Rural, and Urban were calculated using raw model outputs and rounded to the nearest 50 once calculated.

Numbers represent the number of children by county in the specified age range.

Child Care Model Estimates by County, October 2019
Preschoolers and Totals

County	County Designation	Preschoolers (Ages 3-4)			Total (Ages 0-4)		
		Current State	Desired State	Percentage of Desired State Met by Current State	Current State	Desired State	Percentage of Desired State Met by Current State
Colorado		81,300	91,150	89%	113,250	151,600	75%
Urban		71,400	80,250	89%	99,850	134,000	75%
Rural		9,900	10,900	91%	13,450	17,600	76%
Adams	Urban	8,350	9,100	92%	11,600	15,250	76%
Alamosa	Rural	300	300	100%	400	500	80%
Arapahoe	Urban	8,250	8,950	92%	11,550	14,900	78%
Archuleta	Rural	150	150	100%	150	250	60%
Baca	Rural	100	100	100%	100	100	100%
Bent	Rural	150	200	75%	200	250	80%
Boulder	Urban	3,700	4,200	88%	5,200	7,000	74%
Broomfield	Urban	3,400	3,800	89%	4,800	6,400	75%
Chaffee	Rural	150	150	100%	150	200	75%
Cheyenne	Rural	50	50	100%	50	50	100%
Clear Creek	Urban	400	450	89%	550	700	79%
Conejos	Rural	100	150	67%	150	200	75%
Costilla	Rural	100	100	100%	100	150	67%
Crowley	Rural	50	50	100%	50	100	50%
Custer	Rural	50	50	100%	50	50	100%
Delta	Rural	350	450	78%	450	750	60%
Denver	Urban	9,600	10,400	92%	13,500	17,500	77%
Dolores	Rural	-	50	0%	50	50	100%
Douglas	Urban	6,450	7,150	90%	9,150	12,000	76%
Eagle	Rural	650	700	93%	1,050	1,300	81%
El Paso	Urban	7,700	9,150	84%	10,800	15,500	70%
Elbert	Urban	1,450	1,750	83%	1,900	2,900	66%
Fremont	Rural	750	850	88%	1,000	1,350	74%
Garfield	Rural	900	950	95%	1,200	1,650	73%
Gilpin	Urban	150	150	100%	200	200	100%
Grand	Rural	200	250	80%	300	450	67%
Gunnison	Rural	200	250	80%	300	400	75%
Hinsdale	Rural	-	-		-	-	
Huerfano	Rural	100	100	100%	100	150	67%
Jackson	Rural	50	50	100%	50	50	100%
Jefferson	Urban	7,650	8,200	93%	10,950	13,900	79%
Kiowa	Rural	50	50	100%	100	100	100%
Kit Carson	Rural	100	150	67%	150	200	75%
La Plata	Rural	650	800	81%	1,000	1,300	77%
Lake	Rural	50	100	50%	100	150	67%
Larimer	Urban	3,950	4,650	85%	5,450	7,600	72%
Las Animas	Rural	250	300	83%	300	400	75%
Lincoln	Rural	100	100	100%	100	150	67%
Logan	Rural	350	400	88%	450	600	75%
Mesa	Urban	1,700	2,000	85%	2,400	3,450	70%
Mineral	Rural	-	-		50	50	100%
Moffat	Rural	100	100	100%	100	150	67%
Montezuma	Rural	350	400	88%	450	600	75%
Montrose	Rural	550	550	100%	650	900	72%
Morgan	Rural	250	250	100%	300	400	75%
Otero	Rural	350	350	100%	400	500	80%
Ouray	Rural	50	50	100%	100	100	100%
Park	Urban	200	250	80%	250	350	71%
Phillips	Rural	50	100	50%	100	100	100%
Pitkin	Rural	350	350	100%	500	600	83%
Prowers	Rural	100	150	67%	150	200	75%
Pueblo	Urban	2,000	2,400	83%	2,450	3,650	67%
Rio Blanco	Rural	50	100	50%	100	150	67%
Rio Grande	Rural	250	250	100%	300	400	75%
Routt	Rural	350	400	88%	550	750	73%
Saguache	Rural	150	150	100%	200	250	80%
San Juan	Rural	-	-		-	-	
San Miguel	Rural	150	100	150%	200	250	80%
Sedgwick	Rural	50	50	100%	50	50	100%
Summit	Rural	300	350	86%	500	600	83%
Teller	Urban	300	400	75%	450	700	64%
Washington	Rural	200	200	100%	300	350	86%
Weld	Urban	6,200	7,250	86%	8,600	11,950	72%
Yuma	Rural	250	250	100%	300	350	86%

Blank values indicate that the data element has been suppressed because the calculated output was below 25. All values in this table have been rounded to the nearest 50.

Totals will not sum due to data suppression and rounding. Sum totals for Colorado, Rural, and Urban were calculated using raw model outputs and rounded to the nearest 50 once calculated.
Numbers represent the number of children by county in the specified age range.

2019 PDG Parent Survey

HealthCare Research

SURVEY MODALITY:

Phone (Cell)	1
Phone (Landline)	2
Online Panel	3
In-Person Mall Intercept	4
Shared Link (Bright By Text)	5
Shared Link (Client Name)	6
Shared Link (Client Name)	7
Shared Link (Client Name)	8
Shared Link (Client Name)	9

PREFERRED SURVEY LANGUAGE:

English	1
Spanish	2

PHONE SURVEY INTRODUCTION: Hello, this is _____ calling from Colorado Health Institute, conducting a 10-minute survey on the needs of young children and families on behalf of the State of Colorado.

1. **Are you the parent or a caregiver of a child who is under the age of six?**

Yes	1 → Skip to Q2
No (ASK FOR APPROPRIATE PERSON)	2 → Continue
No child under the age of six	3 → Thank & End
Refused	9 → Tally & End

I'd like to speak with the person who usually takes care of any children who are under the age of six in your household. Is he or she available now? (IF NOT, SCHEDULE CALLBACK)

Appropriate person: This survey will help us better understand how to improve programs and services to support Colorado's children. Because your phone number was selected at random, it is very important that we include your opinions so the results are representative. Your responses will be confidential and will be combined with everyone else we talk to.

Other parents have found this survey to be interesting and even informative and it would be great if we could do it now. (RE-SCHEDULE AS NEEDED. IF RELUCTANT ADD: If you'd rather do it online I can send you an email with a link to the questionnaire).

REFUSAL DISPOSITION CODES

No Children Under Six	1
Refusal Before Intro was Read/Hang Up	2
Refusal After Intro was Read (not interested)	3
Request to Remove from Call List	4
Asked for Call Back	5

ONLINE SURVEY INTRODUCTION: *(NOTE: Email invitation script will contain much of the above language).* Thank you for your willingness to participate in this survey among Colorado parents. The

results of this research will help ensure that parents have access to the best programs and services they want or need for their children.

(IF CELL PHONE SAMPLE OR CALL APPEARS TO BE ON A CELL PHONE, ASK):
2. **Am I talking with you on your mobile phone?**

    Yes .... 1 → Continue
    No .... 2 → Skip to Q5

3. **And are you driving at this time?**

    Yes .... 1 → Continue
    No .... 2 → Skip to Q5

4. **We appreciate your willingness to participate in this survey, but we are concerned about everyone's safety and would prefer if we could complete this survey with you when you are no longer operating a motor vehicle. Can I call you back at that time? (INTERVIEWER: IF RESPONDENT INDICATES THEY ARE USING A HANDS-FREE DEVICE AND WISHES TO CONTINUE, YOU MAY PROCEED WITH THE INTERVIEW)**

    Yes (Schedule Callback time) .... 1 → Continue
    No .... 2 → Thank & End

5. **Are you a resident of Colorado?**

    Yes .... 1 → Continue
    No .... 2 → Thank & End
    Prefer Not to Answer .... 9 → Thank & End

6. **Including yourself, how many people live in your household?**

    One/Just Me .... 1 → Thank & End
    Two 2
    Three 3
    Four 4
    Five 5
    Six or more 6
    Prefer Not to Answer .... 9 → Thank & End

7. **And how many children under the age of six are living at your home?**

    None .... 0 → Thank & End
    One 1
    Two 2
    Three 3
    Four 4
    Five 5
    Six or more 6
    Prefer Not to Answer .... 9 → Thank & End

8. **What are the ages of your children who are younger than six (IF MORE THAN ONE CHILD IN Q7, ADD: from youngest to oldest?)**

	Child 1 (Youngest)	Child 2	Child 3	Child 4	Child 5 (Oldest)
Enter Age in Years →					

9. **For the rest of these questions, I'd like you think about your child or children who are under six years of age. Which of the following do you use to provide care for your child/children under the age of six? (INTERVIEWER: IF RESPONDENT IS HAVING DIFFICULTY WITH THE SCALE, DEFINE RARELY AS A FEW TIMES A YEAR, OCCASIONALLY AS A FEW TIMES A MONTH, FREQUENTLY AS A FEW TIMES A WEEK)**

	Never	Rarely	Occasionally	Frequently
A family member, friend or neighbor, not including yourself or another parent (either at your or their house)	❍	❍	❍	❍
A babysitter, nanny or nanny share (either at your or their house)	❍	❍	❍	❍
A licensed child care business that is operated in someone else's home (family childcare center)	❍	❍	❍	❍
A licensed child care business that is NOT in someone's home (a childcare center)	❍	❍	❍	❍
A Preschool or Pre-Kindergarten	❍	❍	❍	❍
Other (PLEASE WRITE IN)	❍	❍	❍	❍

10. **How satisfied are you having your child being watched by … (SHOW ONLY THE CHILD CARE OPTIONS USED AT LEAST "OCCASIONALLY" IN Q9)**

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Very Satisfied	Not At All Satisfied
A family member, friend or neighbor, not including yourself or another parent (either at your or their house)	❍	❍	❍	❍	❍
A babysitter, nanny or nanny share (either at your or their house)	❍	❍	❍	❍	❍
A licensed child care business that is operated in someone else's home (family childcare center)	❍	❍	❍	❍	❍
A licensed child care business that is NOT in someone's home (a childcare center)	❍	❍	❍	❍	❍
A Preschool or Pre-Kindergarten	❍	❍	❍	❍	❍
Other (PLEASE WRITE IN)	❍	❍	❍	❍	❍

11. Of all of your child's care needs, approximately what percentage is provided either by YOU, another parent or a primary caregiver, such as a legal guardian.

Less than 10% 1
10-24% 2
25-49% 3
50-74% 4
75-89% 5
90-100% 6
Don't Know 9

(IF A CHILD CARE CENTER OR FAMILY CHILD CARE HOME IS USED AT LEAST OCCASIONALLY IN Q9, ASK):

12. Is the child care center that you take your child to one of the following? (Check all that apply)

An Early Head Start Program 1
A Head Start Program 2
Preschool (half-day program) 3
Preschool (full-day program) 4
Pre-Kindergarten 5
Part of the Colorado Preschool Program 6
Part of the Colorado Child Care Assistance Program (CCCAP) ... 7
Colorado Shines Rating Levels 3-5 8
Other (PLEASE WRITE IN) 9

13. Are eligible for CCCAP, the Colorado Child Care Assistance Program?

Yes .... 1 → Continue
No .... 2 → Skip to Q16
I don't know what CCCAP is .... 3 → Skip to Q16

14. Do you participate in CCCAP, the Colorado Child Care Assistance Program?

Yes .... 1 → Skip to Q16
No .... 2 → Continue
Not Sure .... 9 → Skip to Q16

15. Why not? (Check all that apply)

We are not eligible 1
I am not sure how to apply 2
It is too much paperwork 3
It's too burdensome to maintain eligibility 4
My preferred provider does not accept it 5
There are not enough providers in my community who accept it 6
The providers who do accept it do not meet my needs 7
Other reason (please explain) 8

16. **If the following child care options were all equally convenient and affordable to you, which would you MOST want to use for the care of your child?**

Which ONE would you MOST Want to Use (CHECK ONLY ONE)	
❍	A family member, friend or neighbor
❍	A babysitter, nanny or nanny share
❍	A licensed child care business that is operated in someone else's home (family childcare center)
❍	A licensed child care business that is NOT in someone's home (a childcare center)
❍	A Preschool or Pre-Kindergarten

17. **And which of the following would you LEAST want to use, still assuming they were all equally affordable and convenient? (LIST ALL OPTIONS EXCEPT THE ONE SELECTED AS "MOST WANT TO USE")**

Which ONE would you LEAST Want to Use (CHECK ONLY ONE)	
❍	A family member, friend or neighbor
❍	A babysitter, nanny or nanny share
❍	A licensed child care business that is operated in someone else's home (family childcare center)
❍	A licensed child care business that is NOT in someone's home (a childcare center)
❍	A Preschool or Pre-Kindergarten

18. **When you chose (CHILD CARE OPTION IN Q9) as the one you would most prefer for your child, how important were the following for choosing this as your most preferred option?**

	A Major Reason	A Minor Reason	Not a Reason At All
Ability to accommodate any special needs of your child	○	○	○
Ability to accommodate your preferred language	○	○	○
Having a Colorado Shines quality rating	○	○	○
Ability to watch your child on a flexible schedule, whenever care is needed	○	○	○
Ability to provide your child with culturally-relevant information and programs	○	○	○
Ability to provide your child with opportunities to socialize with other children his or her age	○	○	○
Ability to provide your child with an environment where he or she will be learning	○	○	○
Ability to provide your child with an environment that he or she will feel safe and supported	○	○	○
Ability to provide your child with positive interactions with his or her caregiver	○	○	○

19. **To what extent do the following limit your ability to use (CHILD CARE OPTION IN Q9) as much as you would like for your child?**

	A Major Reason	A Minor Reason	Not a Reason At All
Not being able to find this type of care in your community	○	○	○
The cost of the care	○	○	○
The location where the care is being provided	○	○	○
The hours or days of the week when it is open	○	○	○
Ability to accept child care subsidy/assistance	○	○	○
The availability of space to enroll your child (e.g. having to be on a wait list to get in)	○	○	○
Ability to accommodate your preferred language	○	○	○
Ability to accommodate any special needs of your child	○	○	○
Other (Please Specify)	○	○	○

(ASK ONLY IF PRE-SCHOOL/PRE-KINDERGARTEN IS MENTIONED IN Q9 OR IS THE MOST PREFERRED OPTION IN Q16)

20. In what setting would you most like to see pre-school offered for your child?

Community-based program 1
Child care center 2
Head Start program 3
School-based program 4
I am not interested in pre-school for my child .... 5 → Skip to Q23

21. Thinking about the preschool programs in your area, would the following would be helpful to you and your child?

	Yes	No
Full-day preschool	❍	❍
Half-day preschool	❍	❍
Year-round preschool	❍	❍
Partial year preschool	❍	❍

22. How important is to you that the pre-school program you use for your child …

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
Has a Colorado-Shines quality rating	❍	❍	❍	❍	❍
Has other accreditation or quality ratings	❍	❍	❍	❍	❍

PARENTAL NEEDS QUESTIONS

The results of this survey will be used to help ensure that all of Colorado's families have the child care options they need. Some families have greater difficulty obtaining the care they need, which is why we would like to know if any of the following describe you and/or your family today. And please remember that this information is anonymous and confidential – it will never be attached to you, your name, or any personal information about you.

23. Do any of the following apply to you and your child or children who are under the age of six?

	Yes	No
Do you share caregiving responsibilities for your child(ren) with another adult on a regular basis?	○	○
Have you ever had to go without childcare when you needed it?	○	○
In the past year, have you turned down a work opportunity because you could not find or afford childcare?	○	○

24. Can one or more of your child's parents or guardians be described by any of the following (Please select all that apply):

One or more of my child's main guardians is:

	YES
Active in the military	○
17 years of age or younger	○
A single parent or caregiver	○
Receiving SNAP, WIC, or TANF benefits	○
Employed with inconsistent or irregular work hours (not Monday-Friday 8-5)	○
Employed as a migrant worker	○
Living without stable, reliable access to food	○
Experiencing homelessness or at risk of becoming homeless	○
None of the above apply	○

25. **Please select any of the following that describe your child/children under the age of six. Please select all that apply.**

My child under the age of six:

	YES
Lives in a home where English is not the main language spoken	○
Has a special health care need (such as food allergies, asthma, diabetes, on prescribed medication, etc.)	○
Has a disability, identified developmental concern, or behavioral health issue	○
Has been involved in the child welfare system, including foster care placement	○
Is an enrolled tribal member or resides on tribal lands	○
None of the above apply	○

(IF CHILD WITH A DISABILITY IS NOT MENTIONED ABOVE, SKIP TO Q29)

26. **What kinds of disabilities or special needs does your child have? (check all that apply)**

Physical... 1
Cognitive 2
Social 3
Emotional 4
Developmental 5
Other (PLEASE WRITE IN) 9

27. **Are all the services your child needs locally available?**

Yes... 1 → Skip to Q29
No .... 2 → Continue
Don't Know/Not Sure .... 9 → Skip to Q29

28. **What services are not available?**

_____

_____

_____

29. Which of the following types of services are important to you for the care of your child?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important	Don't Know or Not Applicable
Early care and education, such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor)	○	○	○	○	○	○
Early intervention services and support for children who have a disability or developmental delay	○	○	○	○	○	○
Support and advice on health, child development, and parenting, either in your home or at another location	○	○	○	○	○	○
Child development resources such as information and guidance on developmental milestones and support	○	○	○	○	○	○
Child welfare (if you are currently a foster parent, kinship caregiver, or your child is receiving services from Child and Family Services)	○	○	○	○	○	○
Early childhood mental health services to address challenging behaviors or address social and emotional development	○	○	○	○	○	○
Community based programs such as early literacy programs through a library, or other community events or services that strengthen families and support networking among families	○	○	○	○	○	○

30. Which of the services are currently available to you when you need it?

	Available When I Need It	NOT Available When I Need It
Regular clinic or doctor (a regular clinic or doctor's office where you go when the young child you care for needs medical care)	○	○
Dental care (an oral or dental professional where you go when the young child you care for needs dental care, including cleanings, screenings, corrective care, oral repair, etc.)	○	○
Early care and education, such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor)	○	○
Early intervention services and support for children who have a disability or developmental delay	○	○
Support and advice on health, child development, and parenting, either in your home or at another location	○	○
Child development resources such as information and guidance on developmental milestones and support	○	○
Child welfare (if you are currently a foster parent, kinship caregiver, or your child is receiving services from Child and Family Services)	○	○
Early childhood mental health services to address challenging behaviors or address social and emotional development	○	○
Community based programs such as early literacy programs through a library, or other community events or services that strengthen families and support networking among families	○	○

DEMOGRAPHIC INFORMATION

These last questions are purely for demographic purposes. No one will contact you based upon your answers to any of these questions. This information just helps us understand how different people think about the child care options they want to have available for their children.

31. Which of the following categories contains your age?

Under 18 1
18-24 2
25-34 3
35-44 4
45-54 5
55-64 6
65-74 7
75 to 84 8
85 and older 9
Prefer not to answer 10

32. Are you Latino, Hispanic or Spanish?

Yes... 1 → Skip to Q34
No .... 2 → Continue
Prefer not to answer .... 9 → Continue

33. What is your race or ethnic background? Are you… [MARK ALL THAT APPLY]

White.. 1
Black or African-American 2
Asian 3
Native Hawaiian or other Pacific Islander..................... 4
American Indian or Alaska Native 5
Hispanic 6
Some other race or races (PLEASE SPECIFY) 7
Don't Know... 8
Prefer not to answer 9

34. Are you …

Married 1
Single 2
Divorced/Separated 3
Widowed 4
Couple living together 5
Other 6
Prefer not to Answer 9

35. Are you employed outside of the home?

Yes... 1
No 2
Prefer not to answer 9

(IF MARRIED OR COUPLE LIVING TOGETHER FROM Q34, ASK)
36. Does your spouse or partner work outside of the home?

Yes... 1
No 2
Prefer not to answer 9

37. What is your gender:

Male 1
Female 2
Gender Neutral/Gender Fluid/Other 3
Prefer not to answer 9

38. Many programs have eligibility requirements based upon income and household size. We will not contact you about any of these programs but knowing your income will help us understand the types of programs you would potentially be eligible for. Is your annual household income over or under $65,000 a year?

Under $65,000 .... 1 → Continue
$65,000 or over... 2 → Skip to Q40
Prefer not to answer .... 9 → Skip to Q41

39. Does your income fall…

Under $15,000 a year 1
Between $15,000 and $19,999................................... 2
Between $20,000 and 24,999..................................... 3
Between $25,000 and $29,999................................... 4
Between $30,000 and $34,999................................... 5
Between $35,000 and $39,999................................... 6
Between $40,000 and $44,999................................... 7
Between $45,000 and $49,999................................... 8
Between $50,000 and $54,999................................... 9
Between $55,000 and $64,999................................... 5
Prefer not to answer 9
(ALL SKIP TO QUESTION 41)

40. Does your income fall…

Between $65,000 and $74,999................................... 1
Between $75,000 and $99,999................................... 2
Between $100,000 and $124,999............................... 3
Between $125,000 and $149,000............................... 4
Between $150,000 and $174,999............................... 5
Between $175,000 and $199,999............................... 6
$200,000 or more 7
Prefer not to answer 9

41. What county do you live in?

Adams	1	Garfield	24	Ouray	47
Alamosa	2	Gilpin	25	Park	48
Arapahoe	3	Grand	26	Phillips	49
Archuleta	4	Gunnison	27	Pitkin	50
Baca	5	Hinsdale	28	Prowers	51
Bent	6	Huerfano	29	Pueblo	52
Boulder	7	Jackson	30	Rio Blanco	53
Broomfield	8	Jefferson	31	Rio Grande	54
Chaffee	9	Kiowa	32	Routt	55
Cheyenne	10	Kit Carson	33	Saguache	56
Clear Creek	11	Lake	34	San Juan	57
Conejos	12	La Plata	35	San Miguel	58
Costilla	13	Larimer	36	Sedgwick	59
Crowley	14	Las Animas	37	Summit	60
Custer	15	Lincoln	38	Teller	61
Delta	16	Logan	39	Washington	62
Denver	17	Mesa	40	Weld	63
Dolores	18	Mineral	41	Yuma	64
Douglas	19	Moffat	42	Other	97
Eagle	20	Montezuma	43	Don't Know	99
Elbert	21	Montrose	44		
El Paso	22	Morgan	45		
Fremont	23	Otero	46		

Thank you very much for your time. The purpose of this survey is to understand the programs and services families and children need, including child care options. The State of Colorado will use this information to determine what kinds of things to focus on to support young children and their families in the future. Thank you very much for your assistance.

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Master Discussion Guide

Shines Needs Assessment Focus Groups: **Families** with Children Age Zero to Five

</div>

Bold/italics are facilitator notes. Priority questions are noted in RED.

LEARNING OBJECTIVES:

- *Characterize the <u>current landscape</u> of early care and learning services and supports, including what's working well and what's not, especially when it comes to vulnerable families and their children.*
- *Define <u>what parents/caregivers want</u> when it comes to high-quality, highly available early care and learning services and supports.*
  - *Define what parents want in a <u>preschool program</u>.*
- *Characterize what's working well and what needs to change when it comes to how children are making the <u>transition between services in the early childhood system, and into Kindergarten.</u>*

CHI Introductions

Thank you for making time for today's discussion. We are here to gather your input on how to strengthen Colorado's programs and supports for children birth through five and their families.

We are hosting community conversations with parents and caregivers across the state. Today, we will discuss what's working in your community's early childhood system — and what is missing, or what you think you and your community would benefit from more of.

These conversations are part of a statewide grant, the Colorado Shines Brighter Preschool Development Grant Birth Through Five. The goal of this grant is to ensure all children in Colorado are ready for school when entering kindergarten.

Our organization, the Colorado Health Institute, is supporting the Department of Human Services to conduct these conversations and help inform strategic planning for the next five years.

It is fine for your opinions to differ from the others who are present — we don't all have to agree. We are expecting and hoping for different thoughts. We have a lot of questions to ask you in a short amount of time today. With that in mind, I'd like to quickly go over some guidelines, and then we'll get started.

- There is no right or wrong answer. All thoughts and ideas are important to us.
- Please be respectful of others
- Please speak up, so everyone can hear
- Please speak one at a time

- This session is confidential. Please use first names only during the discussions. Also, please do not repeat anything that is shared in this room today.
- All comments are helpful and appreciated. Keep in mind that we are just as interested in negative comments as we are in positive ones.

Share restroom locations and other logistics.

Do you have any questions before we get started?

Let's start with some introductions around the room. Please share your name, town you live in, and children's names and ages.

We are going to be talking today about early childhood programs and supports. So that we are all talking about the same thing, I want to share some definitions:

- **Child care and preschool** (licensed care providers including licensed family child care homes, unlicensed care providers, license-exempt care providers, preschool programs, Head Start and Early Head Start, and other care environments — as well as child care assistance programs)
- **Child development supports** (health care, mental health and emotional development services, screening services, early intervention, and child development tools — e.g., Bright by Text, Early Learning Development Guidelines)
- **Family support programs** (home visitation programs, parenting supports, family resource centers, child abuse prevention services, financial assistance, and other supports)

Focus Group Questions/Exercises

1. **TOP PRIORITY**
   Let's start with an exercise. Let's see a show of hands: Please raise your hand if you are currently using services in these categories (***list the three above, plus "other"***). I'm going to put a hash mark next to these types so we can all see.
   - Probe: Anyone used them in the past but aren't currently?
   - Probe: Anyone use this service for their infant (less than 12 months) *Star on the flip chart.
   - Probe: Anyone using services not on this list? ***(Capture under "other.")***

2. Let's look at what we have — (***summarize where we see more/less***). What is missing from this list? Any other types of care or educational services you all are currently using to support your child(ren) or family more broadly?

3. For those of you using ***(Child care and preschool / Child development supports / Family support programs)*** — ask for each type:
   - How did you learn about the programs and services you are currently using?

4. Putting this on a scale of "Easy, somewhat challenging, extremely difficult" (*use a flip chart for this scale*): how many of you would say it was easy/somewhat challenging/extremely difficult to find and access these services? (*ask for each*)
    - For those who said it was easy — why? What helped you?
    - For those who said it was somewhat challenging or extremely difficult — why?
    - Were you able to find the services that you needed? That you wanted? If not, what did you do instead?
    - Can you share with us how this experience impacted you, your child, and/or your family? *(e.g., Financially? Emotionally? Limited opportunities, such as not working, not taking a better job, missed family time?)*

5. **TOP PRIORITY**
    Let's look back at these lists of services. We would like to hear your opinions about your satisfaction with these services. Using a scale of satisfied, neutral, or dissatisfied (*use a flip chart for this scale*):
    - How many of you are <u>satisfied</u> with current (***Child care and preschool / Child development supports / Family support programs***) options in the community? Why?
        - i. Probe: choices, cost, accommodating/convenience, quality
            1. Probe/Services: what services and supports work best for you?
            2. Probe/Availability: how is this satisfying?
            3. Probe/Cost: what resources are available, how is this affordable?
            4. Probe/Convenience: what makes these services convenient today?
            5. Probe/Quality: share how the options feel high quality.
    - How many of you are <u>dissatisfied</u> with current (***Child care and preschool / Child development supports / Family support programs***) options in the community? Why?
        - i. Probe: lack of choices, cost, accommodating/convenience, quality.
            1. Probe/Services — what services and supports are missing?
            2. Probe/Cost — what does affordable mean to you?
            3. Probe/Accommodating/convenience — what does convenient look like? Hours and days open? Setting?
            4. Probe/Quality — what does high quality mean to you?
    - Those who are neutral – say more.

6. Those of you who are neutral and dissatisfied — what would it take to get you to satisfied?
    - Probe on the topics that people raised (cost, quality, convenience, choice)

7. Who has a child or children who has entered or is soon entering kindergarten? *(Raise hands).* Putting this on a scale of "Easy, somewhat challenging, extremely difficult" (***use a flip chart for this scale***): How did this transition go for you and your child?
   - For those who said it was easy — why? What services and supports helped you?
   - For those who said it was somewhat challenging or extremely difficult — why? What would have helped you?
   - Probe: What about outside your family? Is there anyone in your community that's not represented in this room who is having a hard time with the transition to kindergarten? What services do they need? (***language, rural/transportation, others?***)

8. **TOP PRIORITY**
   Let's pivot from what we have today to what you want. Help us imagine the future. In a perfect world, what types of services would you like for your children to get a strong start in life? (***write down on a flip chart***)
   - Probe: What does your child(ren) need? How are those needs different from other children? How will those needs change as your child gets older?
   - Probe: What might your family need that another family might not need?
   - Probe: What do parents need? What might you need that another parent might not need?

9. I want to ask about your interest in preschool for your child. What does good quality preschool look like to you?
   - Probe: Where should your child's preschool happen? (e.g., school-based setting, community-based setting, such as a child care program or a Head Start program)
   - Probe: Would you prefer half-day or full-day preschool? What about full year enrollment?

10. Last question – I want you all to complete this sentence for me:
    - My community's early childhood system needs (***what***) to better serve our children and families.

Thank you for your time today. The information you shared today will help shape how Colorado supports families.

Please be sure you have signed in with our intake form. That way we can:

1) Reimburse you with a gift card.
2) Stay in touch regarding further opportunities for input.
3) Better represent the information you shared today in our research.

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Master Discussion Guide

Shines Needs Assessment Focus Groups: **Stakeholders and Child Care or Service Providers** for Families with Children Age Zero to Five

Bold/italics are facilitator notes. Priority questions are noted in RED.

LEARNING OBJECTIVES:

- *Characterize the <u>current landscape</u> of early care and learning services and <u>facilities</u> like schools and child care centers, especially when it comes to vulnerable families and their children.*
- *Characterize what's working well and what's not working for <u>early care and learning providers</u>, teachers, and other stakeholders.*
- *Characterize what's working well and what needs to change when it comes to how children are making the <u>transition between services in the early childhood system, and into Kindergarten.</u>*

CHI Introductions

Thank you for making time for today's discussion. We are here to gather your input on how to strengthen Colorado's programs and supports for children birth through five and their families.

We are hosting focus groups across the state with people like you — child care providers, other service providers for families with children age 0-5, and other professionals who strengthen the early care and education system. At the same time, we're also talking with parents and families across the state about what they want for their children. Today, we will discuss what's working in your community and what the greatest needs are.

These conversations are part of a statewide grant, the Colorado Shines Brighter Preschool Development Grant Birth Through Five. The goal of this grant is to ensure all children in Colorado are ready for school when entering kindergarten.

Our organization, the Colorado Health Institute, is supporting the Department of Human Services to conduct these conversations and help inform strategic planning for the next five years.

It is fine for your opinions to differ from the others who are present — we're not after consensus. We have a lot of questions to ask you in a short amount of time today. With that in mind, I'd like to quickly go over some guidelines, and then we'll get started.

- There is no right or wrong answer. All thoughts and ideas are important to us.
- Please be respectful of others.

- Please speak up, so everyone can hear.
- Please speak one at a time.
- This session is confidential. Please use first names only during the discussions. Also, please do not repeat anything that is shared in this room today.
- All comments are helpful and appreciated. Keep in mind that we are just as interested in negative comments as we are in positive ones.

(Share restroom locations and other logistics as needed.)

Do you have any questions before we get started?

Let's start with some introductions around the room. Please share your name, organization or entity you're coming from, and a favorite summer activity.

Before I start asking questions, I want to share some definitions:

- **Early care and learning** (licensed care providers including licensed family child care homes, unlicensed care providers, license-exempt care providers, preschool programs, Head Start and Early Head Start, and other care environments — as well as child care assistance programs)
- **Child development supports** (health care, mental health and emotional development services, screening services, early intervention, and child development tools — e.g., Bright by Text, Early Learning Development Guidelines)
- **Family support programs** (home visitation programs, parenting supports, family resource centers, child abuse prevention services, financial assistance, and other supports)

Focus Group Questions/Exercises

1. Let's start with an exercise. Let's see a show of hands: Please raise your hand if you feel you represent [**bulleted terms from above**]. (**Add bulleted terms to flip chart)** I'm going to put a hash mark next to these types so we can all see.

2. **TOP PRIORITY**
   I'd like to learn about what's working and not working when it comes to your community's early childhood system. *(Record comments under "Strengths" and "Needs" on flip chart)*
   - When it comes to your community's early childhood system for families with children age zero to five, what's working well? What's not working well? *(Prompt for early care and learning, as well as parenting resources and family supports.)*
     - i. What programs and supports are available for parents who face special obstacles such as poverty, lack of education, physical disabilities, or other challenges?

      ii. *What* are the most concerning <u>quality</u> issues you most often see in your community? What are the most concerning <u>availability</u> issues you most often see?

     iii. <u>Probe</u>. What's happening to address those issues? *(Consider national, state, local.)*

3. **TOP PRIORITY**
   Now let's talk about your community's early care and learning facilities — like schools, community-based organizations, and child care centers. What are the top three concerns with these <u>facilities</u>?
   - What innovative efforts are either planned or underway in your community to <u>improve</u> or <u>increase the number of</u> early care and learning facilities?

4. I'd like to learn about how children <u>transition</u> between early childhood programs and supports in your community. Putting this on a scale of "Seamless Transitions; Average Transitions; Fragmented Transitions" (*Use a flip chart pad for the scale*):
   - How effectively are children transitioning between care providers and into kindergarten in your community?
     (Between child care settings, either formal or informal, or between services. For example, Early Intervention to Preschool Special Education.)
     - i. <u>Probe</u>. For "seamless" – what helped?
     - ii. <u>Probe</u>. What about for vulnerable or underserved children? (*reference list generated from Q2i).*
   - *For Early Care and Learning (child care, preschool, informal) Providers*:
     - i. What transition processes do you have in place to support families in making care changes? Transitioning to Kindergarten?

5. Let's talk about the <u>barriers</u> that prevent the early childhood system from working as intended.
   - What barriers exist to adequately funding and delivering high-quality early childhood programs and supports? *(Record barriers)*
     - i. <u>Probe.</u> Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality services and supports?
     - ii. <u>Probe</u>. Are there policies that operate as barriers? Are there regulatory barriers that could be eliminated without compromising quality?
     - iii. <u>Probe</u>: What data or research would help you answer research questions or do your work better?
   - To what extent is collaboration across early childhood and family support agencies addressing some of these barriers in this community? Give a couple examples.

6. **TOP PRIORITY**

   Let's talk specifically about the <u>barriers that some child care providers face</u> (*SB63*).

   - What are the biggest barriers that child care providers face when it comes to obtaining a license? To staying open? To serving infants and toddlers?
      i. <u>Probes</u>: *Local laws or regulations; licensing requirements; lack of resources or training*

7. Last question. What's the one thing from today's discussion that you want to highlight when it comes to strengthening your community's early childhood system?

Thank you for your time today.

Please be sure you have signed in with our intake form. That way we can:

1) Reimburse you with a gift card.
2) Stay in touch regarding further opportunities for input.
3) Better represent the information you shared today in our research.

Master Discussion Guide
Shines Needs Assessment Key Informant Interviews

High-level objectives:

- **Refine key issues in the early childhood system and facilities serving key populations and characterize why those issues persist.**

- **Define key terms, including quality, availability, and vulnerable and underserved populations.**

- **Describe data or research gaps that — if addressed — could help Colorado support collaboration and maximize parental choice.**

Introductions.

Thank you for making time for today's discussion.

Our organization, the Colorado Health Institute, is supporting the Department of Human Services to conduct a needs assessment of Colorado's early childhood system. Our goal is to gather your input about how to strengthen Colorado's programs and supports for children birth through five and their families. We will use the results of this discussion to inform strategic planning for the next five years.

This work is part of a statewide grant, the <u>Colorado Shines Brighter Preschool Development Grant Birth Through Five.</u> The goal of this grant is to ensure all children in Colorado are ready for school when entering kindergarten.

In addition to this discussion, we are also synthesizing existing needs assessments, conducting statewide focus groups with families, child care providers, and other stakeholders, and analyzing quantitative data on early childhood programs, services, and supports.

We have a lot of questions to ask you in a short amount of time. With that in mind, I'd like to quickly go over a few guidelines, and then we'll get started.

- There is no right or wrong answer. All thoughts and ideas are important to us. We are just as interested in negative comments or neutral observations as we are in positive comments.
- This session is confidential. We will be synthesizing all responses for our needs assessment without mentioning specific names or other identifying details.

Do you have any questions before we get started?

Our needs assessment is analyzing the following parts of Colorado's early childhood system:

- **Early care and learning** (licensed care providers including licensed family child care homes, unlicensed care providers, license-exempt care providers, preschool programs, Head Start and Early Head Start, and other care environments — as well as child care assistance programs)
- **Child development supports** (health care, mental health and emotional development services, screening services, early intervention, and child development tools — e.g., Bright by Text, Early Learning Development Guidelines)
- **Family support programs** (home visitation programs, parenting supports, family resource centers, child abuse prevention services, financial assistance, and other supports)

1. **PRIORITY** I'd like to learn about <u>what's working and not working</u> when it comes to Colorado's early childhood system. Given your experience working with **[insert most applicable category depending on KII],**

    - What's working well in the early childhood system serving these families?

    - What's not working well? In your opinion, why do these issues persist?

        i. *(Prompt for early care and learning, as well as parenting resources and family supports.)*

        ii. *(For why, consider market conditions, business practices, challenges experienced by providers, parental choice, affordability and cost, availability of funding)*

        iii. <u>Probe</u>. For things that are not working well — what's happening to address those issues? *(Consider national, state, local.)*

    - Do certain types of settings/services lend themselves to particular populations? If so, why?

2. **PRIORITY** I'd like to learn about <u>underserved populations</u> of young children and families. In your experience, who is typically able to access needed programs and supports? Who is left struggling and why? Please describe those populations.

3. **PRIORITY** Now let's talk about your community's early care and learning facilities — like schools, community-based organizations, and child care centers. What are the top three concerns with these <u>facilities</u>? In your opinion, why do these issues persist?

- *(For why, consider market conditions, business practices, challenges experienced by providers, parental choice, affordability and cost, availability of funding)*
- Are there any efforts planned or underway in your community to <u>improve</u> or <u>increase the number of</u> early care and learning facilities? Is there anything particularly innovative or worth noting?

4. Given your experience working with **[insert most applicable category depending on KII],** how effectively are children <u>transitioning</u> between care providers and into kindergarten in your community? Please give examples of what's working and what's not. **(*Between child care settings, either formal or informal, or between services. For example, Early Intervention to Preschool Special Education.*)**

5. Let's talk about what a <u>high-quality, highly available</u> early childhood system could look like in Colorado — especially when we're thinking about the families you serve.
   - When you imagine the highest <u>quality</u> early childhood system, what does that mean to you and the families you serve?
   - When you imagine highly <u>available</u> early childhood services and supports, what do those look like to you and the families you serve?

6. **PRIORITY** In your experience, how are we currently <u>measuring our success</u>? Specifically — what measures do we have to assess if the system is high quality and highly available? What measures do we have to track progress over time? This could include data measures or other initiatives.
   - *(If none, ask what would be useful.)*

7. Let's discuss <u>information and data gaps</u> in our early childhood system. To what questions are you still seeking answers when it comes to strengthening the early childhood system that serves the families you work with? What data or research would help you answer those questions or do your work better?

8. In your experience working with **[insert most applicable category depending on KII],** what <u>barriers</u> exist to adequately funding and delivering high-quality early childhood programs and supports?
   - Think policy barriers, regulatory barriers, governance structures, financing mechanisms, or other systems barriers
   - Are there opportunities for a more efficient allocation of resources across the system? (***e.g. meeting demand/needs in rural areas***)

9. Last question. What's the one thing from today's discussion that you want to highlight when it comes to strengthening the early childhood system?

Is there anything else that you would like to highlight or consider?

Thank you for your time today.

ENDNOTES

1   Center on the Developing Child at Harvard University. "Brain Architecture." Retrieved from https://developingchild.harvard.edu/science/key-concepts/brain-architecture/. November 2019.

2   Colorado Children's Campaign. (2016). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2016/03/2016-Kids-Count-final-low-res.pdf.

3   Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

4   U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months by Sex by Age." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_CP05&prodType=table.

5   The Heckman Equation. (2017). "Four Big Benefits of Investing in Early Childhood Development." https://heckmanequation.org/www/assets/2017/01/F_Heckman_FourBenefitsInvestingECDevelopment_022615.pdf.

6   Halfon, N., and M. Hochstein. (2002). "Life course health development: an integrated framework for developing health, policy, and research." Milbank Quarterly 80(3):433-79.

7   Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

8   U.S. Census Bureau. (2017). "2017 Annual Social and Economic Supplement to the Current Population Survey." https://www.census.gov/data/datasets/2017/demo/income-poverty/2017-cps-asec-research-file.html.

9   Stedron, J., and G. Maloney. (2018). "Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families." http://earlymilestones.org/wp-content/uploads/2018/07/EarlyChildhood_FINAL.pdf.

10 The Annie E. Casey Foundation. (2019). "Children under 6 with all parents in the labor force in Colorado." https://datacenter.kidscount.org/data/tables/9485-children-under-6-with-all-parents-in-the-labor-force?loc=7&loct=2#detailed/2/any/false/1607,1572,1485,1376,1201,1074,880/any/18634,18635; Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

11 Early Childhood Colorado Framework. Retrieved from https://earlychildhoodframework.org. November 2019.

12 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

13 ZERO TO THREE. (2012). "Comprehensive Early Childhood Systems Equation." Retrieved from https://www.zerotothree.org/resources/1024-comprehensive-early-childhood-systems-equation. November 2019.

14 Build Initiative and State Early Childhood Policy Technical Assistance Network. (2004). "Building an Early Learning System: The ABCs of Planning and Governance Structures." https://www.buildinitiative.org/portals/0/uploads/documents/resource-center/build_earlylearningsystem_1.pdf.

15 Every Student Succeeds Act (ESSA), Pub. L. 114-95, Section 9212(b)(5).

16 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. (2017). "Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08." https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_213_b508.pdf.

17 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. (2017). "Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08." https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_213_b508.pdf.

18 Center for American Progress. (2017). "Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program." https://www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/.

19 National Scientific Council on the Developing Child. (2004). "Young Children Develop in an Environment of Relationships: Working Paper No. 1." Retrieved from www.developingchild.harvard.edu. November 2019.

20 Fred Rogers Center. (2018). "About Simple Interactions." Retrieved from https://www.fredrogerscenter.org/initiatives/simple-interactions/about-simple-interactions/. November 2019.

21 Colorado Department of Education. (2016). "Kindergarten School Readiness Guide to Implementation and Best Practices 2016-2017." https://www.cde.state.co.us/schoolreadiness/kindergartenhandbook2016_17.

22 U.S. Census Bureau. (2019). "Current Population Survey: Subject Definitions." Retrieved from https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#family. November 2019.

23 U.S. Department of Health and Human Services, Administration for Children and Families. (2018). "Parent Involvement and Family Engagement for Early Childhood Professionals." https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/parent-involvement-family-engagement-for-professionals.pdf.

24 U.S. Census Bureau. (2013). "Who's minding the kids? Childcare arrangements: spring 2011." https://www2.census.gov/library/publications/2013/demo/p70-135.pdf.

25 Center on the Developing Child at Harvard University (2007). "A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children." Retrieved from www.developingchild.harvard.edu. November 2019.

26 U.S. Department of Health and Human Services, Administration for Children and Families, Head Start. (2019). "Family Engagement." Retrieved from https://eclkc.ohs.acf.hhs.gov/family-engagement. November 2019.

27 First Five Alameda County and Center for the Study of Social Policy. (2016). "Ripples of Transformation: Families Leading Change in Early Childhood Systems." https://cssp.org/wp-content/uploads/2018/08/FirstFive-EngagementToolkit-5.pdf.

28 U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. "Protective Factors to Promote Well-Being." Retrieved from https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/. November 2019.

29 Susman-Stillman, A., and P. Banghart. (2008). "Demographics of Family, Friend, And Neighbor Care in The United States. Child Care & Early Education Research Connections." https://www.researchconnections.org/childcare/resources/14337.

30 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

31 Council for a Strong America. (2019). "Want to Grow the Economy? Fix the Child Care Crisis"; Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

32 Colorado Department of Human Services, Office of Early Childhood. (2019). "The Changing Nature of Child Care in Colorado. Shifts in Licensed Facilities and Licensed Capacity 2010 to 2018."

33 Colorado Department of Local Affairs, State Demography Office. (2018). "Characteristics of Colorado In-Migrants and Out-Migrants." Retrieved from https://drive.google.com/file/d/1UaUuhTWxQiX7Kdu-b3vJn8J9V10BtOFn/view. November 2019.

34 Colorado Department of Human Services, Office of Early Childhood. "CCCAP Licensed Providers." Special Data Request Received July 2019.

35 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

36 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

37 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

38 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

39 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

40 Colorado Department of Education, Office of Dropout Prevention and Student Re-Engagement. (2019). "McKinney-Vento Education for Homeless Children and Youth Program." https://www.cde.state.co.us/communications/mckinney-ventofactsheet.

41 Denver Agency for Human Rights & Community Partnerships, Denver Office of Community Support. (2014). "Denver Immigrant Community & Neighborhood Assessment." https://www.denvergov.org/content/dam/denvergov/Portals/643/documents/Offices/Office%20of%20Immigrant%20and%20Refugee%20Affairs/ImmRef_Assessment.pdf.

42 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

43 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

44 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

45 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

46 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

47 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

48 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received September 2019.

49 Improving Head Start for School Readiness Act of 2007, Public Law 110-134. (December 12, 2007). https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hs-act-pl-110-134.pdf.

50 Schaack, D.D., and V. Le. (2017). "The Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

51 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Coming and Going: Turnover and Job Instability in Colorado's Early Care and Education Centers." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf.

52 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Coming and Going: Turnover and Job Instability in Colorado's Early Care and Education Centers." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf.

53 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Coming and Going: Turnover and Job Instability in Colorado's Early Care and Education Centers." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf.

54 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Retaining Early Childhood Teachers in Colorado: Factors that Predict Teacher Turnover, Retention, and Well-being." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_7_CO_EC_Workforce_Survey.pdf.

55 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

56 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

57 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017: Who is Colorado's Early Educator Workforce? Demographic and Educational Characteristics." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_1_Co_EC_Workforce_Survey.pdf.

58 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

59 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

60 U.S. Department of Health and Human Services, Administration for Children and Families, National Center on Early Childhood Quality Assurances. (2015). "State Policies that Support Business Practices of Child Care Providers." https://childcareta.acf.hhs.gov/sites/default/files/public/supporting_business_practices_0.pdf.

61 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

62 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

63 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

64 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

65 ZERO TO THREE. (2019). "Colorado Advances Infant and Early Childhood Mental Health Assessment, Diagnosis and Treatment." Retrieved from https://www.zerotothree.org/resources/2758-colorado-advances-infant-and-early-childhood-mental-health-assessment-diagnosis-and-treatment. November 2019.

66 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

67 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

68 Colorado Department of Local Affairs, State Demography Office. "Population by Single Year of Age – County. 2018 Forecast." Retrieved from https://demography.dola.colorado.gov/population/data/sya-county/. October 2019.

69 Colorado Department of Human Services, Office of Early Childhood. (2019). "Internal Survey of ECMHC Professionals Waitlists." Special Data Request Received August 2019.

70 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

71 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

72 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

73 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

74 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

75 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

76 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019; U.S. Census Bureau, American Fact Finder. (2010). "Population, Housing Units, Area, and Density: 2010 - United States -- County by State; and for Puerto Rico." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. October 2019.

77 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

78 Colorado Department of Education. (2019). "2018-19 CPP and Preschool Special Ed Data for PDG." Special Data Request Received August 2019.

79 Invest in Kids. (2019). Special Data Request Received November 2019.

80 Chaudry, A., et al. (2017). Cradle to Kindergarten: A New Plan to Combat Inequality. New York: Russell Sage Foundation.

81 Colorado Department of Local Affairs, Colorado Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019.

82 Region designations were developed in consultation with stakeholders and use boundaries based on preexisting frameworks: the Health Statistics Regions developed by the Colorado Department of Public Health and Environment and regional designations used by the Colorado Department of Human Services Office of Behavioral Health. These region designations were also used to analyze the 2019 Preschool Development Grant Parent Survey; however, unless specified, the data described in the "Colorado's Children and Families" section are from public data sources, not the Parent Survey.
Colorado Department of Public Health and Environment. "Health Statistics Region Map Key." https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf; Office of Behavioral Health Prevention Services. (2019). "Statewide Training and Technical Assistance Substance Abuse Prevention Project." Retrieved from https://obhpreventionservices.org/. September 2019.

83 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months by Sex by Age." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_CP05&prodType=table.

84 National Center for Children in Poverty. (2018). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019.

85 Evans, G., and P. Kim. (2012). "Childhood Poverty, Chronic Stress, Self-Regulation, and Coping." Child Development Perspectives 7(1):43-48. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdep.12013.

86 Brookings Institution, Isaacs, J. (2012). "Starting School at a Disadvantage: The School Readiness of Poor Children." https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf.

87 Jeon, H., et al. (2011). "Predicting School Readiness for Low-Income Children with Disability Risks Identified Early." Council for Exceptional Children 77(4):435-452. https://pdfs.semanticscholar.org/fbdc/f1951948928ff8f7545e767f979db6abff19.pdf.

88 National Center for Children in Poverty. (2016). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019.

89 National Center for Children in Poverty. (2016). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019.

90 Colorado Department of Education, Office of Dropout Prevention & Student Re-Engagement. (2019). "McKinney-Vento Education for Homeless Children & Youth Program." https://www.cde.state.co.us/communications/mckinney-ventofactsheet.

91 Perlman, S., and J. Fantuzzo. (2010). Children and Youth Services Review 32(6):874-883. https://psycnet.apa.org/record/2010-05937-001; Ziol-Guest, K., and C. McKenna. (2014). "Early Childhood Housing Instability and School Readiness." Child Development 85(1): 103-113. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdev.12105.

92 U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. (2018). Early Childhood Homelessness State Profiles 2018. https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles.pdf.

93 U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. (2018). Early Childhood Homelessness State Profiles 2018. https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles.pdf.

94 Colorado Department of Local Affairs, Colorado Demography Office. "Race by Age Estimates – 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin. October 2019.

95 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

96 Ahmad, F. Z., and K. Hamm. (2013). "The School-Readiness Gap and Preschool Benefits for Children of Color." Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2013/11/12/79252/the-school-readiness-gap-and-preschool-benefits-for-children-of-color/.

97 Colorado Department of Education. (2019). "Colorado's Achievement Plan for Kids (CAP4K): 2019 Annual Legislative Report." http://www.cde.state.co.us/cdedepcom/cap4klegislativeannualreport.

98 Colorado Department of Local Affairs, Colorado Demography Office. "Race by Age Estimates – 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin. October 2019.

99 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Language Spoken at Home." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table.

100 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Language Spoken at Home." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table.

101 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Language Spoken at Home." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table.

102 Denver Agency for Human Rights & Community Partnerships, Denver Office of Community Support. (2014). "Denver Immigrant Community & Neighborhood Assessment." https://www.denvergov.org/content/dam/denvergov/Portals/643/documents/Offices/Office%20of%20Immigrant%20and%20Refugee%20Affairs/ImmRef_Assessment.pdf.

103 Centers for Disease Control and Prevention. "Disability and Health Overview." Retrieved from https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html. October 2019.

104 Zablotsky, B., et al. (2017). "Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016." NCHS Data Brief, No. 291. https://www.cdc.gov/nchs/data/databriefs/db291.pdf.

105 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

106 Jeon, H., et al. (2011). "Predicting School Readiness for Low-Income Children with Disability Risks Identified Early." Council for Exceptional Children 77(4):435-452. https://journals-sagepub-com.ezproxy2.library.colostate.edu/doi/pdf/10.1177/001440291107700404.

107 Chen, X., et al. (2007). "Teenage Pregnancy and Adverse Birth Outcomes: A Large Population Based Retrospective Cohort Study." International Journal of Epidemiology 36(2):368–373. https://academic.oup.com/ije/article/36/2/368/718213; Dennis, J., and S. Mollborn. (2013). "Young Maternal Age and Low Birth Weight Risk: An Exploration of Racial/Ethnic Disparities in the Birth Outcomes of Mothers in The United States." The Social Science Journal 50(4):625-634. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199306/; East, P., et al. (2007). "Association Between Adolescent Pregnancy and a Family History of Teenage Births." Perspectives on Sexual and Reproductive Health 39(2):108-115. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3766634/.

108 Colorado Department of Public Health and Environment. "Vital Statistics Program." Retrieved from https://www.colorado.gov/pacific/cdphe/vital-statistics-program. October 2019.

109 Clever, M., and D. Segal. (2013). "The Demographics of Military Children and Families." Future of Children 23(2): 13–39. https://www.ncbi.nlm.nih.gov/pubmed/25518690.

110 Department of Defense, Defense Manpower Data Center. "Military and Civilian Personnel by Service/Agency by State/Country – June 2019." https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp.

111 Ruff, S.B., and M. Keim. (2014). "Revolving Doors: The Impact of Multiple School Transitions on Military Children." The Professional Counselor 4(2):103-113. http://tpcjournal.nbcc.org/revolving-doors-the-impact-of-multiple-school-transitions-on-military-children/.

112 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years by Age of Related Children." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B17010&prodType=table.

113 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates." Retrieved from County Health Rankings, "Colorado: Children in Single-Parent Households," https://www.countyhealthrankings.org/app/colorado/2019/measure/factors/82/map. October 2019.

114 Xue, Y., et al. (2005). "Neighborhood Residence and Mental Health Problems of 5- to 11-Year-Olds." Archives of General Psychiatry 62(5): 554-563. https://www.ncbi.nlm.nih.gov/pubmed/15867109.

115 Colorado Children's Campaign. (2019). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2019/08/2019-KidsCount-9-4-19-Low-Res.pdf.

116 Han, W., et al. (2012). "School Readiness among Children of Immigrants in the US: Evidence from a Large National Birth Cohort Study." Child Youth Services Review 34(4):771-782. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3375850/; Johnson, A., et al. (2017). "Predictors of Public Early Care and Education Use among Children of Low-Income Immigrants." Child Youth Services Review 73:24-36. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5614493/; Crosnoe, R. (2007). "Early Child Care and the School Readiness of Children from Mexican Immigrant Families." International Migration Review 41(1): 152-181. https://www.fcd-us.org/assets/2016/04/CrosnoeECCAndSchoolReadiness.pdf.

117 U.S. Census Bureau. (2017). "2017 American Community Survey 1-Year Estimates." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/data/state-profiles/state/demographics/CO. October 2019.

118 U.S. Census Bureau. (2017). "2017 American Community Survey 1-Year Estimates." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/programs/data-hub/us-immigration-trends. October 2019.

119 U.S. Census Bureau. (2017). "2017 American Community Survey 1-Year Estimates." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/data/state-profiles/state/demographics/CO. November 2019.

120   U.S. Census Bureau. (2016). "American Community Survey." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CO. October 2019.

121 Colorado Department of Human Services. "About Refugees." Retrieved from https://www.colorado.gov/pacific/cdhs/about-refugees. November 2019.

122 Colorado Department of Human Services. (2018). Economic and Fiscal Impact of Refugees in Colorado. Retrieved from https://drive.google.com/file/d/1F2Wt0NvSei2nIwH-PC7nTr6MPRbqcxm9/view. November 2019.

123 Colorado Department of Human Services. "About Refugees." Retrieved from https://www.colorado.gov/pacific/cdhs/about-refugees. November 2019.

124 Betancourt, T., et al. (2012). "Trauma History and Psychopathology in War-Affected Refugee Children Referred for Trauma-Related Mental Health Services in the United States." Journal of Traumatic Stress 25(6):682-690. https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.21749; Van Os, E.C.C., et al. (2018). "Recently Arrived Refugee Children: The Quality and Outcomes of Best Interest of the Child Assessments." International Journal of Law and Psychiatry 59:20-30. https://www.sciencedirect.com/science/article/abs/pii/S0160252717302820?via%3Dihub.

125 Fazel, M., and A. Stein. (2002). "The Mental Health of Refugee Children." Archives of Disease in Childhood. 87: 366-370. https://adc.bmj.com/content/87/5/366; The National Child Traumatic Stress Network. "Refugee Trauma." Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma/about-refugees. October 2019.

126 Colorado Department of Local Affairs, Colorado Demography Office. "Race by Age Estimates." Retrieved from https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin. October 2019.

127 Denver Indian Family Resource Center. "History and Statistics." Retrieved from http://difrc.org/about-us/history-and-statistics/. October 2019.

128 Center for the Study of Social Policy. (2011). "Disparities and Disproportionality in Child Welfare: Analysis of the Research." https://casala.org/development/wp-content/uploads/2015/12/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011-1.pdf.

129 Martinez, D. (2014). "School Culture and American Indian Educational Outcomes." Procedia Social and Behavioral Sciences 116(21):199-205. https://www.sciencedirect.com/science/article/pii/S1877042814001955.

130 Colorado Department of Education. (2019). "State's Graduation Rate Continues to Improve." Retrieved from https://www.cde.state.co.us/communications/newsrelease-jan162019graduationdropout. November 2019.

131 Centers for Disease Control and Prevention. (2019). "About Adverse Childhood Experiences." Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html. November 2019.

132 Centers for Disease Control and Prevention. (2019). "About Adverse Childhood Experiences." Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html. November 2019.

133 Colorado Children's Campaign. (2019). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2019/08/2019-KidsCount-9-4-19-Low-Res.pdf.

134 Metzler, M., et al. "Adverse childhood experiences and life opportunities: Shifting the narrative." Child and Youth Services Review 72:141-149. https://www.sciencedirect.com/science/article/pii/S0190740916303449; Reynolds, A., et al. (2004). "Paths of Effects of Early Childhood Intervention on Educational Attainment and Delinquency: A Confirmatory Analysis of the Chicago Child-Parent Centers." Child Development 75(5):1299-1328. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/j.1467-8624.2004.00742.x; Romano, E., et al. (2014). "Childhood Maltreatment and Educational Outcomes." Trauma, Violence, & Abuse 16(4):418-437. https://journals.sagepub.com/doi/abs/10.1177/1524838014537908.

135 Brookings Institution, Isaacs, J. (2012). "Starting School at a Disadvantage: The School Readiness of Poor Children." https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf.

136 Region designations were developed in consultation with stakeholders and use boundaries based on preexisting frameworks: the Health Statistics Regions developed by the Colorado Department of Public Health and Environment, and regional designations used by the Colorado Department of Human Services Office of Behavioral Health.
Colorado Department of Public Health and Environment. "Health Statistics Region Map Key." https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf; Office of Behavioral Health Prevention Services. (2019). "Statewide Training and Technical Assistance Substance Abuse Prevention Project." Retrieved from https://obhpreventionservices.org/. September 2019; U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

137 National Center for Children in Poverty. (2016). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019; Ahmad, F. Z., and K. Hamm. (2013). "The School-Readiness Gap and Preschool Benefits for Children of Color." Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2013/11/12/79252/the-school-readiness-gap-and-preschool-benefits-for-children-of-color/.

138 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

139 Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019; Colorado Department of Local Affairs, State Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019; Colorado Department of Local Affairs, State Demography Office. "Population Totals for Colorado Municipalities." Retrieved from https://demography.dola.colorado.gov/population/population-totals-municipalities/. October 2019.

140 Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019.

141 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table; Department of Agriculture, Economic Research Institute. (2010). "Children Living in a Census Tract Considered a 'Food Desert' in Colorado." Retrieved from Annie E. Casey Foundation Data Center, https://datacenter.kidscount.org/data/tables/6386-children-living-in-a-census-tract-considered-a-food-desert#detailed/2/any/false/133/any/13259. October 2019.

142 Miller, P., and E. Votruba-Drzal. (2013). "Early Academic Skills and Childhood Experiences Across the Urban-Rural Continuum." Early Childhood Research Quarterly 28(2):234-248. https://www.sciencedirect.com/science/article/pii/S0885200612001202.

143 Miller, P, and E. Votruba-Drzal. (2013). "Early Academic Skills and Childhood Experiences Across the Urban-Rural Continuum." Early Childhood Research Quarterly 28(2):234-248. http://mnprek-3.wdfiles.com/local--files/research-studies/Early%20Academic%20skills%20-%20rural%20and%20urban.pdf; Bailey, L.B. (2014). "A Review of the Research: Common Core State Standards for Improving Rural Children's School Readiness." Early Childhood Education Journal 42(6):389-396. https://link.springer.com/article/10.1007/s10643-013-0621-6.

144 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

145 Average median household income for rural and urban counties was calculated using county-level median household income data from the U.S. Census Bureau. For the purposes of this assessment, average median household income is the population-weighted mean of median household income for rural- and urban-designated counties.
U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table; Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019.

146 Hawk, W. (2013). "Expenditures of Urban and Rural Households in 2011." Bureau of Labor Statistics: Beyond the Numbers 2(5). https://www.bls.gov/opub/btn/volume-2/expenditures-of-urban-and-rural-households-in-2011.htm.

147 Department of Agriculture, Economic Research Institute. (2010). "Children Living in a Census Tract Considered a 'Food Desert' in Colorado." Retrieved from Annie E. Casey Foundation Data Center, https://datacenter.kidscount.org/data/tables/6386-children-living-in-a-census-tract-considered-a-food-desert#detailed/2/any/false/133/any/13259. October 2019.

148 Department of Agriculture, Economic Research Institute. (2010). "Children Living in a Census Tract Considered a 'Food Desert' in Colorado." Retrieved from Annie E. Casey Foundation Data Center, https://datacenter.kidscount.org/data/tables/6386-children-living-in-a-census-tract-considered-a-food-desert#detailed/2/any/false/133/any/13259. October 2019.

149 Center for American Progress. (2019). "5 Facts to Know About Child Care in Rural America." https://www.americanprogress.org/issues/early-childhood/news/2019/06/04/470581/5-facts-know-child-care-rural-america/.

150 Colorado Department of Local Affairs, Colorado Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019.

151 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B17001&prodType=table. October 2019.

152 Colorado Department of Local Affairs, Colorado Demography Office. "Race and Ethnicity by Age Estimates – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate/#county-race-by-age-estimates. October 2019.

153 Colorado Department of Local Affairs, Colorado Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019.

154 Welchons, L. W., and L. McIntyre. (2015). "The Transition to Kindergarten for Children With and Without Disabilities: An Investigation of Parent and Teacher Concerns and Involvement." Topics in Early Childhood Special Education, 35(1):52–62. https://doi.org/10.1177/0271121414523141.

155 U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2019). "Poverty Guidelines". Retrieved from https://aspe.hhs.gov/poverty-guidelines. November 2019.

156 U.S. Department of Health and Human Services, Administration for Children and Families, Head Start. "Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs." Retrieved from https://eclkc.ohs.acf.hhs.gov/eligibility-ersea/article/poverty-guidelines-determining-eligibility-participation-head-start. October 2019; Boulder County Nurse-Family Partnership. (2017). "Federal Poverty Guidelines." https://assets.bouldercounty.org/wp-content/uploads/2017/02/nfp-eligibility-guidelines.pdf.

157 Colorado Department of Human Services. (2019). "Child Care Assistance." Retrieved from https://www.colorado.gov/pacific/cdhs/child-care-assistance. October 2019.

158 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

159 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

160 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

161 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

162 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

163 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

164 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

165 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

166 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

167 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

168 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

169 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

170 Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019.

171 Early Childhood Colorado Framework. Retrieved from https://earlychildhoodframework.org. November 2019.

172 Stedron, J., and G. Maloney. (2018). "Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families." http://earlymilestones.org/wp-content/uploads/2018/07/EarlyChildhood_FINAL.pdf.

173 Colorado Department of Human Services, Office of Early Childhood. "About Us." Retrieved from "http://coloradoofficeofearlychildhood.force.com/oec/OEC_Resources?p=Resources&s=About-Us&lang=en. December 2019.

174 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

175 Colorado Department of Human Services. "Social Services Rules: Child Care Facility Licensing, C.R.S. 26-6-101, 12 CCR 2509-8." Retrieved from https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8097&fileName=12%20CCR%202509-8.

176 Colorado Information Marketplace. "Colorado Licensed Child Care Facilities Report." Retrieved from https://data.colorado.gov/Early-childhood/Colorado-Licensed-Child-Care-Facilities-Report/a9rr-k8mu. October 2019.

177 Colorado Department of Human Services and Colorado Department of Education. "Colorado Shines Facilities by Rating." Retrieved from https://www.coloradoshines.com/search. October 2019.

178 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

179 Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

180 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

181 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

182 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

183 Chaudry, A. "Response to SB63 Analysis Request - Cradle to Kindergarten identify full level of infant child care and family child care

homes at scale – i.e. absent any constraints on supply and affordability." Memo to Colorado Department of Human Services, Office of Early Childhood, October 31, 2019.

184 Fred Rogers Center for Early Learning & Children's Media. (2018). "Simple Interactions." Retrieved from https://www.fredrogerscenter.org/what-we-do/simple-interactions/. October 2019.

185 Colorado Department of Human Services and Colorado Department of Education. (2019). "For Professionals." Retrieved from https://www.coloradoshines.com/professionals. October 2019.

186 Colorado Department of Human Services. (2016). "Colorado Shines quality rating and improvement system hits first anniversary with strong momentum." Retrieved from https://www.colorado.gov/pacific/cdhs/news/colorado-shines-quality-rating-and-improvement-system-hits-first-anniversary-strong-momentum. October 2019.

187 Colorado Department of Human Services and Colorado Department of Education. "Colorado Shines Facilities by Rating." Retrieved from https://www.coloradoshines.com/search. October 2019.

188 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

189 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

190 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

191 Colorado Department of Human Services, Office of Early Childhood, Head Start Collaboration Office. (2018). Special Data Request Received August 2019.

192 U.S. Department of Human Services, Administration of Children and Families, Head Start Early Childhood Learning & Knowledge Center. "Head Start Collaboration Offices." Retrieved from https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-collaboration-offices. October 2019.

193 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received July 2019.

194 U.S. Department of Health & Human Services, Administration for Children and Families, Office of Head Start. (2019). "Policy & Regulations." Retrieved from https://www.acf.hhs.gov/ohs/policy. November 2019.

195 Colorado Department of Human Services and Colorado Department of Education. "Program Frequently Asked Questions." Retrieved from https://www.coloradoshines.com/programs?p=Frequently-Asked-Questions-Program. October 2019.

196 U.S. Department of Human Services, Administration of Children and Families, Head Start Early Childhood Learning & Knowledge Center. "Head Start Programs." Retrieved from https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-programs. October 2019.

197 Colorado Department of Human Services, Office of Early Childhood, Head Start Collaboration Office. (2018). Special Data Request Received August 2019.

198 Colorado Department of Human Services, Office of Early Childhood. (2017). "Colorado Head Start Center Types and Total Slots by County." Retrieved from https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/41000000CfvQ/yWj4ULcG_vqk7OnQGe2Rk2RV1lwQ7a1V31C2.IGcC6g. August 2018.

199 U.S. Department of Human Services, Administration of Children and Families, Head Start Early Childhood Learning & Knowledge Center. "Head Start Policy & Regulations. 1302.15 Enrollment." Retrieved from https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-15-enrollment. October 2019.

200 The National Institute for Early Education Research. (2016). "State(s) of Head Start." http://nieer.org/wp-content/uploads/2016/12/HS_Full_Reduced.pdf.

201 Colorado State Legislature. (2019). "Senate Bill 19-207: FY 2019-20 Long Bill — Human Services." Retrieved from https://leg.colorado.gov/sites/default/files/documents/2019A/bills/2019a_hum_act.pdf.

202 Colorado Department of Human Services, Office of Early Childhood. (2018). "CCCAP Family Income Guidelines." Retrieved from https://docs.google.com/spreadsheets/d/1WzobLnLoxGbN_JfTuw3jUCZV5N7IA_0uvwEkIoMt3Wk/edit?usp=sharing. October 2019.

203 Colorado Department of Human Services, Office of Early Childhood. "CCCAP Child Authorization Data." Special Data Request Received July 2019.

204 Colorado Department of Human Services, Office of Early Childhood. "CCCAP Licensed Providers." Special Data Request Received July 2019.

205 Butler Institute for Families. (2019). Special Data Request Received September 2019.

206 Colorado Department of Human Services, Office of Early Childhood. "Preschool Development Grant Qualified Exempt Report." Special Data Request Received July 2019.

207 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

208 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

209 Butler Institute for Families. (2019). Special Data Request Received September 2019.

210 Butler Institute for Families. (2019). Special Data Request Received September 2019.

211 Denver Preschool Program. (2019). "Denver Preschool Program." Retrieved from www.dpp.org. December 2019.

212 Early Childhood Options. "Summit Pre-K Program." Retrieved from https://www.earlychildhoodoptions.org/copy-of-summit-pre-k-program. October 2019.

213 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

214 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

215 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

216 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

217 Schimke, A. (2019). "As lawmakers consider major preschool expansion, Colorado providers want more than just extra seats." Chalkbeat. Retrieved from https://www.chalkbeat.org/posts/co/2019/02/14/as-lawmakers-consider-major-preschool-expansion-colorado-providers-want-more-than-just-extra-seats/. October 2019.

218 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

219 Colorado Department of Education. (2020). "Colorado Preschool Program Legislative Report 2020." Special Data Request Received November 2019.

220 Colorado Department of Education. (2020). "Colorado Preschool Program Legislative Report 2020." Special Data Request Received November 2019.

221 Colorado Department of Education. (2019). Special Data Request Received November 2019.

222 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

223 Colorado Department of Education. (2019-20). Special Data Request Received November 2019.

224 Colorado Department of Education. (2019). "CPP and ECARE at a Glance." Retrieved from https://www.cde.state.co.us/cpp/cppfacts. December 2019.

225 Colorado Department of Education. (2019). "Preschool Special Education Services." Retrieved from https://www.cde.state.co.us/early/preschoolspecialed. October 2019.

226 Colorado Department of Education. (2019). "Preschool Special Education Services." Retrieved from https://www.cde.state.co.us/early/preschoolspecialed. October 2019.

227 Colorado Department of Education. "IDEA, Early Intervention and Preschool Special Education Key Differences." Retrieved from https://www.cde.state.co.us/early/candbcomparison. October 2019.

228 U.S. Department of Health and Human Services. (2011). "State Issues and Innovations in Creating Integrated Early Learning and Development Systems." http://ascend.aspeninstitute.org/wp-content/uploads/2017/10/State20Issues202620Innovations20Report.pdf.

229 U.S. Department of Health and Human Services. (2011). "State Issues and Innovations in Creating Integrated Early Learning and Development Systems." http://ascend.aspeninstitute.org/wp-content/uploads/2017/10/State20Issues202620Innovations20Report.pdf.

230 Early Childhood Technical Assistance Center. (2017). "State Child Outcomes Data Profile: Colorado Part B 619." https://www.cde.state.co.us/resultsmatter/cochildoutcomes.

231 Colorado Department of Education. (2019). Special Data Request Received November 2019.

232 Program data provided by CDE in August 2019. "2018-19 CPP and Preschool Special Ed Data for PDG."

233 Program data provided by CDE in August 2019. "2018-19 CPP and Preschool Special Ed Data for PDG."

234 Colorado Department of Education. (2019). Special Data Request Received December 2019.

235 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing positive outcomes for children and families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

236 ZERO to THREE. (2019). "Better outcomes for babies: Key practices of cross-system collaboration." https://www.zerotothree.org/resources/2595-better-outcomes-for-babies-key-practices-of-cross-system-collaboration.

237 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing positive outcomes for children and families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

238 Center for the Study of Social Policy. (2015). "Core Meanings of the Strengthening Families Protective Factors." https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf.

239 Council for a Strong America. (2018). "Parenting Works: The Public Safety and Economic Benefits of Home Visiting." https://strongnation.s3.amazonaws.com/documents/268/02681bb6-8111-4dfd-862e-d0821f9ef830.pdf?1517331383&inline;%20filename=%22The%20Public%20Safety%20and%20Economic%20Benefits%20of%20Home%20Visiting.pdf.

240 Council for a Strong America. (2018). "Parenting Works: The Public Safety and Economic Benefits of Home Visiting." https://strongnation.s3.amazonaws.com/documents/268/02681bb6-8111-4dfd-862e-d0821f9ef830.pdf?1517331383&inline;%20filename=%22The%20Public%20Safety%20and%20Economic%20Benefits%20of%20Home%20Visiting.pdf.

241 Colorado State Demography Office, Department of Local Affairs. (2017). "Population by Single Year of Age – County." https://demography.dola.colorado.gov/population/data/sya-county/. Based on population forecast for 2019.

242 Family Resource Center Association. "Member Center Contact Information." Retrieved from http://www.cofamilycenters.org/centers/member-family-resource-centers/. October 2019.

243 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

244 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

245 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

246 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

247 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

248 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

249 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

250 Robert Wood Johnson Foundation. (2018). "Social-Emotional Development in the First Three Years." https://www.rwjf.org/en/library/research/2018/04/social-emotional-development-in-the-first-three-years.html.

251 The Center for High Impact Philanthropy. (2019). "Invest in a Strong Start for Children." https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/strategies-for-donors/weave-a-web-of-support-for-kids-and-their-families/incredible-yearsinvest-in-kids/.

252 The Center for High Impact Philanthropy. (2019). "Invest in a Strong Start for Children." https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/strategies-for-donors/weave-a-web-of-support-for-kids-and-their-families/incredible-yearsinvest-in-kids/.

253 Colorado Department of Public Health and Environment, Center for Health and Environmental Data. (2017). "Colorado Child Health Survey." https://www.colorado.gov/pacific/cdphe/behaviorsurvey.

254 Schaack, D.D., and V. Le. (2017). "The Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

255 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

256 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received September 2019.

257 Colorado Department of Education. (2019). Special Data Request Received August 2019.

258 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing positive outcomes for children and families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

259 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing Positive Outcomes for Children and Families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

260 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing Positive Outcomes for Children and Families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

261 Harvard University, Center on the Developing Child. "Resilience." Retrieved from https://developingchild.harvard.edu/science/key-concepts/resilience/. November 2019.

262 Browne, C.H. (2014). "The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper." https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf.

263 Merrick, M.T., et al. (2019). "Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015-2017." MMWR Morb Mortal Wkly Rep 68:999-1005. https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w.

264 Johnson, K. (2018). "Home Visiting Program, Policy, and Finance Overview." Presentation at the National Conference of State Legislatures, Early Childhood Policy Fellows Meeting. June 7, 2018. Retrieved from http://www.ncsl.org/documents/cyf/HomeVisiting_32019.pdf. November 2019.

265 Child Trends. (2017). "State-level data for understanding child welfare in the United States." Retrieved from https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states. November 2019.

266 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

267 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

268 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019.

269 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

270 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

271 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

272 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

273 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

274 Colorado Department of Human Services, Office of Early Childhood. "A Brief Overview of Early Intervention Colorado." Retrieved from http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_QuickLinks?p=home&s=Who-We-Are&lang=en. November 2019.

275 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

276 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

277 Cole, B., et al. (2019). "Report on the Use of Telehealth in Early Intervention in Colorado: Strengths and Challenges with Telehealth as a Service Delivery Method." International Journal of Telerehabilitation 11(1):33-40. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6597149/; Cole, B., et al. (2016). "The Development of Statewide Policies and Procedures to Implement Telehealth for Part C Service Delivery." International Journal of Telerehabilitation 8(2):77-82. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536732/; ZERO TO THREE. (2017). "Colorado Enables Use of Telehealth in Part C Early Intervention." https://www.zerotothree.org/resources/1737-colorado-enables-use-of-telehealth-in-part-c-early-intervention; Colorado Office of Early Childhood. (2016). "The Adoption & Implementation of Telehealth by a Statewide Part C Early Intervention Program." Presentation at the EHDI Conference, San Diego, California. March 15, 2016. Retrieved from https://ehdimeeting.org/Archive/2016/System/Uploads/pdfs/Tuesday_Pacific%20Salon%2067_345_BethCole_2071.pdf. October 2019.

278 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

279 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

280 Early Intervention Colorado. "Training." Retrieved from http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_Professionals?p=Professionals&s=Training-EI&lang=en. October 2019.

281 Early Intervention Colorado. (2017). "Using Telehealth to Serve Children in Early Intervention." JFK Partners and HCP Webinar. February 16, 2017. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschool/programs/JFKPartners/educationtraining/Documents/2%20-%20Cole.pdf. October 2019; Colorado Office of Early Childhood. (2016). "The Adoption & Implementation of Telehealth by a Statewide Part C Early Intervention Program." Presentation at the EHDI Conference, San Diego, California. March 15, 2016. Retrieved from https://ehdimeeting.org/Archive/2016/System/Uploads/pdfs/Tuesday_Pacific%20Salon%2067_345_BethCole_2071.pdf. October 2019.

282 Colorado Department of Human Services, Office of Early Childhood. "Find Your Local Community Centered Board." Retrieved from http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_CCB?lang=en. November 2019.

283 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

284 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

285 Colorado Department of Education. (2019). "Preschool Special Education Services." https://www.cde.state.co.us/early/preschoolspecialed.

286 Colorado Department of Public Health and Environment. "Health Statistics Region Map Key." Retrieved from https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf. November 2019; Office of Behavioral Health Prevention Services. (2019). "Statewide Training and Technical Assistance Substance Abuse Prevention Project." Retrieved from https://obhpreventionservices.org/. September 2019.

287 U.S. Census Bureau. (2019). "2020 Census - Investigating the Undercount of Young Children. Summary of Recent Research."https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2020-report-2010-undercount-children-summary-recent-research.pdf

288 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

289 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

290 Colorado Department of Human Services. (2017). "Colorado Community Response program expands to Denver County." https://www.denvergov.org/content/dam/denvergov/Portals/692/documents/2017-02-28%20Colorado%20Community%20Response%20expansion.pdf; Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

291 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

292 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

293 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

294 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

295 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

296 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

297 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

298 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

299 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

300 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

301 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

302 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

303 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Household Income in the Past 12 Months (In 2017 Inflation-Adjusted Dollars)." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table. November 2019.

304 Colorado Health Institute. (2019). "2019 Colorado Health Access Survey." Retrieved from https://www.coloradohealthinstitute.org/research/CHAS. November 2019.

305 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table. November 2019.

306 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Educational Attainment." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1501&prodType=table. November 2019.

307 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

308 Morgan Family Center. (2019). "Colorado Community Response." Retrieved from https://morganfamilycenter.org/how-we-serve/family-support-programs/colorado-community-response/. November 2019.

309 National Research Council and Institute of Medicine. (2009). "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities." https://www.integration.samhsa.gov/integrated-care-models/IOM_Report_on_Prevention.pdf.

310 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

311 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

312 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

313 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

314 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

315 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

316 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

317 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

318 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

319 Colorado State Demography Office, Department of Local Affairs. (2018). "Population by Single Year of Age – County." https://demography.dola.colorado.gov/population/data/sya-county/. Based on population forecast for 2018.

320 U.S. Census Bureau, American Fact Finder. (2010). "Population, Housing Units, Area, and Density: 2010 - United States -- County by State; and for Puerto Rico." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk.

321 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

322 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

323 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

324 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf; Colorado Department of Human Services. (2016). "New Family Support Services Grants Expand Capacity in Family Resource Centers." https://www.colorado.gov/pacific/cdhs/news/new-family-support-services-grants-expand-capacity-family-resource-centers.

325 Colorado Department of Human Services. (2016). "New Family Support Services Grants Expand Capacity in Family Resource Centers." https://www.colorado.gov/pacific/cdhs/news/new-family-support-services-grants-expand-capacity-family-resource-centers.

326 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

327 Family Resource Center Association. "Members." Member Snapshot PDFs. Retrieved from http://www.cofamilycenters.org/centers/member-family-resource-centers/. October 2019.; Kling, M. (2018). "Family Resource Center Program." https://leg.colorado.gov/sites/default/files/images/ecsrlc_powerpoint_for_family_resource_center_association.pdf.

328 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

329 Department of Health & Human Services Administration for Children and Families. (2009). "Strengthening Families and Communities — 2009 Resource Guide." https://www.childwelfare.gov/pubPDFs/2009guide.pdf.

330 La Plata Family Center. "Family Center Quotes & Success Stories." Retrieved from http://www.lpfcc.org/testimonials.html. October 2019.

331 La Plata Family Center. "Family Center Quotes & Success Stories." Retrieved from http://www.lpfcc.org/testimonials.html. October 2019.

332 Catholic Charities of Central Colorado. "Stories of Hope." Retrieved from https://www.ccharitiescc.org/stories-of-hope/#. October 2019.

333 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

334 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

335 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

336 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

337 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

338 Colorado Family Resource Center Association. (2018). "Family Pathways & CFSA 2.0 Evaluation Report: Office of Early Childhood Family Support Services Grantees." https://earlychildhoodframework.org/wp-content/uploads/2018/12/CO-Family-Resource-Center-Association-Family-Pathways-CFSA-EValuation-11.8.18.pdf.

339 Kling, M. (2018). "Family Resource Center Program." https://leg.colorado.gov/sites/default/files/images/ecsrlc_powerpoint_for_family_resource_center_association.pdf.

340 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

341 Family Resource Center Association. "Member Center Contact Information." Retrieved from http://www.cofamilycenters.org/centers/member-family-resource-centers/. October 2019; Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

342 Kling, M. (2018). "Family Resource Center Program." https://leg.colorado.gov/sites/default/files/images/ecsrlc_powerpoint_for_family_resource_center_association.pdf.

343 The Family Center / La Familia. "Join the Wait List." Retrieved from https://thefamilycenterfc.org/wait-list/. October 2019.

344 Colorado Family Resource Center Association. (2018). "Family Pathways & CFSA 2.0 Evaluation Report: Office of Early Childhood Family Support Services Grantees." https://earlychildhoodframework.org/wpcontent/uploads/2018/12/CO-Family-Resource-Center-Association-Family-Pathways-CFSA-EValuation-11.8.18.pdf.

345 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

346 Colorado Department of Education. (2019). Special Data Request Received August 2019.

347 Colorado Department of Education. (2019). "About Us: Colorado State Library." Retrieved from https://www.cde.state.co.us/cdelib/aboutus. November 2019.

348 Colorado Department of Education. (2019). "Growing Readers Together." Retrieved from https://www.cde.state.co.us/cdelib/growingreaderstogether. November 2019.

349 Colorado Department of Education. (2019). Special Data Request Received August 2019.

350 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

351 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

352 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

353 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

354 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

355 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

356 Colorado Department of Education. (2019). Special Data Request Received August 2019.

357 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

358 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

359 Colorado Department of Human Services Office of Early Childhood. "Family Support Programs - HealthySteps." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Families?p=family&s=Family-Support-Programs&lang=en. October 2019.

360 Assuring Better Child Health & Development. (2018). "HealthySteps." Retrieved from https://www.coloradoabcd.org/healthysteps. November 2019.

361 ZERO TO THREE, HealthySteps. (2018). "HealthySteps Logic Model." https://ztt-healthysteps.s3.amazonaws.com/documents/6/attachments/!HS_LogicModel_05.14.18.pdf?1528481023.

362 Assuring Better Child Health & Development. (2018). "HealthySteps." Retrieved from https://www.coloradoabcd.org/healthysteps. November 2019.

363 Colorado State Legislature. (2019). "Senate Bill 19-207: FY 2019-20 Long Bill — Human Services." Retrieved from https://leg.colorado.gov/sites/default/files/documents/2019A/bills/2019a_hum_act.pdf. November 2019.

364 ZERO TO THREE, HealthySteps. (2017). "The Evidence." Retrieved from https://www.healthysteps.org/the-evidence. November 2019.

365 Assuring Better Child Health and Development. (2019). Special Data Request Received September 2019.

366 Assuring Better Child Health and Development. (2019). Special Data Request Received September 2019.

367 Assuring Better Child Health and Development. (2019). Special Data Request Received September 2019.

368 Parent Possible. (2019). "Home Instruction for Parents of Preschool Youngsters." Retrieved from http://www.parentpossible.org/hippy/. November 2019.

369 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

370 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

371 Parent Possible. (2019). "Home Instruction for Parents of Preschool Youngsters (HIPPY) Statewide Snapshot Report 2018-2019." http://www.parentpossible.org/wp-content/uploads/2019/11/HIPPY-State-Snapshot_2018-2019_9.27.19.pdf.

372 Parent Possible. (2019). "Home Instruction for Parents of Preschool Youngsters (HIPPY) Statewide Snapshot Report 2018-2019." http://www.parentpossible.org/wp-content/uploads/2019/11/HIPPY-State-Snapshot_2018-2019_9.27.19.pdf.

373 Parent Possible. (2018). "2018 HIPPY Evaluation." http://earlychildhoodframework.org/wp-content/uploads/2019/01/2018-HIPPY-Evaluation-Parent-Possible-12.21.18.pdf.

374 The Incredible Years. (2013). "The Incredible Years® Programs." Retrieved from http://www.incredibleyears.com/programs/. November 2019.

375 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

376 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

377 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

378 Invest in Kids. (2019). Special Data Request Received November 2019.

379 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

380 Invest in Kids. (2019). Special Data Request Received October 2019.

381 Invest in Kids. (2019). Special Data Request Received October 2019.

382 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

383 Nurse-Family Partnership. (2019). "Colorado." Retrieved from https://www.nursefamilypartnership.org/locations/colorado/. November 2019.

384 Nurse-Family Partnership. (2014). "Nurse-Family Partnership: Overview." https://www.nursefamilypartnership.org/wp-content/uploads/2017/07/NFP_Overview.pdf.

385 Invest in Kids. (2019). Special Data Request Received September 2019.

386 Invest in Kids. (2019). Special Data Request Received November 2019.

387 Invest in Kids. (2019). Special Data Request Received September 2019.

388 Nurse-Family Partnership. (2019). "Better Pregnancy Outcomes". Retrieved from https://www.nursefamilypartnership.org/about/proven-results/1386-2/. November 2019; Thorland, W., and D. Currie. (2017). "Status of Birth Outcomes in Clients of the Nurse-Family Partnership." *Maternal and Child Health Journal* 21(5), 995-1001; Thorland, W., et al. (2017). "Status of Breastfeeding and Child Immunization Outcomes in Clients of the Nurse-Family Partnership." *Maternal and Child Health Journal,* 21(3), 439.

389 Nurse-Family Partnership. (2019). "Colorado." https://www.nursefamilypartnership.org/wp-content/uploads/2019/07/CO_2019-State-Profile.pdf.

390 Invest in Kids. (2019). Special Data Request Received September 2019.

391 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

392 Nurse-Family Partnership. (2019). "Colorado." https://www.nursefamilypartnership.org/wp-content/uploads/2019/07/CO_2019-State-Profile.pdf.

393 Parent Possible. (2019). "Parents as Teachers." Retrieved from http://www.parentpossible.org/pat/. November 2019.

394 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

395 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

396 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

397 Parent Possible. (2019). Special Data Request Received September 2019.

398 Parent Possible. (2019). Special Data Request Received September 2019.

399 Parent Possible. (2018). "Parents as Teachers (PAT): Statewide Snapshot Report 2017-2018." http://www.parentpossible.org/wp-content/uploads/2018/09/PAT-State-Snapshot_2017-18.pdf.

400 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

401 Parent Possible. (2019). Special Data Request Received September 2019.

402 Colorado Department of Human Services, Office of Early Childhood. "Promoting Safe and Stable Families." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Families?p=Family&s=Other-Assistance-Programs&lang=en. October 2019.

403 Colorado Department of Human Services, Office of Early Childhood. (2017). "CDHS Awards Grants to Counties to Help Keep Families Together." https://www.colorado.gov/pacific/cdhs/news/cdhs-awards-grants-counties-help-keep-families-together.

404 Capacity Building Center for States. "Promoting Safe and Stable Families." Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/105742.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D105742%27%29&m=1. October 2019.

405 Capacity Building Center for States. "Promoting Safe and Stable Families." Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/105742.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D105742%27%29&m=1. October 2019.

406 Office of Early Childhood, Department of Human Services (2019). Special Data Request Received November 2019.

407 Office of Early Childhood, Department of Human Services (2019). Special Data Request Received September 2019.

408 Children's Defense Fund. (2018). "The Family First Prevention Services Act." https://www.childrensdefense.org/wp-content/uploads/2018/08/family-first-detailed-summary.pdf.

409 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019.

410 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

411 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019; Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

412 Capacity Building Center for States. "Promoting Safe and Stable Families." Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/105742.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D105742%27%29&m=1. October 2019.

413 Office of Children and Families in the Courts. (2009). "Family Group Decision Making."Retrieved from http://www.ocfcpacourts.us/parents-and-families/family-group-decision-making. October 2019.

414 Family Nurturing Center. "Nurturing Fathers' Programs." Retrieved from https://www.familynurturing.org/programs/nurturing-fathers-programs. October 2019.

415 Child Welfare Information Gateway. "Respite Care Programs." Retrieved from https://www.childwelfare.gov/topics/preventing/prevention-programs/respite/. October 2019.

416 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019.

417 CO4Kids. (2019). "Colorado Maltreatment Prevention Framework for Action." Retrieved from http://co4kids.org/framework. November 2019.

418 Colorado State University Social Work Research Center School of Social Work. (2017). "SafeCare Colorado Pilot Project Evaluation Report." http://media.wix.com/ugd/97dde5_76ce9182827446e7820435b31669fc53.pdf.

419 Georgia State University School of Public Health. (2015). "SafeCare: Stronger Families | Brighter Futures." https://safecare.publichealth.gsu.edu/files/2015/04/Overview-of-SafeCare-brochure-3-16-15.pdf.

420 Colorado State University College of Health and Human Sciences and Colorado Department of Human Services Office of Early Childhood. (2019). "Evaluation Brief: SafeCare Colorado Cost Comparison Findings." Special Data Request Received November 2019.

421 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

422 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

423 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

424 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

425 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019; Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

426 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

427 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

428 Colorado Department of Human Services, Office of Children, Youth & Families, Division of Child Welfare. (2018). "Colorado 2019 Annual Progress and Services Report." retrieved from https://drive.google.com/drive/folders/0B32vshZrERKsd0JRZTdSQ0k0QzQ. November 2019.

429 Colorado Department of Human Services, Office of Children, Youth & Families, Division of Child Welfare. (2018). "Colorado 2019 Annual Progress and Services Report." retrieved from https://drive.google.com/drive/folders/0B32vshZrERKsd0JRZTdSQ0k0QzQ. November 2019.

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