

Early Childhood Framework

Boulder County

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



KEY LEADERS FROM THE FOLLOWING EARLY CHILDHOOD GROUPS CREATED, REVIEWED, AND SUPPORTED THE EARLY CHILDHOOD FRAMEWORK FOR BOULDER COUNTY:

The Acorn School for Early Childhood Development
Aspen Family Services
Boulder County Association for the Education of Young Children
Boulder County Department of Community Services
Boulder County Department of Human Services
Boulder County Head Start
Boulder County Movement for Children
Boulder County Public Health
Boulder Day Nursery Association
Boulder Journey School
Boulder Valley School District
Center for Alternative and Responsible Education (CARE)
City of Boulder, Department of Housing and Human Services
Colorado Department of Education
Colorado Department of Human Services
Colorado State University Extension of Boulder County
Colorado Statewide Parent Coalition
Dental Aid
Denver University Graduate School of Social Work
Foothills United Way
Front Range Community College
Imagine!
Invest in Kids
Mental Health Center Serving Boulder and Broomfield Counties
Office of Lt. Governor Barbara O'Brien
Parenting Place
People's Clinic
Representatives of parents with children under 5 years old
St. Vrain Valley School District
Temple Hoyne Buell Foundation
University of Colorado Boulder
Wild Plum Center for Young Children and Families
YWCA of Boulder County



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GOALS

READY COMMUNITY

The community recognizes the importance of early childhood as integral to the quality of life in Boulder County and as a critical part of the continuum of social equity. The community implements policies which support all families with young children throughout the County.

READY EARLY CARE AND EDUCATION

Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of children and families. Early care and education includes early childhood education programs (publicly and privately funded), child care centers, family child care homes, and family, friend, and neighbor care.

READY FAMILY

The family is empowered to nurture their child's healthy growth and development as their child's first and best teacher. The family has access to programs and services to support their child's development and can advocate effectively for their child(ren).

READY CHILDREN

A child arrives ready for school: healthy, well adjusted, and having been exposed to the fundamentals of learning.

Outcomes

EARLY LEARNING

- Increased access to high quality early learning opportunities for children ages birth to five.
- Increased percentage of children meeting developmental milestones to promote school readiness.
- Increased percentage of children with special needs who receive consistent early learning services and support.
- Decreased gaps in school readiness and academic achievement between populations of children.
- Increased percentage of early childhood professionals accessing formal education and professional development opportunities.
- Increased compensation packages for early childhood professionals commensurate with experience and education.
- Increased capacity and number of high quality, publicly funded programs.

FAMILY SUPPORT AND EDUCATION

- Increased percentage of families who provide safe, stable, and supportive environments.
- Increased access to affordable, high quality, culturally competent child care and early education.
- Increased percentage of eligible families utilizing financial assistance to enroll in child care and early education programs.
- Improved family and community knowledge and skills to support children's nutrition, wellness, health and development.
- Increased availability and utilization of high quality parenting/child development information, early childhood services, and supports.
- Increased family engagement and leadership at program, community, and policy levels.
- Increased availability and use of family literacy services and supports.
- Increased coordination of early childhood program services and supports for families and children who are at-risk or have special needs.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Increased knowledge and practice of supportive, nurturing behaviors within families.
- Increased access to mental health services for all children and families.
- Increased percentage of mental health professionals serving young children and families.
- Increased percentage of supportive and nurturing environments that promote children's healthy social and emotional development.
- Increased percentage of early childhood professionals with training in social emotional development and skills and strategies for serving children.
- Increased community awareness about the importance of healthy social emotional development and resiliency in children.

HEALTH

- All children covered by consistent health and dental insurance.
- Increased percentage of health care providers (primary care physicians, dentists, ophthalmologists, optometrists, other specialists) who accept Medicaid & CHP+.
- Increased percentage of children who receive a medical home approach (comprehensive, coordinated care).
- Increased percentage of children who are fully immunized.
- Increased percentage of women giving birth with timely, appropriate prenatal care and healthy birth outcomes.
- Improved children's health status including:
 1. Oral
 2. Visual
 3. Auditory
 4. Developmental
 5. Children with special needs

ECCBC

Countywide Convener

Develop Funding Strategies

Impact Policy

Build Public Awareness

Accountability

Improve Quality

THIS WORK IS GUIDED BY THE FOLLOWING PRINCIPLES:

- **Comprehensive and Inclusive** in its design to meet the needs of all children and families.
- **Family and Child-centered** in a way that values the uniqueness of each child and each family, builds on family strengths and is responsive to unique needs.
- **Focused on prevention** through promotion of physical, social-emotional, cognitive, and language development of children; and early identification and intervention services for children with special health care needs, mental health concerns, disabilities, or developmental delays.
- **Affordable, accessible, and available** to ensure that parents have choices in utilizing high quality, culturally competent services for their children.
- **Coordinated and Integrated** to promote seamless and flexible service delivery, prevent gaps and duplication, maximize resources, and leverage the strengths of the existing system.
- **Accountable** to the community and funders through monitoring of outcomes and indicators and a commitment to continuous quality improvement.
- **Sustainable** through stable funding mechanisms, governance, and infrastructure for services.

EARLY LEARNING

- Explore feasibility of the Parent Provider Assistance Package (PPAP), a market-based approach that provides financial assistance to early childhood professionals and families.
- Expand cultural brokering.
- Provide Expanding Quality for Infants and Toddlers training more than once per year.
- Explore incentives for early childhood professionals to:
 - Serve infants and toddlers.
 - Serve children with special needs.
- Increase training opportunities and ongoing support for professionals serving children with special needs.
- Increase outreach and training to unlicensed child care workforce and families.
- Remove barriers to formal education for the early childhood workforce.
- Seek opportunities for partnerships to make trainings available to more early childhood professionals in Boulder County.
- Recommend to the Finance Task Force that paying ECE professionals a living wage should be a top priority.
- Pursue strategies to support the ongoing development and practice of new skills and knowledge such as on-site coaching and mentoring.
- Review compensation initiatives from other communities to determine their application for Boulder County.
- Explore differential reimbursement based on quality of early childhood professional staff education, program quality, environment quality.
- Increase availability of community resources and support networks for early childhood professionals.
- Advocate at the federal level to develop policies that expand Head Start programming to assure services for all eligible children.
- Implement Early Head Start.
- Advocate at the federal, state, and local levels for increased/universal access to high quality early childhood programs.

FAMILY SUPPORT AND EDUCATION

- Provide tools and information to families to strengthen their engagement and involvement in their children's lives.
- Expand Bright Beginnings – education to parents of newborns, home visitations to include health issues.
- Consider at-home infant care options (subsidizing low income parents who stay home with young children).
- Support the preservation of home language and culture.
- Reduce the stigma attached to family support services.
- Develop and/or expand parent supports for common ties (cultural/language/geographic).
- Establish a benchmark of what percent of family income should go toward early childhood programs. Use benchmark to establish a countywide system of subsidy.
- Provide wrap around services for part-time programs.
- Expand CLIFF and GAP subsidy program countywide.
- Provide subsidy payments that are at least 100% of the average market rate to allow full access to a range of options for low-income families.
- Conduct an analysis of CCCAP utilization to identify strengths and barriers of the program and develop appropriate policy recommendations.
- Provide easy to use developmental tools – Information on how to screen and how to obtain assessments and interventions.
- Pursue a systemwide approach to measuring and promoting quality that is inclusive of and accessible to low income families. Consider incentives for professionals and assistance for families such as differential reimbursement based on quality standards.
- Expand system for interagency referrals with multiple means of access to information.
- Provide information to families to facilitate connection to services and support and make enrollment available via multiple sites and methods.
- Provide parent education, consultations, and appropriate referrals aligned with Child Care Aware accreditation standards.
- Provide training models that strengthen and support family leadership.
- Promote parent and early childhood professional partnerships that intentionally share responsibility to work with professionals specific to the child's needs.
- Focus on education and support for parents and teachers on the importance of early language and literacy for all children.
- Assess and address unmet need for adult education and family literacy.
- Provide enhanced referrals and consultation for target populations (homeless, non-English speaking, special needs, and challenging behaviors).
- Assess and address transportation issues.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Broaden implementation of prevention based programs (Kid Connects, Incredible Years).
- Increase utilization of the Devereux Early Childhood Assessment.
- Identify, assess and address unmet need for intensive family intervention.
- Expand family support programs and services - Inclusive of all providers of services to families in the social emotional and mental health domain (Nurse Family Partnership, Community Infant Project, Head Start, Colorado Preschool Program, Bright Beginnings, the Nurturing Parent Program, Parenting Place, Kid Connects, Love & Logic training).
- Educate early childhood professionals about mental health resources available to children and families (Parent Resource Directory, bouldercountyhelp.org, earlychildhoodbouldercounty.org, mhcbbc.org).
- Increase the number of mental health professionals who accept Medicaid, CHP+, and sliding scale.
- Increase social emotional training opportunities for all early childhood professionals (PASO, Kid Connects, Pyramid Model).
- Increase training for program administrators about workplace environments (Reflective practice & supervision, Model Work Standards, Kid Connects, mediation & conflict resolution).
- Make continuum of support available for early childhood professionals (on-site mental health consultation, mentoring, coaching, mental health liaison).
- Explore options for differential subsidy reimbursement rates for programs whose staff complete specialized social emotional training.
- Increase measurement of the social emotional environment in early childhood education settings (CLASS Assessment, Arnett Caregiver Interaction Scale).
- Promote specialized training based on promotion, prevention and intervention within the early childhood social and emotional field (The Pyramid Model for promoting children's social emotional development and preventing challenging behavior and social emotional credentialing through the Office of Professional Development).
- Identify ways to educate the public about the needs and potential of young children.
- Promote the understanding of challenging behaviors and the benefit of early identification and intervention.

HEALTH

- Expand and increase public awareness of:
 - The Child Health Promotion Program
 - Community Infant Program (CIP)
 - Prenatal Plus Program
 - Genesis and other Teen Parenting Programs
 - Nurse Family Partnership.
- Implement the Assuring Better Child Health and Development (ABCD) Project.
- Support Boulder County Healthy Kids Initiative - Enroll and renew children in CHP+ and Medicaid; increase access to preventive care.
- Expand eligibility criteria for public health/dental insurance - greater than 250% FPL for CHP+ and greater than 100% FPL for Medicaid.
- Decrease barriers to renewing public health/dental insurance on a permanent basis.
- Partner with state level organizations to implement policies that increase reimbursement rates and decrease administrative burdens.
- Promote and support use of standards for a Medical Home approach.
- Support Boulder County Immunization Coalition Activities.
- Promote immunizations given by child's medical home.
- Allow early childhood professionals to view the state immunization registry.
- Increase public awareness of importance of prenatal care.
- Provide early maternal depression screening for all women and treatment as needed.
- Provide dental care for all pregnant women.
- Increase access to hearing, vision, developmental and dental screenings and treatment.
- Improve well-child care to include literacy and language development.
- Promote school-based health care.
- Apply fluoride varnishes to children starting at age 1.
- Improve and expand health education to all parents including fathers.

CUT LINE

Note: Highlights indicate top 10 priorities as determined by the Advisory Council - June 2010.

CUT LINE

indicators

EARLY LEARNING

- Number of licensed early childhood centers
- Number of licensed family home professionals
- Number of CCCAP licensed programs for infant, toddlers, and preschoolers
- Number of Qualistar rated family child care homes
- Number of Qualistar rated early childhood programs
- Number of accredited (NAEYC, NAFCC, NECPA) early childhood programs
- Percent of Colorado Preschool Program participants achieving kindergarten readiness
- Percent of 3rd graders achieving proficiency on CSAP tests
- Number and types of credentials obtained by early childhood professionals
- Average hourly wage for early childhood professionals
- Number of licensed Spanish-speaking early childhood professionals

- *Percent of children achieving school readiness*
- *Percent of early childhood professionals with training and/or experience serving children with special needs*

FAMILY SUPPORT AND EDUCATION

- Number of families receiving Child Care Resource and Referral services
- Number of families receiving enhanced Child Care Resource and Referral services (including homeless, non-English speaking, special needs, and challenging behaviors)
- Average weekly price of center based care for infants, toddlers, and preschoolers
- Average weekly price of family child care home care for infants, toddlers, and preschoolers
- Number of public dollars spent to subsidize early childhood programs (CPP, Head Start, Gap/Cliff, CCCAP, special education)
- Percent children eligible but not served in Head Start
- Number of children referred to Child Find for special needs screening
- TANF enrollment rate
- WIC enrollment rate
- Affordable housing rate

- *Number of families receiving education regarding child development and early care and education*
- *Percent of children referred to Child Find for special needs screening who are evaluated and percent of those evaluated who qualify for services*
- *Utilization of transportation assistance*
- *Percent children eligible but not served in CCCAP*
- *Parent participation and leadership in program, community, and state level policy development*

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Child maltreatment rate
- Out-of-home placement rate

- *Preschool expulsion rate*
- *Children birth – 5 years old receiving mental health services*
- *Children identified with social emotional difficulties*
- *Parents identified with mental health issues*
- *Number of mental health professionals who accept Medicaid and CHP+*
- *Early childhood professionals with training in social emotional development*
- *Early childhood professionals with training in managing children with challenging behaviors*
- *Early childhood professionals with Social and Emotional Health Credential*
- *Early childhood professionals with training in Anti-bias practices including:*
 - Gender
 - Ability
 - Orientation
 - Class
 - Race/ethnicity
 - Culture/language

HEALTH

- Number of children eligible but not enrolled in Medicaid and CHP+
- Percent of children enrolled in WIC who are overweight
- Percent of children enrolled in WIC with iron deficiency anemia
- Percent of children with untreated tooth decay
- Rate of children receiving food stamps
- Percent of pregnancies that are unintended

- *Immunization rate*
- *Number of children receiving developmental, vision, dental, and hearing screenings*
- *Number of Medicaid-enrolled children seeing a dentist by age 1*
- *Number of children in need of dental surgery for severe oral health problems*
- *Number of uninsured children not eligible for publicly funded health insurance*

Note: Indicators in italics are *emerging*, meaning they have been deemed important but are not currently being measured.