



**Expert Committee
Report to the Community:
Recommendations on Program and Service Priorities**

**Prepared by
The Early Childhood Council of Boulder County
(December, 2008)**

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This report is part of an ongoing effort of many individuals, including local, statewide, and national early childhood professionals as well as representatives from all sectors of Boulder County's communities. ECCBC is thankful for guidance and ongoing feedback from the following people and organizations:

ECCBC Board of Directors

ECCBC Community members

ECCBC Steering Committee

ECCBC Expert Committee

ECCBC Advisory Council

Attendees of Community Finance Forums

ECCBC staff

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Report to the Community:
Recommendations on Program and Service Priorities
For a Comprehensive Early Childhood System in Boulder County

Executive Summary

The Early Childhood Council of Boulder County (ECCBC) is a collaborative network of more than 150 local organizations and individuals. It is the primary forum for the countywide planning process that includes the coordination of programs and policies related to families and young children. ECCBC has been working toward the implementation of a comprehensive system of early childhood programs and services for Boulder County since its inception in 1996. In pursuit of the design of a comprehensive system, ECCBC has been engaged in an extensive system development process in collaboration with many countywide stakeholders.

This document summarizes the results of a key step in the process: the convening of a committee of early childhood experts. Boulder County is fortunate to have a strong base of professionals with extensive expertise in early childhood programs and services. As part of the ECCBC system development process, 25 of these professionals were convened as the Expert Committee charged with identifying: the key services and programs that comprise a comprehensive early childhood system, the needs and gaps in current service delivery, and the top priorities for development and/or expansion of services and programs. This group relied on a wealth of local data, expertise at the state and national levels, and committee deliberations to fulfill their charge. As a result, the Expert Committee identified six top priorities to be addressed in order to achieve the vision of a comprehensive early childhood system in Boulder County:

Priority #1: Child care and early education providers will be paid a wage that is commensurate with qualifications and responsibilities.

A community that values children must also value the workforce that serves those children. Child care and early education providers typically earn considerably less than their counterparts in other fields with equivalent education and experience, which contributes to the high turnover seen in this field. Compensation is one of the top determinants of program quality as it is linked to turnover as well as other factors such as provider qualifications, ability to access ongoing education and training opportunities, and provider morale. Compensation initiatives adopted in other communities have demonstrated success in improving the educational qualifications and retention of the child care and early education workforce.

Priority #2: All families will have access to preventive health, dental health and mental health services including screening and referrals.

Research shows that children learn better when they are healthy, and early detection and treatment of vision, hearing, dental, and developmental concerns increases the likelihood of academic success. While data is limited on the prevalence of mental health issues in Boulder County, the Expert Committee identified undetected mental health needs of families as a key area of concern. Universal health (to include dental health) and mental health screening allows for a prevention-based approach, and would reduce the number of children and families who “fall through the cracks.”

Priority #3: Child care and early education subsidy programs will promote equity and quality for all families.

Current child care subsidy programs do not have the capacity to serve all eligible families. Families participating in subsidy programs may not have the same options for child care as “full pay” families for various reasons. Reasons include limited incentives for providers to accept families in subsidy programs, perceived barriers to accepting low-income families, and subsidized slots that are part time and may not meet the needs of working parents. Furthermore, many families do not qualify for income-based subsidy programs but are still unable to afford high quality child care and early education. The Experts recommend a countywide system of subsidy that establishes a benchmark percent of family income to be spent on child care and early education for young children.

Priority #4: Unmet demand for child care and early education will be quantified and addressed.

The Experts agree that there is unmet demand for quality, affordable care across the board, and particularly for the following groups: infants and toddlers, children with special needs, and Spanish-speaking children. A countywide child care and early education needs assessment will be completed in the summer of 2009 and will provide important information to quantify unmet demand. In the meantime, existing data and anecdotal evidence are compelling. The Experts agree that efforts to address and more precisely quantify unmet demand should occur simultaneously.

Priority #5: Child care and early education providers will be equipped to address the whole child.

Addressing the *whole child* includes understanding the critical links between early learning, physical and social-emotional well-being, cognitive, first and second language development, and family and cultural values. The Experts indicated that while training for providers is important in increasing their ability to address the whole child, there is a gap between learning that takes place and the implementation of knowledge in day-to-day interactions with children. Ongoing, on-site coaching and mentoring would help connect knowledge and practice in a sustainable and effective way.

Priority #6: Native language and literacy will be supported for all children and families.

Parental literacy is one of the single most important indicators of a child’s school readiness and the Experts identified a need for greater appreciation of the connection between parental and child literacy. Furthermore, research indicates that cognitive and academic development in the first language has a vital and positive effect on second language schooling; if children do not reach a minimal threshold in their first language, including literacy, they may experience cognitive difficulties in the second language. Assessing unmet demand for child care and early education for Spanish-speaking children, as proposed above, will be an essential step in addressing this priority.

Other Key Considerations

The importance of parent engagement and family support

Parental behavior during the early years of a child's life is critical to the development of positive social and cognitive skills in children.¹ Model programs such as the High/Scope Perry Preschool Project that have demonstrated lasting benefits and return on investment have included intensive work with parents to create meaningful connections between home and school.² An overarching theme to the Expert Committee dialogue was the importance of engaging and supporting parents as the primary teachers and nurturers of their children, something that should be emphasized in pursuing all of the priorities and recommendations of this report. Providing services and programs for parents can be challenging, as parents' knowledge, interests, and preferences are diverse. The input of parents will be vital throughout the design and implementation of additional services and programs.

The importance of public support for child care and early education

The Expert Committee was charged with identifying gaps in services and programs. However, a major gap identified in their process is one involving the broader community: that child care and early education needs to be recognized and valued as a public investment and human right. An extensive body of research demonstrates that investments in high-quality early childhood programs yield substantial short and long-term benefits that far outweigh their initial costs. These benefits are realized not only by participating children and families, but by the community as a whole.³ The Experts felt strongly that a communication campaign to raise awareness and public support in Boulder County would be critical to the successful implementation of a comprehensive early childhood system.

Designing strategies to address these priorities will take concerted effort by many individuals and organizations. The full *Report to the Community* provides additional data, as well as recommendations from the Experts on how each priority could be addressed. It concludes with a summary of next steps that will ensure that the work of the Expert Committee will be used in the design and implementation of a comprehensive early childhood system in Boulder County.

The role of the Expert Committee has now been delegated to the ECCBC Advisory Council to insure that recommendations for the design of a comprehensive early childhood system for all families with young children in Boulder County will be updated "in real time."

Full copies of the *Report to the Community* may be obtained from the ECCBC website: www.earlychildhoodbouldercounty.org or by contacting:

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Additional Expert Committee detailed domain matrices are available at the ECCBC website:
www.earlychildhoodbouldercounty.org.

III. Introduction

The Early Childhood Council of Boulder County (ECCBC) is a collaborative network of more than 150 local organizations and individuals. This is the primary forum for countywide planning and coordination of programs and policy related to families and young children. ECCBC has been working toward the implementation of a comprehensive system of early childhood programs and services for Boulder County since its inception in 1996.

ECCBC's vision is "to ensure that all young children birth to five in Boulder County are ready to succeed in school and in life." Its mission is "to expand and improve the comprehensive system of quality early childhood services for families in Boulder County." Since 2003 its work has been organized around three primary strategic goals:

1. *To develop and implement a comprehensive early childhood system for Boulder County.*
 - a. Develop sustainable funding.
 - b. Create a shared community vision of child care and early education as a community priority.
2. *To improve the quality of early childhood programs and services in Boulder County.*
 - a. Develop strategies for enhancing compensation for early childhood providers.
 - b. Increase opportunities for professional development.
 - c. Build the capacity of early childhood programs to ensure that all children arrive at kindergarten prepared to succeed in school.
3. *To improve the availability, affordability, and accessibility of early childhood programs and services.*
 - a. Develop a mechanism for a "single point of entry" for services.
 - b. To improve Spanish language skills and cultural competency for family child care homes.

In pursuit of these goals, ECCBC has engaged a broad range of stakeholders in an extensive system development process. A key step in the process was to convene an Expert Committee to help identify early childhood programs and services considered essential to a comprehensive system for Boulder County, identify needs and gaps in the current system, and recommend priorities for system development. This report details that process and the recommendations of the Expert Committee. It is intended to inform policy makers and the broader community on how best to meet the needs of families with young children, and represents a foundational step in the formation of a shared vision for a comprehensive early childhood system in Boulder County.

IV. Expert Committee Process

ECCBC convened an Expert Committee that met from November 2006 through September 2007, with a review of the final report in October 2008. This group brought together particular expertise in early childhood programs and services throughout Boulder County, and included representatives from both local school districts (BVSD and SVVSD), health and mental health programs, family support and parent engagement programs, services for children with special needs, for-profit and not-for-profit child care centers and homes, higher education, and members of the Latino community. In addition to tremendous expertise in the content areas listed above, the Experts brought a collective wealth of experience in service delivery and collaboration, knowledge of best practices, and keen understanding of the needs and gaps in the current network of services and programs in Boulder County.

The work of the Expert Committee was part of a larger state and national conversation that is underway regarding the importance of early childhood issues. The Experts' process was bolstered by expertise at the state and national levels, as well as from other communities. The Experts reviewed several possible county "models" for the Boulder County comprehensive system and determined that Cuyahoga County in Ohio served as the best "fit" for Boulder County. The Experts were kept informed of the progress of the Early Childhood State Systems Team in developing a comprehensive system for Colorado. The OMNI Institute provided guidance throughout the process, particularly in recommending indicators for early childhood services and programs. Dr. Rick Brandon and colleagues from the University of Washington's Human Services Policy Center provided the Expert Committee with expertise on issues of quality and affordability of child care and early education. Many of the Experts themselves serve on other local and state level committees, and this involvement provided key information to our committee deliberations.

The Experts relied on a wealth of local data that has been collected in several key publications including:

- The Boulder County Child Care Needs Assessment, 2000,⁴
- The Latino School Readiness Report, 2003,⁵
- The annual "Status of Children in Boulder County Report" issued by the Boulder County Movement for Children,⁶ and
- The Head Start needs assessment produced every two years by local Head Start programs that serve the St. Vrain and Boulder Valley School Districts.⁷

The Expert Committee accomplished the following objectives:

- Defined a set of guiding principles,
- Identified goals and strategies,
- Identified major needs and gaps in current programs and services, and
- Recommended priorities for development and/or expansion of services and programs.

The body of this report summarizes the work of the Expert Committee, beginning with the adoption of guiding principles for a comprehensive system of services and programs for families with young children. Section VII. Definitions, includes the definitions of several terms that appear throughout the report and underlie the goals of the Expert Committee for service delivery. Section VIII. Priorities and Recommendations for Services and Programs, contains six key priorities that were determined by the Experts to be of utmost importance in providing comprehensive services and programs. This section also includes statements of need as well as recommendations for addressing each priority. The report concludes with a series of next steps that will continue the momentum generated by the Expert Committee along the continuum of the comprehensive system development process. Much of this work has been delegated to the ECCBC Advisory Council whose membership is made up of many of the representatives of the Expert Committee.

Several key planning documents were developed during the Expert Committee process, and have been appended to this report:

Appendix A: Program Needs and Gaps

This document includes the needs and gaps identified by the Experts with relevant background information, current programs addressing the needs and gaps, and identification of possible additional strategies. This information is structured in alignment with the recommended goals.

Appendix B: Recommended Goals and Indicators for the Comprehensive Early Childhood System

The proposed comprehensive early childhood system is designed to accomplish the four goals adapted from the Colorado School Readiness Project⁸ to suit Boulder County's particular context. Progress toward these goals will be measured by monitoring specific indicators developed in consultation with the Expert Committee, OMNI Institute, and others, and based on national and local research.

Appendix C: Early Childhood Data Summary

This document presents several data elements that informed deliberations of the Experts.

V. Guiding Principles for a Comprehensive Early Childhood System in Boulder County

Based on extensive input from the Expert Committee as well as a broad range of stakeholders, ECCBC has established the following principles to guide the development and ongoing implementation of the proposed comprehensive early childhood system:

- **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.

VI. Definitions

This report includes several terms that are used frequently--and often subject to interpretation--in systems-building work. This section provides additional clarity and definition to these terms as they pertain to the work of the Expert Committee in recommending priorities for early childhood programs and services in Boulder County.

*Comprehensive System*⁹

A comprehensive system refers to several interrelated elements working together toward a common goal: to support the healthy growth and optimal development of all young children in the context of their families. These elements are broadly categorized as **service components** provided to children and families, and the **infrastructure** components that ensure those programs and services are funded, coordinated, and delivered effectively and in a sustainable manner:

Service Components:

- **Child Care and Early Education (or “Early Learning”)**: Services that support cognition, general knowledge, language, and literacy development, and social and emotional abilities in nurturing environments where children can learn what they need to succeed in school and in life.
- **Family Support and Parent Education**: Services that recognize and empower parents¹⁰ as primary nurturers, teachers, and providers for their children, and strengthen the self sufficiency and overall quality of life for families.
- **Social, Emotional, and Mental health**: Services that promote the social and emotional development of children and the early detection of mental health concerns.
- **Health**: Services that promote the physical well-being and motor development of children and the early detection of health problems or developmental delays.

Infrastructure Components:

- **Finance**: To ensure a system that is funded through sustainable mechanisms, that maximizes resources, and ensures affordable and accessible services.
- **Governance and coordination**: To ensure a coordinated system that is guided by leadership with the capacity for key functions such as planning, policy-making, fiscal management, and accountability.

- **Quality assurance:** Comprised of professional development and program evaluation, quality assurance ensures a system driven by a unified set of standards and outcomes and implemented by well-trained professionals.
- **Community engagement:** Outreach and education to ensure that the early childhood system reflects the vision, values, and priorities of the community as a whole, and is responsive to the needs of all community members.

Inclusive

An inclusive system is one that serves *all* children from birth to age five and their families regardless of individual characteristics. Inclusive refers to settings as well, recognizing that child care and early education is provided by parents in their own homes, child care centers, family child care homes, and informal child care providers (such as family, friend and neighbor care and nannies). An inclusive system acknowledges that specific populations may need targeted services due to a variety of reasons such as increased risk (i.e., poverty), special needs, or disengagement.

Cultural competence

Cultural competence refers to the ability to understand and value diverse perspectives and appropriately interact with members of other cultures, socio-economic classes and others in a variety of situations.¹¹ Boulder County is home to children and families from a broad range of backgrounds, and their customs, ways of communicating, values, traditions, and institutions vary accordingly. Of particular importance for the early childhood system is cultural competence when working with families of low socio-economic status, due to the significantly increased risk of poor outcomes for children in this population.

Family and child-centered¹²

Family and child-centered services focus on the needs and welfare of children within the context of their families and communities. Family centered practice recognizes the strengths and uniqueness of family relationships and builds on these strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, as well as foster and adoptive families.

Quality

Quality in child care and early education settings is multifaceted and complex. The term “quality” appears frequently throughout this document, but as this report goes to press, there is no system wide approach for measuring and assuring quality of child care and early education in Boulder County. The table below provides a summary of key components related to quality in child care and early education settings.

Child Care Quality

Research suggests that most of the benefit that children gain from participating in early childhood programs results from a few key program characteristics. Taken together, these ingredients are generally referred to as “program quality.” Several organizations, such as the National Association of Young Children (NAEYC),¹³ the National Association for Family Child Care (NAFCC),¹⁴ the University of North Carolina,¹⁵ Qualistar,¹⁶ and others, have developed a variety of instruments to measure different aspects of quality in early learning programs, some of which are described briefly below.

1) *Teacher-Child Interaction*

How adults interact with children to support language/literacy skills and healthy social-emotional development.

2) *Learning Environment*

Developmentally appropriate learning activities, physical environment, furniture and equipment, health and safety.

3) *Family Engagement*

How the program develops relationships with families, serves as a resource for them and offers them opportunities to be part of their children’s early learning experience.

4) *Training and Education*

Work experience and formal education in early childhood achieved by the providers working in the program.

5) *Adult-to-Child Ratio and Group Size*

Programs with lower ratios and smaller groups allow quality individual learning experiences based on a child’s needs, and provide stimulating learning activities for all children.

6) *Accreditation*

Programs that are accredited through a national accrediting agency (such as NAEYC or the National Association for Family Child Care) are more likely to follow national standards of high-quality early childhood education.

Affordable

This definition applies to what families are able to pay for child care and early education programs and services. While it was not within the charge of the Expert Committee to define affordability, it is a major theme of the needs and priorities for services and programs. The Committee identified the following as possible working definition: child care and early education is considered affordable when families do not have to devote more than 20% of their income in excess of the poverty line to pay for it.¹⁷

VII. Priorities and Recommendations for Programs and Services

As described above, the Expert Committee engaged in an extensive process of identifying services and programs that comprise a comprehensive system, assessing the current system of services and programs for needs and gaps, prioritizing these needs and gaps, and making recommendations for addressing the priorities. More detail on the Committee goals for comprehensive services and programs can be found in Appendix B., and a full listing of needs and gaps that were identified can be found in Appendix A. Prioritizing the needs and gaps was a necessary and challenging undertaking. The Committee considered the following in accomplishing their charge:

- The Guiding Principles (described above),
- Additional information collected on needs and gaps (Appendix A),
- Quantifiable need, measurable impact, and
- Feasibility to address (e.g., through current programming).

The priorities are listed in order as ranked by the Expert Committee. Each priority includes statements on evidence of need, followed by recommendations for how the priority could be addressed.

Priority #1: Child care and early education providers will be paid a wage that is commensurate with qualifications and responsibilities.

Evidence of Need:

- Child care and early education providers typically earn considerably less than their counterparts in other fields with equivalent education and experience.¹⁸
- The landmark *Cost, Quality, and Outcomes Study* concluded that wages for child care and early education providers were the second most important determinant of program quality (with staff-to-child ratios being first).¹⁸
- Compensation is linked to several factors that impact quality such as provider qualifications, ability to access additional education and training, provider morale, and turnover.¹⁹
- Continuity of caregiver is a critical factor in the cognitive as well as social and emotional development of children.¹⁹
- Annual turnover rates for child care and early education providers are high, estimated between 25% and 50% annually, compared to a turnover rate for public school teachers of less than 7%. Programs with the lowest pay have the highest turnover.¹⁹
- The cost of changing regulations and increased requirements creates a burden for child care and early education providers, who are often expected to assume the expenses with little or no increase in compensation.
- A recent survey indicated that teachers in childcare centers in Boulder County are paid an average of \$13.51 per hour.²⁰ Experts indicate that this figure is reflective of survey respondents, but that the average among all teachers is considerably lower. The lowest entry level wage reported on the survey was \$6.00 per hour or \$12,480 annually for a full time position.²⁰

- The Colorado Fiscal Policy Institute calculated a self-sufficiency standard that accounts for cost of living and family size and circumstance. For example, the self sufficiency wage for a single adult with one preschool-aged child in Boulder County is \$21.16 per hour or \$44,012 on a full time annual basis.²¹
- The Institute for Women’s Policy Research concluded that compensation initiatives can improve child care workforce education and retention. Their review of several studies produced recommendations in support of this approach.²²

Recommendations:

- Explore the feasibility of the Parent Provider Assistance Package (PPAP) proposed by Dr. Rick Brandon and colleagues.²³ The PPAP is a market-based approach that supports the cost of high quality child care and early education through financial assistance to providers and a sliding scale for families.
- Review compensation initiatives from other communities to determine their applicability for Boulder County.^{24,25}
- Make addressing the issues of wages a top priority for the Finance Task Force (see section on Next Steps at the end of the report).

Priority #2: *All families will have access to preventive health and mental health and oral health services including screening and referrals.*

Evidence of Need:

- According to Colorado’s Early Childhood Framework (see ECCBC website), all children need access to preventive oral and medical care through coverage by consistent medical and dental insurance.²⁶ In Colorado, 1 in 6 children are without health insurance.²⁷
- Research shows that children learn better when they are healthy, and early detection and treatment of vision, hearing, dental, and developmental concerns increases the likelihood of academic success.²⁸
- Through local health screening programs for children 6 weeks through 6 years, approximately 15% of children were referred for dental treatment; 12% were referred for vision concerns and 10% were referred for hearing problems. When screening primarily Latino children, referrals for dental problems were as high as 80%.
- Local experts see a strong correlation between physical and mental health. For example, untreated dental and/or hearing issues can be associated with behavioral concerns.
- Nationally, 1 in 5 children and youth have a diagnosable mental health disorder; 75% to 80% of children and youth in need of mental health services do not receive them.²⁹
- Maternal depression, alone, or in combination with other risks, can pose serious but often unrecognized barriers to healthy early development and school readiness, particularly for low-income children. Depression in other caregivers (fathers, grandparents, childcare providers) can also negatively influence the early development of children.²⁹
- While data are limited on the prevalence of mental health issues in Boulder County, the Expert Committee identified undetected mental health needs of families as a key area of concern. The Mental Health Center Serving Boulder and Broomfield Counties reports that, of children who receive mental health services in child care and early education settings in Boulder County, approximately:

- 15% are in need of intensive services
- 35% are in need of enhanced services
- 50% would benefit from program-centered, prevention services.
- Children receiving family-based services are more likely to complete treatment.²⁹
- Experts emphasized a need to identify children who may not qualify for special education services but have issues that impact their readiness for school. Universal screening would reduce the number of children who “fall through the cracks”.

Recommendations:

- Expansion of the Child Health Promotion Program.
- Implementation of the Assuring Better Child Health and Development (ABCD) Project.³⁰
- Pursue opportunities for broader utilization of the Devereux Early Childhood Assessment.³¹
- Explore feasibility of broader implementation of prevention-based programming such as Kid Connects³² and Incredible Years.³³
- Assess and address unmet need for intensive family intervention.³⁴

Priority #3: Child care and early education subsidy programs will promote equity and quality for all families.

Evidence of Need:

- In 2006, 11.2% of all children under 18 in Boulder County lived below the Federal Poverty Level (FPL). This represents an increase of 36.7% in the percentage of children living in poverty since 2000; the poverty rate for children under 5 years was 16.7%. Furthermore, the rate of poverty among children in Boulder County is increasing about twice as fast as for the general population.³⁵
- Current subsidy programs do not have capacity to serve all eligible families.
- A recent assessment conducted for Head Start programs in Boulder County indicated a need for 443 more slots for children at 100% of the FPL, and 676 more slots for children at 130% of FPL.⁷
- Many families do not qualify for subsidy programs but are unable to afford high quality child care and early education.
- A considerable proportion of subsidized slots are part time slots (e.g., half day, summers off).
- Families in the Colorado Child Care Assistance Program (CCCAP) do not have the same options for care as “full pay” families, in part due to limited incentives for providers to accept CCCAP families, and perceived barriers to accepting CCCAP children.
- A county wide survey indicated that single heads of households and low-income households were more likely to have difficulty finding care in a convenient location and during hours needed. Hispanic households were more likely to have difficulty finding care of any kind as well as finding affordable care.⁴

Recommendations:

- Pursue a system-wide approach to measuring and promoting quality that is inclusive of and accessible to low income families. Consider incentives for providers and assistance for families such as differential reimbursement based on quality standards.

- Conduct an analysis of CCCAP utilization to identify strengths and barriers of the program and develop appropriate policy recommendations.
- Develop policies that expand Head Start programming to assure services for all eligible children from families at or below 130% of the Federal Poverty Level.
- Establish a benchmark of what % of family income should go toward child care. Use this benchmark to establish a countywide system of subsidy. Make this a top priority of the Finance Task Force (see section X. Next Steps).

Priority #4: *Unmet demand for child care and early education will be quantified and addressed.*

Evidence of Need:

- There are approximately 580 licensed or legally exempt infant slots in Boulder County³⁶ and approximately 3,500 children born here each year.³⁷ While not all infants need care outside their own homes, anecdotal reports of waitlists for infant care and calls to the Child Care Resource and Referral from parents seeking care for infants indicate a severe shortage in available care for this population.
- Infant care that is available is expensive due to the low child:adult ratio needed for caring for young children; centers providing infant care in Boulder run close to \$1,100 per month.³⁸
- Addressing insufficient quantity of infant and toddler care must be partnered with a focus on the quality of care for this very young population.
- The number of children with special needs in Boulder County is difficult to quantify. In 2005 in Colorado approximately 19% of households had at least one child with a special health care need.³⁹ In Boulder County, approximately 400 children are served through Part C, the federal program for infants and toddlers with disabilities under the Individuals with Disabilities Education Act.⁴⁰
- Available slots for children with special needs are also difficult to estimate, due in part to the wide range of needs that are represented in this population and the variation in provider ability to meet these diverse needs. Anecdotal reports from several early childhood experts indicate there is a tremendous shortage of affordable, quality, child care and early education for children with special needs.
- There are not enough Spanish speaking providers in the formal (e.g., licensed) care system, and many Spanish speaking, informal care providers historically have had little or no access to quality child care and early education professional development and support. Recent capacity data indicate that there are 23 licensed Spanish speaking family child care homes. There are an estimated 3,500 Latino children under the age of 6 in Boulder County.⁵ Approximately 21,500 Boulder County residents live in households where Spanish is spoken, and over half the members of this group indicate that they speak English less than “very well.”⁵
- A recent assessment conducted for Head Start programs in Boulder County indicated a need for 443 more slots for children at 100% of FPL, and 676 more slots for children at 130% of FPL.⁷ Accessing affordable child care and early education is not just an issue for low income families. Approximately 28% of children ages birth – 5 fall between 200% and 400% of the Federal Poverty Level (which translates to an income for a family of four of \$40,000 – \$80,000).^{23,41} Most of these children come from families who do not qualify for assistance

programs and many struggle to afford quality child care and early education, particularly given that child care costs in Boulder County have increased up to 28% above inflation since 2001.³⁸

Recommendations:

- Implement Early Head Start which is currently not provided in Boulder County.
- Consider At-Home Infant Care options (e.g., subsidizing low income parents who stay home with young children).⁴²
- Consider providing Expanding Quality for Infants and Toddlers training to more than once per year.
- Explore incentives for providers to serve infants and toddlers, e.g., help with start up costs, specialized training, and differential reimbursement.
- Increase training opportunities as well as ongoing support for providers who serve children with special needs.
- Explore incentives for providers to serve children with special needs, e.g., help with start up costs, specialized training, and differential reimbursement.
- Increase outreach and training to informal care providers (Spanish speakers).
- Expand cultural brokering.
- Pursue a system-wide approach to quality assurance that is inclusive of and accessible to all families.
- Conduct an analysis of CCCAP utilization to identify strengths and barriers of the program and develop appropriate policy recommendations.
- Establish a benchmark of what % of family income should go toward child care and utilize this benchmark to establish a countywide system of subsidy.
- Explore differential reimbursement based on quality.
- Collection of data on the demand for various types of care could more accurately quantify unmet need. However, demographic data, current capacity data, anecdotal reports, and Expert Committee consensus are compelling. Efforts to address and more precisely quantify unmet need should occur *simultaneously*.

- **Priority #5: *Child care and early education providers will be equipped to address the whole child.***

Evidence of Need:

- Addressing the whole child includes understanding the inextricable link between education, physical and social-emotional well-being, cognitive and first and second language development, and family and cultural connections.
- In order to increase capacity detailed above, providers must have adequate training *as well as* ongoing support.
- Top training needs identified in a recent survey of child care and early education professionals conducted by ECCBC were identified as: addressing social and emotional needs of young children, responding to challenging behaviors, and helping manage transitions (i.e., moving from pre-school into kindergarten).
- Provider expertise in cultural competency and diversity (including socio-economic diversity) was seen as highly important and currently inadequate.
- The Expert Committee identified a need for expansion of EARLY CHILDHOOD degrees at all levels (CDA, Director Certificate, Associate, Bachelors, Masters, and PhD).

Recommendations:

- Seek opportunities to partner with other organizations in order to make trainings available to more early childhood providers in Boulder County. For example, Head Start teachers are required to attend a minimum of 15 hours of professional development each year. This professional development must be “high-quality, sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher’s performance in the classroom, and regularly evaluated by the program for effectiveness.”⁴³ Head Start trainings could be expanded to reach child care and early education providers in other programs as well.
- Pursue strategies to support the development and practice of new skills and knowledge such as on-site coaching, mentoring and peer evaluation. This would help bridge the gap between learning that takes place outside of the child care and early education setting and implementation in day-to-day interactions with children.

- **Priority #6: *Native language and literacy will be supported for all children and families.***

Evidence of Need:

- Early language and literacy begins in the first year of life and provide a key foundation to later school success.⁴⁴
- Parental literacy is one of the single most important indicators of a child’s success in school.⁴⁵ The Expert Committee identified a need for greater emphasis on the connection between parental and child literacy and school readiness.
- Research indicates that cognitive and academic development in the first language has a vital and positive effect on second language schooling; if children do not reach a certain threshold in

their first language, including literacy, they may experience cognitive difficulties in the second language.⁴⁶

Recommendations:

- Focus on education and support for parents and teachers regarding the importance of early language and literacy for all children.
- Assess and address the unmet need for adult education and family literacy.
- Early childhood programs should have a clear language policy, so that parents, children, and providers know what is expected of them regarding learning and speaking English and Spanish.
- Consider implementation of additional recommendations of the Latino School Readiness Report (a full copy is on the ECCBC website).

VIII. Additional Key Considerations

A. The importance of parent engagement and family support

Parental behavior, modeling and coaching during the early years of a child's life is critical to the development of positive social, emotional and cognitive skills in children.⁴⁷ Model programs such as the High/Scope Perry Preschool Project that have demonstrated lasting benefits and return on investment have included intensive work with parents to create meaningful connections between home and school.⁴⁸ An overarching theme in the Expert Committee discussions was the importance of engaging and supporting parents as the primary teachers and nurturers of their children, a crucial factor that should be emphasized in pursuing all of the priorities and recommendations of this report. Providing services and programs for parents can be challenging, as parents' knowledge, interests, and preferences are diverse; the input of parents will be vital throughout the design and implementation of additional services and programs.

B. The importance of public support for child care and early education

The Expert Committee was charged with identifying gaps in services and programs. However, a major gap identified in their process is one that involves the broader community: that the value of child care and early education needs to be recognized and seen as a highly effective public investment and social equity issue. An extensive body of research demonstrates that investments in high-quality early childhood programs yield substantial short- and long-term benefits that far outweigh their initial costs, and that these benefits are realized not only by participating children and families, but by the community as a whole.⁴⁹ The Expert Committee felt strongly that a communication campaign to raise awareness and public support for high quality child care and early education programs in Boulder County would be critical to the successful design and implementation of a comprehensive early childhood system.

IX. Next Steps

This section describes how the work completed by the Expert Committee will be maintained and enhanced along the continuum of comprehensive system development efforts.

A. Ongoing Data Gathering and Research

ECCBC staff will continue to gather data and information as necessary to inform the development and implementation of the comprehensive early childhood system. Examples of such studies that are being planned include:

- Updating projections of unmet need within the current early childhood system through a community needs assessment to be conducted in 2009.
- Developing baseline data for the proposed system indicators (see Appendix B for a list of system indicators). A *Report to the Community* on the systems indicators will be published annually beginning in 2009.
- Releasing a report on the potential “return on investment” that could be generated from adequately funding early childhood programs and services in Boulder County. This will be a foundational document for the Finance Task Force and is expected in late 2009.

B. Advisory Council (Ongoing)

In July of 2008 ECCBC formed the Advisory Council to continue the work of the Expert Committee by providing ongoing input on the development of programs and services for a comprehensive early childhood system for Boulder County. This council is comprised of key stakeholders in early childhood, with a good deal of overlap in membership with the Expert Committee. While the Expert Committee has completed their charge, the work of addressing unmet need in services and programs is ongoing. For example, the ECCBC Advisory Council will update the recommendations and priorities put forth in this report based on data generated from the 2009 community needs assessment.

C. Finance Task Force (2009-2010)

Based on the Expert Committee’s priorities and recommendations, the Finance Task Force will: (1) estimate the costs of implementing a comprehensive system to include programs and services as well as infrastructure components; (2) make recommendations on staged system implementation based on current financial realities, and (3) identify additional revenue sources to fund the comprehensive system. It is anticipated that this group will be convened in 2009, and will release a status report to the community in 2010. They will work in concert with the Advisory Council through an iterative process with some overlap of membership.

D. Leadership Committee (2010-2011)

A Leadership Committee, made up of community leaders and policy-makers, will consider the conclusions from the Expert Committee as well as the Finance Task Force and will make

recommendations regarding policy development. This committee will also champion a community education and engagement process that will support the adoption of early childhood as a core community value. It is anticipated that this Committee will begin its work in 2009 and work through 2011.

E. Governance and Implementation Task Force (2010- 2011)

A Governance and Implementation Task Force will make recommendations that address the practical logistics involved in establishing the “infrastructure” components of the proposed comprehensive early childhood system, including functions such as: program operations and management; personnel and finance; program monitoring, assessment and evaluation; legal, and fiduciary responsibilities. This Committee will also be involved in recommending roll-out and implementation strategies and timelines. It is expected to convene in 2010 and continue through 2011.

X. Endnotes

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- ¹ Edwards, C.P., Sheridan, S.M., and Knoche, L. *Parent Engagement and School Readiness: Parent-Child Relationships in Early Learning*. University of Nebraska: 2008.
- ² Galinsky, E. *The Economic Benefits of High Quality Early Childhood Programs: What Makes the Difference?* Washington DC: The Committee for Economic Development, 2006.
- ³ This research is summarized in: *Plan for a Comprehensive Early Childhood System in Boulder County*. Early Childhood Council of Boulder County: 2008.
- ⁴ National Research Center and Aspen Media *Boulder County Child Care Needs Assessment*. Prepared for Early Care and Education Council of Boulder County, 2000. <http://www.earlychildhoodbouldercounty.org/>
- ⁵ Almar Research Corp., *Promoting School Readiness for Latino Children in Boulder County.: Combining Best Practices, Family Needs and Preferences and Community Assets*. Funded by City of Boulder CYF Division, Boulder County Head Start, and John S. and James L. Knight Foundation; prepared for Early Care and Education Council of Boulder County, 2003. <http://www.earlychildhoodbouldercounty.org/>.
- ⁶ Boulder County Movement for Children. *The Status of Children in Boulder County, 2006 Report*.
- ⁷ Stephanie Greenberg. *Community Needs and Resource Assessment for Head Start Programs Serving Boulder Valley School District and City of Longmont*. 2007
- ⁸ Colorado Children's Campaign and Colorado Dept. of Public Health and Environment, *Colorado School Readiness Indicators*, 2004.
- ⁹ This definition was derived from Expert Committee dialogue and the following sources:
Anne Mitchell and Louise Stoney. (2006). Adapted from *Smarter Reform: A National Policy Agenda for an Early Care and Education System*. www.earlychildhoodfinance.org.
National Association for the Education of Young Children. (2004). *Financing a System of High Quality Early Childhood Education: What do we mean by a system?* www.naeyc.org.
National Education Goals Panel. (1999). *The National Education Goals report: Building a nation of learners*. Washington DC.
Smart Start Colorado. (2006) Four Domains of an Early Childhood System. www.smartstartcolorado.com
- ¹⁰ In this document, "parent" refers to the person or people serving in the primary parental role of the child, which could include a foster parent, grandparent, or guardian.
- ¹¹ Michaela W. Columbo. (2005) *Empathy and Cultural Competence: Reflections from Teachers of Culturally Diverse Children*. *Young Children* on the Web. www.naeyc.org
- ¹² Child Welfare Information Gateway. www.childwelfare.gov.
- ¹³ <http://www.NAEYC.org/>
- ¹⁴ <http://www.NAFCC.org/>
- ¹⁵ <http://www.fpg.unc.edu/>
- ¹⁶ <http://www.Qualistar.org/>
- ¹⁷ Suzanne W. Helburn and Barbara R. Bergmann. (2002). *America's Child Care Problem: The Way Out*. New York, NY: Palgrave.
- ¹⁸ Helburn, S., ed. *Cost Quality and Child Outcomes in Child Care Centers: Technical Report*. Denver, CO: Department of Economics, Center for Research in Economics and Social Policy, University of Colorado, 1995.
- ¹⁹ W. Steven Barnett. *Low Wages = Low Quality: Solving the Real Preschool Teacher Crisis*. National Institute for Early Education Research: 2003.
- ²⁰ City of Boulder, Children Youth and Families Division. *Child Care Center Salary Survey, 2007/2008*.
- ²¹ Diana Pearce. *The Self Sufficiency Standard for Colorado 2008: A Family Needs Budget*. Colorado Fiscal Policy Institute: 2008.
- ²² Park-Jadotte, Golin, and Gault. *Building a Stronger Child Care Workforce: A Review of Studies of the Effectiveness of Public Compensation Initiatives*. Institute for Women's Policy Research: 2002.
- ²³ Brandon, Maher, and Stutman. *Making High Quality Early Learning Accessible to All Children in Boulder County Colorado*. Human Services Policy Center: 2007.
- ²⁴ Teresa Vast. *Planning a Compensation Initiative for Hawaii's Early Care and Education Workforce: Key Policy and Design Issues*. Good Beginnings Alliance: 2005.
- ²⁵ De Vita, Twombly, and Montilla. *Toward Better Child Care Worker Compensation: Advocacy in Three States*. The Urban Institute: 2002.
- ²⁶ http://earlychildhoodcolorado.org/inc/uploads/CO_ECFramework_chart1_r8legal.pdf

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- ²⁷ www.coloradohealthreportcard.org
- ²⁸ *Health and School Readiness Literature Review*, California Child Care Health Program, UCSF School of Nursing, June, 2006.
- ²⁹ <http://www.nccp.org/topics/mentalhealth.html>
- ³⁰ See: <http://www.smartstartcolorado.org/communities/documents/Package1.pdf> for more information.
- ³¹ See http://www.devereux.org/site/PageServer?pagename=deci_index for more information on the Devereux Early Childhood Assessment
- ³² See http://www.cdhs.state.co.us/dmh/programs_early-childhood.htm for more information on Kid Connects.
- ³³ See <http://www.incredibleyears.com/> for more information on Incredible Years.
- ³⁴ Current programming that provides mental health services to families with young children includes the Community Infant Program and the Nurse Family Partnership.
- ³⁵ Stephanie Greenberg, "Child Poverty Fact Sheet Summary: Boulder County 2000-2006." Prepared for the Boulder County Community Services Department, July 2008.
- ³⁶ NACCRRAware, Child Care Resource and Referral, City of Boulder Division of Children, youth, and Families.
- ³⁷ Boulder County Public Health
- ³⁸ The Community Foundation Serving Boulder County. *Boulder County Trends*. 2007.
- ³⁹ www.cdphe.state.co.us/ps/hcp/home/definition.html
- ⁴⁰ <http://www.eicolorado.org/files/Imagine!.pdf?CFID=1049766&CFTOKEN=83844302>
- ⁴¹ According to the Colorado Department of Local Affairs, in 2006 there were 21,886 children under age 6 in Boulder County. An estimated 6,100 children in this age group fall between 200% and 400% of FPL.
- ⁴² More information on At Home Infant Care programs can be found at:
<http://www.nationalpartnership.org/site/DocServer/AHICchartOct05.pdf?docID=1048>
- ⁴³ For more information on Head Start's professional development standards, please see:
<http://eclkc.ohs.acf.hhs.gov/hslc/Professional%20Development/Staff%20Development/All%20Staff/Sec648AStaff.htm#InService>
- ⁴⁴ <http://www.zerotothree.org/site/DocServer/earlyliteracy2pagehandout.pdf?docID=2681&AddInterest=1145>
- ⁴⁵ The National Center for Family Literacy:
<http://www.famlit.org/site/c.gtJWJdMQIsE/b.1204561/k.BD7C/Home.htm>
- ⁴⁶ Collier. *Acquiring a Second Language for School*. National Clearinghouse for Bilingual Education, 1995.
- ⁴⁷ Edwards, C.P., Sheridan, S.M., and Knoche, L. *Parent Engagement and School Readiness: Parent-Child Relationships in Early Learning*. University of Nebraska: 2008.
- ⁴⁸ Galinsky, E. *The Economic Benefits of High Quality Early Childhood Programs: What Makes the Difference?* Washington DC: The Committee for Economic Development, 2006.
- ⁴⁹ This research is summarized in: *Plan for a Comprehensive Early Childhood System in Boulder County*. Early Childhood Council of Boulder County: 2008.

**Expert Committee Report to the Community:
Recommendations on Program and Service Priorities**

Appendix A: Program Needs & Gaps

GOAL 1: READY CHILDREN			
<i>The child arrives ready for school: healthy, well adjusted, and having been exposed to the fundamentals of learning.</i>			
Need/Gap	Relevant Data/ Research/ Information	Current Strategies	Possible Strategies
Under enrollment in CHP+	Estimated 30% of eligible children are enrolled in Boulder County. Complexity of eligibility guidelines, limited access points for enrollment, and inadequate provider capacity are seen as key barriers.	Community Services has launched effort to address barriers and increase enrollment.	
Preventive services (e.g., dental) are underutilized for children on Medicaid and CHP+	25% of children on Medicaid received dental services in FY2005. Provider capacity is limited due to low Medicaid reimbursement rates. Providers are not fully utilizing preventive dental strategies such as varnishes and sealants.	CCHAP (Colorado Children’s Healthcare Access Program); Dental Aid; Child Health Promotion does dental screening and has some funding for treatment.	Cavity Free at 3, a statewide effort of Delta Dental, Rose Community Foundation, Caring for CO, and CO Health Foundation
Many pediatricians are not accessing best practices/technology for screenings.	Cost is a major factor in utilizing best technology for vision and hearing screenings.		Physician representation on ECCBC may present opportunities to address this issue; ABCD (assuring Better Child Health and Development) Project
Kids in non-center based care have limited access to health and mental health screenings.	This includes kids in licensed homes, legally exempt, and FFN (unlicensed family, friend and neighbor) care. There are issues of efficiency in serving these settings and children.	Early Periodic Screening, Diagnosis, and Treatment (EPSDT); Child Health Promotion community health screenings have been successful. However, current capacity is limited	Boost mental health screenings by including DECA (Devereaux Early Childhood Assessment) as part of community health screenings; Mobile Health Units
Challenges in identifying and serving kids who do not qualify for and IEP (Individualized Education Program) or IFSP (Individualized Family Services Plan) but have issues that could impact school readiness.		Colorado Preschool Program uses an ILP (Individualized Learning Plan); There is also an ITPP (Individualized Teacher Parent Plan)	

Inadequate quality childcare and early education opportunities for native language and literacy.	A number of studies have determined that cognitive and academic development in the first language has a vital and positive effect on second language schooling. Research indicates that if children do not reach a certain threshold in their first language, including literacy, they may experience cognitive difficulties in the second language (Collier, 1995 <i>Acquiring a second language for school</i> . National Clearinghouse for Bilingual Education: Washington, D.C).	PASO Program (Providers Advancing School Outcomes) LUMMA (Latinas Unidas Mejorando el Mañera Con Amor)	
Children who are overweight/ at risk of overweight.	9.2% of WIC Children were overweight in January 2008.	Live Well Longmont	Colorado Physical Activity and Nutrition Program

GOAL 2: READY FAMILY

The family is empowered to nurture their children’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).

Need/Gap	Relevant Data/ Research/ Information	Current Strategies	Possible Strategies
Post partum/maternal depression	According to recent literature, postpartum depression affects 10% - 15% of mothers within the first year of giving birth (and rates are at least double among low income women). Prevalence of self-reported postpartum depressive symptoms (PDS) among mothers who have delivered in the preceding 2-6 months is measured by PRAMS. The PDS prevalence for 2004-2006 in Boulder County is 11.3% (95% CI 6.6-18.7).	Community Infant Program (CIP/ Circulo); Nurse/ Family Partnership; Parenting Place; Boulder County Public Health is exploring provider capacity	Involving employers See: http://www.nccp.org/publications/pdf/text_791.pdf
Undetected mental health needs of families		Nurse/Family Partnership; Parenting Place; Kid Connects; Incredible Years	
Child abuse and	Rate of maltreatment of	Community Infant	

neglect	children younger than 18 was 11 substantiated cases per 1,000 children in 2005. State rate was 9.2 per 1,000 children (MCH Data profile)	Program (CIP /Circulo); Nurse/ Family Partnership	
Need for educating parents on importance and characteristics of quality care and school readiness.		Resource and Referral; Parenting Place; School Readiness newsletter	
Need for reinforcing connection between parental and child literacy.		Even Start Family Literacy; Parenting Place; PASO (Providers Advancing School Outcomes); University of Colorado	
Need for increasing recognition of the importance of play in child development.		PASO (Providers Advancing School Outcomes) Incredible Years	
Addressing misperception that kids learn in school, not at home, “school will take care of it”.			
Many parents choose not to participate in ASQ (Ages and Stages Questionnaire) screening of children		Child Health Promotion; Colorado Preschool Program; Head Start	
Greater need for education and support of teen parents, especially those not in school.		GENESIS Fairview Teen Parenting Program	
Very little family support for transitions	When transition planning is a coordinated team effort, it benefits children, families, sending and receiving staff, and the entire community. Ongoing efforts help communities achieve long-term benefits. (http://eclkc.ohs.acf.hhs.gov/hsle)	Head Start...in Boulder County as as Longmont Children’s Council	

GOAL 3: READY CHILD CARE AND EARLY EDUCATION			
<i>All families in Boulder County have access to high quality early childhood programs and services. A high value is placed on parental choice and all venues for child care and early education including homes (licensed and unlicensed), centers and preschools are affordable, available, accessible and of high quality. Parents who choose to provide in-home care for their child(ren) have access to high quality family support and parent education programs and services.</i>			
Need/Gap	Relevant Data/ Research/ Information	Current Strategies	Possible Strategies
Inadequate capacity for infant/toddler care	Capacity in BOCO: 580 infant slots in 2007 (NACCRRAware)	Recruitment and Training;	Early Head Start; EQ Training 2x per year; At Home Infant Care program; Home Based Option
Inadequate capacity for native Spanish speaking and culturally competent care	Capacity in Boulder County: 23 Spanish speaking family child care homes in 2007 (NACCRRAware)	Recruitment and Training; Enhanced Referral Program; LUMMA (Latinas Unidas Mejorando el Mañera Con Amor); PASO (Providers Advancing School Outcomes)	
Inadequate capacity for children with special needs and/or challenging behaviors	Self reported skills/training in several special needs captured in NACCRRAware	Kid Connects	
Inadequate capacity of subsidized programs to serve all eligible families.	BVSD CPP waitlist for preschool : 96 children; HS Needs Assessment estimated unmet need for 458 low income children; Expanded eligibility does not translate to expanded capacity (e.g., HS can serve up to 130% of FPL, but virtually all families are below the FPL, CLIFF can serve up to 300% FPL, but most are below the FPL)	Child Care Certificate Program (GAP/CLIFF)	
Inadequate capacity for affordable care for families who are not eligible for subsidized programs.			
Inadequate options for flexible care (e.g., drop-in, non-traditional hours, sick care) that meets needs of working families	Capacity in Boulder County: 311 weekend slots and 414 evening slots in 2007. (NACCRRAware)		
There is no single, standardized measure	Approximately 5% of settings have current	Qualistar; NAEYC; NAFCC;	Qualistar rating more aligned with licensing

of quality and very little data on quality across the system	ratings from Qualistar; 19% of Centers are accredited (NACCRRAware)		standards
Quality rating/accreditation is costly, funding is inconsistent		ELF (Qualistar Early Learning Fund) (currently not funded)	
Without sufficient capacity, quality rating/accreditation is limited in it's utility to inform consumer choice			
Tremendous variation in amount and content of staff orientation across programs	e.g., State requires 8 hours of orientation, Head Start does 10 days of orientation; ECE 101 content varies across instructor/institution		Shared Services Model
Family Child Care Homes need tailored training and coaching		Recruitment and Training has some tailored sessions; Child Health Promotion has community-based screenings to serve children in FCCs.	
Family Friend and Neighbor (FFN) providers are largely "invisible"		PASO (Providers Advancing School Outcomes) identifying Latina FFN providers	
Addressing and measuring quality of FFN care is complex; change is incremental.		LUMMA (Latinas Unidas Mejorando el Mañera Con Amor); PASO (Providers Advancing School Outcomes)	Bank St. FFN Quality Assessment Tool; Massachusetts Model
Top training needs identified in 2008 Assessment were: addressing social and emotional needs of young children, responding to challenging behaviors, and helping children manage transitions		Kid Connects; Incredible Years	JFK Partners Pyramid Training
Inadequate training on business side of ECE, e.g., human resources, accounting, etc.			Shared Services Model
Providers need more training on "red flags" and indicators of special needs		Imagine	

Big need for diversity training		Head Start doing training for HS staff; Cultural Competency training through Colorado Statewide Parent Coalition	Head Start could partner to expand training to broader group of providers
Need for training English speaking providers on importance of native language and literacy		Mary Culkin lecture series through Naropa University	
Overarching gap between training and integration into practice			
Need for expansion of early childhood degrees at all levels (CDA, Director Certificate, Associate, Bachelors, Masters, and PhD).		TEACH Scholarships	
Need for increased capacity of higher education facilities to accommodate students, especially working, non-traditional, and English Second Language students		Front Range Community College capacity expansion	
Inadequate provider access to mental health consultants		Kid Connects; Incredible Years	
Inadequate nutritional value of meals and snacks in many early child care and education settings	Cost is a big factor; Child and Adult Care Food Program (CACFP) carries heavy administrative burden and guidelines are out of date, not culturally competent;	Child Health Promotion Programs has a dietician on staff that consults with child care providers	Technical assistance to help providers utilize CACFP; Advocacy to improve CACFP program; Shared Services Model

GOAL 4: READY COMMUNITY

The community recognizes the importance of early childhood as integral to 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.

Need/Gap	Relevant Data/ Research/ Information	Current Strategies	Possible Strategies
Competition for funding, slots, kids, and services does not benefit children and families			
Inconsistent/changing eligibility guidelines and application procedures		TANF/CCAP has a fairly seamless referral process; Boulder County	Teresa Vast higher education model for calculating

across programs are burdensome for families		exploring this issue as part of Human Services Master Plan	financial aid; Rick Brandon Parent Provider Assistance Package (PPAP)
Limited incentives for providers to accept CCCAP families			
Perceived barriers to accepting CCCAP children			
CCCAP families do not have same “purchasing power” as full pay families			Put CCCAP subsidy on a debit card that parents can use.
Child Care and Early Education is not a priority of school districts			
Child Care and Early Education needs to be more of a public education issue			ECCBC collaboration with The Community Foundation Serving Boulder County to increase community awareness of and appreciation for early childhood
Need for increased community role in promoting resiliency in young children			Assets model Bridges Out of Poverty
Wages for ECE workers are inadequate	2 issues: Livable wage, and wages are inadequate to promote quality	TEACH scholarships	Increasing funding for TEACH scholarships and link pay to academic credentials
Services are fragmented; there is no coordinated system in place			Human Services Master Plan Bridges Out of Poverty Network of Care

Appendix B: Recommended Goals and Indicators for Comprehensive Early Childhood System

Goal 1: Ready Children The child arrives ready for school: healthy, well adjusted, and having been exposed to the fundamentals of learning.

Developed Indicators:

<ul style="list-style-type: none"> • % change in CHP+ enrollment <i># children (aged 0-19) enrolled in Child Health Plan Plus (CHP+) as a percentage of all children under age 19.</i>
<ul style="list-style-type: none"> • percent children enrolled in the WIC program who are described as obese <i>% of total WIC participants aged 2-5 who are obese, calculated by those whose weight for height is great than the 95th percentile.</i>
<ul style="list-style-type: none"> • percent 3rd graders achieving proficiency on CSAP reading tests
<ul style="list-style-type: none"> • percent 3rd graders in the FRL program achieving proficiency on CSAP reading tests
<ul style="list-style-type: none"> • percent 3rd graders achieving proficiency on CSAP math tests
<ul style="list-style-type: none"> • percent 3rd graders in the FRL program achieving proficiency on CSAP math tests

Emerging Indicators:

<ul style="list-style-type: none"> ○ Expelled Preschoolers <i># children expelled from preschool</i>
<ul style="list-style-type: none"> ○ Children with hunger <i># children reported as having experienced hunger</i>
<ul style="list-style-type: none"> ○ Children with socio/emotional difficulties <i># children reported as having socio-emotional difficulties</i>
<ul style="list-style-type: none"> ○ Ages 0-6 receiving MH services <i># children ages 0 to 6 receiving mental health services</i>
<ul style="list-style-type: none"> ○ Percent of kindergartners demonstrating school readiness on a kindergarten survey/assessment
<ul style="list-style-type: none"> ○ percent children with untreated tooth decay <i>Estimated % of children in grade three with untreated tooth decay. Estimates are based on the oral health of children examined in a number of Colorado counties and the proportion of schools in each county with students eligible at varying levels for the free and reduced lunch program.</i>

Goal 2: Ready Family: The family is empowered to nurture their children’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).

Developed Indicators:

<ul style="list-style-type: none"> • Percent children under age 5 enrolled in WIC program
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<i>Monthly average number of infants and children under age five receiving services from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as a percentage of all children under age five.</i>
<ul style="list-style-type: none"> • Number of families receiving food stamp assistance
<ul style="list-style-type: none"> • Child abuse/neglect substantiated rate <i>The incidence of maltreatment of children younger than 18 (including physical abuse, sexual abuse, emotional abuse, and/or neglect). The value shown reflects the number of unique substantiated cases, per 1,000 children less than 18 years of age.</i>

Emerging Indicators:

○ # of children in out-of-home placement (foster care)
○ Children read to on a daily basis.
○ Parent preschool interest
○ Percent families involved in care-related activities
○ Parent MH issues
○ Percent families reporting they have a medical home

Goal 3: Ready Child Care and Early Education: All families in Boulder County have access to high quality early childhood programs and services. A high value is placed on parental choice and all venues for child care and early education including homes (licensed and unlicensed), centers and preschools are affordable, available, accessible and of high quality. Parents who choose to provide in-home care for their child(ren) have access to high quality family support and parent education programs and services.

Developed Indicators

• # of Qualistar rated family child care homes
• # of Qualistar rated child care centers
• # accredited (NAEYC, NAFCC, NECPA) child care programs
• # Licensed family home care providers
• % child care providers with training and/or experience serving children with special needs

Emerging Indicators:

○ # families receiving family support and parent engagement services
○ # EC providers trained to serve special needs populations <i># of staff with specialized licenses or credentials</i> <i># of center and home providers capable of meeting special population needs</i> <i># of staff providing special assessments</i> <i># of providers offering family support and education services related to special population needs</i>
○ # EC providers trained to serve diverse populations
○ # family child care homes serving special needs populations
○ percent centers having access to mental health professionals
○ percent early childhood centers implementing health screenings, referrals and

follow up
○ # staff in licensed child care centers
○ quantify demand of early childhood programs/services in Boulder County
○ # early childcare providers receiving specialized training in cultural competency
○ # child care centers having access to mental health consultation
○ measurement of quality of unlicensed childcare homes and family, friend and neighbor sites
○ # and types of credentials obtained by early childhood professionals

Goal 4: Ready Community: The community recognizes the importance of early childhood as integral to 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.

Developed Indicators:

• % children eligible but not served in publicly-funded low income programs i.e. Head Start. <i>This data is calculated one out of every three years.</i>
• The average weekly cost for child care centers for infants, toddlers, preschoolers
• The average weekly cost for child care homes for infants, toddlers, preschoolers
• Percent of income spent to pay for child care
• # public dollars spent to subsidize child care (CPP, Head Start, Gap/Cliff)
• # CCCAP licensed providers for infant, toddler, preschoolers
• Average hourly wage for early childhood center providers

Emerging Indicators:

○ # of employers providing subsidized child care for employees
○ Average hourly wage for early childhood home providers

Benchmark Indicators:

Describes the community in general on an annual basis. They are used to set the context.

Definition of indicator is in italics.

➤ Population of Boulder County by ages birth to 5 <i>% of population age 5, 4, 3, 2, 1, new born</i>
➤ Unemployment rate <i>The percentage of total labor force that is not employed.</i>
➤ Infant mortality rate <i>The infant mortality rate per 1,000 live births for the five year period ending in the year queried. The numerator is the sum of all infant (under one year of age) deaths in that five year period. The denominator is the total number of live births in the same five years. The result is multiplied by 1,000 to yield the rate. The rate shown can be viewed as the average rate for each of the five years.</i>
➤ Child poverty rate <i>percent children living in poverty</i>

➤ Live births <i># live births per year by race/ethnicity</i>
➤ Affordable housing <i>Defined as housing units that cost no more than 30% of annual household income</i>
➤ High school drop out rate <i>HS drop out rates</i>
➤ % births to high risk mothers <i>Three-risk-factor births are births to unmarried women under age 25 with less than a high school education, as a percentage of total live births</i>

All data will be entered into the Early Childhood Council of Boulder County page in the OMNI *Aspire* database. A Report to the Community will be published annually in the fall of each year and will be made available both in print as well as on the ECCBC website:

www.earlychildhoodbouldercounty.org

Definition of Developed and Emerging Indicators:

Developed Indicator:

• Can be tracked reliably on an annual basis
• A baseline can be established
• Represent important aspects of the early childhood system
• Changes reflect changes in the well-being of Boulder County children and families
• Are statistically relevant to Boulder County
• Are standardized
• Have valid numerators/denominators
• Are easily accessed
• Can be influenced by public policy
• Are easily understood by the residents of Boulder County, decision makers and ECE community

Emerging Indicator:

○ deemed to be critically important but currently are difficult to measure at the county level
○ marked as “placeholders” to be pursued in data development/strategies

**Expert Committee Report to the Community:
Recommendations on Program and Service Priorities**

Appendix C: A Summary of Early Childhood Data for Boulder County

DEMOGRAPHICS

2005 Births by Community (1)					
	All		Latina #	Teen #	Latina Teen #
	#	%			
Boulder	934	27%	199	41	29
Longmont	1,385	39%	514	145	96
Lafayette/Erie	461	13%	106	29	17
Louisville/Superior	370	11%	25	11	4
Other	350	10%	21	9	*
TOTAL BIRTHS(1)	3,500	100%	865	235	146

* = 3 or fewer

Number of Children Under Age 6	in 2006	21,886 (1)
	below 100% FPL (2000):	1,966 (3)
	200% FPL (2000)	5,199 (3)
	living with two parents (2000):	16,804 (3)
	- % of these children with both parents in labor force (2000):	51% (3)
	living with one parent (2000)	3,745 (3)
- % of these children with parent in the labor force (2000):	80% (3)	

% of all households below self-sufficiency standard (2000): **19.9% (18)**

Percent of children under 18 who are Latino: **35% (4)**

Percent of births that were to Latina moms in 2005: **25% (1)**

Data related to HEALTH

An estimated **90%** of Boulder County Residents **have health care. 55% of Latino residents and 80% of Latino children have health insurance. (4)**

Child Health Promotion Program data indicate that: (5)

- **98%** of infants get the newborn hearing screening in Boulder County.
- The immunization rate for 19 months to 35 months in Boulder County is approximately **83%**.
- A review of approximately 15 child care centers over 3years revealed that about **79% had a medical home and 67% had medical insurance.**

In 2005, approximately **19% of households in Colorado** had a least one child with a **special health care need. (17)**

Data related to MENTAL HEALTH

Data from the Mental Health Center indicate that there are approximately **3,391 children with behavioral/emotional disturbances. (7)**

Of children who are served in ECE settings, approximately: (7)

- **15%** are in need of **intensive services**
- 35% are in need of enhanced services (>3.5 hours) and
- 50% are in need of program-centered, prevention services.

Data related to ECE/EARLY LEARNING

ECE Capacity (17)	Licensed Providers	Desired Capacity	Licensed Capacity
Child Care Center	135	7,219	7,391
Family Home Provider	159	1,208	1,318
TOTAL	294	8,427	8,709

CPKP data for the 06/07 School Year	Preschool Slots	Kindergarten Slots
Boulder Valley School District (8)	225	56
St. Vrain Valley School District (9)	160	15
TOTAL	385	71

Head Start data for 06/07:

Boulder County currently serves **164 children** (85 full day, 79 ½ day) with a **waitlist of 49 children** as of January (10)

Longmont currently serves **181 children** (all part time) with a **waitlist of 47 children** as of January (11)

Both Head Start Programs have supplemental funding (10, 11)

7.4% of BVSD students are **English Language Learners** (this number has *declined* from 9.1% in 2001) (12)

15.4% of SVVSD students are **English Language Learners** (this number has *increased* from 13.6% in 2000) (12)

Data related to FAMILY SUPPORT/PARENT ENGAGEMENT

Data from Aspen Family Services on children and families served 7/1/05 – 6/30/06 (13)

Program	Children	Families
CCCAP	1,384	832
Colorado Works	236	160
Special Circumstances Child Care	110	91

In 2006, **154 children in Longmont** and **178 children in Boulder** were served by the Child Care Certificate Program which pays providers the gap between CCCAP reimbursement rates and market rates, and assists low income City of Boulder Families who do not qualify for CCCAP. (14)

Home-based services data for 2006

Bright Beginnings served approximately **1,000 families** (14)

Nurse Family Partnership served **143 families** (15)

Community Infant Program served **261 families** (173 CIP and 88 Circulo). (16)

In 2005, approximately **17.9%** of children under 5 were receiving **WIC** and **21.6%** of all children qualified for **free or reduced lunch**. (2)

Approximately **400 – 425 children** are served each year through **Part C**. (6)

Sources:

- (1) Boulder County Public Health (via Barrett Dunn)
- (2) Colorado Department of Local Affairs (www.dola.colorado.gov)
- (3) Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 Census (via Annie E. Casey KIDS COUNT Census Data Online, www.aecf.org)
- (4) Boulder County Civic Forum, Quality of Life in Boulder County, 2005: A Community Indicators Report
- (5) Boulder County Public Health (via Sarah Scully)
- (6) Imagine (via Joan Holz)
- (7) The Mental Health Center Serving Boulder and Broomfield Counties (via Jordana Ash)
- (8) Boulder Valley School District (via Karen Weaver)
- (9) St. Vrain Valley School District (via Janet Gutman)
- (10) Boulder County Head Start (via Maria Harper)
- (11) Longmont Children's Council (via Amy Ogilvie)
- (12) The Status of Children in Boulder County, 2006 Report
- (13) Aspen Family Services (via Doreen Smith)
- (14) City of Boulder Children, Youth, and Families Division (via Judy Fry)
- (15) Boulder County Public Health (via Jane McKinley)
- (16) The Mental Health Center Serving Boulder and Broomfield Counties (via Beverly LaRoe)
- (17) www.cdphe.state.co.us/ps/hcp/home/definition.html
- (18) Colorado Children's Campaign, 2007 KidsCount In Colorado!