

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
Boulder County Department of Community Services
Boulder County Department of Housing and Human Services
Boulder County Head Start
Boulder County Movement for Children
Boulder County Public Health
Boulder Day Nursery Association
Boulder Institute for Psychotherapy and Research
Boulder Journey School
Boulder Valley School District
City of Boulder, Department of Human Services, Children, Youth and Families
City of Lafayette
City of Longmont—Bright Eyes Coalition
The Peoples' Clinic
Colorado Department of Education
Colorado Department of Human Services
Colorado Office of Early Childhood
Congregation Har HaShem
Foothills United Way
Front Range Community College
Imagine!
Mental Health Partners
Play Therapy Institute
Representatives of parents with children under age five years
Rose Community Foundation
Sister Carmen Community Center
St. Vrain Valley School District
Temple Hoyne Buell Foundation
TLC Learning Center
University of Colorado Boulder
Wild Plum Center for Young Children and Families
Wilderness Place Partnership
Wolf Family Foundation



For more information contact
www.eccbouldercounty.org

Early Childhood Council of Boulder County
1285 Cimarron Drive, Suite 201, Lafayette, CO 80026
Council Staff: Bobbie Watson-Executive Director, Danielle Butler-Programs Director.

 Printed on 100% recycled paper.

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 that support all families with young children throughout the county.

READY EARLY CARE AND EDUCATION

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

READY FAMILIES

Families are empowered to nurture their children's healthy growth and development as their children's first and best teachers. Families have access to programs and services to support their children's development and can advocate effectively for their children.

READY CHILDREN

Children arrive ready for school: healthy, well adjusted and having been exposed to the fundamentals of learning.

Outcomes

EARLY LEARNING

- Increased capacity and number of high-quality early childhood programs for infants, toddlers and preschoolers
- Increased access to high-quality early childhood programs for infants, toddlers and preschoolers
- Increased percentage of children meeting developmental milestones to demonstrate school readiness
- 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 services and support for appropriately identified children with special needs

Note: Infants and toddlers are birth through age three years; preschoolers are ages four and five years.

FAMILY SUPPORT AND EDUCATION

- Improved access to family and community information to support participation in early childhood services
- Increased affordable, high-quality, culturally competent early childhood programs
- Increased percentage of eligible families using financial assistance to access high-quality, culturally competent child care, early childhood programs, housing, transportation and other basic needs
- Increased agency collaboration to provide services for children who are at risk or have special needs
- Increased opportunities for family and community education regarding optimal child development
- Increased family advocacy and leadership at program, community and policy levels
- Public policies developed that would allow a parent to remain home during the child's first year of life

SOCIAL, EMOTIONAL AND MENTAL HEALTH

- Increased social-emotional competence in young children
- Decreased rate of child maltreatment and need for out-of-home placement
- Increased knowledge and practice of supportive, nurturing behaviors within families
- Increased access to mental health services for all children and families
- Increased nurturing classroom interactions that promote children's healthy social-emotional development
- Increased number of early childhood professionals with training in social-emotional development and possessing the skills and strategies for serving children's social-emotional needs
- Increased community awareness about the importance of healthy social-emotional development and resiliency in children

HEALTH

- Improved overall health status of children, including: Oral, Visual, Auditory, Developmental, Weight and Children with special needs
- 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 and CHP+
- Increased percentage of children who receive a Medical Home approach (comprehensive, coordinated care)
- Increased percentage of children who are fully immunized
- Early childhood programs increase their support of children's health
- Increased percentage of women who have pregnancies that are intended
- Increased percentage of women giving birth with timely, appropriate prenatal care, including dental care and healthy birth outcomes
- Increased percentage of infants breastfed for at least six months

ECCBC

Countywide Convener

Develop Funding Strategies

Impact Policy

Build Public Awareness

Promote 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.

strategies

EARLY LEARNING

- Advocate at the local, state and federal levels for increased/universal access to high-quality early childhood programs
- Expand publicly funded comprehensive early childhood programs for infants and toddlers
- Promote cultural understanding between early childhood professionals and parents and families
- Explore incentives for early childhood professionals to serve infants and toddlers and children with special needs
- Support the ongoing development and practice of new skills and knowledge such as on-site coaching and mentoring
- Promote increased quality of early childhood professional staff education, program quality and environment quality
- Sustain availability of community resources and support networks for early childhood professionals
- Remove barriers to formal education for the early childhood workforce
- Pursue opportunities for partnerships to make trainings available to more early childhood professionals in Boulder County
- Increase training opportunities and ongoing support for early childhood professionals serving children with special needs
- Convene an early childhood professionals' compensation package taskforce
- Increase outreach and training to unlicensed child care workforce and families

FAMILY SUPPORT AND EDUCATION

- Expand referrals and consultation for target populations
- Provide information to families to facilitate connection to services and support
- Improve access to adult education and family literacy
- Provide a system-wide approach to measuring and promoting quality that includes and is accessible to low-income families
- Consider incentives for professionals and assistance for families such as differential reimbursement based on quality standards
- Provide parent education, consultations and appropriate referrals aligned with Child Care Aware standards
- Provide wraparound services for part-time programs
- Analyze CCCAP utilization to identify program strengths and barriers and develop appropriate policy recommendations
- Provide subsidy payments that are at least 100% of the average market rate
- Monitor market rates, community trends and CCCAP policies and rates to ensure access for low-income families and capacity of providers to serve them
- Provide easy-to-use developmental tools and information on how to screen and how to obtain assessments and interventions
- Expand system for interagency referrals with multiple means of access to information
- Promote partnerships between a child's parents and early childhood professionals to work with other service providers to meet the child's specific needs
- Provide tools and information to families to strengthen their involvement in their children's lives
- Expand outreach to parents of newborns; home visitations to include all four domains
- Encourage participation in training that strengthens and supports family leadership
- Educate community and legislature regarding factors that promote healthy brain development during the first year of life
- Develop a cost-benefit model to support at-home option for the first year of life

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Broaden implementation of prevention-based programs promoting healthy development that are delivered in early childhood programs
- Increase utilization of standardized assessments for determining social-emotional competency
- Identify, assess and address intensive family concerns, including familial and community trauma
- Expand family support and parenting programs to include services in the social-emotional and mental health domain
- Increase the number of mental health professionals with specific training in early childhood mental health who accept Medicaid, CHP+ or other insurance
- Educate early childhood professionals about mental health resources available to children and families
- Increase the availability and usage of tools that measure nurturing interactions in classrooms
- Train program administrators about workplace environments that foster professional relationships for the benefit of young children's social-emotional health
- Promote specialized coursework for early childhood professionals focused on promotion, prevention and intervention within the social-emotional domain
- Make the continuum of support available to early childhood professionals (spanning brief consultation, on-site consultation, mentoring and coaching)
- Educate the public about the social-emotional needs and potential of young children

HEALTH

- Implement the Assuring Better Child Health and Development (ABCD) Project
- Increase access to hearing, vision, developmental and dental screenings and treatment
- Improve and expand health education to all parents, including fathers
- Promote preventive and comprehensive medical and dental care for all children
- Support community efforts to enroll and renew children in Medicaid, CHP+ or other insurance programs
- Partner with state-level organizations to implement policies that increase Medicaid reimbursement rates and decrease administrative burdens
- Promote and support use of standards for a Medical Home approach
- Support Boulder County efforts to increase immunization rates
- Educate early childhood professionals to promote health for staff and families
- Expand and increase public awareness of public health and community programs
- Increase public awareness of the importance of healthy behaviors before conception and prenatally

CUT LINE

indicators

EARLY LEARNING

- Number and type of licensed early childhood programs
- Percentage of rated/accredited early childhood programs
- Number of licensed early childhood programs for infants, toddlers, and preschoolers accepting subsidies, by funding stream
- Percentage of licensed early childhood program participants achieving kindergarten school readiness
- Percentage of third graders achieving proficiency on state-mandated standardized tests
- Number and type of Colorado Early Childhood Credentials obtained by early childhood professionals
- Average hourly wage for early childhood professionals
- *Percentage of licensed early childhood programs by QRIS level*
- *Number of fluent and bi-cultural Spanish-speaking early childhood professionals*
- *Number and type of degrees obtained by early childhood professionals*
- *Number 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 (i.e., homeless, non-English speaking, special needs and challenging behaviors)
- Average weekly price of care (center and family child care home) for infants, toddlers and preschoolers
- Comparison of CCCAP and market reimbursement rates and CCCAP eligibility levels
- Number of public dollars spent to subsidize early childhood programs, by funding stream
- Number of public dollars spent to subsidize early childhood programs serving children with special needs
- Number of children eligible but not enrolled in public subsidy programs
- TANF, WIC and affordable housing rates
- Number of children (with suspected disabilities) referred, screened, evaluated and recommended for treatment by community-based agencies
- Number of parents completing family advocacy or leadership programs
- *Number of parents attending English language classes*
- *Number of children with social-emotional difficulties, referred, screened, evaluated and recommended for treatment by community-based agencies*
- *Number of families receiving education regarding child development and early care and education*
- *Number of opportunities for parent education and support for families in Boulder County*
- *Number of families benefitting from support with parenting a child through the first year of life*

SOCIAL, EMOTIONAL AND MENTAL HEALTH

- Child maltreatment rates
- Out-of-home placement rates
- Number of allied professionals (home visitors, mental health providers, nurses, human services) with Infant Mental Health Endorsement
- Number of mental health professionals accepting Medicaid, CHP+ or other insurance
- Preschool expulsions and challenging behavior rates
- Number of early childhood professionals with Colorado Department of Education Social Emotional Credential or the Infant Mental Health Endorsement
- *Percentage of children screened for social-emotional developmental milestones*
- *Percentage of children meeting developmental milestones in the social-emotional domain*
- *Percentage of families with young children receiving services for social-emotional or mental health concerns*
- *Percentage of children with emotional, developmental or behavior problems needing treatment or counseling, according to parent report*
- *Rates of maternal depression*
- *Rates of parents experiencing mental health issues*
- *Number of classrooms meeting minimum standards on accepted tools, including tracking of environments, interactions and relationships that support children's social-emotional well-being*
- *Percentage of early childhood professionals with training in social-emotional development*
- *Percentage of early childhood professionals with training in responding to children with challenging behaviors*

HEALTH

- Number of children eligible, but not enrolled in WIC
- Percentage of children enrolled in WIC with iron deficiency anemia
- Percentages of children who are overweight and obese
- Number of children eligible for but not enrolled in Medicaid, CHP+ or other insurance
- Number of providers (doctors and dentists) who accept Medicaid and CHP+
- Percentage of pregnancies that are unintended
- Percentage of women receiving early prenatal care
- Percentages of babies born with low birth weight and very low birth weight
- Percentages of children ever breastfed and those breastfed at six months
- *Number of children receiving health and developmental evaluations and treatment*
- *Percentage of children with untreated tooth decay*
- *Percentage of third graders who have dental sealants in place*
- *Percentage of children having a dental visit by age one*
- *Percentage of children receiving fluoride varnishes at least two times per year*
- *Number of children undergoing major dental surgery at Children's Hospital due to decay*
- *Percentage of families with children from birth through age five years reporting food insecurity*
- *Number of uninsured children not eligible for publicly funded health/dental insurance*
- *Percentage of children receiving a Medical Home approach*
- *Immunization rates*
- *Number of early childhood programs receiving 5210 recognition*
- *Number of early childhood programs serving infants certified as Breast-Feeding Friendly*