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EAGLE COUNTY EARLY CHILDHOOD SYSTEM ROADMAP

INTRODUCTION

A substantial body of research documents the importance of early childhood education to children’s healthy growth and development, and to success in school. Research also demonstrates that funds spent on effective early childhood programs represent a sound and cost-effective investment. For example, the Colorado Early Childhood Leadership Commission developed its Early Investment Model to calculate the return on state investments in early childhood programs based on peer-reviewed and nationally-recognized research. This model assumes that every state dollar invested in early childhood programs yields a return on investment of almost \$8.80.¹ This finding is consistent with research reported on by the National Conference of State Legislatures showing returns on early childhood program investments of more than \$8 for every \$1 invested.²

Eagle County leaders and other stakeholders in the community have long recognized the need for and value of investments in early childhood. In its 2015 Strategic Plan, the county identifies “Quality early childhood development and enrichment opportunities for every child” as the first item under “Principle A, Thriving Communities for Families.” Expanding early childhood development opportunities also appears as an “Objective” under Goal 2: Eagle County is a Great Place to Live for All. The County Commissioners, the Executive Director of the Department of Human Services, and the Superintendent of Schools, as well as other key public and private community leaders, bring a wealth of interest and expertise to the issue and are committed to moving forward to meet the goals of the Strategic Plan as they relate to early childhood.

Progress toward developing an early childhood system in Eagle County has happened in fits and starts. County spending on early childhood and family support programs peaked in 2009 at nearly \$4 million annually. Reductions since then were due in part to the impact of the 2008 recession on property tax collections, which forced a reduction in

¹ *Colorado Early Investment Model: Return on Investment in Early Care & Learning*. Colorado Early Childhood Leadership Council. 2011. Web. <http://www.earlychildhoodcolorado.org/>. Accessed May 5, 2016.

² Clothier, Steffanie and Julie Poppe. *New Research: Early Education as Economic Investment*. National Conference of State Legislatures. Web. <http://www.ncsl.org/research/human-services/new-research-early-education-as-economic-investme.aspx>. Accessed May 5, 2016.



total county spending. Various stakeholders have met in different contexts over the years to identify early childhood needs and priorities. In 2006, the County Commissioners placed a tax initiative on the ballot for funding early childhood programs, but the initiative failed. In 2015, Eagle County hired Corona Insights, a market research, evaluation, and strategic consulting firm to prepare a childcare market assessment. That report identified significant needs related to childcare in the community, although its methodology for calculating the extent of the gap has been called into question.

This year, the Eagle County Department of Human Services and the Eagle County School District jointly retained **Public Works LLC** to develop an Early Childhood System Roadmap – this report – to identify principles and best practices essential to a comprehensive early childhood system, to present strategies for building such a system, and to make recommendations specific to Eagle County in pursuing this objective.

Public Works is one of the leading firms in the nation supplying management, strategic, and policy consulting to state and local governments. The company has experience across the country advising high-level government decision-makers on a wide range of policy issues - including governors, mayors, school systems, state agencies, and federal officials. **Public Works** has worked extensively in the field of education, providing strategic planning support to state departments of education, as well as to State Boards as part of our statewide reviews in Colorado and Iowa, and to school districts in several states. The **Public Works** team advised the nation's first cabinet-level Department of Early Learning on child care subsidies, completed an exhaustive compilation of all known research on early childhood for the California Commission on Children and Families, produced a report for the Center for National Policy on early childhood education, and recently oversaw the transfer of child care responsibility from the Louisiana Department of Children and Family Services to the state's Department of Education. Additionally, we helped oversee creation of, and served as ongoing advisors to, the preK-to-20 councils of two states, Arizona and West Virginia.

◆ **Report Structure**

Chapter 1 of this report details the programmatic components of a comprehensive early childhood system – early learning, family engagement, and health. For each component, the report identifies principles and best practices; assesses the existing programs, resources and gaps in Eagle County; and lays out options based on approaches used by other communities. Chapter 2 describes the infrastructure necessary to support an effective early childhood system and the strategies other



communities have used to implement their systems, including community collaboration, creating an early childhood framework to guide system-building, collecting and tracking data to assess efficacy and identifying a coordinating agency to lead the effort. Chapter 3 presents a case study of Montgomery County, Maryland - a community that has successfully built an early childhood system that incorporates many programmatic best practices and demonstrates a successful infrastructure and strategy for developing a model system. Chapter 4 presents our findings and recommendations. In this chapter, we identify the most pressing needs facing Eagle County, evaluate current proposals for a tax initiative and for an Educare center, and suggest both short- and long-term recommendations for the county to move toward its goal of creating a comprehensive early childhood system.

◆ **Methodology**

Public Works engaged in extensive primary and secondary research for this project, besides bringing to it our nationwide experience on early childhood education and early learning programs. We interviewed key leaders, stakeholders and administrators from Eagle County government and the Eagle County School District; members of the business community, including private childcare providers; and parents and other members of the community; and we thoroughly reviewed various reports and materials related to the county's existing programs related to early childhood. **Public Works** also conducted interviews and engaged in review of literature and materials from other municipalities within Colorado with comprehensive early childhood systems; relevant state reports and materials; and interviews and review of literature and materials related to best practices on a national level. A list of interviews and selected sources can be found in Appendices A and B, respectively.

CHAPTER 1: PROGRAMMATIC COMPONENTS OF A COMPREHENSIVE EARLY CHILDHOOD SYSTEM

Experts have identified three programmatic components to a comprehensive early childhood system: early learning and development, family engagement and health.^{3,4} The best practices model of an early childhood system also requires an effective structure to ensure the necessary coordination and alignment of these components. A diagram created by the Early Childhood Working Group - a volunteer group of national leaders in early childhood providing technical assistance to state policy makers - depicts both the programmatic and structural elements of the system; see Diagram 1, below. This chapter focuses on the programmatic elements represented by the inner ovals, while chapter two addresses the infrastructure elements depicted by the outer ring. We begin with discussion of the largest component focused on in this report, early learning and development. Although the report considers each component separately, as the diagram suggests, overlap among the components is inherent in the system.

1.1. Early Learning and Development

Research shows that high-quality early learning and childcare opportunities have the capacity to benefit all children, but that low-income and at-risk children show the greatest gains.^{5,6} Indeed, high-quality early learning and childcare is increasingly seen as indispensable to closing the “achievement gap” that begins for these children in kindergarten and persists throughout their education, often limiting future job and life opportunities.⁷ At the same time, accessible and affordable childcare also plays a critical role in supporting the community’s workforce in a world where most families have two working parents. The key problem facing policymakers is that providing quality early

³ Gebhard, Barbara and Cindy Oser, *Putting the Pieces Together for Infants and Toddlers: Comprehensive, Coordinated Systems*. Zero to Three, 2012. Web.

<https://www.zerotothree.org/resources/1000-putting-the-pieces-together-for-infants-and-toddlers-comprehensive-coordinated-systems>. Accessed June 1, 2016.

⁴ *Updating the “Ovals”: A Guide to Our Rationale*. The Early Childhood Systems Working Group, May 2011. Web.

http://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating_the_Ovals_Guide_to_Rationale.pdf.k. Accessed June 1, 2016.

⁵ Reynolds, Arthur J., and Cathy Momoko Hayakawa. *Why the Child-Parent Center Education Program Promotes Life-Course Development*. In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues*. Brookes Publishing, 2011.

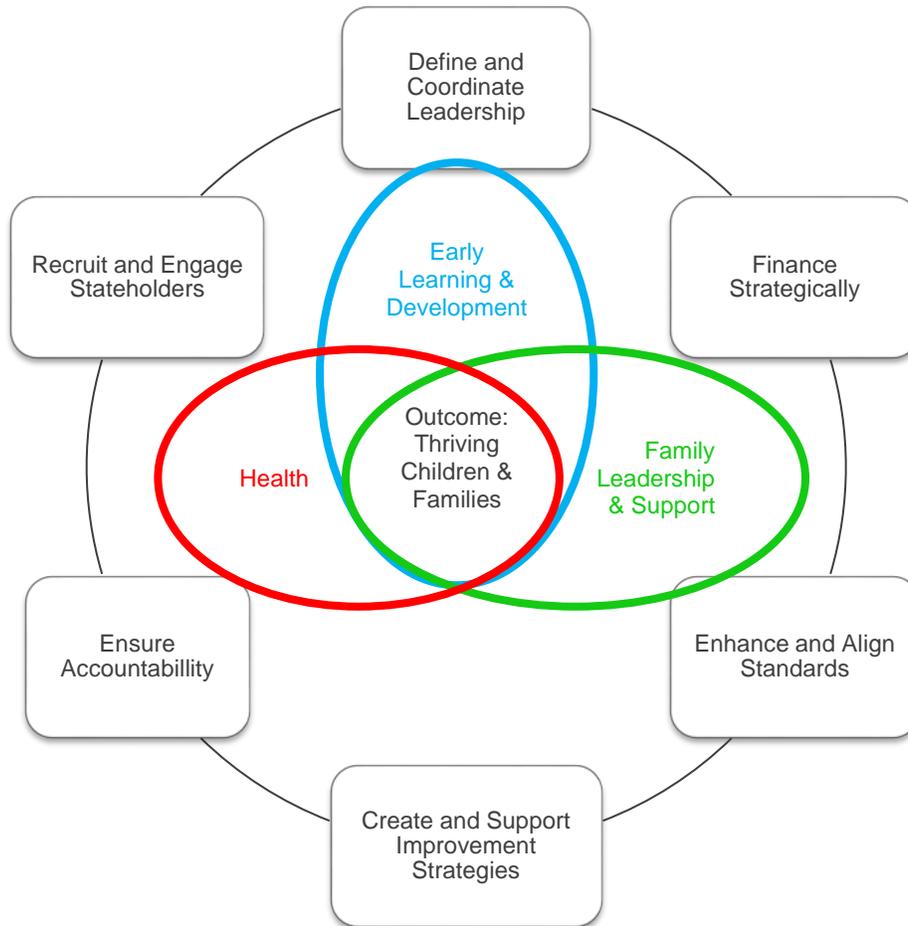
⁶ Ludwig, Jens and Deborah A. Phillips. *Leave No (Young) Child Behind: Prioritizing Access In Early Childhood Education*. Brookings Institute, 2010. Web.

http://www.brookings.edu/~media/Research/Files/Reports/2010/10/13-investing-in-young-children-haskins/1013_investing_in_young_children_haskins_ch4.PDF. Accessed June 1, 2016.

⁷ Mead, Sara. *Quality Pre-K: Starting Early To Close Achievement Gaps And Boost Student Achievement*. Stand for Leadership Center, 2012.

learning and childcare is often quite costly and beyond the means of many low-income and working class families, which in turn, makes it difficult for providers to either sustain their business or offer high-quality care.

Diagram 1: What Are the Functions of a Comprehensive Early Childhood System? ⁸



⁸ *Updating the “Ovals”: A Guide to Our Rationale.* The Early Childhood Systems Working Group, May 2011. Web. http://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating_the_Ovals_Guide_to_Rationale.pdf.k. Accessed June 1, 2016.

Early childhood systems are often described as a “three-legged stool,” with the legs of the stool consisting of the oft-competing needs for accessibility, affordability, and quality. The stool often wobbles because the cost of adequately financing all three elements can be prohibitive. How to achieve the best balance among them poses an ongoing challenge for policy-makers in this area. Each element - accessibility, affordability, and quality - is discussed in more detail below.

Accessibility

Availability of Spots

◆ **Best Practices**

Accessibility refers to the ability of families to secure a spot for their child in childcare or an early learning program. A well-functioning system should meet the demand. To do so, sufficient programs must operate during convenient hours and year-round for working parents. Programs must also be conveniently located for families, with transportation available for families in need.⁹

◆ **Eagle County**

Based on population and enrollment figures provided in the 2015 Eagle County Child Care Market Assessment, 4,300 children from birth to age 5 live in Eagle County. Approximately two-thirds have one or more parents employed, yielding 2,881 children who may need childcare. Infants and toddlers comprise roughly half of that number. Currently, there are 1,500 children in licensed care, leaving 1,381 children whose families may need or want licensed care, but may not be getting it.¹⁰ Many of these families will choose license-exempt family, friend or neighbor care, while others may turn to unlicensed care, juggle work schedules, or sacrifice employment to have one parent stay home.

Discussions with childcare stakeholders including program administrators, childcare providers and parents, all reveal a distinct shortage of childcare slots for young children, with a crisis-level problem facing families with infants and toddlers. Although our numerical estimate of need does not rely on the waitlist data used in the Corona report, waitlists can indicate a shortage of accessible care. One of the largest providers of high-quality childcare and early learning in the county is Eagle County Schools (ECS). The

⁹ *Parents and the High Cost of Child Care*. Child Care Aware of America, 2015.

¹⁰ *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

district operates an Early Childhood Education Program (ECE) that serves low-income children, early childhood special education children, tuition-paying families, and Head Start. The ECE programs serving low-income children all have waitlists for enrollment, as does Early Head Start, a county-run program serving infants and toddlers. Strong anecdotal evidence indicates that many childcare providers also have waitlists. As soon as more slots become available, they are quickly filled, and other families that had not bothered to join a waitlist come forward.

We also heard from multiple sources about the difficulty childcare providers face remaining financially solvent. The county has invested significant funds seeking to address this problem. For example, over the years, the county has subsidized certain providers on an ad hoc basis with grants, in order to ensure that they can remain open. In 2005-2006, the county spent approximately \$3.8 million to build a county-subsidized childcare facility, the Miller Ranch Child Care Center. Miller Ranch serves infants, toddlers and preschool-age children and is operated by Eagle Valley Childcare Association (EVCCA), a 501(c)(3) organization formed to operate both Miller Ranch and the Vail Childcare Center. The county continues to lease this building to Miller Ranch for only \$1 per year and charges the association only \$7,000 per year for all operating and maintenance costs. In 2008-09, the county-funded BrightStart program provided funding to increase capacity, including \$325,000 to remodel a commercial space into a childcare center operated by the school district in Gypsum (Red Table) and \$71,000 in rent subsidies to reduce the district's operating costs there. Through BrightStart, the county also contracted with the EVCCA to pay providers \$11,250 per slot to reserve spaces for working parents at a reduced cost.

Without such county – or other – support, providers simply cannot charge enough to cover their costs. Demographics suggest that the number of children under the age of six in Eagle County will increase over the next fifteen years, exacerbating the shortage of slots if no action is taken.¹¹ This challenge is particularly acute for infant-toddler providers as the required staff to child ratio is lower and there are often additional capital costs to meet the special requirements for the physical space, e.g. a sink in every room.

¹¹ *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

◆ Options

Other communities facing a similar access problem have devised a variety of strategies for increasing capacity:

- Subsidize space for centers or for infant-toddler spots;
- Provide technical assistance and/or subsidies to assist with the cost of licensing;
- Provide business training for centers;
- Recruit immigrants to open childcare centers or family childcare homes;
- Require developers to plan for childcare;
- Consider seeking waivers for regulatory barriers that impede infant-toddler slots but don't implicate health and safety; and
- Provide subsidies at higher than market rate, tied to meeting quality standards.

Operating Hours and Location

◆ Best Practices

Childcare accessibility depends not just on the number of “slots” available, but whether those slots meet the needs of the families seeking to use them. The operating hours of the provider, location and availability of transportation all impact whether the childcare option will work for a given family. Many families with parents working full-time need care beginning before and after typical school hours so that they can get to and from work on time.¹² They also need year-round coverage.

◆ Eagle County

The Eagle County Schools ECE program does not offer full-day or year-round care; it operates on the school calendar during school hours only. Some families cannot pick up their children at the end of the school day or afford a summer-long gap in care. Consequently, eligible families decline the opportunity to enroll in these programs. The ECE hours and summer gap pose a problem too when toddlers enrolled in the Early Head Start (EHS) full day center-based care program graduate. These children should

¹² *Parents and the High Cost of Child Care*. Child Care Aware of America, 2015.



transition to Head Start but cannot avail themselves of the program because of the limited Eagle County Schools ECE program hours. Hours can also present difficulties for EHS families enrolled in the combined program, which offers childcare only two days per week, supplemented by home visits. These limited hours compel some families to scramble for childcare on the other days.

Moreover, while there is widespread agreement that the childcare shortage, particularly for infant-toddler, extends throughout the county, some locations may face a more acute problem. For example, the only Early Head Start (EHS) center-based care is in the Eagle River Valley. No center-based EHS option is available in El Jebel, and EHS has had difficulty finding a center-based program down valley that can meet EHS requirements, posing an insurmountable obstacle for eligible families without transportation.

To address the geographic barriers to access, the Vail Valley Foundation and Eagle County Schools sponsor the Magic Bus, a modified mobile pre-K program that uses retrofitted busses to offer children a pre-K experience two hours per week in their own community. The Valley Settlement Project funds El Buselito (the Little Bus), a similar program that serves 48 children in the Roaring Fork Valley and their parents for 90 minutes twice a week. The program has generated impressive results, comparable to children enrolled in the Colorado Preschool Program, with 74 percent kindergarten ready in 2014-15.

◆ Options

Cities and counties can overcome geographic and scheduling obstacles to access by clearly identifying high-need locations, and targeting any subsidies or land donation to high-need areas, to assure spots are distributed geographically. Increasing capacity through the existing school-based program can facilitate geographic diversity, as districts often have schools located throughout the community and may be well-equipped to provide transportation. School districts can also provide wraparound care to meet the need for full day/full year care.

Affordability

◆ Best Practices

High-quality childcare and early education is a labor intensive industry. Childcare centers often report that 80 percent or more of their business expenses are for employee pay, even though childcare workers are among the lowest-paid professionals in the

country. These expenses are reflected in childcare costs which have increased substantially in recent decades: from 1985 to 2011, the average weekly cost of childcare for families with employed mothers increased 70 percent in real dollars, from \$84.30 to \$143.00¹³

The US Department of Health and Human Services has stated that no more than 10 percent of a family's income should be spent on childcare for it to be considered affordable.¹⁴ However, in reality, low-income families spend a much larger portion of their income on childcare. According to the US Census Bureau, families above the federal poverty line spend an average of 8 percent of their income on childcare, whereas families below the federal poverty line spend an average of 30 percent.¹⁵

◆ Eagle County

Colorado is one of the most expensive states in the country for childcare, ranking 7th nationally.¹⁶ At an average annual cost of \$9,619 for four-year-olds and \$12,736 for infants, childcare costs can be double tuition and fees at one of the state's four-year colleges or universities (\$6,079).^{17,18} Eagle County is a high-cost outlier in a high-cost state: according to the 2015 Eagle County Child Care Market Assessment, the cost of living index in the Eagle County School District is 7th in the state (109.8).¹⁹

¹³ Laughlin, Linda. *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. US Census Bureau, Household Economic Studies, April 2013. Web.

<http://www.census.gov/prod/2013pubs/p70-135.pdf>. Accessed May 31, 2016.

¹⁴ *Child Care and Development Fund; Final Rule. Federal Register 45, Parts 98 and 99 (24 July 1998): 39936-39998*. Web. <http://www.acf.hhs.gov/sites/default/files/occ/fr072498.pdf>. Accessed May 31, 2016.

¹⁵ *How Do We Know? Child Care – an Important Part of American Life*. US Census Bureau. Web. http://www.census.gov/how/pdf/child_care.pdf. Accessed May 31, 2016.

¹⁶ Desilver, Drew. *Rising cost of child care may help explain recent increase in stay-at-home moms*. Pew Research, April 8, 2014. Web. <http://www.pewresearch.org/fact-tank/2014/04/08/rising-cost-of-child-care-may-help-explain-increase-in-stay-at-home-moms/>. Accessed May 31, 2016.

¹⁷ Desilver, Drew. *Rising cost of child care may help explain recent increase in stay-at-home moms*. Pew Research, April 8, 2014. Web. <http://www.pewresearch.org/fact-tank/2014/04/08/rising-cost-of-child-care-may-help-explain-increase-in-stay-at-home-moms/>. Accessed May 31, 2016.

¹⁸ *Child Care Costs Can Eat Up 25 Percent of Household Income*. Qualistar Colorado, January 18, 2012. Web. <http://www.qualistar.org/blog/child-care-costs-can-eat-up-25-percent-of-household-income.html>. Accessed May 31, 2016.

¹⁹ *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

The cost of licensed childcare in Eagle County is 53 percent higher than the median across all school districts in the state, with preschool costing an average of \$11,100 annually and infant and toddler care costing an average of \$13,000.²⁰ For a family earning the county's median family income of \$85,000,²¹ these costs would consume 13 percent and 15 percent of their income, respectively - well over the 10 percent recommended by the US Department of Health and Human Services. In Eagle County, 15 percent of children live in families earning less than the federal poverty rate, and 35 percent of children live in families earning 185 percent of the federal poverty rate (which qualifies them for free or reduced lunch),²² meaning that for many families, licensed childcare may consume a significantly greater portion of their income, potentially making it unaffordable altogether.



FOR A FAMILY EARNING THE COUNTY'S MEDIAN FAMILY INCOME OF \$85,000, LICENSED PRESCHOOL OR INFANT/TODDLER CARE COSTS WOULD CONSUME 13 PERCENT AND 15 PERCENT OF THEIR INCOME, RESPECTIVELY – WELL OVER THE 10 PERCENT RECOMMENDED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES.

The Child Care and Development Fund is a federal program that provides financial assistance to low-income families to obtain child care so that parents can work or attend school. In Colorado, this funding supports the Colorado Child Care Assistance Program (CCCAP). Funding availability and eligibility guidelines vary from county to county. Eagle County families earning less than 165 percent of the federal poverty rate qualify for state childcare subsidies. Last year, the county received approximately \$600,000 in funding and operated with an enrollment cap and waitlist because there was insufficient state assistance for all families who qualify. The county contributes 12.5 percent of the funds to support staff and program administration. Recent regulatory changes to expand enrollment have put pressure on the Department in managing funds. Encouraged by the

²⁰ *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

²¹ *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

²² *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

state to eliminate the waitlist, the County removed the program cap and all children on the waitlist were enrolled. However, Eagle County faced a shortfall at the end of FY 2015. Ultimately, Eagle County was able to obtain additional funds from other counties who had underspent for the year, but uncertainty remains about state funding levels. Forty-eight childcare providers accept CCCAP, and the program currently serves 101 families with 135 children. Eight children are dually enrolled with Early Head Start and one with the Colorado Preschool Program in the Eagle County Schools ECE program. Eleven families with 18 children are currently on the waitlist.

◆ Options

To mitigate high childcare costs, communities most frequently opt to provide subsidies for parents in addition to state subsidies. Other options include providing subsidies to providers so that they can charge lower rates. Provider subsidies can take many forms, including subsidies for providing infant and toddler classrooms, free or discounted space, and property tax exemptions.

Quality

For childcare and early learning to make a positive difference in child development and future educational success, children must attend quality programs.²³ While not all experts necessarily agree on every feature of “quality,” consensus has emerged from an extensive body of research on certain core principles. High-quality programs provide quality programming - curriculum, instruction and teacher-child interaction - delivered by effective teachers.²⁴ The highest quality programs also recognize, consistent with the “three ovals,” that successful early learning takes place beyond the childcare or early learning provider’s walls in the child’s home, and that a child’s physical and mental health needs must also be met.²⁵ In this section, we focus on the programming and staffing pieces of the quality puzzle. The other programmatic elements of comprehensive early childhood programs - family engagement and health - will be addressed further on.

²³ *Quality Early Education and Child Care From Birth to Kindergarten*, American Academy of Pediatrics. Policy Statement. Pediatrics, Vol. 115 No. 1, 2005.

²⁴ Schweinhart, Lawrence J. *How to Make Early Childhood Programs Highly Effective*. In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues*. Brookes Publishing, 2011.

²⁵ Reynolds, Arthur J., and Cathy Momoko Hayakawa. *Why the Child-Parent Center Education Program Promotes Life-Course Development*. In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues*. Brookes Publishing, 2011.

Programming

◆ Best Practices

High-quality childcare providers engage children socially, emotionally, and educationally, often focusing on language and literacy, and where possible, using age-appropriate evidence-based strategies in a way that is inclusive and culturally responsive.²⁶ For preschool age children, curricular alignment becomes important for both kindergarten-readiness and maintaining gains as education progresses.²⁷ Model programs across the country often focus on pre-K through third grade alignment, which encompasses both horizontal alignment - encouraging all pre-K providers to use the same curriculum and assessments - and vertical alignment - explicitly facilitating preschoolers' transition to kindergarten and encouraging the sharing of information and ideas among teachers from the pre-K through third grade years on a regular basis.

◆ Eagle County

In 2013, the State of Colorado received an award of \$45 million for improving early childhood education and tying quality assessment to childcare licensing. Through this initiative, state leaders and the nonprofit community are currently implementing the Colorado Shines system. Colorado Shines has two components, the Quality Rating and Improvement System (QRIS), its new quality rating system for childcare centers, and the Professional Development Information System (PDIS). QRIS will score each early learning program on a scale of 1 to 5 and assign it a quality rating that will be publicly available. PDIS tracks training and education information for childcare staff, including training and education. It also provides online professional development training. Currently, only preliminary ratings are available through Colorado Shines.

Implementation of QRIS began in Eagle County in September 2015. As of June 2016, ratings for 30 childcare centers and 19 family childcare providers in Eagle County were posted in the system.²⁸ Colorado Shines considers a QRIS rating of from 3 to 5 to signify "high-quality." None of these programs had earned the highest rating - Level 5. Only seven programs (all childcare centers) had earned the next highest rating - Level 4.

²⁶ *Making the Most of Our Investments: How PK-3 Alignment Can Close the Achievement Gap from the Start.* Grantmakers for Education. n.d. Web. <http://fcd-us.org/sites/default/files/MakingTheMostOfPK3Investments.pdf>. Accessed June 1, 2016.

²⁷ Reynolds, Arthur J., and Cathy Momoko Hayakawa. *Why the Child-Parent Center Education Program Promotes Life-Course Development.* In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues.* Brookes Publishing, 2011.

²⁸ *Colorado Shines.* Web. <http://coloradoshines.force.com/families>. Accessed June 27, 2016.

Fifty-seven percent of Eagle County providers in the system (11 childcare centers and 17 family childcare providers) had earned the lowest rating - Level 1 - indicating that they have met the minimum licensing requirements but not additional quality indicators. It is important to note, however, that these numbers are changing rapidly as the QRIS roll-out continues. Additionally, QRIS includes some new metrics on which providers may not have been assessed previously, and meeting such metrics may take time. As a result, it is difficult to determine systematically the level of quality among community providers.

Consistent with best practices, the Eagle County Schools Early Childhood Education Program (ECE) program offers a quality curriculum that is largely aligned both horizontally and vertically. In terms of horizontal alignment, the curriculum is aligned with both Colorado and Head Start standards and used in all ECE classrooms. ECE teachers also use the same assessment - Teaching Strategies GOLD (TS GOLD), and efforts are being made to introduce the assessment to community providers. Two childcare centers offering preschool, Miller Ranch and The Family Learning Center (a community partner with Eagle County Schools serving Head Start children) have adopted the TS GOLD assessment, but are not using the same curriculum as the ECE program.

Eagle County Schools also received a kindergarten transition grant that is facilitating vertical alignment between pre-K classrooms and kindergarten teachers, including pre-K offered by community providers. The grant supported two Early Childhood Training Days for community providers held by Eagle County Schools. These programs focused on kindergarten transition and school readiness using the CO state standards as well as the curricular content for skills encompassed in TS GOLD. These training days have generated a commitment to kindergarten readiness by those participating.

The school district also hosts Great Start, a kindergarten transition program that takes place the summer before kindergarten and runs for six weeks. Aimed at children who have not had the opportunity to attend preschool, but enrolling others as well, the program is currently funded and operated by the Vail Valley Foundation but employs district teachers and assistants at most of their sites. The ECE program also has managed to create mixed socio-economic classrooms, another “best practice.”

◆ Options

Options for improving programming quality include providing financial supplements and incentives to providers to assist with quality improvements, such as adopting an aligned



curriculum. School districts can share or provide classroom materials, curricula and assessments with all childcare providers, and the district or other collaborative body can create a logo for those who align. For example, Bremerton School District and community preschools devised an Early Childhood Care and Education logo that aligned providers can display in their window. Parents have come to look for that logo in making choices about preschool.

Long Beach, California, exemplifies an extensive district-run pre-K program that has received attention for its quality curriculum and alignment. In terms of curriculum, the Long Beach Unified School District (LBUSD) offers both Head Start classrooms and LBUSD pre-K classrooms, known as the Child Development Center. Long Beach has adopted an inclusive, developmentally appropriate curriculum with a significant social-emotional component, which is horizontally aligned across all the classrooms.

Long Beach also has fostered vertical alignment, overcoming some challenges in the process. The district found that kindergarten teachers were resistant to using the state's recently revised assessment, Desired Results Developmental Program (DRDP), which contained 53 measures and is very difficult to complete. Instead teachers were performing their own assessment. Consequently, the district surveyed a number of kindergarten teachers to identify the 10 most important DRDP measures with the goal of entering all assessment data into the district data platform. The data will then follow the child wherever he or she goes, and teachers will have access to it. Pre-K teachers will also be entering data on those same 10 measures.

The Child Development Center is also working with community providers to assess on those measures and send results to the district for entry, so kindergarten teachers will have information for most children entering school.

As another example of vertical alignment, under the district's "Pre-K to 3" initiative, the Child Development Center works with principals who have pre-K programs on campus to bring teams of teachers together from pre-K to third grade to talk about what each does. Each site also develops transition activities to engage parents and has pre-K children visit classes and play together on the playground. All pre-K children now wear the school uniform to encourage them to feel more a part of the campus.

Well-Trained Staff

◆ Best Practices

Both quantity and quality of staff are crucial components of high-quality childcare and early learning. An aligned curriculum will have little effect if the staff is not capable of effectively implementing it. To adhere to best practices, classrooms should have a head teacher with at least a bachelor's degree and a teaching credential with specialized coursework in early learning.^{29, 30} To ensure sufficient supervision and teacher-child interaction, classes should have a small number of students and a low teacher to student ratio. According to the National Association for the Education of Young Children (NAEYC) best practices limits class size for infants to 8, with a ratio of 1:4 and for toddlers to 12, with a 1:4 or 1:6 ratio, depending on age. Classrooms serving 2-1/2 to 4 year olds should top out at 18 with a 1:9 ratio, and those serving 4 and 5 year olds can be as large as 20 students with a 1:10 ratio.

In terms of quality, early childhood teachers and childcare providers need adequate supervision and mentoring and professional development opportunities, ideally aligned.³¹ These opportunities should ensure teachers have the knowledge and skills to appropriately engage their young students in language development and literacy, along with social and emotional development.

Continuity of care is also an important factor in high-quality care, particularly for infants and toddlers, as children form attachments that support their healthy development.³² Continuity of care also benefits families, by creating a level of trust between caregiver

²⁹ Barnett, W. Steven and Debra J. Ackerman. *Public Schools as the Hub of a Mixed-Delivery System of Early Care & Education*. In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues*. Brookes Publishing, 2011.

³⁰ Zigler, Edward. *A Model Preschool Program*. In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues*. Brookes Publishing, 2011.

³¹ Barnett, W. Steven and Debra J. Ackerman. *Public Schools as the Hub of a Mixed-Delivery System of Early Care & Education*. In Zigler and Gilliam, *The Pre-K Debates: Current Controversies and Issues*. Brookes Publishing, 2011.

³² *Primary Caregiving and Continuity of Care*. Zero to Three, February 8, 2010. Web. <https://www.zerotothree.org/resources/85-primary-caregiving-and-continuity-of-care>. Accessed June 1, 2016.

and parents. For this age group, a child should enjoy the same caregiver for at least one year, and ideally up to age 3.³³

◆ **Eagle County**

The Eagle County Schools Early Childhood Education Program (ECE) program for the most part meets the best practices standards for quantity and quality of staffing. ECE classrooms meet or exceed the recommended class size and teacher/student ratio. Each site has a certified Director/Teacher with a bachelor's degree and at least some early childhood coursework, as well as a special education teacher with a master's degree, who in some locations serves two schools. However, not every classroom has a certified teacher. Moreover, seven of nine schools operate as Dual Language Immersion programs, but the teachers are trained assistants, due to a shortage of bilingual certified teachers. The district has one infant/toddler classroom staffed by a teacher with at least an associate's degree and early childhood experience, but no certified teacher. All ECE certified teachers employed by the district enjoy the same pay and benefits as other certified teachers. The district offers professional development for teachers and assistants including in-service days, in-class observation and trainings.

The quality and quantity of staffing at private childcare and pre-K sites is variable, as indicated by the QRIS data provided above as well as anecdotal reports. Likewise, professional development opportunities reach some, but not all of private providers. For example, the ECS Training Days discussed above have attracted 21 providers representing 11 different organizations.

For several years, the county has provided funding, including grants, to childcare providers to support quality improvement and professional development. One recipient of such funding is Early Childhood Partners (ECP), an Eagle County non-profit that offers various professional development opportunities in Eagle County focused on quality improvement and social/emotional program development. ECP engages in individualized program and classroom assessment, and participates in the Incredible Years program. ECP also holds infant-toddler workshops, and conducts outreach and coaching for the QRIS roll out and the state Infant-Toddler Quality and Availability

³³ *Primary Caregiving and Continuity of Care*. Zero to Three, February 8, 2010. Web. <https://www.zerotothree.org/resources/85-primary-caregiving-and-continuity-of-care>. Accessed June 1, 2016.



initiative, which offers coaching for teachers and provides support for capital improvements and materials.

Further support for providers comes from the Early Childhood Network (ECN), a Child Care Resource & Referral Agency serving three counties, including Eagle. ECN operates Early Learning Ventures - a shared services model, which offers access to regulations, trainings, licensing support, classroom resources, a child management system, human resources, marketing and on line training. However, the program remains underutilized. Only seven programs in Eagle County participate. ECN also offers assessment and coaching for childcare/early learning providers to enhance kindergarten-readiness. ECN has limited resources but grants typically allow services to be offered free to interested providers. Unfortunately, ECN has had little success connecting with family childcare providers, who comprise about half of the local capacity. Feedback suggests these providers are not served well. Thus while the initiatives mounted by Early Childhood Partners and ECN are valuable, these efforts are limited in their reach.

Teacher turnover is a common problem among community providers, as the wage scale is very low, purported to be around \$12 to \$14 per hour. The low wages deter certified teachers from those positions and make it difficult for providers to handle the high cost of living in Eagle County. Even at the school district level of pay, finding well-qualified teachers can be challenging due to the high cost of living. Moreover, the local campus of Colorado Mountain College offers a B.A. in Elementary Education and various A.A. certificates in Early Childhood Education but no B.A. in Early Childhood, and field placements, a critical part of early childhood teacher training, occur in programs of varying quality.

New Jersey's Abbott Districts: A Model for Raising Quality Among Community Childcare Providers

New Jersey has had considerable success in raising the level of quality among private providers in so-called Abbott districts by incorporating them into the district-wide pre-K program. Abbott districts are low-performing school districts that have been required since 1999 to offer state-funded pre-K to all three and four-year olds pursuant to a series of New Jersey Supreme Court decisions. Abbott schools offer full-day/full year pre-K along with wraparound childcare services and comprehensive family support services. The districts have sought to achieve this goal in significant part by contracting with private pre-K programs. Most children are served in these private centers, funded entirely by the state. Private providers are required to have the same qualifications as public school teachers and receive the same pay. Needless to say, when the program was initiated, many community providers could not meet those standards, but they were given four years to do so, along with state scholarship funds to support work toward the B.A. and P-3 certification or an alternative pathway.

Once they obtained the requisite educational qualifications, Abbott teachers were paid district level salaries. Many of the private programs initially offered poor-quality care, but after several years, quality among the community providers matched that offered by the school districts, which had improved during that time frame as well, and exceeded non-Abbott centers. Although initial implementation led to some turnover among teachers not qualified or willing to undertake the additional education necessary, supporting the education and salaries of teachers has led to more qualified staff and increased stability. Ongoing professional development activities have created a robust adult learning setting and assisted with classroom management skills. The school districts offered crucial and substantial support of all kinds, including training on the curriculum and in-classroom mentoring and support.

◆ Options

To raise the quality of early childhood staffing and reduce staff turnover, some communities offer incentives to teachers for professional development or to stay with childcare centers. Targeted incentives for recruiting and training Spanish language teachers could help address the shortage. Offering free or subsidized professional development can likewise ease access for community providers. More extensive efforts likely to have a stronger impact would tie salaries for private providers to school teachers' salaries and, ideally offer competitive benefits as well.

In addition to improving quality for pre-K programs offered in public schools or by center-based providers, efforts should encompass licensed family childcare providers. Family childcare providers serve a significant portion of the childcare population, particularly infants and toddlers: national estimates indicate that 29 percent of infants and 25 percent of toddlers receive care in licensed family childcare homes.³⁴ Family childcare providers frequently operate in isolation from other providers, and quality often varies, as it does in Eagle County. To remedy this deficiency, Zero to Three advocates creation of staffed family childcare networks dedicated to supporting quality. Research shows that staffed networks can improve quality through frequent home visits (more than monthly), training providers in their homes, creating a supportive relationship between the network staff and the provider and offering meetings, phone assistance and feedback for providers. Such networks can exist as a stand-alone entity, within an existing agency or parent organization, such as the local Childcare Resource and Referral agency, or operate independently while sharing space with another agency.

One such model program is Connecticut's All Our Kin. An evaluation of AOK in New Haven demonstrated significant quality improvement on two validated quality instruments; an increase in plans by the provider to stay in the childcare field, a characteristic associated with global quality; and an increase in Child Development Associate (CDA) qualification. All Our Kin convened network members monthly for meetings, trainings and workshops; provided CDA coursework and preparation; offered zero-interest loans and intensive one-on-one consultation with AOK educators trained in child development and adult learning; and staffed a "warm line" for advice.

³⁴ *Staffed Family Child Care Networks: A Strategy to Enhance Quality Care for Infants and Toddlers*. Zero to Three, February 19, 2012. Web. <https://www.zerotothree.org/resources/205-staffed-family-child-care-networks-a-strategy-to-enhance-quality-care-for-infants-and-toddlers>. Accessed May 24, 2016.

Family, Friends and Neighbor Care

◆ Best Practices

Efforts to build quality for early learning and development must address care provided by family, friends and neighbors (FFN). FFN care generally refers to license-exempt care provided in the child's home or in the caregiver's home by a family member, friend, neighbor or babysitter. Although data for this kind of care is hard to come by, FFN is believed to be the most common kind of care for low-income children under 6 and for infants and toddlers regardless of income.^{35, 36} Parents choose FFN for many reasons. FFN is often the only affordable or accessible option due to geographic constraints or the need for flexible or unusual hours. Some parents feel, particularly for infant/toddler care, that FFN provides a more nurturing environment. Immigrant families often prefer FFN because the caregiver shares their language and culture.³⁷ Best practices recognize that families using FFN care comprise an integral part of the early childhood network, and that this option will and should endure.³⁸



BEST PRACTICES RECOGNIZE THAT FAMILIES USING FAMILY, FRIENDS, AND NEIGHBORS CARE COMPRISE AN INTEGRAL PART OF THE EARLY CHILDHOOD NETWORK, AND THAT THIS OPTION WILL AND SHOULD ENDURE.

³⁵ Rucker, Tonja. *Promoting School Readiness by Improving Family, Friend and Neighbor Care*. National League of Cities Municipal, Action Guide. May 2010. Web. <http://www.nlc.org/Documents/Find%20City%20Solutions/IYEF/Early%20Childhood/school-readiness-ffn-care-mag-jun10.pdf>. Accessed June 1, 2016.

³⁶ Susman-Stillman, Amy and Patti Banghart. *Quality in Family, Friend, and Neighbor Child Care Settings*. Child Care & Early Education Research Connections, National Center for Children in Poverty. May 2011. Web. http://www.nccp.org/publications/pub_1010.html. Accessed June 1, 2016.

³⁷ Shivers, Eva Marie, et al. *The Arizona Kith and Kin Project Evaluation: Brief #1: Improving Quality in Family, Friend, and Neighbor (FFN) Child Care Settings*. Indigo Cultural Center, February 2016. Web. http://www.asccaz.org/pdf/AZ_Kith_and_Kin_Evaluation_FNL_2016.pdf. Accessed June 1, 2016.

³⁸ Bruner, Charles and Richard Chase. *Family, Friend and Neighbor Care: Achieving Healthy Child Development by Strengthening Families*. Build Initiative, Summer 2012. Web. <http://www.buildinitiative.org/Portals/0/Uploads/Documents/BUILD%20-%20FFN%20Policy%20Brief.pdf>. Accessed June 1, 2016.

Although FFN care is often perceived to be of poor quality, that perception likely oversimplifies the reality. Like all forms of childcare, FFN care has both strengths and weaknesses in terms of quality.³⁹ It is difficult to ascertain the level of quality of FFN in part because of questions about the applicability of some of the instruments used in the past to measure quality. Those instruments were often designed for determining quality in licensed care settings and thus may overemphasize some characteristics, such as resources, while ignoring or de-emphasizing others, such as caregiver-child interactions or family perspectives on care. Nonetheless, experts generally agree on the need to improve quality among FFN and that best practices require engaging and supporting FFN providers.^{40, 41}

◆ Eagle County

In Eagle County, no data exist regarding how many children receive care from FFN, but the Corona report and anecdotal reports estimate that close to 50 percent of children might be in FFN care. These families and providers are perceived as hard-to-reach and sometimes, often inaccurately, as illegal care. The professional development opportunities and supports detailed earlier serve primarily the licensed childcare provider community, although some of the programs, such as the Valley Settlement Project provide outreach to FFN.

◆ Options

Given the prevalence of this form of childcare and its certain persistence, the question becomes how best to intervene to improve quality. Finding and recruiting FFN providers to participate in these programs can be difficult. FFN typically work long hours and may have little time to attend formal trainings. They may lack transportation or have their

³⁹ Susman-Stillman, Amy and Patti Banghart. *Quality in Family, Friend, and Neighbor Child Care Settings*. Child Care & Early Education Research Connections, National Center for Children in Poverty. May 2011. Web. http://www.nccp.org/publications/pub_1010.html. Accessed June 1, 2016.

⁴⁰ Bruner, Charles and Richard Chase. *Family, Friend and Neighbor Care: Achieving Healthy Child Development by Strengthening Families*. Build Initiative, Summer 2012. Web. <http://www.buildinitiative.org/Portals/0/Uploads/Documents/BUILD%20-%20FFN%20Policy%20Brief.pdf>. Accessed June 1, 2016.

⁴¹ Weber, Roberta B. *Improving the Quality of Family, Friend, and Neighbor Care*. Oregon State University Family policy Program, April 2013. Web. <http://health.oregonstate.edu/sites/default/files/occrp/pdf/Improving-the-Quality-of-Family-Friend-and-Neighbor-Care-2013-Review-of-the-Literature.pdf>. Accessed June 1, 2016.



own children to care for, and they may distrust outsiders or speak a different language. To overcome these barriers, communities have responded with a variety of approaches.

Some programs use home visits to enhance providers' ability to support positive child development by providing: information about child development and health and safety; age and developmentally appropriate activities and materials; and mentoring. One such program, The Caring for Quality Project in Rochester, NY, which used the Parents as Teachers curriculum, showed measurable quality improvement for those who participated in the program.

Some offer training sessions located within the caregivers' community and during evenings or weekends. As much FFN care occurs in immigrant communities, efforts should include bilingual supports, such as materials translated into the community's dominant language. Partnering with community and faith-based organizations can foster trust among providers and increase their engagement. For example, in Madison, WI, the United Way and the local childcare resource and referral agency partnered with the Latino Project to train DHS staff to connect with the Hispanic FFN community.

Efforts to meet FFN on their own territory have included partnering with housing project managers, setting up kiosks in malls, and involving Parks & Recreation Departments and libraries. Washington, D.C.'s Parks & Recreation department built a "learning trail" at a park entrance by painting an existing path with cognitive games so caregivers taking children for a walk could engage in fun learning activities.

To counter the isolation many FFN caregivers experience, a number of communities have devised programs that impart valuable knowledge while also offering an opportunity for peer support and networking. Boston and Des Moines host Play & Learn groups - play groups for children up to 5 years old and their caregivers facilitated by leaders with a background in early childhood education.

FFN providers can also benefit from learning about other resources available in the community. Providence, RI hosted resource fairs using a "World Café model," where organizations involved with young children or caregivers, such as health departments and libraries, staff tables and host small group discussions for participants who move from table to table. Positive response has spurred efforts to integrate FFN in the statewide early learning system with the help of a professional coordinator to implement school readiness and professional development activities.



In Arizona, the Kith and Kin Project runs a two-hour support group training series targeted at FFN, particularly Spanish speaking caregivers. The trainings take place at various community partner locations convenient for the caregivers, including Head Start centers, libraries, faith-based centers, schools, and local community centers. The Project provides childcare and transportation with sessions held during the day and evenings, mostly in Spanish. The Project has proven especially effective at recruiting and retaining Mexican heritage FFN, and has served more than 5,000 caregivers. Recruitment relied on strong relationships with trusted community organizations such as churches and libraries, as well as the individual community partner who acted as co-facilitator during the trainings. A four-year study evaluated the program's effectiveness and demonstrated statistically significant increases on all key quality indicators after FFN caregivers participated in the trainings. These indicators included greater knowledge of child development and demonstrated observable improvements in quality and effective teaching practices. Notably, those caregivers who scored lowest at commencement of the training posted the largest gains.

Public education campaigns offer another pathway to connect with FFN. Boston partnered with the United Way to provide information on child development and promote school readiness by training community members who interact with parents and caregivers at various places around the city, such as grocery stores, churches and hair salons. A "Talk Campaign" conducted by Read Boston, which aimed to narrow the vocabulary gap, and a "Parents are a Child's First Teacher" campaign worked in conjunction with these efforts.

Lastly, anywhere from 10 to 30 percent of FFN have an interest in obtaining licensure, though most do not achieve that goal. Providing technical and financial assistance can increase the numbers who do. Connecticut's All Our Kin offers a Tool Kit Licensing Program that helps providers meet health and safety requirements and obtain licensing. Tool Kits contain application materials, health and safety supplies, coupons for first aid training, and curriculum materials such as educational toys and children's books. All Our Kin also offers caregivers mentoring throughout the licensing process. All Our Kin reports that while Connecticut saw a 34 percent decline in licensed family childcare homes of FCC from 2000-2011, New Haven, the site of its project, saw the number of licensed family childcare homes grow by 74 percent during the same time frame. Sixty percent of Tool Kit participants increased their earnings by \$5,000 in the first year of licensing and \$10,000 in the second year; and more than 50 percent went on to earn a Child Development Associate credential or an associate's degree in early childhood education.

1.2. Family Engagement

◆ Best Practices

The second essential component of a comprehensive early childhood system is family engagement. Best practices recognize parents as their children's first teachers and the critical role parents play in their children's development, especially during the birth to three period.⁴² Parent engagement gives parents knowledge and parenting strategies that foster healthy child development, connects parents with resources and involves parents in their child's education and schooling. To generate these benefits, effective parent engagement requires culturally competent, two-way communication that views parents as partners.⁴³ With these fundamental principles in mind, aligned family engagement policies and practices can support vulnerable parents and foster stable families.

◆ Eagle County

In Eagle County, Early Head Start and the Eagle County Schools Early Childhood Education Program (ECE)/Head Start (HS) program provides significant family engagement and support. The ECE/HS program provides all families at least two education home visits where parents set goals. At risk families receive two additional visits with family service coordinators who focus on the health and well-being of the family and offer parents support for addressing their needs, such as accessing financial resources or getting help for domestic violence.

In addition to home visits, the Eagle County Schools ECE program promotes family leadership through a parent committee that meets monthly. ECE parents can take advantage of educational opportunities and a mentor program supported by the Vail Valley Foundation that brings parents into the classroom to assist the teachers and learn English and about child development. Parent mentors have also been trained to collect data for the pre-K assessment system, which further enhances their understanding of child development. Some "graduates" of the parent mentor program have gone on to

⁴² Bruner, Charles. *A Framework for State Leadership and Action in Building the Components of an Early Childhood System*. Child and Family Policy Center and The BUILD Initiative. Web. http://www.buildinitiative.org/Portals/0/Uploads/Documents/Four_Ovals_paper.pdf. Accessed June 1, 2016.

⁴³ *Updating the "Ovals": A Guide to Our Rationale*. The Early Childhood Systems Working Group, May 2011. Web. http://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating_the_Ovals_Guide_to_Rationale.pdf.k. Accessed June 1, 2016.



become leaders of other groups, and the Foundation hopes to deploy parent mentors to run “Learn and Play” groups in their own communities.

Home visits play an integral part in the Early Head Start (EHS) program as well. Some EHS families participate in a home-based program where they receive weekly home visits from parent educators. In the home/center combination program, families receive two home visits monthly plus two days of center-based care. Families enrolled in the center-based option attend the center four days per week and receive a monthly home visit. The home visitors use the Parents as Teachers curriculum. Parents also participate in two group socializations per month that involve planned activities with a family style meal. A parent committee meets at least six times yearly.

The non-profit Early Childhood Partners provides further support for family engagement. They lead four parenting classes annually using the Incredible Years curriculum. The classes, open to all parents, are offered in English and Spanish during fall and spring both up and down valley. The four classes total serve approximately 60 parents of children aged two to six. Early Childhood Partners makes a concerted effort to recruit parents for the program, including putting out flyers and using social media (posting on the Vail Moms Facebook page) to get the word out. They provide free childcare and food and encourage both mothers and fathers to attend. The program costs nothing to the participants and lasts fourteen weeks. The program is evidence-supported and yields research data for the Incredible Years program.

The Colorado State University Extension Service provides a Family Leadership Training Institute. A national program, the Family Leadership Training Institute is designed to build family leaders through its twenty-week course on civic engagement. Enrollment is very diverse, with approximately half Latino, various socio-economic and educational levels represented. As with the parenting classes, childcare and dinner are provided for participants.

The Valley Settlement Project serving the Roaring Fork Valley uses a community organizing approach focusing on family engagement. They operate a Parent Mentor classroom, similar to the one described above, as well as Learning with Love, a home visiting program focused on infants and toddlers and their caregivers. Their Lifelong Learning project offers adult education within the community, as barriers impede access to the local community colleges.

While these efforts are laudable, they reach a limited number of families, and they do not comprehensively address the needs of families who are caring for their own children or using FFN or private childcare, unless they are enrolled in a program such as Early Head Start or the Valley Settlement Project. Many of these families face a language barrier and may include undocumented immigrants, posing additional challenges for engagement.

◆ Options

Many of the ideas identified previously to enhance FFN care, such as Play and Learn groups, can successfully engage families as well. Other ways to engage families include:

- Expanding home visiting programs such as Parents as Teachers, which encompasses home visiting, group connections, developmental and health screening and a resource network for parents or FFN;
- Expanding the already successful parent mentor program;
- Offering school or center-based comprehensive family engagement and services (see the inserts below on the Chicago Parent-Child Center Program and Educare); and
- Establishing a “Welcome Center” operated by bilingual staff to connect new residents with services, such as one found in Arapahoe County.

1.3. Health

◆ Best Practices

A comprehensive early childhood system should ensure children have access to resources and services that foster their physical, developmental and mental health.⁴⁴ Protecting children’s physical health begins even before they are born—with adequate prenatal care. Children need vision, hearing, and dental screenings with referrals and access to appropriate care. Ideally each child should have a “medical home” to receive

⁴⁴ Bruner, Charles. *A Framework for State Leadership and Action in Building the Components of an Early Childhood System*. Child and Family Policy Center and The BUILD Initiative. Web. http://www.buildinitiative.org/Portals/0/Uploads/Documents/Four_Ovals_paper.pdf. Accessed June 1, 2016.

primary care and coordinate other necessary care.⁴⁵ Children should receive all recommended immunizations. They should also have access to allied health services such as speech pathology. Developmental and mental health screenings should occur with referral, treatment and family support where needed. Families should be fully enrolled in any available services for which they are eligible, such as the federal supplemental nutrition program for Women, Infants, and Children (WIC), which provides food, health care referrals, and nutrition education for low-income pregnant and postpartum women and infants and children up to age five.

◆ Eagle County

Eagle County School programs utilize best practices in meeting their students' health needs. Children attending the Eagle County Schools Early Childhood Education (ECE) program receive health screenings, as do those enrolled in Early Head Start. The district has two nurses serving its schools. Children in Eagle County Schools also enjoy access to healthy, nutritious freshly made food at school under the Fresh Approach program. The Kid's Care School Based Health Center at Avon Elementary, serves students enrolled in ECS with a physician assistant or nurse practitioner on staff and physicians on call. That clinic will soon be joining Mountain Family Health Center. The Department of Public Health operates the Health Care Program for Children and Youth with Special Needs, providing referrals to services, though the program serves fewer families than in the past. Mountain Valley Developmental Center provides services where indicated. The Early and Periodic Screening, Diagnosis and Treatment program helps Medicaid-enrolled children connect with services. The Department of Public Health works with the schools and private childcare providers to facilitate child immunizations, and Eagle County enjoys a high rate of immunization.

In terms of mental health, Mind Springs Health offers mental health services, as does Mountain Family Health Centers. Early Childhood Partners provides support and referrals for children with persistent behavioral problems or developmental delays, including those that might not qualify for special education services, and their families and caregivers. Early Childhood Partners' (ECP) multidisciplinary team assists teachers in creating a behavior plan for the child and enlisting parental support. ECP's mental health consultation also includes self-care for caregivers and teachers, which decreases

⁴⁵ Bruner, Charles. *A Framework for State Leadership and Action in Building the Components of an Early Childhood System*. Child and Family Policy Center and The BUILD Initiative. Web. http://www.buildinitiative.org/Portals/0/Uploads/Documents/Four_Ovals_paper.pdf. Accessed June 1, 2016.

turnover and improves provider satisfaction. ECP also contracts with the ECS to perform mental health assessments and will work with parents and teachers to address the child's needs. Where developmental delays are suspected, ECP provides screenings and makes referrals to Child Find, the program that evaluates children who may need early intervention or pre-K special education services. Mountain Valley Developmental Services then provides the appropriate services.

Even with these efforts, the county faces challenges in a number of areas related to children's health. Although the Eagle County Schools and Early Head Start conduct comprehensive screenings for children in their program, there is no information or data regarding health screenings by community childcare providers. In the absence of such data, we can assume the practice varies substantially, as the quality of the programs do. Similarly, children in FFN or parental care may receive neither screenings nor health care, depending on their circumstances.

The county operates two programs to support women's and children's health. The Department of Public Health administers the WIC food and nutrition program for low-income women and children, but the program is under enrolled. A recent partnership with InteGreat! Coalition aims to improve recruitment of families for the program. The Nurse Family Partnership program, a very successful, evidence-supported home visiting program for first-time low-income mothers, is currently understaffed, with only 1.75 FTE nurses, rather than the 2.5 the county has funding for. The county has had difficulty recruiting a bilingual nurse, so it must pay a clinic assistant to act as interpreter, which can undermine the development of the relationship between the nurse and the family.

Access to medical care is also impacted by the continuing lack of insurance coverage for some families. While the county has witnessed a dramatic increase in the number of children enrolled in Medicaid, the 2015 Eagle County EHS Community Assessment reports that 25.3 percent of eligible children remain unenrolled, leaving more than 1,000 eligible children without coverage.⁴⁶

Perhaps most significantly, Eagle County faces a severe shortage of physicians, particularly primary care physicians willing to accept Medicaid. Few health care providers are willing to serve this population. Only Mountain Family Health Centers provides comprehensive health care, including prenatal care, for most Medicaid patients,

⁴⁶ *Community Assessment*. Eagle County Early Head Start, 2015.

as well as the undocumented. However, Mountain Family Health has no bilingual physicians. Mind Springs has bilingual staff, but it is very difficult to get an appointment. While most Eagle County children are U.S. born and eligible, often their families are not, which impedes the children's ability to access care. The Department of Public Health's Title X Family Planning clinic serves many women who have neither insurance nor a physician.

Over the past ten years, the availability of dental care for low-income children and families has improved significantly. There are multiple providers in or near Eagle County that accept Medicaid patients, including two pediatric dentists. There is also a coalition of several local dental providers, Eagle Smiles, that sees uninsured pediatric patients (through fundraising, the dentists are compensated an amount equal to the Medicaid rate), and the school-based health clinic at the Avon Elementary School, Kids Care Clinic, also offers preventive dental care. Measuring access and use of dental care by low-income children is challenging. However, families with children in Head Start and CPP programs were asked to list their dental home at the beginning of the school year. Only 4 percent indicated that they had no dental home; 95 percent of at-risk children had seen a dentist within the last year, and 77 percent of Head Start students had seen a dentist in the past nine months.

However, there are still dental health challenges facing low-income families in Eagle County. For example, one of the local pediatric dental practices is in such high demand (seeing patients from much of the western slope) that it has had to limit Medicaid clients to an annual visit instead of the recommended semi-annual visits. The Head Start program found that 68 percent of its children needed dental treatment between September and May, indicating that there may be a serious gap in preventive dental care for low-income children ages 0 to three. Additionally, low-income and minority communities are less likely to enjoy access to fluoridated water as there is fluoride in only one of the county's mobile home parks, and Gypsum, Dotsero, Minturn and Red Cliff do not have fluoridated water.⁴⁷

⁴⁷ The U.S. Surgeon General has supported community water fluoridation since the 1950s as a cost-effective, equitable and safe means of providing protection from tooth decay. *Surgeon General's Statement on Community Water Fluoridation, 2004*. Centers for Disease Control and Prevention. July 28, 2004. Web. <http://www.cdc.gov/fluoridation/pdf/sgstatement.pdf>. Accessed June 29, 2016.

◆ Options

Options for addressing some of these gaps include:

- Employing the Nurse-Family Partnership to capacity;
- Having the county provide a visiting nurse at a subsidized rate for childcare providers to conduct child health assessments and staff trainings;
- Having the county provide bilingual visiting mental health staff to childcare providers for child mental health screenings and staff training;
- Expanding the dental program being implemented by ECS to childcare providers; and
- Expanding school-based health care. For examples of model programs taking this approach, see the insert below on the Chicago Parent-Child Center Program and the Montgomery County Public Schools Case Study in Chapter 3.

While each of the above has the potential to improve the health outlook for Eagle County children, these approaches may prove difficult to implement because of the shortage of physicians and other bilingual health care providers. The county will need to find a way to address this problem over the long term, as will many communities in the United States.

Several programs across the country have succeeded in incorporating all three elements we have detailed here: quality early learning and development, family engagement and health. We spotlight two here – one of longstanding recognition and another that has developed more recently.

The Chicago Parent-Child Center Program

The Chicago Parent-Child Center Program is one of the oldest comprehensive preschool programs in the nation. Founded in 1967 with Title I funding, this program initially established four centers in Chicago public schools (now grown to 25) that feature several characteristics we have identified as best practices:

- Enrollment for up to two years in high-quality classes taught by certified teachers;
- Small classes with low teacher to child ratios—2:17 in preschool, to foster individualized attention and learning;
- An aligned curriculum focused on language, literacy and math skills that uses a structured, activity-based approach;
- A multi-faceted parent program that brings parents into the classroom as volunteers, encourages participation in parent room activities and school events, and offers parents educational courses for their own development, all supervised by a Parent-Resource Teacher;
- Community outreach, coordinated by the School-Community Representative, to mobilize resources, recruit at-risk families and engage in home visits;
- Professional development to support implementation and alignment of evidence-based curriculum;
- Comprehensive health and allied services including health screenings, speech therapy, nursing services and free breakfast and lunches;
- A vertically aligned program facilitated by locating the centers close to kindergarten classrooms on school grounds or nearby, with instructional coordination overseen by School Coordinators, and with continued alignment from 1st to 3rd grade to support children as they move through elementary school; and
- A leadership team headed by the Head Teacher in partnership with the Principal.

The Chicago Longitudinal Study documented the success of the model. The study followed a cohort of more than 1500 children from high-poverty areas that participated in the program from 1985-86. It found that children in the Chicago Parent-Child Center Program had higher rates of school readiness and standardized test scores in elementary and middle schools and had higher rates of timely high school graduation. Participants also showed lower rates of delinquency and crime and grade retentions. Research further evidences the programs cost-effectiveness, with a 2011 study demonstrating \$11 returned for every \$1 invested.

Educare

More recently, Educare has generated a network of schools around the country following its intensive and comprehensive model for early childhood learning and development. The Educare model combines four core features: high-quality teaching practices; embedded professional development; intensive family engagement; and data utilization. The Educare model features the following best practices:

- Very low teacher to child ratios 1:3 for infants and toddlers and 3:17 for preschoolers;
- Continuity of care serving children from infancy through preschool;
- Full day/full year programming;
- Well-compensated teachers and staff;
- Classroom teachers with bachelor's degrees and a supervising teacher with an master's degree for every three teachers;
- Infant-toddler staff specially trained;
- Assistant teachers with a minimum Child Development associate's degree;
- A focus on literacy, social-emotional development and the arts;
- On-site speech and language consultants and mental health, primary care and dental services for infants, children, and families;
- Nutritional meals and nutrition consultation;
- A team approach that includes family support specialists with a bachelor's degree in social work, who carry a small caseload and make at least two home visits per year;
- Parents involved in governance as well as parent workshops and various parent-child activities scheduled throughout the year;
- Extensive professional development programs including in-class coaching;
- Partnership with local public schools, so all sites next to or close to public school;
- State-of-the-art facilities intentionally designed to promote child development and learning; and
- Continual use of data to assess outcomes, provide for continuous improvement and promote early childhood research.

The Educare Implementation Study, which has tracked classroom quality and child and family outcomes since 2005, shows positive outcomes, with most children kindergarten-ready and language and readiness results far out-scoring comparable low-income children.

CHAPTER 2: INFRASTRUCTURE ELEMENTS & IMPLEMENTATION STRATEGIES

To better understand how other communities in Colorado were able to implement successful early childhood systems, we conducted in depth reviews of programs in the cities of Aspen and Denver, and Arapahoe, Boulder, and Summit counties. Our examinations included interviews with program leaders and local activists, and reviews of historic and current literature, strategic documents, and budgets. Additionally, we researched national early childhood program leaders and conducted interviews with staff in the Montgomery County, Maryland, and Long Beach, California, early childhood programs.

We discovered that early childhood systems evolved differently in each community and that the process was not necessarily linear. However, all evolved or were consciously built utilizing many of the same infrastructure elements and implementation strategies.



EARLY CHILDHOOD PROGRAM DEVELOPMENT IS A
HEAVY LIFT THAT REQUIRES YEARS OF LAYING
GROUND WORK AND BUILDING PUBLIC SUPPORT.
Colorado Early Childhood Program Director

Common infrastructure elements include: a vehicle for community collaboration; a widely-accepted early childhood framework; data collection and tracking; and a coordinating entity. Implementation strategies include: identifying program costs and funding strategies; engaging the public; and building support. Although not every community utilized every infrastructure element or implementation strategy, and each of these elements looked different in each community, one thing is clear: As one Colorado early childhood program director put it, “Early childhood program development is a heavy lift that requires years of laying ground work and building public support.” Although the specifics varied, the successful programs we studied all developed gradually over many years through an intentional process of infrastructure development and strategic implementation and support building.

2.1 Community Collaboration

In Eagle County, early childhood issues have been examined and addressed with mixed success over the years. The most recent coordinated effort was the Eagle County Early Childhood Initiative which began around 2005. The initiative included multiple task forces to look at different aspects of early childhood development, and developed an early childhood strategic plan. The course of the work changed over time and eventually resulted in the creation of the BrightStart program. BrightStart was largely funded by the county, provided early childhood policy guidance to the Board of County Commissioners, and was responsible for administering certain county early childhood programs.

However, after an early childhood tax initiative failed in 2006, questions were raised about the amount of funding that was allocated to BrightStart and how it was used. All funding was eliminated in 2011 and public perceptions about this program are still mixed. Since then, early childhood professionals and advocates have continued to meet with various degrees of regularity, such as through the Eagle County Early Childhood Council, and to build on the work that had been done in the past. For example, in 2014, a new early childhood framework for Eagle County was adopted.

However, while each consecutive effort has tried to build on past efforts, the resulting mix of guidance and policies appears to lack focus and the effort overall lacks clear leadership. Who now owns early childhood issues in Eagle County?

- The Department of Human Services houses several programs related to children, including administration of the Child Care Assistance Program (CCCP), Early Head Start, and Child Protection.
- The Public Health Department oversees the Family Planning Clinic, the WIC program, the Nurse-Family Partnership and the Health Care Program for Children and Youth with Special Healthcare Needs.
- The school district provides early childhood education for three and four year olds, blending Head Start, CPP/E-CARE and tuition paying students.
- The Board of County Commissioners has repeatedly made early childhood a priority, as demonstrated in the creation of Early Childhood Initiative and the BrightStart program, the funding of assorted early childhood programs and grants, and the placement of funding proposals of the ballot.



- The Rocky Mountain Early Childhood Council, which includes Eagle, Garfield, Lake, and Pitkin counties, is a coalition of community members and agencies working to create comprehensive early childhood systems.

Additionally, there are private providers offering services; not-for-profits such as Early Childhood Partners and Vail Valley Foundation funding early childhood programming; parents seeking care; and businesses seeking workers who need childcare. Although all of these parties have similar interests and many have made inroads in their spheres of influence, their efforts remain largely uncoordinated and their work as a whole is unfocused. To develop a comprehensive system will require more structure and more collaboration.

Communities with successful early childhood programs often began by creating a vehicle to bring all interested and vested parties to the table. These communities used a structured form of collaboration, such as task forces or committees, to facilitate the development of common goals, gain commitment for achieving those goals, and build a broad base of active support for these goals across the community. Participants often included:

- Major community businesses and employers;
- Political leaders;
- County and local governments;
- Non-profit organizations;
- Universities and community colleges;
- Parents;
- Schools; and
- Providers.

It is important that when these individuals are brought together, their voices are actually heard: If the group is convened by someone with a predetermined outcome in mind, participants will realize that their input is not valued and may back out of the process. Additionally, many communities found that their process benefitted from being led by individuals *outside* the early childhood community who may be better able to provide insight into, and communicate with, the broader community.

◆ **Community Collaboration in Action: Arapahoe County**

Initially, the Arapahoe County Early Childhood Council's Board of Directors was comprised of people already involved in early childhood programs. They were middle managers of their respective organizations who had to go back to their supervisors before decisions could be made, hindering the Council's ability to reach agreement on what should be done and how. The Council was not considered a leader in the community, and as a result, had limited effectiveness in accomplishing its goals.

The Council recognized that it needed to expand its board's membership. It actively recruited people who could make decisions for the organizations they represented and asked them to invest their time and resources in order to take leadership of early childhood issues - including the development of the Council's goals and priorities. Part of this process required existing board members to step down to make room for the new board members and accept that they might not get everything they had wanted. While this process proved to be a difficult challenge, it paid off. The reconfigured board of directors was capable of accomplishing more and changing the community's perception of the Early Childhood Council. Since leaders from throughout the county became active participants, the status of the Council rose and over time it became known as the leader and coordinator of early childhood activities in the county.

◆ **Community Collaboration in Action: Boulder and Summit Counties**

Both Boulder and Summit counties also created task forces, but their experiences were different from Arapahoe County's and from each other's. Boulder County created a task force comprised of leaders from across the county in all fields of children's and community services. The task force was 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. Over the course of approximately three years, the task force released its findings and developed robust cost estimates and funding models for the program it wanted to implement.

Summit County's task force met for six months. It was convened to address the county Commissioners' concerns about the effects of the high cost of living on county residents – in particular, employer complaints that they could not attract and keep workers, in part because workers could not afford childcare. The task force focused on what the county could do to increase access to affordable childcare to support the work force.

◆ Community Collaboration in Action: Denver

After two broadly-defined tax initiatives to support children's programs failed, then Mayor John Hickenlooper created two teams to focus on the issue:

- The Early Childhood Education Commission was comprised of 15 members with expertise in early childhood education. It was charged with advising the Mayor's Office and the other team on early childhood education and childcare issues.
- The Early Childhood Education Leadership Team was comprised of 30 members, including representatives of foundations and business and civic leaders. This group was charged with developing a proposal for ensuring that all of Denver's kids had access to high-quality early childhood education. Its three workgroups and steering committee worked over the course of approximately two years to develop the guiding principles for early childhood programs in the city. These principles became the foundation for the subsequent, successful tax initiative to fund the Denver Preschool Program.



Community Collaboration:

Lessons Learned

There are several important community collaboration lessons learned from other municipalities:

- There needs to be a broad representation of community leadership at the table, not just individuals already involved in early childhood.
- Participants representing organizations need to be leaders of those organizations so that they can make decisions and commitments on their behalf.
- Participants need to know that their voices are being heard; there can't be an existing agenda or pre-determined outcomes, or people will recognize that their input is not actually being sought and will opt out.

2.2 Widely-Accepted Early Childhood Framework

A framework, including a clear vision statement and goals, can provide a community with a focus for its early childhood program development efforts. Eagle County has such a framework, dated February 2014 (see Appendix C), that evolved from the work conducted by BrightStart. The framework begins with six short action statements, such as “Improve Quality” and “Achieve Accountability,” followed by a vision statement, outcomes, and strategies. The vision statement reads:

Our community recognizes Early Childhood as the launching pad for a successful and productive life. All our county’s children arrive at kindergarten healthy, well-adjusted and ready to learn. Parents and Early Childhood providers have skills to support the children and promote family self-sufficiency.

Although the framework includes important elements for a comprehensive early childhood program, it falls short in certain dimensions. For example, the framework does not address affordability or accessibility, which based on our interviews and the finding of the 2015 Eagle County Child Care Assessment, are significant concerns throughout the county. Additionally, the individual elements do not always tie together. For example, several of the action statements (such as “Unite the Community” or “Create Funding Support”) are not supported by any outcomes or strategies. And while there are strategies for each set of desired outcomes (such as “early learning” and “health”), there are strategies, but not outcomes, for “systems building”.

Despite its shortcomings, the county’s vision statement could be useful if it were widely embraced. However, none of the people interviewed for this project referenced the county’s early childhood framework, which raises questions as to how widespread its adoption and use are. Early childhood programs and advocates in the community continue to have different agendas and priorities. Therefore, although the framework was clearly developed with good intentions and an understanding of many of the key components required for early childhood programs, the fact that it does not address key community concerns coupled with its inconsistencies could make it an ineffective tool with which to coordinate community efforts and build public support.

Communities with successful early childhood programs often utilized their community collaboration organizations to develop a widely-agreed upon early childhood framework that includes a common vision statement and goals, guiding principles, and other organizing tools. In these communities, the process of developing these tools - which

included public hearings, polling, presentations, forums, expert input, and months or years of regular meetings - organically raised the public's awareness of the importance and relevance of early childhood issues. In some communities, this process also resulted in the identification of early childhood champions: influential community figures who could lead the discussion about the need for a robust early childhood system and be a public advocate for new initiatives. These communities found that it was easier to build public support for early childhood initiatives based on a framework that been developed out of a public, collaborative, community effort than one created primarily within the early childhood community.

◆ **Widely-Accepted Early Childhood Frameworks in Action: Denver**

In Denver, the Mayor's Early Childhood Education Commission and the Mayor's Leadership Team for Early Childhood Education (described above) established five principles for the city's early learning programs. These principles reflected the community's desires and priorities, and became the cornerstone of the city's successful funding initiative and the preschool program that was then funded by it. The principles, and how they shaped the city's initiative and program, were:

1. Independence from city government. There was a feeling that the structure for the program should reside outside of city government so that it would maintain its independence and focus. As a result, the city created a new 501(c)(3) organization to administer the program.
2. Prioritization of the year just before kindergarten (most commonly, 4-year-old children). School readiness rose to the top as a priority, so the program was designed to provide childcare subsidies to 4-year-olds.
3. Universal access to all children in Denver. There was a belief that there would not be sufficient community support for a funding initiative unless the program was open to all. Therefore, Denver's program is not need-based, although benefits are provided on a sliding scale.
4. A focus on quality rating and improvement of preschool programs. The quality ratings of participating preschool programs are incorporated in the subsidy structure: Larger subsidies are given to parents whose children are placed in better rated programs. This structure incentivizes both parents to find quality programs, and programs to improve quality so that they become more competitive. Also, since programs must improve their overall performance to

receive a better quality rating, this incentive structure helps improve quality for *all* children attending the program, not just those receiving the subsidy.

5. Parent empowerment so that they can choose the early education program best for their child. The program provides information and assistance to parents on how to choose a high-quality provider.

◆ **Widely-Accepted Early Childhood Frameworks in Action: Boulder County**

In 2009, the county's early childhood task force identified the key services and programs that comprise a comprehensive early childhood system, the needs and gaps in existing service delivery, and the top priorities for development or expansion of services and programs. The state had recently released its model early childhood framework which the county used as inspiration for its own framework. The Boulder County Early Childhood Framework includes guiding principles, goals, outcomes, strategies, and indicators (see Appendix D for Boulder County's current early childhood framework).

Boulder's guiding principles are not only family- and child-centered, but also emphasize comprehensiveness, coordination, inclusion, prevention, affordability, access, and accountability. In part because of this comprehensive focus, the county's funding for early childhood programs was incorporated into a broad human services tax initiative. The funding resulting from this initiative supports programs to promote family stability, including rental assistance, parenting classes, and food assistance. The Early Childhood Council of Boulder County also receives funding from the county to support its work, which focuses on facilitating early childhood community collaboration efforts, supporting early childhood workforce professional development, providing assistance for quality improvements, and providing a child health integration program. The largest portion of its early childhood funding (41 percent) is used for systems program



Widely-Accepted Early Childhood Frameworks:

Lessons Learned

Several successful early childhood programs utilized the community collaboration process to develop a widely-agreed upon early childhood framework. A lesson they learned is that having a widely-agreed upon early childhood framework was helpful to the leaders in these communities as they prioritized how limited resources would be used, structured subsequent funding initiatives, and planned the development of early childhood programs in their communities.

development, which includes maintaining community collaboration efforts – a reflection of how the community’s desire for coordinated, integrated support systems influenced the direction its program took.

2.3 Data Collection and Tracking

In Eagle County, various individual programs gather data and track outcomes, but private providers generate little data, and no county-wide, cross-agency data collection appears to occur. For example, the Early Head Start program tracks enrolled children on various measures; the Early Childhood Partners’ Incredible Years program gathers data for parent organization; Eagle County Schools gathers TS GOLD assessment data and Head Start data; and the Valley Settlement Project tracks outcome measures for its programs.

Best practices throughout the public and private sectors increasingly include the use of performance measures to determine if programs are meeting their goals. Performance measures should be quantifiable and objective. When used well, they can help program managers and policy makers identify both successes and shortcomings. Successes can be used to promote the program and defend it against potential critics. Information on shortcomings can be used to identify problems with program implementation, which may be structural, logistical, a function of staffing or funding issues, or due to other factors. Once shortcomings are identified, they can be addressed and the likelihood and/or degree of program success should increase. Data can also be used to hold the program accountable to its goals.

For early childhood programs, performance measures tend to focus on program quality, student learning, and workforce (program director and teacher) quality. Meeting quality goals can take time as shortcomings are addressed and the beneficial effects of the program build, particularly in the realm of workforce development. Some communities (such as Denver) limit data measurement to the impacts of their programs, whereas others (such as Boulder) look at a myriad of early childhood success indicators from throughout the community.

◆ Data Collection and Tracking in Action: Denver

The Denver Preschool Program, which makes childcare subsidies available for all four-year-olds attending approved programs, annually evaluates 200 students who receive funding to determine whether the program is making a difference. Evaluations are conducted in the fall and spring to measure each child’s growth. The program has also launched a longitudinal analysis to compare the experience of children who utilized their

program with those who have not over time. To date, the program has found that its students almost always score higher in evaluations than non-participants, no matter the demographic. These findings were highlighted to build support for the program during the campaign to renew the tax that funds it. Additionally, the program conducts parent and provider surveys to obtain feedback on how they feel the program is doing and identify where changes could be made to improve customer service.

◆ **Data Collection and Tracking in Action: Boulder County**

Keeping with Boulder County's focus on the comprehensive and interconnected nature of early childhood and family services, the early childhood community utilizes a broad set of measures that looks at both the performance of traditional childhood programs and other indicators to gauge the community's success in supporting children and families. The county identified four "readiness arenas" (the community, early care and education, the family, and the child) and tracks data on multiple indicators for each. For each readiness area, indicators were developed by an expert committee of local professionals with extensive experience in early childhood programs and services, and are based on national and local research:

- Community indicators describe and show the context in which the early childhood system operates. Examples of community indicators include child population figures, child poverty rates, family income rates, unemployment rates, housing affordability, infant mortality rates, the price of childcare, participation in Head Start, and early childhood workforce compensation rates.
- Early care and education indicators describe the quantity and quality of professionals working in early care settings. Examples include the number of licensed providers and licensed Spanish-speaking providers, as well as provider education levels and credentials.
- Ready family indicators describe family supports and concerns. Examples include rates of participation in programs that support low-income families, unintended births, and child abuse and neglect.
- Ready child indicators describe if children are arriving for school healthy, well adjusted, and having been exposed to the fundamentals. Examples include access to health insurance, rates of obesity and anemia, special needs referrals, and school performance.



Data Collection and Tracking:

Lessons Learned

Best practices recommend the use of performance measures and other data to gauge program performance, inform program improvement measures, and hold programs accountable. What to measure depends on the intent, structure, and scope of the program efforts. In successful early childhood systems, these decisions are typically driven by a community's early childhood framework. Measures should be objective and quantifiable.

2.4 Coordinating Entities

Addressing a significant and complex community need requires the cooperation and participation of many entities. No individual player can accomplish success on its own. While many players in Eagle County, including the Eagle County Department of Human Services and the Eagle County Schools, which jointly funded this project, are interested in the development of a comprehensive early childhood program and have begun to provide leadership in this arena, the effort as a whole is not coordinated and lacks a clear, consistent focus.

Communities with successful early childhood programs have an entity dedicated to developing and maintaining it. Depending on the program, these entities may coordinate community collaborators, administer programs, allocate funding, track performance data and indicators, advocate for early childhood programs, plan long-term strategies, develop programs, prioritize investments, and launch new initiatives. In the early stages of program development, this type of organization plays the role of leader, community organizer, facilitator, strategist, and advocate for early childhood programs.

Coordinating entities look different in different communities, depending on their existing early childhood infrastructure, program needs, and legal constraints. They also can evolve over time as needs and circumstances change. One requirement for a successful governing entity is sufficient resources, both staffing and financial. Organizing a community effort to develop a comprehensive program and/or administer such a program requires adequate resources to be done correctly. Most of the communities we examined utilized new or existing 501(c)(3) non-profit organizations as their coordinating entity. Organizations outside of government are preferred by some



individuals and communities because they are perceived to be unburdened by an existing and perhaps changing political agenda and less susceptible to political influence. However, in Aspen, a city department is dedicated to early childhood issues, and nationally, there are many instances of school districts being the hub of early childhood programs.

◆ **Coordinating Entities in Action: Arapahoe County**

The Arapahoe County Early Childhood Council (ACECC) has become the primary coordinator of early childhood programs in Arapahoe County. It is a 501(c)(3). As the county currently does not have a broad-based tax to support these programs, ACECC relies on state and county funding and grants to provide services throughout the county. Although it is not part of a broad coalition, the ACECC participates in collaborative efforts and is well known in the community: according to its director, anyone with an interest in county early childhood programs knows to reach out to them.

The ACECC's primary mission is to bring together resources and programs to address community needs it identifies. In some cases, they implement programs because the providers are not providing such programs or are providing poor quality programs. The ACECC tends to provide more direct services than other early childhood councils in the state because it has taken it upon itself to fill programmatic gaps, as needed. In some cases, after developing a program, it will try to identify appropriate community partners to take it over. Currently the ACECC administers or funds:

- Quality improvements, materials, coaching, and training scholarships;
- Parenting programs, such as Parents as Teachers, Safe Care Colorado, and parenting education;
- Child Abuse and Prevention programs;
- Outreach and enrollment for health care to connect families with children to Medicaid, the Colorado Health Insurance Plan (CHIP+) for kids, and Connect For Health Colorado (Colorado's marketplace insurance);
- Infant/Toddler caregiver training;

- Childcare center licensing and scholarships for licensing-related costs; and
- Family, Friend, and Neighbor programs.

As the county's early childhood coordinator, ACECC has recently begun research into expanding early childhood supports in the county. It is investigating programmatic options, such as universal preschool, as well as possible financing options. It has applied for a two year grant from United Way to fund this research.

◆ **Coordinating Entities in Action: Boulder County**

The Early Childhood Council of Boulder County (ECCBC), a 501(c)(3), is that community's early childhood coordinating entity. ECCBC has been organizing around early childhood issues since its inception in 1996. In 2006, Boulder County created an early childhood task force, which ECCBC led, to develop an early childhood framework. After the task force's immediate responsibilities were completed, its members became the executive advisory committee to the ECCBC. Although ECCBC does some program implementation, more of its work is on facilitating community collaboration to identify and address early childhood needs. ECCBC also provides professional development and quality improvement programs for caregivers, and has a child health integration program.

◆ **Coordinating Entities in Action: Summit County**

The task force that developed the Summit County childcare initiative also identified the need for an organization to take over once the task force ended, shepherd through a funding initiative, and administer the resulting programs. The task force recruited Early Childhood Options, a childcare referral agency and a 501(c)(3) to be its successor. Early Childhood Options took on the role and became coordinator of early childhood programs and initiatives throughout the county.

Early Childhood Options works with the county, but not for the county. Its board of directors includes the school district superintendent, county commissioners, the county manager, and representatives from a municipality, the business community, and higher education. Early Childhood Options not only administers the county's childcare subsidy, but sees its role as engaging the public in a number of ways, such as bringing childcare providers together and presenting to Rotary clubs and other public groups on early childhood issues.



Like Arapahoe County, Summit County is also interested in expanding early childhood services. Early Childhood Options is currently co-chairing a group investigating possible options with the superintendent of schools. This effort is currently in the planning stage: as the county's early childhood leader, Early Childhood Options is coordinating and facilitating the planning meetings.

◆ **Coordinating Entities in Action: Denver**

Denver's two community collaboration teams identified as a priority the need for a coordinating entity outside of city government. In response, the Denver Preschool Program (DPP) was created. DPP is an independent non-profit corporation (501(c)(3)) established for the sole purpose of administering the city's preschool program. The organization has an annual contract with the city and county of Denver to administer and expend Denver preschool tax revenue. Its board of directors consists of seven members, including one member of the Denver City Council. In addition to administering the universal pre-K subsidy, DPP provides assistance to programs with quality improvements; provides information on program options to parents; conducts both program and student evaluations; and participates in collaborative early childhood efforts, such as Denver Public Schools' birth to 8 group, which is working on a plan to have all children reading on grade level by third grade.

◆ **Coordinating Entities in Action: Aspen**

Aspen is unique among the Colorado early childhood programs we examined in that it is the only one not coordinated by a 501(c)(3). Aspen's early childhood programs are coordinated by KidsFirst, a city department funded with dedicated sales tax revenues. KidsFirst administers the county's childcare subsidy and directly addresses the needs it identifies in the early childhood community. For example, KidsFirst convenes monthly childcare center directors' meetings to facilitate networking, provide support for program directors, and learn about their needs and concerns. Through these meetings, KidsFirst learned that centers occasionally needed substitute teachers to maintain class size ratios during staff absences, as well as very limited-time nurses and mental health professionals to address program needs and to meet new state requirements. However, programs found it difficult to hire professional staff for such irregular and infrequent work. To address these needs, KidsFirst hired part-time staff (a resource teacher, a nurse, and a mental health professional) that centers can hire as needed at subsidized rates to meet their staffing needs.

Additional programs administered by KidsFirst include:

- Quality improvement grants;
- Subsidies for centers for providing infant and toddler care;
- Professional development financial incentives and trainings; and
- Maintenance of physical space for providers in the city's "Yellow Brick Building," a former school that was converted for use by private early childcare providers at subsidized rates by the city.

The approach KidsFirst uses is very collaborative, working particularly closely with the city school district, department of human services, and the Aspen Community Foundation on various efforts.

◆ **Coordinating Entities in Action: Montgomery County, Maryland**

In Montgomery County, the school district acts as the coordinator of early childhood services. This structure developed naturally as efforts to develop an early childhood program there were spearheaded by the superintendent of schools. More details on the Montgomery County system, including the role of the public school system as the early childhood hub, are provided in a case study presented in Chapter 3.



Coordinating Entities:

Lessons Learned

Tackling a complex community need requires a coordination of efforts. Communities with successful early childhood programs tend to have a single, adequately funded and staffed coordinating entity. The structure of this entity and its role and responsibilities varies depending on the circumstances and needs of the community, and may include coordination of community collaborators, administration of programs, allocation of funding, tracking performance data and indicators, advocating for early childhood programs, planning long-term strategies, developing programs, prioritizing investments, and launching new initiatives. In many communities, a 501(c)(3) fulfills this role, one either specially created for this purpose or an existing organization that takes over the role. City departments and school districts sometimes fulfill this role, as well.

2.5 Identifying Program Costs & Financing Strategies

Communities must determine the program elements that they want to implement using their early childhood framework. The communities we studied often found that initial program goals had to be narrower than they originally had hoped, due to both funding and infrastructure constraints. These communities identified where they could begin to create an early childhood system infrastructure that could be built on over time, and where to direct resources to address the most critical needs. In several cases, affordability was addressed first through subsidies for parents. Over time, as relationships were built, infrastructure developed, and public support grew, these efforts identified other needs and priorities and led to expanded program offerings.

Once a community has decided what it would like its early childhood system to look like, the next step toward implementation is developing an understanding of what will be required, including the cost. A robust cost estimate enables decision makers to know the amount of funding that is needed and identify potential funding sources, including new sources as necessary. Cost projections may also help decision-makers understand the scope or size of the project so that they can develop a reasonable and adequate timeline for implementation. Additionally, communities that have passed tax increases to pay for early childhood programs reported that having their proposals backed by detailed and sound cost estimates helped to increase public support.

To develop a cost estimate for an early childhood program, communities need to determine the types of benefits and services they want to provide, program eligibility requirements (such as the age ranges of children and income level of their families), and how programs will be implemented. These decisions should be based on the goals established in the community's early childhood framework. To the greatest extent possible, cost projections should be based on sound estimates of participation, salary levels, and other costs so that the resulting figures are considered conservative, reliable estimates.

Once cost estimates are developed, early childhood and community leaders need to determine whether it makes sense to implement the elements of the program at once or incrementally, and to identify options for funding the program – a decision that will be influenced in part by the estimated cost of the proposed elements. The communities we studied with successful early childhood programs have, or are considering, a broad-based tax to support its programs: a sales tax funds programs in Aspen and Denver, and a mill levy or property tax funds programs in Boulder and Summit Counties, Colorado. Arapahoe County is beginning to consider asking voters for a tax increase to



fund additional early childhood programs. Special taxing districts have been used there successfully in the past to fund other programs, and is one of the options it plans on investigating.

There are pros and cons to any public funding mechanism. When deciding upon what type of funding mechanism to pursue, decision-makers should be cognizant of the potential pitfalls or limitations of that mechanism and know how to address related concerns. Sales tax increases are supported in some communities, especially those whose economies rely heavily on spending from tourists and seasonal visitors, such as Eagle County, because non-residents contribute substantially to revenue collections. Additionally, sales tax revenues generally increase over time, providing an opportunity for programs to grow. The downside of relying on sale tax revenues is that they are unreliable because they are more susceptible to changes to the economy than are other types of taxes. The Denver Preschool Program experienced the impact of sales tax declines during the Great Recession of 2008 and 2009, when declining revenues forced it to contract its program.

Revenues from property tax increases (also known as mill[age] levy increases) are more consistent over time, but may be seen unfavorably by homeowners who pay such taxes in a single lump sum and can suffer from “sticker shock,” particularly in a community where housing affordability is already a concern, such as Eagle County. Property tax revenues also tend to grow relatively slowly over time and therefore cannot be expected to accommodate program growth. Additionally, property taxes are based on home appraisal values which, in some communities, are considered unfair or inequitable.

Special taxing districts are used by individual communities and locations to tax themselves for special services. They are often used to tax and fund downtown redevelopment projects, groups of utility users, and special arts and cultural districts. However, they may make less sense when the proposed service is needed across a wide area, or when people are known to travel across borders to utilize the service.

In Colorado, raising public revenue at any level of government requires a vote of the people. There is a strong perception that the public will not support vague tax increases, particularly when the economy is weak. Several Colorado communities that passed tax increases for early childhood programs reported that having detailed proposals – including clear cost estimates – made the proposals easier to defend to the public.

◆ Identifying Program Costs and Financing Strategies: Denver

When Denver was crafting its 2006 campaign to fund early childhood programs, organizers looked at various funding mechanisms. They chose to pursue a sales tax, in part because organizers did not want to compete with schools for a mill levy tax, and also because it appeared that there was room for growth in the sales tax rate when the existing rate was compared with that in other jurisdictions. The cost estimates for the model they wanted to implement indicated a need for a 0.2 percent sales tax increase. However, based on what they felt was feasible with voters and other priorities in the city (which at the time was also seeking funding to its convention center), they opted to seek – and won – a 0.12 percent increase.

The program had a 10-year sunset, but its leadership decided to put it up to voters for renewal early, in 2014 instead of 2016. They decided they did not want the vote to coincide with a presidential election as advertising costs would be higher. Additionally, they did not want the renewal vote to fail and have no opportunity to put it before voters again without a gap in services. Since the first campaign and election, public awareness of and support for early education had grown significantly, in part due to President Obama's call for universal high-quality preschool for all children in his 2013 State of the Union address.

With the renewal, the DPP sought to extend the program through 2026, 10 years from the expiration date of the original program authorization, and increase the dedicated sales tax to 0.15 percent. The increase was needed for several reasons, including meeting growing demand, reinstating year-round programming, and keeping up with the rising cost of preschool. The reauthorization effort benefitted from the program's strong evaluation system and the data it had collected the impact of the program. Whereas the 2006 vote was so close it required a recall, this time, voters approved reauthorization with just over 55 percent support.

◆ Identifying Program Costs and Financing Strategies: Boulder County

Boulder County's early childhood task force first had its subject matter experts design a proposed program for the county. It then created a finance subcommittee that included, among others, certified public accountants, early childhood economists, childcare providers, and municipal finance officers, to develop estimated costs for the proposal. Affordability was one of the key principles of the Boulder County early childhood framework. Therefore, the finance subcommittee had to develop a definition of affordability that could be used as a basis for determining the subsidies the program

would provide and thus the estimated programs cost. It then developed a set of cost estimates and financing strategies. In all, the finance subcommittee worked for over a year on the project.



Identifying Program Costs and Financing Strategies:

Lessons Learned

Detailed cost proposals can be useful tools in the development and implementation of a comprehensive early childhood system plan. Sound cost estimates can be developed based on a clear understanding of the desired services to be delivered, the estimated number of recipients, and how such services will be implemented, thus quantifying the scope of the undertaking. Cost estimates can be used to determine what can be funded and implemented immediately and the amount of additional funding needed to fully implement the proposed program. Knowing the gap in funding enables leaders to determine what they should seek from voters, both in terms of the type of tax increase and the amount. Some communities determined that to make their tax initiative feasible with voters, they had to ask for less than the total identified need and plan to grow the program over time. Communities have also found that detailed cost plans are in securing public support for tax initiatives as voters are often leery of approving such increases without a clear understanding of what the revenue will be used for.

2.6 Engaging the Public and Building Support

To increase taxes to fund any program, communities in Colorado need to build enough public support to pass a ballot initiative. Communities that have done so successfully report that building that support starts long before the actual ballot initiative goes public. Some of the infrastructure elements described above (such as establishing a vehicle for community collaboration and developing a widely-accepted early childhood framework), if done well, can be the beginning of that process. The more members of the community who are engaged in those elements – be they community leaders who participate on a task force, parents who attend a public meeting, or residents who participate in a survey – the broader the foundation of public awareness and support that is being laid.

Public input through polls, input at public meetings, and other measures, should be influential in the development of the community's early childhood framework. The Colorado communities we researched that incorporated public input into their framework



and then used the framework as a guide for developing a proposed early childhood program had a proposal that reflected the community's desires and priorities. As a result, these communities were successful at earning the public's support. For example:

- Denver proposed a program that would be open to all families with 4-year-olds regardless of income because otherwise they did not think they would have sufficient support. It focused on the year before kindergarten because the public was concerned about school readiness.
- Aspen framed its funding proposal around the community's concerns about affordability; its childcare funding tax initiative was added to an initiative to fund affordable housing.
- Summit County residents were concerned about how the lack of affordable childcare was causing families to leave and making it difficult for businesses to retain employees, so its initiative was framed as both an affordability and an economic development issue.
- Boulder County wanted to address concerns about family stability, so early childhood program funding was part of a broader initiative to fund an assortment of human services support programs.

Several of these communities hired professional campaign managers for their tax initiative campaign. Efforts to build support for the tax initiatives included public service ads to increase the public's understanding of the value of early childhood programs, ad campaigns specific to the tax initiative, yard signs, knocking on doors, letter writing campaigns to local newspapers, public forums, and "get out the vote" efforts.

◆ **Engaging the Public and Building Support: Denver**

Denver, like Eagle County, tried passing tax initiatives to fund broadly-defined early childhood programs and failed – twice. When Denver decided to try again, it hired political consultants to lead the process. The consultants started by conducting public opinion research and focusing on message development and potential timing. When likely voters were surveyed, the team found that while there was general support for preschool, there was a low level of understanding of the importance of preschool and a general belief that early childhood education was primarily the responsibility of the family. Based on these findings, they decided to wait a year to put the tax initiative on the ballot to allow sufficient time to educate voters, try to elevate an early preschool



program as a community priority, and to coincide with a gubernatorial election that was expected to result in high turnout among sympathetic voters.

The public education campaign lasted approximately three months and was largely funded by foundations and 501(c)3 organizations. The message focused on brain development in early childhood and providing opportunities for all children to be well prepared for kindergarten and beyond. The campaign concentrated on television advertising and cost approximately \$350,000. Subsequent polling showed that support for an early childhood measure had gone up to the upper 60 percent range.

During this time, the tax initiative campaign developed an infrastructure and raised funds. The political campaign, called “Preschool Matters,” cost \$1.5 million, including \$1 million in raised cash and \$500,000 in in-kind support. City Council agreed to refer the measure to voters and they launched a media campaign consisting of television advertising, direct mail to likely voters, free media, yard signs, public events, town hall meetings, and field campaign staff to turn out the vote among sympathetic voters. The political campaign began several months after the public education campaign ended, running from April 2006 through Election Day, November 7, 2006. Mayor Hickenlooper became the most visible, but not sole, champion of the effort. The campaign worked to gain endorsements from community organizations and worked with those supporters and their networks to help raise awareness and support.

In the end, the vote for the proposal was so close that a recount was required; despite polling strongly, it won by just over 1,000 votes. The gap between those who said they would vote yes and those who did vote yes was greater than they had anticipated. Unexpectedly, they found that poorer communities (who would likely benefit the most from the proposal) voted against it. They did not conduct further polling to find out why, but factors may have included a financial sensitivity to a tax increase, general anti-government sentiment, the message not resonating, and/or a lack of understanding that they would have benefitted from the program.



Engaging the Public and Building Support:

Lessons Learned

Not only does developing an early childhood program require significant planning work, but if a tax increase is required to fund it, it also requires a dedicated effort to build public support. Communities that have passed such measures developed them in such a way that they clearly reflected the community concerns raised during public meetings and through polling. The groundwork for building public support can begin in the early stages of program planning as leaders create a forum for community collaboration and craft a widely-accepted framework. Successful communities launched campaigns to build support for their tax initiatives, including ads in television and print media, direct mailings, yard signs, public events, forums, advocacy by champions, and “get out the vote” efforts.

Collective Impact Model in Action in Boulder County, Colorado

Beginning in 1996, the Early Childhood Council of Boulder County (ECCBC) began engaging a myriad of community members in conversations about early childhood issues. From 2008 through 2010, the ECCBC director led a county task force created to identify 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. The task force then created a finance subcommittee that took these findings and developed estimates of costs for a model program and potential financing strategies. Through this process, the county developed a clearly and broadly-supported early childhood framework and developed early childhood indicators that were accepted by the wider early childhood community. ECCBC now facilitates a collaborative network of more than 150 local organizations and individuals collaboratively working toward the shared early childhood goals found in the county's early childhood framework. It is also responsible for tracking progress toward those goals and reporting on early childhood indicators annually.

At the time ECCBC and the county task force were working, the process they used had no name. However, in 2011, systems of collaboration such as theirs became identified as Collective Impact Models. John Kania and Mark Kramer had been studying shared measurement, which is how multiple organizations can build consistent and shared ways of measuring their progress toward a common goal. Through their examination of successful collaborations built to address social change on myriad topics, they identified common and key components which became known as the Collective Impact Model.

The Collective Impact model begins with the presumption that to successfully address many large scale social problems, individual organizations must commit to common goals and a collaborative approach – otherwise, organizations compete against one another for funding and support, and even though they may be focused on the same issue, will only make incremental and isolated impact. In their paper on the topic, they describe examples of a Collective Impact Model being used to address school improvement, environmental restoration, and childhood obesity.

Collective Impact initiatives typically require five elements:

- Common Agenda;
- Shared Measurement Systems;
- Mutually Reinforcing Activities;
- Continuous Communication; and
- Backbone Support Organizations.

How did the Collective Impact Model evolve in Boulder County and what does it look like now? Collaboration began as early as 1996 when the BCECC was created and began bringing individuals and organizations interested in early childhood issues together. In the mid to late 2000s, this collaborative network developed a clearly defined common agenda: members participated in the county's early childhood task force, the findings of which became the basis of the county's early childhood framework. Members of this collaborative network adopted shared measures, called indicators, to measure progress toward the framework's goals over time. The collaboration partners have committed their individual organizations to working toward these goals, resulting in mutually reinforcing activities. The network continues to meet monthly to maintain coordination, work together, discuss progress and obstacles, and plan for the future - work that is facilitated and coordinated by BCECC, its backbone support organization.

CHAPTER 3: BEST PRACTICES APPLIED: MONTGOMERY COUNTY EARLY CHILDHOOD INFRASTRUCTURE & PROGRAM IMPLEMENTATION

Montgomery County, Maryland has garnered national recognition as a model for pre-K through third grade alignment and building a comprehensive, effective early childhood system using a school district as hub.⁴⁸ Montgomery County has exemplary programs that address all three of the key system components – early learning, family engagement and health – and it has generated impressive results for its students. The system did not spring into place overnight, but has been developing and evolving for more than twenty years. System development involved leadership from the school district, reaching out to the community in a broad-based way; the development of guiding principles, which eventually turned into action steps; and implementation followed by continual assessment and system improvements.

Montgomery County’s efforts date back at least to 1993, when Maryland mandated creation of Collaboration Councils for Children, Youth & Families, but the efforts did not really take off until the hiring of Jerry Weast as Superintendent of the Montgomery County Public Schools (MCPS) in 1999. Superintendent Weast spearheaded major reform of the MCPS using a conscious strategy of community engagement. Montgomery County had been experiencing considerable demographic change—a dramatic increase in minority, low-income and immigrant families—and the school district suffered from a stark divide in outcomes and achievement for schools in the “Red Zone,” with a substantial low-income, minority and immigrant population, and schools in the “Green Zone,” attended by children from higher income families. Even among more successful students, results had stagnated.

3.1 Developing an Early Childhood Framework

Determined to raise the bar for all and address the achievement gap problem, Weast began by issuing a blueprint for reform entitled Our Call to Action. The report, drafted after months of analysis of the district’s problems and research into best practices by district staff, the board of education, consultants and hundreds of community members, outlined concrete steps to begin revitalizing the district. These “trend benders,” as the report labeled them, included:

⁴⁸ See Montgomery County references in Appendix D for resources pertaining to the Montgomery County early childhood system.

- Developing a system of shared accountability;
- Early success (focusing on early learning);
- Achieving workforce excellence through targeted training and action research;
- Broadening the concept of literacy;
- Reorganizing assets for school success; and
- Developing family and community partnerships.

Consistent with the Call, Weast and his partners set the bar high—80 percent of graduating high school students should be college ready. Critically, Weast recognized the importance of early learning to achieving that goal and created strategies focusing in good part on early learning to achieve that ambitious result. Weast’s vision and the Call to Action emphasized the infrastructure needed to support the effort—the importance of data-drive decision-making; on building the capacity of teachers and staff to implement necessary changes; and on engaging the whole community.

3.2 Engaging the Public and Other Key Partners

Widespread community support was seen as absolutely essential to success. To that end, Weast and his leadership team mounted a prodigious community outreach campaign.



“BRINGING THE COMMUNITY ON
BOARD WITH THIS VISION INVOLVED
A MASSIVE PUBLIC RELATIONS
EFFORT.”

Childress, et al., *Leading for Equity*

Weast crafted his message carefully. His aim to “bridge the gap” between the poorly performing “Red Zone” schools and the higher-performing “Green Zone” schools was



politically sensitive. It would require “equitable” distribution of resources, rather than “equal.” He sold his vision by framing it as both a moral imperative and a smart move economically. Weast then took the message to the people. He developed video and slide presentations and chatted with small groups across the community.

Weast actively sought to engage parents. In 2000, he held 16 forums throughout the county, including four in multicultural areas. He also brought parents onto committees making policy and openly valued their contributions. The plans that emerged reflected parental input, demonstrating to the parents that their contributions mattered. These efforts ultimately led to the establishment of a district-wide Parent Advisory Council, which gathered feedback in a multitude of languages, reflecting the diverse population.

Weast also reached out to the business community, sparking collaboration with the non-profit Montgomery County Business Roundtable for Education that brought business acumen to the task of school reform. Today, the Roundtable continues to collaborate with the MCPS to facilitate the goal of college and career readiness for all MCPS graduates.

Weast’s efforts necessarily included earning the trust and support of the unions and the school board. He also persuaded the County Council and Executive (akin to a mayor) to support the Call to Action; they provided \$100 million in the first year.

3.3 Setting Priorities

By the end of 2000, Our Call to Action had been transformed into the district’s Early Success Performance Plan and the Montgomery County Early Childhood Initiative Comprehensive Plan, created in collaboration with the Montgomery County Collaboration Council for Children. The district understood that it needed to prioritize its efforts, so it chose to focus first on the neediest schools for full day kindergarten; early elementary literacy, including opening Head Start classrooms in struggling schools; and improving access to high school AP courses.

Right from the start, the system incorporated the three critical elements of a comprehensive early childhood system—early learning and development, family engagement and health, using many of the best practices previously identified in this report.

3.4 Early Learning and Development: Quality

The district created a horizontally and vertically aligned system. It adopted a comprehensive curriculum framework with professional development that overlapped from pre-K into elementary school and implemented uniform assessments tied to benchmarks.

The district's approach to staffing also followed best practices. All MCPS pre-K teachers were integrated into the district. They enjoyed the same pay scale and other terms of employment as other teachers. As the new curriculum required new training for all teachers, a Teacher Professional Growth System was implemented, incorporating teacher observations and evaluations, mentoring, courses and a professional development plan for each teacher.

In addition to offering professional development embedded in the school setting, MCPS has been a leader in leveraging technology. When MCPS recently developed its new curriculum integrated with Common Core standards, it won a \$5 million federal grant to partner with educational publisher Pearson, which would provide 20 percent matching funds and expertise to expand online professional development. This partnership has yielded a comprehensive integrated curriculum and online lesson-planning platform that MCPS has begun to implement and plans to market nationally. The platform provides teachers with all the necessary tools and content with lessons accessible by marking period, week and day and with the opportunity for teachers to rate and share lessons.

3.5 Family Engagement

Early on the district recognized the importance of family engagement. MCPS joined forces with the Montgomery County Department of Human Services and county leadership to obtain \$1 million in local funding to offer childcare scholarships; establish ChildLink, a one phone number early learning information and referral service; and lay the groundwork for early learning throughout the county, focusing on the most vulnerable children.

The district reached out to families in myriad ways. Using a team approach with other early childhood agencies, the district launched an all-out recruitment effort to get families registered for pre-K and other services. Comprehensive state-funded school-based family support centers (so-called "Judy Centers," discussed below), faith-based groups, doctors and parent groups all helped. Staff conducted hundreds of community outreach efforts annually. Once registered, each family was assigned a family service worker to shepherd them through process and refer them to other services. The service worker



and teacher then developed a Family-Partnership Agreement for each family to identify strengths and needs of each family before the child goes to school. Family service workers and teachers followed up with phone calls and home visits, resulting in nearly 1,000 referrals to various social service agencies.

Parent guides, tool kits and a newsletter published in six languages, which included ideas for learning activities at home, supplemented these efforts. Outreach began even before birth – with a “Help Me Grow” prenatal packet from DHS, and at birth with a PAL kit from MCPS containing a CD with songs, books, tips for new parents and a pouch for medical documents.

Parents also had the opportunity to assume leadership in training, planning and governance through the MCPS HS/Pre-K Policy Council, which organized various family-friendly speakers and events, and the Parent Advisory Council, which provided input on family engagement and communication to the MCPS.

Perhaps most notably, MCPS obtained \$7 million in state funding for Judith P. Hoyer Early Child Care and Education Centers (“Judy Centers”), at two elementary schools. Named in honor of Judith Hoyer, an early childhood advocate who was the late wife of Congressman Steny Hoyer, the Judy Centers provide comprehensive, wraparound services for children in the Title I catchment. Judy Centers engage many community partners, including local colleges, libraries, DHS, nonprofits, faith-based organizations and family and center based childcare providers to offer a wide range of family supports and services, including family literacy programs, adult ESL and GED classes, early identification health referrals, staff training, play groups and tutoring and an intergenerational program matching local seniors with young children. Judy Centers also support the broader childcare community, offering technical assistance toward early childhood accreditation.

3.6 Health

Montgomery County has worked assiduously to develop the third essential component of the early childhood system—health. In addition to the health screenings performed at the Judy Centers, the MCPS participates in Linkages to Learn, a community school partnership with an integrated focus on health, social services, community development and engagement. Linkages offers physical and mental health services at various elementary schools and on-site health clinics. Initiated as a pilot program in the early 90s, it has grown into an extensive network of 29 schools serving 5,900 students and families throughout the district, and it continues to expand.

3.7 Ongoing collaboration

The development of an early childhood system this comprehensive did not result solely from the efforts of one man or one school district. County-level collaboration coordinated all partners. The Collaboration Council played an important role in identifying aligned goals, marshaling partners and building momentum. While that body now focuses primarily on youth services, another organization addresses early childhood concerns. In 2013, Race to the Top funds led to the creation of the Early Childhood Advisory Council, now known as the Early Childhood Coordinating Council.

Montgomery County Early Childhood Council Membership

- Administrator, Early Childhood Services DHHS (Co-Chair)
- Manager, Montgomery County Children's Resource and Referral Center DHS
- Chief, Children Youth and Family Services DHS
- Director, Maryland CentroNía Preschool
- Principal, Gaithersburg Elementary School MCPS
- Program Manager Gaithersburg Judy Center
- Director, Division of Title I and Early Childhood Programs and Services (Co-Chair)
- Supervisor, Child Find/Early Childhood Disabilities Unit MCPS
- Regional Manager, Maryland State Department of Education (MSDE) Child Care Licensing
- Program Manager, Head Start Program DHS (ECCC Exec. Committee)
- Executive Director, Montgomery County Family Child Care Association (ECCC Executive Committee)
- Executive Director, Montgomery County Collaboration Council for Children and Families
- Administration, Montgomery County Public Libraries
- Chair, Montgomery College of Education and Social Sciences (ECCC Executive Committee)
- Prekindergarten Teacher (ECCC Executive Committee)
- Harmony Hills Elementary School MCPS
- Division Director, Family and Community Services
- Montgomery County Commission on Child Care
- Director, Clara Barton Center for Children
- Representing: Organization of Child Care Directors (ECCC Executive Committee)
- Program Officer, Morris & Gwendolyn Cafritz Foundation
- Manager, Infants and Toddlers Program DHHS
- Child Care Health Consultant/Montgomery County Resource and Referral Center, DHHS
- Supervisor, Prekindergarten/Head Start MCPS, Division of Early Childhood Programs and Services
- Program Manager, ChildLink and Early Childhood Mental Health DHHS
- Legislative Analyst, Montgomery County Council



The membership of the ECCC includes leadership from various divisions of the Department of Health and Human Services, several MCPS representatives, and numerous other agencies and organizations involved with children, ranging from the local college to libraries. Montgomery County also has a Childcare Commission that handles operational issues that come up for childcare providers and parents.

3.8 Results

Since 1998, the population of English Language Learners in Montgomery County has increased 103 percent, and the number of students receiving free or reduced price lunch has grown 44 percent. Yet more than 88.9 percent of third graders read proficiently, the achievement gap has shrunk by 29 percent, and almost 77 percent of all seniors go to college. Today 91 percent of Kindergarten students enter first grade ready to learn.

These impressive results are testament to the success of the collaborative, school-district hub model dedicated to creating a comprehensive early childhood system that addresses the needs of children and families. Three qualifications are in order. First – it is important to emphasize that the efforts that produced these results unfolded over more than twenty years. Second, Montgomery County exists in a state that provides substantially more support for early childhood than many others, including Colorado. Third, it is also vital to keep in mind even the best system – indeed to maintain a “best” system – requires constant monitoring, assessment and adjustment. For no system, even one as robust as Montgomery County’s, can solve all problems. For example, Montgomery County, like most communities, continues to struggle with the three-legged stool for childcare, regularly needing to revisit and recalibrate its Working Parents Assistance Program, which provides local subsidies for working parents to supplement those funded by state and federal dollars. Likewise, Montgomery County continues to work on how to coordinate and align community childcare providers with the MCPS program. But with a strong commitment and well-functioning collaboration, Montgomery County is well positioned to meet these ongoing challenges.

CHAPTER 4: RECOMMENDATIONS

As discussed in Chapter 1, in this chapter we enumerate a range of programmatic components that can be included as part of a comprehensive early childhood system. These components are typically grouped into three inter-related categories: education, health, and family engagement. While successful comprehensive early childhood systems work to address all of these components, as Eagle County moves forward, we recommend it begin by focusing on its critical needs and building community support for any early childhood endeavor.

The early components of an early childhood system that are both most essential and most lacking in the county are sufficient capacity, affordable options, and consistent high-quality care. Capacity and affordability should be top priorities because without them, families throughout the county are unable to access childcare services - the primary vehicle for delivering a broad spectrum of early childhood services. The third priority for the county should be consistent high-quality care: research has shown the positive impacts high-quality early childhood care can have for children throughout their schooling and future lives. The county's program should work to ensure that all children receive high-quality care, whether it is provided by a center, a home-based center, or by parents, families, friends, or neighbors.

The recommendations below outline steps the county should undertake to develop a comprehensive early childhood system. The immediate and short-term recommendations address the county's critical needs. While some likely can be implemented using existing resources, others may require a more significant investment and the realignment of existing priorities to be realized fully, and thus may need to wait until additional funding is acquired. High-priority short-term recommendations focus on the critical needs addressed above. Lower-priority short-term recommendations focus on both critical needs and other elements that can be part of comprehensive early childhood programs. The long-term recommendations will likely necessitate the identification of additional funding. All recommendations are summarized in Table 1 below, which is followed by a discussion of each recommendation in more detail. Information on how cost estimates were calculated is provided in Appendix E.



Table 1. Summary of Recommendations

This table provides a summary of our immediate, short-term, and long-term recommendations, as well as cost estimates for each. The assumptions and calculations for the cost estimates are provided in Appendix D. For many recommendations, the county has implementation options. For these recommendations, a range of cost estimates is provided.

<u>Immediate Recommendations</u> Cost Estimate: \$50,000 to \$100,000	
1. Create a countywide early childhood task force.	\$50,000 to \$100,000
<u>High Priority Short-Term Recommendations</u> Cost Estimate: \$1.1 to \$11.1 million	
2. Create a coordinating entity.	\$75,000 to \$100,000
3. Expand Eagle County Schools' early childhood program capacity.	\$268,593
4. Provide transportation for Eagle County Schools' preschool students.	\$140,220
5. Provide infant and toddler care subsidies to providers.	\$457,000 to \$2.3 million
6. Provide childcare subsidies to parents.	\$63,000 to \$7.5 million
7. Provide professional development scholarships and retention incentives.	\$25,000 to \$600,000
8. Recruit Spanish speaking early childhood professionals.	\$50,000 to \$100,000
9. Hire a Family, Friends, and Neighbors (FFN) program coordinator.	\$50,000 to \$100,000

<u>Lower Priority Short-Term Recommendations</u> Cost Estimate: \$305,000 to \$650,000	
10. Provide technical assistance with licensing.	\$50,000 to \$100,000
11. Develop a supportive infrastructure for providers.	No cost
12. Provide quality improvement grants.	\$5,000 to \$50,000
13. Work with Colorado Mountain College to expand and enhance early childhood program options.	No cost
14. Hire a family services coordinator and expand family outreach programs.	\$150,000 to \$200,000
15. Create a bi-lingual county resource center.	\$50,000 to \$100,000
16. Subsidize visiting bilingual mental health professional for childcare providers.	\$75,000 - \$150,000
17. Subsidize a visiting nurse for childcare providers.	\$75,000 - \$150,000
<u>Long-Term Recommendations</u> Cost Estimate: \$1 million and up	
18. Award grants for facility building.	\$1 million/grant
19. Consider an Educare center in the future.	Current proposal: \$12 million for capital costs and \$4 million for annual operating costs

4.1 Immediate Recommendations

Universally, people we spoke with representing successful early childhood programs from across Colorado and across the country emphasized the need for sufficient planning, and collaboration and public support building when developing an early childhood program – especially if a tax measure to fund such programs must go before voters. Most suggested that it is a two- to four-year process to go from building coalitions and developing a framework and a proposal, to getting something on the ballot that could be successful. Although advocates have been working on early childhood issues in Eagle County for many years, their efforts have not been coordinated or focused and the infrastructure we identified for successful programs has not been established.

Additionally, we heard from people throughout Eagle County that affordable housing is a very high priority in the community. The county recently conducted a poll on public support for a tax increase for early childhood programs and affordable housing. The results indicate that although there is some support for additional early childhood programs, affordable housing is a higher community priority at this time.

Given that an early childhood tax initiative has already failed in the county in 2006, it is critical that its next effort be well planned and carefully executed. The county should first develop the organizational infrastructure for a comprehensive early childhood system and undertake the implementation strategies (both discussed in Chapter 2). Given the public's prior reluctance to support a tax initiative for early childhood programs, once another such tax initiative is undertaken – be it now or in the future – it will be essential for the county consistently to frame the initiative in a way that resonates with the public and work to build public support.

There are various tools and options available to facilitate issue-framing and community support-building. For example, the FrameWorks Institute, winner of the 2015 MacArthur Award for creative and effective institutions, offers workshops that provides practical guidance on effectively framing public outreach and policy communications. Advocates, parents, caregivers, educators, and the general public can learn researched methods for framing messages so they can more effectively influence public discourse, raise awareness, and build public support for investments in early childhood development.⁴⁹

⁴⁹ *FrameWorks Academy*. FrameWorks Institute. Web. <http://www.frameworksinstitute.org/frameworks-academy.html>. Accessed June 6, 2016.



Another example is the public education campaign funded by organizers for Denver Preschool Matters. It focused on building public awareness of brain development in early childhood and the value of early childhood education for all children. The public education campaign was separate from and preceded the political campaign to build public support for its early childhood tax initiative by several months.

As an immediate starting point, Eagle County should invest in the infrastructure elements needed for a successful early childhood system. When well executed, these elements can create a strong foundation for an early childhood program, build community support, facilitate program implementation, and support on-going program development. Specific recommendations include:

1. Create a countywide early childhood task force.

Past efforts at organizing around early childhood issues in Eagle County have primarily (and sometimes exclusively) involved members of the early childhood community. However, broader community involvement is essential for building broader community support. Task force membership should include some leaders from major public, private, and not-for profit organizations who are interested in early childhood. These individuals have expertise that should inform the process, but not necessarily guide it. However, equally – and perhaps even more importantly – the task force needs to include leaders from other key businesses and organizations in the county, such as the major employers, the Chamber of Commerce, the community college, community activists, and municipal governments.

The task force should look at the work that has been done on early childhood issues in Eagle County over the past decade or more. There has been considerable effort during this time to identify gaps, needs, potential strategies, and frameworks. The task force should be empowered to choose which elements of this past work it can use, but not be locked into any past decisions as it moves forward with the current effort.

The task force should work toward the following goals:

- Develop a new early childhood framework for the county, including guiding principles, a shared vision, goals, strategies, performance measures, and priorities;
- Seek and incorporate public input into the framework;

- Develop an early childhood proposal to address gaps and shortcomings in the system;
- Create a realistic time frame for proposal implementation; and
- Develop a cost estimate for the proposal, including an assessment of possible financing strategies.

The task force will need administrative support. The estimated cost is for hiring 0.5 to 1.0 FTE for administrative staff and materials. Estimated cost: \$50,000 to \$100,000.

4.2 Short-Term Recommendations

In the short-term, there are many steps the county can take toward strengthening the existing early childhood system while the task force develops a broad-based early childhood framework and proposal. There are high priority short-term recommendations that address the county's critical needs. Many of these can likely be implemented quickly utilizing existing resources; others are more costly, but perhaps can be implemented initially on a small scale until additional funding is identified. There are also lower priority short-term recommendations that the county can implement as funding is available that address the county's critical needs and the other elements of a comprehensive early childhood system. Within each level of prioritization, the recommendations are numbered for clarity, but not individually prioritized. We feel specific implementation decisions should be based on funding availability, opportunities to find partners in the community, and other considerations.

◆ High Priority Short-Term Recommendations

2. Create a coordinating entity.

This recommendation addresses the need for strategic infrastructure development, described in Chapter 2. A coordinating entity is needed to facilitate community collaboration and lead the program development and implementation process. In some communities, a dedicated government office or an existing not-for-profit organization has undertaken this role. However, there still exists in the community some concerns with the county and early childhood not-for-profits regarding accountability due to funding and reporting decisions that occurred under the BrightStart program. Additionally, county entities are potentially subject to the changing political environment, which may cause concerns about the long-term stability of the organization. To avoid raising such



concerns anew, a new organization should be created for this purpose. Another option could be to enlist Eagle County Schools for this responsibility. Regardless of the location of the entity, it will need financial and staff support – a minimum of one FTE. Estimated cost: \$75,000 to \$100,000.

3. Expand Eagle County Schools' early childhood program capacity.

Eagle County Schools early childhood staff have identified three options for expanding capacity of their existing programs. These options provide the county a relatively easy way to increase capacity because they utilize existing physical and staffing infrastructure in a high-quality program. The options are:

- Provide an extended-day option for all programs. Estimated cost: \$118,000.
- Provide a year-round option for all programs. Estimated cost: \$150,000.
- Retrofit or expand existing space to increase the number of classrooms. Costs would vary depending upon the number and type of construction projects undertaken, as well as the number and types of additional classrooms built that would need equipping.

4. Provide transportation for Eagle County Schools' preschool students.

Currently there are at-risk children whose families decline free care due to lack of transportation. This recommendation would help children of at-risk families utilize high-quality services. Eagle County Schools estimated five routes would be necessary. Estimated cost: \$140,000.

5. Provide infant and toddler care subsidies to providers.

Infant and toddler classes are the most expensive to provide due to low teacher-to-student ratios and other special requirements. As a result, many providers find offering such classes to be cost-prohibitive. There is a dire shortage of infant and toddler classes throughout the county. This recommendation would make these spaces a more financially viable option for providers so that providers would be more likely to offer them, thus increasing capacity. To promote high-quality care, subsidies should be



proportionate to each provider's quality rating. Estimated cost range: \$457,000 to \$2.3 million for average subsidies ranging from \$1,000 to \$5,000 per student.

6. Provide childcare subsidies to parents.

Childcare subsidies help increase the affordability of quality care for parents, incentivize high-quality care, and infuse the system with financial resources. Many communities with successful early childhood programs utilize childcare subsidies for these reasons. The cost of providing such subsidies will vary depending upon eligibility criteria (such as age thresholds for children and income levels for families) and the amount of the subsidies themselves. To promote high-quality care, subsidies should be proportionate to each provider's quality rating. Estimated cost range: \$63,000 to \$7.5 million for average subsidies ranging from \$1,000 for pre-K for the lowest income families, to average subsidies of \$5,000 per student for children of all ages and no family income threshold.

7. Provide professional development scholarships and retention incentives.

Professional development scholarships and retention incentives not only increase the quality of care given by individuals currently in the field, but also potentially incentivize people to enter the early childhood workforce due to the opportunity for additional compensation and career advancement potential. Building a highly qualified early childhood workforce will be essential to the county as it works towards increasing capacity. Estimated cost range: \$25,000 to \$600,000 for average annual awards ranging from \$500 for 50 professionals, to \$3,000 for 200 professionals.

8. Recruit Spanish speaking early childhood professionals.

There is a lack of Spanish speaking childcare professionals in the county. Over 35 percent of students in Eagle County Schools are English language learners.⁵⁰ The early childhood experiences of children and their families would be enhanced if they are served by teachers and providers who can communicate with them fluently. The

⁵⁰ *Community Assessment*. Eagle County Early Head Start, 2015.



estimated cost is for hiring 0.5 to 1.0 FTE for recruitment and support efforts. Estimated cost: \$50,000 to \$100,000.

9. Hire a Family, Friends, and Neighbors (FFN) program coordinator.

Given the current lack of access to affordable childcare in the county, it is likely that many children are in FFN care in one form or another. Best practices indicate that FFN providers can provide high-quality care but may benefit from training, materials, and the opportunity to network with other FFN caregivers. There are a number of relatively inexpensive strategies to provide such support services. Hire 0.5 to 1.0 FTE to develop networking, education, and outreach services to FFN caregivers. Services can be provided at childcare centers or community facilities. Estimated cost: \$50,000 to \$100,000.

◆ **Lower-Priority Short-Term Recommendations**

10. Provide technical assistance with licensing.

Expanding capacity within the county will require new classrooms and likely new facilities. Technical assistance with licensing may facilitate entry in the field easier for potential new childcare providers, both in centers and in home care. The estimated cost is for hiring 0.5 to 1.0 FTE to provide these services. Estimated cost: \$50,000 to \$75,000.

11. Develop a supportive infrastructure for providers.

Center directors are often at work all day and feel isolated from other providers and the larger early childhood community. The new early childhood coordinating entity should host monthly center director meetings to facilitate networking, support, communication, and outreach opportunities. In some communities, coordinating entities host such meetings. No cost.

12. Provide quality improvement grants.

Grants would be awarded to providers for curriculum materials to support vertical and horizontal alignment, equipment, furniture, and other costs associated with improving the quality of the program. Estimated cost range: \$5,000 to \$50,000 for five to ten annual awards averaging from \$1,000 to \$5,000 each.

13. Work with Colorado Mountain College to expand and enhance early childhood program options.

Increasing workforce capacity will require additional, high-quality professional development program offerings. The early childhood coordinating entity should work with the college to evaluate the quality of current program offerings and the possibility of program development and improvements. No cost.

14. Hire a family services coordinator and expand family outreach programs.

Family engagement is a fundamental component of comprehensive early childhood systems. A family services coordinator can assist families in accessing services and oversee the creation or expansion of home visitor programs, such as Parents as Teachers. The estimated cost is for hiring 0.5 to 1.0 FTE and expanding these services. \$150,000 to \$200,000.

15. Create a bilingual county resource center.

There are many services and programs provided throughout the county that families can benefit from if they know about them. A comprehensive resource center that is bi-lingual would be especially advantageous to the county's early childhood system as 40 percent of children in Eagle County have no native-born parent, and an additional 5 percent have one foreign-born and one native-born parent.⁵¹ Create a physical and on-line resource center staffed with bilingual personnel to assist those living in Eagle County to connect with programs and services. \$50,000 to \$100,000. This estimate does not include costs if additional space is required.

16. Subsidize visiting bilingual mental health professional for childcare providers.

Hire 0.5 to 1.0 FTE who is a licensed mental health professional. Allow childcare centers and private providers to utilize this person's service at subsidized hourly rates as

⁵¹ *Eagle County Child Care Market Assessment*. Corona Insights, 2015.



needed to conduct assessments of children and staff training on mental health issues. Estimated cost: \$75,000 to \$150,000.

17. Subsidize a visiting nurse for childcare providers.

Hire 0.5 to 1.0 FTE who is a licensed nurse or certified nurse assistant. Allow childcare centers and private providers to utilize this person's service at subsidized hourly rates as needed to conduct vision and hearing assessments of children, monitor vaccination compliance, and provide staff training on health issues and first aid. Estimated cost: \$75,000 to \$150,000.

4.3 Long-Term Recommendations

18. Award grants for facility building.

The high cost of real estate in Eagle County may make it cost prohibitive for potential childcare providers to purchase space. This recommendation would help subsidize the cost of space enabling an expansion in the number of classes provided. It assumes land for a new facility is provided by the county, a municipality, or Eagle County Schools. Grants would be used to fund the construction of a new facility or to retrofit an existing building for childcare. The property owner would rent classroom space to private providers at below-market rates. Rental income could be used for property maintenance or reinvested in the program. Estimated cost: \$1 million per grant.

19. Consider an Educare center in the future.

As we highlighted in Chapter 1, Educare is a high-quality program that provides comprehensive early childhood services to its students. It can also provide a model of care to other providers in a community. It is an exciting objective.

However, in the short-term, a single center would not address the broader affordability and accessibility needs throughout the community: The proposed Educare center would have up to 225 spots for children from infancy to age 5; this falls short of the projected countywide need for almost 1,400 spots,⁵² both in terms of quantity and in accessibility to families throughout the county.

⁵² *Eagle County Child Care Market Assessment*. Corona Insights, 2015.

Additionally, until a larger qualified early childhood workforce is built, an Educare center could face difficulties hiring sufficient qualified staff, or could hire qualified staff away from other centers, potentially causing closures due to staffing shortages. Questions also remain about who would provide the necessary research collaboration—a key element of the Educare model – as it is unclear if Colorado Mountain College has the requisite resources to play this role.

The county should consider an Educare center in the future once it has a more robust early childhood system infrastructure in place, including a widely-agreed upon early childhood framework, coordinating entity, and a larger service infrastructure that includes increased capacity across the county and a larger, better trained workforce. Indeed, Long Beach, a community presented in Chapter 1 for its best practices in alignment efforts, exemplifies this approach: Long Beach has an extensive school district pre-K program, as well as a longstanding Cradle-to-College initiative with Long Beach City College and California State University at Long Beach. With these foundational pieces in place, and with a mayor and superintendent committed to universal pre-K, Long Beach has recently begun a capital campaign to raise funds to build an Educare center, slated to open in 2017. Their experience suggests that with an adequate infrastructure and more extensive access already in place, an Educare center can enrich the early learning opportunities in the community.

Preliminary estimates put the capital cost of construction at \$12 million, with operating costs of approximately \$4 million per year.⁵³ Revenue is anticipated from federal and state early childhood grants, an Eagle County School tax initiative, sliding scale tuitions, and private funding, including \$6 million in capital costs and \$1.2 million in annual

⁵³ These figures are estimates provided by Eagle County Educare Advocates. *The Eagle County Children's Campus*. PowerPoint presentation. No independent verification or analysis of costs was performed. However, our research into costs at other Educare sites suggests that the projections are reasonable. For example, a 2009 proposal to create an Educare center in Maine involved a capital campaign to raise \$11, with \$8.3 million for construction of the facility and the remainder to fund an endowment. A sample budget prepared for the project estimated annual operating costs of approximately \$3.2 million. Sterling, Lauren. *Educare Maine: A Replication Guide to Build and Sustain Educare Central Maine, Maine and New England's First Comprehensive, High-Quality Early Learning Center*, Maine Governor Children's Cabinet, Dec. 17, 2009.

<https://www1.maine.gov/cabinet/educare/documents/EducareMaineReplicationGuideDecember2009-2.pdf>. Accessed June 17, 2016.

The Center for High Impact Philanthropy puts the average Educare per-child cost at \$20,000 annually, with operating costs ranging from \$2.8 to \$3.4 million per year. *Invest In A Strong Start For Children*, The Center for High Impact Philanthropy, 2015.



annual operating costs provided by Eagle County Schools. The \$20,000 annual per pupil cost significantly exceeds the typical cost of more moderately intensive programs, such as Head Start.⁵⁴ These concerns and others were recently raised in Spartanburg, South Carolina, which considered and rejected Educare as a model for its new early childhood center.

Educare proponents cite as one of its benefits its ability to act as a lab school and model for other childcare providers in the community. Although there is no research yet from the Educare network validating the claim that Educare will raise quality among other providers, it seems plausible that other providers could benefit from field placement opportunities at Educare and training and from other professional development outreach offered by Educare. As an interim measure, Eagle County might consider converting the existing Eagle County Schools pre-K and infant/toddler classrooms at June Creek Elementary School into a lab school to improve quality and training opportunities for those pursuing careers in early childhood. This proposal was suggested by Eagle County Schools but cost estimates have not been developed.

⁵⁴ Ludwig, Jens and Deborah A. Phillips. *Leave No (Young) Child Behind: Prioritizing Access In Early Childhood Education*. Brookings Institute, 2010. Web. http://www.brookings.edu/~media/Research/Files/Reports/2010/10/13-investing-in-young-children-haskins/1013_investing_in_young_children_haskins_ch4.PDF. Accessed June 1, 2016.



APPENDIX A: INTERVIEWS

Eagle County Interviews

Blakey, Amy. Assistant Dean of Instruction, Colorado Mountain College. Telephone interview. May 10, 2016.

Boseman, Brandon. Mountain Tots Preschool. In-person meeting. March 1, 2016.

Bosworth, Jone. Executive Director, Eagle County Department of Human Services. Multiple in-person and telephone interviews. February through May, 2016.

Brantley, Charlotte. President and CEO of Clayton Early Learning/Early Childhood Leadership Commission. Telephone interviews. April 1 and May 10, 2016.

Brendza, Kathleen. Executive Director, Children's Garden of Learning Preschool. In-person meeting. March 2, 2016.

Burch, Megan. Economic Services Manager, Eagle County Department of Human Services. In-person meeting. March 2, 2016.

Chandler-Henry, Kathy. Eagle County Commissioner. In-person interviews. March 2 and April 26, 2016.

Early Head Start Parent Policy Council & Kate Narvaez, Manager, Early Head Start. Video Interview. April 20, 2016.

Ejnes, Jody. Director/Teacher Brush Creek Elementary Preschool. In-person interview. April 25, 2016.

Glass, Jason. Superintendent, Eagle County School District. In-person interview. March 1, 2016. Telephone interview. April 8, 2016.

Godes, Jonathan. Executive Director, Early Childhood Network. Telephone interview. March 31, 2016.



Grossman, Elaine. Director of Strategic Partnerships, Valley Settlement Project. In-person interview. March 2, 2016.

Hogoboom, Barbara. The Learning Tree. In-person meeting. March 1, 2016.

Kennedy, Jeff. Sunshine Mountain Pre-School. In-person meeting, March 1, 2016.

Kleinschmidt, Kendra. Manager, Eagle County Child, Family and Adult Services. In-person interview. March 2, 2016. Telephone interview. April 18, 2016.

Korn, Shara. President, Board of Directors, The Learning Tree. In-person meeting. March 1, 2016.

Kozusko, Julia. Executive Director, Early Childhood Partners. Telephone interview. March 30, 2016.

Ludwig, Jennifer. Executive Director, Eagle County Department of Public Health. In-person interviews. March 1 and April 25 and 26, 2016. Telephone interview. April 11, 2016.

Lyons, Kathy. Director of Eagle County Economic Services. In-person interviews. March 1 and April 26, 2016. Telephone interviews. March 31 and June 2, 2016.

McFall, Brent. Eagle County Manager. In-person interviews. March 1 and 2 and April 26, 2016.

McGillvray, Liz. Associate Director, Early Childhood Partners. Telephone interview. March 30, 2016.

McQueeney, Jeanne. County Commissioner, Eagle County. In-person interviews. March 1 and April 26, 2016.

Melgarejo, Daniela. Child Find Coordinator, Eagle County Schools. In-person meeting. March 2, 2016.

Molina, Russell. Eagle County Educare advocate. In-person interview. March 1, 2016.



Moore, Melissa. Director of Eagle County Strategy, Partnerships, and Performance. In person interview. March 1, 2016.

Otzelberger, Aric. Deputy County Manager for Eagle County. In-person interviews. March 2 and April 25 and 26, 2016.

Petty, Stacy. Coordinator, Rocky Mountain Early Childhood Council. In-person interview. March 2, 2016.

Reilly, Beth. Early Childhood Education Health Services, Eagle County Schools. In-person meeting. March 2, 2016.

Rewold-Thuon, Melisa. Vice President of Education, Vail Valley Foundation. Telephone interview. March 1, 2016.

Romer, Chris. President and CEO, Vail Valley Partnership. Telephone interview. May 17, 2016.

Rothkopf, Dick. Eagle County Educare advocate. In-person interview. March 1, 2016.

Smith, Shelley. Director, Early Childhood Education, Eagle County School District. In person interviews. March 1 and April 26, 2016. Telephone interviews. April 15, May 12, and June 6, 2016.

Spain, Sid. Pastor, United Methodist Church of Eagle Valley. In-person meeting, March 1, 2016.

Swonger, Maggie. Early Head Start Manager, Division of Children, Family, and Adult Services, Eagle County Department of Human Services. In-person interviews. March 1 and 2, 2016. Telephone interview. March 21, 2016.

Wahrer, Jennie. Maternal and Child Health Manager, Eagle County Department of Public Health. In-person meeting. March 2, 2016.

Other Colorado Interviews

Bennett, John. Director, Aspen Community Foundation Cradle-to-Career. May 11, 2016.



Burns, Lucinda. Executive Director, Early Childhood Options. Telephone interview. April 15, 2016.

Davidson, Gretchen. Executive Director, Arapahoe County Early Childhood Council. Telephone interview. April 14, 2016.

Garcia, Richard. Executive Director, Colorado Statewide Parent Coalition. Telephone interview. May 4, 2016.

Hansen, Lynea. Senior Vice President, Strategies 360. Telephone interview. May 4, 2016.

Higgins, Gloria. President, Executives Partnering to Invest in Children (EPIC). Telephone Interview. May 24, 2016.

Jennings, Sandy. Licensing Specialist, Division of Early Care and Learning, Office of Early Childhood, Colorado Department of Human Services. In-person meeting. March 2, 2016.

Koehn, Jo. Program Director, Expanding Quality in Infant Toddler Care, Colorado Department of Education. Telephone interview. April 7, 2016.

Landrum, Jennifer. President and CEO, Denver Preschool Program. Telephone interview. April 8, 2016.

Petty, Stacy. Rocky Mountain Early Childhood Council Coordinator. In-person meeting. March 2, 2016.

Ritter, Shirley. Director, Kids First, Aspen, Colorado. Telephone interview. March 28, 2016.

Sims, Sarah. Associate Director, Mountain Valley Developmental Services. In-person meeting. March 2, 2016.

Sundeen, Nan. Director, Pitkin County Department of Health and Human Services. Teleconference interview. April 25, 2016.

Vail Resorts staff. Telephone interview. May 19, 2016.



Burns, Kevin. Senior Manager, Mountain Community Affairs.
Jones, Matthew. Senior Director, Human Resources.
Rossman, Lynne. Director, Human Resources.
Williams, Kristin Kenney. Vice President, Mountain Community Affairs.

Watson, Bobbie. Director, Early Childhood Council of Boulder County. Telephone interview. May 3, 2016.

National Interviews

Simmons, Claudia. Supervisor, Prekindergarten/Head Start Montgomery County Public Schools, Division of Early Childhood Programs and Services. Telephone interviews. April 13 and 22, 2016.

Young, Cindy. Director, Child Development Center, Long Beach Unified School District. Telephone interview. April 12, 2016.



APPENDIX B: SELECTED REFERENCES

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APPENDIX C: EAGLE COUNTY EARLY CHILDHOOD FRAMEWORK

Early Childhood Framework

Eagle County

February 2014

- *Improve Quality*
- *Unite the Community* • *Create Funding Support*
- *Influence Policy* • *Build Community Awareness* • *Achieve Accountability*

Vision

Our community recognizes Early Childhood as the launching pad for a successful and productive life. All our County's children arrive at kindergarten healthy, well adjusted and ready to learn. Parents and Early Childhood providers have skills to support the children and promote family self-sufficiency.

Outcomes

Early Learning

- High quality early learning opportunities with a safe and nurturing environment for all children, birth to five years old
- Increased achievement in meeting all milestones for school readiness
- Better trained and better paid early childhood professionals supporting our teaching and care networks
- Measurable results in emotional and cognitive development that show consistent increases in the quality of our children's preparation for school and for life

Family Support and Education

- High quality parenting and early childhood development instruction available and accessible to all our parents
- Tracking and increased coordination of early childhood family services for more efficient expenditure of resources and fewer families left out of the network

Social, Emotional Development & Mental Health

- Improved access for our children and families to mental health services yields more stable children and nurturing families
- Better trained and better paid early childhood social and emotional development professionals support our network of care

Health

- Measurably improved children's health screening and status including Oral, Visual, Auditory, Developmental and Special Needs, and more immunized children
- Measurable and timely prenatal care yielding improved birth outcomes
- More providers accept Medicaid and CHP+
- More children are served in a medical care model

Strategies

Early Learning

- Develop a Lab School
- Provide expanded quality training for Infant and Toddler instruction
- Explore incentives for providers serving:
 - Infants and toddlers
 - Children with special needs
- Improve learning opportunities and ongoing support for providers serving children with special needs
- Increase outreach, community providers and support to unlicensed providers
- Encourage partnerships among providers to make trainings available
- Increase community resources and support networks for Early Childhood professionals

Family Support & Education

- Develop a Family Resource Center
- Provide tools and information to families to strengthen their engagement and involvement in their children's lives
- Support the preservation of home language and culture
- Provide evidence-based tools that are easy to use
- Strengthen interagency relationships to improve cross support and referrals
- Provide Family Leadership Training Institute
- Expand family support services

Social, Emotional & Mental Health

- Broaden implementation of prevention programs including Wayfinder
- Cross-train partners in mental health resources available to children and families
- Increase the number of providers who accept Medicaid, CHP+ and sliding scale payments
- Increase social emotional training opportunities for all Early Childhood professionals
- Create a network of support for Early Childhood Professionals.
- Promote specialized training on promotion, prevention and intervention

Health

- Expand and increase public health awareness.
- Decrease barriers to access of health and dental services
- Promote and support a medical home approach for health services
- Promote immunizations provided by medical home provider
- Increase public awareness of the need for prenatal care
- Increase the number of providers who accept Medicaid, CHP+ and sliding scale payments
- Increase access to screenings and treatment of problems for:
 - Hearing
 - Vision
 - Developmental delays
 - Dental
- Promote school based health care.
- Improve and expand health education to all parents including fathers

Systems Building

- Develop an integrated plan through implementation of ongoing community outreach
- Advocate to expand Early Head Start and Head Start programming
- Assess and address unmet needs for adult education and literacy
- Assess and address transportation challenges
- Promote community sharing of basic information about the community needs and services
- Identify, assess and address unmet needs for social, emotional and mental health needs



APPENDIX D: BOULDER COUNTY EARLY CHILDHOOD FRAMEWORK

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.

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GOALS

READY COMMUNITY

The community recognizes the importance of early childhood as integral to the quality of life in Boulder County and as a critical part of the continuum of social equity. The community implements policies 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*



APPENDIX E: COST CALCULATIONS FOR RECOMMENDATIONS

The table below provides the assumptions and calculations for the cost estimates for each recommendations discussed in Chapter 4. For many recommendations, the county has implementation options. For these recommendations, a range of cost estimates is provided.

Assumptions	Calculations
Immediate Recommendations	
1. Create a countywide early childhood task force.	\$50,000 to \$100,000
<ul style="list-style-type: none"> • The task force will require administrative support. • 0.5 to 1.0 FTE at \$50,000 per FTE • \$25,000 to \$50,000 in materials and expenses 	Low: \$25,000 FTE + \$25,000 expenses = \$50,000 High: \$50,000 FTE + \$50,000 expenses = \$100,000
High Priority Short-Term Recommendations	
2. Create a coordinating entity.	\$75,000 to \$100,000
<ul style="list-style-type: none"> • The coordinating entity will require staffing. • 1.0 FTE at \$50,000 per FTE • \$25,000 to \$50,000 in materials and expenses 	Low: \$50,000 FTE + \$25,000 expenses = \$75,000 High: \$50,000 FTE + \$50,000 expenses = \$100,000



3. Expand Eagle County Schools' early childhood program capacity.	\$268,593
Provide extended day option for all programs <ul style="list-style-type: none"> • Nine sites extended by 2.5 hours for 169 days (9 months) • Materials = \$100 / month / site • Teacher/Group leader salary = \$17.30 / hour • Teaching assistant salary = \$16.30 / hour • Benefits = 28% of salary • Potential tuition = \$5 / day for 7 children per site 	Gross cost = \$171,638 Potential tuition revenue = \$53,235 Net cost = \$118,403 This cost estimate was provided by Eagle County Schools.
Provide year-round option for all programs <ul style="list-style-type: none"> • Nine sites extended open 71 additional days • Director salary = \$240 / day • Teaching assistant salary = \$130 / day • Benefits = 28% of salary • Potential tuition = \$35 / day for 7 children per site 	Gross cost = \$311,155 Potential tuition revenue = \$160,965 Net cost = \$150,190 This cost estimate was provided by Eagle County Schools.
Add spots and/or classrooms using existing and/or modified space.	Need more info



4. Provide transportation for Eagle County School preschool students.	\$140,220				
<ul style="list-style-type: none"> • Five routes in Eagle Valley • 1 driver and 1 bus monitor per route • Estimated preschool annual bus driver salary = \$17,100 (\$25 / hour including benefits x 4 hours / day x 171 days) • Estimated annual bus monitor salary = \$10,944 (\$16.00 / hour x 4 hours /day x 171 days) 	<p>(\$17,100 + \$10,944) * 5 = \$140,220</p> <p>This cost estimate was provided by Eagle County Schools. It does not include the cost of additional buses that might be needed for the additional routes.</p>				
5. Provide infant and toddler care subsidies to providers.	\$457,000 to \$2.3 million				
<ul style="list-style-type: none"> • Current 0-2 year old capacity of 457 spots countywide • This data is from the 2015 Eagle County Child Care Market Assessment. 	<ul style="list-style-type: none"> • Cost estimates below are shown in \$1,000s. 				
<i>Average Subsidy</i>	<i>\$1,000</i>	<i>\$2,000</i>	<i>\$3,000</i>	<i>\$4,000</i>	<i>\$5,000</i>
<i>Estimated Cost</i>	<i>\$457</i>	<i>\$914</i>	<i>\$1,400</i>	<i>\$1,800</i>	<i>\$2,300</i>
6. Provide childcare subsidies to parents.	\$63,000 to \$7.5 million				
<ul style="list-style-type: none"> • 1,500 children currently in licensed care • 20 percent in licensed care receiving subsidies • 20 percent in licensed care are age 5 • These data are from the 2015 Eagle County Child Care Market Assessment. 	<ul style="list-style-type: none"> • Cost estimates below are shown in \$1,000s. 				



		<i>Average subsidy</i>	<i>\$1,000</i>	<i>\$2,000</i>	<i>\$3,000</i>	<i>\$4,000</i>	<i>\$5,000</i>
<i>Available for infants through pre-K</i>	<i>All families eligible</i>		\$1,500	\$3,000	\$4,500	\$6,000	\$7,500
	<i>Only families currently qualifying receive subsidies</i>		\$315	\$630	\$945	\$1,300	\$1,600
<i>Available for pre-K only</i>	<i>All families eligible</i>		\$300	\$600	\$900	\$1,200	\$1,500
	<i>Only families currently qualifying receive subsidies</i>		\$63	\$126	\$189	\$252	\$315
7. Provide professional development scholarships and retention incentives.		\$25,000 to \$600,000					
<ul style="list-style-type: none"> • Low estimates assume 50 licensed teachers benefit • High estimates assume 200 licensed teachers benefit • Note: The 2015 Eagle County Child Care Market Assessment identified 45 licensed providers in the county. 							
		<i>Average Award</i>	<i>\$500</i>	<i>\$1,000</i>	<i>\$2,000</i>	<i>\$3,000</i>	
		<i>Estimated Cost – Low (50 awards)</i>	\$25,000	\$50,000	\$100,000	\$150,000	
		<i>Estimated Cost – High (200 awards)</i>	\$100,000	\$200,000	\$400,000	\$600,000	
8. Recruit Spanish speaking early childhood professionals.		\$50,000 to \$100,000					
<ul style="list-style-type: none"> • 0.5 to 1.0 FTE at \$50,000 per FTE • \$25,000 to \$50,000 in materials and expenses 		Low: \$25,000 FTE + \$25,000 expenses = \$50,000 High: \$50,000 FTE + \$50,000 expenses = \$100,000					



9. Hire a Family, Friends, and Neighbors (FFN) program coordinator.	\$50,000 to \$100,000				
<ul style="list-style-type: none"> 0.5 to 1.0 FTE at \$50,000 per FTE \$25,000 to \$50,000 in materials and expenses 	Low: \$25,000 FTE + \$25,000 expenses = \$50,000 High: \$50,000 FTE + \$50,000 expenses = \$100,000				
Lower Priority Short-Term Recommendations					
10. Provide technical assistance with licensing.	\$50,000 to \$100,000				
<ul style="list-style-type: none"> 0.5 to 1.0 FTE at \$50,000 per FTE \$25,000 to \$50,000 in materials and expenses 	Low: \$25,000 FTE + \$25,000 expenses = \$50,000 High: \$50,000 FTE + \$50,000 expenses = \$100,000				
11. Develop a supportive infrastructure for providers.	No cost				
<ul style="list-style-type: none"> The new coordinating entity hosts a monthly brown bag lunch for center directors 					
12. Provide quality improvement grants.	\$5,000 to \$50,000				
<ul style="list-style-type: none"> Low estimates assume 5 providers benefit High estimates assume 10 providers Note: The 2015 Eagle County Child Care Market Assessment identified 45 licensed providers in the county. 					
<i>Average Award</i>	<i>\$1,000</i>	<i>\$2,000</i>	<i>\$3,000</i>	<i>\$4,000</i>	<i>\$5,000</i>
<i>Estimated Cost – Low (5 awards)</i>	<i>\$5,000</i>	<i>\$10,000</i>	<i>\$15,000</i>	<i>\$20,000</i>	<i>\$25,000</i>
<i>Estimated Cost – High (10 awards)</i>	<i>\$10,000</i>	<i>\$20,000</i>	<i>\$30,000</i>	<i>\$40,000</i>	<i>\$50,000</i>



13. Work with Colorado Mountain College to expand and enhance early childhood program options.	No cost
<ul style="list-style-type: none"> • Discussions between the new coordinating entity and Colorado Mountain College 	
14. Hire a family services coordinator and expand family outreach programs.	\$150,000 to \$200,000
<ul style="list-style-type: none"> • 0.5 to 1.0 FTE at \$50,000 per FTE • \$25,000 to \$50,000 in materials and expenses • Up to \$100,000 in grants 	Low: \$25,000 FTE + \$25,000 expenses + \$100,000 grants = \$150,000 High: \$50,000 FTE + \$50,000 expenses + \$100,000 grants = \$100,000
15. Create a bi-lingual county resource center.	\$50,000 to \$100,000
<ul style="list-style-type: none"> • 0.5 to 1.0 FTE at \$50,000 per FTE • \$25,000 to \$50,000 in materials and expenses 	Low: \$25,000 FTE + \$25,000 expenses = \$50,000 High: \$50,000 FTE + \$50,000 expenses = \$100,000 This estimate does not include costs if additional space is required.
16. Subsidize visiting bilingual mental health professional for childcare providers.	\$75,000 - \$150,000
<ul style="list-style-type: none"> • 0.5 to 1.0 FTE at \$100,000 per FTE • \$25,000 to \$50,000 in materials and expenses 	Low: \$50,000 FTE + \$25,000 expenses = \$75,000 High: \$100,000 FTE + \$50,000 expenses = \$150,000
17. Subsidize a visiting nurse for childcare providers.	\$75,000 - \$150,000
<ul style="list-style-type: none"> • 0.5 to 1.0 FTE at \$100,000 per FTE • \$25,000 to \$50,000 in materials and expenses 	Low: \$50,000 FTE + \$25,000 expenses = \$75,000 High: \$100,000 FTE + \$50,000 expenses = \$150,000

Long-Term Recommendations	
18. Award grants for facility building.	\$1 million per grant
<ul style="list-style-type: none"> • Land is donated by the county, a municipality, or ECS • Sufficient space for a facility with a capacity for 74 students from infant to preschool based on GSA suggestions for space¹ • New construction • Denver building costs inflated by 25 percent² 	
19. Consider an Educare center in the future.	Current proposal: \$12 million for capital costs and \$4 million for annual operating costs
<ul style="list-style-type: none"> • The current proposal is for a 225 slot school located in Edwards. • Proposal developers project \$12 million is required for capital costs and \$4 million per year in operating costs. • Proposal developers anticipated revenue will come from federal and state early childhood grants, an Eagle County School tax initiative, sliding scale tuitions, and private funding. 	<p>These cost estimates were provided by community organizers who are currently developing an Educare center proposal.³</p>

¹ *Child Care Center Design Guide*, U.S. General Services Administration, July 2003.

² *Online Construction Estimating Tool*, BuildingJournal.com. Web. <http://buildingjournal.com/construction-estimating.html>. Accessed June 2, 2016.

³ *The Eagle County Children's Campus*. PowerPoint presentation.



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| <ul style="list-style-type: none">• The proposal assumes \$6 million for capital costs and \$1.2 million in annual operating costs will be paid for by Eagle County Schools. | |
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