



*Photo by Cyrus McCrimmon*

# Early Childhood Policy Strategies for Colorado 2018

Version as of July 27, 2018



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## **Core Components of an Effective Early Childhood System**

A shared policy agenda for early childhood in Colorado, and any of the policy strategies identified in this report, require that certain core components be in place that undergird all of the ways that young children and their families are supported in Colorado and are necessary for the success of any set of policy changes. We highlight several of these core components below, recognizing that the subsequent sections of this report are focused on specific policy strategies. We encourage state leaders working to improve child and family outcomes to both pursue specific public policy strategies and investments as well as systems reforms that ensure coordination and successful implementation of those policy strategies.

### **Governance and Partnership**

In recent years, Colorado's children have benefited from a high degree of state level leadership and inter-agency cooperation, exemplified by a Memorandum of Understanding between leading state departments addressing children's early education and development. We must maintain the progress Colorado has made in establishing a system of governance for early childhood in the state, which includes the Early Childhood Leadership Commission (ECLC), the Office of Early Childhood in the Department of Human Services, and the network of Early Childhood Councils. See the Early Milestones Colorado report, *Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families*, for additional information about the history and components of Colorado's early childhood governance structure. Given that early childhood is the "when" and not the "what" that children experience, the sector is prone to fragmentation. A well-designed and aligned system of governance can reduce the tendency toward silos and promote integration of services for children and families.

We must also maintain a strong network of nonprofit organizations, advocates, state agencies, business leaders and philanthropists that work together to support young children and their families in Colorado. In addition, we should seek opportunities to continue to strengthen and enhance collaboration among these entities in order to advance early childhood outcomes.

### **Capacity of Adults Working with Children**

An early childhood system in Colorado must support the capacity of families and caregivers to promote children's healthy development. A supportive, nurturing relationship with an adult helps young children form attachments, supports social-emotional development, and mitigates the negative impacts of environmental stressors that may exist in their lives. An approach to improving early childhood in Colorado must place children in the context of their families and employ two-generation approaches that include building the capacity of adults alongside children.

In addition, the state must support the capacity of the diverse workforce that provides the wide array of services and supports for young children and their families in the state. This report highlights a number of policy strategies that can support and enhance the capacity of families with young children. Many, if not all of these policy strategies rely in part upon the capacity of a workforce, including health care, early education, home visitation, and social work professionals, that can help ensure that policies are implemented and services delivered at the highest levels of quality. This report specifically highlights policy strategies to support the early care and education workforce, as this has been an area of focus and priority for the state. However, as Colorado pursues a policy agenda for early childhood in the coming years, this agenda must include investments in and support of the capacity of the workforce across all of the systems and programs that serve young children and families in Colorado.

### **Infrastructure and Tracking Progress**

It is essential to have a coordinated system with data, reporting, and feedback loops across the programs that support young children and families so that we are able to know how children are doing and whether they are able to access the

services and supports they need to be successful. Currently in Colorado, we lack a shared infrastructure across agencies to support an integrated approach to child and family well-being. Such an infrastructure is critical to understanding, for example, whether young children across the state are receiving developmental screenings and needed services, accessing quality early learning experiences, and accessing public programs for which they are eligible, such as WIC, SNAP, and TANF. It is essential to understand how such access varies across the state by geography, race, ethnicity, and income status. As a first step, Colorado could conduct a study and stakeholder engagement process to explore approaches to establishing an infrastructure, in such a way that builds upon existing efforts and recognizes the importance of protecting privacy, to help the leaders understand how children are doing across all the domains of the Framework.

### Navigation and Access

In addition to the importance of an infrastructure to support an integrated approach to child and family well-being, it is also critical that families are able to navigate the complex array of programs available, to access the supports and services they need. One essential piece of a navigation process for families exists at the local level, through Early Childhood Councils and Family Resource Centers that work to coordinate services locally. Colorado should ensure that the statewide system of Councils and Family Resource Centers is adequately funded and resourced to provide this critical function.

Another mechanism to support and increase access for families is the establishment of a statewide, comprehensive navigation mechanism to connect families to needed programs and services, such as child care, housing, and mental health services. Such a portal could build upon existing efforts in the state, like Mile High United Way's 2-1-1, and could utilize national models like Help Me Grow as an example.

### Financing

Many of the policy strategies Colorado can pursue to advance outcomes for young children over the medium- to long-term require investments. These investments can occur at the state and/or local level, as well as through public-private partnerships. Colorado has made significant progress in recent years in investing in early childhood programs and systems, but there is still work to do to ensure that Colorado has a well-resourced system of supports for young children and families, and that the state prioritizes investments in early childhood alongside investments in other state priorities.

Colorado has a uniquely challenging landscape of constitutional limits on the state's ability to invest revenue into children and families. TABOR limits the amount of revenue that can be collected at all levels of government, and other constitutional provisions like Amendment 23 and the Gallagher Amendment place additional requirements and limitations on the state budget. Unless Colorado is able to take steps to untangle these constitutional constraints, the state will likely have to continue to restrict its investment in young children and, when the next recession hits, will be unable to prioritize additional state resources to meet critical needs of children and families. This is particularly unfortunate given the long-term return we know early childhood investments provide for children, families, and communities.

Alongside additional public investment at the state and federal level, local communities in Colorado should be empowered to support early child development. Some communities have taken innovative approaches to investing in early childhood programs at the local level, such as through the establishment of a local tax increase to support expanded access to child care. Colorado could revise state statute to add early childhood services as a new category of special district (local governments that can raise funds to provide services to residents), which would allow for local investments in young children in addition to state investments. Some communities are also using pay for success, an approach used to invest in interventions that generate cost savings by achieving improved social outcomes, as a strategy to build an evidence base for the benefits and cost savings of early childhood programs. While exciting local approaches to financing early childhood services exist, relying exclusively on this approach potentially exacerbates Colorado's urban-rural divide and equity gap. A local-only approach means that resource-rich communities can support children's healthy

development, but those without local revenue sources will continue to fall further behind. Our approach to financing must include both local and state approaches to meet the needs of all children, not just those lucky enough to live in certain zip codes.

### Innovation

As Colorado works to articulate a shared medium- to long-term policy agenda for young children, it is essential to create space in that agenda for new and emerging approaches and ideas. A shared policy vision should not be so prescriptive as to limit the ability for Colorado to utilize a variety of tools and methods to make progress on what we know works to improve outcomes for young children and families. By leaving space for innovation, Colorado can pursue a shared policy agenda to achieve the outcomes in the *Early Childhood Colorado Framework* in the most effective ways.



## Overview and Limitations of this Report

A child's earliest experiences affect their brain development in dramatic ways. The cumulative set of experiences shape the architecture of the brain and can promote, or impede, later language, cognitive, social, and emotional capacity. Investments in children's early learning and healthy development have both immediate and long-term benefits to children, families, and society.<sup>1</sup> Colorado has long-recognized the importance of early development to supporting the long-term success of our children and our communities.

Building on decades of momentum, in 2008, Colorado developed the *Early Childhood Colorado Framework*, a shared vision of a state where all children are valued, healthy and thriving. The Early Childhood Leadership Commission (ECLC) led a comprehensive stakeholder engagement process to revise and update the *Framework* in 2015. The *Framework* identifies outcomes that support strong families, health and well-being, and learning and development and ensure access, quality and equity across those domains.

Working across the domains of the updated *Framework*, Colorado's early childhood advocates have had a successful set of policy victories in each of the last several years. Advances in access to quality early learning, child care, and healthy development programs have been coupled with systems-level coordination and governance changes. *Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families*, a report by Early Milestones Colorado, outlines the progress Colorado has made over the years. Colorado has much to be proud of in addressing better coordination and alignment among the often-disparate early childhood programs and services, and in taking steps to expand access to services and improve the quality of those services across the domains of the *Early Childhood Colorado Framework*, all with an overarching equity lens.

Now, Colorado has a great opportunity to build on the successes of the past several years and identify the path forward for early childhood in Colorado. Each of the policy victories early childhood advocates have achieved over the past several years has been an important step forward for children and families. The progress made has laid the foundation for what comes next.

### The Opportunity & Need for a Shared Set of Policy Strategies

Despite the momentum of recent years, early childhood policy advocacy in Colorado is missing a systemic vision of a comprehensive and coordinated multi-year agenda, and cohesion among a diversity and depth of voices that can place a dramatic set of policy changes atop the state's agenda for children and families. In the fall of 2017, the Colorado Children's Campaign and Clayton Early Learning began leading a process to engage communities, thought leaders and policy advocates in developing a menu of medium- to long-term policy opportunities and strategies that Colorado could utilize to advance the outcomes in the *Framework*. We convened thought leaders, solicited input from community voices and practitioners, and analyzed the best evidence of policies that work. We formed a cross-sector advisory board and engaged in broad community feedback collection. Out of this process emerged a comprehensive menu of policy strategies within and across 20 policy areas aligned to the *Framework* outcomes, which is included in this report.

We recognize that the policy areas in this report are interconnected, that children and families do not interact with different programs and supports in isolation, and that a holistic view is needed. This report includes cross-references throughout the policy areas to highlight similar issues and considerations across areas, as well as places where policy areas overlap. The report also acknowledges that in many cases, pursuing one policy strategy requires pursuing corresponding policy strategies in other areas to avoid unintended consequences. And, in many instances, to make progress, several policies should be employed concurrently so that all facets of the issue are addressed. Where possible, this report also includes measures of unmet need, equity impacts, and cost considerations for various policy strategies.

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<sup>1</sup> Committee for Economic Development. [https://www.ced.org/State\\_Fact\\_Sheets\\_Talkers/CO%20-%20TALKING%20POINTS.pdf](https://www.ced.org/State_Fact_Sheets_Talkers/CO%20-%20TALKING%20POINTS.pdf).

The report also recognizes that the success of children must be placed in the context of their families and their parents' successes as well. Colorado has made great strides in advancing policies with a two-generation approach, supporting the needs of and creating opportunities for both children and their caregivers. Many of the policy strategies identified in this report also have a two-generation impact on children and families. It is most beneficial to develop an early childhood policy agenda that supports both children and the adults in their lives, and that includes a variety of policies to provide children and families with the supports and opportunities that best meet their needs.

This is an opportune time to articulate a shared medium and long-term policy agenda for young children and to build the field of advocates collectively prioritizing these issues. The upcoming gubernatorial election has included a diverse field of candidates that are looking to build a winning policy agenda to move Colorado forward. The broad and bipartisan support for investments in young children in the Colorado electorate is deep (as several recent polls have indicated). Educating these future state leaders on these policy options and budget priorities offers one of our best hopes of getting early learning and development higher on the policy agenda.

In addition, state leaders are increasingly asking "what's next?" when it comes to early childhood policy priorities. Budget, ballot and legislative agenda-setting conversations around the state are ongoing, with particular opportunities arising in the education community about school finance, in the health community about finance and delivery reform, and about the need for fiscal and revenue generation reform. The early childhood community needs to be prepared to 1) articulate the policy and budget priorities for the medium and long term and 2) have the level of influence and capacity to enact dramatic change.

### This Report

This report is intended to represent a compendium, or menu, of policy strategies aligned to the *Framework* that can serve as a reference as state leaders work to prioritize the issues most in need of policy advancement. This will serve as a tool that a diverse field of early childhood advocates advance a shared policy agenda to support young children and their families. This document represents the conclusion of the initial phase of the work, and illustrates a broad view of policy strategies identified at this point in time across the domains of the *Framework*. Our hope is that this report will serve as a foundation for the next phase of the work to develop and advance a shared policy vision for early childhood in Colorado. It is also important to keep in mind that, in the case of all of the policy strategies included in this report, implementation with a high level of fidelity is key to achieving significant impact through each of these strategies.

Finally, the scope of this report does not include private sector approaches that could enhance early childhood development. Beyond these recommendations, leaders and local communities can explore ways to incentivize, assist, and enable the business community or private sector leaders to develop and implement strategies that complement public policy efforts and investments in early childhood. In some instances, coordinated multisector strategies may be able to accelerate the enactment, and mitigate the costs, of policy implementation.

### Advisory Board and Stakeholders

We are grateful to the stakeholders and Advisory Board members who contributed their time, effort, and expertise to the process of developing this report and the menu of policy strategies included here. The input of these Advisory Board members and stakeholders does not represent their endorsement of the policy strategies included here. Rather, the dialogue and input from these members have helped refined our recommendations about how public policy can support child development and, for their ability to push our thinking, we include these thought leaders' names here to express our appreciation. In particular, we'd like to thank the following individuals and organizations for their contributions:

#### *Advisory Board Members*

Anna Jo Haynes, Early Childhood Leadership Commission  
Barbara O'Brien, Denver Public Schools  
Becky Miller Updike, Rocky Mountain Children's Law Center

Bridget Burnett, Colorado Children's Health Care Access Program  
Cassandra Johnson, Denver Chapter - Black Child Development Institute  
Cheryl Ternes, Arapahoe County Human Services  
David Hammond, Executives Partnering to Invest in Children (EPIC)  
Deidre Johnson, Center for African American Health  
Diane Price, Early Connections Learning Centers  
Elsa Holguin, Rose Community Foundation  
Emily Bustos, Denver Early Childhood Council  
Erin Brown, Children's Affairs at Mayor Hancock's Office  
Ginger Maloney, University of Denver  
Heather Tritten, Parent Possible  
Jeff Kuhr, Mesa County Health Department  
Jennifer Landrum, Denver Preschool Program  
Jennifer Stedron, Early Milestones Colorado  
Jodi Litfin, Rocky Mountain Human Services  
Karen Trierweiler  
Lisa Hill & Patrick Sablich, Invest in Kids  
Lucinda Burns, Summit County Early Childhood Council  
Lydia Prado, Mental Health Center of Denver  
Mark Kling, Family Resource Center Association  
Megan Wilson, Delta Dental of Colorado  
Nancie Linville  
Pamela Harris, Mile High Early Learning  
Paul Melinkovich, Denver Health  
Richard Garcia  
Sarah Davidon, Mental Health Colorado  
Scott Wasserman, Bell Policy Center  
Steff Clothier, Piton Foundation at Gary Community Investments  
Steve Berman, Children's Hospital Colorado  
Steve Federico, Denver Health  
Steve Vogler, Denver Health  
Tiffany Perrin, Zoma Foundation  
Vangi McCoy, Montelores Early Childhood Council

*Stakeholders Who Informed the Report*

All Kids Covered Coalition  
Arapahoe Community College Early Childhood Education Department  
Buell Early Childhood Leaders Network  
Clayton Early Learning  
Colorado Center on Law and Policy  
Denver Chapter - Black Child Development Institute  
Early Childhood Council of Larimer County  
Early Childhood Colorado Leadership Alliance  
Early Childhood Colorado Partnership  
Early Childhood Leadership Commission  
Early Childhood Mental Health Policy Coalition  
Early Childhood Professional Development Advisory  
Early Childhood Screening and Referral Policy Council  
Early Childhood Summit  
Head Start Programs



Home Visiting Coalition  
Illuminate Colorado  
It's About Kids Network  
LAUNCH Together Communities  
LAUNCH Young Child Wellness Council  
The Office of Early Childhood  
Parent Groups  
2018 Rocky Mountain Early Childhood Conference session attendees  
The Women's Foundation of Colorado

## **Policy Areas**

- a. Family and Caregiver Support and Education
  - i. Family Support and Strengthening
    - 1. FFN and Caregiver Supports

### **Why this is Important:**

There are an estimated 244,000 children in Colorado under the age of six where all available parents work. Colorado has licensed capacity for 151,000 children under six, which means that 93,000 children with all available parents in the workforce have no access to licensed care.

Family, friend, and neighbor (FFN) care includes the care and education provided to young children by their relatives, close friends, and neighbors. Many young children in Colorado spend time in FFN, informal or license-exempt care, whether in addition to time spent in formal early childhood programs, or in lieu of care in formal or center-based settings during their earliest years. It is critical that all caregivers are connected to resources, supports, training and education to provide high-quality early learning experiences for the young children in their care and understand the licensing process, rules, and regulations that apply to their caregiving arrangement. Collaborations with community-based organizations can help ensure caregivers' access to linguistically-appropriate training, professional development, quality improvement efforts, family support programs, and pathways to licensing when appropriate.

See "Home Visiting" on page 16 and "Professional Development" on page 51 for policy options to support access to training opportunities for all caregivers of young children.

### **Solution:**

**Colorado should ensure that all family, friend, and neighbor and informal and license-exempt caregivers in all communities have access to high-quality, evidence-based training opportunities that:**

- protect the health and safety of children
- promote family involvement
- support caregivers in providing a stimulating learning environment that promotes cognitive and social-emotional development for every child
- ensure access to licensing pathways when appropriate

### **Current Reach and Cost Considerations:**

Colorado currently has a patchwork of programs of programs designed to support informal caregivers, making it difficult to define reach and cost. That said, there are a number of programs that provide a sense of the type and diversity of supports that can reach informal caretakers. For example, Clayton Early Learning Play and Learn Groups provide family caregivers and FFN providers caring for young children ages birth to three with opportunities to learn about child development and enriching activities for children, as well as opportunities for socialization, and social supports for adults. In conversations with stakeholders, we also heard about the success of Play and Learn Group pilot programs in rural communities in the state.

A more intensive model is Providers Advancing School Outcomes (PASO) is a program of the Colorado Statewide Parent Coalition that supports Spanish-speaking caregivers of young children ages birth to five, providing training that meets the requirements of a Child Development Associate (CDA) credential.

Finally, the Valley Settlement Project in the Roaring Fork Valley includes a training component for family, friend, and neighbor caregivers that provides monthly training to enhance the quality and safety of FFN, informal or license-exempt care.

## Equity Considerations:

The National Research Center on Hispanic Children and Families recently tested a common assumption that a preference for FFN care is the driving factor behind lower enrollment in formal early learning programs among Hispanic/Latino children. The study examined Hispanic parents' perceptions of center-based child care and early learning programs and found that their views on center-based programs are largely similar to those held by Black and White parents. In fact, the study found that Hispanic parents are less likely than White parents to view care provided by relatives as nurturing or affordable. Additionally, Hispanic parents are less likely than White parents to believe that relative care prepares children for school. Rather than a preference for informal care, the study identified affordability as the area where Latino parents' views on center-based care diverge the most from those of White parents; Latino parents with young children are less likely than White parents to perceive center-based early learning options as affordable.<sup>2</sup> These findings mirror those from a study conducted by Denver-based Padres y Jóvenes Unidos, which found that availability and affordability of high-quality early learning options were key factors driving lower rates of enrollment in formal early childhood education programs among Latino children in Southwest Denver.<sup>3</sup>

## Policy Strategies to Reach the Solution:

- Recruit and provide incentives for license-exempt caregivers who wish to pursue licensing to do so and to engage with Colorado Shines to support and increase quality across settings.
- Increase participation in CCCAP for qualified, license-exempt caregivers.
- Expand access to training opportunities for FFN, informal, and license-exempt caregivers, in Spanish and other languages, offered during non-traditional hours with child care available, including training on:
  - health and safety (including first aid and CPR)
  - family engagement and support
  - healthy child development
  - immunizations
  - training aligned with Child Development Associate (CDA) credential requirements.
- Ensure statewide awareness and access to the EQIT training program for FFN, informal, and license-exempt caregivers caring for infants and toddlers.
- Identify additional funding opportunities, including private and local funding, to sustain training opportunities for FFN, informal, and license-exempt caregivers.
- Expand access to training opportunities for FFN caregivers through Early Childhood Councils and ensure that Early Childhood Councils have adequate supports, resources, and capacity to conduct high-quality trainings.
- Ensure that caregivers, including FFN, informal, and license-exempt caregivers, are connected to home visiting models with curricula designed for these caregivers.
- Expand eligibility for the USDA Child and Adult Care Food Program (CACFP) to qualified, license-exempt caregivers.
- Provide opportunities and incentives for FFN, informal and license-exempt caregivers to work in formal care settings as part of a path to licensure and to support recruitment of the early educator workforce.

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<sup>2</sup> National Research Center on Hispanic Children and Families. <http://www.hispanicresearchcenter.org/wp-content/uploads/2016/11/2016-60HispECEParentPerceptions.pdf>.

<sup>3</sup> Padres y Jóvenes Unidos. The great unequalizer: How Denver's pre-k system fails the children of Southwest Denver and other low-income communities of color.

## **Framework Outcomes:**

### **Access**

- Services and supports promote the well-being and resiliency of parents and caregivers
- Education, coaching and ongoing training exist for caregivers, teachers and other professionals
- Learning experiences and environments are high quality, developmentally appropriate and affordable

### **Quality**

- Formal and informal care environments and education practices reach the highest levels of quality
- Adults understand and support children's learning and development, including social and emotional

### **Equity**

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture
- All environments are safe, free of toxins, have affordable foods and physical activity

## 2. Parenting Programs

### Why this is Important:

Investing in parent education and training is critical to strengthen the most basic foundation for early childhood development – supportive, caring, close relationships. Empowering parents and caregivers to provide the responsive and stimulating environments that will prepare young children for school is critical.<sup>4</sup> Helping children learn to form close relationships, manage and express emotions, explore the environment and learn comprises the foundation of mental health in young children.<sup>5</sup> The quality and stability of young children’s relationships with their parents and other primary caregivers lays the foundation for children’s growth across a wide range of domains, including their cognitive, emotional, social, behavioral, and physical development.<sup>6</sup>

For decades, social scientists and economists have been using longitudinal data sets to link early parenting with later life outcomes, such as educational achievements. Neuroscientists have also started to show how early brain development can be influenced by nurturing and sensitive parents.<sup>7</sup>

While many families may not seek out these supports, parenting challenges can affect all families, and supports should be made available to all families at the level that best meets their needs. This universal continuum would be respectful of families varied needs – from light touch to high intensity inclusive and respectful of the need to have primary, secondary and tertiary prevention/intervention programs.

Allowing families to choose what will be most beneficial to them offers families the opportunity to connect and engage to receive the education and services they need and manage any number of given stressors that they are facing in order to support the mental health of parents. Parenting programs are an important component of a two-generation approach, by connecting families with early childhood education, job training, programs, and other tools to meet basic needs, achieve financial stability and break the cycle of poverty.<sup>8</sup> The objective, regardless of program chosen, is for parents to find a sense of self-efficacy and success in parenting. There isn’t room for telling anyone how to parent; rather, each program needs to empower parents to build a skill set to achieve their goals are for their children.

See “Home Visiting” on page 16, “Supports for Economic Security” beginning on page 20, “Screening, Referral, and Access to Services” on page 39, and “High Quality Early Care and Education” on page 67 for additional policy strategies to support parents and families.

### Solution:

**Colorado should provide a continuum of affordable, high-quality, evidence-based, voluntary parenting programs universally available for all families, including biological parents, adoptive parents, foster parents, as well as other individuals acting as primary caregivers, and that are culturally-responsive, strengths-based, and available in a variety of languages. Parenting programs should include the following features and should be based on parents’ needs<sup>9</sup>:**

- Evidence-based parenting education and skills training
- Education to increase understanding of parenting and child development, including social-emotional and language development
- Support from program staff as well as peer-to-peer support among parents
- Linkages to services and resources to help improve overall family functioning, including services to cover basic needs

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<sup>4</sup> MDRC - Strengthening Low-Income Families: A Research Agenda for Parenting, Relationship, and Fatherhood Programs

<sup>5</sup> <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health>

<sup>6</sup> <https://healthysafechildren.org/topics/family-strengthening-and-parent-skills-training>

<sup>7</sup> Brookings - <https://www.brookings.edu/articles/parenting-politics-and-social-mobility/>

<sup>8</sup> <http://www.aecf.org/resources/creating-opportunity-for-families/>

<sup>9</sup> <https://healthysafechildren.org/topics/family-strengthening-and-parent-skills-training>

- **Efforts to build parents' leadership and advocacy skills**

### **Current Reach and Cost Considerations:**

As one example, Invest in Kids currently supports delivery of approximately 40 parent groups for a primary prevention parenting program for parents with children ages 2-5, each attended by an average of 8-10 parents, in 20 counties across the state.

Head Start has a requirement for Parent Engagement and hosts a variety of parent programs throughout the state.

### **Equity Considerations:**

All parents, regardless of race, ethnicity, or socio-economic status, want to provide the best opportunities for their children. Universally available, culturally responsive, strengths-based parenting programs support all parents to give their children the care they want to be able to provide. These programs should be available in communities throughout the state, including in rural areas.

### **Policy steps toward the solution:**

- Include resources for parenting programs in a comprehensive statewide identification, referral, and follow-up navigation system, such as the Help Me Grow model, (see "Screening, Referral, and Access to Services" on page 39 for more information).
- Provide Medicaid funding for evidence-based group parenting programs, such as those offered by Head Start, including for children or parents who meet "at risk" criteria to help parents of young children promote healthy physical development, including oral health, social-emotional development, and to help parents address children's mental health needs.
- Establish an integrated, cross-agency model to provide services and supports to low-income families including home visiting, education, community supports, and workforce services through a pilot grant program that can be scaled up statewide.<sup>10</sup>
- Provide access to child welfare and maltreatment prevention programs and services in a variety of trusted settings, including medical and dental provider offices and public libraries.
- Expand implementation of the Colorado Child Maltreatment Prevention Framework for Action to more communities.
- Engage with Colorado Department of Education to incentivize school districts to offer parenting programs and incentivize parents to attend.
- Increase access to peer-to-peer social connections for parents through community-based parent support groups.
- Ensure that parenting programs, as well as program materials (visuals, videos, books, and handouts) are available in Spanish as well as other languages that are spoken in Colorado communities.
- Provide ongoing professional development opportunities, including regionally across the state and using technology, for the parent program workforce.
- Implement a train-the-trainer model and/or peer coach model to build the sustainability of parenting programs in local communities as well as help with turnover in the workforce.
- Provide adequate funding to support administrative capacity and training for parenting programs, and to ensure that healthy and nutritious meals for parents and children, quality child care aligned with the parenting program curriculum, and transportation are available to participating families.

### **Framework Outcomes:**

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<sup>10</sup> <https://drive.google.com/file/d/0BxVE8p2dzVf3OE81NWtuU25DdTg/view?usp=sharing>.



**Access:**

- Family engagement and leadership opportunities exist within programs, schools and communities
- Services and supports promote the well-being and resiliency of parents and caregivers

**Quality:**

- Family knowledge and capacity support children's healthy development and learning
- Families advocate for high quality comprehensive services and supports that lead to future success

**Equity:**

- Education, employment, housing, financial and legal supports contribute to family economic security
- Families, including those with high needs, experience timely and coordinated services and supports

### 3. Home Visiting

#### **Why this is Important:**

Voluntary, evidence-based home visiting programs provide families with supports and services to help foster healthy child development, encourage bonding between parents and a young child as well as positive parenting practices, support maternal health and well-being, and prevent child maltreatment. Home visiting services can also help prevent and mitigate the impacts of Adverse Childhood Experiences (ACEs), which can effect children in all families, by providing parents and caregivers with the tools and supports they need to create a positive, nurturing environment for their children.<sup>11</sup> Home visiting is a two-generation approach to ensuring that all children and families have the supports they need to thrive.

Colorado is home to several evidence-based home visiting programs, including Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership, Parents as Teachers, HealthySteps, and SafeCare. These programs provide a variety of supports and services to families with children prenatal to age five.<sup>12</sup>

#### **Solution:**

**Every Colorado pregnant woman and family with children birth to age five should have the opportunity to receive voluntary, evidence-based home visiting services that best meet their needs, including supports for maternal and child health, overall family well-being, and school readiness.**

Expanding the reach of evidence-based home visiting programs in Colorado to all families also requires:

- development and retention of additional trained members of the home visiting workforce through a comprehensive set of career pathways, including home visiting professionals that reflect the race, ethnicity, and primary language of the children and families served
- increased administrative capacity across evidence-based home visiting programs in the state
- outreach to families to encourage participation and retention in the evidence-based home visiting program(s) that best meet their needs

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<sup>11</sup> RWJF Culture of Health Blog - Home Visits Work: Let's Make Them Universal.

<sup>12</sup> For purposes of this report, only home visiting models that are represented at the state level are included. We recognize that there are a number of successful home visiting programs operating at the local community level throughout the state as well.



1. Olds, D. L., et al. (1997). Long-term effects of home visitation on maternal lifecourse and child abuse and neglect: Fifteen-year follow-up of a randomized trial. JAMA, 278(8), 637-643.
2. Nurse Family Partnership. Research Trials and Outcomes. Accessed January 25, 2018. [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org).
3. The Research Case for Home Visiting. Zero to Three. (2014). <https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting>.
4. Olds, D. Let al. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: follow-up of a randomized trial among children at age 12 years. Archives of Pediatrics & Adolescent Medicine, 164(5), 419-424.
5. Eckenrode, J., et al. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. Archives of pediatrics & adolescent medicine, 164(1), 9-15
6. Lowell, D.I. et al. (2011) A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice. Child Development, 82(1), 193-208.
7. Donovan, E. F., et al. (2007). Intensive home visiting is associated with decreased risk of infant death. Pediatrics, 119(6), 1145-1151.

### Current Reach and Cost Considerations:

Colorado served an estimated 8,810 families through evidence-based home visiting models in 2016.<sup>13</sup> In 2016, there were 316,900 pregnant women and families with children under six years old who could benefit from access to home visiting services; these families included 396,600 children.<sup>14</sup>

Of the children and families served in evidence-based home visiting programs in Colorado in 2016, 83 percent identified their race as white, 6 percent identified as two or more races, 4 percent identified as black, and 3 percent identified as American Indian/Alaskan Native.<sup>15</sup> Of the children and families served, 56 percent identified their ethnicity as Hispanic or Latino. Further, 65 percent of families identified English as their primary home language and 32 percent identified Spanish as their primary home language.<sup>16</sup>

It would cost an estimated \$943 million to establish a home visitation system in which every Colorado pregnant woman and family with children birth to age five has the opportunity to receive voluntary, evidence-based home visiting services that best meet their needs. Please see the Estimated Cost of Early Childhood Policies appendix at the end of this document for information about the basis for this cost estimate.

<sup>13</sup> NHVRC State Profile – Colorado, <https://www.nhvrc.org/wp-content/uploads/DS-CO-Profile.pdf>. For details about the methodology, see the Data Supplement to the 2017 Home Visiting Yearbook. NHVRC State Profile – Colorado, <https://www.nhvrc.org/wp-content/uploads/DS-CO-Profile.pdf>

<sup>14</sup> Ibid.

<sup>15</sup> Race and ethnicity of families was collected separately. Therefore, it is unclear what percentage of families are White, non-Hispanic; White, Hispanic; Black, Hispanic; or Hispanic, and some other race.

<sup>16</sup> Ibid.

## **Equity Considerations:**

In order to best meet the needs of children and families through home visiting programs, it is critical to develop a workforce of home visiting professionals who reflect the race, ethnicity, and primary language of children and families served by home visiting programs in Colorado, as well as those families who are eligible but may not currently be opting to participate in a home visiting program. This requires development and implementation of a comprehensive set of career pathways that ensures access to the most effective education and training opportunities, regardless of location or experience. In developing career pathways, it is critical to take into account systemic barriers in accessing educational opportunities for people of color and work to provide supports that can overcome these barriers, such as learning communities, access-based support, financial support, academic counseling, and skill-based support.<sup>17</sup> It is also important to support home visiting programs in rural, frontier, and mountain regions of the state to promote equity in accessing services in spite of geographic location.

It is also important to ensure that home visitation programs and their curricula are culturally relevant and that home visitors are trained to be culturally sensitive. As home visiting programs expand to new families and in new communities, working with local community partners would help to ensure that the specific needs of the community and its families are met.

## **Policy strategies to support the solution include:**

- Begin by implementing gradual funding increases at the state level over a defined time period to expand access to all families with children prenatal to age five living below 200 percent of the federal poverty level to the evidence-based home visiting program(s) that best meet their needs.
- Ultimately, implement adequate funding increases at the state level over a defined time period to provide access for every Colorado family with children prenatal to age five to the evidence-based home visiting program(s) that best meet their needs.
- Implement funding increases at the state level over a defined time period to support the recruitment, development and retention of additional trained members of the home visiting workforce, including targeted funding for recruitment, development and retention of home visiting professionals that reflect the race, ethnicity, and primary language of the children and families served in home visiting programs.
- Provide adequate levels of compensation for the home visiting workforce, tied to increased levels of education and training, to support a workforce that is competent and well-trained within evidence-based home visiting models.
- Increase access to professional development and technical assistance opportunities for home visitors to address complex family needs (such as behavioral health needs, preventing child maltreatment, screenings for autism spectrum disorders, etc.).
- Implement funding increases at the state level over a defined time period to support increased administrative capacity across home visiting programs as access to these programs is expanded.
- Create funding stream or use Medicaid reimbursement to implement Moving Beyond Depression or Enhanced HV Pilot to treat parents suffering from mental health issues in their home.
- Ensure that communities have multiple home visiting models represented, to be able to better serve families that could benefit from services but do not meet the eligibility criteria of specific models.
- Create a pilot providing home visiting services during preschool / child care pickup, making the services more accessible to low-income working parents.

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<sup>17</sup> Center for the Study of Child Care Employment. 2016 Early Childhood Workforce Index. <http://cscce.berkeley.edu/early-childhood-workforce-index/>.

- Develop a shared philosophy that ensures funding decisions for home visiting programs in the state are based upon in the evidence base of programs and the outcomes desired.
- Develop a comprehensive, statewide home visiting system that allows for a continuum of home visiting models that meet specific needs and have proven outcomes to access/maintain the financial support needed to meet unique family and community needs.
- Embed Infant Early Childhood Mental Health professionals in home visiting programs to support home visiting staff.
- Improve connections between Home Visiting and higher education in order to create a pathway for low-income families enrolled in home visiting to access college, community college, and GED programs.
- Promote strategies that would allow counties as well as the state to use their allocated TANF funds to support evidence-based home visiting programs.
- Finance home visiting services across funding streams. Advocate for federal and state changes to Medicaid policy that would make it possible to include Medicaid as a funding stream for home visiting programs.
- Develop and implement additional outreach strategies to reach eligible families and encourage participation and retention.
- Provide outreach to FFN providers who could also benefit from home visiting services to encourage and increase enrollment in this population.
- Bolster the support for individual home visits by creating neighborhood or community-based groups for families enrolled in programs in order to get additional support.
- Clarify that families with undocumented members are eligible for home visiting services and set program policies ensuring the confidentiality of family data.

#### **Framework Outcomes:**

##### **Access:**

- Services and supports promote the well-being and resiliency of parents and caregivers

##### **Quality:**

- Family knowledge and capacity support children's healthy development and learning

##### **Equity:**

- Families, including those with high needs, experience timely and coordinated services and supports

## ii. Supports for Economic Security

### 1. Food and Cash Assistance and Tax Policy

#### Why this is Important:

In 2016, 13 percent of Colorado children lived in poverty – about 166,000 children. A substantial body of research shows that poverty has negative effects on children – children who live in poverty often do less well in school, experience poorer health, and have worse employment and earnings as adults.

Between 2014 and 2016, one in seven children in Colorado lived in households that experienced food insecurity. Access to adequate amounts of healthy food is a bedrock component of children’s healthy development. Kids need plenty of fresh, nutritious foods to support their growing bodies and brains. When kids fail to get enough food—or enough of the right kinds of food—their physical and cognitive development suffers. Food insecurity is also linked to obesity because it encourages overeating and because low-cost foods tend to be highly processed and less healthy. Young children are particularly vulnerable to food insecurity given the rapid pace of development during the early years of life.

Ensuring that families have access to effective antipoverty measures, such as tax credits and food and cash assistance programs, can help lift families out of poverty and put them on a path to self-sufficiency. Programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC) provide support to children and families in accessing nutritious foods. Temporary Assistance for Needy Families (TANF) provides cash assistance to families living in poverty to help them meet basic needs.

Tax credits, such as the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC), can help low-income families build wealth. The EITC and the CTC contribute to better child health, academic and economic outcomes from infancy through adulthood, by helping low- and moderate-income working families support their children.<sup>18</sup>

#### Solution:

**All children in families with need should have access to food and cash assistance programs and tax credits that help provide access to nutritious food and lift families out of poverty.**

#### Current Reach and Cost Considerations:

SNAP lifted an estimated 55,000 children in Colorado out of poverty between 2009 and 2012.<sup>19</sup>

The Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) lifted an estimated 150,000 people out of poverty in Colorado between 2011 and 2013.<sup>20</sup>

An estimated 350,000 Coloradans claimed the EITC during the 2017 tax season. An estimated 1 in 4 Colorado families do not claim the EITC, simply because they do not know about it or don’t know how to claim it.<sup>21</sup>

The EITC is one of the most effective anti-poverty tools for working families. It would cost an estimated \$25 million to ensure access to the state EITC for all eligible families in Colorado not currently claiming the credit, at the current rate of 10 percent of the federal credit. Please see the Estimated Cost of Early Childhood Policies appendix at the end of this document for information about the basis for this cost estimate, as well as cost estimates of increasing the rate of the state EITC above 10 percent of the federal credit.

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<sup>18</sup> Prosperity Now. Helping Working Families Build Wealth at Tax Time. <http://www.childpovertyusa.org/our-kids-our-future>.

<sup>19</sup> Colorado Blueprint to End Hunger

<sup>20</sup> <https://www.cbpp.org/sites/default/files/atoms/files/7-22-16pov-factsheets-co.pdf>

<sup>21</sup> [http://www.garycommunity.org/sites/default/files/GCI-034%20EITC%20Campaign%20Report\\_2017\\_fa2\\_screen.pdf](http://www.garycommunity.org/sites/default/files/GCI-034%20EITC%20Campaign%20Report_2017_fa2_screen.pdf)

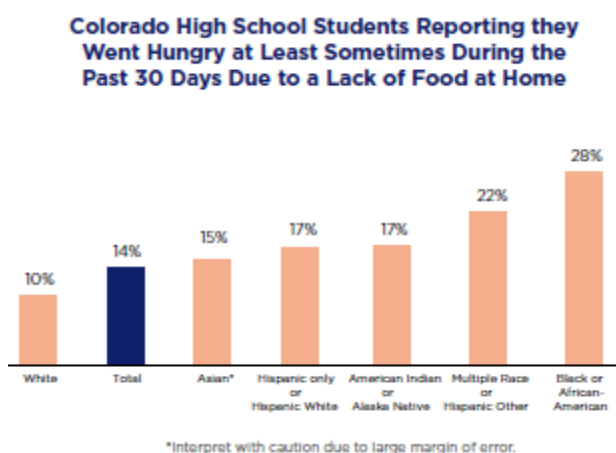


Fifty-eight percent of eligible Coloradans are enrolled in SNAP. Forty-one percent of eligible women and children in Colorado are enrolled in WIC – approximately 85,000 Coloradans currently receive healthy food benefits, breastfeeding support, referrals, and nutrition education through the WIC program. In addition, 36 percent of food insecure Coloradans actually have incomes above the eligibility threshold to qualify for programs like SNAP and WIC.<sup>22</sup>

### Equity Considerations:

Although SNAP and WIC are the most effective food and nutrition programs, enrollment in SNAP and WIC can be challenging due to cumbersome program requirements, minimal access to community-based application assistance, program information that is sometimes difficult to understand, and lack of transportation.

Food insecurity is a challenge throughout Colorado, but particularly for communities of color. While we don't have all of the data we would want on young children, we know older children of color face disproportionate access to adequate, nutritious food.



### Policy Strategies to Reach the Solution:

#### Food Assistance

Colorado's Blueprint to End Hunger includes several strategies that should be central to any policy approach targeting the needs of young children.<sup>23</sup> Particularly promising strategies for young children include:

- Enroll all eligible families in the state in SNAP and WIC and ensure statewide accessibility to healthy foods by increasing the number of stores that accept SNAP and WIC benefits.
- Enhance healthy food incentives (e.g., SNAP Double Up Bucks, WIC Fresh Fruit and Vegetable Benefit increases) at farmers markets, farm stands, community-supported agriculture sites, and large and small grocery stores across the state to increase access to Colorado-grown produce.
- Integrate nutrition education opportunities where Coloradans access food, especially in early care and education settings.
- Improve and extend current state tax incentives to local farmers who donate food by simplifying the tax credit process.
- Maximize transportation supports and sustainable community access points to reduce food access barriers in underserved communities.
- Preserve the gross income eligibility limit for SNAP benefits at 200 percent FPL

<sup>22</sup> Colorado Blueprint to End Hunger

<sup>23</sup> <https://www.endhungerco.org/goals-and-strategies/>

- Include the ability to apply for WIC, Child and Adult Care Food Program, and Free and Reduced Lunch Program benefits in PEAK and reduce barriers to applying for benefits for all consumers.
- Promote the adoption of the Community Eligibility Provision by clarifying the program, increasing awareness, removing barriers to participation, and ensuring fiscal sustainability for school districts.
- Improve SNAP and WIC outreach and delivery to all eligible Coloradans, with strategies to ensure equity for individuals with disabilities, different races and ethnicities, rural residents, immigrant populations, and families experiencing homelessness.
- Provide outreach and application assistance to efficiently complete applications, reduce barriers, and support families in understanding and navigating the enrollment process.
- Increase the WIC and SNAP benefit levels so that low-income families can afford the actual cost of purchasing sufficient and nutritious food relative to the cost of living in Colorado.
- Improve cross-referral opportunities between state and county programs with similar eligibility criteria (e.g., Medicaid, SNAP, CCCAP, WIC and TANF)
- Expand investment efforts and increase availability of flexible funding and financing for agriculture and fresh food retail options to support nutritious food access in underserved communities statewide (e.g., Colorado Fresh Food Financing Fund).
- Continue to analyze the cliff effect (which is the loss of benefits due to a small change in income) for families based on income, size of family, ages of family members, and cost of living within their particular community.
- Encourage Head Start, early childhood and care, and home-based providers to work with food banks in their community to help food-instable families

#### Cash Assistance and Tax Policy

- Increase the amount of TANF funds available for core welfare reform activities, including basic assistance, work activities and supports, and child care, to provide more direct cash assistance to families.
- Exempt single parents on TANF from work requirements until the youngest child reaches age one, and reduces the TANF work requirement to 20 hours or less for single parents with children under age 6.
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6.
- Increase unemployment insurance benefits to offer at least 28 weeks of state funded unemployment insurance.
- Fund the state-level Colorado Child Tax Credit, as it exists in statute (SB13-001), but is awaiting a funding source.
- Maximize utilization of the Child Care Tax Credit and the state Earned Income Tax Credit through outreach and education to enrollees in public programs
- Increase the rate of the state Earned Income Tax Credit above 10 percent of the federal credit.
- Enhance the state Earned Income Tax Credit for noncustodial parents paying child support.
- Provide vouchers to families below 200 percent FPL to purchase diapers for infants and toddlers or provide access to infant and toddler diapers for children under age three for all families enrolled in Medicaid.

#### **Framework Outcomes:**

##### Access

- Services and supports promote the well-being and resiliency of parents and caregivers

##### Quality

- Settings and practices promote strong relationships, social and emotional development, appropriate nutrition, and physical activity

##### Equity

- Education, employment, housing, financial, and legal supports contribute to family economic security
- Families, including those with high needs, experience timely and coordinated services and supports
- All environments are safe, free of toxins, have affordable foods, and offer physical activity

## 2. Education and Workforce Programs

### Why this is Important:

Pathways to training, education, and careers are essential to the success of the workforce in our economy. Workforce development programs help workers achieve industry-recognized credentials, helping them qualify for the higher quality and higher paying jobs they need to succeed in a competitive labor market. In many cases, postsecondary education is an essential condition to securing a good job. However, financial, work, and family obligations often make attendance and completion of a postsecondary degree challenging.

As one example of a successful program in another state, The City University of New York (CUNY) invested an additional \$5,400 per student annually in the Accelerated Study in Associate Programs (ASAP) program. A cost-benefit analysis determined that for every dollar invested in ASAP, the program returned approximately \$3-4 dollars.<sup>24</sup> A similar model in Texas, Project QUEST, covers tuition and other necessary costs while also offering counseling and post-completion job placement assistance. This model also showed that the participants of the program had sustained earnings gains six years after completing the program, effects that are much greater when compared to other nontraditional students.<sup>25</sup>

### Solution:

**All Colorado families should have access to supports needed to complete postsecondary education and job training programs that prepare them for work and careers that provide a path to self-sufficiency and economic security.**

### Current Reach and Cost Considerations:

By 2020, 74 percent of all jobs in Colorado will require some level of postsecondary education and training, such as targeted skills programs, short- and long-term certificates, and two-year and four-year degrees.<sup>26</sup>

Many adults without high school credentials are unprepared for postsecondary education or full workforce participation because they lack basic literacy and numeracy skills. Colorado's current financial support for programs serving this population is extremely limited, with just under \$1 million of state funds appropriated annually for this purpose. Based on the lack of resources available, state- and federally-funded adult education and literacy programs are only able to reach about 3 percent of eligible individuals.<sup>27</sup>

### Equity Considerations:

In the ten top-performing districts in Colorado, more than 70 percent of students enroll in college, while in the lowest-performing districts, only 13-35 percent of students enroll directly out of high school. And there are disparities in credential completion that begin with lower college enrollment rates, especially for low-income populations and Hispanic/Latino populations. Students of color and low-income populations are less likely to attend an out-of-state institution than white students or students who did not receive the free and reduced lunch program.<sup>28</sup>

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<sup>24</sup> CUNY ASAP, Significant Increases in Associate Degree Graduation Rates: CUNY Accelerated Study in Associate Programs (ASAP), March 1, 2017, [http://www1.cuny.edu/sites/asap/wp-content/uploads/sites/8/2017/03/ASAP\\_Program\\_Overview\\_Web.pdf](http://www1.cuny.edu/sites/asap/wp-content/uploads/sites/8/2017/03/ASAP_Program_Overview_Web.pdf). 4  
Susan Scrivener, et al., Doubling Graduation Rates: Three-Year Effects

<sup>25</sup> Mark Elliott and Anne Roder, Escalating Gains: Project QUEST's Sectoral Strategy Pays Off, Economic Mobility Corporation, April 2017, [http://economicmobilitycorp.org/uploads/images/Escalating%20Gains\\_WEB.pdf](http://economicmobilitycorp.org/uploads/images/Escalating%20Gains_WEB.pdf).

<sup>26</sup> <https://www.bellpolicy.org/wp-content/uploads/2018/01/Guide-to-Economic-Mobility-FINAL.pdf>

<sup>27</sup> <https://www.bellpolicy.org/wp-content/uploads/2018/01/Guide-to-Economic-Mobility-FINAL.pdf>

<sup>28</sup> [https://higherred.colorado.gov/Publications/Reports/Legislative/PostSecondary/2018\\_Postsecondary\\_Progress\\_rel20180302.pdf](https://higherred.colorado.gov/Publications/Reports/Legislative/PostSecondary/2018_Postsecondary_Progress_rel20180302.pdf)

Low-income individuals and people of color are disproportionately impacted by the criminal justice system. More than 650,000 people annually are released from jails and prisons, and as they reintegrate into society, they face extreme barriers to finding sustainable employment, housing, and health care.<sup>29</sup>

### **Policy Strategies to Reach the Solution:**

- Establish and fund a statewide system to provide parents of young children and disconnected youth with the equivalent of at least two years of post-high school education or training, including a vocational credential, industry certification, or the first two years of college, and the support services needed to complete the education or training.
- Incentivize career pathways where the need is greatest, such as early childhood credentials, by offering greater financial supports.
- Establish and fund career pathway models that are tied to in-demand jobs and sectors in regions of the state, with supportive services and integrated education and training (IET) that concurrently provides industry-specific skills, workforce preparation, and adult basic education.
- Establish a program like the Accelerated Study in Associate Programs (ASAP) initiative, which combines both financial and student supports to help underprepared students persist in and complete college, and target it toward parents of young children.
- Create career pathways for formerly incarcerated parents and parents in recovery from substance use disorders.
- Provide Pell Grant eligibility for short-term education and training programs.
- Prioritize parents of young children in Colorado's Workforce Innovation and Opportunity Act (WIOA) state plan.
- Coordinate state TANF and WIOA programs, such as through team case management or shared case managers, physically co-locating offices, or common intake processes.
- Create Integrated Education and Training (IET) programs, where the education component is aligned with the state's content standards and the IET program is a part of a career pathway, which includes support services for participants like career counseling, navigation, placement, and retention services.
- Increase outreach, funding, and enrollment in Colorado's Concurrent Enrollment Program.
- Provide financial assistance to student parents who are in job training or postsecondary education programs.
- Provide access to postsecondary education and job training programs to formerly incarcerated parents.
- Reduce the use of outcomes-based funding and prioritize enrollment-based funding in higher education programs to avoid limiting access for low-income and underprepared students.
- Expand access to State Career and Technical Education grant funding connected to Pell Grant eligibility requirements to provide more access to financial support for short credit early childhood education certificates.
- Provide appropriate college and career counseling to high school students in the public school system.
- Create on the job certification programs that provide students with the skills needed to immediately earn a living wage upon hire.
- Provide child care assistance and transportation assistance benefits to workforce and education program participants.

### **Framework Outcomes:**

#### **Equity**

- Education, employment, housing, financial, and legal supports contribute to family economic security
- Families, including those with high needs, experience timely and coordinated services and supports

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<sup>29</sup> <https://www.clasp.org/sites/default/files/publications/2017/04/Reconnecting-Justice-Lessons-Learned-and-the-Agenda-Ahead.pdf>

- All children are ready for school and achieving by 3<sup>rd</sup> grade regardless of ability, race, place, income, language, and culture



### 3. Housing

#### **Why this is Important:**

All children deserve to grow up in a safe and healthy home, and stable housing is a central contributor to the health of families and communities. Unstable housing circumstances can have troubling impacts on several different dimensions of child well-being. Many families experiencing housing hardship end up sharing housing with other families (often referred to as doubling- or tripling-up). While families who are doubled-up may have a roof over their head, crowded housing situations can be chaotic, leaving children without a safe and quiet place to read, color or do homework. Research shows that kids who live in these overcrowded settings have poorer academic achievement and are at higher risk for behavioral problems.

Health problems can also arise from living in poor-quality housing or experiencing homelessness. Studies have attributed the higher prevalence of asthma among children in low-income families to their higher likelihood of living in substandard housing. Children who are without shelter entirely face significant stress and instability that can impede their development and hinder their ability to succeed in school.

#### **Solution:**

**All children in Colorado should have access to safe, stable, quality affordable housing.**

#### **Current Reach and Cost Considerations:**

Almost 24,000 children in Colorado in grades pre-k through 12 experienced homelessness during the 2015-2016 school year, and about 141,000 Colorado children lived in over-crowded housing in 2016.

In 2016, nearly one in three Colorado children (approximately 390,000 kids) lived in households that were housing cost-burdened, defined as spending more than 30 percent of income on housing expenses.

Nationally, the majority of households on the waiting list for housing assistance (60 percent) are families with children, and they are given no priority.<sup>30</sup> The median length of time on a waiting list for housing assistance ranges from nine months to one and one-half years.<sup>31</sup>

A Federal Housing Finance Agency report showed that home prices in Colorado grew faster than any other state, besides Washington, in the second quarter of 2017. Currently, Colorado has a shortage of nearly 121,000 affordable rental units for those who are extremely low-income (ELI).<sup>32</sup>

Nationally, nearly 30 percent of households living in a rented home have experienced a related civil legal problem in the past year.<sup>33</sup>

Housing assistance lifted an estimated 40,000 people in Colorado above the poverty line between 2009 and 2012.<sup>34</sup>

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<sup>30</sup> [https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf6bbf352f53c9cadd4532/1523542975933/OKOF+-+Master+Web+Version+-+April+2018\\_Part9.pdf](https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf6bbf352f53c9cadd4532/1523542975933/OKOF+-+Master+Web+Version+-+April+2018_Part9.pdf)

<sup>31</sup> National Low Income Housing Coalition. The Long Wait for a Home. Housing Spotlight 6, no.1 (Fall 2016). <http://nlihc.org/article/housing-spotlight-volume-6-issue-1>.

<sup>32</sup> [http://nlihc.org/sites/default/files/SHP\\_CO.pdf](http://nlihc.org/sites/default/files/SHP_CO.pdf)

<sup>33</sup> [https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf6bbf352f53c9cadd4532/1523542975933/OKOF+-+Master+Web+Version+-+April+2018\\_Part9.pdf](https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf6bbf352f53c9cadd4532/1523542975933/OKOF+-+Master+Web+Version+-+April+2018_Part9.pdf)

<sup>34</sup> <https://www.cbpp.org/sites/default/files/atoms/files/7-22-16pov-factsheets-co.pdf>

As one example of another state's approach to addressing lead in homes, Milwaukee, Wisconsin's (a city of 600,000) Lead Service Line Replacement Program has a \$3.9 million budget for the project includes funds to help pay for replacement of privately owned lead service lines.

### **Equity Considerations:**

White Coloradans are almost twice as likely as black Coloradans to own a home. And while the Hispanic/Latino population is the fastest growing population in Colorado, less than half of this population owns their own home.<sup>35</sup> Furthermore, people of color are disproportionately affected by evictions.<sup>36</sup>

Women can often expect to spend more of their income on housing costs than men.

### **Policy Strategies to Reach the Solution:<sup>37,38,39</sup>**

- Expand the state Low-Income Housing Tax Credit (LIHTC) to meet the demand for affordable housing in the state, better target the credit to families living below 200 percent FPL, and collect demographic data to better understand how many low-income families with children are accessing the credit.
- Provide incentives to developers of LIHTC units that will serve families with children to build sufficiently-sized units in high-opportunity neighborhoods with high-quality early learning programs and schools.
- Expand the state renter's tax credit to families living below 200 percent FPL to cover the gap between rent paid and 40 percent of a family's after-tax income.
- Conduct a rule rewrite around Affordable Housing Section 8 Housing regulations to promote healthier, safer environments for families.
- Increase access to Housing Choice Vouchers and other forms of rental assistance for all eligible families.
- Prohibit source of income discrimination in rental housing.
- Amend the Taxpayers' Bill of Rights (TABOR) to allow small increases in Colorado's real estate tax (from .01 percent to .1 percent), which could increase state revenue by \$55.6 million/year and provide additional funding for affordable housing and the Colorado Housing Trust Fund, which currently has insufficient and unstable funding.
- Increase the document filing fee for deeds, mortgages, and property transfers to provide additional funding for the Colorado housing trust fund.
- Classify manufactured housing units as real residential property, which would provide manufactured housing owners with access to fair and equal financing of their homes.
- Increase state investments in affordable housing and housing assistance and prioritize access by families with young children.
- Increase access to civil legal services and eviction prevention programs to help keep low-income children and families in their homes and protect them from the negative effects of being evicted.
- Include warranty of habitability in writing in each lease between a landlord and tenant.
- Create a state-level version of the Fair Housing Act and actions to get rid of bank/lender policies around redlining and discriminatory practices.
- Address lead in drinking water, soil, and paint in various settings by promoting testing, remediation, and funding to address these issues in homes, with a particular focus on removing lead from service lines to homes.

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<sup>35</sup> <http://www.coloradotrust.org/content/story/racial-wealth-gap-colorado>

<sup>36</sup> [http://cclponline.org/wp-content/uploads/2017/11/Facing-Eviction-Alone-2017-Report\\_Final.pdf](http://cclponline.org/wp-content/uploads/2017/11/Facing-Eviction-Alone-2017-Report_Final.pdf)

<sup>37</sup> <https://www.bellpolicy.org/wp-content/uploads/2018/01/Housing-Guide-to-Economic-Mobility.pdf>

<sup>38</sup> <https://kresge.org/sites/default/files/Preserving-affordable-housing-policy-tools-April-2015.pdf>

<sup>39</sup> [https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf6bbf352f53c9cadd4532/1523542975933/OKOF+-+Master+Web+Version+-+April+2018\\_Part9.pdf](https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf6bbf352f53c9cadd4532/1523542975933/OKOF+-+Master+Web+Version+-+April+2018_Part9.pdf)

- Identify sustainable funding sources for asthma-related and lead environmental pediatric home visiting services to help identify and remove sources of exposure and irritation, also including radon exposure and second-hand smoke exposure.
- Support programs to help mobile homeowners purchase their own land.
- Increase access to sober housing programs for parents with young children that are in recovery from substance use disorders.

#### **Framework Outcomes:**

##### Access

- Learning experiences and environments are high quality, developmentally appropriate and affordable

##### Quality

- Formal and informal care environments and education practices reach the highest levels of quality

##### Equity

- Education, employment, housing, financial, and legal supports contribute to family economic security
- All environments are safe, free of toxins, have affordable foods and offer physical activity

## 4. Paid Leave

### Why this is Important:

Early bonding between a parent and a newborn is critical for a young child's development. Allowing parents to be present at a hospital to care for a sick child at any age helps reduce the length of hospital stays, and improves future child health outcomes. Paid family and medical leave helps parents take time during a critical period to care for their young child and develop a connection that will support their child's healthy development.

For most families today, having all available parents in the workforce is a reality, and parents have to balance the competing demands of work and family. Paid leave allows new parents to remain attached to the labor force and provides economic security for families during leave, helping to avoid financial hardship and stress when parents are caring for a new child.<sup>40</sup>

A few states have implemented paid leave policies that vary by duration of leave.<sup>41</sup> Determining the optimal length of paid family leave is challenging, but research shows that paid family leave that is of an adequate duration and includes job protection and sufficient wage replacement supports "income and gender equality, significant reductions in infant, maternal and even paternal mortality, improved physical and mental health for children and parents, greater family stability and economic security, business productivity, and economic growth."<sup>42</sup> Paid family leave has two-generational benefits for parents and children and helps to ensure that all new parents can bond with their newborns and give them a healthy start.

It is also critical to combine paid family leave policies with increased access to and capacity of high-quality early learning experiences so that parents are able to return to work and ensure that their children have access to a high-quality setting during the work day. See "High Quality Early Care and Education" on page 67 for more information.

### Solution:

**Colorado should provide access to paid sick leave and universal, gender-neutral paid family and medical leave for all employees. The leave should be of an adequate duration and should include sufficient wage replacement and job protection to ensure equitable access for all employees.**

### Current Reach and Cost Considerations:

The federal Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take up to 12 weeks of *unpaid*, job-protected leave for specified family and medical reasons. Employees may use sick time, vacation time, or other accrued leave time along with FMLA leave in order to continue being paid. All public employers are subject to FMLA requirements. Private employers must have at least 50 employees within 75 miles of a worksite to be subject to FMLA requirements.

Just 45.7 percent of working parents are eligible for FMLA unpaid leave in Colorado, the ninth lowest eligibility rate of any state. When earnings are taken into account in addition to eligibility for FMLA, just 38.5 percent of working parents are able to afford to take the unpaid leave for which they are eligible. For many more parents, even if unpaid leave is available, the wages lost during that time would leave them unable to support themselves without assistance.

In Colorado, the establishment of a paid family leave program requires both revenue collected to provide wage replacement to employees and an investment in the system and infrastructure required to administer the program.

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<sup>40</sup> <https://www.brookings.edu/research/paid-family-and-medical-leave-an-issue-whose-time-has-come/>

<sup>41</sup> California, New Jersey, and Rhode Island have paid family and medical leave state policies. <http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx>.

<sup>42</sup> <https://www.newamerica.org/better-life-lab/reports/paid-family-leave-how-much-time-enough/introduction>

### **Equity Considerations:**

Given the many structural barriers to inclusion in the workforce, parents of color are more likely to work in jobs that aren't eligible for FMLA unpaid leave. Policy decisions made over time, for example regarding discriminatory home lending practices and residential segregation, have also led to less wealth accumulation among families of color, making it far more difficult to afford to take leave, even when it is available. Together, these factors make unpaid leave accessible to just one in four Hispanic parents and one in three Asian/Pacific Islander or Black parents, compared to 43 percent of White parents.

Mothers who do not have a college education are much less likely to have or take paid leave than mothers with college degrees, and are more likely to be let go from or quit their jobs during pregnancy or shortly after giving birth. Access to paid leave can help reduce these inequities.<sup>43</sup>

### **Policy Strategies to Reach the Solution:**

- Require all employers to provide accrual of at least five paid sick leave days per year for all employees, with some number of days available immediately, regardless of length of time in a job, and encourage employers to allow employees to utilize a combination of sick leave and vacation time to take leave for family or medical reasons.
- Phase in access over a defined time period to paid sick leave and universal, gender-neutral paid family and medical leave for all employees in Colorado of an adequate duration with job protection and sufficient wage replacement.

### **Framework Outcomes:**

Access:

- Family friendly policies and practices exist in the workplace

Equity:

- Education, employment, housing, financial and legal supports contribute to family economic security

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<sup>43</sup> <https://www.newamerica.org/better-life-lab/reports/paid-family-leave-how-much-time-enough/introduction>.

b. Support Healthy Development  
i. Health Coverage and Care

1. Access to Quality Health Coverage

**Why this is Important:**

Quality health coverage for all Coloradans is an essential step towards access to care that will help improve outcomes for children and families. Research shows that children with health insurance have better access to health care, and are also less likely to drop out of high school, more likely to graduate college, and have higher incomes as adults. Furthermore, when parents have access to health care before, during, and after pregnancy, children have better outcomes. Health insurance coverage also protects families' economic security.

State level policy decisions in Colorado, as well as the Affordable Care Act and Colorado's expansion of Medicaid, have increased the percentage of children, pregnant women, parents, and caregivers throughout the state who have health coverage. Colorado must protect the progress we have made and also work to close the remaining gaps in health coverage in the state, including by addressing barriers to coverage faced by kids in some racial and ethnic groups.

**Solution:**

**In Colorado, all children, their parents or caregivers, and pregnant women should have access to affordable, high-quality, continuous health insurance coverage that includes physical, oral, and behavioral health benefits.**

**Current Reach and Cost Considerations:**

In 2016, only 4 percent of children under the age of 18 were uninsured in Colorado. The uninsured rate for the adult population, including parents, caregivers and pregnant women, was 10 percent in 2016.

In 2016, the uninsured rate for Hispanic/Latino children and children identified as "Some Other Race" in Colorado was almost twice the overall uninsured rate for all kids, at 7 percent.

Children living in poverty and in low-income families were more likely to be uninsured in 2016, with an uninsured rate of 6 percent, even though kids living below 260 percent FPL are eligible for health coverage through Medicaid or CHP+.

**Equity Considerations:**

While children of color in Colorado have experienced some of the largest gains in insurance coverage in recent years as barriers to coverage were removed, Hispanic/Latino children and children identified as "Some Other Race" still experience higher rates of being uninsured than their peers.

Colorado has made tremendous gains in improving the insured rates of children below 300 percent FPL. However, these children are still less likely to be insured than their higher-income peers.

**Policy Strategies to Reach the Solution:**

- Maintain current standards for coverage and provision of services to children with special needs through Medicaid and CHP+.
- Provide a public health insurance option to income-qualifying children, parents, and pregnant women without proper documentation.
- Expand Medicaid eligibility levels for parents and caregivers from 133 percent FPL to 200 percent FPL.
- Expand access to Medicaid coverage for low-income women (up to 200 percent FPL) who would not otherwise qualify for Medicaid for a full range of family planning services.
- Provide universal access to free, comprehensive family planning services to reduce unintended pregnancies, improve health outcomes, and promote cost savings.



- Expand access to Medicaid or CHP+ coverage after women give birth.
- Establish 12-month continuous eligibility for adults enrolled in Medicaid.
- Ensure Medicaid coverage includes access to the full continuum of substance use disorder treatments.
- Ensure that Medicaid and CHP+ provide a full range of essential health benefits, including integrated behavioral and oral health services.
- Decrease barriers to health insurance coverage for families through health navigators and better outreach and public education.
- Establish an auto-enrollment program to enroll individuals who are uninsured into health insurance coverage through public health insurance programs or the health insurance marketplace.
- Ensure continued access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits at the state level for children enrolled in Medicaid.
- Maintain access to public health insurance coverage without work requirements or other barriers to coverage.
- Ensure that families' use of public health insurance benefits does not interfere with families' ability to arrive or remain in the United States.
- Explore options to expand enrollment in health insurance and lower premiums statewide (e.g., tax credits, subsidies, reinsurance, a Medicaid buy-in program).
- Ensure that the Regional Accountable Entities in the Accountable Care Collaborative are encouraged through Key Performance Indicators and other incentives, for the provision of quality women's health and prenatal services and quality, comprehensive, integrated health care for children, using Key Performance Indicators and other incentives.
- Provide incentives and state support to reduce the number of families who have catastrophic, high-deductible insurance plans and move them to plans that have more comprehensive coverage and affordable deductibles.
- Increase funding for Local Public Health Agencies to implement Cavity Free at Three program and other oral services and activities (like fluoridation, school dental programs, screenings, etc.). For example, make Cavity Free at Three reimbursement eligible through CHP+, utilize Maternal and Child Health Block Grant funding to pay for program, and/or incentivize private insurers to reimburse for many different types of providers, including doctors, nurses, and dental hygienists.

#### **Framework Outcomes:**

##### **Access:**

- Services and supports promote the well-being and resiliency of parents and caregivers
- Comprehensive health coverage and services are consistently utilized by pregnant women and children
- Integrated and preventative maternal and child physical, behavioral, and oral health services are available
- All settings promote mental health and well-being through early identification, consultation, and treatment

##### **Quality:**

- All health care providers, including mental health, deliver coordinated, family-focused care

##### **Equity:**

- Families have the ability to plan the number and timing of their children
- Children with special health, behavioral, or developmental needs receive individualized services and supports

## 2. Access to Quality Health Care

### Why this is Important:

Access to high quality health care is vitally important to the healthy development of any growing child. High quality health care includes access to comprehensive, coordinated care in a medical home, including preventive and acute care. High quality health care also requires that providers follow evidence-based best practices, such as maternal depression screening and developmental screening. Access to high-quality health care requires an adequate network of health care providers in communities across the state who accept a variety of types of health insurance.

### Solution:

**All children, individuals of child-bearing age, parents/caregivers, and pregnant women in Colorado should have access to affordable, quality, timely, and appropriate health care, including physical, oral, and behavioral health care services.**

### Current Reach and Cost Considerations:

In 2016, 82 percent of Colorado kids had a parent who reported that their child visited a health care professional for a preventive care visit.<sup>44</sup>

Approximately 8 percent of Colorado kids had parents who reported they were told by a doctor's office that they weren't accepting their child's form of insurance.

According to the Colorado Children's Access to Care Index, access to care for children and adults is improving. The index score for children's access to care increased from 8.1 in 2013 to 8.4 in 2015 (out of a possible 10 point-system). For Coloradans in general, access to care increased slightly from 7.7 in 2013 to 7.8 in 2015 (out of a possible 10-point system).<sup>45</sup> Much of the improvement was due to the historic expansion of health insurance coverage after implementation of major provisions of the Affordable Care Act (ACA), including expanding Medicaid eligibility, went into effect in 2014.

### Equity Considerations:

Great inequities still exist in Colorado for children and families' access to quality health care:

- Children without proper documentation or from mixed-status families may not be able to afford private insurance and/or may not be eligible for or may not want to enroll in Medicaid or CHP+ due to concerns around legal status and immigration enforcement.
- Rural or geographically isolated areas often report not having enough providers in their areas, especially when it comes to specialists and mental health providers.
- Income disparities still exist, with those families making more than 400 percent of the federal poverty level (FPL) reporting much better access to care in comparison to families with lower income levels.

Significant disparities exist in the rates of maternal and infant mortality. The infant mortality rate for black babies in Colorado remains disproportionately high, even when controlling for a mother's income and level of education. As of 2014, a black family in Colorado making between \$50,000 and \$75,000 per year faced an infant mortality rate nearly twice as high as a white family earning less than \$15,000 per year.

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<sup>44</sup> Nat'l Survey Children's Health and CHAS

<sup>45</sup> <https://www.coloradohealthinstitute.org/research/colorado-access-care-index-2015>;

<https://www.coloradohealthinstitute.org/research/colorado-childrens-access-care-index-child-sized-step-right-direction>

Nationally, black mothers die at three to four times the rate of white mothers from pregnancy- or childbirth-related causes, regardless of a mother's income and level of education. One study found that black mothers were two to three times more likely to die from five medical complications that are common causes of maternal death and injury than white women with the same condition.<sup>46</sup>

A recent Colorado study measured levels of the stress hormone cortisol, which is linked to adverse pregnancy outcomes, in pregnant women and new moms. The study found that cortisol levels were much higher among black moms than among white or Hispanic moms. The study is consistent with other research suggesting that the stress associated with racism, discrimination, and social isolation can have tangible impacts—and in some instances, tragic impacts—on the health of moms and babies.

While all racial and ethnic groups have teen birth rates that are on the decline, rates for Hispanic teens are three times as high when compared to their White counterparts, and rates for Black teens are twice as high in comparison to White teens.<sup>47</sup>

### **Policy Strategies to Reach the Solution:**

- Ensure access to integrated oral, behavioral, and physical health services that meet professional standards with regard to prevention, early intervention, and treatment services.
- Provide incentives to doctors, physicians' assistants, and nurse practitioners to accept Medicaid patients.
- Allow rural health centers to bill Medicaid for providing dental services to children.
- Educate all health care providers on the concerns related to substance use during pregnancy and for the first year postpartum.
- Increase prenatal screenings for substance use in a way that ensures information from screenings is not used in a punitive way, provide consistent education to all pregnant women about substance use during pregnancy and while breastfeeding, and refer women for treatment as needed.
- Integrate child behavioral health strategies with early childhood strategies and make them billable through Medicaid, such as home visiting programs like HealthySteps.
- Establish and preserve local policies that ensure access to fluoridated tap water in all communities in the state.
- Provide access to comprehensive prenatal care for all pregnant women in the state, including access to group prenatal care, dental care, mental health services, and substance use disorder services, in order to reduce preterm and low birthweight, infant mortality rates, and to provide a supportive environment for pregnant women.
- Establish a variety of career pathways for health care professionals that build the capacity of the workforce, including maternity and pediatric providers, and are targeted toward recruitment, development and retention of a workforce that reflects a diversity of race, ethnicity and primary language.
- Incentivize billing for care coordination and navigation supports and integrated care policies through private insurance and create collaborative care codes in Medicaid and CHP+ for reimbursement.
- Use state funding to support the State Innovation Model (SIM) after federal funding runs out to improve health care networks and increase mental health parity.
- Ensure ongoing professional development and training for health care professionals focused on culturally responsive care, trauma-informed care, and implicit bias.
- Create incentive programs or increase investments in the state's health corps in order to increase the number and variety of providers in more remote/rural areas of the state.

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<sup>46</sup> <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>; Tucker, Myra J. et al. "The Black-White Disparity in Pregnancy-Related Mortality From 5 Conditions: Differences in Prevalence and Case-Fatality Rates." *American Journal of Public Health* 97.2 (2007): 247–251. PMC. Web. 18 Apr. 2018.

<sup>47</sup> Colorado Department of Public Health and Environment, Health Statistics section.

- Care and payment reform should be based upon the social determinants of health and the outcomes that need to be achieved.
- Utilize telehealth as a way to increase access to specialty and other health care providers in areas of the state experiencing provider shortages.
- Provide incentives to providers, hospitals, and community-based centers to provide preventative care outside of traditional hours.
- Create consistent reimbursement rates for providers who offer services through Cavity Free by 3 program.
- Create accountability measures to ensure that medical providers are performing blood lead tests and follow-up actions as per Colorado's Lead Screening Recommendations.
- Ensure that client correspondence notices sent to families who request notices in Spanish or other languages are translated by professional translators to ensure families receive appropriately translated materials.

#### **Framework Outcomes:**

##### **Access:**

- Services and supports promote the well-being and resiliency of parents and caregivers
- Comprehensive health coverage and services are consistently utilized by pregnant women and children
- Integrated and preventative maternal and child physical, behavioral, and oral health services are available
- All settings promote mental health and well-being through early identification, consultation, and treatment

##### **Quality:**

- All health care providers, including mental health, deliver coordinated, family-focused care

##### **Equity:**

- Families have the ability to plan the number and timing of their children
- Children with special health, behavioral, or developmental needs receive individualized services and supports

- ii. **Healthy Living**
  - 1. **Physical Activity**

**Why this is Important:**

Regular physical activity is central to children’s healthy development. Active children are less likely to face the health challenges of obesity and experience higher levels of overall well-being. Children at unhealthy weights face risk factors for cardiovascular disease, diabetes, asthma, and social and psychological problems. Promoting physical activity in young children requires supporting access to safe places to play and time during the day wherever children are being cared for.

**Solution:**

**Colorado should ensure that all children have access to daily, structured and unstructured, physical gross motor activity in accordance with national guidelines.**

It is important to couple access to physical activity with nutrition access, obesity prevention and reduction, and nutrition programs, including targeted programs for children under the age of five. See “Food and Cash Assistance and Tax Policy” on page 20 for additional policy options to ensure that children have access to adequate amounts of nutritious food.

**Current Reach and Cost Considerations:**

In 2013, the majority (65 percent) of children between ages two and 14 in Colorado were at an unhealthy weight with more than one in four categorized as overweight or obese.

Only 43 percent of Colorado children ages 5-14 years old meet the recommendation of at least 60 minutes per day according to the Colorado Child Health Survey.<sup>48</sup>

Despite these challenges, there have been some positive trends among young children. Among 2- to 4-year-olds in the program, the percentage who were overweight and obese decreased from 22.9 percent in 2012 to 20.3 percent in 2017, a modest decline.<sup>49</sup>

Some of the greatest constraints to promoting physical activity in the places where children live and play stem from limited time and not just limited financial resources. Early care and education providers and schools face many competing time priorities and staff capacity constraints. Ensuring that there are adequate financial resources for the creation of safe outdoor places should be coupled with an examination of how the constraints of time and staffing can be addressed in early care and education settings.

**Equity Considerations:**

Black and White Hispanic children in Colorado are more likely to be overweight or obese compared with White non-Hispanic and Asian or Pacific Islander children. This was true for children below 250 percent FPL as well. Investments and prioritization of physical activity and physical education opportunities to ensure access is equitable for all students within a school, the district, and across the state, can have some of the most beneficial impact on children who face the greatest distance to healthy living opportunities.

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<sup>48</sup> [https://www.colorado.gov/pacific/sites/default/files/DC\\_fact-sheet\\_slides\\_Childhood-Obesity\\_August\\_2015.pdf](https://www.colorado.gov/pacific/sites/default/files/DC_fact-sheet_slides_Childhood-Obesity_August_2015.pdf)

<sup>49</sup> <https://stateofobesity.org/progress/colorado/>

It is important to ensure that children are not withheld from physical activity or physical education for academic or disciplinary reasons. It is also critical to ensure that students with disabilities receive adaptive physical activity or physical education that is equitable with that of their peers.

**Policy Strategies to Reach the Solution:**

- Establish or update standards for early care and education settings that ensure children are provided with developmentally appropriate opportunities for physical activity.
- Utilize grant and loan strategies to assist early care and education providers in (1) understanding the importance of nutrition and physical activity and (2) updating outdoor play areas to encourage age-appropriate, high-quality physical activity and environmental education and natural/nature experiences (including trees/gardens in playgrounds).
- Establish standards for participation in elementary school physical education programming, including expectations for a minimum amount of time and level of rigor for physical education.
- Ensure that early care and education settings and schools offer a free source of drinking water and that children are allowed to have access to drinking water during the day.
- Ensure that children have safe places to play outdoors in every community and safe, walkable routes to child care and school, with a particular focus on equitable access in communities where families receive low wages for their work.

**Framework Outcomes:**

Quality

- Settings and practices promote strong relationships, social and emotional development, appropriate nutrition and physical activity

Equity

- All environments are safe, free of toxins, have affordable foods, and offer physical activity

### iii. Developmental and Social-Emotional Supports

#### 1. Screening, Referral and Access to Services

#### **Why this is Important:**

Screening all young children for developmental delays, social-emotional challenges, and autism spectrum disorders, promotes early identification and intervention that prevents more significant issues down the road. Building parent understanding of child development and screening at regular intervals helps parents know whether their child is on track. And early intervention in the event of a concern helps ensure that all Colorado children have a healthy start.

It is critical to help parents, caregivers, and communities understand and foster protective factors and health promotion strategies that help children to thrive even when they face environmental stressors.<sup>50</sup> Family psychosocial screening for environmental stressors and exposure to adverse childhood experiences can help identify families' needs, including in areas such as housing, food, and child care, and connect families to services and supports that will allow parents to provide the care they want to be able to provide to their children, and to enable children and families to thrive. See "Family Support and Strengthening" beginning on page 10 and "Supports for Economic Security" beginning on page 20 for additional policy options to ensure that all children and families have the kinds of supports they need.

Maternal depression is the most common complication of pregnancy.<sup>51</sup> Maternal depression affects both the health of the mother and the development of her infant. The symptoms of depression sometimes get in the way of mothers providing the care they would like to provide to their babies. The effects of maternal depression are linked to "reductions in young children's behavioral, cognitive, and social and emotional functioning."<sup>52</sup> Fortunately, even screening for maternal depression, which can occur at well-child visits, can help to reduce the incidence of depression among mothers at follow-up visits. Screening is also a critical first step in getting moms connected to the treatment or supports they need.

#### **Solution:**

**Colorado should ensure that all young children, mothers, and families are screened and referred for any needed follow-up or evaluation if the screening indicates cause for concern. When needs are identified, connections with the appropriate services and supports should be easily accessible.**

**A comprehensive, two-generation focused approach to screening for children, mothers and families should include screenings for:**

- **Developmental delays**
- **Social-emotional concerns**
- **Autism spectrum disorders**
- **Maternal depression**
- **Family psychosocial risk factors, and**
- **Adverse childhood experiences (ACEs)**

**When screening and evaluation show a need for services or supports, children, mothers and families should be able to access the supports that best meet their needs, including:**

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<sup>50</sup> NBCDI - BEING BLACK IS NOT A RISK FACTOR: THE LENS OF RESILIENCE IN EARLY CHILDHOOD: CHILDHOOD DEVELOPMENTAL SCREENING (Wisconsin).

<sup>51</sup> Toohey, J. (2012). Depression during pregnancy and postpartum. *Clinical Obstetrics and Gynecology* 55(3), pp. 788-97.

<sup>52</sup> National Center for Children in Poverty. (2008). Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework.

- **Early Intervention services**
- **School-based supports and services**
- **Behavioral health services in primary care or other medical settings**
- **Home visitation programs, and/or**
- **Other programming tailored to family need**

Expanding access to critical programs and supports for children and families requires a corresponding investment in workforce capacity and skill-building. A statewide system to support universal screening, referral and connection to services must be combined with investments to increase capacity in Early Intervention and other relevant systems, workforce capacity- and skill-building efforts to ensure that Colorado has an adequate number of qualified professionals who can screen and evaluate young children and families, and a robust network of referral resources that can meet the needs of children and families. See “Home Visiting” on page 16 and “High Quality Early Care and Education” on page 67 for information about other examples of the need to combine expanded access with investments in capacity of programs.

#### **Current Reach and Cost Considerations:**

In 2016, Colorado reported a rate of 41.8 percent for developmental screenings in the first three years of life for children enrolled in Medicaid or CHIP. This rate is above the median rate among other states reporting on this measure, but still means that less than half of our youngest children in the state are screened according to the recommended schedule.

According to another data source based on parent reporting, the National Survey of Children’s Health, Colorado’s rate of developmental screening for children under age five across all insurance types was 43.4 percent in 2016. Nationally, fewer than half of the social-emotional, developmental, or mental health problems children experience are detected before they enter school, despite the fact that many mental health problems have their roots in early childhood.

2015 data indicate that 78 percent of Colorado mothers reported having a discussion about pregnancy-related depression with their provider during prenatal care. Nearly one in eight women in Colorado who gave birth in the previous year reported experiencing postpartum depressive symptoms.

In 2016, nearly 16 percent of Colorado kids under age six had already been exposed to two or more ACEs. Colorado parents who themselves experienced four or more ACEs were almost four times more likely to report their child’s need for mental health services, than parents who experienced no ACEs.

Information about screenings for children, mothers, and families currently available in Colorado is limited. In order to promote early identification and intervention, it is important to understand when, where, and what types of screenings are occurring, the results of those screenings, whether a referral was made or an evaluation completed, whether a family was connected to services and supports, and whether those services or supports were sustained. Colorado is currently lacking a centralized reporting and tracking system, a consistent and universal process, and consistent data on screening, referral, and connection to services. Establishing such a system is a critical step in reaching the solution of ensuring that all young children, mothers, and families are screened, referred for any needed follow-up or evaluation, and when needs are identified, connected with the appropriate services and supports.

It would cost an estimated \$8.1 million to provide screenings for developmental milestones, autism, and postpartum depression to children and mothers who are not currently being served, which represent a portion of the screenings included in the comprehensive, two-generation focused approach outlined above. Cost considerations related to referral and connection to needed supports based on screening and evaluation are not included in this estimate. Please see the Estimated Cost of Early Childhood Policies appendix at the end of this document for information about the basis for this cost estimate.



While parents can request an evaluation whether a prior screening has occurred in Early Intervention, streamlining the continuum from screening to evaluation and referral can help families and potentially save costs driven by any duplicative efforts. Most communities in Colorado evaluate (rather than screen) all children referred to Early Intervention. With more robust screening, developmental evaluation could be reserved for those who screen positive. Children who screen positive for social-emotional concerns could be referred to early childhood mental health supports rather than Early Intervention. Children who screen positive for autism could be moved more quickly into appropriate services and supports (and developmental evaluation). Those children with needs that are less intensive could be referred to home visiting programs when appropriate.

There would likely be additional cost to provide social-emotional services to children identified as in need of these supports, as these children are likely highly under-identified currently. Long-term cost savings would flow from the benefits of providing earlier and more targeted intervention, which is likely to result in less expense to the educational system, the mental health system, and other areas down the road.

### **Equity Considerations:**

Ensuring that all children have access to regular screening for developmental delays, social-emotional challenges, and autism spectrum disorders promotes identification of and intervention for potential delays early in a child's life, so that all children can reach their full potential. Unfortunately, disparities exist when it comes to families of different races and ethnicities having access to screenings. For example, young black and Hispanic/Latino children are less likely to be diagnosed with autism spectrum disorders, and are more likely to be diagnosed later in life and with more severe symptoms.<sup>53</sup>

Mothers of color are less likely to have access to prenatal care, family leave, health insurance coverage and other resources that provide support from a healthy pregnancy into the first year of a child's life. These factors, combined with discrimination, social isolation and economic barriers that can contribute to higher stress levels, may also contribute to the higher rates of pregnancy-related depression seen among women of color in Colorado. On average, between 2012 and 2014, 16.3 percent of Black mothers experienced pregnancy related-depression, the highest rate of any group. Hispanic/Latino mothers and mothers of other races than White also faced higher-than-average rates of maternal depression.

### **Policy strategies to reach the solution:**

#### Strategies to implement an infrastructure to support a statewide universal screening, referral, and care coordination system

- Develop or build upon existing systems to establish and fund a centralized data system that integrates paper-based referrals with electronic medical records and other electronic systems for providers and programs to report child and caregiver screenings, screening outcomes, referrals, connections to services, and follow up. The system should be two-generation focused and include information on:
  - Developmental delays
  - Social-emotional concerns
  - Autism spectrum disorders
  - Maternal depression
  - Family psychosocial risk factors, and
  - Adverse childhood experiences (ACEs)

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<sup>53</sup> Zuckerman, Katharine E. et al. "Racial, Ethnic, and Language Disparities in Early Childhood Developmental/Behavioral Evaluations: A Narrative Review." *Clinical pediatrics* 53.7 (2014): 619–631. *PMC*. Web. 13 Apr. 2018.

- Allow information regarding screenings, referrals, and services accessed by children and families to be shared across programs and providers that work with families as appropriate and within the bounds of privacy and with appropriate consent.
- Develop or build upon existing systems to establish and fund a comprehensive statewide identification, referral, and follow-up navigation system, such as the Help Me Grow Model, to connect families, providers, and programs to needed resources for health, mental health, early learning, and family supports.

Strategies to expand access to screening, referral and needed services and supports for children, mothers and families

- Include children at risk for delays, including social-emotional, in the definition of eligibility for Early Intervention services, based on an identified set of risk factors that include environmental risk factors.
- Ensure that children whose mothers screen positive for maternal depression are able to access appropriate supports and evaluations in a way that does not increase the stigma of pregnancy-related depression, including possibly through Early Intervention or other in-home, relationship-based services, or add maternal depression as a factor that triggers supports for both mother and child or dyadic support, including through Early Childhood Mental Health Specialists and/or Early Intervention.
- Ensure that children (1) whose primary caregiver is receiving inpatient treatment for substance use and/or (2) who have confirmed prenatal substance exposure are referred to Early Intervention and evaluated for services, and ensure that the primary caregiver receives ongoing access to substance use treatment that meets their needs.
- Lower barriers for parents and primary caregivers seeking support for substance use disorders.
- Implement funding increases at the state level over a defined time period to support the recruitment, development and retention of professionals who screen, refer, evaluate, and work with children, mothers and families, including targeted funding for recruitment, development and retention of professionals that reflect the race, ethnicity, and primary language of the children and families served.
- Provide adequate levels of compensation for professionals who screen, refer, evaluate, and work with children, mothers and families, tied to increased levels of education and training.
- Implement funding increases to support increased capacity in Early Intervention.
- Ensure that all children with substantiated cases of abuse or neglect are referred to Early Intervention and evaluated for services, and, if found in need, receive services.
- Create transitional supports for children transitioning from Part C to Part B of IDEA including continued case management relationships for children between the ages of three and five years old.
- Ensure access to dyadic therapy for young children together with their parents in the event of concerns or risk factors identified for either the child or a parent.
- Ensure universal screening for developmental and social-emotional delays and autism spectrum disorders at well-child visits in accordance with best practice recommendations using standardized tools from a menu of validated, standardized tool options.
- Ensure universal depression screening for women who are pregnant or in their first year postpartum using a standardized tool from a menu of validated, standardized tool options multiple times in accordance with best practice recommendations.
- Ensure universal psychosocial family screening and ACEs screening during well-child visits using a standardized tool from a menu of validated, standardized tool options.
- Ensure that medical providers and practices utilize standardized tools in a family's primary language when available, or to utilize interpreters or translation services to ensure that all families can access standardized screening tools.
- Establish an at-risk billing code for mental health services for children experiencing significant changes in family environment that present risk for development of a mental health condition.

- Address practice- and provider-level barriers to screening children, mothers, and families. Strategies should include:
  - Provider education and training focused on clarifying risk management and privacy considerations
  - Provider education and training focused on screening and referral to services and supports for all families, taking into account all cultures and backgrounds
  - Billing and reimbursement barriers to screening for developmental, social-emotional, and other screenings in the same visit
  - Embedding community health workers in primary care settings to refer and connect families to resources and supports
  - Developing an adequate referral navigation system that includes access to a continuum of supports

Strategies to build the capacity and skills of professionals who screen, refer, evaluate, and work with children, mothers and families

- Ensure that Community Centered Boards include an Infant and Early Childhood Mental Health (IECMH) professional in an evaluation when a child is referred to Early Intervention for a suspected social-emotional delay.
- Embed IECMH professionals in home visiting programs to support home visiting staff.
- Ensure Early Intervention professionals have training in IECMH, such as completion of the Infant Mental Health Endorsement, or have access to Early Childhood Mental Health consultant support, and provide corresponding increases in compensation when they attain Early Childhood Mental Health credentials.
- Create incentives for higher education institutions to offer programs to train IECMH professionals and establish career pathways for professionals, including stackable credentials that build upon one another or add areas of expertise.
- Ensure that IECMH consultants hold an Infant Mental Health Endorsement or credential and provide corresponding increases in compensation when they attain these credentials.
- Provide funding for scholarships and grant programs targeted toward building a workforce of professionals who represent the race, ethnicity, and primary languages of children and families of color.
- Ensure that providers complete professional development and training focused on engagement of mothers and families of all cultures and backgrounds in discussions of and screenings for child development, maternal mental health, and family needs.
- Develop or expand access to existing professional development opportunities focused on ACEs and require this professional development across fields that are involved with young children, including child welfare, child care, health care, and home visiting professionals.

**Framework Outcomes:**

Access:

- Integrated and preventive maternal and child physical, behavioral and oral health services are available
- All settings promote mental health and well-being through early identification, consultation and treatment

Quality:

- All health care providers, including mental health, deliver coordinated, family focused care

Equity:

- Children with special health, behavioral or developmental needs receive individualized services and supports

- c. Support High Quality Early Learning
  - i. Early Care and Education Workforce
    - 1. Qualifications and Financial Support

**Why this is Important:**

Supporting the learning and development of young children starting at birth requires educators to possess knowledge and skills as complex as those needed to educate older children, but lower workforce qualification requirements for early educators imply that a lower level of expertise is needed for early educators who work with young children.<sup>54</sup>

Research on early educator workforce qualifications suggests that when early educators have both specialized training in early childhood and a high degree of education, such as a bachelor's degree or the equivalent, children are most likely to receive high quality instruction in a supportive environment.<sup>55</sup> Exemplar early learning programs that require a bachelor's degree and early learning credentials for lead teachers cite a number of factors to support these workforce qualification requirements, including the "plasticity" early educators need to deliver high quality instruction, assess young children and apply professional development; the correlation between higher degrees of education and higher expectations; and the importance of early learning credentials for understanding early childhood development.<sup>56</sup>

Any set of workforce qualification requirements for the early educator workforce in Colorado must be tied to competencies that reflect foundational knowledge in early childhood and what it takes to ensure high-quality early learning experiences for all children. Both demonstrated competencies and qualification requirements must be effectively reflected and incentivized in the Colorado Early Childhood Professional Credential scoring system. The Credential is a voluntary, tiered system of credentials that recognizes increased knowledge and experience for early childhood educators in the state (see below for more information).

In addition to the evidence base to support the benefits of education and specialized training for early educators, Colorado must take into account the challenges of recruiting and retaining an early educator workforce to provide high quality early learning experiences for all children in the state, in particular infants and toddlers. According to a recent survey, approximately 70 percent of directors in Colorado reported difficulty in filling vacant positions in their early learning programs. Vacant positions took programs approximately two and a half months to fill, on average, and often directors had to fill vacant positions with unqualified staff.<sup>57</sup>

This also points to the importance of pairing increased workforce qualification requirements for early educators with increased compensation, working toward compensation parity with K-12 teacher compensation over a defined time period. Qualifications and compensation must not be viewed as separate issues for the early educator workforce; both must be addressed together. It is also critical to provide adequate financial assistance to current and future members of the early educator workforce to support their attainment of qualifications, and to ensure adequate and diverse career pathways exist. In addition, Colorado must continue to offer mechanisms to provide financial support for providers as well as explore ways to increase this support. See "Career Pathways" on page 48 and "Compensation" on page 54 for additional information.

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<sup>54</sup> Center for the Study of Child Care Employment. 2016 Early Childhood Workforce Index. <http://cscce.berkeley.edu/early-childhood-workforce-index/>.

<sup>55</sup> New America - Indispensable Policies & Practices for High-Quality Pre-K; HHS Policy Statement on EC Career Pathways; IOM Transforming the Workforce

<sup>56</sup> Gates Foundation - Lessons from Research and the Classroom: Implementing High-Quality Pre-K that Makes a Difference for Young Children

<sup>57</sup> [http://earlymilestones.org/wp-content/uploads/2017/09/Brief\\_4\\_CO\\_EC\\_Workforce\\_Survey.pdf](http://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf)

**Solution:**

**Colorado should continually evaluate and refine a set of workforce qualifications and a competency-based credentialing system for members of the early education workforce, including assistant teachers, lead teachers, administrators, and directors for children birth through eight years old. These qualifications and credentials should incorporate foundational knowledge in early childhood and what it takes to ensure high-quality early learning experiences for all children.**

**Colorado should establish a scholarship fund and/or a loan forgiveness fund to provide adequate tuition assistance and/or loan forgiveness at institutes of higher education to directors, lead teachers and assistant teachers currently in, or desiring to enter, the early childhood workforce, to help them meet workforce qualification requirements.**

**Current Reach and Cost Considerations:**

The Early Childhood Professional Credential provides a common system for all Colorado early childhood professionals to document and quantify their professional growth and accomplishments, and to define and advance the profession. It uses Colorado's Competencies for Early Childhood Educators and Administrators framework (approved by Colorado's Early Childhood Leadership Commission in May 2013) to integrate the pathways of formal education, training, experience, and specialized credentials and certifications. Individuals accumulate points along each of four pathways – formal education, ongoing professional development, experience and demonstrated competencies. Total points assign one of six professional designations.<sup>58</sup> The Early Childhood Professional Credential recognizes some type of formal education as one pathway to earn points toward credential levels. However, Colorado does not have minimum education requirements for the early educator workforce.

Scholarship programs that were available through Colorado's federal Race to the Top grant to support education and training for the early educator workforce included T.E.A.C.H. Scholarships, Foundation for Colorado Community Colleges Scholarships, IDEA Recruitment & Retention Scholarships, and Loan Repayment, and 4-year IHE & Alternative Prep Scholarships. Currently, only T.E.A.C.H. has ongoing, limited funding.

Head Start programs throughout the state have funding to support staff in obtaining entry level certifications and beyond. In Early Head Start-Child Care Partnerships, funding can be used to support staff other than Head Start staff as well.

A recent survey found that 54 percent of lead teachers and 62 percent of directors in early care and education settings in Colorado hold at least a bachelor's degree, and 72 percent of teachers in early care and education settings in Colorado with some type of degree do not hold at least one degree focused on the care and education of young children.<sup>59</sup>

It would cost an estimated \$85.6 million to establish a scholarship fund and/or a loan forgiveness fund to provide adequate tuition assistance and/or loan forgiveness at institutes of higher education to directors, lead teachers and assistant teachers currently in, or desiring to enter, the early childhood workforce, to help them meet workforce qualification requirements. Please see the Estimated Cost of Early Childhood Policies appendix at the end of this document for information about the basis for this cost estimate.

**Equity Considerations:**

Colorado needs to attract, develop and retain a more diverse early educator workforce, to ensure that early educators reflect the race, ethnicity and primary languages of the children in their care. It is important for early educators to be well-equipped to meet the cultural and linguistic needs of the children in their care, and for children and families to see their own race, ethnicity, and culture reflected in the early educator workforce. Building this pipeline requires targeted

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<sup>58</sup> <https://ecpd.costartstrong.org/ets/companies/08c38354-7b3d-4abd-b1ca-8309d9c5b000/UserFiles/Credential%20Overview%208.5x11%203.6.18.pdf>

<sup>59</sup> Early Milestones Colorado. Early Childhood Workforce Survey 2017. <http://earlymilestones.org/transforming-ec-workforce/>.

efforts. It is critical to develop approaches to early educator workforce qualifications that take into account systemic barriers in accessing educational opportunities for people of color and work to provide supports that can overcome these barriers, such as learning communities, access-based support, financial support, academic counseling, and skill-based support.<sup>60</sup> See “Career Pathways” on page 48 for additional information and policy options to support a diverse early educator workforce.

**Policy strategies to reach the solution include:<sup>61</sup>**

- Review and update Colorado’s Competencies for Early Childhood Educators and Administrators to confirm that they comprehensively include knowledge and skills in a variety of domains that professionals need to be successful, including specialized knowledge for different ages of children (e.g., infants and toddlers).
- Ensure ongoing evaluation of the Colorado Early Childhood Professional Credential to ensure that the Credential (1) effectively reflects and incentivizes workforce qualification requirements, (2) reflects research-based connections between competencies and credential levels, (3) allows for diverse methods of demonstrating competencies, and (4) includes meaningful distinctions regarding what is required to meet different Credential levels and qualifications for different ages of children (e.g., infants and toddlers).
- Utilize the Credential to streamline current qualification pathways for the early educator workforce and align and/or embed the Credential with educator licensing through the Colorado Department of Education.
- Expand access to bachelor’s degrees by allowing the Colorado Community College System to offer Bachelor of Applied Science (B.A.S.) degrees in Early Childhood Leadership, which can build upon Associates degrees.
- Invest in supports to recruit and develop a diverse early educator workforce, including academic counseling, coaching and navigation, to overcome systemic barriers.
- Implement gradual funding increases at the state level, or expand existing scholarship programs (including those operated by community colleges and councils or other local programs), to establish a statewide scholarship and/or loan forgiveness fund to provide adequate tuition assistance and/or loan forgiveness at state colleges and universities to professionals currently in, or individuals desiring to enter, the early childhood workforce, to help them meet workforce qualification requirements, including for entry-level early childhood credentials. Tie eligibility to a professional development plan in PDIS showing a path to increased credentials and degree completion.
- Target scholarships and loan forgiveness funding to early educators who commit to work in the same setting in Colorado for a minimum amount of time, who work in programs that accept Head Start, Colorado Preschool Program and/or Colorado Child Care Assistance Program funding, and to early educators of color, including Spanish-speaking early educators.
- Collect state level data regularly on early childhood workforce qualifications, through a state level system such as PDIS or through surveys, to track how qualification trends change over time and gauge the impact of state investments in the early childhood workforce.

**Framework Outcomes:**

**Access:**

- Learning experiences and environments are high quality, developmentally appropriate and affordable

**Quality:**

- Formal and informal care environments and education practices reach the highest levels of quality

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<sup>60</sup> Center for the Study of Child Care Employment. 2016 Early Childhood Workforce Index. <http://cscce.berkeley.edu/early-childhood-workforce-index/>.

<sup>61</sup> Colorado’s Early Childhood Workforce 2020 Plan. <https://www.cde.state.co.us/early/copdplan>.

- Adults understand and support children's learning and development, including social and emotional

Equity:

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture

## 2. Career Pathways

### Why this is Important:

In order to support the early educator workforce in meeting workforce qualifications, it is important to provide a comprehensive set of career pathways to ensure that all early educators can attain the qualifications they need, regardless of their location or setting, and recognizing that educators will enter the workforce at different points along the continuum. Career pathways, combined with appropriate levels of compensation, should also enable and encourage educators to grow in direct teaching roles in the classroom and become mentor teachers, and not only to move into director and administrative positions.

### Solution:

**Colorado should create career pathways that are clear and aligned across settings for current and future members of the early educator workforce. Career pathways should ensure Colorado can recruit and retain a diverse and effective early educator workforce, including bilingual early educators, that meets qualifications necessary to support child outcomes.**

See “Qualifications and Financial Support” on page 44 of this document for additional policy options to provide financial support to the early educator workforce in meeting workforce qualifications. See “Compensation” on page 54 of this document for additional policy options to increase compensation for the early educator workforce.

### Current Reach and Cost Considerations:

Colorado's population of 0-4 year olds will increase by about 10 percent by 2021, and by almost 22 percent by 2026. Preschool teacher and administrator job openings will increase by over 42 percent and child care worker job openings will increase by about 33 percent in the next 10 years.<sup>62</sup>

According to a recent survey, although many members of the early educator workforce in Colorado hold bachelor's degrees, they do not have specialized training in early childhood.<sup>63</sup>

The Early Childhood Professional Credential currently recognizes multiple paths to earn points toward credential levels, including experience, formal education, professional development, and demonstrated competencies, although these pathways should be reviewed and evaluated.

See “Qualifications and Financial Support” on page 44 for information about the estimated cost to establish a scholarship or loan forgiveness program to support early educators in meeting workforce qualification requirements.

### Equity Considerations:

A recent survey found that approximately 77 percent of directors, about 72 percent of lead teachers, and almost 79 percent of family child care providers identified as White, non-Latina. The survey also found that 51 percent of early educators work in classrooms in which they do not speak the primary language of all of their students.<sup>64</sup>

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<sup>62</sup> Bearing the Cost Early Milestones Colorado. Bearing the Cost of Early Care and Education in Colorado: An Economic Analysis. <http://earlymilestones.org/transforming-ec-workforce/>.

<sup>63</sup> Early Milestones Colorado. Colorado Early Childhood Workforce Survey 2017. <http://earlymilestones.org/transforming-ec-workforce/>.

<sup>64</sup> Early Milestones Colorado. Colorado Early Childhood Workforce Survey 2017. <http://earlymilestones.org/transforming-ec-workforce/>.



See “Qualifications and Financial Support” on page 44 for information about the importance of attracting, developing and retaining a more diverse early educator workforce, to ensure that early educators reflect the race, ethnicity and primary languages of the children in their care. It is critical to develop career pathways for early educators that are accessible to a diverse early childhood workforce, and to work to provide supports to overcome barriers to accessing career pathways.

**Policy strategies to reach the solution include:<sup>65</sup>**

- Implement funding increases at the state level over a defined time period to support the development and retention of additional trained early educators, including targeted funding for recruitment and retention of early educators that reflect the race, ethnicity, and primary language of the children and families served in early learning settings in the state.
- Establish a state-level mechanism to support “grow your own” early educator preparation programs in communities to develop a pipeline of early educators and to help current members of the early educator workforce to advance along career pathways.
- Promote increased concurrent enrollment programs in partnership with higher education institutions to allow high school students to earn college credits toward a degree in early education and work as assistant teachers in early learning settings upon high school graduation.
- Establish a statewide registered apprenticeship program for early educators to allow current members of the early educator workforce to complete coursework and training that results in a certificate of completion and an associate's degree as a step toward meeting established workforce qualification requirements.
- Align programs and processes that allow early educators who hold bachelors’ degrees in other fields to attain specialized training or credentials in early childhood and/or advance toward higher level degrees.
- Establish a network of statewide academic coaches, advisors and navigators who speak a variety of languages to support all members of the early educator workforce in accessing and advancing along career pathways.
- Incentivize higher education institutions to offer early education coursework in languages other than English, online, and during nontraditional hours, to embed coaching in early education coursework, and to offer English language courses for early educators who are learning English.
- Maintain articulation agreements (to allow for transfers of credits across institutions) with high schools and 2- and 4-year higher education institutions and continue to ensure that early education preparation programs are aligned with national early education professional preparation standards.
- Expand and enhance credit for prior learning programs with higher education institutions to allow credits to be granted for assessed prior learning.
- Establish reciprocity arrangements to ensure that early education credentials are recognized both across programs and settings as well as across state borders.
- Provide additional funding for PDIS to increase the system’s capacity as a workforce development and career pathway planning system, including funding to fully staff and implement the online PDIS Training Alignment and Approval System to ensure professional development is aligned to competencies, includes best practices for adult learners, and is included in PDIS professional development plan personalized recommendations.
- Collect data on career pathways used by early educators.

**Framework Outcomes:**

Access:

- Education, coaching and ongoing training exist for caregivers, teachers and other professionals
- Learning experiences and environments are high quality, developmentally appropriate and affordable

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<sup>65</sup> Workforce 2020 Plan Colorado’s Early Childhood Workforce 2020 Plan. <https://www.cde.state.co.us/early/copdplan>.

Quality:

- Formal and informal care environments and education practices reach the highest levels of quality
- Adults understand and support children's learning and development, including social and emotional

Equity:

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture

### 3. Professional Development

#### **Why this is Important:**

Professional development for early educators is a critical component of ensuring that teaching in early learning settings is high quality and leads to improved outcomes for children. Studies show, and educators report, that professional development is most meaningful and effective at improving child outcomes when:<sup>66, 67, 68</sup>

- it is ongoing as part of a cycle of continuous improvement
- it is personalized and embedded in the classroom, such as professional development providing by coaching
- it includes both formal and informal forms of professional development, such as mentoring and peer learning
- it includes community-based learning opportunities as opposed to stand-alone professional development activities
- it is focused on improving teacher-child interactions, the quality of instruction, the effective use of curricular approaches and assessments, and student outcomes

Studies also show that professional development experiences that allow early educators to observe effective teacher-child interactions that contribute to student learning result in improved instructional quality and improved child outcomes. These opportunities to observe effective teaching can also be provided using technology.<sup>69</sup> It is also critical for early educators to receive training and professional development focused on inclusive and culturally responsive teaching practices, implicit bias, family engagement, and positive discipline practices. See “Program Standards and Evaluation” on page 63 for more information about the importance of this professional development.

#### **Solution:**

**Colorado should have a statewide system in place to provide the most effective forms of ongoing professional development to early educators in all early learning settings, including personalized coaching, mentoring, and peer learning opportunities, focused on:**

- **improving teacher-child interactions**
- **the quality of instruction**
- **student outcomes**
- **inclusive and culturally-responsive teaching practices**
- **implicit bias**
- **family engagement**
- **positive discipline practices**

#### **Current Reach and Cost Considerations:**

Colorado also offers a coaching credential and has established a Statewide Coaching Network. To date, approximately 200 professionals have received the coaching credential.

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<sup>66</sup> Gates Foundation - Lessons from Research and the Classroom: Implementing High-Quality Pre-K that Makes a Difference for Young Children; NIEER - Implementing 15 Essential Elements of High Quality

<sup>67</sup> New America-Indispensable Policies and Practices for High Quality Pre-K

<sup>68</sup> CEELO Fast Fact – Strategies to Improve Instructional Practice in Early Learning Settings

<sup>69</sup> Gates Foundation - Lessons from Research and the Classroom: Implementing High-Quality Pre-K that Makes a Difference for Young Children

The Colorado Shines Professional Development Information System (PDIS) is an online portal where early educators can access a variety of online professional development courses. Currently, PDIS has over 33,000 registered users, and provides access to professional development opportunities aligned to the Early Childhood Professional Credential 2.0 and Colorado's Early Childhood Educator and Administrator Competencies.

Currently, PDIS offers some courses on guidance, implicit bias, and supports for children with high needs.

### **Equity Considerations:**

Currently, PDIS is available to all types of early educators, including informal and license-exempt caregivers. Support and outreach to all of the early educator workforce is needed to ensure they can access linguistically-appropriate professional development opportunities through PDIS. In addition, Colorado must ensure that the most effective forms of professional development, including coaching, are available to all early educators, regardless of primary language, location, setting, and Internet access, including for early educators in rural areas of the state where access to PDIS is complicated by limited access to broadband Internet.

### **Policy strategies to reach the solution include:**

- Provide additional funding to strengthen and sustain a statewide coaching system that can provide all early educators with access to a credentialed coach in the setting where they work with a frequency and over a time period tailored to meet each educator's needs, including funding to build the capacity of the credentialed coaching workforce and to support all early learning settings in accessing credentialed coaches. Initially target resources of a statewide coaching system to prioritize settings participating in state-funded preschool and/or the Colorado Child Care Assistance Program.
- Ensure access to the coaching credential to mentor teachers in early learning settings and include these mentor teachers in the statewide coaching system as a strategy to provide access to a credentialed coach in all early learning settings.
- Expand access to and funding for the coaching component of the EQIT program statewide for all early educators working with infants and toddlers.
- Provide access to professional development for leaders, directors, and administrators focused on administration of early learning programs and creation of positive instructional environments for early educators.
- Provide access through the Colorado Shines Professional Development Information System (PDIS) to professional development resources that provide opportunities to observe effective teaching.
- Expand access to evidence-based professional development opportunities focused on inclusive and culturally responsive teaching practices, implicit bias, family engagement, and positive discipline practices. Require professional development in each of these areas for all early educators, and award additional points in Colorado Shines and the Early Childhood Professional Credential for professional development focused in each of these areas. Ensure that coaches are adequately trained to provide professional development in each of these areas.
- Ensure that evidence-based methods of professional development and training, including coaching, are offered in languages other than English.
- Use Child Care Development Block Grant (CCDBG) quality funds or expand state funding to support early educator professional development and training.
- Provide funding for paid time for professional development for early learning programs, including time to reflect and plan to integrate professional development experiences, and including funding for substitutes and access to a substitute pool where needed.
- Ensure that assistant teachers (in addition to lead teachers) have at least 15 hours of annual in-service training (including training in social-emotional development) and individualized professional development plans. Gradually increase the required number of hours of training and/or college coursework for teachers and assistant teachers over a defined period of time, including access to evidence-based professional development.

**Framework Outcomes:****Access:**

- Education, coaching and ongoing training exist for caregivers, teachers and other professionals
- Learning experiences and environments are high quality, developmentally appropriate and affordable

**Quality:**

- Formal and informal care environments and education practices reach the highest levels of quality
- Adults understand and support children's learning and development, including social and emotional

**Equity:**

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture

## 4. Compensation

### Why this is Important:

Low wages for our early educator workforce “pose risks to the well-being and effectiveness of early educators and undermine our nation’s ability to ensure equitable and high-quality services for all young children.”<sup>70</sup> To recruit and retain qualified, effective, and diverse early childhood educators, the workforce must receive worthy compensation, which includes wages comparable to other industries and workplace benefits. Early educators with bachelor’s degrees or higher earn significantly less than K-12 educators with equivalent degrees, and in the civilian labor force as a whole.

Half of all child care professionals, compared to just a quarter of the entire U.S. workforce, were enrolled in one or more public assistance programs, and more child care professionals were enrolled in public support programs than all other U.S. workers with comparable levels of education. In Colorado, this costs taxpayers an estimated \$20 million or more annually. With a median hourly salary of \$10.33, child care professionals earn about as much as parking lot attendants, fast food cooks, and non-farm animal caretakers. They earn half as much as kindergarten teachers, and about a third as much as nurses.<sup>71</sup>

The early care and education industry generates \$1.4 billion in annual sales and services, over 32,000 jobs and more than \$619 million in related statewide earnings. The industry adds \$2.25 to the state economy for every dollar of services purchased.<sup>72</sup>

This sector also generates additional economic benefits that other industries don’t: it enables parents and families to participate in the state’s workforce, generating \$4.4 billion in earnings annually. Quality early learning saves the economy \$832 million each year due to long-term benefits such as avoided special education and juvenile justice costs, and increased lifetime earnings of children served in high-quality settings.<sup>73</sup>

Compensation of the early educator workforce impacts the ability of early care and education providers to recruit and retain qualified early educators on staff. Low wages for early educators in Colorado serves as a significant source of job dissatisfaction among early educators and factor that predicts turnover, retention, and occupational burnout among teachers in ECE centers. Turnover in early care and education settings nationally ranges from 15 percent to 30 percent annually, which negatively impacts the ability of providers to operate high quality programs.<sup>74</sup>

### Solution:

**Colorado should establish guidelines for regionally-based compensation levels for early educators, including benefits, aligned with education and experience, with the stated intention of increasing compensation levels for early childhood educators over a defined time period and working toward compensation parity with educators in the K-12 education system.**

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<sup>70</sup> Early Childhood Workforce Index 2016 Center for the Study of Child Care Employment. 2016 Early Childhood Workforce Index. <http://cscce.berkeley.edu/early-childhood-workforce-index/>.

<sup>71</sup> Center for the Study of Childcare Employment, Worthy Work, STILL Unlivable Wages: The Early Childhood Workforce 25 Years after the National Child Care Staffing Study. <http://www.irle.berkeley.edu/cscce/2014/report-worthy-work-still-unlivable-wages/> and <http://cscce.berkeley.edu/files/2016/Early-Childhood-Workforce-Index-2016.pdf>.

<sup>72</sup> Early Milestones Colorado. Bearing the Cost of Early Care & Education in Colorado. <http://earlymilestones.org/transforming-ec-workforce/>.

<sup>73</sup> Ibid.

<sup>74</sup> Early Milestones Colorado. Colorado Early Childhood Workforce Survey 2017. <http://earlymilestones.org/transforming-ec-workforce/>.

It is critical to connect increases in workforce qualifications with corresponding increases in compensation for early educators. It is also important to support early care and education programs, many of which are private business that operate on thin margins, with funding to enable them to provide increased levels of compensation to their early educators. Colorado utilizes a mixed- delivery system<sup>75</sup> to provide early learning opportunities to children throughout the state, and compensation guidelines for the early education workforce and corresponding funding to support programs in implementing the guidelines must take these diverse settings into account.

### **Current Reach and Cost Considerations**

Colorado's population of 0-4 year olds will increase by about 10 percent by 2021 and by almost 22 percent by 2026. Pre-k teacher and administrator job openings will increase by over 42 percent and child care worker job openings will increase by about 33 percent in the next 10 years.<sup>76</sup>

Current funding mechanisms for early care and education in Colorado result in public investments that equal 28 percent of the total funding for early care and education in the state, which is below the national average of 38 percent.<sup>77</sup>

About 25 percent of Colorado school districts have local policies that require lead teachers in early care and education settings to hold a valid educator license from the Colorado Department of Education with an early childhood endorsement. These districts pay early childhood educators on the same salary scale as K-12 educators.<sup>78</sup>

### **Equity Considerations:**

If increased compensation is connected with increase qualifications, systems need to be in place to ensure all populations, sectors and regions have equitable access and supports to achieve these qualifications.

### **Policy Strategies to Reach the Solution:**

- Research and create regionally-based compensation and benefit guidelines for all early educators, aligned to the Early Childhood Professional Credential, and a timeline for phased-in implementation, working toward parity between early educators and K-12 educators.
- Seat a Task Force/Commission to create a plan for increasing public investments in the early care and education industry as a key infrastructure investment for Colorado, including analysis of the state budget to better leverage investments to support early childhood.
- Leverage public funding for early care and education to ensure that early educators working in settings that receive public funding are paid in accordance with established compensation guidelines.
- Ensure that increased credential levels are reflected in increased program quality ratings in Colorado Shines, and require that a portion of public funding be dedicated to increasing compensation for early educators tied to increased credential levels in these settings.
- Create institutional subsidies to provide financial support directly to early care and learning providers, tiered for quality and offering infant and toddler care, and require these subsidies to be used to increase wages for early educators.
- Develop and implement a refundable child care educator tax credit tied to credential level for early care and education providers accepting Colorado Child Care Assistance Program subsidies.

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<sup>75</sup> "Mixed delivery" refers to a system that utilizes a variety of types of early learning settings, including public schools, community-based providers, centers, and family child care homes.

<sup>76</sup> Early Milestones Colorado. Bearing the Cost of Early Care & Education in Colorado. <http://earlymilestones.org/transforming-ec-workforce/>.

<sup>77</sup> Early Milestones Colorado. Bearing the Cost of Early Care & Education in Colorado. <http://earlymilestones.org/transforming-ec-workforce/>.

<sup>78</sup> Colorado Preschool Program Legislative Report 2018. <https://www.cde.state.co.us/cpp/2018legreport>.

- Require early care and education industry representation on the Workforce Development Council and early care and education industry partnerships in all regions (currently 13 regions). Charge the Workforce Council to provide a state of the early childhood workforce annual report to the state legislature in partnership with the Office of Economic Development, CDE, and CDHS.
- Encourage Early Childhood Councils to report early care and education workforce pipeline information to local and state early care and education workforce boards. Early Childhood Council Executive Directors could act as representatives in each region.

#### **Framework Outcomes:**

##### **Access:**

- Education, coaching and ongoing training exist for caregivers, teachers and other professionals.
- Learning experiences and environments are high quality, developmentally appropriate and affordable

##### **Quality:**

- Formal and informal care environments and education practices reach the highest level of quality

##### **Equity:**

- Education, employment, housing, financial and legal supports contribute to family economic security
- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture



## ii. Rigorous Practices

### 1. Curriculum and Assessment

#### Why this is Important:

A high-quality, evidence-based curriculum plays a critical role in ensuring that early learning experiences lead to improved child outcomes. High-quality curriculum that is aligned to early learning standards and implemented with high fidelity, combined with effective instruction, help ensure that every child is ready for kindergarten.<sup>79</sup> Selected curriculum should also be developmentally, culturally, and linguistically relevant for the children who will experience the curriculum.<sup>80</sup>

Ongoing assessments, including kindergarten school readiness assessments, that are aligned to early learning standards help to inform early educators about their instruction and about how children are doing, and ensures that every child is ready for kindergarten across all domains of school readiness. Assessments should be coupled with appropriate data reporting that allows for effective evaluation of what is working statewide and locally. Assessments should also be designed for and validated for use with children whose ages, cultures, home languages, socioeconomic status, abilities and disabilities, and other characteristics are similar to those of the children with whom the assessments will be used.<sup>81</sup>

See “Program Standards and Evaluation” on page 63, “Professional Development” on page 51, and “Supports for All Learners” on page 60 for related information.

#### Solution:

**All early learning settings should use a proven, evidence-based curricular approach that is aligned with the Early Learning and Development Guidelines, developmentally, culturally, and linguistically responsive, and supports a high-quality learning environment for young learners. All early educators and early learning settings should be well-trained and supported to implement the selected curricular approach with high fidelity.**

**All early learning settings should use ongoing assessments that are aligned with the Early Learning and Development Guidelines; developmentally, culturally and linguistically responsive; and used to inform teaching and ensure that students are ready for kindergarten across all domains of school readiness. Colorado should implement fully a system of kindergarten school readiness assessment and appropriate data reporting that allows for effective evaluation of what is working statewide and locally to ensure that all children are ready for kindergarten upon entry.**

#### Current Reach and Cost Considerations:

In the Colorado Preschool Program, the Colorado Quality Standards for Early Childhood Care and Education Services provide guidance for curriculum selection and implementation, but curriculum is selected and implemented at the local level and the state does not provide a menu of research-based curricula or provide strong guidance or support focused on curriculum implementation.

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<sup>79</sup> New America —. Indispensable Policies and Practices for High-Quality Pre-K; Gates Foundation. Early Learning: The New Fact Base.

<sup>80</sup> NAEYC Position Statement NAEYC. Position Statement. Building an Effective, Accountable System in Programs for Children Birth Through Age Eight. <https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/pscape.pdf>.

<sup>81</sup> Ibid.

In Colorado Shines, no specific curriculum is identified. Programs receive points for having a curriculum that is aligned with the Early Learning and Development Guidelines. Programs receive additional points if 75 percent of their educational staff receive annual training on the program's curriculum.

Settings participating in the Colorado Preschool Program utilize the Results Matter program to measure children's progress in key areas of learning and development. The Colorado Preschool Program reports data on the progress made by four-year-olds in the program across domains of school readiness, including social-emotional, language and cognitive skills.

Colorado's Achievement Plan for Kids (CAP4K) requires the state to establish a system for assessing kindergarten school readiness and for reporting population level results. Districts choose an assessment from a menu of research-based assessments approved by the State Board of Education. Each approved assessment looks at kindergarten readiness in six domains: physical well-being and motor development, social and emotional development, language and comprehension development, cognition, math, and literacy.

Colorado reported population-level data on kindergarten school readiness for the first time in 2018, by the total number of domains met by students. The State Board of Education only requires districts to report how many of the six domains of school readiness are met by students, and not the specific domains where students show kindergarten school readiness. For example, a district would report only that a student demonstrated school readiness in four of the six domains. This reporting system makes it impossible to know whether Colorado's kindergartners are more likely to struggle with language comprehension or with their motor development and physical well-being, and therefore makes it challenging to identify what is working and where kids need support.

#### **Equity Considerations:**

Results from population-level data school readiness assessments show that kindergarten readiness in Colorado varies by race and ethnicity. Research has long shown that children of color face more educational barriers than their white peers, including more limited access to high-quality preschool programs. Data from school readiness assessments show that Colorado has more work to do to ensure that our state's children of color are equipped with the basic skills they need to be successful right from the start.

#### **Policy Strategies to Reach the Solution:**

- Encourage early learning settings to adopt and implement with high fidelity evidence-based curricular approaches from a vetted menu, which are aligned with the Early Learning and Development Guidelines, developmentally, culturally, and linguistically responsive to the needs of young learners, and supportive of a high-quality learning environment.
- Ensure that all early educators and early learning programs receive training and support to implement the selected curricular approach with high fidelity, and extend support and funding at the state level to enable early learning settings to provide this training and ongoing, embedded professional development on implementation to their early educators.
- Evaluate implementation of selected curricular approaches in early learning settings to ensure implementation with high fidelity.
- Ensure effective implementation of school readiness assessments upon kindergarten entry to inform classroom practice, parent understanding of child well-being, and systems-level information on local and statewide areas of excellence and need.
- Revise the requirements for data reporting on kindergarten school readiness adopted by the State Board of Education to include information on the specific domains of kindergarten school readiness met by students.

- Over a defined period of time, ensure that early learning settings develop and gradually phase in a written plan for developmentally-appropriate, ongoing student assessment that includes purposes, procedures, and uses of results, including to improve teaching practices focused on child outcomes and to individualize learning.
- Ensure that all educators are trained and receive ongoing professional development focused on assessments to ensure the effective use of assessments. Provide adequate time for educators to review and utilize information from assessments to inform practices in the classroom and to individualize instruction.

#### **Framework Outcomes:**

##### **Access:**

- Education, coaching and ongoing training exist for caregivers, teachers and other professionals
- Learning experiences and environments are high quality, developmentally appropriate and affordable

##### **Quality:**

- Formal and informal care environments and education practices reach the highest levels of quality
- Adults understand and support children's learning and development, including social and emotional

##### **Equity:**

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture

## 2. Supports for All Learners

### Why this is Important:

High-quality early learning experiences prepare young children for kindergarten and elementary school, and help ensure all children are on a trajectory that leads to improved academic, health, and life outcomes. As a result, it is critical that all children, regardless of background, language, or ability, have access to a high-quality early learning program that meets their needs.

For young children with disabilities, this includes settings that promote inclusion to the fullest extent possible. It also includes integration of preschool special education into the broader early learning systems in the state.

For dual-language learners, this includes access to early learning settings where a bilingual teacher leads that classroom, or a bilingual assistant teacher provides supports. It also includes access to bilingual or dual immersion settings that support children's home language as well as their acquisition of English.

It is also critical to ensure that all children and their families have access to supports and programs that enhance learning for young children. See "Home Visiting" on page 16 and "Parenting Programs" on page 13 for more information about supports for children and families.

### Solution:

**Colorado should establish a system that fully supports all learners in early learning settings, including children with special needs and dual-language learners. Specifically, this should include:**

- **A well-developed strategy in all early learning settings for educating dual-language learners that recognizes their unique needs and the importance of home language and culture, supported at the state level with regulations and guidance, materials, professional development, and support staff at the state, regional, and local levels**
- **Strong supports for children with special needs in all early learning settings, with an emphasis on inclusion, through regulations and guidance, materials, professional development, and support staff at the state, regional, and local levels**

### Current Reach and Cost Considerations:

Colorado provides preschool education to children with disabilities in compliance with federal law. The Colorado Preschool Program strongly encourages inclusionary practices for children with special needs. The preschool special education program in Colorado participates in Results Matter, which measures child outcomes through ongoing, developmental, observation-based assessment in early care and education settings.

IDEA funds in Colorado provide a variety of high quality professional learning experiences for personnel working in public school administered programs serving preschoolers with disabilities.

According to a recent survey, 51 percent of teachers reported they worked in a classroom where they did not speak the primary languages of each of the children in their classroom.<sup>82</sup> Dual-language learners make up 28 percent of Colorado children ages birth to eight – a 32 percent increase since 2000.<sup>83</sup>

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<sup>82</sup> Early Milestones Colorado. 2017 Colorado Early Childhood Workforce Survey. <http://earlymilestones.org/transforming-ec-workforce/>.

<sup>83</sup> Migration Policy Institute. Colorado State Fact Sheet. <https://www.migrationpolicy.org/research/dual-language-learners-national-demographic-and-policy-profile>.

There are no state policies that support children and families enrolled in the Colorado Preschool Program who speak a primary language other than English. Training and professional development opportunities regarding strategies to support dual-language learners are available, but not required or coordinated at the state level.

Colorado Shines awards points for programs that have at least one teacher or caregiver in each classroom who is bilingual if there is a dominant language in the classroom other than English.

Please see the Estimated Cost of Early Childhood Policies appendix at the end of this document for a list of preliminary research questions to help estimate the costs of achieving the above policy solution.

### **Equity Considerations:**

Based upon fourth grade scores in reading and math from the National Assessment of Educational Progress (NAEP), dual-language learners face greater distance to opportunity in Colorado than non-dual language learners.

### **Policy Strategies to Reach the Solution:**

#### Children with Special Needs

- Require professional development focused on strategies for educating and supporting children with special health, learning and behavioral needs, and children who have experienced significant adversity.
- Increase the number of full-inclusion classrooms in the Colorado Preschool Program, where a full- or part-time certified special educator is present and all specialized services are “pushed-in” rather than “pulled-out,” and allocate additional funding to programs that adopt a full-inclusion model.
- Ensure that early learning initiatives within the state, including expansion of early childhood programs such as preschool, have specific policies and procedures to recruit, enroll, and appropriately support the learning and developmental needs of all young children with disabilities, from mild to significant disabilities, and including mental health and social-emotional difficulties.
- Employ regional specialists to provide technical assistance on inclusive practices to settings in the Colorado Preschool Program.
- Integrate preschool special education into the Colorado Continuous Improvement Process for students with disabilities, as well as other key components of Colorado’s early learning system.
- Add inclusion as a points category under Learning Environment in Colorado Shines.
- Build a statewide early childhood mental health consultation system that offers support for children with disabilities, including those with emotional and behavioral difficulties, to be successful. Use ECMHC to ensure teachers and providers have the skills and knowledge needed to promote success in early childhood settings.

#### Dual Language Learners

- Ensure a variety of early learning settings for dual-language learners that offer bilingual, dual immersion, and other approaches that support home language as well as English acquisition.
- Require that outreach and materials be provided to families of dual-language learners in their home language.
- Require that children in all early learning settings are assessed in their home language.
- Allocate additional funding to the Colorado Preschool Program targeted toward supporting dual language learners and provide targeted funding to early learning settings that serve dual-language learners.
- Track enrollment of dual language learners and identify home languages in the Colorado Preschool Program.
- Recruit and retain a bilingual early childhood workforce in order to ensure that bilingual teachers lead classrooms where there is a dominant language other than English.
- Utilize bilingual assistant teachers and paraprofessionals as part of a system of support in classrooms where there are students who speak a primary language other than English.

- Ensure that all early educators engage in professional development focused on strategies for educating and supporting dual-language learners that recognizes the importance of home language and culture.

**Framework Outcomes:**

**Access:**

- Learning experiences and environments are high quality, developmentally appropriate and affordable

**Quality:**

- Formal and informal care environments and education practices reach the highest levels of quality
- Adults understand and support children's learning and development, including social and emotional

**Equity:**

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture
- Children, including those with high needs, receive timely, comprehensive and affordable academic services and transition supports

### 3. Program Standards and Evaluation

#### **Why this is Important:**

The presence of certain elements in an early learning setting contributes to the quality of that setting, and that many of these elements must be in place in order for an early learning setting to be of high quality. Research shows that high-quality early learning settings improve long-term outcomes for children, and that low-quality settings can actually harm children's development. Therefore, standards that govern early learning programs in Colorado, as well as evaluations of those programs, should reflect and effectively measure these essential elements of quality in all early learning settings where children spend time.

Various elements that are needed for quality in early learning settings are addressed throughout this the report, including curricular approaches and assessment, supports for all learners in the classroom, and a qualified, well-compensated workforce. Program standards that ensure high quality in all early learning settings in the state should address each of these elements critical to quality.

High quality teaching is also critical to positive child outcomes in early learning settings. Evidence of high quality teaching is best measured through structured observation using standardized measures, such as the Classroom Assessment Scoring System (CLASS) and the Early Childhood Environment Rating Scale (ECERS).<sup>84</sup> Early learning settings where early educators score a 3.0 or above on CLASS in Instructional Support show a stronger and significant association with positive child outcomes. In settings where early educators score below a 3.0, there is no association between teacher actions and student learning.<sup>85</sup> See "Professional Development" on page 51 for information about training and professional development opportunities that can improve the quality of instruction for early educators.

It is also critical to ensure that all children in early learning settings are able to stay in the classroom and on track for academic success. Exclusionary discipline practices, including suspensions and expulsions, deny many young children valuable learning time in the early grades. Program standards, as well as state statute, should include a developmentally appropriate standard for exclusionary discipline for children birth to age eight.

#### **Solution:**

**Colorado should ensure that all early learning settings in the state meet a set of program standards that include measures critical to high quality and developmentally appropriate discipline practices that ensure early learning settings are inclusive of all young learners. All early learning settings should undergo independent evaluation focused on the implementation of program standards, which should inform a process of continuous quality improvement.**

#### **Current Reach and Cost Considerations:**

Currently, CDE Regional Preschool Specialists offer support, including coaching, state-funded preschool programs. Each Specialist has a caseload of about 30 districts. Dosage and contact time for support cannot currently be reported.

Quality improvement (QI) initiatives implemented by Early Childhood Councils enhance both the availability and the quality of early childhood care and education in Colorado, ultimately improving the school readiness of children by coordinating targeted resources to early childhood education providers such as on-site coaching, training, quality learning materials, technology, professional development, and technical assistance. Several QI initiatives funded with Child Care Development Block Grant (CCDBG) funding are overseen by the Colorado Department of Human Services (CDHS) Office of Early Childhood. Early learning providers participating in Colorado's QI initiatives are required to be

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<sup>84</sup> NIEER – 15 Essential Elements NIEER. Implementing 15 Essential Elements for High Quality: A State and Local Policy Scan. . <http://nieer.org/policy-issue/implementing-15-essential-elements-for-high-quality-a-state-and-local-policy-scan>.

<sup>85</sup> Gates Foundation – Early Learning: The New Fact Base

quality rated through the Colorado Shines Quality Rating and Improvement System (QRIS) and are held to accountability standards in exchange for the investments made in facilities and staff.

Currently in Colorado, programs participating in the Colorado Preschool Program must adhere to the program standards set out in the Colorado Quality Standards for Early Childhood Care and Education Services.

Colorado Shines includes indicators of quality based on research-based program standards, as well as the child care licensing rules and the Colorado Quality Standards. Programs participating in Colorado Shines receive a quality rating score based upon meeting different numbers of these indicators.

Currently, the Colorado Preschool Program does not collect CLASS or ECERS scores. Colorado Shines requires Level 5 settings to have an average ECERS total score of 5.75 or higher, with no classrooms below 5.0. Colorado Shines awards points to programs that achieve certain CLASS scores as determined by an independent evaluation. In Instructional Support, programs receive points for CLASS scores ranging from 2.0 (2 points) to 3.0 (6 points).

Currently in Colorado, the same disciplinary policies and practices apply in state statute whether a student is 18 years old or five years old.

### **Equity Considerations:**

Children whose mothers have lower educational attainment, a risk factor that impacts school readiness, are particularly sensitive to the effects of quality early learning settings. One study found they experience more benefits from high quality child care and more harm from child care that is low in quality.

Too few Colorado families have access to high quality early learning experiences that can help support their children's development. While barriers such as affordability of care affect families of all racial and ethnic backgrounds, other challenges—such as finding a program that is culturally relevant or experiencing the disproportionate use of suspensions and expulsions in early care settings—affect families of color at higher rates as a result of inequitable policies and practices.

Evidence shows that disciplinary action is not applied equally to all children. In Colorado, young boys are five times as likely as girls to be subjected to disciplinary action in preschool through third grade, and a child with a disability is nearly twice as likely to be disciplined as a peer without a disability. Most strikingly, a Black boy is three and half times more likely to be disciplined than the average student in the early grades.

### **Policy Strategies to Reach the Solution:**

#### Program Standards

- Review the Colorado Quality Standards for Early Childhood Care and Education Services to identify additional measures critical to high quality that should be included in the Quality Standards, and revise the Quality Standards to include these measures. Additional measures should address:
  - Educator qualifications and compensation
  - Curricular approaches and assessments
  - Supports for all learners
  - Professional development
- Revise the rules for the Colorado Preschool Program to include identified additional measures critical to high quality.
- Ensure that all state-funded early learning settings are provided with the supports needed to meet the revised rules and Quality Standards within a defined time period.
- Ultimately, ensure that all early learning settings are provided with the supports needed to meet the revised Quality Standards within a defined time period.



- Revise state statute to establish a developmentally appropriate standard for exclusionary discipline practices for children under age eight.
- Review the elements of Colorado Shines to identify elements of quality critical to child outcomes that should be developed into a set of early learning program standards outside of the quality rating system.
- Review the point structure of Colorado Shines to consider increasing the point requirements at each level of quality in areas that research has identified are critical to child outcomes.
- Include more specific elements in Colorado Shines related to the quality of infant and toddler care, such as utilizing infant and toddler specialists and Expanding Quality in Infant and Toddler Care (EQIT) professional development.
- Require ratios for infants in early learning settings to be no more than eight children in a group, with two teaching staff.
- Create incentives in performance indicators for schools and districts to invest in P-3 alignment strategies.
- Develop and implement a system to identify children at risk for disciplinary action and provide access to needed supports.
- Require child care center staff and consultants to receive and provide documentation of an annual seasonal influenza vaccine.
- Allow mixed age grouping in early learning settings in order to provide continuity of care and reduce transitions for young children.

#### Program Evaluation

- Measure classroom and teaching quality in state-funded preschool programs and child care programs receiving public funding by conducting an independent evaluation of classrooms using a standardized tool, such as ECERS or CLASS, and provide supports to ensure that classrooms can achieve scores that research indicates support positive child outcomes.<sup>86</sup>
- Conduct annual, independent, structured observations of classroom quality for state-funded preschool programs and child care programs receiving public funding aligned to the Colorado Quality Standards for Early Childhood Care and Education Services.
- Ultimately, ensure that all early learning settings complete an annual, independent, structured observation of classroom quality aligned to the Colorado Quality Standards for Early Childhood Care and Education Services.
- Collect data on suspension and expulsion in licensed child care and pre-K settings, and report data disaggregated by race/ethnicity, income, disability, and age.
- Evaluate state investments in quality to assess the impact of investments and determine best practices that should be sustained.
- Develop a statewide, structured continuous improvement system to ensure that all early learning programs meet identified quality standards.

#### **Framework Outcomes:**

##### Access:

- Learning experiences and environments are high quality, developmentally appropriate and affordable

##### Quality:

- Formal and informal care environments and education practices reach the highest levels of quality
- Adults understand and support children's learning and development, including social and emotional

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<sup>86</sup> NIEER – 15 Essential Elements NIEER. Implementing 15 Essential Elements for High Quality: A State and Local Policy Scan. . <http://nieer.org/policy-issue/implementing-15-essential-elements-for-high-quality-a-state-and-local-policy-scan>.

Equity:

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture
- Children, including those with high needs, receive timely, comprehensive and affordable academic services and transition supports

### iii. Access to Early Learning Opportunities

#### 1. High Quality Early Care and Education

##### **Why this is Important:**

Removing barriers to affordable, high-quality early care and education is one of the best two-generation strategies Colorado can employ to promote positive outcomes for parents and their children. Access to early care and education, including child care and preschool, allows parents to go to work or to school while providing children with care and learning that supports their healthy development. Early care and education helps parents and caregivers stay in the workforce, which improves the economic circumstances of a family. In addition, providing children with access to high-quality early learning experiences leads to life-long benefits.<sup>87</sup> Decades of research show that quality early childhood education contributes to the development of children's cognitive, social-emotional, and character skills. Research also shows that children who participated in a high-quality preschool program are less likely to require special education services, less likely to be held back a grade and more likely to graduate from high school on time.

Although early care and education is a basic necessity for most Colorado families, it is also a significant expense. Child Care Aware reports that center-based care for an infant in Colorado cost \$15,138 per year, on average, in 2017. Although child care is unaffordable for many families, decreasing the cost of care is not the answer that is best for children. Many important features of high-quality child care, such as small group sizes, low child-to-staff ratios and qualified, experienced staff, cost a lot to provide. Given research showing that low-quality settings can in fact harm children's development, sacrificing quality for cost will not benefit Colorado in the long run.

Efforts to expand access to quality early care and education for three- and four-year olds must be designed to not diminish or jeopardize access for infants and toddlers. Many community-based preschool providers rely on a business model that supports enrollment of infants and toddlers by offering preschool. Any expansion of preschool must be done in a way that does not: 1) create a disincentive to offer infant and toddler care, 2) squeeze out infant and toddler capacity, or 3) undermine a business model that creates access to infant and toddler care by enrolling preschool-age children.

A statewide system to support access to high-quality early care and education must include a mixed-delivery system, to meet the needs of families, and also be combined with workforce capacity-building efforts to ensure that Colorado has an adequate number of qualified professionals who can provide developmentally appropriate learning and care for young children.

See "Rigorous Practices" beginning on page 57, "Qualifications and Financial Support" on page 44, and "Professional Development" on page 51 for additional policy options to address quality in early learning settings.

##### **Solution:**

**Colorado should establish a universally available, voluntary, high-quality, culturally-relevant early care and education program in the state. The program should be adequately funded, utilize a mixed delivery system<sup>88</sup>, and include corresponding investments in capacity and the early care and education workforce. The program should include child**

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<sup>87</sup> Rebekah L. Coley and Caitlin McPherran Lombardi, Does Maternal Employment Following Childbirth Support or Inhibit Low-Income Children's Long-Term Development? *Child Development* 84, no. 1 (2012). Results in this study were most significant for African American children. Anna D. Johnson, Rebecca M. Ryan, and Jeanne Brooks-Gunn, Child-Care Subsidies: Do They Impact the Quality of Care Children Experience? *Child Development* 83, no. 4 (2012).

<sup>88</sup> "Mixed delivery" refers to a system that utilizes a variety of types of early learning settings, including public schools, community-based providers, centers and family child care homes.

**care for all children birth through age three and full-day preschool for three-year olds and four-year olds, and should also include key wraparound components, such as family engagement and connection to needed services.**

#### **Current Reach and Cost Considerations:**

Annually, the Colorado Child Care Assistance Program (CCCAP) only serves approximately 13 percent of potentially eligible children and their families. Children and families spent an average of 112 days on a waitlist for CCCAP as of November 1, 2017.

High-quality licensed providers made up 40 percent of total licensed capacity as of January 2018. As of December 2016, 45 percent of children received child care assistance in a high-quality setting as measured by Colorado Shines, up from only 26 percent in December 2013.

In the 2016-2017 school year, the Colorado Preschool Program (CPP) served 24 percent of all 4-year-olds in the state. It is estimated that as many as 8,925 at-risk four-year-olds had no preschool funding available to them through either CPP or Head Start in the 2016-2017 school year. School districts have self-reported 3,704 children on their individual waiting lists for the Colorado Preschool Program. CPP funding in 2016-17 totaled \$107,900,426 and there were 28,360 CPP slots authorized by the state legislature. Ninety-eight percent of school districts participated in CPP. Each CPP slot includes a 2.5-hour day of preschool, four days per week, with the fifth day usually set aside for teacher professional development and family outreach activities.

As of June 2016, licensed capacity in Colorado's child care centers, family child care homes, and preschool was only able to serve approximately 60 percent of the young children in Colorado who need child care while their parents are at work.

It would cost an estimated \$1.01 billion to establish a statewide universal, high-quality child care program for children ages birth through three years old or provide funding to support universal, high-quality child care programs for children ages birth through three years old at the local level, including \$618.8 million to expand the child care system to capture all children with need, and an additional \$392 million to improve quality among current and expanded providers. Please see the Estimated Cost of Early Childhood Policies appendix at the end of this document for information about the basis for this cost estimate.

It would cost an estimated \$1 billion to establish a universally available, voluntary, high-quality, full-day preschool program for all three- and four-year olds in the state, regardless of income. This cost estimate is based on 2017-18 total average per pupil funding in CPP, includes current CPP spending, and assumes that all three- and four-year olds in the state would enroll in the program.

By the end of the school year, children who participate in CPP make significant gains in several domains of school readiness, including social-emotional, language and cognitive skills. Beyond the preschool year, children who participate in the Colorado Preschool Program are, on average, less likely to have a significant reading deficiency in the early grades; less likely to be retained (held back) in the early grades; and more likely to meet or exceed expectations in core subjects—in some subjects, as far out as 11th grade.

Colorado recently implemented a quality rating and improvement system (often referred to as QRIS) to help promote quality in child care programs across the state. The system, known as Colorado Shines, is embedded in Colorado's child care licensing system and assigns quality ratings to programs serving children who have yet to enter kindergarten. Child care programs can earn quality ratings ranging from Level 1 through 5, with Level 5 reflecting the highest level of quality. All licensed programs automatically receive a Level 1 rating, and programs can pursue higher ratings by completing additional activities and meeting indicators of quality in five areas: workforce qualifications and professional development; family partnerships; leadership, management and administration; learning environment; and child health.

Specific criteria within these categories include qualifications of directors and teaching staff, staff-to-child ratios and engagement of families and communities, among others.

### **Equity Considerations:**

Children whose mothers have lower educational attainment, a risk factor that impacts their school readiness, are particularly sensitive to the effects of quality early learning settings. One study found they experience more benefits from high quality early care and education and more harm when it is low in quality.<sup>89</sup>

Too few Colorado families have access to high quality early learning experiences that can help support their children's development. Barriers such as affordability of care affect families of all racial and ethnic backgrounds. Other challenges—such as finding a program that is culturally relevant or experiencing the disproportionate use of suspensions and expulsions in early care settings—affect families of color at higher rates as a result of inequitable policies and practices. Discriminatory housing and lending practices have created segregated communities, isolating many children—particularly children of color—in high-poverty neighborhoods that too often lack the structures that support families, including high-quality early learning programs.

For example, in the Denver metropolitan area, American Indian, Black and Latino children are five times more likely than White children to live in “double-jeopardy” neighborhoods—high-poverty neighborhoods with no nationally accredited early childhood center. Although national accreditation is only one indicator of quality, the disparity in access to these centers helps illustrate the ways in which neighborhood segregation can limit families' abilities to access early learning opportunities.

Access to high-quality child care and early learning experiences help kids get ready to start school. However, kindergarten readiness scores show that less than half of all kindergartners meet all six domains of school readiness. Across races and ethnicities, the data on the percentage of kindergartners meeting at least five of the six domains shows stark disparities. While 69 percent of white children and 66 percent of Asian children are meeting at least five of the six domains, only 55 percent of American Indian/Alaskan Native children are. And only 55 percent of Hispanic children are meeting five of the six domains, but 73 percent of non-Hispanic children are.

### **Policy Strategies to Reach the Solution:**

#### Child Care

- Conduct a study to find out the number of care providers a child experiences prior to turning age three.
- Change child care licensing regulations to allow mixed age grouping in order to provide continuity of care and reduce transitions for young children.
- Initially, increase funding for the Colorado Child Care Assistance Program (CCCAP) to serve all eligible families.
- Increase funding over a defined time period to provide access to sliding scale child care funding to all children in families living below 200 percent FPL.
- Ultimately, establish a statewide universal child care program for children birth through age three or ensure adequate public funding to local communities to support universal child care programs implemented at the local level.
- Increase state funding for early care and education to align with national estimates of the cost of high-quality programs, or to result in public funding for early care and education equal to at least the national average of 38 percent of the total amount of funding in Colorado (currently at 27 percent).
- Increase funding for the Expanding Quality in Infant Toddler Care Initiative, while working to increase the Early Childhood Mental Health unit to help support providers in meeting the behavioral and mental health needs of the children in their care.

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<sup>89</sup> Colorado Children's Campaign. KIDS COUNT in Colorado! 2018 Report.

- Allocate state investments to supplement federal Early Head Start funding in order to serve additional eligible infants and toddlers and their families in the program.
- Require CCCAP reimbursement rates for providers at levels 4 and 5 in Colorado Shines to be set at or above the 75<sup>th</sup> percentile of the market rate.
- Waive CCCAP parent fees for families participating in TANF.
- Address lead in water supplies and paint in various settings by promoting testing, remediation, and funding to address these issues in child care settings and schools with a particular focus on removing lead from service lines to early care and education programs.
- Increase incentives for CCCAP providers to offer care during non-traditional, non-standard hours and days.
- Provide supports to Family, Friend, and Neighbor (FFN) providers who are interested in becoming licensed learn strategies to eventually become licensed.
- Change statewide zoning regulations to permit home-based family child care centers and FFN providers to successfully run their businesses from their homes.

### Preschool

- Initially, increase funding to provide access to the Colorado Preschool Program for all children on district waiting lists.
- Next, increase funding to expand access to a half day of preschool through the Colorado Preschool Program for all eligible three-year olds and four-year olds.
- Phase in funding increases to expand access to a full day of preschool through the Colorado Preschool Program over a defined time period for all eligible three-year olds and four-year olds.
- Ultimately, increase state funding over a defined time period to move to funding a universal, voluntary, high-quality, full-day preschool program for three- and four-year olds.
- Phase in funding increases to expand access to preschool for all students with Individualized Education Plans.
- Provide funding to ensure that families enrolled in preschool have access to wrap-around child care before and after preschool, including in community-based settings.
- Ensure that all three-year olds and four-year olds enrolled in Medicaid are served in the Colorado Preschool Program.
- Dedicate ECARE slots in the Colorado Preschool Program for preschool and fund universal access to full-day kindergarten through Colorado's school finance formula.
- Increase state funding for early care and education to align with national estimates of the cost of high-quality programs, or to result in public funding for early care and education equal to at least the national average of 38 percent of the total amount of funding in Colorado (currently at 27 percent).

### **Framework Outcomes:**

#### Access:

- Learning experiences and environments are high quality, developmentally appropriate and affordable

#### Quality

- Formal and informal care environments and education practices reach the highest levels of quality

#### Equity:

- All children are ready for school and achieving by 3rd grade regardless of ability, race, place, income, language and culture



## 2. Full Day Kindergarten through Third Grade

### Why this is Important:

Early care and education, including preschool and full-day kindergarten through 3<sup>rd</sup> grade lay the foundation for a lifetime of learning. These early years represent the time when both academic and non-academic skills are developed that shape children's experiences for years to come. In addition to the importance of high quality child care and preschool, a full day of high-quality early learning for kindergarteners represents both a need for families and a beneficial investment for young children. Research demonstrates that longer school days allow children to receive the targeted, academically-focused attention they need, additional time for promoting prosocial interactions with peers that lead to increased reading scores by third grade, and other long-term academic benefits.<sup>90</sup> Research has consistently highlighted the many benefits of participation in a full-day kindergarten program, including improved student attendance during kindergarten, lower rates of grade retention later in a child's schooling, and larger gains in reading and math relative to children enrolled in half-day programs.<sup>91</sup> This experience in kindergarten must be followed up with high quality early elementary school experiences to ensure the gains made in the early years are sustained throughout a child's academic career.

### Solution:

**Every Colorado family should be able to enroll their child in a full day of kindergarten, Colorado should fully fund a full day of kindergarten for all Colorado families at the same level as children enrolled in first through twelfth grade, and the experiences of children in first through third grade must support the ongoing development of young children.**

At minimum, rather than treat full-day kindergarten children as half-day students, Colorado should fully fund full-day students, recognizing both the rising demand and return on investment in a full-day. Access to full-day kindergarten is a reality for children in 13 states and the District of Columbia and Colorado has an opportunity to expand access by investing in full-day programming.<sup>92</sup> In addition, Colorado should ensure that early elementary teachers in grades K through 3<sup>rd</sup> and leaders of elementary programs are adequately supported and knowledgeable about early child development, that systems of governance are aligned across early education and early elementary, that curriculum, instruction and assessment are developmentally appropriate, and that metrics of accountability for elementary schools promote investment in the early years.<sup>93</sup>

### Current Reach and Cost Considerations:

Currently in Colorado, 78 percent of Colorado kindergarteners are enrolled in a full-day program, up from only 14 percent in 2001-2002.

Despite demand, there are nearly 14,000 kindergarteners not enrolled in a full-day program. Because the state only provides districts with enough funding to provide a little more than a half day of kindergarten, districts that want to offer a full-day program must either charge parents tuition for the second portion of the day or identify a local funding source, such as a local bond or mill levy. Recently, school districts have committed to full-day kindergarten despite the

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<sup>90</sup> National Center for Education Statistics. (June 2004). Full-Day and Half-Day Kindergarten in the United States; Findings From the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99

<sup>91</sup> Walston, J. & West, J. (2002). Classroom organization and curriculum differences between full-day and part-day kindergarten programs in the nation's public schools. WestEd. (2005). Full day kindergarten: Expanding learning opportunities. Nieman & Gastright, as cited by Plucker, et al (2004). The effects of full day versus half day kindergarten: Review and analysis of national and Indiana data. Center for Evaluation and Education Policy.

<sup>92</sup> <https://www.ecs.org/wp-content/uploads/Full-Day-Kindergarten-A-look-across-the-states.pdf>

<sup>93</sup> [http://www.ecs.org/wp-content/uploads/K-3\\_Policymakers\\_Guide\\_to\\_Action.pdf](http://www.ecs.org/wp-content/uploads/K-3_Policymakers_Guide_to_Action.pdf)

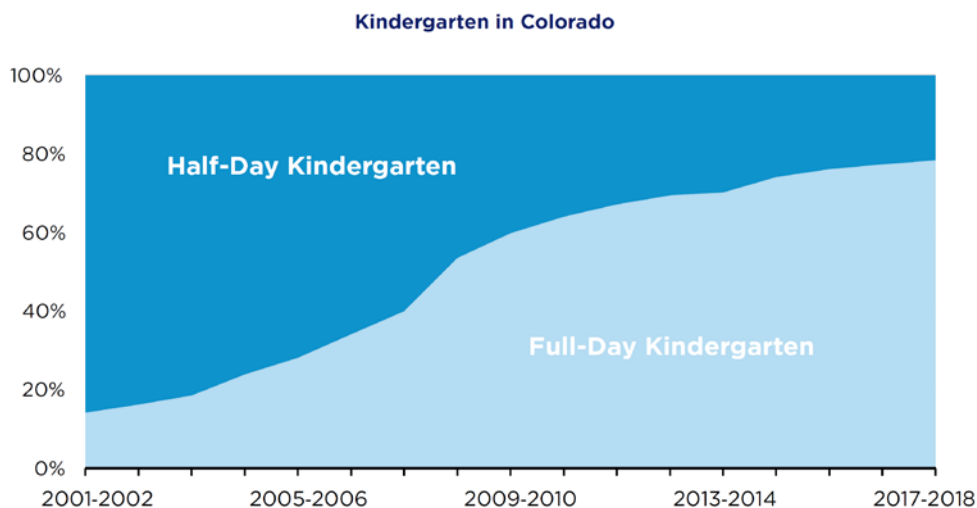


gap in state funding. In 2017-2018, 173 out of Colorado's 178 school districts, plus the Charter School Institute, had at least a portion of their kindergartners enrolled in a full-day program. In 140 school districts, all kindergartners attended a full-day program.<sup>94</sup>

To fully fund all full-day kindergarten students, new costs would be approximately \$250 million to \$300 million per year.<sup>95,96</sup> This cost accounts for those children currently enrolled in full-day kindergarten, but only funded for a half-day as well as the anticipated additional enrollment in full-day programming if it were fully funded and offered to families. It is worth noting that as the General Assembly changes per pupil funding and accounts for inflation each year, the marginal cost of full-day kindergarten will change as well.

Colorado currently funds full-day kindergarten students at 58 percent of a first grade student. The state could increase per pupil spending by .08 each year over five or so years until the state fully-funded the program. The cost to raise the full-day kindergarten factor by 0.08, from 0.58 to 0.66, for example, is estimated to be \$42.5 million in 2018.<sup>97</sup>

One limiting factor that needs to be considered is school districts' physical capacity to serve all kindergartners in full-day programs. For information purposes, one large metro district reports that the cost of adding full-day kindergarten classroom space in 2011 was roughly \$500,000 per classroom added; however, construction costs have increased since 2011 so those estimates are likely low. Another large metro school district reports current expenses to expand classroom facilities of roughly \$300 - \$600 per square foot of new construction. A kindergarten classroom of 1,200 square feet will cost approximately \$360,000 to \$720,000<sup>98</sup>. A full-day kindergarten expansion strategy should account for the ramp up and costs required to build classroom space as well as the need to ensure children enrolled in a full-day kindergarten program are adequately funded while new capacity is created.



### Equity Considerations:

Current policies have particular embedded inequities that providing universal access to full-day kindergarten would remedy. When the state relies on local districts to locally fund full-day kindergarten, the high variability in property values throughout the state means that this arrangement reinforces inequities in access. Similarly, when parents are

<sup>94</sup> Colorado Department of Education. 2017-2018 Pupil Membership for Each Grade by County and District

<sup>95</sup> [http://leg.colorado.gov/sites/default/files/documents/2016a/bills/fn/2016A\\_HB1022\\_f1.pdf](http://leg.colorado.gov/sites/default/files/documents/2016a/bills/fn/2016A_HB1022_f1.pdf)

<sup>96</sup> [http://leg.colorado.gov/sites/default/files/documents/2018A/bills/fn/2018a\\_hb1088\\_00.pdf](http://leg.colorado.gov/sites/default/files/documents/2018A/bills/fn/2018a_hb1088_00.pdf)

<sup>97</sup> [http://leg.colorado.gov/sites/default/files/documents/2018A/bills/fn/2018a\\_hb1088\\_00.pdf](http://leg.colorado.gov/sites/default/files/documents/2018A/bills/fn/2018a_hb1088_00.pdf)

<sup>98</sup> Fiscal Note for Colorado Senate Bill 15-033.

charged tuition for a full-day, it is the students who would most benefit from access to a quality early kindergarten experience who may struggle the most to afford it.

#### **Policy Strategies to Promote Access to Full-day Kindergarten:**

- At minimum, gradually increase per pupil funding for kindergarten by .08 each year until full-day kindergarten is fully funded.
- Ultimately, fully fund a full-day program for all kindergarten students.
- Ensure that the length of day and year for full-day kindergarten aligns with subsequent grades.

#### **Policy Strategies to Improve Alignment Across Full-day Kindergarten through 3<sup>rd</sup> Grade**

- Utilize Title II, as well as other federal and state funds, designated professional development dollars to build principal skills and knowledge on an ongoing basis about what is age – and developmentally appropriate in K-3, such as providing collaborative opportunities for principals, teachers and early childhood center directors and educators.
- Require data systems that effectively incorporate data specifically needed by K-3 teachers and leaders, such as student performance on assessments (especially kindergarten entry assessments), chronic absenteeism and quality of a student's pre-K experience.
- Ensure teacher and leader preparation programs provide instruction in early childhood education and child development including embedded practical experiences and culturally relevant training.
- Encourage use of curricula that emphasizes student-centered learning through developmentally appropriate play and exploration that is sensitive to students' age, individuality, culture and home language.
- Identify a K-3 specific fifth indicator as defined in ESSA.
- Include K-3 data in state report cards.
- Employ K-3 strategies for school improvement.

#### **Framework Outcomes:**

- Learning experiences and environments are high quality, developmentally appropriate and affordable
- All settings provide effective transitions across and within programs, schools, and systems
- All children are ready for school and achieving by 3<sup>rd</sup> grade regardless of ability, race, place, income, language and culture

# Estimated Cost of Colorado Early Childhood Policies

## July 24, 2018

### Introduction

The Colorado Children's Campaign and Clayton Early Learning, in partnership with stakeholders, have outlined a set of early childhood policy strategies aligned to the Early Childhood Colorado Framework and aimed at improving the well-being of young children throughout the state.

This report estimates the costs to achieve certain of these policy strategies. The analyses combine current data on the status of Colorado's children with cost estimates collected from service providers, advocates, researchers, and other key informants in the state's early childhood community. Cost figures are based on the best data available during the project period and should be seen as general estimates to inform future policy and budgetary decisions.

The cost analyses are organized within the five categories of programming: 1) Home Visiting; (2) Early Childhood Workforce Qualifications; (3) Universal Child Care Access; (4) Screening and Referral/Access to Services; (5) Expand the State's Earned Income Tax Credit (EITC), and (6) Supports for Different Learners.

### Summary of Costs

Policy Goal	Cost Of Unmet Need (millions )
1. Universal Evidence-Based Home Visiting	\$910.0
2. Comprehensive Home Visiting Following Births	\$33.2
3. Expand and improve workforce qualifications	\$85.6
4. Universal high-quality childcare for birth-3	\$1,010.8
5. Universal Screenings	\$8.1
6. Cost to increase EITC	\$75.4 - \$175.9

## Home Visiting

*Potential Policy Solution:* Every Colorado family with children prenatal to age five should have the opportunity to receive voluntary, evidence-based home visiting services that best meet their needs, including supports for maternal and child health, overall family well-being, and school readiness.

### **Cost Question 1: How much would it cost to expand access to evidence-based home visiting programs to all eligible families?**

Colorado is home to several home visiting programs, each aimed at a specific population and with a specific service dosage. The following table presents the state's primary home visiting programs, and the statewide cost per child for each program.

Program	Program Description	Cost Per Child
Nurse-Family Partnership <sup>1</sup>	first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday	\$4,653
HIPPY	low income families with children ages 3, 4, and 5 and parents with a low education and/or parenting confidence level	\$3,200
Parents as Teachers	families with children between prenatal and kindergarten entry	\$3,800

In order to estimate the overall costs to serve eligible families with the appropriate home visiting program, we used an overall cost estimate of \$7,000 per eligible child. This number is based on national estimates of the overall average cost of home visiting programs, based on typical costs for rural (\$5,459), suburban (\$7,145), and urban (\$6,787) residents<sup>2</sup>.

The population of "eligible families" was defined based on a combination of factors typically used to identify families in need of home visiting services. The target population is typically low-income or has one or more risk factors. For example, about 33 percent of children under 18 live in families below 200% FPL<sup>3</sup>, while nearly 20 percent of Colorado children under age 18 have

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<sup>1</sup> NFP data reflect Colorado totals for 2018. Source: It's About Kids

<sup>2</sup> Source: [https://www.chapinhall.org/wp-content/uploads/Costs\\_of\\_EC\\_Home\\_Visiting.Final\\_Report.January\\_30\\_2014.2-1.pdf](https://www.chapinhall.org/wp-content/uploads/Costs_of_EC_Home_Visiting.Final_Report.January_30_2014.2-1.pdf)

<sup>3</sup> Source: KidsCount Colorado

experienced two or more adverse childhood events (ACEs)<sup>4</sup>. We used an estimate of 35% of all children, based on these figures and on estimates of the need for home visiting for Ohio's Medicaid program. This number should roughly reflect the population of children in low-income families or at high risk, as these populations overlap significantly.

The table below reflects the number of current beneficiaries of all programs supported by Medicaid, as well as the potential beneficiaries and unmet need, assuming an overall 35% overall target penetration rate.

#### **All Home Visiting Programs - Current and Potential Beneficiaries (Number of Children)**

Age	Current Beneficiaries	Potential Beneficiaries	Unmet Need	Total Cost
<1 year	1,416	22,015	20,599	\$144,193,000
1-2 years	3,098	47,915	44,817	\$313,719,000
3-5 years	4,337	68,915	64,578	\$452,046,000
<b>Total</b>	<b>8,850</b>	<b>138,845</b>	<b>129,995</b>	<b>\$909,965,000</b>

#### **Cost Question 2: How much would it cost to provide access to some form of home visit for every family in Colorado following the birth of a child?**

Colorado does not currently have a comprehensive, evidence-based home visiting program to reach all 66,566 babies born in the state each year. The cost estimates to create such a program from scratch are based on Family Connects, a nationally recognized, evidence-based home visiting program that costs about \$500 per child. In total, the cost to create a statewide program would equal \$33,283,000.

## **Early Childhood Workforce Qualifications**

### *Potential Policy Solution:*

Colorado should continually evaluate and refine a set of workforce qualifications and a competency-based credentialing system for members of the early education workforce, including assistant teachers, lead teachers, administrators, and directors for children birth through eight years old. These qualifications and credentials should incorporate foundational

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<sup>4</sup> Source:

<https://www.colorado.gov/pacific/sites/default/files/CCC%20Cost%20Commission%20Recommendations%20052616.pdf>

knowledge in early childhood and what it takes to ensure high-quality early learning experiences for all children.

Colorado should establish a scholarship fund and/or a loan forgiveness fund to provide adequate tuition assistance and/or loan forgiveness at institutes of higher education to directors, lead teachers and assistant teachers currently in, or desiring to enter, the early childhood workforce, to help them meet workforce qualification requirements.

**Cost Question 3: How much would it cost to establish a scholarship fund and/or a loan forgiveness fund to provide adequate tuition assistance and/or loan forgiveness at state colleges and universities to directors, lead teachers and assistant teachers currently in, or desiring to enter, the early childhood workforce, to help them meet workforce qualification requirements?**

The total cost to meet this policy goal is \$85.6 million, including \$48 million to improve qualifications of the current workforce, and an additional \$37.6 million to train new members of the workforce to meet future demand.

Our analyses are calculated in terms of the total number of years of full-time college attendance required to meet the policy goal. For example, enabling a high school graduate to attain a bachelor's degree would require 4 full-time years of tuition. Typical costs for resident tuition and fees for public Colorado colleges are between \$6,500 and \$13,500, while room and board costs are between \$8,000 and \$13,500 per year. This means that the full cost to attend a public college in Colorado is around \$20,000 per year<sup>5</sup>.

An affordable level of student contribution was based on estimates from the Lumina foundation, which proposes a 10/10/10 plan for college affordability<sup>6</sup>. An affordable tuition level for 4-year colleges is equal to 10% of earnings over 10 years, plus earnings from working 10 hours per week while in school. Based on an average salary for the preschool teacher profession of \$34,320<sup>7</sup>, for a four-year program each student can contribute about \$34,320 from savings and another \$34,320 in part-time wages while in school. This equals a total of \$68,640 over four years, or \$17,160 per year.

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<sup>5</sup> Note that these figures are oriented towards undergraduates without any other commitments or dependents.

<sup>6</sup> Source: Lumina Foundation, <https://www.luminafoundation.org/news-and-views/affordability-benchmark>

<sup>7</sup> Average wages for preschool teachers in Colorado. Source: American Community Survey.

Subtracting each student's affordable tuition contribution yields an unmet need of about \$3,000 per student per year<sup>8</sup>.

The current and projected number of early childhood professionals required to meet current and projected need are presented in the following tables.

### **Cost To Improve Qualifications Of Currently Employed Professionals<sup>9</sup>**

	<b>Director</b>	<b>Lead Teacher</b>	<b>Assistant Teacher</b>	<b>All Professionals</b>
Current Number of Professionals <sup>10</sup>	761	8,329	14,847	23,937
Example Degree	Bachelors + specialized knowledge	Bachelors + specialized knowledge	CDA	N/A
Percentage with Example Degree <sup>11</sup>	62%	54%	31%	N/A
Total Years to Achieve Example Degree	5	4	.25 <sup>12</sup>	N/A
Average Additional Cost Per Professional	\$6,420	\$4,500	\$383	\$2,006
<b>Total Public Contribution</b>	<b>\$4,885,620</b>	<b>\$37,480,500</b>	<b>\$5,678,978</b>	<b>\$48,054,098</b>

<sup>8</sup> Compare to average unmet financial need among full-time undergrads who qualify for aid. This value ranges from around \$2,000 to up to \$10,000. Source: <https://www.bellpolicy.org/wp-content/uploads/2018/01/Guide-to-Economic-Mobility-FINAL.pdf>

<sup>9</sup> Cost estimates use a bachelor's degree with specialized knowledge and a Child Development Associate (CDA) as examples of degrees with measurable costs for purposes of estimating a sufficiently-funded scholarship or loan forgiveness fund. We recognize that achieving the above policy solution for early childhood workforce qualifications will encompass a broader approach to articulating the qualifications needed to ensure high-quality early learning experiences for all children in Colorado.

<sup>10</sup> Current and projected number of professionals based on projections from the Colorado Department of Labor and Employment for 2018 and 2025, respectively. Source: Colorado Department of Labor and Employment. (2016). Occupational Projections for Multiple Occupations in Colorado. Available from <https://www.colmigateway.com>.

<sup>11</sup> Current distribution of qualifications are drawn from the Early Childhood Workforce Survey. Source: [http://earlymilestones.org/wp-content/uploads/2017/09/Brief\\_1\\_Co\\_EC\\_Workforce\\_Survey.pdf](http://earlymilestones.org/wp-content/uploads/2017/09/Brief_1_Co_EC_Workforce_Survey.pdf)

<sup>12</sup> Time estimate is based on 120 clock hours to earn CDA, and assumption that a full year of college attendance is 480 hours, based on class time of 15 hours per week for 16 weeks per semester. Source: <https://www.cdacouncil.org/credentials/faqs/apply-for-cda-faqs>

## Cost to Expand Workforce

	Director	Lead Teacher	Assistant Teacher	All Professionals
Additional Professionals Needed	244	2,638	3,036	5,918
Average Additional Cost Per Professional	\$15,000	\$12,000	\$750	\$6,352
<b>Total Public Contribution</b>	<b>\$3,660,000</b>	<b>\$31,656,000</b>	<b>\$2,277,000</b>	<b>\$37,593,000</b>

*Potential Policy Solution:* Colorado should establish a universally available, voluntary, high-quality, culturally-relevant early care and education program in the state. The program should be adequately funded, utilize a mixed delivery system, and include corresponding investments in capacity and the early care and education workforce. The program should include child care for all children birth up to age three and full-day preschool for three-year olds and four-year olds, and should also include key wraparound components, such as family engagement and connection to needed services.

### **Cost Question 4 : What would be the cost to establish a statewide universal, high-quality child care program for children ages birth through three years old or provide funding to support universal, high-quality child care programs for children ages birth through three years old at the local level.**

Cost estimates for this question are based on the Provider Cost of Quality model, developed by national experts Anne Mitchell and Louise Stoney, and adapted for use in Colorado by Andrew Brodsky. This model has been used extensively throughout the state to identify the provider-level cost to provide high-quality child care.

The total cost to expand child care and improve quality for birth-three year olds is \$1.01 billion, including \$618.8 million to expand the child care system to capture all children with need, and an additional \$392 million to improve quality among current and expanded providers.

The current distribution of quality across the state is as follows. The figures are based on the following assumptions:

- The target average enrollment rate across all children age birth through 3 is 64%<sup>13</sup>.

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<sup>13</sup> This is equal to the percentage of children in Colorado families with all available parents in the labor force. In reality, the demand may be greater, as second parents in two-parent families may wish to work but cannot do so because of high child care costs. Enabling these parents to work through affordable child care would provide benefits to the economy, in addition to higher incomes for parents. Source: <https://www.americanprogress.org/issues/women/reports/2016/06/22/139955/fast-facts-economic-security-for-colorado-families/>.



- Costs per child are the “true cost” of care and assume 50% full-time and 50% part-time enrollment
- “High quality” is defined as providers at Quality Shines Level 3 or higher
- Cost estimates capture provider-level costs only (i.e., tuition); not system costs such as professional development scholarships or early childhood councils

Note that the estimates below don’t take into account current public funding (such as Head Start, CPP, CCCAP, etc.). The implicit assumption is that the current mix of public and tuition funding is equal to the current cost of care for everyone enrolled. Figures represent total costs, which would be shared by public funding and family tuition payments.

### Costs To Expand Child Care At Current Quality Distribution

	Level 1	Level 2	Level 3	Level 4	Level 5	All Levels
Quality Distribution <sup>14</sup>	48%	31%	6%	15%	2%	100%
Current Enrollment (Slots)	28,407	24,595	8,693	27,070	1,680	90,445
Desired Enrollment <sup>15</sup>	54,130	46,867	16,564	51,582	3,202	172,345
Unmet Need	25,723	22,272	7,872	24,512	1,522	81,900
True Cost Per Child <sup>16</sup>	\$5,828	\$6,937	\$7,995	\$9,660	\$10,028	\$7,555
<b>Cost To Expand Child Care</b>	<b>\$149,914,044</b>	<b>\$154,498,568</b>	<b>\$62,933,403</b>	<b>\$236,788,544</b>	<b>\$15,258,781</b>	<b>\$618,756,177</b>

The cost to improve the quality of Level 1 and Level 2 providers to at least Level 3 is presented in the following table. This table includes both current providers and additional providers, which would be added based on the expansion modeled in the table above.

<sup>14</sup> Quality distribution is drawn from the Colorado Licensed Facilities Report, updated June 5, 2018, downloaded from the Colorado Information Marketplace.

<sup>15</sup> Desired enrollment is based on a participation rate of 64% of all children age birth through 3. Total population of children age birth through 3 is 269,290.

<sup>16</sup> True costs of quality from the Colorado Provider Cost of Quality Model. Assumes 50% full-time enrollment.

## Costs To Improve Quality for Current and Additional Providers

Initial Rating	Current Providers		Additional Providers		Totals
	Level 1	Level 2	Level 1	Level 2	
Initial True Cost	\$5,828	\$6,937	\$5,828	\$6,937	
Cost Per Child to Reach Level 3	\$2,167	\$1,059	\$5,828	\$6,937	\$3,881
Number of Children	28,407	24,595	25,723	22,272	100,997
<b>Cost to Improve Quality of Current Providers</b>	<b>\$61,557,698</b>	<b>\$26,046,502</b>	<b>\$149,914,044</b>	<b>\$154,498,568</b>	<b>\$392,016,812</b>

## Screening and Referral/Access to Services

*Potential Policy Solution:* Colorado should ensure that all young children, mothers, and families are screened and referred for any needed follow-up or evaluation if the screening indicates cause for concern. When needs are identified, connections with the appropriate services and supports should be easily accessible.

A comprehensive, two-generation focused approach to screening for children, mothers and families should include screenings for:

- Developmental delays
- Social-emotional concerns
- Autism spectrum disorders
- Maternal depression
- Family psychosocial risk factors, and
- Adverse childhood experiences (ACEs)

When screening and evaluation show a need for services or supports, children, mothers and families should be able to access the supports that best meet their needs, including:

- Early Intervention services
- School-based supports and services
- Behavioral health services in primary care or other medical settings
- Home visitation programs, and/or
- Other programming tailored to family need

### Cost Question 5: How much would it cost to establish a system that would provide universal screening for developmental milestones, autism, and postpartum depression?

The cost to provide these screenings for all children who are not currently served is \$8.1 million.

The total cost of these screenings for all children, based on the recommended schedule, is presented in the table below:

#### Total Cost of Screenings<sup>17</sup>

Type of Screening	Size of Population	Type of Screening			Total Cost Per Child	Total Cost
		Develop-mental	Autism	Postpartum Depression		
Cost Per Screen		\$17.67	\$17.67	\$29.68		
0-12 months	66,611	1		3	\$106.71	\$7,108,060
12-23 Months	67,322	1	1		\$35.34	\$2,379,175
24-35 months	67,322	1	1		\$35.34	\$2,379,175
<b>Total</b>	<b>201,256</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>\$177.39</b>	<b>\$11,866,411</b>

The cost to meet unmet need, based on the current penetration rate, is presented in the following table:

#### Cost of Unmet Need<sup>17</sup>

Type of Screening	Total Cost	Current Penetration Rate	Cost of Unmet Need
Developmental	\$3,556,192	41.8% <sup>18</sup>	\$2,069,704
Autism	\$2,379,175	41.8%	\$1,384,680
Postpartum Depression	\$5,931,043	21.6% <sup>19</sup>	\$4,649,938
<b>Total Cost</b>	<b>\$11,866,411</b>		<b>\$8,104,322</b>

<sup>17</sup> Cost estimates for screenings are based upon current Medicaid reimbursement rates for three types of screenings.

<sup>18</sup> This figure is equal to the current Medicaid penetration rate. *Source:* Colorado Children's Campaign.

<sup>19</sup> In 2016, healthcare providers submitted claims for Medicaid reimbursement for a depression screen for 21.6 percent of all pregnant beneficiaries. *Source:*

[https://www.colorado.gov/pacific/sites/default/files/LPH\\_MCH\\_Pregnancy\\_Related\\_%20Depression.pdf](https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Pregnancy_Related_%20Depression.pdf)

## Expand the State Earned Income Tax Credit (EITC)

*Potential Policy Solution:* All children in families with need should have access to food and cash assistance programs and tax credits that help provide access to nutritious food and lift families out of poverty.

### Cost Question 6: How much would it cost to increase the rate of the state EITC above 10% to a few different potential rates (e.g., 15%, 20%, 25%)?

Colorado's EITC is currently set at 10% of the Federal allowance. Currently 342,000 families receive EITC. In total Colorado distributes \$75,411,000 in EITC funds.

The cost to increase the EITC rate is calculated based on multipliers of the current rate for various family type categories.

#### Current Maximum Federal and State EITC Refund<sup>20</sup>

Family Size	Maximum Family Income	Maximum Federal EITC	Maximum State EITC
3+ Children	Married - \$53,930 Single - \$48,340	\$6,318	\$632
2 Children	Married - \$50,597 Single - \$45,007	\$5,616	\$562
1 Child	Married - \$45,207 Single - \$39,617	\$3,400	\$340
No Children	Married - \$20,600 Single - \$15,010	\$510	\$51

#### Cost to Increase Refund for Families Currently Claiming EITC

Pct. of Federal Refund	Average State Cost Per Family	Number of Families	Total Cost	Additional Cost (above 10%)
10% (current)	\$220	342,000	\$75,411,000	\$0
15%	\$331	342,000	\$113,116,500	\$37,705,500
20%	\$441	342,000	\$150,822,000	\$75,411,000
25%	\$551	342,000	\$188,527,500	\$113,116,500

<sup>20</sup> Source: <http://www.garycommunity.org/piton/eitc>

### Cost To Provide Refund To Eligible Families Not Currently Receiving EITC

Pct. of Federal Refund	Average State Cost Per Family	Number of Families <sup>21</sup>	Total Cost	Additional Cost (above 10%)
10% (current)	\$220	114,000	\$25,137,000	\$25,137,000
15%	\$331	114,000	\$37,705,500	\$37,705,500
20%	\$441	114,000	\$50,274,000	\$50,274,000
25%	\$551	114,000	\$62,842,500	\$62,842,500

### Total Cost To Provide Refund To All Eligible Families

Pct. of Federal Refund	Average State Cost Per Family	Number of Families	Total Cost	Additional Cost (above 10%)
10% (current)	\$220	456,000	\$100,548,000	\$25,137,000
15%	\$331	456,000	\$150,822,000	\$75,411,000
20%	\$441	456,000	\$201,096,000	\$125,685,000
25%	\$551	456,000	\$251,370,000	\$175,959,000

## Supports for All Learners

### Overview of Cost Approach

The following section outlines some preliminary research questions to help estimate the costs of the following policy solution:

Colorado should establish a system that fully supports all learners in early learning settings, including children with special needs and dual-language learners. Specifically, this should include:

- A well-developed strategy in all early learning settings for educating dual-language learners that recognizes their unique needs and the importance of home language and culture, supported at the state level with regulations and guidance, materials, professional development, and support staff at the state, regional, and local levels

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<sup>21</sup> The number of non-claiming families is 25% of the total number of eligible families in the state. Source: <http://www.garycommunity.org/piton/eitc>.

- Strong supports for children with special needs in all early learning settings, with an emphasis on inclusion, through regulations and guidance, materials, professional development, and support staff at the state, regional, and local levels.

In general, the costs of new policies can be determined using the following procedure:

1. Determine current status of the system. How many children or professionals across the state are currently being served? What is the dosage, quality level, or program type of those currently being served?
2. What is the quality level or type of the program being considered?
3. What is the target population?
4. How many additional people should be served by the program?
5. What are the per-child costs to expand or develop the program?
6. What are the administrative and overhead costs associated with expanding the program? These costs may occur at the state, district, or site level.

## Research Questions

*Children with Special Needs:* Strong supports for children with special needs in all early learning settings, with an emphasis on inclusion, through regulations and guidance, materials, professional development, and support staff at the state, regional, and local levels.

Policy Goal	Specific Research Questions
Require professional development focused on strategies for educating and supporting children with special health, learning and behavioral needs, and children who have experienced significant adversity.	<ol style="list-style-type: none"> <li>1. What is the current provision for professional development for each type of need? How much funding is currently in the system?</li> <li>2. How many children are currently (adequately) served? How many still need to be served?</li> <li>3. How many professionals would need to be trained? What is the cost per professional?</li> <li>4. What is the administrative cost or cost to develop new curricula?</li> <li>5. How many children have experienced “significant adversity” and how is it defined (i.e., number of adverse events)?</li> <li>6. How much overlap is there between special needs and adverse events, and how</li> <li>7. What is the cost per child to provide different types of PD? Are there other cost considerations to take into account (such as economies of scale, admin costs, having whole number of PD sessions per school?)</li> <li>8. What policies, systems, or processes need to be modified to increase PD, and do these have a cost?</li> </ol>
Integrate preschool special education into the Colorado Continuous Improvement Process for students with disabilities, as well as other key components of Colorado’s early learning system.	<ol style="list-style-type: none"> <li>1. What costs are associated with integrating PSE? Are there technical processes, such as assessments or software systems, that need to be changed?</li> <li>2. What are the additional costs of assessing PSE to provide data for the CIP? How many students are currently being assessed, and how many additional need to be assessed? What additional assessments are needed?</li> <li>3. What additional reporting requirements are needed by districts? What is the cost of meeting those requirements – such as extra staff time, computer systems, etc.</li> </ol>

*Dual-Language Learners:* A well-developed strategy in all early learning settings for educating dual-language learners that recognizes their unique needs and the importance of home language and culture, supported at the state level with regulations and guidance, materials, professional development, and support staff at the state, regional, and local levels.

Item	Specific Research Questions
Ensure a variety of early learning settings for dual language learners that offer bilingual, dual immersion, and other approaches that support home language as well as English acquisition.	<ol style="list-style-type: none"> <li>1. What is the current number of dual language learners, by location?</li> <li>2. What are the current provisions for different approaches? How many children are served by each (such as bilingual, dual immersion, etc.)?</li> <li>3. What is the total need for different approaches? What differences in children require different approaches (e.g., primary language, parental choice, academic or socioemotional skills, English proficiency, etc.)</li> <li>4. How much do dual-language approaches cost in addition to standard programming? How do these costs interact with other additional costs, such as for SPED? What are the costs in categories including classroom teachers, administrative personnel, paras or other itinerant staff, and materials</li> <li>5. What are the administrative costs to support additional dual language approaches, at the state, district, and school level? These may include administrative personnel, computer systems, materials, and curriculum development.</li> </ol>
Require that outreach and materials be provided to families of dual language learners in their home language.	<ol style="list-style-type: none"> <li>1. How many children are currently served in their home language? How many additional children need to be served in their home language? What languages now have no materials?</li> <li>2. What is the cost of developing materials in each language? What is the cost to produce/publish/distribute these materials?</li> </ol>
Require that children are assessed in their home language.	<ol style="list-style-type: none"> <li>1. What is the cost of 1) developing and 2) delivering assessments in home language?</li> <li>2. Do the costs to deliver vary by characteristics such as school or district size or geographic type (such as rural or urban)?</li> </ol>
Allocate additional funding to the Colorado Preschool Program targeted toward supporting dual language learners and provide targeted funding to early learning settings that serve dual language learners.	<ol style="list-style-type: none"> <li>1. Determine current funding allocation</li> <li>2. Identify current and additional number of dual-language learners to be served</li> <li>3. Determine cost to serve additional dual-language learners</li> </ol>
Recruit and retain a bilingual early childhood workforce in order to ensure that bilingual teachers lead classrooms where there is a dominant language other than English.	<ol style="list-style-type: none"> <li>1. What is the current size of the bilingual early childhood workforce?</li> <li>2. How many children need to be served by bilingual teachers of each given language?</li> <li>3. How many additional teachers are needed to serve these children?</li> <li>4. What are the additional salary, training, and administrative costs associated with these teachers?</li> </ol>



Utilize bilingual assistant teachers and paraprofessionals as part of a system of support in classrooms where there are students who speak a primary language other than English.	<ol style="list-style-type: none"> <li>1. How many additional lead teachers, assistant teachers, and paraprofessionals are needed to serve these children?</li> <li>2. How is 'dominant language other than English' defined (i.e., 1 child per classroom? 25% of children per classrooms?)</li> <li>3. What are expected salary costs for the additional teachers? What professional development or training is needed for these teachers, and how much would it cost?</li> </ol>
Ensure that all early educators engage in professional development focused on strategies for educating and supporting dual-language learners that recognizes the importance of home language and culture.	<ol style="list-style-type: none"> <li>1. How much does additional curriculum development around this goal cost? How many teachers need to be trained, and how much will it cost to train them?</li> </ol>
Track enrollment of dual language learners and identify home languages in the Colorado Preschool Program.	<ol style="list-style-type: none"> <li>1. What are the costs to add tracking of these data to CPP data at time of student or parent contact (i.e., the cost of collecting the data)? Is this data estimated per child, per district, or at some other level?</li> <li>2. What are the costs to update existing data systems and processes to accommodate additional data points?</li> </ol>