

Early Childhood Colorado Framework

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

Framework in Action State Plan

2010–2012

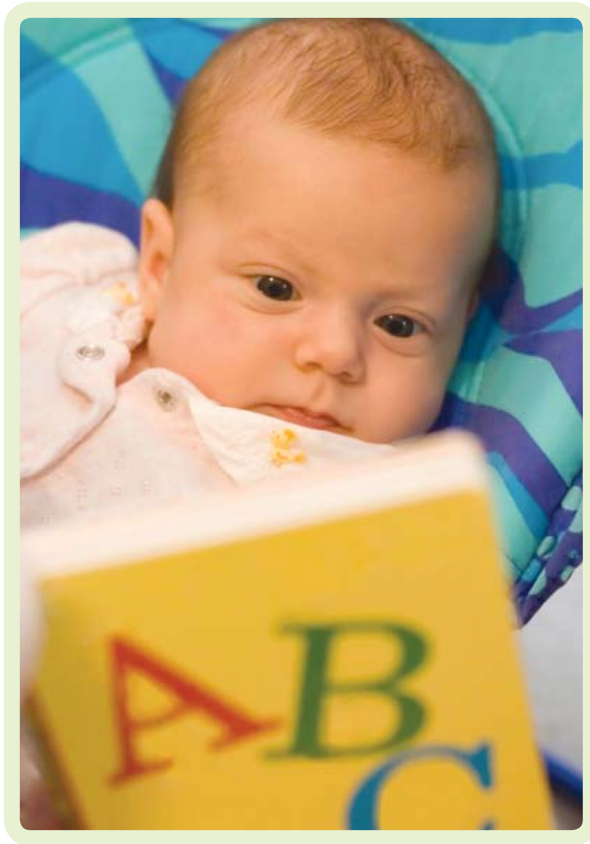
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Early Childhood Colorado Framework



BACKGROUND AND INTENT OF THE EARLY CHILDHOOD COLORADO FRAMEWORK

The *Early Childhood Colorado Framework* (http://earlychildhoodcolorado.org/inc/uploads/CO_EC_Framework.pdf) was developed in 2008 as a resource and guide for comprehensive early childhood systems work in Colorado. Over 20 logic models, strategic plans, and blueprints that had previously been developed by a wide range of Colorado early childhood initiatives served as building blocks for the information included in the overarching *Framework*. Since its release, state and local early childhood stakeholders have used the *Framework* as a resource to help identify needs, guide planning and decision making, and build partnerships. The *Early Childhood Colorado Framework*:

- **Recognizes the needs of the whole child and family** by including outcomes that cut across the early learning, family support and parent education, mental health, and health sectors.

- **Communicates the vision for comprehensive early childhood work** by helping early childhood partners see how their work, individually and collectively, contributes to the greater picture of all children in Colorado being valued, healthy, and thriving.
- **Ties “comprehensive systems building” language to specific strategies for action and measurable outcomes** for children, families, and early childhood professionals.
- **Provides a framework to guide and focus the actions** of public and private stakeholders who work with or on behalf of young children.
- **Promotes an outcomes-based approach** to early childhood systems efforts.

OVERVIEW OF THE EARLY CHILDHOOD COLORADO FRAMEWORK

The **vision** described in the *Early Childhood Colorado Framework* is that “All children are valued, healthy, and thriving.” Colorado early childhood partners recognize that efforts must be taken to better coordinate, align, and integrate resources in order for Colorado to realize this vision. No one entity, organization, department, or collaborative partnership can realize the vision independently.

A core set of **guiding principles** provide the foundation for the *Early Childhood Colorado Framework* and resulting efforts:

- Be child-focused and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age eight.
- Promote partnerships.
- Act at state, local, and statewide levels.

The **goals** in the *Early Childhood Colorado Framework* focus on three target groups to impact—children, families, and professionals.

- Children have high-quality early learning supports and environments and comprehensive health care.

- Families have meaningful community and parenting supports.
- Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

The **outcomes** clearly identify Colorado’s desired results for children, families, and/or early childhood professionals in the sectors of early learning, family support and parent education, mental health, and health. The outcomes are grouped into three categories:

- *Access outcomes* include supports and services that all children and families should be able to access.
- *Quality outcomes* underscore what research and practice indicate; access alone does not provide the desired outcomes, high quality supports and services are essential.
- *Equity outcomes* target specific populations. With achievement gaps, disparities in health status, and the geographic and socioeconomic diversities in Colorado, there is a need to target resources and services to specific populations.

The **foundations** noted in the *Early Childhood Colorado Framework* function as critical systems building elements, essential to reducing the long standing fragmentation of policies and programs serving young children and their families.¹

The foundations in the *Framework* include the following functions that support an early childhood system:

- Build and Support Partnerships
- Fund and Invest
- Change Policy
- Build Public Engagement
- Share Accountability
- Generate Education and Leadership Opportunities

For more information on the foundational elements of a comprehensive early childhood system, see the Appendix on page 22.



The Framework in Action State Plan

THE FRAMEWORK IN ACTION STATE PLAN

To identify next steps for cross-sector early childhood efforts at the state level, over 100 partners came together in 2009 to develop the following *Framework in Action State Plan*. The purpose of developing this plan was to capture, integrate and guide various state efforts and initiatives, as well as promote shared leadership, ownership, and action towards systemic improvements and enhancements across the sectors of a comprehensive early childhood system. Using a results-based approach, the *Framework in Action* planning process was designed to:

- **Identify focal points around which to organize state-level work**
- **Focus and coordinate activities among multiple partners**
- **Communicate cross-sector priorities**
- **Ensure public accountability for results**

The state-level focus for this plan was intentional as creating partnerships and alignment at the state level positively influences state-level policies, procedures, and interactions across sectors resulting in better aligned and coordinated supports for local communities. Communities engage in an analogous process to identify opportunities for systemic impact through the local early childhood council infrastructure.

Additionally, it was intentional to use a results-based approach² to link the **foundations** of systems work to **strategies for actions** and outcomes, i.e. **results**.

While this approach was not intended to provide a direct causal link, it did reinforce that actions directed at leveraging foundational, systemic change are initiated in order to ultimately impact positive results for children and families.

DEVELOPING THE FRAMEWORK IN ACTION STATE PLAN

Before identifying the actions to include in this plan, partners first agreed that **ALL of the work identified in the Early Childhood Colorado Framework is essential** to meet the overarching vision that all young children are valued, healthy, and thriving. Therefore, while there are five results that the *Framework in Action State Plan* focuses on, there is strong support for organizations, agencies, and collaborative partnerships to continue their existing effort to impact all of the outcomes identified within the *Framework*.

Step 1: Select RESULTS

The first step in results-based planning is to select the desired result(s) on which to focus. In order to identify the focus of the *Framework in Action State Plan*, early childhood stakeholders examined the **outcomes** (i.e. desired results), included in the *Early Childhood Colorado Framework* and applied the following criteria:

- *Population based*: Does the result focus on populations of children and/or families rather than program or service-based measures?
- *Simple*: Is the result clear and easily explained to early childhood stakeholders, as well as those outside the early childhood field?

IDENTIFYING FOCUS

The following criteria were used to select the RESULTS for the *Framework in Action State Plan*:

- *Population Based*
- *Simple*
- *Shared*
- *Silo-Busting*
- *Solution-Building*

- *Shared:* Can stakeholders involved in various parts of the early childhood system see how the result connects to their work?
- *Silo-busting:* Does impacting the result require collaboration across sectors?
- *Solution-building:* Does the result itself conjure up strategies and actions for positive impact?

Step 2: Identify INDICATORS for each RESULT

In order to measure progress related to each result, early childhood stakeholders identified indicators using the following factors:

- *Cross-sector:* Is there a role for one or more of the early childhood system sectors to impact or influence this indicator?
- *Availability:* Are the data available or can the data be generated? Is it measured at the state level, regional level, and/or community level?
- *Quality:* Is the data source trustworthy? Does the indicator measure what is needed?
- *Communication potential:* Will a variety of audiences understand the indicator?

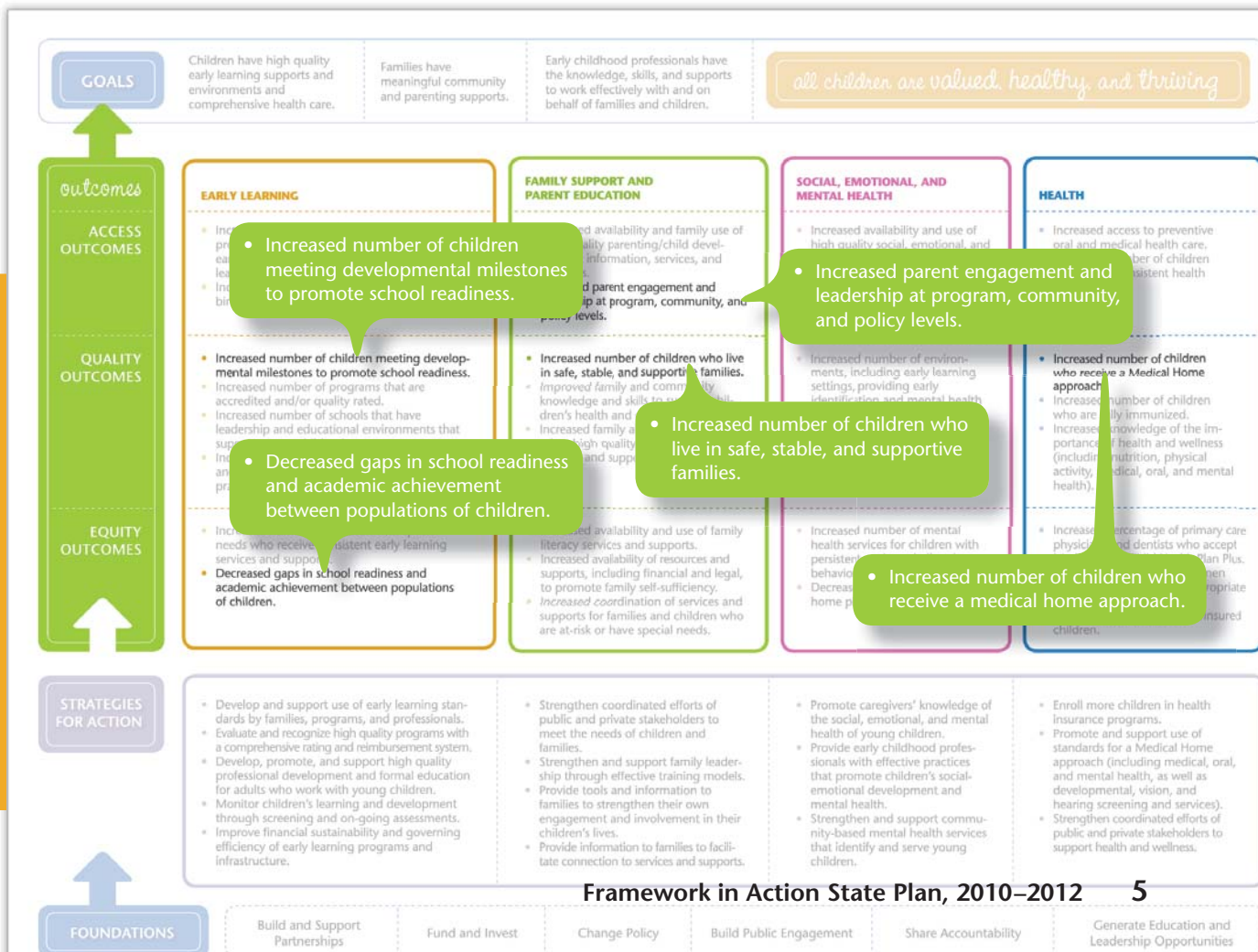
Step 3: Identify STRATEGIES to impact the INDICATORS

The “Strategies in Action” section of the *Early Childhood Colorado Framework* was used to develop concrete and measurable ACTIONS.

Step 4: Identify LEADS for STRATEGIES and ACTIONS

To identify leads for the strategies and specific actions, existing collaborative partnerships were first identified with the understanding that broader stakeholders and partners must be engaged in decision making and implementation at appropriate times. Where an existing partnership did not already exist, lead partners were identified with the charge that broader stakeholder inclusion in decision making and implementation occur.

The *Framework in Action State Plan* that follows is organized based on the steps outlined above.



Result: Increased number of children who live in safe, stable, and supportive families.

INDICATORS

| State Indicators | Colorado Baseline | Data Source |
|---|----------------------------|--|
| Percentage of children birth to 5 years who live in families with incomes greater than 200% of the Federal Poverty Level. | 64% (2008) | National Center for Children in Poverty |
| Percentage of infants born to a high-risk mother (unmarried, under 25 years of age with less than 12 years education). | 7.2% (2007) | Colorado Department of Public Health and Environment |
| Maltreatment rates (including physical abuse, sexual abuse, emotional abuse, and/or neglect) for children birth to 8 years. | 10.8/1,000 children (2008) | Colorado Department of Human Services, Child Welfare |

STORY BEHIND THE ACTION PLAN

Family is one of the most important influences that shape children’s early development. To be secure and ready to learn, children need a safe, warm place to sleep, enough healthy food everyday, and loving, nurturing adults who support and care for them.³ Poverty can threaten a family’s ability to provide these basic necessities. As of 2008, 15 percent of Colorado children were estimated to be living in poverty; however, with a 72 percent increase in the number of children in poverty since 2000, the state is rapidly approaching the national average and could surpass it if the trend continues.⁴ The Colorado Fiscal Policy Institute developed the *Self Sufficiency Standard*⁵ (SSS) for Colorado that demonstrates that federal poverty levels (FPL) alone are not a realistic measure of income adequacy. The SSS calculates the income a family needs, based on its specific make-up, to meet basic necessities given the unique characteristics and costs of the community they live. While the SSS would be a better indicator than the federal poverty level to monitor the number of Colorado families with adequate income to meet basic needs, the percentage of families living at or above the SSS per community is not currently available.

Colorado, like all other states and the nation, has been impacted by the current economic recession.

Colorado’s unemployment rate is lower than rates in 34 other states and the District of Columbia. However, from 2008 to 2009, Medicaid enrollment is up 20 percent, unemployment insurance rates are more than three times higher, and use of food stamps is up by a third.⁶ According to a 2009 national study completed for Zero to Three®, one in four parents are experiencing child care-related hardships (e.g. not being able to afford child care, cutting back on child care hours) that they attribute to the economic downturn.⁷ Half of the parents surveyed who have a regular caregiver for their child, other than themselves or their spouse/partner, rely on a family member to provide child care. Family, friend, and neighbor care refers to child care provided by unlicensed caregivers that include relatives, friends, or others in the community. While families choose this care for many reasons, including inability to find or pay for other care, the majority of families choose it because of the familiar and trusted relationship.⁸

Although there are early childhood health and developmental programs and services aimed at supporting children and families and mitigating the impacts of poverty, it can be a challenge for families to identify and connect to needed supports and services. Even if a family or care provider is aware of a service, navigating the referral and application process can be daunting.

ACTION PLAN

STRATEGY: Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|--|---|--|--|
| Build broad awareness about the “Strengthening Families” approach (http://www.strengtheningfamilies.net/index.php/about) that builds upon five research-based protective factors in order to gain support from a wide range of stakeholders and policymakers. | Strategies to build awareness are identified and implemented. | Strategies identified by August 31, 2010, and implemented by August 31, 2011 | Strengthening Families interagency group; leadership provided by the Colorado Children’s Trust Fund |
| Identify purpose and anticipated outcomes for Colorado’s adoption of the “Strengthening Families” approach that promotes optimal healthy development and prevents abuse and neglect. | Action Plan for adopting “Strengthening Families” approach is developed and includes strategies, partners, time frames, and outcomes. | Action Plan developed by January 31, 2011 | Strengthening Families interagency group; leadership provided by the Colorado Children’s Trust Fund |
| Integrate the “Strengthening Families” approach into existing child- and family-serving agencies and programs. | Strategies to integrate the “Strengthening Families” approach are identified and implemented. | Strategies identified by June 1, 2011, and implemented by May 31, 2012 | Strengthening Families interagency group; leadership provided by the Colorado Children’s Trust Fund |
| Develop recommendations and a plan including technical assistance targeted at reaching unlicensed family, friend, and neighbor care providers using the “Strengthening Families” approach. | Strategies identified and implemented specifically targeted at family, friend, and neighbor care providers. | Plan developed by June 1, 2011, and technical assistance offered by December 1, 2011 | Sub-committee of the Strengthening Families interagency group; leadership provided by Clayton Early Learning |

STRATEGY: Provide information to families to facilitate connection to services and supports.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|--|--|--|---|
| Facilitate connections to early childhood supports and services by developing and implementing a more coordinated and efficient information, referral, and linkage system. http://www.connecticutchildrens.org/body_dept.cfm?id=92 | A comprehensive Colorado Help Me Grow action and implementation plan is developed. | Action Plan developed by December 31, 2010, and implementation begins January 2011 | Colorado Help Me Grow Core Team |
| Study feasibility of an interagency universal application process for early childhood services and supports, including but not limited to: Medicaid, CHP+, Colorado Preschool Program, Colorado Child Care Assistance Program, Head Start, and Special Supplemental Food Program for Women, Infants, and Children. | Recommendations related to a universal application are developed and compiled in a written report. | Subcommittee established by August 1, 2010, and recommendations submitted by December 1, 2010, as per House Bill 10-1028 | Universal Application Subcommittee, as per House Bill 10-1028 |

Result: Increased number of children meeting developmental milestones* to promote school readiness.

*Physical, social, emotional, communication/language and cognitive)

INDICATORS

| State Indicators | Colorado Baseline | Data Source |
|---|---|---|
| Percentage of parents with concerns about child's learning, development, or behavior (1 to 6 years of age). | 7.7% (2008) | Child Health Survey, Colorado Department of Public Health and Environment |
| Percentage of parents with concerns about child's emotions, concentration, behavior, or ability to get along with others (1 to 14 years of age). | 24.2% (2008) | Child Health Survey, Colorado Department of Public Health and Environment |
| Percentage of children whose health care provider asked their parent to fill out a survey about development, communication, or social behavior (1 to 6 years of age). | 44.2% (2008) | Child Health Survey, Colorado Department of Public Health and Environment |
| Percentage of infants and toddlers birth to 3 years with Individualized Family Service Plans. | 2.17% (2008) | Early Intervention Colorado, Colorado Department of Human Services |
| Percentage of children, birth to 5 years old, who have received ongoing developmental assessment through the Results Matter program. | 10.32% (2008–2009) | Results Matter, Colorado Department of Education |
| Percentage of children assessed in the Results Matter program who meet developmental milestones within all three of the targeted outcome areas**. | 2008 baseline data not available as of April 2010 | Results Matter, Colorado Department of Education |

**The three targeted outcome areas include: positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs.

STORY BEHIND THE ACTION PLAN

A child's readiness for school is based upon maturity and skills mastered. Programs that support young children to gain the skills needed to enter school ready to learn and succeed require, among many things, a common, comprehensive set of standards that outline early school readiness competencies. To that end, in December 2009, the Colorado State Board of Education approved an aligned set of content standards from pre-school through 12th grade to encourage the highest achievement of every child, by defining the knowledge, concepts, and skills that children should acquire at each age/grade-level. Having standards is only a first step; the next step is

to identify how the standards are utilized and embedded in practice.

Additionally, it is necessary to have effective processes to identify and address an individual child's developmental concerns early, and efficient mechanisms to link children to appropriate supports and services as needed. While Colorado's 2008 identification rate for Part C/early intervention services for infants and toddlers birth to 3 years is less than the national average of 2.66 percent, it is an improvement over the identification rate of 1.92 percent reported by Colorado in 2007.⁹ Developmental and social-emotional screening is often the first step in identifying developmental concerns that warrant further assessment and possible intervention.

Through the Assuring Better Child Health and Development (ABCD) Project, efforts have been underway in Colorado to promote developmental screening in primary health care, early learning centers, and home visitation programs, as well as to strengthen the referral, assessment, and service delivery process for early intervention (www.coloradoabcd.org; www.eicolorado.org).

Quality assessment processes are critical to measure and support individual child development and to inform and support program and systems efforts. Research supports assessing and supporting children's readiness for school in a multi-dimensional way including physical, social, emotional, communication/language, and cognitive development;¹⁰ within the context of everyday routines, activities and places; and by adults familiar with them. Results Matter (www.cde.state.co.us/resultsmatter), Colorado's early care and education child outcomes system, provides a strong foundation in Colorado for authentic, continuous, developmentally appropriate child

assessment to capture developmental progress over time and inform program decision making. Approximately 37,000 children participating in programs such as the Colorado Preschool Program, Preschool Special Education, Early Intervention, Head Start and Early Head Start, and child care received ongoing developmental assessment as part of the Results Matter system.

While there is no current common measure in Colorado to assess children's school readiness at kindergarten entry, under the Colorado Achievement Plan for Kids established by Senate Bill 08-212, the Colorado Department of Education is developing a kindergarten readiness assessment process using the Results Matter system as a foundation. The information obtained through the school readiness assessment process will help families, communities, and early learning providers improve the ways they support children prepare for school, as well as support schools in being prepared to help children as they enter kindergarten.



ACTION PLAN

STRATEGY: Monitor children's learning and development through screening and on-going assessments.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|--|---|--|--|
| Identify overlaps, gaps, successes and barriers to implementing routine, standardized developmental and social-emotional screening in a variety of service settings (e.g. primary health care, child care/early learning, parent education/home visitation). | Updated ABCD strategic plan completed with activities, benchmarks, and time frames for a coordinated developmental screening system. | Strategic plan developed by June 30, 2010 | Assuring Better Child Health and Development State Team |
| Promote statewide implementation of routine, standardized developmental and social-emotional screening in a variety of service settings (e.g. primary health care, child care/early learning, parent education/home visitation). | Reports are disseminated via the ABCD web site and other existing early childhood communication mechanisms that document progress on strategic plan goals and objectives. | Reports disseminated biannually beginning January 1, 2011 | Assuring Better Child Health and Development State Team |
| Establish cross-sector coordination and tracking of developmental screening and resulting referrals | Coordinated data system is in place to track and monitor developmental screening and referrals. | Data tracking system developed by December 31, 2012 | Assuring Better Child Health and Development State Team |
| Promote parent and caregiver education on child development through the use of evidence-based developmental screening tools. | <p>Training curriculum developed for health care providers and early learning providers that promote the use of evidence-based developmental screening tools.</p> <p>Training curriculum developed for families that promote child development and developmental screening.</p> | <p>Provider curriculum developed by July 31, 2011, with regional trainings in 2012</p> <p>Family curriculum developed by December 31, 2010, with regional trainings in 2011 and 2012</p> | Assuring Better Child Health and Development State Team |
| Develop and implement a school readiness assessment process. | A statewide school readiness assessment process is adopted and implemented. | Plan for the school readiness assessment process presented to State Board of Education by December 31, 2010 | Colorado Department of Education, in collaboration with stakeholders |
| Establish and provide training and technical assistance to early learning providers, programs, and school personnel regarding the school readiness assessment process. | Training and technical assistance in place to support school readiness assessment process. | School readiness assessment process implemented in kindergarten settings by December 2013 | Colorado Department of Education, in collaboration with stakeholders |

ACTION PLAN

STRATEGY: Develop and support use of early learning standards by families, programs, and professionals.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|---|---|--|
| Widely disseminate the preschool–3rd grade subset of academic standards approved by the State Board of Education to schools. | All public schools who serve the preschool through 3rd grade population will receive electronic and printed resources with background, context, and purpose of the content standards. | Resources disseminated by June 30, 2010 | Colorado Department of Education |
| Identify strategies to support the implementation of preschool–3rd grade academic standards across a variety of early childhood environments and programs (e.g. child care, preschool, Head Start, early intervention) in order to ensure comprehensive early learning standards for children birth to 8. | Study completed to identify and address the needs of programs and professionals in order to successfully implement the content standards. | Study completed by December 31, 2010 | Colorado Department of Education, in collaboration with stakeholders |
| Provide training and technical assistance to integrate preschool–3rd grade academic standards into a variety of early childhood programs and environments. | Training and technical assistance plan developed and implemented to implement content standards. | Training plan completed and implementation started by June 30, 2011 | Colorado Department of Education, in collaboration with stakeholders |
| Develop the framework and incentives for the vertical and horizontal alignment of curriculum, assessment, and instructional delivery in P–3 programs and environments. | Model P–3 curriculum and assessment materials are available. | Materials are available by December 31, 2011 | Colorado Department of Education, in collaboration with stakeholders |

STRATEGY: Provide personnel in disciplines working with young children and their families with effective promotion, prevention, and intervention strategies and practices that promote social-emotional development and mental health.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|--|---|---|
| Develop and support a statewide infrastructure for early childhood mental health consultation (ECMHC) for children, families, and providers in a variety of settings (e.g. health care, early learning, home visitation). | Infrastructure framework developed that includes quality indicators for mental health consultants. | Infrastructure framework developed by September 30, 2010 ECMHC professional development plan developed by March 31, 2011 | Early Childhood Mental Health Consultation Infrastructure Committee of the Blue Ribbon Policy Council |
| Incorporate best practices around social-emotional development into training, professional development, and coaching for professionals working with young children and their families. | A plan is established that includes funding and policy decisions to support best practices and coaching for early childhood professionals. | Plan developed by June 30, 2010 | P–3 Professional Development Task Force |

Result: Decreased gaps in school readiness and academic achievement between populations of children.

INDICATORS

State Indicators

Percentage of children in Part C/early intervention who were functioning within age expectations per each of the targeted outcome areas* by the time they turned 3 years of age or exited the Part C/early intervention program.

Colorado Baseline

84.5% positive social-emotional skills;
84.8% acquisition and use of knowledge and skills;
87.9% use of appropriate behaviors to meet needs (2008)

Data Source

Early Intervention Colorado, Colorado Department of Human Services

Percentage of children in the Colorado Preschool Program whose growth rates increased in one or more of the three targeted outcome areas* by completion of the program as compared to their more advantaged peers.

2008 baseline data not available as of April 2010

Results Matter, Colorado Department of Education

Percentage of preschoolers receiving Part B, Section 619 special education services, whose growth rates increased in one or more of the three targeted outcome areas* placing them closer to their same age peers by transition out of preschool special education services.

2008 baseline data not available as of April 2010

Results Matter, Colorado Department of Education

Achievement and growth gaps for 4th and 5th grade students by population (e.g. living in poverty, minorities, or receiving special education services) scoring proficient or advanced on reading CSAP.

<http://www.cde.state.co.us>

Colorado Growth Model, CSAP, Colorado Department of Education

Achievement and growth gaps for 4th and 5th grade students by population (e.g. living in poverty, minorities, or receiving special education services) scoring proficient or advanced on 4th grade math CSAP.

<http://www.cde.state.co.us>

Colorado Growth Model, CSAP, Colorado Department of Education

**The three targeted outcome areas include: positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs.*

STORY BEHIND THE ACTION PLAN

There are a number of reasons for gaps in school readiness in different populations, particularly related to disparities in socioeconomic status and race and ethnicity. Studies have shown that children from low-income and minority families are at increased risk for falling behind in school.¹¹ Disparities in child outcomes are evident at 9 months and grow larger by 24 months of age.¹²

These disparities exist across cognitive, social, behavioral, and health outcomes. A couple of specific examples include:

- Children who live in families with low socioeconomic status are exposed to three million fewer words by 4 years of age than those from families with higher incomes. In Colorado, 47 percent of children living at less than 200 percent FPL are read to daily as compared to 62 percent of children living at 400 percent or greater FPL.¹³



- Chronic absence in kindergarten and early grades adversely impacts student performance. For example, studies show that chronic absence in kindergarten affected reading performance for Latino 1st graders and chronic absence in kindergarten predicted the lowest levels of educational achievement at the end of 5th grade for low-income children.¹⁴ The Colorado Department of Education tracks absenteeism, however it is not possible to aggregate these data by grade level.

The Colorado Growth Model (<http://www.cde.state.co.us>) provides data on the academic achievement and progress for both individual students and populations of students. This model

focuses attention on maximizing student progress over time and reveals where, and among which students, growth may or may not be occurring. Third grade CSAP scores establish the baseline for comparison of growth and identification of gaps over time.

One strategy proven to decrease gaps in school readiness is to provide high-quality early childhood programs for young children who are experiencing risk factors, such as poverty, parents with less than a high school education or equivalent, substance abuse in the family or high mobility. Young children at risk for being unprepared for school who participate in quality early childhood programs, such as the Colorado Preschool Program, Head Start, or Parents as Teachers, make

better-than-expected developmental progress and start school with better readiness skills.^{15,16} Some key indicators of quality in community programs that support the healthy development of at-risk young children include: well-trained providers,

high-quality program standards, research-based program design, and a multi-generational approach that supports both children and their parents.

ACTION PLAN

STRATEGY: Develop, promote, and support high quality professional development and formal education for early learning professionals.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|--|--|---|---|
| Develop a comprehensive three-year plan to create an integrated, well-aligned, and financed professional development system for early learning professionals. | Comprehensive plan developed with clear actions, measurable benchmarks and time lines. | Plan completed by July 31, 2010 | P-3 Professional Development Task Force |
| Establish the infrastructure to deliver training and technical assistance to early learning professionals related to social-emotional development, mental health, cultural responsiveness, and inclusion of young children with special needs. | At minimum, two Pyramid Plus sponsored Pyramid Model module trainings conducted annually. | Training and technical assistance available by December 31, 2010 | Pyramid Plus State Team |
| | Mechanism for certification of Pyramid Plus trainers and coaches established. | Processes and technical assistance for certification available by July 31, 2011 | |
| | Reports developed and disseminated that highlight successes and challenges of programs and communities partnering with Pyramid Plus. | Reports disseminated by December 2010 and annually thereafter | |
| Promote awareness of and access to professional development activities and resources focused on social-emotional development and mental health. | Pyramid Plus materials and trainings distributed via local early childhood councils, local interagency coordination councils, Family Resource Centers, Colorado Preschool Program Coordinators, and the Colorado Head Start Association. | Ongoing 2010 through 2012 | Pyramid Plus State Team |

ACTION PLAN

STRATEGY: Align and integrate child care licensing with a comprehensive rating and reimbursement system to support high-quality early learning programs.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|--|--|---|
| Identify standards to define high quality in early learning programs. | "Quality Rating Improvement System (QRIS): The Next Generation" study and planning process is completed and a full report with clear vision, strategies, actions, time lines, and resource needs is developed. | "QRIS: The Next Generation" study group convened by March 31, 2010, and full report completed March 31, 2011 | Division of Child Care, Colorado Department of Human Services, in collaboration with stakeholders |
| Study opportunities and needs for aligning and integrating child care quality rating system within child care licensing addressing affordability, accessibility, and accreditation. | Results of study are incorporated into the QRIS report. | Full report completed March 31, 2011 | Division of Child Care, Colorado Department of Human Services, in collaboration with stakeholders |
| Establish funding needed to support a comprehensive, licensing and quality rating system that is tied to reimbursement. | Cost analysis completed and incorporated into the QRIS report. | Full report completed by March 30, 2011 | Division of Child Care, Colorado Department of Human Services, in collaboration with stakeholders |
| Embed the use of evidence-based practices into regulations that govern licensed child care environments including centers and family child care homes. | Revised child care licensing regulations that include evidenced-based practices recommended in the QRIS report. | Progress report on child care licensing revisions completed by May 31, 2012 | Division of Child Care, Colorado Department of Human Services |

STRATEGY: Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families

| Actions | Measure(s) of Progress | Time Frame | Lead |
|--|---|---------------------------------------|--|
| Inventory existing and potential family support and education programs that use an evidence-based approach including statewide availability, implementation costs, training, and numbers served. | Inventory of existing and potential programs complete including availability, implementation costs, training needs, and number served is completed. | Inventory completed by March 31, 2011 | Colorado Parent & Child Foundation, Invest in Kids, and Reach Out and Read Colorado—in collaboration with partners |
| Develop a plan, including infrastructure, that supports the statewide dissemination of programs that use good research or evidence to improve outcomes and school readiness for families/children considered "at-risk," including, but not limited to Reach Out and Read, Parents as Teachers, HIPPPY, and Incredible Years. | Plan completed and includes strategies, resource needs, and implementation recommendations. | Plan developed by September 30, 2011 | Colorado Parent & Child Foundation, Invest in Kids, and Reach Out and Read Colorado—in collaboration with partners |

Result: Increased number of children who receive a medical home approach.

INDICATORS

| State Indicators | Colorado Baseline | Data Source |
|---|-------------------|---|
| Percentage of children with a primary health care provider (birth to 14 years). | 67.5% (2008) | Child Health Survey, Colorado Department of Public Health and Environment |
| Percentage of families who (always/usually) feel like a partner in their child's health care (birth to 14 years). | 89.2% (2008) | Child Health Survey, Colorado Department of Public Health and Environment |
| Percentage of children receiving care arrangement and/or coordination from health care providers and/or related services (birth to 14 years). | 28.5% (2008) | Child Health Survey, Colorado Department of Public Health and Environment |

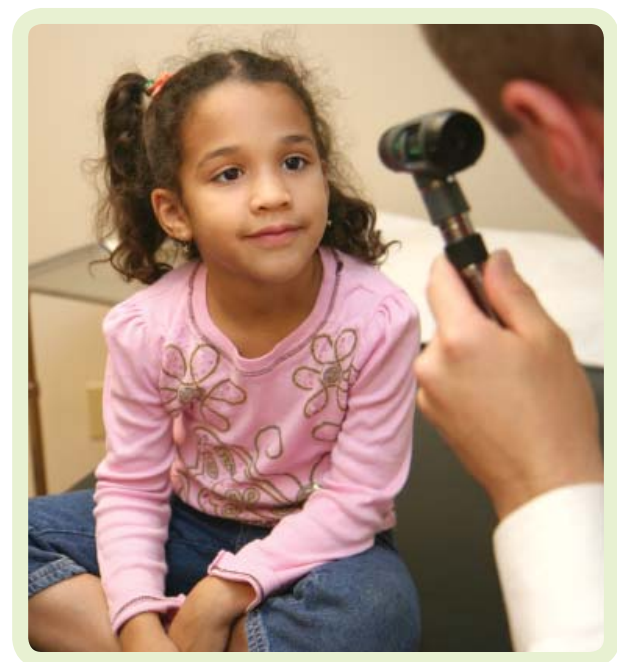
STORY BEHIND THE ACTION PLAN

In Colorado, the essential quality components of a medical home approach include accessible, family-centered, compassionate, continuous, comprehensive, coordinated, and culturally responsive care. It is a concept of quality health care that builds from:

- a team approach to coordinated health care services;
- partnership between families and providers;
- comprehensive medical, mental and oral health care; and
- the belief that families should be included in determining care and treatment options through mutual discussion and collaborative decision-making.¹⁷

In 2007, the Colorado General Assembly developed a state goal of increasing the number of children who receive care consistent with a medical home approach. There are a variety of initiatives focused on increasing access to and quality of a medical home. These include, but are not limited to, the Medical Home Initiative at the Colorado Department of Public Health and Environment (CDPHE), the Department of Health Care Policy and Financing (HCPF), Colorado Community Health Network (CCHN), Colorado Medical Society (CMS), Colorado Child Health Care Access Program

(CCHAP), Colorado Clinical Guidelines Collaborative (CCGC), and Colorado Family Voices. Additionally, there is an increased recognition by other child-serving programs that access to a medical home is important to the healthy development of young children. This increased focus on a medical home approach has also increased the need to better coordinate and align the various medical home efforts and messages, in order to further this result in a more concerted and cohesive manner.



ACTION PLAN

STRATEGY: Strengthen coordinated efforts of public and private stakeholders to support health and wellness through a medical home approach.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|--|--|--|
| Coordinate the various medical home initiatives, projects, and supports that target young children. | <p>“Medical Home Leadership Team” (exact name TBD) developed to guide coordination of medical home initiatives.</p> <p>State medical home plan and implementation schedule developed.</p> <p>Comprehensive report on progress and outcomes of medical home initiatives developed by the “Medical Home Leadership Team” for the state legislature twice a year.</p> | <p>“Medical Home Leadership Team” created by March 31, 2010, and includes CDPHE, HCPF, CCHN, CMS, CCHAP, CCGC, Family Voices</p> <p>Plan and implementation schedule developed by December 31, 2010</p> <p>“Medical Home Leadership Team” report submitted to the state legislature in January and July of 2011 and 2012</p> | <p>“Medical Home Leadership Team”—inclusive of CDPHE, HCPF, CCHN, CMS, CCHAP, CCGC, Family Voices; leadership provided by HCPF</p> |
| Develop consensus on and disseminate consistent messaging about a medical home approach to stakeholders, families, policymakers, and early childhood professionals. | <p>Coordinated and consistent messaging developed, disseminated, and incorporated in a variety of messaging tools by all partners involved with the “Medical Home Leadership Team”.</p> | <p>Consistent message(s) developed by August 31, 2010, and incorporated in partners materials, web sites, etc. by January 31, 2011</p> | <p>“Medical Home Leadership Team”—inclusive of CDPHE, HCPF, CCHN, CMS, CCHAP, CCGC, Family Voices; leadership provided by HCPF</p> |

STRATEGY: Promote and support use of standards for a medical home approach.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|---|---|--|
| Strengthen coordination between primary health care providers and other professionals who provide services for young children (e.g. public health, health care specialists, mental health, oral health, early learning, home visitation, early intervention). | <p>Annual report developed that highlights growth and outcomes of the four community Medical Home Action Teams and disseminated via the Medical Home Initiative web site and Advisory.</p> | <p>Annual reports developed by January 31, 2011, and January 31, 2012</p> | <p>Colorado Medical Home Initiative—in collaboration with the “Medical Home Leadership Team”</p> |
| Support consumer awareness and understanding of a medical home approach. | <p>Medical home brochure for consumers disseminated via local Medical Home Action Teams, early childhood councils, public health professionals, and medical home partners.</p> <p>Training tools including videos, on-line trainings, and webinars developed and made available via the Medical Home Initiative web site.</p> | <p>Brochure developed by November 30, 2010, and disseminated throughout 2011</p> <p>Training tools developed by December 31, 2011, and disseminated throughout 2012</p> | <p>Colorado Medical Home Initiative—in collaboration with the “Medical Home Leadership Team”</p> |
| Promote medical home as part of professional education programs and ongoing professional development for health care and other interested early childhood professionals. | <p>Three-module curricula that provide an introduction to the medical home concept developed and made available.</p> | <p>Curricula available on CO.TRAIN by September 30, 2010</p> | <p>Colorado Medical Home Initiative—in collaboration with the “Medical Home Leadership Team”</p> |

Result: Increased parent engagement and leadership at program, community, and policy levels.

INDICATORS

State Indicators

Colorado Baseline

Data Source

Percentage of families of young children who feel supported and engaged in their role as a child's first teacher.

To be determined

In need of development.
(See *ACTIONS* on page 20)

Number of trained and active family leaders.

To be determined

A number of programs collect information on family leadership (e.g. Head Start, Part C/early intervention, Statewide Parent Coalition, The Federation of Families for Children's Mental Health). However, this data is not collected in a coordinated, unified method that allows for a population-based data point.
(See *ACTIONS* on page 20)

Number of programs that have embedded the value and importance of family leadership in program and policy decision making (e.g. boards/councils that require family members as voting members, policies and procedures that require family-decision making partnerships between the family and the program).

To be determined

While many programs and initiatives embrace and support family leadership, this data is not collected in a coordinated, unified method that allows for a population-based data point.
(See *ACTIONS* on page 20).

STORY BEHIND THE ACTION PLAN

A significant body of research indicates that when parents participate in their child's health care and education, the result is an improvement in child outcomes. The role of parents is pivotal to shaping development, values acquisition, and lifelong learning. Children also need to see their parents acting in larger social contexts, demonstrating that one can have an impact in a rapidly changing world.¹⁸ Efforts to increase family involvement usually include encouraging parents to pursue at-home behaviors that facilitate development and learning as well as activities that support the parent-teacher and parent-health care provider relationship.¹⁹ Parents will actively participate on behalf of their child when they:

- know that their participation is part of something successful;

- see that they can make a difference in their child's life;
- feel supported, respected and acknowledged for their time and efforts;
- receive hands on training and guidance; and
- have family supports such as food, child care, and transportation.²⁰

The following elements constitute a road map of interactive and ongoing family engagement and have been adapted from the Harvard Family Research Project:²¹

- Family engagement is a shared responsibility in which early learning, health, mental health, and family support programs and organizations are committed to reaching out to engage families in meaningful ways and in which families are committed to actively supporting their child's healthy development.

- Family engagement is continuous across a child's life and entails changing parental roles as children move from birth through the early school years and across the variety of environments where a child develops and learns.

Colorado envisions a continuum that distinguishes the process, progress, and value of family engagement and involvement at the individual level to family leadership at the community and

policy level (www.ColoradoFamilyLeadership.com). While the concepts of family engagement and family leadership have successfully been embedded in cross-sector efforts and there are many committed partnerships focused on various aspects of this continuum, the infrastructure has not been developed to actualize these concepts on a practical level.



ACTION PLAN

STRATEGY: Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|--|---|--|
| Organize and disseminate messages targeted to parents/families regarding the benefits of engagement and positive parenting. | www.earlychildhoodcolorado.org web site updated and marketing tools developed to promote parent and family use of this site. | Web site updated by August 31, 2010, and marketing tools developed by December 31, 2010 | Marsico Institute for Early Learning and Literacy in collaboration with stakeholders |
| Identify and develop indicators and data collection processes to monitor and inform family engagement efforts. | Measurable state level indicators identified for this result. | Indicators and data sources identified by December 31, 2011 | Colorado Head Start Collaboration Office and CDPHE, in collaboration with stakeholders |

STRATEGY: Strengthen and support family leadership through effective training modules.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|--|--|--|--|
| Re-establish the Colorado Family Leadership Coalition comprised of partners committed to advancing a family leadership initiative in Colorado. | Coalition norms, purpose, and meeting schedule developed. | Coalition established by December, 31, 2010 | CDPHE and the Colorado Head Start Collaboration Office |
| Develop consensus on and disseminate consistent messaging regarding the linkage and progression of family engagement and leadership. | Messaging resources and tools developed and available on the Colorado Family Leadership web site (www.ColoradoFamilyLeadership.com). | Messaging resources and tools are on the web site by June 30, 2011 | Colorado Family Leadership Coalition |
| Develop a strategic plan for a statewide family leadership development initiative. | Strategic plan completed and includes activities, benchmarks, and time frames. | Strategic plan completed by June 30, 2011 | Colorado Family Leadership Coalition |
| Define standards, indicators, and measurement tools for family leadership. | Report developed that outlines standards, indicators, and measurement tools for active family leadership. | Report developed by December 31, 2011 | Colorado Family Leadership Coalition |
| Develop and implement a Family Leadership Registry for use by state, community, and policy-level partners. | Family Leadership Registry developed and functioning. | Registry developed and utilized by June 30, 2011 | Colorado Family Leadership Coalition |

ACTION PLAN

STRATEGY: Develop, promote, and support high quality professional development and formal education for adults who work with young children.

| Actions | Measure(s) of Progress | Time Frame | Lead |
|---|--|--|---|
| <p>Embed family partnership and engagement values and strategies into professional preparation and development programs for professionals working with young children (e.g. health, early learning, mental health, family support providers).</p> | <p>Design team established to develop family partnership and engagement training module(s).</p> <p>Family partnership and engagement training module(s) developed and disseminated through a variety of professional development initiatives including, but not limited to, Pyramid Plus Center, Medical Home, and Colorado Office of Professional Development</p> | <p>Design Team established by December 31, 2010</p> <p>Training modules developed by December 31, 2011, and disseminated throughout 2012</p> | <p>Colorado Head Start Collaboration Office and CDPHE, in collaboration with stakeholders</p> |



Appendix

ELEMENTS OF A COMPREHENSIVE EARLY CHILDHOOD SYSTEM

The **foundations** noted in the *Early Childhood Colorado Framework* function as critical systems building elements, essential to reducing the long-standing fragmentation of policies and programs serving young children and their families.²²

The foundations in the *Framework* include the following functions that support an early childhood system:

- Build and Support Partnerships
- Fund and Invest
- Change Policy
- Build Public Engagement
- Share Accountability
- Generate Education and Leadership Opportunities

Build and Support Partnerships

Young children and their families access supports and services from a variety of programs and providers. When the various organizations and agencies administering these programs work in a concerted approach, the result is more effective and efficient service delivery for children and families. In order to assure coordination, sustainability, and accountability of a comprehensive cross-sector system, both formal and informal organizational structures and agreements are necessary. There is no one single authority, leader, or structure that is solely responsible for the solution.

The concept of “collaborative governance”²³ offers a model for inclusive, deliberative, and consensus-oriented approaches to issues and solutions that involve multiple service sectors and systems. In February 2010, Governor Ritter signed an Executive Order creating the Early Childhood Leadership Commission in Colorado. The purpose of the Commission is to ensure and advance a comprehensive early childhood system for children from birth to age 8 and their families. The initial charge of the Commission is the development of an interagency data system to enhance the use of data and improve decision-making, alignment, and coordination among federally-funded and state funded services and programs targeted to



young children and their families. This Commission meets the requirements, outlined in the Federal Improving Head Start for School Readiness Act of 2007, for a state council.

During the development of the *Framework in Action State Plan*, a less formalized and inclusive state level early childhood partnership emerged. This partnership welcomes all state-level, public and private partners who see themselves contributing towards the vision identified in the *Early Childhood Colorado Framework* and are committed to working in partnership to achieve the results identified in the *Framework in Action State Plan*. In 2010, the early childhood state partnership will meet quarterly to share progress on the state plan and strengthen existing partnerships while building new ones. The activities and outcomes of this state-level collaborative will support and inform the work of the Early Childhood Leadership Commission.

Colorado’s state-wide system of local early childhood councils provides the local infrastructure for convening cross-sector community partners to identify, plan, and address systems change

needed to improve outcomes for young children and families within local communities. The Early Childhood Councils Advisory Team (ECCAT), established through legislation, provides a formal collaborative structure to support the advancement of a sustainable, high-quality statewide system of local councils. ECCAT, working in close partnership with the Early Childhood Leadership Commission, provides a mechanism for strong state and local systems connection and ensures a locally informed state-level agenda around early childhood issues. Finally, the Early Childhood Councils Leadership Alliance, a learning organization comprised of local council coordinators, provides a mechanism for cross-fertilization of local community systems-building successes as well as the identification of statewide barriers to comprehensive early childhood systems building.

Fund and Invest

Financing is a core systems-building element. Ongoing actions needed at the state-level include the alignment and coordination of existing funding resources and the generation of new funding streams. Colorado's efforts in this arena include the development of an interactive Early Childhood Cost Model in 2007. The tool started with a financial scan of all federal and state public dollars directed to services, supports and infrastructure across a comprehensive early childhood system. The Cost Model evolved into an interactive tool designed to inform ongoing discussions and decisions around the development of comprehensive early childhood supports, services, and infrastructure.

Change Policy

In order to maximize efficiencies, coordination, and results across an early childhood system, an understanding of real and perceived policy gaps and barriers is needed. In 2005 and again in 2007, Colorado conducted an audit of state rules, regulations, and statutes that impact young children, in collaboration with the national Policy Matters project. These audits, in addition to policy comparisons across states developed by national advocacy organizations, help identify areas for potential policy change. Several formal collaborative entities exist to identify and address early childhood related policy change including the previously described Early Childhood Leadership Commission and Early Childhood Councils

Advisory Team. Additionally, the Early Childhood and School Readiness Commission, created in 2009 as a 10-member legislative body, is designed to involve the Colorado General Assembly in the development of early childhood policy. These three entities, working in concert, will ensure a well-informed and effective early childhood policy agenda for Colorado.

Build Public Engagement

Public and political understanding of, and support for, comprehensive early childhood issues is necessary in order to build support for an adequately funded comprehensive early childhood system including both infrastructure and service delivery. Examples of Colorado's efforts to build public engagement include several on-going strategies to inform families, providers, and the general public about the importance of comprehensive early childhood supports, services, and infrastructure. These include a quarterly Early Childhood e-newsletter, the quarterly Partners in Prevention Family e-newsletter, regular Progress & Possibilities e-blasts to stakeholders, and an annual symposium highlighting early childhood systems-building work throughout Colorado. Additionally, the development of an early childhood information clearinghouse located on-line at www.earlychildhoodcolorado.org provides a mechanism for building awareness and sharing information among stakeholders and the public. Additional actions for building public engagement include the exploration of social marketing strategies in supporting stakeholder and public engagement.

Generate Education and Leadership Opportunities

Early childhood professionals need the knowledge, skills, and supports to work effectively with and on behalf of families and children. While there are multiple initiatives within and across the sectors focused on professional development, better coordination and broader dissemination of opportunities is warranted. Examples of Colorado's efforts to support wider dissemination of educational and training opportunities include the Colorado Office of Professional Development; CO.TRAIN, hosted by the Colorado Department of Public Health and Environment, that serves as a platform for posting, registering, and tracking professional courses; Qualistar Early Learning's

Child Care Resource and Referral network; and several partner web sites that post cross-sector trainings and professional development. Additionally, families provide a critical perspective as consumers of early childhood supports and services and therefore are important partners in developing and implementing changes at the program, community, and policy level. Mechanisms for building family leadership skills are needed.

Share Accountability

The development and use of standards is core to understanding, measuring, and improving outcomes for children and families. Two specific examples of standards development relevant to early childhood are derived from the education and health sectors. The P–3 Content Standards approved by the Colorado State Board of Education as part of Senate Bill 08-212, Colorado Achievement Plan for Kids, are part of an update and alignment of core standards from pre-school through 12th grade. The Medical Home Standards,

established as part of the Medical Home Initiative, describe essential aspects and components of quality health care provided through a medical home approach.

Sharing, understanding, and tracking data are essential to monitoring and ensuring accountability. Multiple public and private agencies and organizations provide services, supports, and resources for young children and families. Each entity may collect child, program, and/or systems data. A unified, interagency data system would measure progress and inform planning, policy development, and funding of early childhood supports, services, and infrastructure. House Bill 08-1364 provides foundational support to this effort by convening a Data Protocol Development Council to assist in designing and implementing an interdepartmental data protocol in order to facilitate information sharing across state agencies. The work of the Early Childhood Leadership Commission to create an interagency data system will build from these existing data efforts.

Footnotes

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**Key state partners from the following early childhood groups
participated in the development of the *Framework in Action State Plan*:**

Aloha Foundation
Assuring Better Child Health and Development Project
Clayton Early Learning
Colorado Association for the Education of Young Children
Colorado Bright Beginnings
Colorado Children's Campaign
Colorado Department of Education
Colorado Department of Health Care Policy and Financing
Colorado Department of Human Services
Colorado Department of Public Health and Environment
Colorado Head Start Association
Colorado Head Start State Based Training and Technical Assistance Team
Colorado Association for Infant Mental Health
Colorado Interagency Coordinating Council
Colorado Medical Home Initiative
Colorado Office of Professional Development
Colorado Parent & Child Foundation
Early Childhood Councils Advisory Team
Early Childhood Councils Leadership Alliance
Early Childhood Education Association of Colorado
Early Childhood Summit
Family Resource Center Association
Invest in Kids
Irving Harris Program in Child Development & Infant Mental Health
JFK Partners
Marsico Family Foundation
Marsico Institute for Early Learning and Literacy, University of Denver
Merage Foundation
Office of Lt. Governor Barbara O'Brien
P-3 Subcommittee of P-20 Education Coordinating Council
Pyramid Plus State Policy Team
Qualistar Early Learning
Reach Out and Read Colorado
Rose Community Foundation
Temple Hoyne Buell Foundation
The Colorado Trust
WONDERbabies

