



Colorado's Early Childhood Councils: 2016 Evaluation Report



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Prepared for:

The Office of Early Childhood
Colorado Department of Human Services
1575 Sherman Street
Denver, CO 80203

Prepared By:

Margaret Soli
Sarah Daily
Kelly Maxwell
Erin Bultinck
Laura Rothenberg
and
Karen Ponder, Ponder Early Childhood, Inc.

Child Trends
7315 Wisconsin Avenue, Suite 1200W
Bethesda, MD 20814

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Executive Summary

Many state and local leaders are working to develop an early childhood system to better coordinate programs and services that support early learning and development, health and well-being, and family outreach and education to address identified needs of children and families. The fragmentation of this system is historically due in large part to the multiple federal, state, and local funding streams designed to support children and families prenatally through early elementary school.



In 2007 the Colorado General Assembly established the Early Childhood Councils (HB07-1062) and charged them with “increasing and sustaining the quality, accessibility, capacity, and affordability of early childhood services for children five years of age or younger and their parents” in the areas of: early care and education, family support, mental health, and health.¹ The establishing legislation for the Councils requires a triennial evaluation to understand the status of the state’s efforts to build a cohesive early childhood system across the state. In March 2016 Child Trends, a non-profit research and evaluation organization, partnered with the Colorado Department of Human Services, Office of Early Childhood (CDHS) to conduct an evaluation that meets these requirements. We developed a study designed to address the following research questions, as required in legislation:

1. What is the overall performance of the Councils?
2. What is the overall performance of the state in meeting the needs of the Councils?
3. To what extent are there feasible opportunities to combine funding sources that are available to the Councils?
4. What are the barriers to delivery of quality early childhood services?
5. What is the impact of the rule waiver process?

This study used multiple data collection strategies in order to provide a ‘360 review’ of the Councils’ work, drawing from data provided by the Councils themselves, their community partners, governing members, and early care and education providers. Staff members at CDHS also participated in a key stakeholder interview and several meetings which helped to inform our teams’ understanding of the context for the Councils’ work and the design of our data collection instruments. There are several key findings from this study, which follow in the next sections.

¹ General Assembly of the State of Colorado. House Bill 07-1062. http://www.eccbouldercounty.org/wp-content/uploads/2016/07/3.-1062_enr.pdf.

What is the overall performance of the Councils?

This question was addressed by examining Council capacity, goals and activities; efforts to track and measure progress; and perceptions of Councils' effectiveness from the perspective of community partners, governance members, and early care and education providers. A summary of findings and recommendations for each of these topics is included below.

CAPACITY:

Council capacity and the communities they serve vary. The most notable differences among Councils emerged around funding, staffing, and governance structures. Across all Councils in the 2015 fiscal year, total funding ranged from \$45,000 to \$4,068,614 and the average number of staff ranged from two to 24. Variations in staff and funding may be reflective of the communities they serve. For example, a rural county with a lower population of children, families, and early care and education providers will be staffed differently than a Council with a larger population. Variations in Council governance structures exist in terms of the total number of members (which ranges from 4-53), the types of members represented, and decision-making processes being used.

Next steps: The capacity of the Councils and the needs of the families and providers they serve are important contextual features that should be kept in mind when considering next steps. The Councils should work to ensure they have adequate staff with the right skills and capacity to implement the Councils' scope of work and meet the needs of the communities they serve. Furthermore, CDHS and the Councils should work together to identify additional supports and strategies that will help build Councils' long-term capacity, for example, professional development and training opportunities exclusively focused on building strong local leadership². Clearer guidance should be provided by CDHS on Council governance and membership, so Councils can ensure they are compliant with statute and strengthen the role of their members and governing bodies.

GOALS & ACTIVITIES:

Nearly all Councils reported that their work has shifted toward supporting quality improvement among early care and education programs. Most Councils reported this change was due, at least in part, to the increase in CDHS funding to support quality improvement in early care and education programs. However, it is important to note that Councils' goals and activities were either documented in many different ways or are not documented at all in a current strategic plan. Only 14 of the 31 Councils submitted strategic plans that identified their *current* goals and activities. Of the 14, only seven included measurable goals and outcomes, that is specific measurement strategies or progress indicators by which performance of the Councils could be measured.

Next steps: A clear definition of the goals, activities, and expected outcomes that are common across Councils is needed in order to evaluate their collective impact. To increase both communication and understanding about the scope and nature of the Councils' work,

² Ponder, K. (2015). Chapter 2: Local Systems Building through Coalitions. *Rising to the Challenge: Building Effective Systems for Young Children and Families, a BUILD E-Book*. BUILD Initiative. Retrieved from: <http://www.buildinitiative.org/Portals/0/Uploads/Documents/E-BookChapter2LocalSystemsBuildingThroughCoalitions.pdf>

CDHS and the Councils should work together to develop a set of core functions (i.e., goals; activities; outcomes; and strategies for measuring progress) that are needed to promote quality, accessibility, capacity, and affordability of early care and education, family support, and health and mental health programs and services. This work should build upon CDHS's current statement of work for the Councils and could be guided by the Early Childhood Colorado Framework. In addition, since maintaining a current strategic plan is required in the establishing legislation of the Councils, guidance on the development of strategic plans can be further supported through the promulgation of rules.

Councils emphasized that their work to promote coordination and efficiency across the early childhood system supports the success of their quality improvement initiatives. When considering the core functions of the Councils, it will be important to maintain flexibility to enable Councils to identify and address their local systems-building needs. It is equally important for each Council to develop a strategic plan that uses a common format that includes measurement strategies for their identified goals and outcomes.³

Having a shared understanding of the Councils' core functions and common goals will not only increase understanding and communication about the Councils' work, it can also support future evaluation efforts to examine the Councils' effectiveness and impact. It is important to note that data collection for this evaluation was conducted near the same time as the launch of the new Council Quarterly Reporting system. While there was not a sufficient amount of data for our team to analyze trends in this evaluation, these data will be a tremendous resource for examining effectiveness across Councils in the next evaluation.

MEASURING PROGRESS:

While many Councils rely solely on state systems, several have developed their own strategies for measuring and monitoring their work. At different times in the survey Councils expressed frustration that state reporting systems do not capture all of the Councils' work, beyond specific activities funded by the state. As a result, many Councils developed their own methods to specifically measure their activities, in order to fully describe the breadth of their work. Yet these unique approaches impede the ability to demonstrate the statewide impact of the Councils. Councils also articulated that they were not always clear about how the data collected by CDHS through the Quarterly Reports is being used.

Next steps: Efforts to work with Councils to define their core functions, goals, and activities (as noted above) should be coordinated with guidance about progress monitoring. CDHS should consider developing tracking and measurement strategies that demonstrate the Councils' collective work across counties and the state of Colorado, potentially guided by the Early Childhood Colorado Framework. This work has already begun with the current Council statement of work and the new Council Quarterly Reporting system, and should continue to build on existing efforts to define the Councils' core functions and outcomes, (i.e., indicators work led by the Early Childhood Council Leadership Alliance; ECCLA) when appropriate. If

³ Early Childhood Leadership Commission (ECLC). Early Childhood Colorado Framework. Retrieved from: <http://www.earlychildhoodcolorado.org/early-childhood-colorado-framework/>

these data are collected in a consistent way over time, CDHS will be able to better assess the Councils' work in a systematic way and will have the ability to track trends over time.

While it is critical that Councils report the specified outcomes of their state-funded work, CDHS should work with Councils to develop a data collection structure or process that allows Councils to report the outcomes of their locally-determined work in a similarly consistent and quantifiable manner. The rules process might also provide further guidance on key features each Council should include in their annual reports. This would help Councils address the core outcomes that are monitored by CDHS, while also providing flexibility for Councils to report to key stakeholders and their early childhood communities about their successes related to their overall community early childhood systems building work, which may go beyond CDHS-funded work.

PERCEPTIONS OF EFFECTIVENESS:

On average, community partners perceive the Councils as being effective in supporting local early childhood systems. While partners' ratings were high on average, there was wide variability in the individual ratings (3 to 10 on a scale of 1 to 10), indicating that some Councils are perceived as more or less effective than others by their partners. **On average, ECE providers report that Councils are effective in meeting the needs of their programs.**

Through our surveys with providers, we noted different patterns based on providers' registration status in Colorado Shines. Sixty-four percent of registered providers (318 out of 498 who responded to a survey) said they received support from a Council within the last 18 months, compared to 27% of unregistered providers (45 out of 167 who responded to a survey).



Next steps: Developing strategies for frequently collecting feedback from partners and providers will be a valuable ongoing evaluation method for assessing the impact and effectiveness of the Councils' work. In addition to direct evaluation of the Councils, CDHS and the Councils should examine how their quality improvement initiatives are working for ECE providers to ensure their investments are best serving young children and their families.

What is the overall performance of the state in meeting the needs of the Councils?

Councils were mixed in their perceptions of the helpfulness of supports offered to them. Most of the Councils are using the supports offered by the Colorado Department of Human Services (CDHS), Colorado Department of Education (CDE), and the Early Childhood

Council Leadership Alliance (ECCLA); however, their perceptions of the helpfulness of these supports were fairly divided. Along with describing the supports they had received, some Councils explained they have been generally overwhelmed by Colorado Shines and the new data systems.

Next steps: Though there are several supports currently in place to assist Councils, CDHS's continued efforts to reach out to Councils individually to assess their specific needs will help identify new types of supports to offer to Councils. It may also be that all 31 Councils do not need the same types of assistance and outreach, so offering supports for small groups of Councils with similar needs may be beneficial and more efficient. For example, smaller learning communities could be developed around specific topics. This could include a regional network of Councils that meet periodically for updates, training, and sharing of lessons learned. It is important to note that before data from this study were analyzed or reported back to CDHS, CDHS launched new technical assistance efforts that were not included in our Council survey. These include individualized supports such as weekly communication between Councils and QRIS Coordinators and monthly meetings. When considering additional supports to meet the unique needs of Councils, it will be important for CDHS to build upon and promote the supports currently being offered.

To what extent are there feasible opportunities to combine funding sources that are available to the Councils?

Although Councils appreciate the various funds that support their work, it can be challenging for them to manage multiple funding streams. Councils noted that managing multiple funding streams is complicated and time consuming from an administrative standpoint. Moreover, when a program receives multiple sources of funding, it can cause inefficiencies for service delivery and tracking, especially when coaches are trying to individualize quality improvement supports based on a program's needs. Ideally, Councils would like to combine multiple CDHS fund streams for quality improvement activities in a way that maintains the original intent of these initiatives so that progress can be tracked over time while also allowing for more flexibility in how resources and services are allocated to programs. Finally, Councils articulated a need to review and update language to make it easier to determine provider eligibility for some funds. For example, the term "low-performing" in the establishing legislation for the SRQIP is no longer used to distinguish school performance.

Next steps: Moving forward, CDHS should continue to engage Council staff in conversations about how to coordinate funding in ways that support efficient and effective service delivery. Even if funding sources cannot be combined in statute, there may be opportunities to better align the requirements and eligibility of funding sources to enable more flexibility at the local level to streamline QI delivery. Any effort to update legislative language as needed to increase the ease of determining provider eligibility will also be beneficial.

What are the barriers to delivery of quality early childhood services?

Both long-term (i.e., workforce retention) and short-term (i.e. combine funding streams, coordinated communications efforts) are needed to address barriers to the delivery of quality early childhood services. Councils reported market forces (e.g., lack of competition and low supply of qualified ECE professionals); and funding as challenges in delivering and sustaining high-quality early childhood services. Councils also explained that ECE providers struggle with recruiting and retaining qualified staff, and further, that families with young children in their communities are encountering a limited number of child care slots and inadequate transportation options. We also asked community partners for their perceptions of the strengths and challenges in their local early childhood systems. Many partners explained that effective coordination of early childhood supports is already happening in their community, yet several others provided recommendations for ways local systems might be streamlined through strong communication and public awareness. Several partners recommended efforts to increase the public awareness of and support for the Councils' work.

Next steps: Initiatives at the state or local level designed to increase the qualifications and compensation of the early childhood workforce may play an important role in helping to retain highly-qualified ECE professionals. In addition, state leaders and the Councils should continue to work together to seek ways to combine or better coordinate funding to increase the efficiency and effectiveness (i.e., address challenges of differing time frames for spending, inability to combine funding for a more coordinated QI response, differing eligibility requirements). Further, local early childhood services would be better streamlined if strong communication structures were in place, such as a central website for the Councils. Public awareness campaigns about the services and supports being offered by the Councils would also be beneficial.

What is the impact of the rule waiver process?

Through our key informant interviews with CDHS staff, we learned that the process is rarely used by Councils and the Early Childhood Leadership Commission did not receive any rule waiver requests within the past year. Nonetheless, details regarding the process for submitting a rule waiver were included in this report for reference.

Introduction

In 2007 the Colorado General Assembly established the Early Childhood Councils (HB07-1062) and charged them with “increasing and sustaining the quality, accessibility, capacity, and affordability of early childhood services for children five years of age or younger and their parents” in the areas of: early care and education, family support, mental health, and health.⁴ In recent years Councils articulated a slightly broader definition of their charge: “to positively impact services for young children and families by building an effective, quality, and responsive local early childhood system through coordination of partnerships across diverse agencies.”⁵ There are currently 31 Early Childhood Councils that represent the 64 counties across the state.⁶

The establishing legislation for the Councils requires a triennial evaluation to understand the status of the state's efforts to build a cohesive early childhood system across the state. In March 2016 Child Trends, a non-profit research and evaluation organization, partnered with the Colorado Department of Human Services, Office of Early Childhood (CDHS, OEC) to conduct an evaluation that meets these requirements. This study aims to provide a “360 review” of the Councils' work, drawing from data provided by the Councils themselves, their community partners, governing members, and early care and education providers. Staff members at CDHS also participated in a key stakeholder interview and several meetings, which helped to inform our team's context for the Councils' work and the design of our data collection instruments.

Background

Early childhood systems-building efforts have existed in states for decades under multiple names and initiatives. Notable federal systems-building initiatives include the Maternal and Child Health Bureau's Early Childhood Comprehensive Systems Initiative (ECCS), which began in 2003, and the State Early Childhood Advisory Councils funded by the Head Start for School Readiness Act of 2007. In the mid-2000s the North Carolina Partnership for Children and Smart Start provided small grants and technical assistance to 12 states, including Colorado, to develop their early childhood systems. The field of early childhood policy, research, and technical assistance providers also significantly informed early childhood systems-building work through the Early Childhood Systems Working Group (ECSWG) in 2005. This working group developed a framework for a comprehensive early childhood system that guided many states' early childhood systems planning efforts. The collective work of these efforts provide an important context to Colorado's own early childhood system work, which gained momentum over the past decade.

Early Childhood Councils

One of Colorado's first legislated early childhood systems-building initiatives was launched when the Colorado General Assembly of 2007 established the Early Childhood Councils

⁴ General Assembly of the State of Colorado. House Bill 07-1062. http://www.eccbouldercounty.org/wp-content/uploads/2016/07/3.-1062_enr.pdf.

⁵ Colorado's Early Childhood Councils 2014 State of the Councils Report. Denver, CO: Early Childhood Council Leadership Alliance. http://news.ecclacolorado.org/wp-content/uploads/2015/02/ECCLAreport_vF.pdf.

⁶ Colorado Office of Early Childhood Website: <http://www.coloradoofficeofearlychildhood.com/ecc>.

(HB07-1062) and charged them with "increasing and sustaining the quality, accessibility, capacity, and affordability of early childhood services for children five years of age or younger and their parents."⁷ This legislation recognized the 17 Councils already operating across the state and established a common purpose for the Councils to "develop and ultimately implementing a comprehensive system of early childhood services to ensure the school readiness of children five years of age or younger" in the areas of: early care and education, family support, mental health, and health. Through this legislation, Councils are required to include at least ten members that represent the following perspectives:

- **Local government**, including but not limited to county commissioners, city council members, local school district board members, and local county departments of human services;
- **Early care and education**, including but not limited to licensed and legally exempt child care providers, head start grantees, and district preschool programs;
- **Health care**, including but not limited to local public health agencies; health care providers; supplemental food programs for women, infants, and children; early periodic screening and diagnosis and treatment programs as required by federal law; and part B and part C of the federal "Individuals With Disabilities Education Improvement Act of 2004;
- **Parents** of children five years of age or younger;
- **Mental health care**, including but not limited to community mental health centers and local mental health care providers;
- **Resource and referral agencies**, including but not limited to child care resource and referral agencies; and
- **Family support and parent education**, including but not limited to home visitation programs, family resource centers, and income assistance programs.

Councils may also include members that represent: child care associations; medical and dental professionals; school district parent organizations; Head Start policy councils; a chamber or chambers of commerce; local businesses; faith-based and nonprofit organizations; higher education institutions; and libraries.

The statute also describes the required duties of the Councils, which are summarized to include the following activities:

- Increase and sustain the quality, accessibility, capacity, and affordability of early childhood services for children five years of age or younger and their parents. To this end, each council shall develop and execute strategic plans to respond to local needs and conditions.
- Develop and implement a strategic plan based upon an assessment of the early childhood needs in the designated service area that includes a description of the Council infrastructure; a technical assistance plan and an annual budget for developing a local early childhood system and infrastructure to improve and coordinate early childhood services; and a plan for evaluating program performance and Council process and effectiveness as it relates to the council's strategic plan.
- Establish a local system of accountability to measure local progress based on the needs and goals set for program performance;
- Report annually the results of these accountability measurements;

⁷ General Assembly of the State of Colorado. House Bill 07-1062. http://www.eccbouldercounty.org/wp-content/uploads/2016/07/3.-1062_enr.pdf.

- Select a fiscal agent to disburse funds and serve as the employer of the council director;
- Actively attempt to inform and include small or under-represented early childhood service providers in early childhood council activities and functions.

There are currently 31 Early Childhood Councils that represent the 64 counties across the state.⁸

Early Childhood Colorado Framework

In 2008 staff in the Colorado Lieutenant Governor's office helped to create the first Early Childhood Colorado Systems framework. This framework articulated four domains of Colorado's early care and education system: early care and education, family support, mental health, and health, and incorporated input from over twenty stakeholder groups including state agency officials, local partners and providers, program administrators, advocates, advisors to the lieutenant governor, parents, and others. The process of creating the framework enabled Colorado to identify key outcomes the state collectively wanted to work towards improving. Outcomes fell into one of three categories: Access, Quality, and Equity. The framework was intended to be used in three ways: as a tool to communicate the state's overall vision for children and families and the importance of early childhood; as a planning tool to identify the agencies, programs, and services working toward each of the outcomes; and potentially to track change for children and families over time.

In 2015, Colorado's Early Childhood Leadership Commission (ECLC), the group of leaders who advise and make recommendations to the Office of Early Childhood (CDHS) led a process to revise the Early Childhood Colorado Framework (Framework). The 2015 Framework identifies 22 access, quality, and equity outcomes across three domains of the early childhood system: family support and education; health and well-being; and learning and development. The framework also identifies 11 "Strategies for Action" and seven system "Fundamentals." The Early Childhood Colorado Framework (Framework) provides a foundation for the Councils' local-level systems-building.⁹

⁸ Colorado Office of Early Childhood Website: <http://www.coloradoofficeofearlychildhood.com/ecc>.

⁹ Early Childhood Leadership Commission (ECLC). Early Childhood Colorado Framework. Retrieved from: <http://www.earlychildhoodcolorado.org/early-childhood-colorado-framework/>

Early Childhood Colorado Framework, rev. 2015

Strategies for Action

- Connect and Empower Families
- Build Community Capacity
- Implement Quality Standards
- Make Data Informed Decisions
- Develop and Retain the Workforce
- Support Consumer Affordability
- Advance Sustainable Business Practices
- Encourage Public Private Approaches
- Pursue Continuous Quality Improvement
- Ensure Coordinated Services
- Promote and Share Knowledge

Fundamentals

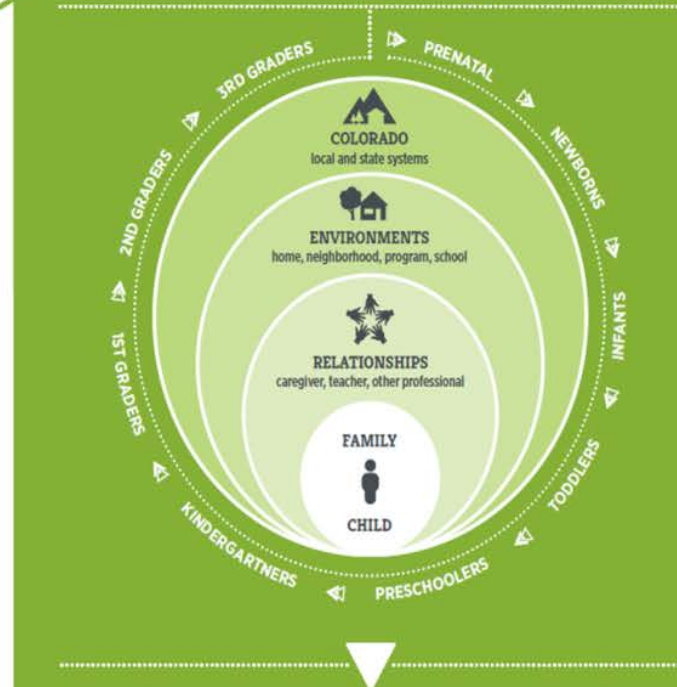
- Strong Partnerships
- Sufficient Investments
- Sound Policy
- Robust Public Engagement
- Shared Accountability
- Effective Leadership
- Relevant Education Opportunities

Outcomes ► access, quality and equity

- Family Support & Education
- Health & Well-Being
- Learning & Development

ACCESS	
<ul style="list-style-type: none"> • Family engagement and leadership opportunities exist within programs, schools and communities • Services and supports promote the well-being and resiliency of parents and caregivers • Family friendly policies and practices exist in the workplace 	
<ul style="list-style-type: none"> • Comprehensive health coverage and services are consistently utilized by pregnant women and children • 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 	
<ul style="list-style-type: none"> • Education, coaching and ongoing training exist for caregivers, teachers and other professionals • Learning experiences and environments are high quality, developmentally appropriate and affordable 	
QUALITY	
<ul style="list-style-type: none"> • 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 	
<ul style="list-style-type: none"> • All health care providers, including mental health, deliver coordinated, family focused care • Settings and practices promote strong relationships, social and emotional development, appropriate nutrition and physical activity 	
<ul style="list-style-type: none"> • 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 • All settings provide effective transitions across and within programs, schools and systems 	
EQUITY	
<ul style="list-style-type: none"> • 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 	
<ul style="list-style-type: none"> • Families have the ability to plan the number and timing of their children • All environments are safe, free of toxins, have affordable foods and offer physical activity • Children with special health, behavioral or developmental needs receive individualized services and supports 	
<ul style="list-style-type: none"> • 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 	

all children are valued, healthy and thriving



Results

- CHILD**
Young children reach their developmental potential and are ready to succeed in school and in life
- ENVIRONMENTS**
Environments that impact children are safe, stable and supportive
- RELATIONSHIPS**
Adults are knowledgeable, responsive and interact effectively with and on behalf of children
- COLORADO**
Localities and the state attain economic and social benefits by prioritizing children and families

Early Childhood Systems Building Partners: There are several entities and organizations working at the state and local level to promote and implement Colorado's vision for a coordinated early childhood system that promotes the quality, accessibility, capacity, and affordability of early childhood services. This study focuses primarily on the work of the Early Childhood Councils (Councils), but also gathers perspectives from key early childhood system partners. Though there are many partners working at both the state and local level to promote Colorado's early childhood system in addition to Early Childhood Councils, our data collection efforts focused on: Child Care Resource & Referral (CCR&R) agencies; Family Resource Centers (FRCs); the Early Childhood Council Leadership Alliance; and key stakeholders at the Colorado Department of Human Services Office of Early Childhood (CDHS, OEC).

Child Care Resource & Referral (CCR&R): CCR&Rs, funded primarily through Colorado's federal Child Care Development Block Grant, are local entities that provide a variety of services to families, early care and education programs, professionals, and their local early childhood system. CCR&Rs support families by helping them identify available child care options. CCR&Rs can also serve as an information clearinghouse for families—for example, providing information about family programs and services available in their community. They can also collect information about families—for example, community-level demographics and needs. For early care and education providers, CCR&Rs may conduct market surveys or community needs assessments, to assess the affordability and availability of child care. They can also provide direct technical assistance, training, and professional development to providers, and collaborate with community partners to improve the quality, affordability, and accessibility of the early care and education system.¹⁰

Family Resource Centers (FRC): FRCs were established through Colorado legislation in 1993 and are funded by the Community-Based Child Abuse Prevention (CBCAP) program at the Administration for Children and Families. The purpose of FRCs is to support vulnerable families by providing evidence-based parenting education programs, such as Active Parenting, Incredible Years, Nurturing Parenting Programs, and Parents As Teachers. FRCs also coordinate with other local partners to help families access other local supports and services.¹¹

Early Childhood Council Leadership Alliance

Since 2013 the Early Childhood Council Leadership Alliance (ECCLA), a 501(c)3 membership organization, has supported the network of Early Childhood Councils. ECCLA works to: promote partnerships, provide resources and support to the Councils, disseminate information about the Councils' work, support and promote data use and tracking of trends, and advocate on behalf of Council members on issues related to early childhood systems-building.

¹⁰ National Association of Child Care Resource and Referral Agencies (1996). *Making Child Care Work: A Study of Child Care Resource & Referral in the United States*. Washington DC: National Association of Child Care Resource and Referral Agencies.

¹¹ Colorado Office of Early Childhood Website:
<http://www.coloradoofficeofearlychildhood.com/familyresourcecenters>.

Colorado Department of Human Services, Office of Early Childhood (CDHS).

The Office of Early Childhood oversees several programs and initiatives designed to support children, families, and early care and education professionals. This includes overseeing programs and services designed to support children's development and readiness for school; supporting the coordination of services needed for effective early identification and intervention; improving the quality of early care and education; and building a comprehensive and coordinated early care and education system across the state.¹²

Colorado's Early Childhood Council Funding Sources

As described in more detail in this report, Councils receive the majority of their funding from Colorado Department of Human Services (CDHS). The goals and objectives of these funding initiatives drive a large part of the Councils' work and provide an important context for this report. The major funding initiatives that are provided to Councils from CDHS include the following:

The School Readiness Quality Improvement Program (SRQIP) is designed to improve the school readiness of children from birth to five who attend child care facilities feeding into public elementary schools that are designated as Low Performing and Turn Around schools and receive Title 1 funding. The participating child care programs receive a Colorado Shines Rating, as well as assistance in improving the quality of care through the use of enhanced educational materials, specialized teacher training, coaching and mentoring services, and increased parental involvement. In addition, local School Readiness projects may implement community-specific strategies for increasing the quality of care at participating early care and education facilities.

Infant Toddler Quality Assurance Program (ITQA). The goal of the ITQA program is to increase the quality and availability of care for low-income infants and toddlers. This program also aims to increase parent engagement among participating programs. Programs that currently accept Colorado Child Care Assistance Program (CCCAP) funding are eligible to participate in ITQA. Programs that achieve a "high-quality" status receive an increased rate of CCCAP reimbursement.

Race to the Top - Early Learning Challenge Quality Improvement (RTT-ELC QI). In 2012 Colorado received \$44.8m as one of five states chosen as Phase 2 RTT-ELC winners. The goals of the Race to the Top-Early Learning Challenge (RTT-ELC) program are to improve the quality of early learning and development, and close the achievement gap for children with high needs. Guided by the vision of the Early Childhood Colorado Framework, Colorado's RTT-ELC grant has focused on: the implementation of Colorado Shines, the state's second generation Quality Rating and Improvement System (QRIS); enhancements to the state's early childhood professional development system, including the launch of the Professional Development Information System (PDIS); expansion of Colorado Results Matter; and

¹² Colorado Office of Early Childhood Website: <http://www.coloradoofficeofearlychildhood.com/about>.

use of Teaching Strategies GOLD. The RTT-ELC QI dollars are allocated by Early Childhood Councils to any licensed provider participating in Colorado Shines that has achieved Level 2 or higher. These funds can be used by providers to purchase things like classroom materials, professional development and trainings, and child assessments/curriculum.

Colorado Child Care Assistance Program (CCCAP) Quality Improvement Program. The goal of the CCCAP Quality Improvement Program, which launched in 2014, is to ensure that at least 39% of children receiving child care subsidy under the age five years of age are served in high-quality rated programs. Licensed early childhood education programs identified as "Priority Sites" (based on the number of CCCAP children enrolled) are eligible to receive quality improvement resources that are administered by the Councils. These funds can be used to purchase: classroom learning materials, staff professional development, substitute coverage/overtime pay for training attendance; and on-site coaching.

Child Care Development Fund Early Childhood Council Systems Building. The goal of the system building funds is to support Councils throughout the state to create a seamless system of early childhood services representing collaboration amount various public and private stakeholders for the effective delivery of early childhood services in the areas of early care and education, family support, mental health and health to children and families five years of age or younger in a manner that is responsive to local needs and conditions.

Expanding Quality for Infants and Toddlers. The Expanding Quality in Infant Toddler Care (EQ) Initiative is a collaboration between the Colorado Department of Education and the Colorado Department of Human Services, Division of Early Care and Learning. Early Childhood Councils are the local delivery partner for this program. The primary goal is to increase the quality and availability of responsive care for infants and toddlers throughout Colorado by:

- Strengthening the skills and knowledge base of Early Childhood professionals working with infants and toddlers
- Building capacity and promoting systemic change to foster increased quality and availability of care and services
- Supporting leadership and collaboration at the community level
- Facilitating professional development for infant toddler professionals, particularly those who are teaching or coaching infant toddler teachers

Early Childhood Council Scopes of Work and Quarterly Reports for CDHS

Councils that receive funding from CDHS are required to implement a scope of work that aligns with the identified goals of each funding sources (see Appendix Table A 1). To demonstrate Councils' progress towards these outcomes and activities, they are required to submit a quarterly report that addresses up to ten identified outcomes, depending on the Councils' source(s) of funding (see Appendix Table A 2). Councils report on these outcomes in addition to selecting at least one Outcome from the Early Childhood Colorado Framework

(Framework) they are currently working towards. It is important to note that while the Councils' scopes of work with CDHS represent a large portion of the work of most Councils, they may also have goals and activities that go beyond their CDHS scopes of work.

C-STAT Measures

C-STAT is a performance based monitoring system used by CDHS that identifies key goals for the agency, and metrics by which progress towards reaching those goals may be tracked and monitored. Each Division in CDHS collects data for C-STAT, which is monitored on a monthly basis in order to revise strategies to attain each goal, as needed. The Division of Early Care and Learning has identified goals that specifically involve the work of the Councils, for example:

- 60% of the state's licensed QRIS-eligible child care providers to become a Level 2 or higher in Colorado Shines.
- 39% or higher rate of CCCAP enrollments in QRIS Levels 3-5 each month.
- 33% of Colorado's 209 communities to have at least one high quality CCCAP provider.

Although the C-STAT measures do not directly assess the effectiveness of the Councils, they provide important context for understanding the Councils' recent activities. CDHS and the Councils are working together to target their efforts in communities to make continuous progress toward these goals.

State-level Data Systems for Tracking Council Activities

Since the Councils were established in 2007, different systems have been used to track the Councils activities. From 2009-2015, progress reports were submitted through a system referred to as OMNI. The latest version (2015) of the OMNI Council Quarterly Reports was comprehensive and tracked data across several topical areas. On a quarterly basis, Councils were asked to update the following types of information¹³:

- General data about their Council (e.g., mission statement, organizational structure)
- Staffing information (e.g., number of paid/full-time staff, staff titles)
- Council governance and members (e.g., committee names, issues their committees are working on, list of Council members)
- Plans and funding (e.g., community assessments, strategic plans, funding sources and totals); Building foundations (e.g., systems building knowledge/skills recognized, bills/rules/policies addressed, formal partnerships developed)
- Quarterly reflections (e.g., accomplishments, lessons learned, challenges, technical assistance needs, system-building tasks)
- Evaluation (e.g., priorities for evaluation, implementation status of evaluative efforts)
- Data Collection (e.g., types of data being collected, percent of members that share data with Councils)

One critique of the OMNI Quarterly Reports is that the system mainly collected qualitative information, making it difficult to quantify and compare the Councils' work and measure

¹³ OMNI Description Source: <https://eccqr.omni.org/>

trends across time. In July 2015, CDHS (with input from the Councils) implemented a new system for Council Quarterly Reporting, with an intentional focus on quantified indicators. The new reports are formatted in an Excel Google document with a reporting supplement that pulls data from other systems in an automated way (on an ongoing basis or at specified time intervals). The new reports take advantage of data systems that Councils have been frequently using and accessing since the Race to the Top- Early Learning Challenge grant was awarded to Colorado: Sugar/ecConnect, Salesforce, and the Professional Development Information System (PDIS).

Sugar/ecConnect. Sugar is the database that enables the Councils to manage the assignment, usage, and reporting of QI funding and incentives. It also tracks a variety of other Council activities, such as professional development, coaching, and communication with ECE providers. ecConnect is the front-end portal of the Sugar data system and it is accessed by ECE providers and council staff to view, manage, and request QI dollars and coaching resources. Information on QI funding and incentives and Council activities is shared with the Salesforce system.

Colorado Shines Salesforce. Salesforce is the central database underlying the Colorado Shines QRIS. The Colorado Shines website is the front-end portal of Salesforce. Salesforce collects the ratings data for ECE programs and pulls several data points from other systems. The Councils frequently use the Salesforce system to track information about ECE providers in their communities.

Professional Development Information System (PDIS). PDIS is a web-based system supporting professional development for the early childhood workforce in Colorado. It connects early childhood professionals with training and education, including QRIS Level 2 E-Learning Courses. It also gathers information about the credential levels, qualifications, and training of registered ECE providers, which is used to verify criteria in the Workforce Qualifications and Professional Development category. Data from the PDIS is pulled regularly into the Salesforce system.

Council Quarterly Reports. At Quarterly Reporting times, Council staff review and verify their Council's data in the Sugar/ecConnect data systems, as well as review the Salesforce Council dashboard reports. These data systems (along with the PDIS) are the central data sources for the Council outcomes and indicators in the Quarterly Report. The Council Quarterly Report tracks several indicators tied to the outcomes of CDHS quality improvement funding streams: Systems Building (CCDF), RTT-QI, SRQIP, and ITQA & CCAP QI. As part of the data sharing agreement between CDHS and the ECCLA, much of the Council reporting is done through automated data syncs, although information about certain indicators is provided in a "Reporting Supplement." Councils are expected to perform ongoing trend analysis to operationalize data from Salesforce, PDIS, Sugar/ecConnect, and any pertinent external data sources, to help them administer CDHS Quality Improvement Programs.¹⁴ Table 1 shows examples of indicators now being tracked through these Quarterly Reports.

¹⁴ CDHS Early Childhood Council Reporting Supplement July 1, 2015 – June 30, 2016

Although the Council Quarterly Reporting Supplement requests some quantitative data and automated reporting, the remainder of the report requires Councils to provide qualitative descriptions in an Excel spreadsheet. In the Excel portion of the report, Councils describe how they have used data to inform program practices and decisions, and to explain the successes and challenges of this work in the most recent quarter. Councils are also asked to describe their progress towards at least one Outcome from the Early Childhood Colorado Framework (Framework) and a selected Strategy for Action identified in the Framework. Councils also provide a list of their current partners, a description of the purpose of the partnerships, and the entity type and status of formal agreements. Finally, staff describe their Council's efforts to increase public awareness of the Early Learning and Development Guidelines and the Framework. Since the Council Quarterly Report was new in 2015, we asked Councils to share their feedback through the online survey.

Table 1. Example outcome and indicators

Outcome	Indicator
Increase the quality of child care for Colorado's children, especially our highest-need children.	% of Level 2-5 Sites in Council Area (Salesforce)
Increase the number of professionals recognized under the Early Childhood Professional Credentials	% increase in # of high quality ratings (Salesforce)
	% increase in Early Childhood professional credentials by Level (PDIS/Salesforce)
	% increase in CCCAP children served in Level 2 Early Learning Programs (Salesforce)
	% increase in CCCAP children served in Level 3 or higher Early Learning Programs (Salesforce)
Increase or sustain formal agreements between the Early Childhood Council and other community early childhood partners related to the Early Childhood Colorado Framework (revised).	# of signed agreements between system partners by domain (Sugar)

Source: Early Childhood Council Reporting Supplement July 1, 2015 – June 30, 2016

Study Design and Approach

The establishing legislation for the Councils requires a triennial evaluation that examines the following five topics:

- a) An aggregate evaluation of local evaluation plan data as integrated and analyzed by the state department, including an evaluation of the overall program performance and Council process and effectiveness;
- b) An evaluation of state program performance, including the efficiency and effectiveness of the state department in meeting the needs of the Councils;
- c) An evaluation of the feasibility of combining the funding sources available under this part 1;
- d) An evaluation of the barriers to delivery of quality early childhood services; and
- e) An evaluation of the impact of waivers issued pursuant to section 26-6.5-104.

One goal of this study was to conduct a “360 degree” evaluation of the Councils by identifying the perspectives of individuals who interact with the Councils at varying levels. Figure 1 depicts all of the different respondent groups that played a role in this evaluation: Key informants with CDHS and collaborating organizations, Council governing members, Child Care Resource and Referral (CCR&R) agencies and Family Resource Centers (FRCP), other Council key partners, and Early Care and Education (ECE) providers.

Figure 1. Respondent groups for 360 degree evaluation



We used a mixed-methods approach to address these evaluation questions. These methods include multiple data collection strategies, tools, procedures, and analytic approaches that were designed to address the following research questions:

1. What is the overall performance of the Councils?
2. What is the overall performance of the state in meeting the needs of the Councils?
3. To what extent are there feasible opportunities to combine funding sources that are available to the Councils?
4. What are the barriers to delivery of quality early childhood services?
5. What is the impact of the rule waiver process?

Reviews of documents and existing data were incorporated throughout our process. We reviewed resources that are publicly available, including Colorado's Early Childhood Framework and the legislation establishing the Councils. We also reviewed resources shared by the CDHS and ECCLA, including Council Quarterly Reports, 2016 Scopes of Work, and performance indicators being tracked in Salesforce and ecConnect. Lastly we reviewed individual Council strategic plans, annual reports, and supporting documents that were shared with us by Council staff or found on Council websites.

We conducted **interviews with key informants** that informed the background and context presented in this report. We had regular meetings with CDHS and conducted a group interview with CDHS, which included the leadership team and Quality Rating and Improvement Coordinators. Information gathered from interviews with CDHS staff were used to inform the design of the study and the development of our data collection instruments. We also had conversations with key stakeholders outside of state departments, including representatives from ECCLA, and the Temple Hoyne Buell foundation. These interviews provide important context and background for informing the design of our study and survey instruments.

Our primary method of data collection was online surveys. All of our surveys were voluntary in nature and if a respondent preferred not to answer a question, they could leave that item blank.

Our **Council survey** was completed by all 31 Councils. The purpose of the survey was to collect comprehensive data from each Council related to our six evaluation questions. The survey included questions about the following topics: structure and funding, governance, staffing, strategic plans and goals, collaborations and partnerships, communities served, supports offered, and strategies used to measure and monitor effectiveness.

In addition to the survey with Councils, we administered a series of **surveys with community partners**:

We administered a survey with *Council governing members*. Council staff shared contact information for up to two members of their governance structure, including the president/director when possible. The purpose of this survey was to gather perceptions from individuals who work closely with the Council and help with their

planning and decision-making. The governing member survey included questions about the respondents' role and work with their Council, perceptions of their Councils' goals and activities, and thoughts about building an effective early childhood system in their community. The 38 governing members who completed the survey serve on 25 Councils' boards.

We also surveyed representatives from *Councils' other key partnerships*. Council staff were asked to share contact information for up to three representatives of their Council's most important and active partnerships. Since effective partnerships are a critical component of the Councils' work, the purpose of this survey was to hear respondents' perceptions and experiences related to their partnership with a Council. The survey asked questions about the nature of their collaboration with a Council, perceptions of the Councils' goals and activities, and reflections on building an effective local early childhood system. The 50 key partners who completed the survey work closely with 25 of the Councils.

*Child Care Resource and Referral (CCR&R)*¹⁵ agencies and *Family Resource Centers (FRCP)* across the state of Colorado also participated in a survey. These individuals were identified via public searches and finalized by CDHS on May 25th, 2016. The purpose of this survey was to gather information about the experiences and perceptions of entities doing related work in communities alongside the Councils. The survey included questions about their experiences with Councils in general, perceptions of the collective goals and activities of Councils, and opinions about building an effective early childhood system across the state of Colorado. The five CCR&Rs representatives who completed the survey reported working closely with five different Councils. The 18 Family Resource Center representatives who completed the survey reported that they closely work with 14 Councils.¹⁶

Note that the different community partners play different roles in relationship to the Councils' work. For example, governing board members are expected to be familiar with their Council's internal processes whereas most Family Resource Center representatives would not. For this reason, we have reported the data by respondent type throughout this report. A complete data summary, which includes the number of respondents by type for each question, can be found in Appendix B. Community Partner Surveys Data Summaries.

Our final survey was sent to **Early Care and Education (ECE) providers**, the main recipients of Council services and supports. A data file with contact information for licensed ECE providers was sent by CDHS on May 13th, 2016. We administered two versions of this survey, one with providers who are "registered" with Colorado Shines and one with "unregistered" providers. "Registered" providers have created a user profile with the Colorado Shines website, indicating that they are interested in or already participating in Colorado Shines at higher levels. Unregistered providers have not made this information available to CDHS to date. Since Councils are working with providers participating in

¹⁵ Councils that also serve as CCR&Rs were not asked to complete this survey.

¹⁶ These are underestimates of the number of Councils represented. We asked CCR&Rs and FRCPs to identify the Council they work closely with; however, we know from other survey data that one CCR&R works three Councils and five FRCPs work with two Councils.

Colorado Shines at higher levels and conducting outreach with those that are not yet engaged, it is important that this evaluation captures the perspectives of both provider types. Survey data was collected from 167 unregistered providers, 45 of which reported working with a Council, and 498 registered providers, 318 of which reported working with a Council. The purpose of these surveys was to learn about ECE providers' experiences with and perceptions of the Council in their community. The survey included questions about their ECE program, organizations that support them, communication with their local Council, and a series of questions about the supports offered by their Council across the following domains: Family Support and Education, Early Childhood Health and Well-Being, and Early Learning and Development supports. A complete summary of the survey data can be found in Appendix C. ECE Provider Surveys Data Summaries.

Table 2 describes our survey administration procedures in more detail, including the dates each survey was open, response rates, and incentives we provided.

Table 2. Survey administration procedures

Survey Respondents	Administration Dates & Reminders	Response Rate* (# responses/ # of surveys sent)	Incentives provided
Council Staff	May 10 th -June 17 th ¹⁷	31/31 = 100%	All received \$50 gift cards
Governing Board Members	May 31 st - June 20 th 2 email reminders	39/52 = 75%	Lottery for \$35 gift cards, one respondent received \$100
Key Partners	June 1 st -June 20 th 2 email reminders	50/74 = 68%	Lottery for \$35 gift cards, one respondent received \$100
CCR&Rs and Family Resource Centers	May 31 st - June 20 th 2 email reminders	CCR&Rs: 5/6= 83% FRCs: 16/25= 65%	Lottery for \$35 gift cards, one respondent received \$100
Registered ECE Providers	June 8 th - June 24 th 2 email reminders	498/1759 = 28%	Lottery for \$50 gift cards, two respondents received \$200
Unregistered ECE Providers	June 13 th - June 29 th 2 email reminders	213/1632 = 13%	Lottery for \$50 gift cards, two respondents received \$200

* The total number of responses includes complete and partial responses; respondents may not have answered every question in order to count in the response rate. The number of surveys sent omits duplicated emails, bounced messages, and recipients who unsubscribed.

All surveys were administered using Survey Gizmo, an online survey platform. Each survey included a mix of quantitative questions (i.e., close-ended, multiple choice, ranking) and qualitative questions (i.e., open-ended). The quantitative survey data were analyzed using descriptive statistics in Microsoft Excel. Respondents were able to leave a question unanswered; therefore, the number of respondents who answered each question is provided through this report as reference. Many questions permitted respondents to provide multiple

¹⁷ Council staff were reminded a minimum of three times to complete the Council survey, share documents, and send contact information for board members and key partners. These reminders were sent via email or stated over the phone.

responses, therefore percentages may not always equal 100%; rather, percentages represent the respondents that identified with that response. Frequencies from the Council survey are reported as numbers throughout this report and frequencies from our series of community surveys are reported as percentages. The qualitative survey data were also organized in Microsoft Excel. The responses were coded and summarized using thematic analysis to identify common categories and patterns. Representative themes and quotes (in some cases) are included throughout the report to illustrate findings that emerged from the open-ended survey questions.

Part I. What is the overall performance of the Councils?

In the first part of this evaluation, we examined the overall performance of the Councils and focused on the following four topics:

- (1) **Council structure and capacity:** This section of the report provides a descriptive, aggregate profile of the Council structures, funding, governance, and staffing, in order to understand their operating capacity.
- (2) **The nature of Councils' goals and activities:** This section examines Council goals and strategic plans, and assesses the extent to which Council goals are measurable and aligned with the intent of the Councils' required duties.
- (3) **Councils' efforts to track and measure progress toward their goals:** In this section, Councils report that the new Quarterly Reporting requirements are a primary strategy for measuring Council progress. This section includes a summary of how Councils report using these data, and successes and challenges they have encountered with the Quarterly Reports.
- (4) **Stakeholders' and providers' perceptions of Council effectiveness:** Given the community-based nature of the Councils' work, this section provides a summary of perceptions from local partners about the Councils' overall performance and effectiveness.

To examine these topics, we relied on data gathered through the Council survey, a review of Council's strategic plans, and reviews of the Council Quarterly Reports. We also administered surveys to members of the Councils' governing structures, representatives from CCR&Rs, Family Resource Centers, and representatives from up to three other key partners identified by each Council.

1. Council Structure and Capacity

Structure and Funding

We asked Councils to describe their structure and funding. Just under half of Councils reported the structure of their council as being "independent non-profit" (n=12 of 31). The remaining Councils report "operating under a non-profit fiscal agent" (n=8), "operating under a government agency" (n=5), "operating under a community college" (n=3), and "operating under a school district" (n=3).

On average, the Council total operating budget (including all public and private funding) for fiscal year 2015 was \$796,293, with a range of \$45,000 to \$4,068,614 (Table 3). Eight Councils reported that their total operating budget was over one million. Seventeen Councils reported a total operation budget of less than \$500,000. Nearly all Councils (n=30) reported, on average, that 75% of their funding comes from public funding sources, with majority coming from CDHS. Most Councils (n=27) also receive Private /Foundation funding, averaging 23% of their total budgets. Some Councils reported that they receive funds from individual donors (n=11) or other sources (n=14). Councils that reported receiving funds from other sources described receiving fees for service, such as training registration fees (n=5 of 13).

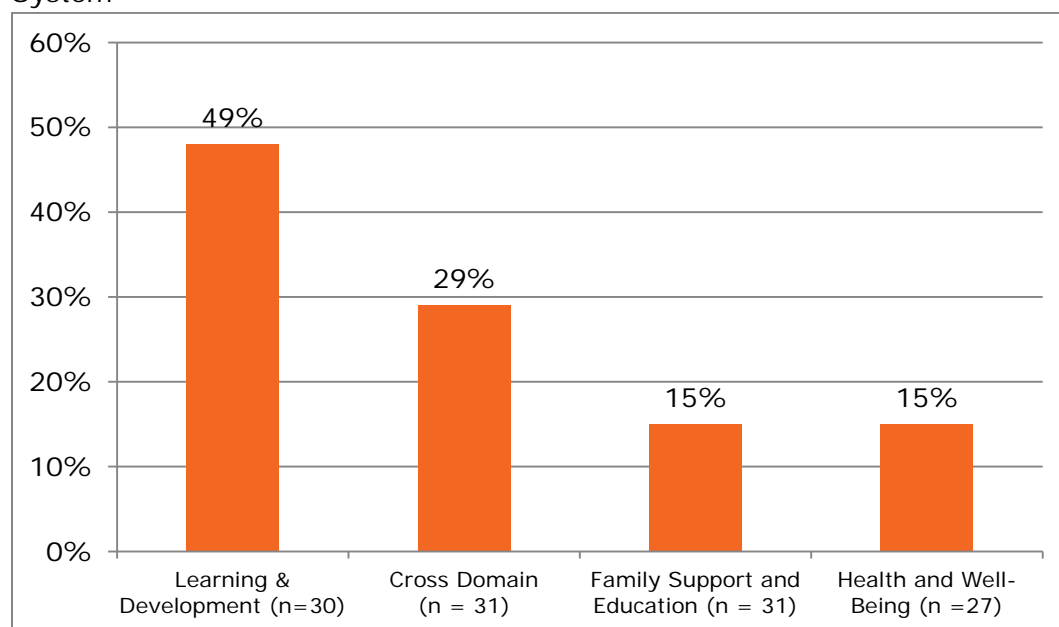
Table 3. Council funding

Total Operating Budget – FY 2015	
All Funding	n=31
Range	\$45,000 - \$4,068,614
45,000-100,000	4
130,000-425,000	14
590,000-920,000	5
1,060,000-4,068,614	8
Average	\$796,293
Public Funding	n=30
Percent Range	40-100%
Average	\$636,004 (75%)
Private/Foundation Funding	n=27
Percent Range	7-51%
Average	\$154,622 (23%)
Individual Donors	n=11
Percent Range	0.001-32%
Average	\$46,705 (6%)
Other Funding	n=14
Average	\$62,742 (5%)

Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

We also asked Councils to estimate the percentage of their total budget (i.e., state, local, foundation) that is dedicated to activities in each of the early childhood systems "domains": Family Support and Education; Health and Well-Being; Learning and Development; or to "Cross Domain" or systems-building work that did not fall into one of these four categories.

Figure 2. Average percent of total funding spent on each "domain" of the Early Childhood System



Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends

A few Councils made comments explaining their focus on the Learning and Development domain. For example, *"this domain has taken a front seat due to the Race to the Top Early Learning Challenge Grant and expectations of the Office of Early Childhood. There is significant outreach and coaching provided to early learning providers at this time."* When asked what percentage of Council resources are devoted to Colorado Shines implementation versus other activities, 19 Councils reported that 50% or more of their staff time and resources are devoted to Colorado Shines versus all other activities. In addition to the areas identified in Figure 2 above, five Councils also reported that 5-30% of their funding goes to covering general operating expenses. See Appendix Table A 1 for a list of the most common activities Councils reported that they supported in each of the domains.

Staffing

All of the Councils (n=31) provided information in a series of questions about their staff. Across all Councils, staff members range from two to 24 members (with one outlier that reported 47 staff). About half of the Councils (n=14) reported five total staff members or less—about half of which worked full-time, the other half part-time. Eleven Councils reported six to 13 staff members and six Councils reported 17 to 47 staff. Across all Councils, 55% of staff are full-time, and 45% work less than full-time (e.g., part-time, contracted, or .75%). Additionally, the majority of staff are salaried (55%); remaining staff

are contracted (17%) or reported as "other" (28%). Those who selected "other" explained that these staff work hourly (71% of the 28%).

Councils provided titles and descriptions of staff roles. The majority of Councils reported having a Quality Improvement (QI) Navigator position, or a position that involves quality improvement navigation responsibilities (n=25 of 31). Of the six Councils who did not list a QI Navigator, four reported having at least one coaching position. Additionally, six Councils reported having both a QI Navigator and at least one coach. All Councils reported having a staff person in a management role, such as a director or coordinator. Twenty-three Councils reported having a staff person who handles finances; nearly a third (n=8) of these positions are less than full-time.

Approximately a third of Councils (n=10) reported having a staff position involving data in some capacity. Of those Councils, five reported a staff position involving the management of data in different data systems (e.g., Sugar, Salesforce, Professional Development Information System); three reported a staff position supporting data collection; and two reported a staff position supporting data evaluation.

Council Governance

The establishing statute for the Councils' (26-6.5-103.5)¹⁸ requires that Council members represent the "various public and private stakeholders in the local community who are committed to supporting the well-being of children five years of age or younger." Councils are required by statute to have at least ten members that represent local government, early care and education, health care, parent of children five years of age or younger, mental health care, resource and referral agencies, and family support/parent education programs. The statute also describes that Councils may have representation from other stakeholder groups, including (but not limited to) child care associations, local business, school districts, libraries, and more.

The statute requirement does not clearly define membership and the role that Council members must play. For example, it is unclear whether members must sit on the Council's governing body and have voting rights, serve on a committee, or have another type of involvement with a Council. Our approach to learn about membership in our survey was to ask Councils about the members of their governance structures. Due to the unclear definition of membership in statute, it is possible that Councils may have interpreted these questions differently and described their membership differently as a result. This is a key limitation to consider when interpreting our survey data as indicators for Councils' compliance with state statute requirements for membership. If a formal assessment of Councils' compliance with the statute requirement is needed, we would recommend that membership roles are clearly defined for Councils and that this information could be collected regularly through Council Quarter Reports.

Almost all Councils (n=30) reported that they have a governance structure with an average of 16 total members, ranging widely from 4 to 53. Some Councils did not report having the

¹⁸ General Assembly of the State of Colorado. House Bill 07-1062. http://www.eccbouldercounty.org/wp-content/uploads/2016/07/3.-1062_enr.pdf.

minimum number of members required by state statute; nine Councils reported having fewer than 10 members serving on their governance structure. Twelve Councils said they had between 10-17 members and eight Councils had 20 members or more. The majority of Councils (n=19) reported that their governing body meets "8-12 times per year." One Council reported that their governing body meets more than 12 times per year, and the remaining Councils (n=6) said they meet 8 times or fewer in a year.

The general makeup of Councils' governing structures includes perspectives from Early Care and Education (ECE) professionals (n=30), health professionals (n=26), representatives from family support entities or agencies (24), representatives from social service agencies (n=24), and mental health professionals (n=23; Table 4). Councils that reported "other" perspectives explained that representatives from local government (n=5), faith-based institutions (n=4), libraries (n=4), and resource and referral agencies (n=2) also served on their Council's governing structure (Table 4).

Table 4. Member representation on Council governing structures

	Total number of Councils with this member group represented
Early Care and Education (ECE) professionals	30
Health professionals	26
Representatives from family support entities or agencies	24
Representatives from social service agencies	24
Mental health professionals	23
Representatives from community-based programs	22
Parents	20
Representatives from K-12	21
Other	19
Business representatives	17
Representatives from higher education	17
Lawyers	7
Researchers	5

Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

We also asked Councils about how their governing structure makes decisions. Twenty-two Councils described that they have sub-committees. Some Councils have standing subcommittees, while others create subcommittees as needed. Some Councils described that their subcommittees focus on a particular topic or program, such as family support or home visiting, while others have subcommittees focus on Council operations, like finances and partnerships. Twenty-one Councils reported that their subcommittees make recommendations to their Board of Directors or Executive Committee, which holds final decision-making authority. Many described that their Council makes decisions through a majority vote (n=13 of 21).

Summary Findings: Council Structure and Capacity

The purpose of this section was to document key features of the Councils: (1) structure and funding; (2) governance; and (3) staffing. The most notable differences among Councils emerged around funding and staffing. Across all Councils in the 2015 fiscal year, total funding ranged from \$45,000 to \$4,068,614 and the average number of staff ranged from two to 24. Variations in staff and funding may be reflective of the communities these Councils serve. A rural county with a lower population of children, families, and early care and education providers will be staffed differently than a Council with a larger population.

There is also variation across Councils in terms of the membership and operations of their governance structures. There is wide variability in the total number of members on their governing body, frequency of convenings, types of members represented, and decision making processes, based on local discretion. Clearer guidance on Council governance and the roles of required members will help to ensure Councils have the required perspectives represented.

It is important to understand the capacity of Councils and the needs of the families and providers they serve before making any changes to their core functions. Thinking long-term, the Councils and CDHS should work together to identify additional supports and strategies that should be considered to build Councils' capacity. For example, professional development and training opportunities that are exclusively focused on building strong local leadership¹⁹. The Councils also should work to ensure they have adequate number of staff with the right skills and capacity to implement their scope of work and meet the needs of the communities they serve. Also, centralized communication structures would help increase public awareness and reinforce communication between state, Councils, and ECE providers.²⁰

2. Councils' goals and activities

This research activity examined the Councils' identified goals and activities to assess the extent to which they are measurable and aligned with the HB07-1062 charge to, "increase and sustain the quality, accessibility, capacity, and affordability of early childhood services [i.e., early care and education, family support, mental health, and health] for children five years of age or younger and their parents." We reviewed the Councils' Strategic plans to gather information about their goals and activities. These documents were reviewed to assess the extent to which there were current and articulated measurable goals. Each goal identified in current strategic plans was also analyzed to assess the extent to which it aligned with the required duties of the Councils. In addition to these data sources, Councils

¹⁹ Ponder, K. (2015). Chapter 2: Local Systems Building through Coalitions. *Rising to the Challenge: Building Effective Systems for Young Children and Families, a BUILD E-Book*. BUILD Initiative. Retrieved from: <http://www.buildinitiative.org/Portals/0/Uploads/Documents/E-BookChapter2LocalSystemsBuildingThroughCoalitions.pdf>

²⁰ Ponder, K. (2015). Chapter 2: Local Systems Building through Coalitions. *Rising to the Challenge: Building Effective Systems for Young Children and Families, a BUILD E-Book*. BUILD Initiative. Retrieved from: <http://www.buildinitiative.org/Portals/0/Uploads/Documents/E-BookChapter2LocalSystemsBuildingThroughCoalitions.pdf>

were also asked to reflect on their goals in the Council Survey and the extent to which their goals have changed over recent years.

Status of Councils' Strategic Plans

Strategic plans were identified for 23 Councils. Three Councils indicated they did not have a strategic plan and five Councils reported that they were in the process of developing or revising their current strategic plan. Over half of the 23 strategic plans identified (n=14) were considered to be current—that is, they indicated they were developed for the years leading up to and inclusive of 2016 or beyond. Nine of the strategic plans identified expired prior to 2016 or did not include a date.

All of the 14 current strategic plans included a set of goals or priority areas and a set of one or more strategies to achieve each goal. About half of the plans included a mission statement (n=6); a vision statement (n=5); a set of specific activities or steps to implement the identified strategy (n=7); a timeline (n=6); and an identification of the individuals or entities responsible for the goal or activity (n=7). Half of the strategic plans (n=7) included measurable goals and outcomes, that is specific measurement strategies or indicators that could be used to measure progress in attaining goals. For example, “% increase in funding to provide social emotional trainings” or “# social emotional trainings provided.” In the instances where the strategic plan included measureable goals and outcomes, the plan either referenced or incorporated the CDHS Scope of Work document or a similar chart. This may indicate that the guidance and common format helped the Councils structure their goals and plans around measurement strategies.

Alignment of Council Goals to Required Duties

There were a total of 48 unique goals identified across all of the current strategic plans. Each goal was analyzed to assess the extent to which it aligned with one or more statutorily required duties of the Councils to promote:

- (1) quality;
- (2) accessibility;
- (3) capacity; and
- (4) affordability in the areas of
- (5) health and mental health;
- (6) early care and education and
- (7) family support.

In most cases each goal included language that aligned with more than one required duty. For example, the goal “Families have access to increased availability and quality of early care and education” was coded as aligning with: accessibility, family support and education, quality, and early care and education. As noted in Table 5 below, Councils' current goals most frequently included language related to accessibility, quality, and early care and education.

Table 5. Frequency of Language Identified in Council Goals Related to Required Activities

Language related to required activities	n
Accessibility	24
Quality	20
Capacity	14
Affordability	3
Early Care and Education	25
Health and Mental Health	13
Family Support	13

Child Trends (2016). *Colorado Early Childhood Council Document Review*. Bethesda: MD: Child Trends.

Changes in Goals and Activities in Recent Years

The survey asked Councils to describe the nature of their work in regard to the percentage of time and resources dedicated to "direct" or "indirect" services. On average, Councils reported spending about 75% of their time on direct services and 25% of their time on indirect services. Councils most frequently cited providing trainings or professional development (n=16); coaching providers (n=15); and hosting meetings or engaging with partners in the community (n=10) as examples of direct services. The most frequently reported examples of indirect services included hosting meetings (including the preparation and time spent participating) (n= 12); reporting on Council activities (n=10); grant writing and funding development (n=8); and fiscal management (n=7).

Councils were asked the extent to which they feel their work has changed over the past three years. Almost all Councils (n=25) felt their work had "changed a lot" or "some." When asked to describe the nature of the changes most Councils discussed the increase of resources dedicated to quality improvement with early care and education programs:

"Previously, we were system building only. Looking to convene partners and identify how different domains could work together and strengthen the community of early childhood. Now, we engage in direct services with hands-on coaching and training, delivering best practices and promoting other services."

"[We have a] significantly greater emphasis on and funding for QI work with ECE programs. We continue the systems building work, and, in fact have expanded that work as well, but the pressures of Race to the Top and the CDHS CSTAT goals have made this more challenging. There have been a number of positive outcomes for those new goals as well: [such as] increased engagement of programs in quality improvement [and] increased visibility of our agency due to the significant outreach efforts around Colorado Shines."

Summary of findings: Councils' goals and activities

While conducting this study we heard anecdotally from Council members and members of Colorado's early childhood community about the complexity of the Councils' work, and how difficult it is to define and succinctly articulate a set of core functions and goals across all Councils. Given their broad charge to improve programs and services for children, how

Councils address that charge may be different based on the needs in each community, and the capacity and resources available for Council operations. Yet, a clear definition of common goals, activities, and expected outcomes is needed in order to evaluate the collective impact of the Councils.

The clearest definition of the Councils' charge is the set of statutorily defined duties to promote quality, accessibility, capacity, and affordability within the areas of health and mental health; early care and education; and family support. To begin to understand the extent to which Councils are working on activities that align with this charge, we examined their current strategic plans and goals. Two key findings emerged from our analysis.

First, only 14 of the 31 Councils submitted strategic plans that identified their *current* goals and activities. Of the 14, only seven included measurable goals and outcomes, that is specific measurement strategies or progress indicators by which performance of the Councils could be measured. In order to have a more complete and accurate understanding of Councils' goals and core activities, current strategic plans would be needed from all Councils. The strategic plans also came in many different formats and included varying levels of detail. For example, some included long-term goals and others included specific activities or action steps to help work towards the identified goal. To increase both communication and understanding about the scope and nature of the Councils' work, it will be important for CDHS and the Councils should work together to develop a set of core functions (i.e., goals; activities; outcomes; and strategies for measuring progress) that are needed to promote quality, accessibility, capacity, and affordability of early care and education, family support, and health and mental health programs and services. Guidance for these strategic plans should build upon CDHS's current statement of work for the Councils, and could be further supported through the promulgation of rules.

Second, the survey and review of existing strategic plans identified that Councils are focused primarily on activities related to early care and education. Nearly all Councils (n=25) perceive that this focus has "changed a lot" or "some" in the past three years. Most Councils reported that this change was due, at least in part, to the increase in CDHS funding to directly support quality improvement in early care and education programs. Some Councils reported being able to ramp up direct services while maintaining efforts in other domains or across domains, while other Councils reported feeling "*spread very thin*" to achieve objectives across the Learning and Development, Health and Well-Being, and Family Support and Education domains.

Note that Councils emphasized how their work in promoting coordination and efficiency across the early childhood system supports the success of their quality improvement initiatives. When considering the core functions of the Councils, it will be important to maintain some flexibility that enables Councils to identify and address their local systems-building needs. It may be equally important, perhaps guided by the promulgation of rules, for each Council to develop a strategic plan that uses a common format that includes measurement strategies for their identified goals and outcomes.²¹

²¹ Early Childhood Leadership Commission (ECLC). Early Childhood Colorado Framework. Retrieved from: <http://www.earlychildhoodcolorado.org/early-childhood-colorado-framework/>

Having a common understanding of the Councils' core functions and their common goals can also support future conversations about how to best measure and evaluate Councils' collective effectiveness and impact. Because this evaluation occurred within the same timeframe as the new Quarterly Reporting system, there was not a sufficient amount of data for our team to analyze trends over time. In future evaluations, having similar data that is consistently collected will be an important resource for examining the effectiveness across Councils.

3. Council efforts to track and measure progress towards their goals

Understanding the strategies Councils are using to document, measure, and monitor their work and progress toward their goals is an important goal of this study. This is a multifaceted question, since Councils may use their own strategies for tracking and monitoring, in addition to completing the tracking requirements of their funding source(s). Our first step to address this question was to review existing data sources and talk with key informants. This information was used to document the state systems in place, historic and current, to measure and monitor the Councils' work. Our second step was to gather information directly from Councils through our survey, to learn about their priorities for tracking progress and gather their perceptions about the systems they are required to use regularly.

Tracking and Monitoring Strategies

Nearly all Councils (n=29) explained that they use multiple strategies to document, measure, or monitor the effectiveness of their work. About half of the Councils (n=13) referenced state data systems as their main platforms for tracking: Sugar (n=6), Salesforce (n=6), Council Quarterly Reports (n=4), OMNI (n=2), PDIS (n=2) and one mentioned CSTAT. Thirteen described strategies unique to their Council, such as conducting interviews with families, using specific assessment tools, tracking data in a dashboard, and more. Twelve Councils reported that they conduct their own surveys with providers (n=7), partners (n=3), and coaches (n=1). Two Councils said they use evaluation forms to gauge participants' satisfaction after trainings and events.

Eleven Councils explained that they track quantitative outputs of their work, such as participation rates, number of trainings provided, coaching hours, dollars spent in materials, ECE provider credential levels, quality ratings, number of licensed providers, availability of subsidies, and more. Most of these outputs are captured in the Sugar and Salesforce systems. Seven Councils explained that they utilize and maintain an internal data system that is individualized for their Council. Some strategies were reported by a handful of Councils. Four Councils discussed that they track their progress toward the goals in their strategic plans. Two Councils mentioned informal methods for tracking (i.e., regular verbal updates, check-in meetings). Two Councils use observational assessments (e.g., ERS, CLASS). A few Councils (n=3) said their Council is a part of a Result-Based Accountability project, and three others mentioned they collect child-level data.

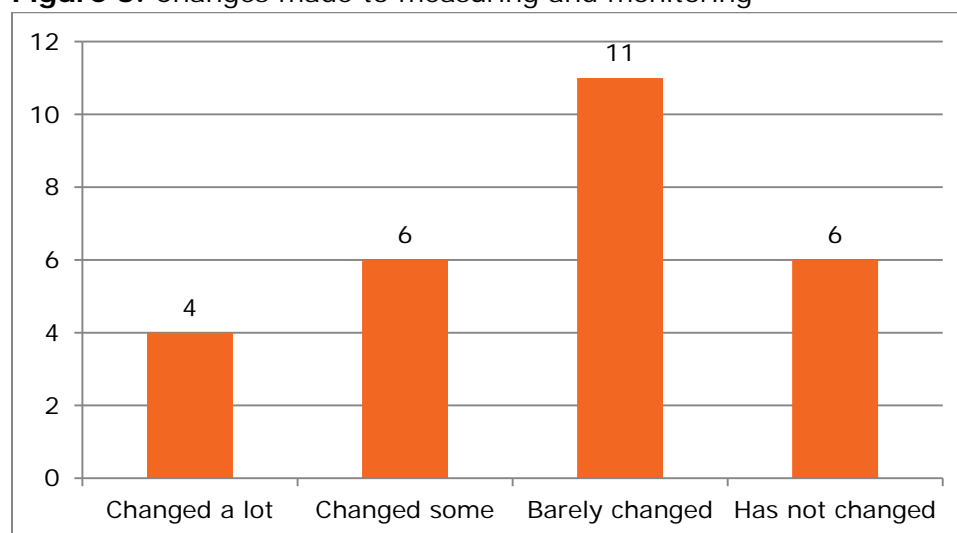
Feedback on New Council Quarterly Reports

Councils shared their feedback on the new Council Quarterly Reporting requirements. Of the 25 Councils who answered this question, over a third (n=9) had positive comments about the new Quarterly Report, citing that it was easy to use, sufficient, and manageable. One respondent wrote, *"I appreciate the single form that tracks everything. It asks for information that is in our scope of work and is easy to follow."* Another third of the Councils (n=8) explained that the Quarterly Report does not capture all of the Councils' work related to coordination/collaboration and activities funded by other sources. One respondent described, *"When reporting by funding stream, it fails to capture the full investment and impact of the braiding of funding on programs."*

Five respondents wondered what the data will be used for and hoped it would document the work of the Councils accurately and collectively. One respondent wrote, *"Although I'm happy to complete the quarterly report for CDHS, I'm not sure how this data is being tracked or used by CDHS. It would be great to learn how the Office of Early Childhood is using this information to guide their strategic planning and ongoing work."* On a similar note, four Councils reported their concern that they had not received feedback on their Council's Quarterly Report to know if they had completed it accurately.

Four councils voiced that they had experienced issues with the format of the reports; that it did not allow them to add accurate descriptions, data entry was cumbersome, or the instructions were unclear. Three councils explained that the Council Quarterly Report could be better aligned with the information being collected in the Sugar and Salesforce data systems, and that further efforts could be made to minimize the quarterly reporting burden on Councils.

Councils were also asked, *"To what extent has your Council changed the way in which you measure or monitor your work in order to meet the Council Quarterly Reporting requirements?"* Of the 27 Councils who responded, more said that their strategies have "not changed" (n=6) or "barely changed" (n=11), indicating that the new requirements did not cause these Councils to make drastic changes to their current approaches for tracking and monitoring. However, ten Councils reported that their strategies had "changed some" (n=6) or "changed a lot" (n=4) in order to meet the new requirements (Figure 3).

Figure 3. Changes made to measuring and monitoring

Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda, MD: Child Trends.

Benefits of Council Quarterly Reports

Twenty seven Councils described benefits they have experienced or anticipate experiencing as a result of the Council Quarterly Reporting requirements. Six Councils indicated they use Council Quarterly Reporting data to report trends related to their work. Four councils described that they use the data generally to track their Council's progress. For example, one Council commented that the Council Quarterly Report is *"A concise report to share with Council members and other partners/agencies to show progress on goals and work that still needs to continue."*

Five Councils explained that they have benefited from streamlined aspects of the Council Quarterly Reports; for example, that it has automated features, has helped minimize duplication, or reduced the amount of time and effort required for completion. One respondent wrote, *"We have managed to get some of our county grants to accept the same reporting format as we use for the Council report, which cuts down on duplicity of reporting."* Another respondent said, *"This report is less time intensive than the previously required OMNI reporting system."*

Four Councils said that the quarterly reporting process provided an opportunity to reflect on their Council's work and use data to inform their next steps. For example, *"It is nice to see what organizations we are partnering with [and] the domains they cover, and this directs us as to where we need to collaborate with other organizations that we may not be."*

Four Councils reported they have not benefitted from the Council Quarterly Reports. Some benefits were only reported by a few Councils. Three cited that they have used or plan to use the data for grant writing and funding applications. A couple of respondents (n=2) expressed that they would like to receive data back from CDHS in a more usable format. Two Councils said that the Council Quarterly Reporting process has resulted in their Council creating more formal partnerships.

Challenges with Council Quarterly Reports

Of the 26 Councils that responded to questions about potential challenges encountered related to the Council Quarterly Reports, about one third (n=9) said they had not encountered any challenges. The same number of Councils (n=9) explained that their challenges were related to capacity, for example, limited staff time to complete or that the available staff lack the training and understanding necessary to complete the report. One respondent commented, *"It can be time-consuming, and staff sometimes don't have time to think about it until it is almost due."*

Three Councils explained that they encountered technical difficulties with the data systems for reporting. Three Councils voiced the need to streamline the Quarterly Reports with the data systems and make efforts to minimize the burden. For example, one respondent suggested, *"It would be useful to build on the previous quarter's report, rather than starting from scratch. For many of the fields, there are no changes from quarter to quarter, so it would be nice to be able to just check a box saying 'status unchanged'."*

Plans for Data Use

Councils were asked to describe their plans to use the information that is now being captured in Salesforce and Sugar. Twenty-eight Councils answered this question, and nearly half (n=13) cited the value of the quantified data being tracked in the data systems. One respondent wrote, *"The information used in Salesforce and Sugar provides a snapshot of the ECE professionals' success and the licensed site quality rating. It provides a tracking system of services and resources offered."*

Nine Councils reported that the data has or will help them with making data-informed decisions. One respondent said *"We use it all the time to drive program activity decisions and to reflect on progress being made."* Eight Councils explained that they plan to use the data for various reporting functions. Four Councils stated that they would use the data to share with potential funders and Council supporters; for example, *"From the data that we receive back, I hope to better be able to accurately reflect the enormous benefit Councils have brought to Colorado and its communities and counties, for local and statewide use. I hope to more accurately be able to use information in grants to make a case for funding."*

Four Councils explained that they need more training and technical assistance before they are able to effectively use the data: *"I look forward to getting more proficient in using Sugar and Salesforce to make my job easier. While I am quite technology proficient, these systems can be very frustrating and I could use more individualized training, which would help tremendously."*

Councils were given the opportunity to provide any additional comments about the efforts being used to measure and monitor their work. Here are three final thoughts on this topic:

"Over the past 17 years Councils have had different evaluations and measurements depending on who is administering the program...Wouldn't it be great to have some consistent measures to really affirm the progress that has been made over the years?"

We hope that this will actually result in an annual report on the impact of Councils on the state early childhood system."

"We hope that eventually Sugar will be more about what we do, rather than how we spend money."

"It is an exciting time to have Colorado Shines and the Professional Development Information System in place, but it's also frustrating and overwhelming when resources are still so limited to fully do the work that we need to do to support all children ages birth to five with access to quality early learning programs."

Summary of findings: Council efforts to track and measure progress towards their goals

This portion of the evaluation aims to understand the strategies Councils are using to document, measure, or monitor their effectiveness and progress toward their goals. At different times in the survey Councils expressed frustration that state reporting systems do not capture all of the Councils' work, beyond specific activities funded by the state. Nearly all Councils (n=29) explained that they use multiple strategies to document, measure, or monitor their effectiveness and progress toward their goals. About half of the Councils (n=13) referenced state data systems as their main platforms for tracking, while others (n=13) described unique strategies, such as conducting interviews with families, administering surveys, using specific assessment tools, maintaining their own internal data systems, and more.

When asked to provide feedback on the new Council Quarterly Report requirements, Councils had mixed responses. Nine Councils had positive comments about the new Quarterly Report, citing that it was easy to use, sufficient, and manageable. However, other Councils (n=9) expressed concern that the Quarterly Report does not capture the full breadth of their work, and some Councils said they were unclear about how the data were being used (n=5) or they were waiting for feedback (n=4). Several Councils (n=13) cited the value of the quantified data now being tracked in Sugar and Salesforce, and nine Councils said the data has helped informed their decision-making. Some Councils (n=4) explained that they need more individualized training and technical assistance before they are able to effectively use the data.

Efforts to work with Councils to define their core functions should be coordinated with guidance about progress monitoring. CDHS should consider developing progress monitoring strategies that demonstrate the Councils' collective work across counties and the state of Colorado, potentially guided by the Early Childhood Colorado Framework. This work has already begun with the current Council statement of work and the new Council Quarter Reporting system, and should continue to build on existing efforts to define the Councils' core functions and outcomes (i.e., indicators work led by ECCLA) when appropriate. If these data are collected in a consistent way over time, CDHS will be able to better assess the Councils' work in a systematic way and will have the ability to track trends over time.

While it is critical that Councils report the specified outcomes of their state-funded work, CDHS could work with Councils to develop a data collection structure or process that allows Councils to report the outcomes of their locally-determined work in a similarly consistent and quantifiable manner. The rules process might also provide further guidance on the format and key features each Council should include in their annual reports. This might help Councils address the core outcomes that are monitored by CDHS, while also providing flexibility for Councils to report to key stakeholders and their early childhood communities about their successes and outcomes, which may go beyond CDHS-funded work.

4. Community Partner and Provider Perceptions of Council Effectiveness

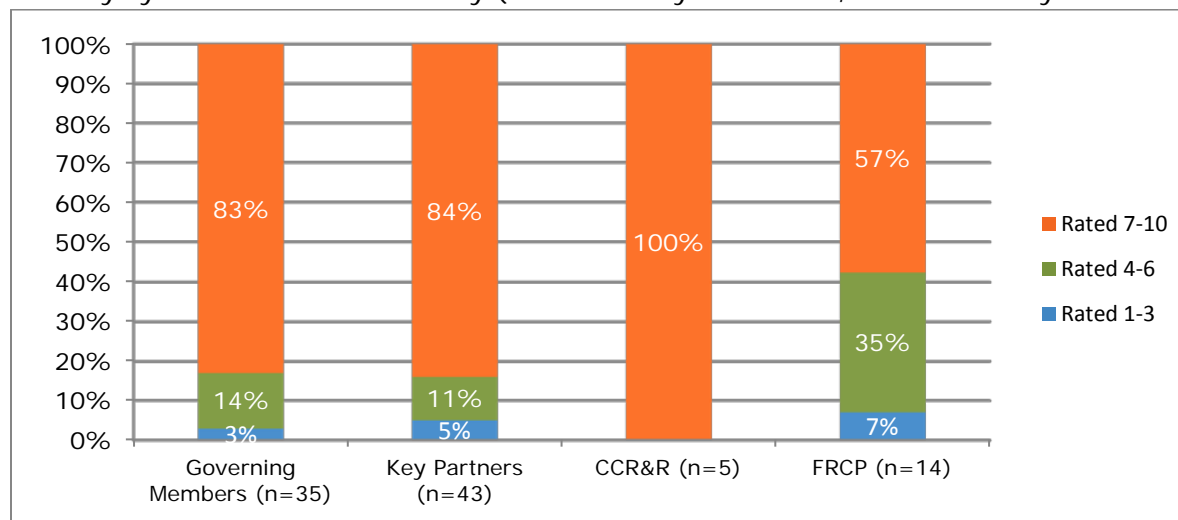
Given the community-based nature of the Councils' work, gathering perceptions from community partners and ECE providers (main recipients of Council supports and services), was a critical piece of this evaluation. In our surveys with community partners and ECE providers, we asked a series of questions to understand their perspectives of Councils' effectiveness. This section is organized by the following topics:

- Community partner perceptions of the Councils' effectiveness
- Community partner perceptions of Councils' successes and challenges
- Community partner recommendations for the Councils
- Provider perceptions of the supports offered by the Councils
- Provider perceptions of the Councils' effectiveness

Community partner perceptions of the Councils' effectiveness

An important aspect of this evaluation is to understand how local partners, including the Councils, are generally working together to increase and sustain the quality, accessibility, capacity, and affordability of early childhood services. We asked community partners to rank (on a scale from 1-10, where 1 is extremely *ineffective* and 10 is extremely *effective*) how effectively their Council supports a strong early childhood delivery system in their community. On average, community partners rated Councils a 7.7, with scores ranging widely from 3-10. Figure 4 shows average ratings by partner type and rating group (low 1-3, medium 4-6, and high 7-10).

Figure 4. Partner ratings on how effectively Councils support a strong early childhood delivery system in their community (1= extremely ineffective, 10= extremely effective)



Child Trends (2016). *Community Surveys*. Bethesda: MD: Child Trends.

Community partners were also asked to rate how effectively local early childhood partners, including but not limited to the Councils, are working together on a variety of specific activities. Similar to ratings of Council effectiveness, community partners' average ratings were between 6.4-8.4. Table 6 shows the average (AVG), range (RNG), and mode (MO) for each rating by partner type.

Table 6. Additional partner ratings of effectiveness (1= extremely ineffective, 10= extremely effective)

How Effectively Local EC Partners Are Working Together To:	Ratings by Community Partners											
	Governing Members			Other Key Partners			CCR&Rs			FRCPs		
	AVG	RNG	MO	AVG	RNG	MO	AVG	RNG	MO	AVG	RNG	MO
Meet the overall needs of children and families in their community	7.9	3-10	8	8.0	3-10	8	8.4	8-9	8	7.6	4-10	8
Provide accessible, high-quality supports and educational opportunities to families	7.5	3-10	8	7.4	3-10	8	6.8	3-9	7	7.3	5-10	8
Provide accessible, high-quality programs and services to promote early childhood health and well-being	7.9	3-10	9	7.7	2-10	8	6.4	3-8	7	7.4	4-10	8
Provide accessible, high-quality programs and services in early learning and development	7.8	2-10	8	7.9	3-10	8	7.6	6-9	8	7.6	5-10	9

Child Trends (2016). *Community Surveys*. Bethesda: MD: Child Trends.

Community partner perceptions of Councils' successes and challenges

Community partners described key successes of their Councils. Many governing members (68% of 34) and key partners (73% of 44) highlighted specific projects and initiatives that the Council has helped to implement, including professional development, coaching, and technical assistance for providers, as well as specific initiatives, such as Pyramid Plus and Expanding Quality in Infant Toddler care (EQIT). Some governing members (26%) and key partners (41%) also noted Council's successes with collaborative activities, such as networking and partnerships. Representatives from CCR&Rs (40% of 5) and FRCPs (55% of 11) described Councils' successes in facilitating collaborations amongst various organization, as well as advocacy for early care and education. Some governing members (15%) also mentioned their Council's success to expand program access and quality in their community, by increasing the number of children served and/or increasing the number of credentialed providers. Some partners (16%) and CCR&Rs (40%) referenced their Council's success toward improving the quality of care, for example through Colorado Shines.

The most common challenges described were related to limited funding and resources. Governing members (74% of 31), key partners (48% of 42), CCR&Rs (60% of 5), and FRCPs (56% of 9) explained that Councils need more sustainable funding and increased resources, including more paid, full-time Council staff. Some governing members (19%) and key partners (10%) also cited that frequent staff turnover and resulting transitions are a problem for their Council. Finally, some partners (10%) noted the challenges Councils encounter because their service areas cover large geographic regions.

Community partner recommendations for the Councils

Community partners were asked to provide recommendations for how the Councils could expand or improve their efforts moving forward. Many governing members (16% of 32), key partners (33% of 36), CCR&Rs (20% of 5), and FRCPs (44% of 9) said they did not have any suggestions. Of those who did, the most frequently cited recommendation was to increase community awareness and support of the Council (41% of governing members, 50% of key partners, 20% of CCR&Rs, and 40% of FRCPs). For example, a governing member suggested that the Council, *"Continue on reaching out to the community and advocating our goals so they understand what we as a Council want to accomplish in our community."* A key partner further explained, *"We could use more extensive marketing. Too many community members are still unaware of the Council and don't realize the important work we're doing."*

Approximately a third of partners explained that an increase in funding and resources would help expand and improve the Councils' efforts moving forward (33% of governing members, 13% of key partners, and 40% of CCR&Rs). A CCR&R representative said, *"Our Council does a great job overall. They are restricted by inadequate funding and limited office space to house additional staff if were they able to hire them."*

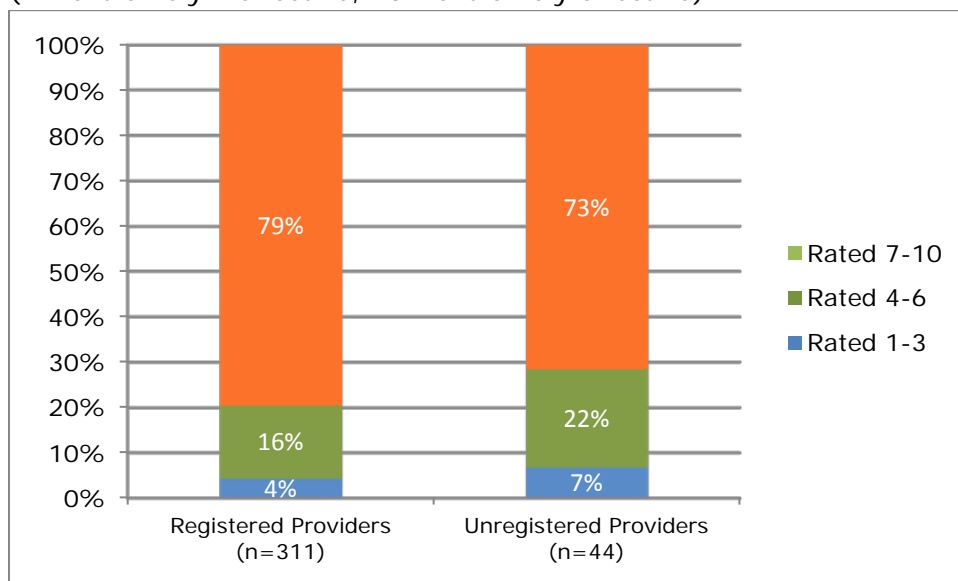
In addition, some partners noted that the Councils should refocus on their main goals and focus on their current programs (21% of key partners, 15% of governing members, and 20% of FRCPs). A key partner explained, *"I think they sometimes try to take on too much - partly because of funding, I imagine. I would like to see them streamline their efforts for greater impact and reduce stress on staff capacity."* A governing member added, *"We have*

expanded, and at this time, need to focus on our programs before looking at the feasibility of adding more."

Provider Perceptions of Effectiveness

An important aspect of this evaluation is to understand if Councils are meeting the needs of ECE programs. We asked providers to rank (on a scale from 1-10, where 1 is extremely *ineffective* and 10 is extremely *effective*) how effectively their Council is in meeting the needs of their program. On average, registered providers rated Councils a 7.9 and unregistered providers rated Councils a 7.6. Individual ratings ranged from 1 to 10. Figure 5 shows average ratings by provider type and rating group (low 1-3, medium 4-6, and high 7-10).

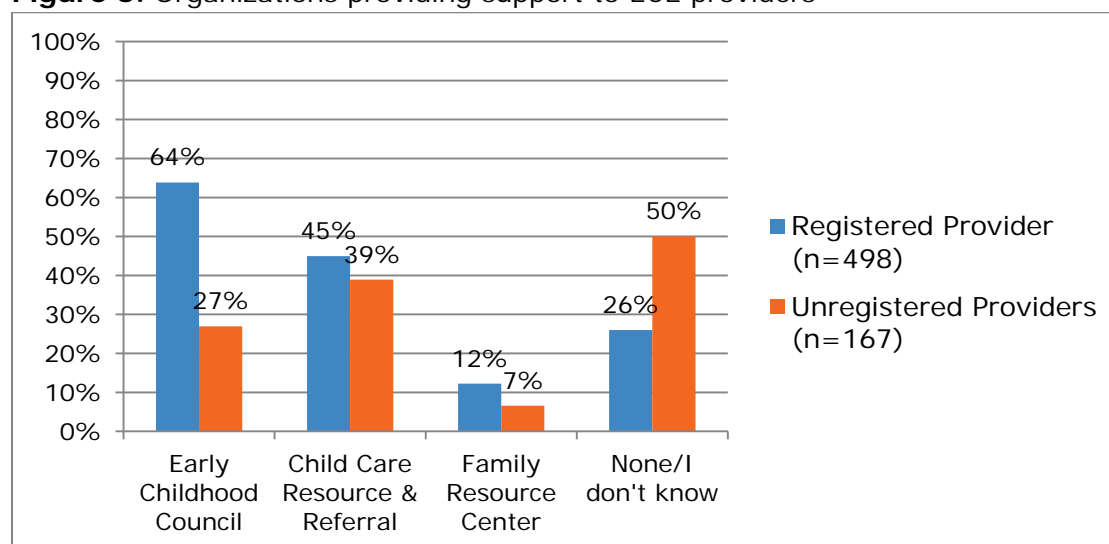
Figure 5. Provider ratings of Council effectiveness in meeting the needs of their program (1= extremely ineffective, 10= extremely effective)



Child Trends (2016). *ECE Provider Surveys*. Bethesda: MD: Child Trends

Provider perceptions of the supports offered by the Councils

ECE providers may receive supports from a variety of organizations. For the purpose of this evaluation, we asked providers to indicate from a short list—Council, CCR&R, and Family Resource Center—which organization(s) their program had received support from in the last 18 months. Almost two thirds of the registered providers (64%) reported receiving support from a Council, in contrast to only a quarter of the unregistered providers (27%) (Figure 6). A greater portion of unregistered providers (39%) said they received support from a CCR&R. Fewer providers (12% of registered, 7% of unregistered) reported that their program received support from a Family Resource Center in the past 18 months. Finally, half of the unregistered providers (50%) said that they did not receive supports from any of these organizations or they did not know (Figure 6).

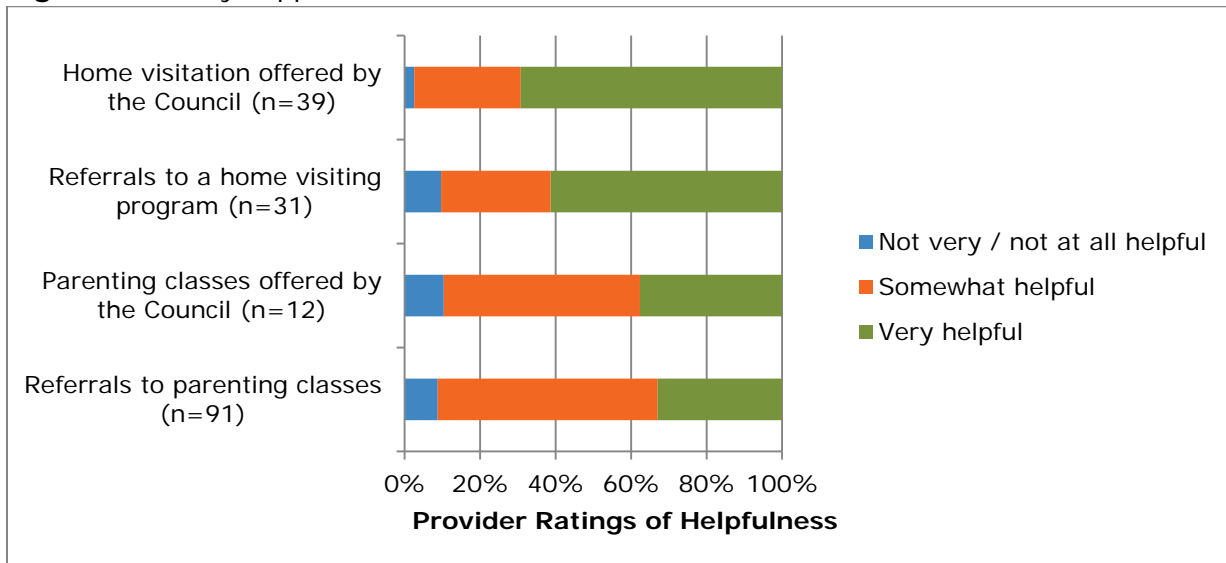
Figure 6. Organizations providing support to ECE providers

Child Trends (2016). *Community Surveys*. Bethesda, MD: Child Trends

Providers who reported that they received supports from a Council within the last 18 months (311 registered providers and 45 unregistered providers) answered questions about the Council supports their program had utilized and ranked the helpfulness of these supports across four domains: Family Support and Education; Early Childhood Health and Well-being; and Early Learning and Development Supports. For the purposes of this section, responses represent the providers that utilized the specified support, regardless of if they were registered or unregistered.

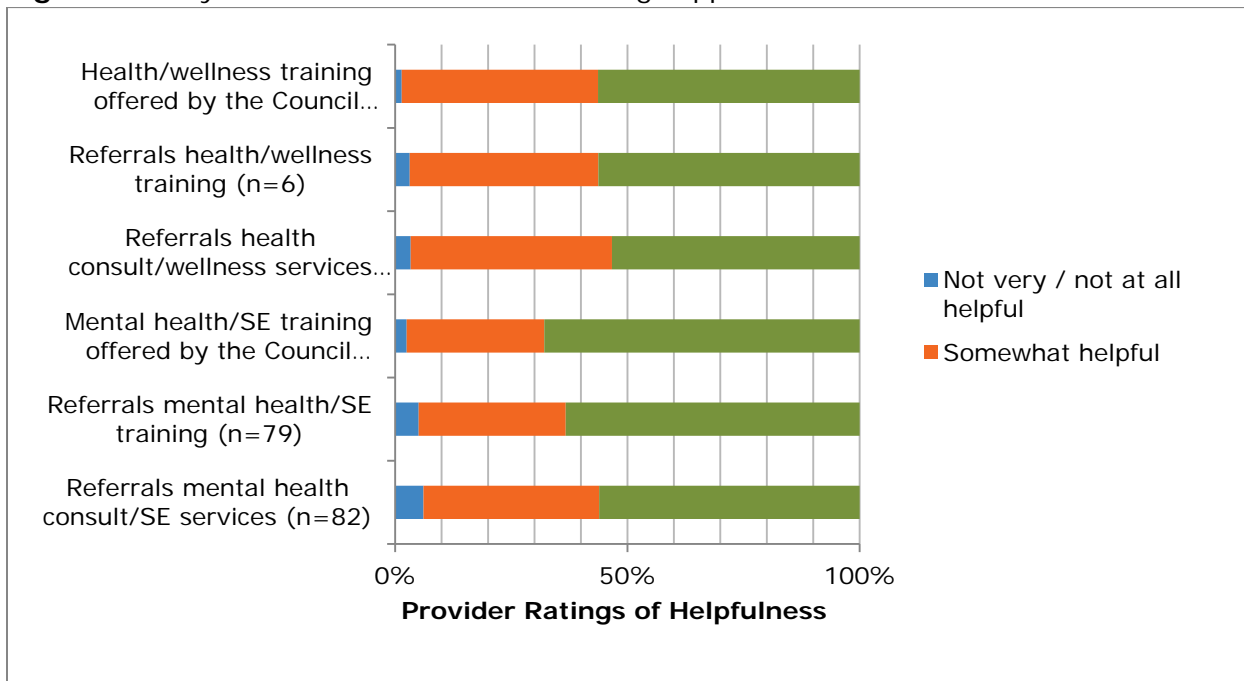
Across all domains, providers are finding the supports the Councils offer “somewhat” or “very helpful”. Supports in the Early Childhood Learning and Development domain, in particular supports related to Colorado Shines, had the highest rates of uptake and helpfulness with about 60% of providers rating every support as “very helpful”. Figure 7, Figure 8, and Figure 9 show providers’ ratings of the helpfulness for each support. The number of providers who reported receiving each support is noted in parentheses on the left side of the figure.

Figure 7. Family support and education



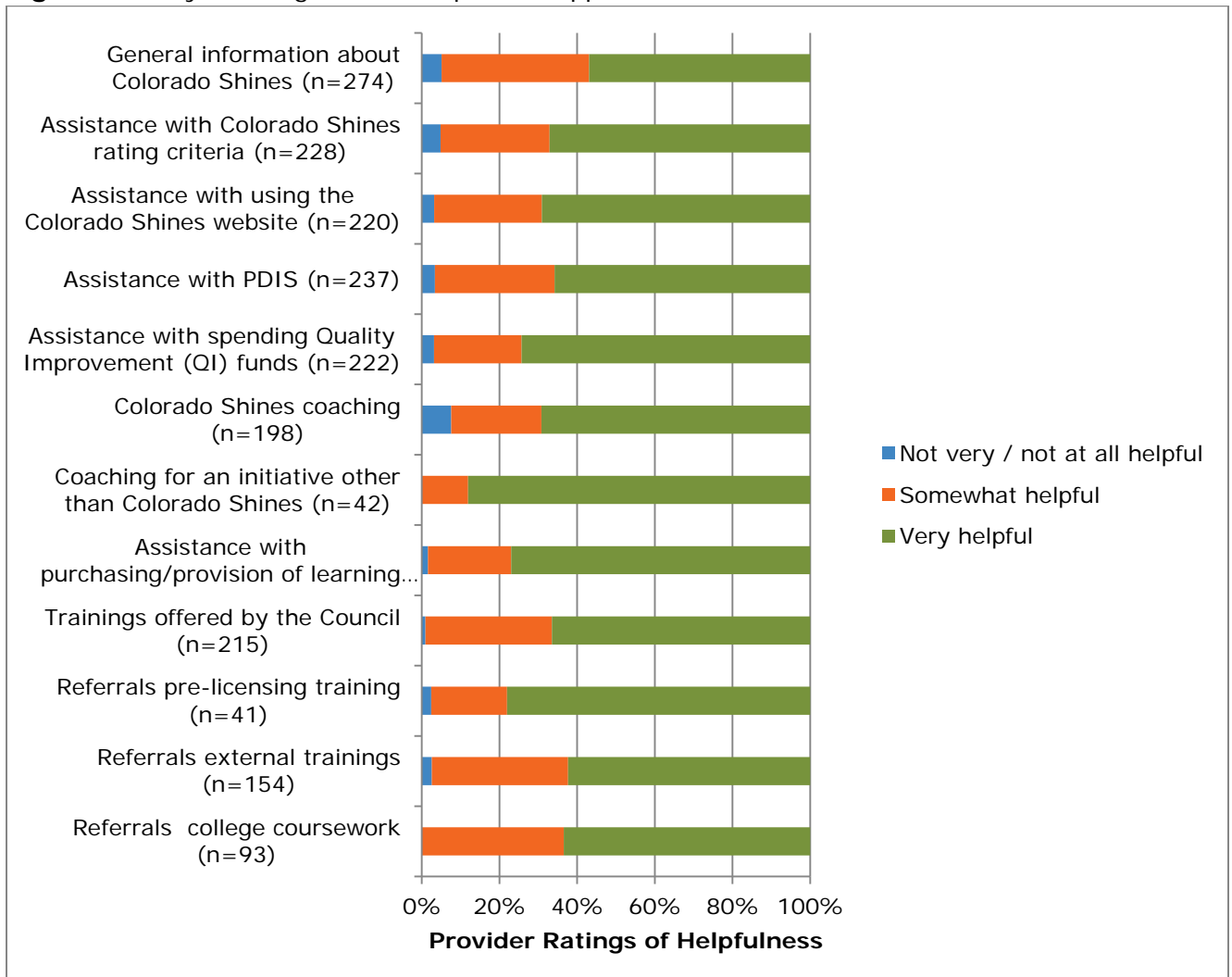
Child Trends (2016). *ECE Provider Surveys*. Bethesda: MD: Child Trends

Figure 8. Early childhood health and well-being supports



Child Trends (2016). *ECE Provider Surveys*. Bethesda: MD: Child Trends

Figure 9. Early learning and development supports



Child Trends (2016). *ECE Provider Surveys*. Bethesda, MD: Child Trends

Providers were also asked to identify supports their program would use that their Council does not currently offer. The majority of providers (73% of registered providers, 82% of unregistered providers) did not specify requests for additional supports, which might signify their satisfaction with the current range of supports their Council offers. The responses of the few providers who did identify needs for additional supports are summarized in Appendix C. ECE Provider Surveys Data Summaries

Summary of findings: Community Partner and Provider Perceptions of Council effectiveness

A key component of the “360 review” was to hear from partners who work closely with the Councils or who are doing related work in communities alongside the Councils. Council governing members, key partners, CCR&Rs, and Family Resource Centers generally

perceive the Councils as being effective in supporting local early childhood systems across Colorado.

Most governing members (n=38), CCR&Rs and Family Resource Centers (n=21), and other key partners (n=50) have a clear sense of the Councils' primary goals to help coordinate, strengthen the quality, and increase access to early childhood supports across the state. These respondents also rated Councils' effectiveness to support local early childhood systems a 7.7 on a scale of 1-10, with 1 being "extremely ineffective" and 10 being "extremely effective." While partners' ratings were high on average, there was wide variability in the individual ratings (3 to 10), indicating that some Councils are perceived as more or less effective than others.

Among those respondents that noted Councils' successes, many mentioned the role of the Council in helping to implement programs and specific supports they provided to early care and education providers, while some described Councils' accomplishments in facilitating collaboration and establishing partnerships. The majority of partners expressed that the greatest challenges facing Councils are a lack of sustainable funding and limited resources.

Early care and education providers were distinguished in this study as those who were registered with Colorado Shines (and therefore likely to be working with a Council) and those who were not registered. Both provider types rated their Council's effectiveness in meeting their program's needs; registered providers rated an average of 7.9 and unregistered providers rated an average of 7.6. Although the aggregate ratings were high, there was wide variability in the individual ratings (1-10), demonstrating a variety of providers' opinions about Council effectiveness.

Sixty-four percent of registered providers (318 out of 498) said they received support from a Council within the last 18 months, compared to 27% of unregistered providers (45 out of 167). Providers rated the majority of supports their program received from a Council as "somewhat helpful" or "very helpful". Supports in the Early Learning and Development domain had the highest rates of uptake and ratings of helpfulness, with about 60% or more providers rating each one as "very helpful".

Developing strategies for frequently collecting feedback from community partners and providers will be a valuable ongoing evaluation method for assessing the impact and effectiveness of the Councils' work.

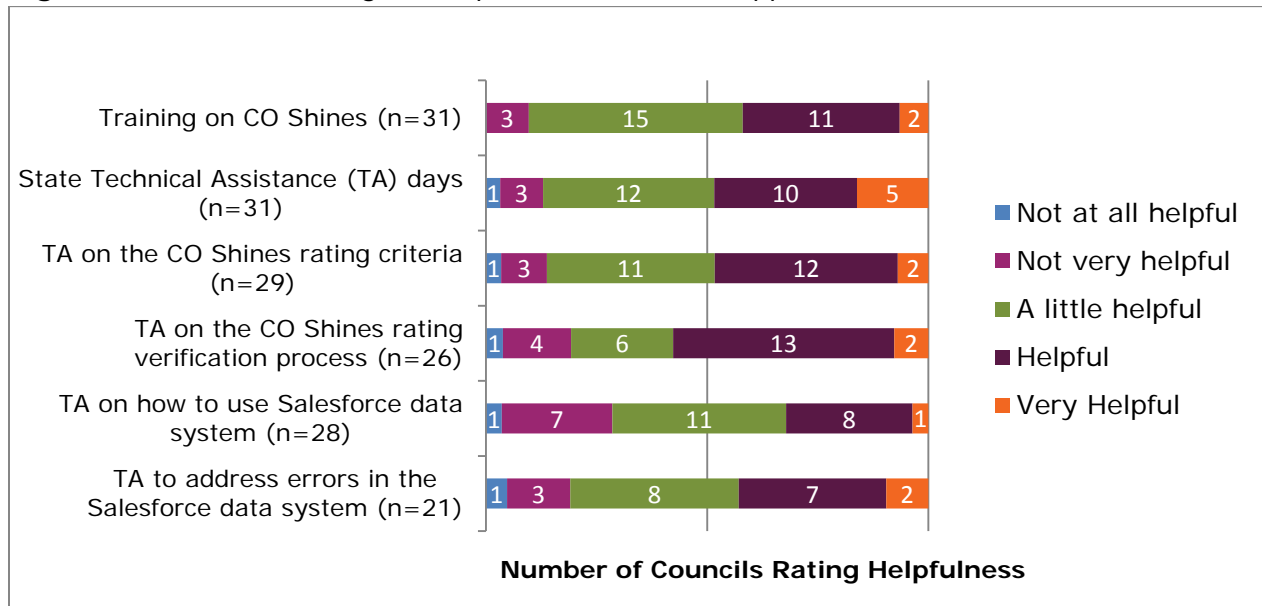
Part II. What is the overall performance of the state in meeting the needs of the Councils?

One of the evaluation questions, also an explicit piece of the legislative mandate, is to understand how the state is supporting the Councils. To address this question, we used data gathered through the Council survey, document review, and key informant interviews. Through interviews with key informants from the state departments (CDHS and CDE), we developed a list of supports that are being offered to the Councils. We also talked with managers of the Sugar/ecConnect data system and the Early Childhood Council Leadership Alliance (ECCLA) to inquire about what supports they are offering to Councils. Within the last year, most of the supports offered to Councils have been designed to support the implementation of Colorado Shines.

Supports from Colorado Department of Human Services (CDHS)

CDHS provides a variety of supports to Councils related to Colorado Shines, such as training and technical assistance on the rating criteria, verification processes, and Salesforce data system. Figure 10 shows Councils’ rankings of the helpfulness of these supports, rated on a scale from 1-5, with 5 being “very helpful” and 1 being “not at all helpful”. The number of Councils who answered “yes” that their Council received the support is noted in parentheses on the left (Figure 10). Overall, most of the Councils reported that they received these supports from CDHS. The ratings of helpfulness are mixed for the different types of supports (Figure 10). For example, 18 Councils said the State Technical Assistance Days were only “a little helpful” (n=15) or “not very helpful” (n=3). Fifteen Councils rated the technical assistance they received on the Colorado Shines rating verification process as “helpful” (n=13) or “very helpful” (n=2) (Figure 10).

Figure 10. Council rankings of helpfulness of CDHS Supports



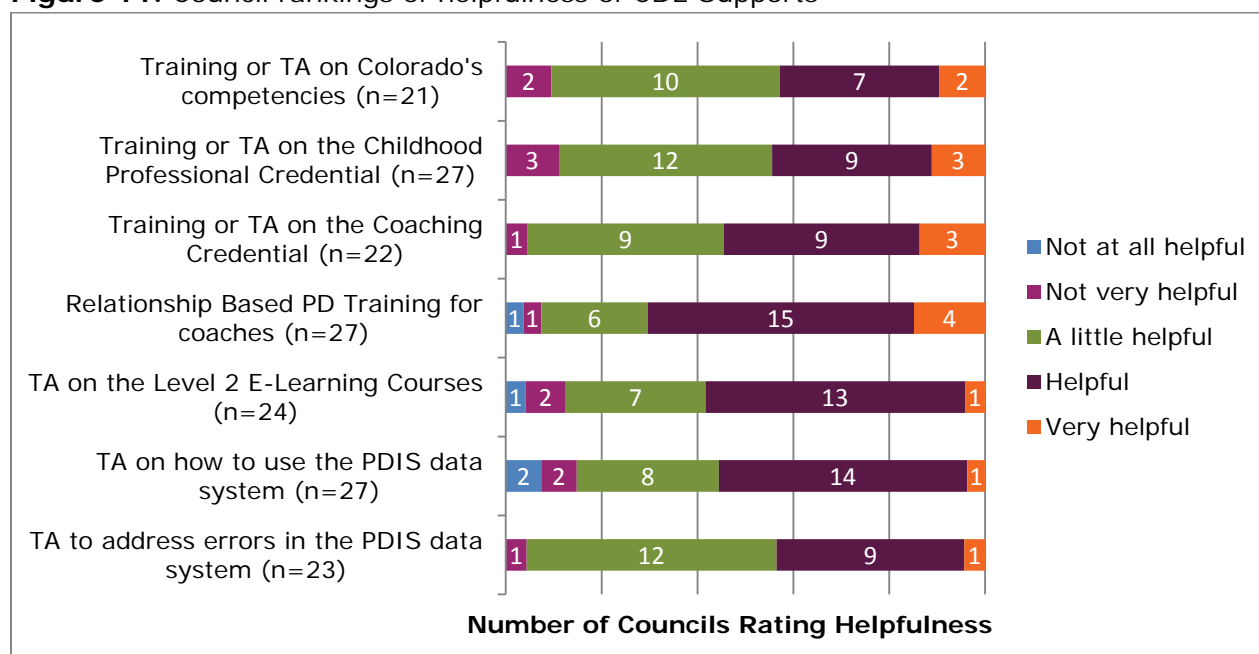
Child Trends. (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

In addition to the supports we asked about in the survey, CDHS provides regular ongoing support to Councils through their QRIS Coordinators. Each Council has an assigned QRIS Coordinator, who communicates with them on a weekly basis and hosts monthly phone calls that mainly focus on topics such as: discussing Council progress toward C-STAT goals, hearing monthly updates, and providing accounting and budgeting support. The QRIS Coordinators also staff a help desk that Councils may call if they have questions.

Supports from Colorado Department of Education (CDE)

CDE also offers a number of supports to Councils related to the PDIS system, Colorado's Competencies for Early Childhood Educators and Administrators, and the Early Childhood Professional Credential and Coaching Credential. Figure 11 shows how Councils ranked the helpfulness of each support provided by CDE. The number of Councils who answered "yes" that they received the support is noted in parentheses on the left side of the table (Figure 11). On average, two-thirds or more of the Councils received these supports from CDE. The Relationship-Based Professional Development for coaches was rated the highest, with 15 Councils reporting it was "helpful" and four reporting it was "very helpful" (Figure 11).

Figure 11. Council rankings of helpfulness of CDE Supports



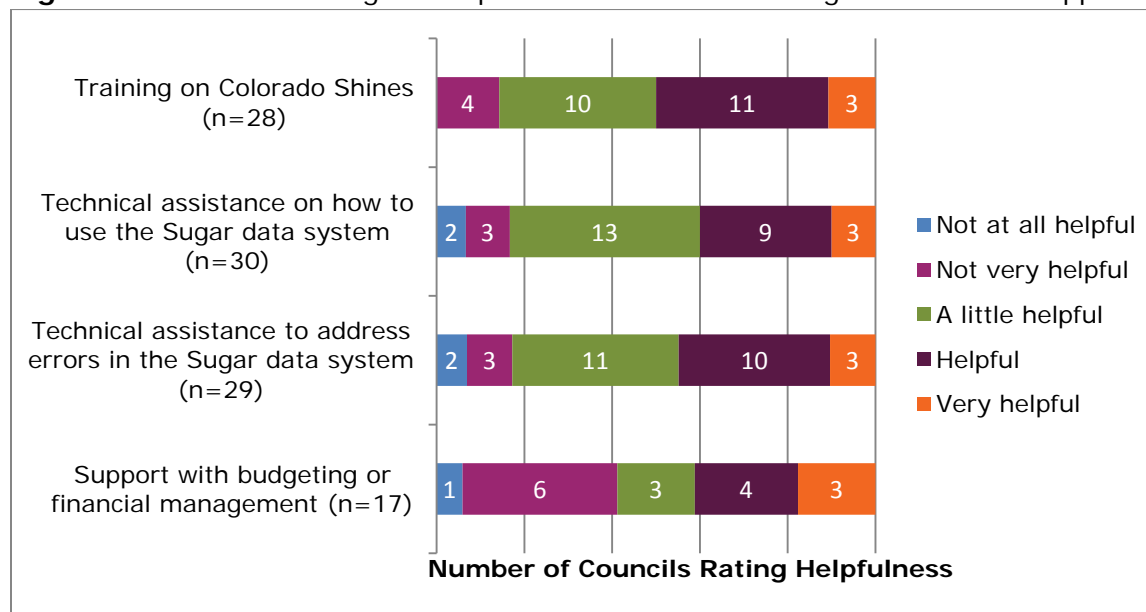
Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

Supports from ECCLA and Sugar/ecConnect

Finally, we asked Councils about the supports they received from the Early Childhood Council Leadership Alliance (ECCLA) and supports related to the Sugar/ecConnect data system. Figure 12 shows how Councils ranked the helpfulness of each support using the same scale as the previous two questions. Almost all Councils participated in trainings on Colorado Shines (n=28) and technical assistance on how to use (n=30) and address errors

in Sugar (n=29). The ratings of helpfulness are mixed, with most Councils reporting the supports were within the range of "a little helpful" to "very helpful".

Figure 12. Council rankings of helpfulness of ECCLA and Sugar/ecConnect Supports



Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

Eighteen Councils also provided additional comments about the supports they have received. Eight expressed that their Council has been generally overwhelmed by Colorado Shines and the new data systems. One Council wrote *"I don't think [they] totally understand what this experience has been like for smaller councils that are still trying to do cross domain work and also Colorado Shines and Sugar, all with part-time people."*

Six Councils described a need for more individualized technical assistance for their Council, preferably in-person or one-on-one. One Council stated, *"I cannot imagine the enormity of the job of teaching all 31 councils about these new systems. That being said, having to do this on this grand scale means that it isn't possible to have individualized time to ask questions and get the attention needed. Most of the time, I reached out to other coordinators to get the needed help."*

Three other Councils cited the need for technical assistance that covered more in-depth content. Two Councils expressed general appreciation for all of the support their Council has received thus far. Ten respondents provided comments or suggestions about supports their Council has received or would benefit from, which were related to the following themes:

- More time to thoughtfully complete the required budgets and document outcomes
- More technical assistance focused on foundational systems-building activities (e.g., building partnerships, leveraging resources, shaping policy, public engagement)
- More options and training about how to tailor the Sugar data system for different Council needs

Part II Summary: What is the overall performance of the state in meeting the needs of the Councils?

Most of the Councils are using the supports offered by CDHS, CDE, and ECCLA; however, their perceptions of the helpfulness of these supports were fairly divided. Across the supports provided, roughly half of the Councils said the supports were only “a little helpful” or “not very helpful”, while about half of Councils reported that they were “helpful” or “very helpful”. These mixed ratings indicate that there are opportunities to improve the supports being offered to Councils. Eighteen Councils offered comments about the support they had received. Eight expressed that their Council had been generally overwhelmed by Colorado Shines and the new data systems. Other Councils described a need for more individualized technical assistance (n=5) or in-depth training (n=3). Ten Councils made specific requests related to the following: time allotted to complete budgets and document outcomes; more supports to help build community partnerships and leverage resources; and more options to individualize Sugar for their Council’s needs.

Though there are several supports currently in place for Councils, CDHS’s continued efforts to reach out to Councils individually to assess their specific needs may help identify new ways to support Councils. It may also be that all 31 Councils do not need the same types of assistance and outreach, so small groups of Councils with similar needs may be beneficial. For example, smaller learning communities could be developed around specific topics. This could include a regional network of Councils that meets periodically for updates, training, and sharing of lessons learned. It is important to note that during the data collection period for this study CDHS started providing supports that were not captured by our Council survey, including weekly communication between Councils and QRIS Coordinators and monthly meetings. When considering additional supports to meet the unique needs of Councils, it will be important for CDHS to build upon and promote the supports currently being offered.

Part III. To what extent are there feasible opportunities to combine funding sources available to the Councils?

One aspect of this evaluation was to better understand how Councils are managing multiple funding streams, and whether there are opportunities for better alignment. In the online survey, we invited Councils to explain any challenges with alignment of funding purpose or timeframes, duplication of efforts, eligibility rules, fiscal oversight and management and/or reporting requirements as they pertain to multiple funding sources. We also hosted a key informant group interview with members of CDHS and a small group of staff members from Councils that are currently managing multiple funding streams.

Background on State Funding Streams

As noted earlier, and summarized in Table 7, Councils may receive multiple sources of funding from CDHS, however not every Council receives funding from all of the following sources.

Table 7. Summary of CDHS-funded initiatives

Funding Stream	Purpose	Requirements	Funds budgeted for FY 15-16
Race to the Top Quality Improvement (RTTQI)	To improve the quality of early learning and development and close the achievement gap, particularly for children with high needs	Any licensed provider that has achieved Level 2 or greater in Colorado Shines.	All Councils (n=31) received RTTQI funds, ranging from \$12,750 to \$787,240
School Readiness (SRQIP)	To improve the school readiness of children from birth to five who attend child care facilities feeding into public elementary schools that are designated as "Low Performing" and "Turn Around" schools and receive Title 1 funding.	Any provider specifically designated as eligible for School Readiness support; this data is obtained from CDHS.	14 Councils received SRQIP funds, ranging from \$10,400 to \$340,826
Infant/Toddler Quality & Availability (ITQA)	To increase the quality and availability of care for low-income infants and toddlers.	Any licensed provider that is authorized to serve infants/toddlers. To participate, providers must already serve CCCAP infants/toddlers or must add CCCAP slots for infants/toddlers.	11 Councils received ITQA funds, ranging from \$38,999 to \$308,738
Colorado Child Care Assistance Program Quality	To ensure that at least 39% of children receiving child care subsidy under five years of age are served in high-quality rated programs.	Providers with an average CCCAP enrollment of 8 or more (as of 7/1/2016). Providers must be	13 Councils received CCCAP QI funds, ranging from \$22,920 to \$377,897

Improvement (CCCAP QI)		within designated council areas.	
Child Care Development Fund (CCDF) Systems Building	To support Councils throughout the state in creating a seamless system of early childhood services	All Councils.	All Councils (n=31) received CCDF funds, ranging from \$25,000 to \$187,108
Expanding Quality for Infants and Toddlers (EQIT)	Increase the quality and availability of responsive care for infants and toddlers by providing coaching, professional development, and local capacity building.	Any provider who works with infants and toddlers.	24 Councils received EQIT funds, ranging from \$2,411 to \$69,678

Sources: Early Childhood Council Leadership Alliance (ECCLA) *Provider Eligibility and Funding Streams*. Available at: <https://support.ecclacolorado.org/support/solutions/articles/8000009150-provider-eligibility-and-funding-streams>; CDHS Administrative data. *Council Funding 15-16*. Received September 12, 2016; and contributions from CDHS staff.

Councils’ Perceptions of Multiple Funding Streams

Council Survey

In the online survey, Councils were asked an open-ended question, “What are the primary challenges your Council encounters when managing multiple funding streams?” We invited Council staff to explain any challenges with alignment of funding purpose or timeframes, duplication of efforts, eligibility rules, fiscal oversight and management and/or reporting requirements as they pertain to multiple funding sources. Twenty-eight Councils answered this question.

Ten of the 31 Councils described general issues they encounter when allocating and monitoring multiple funding streams with complementary goals. For example:

“The primary challenge comes from the multiple funding streams that flow through CDHS. For example, we may work with a child care program that serves at risk children and is eligible for support through three different funds (CCAP QI, ITQA and SRQIP). Although the work is generally the same under each (with some slight variations), we need to appropriately split out which QI dollars and coaching hours are allocated to which funding stream.”

Ten Councils reported challenges related to the administrative burden of managing multiple funding streams. Five of these Councils described the amount of staff time required to manage their multiple funding streams; four Councils explained their challenges in finding secure funding to cover their administrative costs; and two Councils cited specific frustrations with having to split their operating costs across multiple streams.

“Reporting, budget revisions, [and] contracting time are all very time consuming for a small Council, which takes away from time spent actually accomplishing goals.”

"The allocation, tracking and reporting of multiple funds is increasingly complex, and few funders want to pay for the indirect and/or administrative costs to hire the professional staff to do this work. That is our greatest challenge!"

"Having to split operating costs across multiple funding sources and justify this per state rules is challenging and takes time away from other work. An example is our [small] monthly [phone] fee which is supposed to be paid for through 4 different funding sources ... each month time is spent to divide this expense into 4 increments to meet the CDHS requirement."

"With reporting, it has helped with the OEC work because there is one report for the three funding streams; however, reimbursements go to different places with different requirements, so again, financially monitoring which funds are being used appropriately is challenging and time consuming."

Seven Councils cited issues with different implementation and reporting timelines for funding streams.

"Braiding funding with different implementation and spending deadlines is a challenge. It is also a challenge to have funding for only one year. Once a program starts with the quality improvement program and receives coaching and QI material, then time is up. It would be more beneficial to have 2-3 year funding as the minimum instead of 1 year."

Six Councils explained that communication about funding requirements is at times inconsistent:

"Blending and braiding funding is an extremely time-intensive exercise—as well as being high stakes—since at any time an audit could be triggered from our state or local funders (municipal and county). Expertise in this area is limited, so answers to technical questions about how to actually do this differ, depending on whom you ask. Even then, answers can change over time and can be slightly different from different sources."

Six Councils said they have encountered cash flow challenges related to reimbursable funding. Four of these Councils explained that cash flow is a problem due to waiting times for reimbursement, and two Councils explained issues with reporting requirements for reimbursements.

Key Informant Group Interview

Several of the themes noted in the online Council survey were also noted by Council members who participated in a key informant interview with CDHS staff. Members on this call articulated the importance of unifying the funding sources for early care and education providers, who may feel confused about the names of the funding streams and the process they need to engage in to utilize the funds. A CDHS staff member mentioned one possible solution to better coordinate funding sources: an online single application process that providers can use to determine what programs and services they are eligible to receive.

Council members on this call also expressed an interest in enabling more flexibility in using funds for individual program needs, as well as the need to span the funding across a longer period of time.

During the key informant interview, Councils also cited a need to update language used to determine provider eligibility, particularly for the SRQIP. The establishing legislation for this initiative determines eligibility based on providers that are serving "Low Performing" and "Turn Around" Schools receiving Title I funding. However, schools are no longer distinguished as "Low Performing" or "Turn Around" schools, which makes the process of determining provider eligibility even more complicated.

Councils also described how the systems-building work they engage in is critical for the success of their quality improvement efforts. One Council shared that the success of their SRQIP work has been complemented by systems-building efforts they have engaged in to support children's successful transition to kindergarten.

Part III Summary: To what extent are there feasible opportunities to combine funding sources available to the Councils?

Although the Councils appreciate having various sources of funding, managing multiple funding streams can be challenging. Councils stated that managing multiple funding streams is complicated and time consuming from an administrative standpoint, and at times causes inefficiencies for service delivery and tracking. Since programs may receive complementary resources and services from multiple funding sources, it can be difficult to efficiently manage what is available to them (e.g., coaching hours, QI dollars). In addition, tracking resources by each individual funding source may force Councils to serve providers through different "QI programs," as opposed to assigning one coach to work with a program on all of their quality improvement needs. When one coach can work with a program and individualize based their range of their needs, it allows for ongoing relationship building, which has been shown to increase the success of coaching.²²

The purpose and requirements for the six funding sources (see Table 6) suggest that there is potential for CDHS to combine funding streams. Although each funding stream has a distinct purpose, most are targeting low income children under the age of 5. In addition to targeting the same general population, the RTTQI and CCCAP QI streams specifically share commonalities in their purposes tied to quality ratings and subsidy receipt. Also, the common requirement for ITQA and EQIT funding—that providers must serve or hold slots for infants and toddlers—increases the feasibility for these funding streams to be combined in the future.

Ideally, Councils would like to combine quality improvement funding in a way that reduces the administrative complications they encounter when allocating these funds to programs (i.e., differing time frames for spending, inability to combine funding for a more coordinated QI response, differing eligibility requirements). Councils also articulated a need to update

²² Isner, T. Tout, K., Zaslow, M., Soli, M., Quinn, K, Rothenberg, L., & Burkhauser, M. (2011). Coaching in Early Care and Education Programs and Quality Rating and Improvement Systems (QRIS): Identifying Promising Features. Washington, DC: Child Trends. Available at: <http://www.childtrends.org/wp-content/uploads/2013/05/2011-35CoachingQualityImprovement.pdf>

language that is no longer used (e.g., “low performing” school) in the establishing legislation for the SRQIP, which will make it easier to determine provider eligibility. Even if funding sources cannot be combined in statute, there may be opportunities to better align the requirements and eligibility of funding sources to enable more flexibility at the local level to streamline QI delivery.

Part IV. What are the barriers to delivery of quality early childhood services?

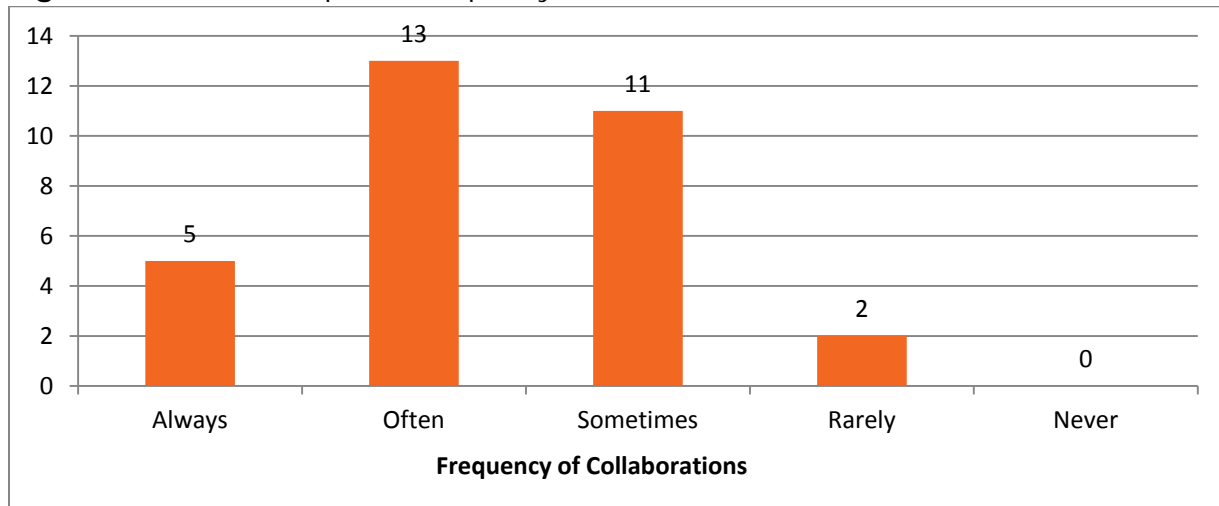
The fourth topic for this evaluation was to examine the barriers that exist in delivering quality early childhood services in Colorado. Our approach to addressing this question was to hear from Councils directly about their collaborations and partnerships with other early childhood entities, the needs of the communities they serve and how they are working to address these needs, as well as their perceptions of the barriers they experience as a Council in delivering high quality and accessible early childhood services.

It was important to also gather perceptions from community partners for this piece of the evaluation. We asked Council governing board members, CCR&Rs, Family Resource Centers, and representatives from Councils' key partners a series of questions about the strengths and challenges within their local early childhood systems, and for their perceptions about any inefficiency the system. This section is organized by the following topics:

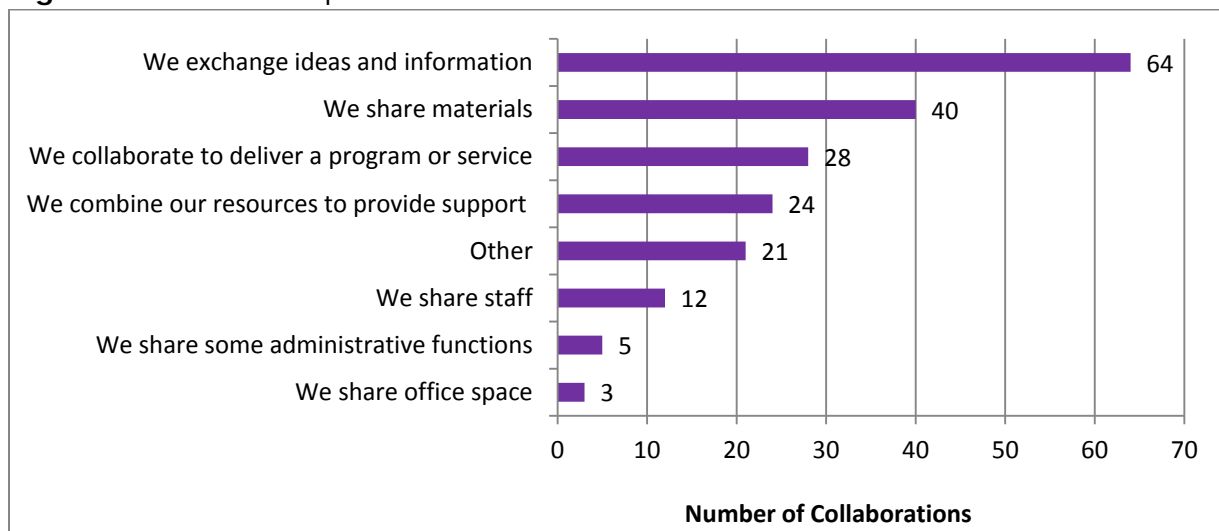
- Council Collaborations and Partnerships
- Communities Served by Councils
- Councils' Perceptions of Barriers to Deliver Early Childhood Services
- Community Perceptions of Strengths and Challenges in Local Early Childhood Systems
- Community Perceptions of Inefficiencies in Local Early Childhood Systems

Council Collaborations and Partnerships

Through our survey, Council staff provided information about their collaborations with other Councils, Family Resource Centers, CCR&Rs, and other partner types. Most Councils reported collaborating with three or more other Councils (n=20 of 29), and most reported doing so “often” (Figure 13). When asked about the nature of their collaborations with other Councils, the majority reported “We exchange ideas and information,” followed by “We share materials,” and “We collaborate to deliver a program or service” (Figure 14). Councils were able to describe the ways they collaborate with up to three other Councils, which is why the total number of collaborations in Figure 14 exceeds 31.

Figure 13. Councils' reported frequency of collaborations with other Councils

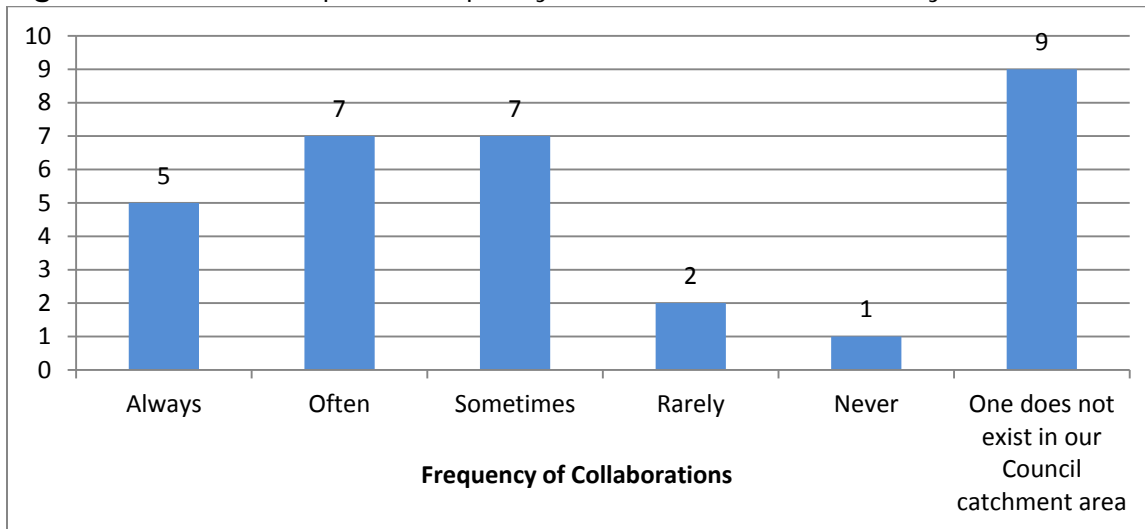
Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda, MD: Child Trends.

Figure 14. Councils' reported nature of collaborations with other Councils

Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda, MD: Child Trends.

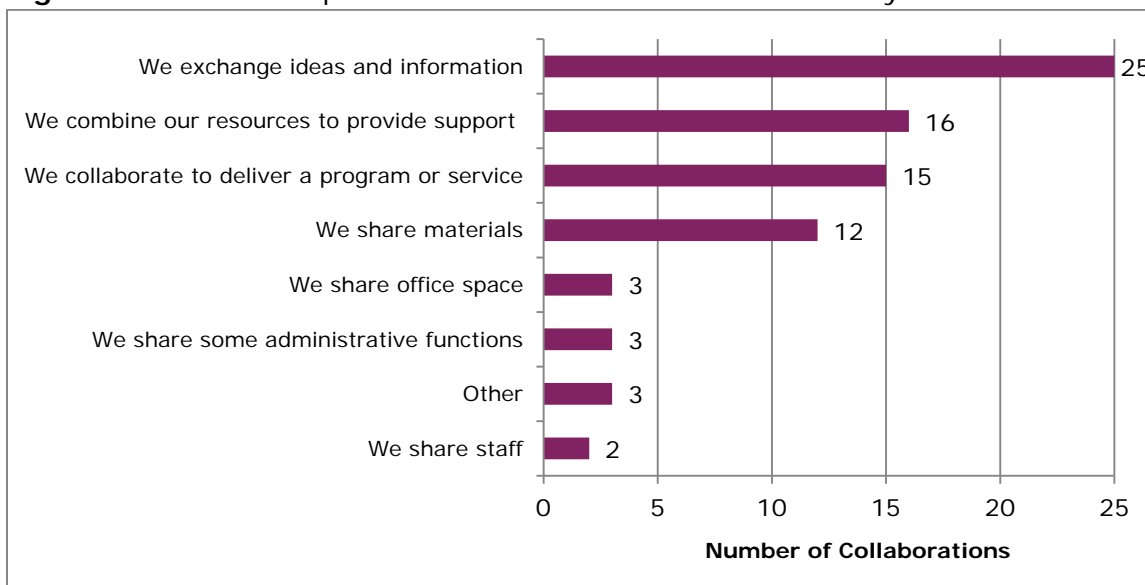
Most Councils reported collaborating with at least one Family Resource Center (n=19 of 31). Councils reported collaborating "often" or "sometimes" most frequently (Figure 15). When asked about the nature of their Council's collaborations with Family Resource Centers, the majority of Councils reported "We exchange ideas and information," followed by "We combine our resources," and "We collaborate to deliver a program or service" (Figure 16). Also of note, nine Councils reported "A Family Resource Center does not exist in our Council catchment area."

Figure 15. Councils' reported frequency of collaborations with Family Resource Centers



Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

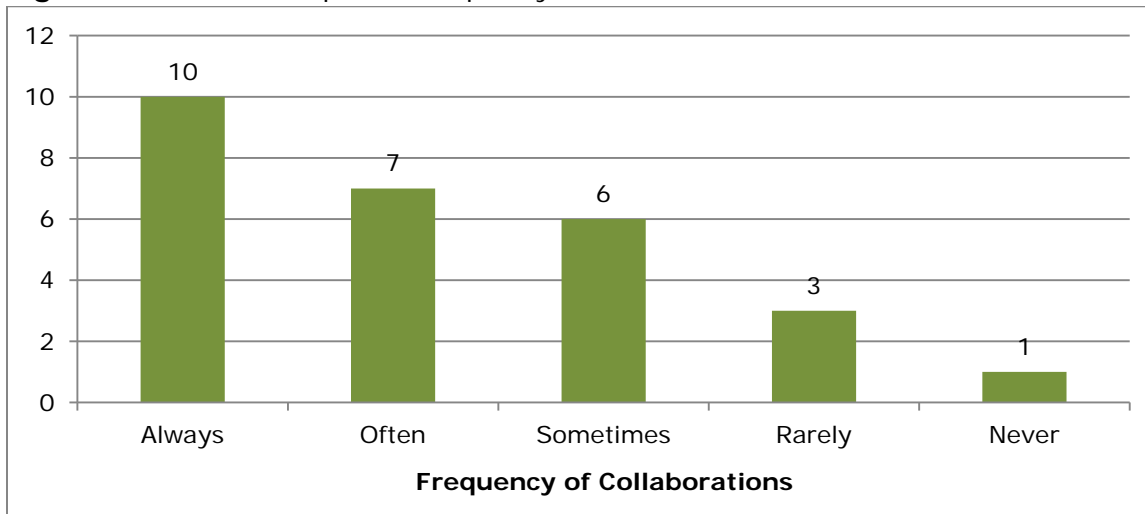
Figure 16. Councils' reported nature of collaborations with Family Resource Centers



Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

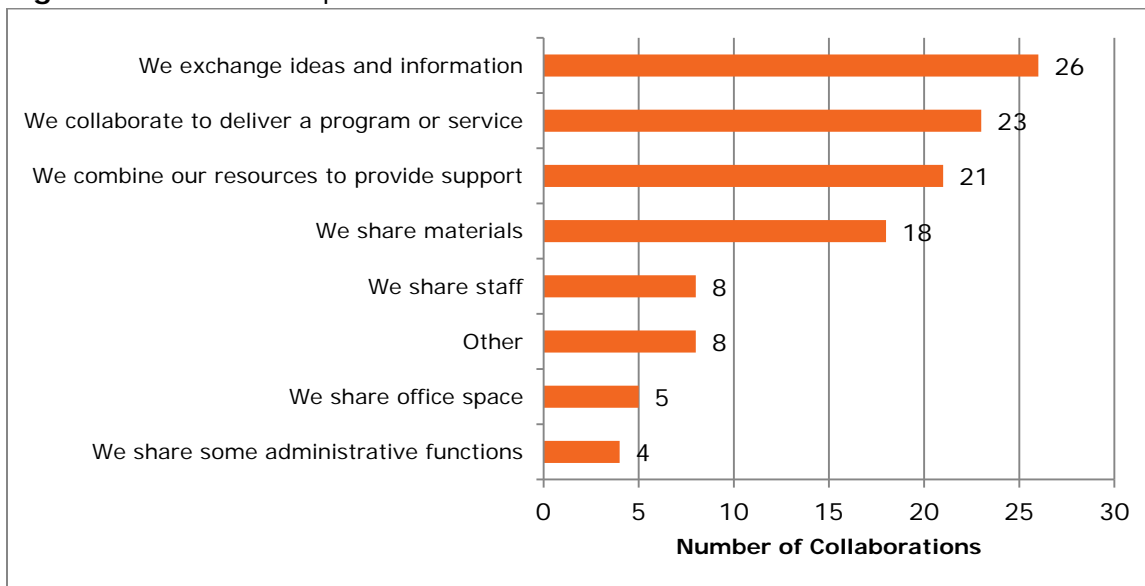
Most Councils reported collaborating with at least one CCR&R (n=23 of 31) "always" (n=10) or "often" (n=7; Figure 17). When asked about the nature of their Council's collaborations, the majority reported "We exchange ideas and information," followed by "We collaborate to deliver a program or service," and "We combine our resources" (Figure 18).

Figure 17. Councils' reported frequency of collaborations with CCR&Rs



Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

Figure 18. Councils' reported nature of collaborations with CCR&Rs



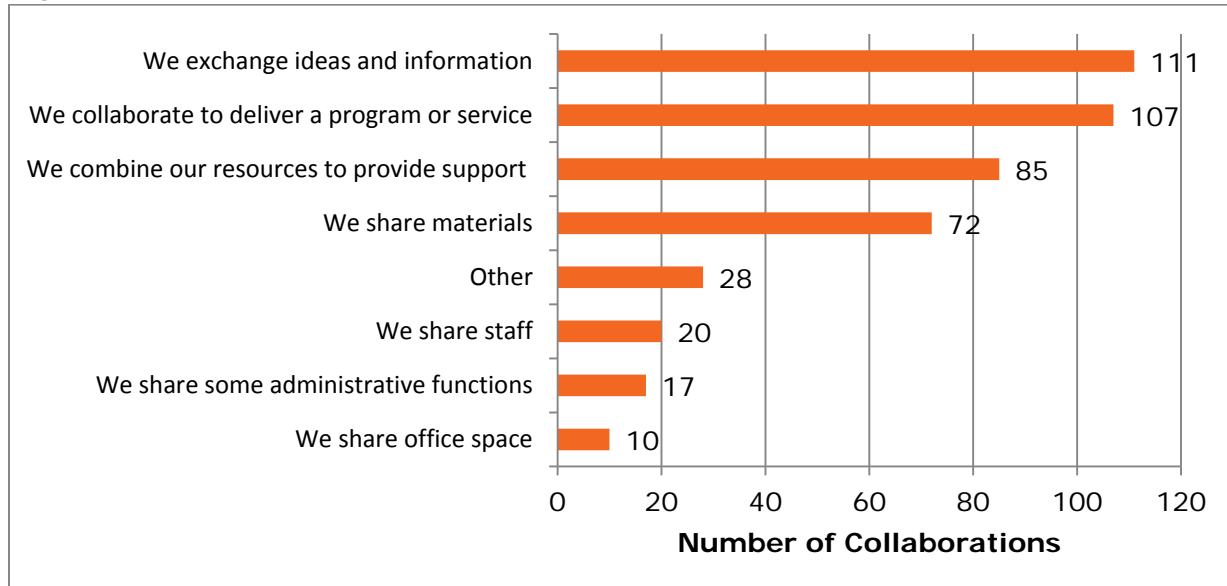
Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends

Data from the Council Quarterly Reports show that almost all Councils (n=29) partner with other entities, aside from other Councils, Family Resource Centers, and CCR&Rs. Councils have an average of 20 partnerships, with a range of three to 51. Sixteen Councils reported having 20 or less partnerships, and 13 Councils reported having 21 or more.²³

²³ Data Source: Summary SFY16 Fourth Quarter Reports provided by CDHS on August 8th, 2016

Councils were also asked about the nature of their collaboration with up to five partners in the survey. Councils most frequently selected "We exchange ideas and information," followed by "We collaborate to deliver a program or service," and "We combine our resources" (Figure 19).

Figure 19. Councils' reported nature of collaborations with other partners



Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda, MD: Child Trends.

Communities Served by Councils

In our survey, Councils were also asked about the communities served by their Council. The majority of Councils reported that they target particular early care and education (ECE) professionals to receive their programs and services. Most Councils reported that they target licensed programs rated a Level 1 (n= 28) and programs rated a Level 2 (n=28) in Colorado Shines. The majority of Councils also reported targeting programs that serve high numbers of children receiving child care subsidies (n=26; Table 8).

Table 8. Communities served by Councils

	Number of Councils
Licensed program rated L1	28
Program rated L2	28
Programs serving high numbers of children receiving subsidies	26
Professionals lacking education and training	24
Programs rated L3-5	24
Programs serving geographic areas with high needs	20
Unlicensed providers	15
Programs with licensing violations	13

	Number of Councils
Programs lacking administrative resources	13
Other	3
Council does not target particular providers	2

Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

Twenty-six Councils listed some of the unique needs of the community they serve, for example: rural regions (n=7), limited access to child care (n=5), limited access to resources (n=5), the high cost of living (n=4), racially and linguistically diverse communities (n=3), and low-income families (n=3). To address these unique needs, Councils described their strategies to engage with and support providers (n=12 of 23). For example, Councils reported that they travel to meet providers in person, host local trainings, and provide funds for providers to attend meetings and trainings. A few Councils (n=4) also noted their partnerships have aided them in meeting these unique needs in their communities.

Councils were also asked to describe how they have successfully met the needs of their communities. Councils reported they have experienced success through their partnerships (n=11), support for providers (n=4), and education for parents (n=4). Other Councils described their unique efforts to build rapport, implement specific initiatives, and identify gaps in their community where more work is needed.

A respondent explained, *"Living in a rural area, we understand that to be successful we have to have partnerships with many different organizations so that the needs are met in our communities. It is a benefit living in a rural community, as organizations have strong relationships with each other, making it easier to support each other, whereas living in a more populated area relationships may not be as easily cultivated."*

Councils' Perceptions of Barriers to Deliver Early Childhood Services

In our survey with Councils, we asked about barriers they experience in delivering high-quality and accessible early childhood services. The Councils explained that barriers exist at various levels within their local early childhood systems, which affect the community, ECE providers, and families with young children.

Eight respondents described barriers related to market forces, citing a lack of competition among ECE providers and low supply but high demand for qualified ECE professionals. For example, one respondent said, *"[Providers] feel that what they are doing is good enough and because there is no competition they don't need to level up in Colorado Shines. They are always full and have waiting lists."* Additionally, another respondent noted that, *"finding or developing a qualified workforce is difficult here. The pay here is not as good as in more areas with more population, yet the cost of living is higher."*

Six respondents explained that obtaining adequate funding for early childhood service has been a challenge for their communities. For example, one noted *"[Our county] is perceived as a very wealthy county with low needs in the State so it's quite challenging to win grant funds when we're competing with perceived lower income counties with higher needs,"* and

another said, *"Fundlers are starting to avoid granting the funding in areas with smaller populations."* Other respondents mentioned that a lack of support from local leadership (n=2) and the need to replace a retiring workforce (n=2) are challenges facing their early childhood communities.

Twelve respondents described difficulty in recruiting and maintaining a qualified workforce as a major barrier for ECE providers, and five respondents mentioned low wages. One respondent noted how these two concepts are closely related, *"[the] lack of qualified ECE professionals: we know of many classrooms that have closed or failed to open due to lack of staff. Retention and turnover issues are common, and can often be tied to low pay."* Four respondents also mentioned that negative perceptions of the Colorado Shines rating process has been a barrier for providers' engagement in quality improvement. For example, one respondent said, *"Perceptions and fear of the rating process has made some child care facilities hesitant to engage in higher levels under Colorado Shines."* Other barriers mentioned that affect ECE providers were managing state and local requirements and mandates (n=2) and the time, effort, and resources it takes to make quality improvements (n=3).

Seven respondents cited a limited number of child care slots as a major barrier facing families with young children in their communities. One respondent explained that there is the gap between need and availability stating *"There is a lack of facilities to serve young children. The population of 0-3 years is 1,884 with only 188 licensed child care spaces."* Additionally, five respondents said that access to transportation is a challenge many families encounter. One respondent said, *"Transportation is a huge barrier. Buses stop running at 6:00pm and don't run on Saturday or Sunday and not all of [our county] has bus service."* Respondents also mentioned that the high cost of child care (n=4), limited access to other services like affordable medical care (n=3), and living in a child care desert (n=2) are other barriers facing families with young children in their communities.

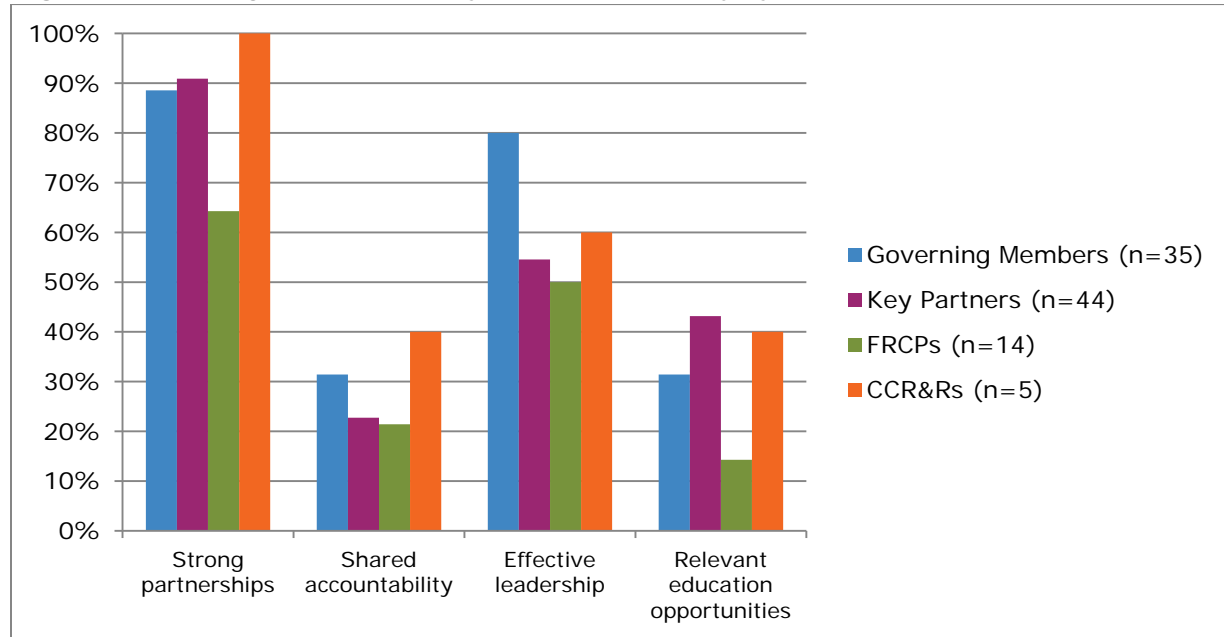
Community Partners' Perceptions of Local Early Childhood Systems Strengths and Challenges

Community partners were asked to select the top three "Fundamental" factors from the Early Childhood Colorado Framework that are strengths of their local early childhood delivery systems. Most often, partners noted that their community benefits from "Strong Partnerships" and "Effective Leadership." One key partner noted, *"Partnerships are critical to our work, and allow us to use each other as resources, and assure that regional efforts are similar, and meet the needs of our community."* A Family Resource Center representative explained, *"Strong partnerships between agencies is key, we collaborate together so we don't duplicate services and efforts in our small county. Most agencies work well together and support each other as we are focused on the success of the families, and as the*



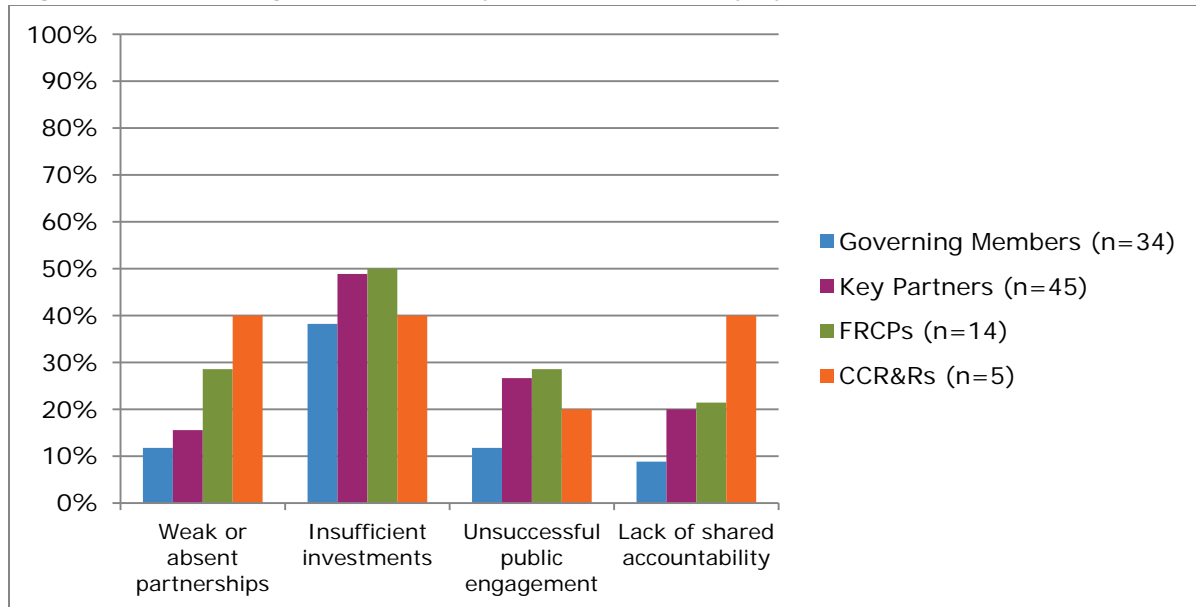
success of a thriving family in the community then becomes our success." Figure 20 illustrates the strengths most frequently chosen by community partners.

Figure 20. Strengths of local early childhood delivery systems



Child Trends (2016). *Community Surveys*. Bethesda: MD: Child Trends.

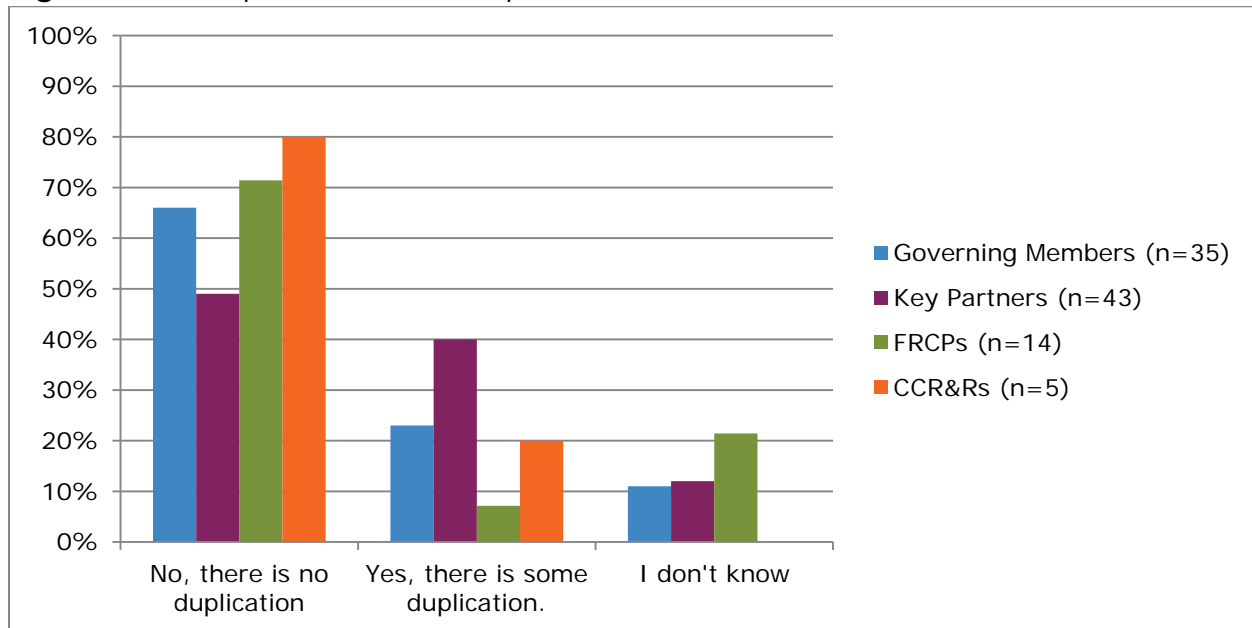
We also asked community partners to reflect on challenges in their communities that hinder the local early childhood delivery system. Respondents were asked to select three factors, using "Fundamentals" from the Early Childhood Colorado Framework. Community partners most frequently cited "Insufficient investments" as a barrier. A governing member explained, *"Funding is at the heart of our council's capacity issues, our community's ability to meet the capacity issues for infants and toddlers, CCCAP's inability to serve all of our working poor families, and our less than livable wages for our early childhood professionals."* A representative from a Family Resource Center said, *"We can only accomplish so much without further investments. The state sometimes makes decisions without fully understanding how that impacts programs at the ground level. Intent is well-meaning, but not enough input from practitioners is sought before changes are made."* Other barriers mentioned included lack of accountability, unsuccessful public engagement, and weak or absent partnerships. Figure 21 shows the common challenges cited by community partners.

Figure 21. Challenges to local early childhood delivery systems

Child Trends (2016). *Community Surveys*. Bethesda: MD: Child Trends.

Community Partners' Perceptions of Inefficiencies in their Local Early Childhood System

Coordination at the local level is important for increasing and sustaining the quality, accessibility, capacity, and affordability of early childhood services. We asked community partners whether they think there is duplication of early childhood programs and services within their community that cause inefficiencies. Figure 22 shows a summary of their responses. The majority of governing members (66%), CCR&Rs (80%), and FRCPs (71%) reported that they do not think there is duplication in their community. Key partners were more divided in their responses, with 49% reporting no duplication and 40% reporting some duplication. It is important to note that as local service providers, the perspectives of partners may differ from how families perceive and experience service delivery.

Figure 22. Perceptions of service duplication

Child Trends (2016). *Community Surveys*. Bethesda: MD: Child Trends

When asked how local efforts could be better coordinated to provide a more efficient, streamlined system for children and families in their community, respondents provided a variety of answers. About a third of governing members (36% of 25), key partners (29% of 35), CCR&Rs (33% of 3), and FRCPs (29% of 7) indicated either that they already thought strong coordination and collaboration was in place or that they were unsure how to better coordinate local efforts. A Council governing member explained, *“As a Council we have strived over the years to avoid duplication in order to avert confusion to families and to best utilize our existing resources. That is why we have placed such high value on collaboration.”*

Other community partners provided recommendations that emphasized the importance of strong communication to promote collaboration (25% of governing members, 16% of key partners, and 80% of FRCPs). A governing member said, *“I believe that the most important aspect is strong communication and the opportunity for constituents to meet and discuss their roles, responsibilities and goals to avoid duplication and provide support to each other.”*

Community partners also voiced a need for increased public awareness around the early childhood supports available in communities (25% of governing members and 16% key partners). Some cited that more centralized outreach or marketing would help streamline the system for children and families. As one governing member explained, *“[There should be] more promotion of the Council itself, to let more people know it exists so that knowledge and work can be centralized.”* And, some key partners (16%) explained that their communities need more programs and services in order to provide a comprehensive early childhood system for families.

Community partners shared unique ideas for how local efforts could be better coordinated, including (but not limited to):

- Community assessments
- Universal work release forms
- Universal funding applications
- Increasing collaboration among Councils and county agencies
- More shared service delivery with ECE and schools
- Representing diverse perspectives at meetings
- Making intentional use of meeting times
- Restructuring the flow of funding through the Councils

Part IV Summary: What are the barriers to delivery of quality early childhood services?

In order to understand barriers in the early childhood system, it is important to understand the context of how Councils are currently collaborating with other early childhood entities and how they are targeting their services. About two-thirds of the Councils reported frequently collaborating with other Councils, family resource centers, and/or CCR&Rs to exchange ideas and information, combine resources, share materials, or collaborate to deliver a program or service. When describing the communities Councils target for their outreach and services, nearly all described similar populations: early care and education (ECE) professionals, licensed programs rated a Level 1 or 2 in Colorado Shines, and programs serving high numbers of children receiving subsidies.

When asked about barriers they experience in delivering high-quality and accessible early childhood services, Councils explained that market forces (e.g., lack of competition and low supply of qualified ECE professionals) and obtaining sufficient funding are two major challenges they face. Councils also explained that ECE providers struggle with recruiting and retaining qualified staff, and further, that families with young children in their communities are encountering a limited number of child care slots and inadequate transportation options. We also asked community partners for their perceptions of the strengths and challenges in their local early childhood systems. Many partners explained that effective coordination of early childhood supports is already happening in their community, yet several others provided recommendations for ways local systems might be streamlined through strong communication and public awareness. Several partners recommended efforts to increase the public awareness of and support for the Councils' work, and most did not think that duplication of early childhood services was a problem in their community.

Initiatives at the state or local level designed to increase the qualifications and compensation of the early childhood workforce may play an important role in helping to retain highly-qualified ECE professionals. In addition, efforts to coordinate or combine funding streams in a way that reduces the administrative complications Councils encounter when allocating these funds to programs (i.e., differing time frames for spending, inability to combine funding for a more coordinated QI response, differing eligibility requirements).

Further, local early childhood services would be better streamlined if strong communication structures were in place, such as a central website for the Councils. Public awareness campaigns about the services and supports being offered by the Councils would also be beneficial.

Part V. What is the impact of the rule waiver process?

Part of the legislative requirement for this evaluation is an examination of the Council rule waiver process. Through our key informant interviews with CDHS staff, we learned that the process is rarely used by Councils. The Early Childhood Leadership Commission did not receive any rule waiver requests within the past year therefore the impact of the rule waiver process could not be assessed. Simultaneous with the timeline of this evaluation, state agencies worked together to provide clarification on the waiver process in case future requests are made. Because there were no instances of Councils requesting a rule waiver in the past year and the state provided clarification of the waiver process, the CDHS staff agreed that the evaluation should describe the clarified process but need not address it in any other way in the evaluation. A description of the process is clarified below:

Overview

Under C.R.S. § 26-6.5-104(1) an Early Childhood Council may request a waiver of any rule “that would prevent a council from implementing council projects.” The following outlines the rule waiver process and procedures to implement it in compliance with C.R.S. § 26-6.5-104(1).

An Early Childhood Council submitting a waiver request to the Commission is required to demonstrate that the waiver in question is necessary to support implementation of the Early Childhood Council projects related to the following minimum duties and functions:

1. To apply for early childhood funding pursuant to section 26-6.5-104;
2. To increase and sustain the quality, accessibility, capacity, and affordability of early childhood services for children five years of age or younger and their parents. To this end, each council shall develop and execute strategic plans to respond to local needs and conditions;
3. To establish a local system of accountability to measure local progress based on the needs and goals set for program performance;
4. To report annually the results of the accountability measurements;
5. To select a fiscal agent to disburse funds and serve as the employer of the council director, once hired. The fiscal agent may or may not be a county;
6. To develop and implement a strategic plan as described in section 26- 6.5-103.3(4), including a comprehensive evaluation and report; and
7. To actively attempt to inform and include small or under-represented early childhood service providers in early childhood council activities and functions.

C.R.S. § 26-6.5-103.7 (2016).

This list is not exclusive however, and councils can create additional duties and functions, and implement projects based on those duties or functions.

Process

The local council must persuade the Commission through the rule waiver request that application of the rule would prevent them from implementing a project, and that they need a waiver. Rule waivers submitted should clearly articulate how the waiver in question aligns with the duties and responsibilities of the Early Childhood Council per the Colorado Revised Statutes.

Understanding these functions are broadly defined, determination of a rule waiver's alignment with Early Childhood Council duties and responsibilities will be determined by the Early Childhood Leadership Commission ("Commission") with consultation with the affected State Agency. When those seeking rule waivers apply to the Commission, the following steps will occur.

1. The local council submits the waiver request in writing to the Early Childhood Leadership Commission. C.R.S. § 26-6.5-104(1). These requests should be submitted to the attention of the Director.
2. The Commission Director is responsible for ensuring the Commission conducts and completes the review of the rule waiver.
3. The Commission must consult with the affected state agency in reviewing the waiver request.
4. The Commission will communicate in writing the final waiver request decision directly to the affected state agency and the local council.

Limitations

In reviewing the findings in this report, it is important to understand that the data only reflect a point in time for the Councils' work. Although we do our best to describe the history and evolution of the Councils, the majority of our data collection took place in May-July 2016 and much of the data captures the recent 2015-16 fiscal year. Given the limited window of time available for this study, we were not able to conduct in-depth follow-up interviews with the Councils to discuss the results of the survey and gather more qualitative information to provide further context for the findings. It is also important to note that the period of time between this evaluation and the previous evaluation (2013-2016) represents a period of great change for the Councils. There are several new early care and education quality improvement initiatives underway, most notably, the implementation of the state's second generation Quality Rating and Improvement System, Colorado Shines, which has required a significant amount of time and support from the Councils.

There are also other data limitations to consider. The majority of the data for this evaluation is self-reported, which means that the accuracy of the data relies on the honesty and understanding of the respondent. Due to the open-ended nature of several survey questions, the data contained varying levels of consistency and detail based on how the respondent chose to answer. Caution should be used when interpreting certain findings, particularly from our community surveys with lower response rates. For example, our survey with unregistered ECE providers had a response rate of 13% and should not be generalized across the entire population of unregistered providers in Colorado. In addition, sample sizes were small for our surveys with community partners (e.g., only 5 CCR&R representatives).

There are also instances of missing data throughout this report. Since participation in the evaluation was voluntary, all survey questions were optional and, as a result, not every single question was answered by each respondent. Furthermore, there were gaps in our data collection with Councils. Although all 31 Councils completed our survey, we did not receive contact information for governing board members and key partnerships from every Council, nor did we receive strategic plans and annual reports from every Council. Even with these limitations, we believe the evaluation provides important information to guide the further development of Councils.

Discussion

The purpose of this study was to provide a description of Councils' goals and activities, their strategies to track and monitor their progress, and to provide a "360" evaluation that included community perceptions of the Councils' effectiveness using a multi-method data collection design. We collected data from Councils to better understand their structure, capacity, goals, activities and perceptions of the supports they receive. We also collected data from key community partners, governing board members, and early care and education providers in order to understand their perceptions of the Councils' goals and the role they play in their community.

One challenge for this evaluation was our inability to identify a set of "core functions" (i.e., goals; activities; outcomes; and strategies for measuring progress) that are common across all Councils. Arguably one of the strengths of the Councils is that they are all unique. They are, by design, meant to reflect the needs and strengths of the communities they serve. However, identifying a set of core functions that are common across all Councils, perhaps guided by the Colorado Early Childhood Framework, will enable future evaluation efforts to measure the collective impact of the Councils.

While we recommend that CDHS and the Councils work together to identify a common set of core functions, we do not mean to suggest that Councils be limited to *only* this common set of core goals and activities. Using the Colorado Early Childhood Framework would also enable Councils to demonstrate how they are working to promote coordination and efficiency across the early childhood system, which is something the Councils emphasized as a key component of their work. When considering the core functions of the Councils, it will be important to maintain some flexibility, allowing Councils to identify and address their local systems-building needs. Ultimately, having a shared understanding of the Councils' core functions will support increased communication and understanding of the Councils work across the state and future conversations about how to measure and evaluate effectiveness and impact.

Future discussions of goals and activities between CDHS and Councils should also be coordinated with guidance to Councils about progress monitoring. CDHS should continue its work to develop progress monitoring strategies that demonstrate the Councils' collective work across counties and the state of Colorado, potentially guided by the Early Childhood Colorado Framework. This work has already begun with the current Council statement of work and the new Council Quarter Reporting system. While it is critical that Councils report the specified outcomes of their state-funded work, Councils should also develop a data collection structure or process that allows them to report the outcomes of their locally-determined work in a similarly consistent and quantifiable manner.

It is also important to remember that the capacity of each Council varies (e.g., funding, staff). As CDHS and Councils work together to define their core functions, it will be important to consider additional supports and strategies to help build Councils' long-term capacity. Since the success of Councils lies, in part, on the individuals who lead them, Councils should work to ensure they have enough staff with the adequate skills and capacity

to implement the their scope of work and meet the needs of the communities they serve. Furthermore, CDHS and the Councils should work together to identify additional supports and strategies that will help build Councils' long-term capacity, for example, professional development and training opportunities exclusively focused on building strong local leadership.²⁴

Echoed throughout this evaluation is the need for stronger communication about the Councils' work. Intentional communication structures, such as a central website and social media channels for the Councils, may help address this need and reinforce communication among state agencies, Councils, and ECE providers. Forward-thinking supports and strategies that help to build Council capacity are important to consider for sustaining a strong early childhood system despite inevitable changes in funding.

The next evaluation of the Councils should start with documenting the core functions identified by CDHS and the Councils and include data gathered by any new progress monitoring systems. As described earlier, the current evaluation was limited mainly to self-reported information spanning a short period of time, restricting our ability to analyze the collective impact of Councils. With consistent outcomes and measurement strategies in place over time, the next evaluation of the Councils could use administrative data to comprehensively analyze the effectiveness of the Councils. In addition to directly evaluating the Councils, CDHS and the Councils should also consider closely examining how their quality improvement initiatives are working for ECE providers. For example, Child Trends is currently conducting an evaluation of Colorado Shines and surveying all participating providers about their experiences with and perceptions of this initiative (i.e., RTT-ELC QI). This type of evaluative information on all of the quality improvement programs would inform the work of the Councils and CDHS moving forward to ensure their investments are best serving young children and their families.



²⁴ Ponder, K. (2015). Chapter 2: Local Systems Building through Coalitions. *Rising to the Challenge: Building Effective Systems for Young Children and Families, a BUILD E-Book*. BUILD Initiative. Retrieved from: <http://www.buildinitiative.org/Portals/0/Uploads/Documents/E-BookChapter2LocalSystemsBuildingThroughCoalitions.pdf>

Appendix A. Council Activities

Table A 1. CDHS OEC Scope of Work: Outcomes and Activities

<p>Outcome: Increase Quality – engagement of programs to reach higher quality levels</p> <ul style="list-style-type: none"> Activity: Increase the percentage in number of high quality ratings.
<p>Outcome: Increase/enhance the number of formal agreements between the Early childhood Council and other community early childhood partners related to the Early Childhood Colorado Framework.</p> <ul style="list-style-type: none"> Activity: Increase the number and percentage of MOUs between system and Council partners
<p>Outcome: Administer quality improvement funding to licensed programs completing Levels 2 through 5 requirements within the Colorado Shines Quality Rating and Improvement System. In alignment with engagement goal</p> <ul style="list-style-type: none"> Activity: Increase the number of programs participating in quality improvement funding
<p>Outcome: (School Readiness Quality Improvement Program; SQIP) Increase participation, administer quality improvement funding, and provide technical assistance</p> <ul style="list-style-type: none"> Activity: Increase the number of licensed programs into the SRQIP program Activity: Administer quality improvement funding and technical assistance to eligible participating programs
<p>Outcome: Improve quality in infant and toddler care, providing programs tiered reimbursement to high-quality early childhood programs, and increase the number of low-income infants and toddlers served through high-quality early childhood programs, as well as promote voluntary parental involvement</p> <ul style="list-style-type: none"> Activity: Increase the number of programs participating in the Infant/Toddler Quality Assurance (ITQA) program
<p>Outcome: Administer quality improvement funding to eligible programs who participate in the Colorado Child Care Assistance (CCCAP) program.</p> <ul style="list-style-type: none"> Activity: Enroll licensed programs into the CCCAP Quality Improvement (QI) Program

Source: CDHS 2016 Scope of Work Template

Table A 2. Outcomes from Council Quarterly Report

Outcome Type	Outcomes
Systems Building	Increase the quality of child care for Colorado's children, especially our highest need children. Increase the number of professionals recognized under the Early Childhood Professional Credentials
Systems Building	Increase public awareness of the Early Learning and Development Guidelines (earlylearningco.org/) and the Early Childhood Framework
Systems Building	Show progress on at least one Early Childhood Framework Outcome
Systems Building	Increase or sustain formal agreements between the Early Childhood Council and other community early childhood partners related to the Early Childhood Colorado Framework (revised).

Outcome Type	Outcomes
Quality Improvement Outreach, Technical Assistance, and Training	Increase awareness and technical assistance support to licensed child care programs regarding the Colorado Shines Quality Rating and Improvement System.
Quality Improvement	Complete a Coaching Readiness Assessment (including classroom observation(s)) for all Participating Programs to establish a baseline and set program year goals related to attaining either Level 2 OR a Level 3 or higher in Colorado Shines. Goals will be reflected in the Quality Improvement Plan (QIP) and drive Qualified Quality Improvement (QQI) spending for each site.
Quality Improvement Administration Level 2	Administer quality improvement funding to licensed programs completing Level 2 requirements within the Colorado Shines Quality Rating and Improvement System.
Quality Improvement Administration Levels 3-5	Administer quality improvement funding to licensed programs completing Level 3-5 requirements within the Colorado Shines Quality Rating and Improvement System.
Quality Improvement - School Readiness Quality Improvement Program (SRQIP) Legislatively Required Reporting	SRQIP - Increase technical assistance support for School Readiness Programs to provide quality improvement strategies as identified in a programs Quality Improvement Plan within the Colorado Shines Quality Rating and Improvement System.
Quality Improvement - Infant Toddler Quality and Availability (ITQA) - HB 13-1291 Legislatively Required Reporting	ITQA - The goal of the grant programs is to improve quality in infant and toddler care, provide tiered reimbursement to high-quality early childhood programs, and increase the number of low-income infants and toddlers served through high quality programs, as well as promote voluntary parental involvement.

Source: Early Childhood Council Reporting Supplement July 1, 2015 – June 30, 2016

Table A 3. Selected examples Councils’ reported activities, by domain

Learning and Development	Cross Domain
<p>Program and Professional Supports</p> <ul style="list-style-type: none"> Helping programs set quality improvement goals Coaching, training and professional development Classroom quality observations (Environmental Rating Scales) Ordering learning materials for programs Helping programs participate in Colorado Shines Helping providers participate in the Professional Development Information System (PDIS) College scholarships for providers Making sure providers have the trainings they need to meet licensing requirements Pyramid Model coaching Provision of mental health consultation to teachers and parents 	<p>Coordination</p> <ul style="list-style-type: none"> Networking and meeting with partners from all domains Coordinated planning with partners Work related to alignment and shared accountability across partnerships Build and sustain a comprehensive early childhood system of services Participation on boards, committees, etc. Community gap identification Reducing duplication of services <p>Public Awareness</p> <ul style="list-style-type: none"> Promoting/advocating early childhood policy Increasing knowledge about the importance of early

<p>Supporting child outcome assessments Inclusion for children with special needs</p> <p>Family and Community Activities Public awareness campaigns Promotion of the Early Learning Development Guidelines Developmental screening Tuition assistance for families Child Care Resource and Referral (CCR&R) parent and provider outreach Facilitating community-wide transition planning</p>	<p>childhood Informational booths at county fairs, literacy nights at schools, holiday events Promoting public awareness Public engagement</p> <p>Capacity Building Supporting staff capacity to align efforts and create systems change Funding and resource development Blending funding and relationships to support early childhood programs and families</p>
<p>Family Support and Education</p>	<p>Health and Well-Being</p>
<p>Information and Resource Sharing Disseminate information about home visitors in the area Provide youth and families resource guides Resource sharing day Parent education center</p> <p>Family Outreach Hospital visits for parents of newborns Breastfeeding support group Outreach and resources for mothers of newborns Post-partum depression group Autism support group</p> <p>Family Programs Home visiting programs Colorado Community Response Positive Solutions for Families programs Incredible Years programs and supports Toxic Stress seminar for teachers, parents and community. Developmental screenings Parenting education classes Participating in community events to distribute information and promote knowledge to parents on the importance of early childhood</p>	<p>Facilitating community collaborations around physical and mental health outcomes Assuring Better Child Health and Development (ABCD) program Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) Community Education on Screening and Referral Cavity Free at 3</p> <p>Community Information, Resources, and Awareness Care Navigation in Health clinics; Colorado Immunization Information System (CIIS) Lead Poisoning awareness Promotion and awareness events for child abuse prevention Health advocacy Parent community brochure for Child Find/Early Intervention</p> <p>Professional Development Early Childhood Mental Health Consultation Professional Development on social-emotional to ECE Pyramid Plus social emotional support efforts, coaching, trainings Expanding Quality Infant Toddler Care training I am moving I am Learning trainings</p>

Child Trends (2016). *Colorado Early Childhood Council Survey*. Bethesda: MD: Child Trends.

Appendix B. Community Partner Surveys Data Summaries

Table B 1. Governing members survey respondent characteristics

Category	Percentage
<i>Role on Council's governing body (n=38)</i>	
I lead the entire governing body	47%
I am a participating member of the governing body	45%
I lead one of the governing committees	16%
Other	5%
<i>Perspective on Council's governing body (n=38)</i>	
Parent	16%
Early care and education	45%
Family support and parent education	29%
Resource and referral	26%
Child care association	3%
Head Start	16%
School district	13%
Higher education	16%
Health care	18%
Mental health care	13%
Local government	18%
Local business	8%
Foundation	0
Faith-based organization	3%
Library	0
Research of evaluation	0
Other, non-profit organization	13%
Other	24%
<i>Length as a member of the Council's governing body (n=37)</i>	
Less than 1 year	5%
1-2 years	11%
3-4 years	27%
5 years or more	57%
<i>Responsibilities on the Council's governing body (n=38)</i>	
Strategic planning and goal setting	92%
Assessing community needs	71%
Managing finances	34%
Overseeing or supporting Council activities	71%
Evaluation Council performance	47%
Fundraising	16%
Communications	18%
Overseeing the operations of the governing body	45%
Other	11%

Table B 2. Other Council key partners survey respondent characteristics

Category	Percentage
<i>Description of organization or entity you represent (n=50)</i>	
Early care and education	24%
Family support and parent education	2%
Head start	4%
K-12 education	2%
Higher education	2%
Health care	2%
Mental health care	12%
Local government	10%
Library	2%
Other, nonprofit organization	14%
Other	26%
<i>Type of partnership (n=50)</i>	
Formal partnership	54%
Informal partnership	42%
I don't know	4%
<i>Length working with the Council (n=50)</i>	
Less than 1 year	4%
1-2 years	6%
3-4 years	22%
5 years or more	68%
<i>Nature of collaboration with the Council (n=50)</i>	
We exchange ideas and information	96%
We share staff	10%
We combine our resources to provide trainings, PD, etc.	74%
We share materials	44%
We share office space	10%
We collaborate to deliver a program or service	70%
We share some administrative functions	6%
Someone from our organization serves on the Early Childhood Council	80%
Other	2%

Table B 3. CCR&Rs survey respondent characteristics

Category	Percentage
<i>Number of COUNCILs your organization works with (n=5)</i>	
One	80%
Two	0
Three or more	20%
<i>Type of partnership (n=5)</i>	
Formal partnership	20%
Informal partnership	60%
I don't know	20%
<i>Length working with the Council (n=5)</i>	
Less than 1 year	0

Category	Percentage
1-2 years	0
3-4 years	0
5 years or more	100%
I don't know	0
<i>Nature of collaboration with the Council (n=5)</i>	
We exchange ideas and information	100%
We share staff	20%
We combine our resources to provide trainings, PD, etc.	80%
We share materials	60%
We share office space	0
We collaborate to deliver a program or service	80%
We share some administrative functions	0
Someone from our organization serves on the Early Childhood Council	100%
Other	20%

Table B 4. Family Resource Centers survey respondent characteristics

Category	Percentage
<i>Number of Councils your organization works with (n=16)</i>	
One	69%
Two	31%
Three or more	0%
<i>Type of partnership (n=15)</i>	
Formal partnership	40%
Informal partnership	40%
I don't know	20%
<i>Length working with the Council (n=15)</i>	
Less than 1 year	7%
1-2 years	20%
3-4 years	7%
5 years or more	60%
I don't know	7%
<i>Nature of collaboration with the Council (n=13)</i>	
We exchange ideas and information	85%
We share staff	15%
We combine our resources to provide trainings, PD, etc.	46%
We share materials	38%
We share office space	8%
We collaborate to deliver a program or service	62%
We share some administrative functions	8%
Someone from our organization serves on the Early Childhood Council	77%
Other	23%

Table B 5. Strategies from the Early Childhood Colorado Framework

	Governing Members (n=35)		Key Partners (n=46)		CCR&R (n=5)		FRCP (n=15)	
	(n)	%	(n)	%	(n)	%	(n)	%
Connect and Empower Families	17	49%	33	72%	2	40%	9	60%
Build Community Capacity	24	69%	35	76%	5	100%	7	47%
Implement Quality Standards	27	77%	29	63%	1	20%	9	60%
Make Data Informed Decisions	14	40%	19	41%	2	40%	4	27%
Develop and Retain the Workforce	13	37%	23	50%	2	40%	6	40%
Support Consumer Affordability	6	17%	10	22%	3	60%	5	33%
Advance Sustainable Business Practices	1	3%	4	9%	0	0	2	13%
Encourage Public Private Approaches	5	14%	1	2%	2	40%	4	27%
Pursue Continuous Quality Improvements	25	71%	0	0	2	40%	7	47%
Ensure Coordinated Services	19	54%	27	59%	3	60%	8	53%
Promote and Share Knowledge	16	46%	29	63%	2	40%	8	53%
Other	0	0	0	0	1	20%	0	0

Table B 6. Strengths of local early childhood systems

	Governing Members (n=35)		Key Partners (n=44)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
Strong partnerships	31	89%	40	91%	5	100%	9	64%
Sufficient investments	2	6%	7	16%	1	20%	2	14%
Sound policy	6	17%	4	9%	0	0	4	29%
Robust public engagement	8	23%	4	9%	1	20%	1	7%
Shared accountability	11	31%	10	23%	2	40%	3	21%
Effective leadership	28	80%	24	55%	3	60%	7	50%
Relevant education opportunities	11	31%	19	43%	2	40%	2	14%
I don't know	0	0	0	0	0	0	3	21%
None of the above	0	0	0	0	0	0	1	7%
Other	0	0	0	0	0	0	1	7%

Table B 7. Barriers to local early childhood systems

	Governing Members (n=34)		Key Partners (n=45)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
Weak or absent partnerships	4	12%	7	15%	2	40%	4	29%
Insufficient funds	13	38%	22	49%	2	40%	7	50%
Unclear policy	3	9%	4	9%	0	0	3	21%
Unsuccessful public engagement	4	12%	12	27%	1	20%	4	29%

	Governing Members (n=34)		Key Partners (n=45)		CCR&R (n=5)		FRCP (n=14)	
Lack of shared accountability	3	9%	9	20%	2	40%	3	21%
Ineffective leadership	3	9%	7	16%	1	20%	1	7%
Lack of relevant education opportunities	1	3%	1	2%	0	0	2	14%
I don't know	5	15%	3	7%	1	20%	2	14%
None of the above	9	26%	8	18%	0	0	2	14%
Other	8	24%	7	16%	0	0	1	7%

Table B 8. Changes in the Councils works over the past 3 years

	Governing Members (n=35)		Key Partners (n=46)		CCR&R (n=5)		FRCP (n=15)	
	(n)	%	(n)	%	(n)	%	(n)	%
Change a lot	13	37%	11	24%	1	20%	4	27%
Changed some	19	54%	23	50%	3	60%	4	27%
Barely changed	3	9%	5	11%	0	0	1	7%
Has not changed	0	0	2	4%	0	0	1	7%
I don't know	0	0	5	11%	1	20%	5	33%

Table B 9. Duplication of early childhood programs/services in communities

	Governing Members (n=35)		Key Partners (n=43)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
Yes, there is some duplication	8	23%	17	40%	1	20%	1	7%
No, there is no duplication	23	66%	21	49%	4	80%	10	71%
I don't know	4	11%	5	12%	0	0	3	21%

Table B 10. How effective is your Council in supporting a strong early childhood delivery system in your community? (1= extremely ineffective, 10= extremely effective)

	Governing Members (n=35)		Key Partners (n=43)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
1	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	1	7%
3	1	3%	2	5%	0	0	0	0
4	0	0	0	0	0	0	0	0
5	3	8%	4	9%	0	0	2	14%
6	2	6%	1	2%	0	0	3	21%
7	7	20%	5	12%	3	60%	0	0
8	8	23%	13	30%	1	20%	6	43%
9	12	34%	10	23%	1	20%	1	7%
10	2	6%	8	19%	0	0	1	7%

Table B 11. How effectively are local early childhood partners working together to meet the overall needs of children and families in your community? (1= extremely ineffective, 10= extremely effective)

	Governing Members (n=34)		Key Partners (n=42)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
1	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0
3	1	3%	1	2%	0	0	0	0
4	0	0	0	0	0	0	1	7%
5	1	3%	4	10%	0	0	0	0
6	3	9%	1	2%	0	0	2	14%
7	5	15%	4	10%	0	0	3	21%
8	12	35%	16	38%	3	60%	4	29%
9	8	23%	9	21%	2	40%	3	21%
10	4	12%	7	17%	0	0	1	7%

Table B 12. How effectively are local early childhood partners working together to provide accessible, high quality supports and educational opportunities to families? (1= extremely ineffective, 10= extremely effective)

	Governing Members (n=34)		Key Partners (n=41)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
1	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0
3	1	3%	3	7%	1	20%	0	0
4	3	9%	0	0	0	0	0	0
5	1	3%	7	17%	0	0	3	21%
6	2	6%	3	7%	0	0	1	7%
7	4	12%	3	7%	2	40%	3	21%
8	14	41%	10	24%	1	20%	4	29%
9	8	23%	9	22%	1	20%	2	14%
10	1	3%	6	15%	0	0	1	7%

Table B 13. How effectively are local early childhood partners working together to provide accessible, high quality programs and services to promote early childhood health and well-being? (1= extremely ineffective, 10= extremely effective)

	Governing Members (n=34)		Key Partners (n=41)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
1	0	0	0	0	0	0	0	0
2	0	0	1	2%	0	0	0	0
3	1	3%	1	2%	1	20%	0	0
4	1	3%	1	2%	0	0	1	7%
5	1	3%	4	10%	0	0	1	7%
6	2	6%	1	2%	0	0	1	7%

	Governing Members (n=34)		Key Partners (n=41)		CCR&R (n=5)		FRCP (n=14)	
7	5	15%	6	15%	3	60%	4	29%
8	10	29%	13	32%	1	20%	4	29%
9	11	32%	7	17%	0	0	2	14%
10	3	9%	7	17%	0	0	1	7%

Table B 14. How effectively are local early childhood partners working together to provide accessible, high quality programs and in early learning and development? (1= extremely ineffective, 10= extremely effective)

	Governing Members (n=34)		Key Partners (n=41)		CCR&R (n=5)		FRCP (n=14)	
	(n)	%	(n)	%	(n)	%	(n)	%
1	0	0	0	0	0	0	0	0
2	1	3%	0	0	0	0	0	0
3	0	0	2	5%	0	0	0	0
4	1	3%	1	2%	0	0	0	0
5	0	0	3	7%	0	0	1	7%
6	2	6%	0	0	1	20%	3	21%
7	4	12%	6	15%	1	20%	2	14%
8	16	47%	12	29%	2	40%	3	21%
9	8	23%	9	22%	1	20%	4	29%
10	2	6%	8	20%	0	0	1	7%

Appendix C. ECE Provider Surveys Data Summaries

Table C 1. Registered provider survey respondents characteristics

Category	Percentage
<i>Program type (n=498)</i>	
Child care center	47%
Family child care	39%
Other	14%
<i>Children receiving county child care assistance (n=486)</i>	
None	51%
A few (less than 10%)	16%
Some (11-50%)	19%
Many (51-75%)	5%
Most (51-75%)	7%
All (100%)	1%
I don't know	2%
<i>Children who have an IEP or IFSP (n=491)</i>	
None	55%
A few (less than 10%)	30%
Some (11-50%)	14%
Many (51-75%)	1%
Most (51-75%)	0
All (100%)	0
I don't know	1%
<i>Children who speak English as their second language (n=495)</i>	
None	56%
A few (less than 10%)	32%
Some (11-50%)	7%
Many (51-75%)	3%
Most (51-75%)	1%
All (100%)	2%
I don't know	0
<i>Organizations providing supports to programs (n=498)</i>	
Child Care Resource & Referral	45%
Early Childhood Council	64%
Family Resource Center	12%
None of the above	19%
I don't know	7%

Table C 2. Unregistered providers survey respondents characteristics

Category	Percentage
<i>Program type (n=213)</i>	
Child care center	16%
Family child care	69%
Other	15%
<i>Children receiving county child care assistance (n=211)</i>	
None	73%
A few (less than 10%)	11%
Some (11-50%)	5%
Many (51-75%)	3%
Most (51-75%)	2%
All (100%)	1%
I don't know	4%
<i>Children who have an IEP or IFSP (n=210)</i>	
None	77%
A few (less than 10%)	15%
Some (11-50%)	5%
Many (51-75%)	1%
Most (51-75%)	0
All (100%)	0
I don't know	2%
<i>Children who speak English as their second language (n=210)</i>	
None	77%
A few (less than 10%)	13%
Some (11-50%)	4%
Many (51-75%)	1%
Most (51-75%)	0
All (100%)	4%
I don't know	0
<i>Organizations providing supports to programs (n=167)</i>	
Child Care Resource & Referral	39%
Early Childhood Council	26%
Family Resource Center	7%
None of the above	40%
I don't know	10%

Table C 3. Frequency providers contact their Council over the past year

	Registered Providers (n=312)		Unregistered Providers (n=45)	
	(n)	%	(n)	%
12 times or more	53	17%	1	2%
6-11 times	69	22%	2	4%
3-5 times	98	32%	6	13%
1 or 2 times	69	22%	17	38%
Never	16	5%	16	36%
I don't know	7	2%	3	7%

Table C 4. Frequency Councils reach out to providers over the past year

	Registered Providers (n=311)		Unregistered Providers (n=45)	
	(n)	%	(n)	%
12 times or more	64	21%	4	9%
6-11 times	73	23%	2	4%
3-5 times	96	31%	11	24%
1 or 2 times	49	16%	14	31%
Never	16	5%	6	13%
I don't know	13	4%	8	18%

Table C 5. Provider rankings of family support and education supports from Councils

	Not very/not at all helpful		Somewhat helpful		Very helpful	
	(n)	%	(n)	%	(n)	%
Referrals to parenting classes						
Registered (n=85)	6	7%	51	60%	28	33%
Unregistered (n=6)	2	33%	2	33%	2	33%
Parenting classes offered by the Council						
Registered (n=72)	7	10%	37	51%	28	39%
Unregistered (n=5)	1	20%	3	60%	1	20%
Referrals to home visiting programs						
Registered (n=29)	3	10%	9	31%	17	59%
Unregistered (n=2)	0	0%	0	0%	2	100%
Home visitation offered by the Council						
Registered (n=37)	1	3%	11	30%	25	67%
Unregistered (n=2)	0	0%	0	0%	2	100%
Other						
Registered (n=58)	6	10%	19	33%	33	57%
Unregistered (n=2)	1	50%	1	50%	0	0%

Table C 6. Provider rankings of early childhood health and well-being supports from Councils

	Not very/not at all helpful		Somewhat helpful		Very helpful	
	(n)	%	(n)	%	(n)	%
Referrals to mental health consultation/social emotional training						
Registered (n=79)	5	6%	30	38%	44	56%
Unregistered (n=3)	0	0%	1	33%	2	66%
Referrals to mental health/social emotional training						
Registered (n=77)	4	5%	24	31%	49	64%
Unregistered (n=2)	0	0%	1	50%	1	50%
Mental health/social emotional training offered by the Council						

	Not very/not at all helpful		Somewhat helpful		Very helpful	
Registered (n=78)	2	3%	21	27%	55	70%
Unregistered (n=3)	0	0%	3	100%	0	0%
Referrals to health consultations/wellness services						
Registered (n=56)	2	4%	23	41%	31	55%
Unregistered (n=4)	0	0%	3	75%	1	25%
Referrals to health/wellness training						
Registered (n=58)	2	3%	20	34%	36	62%
Unregistered (n=6)	0	0%	6	100%	0	0%
Health/wellness training offered by the Council						
Registered (n=61)	1	2%	23	38%	37	60%
Unregistered (n=10)	0	0%	7	70%	3	30%
Other						
Registered (n=11)	1	9%	4	36%	6	55%
Unregistered (n=1)	0	0%	1	100%	0	0%

Table C 7. Provider rankings of early learning and development supports from Councils

	Not very/not at all helpful		Somewhat helpful		Very helpful	
	(n)	%	(n)	%	(n)	%
General information about Colorado Shines						
Registered (n=253)	12	5%	93	37%	148	58%
Unregistered (n=21)	2	10%	11	52%	8	38%
Assistance with navigating the Colorado Shines rating criteria						
Registered (n=218)	10	5%	61	28%	147	67%
Unregistered (n=10)	1	10%	3	30%	6	60%
Assistance with using the Colorado Shines website						
Registered (n=209)	6	3%	57	27%	146	70%
Unregistered (n=11)	1	9%	4	36%	6	55%
Assistance with the PDIS						
Registered (n=225)	7	3%	67	30%	151	67%
Unregistered	1	8%	6	50%	5	42%

	Not very/not at all helpful		Somewhat helpful		Very helpful	
(n=12)						
Assistance with spending Quality Improvement (QI) funds						
Registered (n=218)	7	3%	49	22%	162	74%
Unregistered (n=4)	0	0%	1	25%	3	75%
Colorado Shines coaching						
Registered (n=195)	15	8%	45	23%	135	69%
Unregistered (n=3)	0	0%	1	33%	2	67%
Other Colorado Shines Support						
Registered (n=7)	1	14%	2	29%	4	57%
Unregistered (n=1)	1	100%	0	0%	0	0%
Referrals to college coursework						
Registered (n=88)	0	0%	32	36%	56	64%
Unregistered (n=5)	0	0%	2	40%	3	60%
Referrals to external trainings						
Registered (n=147)	4	3%	50	34%	93	63%
Unregistered (n=7)	0	0%	4	57%	3	43%
Referrals to pre-licensing training						
Registered (n=37)	1	3%	7	19%	29	78%
Unregistered (n=4)	0	0%	1	25%	3	75%
Trainings offered by the Council						
Registered (n=199)	2	1%	65	33%	132	66%
Unregistered (n=16)	0	0%	5	31%	11	69%
Assistance with spending Quality Improvement (QI) funds						
Registered (n=120)	2	2%	26	22%	92	77%
Unregistered (n=6)	0	0%	1	17%	5	83%
Coaching for an Initiative other than Colorado Shines						
Registered (n=41)	0	0%	5	12%	36	88%
Unregistered (n=1)	0	0%	0	0%	1	100%
Other						
Registered (n=5)	0	0%	2	40%	3	60%
Unregistered (n=8)	0	0%	5	63%	3	37%

Table C 8. Family and education supports not offered by the Council that providers would use

	Registered Providers (n=282)		Unregistered Providers (n=39)	
	(n)	%	(n)	%
Referrals to parents classes	40	14%	4	10%
Parenting classes	45	16%	5	13%
Referrals to a home-visiting program	21	7%	2	5%
Home-visitation	22	8%	3	8%
Other	18	6%	6	15%
None of the above	133	47%	20	51%
I don't know	72	26%	9	23%

Table C 9. Early childhood health and well-being supports not offered by the Council that providers would use

	Registered Providers (n=284)		Unregistered Providers (n=39)	
	(n)	%	(n)	%
Referrals to mental health consultation/social emotional services	47	17%	3	8%
Referrals to mental health/social emotional training	40	14%	4	10%
Mental health/social emotional training	47	17%	6	15%
Referrals to health consultation/wellness services	39	14%	4	10%
Referrals to health/wellness training	40	14%	3	8%
Health/wellness training	53	19%	5	13%
Other	6	2%	1	3%
None of the above	106	37%	21	54%
I don't know	63	22%	5	13%

Table C 10. Colorado Shines supports not offered by the Council that providers would use

	Registered Providers (n=243)		Unregistered Providers (n=36)	
	(n)	%	(n)	%
General information about Colorado Shines	12	5%	1	3%
Assistance with navigating CO Shines rating criteria	26	11%	3	8%
Assistance with using the CO Shines website	21	9%	4	11%
Assistance with the PDIS	27	11%	6	17%

Assistance with spending QI funds	19	8%	4	11%
CO Shines coaching	23	9%	4	11%
Other	9	4%	3	8%
None of the above	100	41%	11	31%
I don't know	80	33%	14	39%

Table C 11. Early childhood learning and development supports not offered by the Council that providers would use

	Registered Providers (n=257)		Unregistered Providers (n=38)	
	(n)	%	(n)	%
Referrals to college coursework	40	16%	3	8%
Referrals to external trainings	43	17%	4	11%
Referrals to pre-licensing training	18	7%	1	3%
Trainings offered by the Council	33	13%	4	11%
Assistance with purchasing or provision of learning materials	31	12%	4	11%
Coaching for an initiative other than CO Shines	21	8%	3	8%
Other	8	3%	1	3%
None of the above	76	30%	9	24%
I don't know	84	33%	22	58%

Table C 12. How effective is the Early Childhood Council in meeting the needs of your program? (1= extremely ineffective, 10= extremely effective)

	Registered Providers (n=311)		Unregistered Providers (n=44)	
	(n)	%	(n)	%
1	1	0.3%	0	0%
2	7	2%	2	5%
3	7	2%	1	2%
4	6	2%	1	2%
5	25	8%	5	11%
6	19	6%	4	9%
7	36	12%	4	9%
8	74	24%	13	30%
9	57	18%	5	11%
10	79	25%	10	23%