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Evaluation Report: Home Visiting for Home Child Care Providers – The Power of Early Childhood Partnerships

A Preschool Development Grant Birth through Five (PDG B-5) Pilot Program

REPORT HIGHLIGHTS:

- **This report** synthesizes findings from a retrospective case study evaluation **of the home visiting for home child care providers pilot.**
- **The pilot** targeted home child care providers in five diverse communities **of Colorado, bringing the benefits of home visiting directly to these early childhood players.**
- **Results demonstrate an innovative, promising strategy** for improving the quality of home-based child care **and enriching child learning and development.**
- **Key considerations** for scaling and sustaining home visiting-child care provider partnerships **are outlined.**

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Introduction

Home child care providers play a vital role in the lives of children and families. The care they give goes beyond keeping children safe. Providers are teachers that promote children’s learning, development, and readiness for school.

By investing in home child care providers as professionals, early childhood foundations for children, families, and communities can be meaningfully strengthened.

Early childhood experiences fundamentally shape a child’s readiness for school, cognitive and socioemotional development, and lifelong health. Early experiences occur in the child’s home, at their places of care and learning, and in their neighborhoods, and are a shared responsibility of parents, care providers, practitioners, policymakers, community members, and advocates. Investing in the full ecology of the child is crucial to achieve healthy child development and strengthen families.

In 2018, the Office of Early Childhood (OEC) at the Colorado Department of Human Services (CDHS) received a Preschool Development Grant Birth through Five (PDG B-5) from the U.S. Department of Health and Human Services, Administration for Children and Families. Born out of this work is the *Colorado Shines Brighter 2020 to 2025 Birth through Five Strategic Plan*, grounded in the statewide vision that all Colorado children are ready for school when entering kindergarten. In commitment to this shared vision, a Home Visiting for Home Child Care Providers pilot was launched in 2019 as part of the PDG B-5 efforts. The pilot was continued as a prioritized strategy under the Colorado Shines Brighter strategic plan, to achieve Goal 2: *Innovate Service Delivery*, Objective 2.1: *Promote Mental Health and Well-being Through Early Identification and Consultation*. The pilot ran for calendar years 2019 through 2020.

Positive early experiences and relationships that nurture a child’s whole self are vital to achieving well-being across the life course.

Pilot Overview

Home visitors and home child care providers are key early childhood players that share a similar family strengthening and healthy child development space. Yet, historically, these players have not interacted. The pilot was designed to bridge this gap and innovate service delivery by delivering two evidence-based home visiting curriculums to local home-based child care providers. The two curriculums selected for the pilot were [Parents as Teachers](#) (PAT) and [Home Instruction for Parents of Preschool Youngsters](#) (HIPPY).

Parents as Teachers (PAT)

PAT is an evidence-based home visiting program that empowers families from pregnancy until their child enters kindergarten by increasing parents’ knowledge of early childhood development.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

HIPPY is a peer-delivered, evidence-based home visiting program that helps parents prepare their 2, 3, 4 and 5-year-old children for success in school and throughout life.

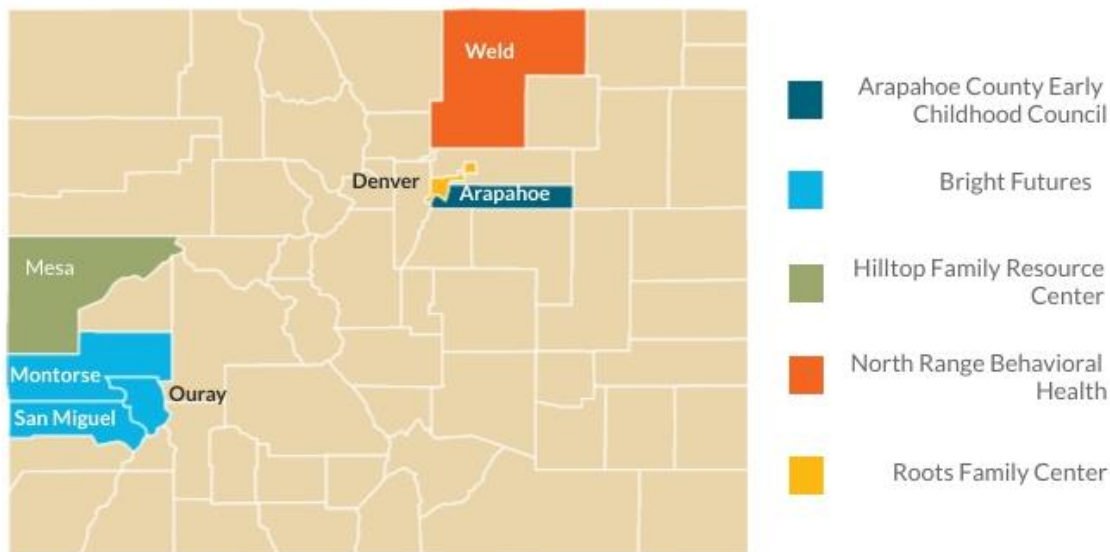


In Colorado, PAT and HIPPIY are offered as voluntary, in-home services to promote healthy child development, support parents/caregivers, strengthen families, and prevent child maltreatment. Evidence shows home visiting provides multiple, sustained benefits for children, parents/caregivers, and families, including: promotes child health, development, and school readiness; improves positive parenting practices and parental mental health; increases family functioning; and reduces child maltreatment and family violence.^{1, 2, 3} PAT and HIPPIY are designated as evidence-based models through the Home Visiting Evidence of Effectiveness (HomVEE) rigorous review process, making the models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funding. PAT and HIPPIY are designed to be delivered directly to parents in the home. For this pilot, these foundational curriculums were adapted for delivery in a home-based child care setting with providers. For HIPPIY, HIPPIY USA (now called the National HIPPIY Network) supported development of an adapted curriculum (*HIPPIY for Caregivers*) through the Caregivers and Parents Advancing Learning (CPAL) project. The Colorado pilot was viewed as an opportunity to launch and refine this newly developed curriculum. The PAT national office provided a previously adapted curriculum (*Supporting Care Providers through Personal Visits*) for use when supporting child care providers; this curriculum was older and the Colorado pilot was seen as an opportunity to inform a potential update. Parent Possible serves as the state intermediary for both models. In the pilot, they played the role of connection between national PAT and HIPPIY offices and local sites, supported sites during implementation, and served as the centralized place for housing pilot data.

Pilot Sites

Five home visiting agencies participated in the pilot: Arapahoe County Early Childhood Council, Bright Futures, Hilltop Family Resource Center, North Range Behavioral Health, and Roots Family Center. Together, these sites represented a breadth of urban/suburban and rural/frontier areas of Colorado with diverse community demographics (Figure 1, Table 1).

Figure 1. Pilot Sites and Counties Served



Staff at each home visiting agency were trained in the PAT and/or HIPPIY curriculums adapted for child care providers. Providers in each target county were invited to participate in the pilot by their local home visiting agency. The pilot was delivered in both English and Spanish. Table 1 summarizes the curriculums



used at each site, counties targeted and their geographic classification,ⁱ and the number of staff trained at each home visiting agency.

Table 1. Site Characteristics

Home Visiting Agency	Counties Targeted	Geographic Classification	Home Visiting Model	No. of Home Visiting Staff Trained
Arapahoe County Early Childhood Council	Arapahoe	Metropolitan	PAT	4
Bright Futures	Ouray, San Miguel, and West Montrose	Rural (Ouray, San Miguel); Micropolitan (Montrose)	PAT	3
Hilltop Family Resource Center	Mesa	Metropolitan (with rural areas)	PAT	3
Roots Family Center	Denver	Metropolitan	PAT, HIPPY	3 (PAT) 2 (HIPPY)
North Range Behavioral Health	Weld	Metropolitan (with rural areas)	HIPPY	3
TOTAL Staff Trained				18

Pilot Goals and Responsibilities

Each agency was tasked with three goals: (1) improve school readiness for children by strengthening caregiver-child interactions; (2) increase home child care provider education and knowledge; and (3) identify augmentations to effectively serve formal and informal providers and the families they serve. Sites were responsible for recruiting providers to participate and then delivering the curriculums. Each agency was given flexibility in approach and delivery to achieve these goals, to ensure the partnerships established could be tailored to local community context, needs, and strengths. This flexibility allowed sites to add in group components with parents and providers, bring in early childhood education consultants to help refine their approach, and create messaging that best suited local provider values.

ⁱ Geographic classifications are based on OEC’s rural health designations for counties in 2019. PDG defines rural areas as “following the U.S. Census Bureau, we define rural areas as non-urban, open country and settlements with fewer than 2,500 residents.”



Description of the Study

In commitment to data-informed learning and action in Colorado's early childhood landscape, CDHS/OEC partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to conduct a retrospective case study evaluation of the two-year home visiting-child care provider pilot. The purpose of the evaluation was to identify the drivers of successes, major impacts, and primary challenges of the pilot from the perspective of providers and program leadership, with the expressed goal of informing future investments that meaningfully enhance the quality of home-based care and enrich child development and learning.

Data Sources and Analysis

Two primary data sources were used in the case study design: (1) Surveys with home child care providers who participated in the pilot; and (2) Key informant interviews with site supervisors and state intermediary leadership. In addition, a short outreach video about the pilot was produced and content from film interviews was triangulated with survey and key informant interview findings.

Surveys with Home Child Care Providers

The surveys were administered to home child care providers who participated in the pilot at two time periods. In 2019, CDHS/OEC administered a survey as part of year one pilot activities ($n = 40$). The survey was intended to be re-administered in 2020 as part of year two pilot activities; however, due to the onset of the COVID-19 pandemic, the survey was never distributed. To obtain data on year two activities and receive a more holistic picture of the pilot overtime, the Colorado Lab retrospectively re-administered the survey in fall 2021 using the online survey platform, Qualtrics ($n = 21$). The re-administered survey was augmented to incorporate emergent learning from year one pilot results as well as to capture COVID-19 impacts, while also maintaining original year one survey questions to enable trend analysis. Pilot sites helped administer the survey to providers on behalf of CDHS/OEC and the Colorado Lab at both time points, respectively. Survey data were descriptively analyzed.⁴ Two Spanish responses were excluded from analysis as triangulation of closed- and open-ended respondent data indicated potential confusion of the Likert scale directionality; to ensure accuracy of reported findings, these responses were treated as missing data. In total, 59 survey responses were available for analysis.

Key Informant Interviews with Site Supervisors and State Intermediary Leadership

CDHS/OEC helped the Colorado Lab identify potential key informants for study participation. Site supervisors at each site, along with the Program Directors of PAT and HIPPIY at Parent Possible, were targeted for interviews. These individuals were deemed best suited to speak to considerations of feasibility, impact, and future potential as model implementers. Key informant interviews were conducted virtually in fall 2021 and followed an open-ended, semi-structured format. Thematic analysis was applied to interview narratives.^{5, 6} In total, seven key informant interviews were conducted and analyzed (five site supervisors, two state intermediary leadership).

Outreach Video

The Colorado Lab partnered with Third Sector Communication Strategies and One Floor Up productions to create a professionally produced short outreach video showcasing successes of the pilot. The video is intended to be used by early childhood professionals, policymakers, funders, advocates, and communities in catalyzing recommendations from the case study and in securing investments for further sustainability and scalability. The video aimed to create a 360-degree view of the pilot from the perspective of



professionals involved. To achieve this 360-degree view, four individuals were selected from across the pilot sites: one represented the provider viewpoint, two represented the home visitor viewpoint, and one represented the site leadership viewpoint. In addition, the PDG B-5 Director was interviewed to situate this pilot within the larger Colorado Shines Brighter initiative. The video can be [accessed here](#).

Study Sample

Data on pilot reach were obtained through secondary administrative data maintained by Parent Possible. Parent Possible provided the Colorado Lab a de-identified data file of limited sample characteristics. Table 2 summarizes pilot reachⁱⁱ for the target populations of home child care providers and children served.

Table 2. Provider and Child Reach

Pilot Site	No. of Home Child Care Providers Enrolled		No. of Children Enrolled	
	2019	2020	2019	2020
Arapahoe County Early Childhood Council	8	18	42	60
Bright Futures	2	1	10	1
Hilltop Family Resource Center ⁱⁱⁱ	2	0	28	0
Roots Family Center	17	6	22	8
North Range Behavioral Health	17	17	75	28
TOTAL	46	42	177	97

Limited demographic data were collected by Parent Possible for both children/families and providers. The integrity of these data is poor due to sporadic missing data in 2019 and incomplete data collection in 2020. As such, sample demographics cannot be reported in detail. To address this limitation, available data in 2019 for select demographics were descriptively analyzed and the assumption taken that the enrollee sample would not substantially change between 2019 and 2020, given the same communities continued to be targeted. Results of this limited analysis reveal the following: Participating families had a median household size of four and the median annual household income range was \$30-40,000, characterizing much of the sample as households in poverty.^{iv} Nearly half the sample was children of color, with Latinx families participating at a high rate. In terms of providers, there was a roughly equal split between those with less than a high school diploma or equivalent, those with a high school diploma or GED, and those with some college or higher. Together with geographic designations, these characteristics indicate that many of the children/families reached by the pilot were vulnerable or underserved.^v

ⁱⁱ Reach was calculated as an unduplicated count based on first enrollment date. Because delivery was fluid, a provider or child who enrolled in 2019 could have also participated in 2020; to get at total reach, they would only be counted once in the 2019 data.

ⁱⁱⁱ Hilltop only participated in year one of the pilot.

^{iv} In accordance with the PDG definition of “poverty” (households earning less than 100% of the FPL).

^v In accordance with PDG definitions of “vulnerable” and “underserved” children.



Key Findings

Data from the surveys and key informant interviews, triangulated with content from the outreach video, revealed key findings in the areas of essential pilot elements; major impacts on agencies, providers, children, and families; and primary challenges encountered during implementation. Key findings are summarized below and then elaborated on in the [policy and practice considerations section](#) that follows.

Collectively, findings demonstrate that home visiting-child care provider partnerships are a promising strategy to improve the quality of home-based child care and enrich children’s learning, development, and readiness for school.

Essential Elements

Providers, home visiting staff, site supervisors, and state intermediary leadership spoke to several drivers of success that, together, form the essential elements of the home visiting-child care provider partnership.

Essential Elements of the home visiting-child care provider partnership:

- Relationships – rapport between providers, agencies, and families
- Value-based messaging – value to providers, children, and families
- Inclusion – including any child care provider, whether informal or formal
- Flexibility – in innovating delivery, in being responsive to emergent needs
- Precision staffing – using experienced home visiting staff with connections

Relationships. Overwhelmingly, participants elevated relationships as the most important essential element of the pilot and the biggest driver of successes observed. For the pilot to be successful, it required identifying, recruiting, and engaging home child care providers. Outreach was cited as one of the [largest challenges](#) in the pilot, with several sites struggling to recruit providers and keep them engaged. Sites with the most success had a leading commonality: existing connections with providers in the community and a well-respected reputation. From this foundation, relationships were further nurtured as the home visitors worked directly with providers. Strengthening rapport, trust, and mutual appreciation was critical to effectively delivering the curriculum. The adapted, evidence-based curriculums of PAT and HIPPO were used as a conduit to build the relationship and impart critical child development knowledge to providers. Further, this relationship building was catalyzed by the home-based nature of the pilot. Participants commonly cited the natural interface of working with providers in their home and nurturing their value in a place-based way. As home providers, the intimacy providers already had with children and families allowed them to quickly activate the knowledge and skills they were gaining in child development, creating an iterative loop that brought the benefits of home visiting to a larger range of children and families through the power of relationships.

“We [the site] already have touchpoints with the providers and they know our name. We’ve been in their homes and so we already built the trust, that rapport with them. And it was this natural fit. It’s like, here’s another opportunity to support these amazing providers and give them some extra help.”



Value-based messaging. Relationships were critical to the second essential element, that of value-based messaging. Here, participants spoke extensively about the need to lead with a strengths-based message around value to providers and the positive impacts for children in their care. Reaching child care providers can be difficult, especially informal providers, or Friend, Family, and Neighbor (FFN) care. Depending on the community and previous history, pilots like this one can be seen as “just an extra burden” at best to feared as a “big brother” regulation mechanism at worst. Participants discussed how meaningful participation was facilitated by the voluntary nature of the pilot and framing it as a value-added benefit, rather than a compliance-driven requirement. It was vital that providers understood that the agencies were not trying to come in and rate them or rope them into mandatory reporting. Rather, they created value-based messaging by starting with questions like “Why did you get into child care?”, “What do you love about it?”, and “What’s hard about it and what does it really take?” These questions created authentic dialogue that allowed agencies and staff to communicate how the pilot could support providers in strengths and challenges identified. The impacts on providers and children/families uplifted in this value-based messaging is discussed further in the [Impacts section](#).

“Providers wanted to know: ‘What’s in it for me?’ Once they heard the value, they wanted to participate and they felt it was meaningful.”

Inclusion. Relationships and value-based messaging were both central to the third essential element, that of the inclusive nature of the pilot’s reach. The pilot was open to *any* home-based child care provider, whether formal (licensed) or informal (license-exempt). This was a huge opportunity for sites, as learning and development programs are often restricted to licensed providers only. This pilot gave sites an opportunity to re-center children and families in conversations about home-based child care, dissolving the formal-informal provider divide. As discussed further in the [Impacts section](#), enriching child learning and development means reaching children where they are cared for and grow. Opening the pilot to all allowed providers with different learning and development needs to be meaningfully reached. For formal providers, this often meant helping them feel more comfortable participating in the Colorado Shines rating system and/or improving their quality rating. For informal providers, the impact was even greater, as for many, this was one of the first times they felt genuinely invested in and cared for by other early childhood partners. Site leadership uplifted how the home visiting-child care provider partnership was wildly successful in reaching FFN providers who historically were not interested or included in learning, development, and support opportunities.

“This pilot has so much opportunity. We felt like this IS the avenue to serve family, friend, and neighbor providers. Not some other avenue. THIS is the avenue.”

Flexibility. Reaching the continuum of home-based child care providers with value and authentic relationships led to flexibility as the fourth essential element. Flexibility was pivotal in three ways. First, sites were given flexibility in what avenues and opportunities would best suit the unique strengths, needs, and resources of their provider community. For example, North Range Behavioral Health created a robust provider network component, where providers would be invited into group settings to receive peer support, solve problems in a safe environment, participate in additional early childhood learning and development, and be validated as professionals. North Range provided dinner to these providers and gave them space to “just breathe” and “have an adult conversation” before diving into learning. Second, because the HIPPIY-adapted curriculum was being piloted for the first time, and the PAT-adapted curriculum was in need of an update, sites—in collaboration with the state intermediary—were required



to be responsive to provider and staff feedback, triage bumps along the way, and course correct as emergent data showed a need to refine, pivot, or reassess. For example, assessing strengths and gaps mid-pilot was a key strategy for several sites, resulting in adjustments being made for year two to maximize impact of the pilot. One such pivot for many was adjusting their staffing model, as discussed below. Third, flexibility was necessitated

out of the onset of the COVID-19 pandemic, where the very basis of this pilot—home visitation in the homes of child care providers—became an impossibility due to physical distancing orders. Sites turned this challenge into an opportunity to innovate new service delivery options, such as using iPads to help deliver lessons and finding creative ways to still allow child-directed play even in virtual times.

Precision staffing. The final essential element that emerged was the emphasis on a precision staffing model. Over the course of the pilot, sites learned that the most successful partnerships were when home visiting staff were experienced in the evidence-based model they were delivering *and* had connections with child care providers and their community. While the pilot was based on established evidence-based models, the curriculums were adapted specifically for use with care providers. As novel territory, there were unexpected challenges that needed to be triaged and delivery was not always as smooth as anticipated. Having home visiting staff that were already fluent in the model ensured that the foundation was solid, so any obstacles presented due to the innovation component could be more easily overcome. In contrast, newer home visitors not as fluent in the model struggled more with unexpected challenges, as they were still developing confidence in both the foundational curriculum and the innovation component. Also, home visiting staff already connected with child care providers and their local community were able to establish rapport and trust more quickly. Connections took many forms, from being a former child care provider themselves, to having children in home child care, to working on initiatives around Colorado’s early care and learning landscape. These connections, paired with understanding of community values, equipped home visiting staff with knowledge around the day-to-day struggles, strengths, and hopes of providers. This created a more natural opening for conversation and collaboration. Using experienced staff not only benefited pilot delivery, but also the home visitors themselves. Home visiting staff who were “old hats” at the model were able to benefit from continuous growth by learning new ways to reach caregivers and build foundations for early childhood.

“Provider dedication was huge and we needed to make it worth their while. So we [the site] brought the providers together, made sure we had dinner, plenty of time for them to settle and really just breathe a little bit before they dove into learning. Having this flexibility to reach providers was big.”

“Having the staff embedded within the community was big. Even if they didn’t necessarily know the provider before they started doing the visits, they were well embedded within the community and understood the community culture and providers values.”



Impacts

The home visiting-child care provider pilot resulted in a number of benefits for sites, providers, children, and families.

Major Impacts of the home visiting-child care provider pilot:

- Expanding reach of home visiting
- Enriching the learning environment to enhance child development
- Increasing resources and support connections for families
- Strengthening provider networks and integration

Expanding the reach of home visiting. This pilot was created on the basis that home visiting *works*. The evidence behind the home visiting models used in this pilot (PAT, HIPPI) is robust, lending confidence that these services can, in fact, positively move the needle on outcomes for children, families, and communities. Home visiting services, however, primarily target parents; yet, parents are not the only adults caring for children regularly. Home child care providers serve as central caregivers, influencing the learning, development, and health of a child daily.

Findings show that a major impact for sites was their ability to expand the reach and benefits of home visiting to more children and families through the medium of child care providers. This ability to efficiently and effectively expand home visiting reach is particularly pronounced when considering barriers to participation in standard home visiting services. Sites consistently reported that for many parents, participating directly with a home visitor even once or twice a month is too much for their family, and the structured nature of home visiting models can often pose a barrier to sustained family engagement. Bringing home visiting into the child care setting and allowing flexibility in approach was an innovative and cost-effective solution to expanding the benefits of home visiting to more families.

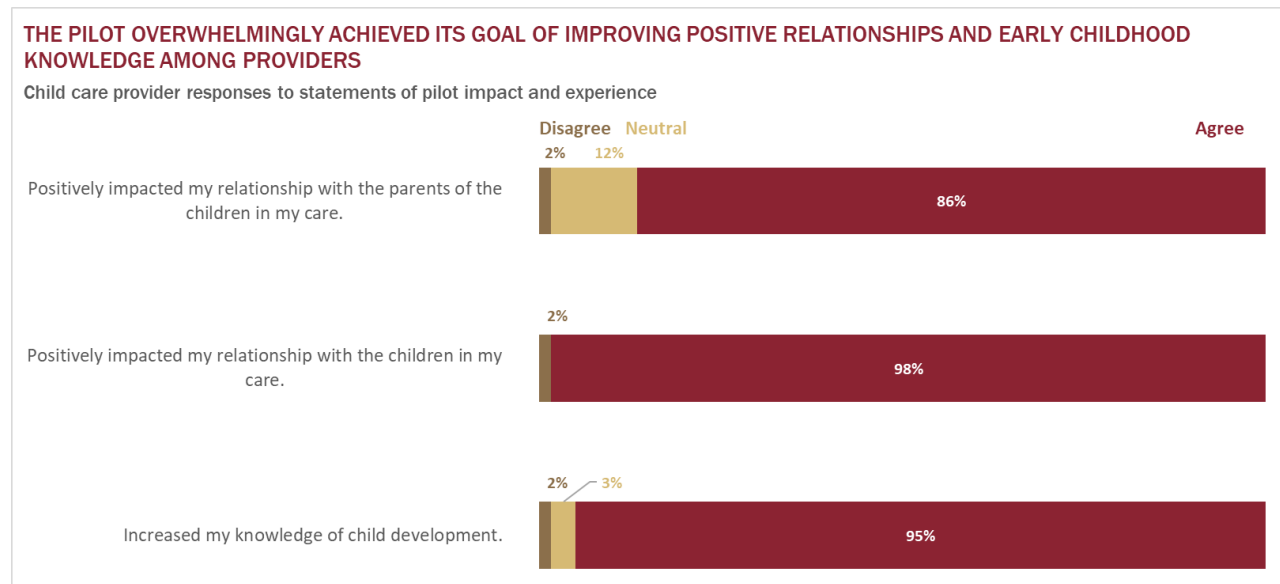
“This pilot created the ability to reach kids and families with home visiting benefits that might not otherwise participate.”

Enriching the learning environment to enhance child development. Providers and sites alike spoke passionately about the positive impact this pilot had on enriching the learning environment of home-based child care. Enriching the environment took many forms. The home visiting curriculums delivered are full of knowledge, skills, and behaviors that promote healthy child development, from age-appropriate learning activities and the importance of child-directed play to brain development pathways and responding to child behavioral issues. Additionally, sites helped enrich the physical setting itself by providing things such as books to build out libraries (in both the child care home and the family home), activity and craft kits that were developmentally appropriate, and during COVID, iPad purchases or tablet rentals that became part of the learning environment. As Figure 2 illustrates, enriching the learning environment resulted in increased child development knowledge among providers as well as improved positive relationships between providers and children *and* providers and families.

“They [providers] are taking a big step to making their environment the safest, healthiest, and best learning environment for young children.”



Figure 2. Provider reports of pilot impact on positive relationships and early childhood knowledge



Child learning and development was also enhanced through use of **school readiness assessments** and **early intervention referrals**. Home visiting staff used the Bracken School Readiness Assessment to help providers understand where the gaps and strengths were for children in their care, and then used the results to collaboratively develop strategies to close gaps and celebrate strengths. Additionally, results of the screenings were used to make appropriate early intervention referrals, demonstrating how the pilot can serve as an effective avenue into early intervention services, especially for children who may otherwise be missed.

Through age-appropriate learning activities, school readiness assessments, and early intervention referrals, the pilot was able to equip providers with the **developmental guidance** needed to reach *all* young children in their care. Home child care providers typically have a range of young children they are caring for at any one time, and child learning should be age- and stage-appropriate. Child care providers were given effective and easy to implement tools to more meaningfully navigate learning across mixed age groups in their care.

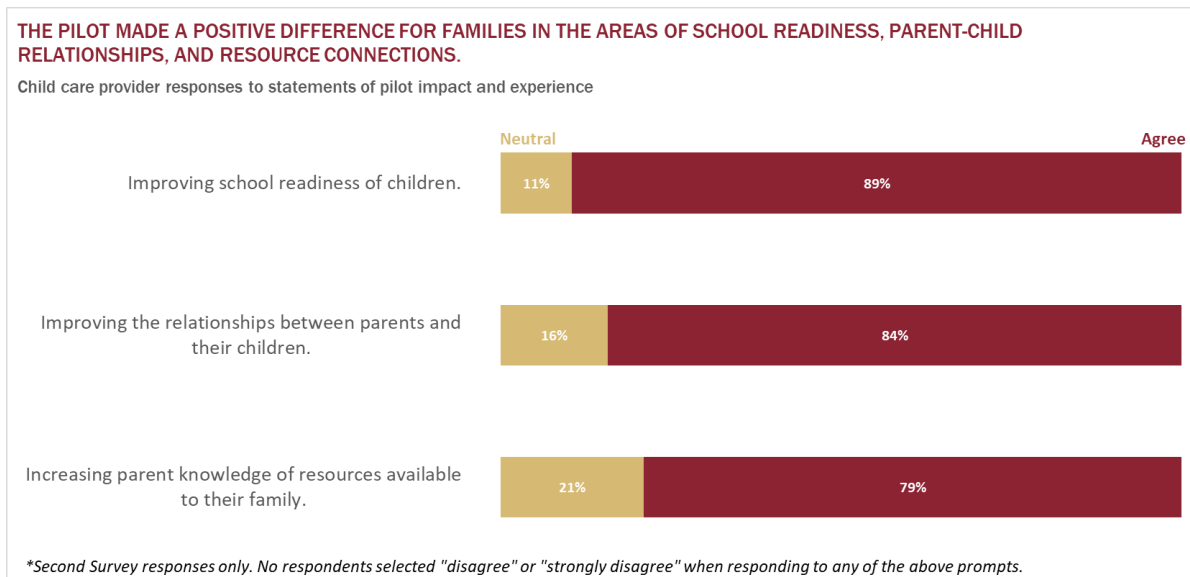
Finally, enriched environments and enhanced learning and development did not stop at the door of the child care provider’s home. Pilot sites found creative ways to **ensure learning would extend into the family’s home**. For example, helpful tips about child brain development would be put on the door of the child care home and open a conversation between provider and parent. The Bracken assessment also opened up dialogue between providers and parents, helping them to work together to achieve improvements. Providers also shared their learning about child development directly with parents and began familiarizing parents with terms that they would encounter as their child moved into school. For example, shifting from “Here is what your kid did today” to a report on “Here is the learning activity we did. It helped your child

“The younger we can start supporting the adults in these children’s lives, whether they’re the parent or the child care provider or the neighbor, the more potential this child has as they grow, to be stable and healthy and well-rounded and just have that supportive background from the start.”



improve both *fine* and *gross* motor skills.” Building shared terminology across providers, parents, and teachers is an effective way to promote school readiness and create continuity as the child enters kindergarten. Figure 3 depicts provider views of pilot impact on school readiness, parent-child relationships, and resource connections, underscoring how child and family learning and development were enhanced.

Figure 3. Provider reports of pilot impact on child and family learning and development



Increasing resources and support connections for families. Another major impact of the pilot was in the area of increased resource and support connections for families. Child care providers were able to learn about family strengthening and early childhood resources in their community through their work with home visitors, which in turn was translated to families through the strong and consistent relationships they build. Such resourcing was seen with early intervention referrals (as discussed above), as well as in areas such as mental and behavioral health, concrete supports such as food security, and child learning activities available locally such as libraries and StoryWalks. Additionally, several sites assisted providers in bringing parents together for group gatherings. Parents connecting with other parents enabled additional resourcing, helped parents learn more about child development, and created vital social support connections for families within their local community.

“I think it's a great opportunity to connect the community in a different way. Parents with other parents, parents with providers, parents with community resources.”

Strengthening provider networks and integration. This pilot had a significant impact on integrating home child care providers as valuable players in the early childhood space and improving support networks. Home child care providers commonly do not view themselves as “real professionals” and report not always feeling “worthy” of learning and development investments. This is especially true within FFN care, where providers are often stepping in to help out their community or to create an income stream for their own family. The pilot helped providers create networks with other providers and with allied early childhood professionals, such as home visitors and early childhood councils.

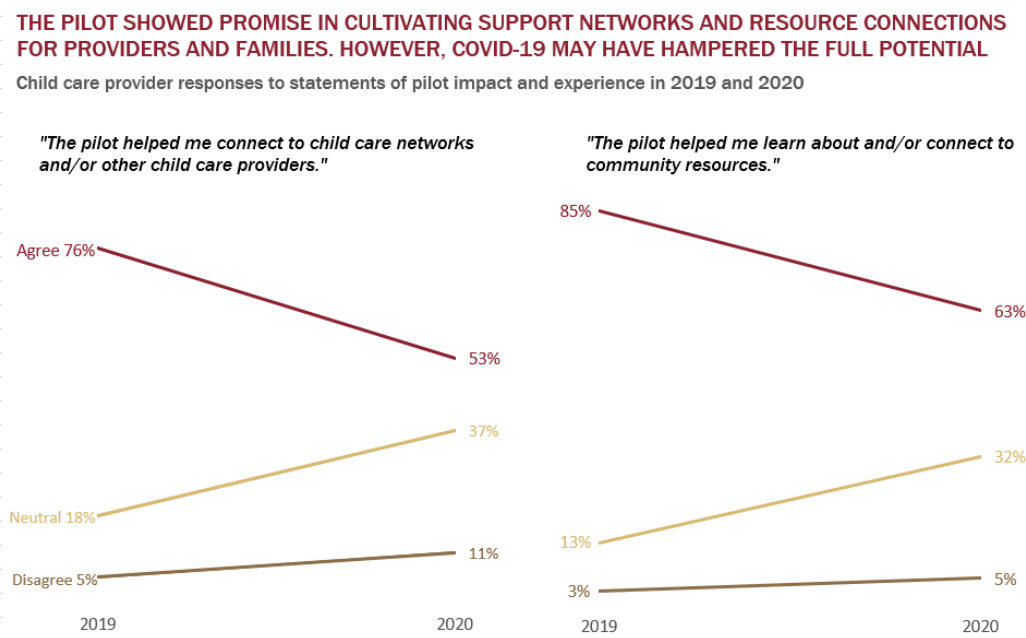


Creating networks and fostering integration had several implications. First, home child care providers are often isolated in their work. This can hamper their ability to create the best possible learning environment for children as well as take a toll on their physical and mental health. Having a community of support proved vital to pilot success. Second, providers were better able to communicate and see how instrumental to children’s learning and development there truly are. For example, providers were able to tangibly show parents that their work was more than just feeding the kids and keeping them safe; they were teachers too and the learning can and should extend into the family’s home. Third, as they gained knowledge and skills in child development, promoted school readiness in partnership with parents, and strengthened their relationships with the kids they cared for, providers began to build confidence in their work and their worth. This created a bridge between informal and formal providers rarely observed, as both were invested in, valued, and given opportunities to grow as early childhood professionals. For some informal providers, this led to pursuing licensing and additional professional development opportunities. For some formal providers, this led to increased willingness to participate in the Colorado Shines Brighter Quality Rating and Improvement System (QRIS). For all providers, the increased support both from peers and programs meant improving the quality of their home-based care.

“It [the pilot] brought together providers and professionals to show them, you're not alone. We're in this together. We are facing the same challenges you are facing. And they had a safe place to really talk about that and build rapport with one another.”

Connections and integration, however, were likely hampered by the onset of COVID-19 in year two. As illustrated in Figure 4, providers reported a decrease in networks and resource connections for the second half of the pilot. This drop may reflect the limited ability for provider networking events to continue in-person during the pandemic, alongside a shifting—and over-burdened—resource landscape.

Figure 4. Provider reports of pilot impact on support networks and resource connections





Challenges

Challenges identified during pilot implementation can inform future scalability and sustainability efforts.

Primary challenges of the home visiting-child care provider pilot:

1. **Outreaching to providers**
2. **Curriculum gaps and providers needing more than the agency could offer**
3. **Missed opportunities for family and peer learning**
4. **COVID-19 pivots**

Outreaching to providers. Sites reported recruiting and retaining providers as a leading challenge experienced during the pilot. Home child care providers—especially for FFN care—often reside outside of most formal early childhood systems and supports, making them difficult to identify. There can also be suspicion and fear around programs attached to state agencies (i.e., CDHS), as concerns around regulation or punitive action arise. Home child care providers may also not see themselves as the “target” of early childhood learning and development activities for professionals. Additionally, participation in the pilot did create an extra burden for both the providers and the parents. Knowing it was temporary as a pilot also created concern over how to sustain moving forward. All these factors combined to make provider outreach a challenging task for sites. For sites in rural communities, with high proportions of Spanish-speaking providers who are or may serve undocumented families, and/or without previous connections to the provider community, these factors were intensified and outreach became even more difficult.

Curriculum gaps and providers needing more than the agency could offer. As a pilot, the adapted curriculums used were either very new (HIPPPY) or very old and not recently refreshed (PAT). As a result, there were several lessons learned around areas where the curriculum needed strengthening. Primarily, this was related to how to effectively deliver the model to a provider (vs. parent) audience; updating content on child development and positive relationships to be relevant to the home-based child care setting; and refining sequencing and flow to meet the highly variable schedules and demands of providers, families, and children in their care. Additionally, while the pilot emphasized service connections and awareness of community resources, sites sometimes struggled to fully meet the needs of providers and their families. As isolated professionals, this pilot provided a window into support that many had never experienced before, and this opening sometimes resulted in an over-demand on sites and the state intermediary. For example, requests for licensing help was outside the scope and expertise of the state intermediary, and not all sites were internally equipped to support providers in their licensing journeys. Another instance is found in providers asking sites for free diaper supplies or larger furniture for their child care setting. The inability of sites and the state intermediary to fully meet provider and family demands had to be carefully navigated, as rapport could be lost or resource strain created.

Missed opportunities for family and peer learning. Despite the many successes observed in improved relationships, resourcing, and support connections, both sites and providers alike reported missed opportunities to strengthen learning with one another. For sites, they reported wishing they had more opportunities to connect with other sites, to learn about innovations being leveraged and to problem-solve with peers. For providers, they reported wanting more in-person connection time with other providers and early childhood professionals, as well as increased parental involvement beyond daily child pick-up moments and occasional group gatherings. Providers also noted that learning would be strengthened if they had the same home visitor for the entire pilot.



COVID-19 pivots. Three months into pilot year two, the COVID-19 pandemic hit and Colorado went into Stay-at-Home public health orders. This had several implications that required sites and the state intermediary to respond to in rapid ways, often without clear guidance. First, the home visitation basis of the pilot was removed, as going into provider homes was no longer an option. Relatedly, all family and provider networking events ceased. This required sites to pivot towards virtual service delivery, which required creativity, patience, and mutual admiration by providers, families, and home visitors alike as new options were explored. Second, fewer children were in child care, as parents and children were home-bound together due to Stay-at-Home orders and the closing of all non-essential places of employment. This meant several providers in the pilot were forced to shut down their practices, with 21% of child care providers surveyed reporting they were forced to shut down for part of 2020. Third, the pandemic put extreme strain on the economic security of both families and providers, leading to an increased demand for resources right at the same moment that these connections became harder to facilitate. Finally, the pandemic shifted the patterns of home-based child care. During the pandemic, center-based care and formal home-based providers were required to shut down in nearly all jurisdictions of Colorado. However, FFN care often quietly continued, especially as communities came together to support parents who were essential workers and while others lost income streams due to the shutdown. As things began to open back up, many parents chose not to return to formal child care, continuing with FFN care. These changing demographics have important consequences for the [policy and practice considerations](#) identified by this case study.

Moving Forward

With an overwhelming recommendation by sites and providers alike to continue the program, participants elevated four additional suggestions to help make this pilot the best possible. These suggestions underscore findings in the areas of essential elements, impact, and challenges noted above.

1. Sustainable funding is needed for sites, providers, and the state intermediary.
2. Cultural responsiveness for multiple populations needs to be prioritized in the curriculum and partnership approach.
3. Data should be collected consistently during pilot implementation and longitudinal tracking of changes in school readiness prioritized.
4. Balanced attention to both the home visiting and child care arms of the partnership are necessary, in leadership, resourcing, service delivery, and community buy-in.

100% of providers said they would recommend the pilot to other child care providers.



Activating Pilot Lessons Learned – Policy and Practice Considerations

Home visiting-child care provider partnerships can act as a strategic lever to enrich home-based care and learning environments and, in turn, advance school readiness and achieve educational equity for all Colorado children.

Scaling and sustaining home visiting-child care provider partnerships across Colorado requires attention to five key considerations:

1. Invest in both formal and informal home-based providers
2. Facilitate resource and support connections among providers
3. Prioritize authentic relationship-building
4. Build capacity to include home-based providers in early childhood data systems
5. Develop a ramp up period for sites and the state intermediary

The quality features of home-based child care exist along a continuum of physical environment and setting, provider support for children’s development, relational supports, and working conditions.⁷ Home-based child care is critical to the array of high-quality options available to families. Research demonstrates that home-based child care (vs. center-based) is often a top choice for families, as it can be more culturally and linguistically responsive, provides expanded hours for parents who work varied shift times and lengths, provides consistency in care and learning, is more convenient when located in the immediate neighborhood or community of the family, is commonly more affordable, enables continuity and stronger relationships with the family unit as young siblings can be cared for together, and promotes community connections as families are co-located in the same learning and care environment.^{8,9} The benefits of home-based care exist alongside known challenges and trends in access to quality child care. Colorado is witnessing a demonstrable decline in licensed child care capacity for young children with a concurrent increase in demand for licensed child care by parents.¹⁰ Further, it is estimated that 16% of Colorado children under five are cared for by informal providers¹¹ and due to the COVID-19 pandemic, this number is increasing.¹² Nationally, access to licensed child care is reported as difficult or impossible to secure for nearly half of all families, and challenges to high-quality care become even more pronounced for households with low-income and babies of color.^{13,14}

State and national findings provide an urgent call to policymakers and program leaders to integrate, promote, and invest in home-based child care in Colorado. Home visiting-child care provider partnerships are a strategic lever to meeting this need.

Home visiting-child care provider partnerships can act as a strategic lever to enrich home-based care and learning environments and, in turn, advance school readiness and achieve educational equity. Below we outline four key considerations for scaling and sustaining home visiting-child care provider partnerships across Colorado.



Invest in Both Formal and Informal Home-Based Providers

The Colorado Shines Brighter strategic plan includes an expressed focus on both formal and informal providers. Informal care is care provided in a home by a person who is a relative, friend, neighbor, babysitter, or nanny; care provided in these settings are exempt from state regulations. Formal care is care provided by a person in a setting licensed by the state for the primary purpose of providing regular child care. Home-based child care includes both formal and informal providers, with informal providers also being referred to as Family, Friend and Neighbor (FFN) care and Family Child Care Homes (FCCH) often used to describe formal providers caring for five or more children unrelated to the provider in the provider's place of residence.^{15, 16}

Strategic investment in both informal and formal home-based providers is necessary to develop a mixed delivery system that places healthy child development and family strengthening at the center of Colorado's vision of school readiness for all children.

Both informal and formal providers were reached by this pilot, and results indicate both were positively impacted by the newfound knowledge and relationships achieved through the partnership. Key opportunities for using this partnership strategy with both FFN and FCCH providers are outlined below.

Informal Providers – Family, Friend, and Neighbor (FFN) Care

FFN care is considered a hard-to-reach population. The trust, rapport, and value cultivated with home visitors can create a significant reach and access pathway for supporting informal providers.

Scaling home visiting-child care provider partnerships can turn outreach challenges into an opportunity to promote educational equity within school readiness efforts.

An expressed part of the Colorado Shines Brighter mission is *informal early care and education environments (parental, friend, family, and neighbor care) are enhanced to enrich and support children's physical, social, emotional, and cognitive development*. Informal providers are often hard to identify, reach, and meaningfully support. Scaling home visiting-child care providers partnerships in areas of Colorado with high demand, use, or need for FFN care can help address this challenge and turn it into an opportunity to promote educational equity within school readiness efforts. This opportunity is particularly pronounced when considering who participates in FFN care and the potential gaps in school readiness for children in these settings. FFN care is more commonly used by households with lower-income and can be the only or most available option in rural communities, where licensed home- and center-based options are lacking.^{17, 18, 19, 20} Additionally, research demonstrates that FFN providers have less access to the professional development, support, and resources needed to advance healthy child development to the fullest, which can result in children in FFN care being less prepared for school.²¹ To achieve the vision of school readiness for all Colorado children, strategic investments in FFN providers must take place. Scaling home visiting-child care provider partnerships in communities with high FFN need can help to accomplish exactly that.



Formal Providers – Family Child Care Homes (FCCH)

FCCH are an essential element to meeting Colorado’s increasing demand for quality, licensed child care options. The knowledge gained by formal providers through home visiting curriculums can enable them to better meet quality standards and early childhood education competencies.

Informal providers not yet licensed can be better supported in meeting licensing requirements and participating in the Colorado Shines QRIS system through established relationships with home visitors as trusted early childhood partners in their community.

Another expressed part of the Colorado Shines Brighter mission is *Colorado families have meaningful and equitable access to quality formal early care and education settings of their choosing which best meet the needs of their child and family, especially those who are vulnerable and infants and toddlers*. Achieving this mission requires ongoing investment in the professional development, learning, and growth of formal providers, whether center- or home-based. However, home-based providers often have less access to professional development opportunities and resources and may be left out of early childhood investments.²² Delivering home visiting curriculums to FCCH providers is a lower-resource, high-value way to more equitably improve workforce development.

Also, trusted relationships established between informal providers and home visitors, combined with the child development knowledge obtained through the home visiting curriculum, is a winning combination when supporting informal providers choosing to seek out licensure. As Colorado looks to invest holistically in a mixed-delivery system and increase the number of licensed providers to meet demand, strategies that establish rapport with informal providers and invest in their abilities to meet and exceed licensing requirements are vital. Home visiting-child care provider partnerships are a promising option.

Facilitate Resource and Support Connections among Providers

The Colorado Shines Brighter strategic plan places significant emphasis on the importance of aligning and coordinating early childhood efforts, recognizing that positive experiences and relationships occur across all levels of the child’s ecology. The final expressed component of the Colorado Shines Brighter mission is *Colorado’s birth through five early childhood state system is coordinated and aligned to enhance the resources available to families and to improve the quality of relationships among families, caregivers, and children*. Home visiting-child care provider partnerships can help providers better understand resources available in their communities and create vital networks with other child care providers.

Home child care providers look to home visiting partners for resource connections and support networks. Sites delivering home visiting-child care provider partnerships should collaborate with other early childhood partners on local and state levels to meet this demand.

Key opportunities to ensure sites are feasibly prepared to meet demands around resource connections and best promote support networks for providers are outlined below.



Resource Connections

Home child care providers serve as an activation pathway to connect families with wraparound resources that support healthy child development and family strengthening.

For this activation pathway to reach its full potential, home visiting agencies that partner with providers must have a complete understanding of and access to resources and referrals that providers need or want for their families.

Home child providers have strong relationships with the children and families in their care.²³ They often speak the same language, share community values, are a consistent presence in the child's life, and are culturally and racially matched to the families they serve.²⁴ As such, home child care providers are well situated to connect families with wraparound resources that support healthy child development and family strengthening. Home visiting-child care provider partnerships can augment provider awareness of community resources. Investing further in the resource awareness of providers means investing further in resource connections for families. For this activation pathway to reach full potential, home visiting agencies that partner with providers must have a complete understanding of and access to resources and referrals that providers need or want for their families. Being prepared to facilitate resource connections and referrals takes two forms.

First, site implementers and program developers should identify what resources need to be prioritized upfront when delivering the curriculum to providers. For example, findings from this case study indicate that mental and behavioral health resources are a primary need for children and families served by providers. Such primary resource needs should be incorporated into program design proactively and sites given flexibility to augment with additional resources based on their unique community context. Second, there may be resource needs that emerge during the course of the home visiting-child care provider partnership; these may be for a specific family situation (e.g., housing instability among an undocumented family) or due to an unexpected global influence (e.g., COVID-19 pandemic). In these cases, sites must have the necessary partnerships in place with other early childhood and family support services to be responsive to provider (and by extension family) resource needs and asks. For instance, North Range Behavioral Health serves Weld County families with a number of mental and behavioral health treatment, support, and prevention services, such as parental substance use disorder treatment and family functioning therapy, as well as provide early childhood support programs, including home visiting. This allowed North Range's Family Connects program to efficiently and effectively respond to mental and behavioral health resource requests from providers. Programs without this in-house support are more likely to struggle with such rapid resourcing and will need to spend additional capacity building time preparing their approach and establishing connections.

Support Networks

Home visiting-child care provider partnerships can help reduce experiences of provider isolation and help providers network with peers and other early childhood partners.

Creative strategies to grow and strengthen networks are needed in light of the ongoing COVID-19 pandemic.



Home child care providers often experience isolation,^{25, 26} especially informal providers who are not officially connected with state systems. Isolation can lead to burnout, increased stress and reduced mental health, and diminished quality of care and learning as providers are left without support, value, or investment.²⁷ Experiences of isolation have also intensified with COVID-19, where home-based providers report self-isolating to a greater extent to protect children in their care.²⁸ Home-visiting-provider partnerships can reduce experiences of isolation by creating authentic relationships and helping providers grow or strengthen their support networks. Peer support is documented as an essential element of improving the quality of home-based care, as peers can provide experience-based answers, thought partnership, and ideas around early childhood care, learning, and development.^{29, 30} Additionally, investing in a mixed-delivery system with an array of high-quality options for Colorado families means elevating home-based providers, whether informal or formal, as essential early childhood partners. By bringing evidence-based home visiting models, respected community sites, funding resources, and providers together into the same space, this value can be effectively communicated and tangibly executed.

The onset of COVID-19 has disrupted pathways for cultivating support networks and has led to resource strain on communities. This disruption highlights the need for site implementers and program developers to use creative strategies for networking and resource connections, especially given the essential role peer support plays for quality home-based child care. The importance of in-person connection, shared meals, and adult conversations cannot be overlooked during network building. Finding opportunities to safely re-institute these ingredients, while also developing new strategies that work in virtual service delivery, will be necessary for the sustainability and efficacy of home visiting-child care provider partnerships.

Prioritize Authentic Relationship-Building

Home visiting-child care provider partnerships are considered a relationship-based strategy³¹ and relationship-based competencies are critical to engaging providers, children, and families alike.^{32, 33} The relationships established between home visitors and providers are central to delivering home visiting curriculums with efficacy, creating resource and network connections, and empowering providers to see themselves as valuable early childhood players that greatly contribute to child learning, development, and lifelong success.

Relationships are a crucial driver of success in home visiting-child care provider partnerships. Scaling partnerships through sites with established community presence and using experienced home visitors during delivery are leverage points for achieving effectiveness.

Findings reveal two key leverage points for building authentic relationships as home visiting-child care provider partnerships are scaled and sustained: (1) use home visiting agencies with established community presence; and (2) use experienced home visitors during program delivery.

Use Sites with Established Community Presence

Home visiting agencies with an existing community presence and that are well respected are best suited to establishing partnerships with providers. Sites who meet these qualities should be prioritized for scaling.

Outreaching to home child care providers is a known challenge, especially with FFN care that resides outside of formal structures. It can be difficult to identify providers, to understand the most effective



pathways for outreaching to providers once identified, and to create communication strategies that would best message the value of the partnership to providers, who have competing needs, interests, and often skepticism around state-led programs. Home visiting agencies that are already established in the community and well respected by provider and family networks can gain significant traction in overcoming outreach challenges. For example, Arapahoe County Early Childhood Council provides both family support services as well as learning and development for early childhood programs and professions. This meant the site had existing established relationships with home-based child care providers from previous work, which in turn accelerated new partnerships getting off the ground.

Use Experienced Home Visitors for Program Delivery

Home visiting staff that are fluent in the home visiting models being delivered, and who have previous experiences with child care providers, are most successful in establishing a trusted, effective partnership.

Selecting the right home visiting staff is essential to establishing authentic relationships and delivering home visiting curriculums effectively. “Experienced staff” means using home visitors that are fluent in the evidence-based models they are delivering *and* hold connections with child care providers and the community. Model fluency and connections combined help home visiting staff be more responsive and inclusive of providers, which in turn creates a more effective partnership. Ensuring a precision staffing model when lifting new partnerships is also important, as providers desire continuity in staff.

Build Capacity to Include Home-based Providers in Early Childhood Data Systems

Case study findings provide preliminary data on the promise of home visiting-child care provider partnerships as a strategic lever to enriching home-based care and enhancing child learning and development. This case study intentionally focused on the perspective of providers, home visitors, site supervisors, and program leadership involved in the pilot in order to prioritize considerations of feasibility, sustainability, and scalability at the onset. Reports of improvements in school readiness, child development knowledge, resource provision, support networks, and relationships are from the perspective of providers and staff involved. In part, this is a reflection of the case study focus (provider experience) and, in part, this is a reflection of the exclusion of informal and license-exempt providers from larger early childhood data systems. Colorado has several initiatives (e.g., [transition to the new state Department of Early Childhood](#)) and capacity-building projects (e.g., [Early Childhood Data Matching Project](#)) intended to move the state towards a more unified early childhood delivery and data system—one that can account for a mixed-delivery landscape and integrate early childhood players at all levels.

Moving forward, it is important that home-based child care providers are intentionally and strategically included in Colorado’s efforts to create a more unified early childhood delivery and data system. Home visiting-child care provider partnerships provide fruitful ground to build capacity towards this inclusion and respond to state decision-making goals.

Building capacity starts with identifying how data on home-based providers and families can contribute to state decision-making goals, and then working in partnership with home visiting sites, FFN and FCCH providers, families, evaluation experts, policymakers, and program leadership to build the collection and reporting mechanisms necessary to gather needed data. For example, when the pilot first began, validated school readiness assessments were done. Consistently reporting the assessment data in a centralized



system that was feasible for providers and protected family privacy proved difficult. With the onset of COVID-19, assessment collection and reporting became even more difficult. Validated assessments on school readiness provide critical data to understanding the effectiveness and precision opportunities within home visiting-child care provider partnerships. Similarly, data on the home-based provider workforce, especially FFN care, is critical to workforce development and strengthening business practices. Building data capacity is thus central to activating lessons learned from this pilot.

As partnerships are sustained and scaled, attention to data will prove valuable in:

- 1. building evidence for home visiting-child care provider partnerships; and**
- 2. developing the infrastructure necessary for further integrating home-based providers into early childhood systems.**

With better data, evidence-building and actionability can be further catalyzed across early childhood players and programs.

Develop a Ramp Up Period for Sites and the State Intermediary

Considerations outlined above can be catalyzed through an intentional ramp up period for both implementation sites and the state intermediary. The ramp up period should prioritize *strategic* decision-making goals related to co-leadership and sustainable funding, as well as *tactical* decision-making goals related to program design and early messaging. This ramp up period should be well-resourced and have co-leadership from both the home visiting and child care arms of the partnership.

A well-resourced ramp up period is necessary for sites and the state intermediary to create and implement an effective, meaningful, and evidenced partnership for their community. The ramp up period should prioritize both strategic and tactical decision-making goals.

Co-Leadership and Sustainable Funding

Co-Leadership: Blending two worlds—home visiting and home-based child care—can be a challenge and an opportunity. Success of the partnership relies on effective co-leadership and buy-in from both arms.

Sustainable Funding: Sustainable funding is necessary to maximize the return on investment in the partnership.

This innovative partnership strategy brings together two players who share a similar early childhood and family strengthening space, yet commonly do not interact. Both worlds—home visiting and home-based child care—have their own extensive foundations, needs, opportunities, and goals. This can make it challenging to identify the right points of articulation, co-learn from one another, and create meaningful synergy. Blending these two worlds effectively requires co-leadership from both arms of the partnership. Neither the home visiting nor home child care arm can be solely or primarily responsible for the partnership. For example, in the pilot, Parent Possible, as the state intermediary for PAT and HIPPPY, was put in a primary leadership role. This placed burden on Parent Possible to hold both the home visiting and child care sides, but where their expertise is really only in the former. In future iterations, an equivalent leadership organization on the home child care side should be identified so that a co-leadership structure



can emerge. In this structure, efforts to foster genuine buy-in from decision-makers, program leaders, policymakers, and practitioners on both sides must be prioritized. Also, both sides should share responsibility for resourcing the partnership. This structure must be established during the ramp up period and then continued during implementation.

Additionally, home visiting-child care provider partnerships are likely to yield a high return on investment, while being a lower cost strategy to lift and sustain. These partnerships are able to remain a lower cost strategy because their respective foundations are well-established with infrastructure, expertise, and momentum already in place across the state and nationally. To leverage these foundations, there must be a sustainable funding source to support the necessary *blending*. Funding should encompass resourcing the co-leadership structure, implementation sites, and child care providers who participate. For the latter, a robust incentive structure is vital to recruiting and retaining providers while enriching the learning environment of the providers' homes. Two pilot sites (Arapahoe County Early Childhood Council and North Range Behavioral Health) were successful at securing additional funding to sustain the partnership after pilot funding ended. The expertise and success of these sites in funding the partnership ongoing should be leveraged as sustainable funding streams are pursued during the ramp up period.

Program Design and Early Messaging

Program Design: Curriculum updates should occur prior to lifting partnerships in new areas. Essential elements should be integrated into the approach.

Early Messaging: Early messaging on the value of home-based child care for child learning, development, and school readiness can improve buy-in.

Program design is Step 1 of the [steps to building evidence](#). As a pilot, it is expected that program design will be revisited based on lessons learned before further scaling. Program design during the ramp up period should focus on refining and updating the curriculums used, as well as identifying opportunities to integrate the essential elements identified in this case study as critical to success. The goal of program design is to arrive at a clear and cohesive approach to partnership implementation, while also ensuring sites are allowed local-level innovation and flexibility to match community context. Program design should be informed by evaluation findings, suggestions from providers to sites during the pilot, experiences of home visiting staff, and the larger body of evidence on what works in relationship-based and blended strategies, with explicit attention to promoting cultural and linguistic responsiveness.

A clearly defined program design will also support early messaging efforts during the ramp up period. Because relationships are at the heart of partnership success, it is imperative that home-based child care providers are elevated in messaging about child learning, development, and school readiness. Getting ahead of outreach challenges means establishing provider relationships and communicating their value to early care and learning *before* any direct ask or demand on their time is released. Provider value—and the value of home visiting-child care provider partnerships—cannot be communicated as a supplemental “add-on” or an afterthought. Integration starts with early messaging. Additionally, such early messaging can have the added benefit of building resource referral and networking pathways, which are central components of the partnership’s design.



Activating Recommendations

Recommendations for policy and practice will need additional strategy, resourcing, and collaborations to activate. To this end, CDHS/OEC and the Colorado Lab are further partnering to build momentum around the actionable data generated by this case study. The goal is to ensure lessons learned from the pilot are widely shared and that outlined considerations for scaling and sustaining home visiting-child care provider partnerships are cultivated. The Colorado Lab will facilitate translational efforts to accomplish these impact goals for the period of January 1, 2022 to June 30, 2022.

Conclusion

Scaling and sustaining home visiting-child care provider partnerships is a promising strategy for improving the quality of home-based child care and enriching child learning and development. Colorado has multiple opportunities to leverage this strategy in shared commitment to high-quality care options for families and the vision of school readiness for all Colorado children. Key opportunities include advancing the mission and goals of the [Colorado Shines Brighter strategic plan](#), supporting policy and practice efforts of the [CDHS Safe Child Care Task Force](#) especially around Family, Friend, and Neighbor care, and integrating with the transition to the new Department of Early Childhood and [engagement efforts led by the Early Childhood Leadership Commission](#). Collaborations between home visiting, child care, community, and family stakeholders will be vital to ceasing these opportunities and meeting the goal that no matter where a child is cared for, their opportunity to learn, grow, and flourish is supported.



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