Department of Early Childhood

FY 2026-27 Joint Budget Committee Hearing Agenda

Tuesday, January 13, 2026

9:00 AM – 12:00 PM

9:00 – 9:05 Introductions and Opening Comments

Presenter: Dr. Lisa Roy, Executive Director

9:05 – 9:55 Five-Year Financial Strategy

Main Presenters:

- Dr. Lisa Roy, Executive Director
- Jeanni Stefanik, Chief Financial Officer
- Stephanie Beasley, Deputy Executive Director
- Mary Alice Cohen, Chief Program Officer

Topics:

- Overarching Departmental Financial Strategy: Page 21, Questions 30-34 in the packet, Slides 5-6
- Strategy for the Colorado Child Care Assistance Program: Page 35, Questions 35-40 in the packet, Slides 7-8
- Strategy for Early Intervention: Page 39, Questions 41-45 in the packet, Slide 9
- Strategy for Universal Preschool: Page 41, Question 46 in the packet, Slide 10
- Strategy for Early Childhood Councils and Local Coordinating Organizations: Page 42, Questions 47-48 in the packet, Slide 11
- Strategy for the Nurse Home Visitor Program: Page 42, Question 49 in the packet, Slides 12

9:55 – 10:40 Colorado Child Care Assistance Program (CCCAP)

Main Presenters:

- Dr. Lisa Roy, Executive Director
- Mary Alice Cohen, Chief Program Officer

Supporting Presenters:

- Sarah Dawson,CCCAP Division Director
- Jeanni Stefanik, Chief Financial Officer

Topics:

- CCCAP Metrics and Current Program Performance: Page 43, Questions 50-53 in the packet, Slides 15-16
- CCDF Projections and Performance: Page 44, Questions 54-62 in the packet, Slides 17-18, 21
- Cuts Proposed in R1: Page 47, Questions 63-73 in the packet, Slides 14
- CCCAP Policy and Administration: Page 52, Questions 74-78 in the packet, Slides 19-20

10:40 – 11:10 Early Intervention (EI)

Main Presenters:

- Dr. Lisa Roy, Executive Director
- Mary Alice Cohen, Chief Program Officer

Supporting Presenters:

- Dr. Floyd Cobb, DCFS Division Director
- Jeanni Stefanik, Chief Financial Officer

Topics:

- Caseload and Cost Performance and Forecasting: Page 55, Questions 79-87 in the packet, Slides 24-26
- R2 Early Intervention Increase: Page 65, Questions 88-90 in the packet, Slide 23
- Early Intervention Policy and Operations: Page 67, Questions 91-92 in the packet, Slides 27

11:10 – 11:30 R3 Universal Preschool (UPK) Increase

Main Presenters:

- Dr. Lisa Roy, Executive Director
- Mary Alice Cohen, Chief Program Officer

Supporting Presenters:

- Dawn Odean, UPK Program Delivery Director
- Jeanni Stefanik, Chief Financial Officer

Topics:

- R3 UPK Increase: Page 67, Questions 93-98 in the packet, Slides 29

11:30 – 12:00 Budget Reductions

Main Presenters:

- Dr. Lisa Roy, Executive Director
- Jeanni Stefanik, Chief Financial Officer
- Mary Alice Cohen, Chief Program Officer

Topics:

- R4 Contracted Child Care Licensing Services Decrease: Page 70, Questions 101-106 in the packet
- Statewide R6 – Discontinue Child Care Services and Substance Use Disorder (SUD) Treatment Pilot: Page 72, Question 107 in the packet, Slide 31
- Statewide R6 – Reduce Child Maltreatment Prevention funding: Page 73, Question 108 in the packet, Slide 31
- JBC Staff Budget Reduction Options: Page 73, Questions 109-113 in the packet

Department of Early Childhood

FY 2026-27 Joint Budget Committee Hearing: Post-hearing Responses

Common Questions (Written-only Response)

1. Can you please outline a detailed plan for shifting 5.0 percent of General Fund salaries to cash and/or federal fund sources. Please include the following information:
   a. A list of positions and associated funding that can be shifted to cash/federal fund sources without any action from the General Assembly.

   b. A list of positions and associated funding that can be shifted to cash/federal fund sources but would require legislation to do so.

What other changes could be made – programmatic or otherwise – that would allow your department greater flexibility to use cash/federal fund sources in place of General Fund for employee salaries?

The Department is already maximizing non-General Fund splits for all positions. Where costs can be billed directly to a non-General Fund source, the department is already billing those fund sources. If an agency cannot bill a fund source directly for general support and administration (e.g. accounting, budgeting, leadership positions), costs are billed through indirect cost plans (internal or statewide). In many instances, the indirect cost model is the most efficient way to recover these expenses. Finally, state agencies must be able to justify using non-General Fund sources that are allocated for specific activities with the work that individual positions execute to leverage those fund sources.

2. How many hires happened across the Department after the hiring freeze was implemented and why? (e.g., because the position was posted beforehand; an exemption, etc.) Please provide job classification, division, and fund source (General Fund vs. other funds) for each position hired.
   The Department hired a total of 20.0 positions during the hiring freeze. Of those positions, 17.0 were positions posted prior to the start of the hiring freeze, 2.0 were positions that qualified under broad exemptions, and 1.0 was a position that was approved through the exception process.

   The broad exemption categories from the hiring freeze were:
   - **non-administrative 24/7**

- **non-administrative public safety**
- **fully federally funded positions**

For a specific exception, employees had to meet at least one of the following criteria:

- **a position that is essential to the day-to-day function of the state**
- **a position that is critical to a department's wildly important goal(s) (WIGs)**
- **a position in a unit or work group that was experiencing significant vacancies.**

The following table provides position specific information that is responsive to this request. If a position is indicated as "Cost Allocated" under Fund Source, the position provides administrative services to Divisions/programs throughout the Department and is charged across multiple fund sources per the Department's cost allocation plan. Cost allocated positions are charged based on headcount or cost pool and have an average fund split of 43 percent General Fund, 25 percent Cash Funds, 7 percent Reappropriated Funds, and 25 percent Federal Funds.

Class Code	Class Description	Division	Fund Source	FTE	Status
H1C4XX	Analyst IV	Executive Director's Office	General Fund	1.0	Posted Before Freeze
160PIO	Public Information Officer	Executive Director's Office	Cost Allocated	1.0	Hiring Freeze Exemption
H1B3XX	Administrator III	Community & Family Support	General Fund	1.0	Posted Before Freeze
H1A2XX	Program Management I	Community & Family Support	General Fund	1.0	Posted Before Freeze
H1G3XX	Compliance Specialist III	Early Learning Access and Quality	General Fund	1.0	Posted Before Freeze
H1C4XX	Analyst IV	Executive Director's Office	Cost Allocated	1.0	Posted Before Freeze
H8E3XX	Budget & Policy Analyst III	Executive Director's Office	Cost Allocated	1.0	Posted Before Freeze
H1B4XX	Administrator IV	Executive Director's Office	Cost Allocated	1.0	Posted Before Freeze
H1A2XX	Program Management I	Executive Director's Office	Cost Allocated	1.0	Posted Before Freeze
H1H4XX	Contract Administrator IV	Executive Director's Office	Cost Allocated	1.0	Posted Before Freeze
H4I3XX	Training Specialist III	Early Learning Access and Quality	Federal Funds	1.0	Posted Before Freeze
H1A3XX	Program Management II	Early Learning Access and Quality	Cash Funds	1.0	Posted Before Freeze
C4L3XX	Social Work / Counselor	Community & Family	General Fund	1.0	Posted Before

	III	Support			Freeze
H4I4XX	Training Specialist IV	Early Learning Access and Quality	Federal Funds	1.0	Posted Before Freeze
H1C4XX	Analyst IV	Executive Director's Office	Federal Funds	1.0	Fully Federally Funded
H1G4XX	Compliance Specialist IV	Licensing & Administration	Federal Funds	1.0	Fully Federally Funded
H1H4XX	Contract Administrator IV	Executive Director's Office	Cost Allocated	1.0	Posted Before Freeze
H1B5XX	Administrator V	Early Learning Access and Quality	Cash Funds	1.0	Posted Before Freeze
H1G3XX	Compliance Specialist III	Licensing & Administration	General Fund	1.0	Posted Before Freeze
H1D4XX	Data Management IV	Executive Director's Office	Federal Funds	1.0	Posted Before Freeze
Total				20.0	

Colorado Child Care Assistance Program (CCCAP)

Funding Shortfalls

3. [Sen. Bridges] Why don't any CDEC proposals include a strategy to eliminate waitlists and freezes?

The Department is not requesting additional CCCAP appropriations in FY 2026-27, but is continuing to work with counties on strategies to address waitlists and freezes. Colorado's CCDF award and dwindling CCDF fund balance are not sufficient, even before the recently announced freeze in federal CCDF funding, to support an additional CCDF request to eliminate waitlists and freezes, and the General Fund is also severely limited. Instead, the Department's requests work to preserve as much funding as possible for the sustainability of Child Care Development Funds (CCDF) and strategize around the expected funding shortfall since this will have a negative impact on the number of children and families it will be able to serve across all of its CCDF funded programs. While this is not expected to eliminate the deficit in available CCDF funds beginning in FY 2027-28 and ongoing, this net reduction in CCDF appropriations will help mitigate the funding gap.

4. [Sen. Bridges] How are counties being held accountable for maintaining waitlists and freezes despite underspending direct support funds?

Direct support funds were not underspent last year when the majority of freezes and waitlists were put in place. The Department and counties continue to assess

the fiscal projections to determine when the program can afford to serve new families.

Counties are responsible for implementing waitlists and freezes to mitigate the potential overspending of direct services county allocations. The counties can request to implement a waitlist when the county is projected to be at least 85 percent of expenditures and a freeze when projections are 95 percent expected expenditure for any fiscal year.

Unfortunately, the Department and counties agreed waitlists and freezes are needed to continue in the current fiscal year to afford the increase in providers rates that went into effect on October 1, 2025, and the potential significant unfunded increase in cost as a result of the HB24-1223 and the Biden Administration rules implementation.

- What is the rationale behind allowing counties to use waitlists when they are only 85% spent or freezes when they're only 95% spent?
  The Department passed emergency rules that went into effect October 1, 2019, which required counties to provide more justification, including meeting specific thresholds and obtaining Department approval prior to implementation of a waitlist or freeze. The 85 percent and 95 percent expenditure thresholds were developed in partnership with counties and community partners through the CCCAP Rule Rewrite Committee, which determined reasonable thresholds for counties to implement waitlists or freezes to contain costs.

- In CCCAP rules, it says that counties are able to ask for waitlists and freezes if they can "demonstrate a fiscal need that includes factors that are not accounted for in the Department generated projections for county CCCAP expenditures, such as, but not limited to, drastic economic changes." How do counties demonstrate this? How do you decide what counts and what does not?
  CCCAP rule language provides flexibility so all potential causes of fiscal instability are included and not explicitly listed. As a result, if a county is not demonstrating an 85 percent or 95 percent expected expenditure, the Department meets with counties one-on-one to model costs, which demonstrates the potential need for a waitlist or freeze.

  Currently, of the counties that are on a waitlist or freeze, there are only a few small and one medium sized counties requesting a freeze or waitlist that were not projecting the 85 percent or 95 percent expected expenditure for FY 2025-26. For those counties, the Department met with them one-on-one to

assess if their allocation could afford the significant increase in costs per child, slated at that time for August 1, 2026 at their current caseload. None of the counties requesting a freeze or waitlist could afford the current caseload with the increased costs and were therefore approved for a waitlist or freeze through an adjustment to their CCCAP County Plan. As the Department receives updated federal guidance, the Department will review these thresholds through the rulemaking process to determine if any changes are needed. The Department will also reevaluate the counties on waitlists and freezes based on the latest waiver extended implementation to August 2028.

5. [Sen. Bridges] Why hasn't CDEC proposed a statewide overhaul of eligibility processes to reduce administrative burden and shorten waitlists?
CDEC has worked closely with county partners to ensure eligibility processing is efficient in order to maximize funding for direct services. Counties have historically kept all administrative costs, including eligibility processing, to around 9 percent of the total allocation, which is appropriate to successfully administer the program. Due to the overlap CCCAP has with other county-administered human services programs, call centers and document management, CDEC is currently working with the Colorado Department of Human Services (CDHS), Health Care Policy & Financing (HCPF), and counties to explore a shared services and district work approach that might impact CCCAP administration and reduce administrative burden.

6. [Sen. Bridges] What counts as administrative costs in CCCAP?
County costs to administer CCCAP include costs that are considered "administrative" per CCDF regulations and costs that are considered "non-direct" services per CCDF regulations. County administrative expenditures include salaries and operating expenses of county staff performing administrative functions and county indirect expenses charged in accordance with county cost allocation plans. The non-direct services include salaries and operating expenses for caseworkers completing eligibility determination and redetermination, error rate reviews and compliance, and other program activities necessary to operate the program.

Within CDEC, costs to administer CCCAP also include both non-direct services and administrative costs. The non-direct services include state system updates and ongoing maintenance for the county-facing Child Care Automated Tracking System (CHATS), and the provider- and family-facing Attendance Tracking System (ATS), as well as county oversight, training and compliance, and rate setting. CDEC administrative costs include salaries and operating costs of staff performing administrative functions, such as planning and development,

reporting, evaluation, and Department indirect expenses charged in accordance with the CDEC cost allocation plan.

7. [Sen Bridges] The federal register (§ 98.54) states that CCDF administrative expenses have to be kept to 5% or lower. It says, “If a Lead Agency enters into agreements with sub-recipients for operation of the CCDF program, the amount of the contract or grant attributable to administrative activities as described in this section shall be counted towards the five percent limit.” The September 1st RFI from the Joint Allocation Committee estimated that CCCAP administrative spending averages 9% across counties. Why are we so far over the limit? Are we in violation of federal law? **The Department is not over the 5 percent limit and is not in violation of federal law as the federal register (§ 98.54) for the Department’s total administrative expenses for all of its CCDF funds. In FY 2024-25, the CCDF administrative limit was $10.8 million, and a total of $8.4 million in CCDF administrative costs was spent, with counties spending $2.6 million of the $8.4 million.**

CCCAP administrative expenses only account for a portion of the Department’s total administrative costs, which are calculated based on both the Department’s cost allocation plan and county cost allocation plans.The September 1st RFI indicated that counties spend approximately 9 percent of the CCCAP allocation on program implementation costs. However, not all of the costs are considered administrative spending in accordance with CCDF regulations. County costs related to eligibility determination and error rate compliance are not considered as administrative costs under the definition at 45 CFR 98.52 of CCDF regulations, and are reported as non-direct services. Additionally, some administrative expenditures are covered by the county share of expenditures that is used to meet the required Maintenance-of-Effort (MOE) for CCDF and expenditures used to meet MOE do not apply to the administrative limit. In FY 2024-25, the amount of county spending considered administrative costs for CCDF was 2.6 percent of the CCCAP allocation, or $4.9M, with $2.3M of these administrative county costs were used to meet MOE, leaving $2.6M that is counted toward the Department’s 5 percent limit on CCDF administration for a total of $8.4 million.

Total FY 24-25 CCDF Expenditures *(including State Match)*	**Administrative Limit (5%)**	**CCDF <u>TOTAL</u> Grand Total Administrative Expenditures FY 24-25**	***County Share of County Administrative Expenditures FY 24-25***
$216,204,655	**$10,810,233**	**$8,353,578**	***$2,652,657***

8. [Sen. Bridges] What county practices contribute to the wide variation in administrative spending?
The wide variation in administrative spending is due to a variety of factors, including county size, administrative structure, and economies of scale in relation to other county administered benefit programs. Additionally, the availability of child care providers within a county significantly contributes to variation in administrative spending, as it is difficult for counties to fund direct services if there are a limited number of child providers in the area to serve families.

- What steps has CDEC taken to standardize administrative processes so that spending is similar across counties?
  The Department offers many supports to counties to help ensure efficient and standardized administrative processes. The Department offers extensive training resources in the CCCAP Learning Management System (LMS), which includes over 150 instructional materials such as Quick Reference Guides (QRGs), video tutorials, self-paced learning modules, and webinar recordings. Live, instructor-led training is provided to new eligibility workers and topic-specific live training is offered to all CCCAP workers. Approximately 200 county CCCAP workers participated in live training in the 2025 calendar year. The Department also provides additional instructional support directly to counties who require an enhanced level of support. The Department publishes a monthly county newsletter where important updates, announcements, and guidance are shared. The Department provides county additional support with one-on-one technical assistance through the County Connect process. This process allows counties to identify needs and education gaps in order for the Department to evaluate business processes, offer guidance on methods for streamlining processes and provide support as needed. The Department also provides direct support to child care providers and business office county workers, offering frequent opportunities for support through provider worker office hours, licensed child care providers and qualified exempt providers. These sessions allow for consistent messaging to county staff on the requirements to administer the program effectively, efficiently, and decrease improper payments.

  Even with the Department support for standardized practices, there are many factors outside of the control of the Department or county that affect the percent of funding a county spends on administration. The wide variation on spending includes county size, administrative structure, and geographic location. Additionally, the availability of child care providers within a county

significantly contributes to variation in administrative spending, as it is difficult for counties to fund direct services if there are a limited number of child providers in the area to serve families.

- What do counties charge to administrative spending right now? What steps are being taken to ensure that they're aligning with the definition of administrative spending in the federal register?
  What the state characterizes as county administrative expenditures include the following CCDF categories:
  1. **<u>Non-Direct Services:</u> Includes program implementation costs that are reported as non-direct services in accordance with CCDF regulations, such as salaries and operating expenses for caseworkers completing eligibility determination and redetermination, error rate reviews and compliance, and other program activities necessary to operate the program. *This category is not considered administrative costs subject to the spending limit under the definition at 45 CFR 98.52 of CCDF regulations.***
  2. **<u>Administration:</u> Includes salaries and operating expenses of staff performing administrative functions and county indirect expenses charged in accordance with county cost allocation plans. *This category is subject to a spending limitation of no more than 5% of the total aggregate CCDF spending.***

  The Department is required to ensure spending of all available funding corresponds with the approved activities in the CCDF State Plan, and works with counties and CDHS to develop coding in the County Financial Management System (CFMS) that corresponds to appropriate expenditure categories for CCCAP in accordance with federal regulations. The Department partners with CDHS and HCPF regarding the implementation of the county Random Moment Sampling (RMS) that is the basis for the distribution of shared county costs to benefitting programs, and provides guidance on allowable expenditures in the various RMS pools.

9. [Sen. Bridges] What is the cost per child served in each county, including admin expenditure?
Appendix A provides the direct services and administration cost per child by county for the last full state fiscal data available for FY 2024-25. The average cost per child across all counties last state fiscal year was $6,447. Unfortunately, some counties are not able to serve any children, not because there are no families in need, but because there are no providers.

10. [Sen. Bridges] Why haven't we seen any of savings from UPK and CCCAP stacking going to ending waitlists and freezes?
The Colorado Universal Preschool Program school year runs from August to May and the stacking rules did not go into effect until August 1, 2025 (8 CCR 1404-1, 4.108 E.). Between August 2025 to November 2025, 858 children in CCCAP were eligible for stacking. Stacking requires a change in CCCAP authorization and the family must provide consent. Of the current 858 children eligible for stacking, counties have contacted 517 regarding the change in CCCAP authorization and 302 of the eligible authorizations have had stacking completed.

While there may be savings from stacking funding, these savings would not be enough to end the waitlist and freezes, these savings would need to be considered in alignment with the overall CCDF fund balance. Stacking is anticipated to save approximately $3 million in CCDF annually, while the shortfall in CCCAP caused by the end of stimulus funds and the new federal rules is in the tens of millions of dollars annually. The Department continues to evaluate the impacts of waitlist and freezes, forecasting spending. The Department is committed to continued collaboration with counties to review all current CCCAP practices that exceed federal requirements to reduce costs and explore any additional cost saving options counties have not implemented to mitigate waitlist and freezes.

Policy Changes

11. [Sen. Bridges] S.B. 25-004 goes into effect on January 1st, but we haven't seen any rulemaking on waitlist fees. What is the plan for this?
CDEC developed a survey to gather feedback from the required individuals, and based on the survey results, determined a reasonable administrative fee of $25.00. The information on the waitlist fees was communicated to programs and posted on the CDEC website on 12/18/2025. CDEC has begun enforcement of this requirement pursuant to Section 26.5-5-332, C.R.S. starting on January 1, 2026. Licensing regulations and waitlist fee requirements will be codified in the General Rules Regulating Child Care Facilities, which is currently in the rulemaking process.

12. [Sen. Bridges] Currently, the state plan allows the counties to determine what child care "affordability" means in their area. Why do the counties have this power rather than the state?

The CCDF State Plan does not allow counties to determine the meaning of child care affordability in their area; however, there is county flexibility in working with CDEC to determine income eligibility levels for the CCCAP program.
The federal government sets a maximum threshold (85% of State Median Income) and the State and counties must work within the threshold, with a certain amount of local flexibility built-in. As outlined in Colorado's CCDF State Plan, the Department sets the income entry level across the state in an operation memo. Statute (26.5-4-111 (1)) sets the initial income lower bound at 185 percentage FPL. To account for differing costs of living across the state, the Department has established three different entry income levels (185% FPL, 225% and 265%) and assigned them to counties based on self-sufficiency data. Counties are allowed to request an increase of their income entry level as a county optional policy. As of December 1, 2025, only Eagle and Pitkin counties have increased their entrance income to 270 percent and 300 percent respectively.

13. [Sen. Bridges] How many children in CCCAP are UPK-eligible but are not enrolled in UPK? What is the plan to find these children and families and enroll them in UPK services?
In FY 2024-25, there were a total of 2,043 dually-enrolled in CCCAP and the Universal Preschool Program. As of November of 2025, there were 2,868 children in CCCAP that are eligible for but not enrolled in the Colorado Universal Preschool Program. Both programs are voluntary, families in CCCAP do not elect to enroll in the Colorado Universal Preschool Program for a variety of reasons including their current CCCAP provider not offering the Colorado Universal Preschool Program, CCCAP currently is meeting all of their care needs, or the hours offered by the Colorado Universal Preschool Program not aligning with their family's schedule.

The Department is currently working through data sharing agreements in collaboration with community and county partners to ensure data can be shared across programs to continue exploring ways to maximize funding, using data-driven strategies to help ensure all families in CCCAP that are eligible for the Colorado Universal Preschool Program are enrolled in the program if they so choose.

14. [Sen. Bridges] CDEC proposes to cut the substance use disorder treatment pilot program, which will affect over 100 kids. What will happen to these families if they lose this service?
The Substance Use Disorder (SUD) Child Care pilot was reauthorized on July 1, 2022 and was preliminarily scheduled to sunset in statute on June 30, 2027. The

Statewide General Fund relief budget proposal would end the pilot on June 30, 2026. This program was never intended to serve as a long-term childcare subsidy or a means to create new physical care slots. Instead, the pilot was designed to remove the complex navigation barriers that frequently prevent caregivers in substance use disorder treatment from accessing existing child care resources and then evaluate the outcomes. By focusing on reducing waitlist hurdles and addressing accessibility challenges, the program has assisted families in securing care that aligns specifically with demanding treatment and recovery schedules. CDEC continues to work with the pilot vendor to identify funding to continue this service through the Opioid Abatement project.

- CDEC is simultaneously making rules that allow substance abuse disorder treatment to be a qualifying factor for CCCAP. How will the Department fund these families without the pilot money?
  House Bill 19-1193 created the Child Care Services and Substance Use Disorder (SUD) Treatment pilot program.The pilot was originally set to expire after three years, with a report on the outcome to be delivered before July 1, 2023. The substance use disorder treatment pilot reduction is not related to the CCCAP Substance Use Disorder Treatment activity created in H.B. 24-1223, which appropriated $557,329 in FY 2026-27 and ongoing to help fund the care for new families that would be deemed eligible for CCCAP with this approved eligible activity.

Early Intervention

15. [Sen. Bridges] How much is being reallocated from HCPF in the Department's R2 request? How does this compare to last year's allocation from HCPF?
The Department's R2 request asks for $2.0 million to be reallocated from the Department of Health Care Policy and Financing (HCPF), in line with and the same amount as prior Joint Budget Committee action for FY 2024-25 and FY 2025-26.

16. [Sen. Bridges] The budget mentioned that there might be an increase in the overall need for services and the severity of the conditions being treated. How does the cost per child factor in this change in severity?
The Department cost per child has increased due to the growing share of costs within the Department's General Fund and Federal funding, rather than EIST or Medicaid, and a simultaneous increase in intensity of children's needs. Costs vary depending on the amount of time the child is in the program and the intensity of the child's needs. For instance, a child with less severe needs might only need Speech Therapy once every two weeks, while a child with more

complexity (e.g., hearing or vision loss, autism, medical fragility) might need more than one service each week, which might include a combination of Speech Therapy, Occupational Therapy, Physical Therapy, hearing and/or vision services, developmental intervention, or any other service. Children who receive more services result in greater costs than those who have fewer. The updated caseload forecast model now includes variables that factor in service intensity.

Additionally, the program continues to see a higher percentage of children evaluated requiring the highest-need categories progressively increase over the past four fiscal years from 6.4 percent to 9.9 percent, then to 13.6 percent, and finally to 14.6 percent in FY 2024-25. Based on first quarter data in FY 2025-26 the percentage of evaluated children is consistent with about 14 percent, which will continue to be monitored across the year.

17. [Sen. Bridges] What communications have we received from the federal government about IDEA Parts B and C funding? Will we still receive these funds, and what is the back-up plan if we do not?
The State received its full award notification for Part B and C in July 2025 and has these funds available for the full FFY2025-26 award period. At this time, the state has not received any direct communication from the federal government regarding changes to this funding. If the federal government discontinues this funding or reduces it, the Department will work with the legislature to ensure the sustainability of the program.

Universal Preschool Program

18. [Sen. Bridges] The Department's FY 2026-27 budget request reduces the LCO budget line back to $2.8M, even though LCOs are now tasked with UPK quality. Where will the money for quality come from?
The Department is not requesting to reduce the LCO budget down to $2.8 million; rather, a time-limited decision item that temporarily increased the LCO budget ends in FY 2025-26, restoring LCO funding to the base funding of $2.8 million ongoing. With more streamlined responsibilities between LCOs and ECCs, LCOs will now be better positioned to focus more of their time funding to address quality.

- The LCOs play a key part in enrolling low-income, multilingual, and otherwise marginalized children. UPK already disproportionately serves high income families. How will you make enrollment more equitable while also cutting LCO funding?

More than half of children currently enrolled in Universal Preschool are considered low-income, and 25 percent are multilingual. As the Department begins enrollment for the fourth year of the program, the processes and tools for outreach and enrollment are well-established at the state level and require less involvement from the LCO. This will allow LCOs to better focus their time on improving quality for all students and targeted engagement for low-income children and those with qualifying factors.

19. [Sen. Bridges] The Department's R3 requested increase is partly for a projected increase in enrollment. How will you ensure that low-income and multilingual communities are able to enroll their children in UPK?
The Department's goal is to continue prioritizing all low-income children with qualifying factors, including low-income English Language Learners (ELL), with the ability to access full day preschool services. That is why, as the Department sees increased enrollment, it is asking for additional funding to ensure uninterrupted services. This includes S-03 requesting a $10 million in cash fund increase in FY 2025-26 as well as R-03 requesting reducing the reserve from 15 percent to 10 percent in FY 2026-27 and funding the annual inflationary increase through the General Fund as intended by the legislature when the Department was being established. These requests ensure that the Department has enough funds to continue providing the direct services for all children who need them. If the Department determines that funding is insufficient to continue enrolling children, it will bring that to the Committee's attention.

20. [Sen. Bridges] What is the status of the universal application?
Since the application opened on January 17, 2023, it has been used by over 80,000 families. The Colorado Universal Preschool Program application is fully functional and the Department continues to enhance the application based on user feedback and data to inform these enhancements. For instance, over 60 percent of families apply using a cell phone, therefore, application enhancements for the 2026-27 school year focused on streamlining the processes to complete an application from start to finish via mobile devices. In addition, the Department has translation services in over 100 languages, which has drastically reduced any barriers to families who prefer filling out the application in their native language.

Since launching on December 9th, 2025, over 3,000 families have completed the post application survey, with 84 percent indicating that they are either satisfied or extremely satisfied with their experience. The Department will continue to enhance the application through the next phase of automating many of the manual processes in the system to enhance efficiency.

Local Governance (Early Childhood Councils and Local Coordinating Organizations)

21. [Sen. Bridges] Where are the anticipated FTE savings at the department-level for FY 2026-27 proposals to cut funding for Childcare Resource and Referral Agencies and the reduction to Local Coordinating Organizations? Where will these savings be directed?

The Department is not proposing a reduction to the CCR&R funding line, rather this reduction in the Early Childhood Quality line reduces the budget by $30,000, which represents a reduction in the statewide 211 Call Center. In working with the statewide vendor, CDEC believes that this reduction will be absorbable with minimal impact on Colorado families. The total reduction of $4.4 million in funding in the quality expenditure CCDF category will be repurposed to reduce the gap in CCDF funding to be used towards direct services for CCCAP in future years.

The legislature approved a one-time increase of cash fund to Local Coordinating Organizations (LCOs) in FY 2025-26 at $4.5 million, with the FY 2026-27 amount moving back to the base funding levels of $2.8 million. The Department is shifting some of the LCO responsibilities by centralizing several enrollment activities previously handled at the local level within the Department. This will allow local lead organizations to focus on recruitment of families and providers, navigation of the program offerings and now support building capacity with providers in the implementation of the Colorado Universal Preschool Program Quality Standards ensuring equitable access to learning for all children across the State.

- With reductions to the LCO budget, how will UPK quality be rolled out?
  The BA-01 Local Leads request includes a shift in navigation of Colorado Universal Preschool Program for new providers and families who may have unique needs in addition to supporting the capacity of providers in implementing the quality standards. Universal preschool providers are just a portion of all licensed child care providers in the state, so aligned support for local leads across quality activities will be cohesive rather than separate for each community. CDEC continues to work in direct partnership with the local leads, Colorado Department of Education and school districts to ensure their current quality work and consistent approaches are incorporated.

  The Department is currently working with all local leads to review and restructure contracts to align to the base funding and capacity building toward quality standards implementation, with a strategic shift from local technical

enrollment to the recruitment of providers where capacity is needed as well as support for families in priority populations aligned to the community strategic plan. This shift in activities is currently under design with local lead input to ensure local resources and strategic needs are considered to begin implementing quality in FY 2026-27. Additionally, for the enrollment activities still needed for this phase of implementation, the Colorado Universal Preschool Program operations team will assume reporting and response activities.

- With reductions to the LCO budget, how will you ensure that UPK enrollment includes marginalized families?
  In the first three years, LCOs were helping to ensure marginalized families knew about the Colorado Universal Preschool Program and could enroll easily. The LCOs will continue to promote the program with targeted recruitment and develop new quality providers in underserved communities to ensure that all families can have choice.

  The Department developed the application in multiple languages and enrollment is open year round for ease of all families to gain access to the program. CDEC prioritized a streamlined application to ensure marginalized families will not face system barriers, and is refining communications strategy through the findings from year one of the independent evaluation that will target marginalized communities. In addition, families between 0 percent and 100 percent of FPL need no additional qualifying factor to access full-day preschool. Finally, the Department is exploring fiscal strategies to ensure there is adequate funding for full-day applications between January and May each year. Year one evaluation data demonstrates that lower income families trend towards joining the program between these time frames.

22. [Sen. Bridges] How will the CCDF cuts to quality impact the Early Childhood Council budget?
The CCDF reductions to quality will not impact the Early Childhood Council budget.

23. [Sen. Bridges] Where is the $30K reduction to CCR&Rs going to happen? The councils, or the 211 line?
The Department anticipates rolling off funding for this quality initiative in the Early Childhood Quality and Availability line by reducing the CCR&R support through the statewide 211 Call Center by $30,000. The CCR&R budget line and Early Childhood Councils budget lines remain intact.

24. [Sen. Bridges] Given that there is a bill in process to more broadly address streamlining and maximizing functions and funding for the three types of local lead entities, wouldn't it be better to address any funding changes for specific entities in a bill rather than through budget requests?
There are only two local leads - the ECCs and LCOs - in consideration for the consolidation of funding, which requires consolidating two existing Long Bill line items. The Department submitted the budget request to the JBC to transparently address the funding consolidation, while the legislation would consolidate the programs and their associated functions in statute.

CCR&R work is separate from the Local Lead discussion and focuses on directly supporting families to find and select child care. While Child Care Resource & Referral (CCR&R) is separate and distinct from ECCs and LCOs funding, there are a subset of ECCs that have applied to serve local CCR&Rs for their communities. In addition, CDEC has one statewide vendor contract for a CCR&R call center.

Child Care Licensing

25. [Sen. Bridges] What is the projected timeline and cost model for fully transitioning all inspectors in-house?
Not all licensing contracts are more expensive than the alternative of administering the work in-house with state FTE; this request prioritized those which would yield cost-savings. The Department estimates it will cost an additional $1,055,425 and 44.4 FTE to fully transition the remaining inspectors in-house in FY 2026-27. Therefore, fully transitioning all inspectors in-house would not result in cost savings at this time. Rather, it would necessitate hiring licensing specialists, supervisors, and administrative personnel beyond what was included in the Department's R4 request. CDEC would need to acquire additional fiscal, human resources, and technology infrastructure to support any further increase in full-time equivalent (FTE) staff, resulting in a significant budget request. As such, the Department has developed a five-year strategic plan to consolidate all licensing services under CDEC at the state level by FY 2031-32, contingent upon sufficient appropriations. The Department plans to maintain the remaining 53 percent (approximately 1,450 programs) of contracted positions in FY 2026-27, with an option to extend on an annual basis for a five-year period. On an annual basis, the Department will analyze the contracted workload and gradually reduce the reliance on contracted licensing services, slowly transitioning over time to ensure services will not be impacted.

26. [Sen. Bridges] How will bringing inspectors in-house support providers' ability to complete licensing and other quality-related activities?

Bringing child care licensing inspectors in-house will support providers by ensuring more equitable customer service across the state and increasing consistency in child care licensing practices, a measure requested by the provider community. This transition also aims to reduce staff turnover, since contractor turnover currently leads to common performance issues, including delayed inspections, investigations, and longer wait times for new licenses. By employing staff directly, the Department gains the authority to address personnel and customer service concerns, addressing the high volume of negative feedback historically associated with contract staff. CDEC licensing specialists will provide direct assistance to facilities by offering pre-licensing support, regular monitoring, and technical assistance. This is achieved through focusing on activities related to compliance and quality for providers and families served.

27. [Sen. Bridges] What inefficiencies or added costs are created by relying on contract inspectors compared to in-house staff?

High turnover in contractor positions creates inefficiencies and challenges. Contractors struggle to offer competitive salaries and benefits, leading to higher turnover than in-house licensing specialist staff.

This turnover significantly increases CDEC licensing leadership workload due to additional training requirements and continuous supervision. Additionally, continuous turnover results in inconsistent regulation implementation due to lack of knowledge of national standards, and lack of experience in Colorado's licensing platform and rule sets.

Finally, contractors present legal and customer service issues. The Attorney General cannot extend attorney-client privilege to contract staff, complicating legal case preparation. Customer service surveys consistently show more negative feedback for contract staff, and CDEC has limited influence over contractor personnel matters.

28. [Sen. Bridges] What cost-per-inspection comparison has CDEC conducted between contractors and state employees?

CDEC has not conducted a cost-per-inspection comparison due to the nature of the contracts. The contracts are fixed-priced and therefore would not be dependent on the number of inspections conducted.

29. [Sen. Bridges] How will the Department measure whether bringing inspectors in-house improves consistency and reduces complaints?

CDEC Answer: The Department currently conducts customer service surveys, which provide insights into the negative feedback and optics into timeline challenges to issue an application or report inspection. Using this baseline data, the Department will be able to measure if there is a decrease in the percentage of negative feedback, increased level of customer satisfaction, and track the timeliness of issuing an application or a report of inspection.

By transitioning staff in-house, the Department gains the authority to directly manage customer service, increase specialist consistency, and address personnel issues more effectively. The Department would be able to reduce the amount of communication the Licensing Supervisors/Liaison receive from child care programs complaining about their licensing specialist or timelines to issue an application or a report of inspection. The Department will also be able to improve consistency among specialists in rule implementation, which can be tracked through a decreased number of supervisor rejections of reports of inspections and investigations. The Department's internal program compliance team would identify increased compliance with the Licensing Standard Operating Procedures through their internal review.

Department of Early Childhood

FY 2026-27 Joint Budget Committee Hearing

Tuesday, January 13, 2026

9:00 AM – 12:00 PM

Common question For Department Hearings (Written-only Response)

1. Please provide a breakdown of your department's total advertising budget for the current and prior fiscal year. Specifically:

   a. What is the total amount budgeted and expended on advertising and media placement type?
   The Department does not have a formal advertising budget, however, the Department spent a total of $59,175 on advertising and media placement in FY 2024-25. Due to the Department not having a formal advertising budget, expenditures that fall under advertising are dispersed throughout the Department Long Bill lines. This information for FY 2024-25 is as follows:

Division	Amount
(1) EXECUTIVE DIRECTOR'S OFFICE	**$8,011**
(2) PARTNERSHIPS AND COLLABORATIONS	**$0**
(3) EARLY LEARNING ACCESS AND QUALITY	**$49,164**
(4) COMMUNITY AND FAMILY SUPPORT	**$2,000**
(5) LICENSING AND ADMINISTRATION	**$0**
Total	**$59,175**

   b. How are those advertising dollars allocated across different media types (e.g., television (national/local/cable), radio (terrestrial vs streaming), SEM, digital (display, YouTube), connected TV, social media, print, outdoor, etc.)?
   These expenditures are categorized in the following media types:

Media Type	Amount
Digital Assets	**$47,650**

Physical Items	**$4,091**
Combination Digital and Print Publications	**$4,184**
Search Engine Marketing (SEM)	**$250**
Other *(Local Conference Sponsorship)*	**$3,000**
Total	**$59,175**

c. How much of that spending is directed to Colorado-based or local media outlets? How is the media currently purchased?
The Department spent a total of $58,411 of advertising and media spending on Colorado-based or local media outlets in FY 2024-25, which is 98.71 percent of overall advertising and media spending in FY 2024-25. The spending directed at Colorado-based organizations includes $9,761 in General Fund and $48,650 in Federal Funds. The spending directed at non-Colorado-based organizations includes $250 in General Fund and $514 in Federal Funds (a combined 1.29% of overall advertising and media spending).

d. What performance metrics or evaluation tools does the department use to measure the effectiveness of these advertising campaigns? What are the goals of the campaigns, and what key performance indicators are measured for success?
The Department evaluates the advertising expenditures through an ongoing process of strategic planning, project management, and performance management. Advertising expenditures play a role in our efforts to achieve the Department's Wildly Important Goals (WIGs) and Strategic Goals, such as FY 2025-26 WIG #5: Colorado Universal Preschool Uptake (Ensure at least 70% of eligible 4-year-olds enroll in the Colorado Universal Preschool Program in school year 2025-26) to continue to increase awareness and access to Universal Preschool. Additionally, our advertising efforts support Department Strategic Goal 4: Build a Sustainable Early Childhood System to ensure families are aware of the programs and services that the State oversees and supports. Advertising expenditures toward these goals involve, for example, the creation of program-specific branding and digital items that are ADA compliant.

Evaluation tools commonly used within the Department to measure the effectiveness of its advertising efforts:

- **Digital Engagement Metrics, such as impressions, reach, click-through rates, video views, completion rates, and average engagement rate across social media platforms.**

- **Email performance metrics, including open rates, click-through rates, audience growth, and topic-level engagement trends through the Department's GovDelivery platform.**
- **Website analytics, such as page views, unique visitors, time on page, referral sources, and downloads of toolkits or resources, using web analytics tools.**
- **Qualitative Surveys, gathered through partner input, staff observations, help desk inquiries, and stakeholder feedback, to assess clarity, usefulness, and trust-building impact.**

e. If any portion of advertising is managed through third-party vendors (or 'partners';) or media buying firms, please provide any available data or reporting from those companies on campaign performance and spending. How often do the departments discuss media placements with these vendors?
The Department does not have advertising that is managed through third-party vendors or media buying firms. All current advertising is managed by the Department.

f. Monthly or quarterly reporting - how is reporting delivered?
The Department does not have advertising that is managed through third-party vendors, neither monthly or quarterly reporting is received from third-party vendors. Reporting on the advertising is therefore managed by the Department, including through the Wildly Important Goals (WIG) process when applicable.

Five-Year Financial Strategy

Overarching Departmental Financial Strategy

30. [Rep. Sirota via JBC staff briefing document] Please share the Department's five-year financial strategy.
The Department's five year financial strategy reviews the major cost drivers for the Department and ensures alignment with Federal Regulations, State statute, and funding requirements. The Department's five-year financial strategy examines the impacts of decreasing revenue streams and increasing costs. Additionally, the strategy evaluates existing processes to identify opportunities to decrease costs and increase efficient use of resources.

82 percent of General Fund appropriations are spent on caseload. There are three main program areas that drive costs specifically related to caseload: the Colorado Universal Preschool Program, the Colorado Child Care Assistance Program and the Early Intervention Program.

The Colorado Universal Preschool Program cost driving factors are enrollment and provider rates. Costs are likely to increase with population increase and inflation.

The Colorado Child Care Assistance Program (CCCAP) cost driving factors are eligibility requirements, enrollment, reimbursement rates, authorized care amounts, child care utilization rates, and service provision costs. Costs are likely to increase with population increase and inflation and worsening economic conditions in the State.

The Early Intervention Program (EI) cost driving factors are eligibility requirements, enrollment, costs of direct service delivery, service coordination, and local administration. Costs are likely to increase with population increase, inflation, and increases in service intensity.

Whenever possible, the Department identifies opportunities to leverage additional federal funding. A recent example is the Department's R-05 Maximize Federal Reimbursement that will potentially increase annual federal investment for prevention services by around $1.1 million.

The largest source of Federal funding for the Department is the Child Care Development Fund, in which the Department must comply with specific requirements on particular expenditure categories, including state match, and maintenance of effort requirements, in order to continue to receive funding. The Department relies on an annual carryforward and annual CCDF award to fund CCDF programs. The Department's strategy with this funding source is to reduce costs in expenditure categories that exceed federal requirements to instead invest available funding in direct services. The Department continues to work in collaboration with the counties and external partners to plan and implement changes to reduce unnecessary costs, but is also challenged in forecasting future costs with the continued changes to the Federal requirements. The Department continues to update forecasts and provide contingency plans based on the changing landscape of the Federal regulations.

The Department five year financial strategic plan aligns with requests submitted for FY 2025-26 and FY 2026-27. The Department assumes General Fund growth in two areas over time, driven by statutory requirements and caseload. The Department is expected to increase the Universal Preschool Program General Fund by inflation annually to cover the costs of increased enrollment and program services costs. The Early Intervention Program is expected to have caseload growth, with Federal Funds remaining flat, the program is required to serve all eligible children.

- Include forecasts on the five-year performance of funds that support the Colorado Child Care Assistance Program, Universal Preschool Program, Early Intervention, and the Nurse Home Visitor Program based on current conditions (without FY 2026-27 requests).
  The Department's five year financial forecast without FY 2025-26 and FY 2026-27 requests would result in a reduction in services and an increase in General Fund obligation.

  CCDF funds account for approximately 22 percent of the overall Department funding, and thus creating sustainability in these funds is crucial to the longevity of the programs the Department provides. In absence of the Department's prioritized requests R-01/S-01, accounting for waitlist and freezes in CCCAP, CCDF funding will be in a deficit in FY 2027-28. As CCDF funding has particular spending requirements for direct services, administration, quality and licensing activities, the Department will be forced to prioritize services available to children and CCCAP will be required to increase and expand waitlists and freezes for a longer duration to offset this deficit.

  In the absence of the R-02/S-02, the General Fund would increase to meet requirements for Maintenance of Effort (MOE) for the Early Intervention Program in FY 2025-26 creating a large federal carryforward in FY 2026-27. Instead, the Department's requests leverage current federal carry forward to replace the General Fund appropriation, and reduce the General Fund appropriation in FY 2025-26 by underspending in the Early Intervention budget line and available General Fund in HCPF's Transfers to EI budget line.

  In the absence of the R-03/S-03 the Universal Preschool Program would not be able to serve all eligible children that enroll in the program, potentially resulting in about 2,000 children in FY 2025-26 and 3,000 children in FY

2026-27 that would qualify for additional hours but not receive additional hours due to insufficient funds.

The following sections outline the five year performance of funds related to CCCAP, Early Intervention, Colorado Universal Preschool Program and the Nurse Home Visiting Program without the Department's requests.

CCCAP

The Department did not put forward a request for an increase to the CCCAP appropriation, but rather intends to increase the money available in the CCDF fund balance to ensure CCCAP's sustainability. There are still many factors under consideration for CCCAP requirements, the Department has developed two alternative forecasts related to the potential costs. The preliminary forecast assumes that waitlist and freezes will continue in the program, which will result in continued and increased attrition over time. The table below outlines the estimated appropriation and expenditure, assuming that County administration costs remain equal to FY 2024-25 levels, the current rates from the alternative rate methodology for provider pay does not increase, H.B. 24-1223 remains unchanged, and the new federal rule is repealed. The Department has been granted a waiver through August 2028 in relation to regulatory rules. Additionally, the Department will be submitting a request to federal partners to cap the current alternative rate methodology substantiating that the requirements for provider pay are met.

CCCAP	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Appropriation*	$185,700,442	$185,700,442	$185,700,442	$185,700,442	$185,700,442
Expenditure**	$175,179,899	$171,785,890	$164,778,053	$176,642,414	$173,232,606
Estimated Waitlist/Freeze Impacts	*-$10,520,543*	*-$13,914,552*	*-$20,922,389*	*-$9,058,028*	*-$12,467,836*
*Alternative Rate Methodology^*	*$5,695,941*	*$8,303,662*	*$8,303,662*	*$8,303,662*	*$8,303,662*
Parent Copay	*$0*	*$5,005,091*	*$5,466,924*	*$5,466,924*	*$5,466,924*
Enrollment based Pay	*$0*	*$0*	*$0*	*$17,151,208*	*$18,712,773*
Additional Funding	$0	$0	$0	$21,863,766	$20,015,523

CCCAP	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Required for CCCAP					
Estimated Total CCCAP Caseload***	21,161	18,321	16,607	15,450	14,511
Cost Per Child	$8,278	$9,376	$9,922	$11,433	$11,938

***The Appropriation includes the county share of costs.**
****The expenditures assume that the CCCAP County administration costs remain flat.**
*****Estimates based on continued waitlist and freezes**
^incremental change for the increased rates, in FY 2024-25, rates were increased by $7.2 million.

As of the first week in 2026, the ACF issued a 30 day comment period for the Restoring Flexibility in the Child Care and Development Fund (CCDF) in the federal register that would intend to rescind the requirements to limit family co-payments to 7 percent of family income, to provide some direct services through grants or contracts, to pay providers based on child's enrollment, and to pay providers prospectively that were added to the CCDF regulations in the March 2024 final rule, Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF) (89 FR 15366). If approved, this would repeal the federal CCCAP regulations for parent copays and payment based on enrollment. If the federal rules and H.B. 24-1223 provisions related to the federal rules were completely repealed and the Department receives approval from federal partners to cap the current alternative rate methodology substantiating that the requirements for provider pay are met, the forecast below outlines the potential impacts on CCCAP.

CCCAP	*FY 2025-26*	*FY 2026-27*	*FY 2027-28*	*FY 2028-29*	*FY 2029-30*
Appropriation *	*$185,700,442*	*$185,700,442*	*$185,700,442*	*$185,700,442*	*$185,700,442*
Expenditure**	*$175,179,899*	*$171,785,890*	*$164,778,053*	*$176,642,414*	*$173,232,606*
Estimated Waitlist/Freeze Impacts	*-$10,520,543*	*-$13,914,552*	*-$20,922,389*	*-$9,058,028*	*-$12,467,836*
Alternative	*$5,695,941*	*$5,695,941*	*$5,695,941*	*$5,695,941*	*$5,695,941*

Rate Methodology ^					
Parent Copay	***$0***	***$0***	***$0***	***$0***	***$0***
Enrollment based Pay	***$0***	***$0***	***$0***	***$0***	***$0***
Additional Funding Required for CCCAP	***$0***	***$0***	***$0***	***$0***	***$0***
Estimated Total CCCAP Caseload* **	**21,161**	**18,321**	**16,607**	**15,450**	**14,511**
Cost Per Child	**$8,278**	**$9,376**	**$9,922**	**$11,433**	**$11,938**

***The Appropriation includes the county share of costs.**

****The expenditures assume that the CCCAP County administration costs remain flat.**

*****Estimates based on continued waitlist and freezes**

^remains at 2025-26 level

Universal Preschool Program

The Universal Preschool Program includes a combination of revenues from Proposition EE deposited into the Preschool Program Cash Fund and General Fund. The following table outlines projected appropriations for the Universal Preschool Program Projections without R-03/S-03. The Department assumes expenditures increase by inflation.

Funds	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Cash Fund	$202,763,744	$202,763,744	$202,763,744	$202,763,744	$202,763,744
General Fund	$146,333,200	$146,333,200	$146,333,200	$146,333,200	$146,333,200
Total Appropriation	$349,096,944	$349,096,944	$349,096,944	$349,096,944	$349,096,944
Expenditures	$359,096,944	$363,401,465	$368,669,460	$375,429,615	$382,483,836
Balance	-$10,000,000	-$14,304,521	-$19,572,516	-$26,332,671	-$33,386,892

Current projections estimate approximately 70 percent of eligible children will continue to enter into the program annually. Without the Department's request in FY 2025-26, it is estimated that the Department would not be able to serve an approximate 2,000 children in FY 2025-26 and approximately 3,000 children in FY 2026-27.

Early Intervention

The Early Intervention Program caseload is expected to generally continue to grow over time; although the program is voluntary, every child that is eligible is required to be served. While the Department anticipates the Early Intervention caseload to increase, there is only temporary available Federal rollforward; the program would be in a deficit by FY 2027-28 without the Department R-02/S-02 requests.

Early Intervention	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Cash Funds	$100,000	$100,000	$100,000	$100,000	$100,000
Federal Funds	$10,116,655	$10,116,655	$10,116,655	$10,116,655	$10,116,655
Federal Rollforward	$3,042,227	$7,343,188	$5,006,197	$1,528,726	$0
General Fund	$76,986,834	$74,986,834	$74,986,834	$74,986,834	$74,986,834
Total Appropriation	$90,245,716	$92,546,677	$90,209,686	$86,732,215	$85,203,489
Estimated Expenditures	$82,902,528	$87,540,480	$88,680,960	$92,212,992	$96,256,512
Balance	$7,343,188	$5,006,197	$1,528,726	-$5,480,777	-$11,053,023
Cost per Child	$6,912	$6,912	$6,912	$6,912	$6,912
Average Monthly Caseload Estimates	11,994	12,665	12,830	13,341	13,926

The Department continues to work on strategies with EI Brokers on contract and funding alignment, reviewing funding hierarchy, continued collaboration with HCPF and CDE and identifying various funding streams to further advance the understanding of changing needs of children.

Nurse Home Visitor Program

The Nurse Home Visitor Program (NHVP) funds will remain solvent throughout the forecast period. The Department receives funding through the Tobacco Master Settlement Agreement (Tobacco MSA) to fund the program. The Department continues to work with the state intermediary for Nurse Home Visiting Program, on the long-term sustainability of this statewide program since CDEC must adhere to the requirements of the NHVP statute. This year, CDEC received an increase in the MIECHV award and allocated an additional $850,000 to NHVP sites, assisted HCPF in submitting an application for CHP+ Health Services Initiatives (HSI) funds to support home visiting and continued to provide support to NHVP sites to increase billing practices for Medicaid reimbursement with the existing codes, and agreed to participate in research being conducted by national advocates working to establish an all-encompassing rate for home visiting with Centers for Medicare and Medicaid Services (CMS).The Department is not making a request to change funding at this time for this program and this fund balance is not expected to be in a deficit during the forecasted period.

NHVP	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Beginning Fund Balance	$30,173,612	$30,909,577	$28,109,049	$29,694,353	$27,176,094
Tobacco MSA-Forecast /Additional Revenue	$25,107,320	$22,287,248	$27,451,811	$24,128,948	$23,700,993
Expenditures	-$24,371,355	-$25,087,776	-$25,866,506	-$26,647,208	-$27,450,319
Estimated Fund Balance	$30,909,577	$28,109,049	$29,694,353	$27,176,094	$23,426,768

- Share the Department’s plan over the next five years to address and avoid projected funding shortfalls in cash funds and federal funds, in light of ongoing limitations to the General Fund.

The Department has been strategically working to address projected funding shortfalls through the five year financial plan and budget requests. The requests submitted to the legislature for consideration are reflective of the constraints facing the General Fund and plans to assist in mitigating shortfalls.

CDEC is implementing strategic efforts for fiscal health and efficiency. CDEC is collaborating with external partners to find potential opportunities for cost savings, while maintaining compliance with federal and state requirements. Some of these strategies include the Department is phasing in stacking of Colorado Universal Preschool Program funding and CCCAP, absorbing external workloads in-house with no additional and/or reduction in costs, reducing CCDF funding for areas that exceed requirements to repurpose for direct services, leveraging existing resources to receive additional funding.

The Department is working to address ongoing revenue challenges in cash funds, with diminishing revenues over-time by making efforts to use various funding streams to support programs to offset costs to assist in the longevity of the cash fund. This also has resulted in the continued collaboration between other state agencies and external partners to find ways to leverage various funding streams.

- Share how the Department's FY 2026-27 requests contribute to that five-year plan.
  The Department requests leverage existing cash funds and federal fund sources while accounting for the constraints on the State General Fund. The objective of the Department is to serve as many children and families as possible with high-quality programs and ensure adherence to State Statute and federal regulations. By reducing costs in the quality initiatives that are already exceeding the expenditure category in CCDF in R-01/S-01, these funds can be held for future year direct services of CCCAP. Additionally, the Department seeks to leverage federal rollforward for the Early Intervention program and reduce General Fund appropriations in FY 2025-26 to reduce the current year burden on the General Fund, while continuing to serve all eligible children through R-02/S-02.

  Through R-03 and S-03, the Department is ensuring funding is available for approximately 70 percent of the 4-year-old population, the historical allocation for 3-year-olds, and those with Individualized Education Programs (IEPs). The Department continues to be strategic to consolidate services under CDEC for added cost efficiency and improved service delivery through R-04. Finally, the

Department is seeking additional opportunities to leverage existing funds to increase annual federal investment through R-05. These requests significantly contribute to the Department's five year plan.

Please also address the following general and program-specific questions in the response.

31. [Rep. Brown] There appears to be a lack of attention to CCCAP compared to UPK. How is the Department prioritizing requests?
Both programs are prioritized through the Department's requests, R-01/S-01 and R-03/S-03. The funds requested in these requests reflect the realities of the fund sources each program can access: the Colorado Universal Preschool Program has a dedicated voter-approved cash fund revenue stream and the legislature has committed to maintaining the value of previous General Fund investments in preschool, while CCCAP is primarily funded by federal funds that have leveled off after the cessation of stimulus funds. CDEC requested General Fund for CCCAP last year but given the realities of the state budget balancing outlook did not do so this year. The R-01/S-01 request prioritizes the sustainability of CCDF funding. It repurposes quality expenditures to reduce the gap in CCDF funding to be used towards CCCAP direct services in future years. R-03/S-03 for Universal Preschool ensures funding for future years to serve as many children as possible, which also alleviates some of the CCCAP costs, due to the Department's recently promulgated rule to stack funds so that Colorado Universal Preschool Program dollars are first in for dually-enrolled children. The Department remains committed to the success of both programs.

32. [Rep. Taggart] What are the outcomes from Department programs, including Early Intervention, UPK and CCCAP? Are these programs working? If there are funding shortfalls, what are the impact of those on outcomes and what is the Department doing to improve outcomes?
CDEC's Department goals focus on increasing access to high-quality early childhood services and building school readiness. Specifically, outlined below are measures for Early Intervention, the Colorado Universal Preschool Program and CCCAP.

<u>**Early Intervention**</u>
The Early Intervention Program effectively identifies developmental delays in infants and toddlers, proactively addressing them to mitigate their impact on a child's growth and development. This enables the child to develop as many skills as possible to function in their day-to-day activities and prepare them for preschool entry. The developmental areas that EI services target are adaptive

skills, cognitive skills, communication skills, motor skills, and social and emotional skills.

The EI Program is a preventative program that contributes to young children's school readiness and, in many cases, reduces the need for preschool special education services. According to statewide data from FY 2020-21 through FY 2023-24, approximately 45 percent (or 3,824) of children who were enrolled in EI services and exit do not go on to need Part B preschool special education services. Of the parents and caregivers who participated in the EI program, 97 percent (or 1,216) of those who responded to the Family Outcomes Survey reported that the services helped their child's development and learning. Additionally, 96 percent (or 5,321 children) exiting services show at least some progress in addressing the developmental concern that led to the enrollment in early intervention.

Even if the Early Intervention has funding shortfalls, the program is federally required to serve all eligible children regardless of costs. The Department has documented to the Committee our efforts to improve programming and contain costs where needed.

<u>Colorado Universal Preschool Program</u>
Since the creation of the Colorado Preschool Program it has annually served approximately 43,000 children in the year prior to kindergarten. The program is projected to continue serving a little over 70 percent of the total eligible four year old population annually which ranks Colorado third amongst all states with a universal preschool program.

As the program is in its third year, the program is currently in the process of a statutorily required independent evaluation, which will yield detailed information on areas that are working well and opportunities for improvement. Preliminary findings from the evaluation will be publicly available during the Department's 2026 SMART Act presentation. These initial findings include a review of operational processes including enrollment, technical assistance and communications from the provider and LCO perspective, with future evaluations focused on family experience. As the program continues to mature, CDEC, in partnership with CDE, is building a longitudinal data set related to each child's healthy development considering CDEC leading data as well as CDE lagging child outcome data to improve academic outcomes across the state, which will inform the key data point of Kindergarten Readiness Assessment.

CDEC does not anticipate a funding shortfall in UPK as long as the S-03/R-03 requests are funded. In the absence of this funding, children's access to

equitable learning settings would be significantly impacted. Access alone does not ensure healthy development for all children. Reduced funding will also impact professional development, coaching, and the ability of the Department to align resources and services to sustainable child outcomes.

CCCAP

The purpose of the Colorado Child Care Assistance Program (CCCAP) is to provide eligible households with access to high-quality, affordable child care. This support promotes healthy child development and school readiness while encouraging household self-sufficiency and informed child care choices. The State does not track long-term outcomes for children or families that receive CCCAP. CCCAP is shifting more families into high-quality care through two main strategies:

1) paying providers with higher quality ratings at higher rates; and
2) reducing a family's required copayment for choosing higher-quality care. Currently, over 50 percent of CCCAP children are in high-quality care settings.

Families served by CCCAP are only required to pay their copayment. Colorado aims to ensure child care affordability through a graduated copayment formula. This design ensures that families can retain some of the money they earn from promotions or working additional hours, rather than having it all absorbed by an increased copayment. The current copayment formula also caps a family's payment at 10 percent of their overall income.

Due to the current funding shortfall, waitlists and freezes are being implemented and will likely need to be expanded. Unfortunately, CCCAP is funded by a federal block grant that does not guarantee service to all who are eligible and apply. The new federal rules have created a tradeoff in which providers are better compensated and therefore families have more choices, but also result in fewer families able to be served. The Department is working to maximize available funding by reducing CCDF expenditures outside of CCCAP (R-01/S-01), stacking Colorado Universal Preschool Program and CCCAP funds, and closely collaborating with counties on county-optional policies, waitlists, and freezes.

33. [Rep. Taggart] Across all programs but particularly CCCAP, there are varying income levels for program eligibility. Who is setting those income levels across Department programs that use income as an eligibility factor? How much are those based on federal guidelines?

Income levels are based on individual programs and requirements vary based on regulations by the federal government, the CCDF State Plan, based on state law or through rulemaking.

The Department continues to work on alignment of income levels across programs that are under the Department's jurisdiction. Statute dictates that the Executive Director shall align income guidelines for early childhood programs, so for the Colorado Universal Preschool Program, the Department sets the income levels and aligns them to CCCAP, for additional hours. All other hours are 'universal,' therefore there are no income thresholds.

For CCCAP, it's a hybrid scheme where the federal government sets a maximum threshold (85% of State Median Income) that the State and counties must work within the threshold, with a certain amount of local flexibility built-in.

The Nurse Home Visiting Program, individuals must have a household income at or below 200 percent FPL, as established by the National Service Office for Nurse-Family Partnership (now Changent).

CCCAP
As outlined in Colorado's CCDF State Plan, the Department sets the income entry level across the state in an operation memo. Statute (26.5-4-111 (1)) sets the initial income lower bound at 185 percentage FPL. To account for differing costs of living across the state, the Department has established three different entry income levels (185% FPL, 225% and 265%) and assigned them to counties based on self-sufficiency data. Counties are allowed to request an increase of their income entry level as a county optional policy. As of December 1, 2025, only Eagle and Pitkin counties have increased their entrance income to 270 percent and 300 percent respectively.

Colorado Universal Preschool Program
There are no income requirements to participate in the Colorado Universal Preschool Program for 4-year-olds receiving 15 hours or fewer of services per week and 3 and 4 year olds with Individual Education Program (IEPs). Per Rule, for 3-year-olds and 4-year-olds seeking 'additional' hours (30 hours weekly), families must be between 0 percent and 270 percent FPL, and for families between 101 to 270 percent FPL, have an additional qualifying factor. Beginning in the 2026-27 school year, income limits for families seeking 'additional' hours drops down to 265 percent FPL to align with CCCAP's income eligibility maximum.

__Early Intervention__
There is no income requirement to participate in EI and federal IDEA Part C regulations require that services be provided to eligible children at no cost to families.

34. [Rep. Sirota via JBC staff briefing] What does the Department need in order to create and implement fiscal strategies?
The Department is actively executing, developing, and continues to make strides to further enhance, refine and implement fiscal strategies across all programs.

The Department was launched and through HB22-1295 immediately began work on standing up the Colorado Universal Preschool Program. The Department faced challenges with forecasting the uptake and costs for the new standalone preschool program, without any robust actual data. The Department previously completed Early Intervention caseload projections and only compared them annually, and based on prior year data (not accounting for historical data and seasonality).

In both instances, the Department has updated the projections with more robust forecasts that now include a range of specific data components to ensure a more accurate accounting of factors that may impact the potential caseload. The Department continues to gain insights and best practices to refine caseload and financial projections to inform and implement fiscal strategies.

A significant challenge to financial forecasting and management of CCCAP is the constantly shifting nature of the federal funding requirements for the Child Care and Development Fund (CCDF) and the federal regulations for state child care subsidy programs. The lack of concrete, current guidance and solidified information from the Federal Government makes effective creation and implementation difficult to predict the future fiscal strategies.

The Department continues to complete scenario based forecasts to determine the best avenue to support these fiscal strategies, where the Department has improved access to accurate, timely, and detailed financial data, including current revenues, expenditures, assets, and liabilities. This enhanced data access is crucial for robust financial forecasting and for analyzing fiscal risks and opportunities. The Department continues to engage and communicate with key partners to refine projections and strategize on implementation processes.

Strategy for the Colorado Child Care Assistance Program (CCCAP)

35. [Rep. Sirota and Rep. Taggart] S1/R1 does not fully address the anticipated CCDF funding cliff. What is the Department's strategy to avoid the funding cliff for CCCAP? How are we going to avoid hitting the cliff before we fall off it?
While S1/R1 does not fully address the anticipated CCDF funding cliff, it does reduce costs in CCDF expenditure categories that exceed spending requirements, to then repurpose for direct services for CCCAP in the future.

The Department continues to collaboratively strategize with federal partners, counties and the state legislature to avoid the funding cliff for CCCAP to extend implementation deadlines, review spending practices and realignment of statutory requirements to best avoid the cliff.

The Department continues to update and refine CCCAP projections in a continuously changing landscape to include the cost-of-care unit to better isolate different variables, including the impacts of waitlist and freezes on caseload resulting in reduced costs that will impact the available funding.

CDEC is also actively working on updating CCCAP rules to ensure county-level fiscal responsibility, to provide clarity in the Department's ability to quickly intervene if a county is not being fiscally responsible.

<u>Federal Partners</u>
The Department requested an extraordinary circumstances waiver to extend the implementation deadline of the unfunded Biden Administration CCCAP rules from August 1, 2026 to August 1, 2028. This waiver was granted early December 2025. The Department is also working with our federal partners to gain approval to not implement the final alternative rate provider rate increase that is currently planned for October 1, 2026 and supports efforts to repeal the Biden Administration rules until new federal funding becomes available to cover these implementation costs. As of the first week in 2026, the ACF issued a 30 day comment period for the Restoring Flexibility in the Child Care and Development Fund (CCDF) in the federal register that would rescind the provisions of the Biden Administration CCCAP requirements.

<u>County Collaboration</u>
The Department continues to collaborate with counties to review all current CCCAP practices that exceed federal requirements to reduce costs and to also keep the current waitlists and freezes in place and explore any additional cost

saving options counties have not implemented (refer to Appendix B for detailed information on county specific policies).

State Legislature

The Department is working with the legislature to update H.B. 24-1223 to better align with federal guidance.

36. [Rep. Sirota via JBC staff briefing] Giving funding constraints, what are the immediate and long-term priorities for CCCAP? Please include consideration of the following:

The Department's immediate priority is ensure fiscal solvency for the program for the next five years, given the CCDF fund balance is projected to be in a deficit during the forecast period and given the uncertainty around federal funding. The long-term priorities of CCCAP will remain the same: provide eligible households with access to high quality, affordable child care that supports healthy child development and school readiness while promoting household self-sufficiency and informed child care choices.

- What families and children should counties target serving?

  Based on Federal regulations it is required that prioritization of services follow 3 main criteria:

  - **Children of families with very low income**
  - **Children with special needs, which may include vulnerable populations as defined by the Lead Agency**
  - **Children experiencing homelessness (45 CFR 98.46(a))**

  Currently, Colorado prioritizes these populations when a waitlist is in place, allowing counties to enroll these families first. Once all three of these populations are prioritized, counties may choose to prioritize additional populations. If a freeze is in place, no families are added to the program, and therefore, these groups do not receive priority services. When neither a waitlist nor a freeze is in place, counties enroll families upon application, deeming them eligible regardless of the priority population to which they belong.

- What Child Care and Development Funding (CCDF) investments are vital to maintain, including in quality investments?

  The Department budget submission for CCDF preserves vital investments for prioritizing direct services for children in CCCAP by reducing funding in quality areas that exceed the required federal expenditure category. The vital

quality investments to maintain include local system-building infrastructure quality improvement, workforce recruitment and retention, child care resource and referral support for families. Additionally, adequate funding for licensing activities to ensure workforce supports, quality and health and safety of children are prioritized.

- What policy and operational changes need to occur to get to financial sustainability? **Unfortunately, waitlists and freezes must continue to get to a caseload the budget can sustain to ensure financial sustainability. Even with the continuation of waitlists and freezes, the Department still projects a negative CCDF fund balance during the forecast period.**

  Further steps the Department is taking are outlined above in response to the questions: "What is the Department's strategy to avoid the funding cliff for CCCAP? How are we going to avoid hitting the cliff before we fall off it?"

37. [Rep. Brown] Do we have the most efficient operational and programmatic policies, regarding eligibility and otherwise, that could shorten waitlists?
CDEC Answer: The waitlists and freezes are a direct result of the growing costs per child served by CCCAP, not administrative or operational delays. The Department continues to evaluate which state-determined programmatic policies exceed requirements that could be adjusted as a cost saving measure. The Department, in partnership with counties, ceased TANF referrals to CCCAP from bypassing enrollment freezes and waitlists. The Department continues to offer many supports to counties to help ensure efficient and standardized operational processes.

38. [Rep. Sirota via JBC staff briefing] What is the Department's timeline for pursuing long-term cost containment strategies for CCCAP?
The Department has been pursuing long-term cost containment strategies for CCCAP since the promulgation of the federally unfunded Biden Administration CCDF rules. Over the last few years, federal landscape changes have made it difficult for the Department to provide a timeline for a long-term solution.
The Department is actively pursuing options outlined in previous responses, however the timeline for pursuing long-term cost containment strategies is dependent on the federal government providing formal guidance on the rule repeal, alternative rate methodology, and CCDF funding requirements and availability.

39. [Rep. Sirota] How does the Department plan to better estimate and control caseload and costs over the next few fiscal years?

The Department has updated the estimated cost calculations to include the cost-of-care unit fiscal model, in addition to the total cost per child in order to better isolate different variables in a continuously changing landscape surrounding CCCAP. This forecast assists in reviewing variables of CCCAP utilization, such as the family's unique care needs, schedule, and eligibility periods, by considering the following factors:

- **The four daily rate types CCCAP offers (Full-time, Part-time, Full-time/Full-time, Part-time/Full-time)**
- **Three different groups of children by age: Infants & toddlers (children under 3); Pre-kindergarten (3-5 years old); and, School-aged (children older than 5 years old)**
- **The waitlist/freeze status of the county in which they reside**
- **Utilization changes over time, which affects the type of caseload that is served (part-time or full-time) and helps predict more accurately how many children are projected to be served in future years.**

These updated projections enable the Department to achieve a more nuanced and accurate cost per child for the various policy levers, based on utilization.

40. [Sen. Amabile] When considering whether to use more TANF dollars to support CCCAP, we have to have focus a plan on the most important things to fund based on the best programs for children and families who need help. Between TANF and CCCAP, what are the priorities? What is the net impact of either program on the people served? We need to look holistically to help kids and families who are struggling.
In Colorado, low-income children and families may benefit from a range of supports, including both TANF and CCCAP. The programs complement each other as child care facilitates family access to TANF programs. Both programs are essential to providing a continuum of services across the State. The Department of Early Childhood is unable to unilaterally determine funding priorities between TANF and CCCAP, this is a statewide policy decision that cannot be made by any one agency.

With regards to the impacts and benefits of TANF: The State and counties have discretion to provide a broader array of services to the TANF-eligible population, defined as households with a child and an annual income up to $75,000. Among this eligible population, the median annual income is $0. Supportive services include monthly Basic Cash Assistance (BCA), employment-focused services, and other programs to support low-income households. In FY 2024-25, TANF caseload was 15,757 families receiving BCA and eligible for supportive services. In addition to supportive services, counties can choose to direct TANF resources

for services provided by external partners, such as domestic violence interventions, household budgeting, parenting education, after-school care, and other activities that meet one of the four federal purposes of TANF. These services and support help families stabilize their situation, pursue employment, secure housing, and move towards self-sufficiency without TANF cash assistance. Most other states manage the array of TANF services centrally; even county administered states follow state guidance regarding supportive services usage. Colorado is an outlier in its approach whereby individual counties set local policies regarding supportive services.

With regards to the impacts and benefits of CCCAP: please refer to the response provided in the financial strategy on page 24.

Strategy for Early Intervention

41. [Rep. Sirota via JBC staff briefing] The Department's ability to project and control costs for Early Intervention is impacted by a lack of insight into total Medicaid funding, control of private insurance that is not state-regulated, and control over broker costs and contract arrangements, amongst other factors. Meanwhile, costs to the program increase. What is the Department prioritizing to address in FY 2026-27?
The Department is prioritizing improvements to the caseload/cost forecasting model, and collaboration with EI brokers on avenues to leverage private insurance and improve contracts to increase fiscal responsibility and accountability.

The Department continues to refine its projection model for accuracy. CDEC has created a strong partnership with HCPF, which includes a data sharing agreement that provides full insight into Medicaid funding for children enrolled in EI. This includes additional Medicaid data, facilitated through an updated Data Sharing Agreement with HCPF, signed March 20, 2025. The Department has access to data that shows the children who are enrolled in EI and Medicaid, the funding paid out for each child for Targeted Case Management, and the funding paid out for each child for direct services. The Department meets with HCPF at least quarterly to address data sharing, insights, and forecasts. Further, with JBC support, the Department will focus on implementing the cost containment strategy of redetermining eligibility for a child at each annual review.

Regarding private insurance and brokers, the CDEC team is working with brokers this spring to finalize an administrative guide on best practices for billing private insurance. CDEC has gathered data from the brokers and providers regarding

private insurance and the feedback the Department received focused on the difficulty associated with getting reimbursed. This administrative guide will provide best practices to providers and brokers on how to accomplish this.

Finally regarding broker contracts, the Department has committed to meeting monthly with EI Broker leadership to identify areas in the contract where increased collaboration could result in cost savings while aligning with federal programmatic requirements. A quarterly newsletter has also been developed to streamline communication and support increased fiscal accountability.

42. [Rep. Sirota vias JBC staff briefing] How will the Department incrementally reach financial predictability for Early Intervention over the next five years?
The Department continues to refine caseload and cost projections monthly. The forecast model has been updated to include additional variables, and will continue to be updated with actuals throughout the fiscal year which will impact projections.

Forecasting typically relies on several years of stable trends, however, the last three years have resulted in varied trends due to changes in the eligibility processes, when in FY 2020-21 caseloads plummeted due to lockdowns and a more restrictive change in eligibility criteria and then the eligibility criteria was changed again effective July 1, 2023, to increase access to services. In January 2026, the program will have completed a full three-year cycle under the current eligibility criteria, which will increase the accuracy of the Department's forecasts.

The Department intends on continuing to refine forecasting with this updated evidence and continued collaboration with HCPF and EI Brokers. The Department cost forecasting model now compares actuals to projections on a more routine basis, monthly vs. annually and accounting for a wide range of specific data components that may impact the projections, such as seasonality trends with Part C, eligibility changes, month of initial IFSP; age of initial IFSP; birthdate; existence of an established condition; EI eligibility evaluation score; number of domains where a delay exists; and, projected new enrollment program end dates.

Using this methodology, the Department estimates monthly caseload and costs. As actuals come in on a monthly basis the model is adjusted and updated to identify the variances between actuals and estimates to continue to refine the model for accuracy. The Department is continuing to collaborate with HCPF, and EI Brokers to improve forecasting, with increased access to Medicaid data, and tracking caseload, contracts, invoicing, and expenditures on a monthly basis when previously, information was reviewed less consistently, as submitted or

when an issue arose. The increased frequency of revisions and analyses will enable the Department to have more accurate fiscal projections.

43. [Rep. Sirota via JBC staff briefing] When will the Department incorporate cost containment strategies?
The Department presented the recommendation of re-determining eligibility to the JBC on December 12, 2025, if supported by the JBC, the Department would plan to implement this strategy for each child at annual reviews commencing on July 1, 2026.

44. [Rep. Taggart] Can and should we centralize all insurance billing for Early Intervention at the state level? If we were to make an administrative investment into Early Intervention, this may return that investment by having the Department or another entity bill on behalf of providers.
Further analysis would need to be conducted by the Department to determine the feasibility of a centralized private insurance billing system at the state level, we cannot make a determination at this time. Instead, the Department would recommend engaging a third party vendor to investigate this proposal in consultation with impacted stakeholders and provide expertise on the feasibility and benefits of the proposal. A third party vendor could synthesize the previous input and feedback garnered through the budget balancing survey, input sessions and work groups, facilitate new focus groups of EI Brokers and direct service providers, investigate where other states might have a centralized billing system in place, and help project costs and expected revenue to determine the cost benefit to implementing a centralized billing system.

45. [Rep. Brown] How might Medicaid cuts impact Early Intervention?
The largest impact of Medicaid reductions for Early Intervention is the discontinuation of plans to reinstate continuous health coverage, which would have ensured that eligible children ages 0-3 stay covered by Medicaid without needing to reapply or prove ongoing eligibility until they turned 4. It is anticipated that this will potentially decrease the number of children receiving EI services that will be allowed to be billed to Medicaid. The state will continue to cover costs for services for children that are no longer Medicaid eligible.

Strategy for Universal Preschool (UPK)

46. [Rep. Sirota via JBC staff briefing] If revenue into the Preschool Programs Cash Fund starts to decrease as soon as FY 2028-29, as indicated as a possibility in the Department's Long Range Financial Plan, what would be the impact to UPK services?

If revenue in the Preschool Program Cash Fund starts to decrease, the Department would analyze the approaches based on programmatic feasibility and fiscal costs. The intent of HB22-1295 is for General Fund investments to increase General Fund contributions by inflation annually; this continued inflationary increase may assist in offsetting decreased revenues in the Preschool Program Cash Fund, paired with the anticipated stabilization in the number of children accessing the program. Additionally, this is aligned with the request to set the Preschool Program Cash Fund reserve to 10 percent of prior year revenues, in order to maximize available revenue to serve the demand for UPK year over year.

Strategy for Early Childhood Councils (ECCs) and Local Coordinating Organizations (LCOs)

47. [Rep. Sirota via JBC staff briefing] Does the Department plan to pursue efforts to consolidate ECCs and LCOs in statute and practice to avoid duplication?
The Department submitted BA-01 to consolidate the long bill lines for ECCs and LCOs in order to gain efficiencies and a more streamlined local lead model . Legislation will be introduced during session to address changes in statute to avoid duplication.

48. [Rep. Sirota via JBC staff briefing] What would be the financial impact of consolidation?
The consolidation would not change the existing total appropriation, rather it would combine the existing LCO and ECC funding into a single new Local Leads line in FY 2026-27 and ongoing to more strategically align the work associated with local partners and the Department.

Strategy for the Nurse Home Visitor Program

49. [Rep. Sirota and Sen. Amabile] How is the Department planning to address the Nurse Home Visitor Program's future funding cliff? What is its progress in pursuing avenues such as Medicaid funding? What is the timeline to pursuing any changes to ensure sustainable funding?
CDEC Answer: The Department projects that the NHVP cash Fund to maintain fiscal solvency through the forecasted period. The Department continues to work with the state intermediary for Nurse Home Visiting Program on the long-term sustainability of this statewide program.

The Department is already leveraging the Federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) program to support NHVP, to diversify

funding streams. The Department is exploring additional funding streams that could be used to bolster this program. CDEC updated a Medicaid billing guidance document and training materials in 2021 to maximize Medicaid reimbursement under the current codes available. The Department has been working with HCPF to identify future opportunities for the program to be reimbursed in an alternative manner for NHVP sites on billing structures within Medicaid for eligible services and is working to update the guidance document and training materials to maximize medicaid reimbursement to alleviate NHVP cash fund burdens.

The Department has been working with national advocates that are trying to get CMS to establish an all-encompassing rate for home visiting. Colorado is currently conducting research to identify if a combined service rate estimated at approximately $400 per visit, would cover the actual cost of service delivery. This would alleviate costs on the NHVP cash fund and could be a permanent lever needed for the NHVP program to have long-term sustainability.

Colorado Child Care Assistance Program (CCCAP)

CCCAP Metrics and Current Program Performance

50. [Sen. Kirkmeyer] How many children have fallen off CCCAP since the waitlist?
Since significant waitlists and freezes began going into effect on February 1, 2024, the caseload has decreased via attrition by 3,463 children as of November 1, 2025.

[Sen. Kirkmeyer] How many children are currently being served and what is that as a percent of the eligible population?
The most current full month of data available is October of 2025 in which 15,891 children were served by CCCAP. To most appropriately estimate the percent of eligible population served by CCCAP, the Department used the most current full year of data available due to the seasonality of the CCCAP caseload.
In FY 2024-25, CCCAP served 11 percent of the entire fiscally eligible population under 12 years old. However, "fiscally eligible" only means that the family's income bracket meets CCCAP income eligibility criteria; it does not indicate that these families are engaged in eligible activities, such as working or looking for child care assistance. Table 7 in the FY 2024-25 CCCAP Annual Report (Appendix C) provides additional detailed information .

51. [Rep. Brown] Please share a county-by-county breakdown of people currently served by CCCAP and families and children impacted by waitlists.

As of December, five counties are on a waitlist and 19 are on freezes, for a total of 8,506 families and 12,282 children. This publicly available link (Appendix D) is updated at the beginning of each month with the number of children and families on a wait or freeze list by county. The county-by-county breakdown of families and children served in CCCAP in October 2025 as the most recent fully accounted month (Appendix E).

52. [Sen. Kirkmeyer] How many more counties are we anticipating will go on a freeze or waitlist?
As of January 1 2026, there are 19 counties on a freeze and 5 on a waitlist. The Department anticipates at least eight additional counties that are currently projected to be at least 85 percent spent in FY 2025-26 that may be required to move to a waitlist or freeze.

53. [Rep. Sirota] What are the criteria for when a county can declare a freeze or waitlist?
CCCAP program rules outline requirements for when a waitlist or a freeze may be implemented. A county may apply to implement a waitlist or a freeze when at least one of the following provisions are met:

1. **Department-generated projections indicate that a county's allocation will be at least 85 percent expended (for a waitlist) or 95 percent expended (for a freeze) by the end of the fiscal year;**
2. **A county is able to demonstrate a fiscal need that includes factors that are not accounted for in Department-generated projections for county CCCAP expenditures, such as, but not limited to, drastic economic changes. Once a county determines one of these provisions are met, the county meets with the Department to discuss additional levers the county may be able to use to reduce costs. If these additional levers would not mitigate the need for a waitlist or freeze, then the Department and county discuss community outreach strategies to inform families and child care providers of the waitlist or freeze, and any technical assistance needs of the county. The county must then submit an amendment to their County Plan which is subject to approval by the Department before a waitlist or freeze is in effect.**

CCDF Projections and Performance

54. [Sen. Kirkmeyer] Do we need to run state legislation to delay changes that the federal government waived so that we don't continue them as state requirements? What elements in H.B. 24-1223 should be repealed that are not subject to the waiver yet required at the state-level (for example, parent copays and expanded eligibility)?

The Department is working with the legislature to update H.B. 24-1223 to better align with federal guidance.

55. [Rep. Sirota] Please elaborate on the requested delay to federally-required provider rate increases. When are we going to know the federal decision to delay the rate increases? What are the consequences to assuming a delay (as in the Department's R1 request) without it being officially granted?
After a meeting with federal partners in mid December, the Department is drafting our rationale for our current CCCAP rates (phase 2 of 3) as compliant with federal regulation 45 CFR 98.45(b)(2) which requires that child care provider payment rates are sufficient to ensure eligible families have equal access to child care services comparable to those offered to families who are not eligible for assistance. The Department will submit the request soon.. There are no guarantees on when the Department would receive a final decision from our federal partners. If utilization remains unchanged and county waitlists and freezes continue or be expanded as the Department estimates, the phase 3 rate increase would be an additional $2.6 million in FY 2026-27 and ongoing.

56. [Rep. Sirota] How are cost savings from UPK and CCCAP fund stacking included in the Department's CCDF projections?
The Department did not include the estimated cost savings in the CCDF projections. Stacking is being implemented in a phased approach, with only a limited number of dually enrolled children included in the stacking-eligible population for the 2025-2026 School Year. Since CCCAP is a family-centered program, families must approve any changes to a child care authorization schedule. This means that if a family does not consent to reducing their CCCAP schedule, their funding will not be stacked. The Department will be in a better position to project savings once data is available later in the school year as the Colorado Universal Preschool Program typically experiences an increase in enrollments in January that are associated with low-income families who may also be receiving CCCAP. Once the Department has a full year of data on this increase for the 2025-2026 school year and the rate at which families are consenting to fund stacking, it will be able to make more informed projections. In FY 2027-28, when stacking would have been fully implemented for a year, the Department will have more accurate saving projections across the entire dually-enrolled population.

57. [Rep. Sirota via JBC staff briefing] In FY 2024-25, counties over-expended their appropriations by $17.0 million. How much county over-expenditure is projected in FY 2025-26, and how much faster could this draw down the CCDF reserve?

The Department is currently appropriated a total of $185.7 million for CCCAP in FY 2025-26. Based on budget to actuals as of mid-December 2025, which includes waitlist/freezes and projections, the Department estimates that the counties will underspend between 3 percent to 5 percent of their allocation, or an approximate $7.1 million to $10.5 million.

58. [Rep. Sirota via JBC staff briefing] If the last round of provider rate increases were not delayed, how fast could this draw down the CCDF reserve? How many less children would be served as a result?
If utilization remains unchanged and current county waitlists and freezes continue, the Department estimates an approximate $2.6 million for FY 2026-27 and ongoing for the final rate increase for the current alternative methodology rate. This would impact approximately 278 children.

59. [Sen. Kirkmeyer] What are the fund balances in the CCDF reserve?
The Department's annual CCDF appropriations exceed the amount of the annual federal awards, and the Department relies on a rollforward balance to support the appropriations.The ending fund balance in CCDF in FY 2024-25 was $76,112,377. The CCDF fund balance is not a reserve and is maintained in order to ensure the long-term sustainability of CCDF-funded programs. The Department anticipates this to decrease to $41,029,909 by the end of FY 2025-26 and only $9,854,037 at the end of FY 2026-27.

60. [Rep. Brown] Please share county-level finance details for CCCAP, including how much is spent on subsidies, administration, and any other categories of costs.
The FY 2025-26 CCCAP county allocation includes a total amount $185.7 million, with expenditures from July - November 2025, counties have spent a total of 39 percent of the total allocation, with approximately 9 percent towards administration and 91 percent on direct services. Administration costs include county costs related to eligibility determination and error rate compliance are not considered administrative costs under the CCDF regulations, and are reported as non-direct services. Appendix F provides County CCCAP Allocation and Actual Expenditures from July - November 2025.

61. [Rep. Sirota] We heard counties were spending twice on administration than what is allowable. What is the Department doing to bring those expenditures in line?
Counties are not spending more on administration than what is allowable. On an annual basis, counties consistently have spent approximately 9 percent of the CCCAP allocation on program administration costs.

62. [Rep. Sirota] Can the Department share the differences in cost to serve people through UPK versus CCCAP?
The operational differences between Colorado Universal Preschool Program and the Colorado Child Care Assistance Program limit the Department's ability to conduct a one-to-one comparison. The best way to describe the differences in costs would be through the provider rates.

Colorado Universal Preschool Program provider rates are associated with the cost of providing quality care for those hour counts, including the cost of meeting program standards. In FY 2025-26, providers are being paid the following based on enrollment type: 10-hours per week at $4,952 annually, 15-hours per week at $6,244 annually, and 30 hours per week at $11,089 annually.

CCCAP provider rates are determined by the federally approved Alternative Rate Methodology for all 64 counties and vary widely based on age of the child and type of provider. Those rates are then paid to providers based on the amount of care utilized by the child which can be part-time (up to 5 hours), full-time (up to 12 hours), full-time/part-time (12 to 17 hours), and Full-time/Full time (17-24 hours). Additionally, CCCAP currently pays based on attendance. FY 2025-26 CCCAP Provider Rates, include rates by the county, provider type, age group, and Quality Rating level (Appendix G).

Cuts Proposed in R1 (Prioritizing CCDF Investments)

63. [Rep. Sirota] How is the Department prioritizing cuts to quality investments? Why is the Department proposing these cuts instead of cuts in other quality initiatives or other uses of CCDF funding?
The Department evaluated all CCDF funded programs, including quality investments, and prioritized retaining funding that goes toward direct services that directly impact families and/or providers. The Department also prioritized funding for base quality improvement infrastructure that flows through Early Childhood Councils and quality improvement grants awarded directly to providers.

64. [Sen. Kirkmeyer] Please describe what SHINES provides, if we are federally required to have it, and how much we spend on it from all fund sources?
Colorado Shines is Colorado's statewide Quality Rating and Improvement System (QRIS), and is the primary means the Department uses to meet the federal CCDF State Plan requirements for quality activities. The CCDF state plan requires the support of at least 1 authorized activity, the Department is able to support in

some capacity all of the authorized activities listed below, with the system specifically using $1,458,179 of the total amount of federal CCDF quality funds.

1. **Workforce Training: Professional development and education for child care staff.**
2. **Early Learning Guidelines: Developing and implementing standards for what children should know and do.**
3. **Tiered Quality Systems (QRIS): Developing or enhancing systems like star ratings to measure and communicate provider quality.**
4. **Infant/Toddler Care: Increasing the supply of care for the youngest children.**
5. **Resource & Referral (CCR&R): Funding agencies that help parents find care and help providers with technical assistance.**
6. **Compliance & Licensing: Supporting providers in meeting health and safety standards and funding the inspectors who monitor them.**
7. **Quality Evaluation: Assessing the effectiveness of programs and child outcomes.**
8. **Accreditation Support: Helping providers achieve national accreditation (e.g., NAEYC or NAFCC).**
9. **High-Quality Standards: Promoting better nutrition, physical activity, and mental health practices.**
10. **Other Measurable Activities: Any other activity that improves child safety, well-being, or school readiness.**

Additionally, Colorado has also established statutory requirements related to The Colorado Shines which are part of the School Readiness Quality Improvement Program (SRQIP) and the quality rating and improvement system (QRIS). The purpose of the program is to improve the school readiness of children, five years of age or younger, who are cared for at early childhood education programs pursuant to Section 26.5-5-102, C.R.S.

65. [Sen. Bridges] Will the funding currently allocated to SHINES assessments go towards serving any more children through CCCAP, and if so, how many?
The proposed reductions to quality serve to reduce the overall percentage of CCDF funding going toward quality investments, which currently exceeds the federal requirement for this expenditure category. This proposed $4.4 million, reduction of CCDF expenditures outside of CCCAP direct services, allows for the Department to increase the availability of funding in the CCDF balance to support CCCAP in future years, with an estimated additional 470 children in FY 2026-27.

No additional funding is requested or allocated for CCCAP direct services in FY 2025-26 and FY 2026-27.

66. [Rep. Sirota and Rep. Brown] For the proposed reduction to Colorado SHINES observations, what are the alternative pathways providers can access? How attainable are those pathways for providers?
In FY 2026-27, providers will still be able to pursue a higher rating through alternative pathways if desired or can choose to pause their rating until the refresh is complete. Of the state's current high quality providers, approximately 47 percent chose an alternative pathway indicating it is an attainable route for various providers. CDEC anticipates adding additional alternative pathways during the refresh to ensure that a pathway is attainable for all providers across the mixed delivery system. The following accreditations, certifications, and school districts are recognized in Colorado Shines as an alternative pathway to a quality rating through the following accrediting bodies:

- **American Montessori Society (AMS)**
- **Association of Christian Schools International (ACSI)**
- **Association of Colorado Independent Schools (ACIS)**
- **Cognia**
- **National Association for the Education of Young Children (NAEYC)**
- **National Early Childhood Program Accreditation (NECPA)**
- **National Accrediting Commission (NAC)**
- **National Association for Family Child Care (NAFCC)**
- **Office of Head Start (OHS) Grantee and Delegate Programs**
- **Approved School Districts:**
    - **Aurora Public Schools**
    - **Boulder Valley School District**
    - **Cherry Creek School District**
    - **Denver Public Schools**
    - **Douglas County School District**
    - **Jeffco School District**
    - **Mesa County Valley School District**
    - **Weld County RE-1 School District and Council**

67. [Rep. Sirota, Rep. Brown and Sen. Bridges] What is the timeline for the refresh of SHINES? How long will the pause in observations be? Will we need to provide a significant amount of resources when assessments resume to address any backlog created by the pause?
CDEC Answer: The anticipated timeline for the QRIS refresh to be completed within 18-24 months with a launch no later than January of 2028. The Department is taking steps to mitigate any backlog through alternative pathways and

implementation of a more cost-effective observation system when assessments return.

68. [Sen. Bridges] Why does CDEC believe a complete pause on all observations necessary, especially as the Department has not began the process to revise the SHINES system?

The pause on observations will allow the Department to address the QRIS issues, to prioritize and refresh the quality rating system which creates an opportunity to reduce and re-evaluate observation processes while limiting negative consequences for providers and/or families. Providers will still be able to pursue a higher rating through alternative pathways if desired or can choose to freeze rating until the refresh is complete.

69. [Sen. Bridges] How can we give consideration for centers (both existing and new) to apply for either an initial or an increased rating during this pause, should a provider want an observation?

In FY 2026-27, providers will still be able to pursue a higher rating through alternative pathways if desired or can choose to freeze their rating until the refresh is complete. CDEC will continue to implement alternative pathways for ratings throughout the pause, accessible to all new and existing providers.

70. [Sen. Amabile] What is the point of having different levels for Colorado SHINES? How do the levels impact the children? Are the different levels useful?

Colorado Shines serves as Colorado's statewide quality rating and improvement system (QRIS) for early childhood programs, helping families find high-quality licensed childcare and supporting providers in enhancing their services through assessment, training, and resources, ultimately improving child development outcomes. Colorado Shines rates programs from Level 1 (basic licensing) to Level 5 (high scores on validated measures), and are based on health, safety, learning environments, and family engagement, making quality transparent for parents.

The primary purpose of the different rating levels is to assist families in navigating informed child care choices across providers, with higher quality levels aligning to more robust indicators of quality. The Department also supports tiered reimbursements rates for CCCAP providers that fund higher quality programs with a higher daily rate. This creates an incentive to ensure more CCCAP students have access to higher quality programs.

71. [Sen. Amabile] How do SHINES ratings impact equity in access to child care providers? Are the wealthier families going to the higher rated providers and the poorer families relegated to the lower quality providers? What are the demographics in children served by provider by rating?

CDEC does not collect demographic information on the families and/or children enrolled with Colorado Shines providers. However, a recent analysis of Colorado Shines indicates that it is more costly for Family Child Care Homes and smaller center-based programs to achieve high quality ratings in the current structure which could indicate equity and/or access barriers across a mixed delivery system. Deeper analysis on access to this data will occur during the refresh process. The following table provides a breakout of licensed providers by quality level.

Licensed Providers by Quality Level as of November 2025		
Total Licensed Providers	**3,477**	**100.0%**
Level 1	**1,472**	**42.3%**
Level 2	**833**	**24.0%**
Level 3	**144**	**4.1%**
Level 4	**872**	**25.1%**
Level 5	**156**	**4.5%**

72. [Sen. Bridges] How does the Department reconcile the two seemingly incongruous requests to decrease appropriations for more quality initiatives but increase it for TEACH scholarships and apprenticeships?

The Department has an ongoing responsibility to manage the sustainability of the CCDF funds balancing between child care quality and access by evaluating and adjusting the approach with available resources. These efforts ensure that the Department is actively doing its part to stabilize the system overall, to uphold its commitment to a strong and reliable child care infrastructure.

The Department continues to see spending above the mandatory quality expenditure category, but also seeks to prioritize a qualified workforce. The Teacher qualifications are an established indicator of high quality on both a national level and within CO Shines. According to national studies, teacher credentials are one of the strongest predictors of child outcomes. Investments in quality across Colorado rely on having a qualified workforce to implement programming and keep provider doors open, therefore workforce investments operate alongside other quality investments to support the full system.

73. [Rep. Sirota] What kind of degrees, certificates, and credentials do TEACH scholarships support? Does this scholarship support those pursuing their Child Development Associate credential or undergoing training to become licensed?
TEACH scholarships offer early childhood education professionals working in a licensed program scholarships and stipends to pursue higher education, which varies based on the credential or degree type. TEACH offers financial aid for coursework toward early childhood credentials, associate, and bachelor's degrees. It's a shared investment: recipients, their employers, and TEACH contribute to costs like tuition, books, and release time. In return, scholars commit to continued employment in the field, ensuring lasting benefits for both educators and young children. Apprenticeships support those pursuing their Child Development Associate (CDA) credentials as well as other certificate and degree goals.

CCCAP Policy and Administration

74. [Rep. Sirota] We've heard there may be federal conditions to make progress towards implementing the federal rule, as part of receiving the extended waiver. Have we received any clarity on what that means?
The Department has not received written clarity on what the federal government is defining as "progress towards implementation", however, in December met with federal partners in December to inform them of current efforts to promulgate needed rules and implement required technical changes to CHATS for the implementation of the new federal rules by August 2028.

75. [Rep. Sirota and Rep. Taggart] Please explain the difference between braiding, blending, and fund stacking. With regards to hours of child care, how does stacking work for children enrolled in full time UPK and CCCAP? How many additional hours is CCCAP covering after the 30 hours of UPK?
The following outlines the difference between braiding, blending, and stacking.

<u>Stacked Funding:</u> **The use of multiple funding sources in a specific order to be used for a specific purpose/service. Each funding source used is tracked and reported separately.**

<u>Braided Funding:</u> **The use of multiple funding sources at the same time to be used for a specific purpose/service, without the need to be used in a specific order. Each funding source used is tracked and reported separately.**

Blended Funding: The combination of multiple funding sources into one pot of funds to be used for the same purpose/service. The original sources of funding are not tracked and reported separately, making them no longer distinguishable. Reporting and tracking is conducted on the total use of funds.

Colorado Universal Preschool Program and CCCAP funding were blended and braided during the initial implementation of Colorado Universal Preschool Program. During that time, providers received full reimbursement from both programs. Efforts to begin stacking Colorado Universal Preschool Program and CCCAP funds began in 2024. The Department began taking more intentional steps to require the stacking of funds in a formal way by issuing additional guidance via memos and implementing Colorado Universal Preschool Program Stacking rules, which went into effect on August 1, 2025 (8 CCR 1404-1, 4.108 E.). Stacking aligns the expenditure of funds with each program's focus to maximize the funding streams available to support Colorado families.

For children dually enrolled in both CCCAP and Colorado Universal Preschool, the Colorado Universal Preschool rate of part-time (minimum of 10 hours per week) and half-day (minimum of 15 hours per week) is first in toward the total cost of service needed. If funds are available, qualifying children may be awarded a full-day rate (minimum of 30 hours per week). These additional hours are not guaranteed, but rather pending qualification and pending fund availability.

For the 2025-2026 School Year, CDEC began an initial phase of stacking funding in which only children with full-day (30 hour) Colorado Universal Preschool Program and full-time CCCAP schedules are eligible for the stacking process. In future years, all dually enrolled children will be eligible for stacking funding. CDEC has created a report to identify children, by county, who are dually enrolled and eligible for stacking in the 2025-2026 School Year..

Counties contact dually enrolled families from the report to inform them that they are eligible to participate in stacking funding in the current school year, which frequently results in a reduction to the family's CCCAP co-payment. If the family consents to stacking and reducing their CCCAP schedule (as all changes to a family's child care schedule must be approved by the family), the county adjusts the child's CCCAP care schedule to subtract the Colorado Universal Preschool Program hours and only cover non-Colorado Universal Preschool Program hours. CCCAP covers any hours of care needed by a family in addition to the 30 weekly hours of Colorado Universal Preschool Program, which varies depending on the family's needs.

76. [Rep. Sirota via JBC staff briefing] If Universal Preschool delivery were modified to provide the minimum 10 hours to most children, instead of a minimum 15 hours as per Department rule, how much UPK General Fund could shift to support CCCAP child care? What other efficiencies between CCCAP and UPK could be realized to provide child care to CCCAP-eligible families.
The Department did not unilaterally choose to offer 15 hours, but rather worked extensively with partners, advocates, communities, families, school districts, and child care providers to determine the right approach that would ensure accessibility of services, promote parent choice, and would better support family child care needs, support greater cost savings for families, and more realistically support the operations of preschool classrooms.

Based on current projections for FY 2025-26, if the state provided 10 hours to families in lieu of 15 hours, it is estimated that the 5 hour reduction would reduce costs by approximately $35 million. Using this funding to support CCCAP would shift costs for the Colorado Universal Preschool Program to families, if they wanted to maintain the same level of care. Moving funds to CCCAP could also jeopardize the long term sustainability of Colorado Universal Preschool Program funding through Proposition EE revenues, as the program would need to increase spending from the cash fund to offset the shift of the General Fund to CCCAP.

Additionally, for counties that stack funds, more CCCAP money would be required to cover the loss of the Colorado Universal Preschool Program hours. The Department is committed to stacking the Colorado Universal Preschool Program and CCCAP funds to create CCDF saving opportunities and decrease copay requirements on CCCAP eligible families.

77. [Sen. Kirkmeyer] Regarding DHS R5, how does the change in the transfer timing for TANF funds (to be made by the Department of Human Services at the beginning of the year) impact CCCAP?
Changing the timing of a potential TANF transfer to CCCAP to the beginning of the state fiscal year, instead of the end, would allow for a better plan for CCCAP's fiscal solvency. Currently, there is no way for the state to determine the amount of TANF funding that could be used for CCCAP as it is currently determined at the end of the year. This adjustment would permit the direct use of transferred TANF funds for the service costs of TANF-eligible CCCAP cases at the start of the fiscal year, thereby relieving some of the burden on the current CCCAP county allocation.

78. [Sen. Kirkmeyer] How much has been transferred from TANF to CCCAP over the last 7 years?

Currently, counties may choose to use their TANF funds to cover overspending of their individual county CCCAP allocation or to spend on CCDF-allowable quality improvement activities, by utilizing the TANF transfer flexibility described in the Colorado Works response and transferring their TANF funds to CCDF for child care related activities. While TANF funds have not been transferred to CCDF to cover overspending in the CCCAP allocation in the last 7 years, counties do regularly utilize the transfer to CCDF for quality improvement activities.

Fiscal Year	TANF transfer to Local Child Care Quality Initiative
2024-25	$794,448
2023-24	$973,114
2022-23	$1,087,669
2021-22	$1,189,795
2020-21	$1,117,788
2019-20	$1,187,884
2018-19	$1,196,521

Early Intervention (EI)

Caseload and Cost Performance and Forecasting

79. [Sen. Kirkmeyer] Please provide a full accounting of all the resources available to EI from all sources including all private insurance, Medicaid, other state funding, federal, etc.

The resources for EI include Medicaid, private insurance paying into the Early Intervention Services Trust (EIST), TriCare (most commonly in the Colorado Springs area), General Fund, and federal Part C grant funding. There is some revenue from private insurance carriers that do not pay into the EIST, and one EI Broker contributes mill levy funding as an offset to service coordination and direct service personnel costs.

The table below outlines the overall available appropriated sources for the Early Intervention Program in FY 2025-26.

Appropriations	**Early Intervention Appropriation (S.B. 25-206)**
Early Intervention Services - General Fund Appropriation	**$76,986,834**
Early Intervention Services Trust Interest - EIST (Administration)	**$100,000**
Federal Funds	**$6,032,585**
Federal Funds - IDEA Part C Grant - Additional Annual Award	**$4,084,070**
Federal Funds - Carryforward from FY 2024-25	**$3,042,227**
Total	**$90,245,716**

However, not all of the resources are appropriated by the legislature. The table below outlines the other sources and estimates for the Early Intervention Program in FY 2025-26.

Other Funding Sources	**Estimated FY 2025-26**
Early Intervention Services Trust Interest - EIST (Direct Services)**	**$17,000,000**
Medicaid (Direct Services)	**$22,000,000**
Medicaid (TCM/Administration)	**$2,970,056**
Local Mill Levy	**$365,464**
TRICARE	**$1,000,000**
Total Estimated*	**$43,335,520**

****Use of Private Pay is at the discretion of the parent/guardian and not accounted for in these estimates.***

*****This amount includes approximately $6 million that is spent on services for covered children and $11 million that is returned to contributing insurance companies for benefits that were not utilized.***

A complete description of the other funding sources are outlined below:

<u>Use of private pay at the discretion of the parent or guardian</u> **- The Department is currently conducting a thorough review of EI rules and plans to make several updates, including eliminating the option for parents to make private payments by the end of calendar year 2026. This decision follows the monitoring conducted by the Office of Special Education Programs (OSEP) in Novemb*er* 2023, when they objected to this choice, despite it never being used. Part C regulations state that families cannot be charged for the services they receive unless a "system of payments" is in place, which Colorado does not have (Federal 34 CFR Section 303.500 of Part C IDEA).**

<u>Private health insurance</u> **- Private insurance includes plans regulated by the Colorado Department of Insurance (CDOI) that pay into the EIST, as well as those that do not qualify to pay into the EIST. The EIST is billed through the EI Statewide Data System and is managed by a CDEC EIST Administrator. In 2025, the rate for insurance plans to pay into the EIST is $9,710. For FY 2025-26, the Department estimates the EIST will contribute $6 million for direct services for EIST insured children. The majority of plans are required to provide at least 45 visits. If funding is exhausted before the 45 visits are received, additional funding increments of $1,000 will be invoiced until the required number is provided. The rates paid to direct service providers through the EIST are the same as the rates paid to providers outside of the EIST. In addition, the EIST covers a service coordination fee, a broker fee, and an accounting and administrative fee for each child. If private insurance outside of the EIST is billed by a subcontracted provider, they would receive payment directly, and the rate would be determined by the insurance carrier. If the EI Broker bills the private carrier, it would show as an offset in contract costs. Additionally, because these plans do not include the protections that exist in the EIST, any costs associated with using the family's insurance, such as co-pays and deductibles, would be covered by the state.**

Unexpended funds are returned to insurance companies and are not kept by the State (Estimated at $11 million for FY 2025-26). The state is responsible for covering any co-pays, deductibles, or other costs that might be charged to a family, even if their private insurance is used for services. Federal IDEA Part C (Federal 34 CFR Section 303.500 of Part C IDEA) regulations also mandate that Federal Funds must be the payor of last resort, meaning the General Fund must be expended first. To comply, Colorado has established a specific funding hierarchy that aligns with federal requirements.

<u>TRICARE, a military health system</u> **- Military families are covered under TriCare. The EI Brokers or their subcontracted providers bill TriCare directly. When an EI**

Broker bills TriCare, the amount is reflected as an offset to their contract costs, whereas a subcontracted provider receives payment directly. Estimated contribution for FY 2025-26 is $1 million.

<u>Medicaid/Title XIX or Home and Community-Based Services waivers, and Child Health Plan Plus (CHP+)</u> **- Medicaid is the primary source of funding for children enrolled in the EI program who receive services covered by Medicaid. While 40 percent of children enrolled in EI have Medicaid coverage, the services covered by Medicaid are primarily limited to Occupational Therapy, Physical Therapy, and Speech Language Pathology. Developmental Intervention, which is the second most commonly provided service, is not covered under Medicaid. Payments are made directly to the provider, which include EI Brokers. EI Brokers also access Medicaid for Service Coordination activities covered through Targeted Case Management (TCM) . While most Child Health Plan Plus (CHP+) plans contribute to the EIST, one of the largest plans, Colorado Access, does not participate in the EIST. Colorado Access requested not to participate in the EIST and instead opted to be financially responsible for covering EI services for all eligible CHP+ members. Medicaid contribution is estimated at $24.9 million in FY 2025-26 ($2.9M in TCM and $22M for Direct Services).**

<u>Child Welfare and Temporary Assistance to Needy Families (TANF)</u> **- Although this funding source is part of Colorado's funding hierarchy, it has never covered EI services in the state.**

<u>Other local, state, or federal funds, including mill levy funds, as may be made available</u> **- State law (Section 27-10.5-104.5, C.R.S.) grants local communities the authority to utilize mill levy funds to address unmet needs. Since these funds are levied locally, the state has no authority over their use. If mill levy funds are accessible, these funds are reflected as an offset in the contract costs. Additionally, any contributions from local, state, or federal funds, including mill levy funds, will be included as part of the State's Maintenance of Effort (MOE), as explained below. Currently, the only county that provides mill levy funds for EI services is Denver. Additionally, Boulder, Denver, Douglas, and Jefferson Counties utilize mill levy funding to support family needs that are not covered by EI, such as respite care, playgroups, and swim passes. Contributions from other sources are estimated at $365,464 in FY 2025-26.**

80. [Rep. Sirota and Rep. Brown] What does it cost to provide EI to a child? How is the Department calculating this? How do costs differ for low utilizers versus high utilizers?
The average cost per child for EI in FY 2025-26 is estimated to be $6,912. This is calculated by taking the total amount of requested appropriated funding ($82.9 million) through R-02 divided by projected average monthly enrollment of 11,994

children for FY 2025-26 to yield an estimated annual cost per child of $6,912. These costs include all costs associated with the EI program for serving the child including administration, service coordination, and direct services.

While these costs are the average per child, individual direct services costs of each case includes the number of service units each child is authorized for and the cost of the services provided in alignment with their IFSP, resulting in costs being variable in every case and those children needing more services would have a higher cost and those with less needs a lower cost. Children who do not have high needs may have lower costs of only approximately $200/month (e.g., one consult a month) whereas high utilizers can cost the state $2,000+/month (e.g., weekly services that could include a combination of speech therapy, physical therapy, occupational therapy, hearing and/or vision services, developmental intervention, or other services depending on the child's needs).

Costs can also fluctuate in service coordination, if interpretation is needed and/or the child has complicated service needs, the time invested by the service coordinator may be higher than average. Additionally, serving children in rural communities tends to be more costly due to the amount of travel needed by service coordinators and direct service providers and speciality provided.

81. [Rep. Sirota via JBC staff briefing] How is the Department testing the accuracy of its caseload and cost forecasting models?
The Department tests the accuracy of the caseload and cost forecasting model by comparing actuals to projections. The baseline of the forecast is reviewing actuals for several years to identify a baseline trend, then it considers impacts of changes in eligibility requirements over the past several years and expected caseload growth annually to set a base caseload and costs monthly. Using this methodology the Department creates an estimated monthly amount of caseload and costs. As actuals come in on a monthly basis, the model is adjusted and updated to identify the variances between actuals and estimates to continue to refine the model for accuracy.

82. [Sen. Bridges] Are there factors on the ground that make EI harder to predict than services for other populations?
There are more challenges in the factors to EI predictability than services for other populations. Early Intervention is a voluntary program, but every child that is eligible must be served, with utilization of a maximum of 3 years. Early Intervention estimates begin with the number of children within a birth cohort, to

which is applied an estimate on which of those children will exhibit signs of a delay and to which degree those delays will be significant.

The Department must predict among those children who are exhibiting delays, the number of families that will actually request support, and at what age and for how long the support would be provided. For instance, if a family refers a child at two years old instead of one, this later referral could require the child to need more intensive services due to the delay not being addressed earlier, costs vary widely depending on the type of services provided as well.

83. [Sen. Bridges] Is part of the difficulty in projecting costs for EI that we don't know how much will get covered by private insurance and variability in coverage?
An ongoing challenge of predicting caseloads is the intensity of services required for each case given the wide range. The other is the lack of clarity on the costs that will be covered by private insurance that pays into the EIST, Medicaid, or plans that do not contribute to the EIST. The timing of billing and denials from insurance companies and Medicaid can also create challenges.

The variability of coverage is a significant factor, even for the EIST. Different plans create challenges for projecting costs. For instance, self-funded insurance plans are exempt from being used for early intervention, and it is often unknown whether the child is on a self-funded plan until it is billed and denied. When that denial is processed, the costs are automatically covered by the General Fund. There is not a mechanism in place to currently track how many families are using self-funded insurance. Additionally, many plans which are covered under Division of Insurance (DOI) are high deductible plans and would not be used to fund services, and it is hard to predict how many plans are high deductible.

Finally, the lag in billing time can also present a challenge when trying to project costs. When reviewing estimates from insurance plans that do not pay into the EIST, but would offset state costs, a major insurance carrier can change the criteria for services, resulting in mass denials months after the insurance was billed, these costs would then be required to be covered by the General Fund.

84. [Sen. Amabile and Sen. Bridges] Why don’t we have better insight into Medicaid funding for EI? Do we need stronger data sharing agreements and communication between departments?
CDEC has created a strong partnership with HCPF, which includes a data sharing agreement that provides full insight into Medicaid funding for children enrolled in EI. This includes additional Medicaid data, facilitated through an updated Data

Sharing Agreement with HCPF, signed March 20, 2025. The Department has access to data that shows the children who are enrolled in EI and Medicaid, the funding paid out by the client for Targeted Case Management, and the funding paid out by the client for direct services (OT, PT, and Speech). The Department meets with HCPF at least quarterly to address data sharing, insights, and forecasts.

85. [Rep. Sirota] Why don't we have more clarity and insight into broker contracts?
CDEC does have clarity and insight into EI Broker Contracts. While the Department works with each EI Broker collaboratively to develop the annual required budget based on projected caseload, the challenge is that EI Brokers are responsible for serving every eligible child in their service area. Contracts and funding are established based on projected caseload, in a manner that will provide the required service coordination and direct services to the projected number of children. An additional challenge in the predictability of EI Broker contracts is that turnover of the EI workforce is quite high and typically results in vacancy savings and reduced spending in costs associated with FTE such as supplies and operating and travel.

CDEC tracks expenditures monthly based on submitted invoices from the Brokers. Tracking expenditures on a monthly basis clarifies actual spending patterns and helps to inform further adjustments to right-size budgets based on actual caseload patterns. CDEC has made adjustments to broker contracts to improve budget tracking in collaboration with the EI Brokers. Previously, subcontracted direct services were billed out of a separate direct services budget. In FY 2025-26, the Department made two significant changes to EI broker contracts: (1) incorporated all direct services funding into broker contracts to give Brokers more control over budget planning and improve budget tracking with more insights into service coordination, direct services and the number of children being served and (2) with EI Program approval, allowing for up to 15 percent in flexibility within the contract budget lines, for instance if there there is underspending due to vacancy savings, it can be used offset direct services costs.

86. [Rep. Sirota] What are the Department's thoughts about the suggestion to get outside assistance with forecasting? Why haven't we made more progress on improving our projections?
The Department is already working in collaboration with HCPF, and EI Brokers to assist in continuing to make progress to improve forecasting. The Department has established forecasting processes and job duties of program staff have been refined to adequately track caseload, contracts, invoicing, and expenditures on a

monthly basis when previously, information was reviewed less consistently, as submitted or when an issue arose.

The Department has EI Program experts that are dedicated to caseload forecasting and an updated standard operating procedure in place to address underspending and overspending. In addition to increasing the frequency of data checks, the Program is also working on improving the forecasting methodology. Previously caseload projections were compared annually, and based on prior year data (not accounting for historical data and seasonality).
The updated and more robust forecasts now include a range of specific data components to ensure a more accurate accounting of factors that may impact the potential caseload.This includes additional Medicaid data, facilitated through an updated Data Sharing Agreement with HCPF, signed March 20, 2025. This improves the forecasting of EI caseload and associated costs. CDEC continues to partner with HCPF to review and revise data reports as needed. Current projections are more robust and consider a variety of factors such as: month of initial IFSP; age of initial IFSP; birthdate; existence of an established condition; EI eligibility evaluation score; number of domains where a delay exists; and, projected new enrollment program end dates.

Additionally, the updated forecast methodology more accurately predicts caseload for Extended Part C, which allows a small percentage of children to receive services after their third birthday. Extended Part C is completely federally funded and allows children with birthdays between May 1 and August 31 to continue receiving Early Intervention services throughout the summer until they transition to Part B at the beginning of the next school year. Extended Part C results in an increase in the program's caseload during these months.

Additionally, some of the challenges in the forecast were not due to a lack of abilities or collaboration, but rather, that the program does not have a historical baseline trend and the program is completely voluntary, so families chose to participate in Early Intervention. Forecasting typically relies on several years of stable trends, however, the last three years have resulted in varied trends due to changes in the eligibility processes, when in FY 2020–21 enrollment plummeted due to lockdowns and a more restrictive change in eligibility criteria which created an artificially low data point and then the eligibility criteria was changed again effective July 1, 2023 - this time to increase access to services. Now, the program is seeing a surge in referrals post-pandemic under the more expansive eligibility. In January 2026, the program will have completed a full three-year cycle under the current eligibility criteria, which will enable an even more reliable

forecasting and predictability. The Department intends on continuing to refine forecasting with this updated evidence and continued collaboration with external partners.

87. [Rep. Sirota via JBC staff briefing] Please discuss the alternative cost containment strategies proposed by brokers and providers summarized in the JBC staff briefing.
The Department considered various alternative budget balancing strategies proposed by the brokers and providers, including the following nine strategies: a study to identify financial sustainability, consolidation of evaluations and broker contracts, streamlining IFSP, limiting duplicative services covered by insurance, using evidence based practices, reviewing intake and referral processes, eliminating certain conditions, creating consistent processes and redetermining eligibility. The information regarding each of these strategies is outlined below.

Third-party study to identify financial sustainability strategies: **The Department is open to a third-party study to identify financial sustainability strategies; however, the costs and source of funds to conduct the study are not identified.**

Evaluate the bifurcation of EIE and EIB services: **The EI Program contracts with Early Intervention Evaluation Entities (EIEs) and EI Brokers; some of the entities are the same organization, however, the contracts are completely separate, as one is for evaluation processes and the other is for EI services to eligible children. The separation of eligibility determination and the provision of services is critical to avoid a potential conflict of interest.**

Evaluations are paid at a flat rate with additional funding for interpretation or partial reimbursement for no-shows. EIEs do an extremely effective job and it is a streamlined and positive process for families. Additionally, most evaluations are completed within 21 days of a family's referral to EI. EIEs determine whether a child is eligible for EI services and explain the results to a family.

Only when a child is eligible for EI services is the family referred to the EI Broker to begin service coordination, IFSP development, and arrange for service delivery, all of which fall within the EI Broker's contract requirements. If a child is not eligible, the family is provided with local resources that may be helpful to their child and family; however, they are not referred to the EI Broker because their contract does not include serving children who are not eligible for the EI Program.

Streamline the IFSP as a time- and cost-saving initiative: **The Department is currently working on this, as part of the mandatory State Systemic Improvement Plan (SSIP) related to the Office of Special Education Programs (OSEP) State Performance Plan. Although the Department cannot mandate a specific amount of time for IFSP meetings, it is anticipated that IFSP streamlining activities may positively impact the length of meetings. Once this process is implemented as part of the SSIP, extensive data analysis can be conducted to inform and determine if cost savings could be realized.**

Establish a policy limiting families' ability to get duplicative services from insurance-covered clinics or home health agencies and EI: **Families are entitled to receive EI services when a child is eligible. Private insurance is a family's personal resource, and families may choose to use this coverage as they see fit. Additionally, the service a family is seeking through a clinic or home health agency is likely not duplicative of the EI services they receive through the child's IFSP. Most plans that contribute to the EIST include EI services in their benefit plans, and duplicative services are not an issue.**

Continue the implementation of the primary service provider teaming model using evidence-based practices: **The TEAM EI Colorado Launch kick-off training, which is designed to educate all EI Professionals on the application of teaming, coaching, and utilizing a primary provider approach to service delivery, will take place starting in January 2026, for implementation communities. Five EI Brokers will be piloting implementation within their communities: Community Connections, Community Options, Horizons, Starpoint, and The Resource Exchange. For communities that opted to participate in the TEAM EI Colorado training-only approach, CDEC is working to finalize the training plan and will be sending out a survey due mid mid-January, to inform the overall training structure.**

Evaluate the value and cost of a bifurcated intake and referral system:
Extensive community engagement resulted from HB18-1333, which aimed to examine and identify areas for improvement in the Part C child find and evaluation system. The current referral, intake, and evaluation system was developed in response to community input and agreement, in partnership with the Colorado Department of Education, to implement as many of the system improvements as possible. The initial intent was to implement a statewide referral and intake system; however, the Department collaborated with EI Brokers to allow them to continue receiving referrals within their service area, as long as they agreed to follow state procedures and processes to ensure consistent

experiences for families, regardless of where they live in the state. SB 21-275 gave the responsibility for Part C child find, including referral, intake, and evaluations, to the Department, and, as the Lead Agency for Part C in Colorado, CDEC has ultimate responsibility for these activities. The Department believes that having all referral and intake activities located within the centralized state system would provide efficiencies to find potential cost savings and remains committed to continuing to examine the system in collaboration with the EI Brokers.

Eliminate chronic ear infection as an established condition: **This was discussed in the December Early Intervention Budget Balancing Recommendations for FY 2026-27. This strategy is not currently recommended as the application of criteria for established conditions must be uniform and consistent across all diagnoses. Eliminating chronic ear infection as an established condition would be in violation of IDEA law, as it meets the eligibility criteria for an established condition, which is a 50 percent likelihood of a long-term developmental delay if not addressed. To eliminate chronic ear infections as an established condition, the criteria for establishing all conditions would need to be revised.**

Assess differences and create consistency in broker policies, including payments and service requirements: **The Department agrees that it is possible to improve systems by working with EI Brokers and providers to identify inconsistencies that exist and take steps to increase equitable practices wherever possible. This may not result in cost savings, but would lead to more streamlined practices and improved experience for subcontracted providers.**

Include an outside provider as part of the eligibility redetermination team to address potential conflicts in providers' relationships with children and families during redetermination: **Redetermination evaluations must follow the same requirements as the initial evaluation, meaning two providers must conduct the evaluation using a standardized tool. The EI Program has procedures in place for monitoring evaluation activities and will also monitor the redetermination process after its implementation. If a conflict of interest is identified, the potential for adding an outside provider may be explored.**

R2 Early Intervention Increase

88. [Sen. Bridges] Please clarify and walk through the math on its budget request.
The R-02 budget request identifies a total funds reduction of $1.8 million, with an increase of $2.1 million in General Fund and a decrease of $4.0 million in

Reappropriated Funds. The Reappropriated Funds are from Health Care Policy and Financing (HCPF). HCPF's long bill includes Transfers to the Department of Early Childhood for Early Intervention, which includes a total of $4.0 million, with $2.0 million in General Fund and $2.0 million in Federal (Medicaid Funding). The request seeks to reduce the HCPF budget by $4.0 million, as the funds for the General Fund could not be used to match Medicaid funds. CDEC is then requesting the General Fund of $2.0 million be appropriated to Early Intervention, with an additional $154,661 for the total caseload needed in FY 2026-27.

89. [Sen. Bridges] How is the Department calculating its projected underspending? What cost containment is included?
In FY 2025-26, the Department received an unprecedented increase in the amount of appropriated General Fund in comparison to FY 2024-25 and had $3.4 million in Federal Fund rollforward from underspending in FY 2024-25.

Based on historical Early Intervention evaluation budget and spending, the Department calculates $1.3 million in underspending in the Early Intervention evaluations budget based on projected expenditures compared to the set aside in General Fund appropriation. The Early Intervention General Fund appropriation includes $6.5 million for evaluations, but the average annual spend has consistently remained between $4 to 4.5 million. Accounting for the potential increase in evaluations, the Department estimates $5.2 million for evaluations in FY 2025-26, resulting in a $1.3 million difference between the appropriation and the estimated expenditure.

Early Intervention Brokers Administration and Direct Services costs are estimated based on historical underspending. On an annual basis, Early Intervention contracts are underspent. The Department applied the same percentage of historical underspend to the existing contracts, which amounts to approximately 3.8 percent or $2.3 million.

The Early Intervention CDEC administration costs also saw underspending and therefore the Department implemented a one-time cost containment strategy in FY 2025-26 with a reduction of $300,000 in CDEC administrative costs.

90. [Sen. Kirkmeyer] Did the Department renegotiate broker contracts in FY 2025-26 to continue the $2.2 million in broker cost savings?
The Department has worked with EI Brokers to amend the FY 2025-26 contracts, reducing the budgets by approximately $2.3 million due to the infusion of

additional funds and the underspending that has historically occurred by the brokers.

Early Intervention Policy and Operations

91. [Rep. Sirota via JBC staff briefing] For the TEAM EI pilot, please discuss how the Department plans to measure and evaluate the cost and service impacts of this pilot. How will the pilot continue once SLFRF funds expire?
The Department plans to administer a pre- and post-implementation survey to families and the EI Colorado workforce participating in the pilot to assess the effectiveness of service delivery using the TEAM EI pilot, as well as to those EI workforce members who are not participating in the TEAM EI Colorado pilot. The funding for the pilot is currently through December 2026. CDEC is tracking and analyzing the cost. The feasibility of funding future TEAM EI Colorado pilot implementation activities will depend on the cost analysis from the pilot, the ability of providers and EI Brokers to adapt their service practices to align with the TEAM EI Colorado model, and an assessment of family satisfaction with the new service delivery model. If the cost analysis and effectiveness of implementing TEAM EI Colorado do not prove to be cost-neutral or cost-saving, and do not result in a better experience for families and providers, statewide rollout will not be implemented.

92. [Sen. Amabile] Where were Early Intervention services located before they were in Early Childhood?
Early Intervention services were previously located within the Office of Early Childhood, within the Colorado Department of Human Services. When CDEC was established, the Early Intervention services were transferred to the new Department.

R3 Universal Preschool (UPK) Increase

93. [Rep. Sirota and Sen. Kirkmeyer] Please elaborate on how the Department is forecasting UPK enrollment. Please provide the underlying analysis for the Department's assertion. How do Colorado's projections relate to other states?
The Department forecasts enrollment based on State demographer data and monthly enrollment trends. There are approximately 62,868 4-year-olds in the State, with historical data showing participation rates between 68 percent and 70 percent. As the "total population" of 4-year-olds fluctuates, the Department re-evaluates its projections, using high, average, and low percentage rates of the total eligible population, and reviews enrollment trends on a monthly basis. The

Department's forecast is based on a 70 percent participation rate for the foreseeable future. Compared to other states, Colorado ranks 3rd in participation behind Washington, D.C. (95%) and Vermont (76%), according to data obtained from the National Institute for Early Education Research (NIEER).

94. [Rep. Taggart] What is driving the very significant outyear increase of General Fund in this request?
The Department's General Fund in R-03 request reflects the statutorily required inflationary increase in the General Fund appropriation each year as the legislature intended in H.B. 22-1295. The inflation rates used for 2025 and 2026 are based on OSPB's *September 2025 Revenue and Economic Forecast*. That forecast identifies Colorado's 2025 inflation rate at 2.6 percent ($3.8 million), and Colorado's 2026 inflation rate at 3.6 percent ($3.8 million + 5.4 million, totaling $9.2 million for two cumulative years of inflation).

95. [Sen. Kirkmeyer] What is the balance in the Preschool Program Cash Fund? What are the anticipated revenues?
The ending fund balance in the Preschool Program Cash Fund in FY 2024-25 was $58,022,110. Assuming that the Department supplemental is approved, in FY 2025-26, the ending fund balance is anticipated to be $42,187,835.

The anticipated revenue for the Preschool Program Cash Fund in FY 2025-26 is $206,080,154. In 2026-27, the anticipated revenue for the Preschool Program Cash Fund is $198,810,474.

96. [Rep. Sirota] What is the rationale for the proposed 10% reserve, rather than a 15% reserve?
The Department's budget requests for universal preschool aim to achieve a balance between serving as many children as possible and maintaining a healthy reserve to prevent any program disruptions. For Year 4, the Department requests a 10 percent reserve, rather than 15 percent, for two reasons:

- **To account for the increase in enrollment in the Colorado Universal Preschool Program, ensuring that the program has sufficient funds to continue granting full-day preschool to children that qualify throughout the year in Year 4. In Year 5 and all future years, the final phased Prop EE tax increase will provide additional revenue to support the program long-term.**
- **To reflect the maturation of the program and its revenue streams. When the reserve target was initially set at about $30 million (first 10% of the total program appropriation, and subsequently 15% of the prior year revenues), it reflected the Legislature and Executive Branch's shared concern about**

the unpredictability of a new revenue stream and a new program, with enrollment and other programmatic developments both unknown. Now, with over five years of Prop EE revenue collection and over two years of Universal Preschool, there is much more predictability and less of a cushion is needed.

97. [Sen. Kirkmeyer] Do we still need a reserve for UPK?
Yes. The legislature directs the Department to spend current-year revenues to support Universal Preschool, and therefore in the event of fluctuations in revenues or enrollment, forecasted costs could exceed the Department's appropriation and/or available revenues. Keeping a reserve ensures that there is an available fund source that can be accessed via a supplemental or emergency supplemental request to continue serving eligible children throughout the school year. In the absence of a reserve, in the event of a shortfall, the Legislature would have to make the difficult choice between appropriating General Fund or some other fund source to continue services through the end of the school year, or leaving the Department short, which could necessitate limiting access to full-day preschool for eligible children who enroll midyear.

98. [Rep. Sirota] Regarding the UPK supplemental request, is that funding coming from the cash fund reserve?
The Department requests a $10,000,000 cash fund supplemental in FY 2025-26 in anticipated revenue from unappropriated Preschool Programs Cash Fund above the 15% reserve requirement. The PPCF reserve is projected to end FY 2025-26 with $52.2 million, well above the $31.5 million target, due to underspending in Years 1 and 2 of the program. If this request is funded, the Department anticipates ending Year 3 with a reserve of $42.2 million. The Department's R-03 request for Year 4 requests additional cash fund appropriations to serve anticipated increased enrollment that would leave the reserve at the requested 10 percent level.

Budget Reductions

99. [Sen. Kirkmeyer] How many contracts does the Department have with the Kempe Center? Is there duplication in the work performed?
The Department currently has two contracts with the Kempe Center, with one acting as the intermediary for the SafeCare Program and the other creating and implementing professional development activities that meet the needs of a range of early childhood professionals across Colorado's home visiting and related service fields. There is no overlap or duplication in the work performed.

100. [Sen. Kirkmeyer] For all of the Department's proposed reductions, please provide an analysis of the ongoing impact to children that would occur as a result of the reduction.
The impacts for children in the Department proposed reductions are minimal.

The proposed budget reduction to Substance Use Disorder (SUD) Child Care Pilot will result in approximately 148 children losing access to on-site child care, requiring them to seek other options. While there are no other programs that offer the same service, families in CCCAP have access to substance use treatment as an allowable activity and some inpatient treatment facilities allow caregivers to bring their children.

In addition to the Family Resource Centers (FRCs) long bill line of $1.5 million, the Department is appropriated funding in the Child Maltreatment Prevention line to support Family Resource Centers. The Child Maltreatment Prevention line is underspent annually. In FY 2023-24, FRCs leveraged a blend of federal, state, local, and philanthropic funding to serve an estimated 7,476 families and children, although there were current limitations in data reporting infrastructure at several centers resulted in significant underreporting. In FY 2024-25 resources previously allocated for program evaluation, were strategically redirected to implement universal data solutions across all centers. With these reporting mechanisms now in place, we anticipate that the data for FY 2026-27 will reflect a more accurate and substantially higher volume of families served, estimated to be between 7,000 and 9,000 families. The proposed reduction to the Child Maltreatment Prevention line will result in a reduction of approximately 236 families and children receiving case management services. As families participate in other services offered by the FRCs, this likely means those families and children will still use services through a family resource center, but in certain instances it may result in less intensive support for particular child maltreatment prevention avenues.

R4 Contracted Child Care Licensing Services Decrease

101. [Sen. Kirkmeyer] Please share the five-year strategic plan to consolidate all licensing services to the Department.
The Department is committed to consolidating all licensing services under CDEC at the state level by FY 2031-32, contingent upon sufficient appropriations and the allocation of CCDF funds. The Department plans to maintain the remaining 53 percent (approximately 1,450 programs) of contracted positions in FY 2026-27, with an option to extend existing contracts on an annual basis for a five-year

period. On an annual basis, the Department will analyze the contracted workload and gradually reduce the reliance on contracted licensing services, slowly transitioning overtime to ensure services will not be impacted, and, as funding allows, to not create a deficit, while ensuring the continuity of licensing services statewide.

102. [Rep. Sirota] Please explain the scope of activity coming in-house to the Department and what specific activities will come in-house vs. continue to be contracted.
The role of a licensing specialist remains the same whether contracted or employed by CDEC; in bringing specific contracts in house CDEC is bringing all activities in those catchment areas to the Department. Licensing activities and caseload include inspections, investigations, monitoring of programs, issuing of licenses, and adverse licensing actions. The Department will conduct all licensing activities for 22 regions, which include Broomfield, Douglas, Adams, Larimer, Mesa, Chaffee, Cheyenne, Elbert, Grand, Gunnison, Jackson, Kiowa, Kit Carson, Lake, Lincoln, Moffat, Park, Rio Blanco, Routt, Washington, Yuma, and Weld counties. Six regions will continue to be contracted out for Arapahoe, Clear Creek, El Paso, Gilpin, Jefferson, and Pueblo.

103. [Sen. Amabile] Why is it cheaper to do child care licensing in-house? We often hear it is cheaper to contract.
Having 47 percent of the licensing work transitioned to be administered through CDEC results in a cost savings, as a majority of the caseload would be dispersed amongst the existing CDEC staff, which allows CDEC to absorb some costs and workload and hire fewer FTE than currently contracted. Additionally, the existing CDEC supervisory staff will supervise additional direct reports, allowing the CDEC to transition 17 full time licensing specialists while only hiring one additional supervisor, resulting in a cost savings.

104. [Rep. Taggart] How are we going to save $590k on child care licensing when the Department plans to hire 20 more people?
The current contract costs for these services are $2.6 million, where the costs for CDEC staff would be $2.1 million; therefore, the savings are $590,000. The Department currently contracts for a total of 22.5 FTE licensing positions, with the Department being able to absorb some of the workload, CDEC will only require 20.0 FTE and associated operating costs.

105. [Rep. Sirota] Has the Department received complaints of contract operator performance, or does the Department have evidence of performance issues with these contract services for provider licensing?

Customer service surveys consistently indicate a higher percentage of negative feedback regarding contracted personnel. Specifically, 93 percent of all negative surveys since January 2025 relate to contract staff rather than state employees.

Although the Department possesses limited authority to directly manage the personnel matters of the contractors, CDEC has had to address contract non-compliance through contract performance plans. These non-compliance issues create challenges for licensing, such as delayed inspections, failure to complete proper and timely investigations, failure to issue licensing applications and inspection reports promptly, failure to submit adverse licensing packets within required timeframes, communication issues, including not responding to child care programs or CDEC leadership in a timely manner, required documentation, and timeliness of back-filling contractor vacancies.

106. [Sen. Bridges] While saving money is an important goal in the current environment, what is the impact on kids? Will this change improve services for children and how?
The transition of this work back to CDEC will facilitate greater consistency in the implementation of regulations and enable CDEC to resolve issues, address training or personnel challenges promptly. This action will ensure that programs are monitored promptly and accurately for all health and safety requirements, thereby protecting children in care.

Statewide R6 – Discontinue Child Care Services and Substance Use Disorder (SUD) Treatment Pilot

107. [Sen. Amabile] Are there other programs that provide this support? Are there other ways that those seeking SUD treatment can get child care?
The Substance Use Disorder (SUD) Child Care Pilot was established as a research-driven initiative to determine if removing child care navigation barriers directly improves outcomes for caregivers in recovery. It is a specialized time-limited program that served 102 caregivers and 148 children in Fiscal Year 2025. The pilot was originally set to expire after three years, with a report on the outcome to be delivered by July 1, 2023; however, funding was extended due to the pandemic.

There are no other programs that offer the exact same service. Families have the following choices:

- **If they are already receiving Colorado Child Care Assistance Program (CCCAP), they are now able to use substance use treatment as an allowable activity. This allows families to utilize CCCAP funds to cover**

childcare specifically during treatment hours, providing a more permanent solution within the existing subsidy framework.

- **A limited number of inpatient treatment facilities permit caregivers to bring their children into the residential setting, although these options are typically restricted to specific clinical environments.**
- **In the absence of formal programs, caregivers may also rely on trusted adults within their personal networks to provide a safe and nurturing environment for their children.**

CDEC has been working with the pilot vendor and plans to help complete an application through the Opioid Abatement project to assist in identifying funding to continue this service.

Statewide R6 – Reduce Child Maltreatment Prevention Funding

108. [Rep. Brown] How does the reduction to child maltreatment in the Department relate to reductions in the Department of Public Health and Environment to the Child Abuse Response and Evaluation (CARE) network (R7) How are we making sure children are protected with the aggregate impact of these reductions?
There is no direct connection between the proposed reduction of the CARE Network (CDPHE R7) and the reduction to Family Resource Centers, through the Child Maltreatment Prevention line (CDEC R6). These requests serve different target audiences to meet different objectives. The CARE Network educates medical professionals across the state to identify child abuse and neglect. The Family Resource Centers offer case management services to families seeking to achieve goals that enhance family well-being before child abuse and neglect occur in the first place. The Department collaborates closely with CDPHE and CDHS to ensure seamless integration across all our family support programs at both the state and local levels. The Governor's budget request acknowledges the challenging financial landscape and the necessity of prioritizing the General Fund for direct services to the most vulnerable citizens, including those who have already been harmed and those with the greatest risk factors that may lead to child maltreatment.

JBC Staff Budget Reduction Options

109. [Rep. Sirota via JBC staff briefing] Please provide feedback on staff budget reduction proposals. Please also respond to the specific questions below.

The Department does not support the additional staff budget reduction proposals, as they would eliminate FTE and Program funding, resulting in reduced services that are critical to children and families.

A reduction in FTE and travel expenditures will hinder the Department's ability to support and regulate providers and provide families and children with quality care. The Department is required to administer and facilitate childcare programs and activities, serving approximately 181,000 families & children and 29,800 providers and early childhood workforce professionals across all programs. This would result in a reduction of the availability of direct assistance to providers that rely on the Department to provide pre-licensing support, regular monitoring, and technical assistance. Reducing these expenditures impacts the quality of care received by families and the health and safety of children.

Additionally, the proposed reduction in appropriations from H.B. 24-1364 will prevent the Department from collaborating with various agencies by sharing education and workforce data to support family and provider outcomes. Excluding CDEC from the statewide longitudinal data system is shortsighted to the State's long-term goals of measuring the return on investment and outcomes of early childhood programs and strengthening the early childhood workforce. Integrating these data sets will allow the state to better inform policy makers about what investments lead to positive, sustained outcomes overtime. This visibility is essential for the continued effective management of state dollars, particularly as budget conditions evolve.

A further reduction to FRC funding will have significant impacts to the centers' statewide infrastructure. FRCs utilize a low-overhead model to leverage state and federal dollars. The proposed reduction could force approximately 15 of the 32 Colorado FRCs to cease operations and layoff about 78 staff. FRCs provide a range of services to families and children tailored to the needs of their community including parenting supports, GED classes, and food pantries. The General Fund supports case management for families working to improve family self-sufficiency and increase family well-being, thousands of additional families and these local communities would be impacted from the closures of these trusted community anchors.

Option: Eliminate Universal Home Visiting Program

The Universal Home Visiting Program operates on a combined funding strategy, with state funding accounting for one-third of the total program costs, and the remaining two-thirds being leveraged from federal and local county sources.

Eliminating state support would effectively terminate the program, dismantling the infrastructure established to create a universal home visiting program and identify any cost savings of this approach. This would also result in the loss of matching external funds, ultimately undermining the state's ability to make data-driven, long-term policy decisions regarding primary prevention and family stability. The Universal Home Visiting program serves as the front door to connect parents with newborns to other necessary family support programs and resources, reducing the stigma associated with accessing these benefits and services.

The Universal Home Visiting Program is uniquely positioned to serve all families with newborns within each service area, ensuring that early prevention reaches all families, including those who need it most, regardless of socioeconomic status. The program is designed to assess family needs and provide referrals to partner organizations for specialized support. This program has demonstrated significant positive outcomes, including measurable improvements in maternal and child health, a reduction in child welfare involvement, and enhanced household safety. These outcomes are reinforced by a 99 percent participant satisfaction rate, signaling deep community trust and engagement. The program has achieved evidence-based designation by the U.S. Department of Health and Human Services.

110. [Rep. Brown] Regarding the universal home visiting program, how many kids are getting served? Where are they located? How many agencies are working with the kids?
In FY 2024-25, the Universal Home Visiting Program served 1,298 caregivers and their newborns. Most of these families live in the original four counties that brought this program to Colorado: Denver, Jefferson, Boulder, and Eagle. There are now a total of eleven participating counties due to the recent increase in funding from the Joint Budget Committee, which allowed the program to expand to seven additional counties (Adams, Arapahoe, Broomfield, Pitkin, Mesa, Garfield, Weld). Each county has one lead organization that serves families. The new sites are in the implementation and hiring phases and five of them will be serving families by the end of the year. CDEC expects to serve 1,500 in FY 2025-26 with the expanded capacity.

111. [Sen. Bridges] Does the Department have preliminary evidence on how Colorado's Universal Home Visiting Program is working?
The Universal Home Visiting program is using a national program that is evidence-based to achieve child and maternal health outcomes. The pilot in Colorado includes a research phase to demonstrate the cost-savings from the

implementation of this program. Data collection for the study will begin in FY 2025-26 since new sites need to reach model certification before they can participate in research. The Department is developing the cost savings study design this year and preliminary findings are expected in 2028.

<u>Option: Decrease Early Childhood Mental Health Services and Early Childhood Mental Health Services Support Line</u>

The Early Childhood Mental Health Services budget line currently funds the Nurturing Connections Program and the Early Childhood Mental Health Services Support Line. These services partner a clinically trained mental health consultant with early childhood professionals and families with young children to enhance their ability to promote children's healthy social-emotional development and mental health. Consultants work at the child- and classroom-levels to support families and child care providers working with specific children showing concerning signs, and at the classroom- and provider-levels to manage classrooms and centers with attention to social-emotional learning, trauma-informed practices, and early childhood mental health. Consultation has been shown to improve children's social skills, emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, increase teacher efficacy, improve classroom quality, and reduce provider stress, burnout, and turnover.

The Nurturing Connections Program, the new name for our early childhood mental health consultation program, serves counties across Colorado, with the majority of program funding for service providers' personnel costs. A 10 percent reduction (-$162,781) will exacerbate current statewide access and waitlist issues, reduce the total number of counties with services available, and result in the loss of at least 2 service providers. This would then result in up to 60 fewer cases being served throughout the state.

The Early Childhood Mental Health Services Support Line, most recently supported by this Committee through FY 2023-24 R-06, provides a statewide, no-cost support line for families, early care and education professionals, and other caregivers of young children that serves as a centralized referral point for the ECMH Consultation program and has allowed the program to expand its reach to address the high demand for services statewide. The Support Line particularly aims to bridge access in counties with limited Nurturing Connections consultation service providers. A 50 percent reduction (-$156,000) would decrease operational capacity for county support and introduce significant operational risk, potentially compromising the program's continuity and leaving children, families, and early childhood professionals with virtually no safety net.

If both of these reductions were to occur simultaneously, the effect would be compounded, as the ECMH Support Line handles cases when consultants are at capacity and/or refers cases to the local Nurturing Connections Program.

112. [Rep. Brown] Are the mental health services and support line duplicative of services offered in other departments? How are the services coordinated between agencies? Why isn't this part of the Behavioral Health Administration?
The ECMH Support Line does not duplicate services offered in other Departments. The ECMH Support Line was established in 2021 as part of a pilot project funded by the federal Preschool Development Grant Birth-to-Five (PDG B-5) grant through calendar year 2023. In FY 2023-24, the legislature approved R-06 Early Childhood Mental Health Support Line with funding to support family and provider access to mental health promotion and early prevention services, which primarily serves early care and learning settings at no cost, and is a confidential resource for any parent or professional in Colorado who cares for children under six. The support line was established to ensure statewide coverage as stimulus investments rolled off and rural communities experienced workforce shortages. The ECMH Support Line is an upstream mental health promotion service that expands the Nurturing Connections Colorado program, providing caregivers with the necessary information, resources, and skills to strengthen adult-child relationships, build resilience, and mitigate the need for future mental health treatment. BHA does not offer any similar supports specific to caregivers and providers working with young children.

The Infant and Early Childhood Mental Health Council (IECMH) of Colorado has representation from over 5 state agencies and serves an important role in multi-agency coordination. Programs administered by BHA and CDPHE focus on expanding adolescent access to mental health treatment, psychiatric consultants, and crisis intervention, with CDEC ECMH Support Line staff working closely in collaboration with BHA and CDPHE partners to ensure services are aligned, coordinated, and deliver on their critical role of connecting families and providers caring for children under the age of six to treatment services when appropriate.

<u>Option: Reduction to HealthySteps</u>
HealthySteps is an evidence-based program that enables pediatric and primary care medical practices to ensure babies and toddlers have a strong start in life. By integrating a child development and behavioral health prevention and promotion expert into the pediatric primary care team, HealthySteps provides children ages 0-3 and their families a variety of services based on their needs, including universal screening for developmental delays and social determinants

of health, positive parenting guidance, care coordination, and on-site intervention. This proactive approach allows the healthcare team to provide targeted support for common parenting challenges while offering intensive care coordination for high-risk families facing complex issues like maternal depression or toxic stress. By addressing these needs during the first three years of life, a period of rapid brain development, HealthySteps fundamentally changes the trajectory of a child's health and readiness for school.

The reduction of $628,266 would result in the termination of state funding for the program and all related services in six of 33 total sites currently operating. In FY25, the six sites receiving state General Fund collectively served 10,242 of children ages 0-3. Without the specialized oversight provided by HealthySteps, many behavioral concerns or developmental delays could go undetected. This lack of early detection directly translates into increased costs for special education and higher rates of emergency room visits for preventable childhood injuries. Furthermore, this would result in fewer screenings and referral services, leaving many caregivers without the support necessary to maintain a healthy home environment, which can lead to reduced long-term emotional and physical health outcomes for both the parent and the child.

113. [Rep. Sirota] How did the program receive General Fund where it wasn't codified in statute until last year? Is HealthySteps seeking alternative funding, as indicated in S.B. 25-017, and what is its progress in doing so?

Healthy Steps was established in Colorado in 1998. In 2012, the original sites began receiving Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds. However, due to changes to the federal MIECHV rules in 2017, HealthySteps can no longer be supported with MIECHV funds. Following this change, the Colorado Department of Human Services (CDHS) requested and secured State General Fund support for Healthy Steps in FY 2017-18, and this funding has continued into the present in the Department of Early Childhood.

In 2025, SB25-017 codified Healthy Steps Colorado in Colorado Statute under Section 26.5-3 Part 10, C.R.S. Previously, CDEC was authorized to implement Healthy Steps under CDEC's home visiting statute (Section 26.5-3 Part 9 C.R.S). However, the model is unique in that it occurs in pediatric primary care settings, rather than in families' homes, and addresses both behavioral health concerns and parenting skills. In the 2025 legislative session, the Legislature passed S.B. 25-017 to recognize the program's distinct contributions to supporting children and families. The HealthySteps Program is currently funded from three main sources: reimbursement from Medicaid for clinical services, General Fund, and

private philanthropic investments. Currently, 33 sites in Colorado are implementing HealthySteps, with the General Fund supporting six of the 33 sites.

CDEC held three working group sessions in fall 2025, with participation from representatives of the Department of Health Care Policy and Financing (HCPF), the Behavioral Health Administration (BHA), and the state intermediary, to explore and identify sustainable, blended, long-term funding options for HealthySteps sites and the state intermediary. The working group discussed potential funding pathways through Medicaid and the BHA. Due to the complexity of funding sources, the working group has not yet identified any new and readily available funding sources. However, the group has committed to continuing to convene every other month in 2026 to further explore various funding pathways. Please refer to the SB25-017 Pediatric Primary Care Program Legislative Report for further information (Appendix H).

Appendix A: **FY 2025-25 CCCAP Cost per Child by County**

County	Cost per child
Adams	$8,325
Alamosa	$4,193
Arapahoe	$7,240
Archuleta	$5,848
Baca	$7,887
Bent	$4,354
Boulder	$8,009
Broomfield	$6,576
Chaffee	$6,553
Cheyenne	$4,047
Clear Creek	$7,550
Conejos	$5,314
Costilla	$3,325
Crowley	$4,081
Custer	$5,051
Delta	$3,080
Denver	$7,907
Dolores	$10,894
Douglas	$7,672
Eagle	$8,657
Elbert	$5,383
El Paso	$6,170
Fremont	$3,506
Garfield	$7,178
Gilpin	$3,441

Grand	$5,504
Gunnison	$6,644
Hinsdale	$9,108
Huerfano	$6,550
Jackson	$0
Jefferson	$7,728
Kiowa	$3,728
Kit Carson	$2,032
Lake	$49,383
La Plata	$3,458
Larimer	$7,729
Las Animas	$2,704
Lincoln	$3,163
Logan	$5,535
Mesa	$5,462
Mineral	$2,711
Moffat	$7,607
Montezuma	$4,515
Montrose	$5,155
Morgan	$4,163
Otero	$3,906
Ouray	$4,580
Park	$6,377
Phillips	$8,681
Pitkin	$8,315
Prowers	$5,492
Pueblo	$5,015

Rio Blanco	$7,132
Rio Grande	$5,363
Routt	$6,580
Saguache	$7,080
San Juan	$6,043
San Miguel	$6,939
Sedgwick	$5,950
Summit	$12,416
Teller	$5,829
Washington	$2,640
Weld	$5,778
Yuma	$3,378

Appendix B: CCCAP County Options & Definitions

Option Area	County Option	Definition/Explanation	County Cost Savings Consideration	Provider Impact	Family Impact
Provider Payment	**Activity Fees** **Registration Fees** **Transportation Fees** ***Future Federal Requirement***	Counties have the option to pay for activity, registration, and transportation (ART) fees if the child care provider is licensed and if the fiscal agreement contains the child care provider's policy on the fees. Counties set their own limit on fees in the County Rate Plan in CHATS	Counties that currently pay for these fees could reduce the amount they pay or stop covering the cost of the fees altogether to save their allocation. It's important to note that the payment of Registration Fees will soon become required so it would only be recommended that counties stop or reduce payment for Activity and Transportation Fees.	Reducing or stopping payment of these fees has a negative impact on provider payment.	Providers may not charge families in excess of the agreed fees. In the instance that a county does not cover these fees, they may not be charged to CCCAP households.
Provider Payment	**County Absence Payout** ***Future Federal Requirement***	Counties must pay for absences as follows: - No fewer than three (3) absences per month if they are in levels one (1) or two (2) of the Department's quality rating and improvement system. - No fewer than four (4) absences per month if they are in levels three (3), four (4), or five (5) of the Department's quality rating and improvement system. - No fewer than three (3) absences per month if they are school-age age child care program that does not have a quality rating through the Department's quality rating and improvement system.	Retaining the minimum amount of absences as noted ensure payout will only be incurred for the minimum amount. Counties could reduce the number of absences paid out to reduce costs.	Maintaining the minimum can often adversely affect provider payment when families have monthly absences that exceed the minimum amounts.	The provider can directly bill the family for the additional absences that are incurred but not paid by the county, resulting in the family being required to pay out of pocket.
Provider Payment	**Holiday Pay** ***Future Federal Requirement***	Counties may pay licensed child care providers for holidays. Counties choose which holidays they pay in the County Rate Plan in CHATS.	Counties may opt out of paying some or all holidays to reduce costs.	Reducing or stopping the payment of holidays has a negative impact on provider payment.	Because the holiday payment goes out instead of an absence, a provider may bill the family if they are open to provide care and they do not attend, resulting in the family being required to pay out of pocket.
Provider Payment	**Hold Slots**	Hold slots are intended to hold a child's slot with a provider due to extended absence from care.	Counties may reduce the number of hold slot days they pay for or opt out of paying hold slots to reduce costs.	Reducing or stopping the payment of hold slots has a negative impact on provider payment.	If a provider does not receive a hold slot payment when the child is out due to an extended absence, the provider may choose to no longer accept that child, resulting in the family having to find a new provider.
Provider Payment	**Drop in Days**	Drop-in days are intended to allow a child to attend care, even if it is a day that isn't authorized. Drop-in days allow a parent with an irregular schedule to receive care exactly when they need it. If a county doesn't use drop-in days, they must authorize every day of possible care to ensure care is covered. Drop-in days ultimately ensure absence payments can be made when the child is truly absent.	Reducing or stopping the use of drop-in days **may result in an increase in expenditures** as more absence payments are likely to be paid even if it doesn't align with the child's care needs.	Reducing or stopping the payment of drop-in days has a negative impact on provider payment if the parent needs care on days that aren't already authorized due to factors such as an irregular activity schedule.	If a county doesn't offer drop in days and the county doesn't authorize all of the days that the child could potentially work, the parent has to regularly ensure that they report their schedule changes to the county to ensure the correct days are authorized.
Provider Payment	**Slots Contract** ***Future Federal Requirement***	Counties may pay for vacant slots at a licensed child care provider for children enrolled in CCCAP in communities where quality care may not otherwise be available to county-identified target populations and areas or to incentivize or maintain quality. When a slot is filled, the provider is reimbursed based on attendance or enrollment depending on the age of the child.	Not paying for Slot Contracts reduces the amount of payment that counties are making.	Stopping the use of Slot Contracts reduces provider payment since they would revert to only receiving attendance/enrollment-based payments.	Families receiving CCCAP may not be able to access providers as easily since a vacant spot is not being held for them.
Provider Payment	**Alternative Rates**	Counties may choose to set alternative rates based on care provided that more closely supports the level of care given. These rates include: After School; Before School; Before and After School; Disability; Evening; Out-of-County; Overnight; and Weekend. Non-traditional care (evening, weekend, and overnight) is typically paid at a higher reimbursement rate than the state-established regular rate.	Reducing the rate paid or not offering alternative rates that provide higher reimbursement could reduce expenditures.	Provider reimbursement may be reduced. Ex - Boulder County 10.1.24 Fiscal Agreement Before and After part-time Tier 1=24.68 vs. Regular (state-established) School Age part-time Tier 1=22.17. Thus the provider receives $2.51 more with the Before and After rate type vs. using the Regular rate for School Age part-time care. Ex - Disability Rate - This rate is set higher to support a higher level of care.	Families may not be able to access providers/alternative care types as easily as the providers may choose to not accept CCCAP if they don't receive this higher level of reimbursement.
Eligibility	**Initial Income Eligibility Thresholds**	A county may set their initial income eligibility thresholds higher than what is set by the Department, so long as it does not exceed the maximum federal level for eligibility for services of eighty-five percent of the state median income for a family of the same size and the county is serving all eligible families who have applied for CCCAP and whose income level is below that requirement.	If a county currently has an initial income eligibility threshold that is higher than what was established by the state, it can lower the threshold to the state-determined level to reduce the number of families that are eligible to apply for the program. Families already approved to receive services are not impacted by any reduction in the initial income threshold as they are to be considered income-eligible until they reach 85% of the State Median Income.	No direct impact	Fewer families are eligible to apply for Low Income Child Care services.
Eligibility	**Homeless Stabilization**	Households that meet the definition of "families experiencing homelessness" must be provided a child care authorization during a stabilization period of at least sixty (60) consecutive calendar days, within a twelve (12) month period, to allow the household the opportunity to submit verification for ongoing child care benefits.	Counties that offer a stabilization period that is longer than 60 days could offer less time or reduce it to the state minimum, reducing the amount of time they are required to not assess a parent fee. Families may also roll off the program sooner as they have less time to provide necessary documentation. Counties that offer longer stabilization periods may not see drastic cost savings immediately. Counties that reduce their stabilization period to a lesser amount of time or the state minimum are not allowed to roll families off that are currently receiving the longer stabilization period, however. For example, if a county reduces its time limit from 90 days to 60 days, a family initially approved to receive 90 days of stabilization must receive the entire 90 days even after the county makes the reduction.	Providers could have fewer families receiving CCCAP enrolled if this population become ineligible sooner.	Families may lose services sooner and families experiencing homelessness will have decreased access to care.
Eligibility	**Job Search**	Counties must provide families no fewer than thirteen (13) weeks of child care for each instance of non-temporary cessation of activity. This includes at application, during the eligibility period, and at redetermination. There are no limits on what causes the cessation of activity and we cannot restrict this. If a client is no longer in their eligible activity, the Job Search time must be provided.	Counties that offer more than 13 weeks could offer less time or reduce it to the state minimum, possibly reducing the amount of time a family is eligible for the program. Counties that offer longer job search time limits may not see drastic cost savings immediately. Counties that reduce their job search time limit to a lesser amount of time or the state minimum are not allowed to roll families off that are currently receiving the longer job search time limit. For example, if a county reduces its time limit from 26 weeks to 13 weeks, a family initially approved to receive 26 weeks must receive the entire 26 weeks even after the county makes the reduction.	Providers could have fewer families receiving CCCAP enrolled if this population become ineligible sooner.	Families would lose services sooner.
Eligibility	**Education Time Limits**	1) Counties must offer no less than 104 weeks (two years) of post-secondary education and vocational/workforce/technical job skills training but may offer up to 208 weeks (four years). 2) Counties must offer up to 52 weeks (one year) of basic education	Counties that offer higher amounts of time for education may reduce it to the state minimum or lower amounts, possibly reducing the number of families that are eligible for the program. Counties that offer longer education time limits may not see drastic cost savings immediately. Counties that reduce their education time limit to a lesser amount of time or the state minimum are not allowed to roll families off that are currently receiving the longer education limit. For example, if a county reduces its post-secondary education time limit from 208 weeks to 104 weeks, a family initially approved to receive 208 weeks must receive the entire 208 weeks even after the county makes the reduction.	Providers could have fewer families receiving CCCAP enrolled if this population become ineligible sooner.	Families would lose services sooner.
Eligibility	**Orientation or interview for new applicants may be required** ***Will be removed in 2026 (HB24-1223)***	An orientation or interview for new applicants as a county option. Counties shall ensure that the orientation or interview process is not burdensome to families by allowing a family to complete the process via phone or electronic tools or by offering extended office hours to hold the orientation or interview	Counties that require orientations or interviews may have the need for a slightly different model of intake/staffing. Counties that have dedicated intake teams to perform this task could see a cost reduction in admin costs if they do away with this process.	No direct impact	Families may receive services sooner if they are able to attend an interview and provide information. Not utilizing this option may result in more applications being denied or applications may take longer to approve if multiple pieces of verification are needed.
Eligibility	**Parent Fees**	The household's contribution to the total cost of child care paid directly to the child care provider(s) prior to any state/county child care funds being expended. Counties have the following options which are outlined in their County Plan: 1) Offering parent fee hardships and reducing the fee to $5 for up to 6 months. The hardship may be extended for another 6-month period if the client requests it and the county policy allows for it. 2) Offering to waive parent fees if the child is dually enrolled in Head Start/Early Head Start. 3) Offering to waive parent fees for teen parent households	Counties that utilize one or more of these options may see a reduction in cost as the parent would cover more of the cost of care. Counties that waive or reduce parent fees for a high number of families may not see drastic cost savings immediately. If a county has waived or reduced a fee and not provided notice of the higher fees that the family may have to pay via CHATS correspondence, the parent fee must remain at zero or the reduced amount for the remainder of the family's 12-month eligibility period.	If a parent cannot afford their parent fee, they are unlikely to pay the provider resulting in a hardship for the provider.	Not waiving fees or granting hardships increases the cost of care for families.

Eligibility	**Protective Services Child Care (PSCC)**	Counties may offer Protective Services Child Care (PSCC) for children that have been placed by the county in foster home care, kinship foster home care, or non-certified kinship care; and have an open child welfare case. If counties elect to offer PSCC, the cost of care for these families is covered through CCDF rather than the Child Welfare Block Grant.	Counties that offer PSCC could opt to no longer utilize this option, freeing up more CCDF dollars. Opting out of using PSCC would increase their Child Welfare Block Grant expenditures. Counties that offer PSCC to a high number of families may not see drastic cost savings immediately. The county will have to cover the cost of care through PSCC until the family is no longer eligible for PSCC due to 12-month eligibility requirements under CCDF.	Opt out of PSCC the county must use Child Welfare funding to support this care. The county is either spending the money from their Child Welfare funding or their CCDF allocation	Opt out of PSCC the county must use Child Welfare funding to support this care. The county is either spending the money from their Child Welfare funding or their CCDF allocation
Eligibility	**Waitlist**	Counties may implement a waitlist via their County Plan in CHATS when: Department-generated projections indicate that a county's allocation will be at least eighty-five percent (85%) expended by the end of the fiscal year; or, a county is able to demonstrate a fiscal need that includes factors that are not accounted for in the Department-generated projections for county CCAP expenditures, such as, but not limited to, drastic economic changes. If your county has not hit the thresholds outlined in rule for this State Fiscal Year, please still reach out to CDEC to start the process. Given the average number of years a child receives CCCAP (35 months) and the costs of the new changes coming in August 2026, CDEC will help generate longer-term projections for your county.	Counties save funds by implementing a waitlist as it slows enrollment ultimately reducing the cost of care for families going onto the program. Please note that families qualifying for Child Welfare CCCAP, Colorado Works CCCAP, or are transitioning from Colorado Works to Low Income CCCAP bypass the waitlist and are required to be served. Counties are still required to cover the cost of care to families who are already approved for Low Income CCCAP including continuing services for families that remain eligible at redetermination.	Providers could have fewer families receiving CCCAP enrolled as the newly eligible population will reduce.	Families will have a delay in getting services.
Eligibility	**Freeze**	Counties may implement a freeze via their County Plan in CHATS when: A county may apply to the Department to implement a freeze when: Department-generated projections indicate that a county's allocation will be at least ninety-five percent (95%) expended by the end of the fiscal year; or a county is able to demonstrate a fiscal need that includes factors that are not accounted for in the Department-generated projections for county CCCAP expenditures, such as, but not limited to drastic economic changes. If your county has not hit the thresholds outlined in rule for this State Fiscal Year, please still reach out to CDEC to start the process. Given the average number of years a child receives CCCAP (35 months) and the costs of the new changes coming in August 2026, CDEC will help generate longer-term projections for your county.	Counties save funds by implementing a freeze as it stops enrollment ultimately reducing the cost of care for families going onto the program. Please note that families qualifying for Child Welfare CCCAP, Colorado Works CCCAP, or are transitioning from Colorado Works to Low Income CCCAP bypass the freeze and are required to be served. Counties are still required to cover the cost of care to families who are already approved for Low Income CCCAP including continuing services for families that remain eligible at redetermination.	Providers could have fewer families receiving CCCAP enrolled as the newly eligible population will reduce.	Families are unable to access services.
Eligibility	**Presumptive Eligibility**	Counties have the option to cover the cost of care for a family who has not yet been fully determined eligible for the program.	No impact as counties do not currently offer this.	No impact as counties do not currently offer this.	No impact as counties do not currently offer this.

COLORADO
Department of Early Childhood

Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

November 1, 2025
Honorable Jeff Bridges
Chair, Colorado General Assembly Joint Budget Committee

Honorable Kyle Mullica
Chair, Senate Health and Human Services Committee

Honorable Kyle Brown
Chair, House Health and Human Services Committee

Dear Members of the Colorado General Assembly:

The Colorado Department of Early Childhood (CDEC) respectfully submits its annual Colorado Child Care Assistance Program (CCCAP) Report in compliance with C.R.S. § 26.5-4-114:

"(1) On or before November 1, 2022, and on or before November 1 each year thereafter, the department shall prepare a report on CCCAP. Notwithstanding section 24-1-136 (11)(a)(I), the department shall provide the report to the Joint Budget Committee of the General Assembly, the public and behavioral health and human services committee of the senate, or any successor committees. The report must include, at a minimum, the following information related to benchmarks of success for CCCAP:

(a) The number of children and families served through CCCAP statewide and by county, which, beginning November 1, 2024, must include the number of children served in part-time child care through CCCAP and the number of children served in full-time child care through CCCAP, both groups disaggregated by ages from birth through thirteen years of age;
(b) The average length of time that parents remain in the workforce while receiving CCCAP subsidies, even when their income increases;
(c) The average number of months of uninterrupted, continuous care for children enrolled in CCCAP;
(d) The number and percent of all children enrolled in CCCAP who receive care at each level of the state's quality and improvement rating system;
(e) The average length of time a family is authorized for a CCCAP subsidy, disaggregated by recipients' eligible activities, such as job search, employment, workforce training, and postsecondary education;
(f) The number of families on each county's wait list as of November 1 of each year, as well as the average length of time each family remains on the waitlist in each county;
(g) The number of families and children statewide and by county that exit CCCAP due to their family incomes exceeding the eligibility limits;
(h) The number of families and children statewide and by county that reenter CCCAP within two years of exiting due to their family incomes exceeding the eligibility limits;
(i) An estimate of unmet need for CCCAP in each county and throughout the state based on estimates of the number of children and families who are likely to be eligible for CCCAP in each county but who are not enrolled in CCCAP, disaggregated by estimated ages from birth through thirteen years of age; and
(j) Beginning with the report submitted November 1, 2024, and in each annual report thereafter:

COLORADO
Department of Early Childhood

(I) A year-over-year comparison of the number of children served by CCCAP to show fluctuations in the number of children served;
(II) The number of informal, license-exempt providers, in-home providers, community-based providers, and school-based providers that agree to serve children with a CCCAP subsidy compared to the total number of providers;
(III) The number of provider agreements and enrollment contracts with providers;
(IV) An explanation of the calculation of the most recently adopted provider rates; and
(V) An explanation of the quality incentives made available to providers."

If you have any questions, please contact CDEC's Legislative Liaison Shannon Schell at shannon.schell@cdec.state.com.

Sincerely,

Lisa R. Roy, Ed.D.

Dr. Lisa Roy
Executive Director
Colorado Department of Early Childhood

FY 2024-25 Annual Report on the Colorado Child Care Assistance Program

Submitted to the
Joint Budget Committee
Senate Health and Human Services Committee
House Health and Human Services Committee

Prepared by
Colorado Department of Early Childhood

November 1, 2025

Contents

Requirements

The Colorado Department of Early Childhood presents the following report in response to the requirements outlined in Section 26.5-4-114, C.R.S.

(a) The number of children and families served through CCCAP statewide and by county, which, beginning November 1, 2024, must include the number of children served in part-time child care through CCCAP and the number of children served in full-time child care through CCCAP, both groups disaggregated by ages from birth through thirteen years of age;
(b) The average length of time that parents remain in the workforce while receiving CCCAP subsidies, even when their income increases;
(c) The average number of months of uninterrupted, continuous care for children enrolled in CCCAP;
(d) The number and percent of all children enrolled in CCCAP who receive care at each level of the state's quality and improvement rating system;
(e) The average length of time a family is authorized for a CCCAP subsidy, disaggregated by recipients' eligible activities, such as job search, employment, workforce training, and postsecondary education;
(f) The number of families on each county's waitlist as of October 1 of each year, as well as the average length of time each family remains on the waitlist in each county;
(g) The number of families and children statewide and by county that exit CCCAP due to their family incomes exceeding the eligibility limits;
(h) The number of families and children statewide and by county that reenter CCCAP within two years of exiting due to their family incomes exceeding the eligibility limits;
(i) An estimate of unmet need for CCCAP in each county and throughout the state based on estimates of the number of children and families who are likely to be eligible for CCCAP in each county but who are not enrolled in CCCAP, disaggregated by estimated ages from birth through thirteen years of age; and
(j) Beginning with the report submitted November 1, 2024, and in each annual report thereafter:
   (i) A year-over-year comparison of the number of children served by CCCAP to show fluctuations in the number of children served;
   (ii) The number of informal, license-exempt providers, in-home providers, community-based providers, and school-based providers that agree to serve children with a CCCAP subsidy compared to the total number of providers;
   (iii) The number of provider agreements and enrollment contracts with providers;
   (iv) An explanation of the calculation of the most recently adopted provider rates; and
   (v) An explanation of the quality incentives made available to providers.

Executive Summary

This annual report on the Colorado Child Care Assistance Program (CCCAP) provides a comprehensive overview of key data and program updates for Fiscal Year 2024-25. CCCAP continues to serve as a vital resource for Colorado families, providing access to affordable, high-quality child care, supporting household self-sufficiency, and promoting school readiness for children.

Key Highlights:

- Children Served: CCCAP served a total of 27,598 unduplicated children statewide during FY 2024-25, reflecting **an 8.4% decrease in participation from FY 2023-24.**
- Provider Landscape: Of the 4,458 total licensed child care providers in Colorado as of June 2025, 2,368, or just over 53%, have a fiscal agreement with CCCAP. An additional 135 Qualified Exempt providers, who are legally exempt from licensing, held fiscal agreements, bringing the total number of CCCAP providers to 2,503. Over the entire fiscal year, 2,191 providers actively served children receiving a subsidy. This is a slight decrease

from FY 2023-24, when 2,566 providers had fiscal agreements (-63 providers); however, approximately 40 more providers actively served CCCAP-enrolled children in FY 2024-25 compared to FY 2023-24.

- Utilization Data: The average length of uninterrupted child care was 7.1 months, and parents remained employed while utilizing CCCAP subsidies for an average of 9.6 months. This data is based on the fiscal year and does not reflect data when a family receives care across multiple fiscal years.
- Incentives for Quality: CDEC incentivized quality by tiering provider reimbursement rates based on their quality ratings. Families received a 20% reduction in parent fees when utilizing higher-rated providers.

This report presents detailed program data, insights into CCCAP's financial landscape, and future projections for enrollment growth, budget management, and the continuing need for quality improvement in child care services.

Program Overview

The Colorado Department of Early Childhood (CDEC) is the lead agency for the administration of CCCAP. CCCAP provides eligible households with access to high-quality, affordable child care that supports healthy child development and school readiness while promoting household self-sufficiency and informed child care choices. The program serves children, birth through age 13. In State Fiscal Year (SFY) 2024-25, CCCAP served 27,598 unduplicated children through 2,191 licensed providers and was administered by approximately 184 county human services FTE.[1] CCCAP is administered by local County Departments of Human Services under the direction of the CDEC. The program provides child care assistance to low-income families who are:

I. income eligible and are employed, searching for employment, or are in post-secondary education or training;
II. families who receive Temporary Assistance for Needy Families (TANF) basic cash assistance and/or state diversion and who need child care services to support their efforts toward self-sufficiency;
III. families in the Child Welfare system; or
IV. at county option, families that have an open protective services Child Welfare case.

Program entry income eligibility limits are set at the county level based on the self-sufficiency standard of that respective county. As long as they are participating in an eligible activity (employment, postsecondary education, training program, job search), families remain eligible until they reach an income that exceeds 85% of the state median income.

The funding sources for CCCAP are a mixture of federal, state, and county dollars. The primary funding source is federal Child Care and Development Fund (CCDF) dollars, which requires compliance with federal regulations (45 CFR Part 98). In addition to CCCAP, CCDF dollars fund a variety of services and programs administered by the State. Specifically, CCDF supports child care licensing, Colorado Shines (the State's quality rating and improvement system), early childhood mental health services, and various child care quality initiatives. Additionally, CCDF funds are critical to support the maintenance of the Child Care Automated Tracking System (CHATS), which is the case management system for CCCAP, and the Attendance Tracking System (ATS), which is the system used to track child attendance at the child care provider. The State reports how CCCAP is administered every three years to the federal government through the Colorado CCDF State Plan.

[1] This number represents the number of CHATS users reported to CDEC by counties in fall 2025. Five smaller counties did not report the number of CHATS users in their system, meaning the actual number of county administrators may be slightly higher or lower.

FY 2024-25 Utilization and Program Data

The numbers contained in the report were obtained from the Child Care Automated Tracking System (CHATS) and the Colorado Shines Quality Rating and Improvement System (QRIS).

(a) The number of children and families served through CCCAP statewide and by county, including the number of children served in part-time child care through CCCAP and the number of children served in full-time child care through CCCAP, both groups disaggregated by ages from birth through thirteen years of age

In FY 2024-25, there were 18,352 CCCAP cases or families statewide with at least one child utilizing care during the fiscal year, and there were 27,598 unduplicated children statewide who utilized CCCAP at any point during the fiscal year. Table 1a provides counts of children served, disaggregated by county, age ranges, and part-time or full-time care. The age ranges provided in the table are Under Age 3, Ages 3 to 5 (inclusive), and Ages 6 to 13 (inclusive). Ages are based on the age of the child in years on the first date for which they received care in the fiscal year. Part-Time (PT) means a child is in care for 5 hours or less a day. Authorized Full-Time care (FT+) includes up to 12 hours, 17 hours, or 23 hours a day, depending on the needs of the family. The county for which each child is counted is the child's county of residence on the first day of the fiscal year for which they received care. This method ensures an unduplicated count of the children for the fiscal year.

In special circumstances, families with children older than 13 years old qualify for CCCAP (for example, children with disabilities). Please note that previous CCCAP legislative reports may have included children over the age of 13 who were served by CCCAP. Fewer than 16 individuals over the age of 13 were served by CCCAP in the FY 2024-25. To protect privacy, the figures provided in this report do not include information on these individuals.

Table 1b provides child and case counts disaggregated by county. As for Table 1a, the county for which each child is counted is the child's county of residence on the first day of the fiscal year for which they received care.

Table 1a. Child Counts Disaggregated by Age, Care Time** and County

County	Under Age 3 FT+	Under Age 3 PT	Ages 3-5 FT+	Ages 3-5 PT	Ages 6-13 FT+	Ages 6-13 PT
Adams	1,035	*	914	200	288	459
Alamosa	47	18	62	22	9	13
Arapahoe	1,196	*	987	235	351	648
Archuleta	20	0	39	*	*	*
Baca	0	0	*	0	0	0
Bent	12	0	10	0	6	0
Boulder	371	8	481	136	168	345
Broomfield	50	*	46	20	16	41
Chaffee	8	*	11	*	0	*
Cheyenne	*	0	*	0	*	0
Clear Creek	*	0	*	0	*	7
Conejos	12	*	13	*	*	*
Costilla	7	8	15	*	*	0
Crowley	*	0	7	*	7	0
Custer	6	0	*	0	0	0
Delta	23	*	42	12	15	9
Denver	1,634	9	1,381	219	354	749
Dolores	*	0	*	0	0	0
Douglas	192	0	188	54	57	153
Eagle	187	*	121	19	32	35
El Paso	1,209	0	1,335	268	475	947
Elbert	26	0	17	*	*	11
Fremont	71	7	74	26	48	48
Garfield	122	0	109	9	18	9
Gilpin	*	0	9	6	7	11
Grand	15	0	8	*	*	*
Gunnison	20	0	15	0	7	*

County	Under Age 3 FT+	Under Age 3 PT	Ages 3-5 FT+	Ages 3-5 PT	Ages 6-13 FT+	Ages 6-13 PT
Hinsdale	*	0	0	*	0	0
Huerfano	8	0	*	0	*	*
Jackson	0	0	0	0	0	0
Jefferson	486	*	461	108	170	387
Kiowa	*	0	*	0	0	0
Kit Carson	*	0	*	0	*	0
La Plata	50	0	101	50	32	53
Lake	*	0	*	0	0	0
Larimer	323	6	329	82	119	218
Las Animas	24	8	40	9	19	12
Lincoln	10	0	*	*	*	*
Logan	46	0	33	15	9	14
Mesa	323	*	290	99	114	209
Mineral	*	0	*	0	0	0
Moffat	27	*	24	*	7	*
Montezuma	43	*	63	10	9	*
Montrose	83	*	87	6	23	17
Morgan	80	*	66	18	42	14
Otero	12	0	26	*	19	*
Ouray	*	0	*	*	0	0
Park	11	0	14	*	*	*
Phillips	*	0	*	*	*	*
Pitkin	20	0	14	0	0	*
Prowers	18	0	16	*	9	*
Pueblo	428	*	372	81	153	134
Rio Blanco	9	0	10	*	*	*
Rio Grande	21	*	14	7	*	0

County	Under Age 3 FT+	Under Age 3 PT	Ages 3-5 FT+	Ages 3-5 PT	Ages 6-13 FT+	Ages 6-13 PT
Routt	33	0	49	*	15	6
Saguache	*	0	*	*	0	0
San Juan	*	0	0	0	0	0
San Miguel	19	0	23	*	0	*
Sedgwick	*	0	*	0	0	0
Summit	46	0	20	0	*	*
Teller	18	*	27	9	10	17
Washington	6	*	*	*	7	8
Weld	654	*	544	140	233	409
Yuma	21	0	17	*	6	*
Statewide Total	**9,113**	**102**	**8,561**	**1,911**	**2,891**	**5,020**

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.
** Care time is defined as the length of time for which children most often received care. For children who received both full-time and part-time care on different days, the child is grouped under whichever length of care they received most often throughout the year.

Table 1b. Child and Case/Family Counts by County for Children 13 and Younger

County	Child Count	Case/Family Count
Adams	2,896^	1,982
Alamosa	171	116
Arapahoe	3,417^	2,209
Archuleta	63	48
Baca	*	*
Bent	28	16
Boulder	1,509	1,016
Broomfield	173^	123
Chaffee	28	17
Cheyenne	*	*
Clear Creek	15	12

County	Child Count	Case/Family Count
Conejos	36	25
Costilla	37	25
Crowley	20	16
Custer	6^	*
Delta	101^	75
Denver	4,346	2,885
Dolores	*	*
Douglas	644	417
Eagle	394^	308
El Paso	4,234	2,692
Elbert	63	44
Fremont	274	168
Garfield	267	206
Gilpin	33^	23
Grand	36	23
Gunnison	42^	29
Hinsdale	*	*
Huerfano	13	12
Jackson	0	0
Jefferson	1,612^	1,113
Kiowa	*	*
Kit Carson	*	*
La Plata	286	211
Lake	*	*
Larimer	1,077	733
Las Animas	112	78
Lincoln	19	12
Logan	117	89
Mesa	1,035^	649
Mineral	*	*

County	Child Count	Case/Family Count
Moffat	65	44
Montezuma	130	107
Montrose	216^	158
Morgan	*	150
Otero	59	34
Ouray	*	*
Park	35	24
Phillips	8	6
Pitkin	34^	29
Prowers	50	31
Pueblo	1,168^	735
Rio Blanco	23	16
Rio Grande	51	36
Routt	103^	80
Saguache	*	*
San Juan	*	*
San Miguel	46	40
Sedgwick	7	5
Summit	69	60
Teller	81^	57
Washington	27	16
Weld	1,980^	1,290
Yuma	47	30
Statewide Total	**27,598**	**18,348**

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.
^ For counties with only a single value missing from Table 1a, this is the sum of all unsuppressed values to prevent recalculation of missing values. This can be read as "At least #".

(b) The average length of time that parents remain in the workforce while receiving CCCAP subsidies, even when their income increases

Parents remained employed while utilizing CCCAP subsidies for an average of 9.6 months.

(c) The average number of months of uninterrupted, continuous care for children enrolled in CCCAP

The average number of months that children received continuous, uninterrupted care during the fiscal year was 7.1 months. A family continues to be approved for CCCAP as long as they participate in an eligible activity and their income is below 85% of the State Median Income.

The above average is calculated from utilization data—meaning when a child actually attends and receives care—rather than authorized data, which is the amount of care a family is authorized for based on their expressed care needs. For children under the age of 3, all authorized care is recorded as utilized. For children 3 and older, care is recorded as utilized only when the child is physically present at the provider and receives care from the provider.

(d) The number and percent of all children enrolled in CCCAP who receive care at each level of the state's quality and improvement rating system

Table 2: Care Utilization by Colorado Shines Quality Rating Level

Colorado Shines Quality Rating Level	Child Count	Percent
Level 1	1,851	10%
Level 2	3,423	18%
Level 3	1,019	6%
Level 4	6,578	36%
Level 5	2,475	13%
No Rating*	3,180	17%

*Some child care providers are not currently eligible for Colorado Shines ratings including (but not limited to): School Age Child Care facilities and Qualified Exempt Child Care Providers.

(e) The average length of time a family is authorized for a CCCAP subsidy, disaggregated by recipients' eligible activities, such as job search, employment, workforce training, and postsecondary education

Table 3 displays the average length of authorized time for CCCAP families, disaggregated by eligible activity. Families can transition between authorized activities, and they may be able to retain care during this transition. This table shows the average length of time families are authorized for this activity, though they may be authorized for longer periods as their activity changes.

Table 3: Average Length of Care Authorization by Eligible Activity

Activity	Average Number of Months
Employed	9.6
Education*	8
Job Search	4.5
Workforce Training**	7.5

* Education includes Teen Parent Education, General Educational Development, English as a Second Language, Adult Basic Education.
** Workforce Training includes Post Secondary Education/Job Skills Training

(f) The number of families on each county's waitlist as of October 1 of each year, as well as the average length of time each family remains on the waitlist in each county

As of October 1, 2025, five counties are on a waitlist and 19 counties are on a freeze. Counties on a waitlist continue to accept and process full CCCAP applications and can serve families from the waitlist as their budget allows. Families that are part of county-identified target populations are served first, regardless of how long they have been on the waitlist; families that are not part of target populations are served 'first-come, first-serve.' Counties on a freeze use an abbreviated application for families and enter families in CHATS if they are likely to be found eligible based on self-reported information. Families will not be served until the freeze is lifted. Child Welfare Child Care cases automatically bypass a freeze or waitlist and will receive child care through the standard referral processes. Counties have discretion to allow families meeting specific criteria to bypass a waitlist, and their county plans identify which criteria allow families to bypass the waitlist in their county.

Tables 4a and 4b display the unduplicated count of families on waitlists and freezes disaggregated by county. The tables also display the count of children on waitlists and freezes; however, since children can be members of multiple families, this number is not unduplicated and may over-count the actual number of children on waitlists and freezes.

The "End Date" column in Table 4a indicates the dates that the county ended its waitlist before transitioning to a freeze. The "End Date" column in Table 4b indicates the date that the county ended its freeze before transitioning to a waitlist. One county—Huerfano—moved from a freeze to a waitlist, while three counties—Douglas, Gunnison, and Jefferson—moved from a waitlist to a freeze during the fiscal year. Families who applied to CCCAP when the counties were operating waitlists are still, from a data perspective, counted as being on a waitlist. However, as long as the county is on a freeze, the families will not be served. Once the county ends the enrollment freeze and begins operating a waitlist, the families' original application date will be preserved, allowing them to "hold their place in line" as counties are able to slowly pull families off the waitlist and enroll them in the program.

Table 4a: Waitlist by County

County	Start Date	End Date	Families on Waitlist	Children on Waitlist	Average Number of Days on Waitlist
Chaffee	1/1/2025	N/A	*	*	16

County	Start Date	End Date	Families on Waitlist	Children on Waitlist	Average Number of Days on Waitlist
Dolores	6/1/2025	N/A	0	0	N/A
Douglas	7/1/2024	11/30/2024	43	60	366
Gunnison	7/1/2024	12/15/2024	*	*	350
Huerfano	8/1/2025	N/A	0	0	N/A
Jefferson	4/15/2024	12/31/2024	223	297	393
San Juan	7/1/2025	N/A	0	0	N/A
San Miguel	2/24/2025	N/A	*	*	72

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

Table 4b: Enrollment Freeze by County

County	Start Date	End Date	Families on Freeze	Children on Freeze	Average Number of Days on Freeze
Adams	10/1/2024	N/A	1,118	1,643	175
Alamosa	11/18/2024	N/A	25	30	164
Arapahoe	1/1/2025	N/A	1,192	1,769	137
Boulder	3/1/2024	N/A	568	818	252
Broomfield	11/15/2024	N/A	86	130	168
Denver	1/1/2025	N/A	790	1,072	91
Douglas	12/1/2024	N/A	331	465	161
El Paso	11/6/2024	N/A	1,374	2,083	170

County	Start Date	End Date	Families on Freeze	Children on Freeze	Average Number of Days on Freeze
Gunnison	12/16/2024	N/A	12	15	171
Hinsdale	2/17/2025	N/A	0	0	N/A
Huerfano	4/10/2025	7/31/2025	*	*	134
Jefferson	1/1/2025	N/A	507	721	136
Larimer	2/1/2024	N/A	471	662	172
Mesa	1/1/2025	N/A	207	310	141
Mineral	4/1/2025	N/A	0	0	N/A
Montrose	2/1/2025	N/A	49	72	120
Pueblo	1/1/2025	N/A	224	357	117
Rio Grande	4/1/2025	N/A	*	*	61
Summit	1/17/2025	N/A	10	13	126
Weld	2/1/2025	N/A	257	410	121

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

(g) The number of families and children statewide and by county that exit CCCAP due to their family incomes exceeding the eligibility limits

Table 5 displays the number of cases that have closed during FY 2024-25 due to the family exceeding income eligibility limits (i.e., county limits or federal limit).

Table 5: Case Closures by County for Families Exceeding 85% of State Median Income (SMI)

County	Case Closures	Number of Children Affected
Adams	6	10
Arapahoe	18	30

County	Case Closures	Number of Children Affected
Boulder	11	12
Broomfield	4	6
Chaffee	*	*
Delta	*	*
Denver	11	14
Douglas	8	15
Eagle	4	6
El Paso	12	15
Jefferson	6	7
La Plata	*	*
Larimer	6	8
Mesa	*	*
Montezuma	*	*
Morgan	4	9
Pueblo	*	*
Routt	*	*
San Miguel	*	*
Summit	*	*
Weld	8	14
Statewide Total	**112**	**164**

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

(h) The number of families and children statewide and by county that re-enter CCCAP within two years of exiting due to their family incomes exceeding the eligibility limits;

Seven cases across three Colorado counties (Arapahoe, Denver, and Eagle) closed due to income ineligibility and reopened within two years of closure.

(i) An estimate of unmet need for CCCAP in each county and throughout the state based on estimates of the number of children and families who are likely to be eligible for CCCAP in each county but who are not enrolled in CCCAP, disaggregated by estimated ages from birth through thirteen years of age

Income eligibility for CCCAP is determined based on a family's county, as CDEC recognizes that poverty looks different in different communities and some areas have higher costs of living than others. The Department uses the Self-Sufficiency Standard (SSS) (excluding child care expenses) to determine three eligibility income levels for CCCAP that reflect differential costs throughout the state. The SSS defines the amount of income necessary to meet basic needs—including taxes, without public subsidies, and without private or informal supports—in each county. This approach attempts to standardize the entry-level families' experience of poverty as it relates to the amount of money it takes to be self-sufficient in a given county—an amount that varies with the costs of basic needs. Based on these SSS determinations, counties are then grouped into three levels that correlate to natural breaks in the data: 185% of the Federal Poverty Level (FPL), 225% FPL, and 265% FPL. During FY 2023-24, these thresholds were temporarily increased to 200% FPL, 235% FPL, and 270% FPL using American Rescue Plan Act (ARPA) Discretionary funds as a strategy to increase access to child care assistance for low-income families. Thresholds returned to previous levels as of July 1, 2024.

These thresholds define the population that is income-eligible for CCCAP. To estimate the need, a target population is set at 31.1% of the fiscally eligible population; this target percentage aligns with the percentage of the general population served in a child care facility or a family child care home (Laughlin, 2013). In other words, by providing child care subsidies, we hope to help low-income families overcome the price of care as a barrier and to access care at a level equal to the general population.

To identify the unmet need, these targets are compared to the unique number of children served. For this analysis, CDEC identified all children who received any CCCAP care at least once during FY 2024-25 as a child served. These data, along with the total fiscally eligible population ("fisc. eligible pop.") and the target population, are provided by county in Table 7, with the percentage of each county's target number approximating the percentage of the need met.

Due to the limitations of the census data, the Department was only able to disaggregate by two age groupings: under age 6 and ages 6 to 11. This does not encapsulate the entire age group that CCCAP serves up to age 13, or children who are older than 13 and have additional care needs. Table 7 below presents the data for the total population under 12. Table 8 below shows the under-age 6 (U6) group, and Table 9 below shows the age 6 through 11 group. Tables 7, 8, and 9 reflect the number of families who are eligible for CCCAP based on income only and do not consider other program eligibility factors.

Table 7: Estimated Portion of Need Met, Children Under 12

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served**	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
Adams	225%	32,470	10,098	2,870	28%	9%
Alamosa	185%	1,356	422	170	40%	13%
Arapahoe	225%	31,151	9,688	3,387	35%	11%
Archuleta	185%	653	203	63	31%	10%

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served**	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
Baca	185%	314	98	*	*	*
Bent	185%	370	115	28	24%	8%
Boulder	265%	10,116	3,146	1,499	48%	15%
Broomfield	265%	1,714	533	175	33%	10%
Chaffee	185%	546	170	28	16%	5%
Cheyenne	185%	115	36	*	*	*
Clear Creek	185%	202	63	15	24%	7%
Conejos	185%	785	244	36	15%	5%
Costilla	185%	288	90	37	41%	13%
Crowley	185%	150	47	20	43%	13%
Custer	185%	82	26	10	38%	12%
Delta	225%	1,910	594	102	17%	5%
Denver	225%	30,916	9,615	4,300	45%	14%
Dolores	185%	89	28	*	*	*
Douglas	265%	7,663	2,383	636	27%	8%
Eagle	270%	3,169	986	391	40%	12%
Elbert	185%	322	100	63	63%	20%
El Paso	185%	31,309	9,737	4,200	43%	13%
Fremont	185%	2,006	624	270	43%	13%
Garfield	225%	3,937	1,224	267	22%	7%
Gilpin	225%	260	81	36	44%	14%
Grand	225%	325	101	35	35%	11%
Gunnison	185%	270	84	44	52%	16%
Hinsdale	185%	28	9	*	*	*
Huerfano	225%	248	77	13	17%	5%
Jackson	225%	77	24	0	0%	0%
Jefferson	225%	15,111	4,700	1,600	34%	11%
Kiowa	185%	56	17	*	*	*
Kit Carson	185%	361	112	*	*	*
Lake	225%	153	48	*	*	*
La Plata	185%	2,074	645	283	44%	14%
Larimer	225%	11,529	3,586	1,069	30%	9%
Las Animas	185%	644	200	110	55%	17%
Lincoln	185%	259	81	19	23%	7%
Logan	185%	1,197	372	116	31%	10%

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served**	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
Mesa	185%	6,719	2,090	1,033	49%	15%
Mineral	185%	20	6	*	*	*
Moffat	185%	711	221	65	29%	9%
Montezuma	185%	1,588	494	130	26%	8%
Montrose	185%	2,044	636	218	34%	11%
Morgan	185%	1,773	551	220	40%	12%
Otero	185%	1,399	435	58	13%	4%
Ouray	185%	55	17	*	*	*
Park	225%	249	77	35	45%	14%
Phillips	185%	297	92	8	9%	3%
Pitkin	300%	477	148	36	24%	8%
Prowers	185%	909	283	49	17%	5%
Pueblo	185%	10,371	3,225	1,161	36%	11%
Rio Blanco	185%	340	106	23	22%	7%
Rio Grande	185%	353	110	51	46%	14%
Routt	265%	842	262	106	40%	13%
Saguache	185%	467	145	*	*	*
San Juan	225%	12	4	*	*	*
San Miguel	225%	313	97	46	47%	15%
Sedgwick	185%	134	42	7	17%	5%
Summit	265%	988	307	69	22%	7%
Teller	185%	468	146	80	55%	17%
Washington	185%	169	53	27	51%	16%
Weld	185%	14,203	4,417	1,959	44%	14%
Yuma	185%	496	154	47	31%	9%
Statewide Total		**239,622**	**74,522**	**27,352**	**37%**	**11%**

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

** These numbers differ from those reported in Tables 1a, 1b, and 10 because these counts include only children under the age of 12 to allow comparison to the estimated eligible population.

Table 8: Estimated Portion of Need Met, Children Under 6

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
Adams	225%	15,520	4,827	2,150	45%	14%
Alamosa	185%	738	230	149	65%	20%
Arapahoe	225%	15,337	4,770	2,422	51%	16%
Archuleta	185%	186	58	61	105%	33%
Baca	185%	135	42	*	*	*
Bent	185%	200	62	22	35%	11%
Boulder	265%	5,116	1,591	996	63%	19%
Broomfield	265%	752	234	118	50%	16%
Chaffee	185%	174	54	24	44%	14%
Cheyenne	185%	29	9	*	*	*
Clear Creek	185%	86	27	7	26%	8%
Conejos	185%	373	116	29	25%	8%
Costilla	185%	120	37	32	86%	27%
Crowley	185%	70	22	13	59%	19%
Custer	185%	31	10	10	100%	32%
Delta	225%	844	262	80	31%	9%
Denver	225%	15,633	4,862	3,243	67%	21%
Dolores	185%	81	25	*	*	*
Douglas	265%	3,383	1,052	434	41%	13%
Eagle	270%	1,505	468	328	70%	22%
Elbert	185%	202	63	48	76%	24%
El Paso	185%	15,667	4,872	2,812	58%	18%
Fremont	185%	1,099	342	178	52%	16%
Garfield	225%	1,915	596	240	40%	13%
Gilpin	225%	80	25	18	72%	22%
Grand	225%	127	39	28	72%	22%
Gunnison	185%	74	23	35	152%	47%
Hinsdale	185%	0	0	*	*	*
Huerfano	225%	130	40	11	28%	8%
Jackson	225%	19	6	0	0%	0%
Jefferson	225%	6,944	2,160	1,058	49%	15%
Kiowa	185%	24	7	*	*	*
Kit Carson	185%	175	54	*	*	*
Lake	225%	27	8	*	*	*

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
La Plata	185%	957	298	201	67%	21%
Larimer	225%	5,675	1,765	740	42%	13%
Las Animas	185%	390	121	81	67%	21%
Lincoln	185%	149	46	16	35%	11%
Logan	185%	551	171	94	55%	17%
Mesa	185%	3,388	1,054	715	68%	21%
Mineral	185%	7	2	*	*	*
Moffat	185%	481	150	56	37%	12%
Montezuma	185%	806	251	117	47%	15%
Montrose	185%	1,005	313	178	57%	18%
Morgan	185%	805	250	165	66%	20%
Otero	185%	764	238	39	16%	5%
Ouray	185%	7	2	*	*	*
Park	225%	140	44	29	66%	21%
Phillips	185%	182	57	6	11%	3%
Pitkin	300%	270	84	34	40%	13%
Prowers	185%	547	170	39	23%	7%
Pueblo	185%	4,842	1,506	884	59%	18%
Rio Blanco	185%	170	53	20	38%	12%
Rio Grande	185%	161	50	46	92%	29%
Routt	265%	366	114	85	75%	23%
Saguache	185%	260	81	*	*	*
San Juan	225%	5	2	*	*	*
San Miguel	225%	123	38	45	118%	37%
Sedgwick	185%	57	18	7	39%	12%
Summit	265%	461	143	66	46%	14%
Teller	185%	180	56	55	98%	31%
Washington	185%	86	27	12	44%	14%
Weld	185%	6,842	2,128	1,343	63%	20%
Yuma	185%	285	89	39	44%	14%
Statewide Total		**116,758**	**36,312**	**19,687**	**54%**	**17%**

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

Table 9: Estimated Portion of Need Met, Children Ages 6 - 11

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
Adams	225%	16,950	5,271	720	14%	4%
Alamosa	185%	618	192	21	11%	3%
Arapahoe	225%	15,814	4,918	965	20%	6%
Archuleta	185%	467	145	*	*	*
Baca	185%	179	56	0	0%	0%
Bent	185%	170	53	6	11%	4%
Boulder	265%	5,000	1,555	503	32%	10%
Broomfield	265%	962	299	57	19%	6%
Chaffee	185%	372	116	*	*	*
Cheyenne	185%	86	27	*	*	*
Clear Creek	185%	116	36	8	22%	7%
Conejos	185%	412	128	7	5%	2%
Costilla	185%	168	52	*	*	*
Crowley	185%	80	25	7	28%	9%
Custer	185%	51	16	0	0%	0%
Delta	225%	1,066	332	22	7%	2%
Denver	225%	15,283	4,753	1,057	22%	7%
Dolores	185%	8	2	0	0%	0%
Douglas	265%	4,280	1,331	202	15%	5%
Eagle	270%	1,664	518	63	12%	4%
Elbert	185%	120	37	15	41%	12%
El Paso	185%	15,642	4,865	1,388	29%	9%
Fremont	185%	907	282	92	33%	10%
Garfield	225%	2,022	629	27	4%	1%
Gilpin	225%	180	56	18	32%	10%
Grand	225%	198	62	7	11%	4%
Gunnison	185%	196	61	9	15%	5%
Hinsdale	185%	28	9	0	0%	0%
Huerfano	225%	118	37	*	*	*
Jackson	225%	58	18	0	0%	0%
Jefferson	225%	8,167	2,540	542	21%	7%
Kiowa	185%	32	10	0	0%	0%
Kit Carson	185%	186	58	*	*	*
Lake	225%	126	39	0	0%	0%

County	Entry FPL Tier	Total Fisc. Eligible Pop.	Target Pop. to Be Served (31.1% of the Total Fisc. Eligible Pop.)	Unique Children Actually Served	Pct. Served of Target Pop. to Be Served	Pct. Served of Total Fisc. Eligible Pop.
La Plata	185%	1,117	347	82	24%	7%
Larimer	225%	5,854	1,821	329	18%	6%
Las Animas	185%	254	79	29	37%	11%
Lincoln	185%	110	34	*	*	*
Logan	185%	646	201	22	11%	3%
Mesa	185%	3,331	1,036	318	31%	10%
Mineral	185%	13	4	0	0%	0%
Moffat	185%	230	72	9	12%	4%
Montezuma	185%	782	243	13	5%	2%
Montrose	185%	1,039	323	40	12%	4%
Morgan	185%	968	301	55	18%	6%
Otero	185%	635	197	19	10%	3%
Ouray	185%	48	15	0	0%	0%
Park	225%	109	34	6	18%	6%
Phillips	185%	115	36	*	*	*
Pitkin	300%	207	64	*	*	*
Prowers	185%	362	113	10	9%	3%
Pueblo	185%	5,529	1,720	277	16%	5%
Rio Blanco	185%	170	53	*	*	*
Rio Grande	185%	192	60	*	*	*
Routt	265%	476	148	21	14%	4%
Saguache	185%	207	64	0	0%	0%
San Juan	225%	7	2	0	0%	0%
San Miguel	225%	190	59	*	*	*
Sedgwick	185%	77	24	0	0%	0%
Summit	265%	527	164	*	*	*
Teller	185%	288	90	25	28%	9%
Washington	185%	83	26	15	58%	18%
Weld	185%	7,361	2,289	616	27%	8%
Yuma	185%	211	66	8	12%	4%
Statewide Total		**122,864**	**38,211**	**7,665**	**20%**	**6%**

An asterisk (*****) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

(j)(I) A year-over-year comparison of the number of children served by CCCAP to show fluctuations in the number of children served

Table 10: Number of Children Served Year-Over-Year

SFY	Child Count	Case Count
SFY 18-19	29,546	18,588
SFY 19-20	29,210	17,982
SFY 20-21	24,055	14,928
SFY 21-22	23,971	15,054
SFY 22-23	25,864	16,565
SFY 23-24*	30,124	19,889
SFY 24-25**	27,598	18,348

* Prior to SFY 2023-24, the data included counts for low-income CCCAP and TANF CCCAP but not counts for Child Welfare CCCAP. Starting in SFY 2023-24, the Department began including Child Welfare CCCAP cases, which accounts for the increase between SFY 2022-23 and SFY 2023-24. The data for SFY 2024-25 similarly includes all CCCAP program types, including low-income CCCAP, TANF CCCAP, and Child Welfare CCCAP.
** Starting in SFY 2024-25, child and case/family counts are based upon the number of unique children 13 or younger who received CCCAP services. Previous legislative reports included children over 13 years old who were served through CCCAP; that population is fewer than 16 individuals. To protect privacy, the figures provided in this report do not include information on these individuals.

(j)(II) The number of informal, license-exempt providers, in-home providers, community-based providers, and school-based providers that agree to serve children with a CCCAP subsidy compared to the total number of providers

In FY 2024-25, more than half of providers who were eligible to provide CCCAP chose to participate in the program, meaning they had a CCCAP fiscal agreement in place. Table 11 below shows the breakdown of participating providers by provider type as of June 2025.

Table 11: CCCAP Provider Landscape

Type of Provider	Providers with CCCAP Fiscal Agreement	Total Licensed Providers	Percentage of Providers with CCCAP Fiscal Agreement
Qualified Exempt	135	N/A*	5.4%
Licensed Home-Based Providers	513	1,348	20.5%
Licensed Center-Based Providers	1,226	2,144	49%

Type of Provider	Providers with CCCAP Fiscal Agreement	Total Licensed Providers	Percentage of Providers with CCCAP Fiscal Agreement
School Age Providers	629	966	25.1%
Total	2,503	4,458	100%

* Qualified Exempt providers are legally exempt from licensing, per Section 26-6-103, C.R.S.

(j)(III) The number of provider agreements and enrollment contracts with providers

As of June 2025, 2,503 providers had CCCAP fiscal agreements. Over the course of FY 2024-25, 2,191 unique providers received at least one payment for CCCAP services provided to at least one child.

(j)(IV) An explanation of the calculation of the most recently adopted provider rates

The Federal Child Care Development Fund (CCDF) requires that the State develop and conduct a statistically valid and reliable survey of the market rates for child care services in the state or an approved alternative methodology before the submission of the CCDF State Plan. A federal audit found that Colorado was not in compliance with these requirements, so in September 2023, Colorado was approved to create an alternative methodology and worked with stakeholders on this new rate methodology through May of 2024. Colorado's CCDF State Plan, including the new alternative methodology, was submitted on June 30, 2024 for approval and was approved by the October 1, 2024 effective date.

The rates implemented as of October 1, 2024 are based on the results of the new alternative child care provider rate-setting methodology and formula that was approved for development and implementation in place of a traditional market rate survey. *This methodology accounts for the cost of quality care and reflects variations by geographic location, type, and category of provider, quality level of provider, and age of child, while considering impact on diverse populations. This methodology was designed to ensure the provider rates more accurately reflect the cost of child care rather than a family's ability to pay.* CDEC's Comprehensive Report (Link) details the results of the new alternate methodology for rate setting and how the State-established licensed child care provider daily reimbursement rates were set. Additionally, you can find the actual rates here: Final CCCAP State-Established Daily Licensed Provider Reimbursement Rates Effective 10.1.2024 (Link).

CDEC set a three-year timeline to transition from market-based rates to cost-based rates, with an initial year of implementation beginning October 1, 2024. This timeline complies with federal requirements and allows the state to phase in the increased rate structure over three funding cycles. The Department continues to work with the federal office to ensure we meet our requirements, including any new or revised requirements that may arise under the current administration.

The State-established licensed child care provider daily reimbursement rates must include a system of tiered reimbursement for child care providers that are eligible to be rated within the Colorado Shines Quality Rating and Improvement System. For this rate-setting period, the State is maintaining the tiered rate structure based on county, setting, child age, and Colorado Shines quality rating. Child care providers will be reimbursed based on these parameters in the same way as in the past. The new rates reflect the true costs of delivering care and are meant to incentivize quality child care providers to accept children receiving CCCAP subsidy, as well as to encourage Level 1 and 2 child care providers to reach a higher quality rating to expand equal access to high-quality care across the state.

(j)(V) An explanation of the quality incentives made available to providers

CDEC provides many opportunities for providers who serve children in CCCAP to improve quality and has implemented several policy strategies to incentivize quality. The CCCAP State-established regular rates for child care providers are tiered based on quality levels. This tiered structure enables providers with higher quality ratings to receive increased rates, thus incentivizing programs to maintain and pursue higher quality ratings.

Additionally, families' parent fees are reduced by 20 percent when they use a child care provider in the top three levels of the Department's quality rating system. The discounted parent fees are intended to incentivize families to select a high-quality provider for their children.

Counties can opt to transfer a portion of their TANF block grant allocation or reserves to support quality child care improvement activities in their county. The transfer funds can support providers in activities to maintain or improve their quality level, meet licensing standards, provide training to child care staff, improve the availability of child care, improve salaries or benefits, and increase parental choice, as well as other activities. During SFY 2024-25, 13 counties transferred TANF reserves to support quality activities for multiple programs.

Providers serving children receiving CCCAP funding are also eligible to apply for Colorado Shines quality improvement incentives and program support based on license type and number of classrooms. The Department of Early Childhood sets funding amounts for quality improvement incentive awards as follows:

Table 12: SFY 24-25 Award Allocations

Family Child Care Homes	$2,800
Small Centers/PS (1-3 classrooms)	$3,500
Large Centers/PS (4+ classrooms)	$4,200

Actual funding amounts vary and may change based on the Early Childhood Council Strategic Plan, School-Readiness Plan, and Quality Improvement Program Memorandum of Understanding (QI MOU) that is executed with each participating child care program. Quality improvement resources are based on available funding and may be prioritized to support CDEC's strategic priorities. Programs accessing quality improvement incentives must sign a Memorandum of Understanding (MOU) with their Early Childhood Council and be ***actively*** pursuing or maintaining high-quality levels within the Colorado Shines System.

Allowable uses of Quality Improvement funding include coaching supports, professional development, temporary teaching funds to support professional development, and early learning materials. Additionally, programs can apply for funds to support minor improvements or enhancements related to caring for infants and/or toddlers. Minor improvement grants are one-time funding opportunities up to $7,500 and must be linked to goals established within the program Colorado Shines Quality Improvement Plan (QIP). The Department has an annual allocation of $4.5 million for these quality efforts. Approximately 1,100 programs can be served with these funds annually.

Appendix D: CCCAP Waitlists of Freezes as of 1/1/2026

County	Waitlist?	Freeze?	Effective Begin Date	Families on Waitlist/Freeze (As of 1st of the month)	Children on Waitlist/Freeze (As of 1st of the month)	Families on Waitlist/Freeze based on Application/Referral Method	
						Low Income Child Care Application	Colorado Works (TANF) Child Care Referral
Total	**5**	**19**		**8788**	**12872**	**8489**	**300**
Adams	No	Yes	10/1/2024	1351	1992	1346	5
Alamosa	No	Yes	11/15/2024	23	28	24	0
Arapahoe	No	Yes	1/1/2025	1506	2226	1495	11
Archuleta	No	No					
Baca	No	No					
Bent	No	No					
Boulder	No	Yes	3/1/2024	639	914	590	49
Broomfield	No	Yes	11/15/2024	92	137	92	0
Chaffee	Yes	No	1/1/2025	1	2	1	0
Cheyenne	No	No					
Clear Creek	No	No					
Conejos	No	No					
Costilla	No	No					
Crowley	No	No					
Custer	No	No					
Delta	No	No					
Denver	No	Yes	1/1/2025	1092	1501	1052	40
Dolores	Yes	No		0	0	0	0
Douglas	No	Yes	12/1/2024	381	544	379	2
Eagle	No	No					
El Paso	No	Yes	11/6/2024	1347	2064	1260	87
Elbert	No	No					
Fremont	No	No					
Garfield	No	No					
Gilpin	No	No					
Grand	No	No					
Gunnison	No	Yes	12/16/2024	16	19	15	1
Hinsdale	No	Yes	2/17/2025	0	0	0	0
Huerfano	Yes	No	8/1/2025	1	1	1	0
Jackson	No	No					
Jefferson	No	Yes	1/1/2025	842	1181	808	34
Kiowa	No	No					
Kit Carson	No	No					
La Plata	No	No					

Lake	No	No					
Larimer	No	Yes	2/1/2024	552	790	532	20
Las Animas	No	No					
Lincoln	No	No					
Logan	No	No					
Mesa	No	Yes	1/1/2025	263	409	247	16
Mineral	No	Yes	4/1/2025	0	0	0	0
Moffat	No	No					
Montezuma	No	No					
Montrose	No	Yes		61	89	61	0
Morgan	No	No					
Otero	No	No					
Ouray	No	No					
Park	No	No					
Phillips	No	No					
Pitkin	No	No					
Prowers	No	No					
Pueblo	No	Yes	1/1/2025	280	436	250	30
Rio Blanco	No	No					
Rio Grande	No	Yes	4/1/2025	5	8	4	1
Routt	No	No					
Saguache	No	No					
San Juan	Yes	No	12/1/2024	0	0		
San Miguel	Yes	No		3	3	3	0
Sedgwick	No	No					
Summit	No	Yes	1/17/2025	16	21	16	0
Teller	No	No					
Washington	No	No					
Weld	No	Yes	2/1/2025	317	507	313	4
Yuma	No	No					

Appendix E: **Number of Children and Families Served in CCCAP by County - October 2025**

County	Number of Families	Number of Children
Adams	1118	1705
Alamosa	62	87
Arapahoe	1187	1935
Archuleta	42	51
Baca	0	0
Bent	14	27
Boulder	581	863
Broomfield	58	99
Chaffee	13	20
Cheyenne	*	*
Clear Creek	9	9
Conejos	20	30
Costilla	14	20
Crowley	7	12
Custer	*	*
Delta	34	49
Denver	1591	2492
Dolores	*	*
Douglas	234	368
Eagle	242	297
Elbert	32	45
El Paso	1490	2367
Fremont	101	172
Garfield	156	210
Gilpin	7	11

Grand	12	18
Gunnison	12	13
Hinsdale	*	*
Huerfano	*	*
Jackson	0	0
Jefferson	564	887
Kiowa	0	0
Kit Carson	0	0
La Plata	129	158
Lake	*	*
Larimer	402	620
Las Animas	48	68
Lincoln	5	9
Logan	43	62
Mesa	377	601
Mineral	*	*
Moffat	37	51
Montezuma	49	66
Montrose	74	101
Morgan	77	113
Otero	17	25
Ouray	*	*
Park	12	15
Phillips	*	*
Pitkin	31	40
Prowers	19	39
Pueblo	429	679

Rio Blanco	13	17
Rio Grande	23	39
Routt	42	47
Saguahce	0	0
San Juan	0	0
San Miguel	26	31
Sedgwick	*	*
Summit	42	48
Teller	35	51
Washington	7	10
Weld	721	1139
Yuma	18	32

An asterisk (*) indicates the value is suppressed to protect the identities of children. Values are suppressed when the count of individuals is at least 1 and less than 6. The accompanying case or family count is suppressed to prevent recalculation of the number of children.

Appendix F: County CCCAP Allocation Actuals July - November 2025

COUNTY	Allocation	Direct Services Expenditures	Admin Expenditures	Total Expenditures
Adams	$21,623,433	$7,555,098	$941,405	$8,496,503
Alamosa	$837,873	$186,589	$38,818	$225,407
Arapahoe	$20,863,574	$8,935,476	$464,900	$9,400,376
Archuleta	$403,655	$132,104	$25,339	$157,443
Baca	$108,805	$0	$2,165	$2,165
Bent	$184,268	$54,995	$11,014	$66,009
Boulder	$9,272,900	$3,879,472	$539,909	$4,419,381
Broomfield	$1,102,811	$333,340	$41,587	$374,927
Chaffee	$296,635	$32,349	$55,175	$87,524
Cheyenne	$37,457	$3,015	$1,446	$4,461
Clear Creek	$215,960	$25,329	$19,252	$44,581
Conejos	$417,463	$56,971	$23,948	$80,919
Costilla	$193,897	$49,598	$27,675	$77,273
Crowley	$98,286	$18,191	$19,910	$38,101
Custer	$82,396	$15,566	$5,267	$20,833
Delta	$1,046,114	$85,592	$43,490	$129,082
Denver	$30,247,997	$12,907,567	$731,215	$13,638,783
Dolores	$54,391	$2,002	$8,073	$10,075
Douglas	$4,963,908	$1,522,638	$190,923	$1,713,562
Eagle	$3,560,810	$1,563,386	$200,728	$1,764,114
Elbert	$374,400	$151,066	$16,795	$167,861
El Paso	$27,972,442	$9,143,012	$589,422	$9,732,434
Fremont	$1,390,295	$393,290	$68,299	$461,589
Garfield	$2,993,300	$810,409	$124,296	$934,705
Gilpin	$179,186	$41,456	$16,900	$58,356

Grand	$410,840	$62,820	$14,733	$77,553
Gunnison	$262,875	$85,583	$28,119	$113,702
Hinsdale	$22,367	$3,209	$4,785	$7,994
Huerfano	$139,224	$15,990	$21,564	$37,554
Jackson	$26,891	$352	$2,448	$2,800
Jefferson	$11,920,116	$4,128,996	$657,716	$4,786,712
Kiowa	$42,886	$0	$1,934	$1,934
Kit Carson	$166,165	$0	$2,943	$2,943
Lake	$195,708	$27,059	$21,377	$48,437
La Plata	$1,523,643	$331,005	$88,171	$419,176
Larimer	$8,639,030	$2,767,596	$401,346	$3,168,942
Las Animas	$439,697	$124,442	$17,744	$142,186
Lincoln	$185,761	$15,623	$8,682	$24,305
Logan	$689,947	$151,020	$57,618	$208,638
Mesa	$4,983,565	$1,826,988	$213,638	$2,040,627
Mineral	$18,285	$2,383	$0	$2,383
Moffat	$650,876	$200,835	$27,818	$228,653
Montezuma	$1,028,783	$182,111	$25,677	$207,788
Montrose	$1,422,525	$346,169	$46,612	$392,780
Morgan	$1,270,175	$380,020	$50,245	$430,265
Otero	$952,502	$56,209	$36,357	$92,565
Ouray	$44,529	$3,535	$5,254	$8,789
Park	$244,424	$52,306	$48,801	$101,108
Phillips	$121,271	$11,698	$13,961	$25,659
Pitkin	$452,150	$203,403	$27,585	$230,989
Prowers	$492,898	$63,862	$36,936	$100,798
Pueblo	$6,409,968	$1,996,588	$172,141	$2,168,729

Rio Blanco	$227,282	$44,227	$16,279	$60,505
Rio Grande	$278,101	$84,509	$21,648	$106,157
Routt	$761,250	$216,113	$29,250	$245,363
Saguache	$204,447	$0	$11,164	$11,164
San Juan	$8,969	$0	$2,007	$2,007
San Miguel	$251,435	$120,032	$28,879	$148,911
Sedgwick	$81,597	$12,070	$5,822	$17,892
Summit	$908,779	$309,199	$72,620	$381,818
Teller	$608,257	$165,751	$43,108	$208,858
Washington	$146,316	$24,741	$7,752	$32,493
Weld	$10,643,884	$4,124,570	$266,000	$4,390,570
Yuma	$300,768	$58,814	$21,162	$79,976
TOTAL	**$185,700,442**	**$66,098,341**	**$6,767,846**	**$72,866,186**

Appendix G: FY 2025-26 CCCAP Provider Rates

County	Provider Type	Age Group	QRIS Level	10/1/2026 Rate
Adams	CENTER	0-18 months	Tier 1 & Tier 2	$79.51
Adams	CENTER	0-18 months	Tier 3	$91.13
Adams	CENTER	0-18 months	Tier 4 & Tier 5	$110.61
Adams	CENTER	18-36 months	Tier 1 & Tier 2	$66.63
Adams	CENTER	18-36 months	Tier 3	$74.81
Adams	CENTER	18-36 months	Tier 4 & Tier 5	$88.52
Adams	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.70
Adams	CENTER	36 months to 6 years	Tier 3	$54.20
Adams	CENTER	36 months to 6 years	Tier 4 & Tier 5	$64.09
Adams	CENTER	School Age	Tier 1 & Tier 2	$39.80
Adams	CENTER	School Age	Tier 3	$43.93
Adams	CENTER	School Age	Tier 4 & Tier 5	$50.95
Adams	HOME	0-24 months	Tier 1 & Tier 2	$70.80
Adams	HOME	0-24 months	Tier 3	$84.01
Adams	HOME	0-24 months	Tier 4 & Tier 5	$105.22
Adams	HOME	24 months to 6 years	Tier 1 & Tier 2	$37.58
Adams	HOME	24 months to 6 years	Tier 3	$44.60
Adams	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.86
Adams	HOME	School Age	Tier 1 & Tier 2	$31.20
Adams	HOME	School Age	Tier 3	$38.22
Adams	HOME	School Age	Tier 4 & Tier 5	$43.68
Alamosa	CENTER	0-18 months	Tier 1 & Tier 2	$59.77
Alamosa	CENTER	0-18 months	Tier 3	$68.24
Alamosa	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Alamosa	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Alamosa	CENTER	18-36 months	Tier 3	$56.44
Alamosa	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Alamosa	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Alamosa	CENTER	36 months to 6 years	Tier 3	$38.96

Alamosa	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Alamosa	CENTER	School Age	Tier 1 & Tier 2	$31.04
Alamosa	CENTER	School Age	Tier 3	$34.10
Alamosa	CENTER	School Age	Tier 4 & Tier 5	$39.35
Alamosa	HOME	0-24 months	Tier 1 & Tier 2	$54.33
Alamosa	HOME	0-24 months	Tier 3	$64.33
Alamosa	HOME	0-24 months	Tier 4 & Tier 5	$80.27
Alamosa	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.70
Alamosa	HOME	24 months to 6 years	Tier 3	$39.57
Alamosa	HOME	24 months to 6 years	Tier 4 & Tier 5	$43.81
Alamosa	HOME	School Age	Tier 1 & Tier 2	$28.02
Alamosa	HOME	School Age	Tier 3	$32.13
Alamosa	HOME	School Age	Tier 4 & Tier 5	$36.96
Arapahoe	CENTER	0-18 months	Tier 1 & Tier 2	$79.49
Arapahoe	CENTER	0-18 months	Tier 3	$91.10
Arapahoe	CENTER	0-18 months	Tier 4 & Tier 5	$110.59
Arapahoe	CENTER	18-36 months	Tier 1 & Tier 2	$66.61
Arapahoe	CENTER	18-36 months	Tier 3	$74.79
Arapahoe	CENTER	18-36 months	Tier 4 & Tier 5	$88.50
Arapahoe	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.68
Arapahoe	CENTER	36 months to 6 years	Tier 3	$56.01
Arapahoe	CENTER	36 months to 6 years	Tier 4 & Tier 5	$63.50
Arapahoe	CENTER	School Age	Tier 1 & Tier 2	$39.78
Arapahoe	CENTER	School Age	Tier 3	$43.91
Arapahoe	CENTER	School Age	Tier 4 & Tier 5	$51.13
Arapahoe	HOME	0-24 months	Tier 1 & Tier 2	$70.74
Arapahoe	HOME	0-24 months	Tier 3	$83.95
Arapahoe	HOME	0-24 months	Tier 4 & Tier 5	$105.16
Arapahoe	HOME	24 months to 6 years	Tier 1 & Tier 2	$40.01
Arapahoe	HOME	24 months to 6 years	Tier 3	$47.78
Arapahoe	HOME	24 months to 6 years	Tier 4 & Tier 5	$57.93

Arapahoe	HOME	School Age	Tier 1 & Tier 2	$28.61
Arapahoe	HOME	School Age	Tier 3	$40.68
Arapahoe	HOME	School Age	Tier 4 & Tier 5	$43.96
Archuleta	CENTER	0-18 months	Tier 1 & Tier 2	$63.04
Archuleta	CENTER	0-18 months	Tier 3	$71.97
Archuleta	CENTER	0-18 months	Tier 4 & Tier 5	$86.97
Archuleta	CENTER	18-36 months	Tier 1 & Tier 2	$53.28
Archuleta	CENTER	18-36 months	Tier 3	$59.61
Archuleta	CENTER	18-36 months	Tier 4 & Tier 5	$70.24
Archuleta	CENTER	36 months to 6 years	Tier 1 & Tier 2	$42.35
Archuleta	CENTER	36 months to 6 years	Tier 3	$47.73
Archuleta	CENTER	36 months to 6 years	Tier 4 & Tier 5	$51.70
Archuleta	CENTER	School Age	Tier 1 & Tier 2	$32.96
Archuleta	CENTER	School Age	Tier 3	$36.22
Archuleta	CENTER	School Age	Tier 4 & Tier 5	$41.78
Archuleta	HOME	0-24 months	Tier 1 & Tier 2	$57.26
Archuleta	HOME	0-24 months	Tier 3	$67.79
Archuleta	HOME	0-24 months	Tier 4 & Tier 5	$84.55
Archuleta	HOME	24 months to 6 years	Tier 1 & Tier 2	$36.35
Archuleta	HOME	24 months to 6 years	Tier 3	$39.66
Archuleta	HOME	24 months to 6 years	Tier 4 & Tier 5	$44.89
Archuleta	HOME	School Age	Tier 1 & Tier 2	$31.20
Archuleta	HOME	School Age	Tier 3	$32.75
Archuleta	HOME	School Age	Tier 4 & Tier 5	$35.50
Baca	CENTER	0-18 months	Tier 1 & Tier 2	$59.46
Baca	CENTER	0-18 months	Tier 3	$67.93
Baca	CENTER	0-18 months	Tier 4 & Tier 5	$82.20
Baca	CENTER	18-36 months	Tier 1 & Tier 2	$50.14
Baca	CENTER	18-36 months	Tier 3	$56.13
Baca	CENTER	18-36 months	Tier 4 & Tier 5	$66.21
Baca	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.00

Baca	CENTER	36 months to 6 years	Tier 3	$38.65
Baca	CENTER	36 months to 6 years	Tier 4 & Tier 5	$44.90
Baca	CENTER	School Age	Tier 1 & Tier 2	$30.73
Baca	CENTER	School Age	Tier 3	$33.79
Baca	CENTER	School Age	Tier 4 & Tier 5	$39.04
Baca	HOME	0-24 months	Tier 1 & Tier 2	$53.54
Baca	HOME	0-24 months	Tier 3	$63.43
Baca	HOME	0-24 months	Tier 4 & Tier 5	$79.22
Baca	HOME	24 months to 6 years	Tier 1 & Tier 2	$28.42
Baca	HOME	24 months to 6 years	Tier 3	$33.67
Baca	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.06
Baca	HOME	School Age	Tier 1 & Tier 2	$23.92
Baca	HOME	School Age	Tier 3	$24.02
Baca	HOME	School Age	Tier 4 & Tier 5	$29.34
Bent	CENTER	0-18 months	Tier 1 & Tier 2	$59.45
Bent	CENTER	0-18 months	Tier 3	$67.93
Bent	CENTER	0-18 months	Tier 4 & Tier 5	$82.20
Bent	CENTER	18-36 months	Tier 1 & Tier 2	$50.14
Bent	CENTER	18-36 months	Tier 3	$56.12
Bent	CENTER	18-36 months	Tier 4 & Tier 5	$66.21
Bent	CENTER	36 months to 6 years	Tier 1 & Tier 2	$34.99
Bent	CENTER	36 months to 6 years	Tier 3	$38.64
Bent	CENTER	36 months to 6 years	Tier 4 & Tier 5	$44.89
Bent	CENTER	School Age	Tier 1 & Tier 2	$30.72
Bent	CENTER	School Age	Tier 3	$33.78
Bent	CENTER	School Age	Tier 4 & Tier 5	$39.03
Bent	HOME	0-24 months	Tier 1 & Tier 2	$53.53
Bent	HOME	0-24 months	Tier 3	$63.41
Bent	HOME	0-24 months	Tier 4 & Tier 5	$79.20
Bent	HOME	24 months to 6 years	Tier 1 & Tier 2	$33.37
Bent	HOME	24 months to 6 years	Tier 3	$41.97

Bent	HOME	24 months to 6 years	Tier 4 & Tier 5	$48.91
Bent	HOME	School Age	Tier 1 & Tier 2	$26.20
Bent	HOME	School Age	Tier 3	$29.48
Bent	HOME	School Age	Tier 4 & Tier 5	$33.85
Boulder	CENTER	0-18 months	Tier 1 & Tier 2	$88.63
Boulder	CENTER	0-18 months	Tier 3	$101.73
Boulder	CENTER	0-18 months	Tier 4 & Tier 5	$123.70
Boulder	CENTER	18-36 months	Tier 1 & Tier 2	$74.10
Boulder	CENTER	18-36 months	Tier 3	$83.33
Boulder	CENTER	18-36 months	Tier 4 & Tier 5	$98.78
Boulder	CENTER	36 months to 6 years	Tier 1 & Tier 2	$56.91
Boulder	CENTER	36 months to 6 years	Tier 3	$65.88
Boulder	CENTER	36 months to 6 years	Tier 4 & Tier 5	$78.76
Boulder	CENTER	School Age	Tier 1 & Tier 2	$43.85
Boulder	CENTER	School Age	Tier 3	$49.27
Boulder	CENTER	School Age	Tier 4 & Tier 5	$62.12
Boulder	HOME	0-24 months	Tier 1 & Tier 2	$77.71
Boulder	HOME	0-24 months	Tier 3	$92.30
Boulder	HOME	0-24 months	Tier 4 & Tier 5	$115.83
Boulder	HOME	24 months to 6 years	Tier 1 & Tier 2	$44.44
Boulder	HOME	24 months to 6 years	Tier 3	$54.94
Boulder	HOME	24 months to 6 years	Tier 4 & Tier 5	$61.49
Boulder	HOME	School Age	Tier 1 & Tier 2	$37.13
Boulder	HOME	School Age	Tier 3	$43.68
Boulder	HOME	School Age	Tier 4 & Tier 5	$54.59
Broomfield	CENTER	0-18 months	Tier 1 & Tier 2	$79.55
Broomfield	CENTER	0-18 months	Tier 3	$91.17
Broomfield	CENTER	0-18 months	Tier 4 & Tier 5	$110.65
Broomfield	CENTER	18-36 months	Tier 1 & Tier 2	$66.67
Broomfield	CENTER	18-36 months	Tier 3	$74.85
Broomfield	CENTER	18-36 months	Tier 4 & Tier 5	$88.56

Broomfield	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.74
Broomfield	CENTER	36 months to 6 years	Tier 3	$61.39
Broomfield	CENTER	36 months to 6 years	Tier 4 & Tier 5	$67.09
Broomfield	CENTER	School Age	Tier 1 & Tier 2	$39.84
Broomfield	CENTER	School Age	Tier 3	$45.26
Broomfield	CENTER	School Age	Tier 4 & Tier 5	$51.13
Broomfield	HOME	0-24 months	Tier 1 & Tier 2	$70.90
Broomfield	HOME	0-24 months	Tier 3	$84.12
Broomfield	HOME	0-24 months	Tier 4 & Tier 5	$105.36
Broomfield	HOME	24 months to 6 years	Tier 1 & Tier 2	$44.44
Broomfield	HOME	24 months to 6 years	Tier 3	$50.16
Broomfield	HOME	24 months to 6 years	Tier 4 & Tier 5	$59.72
Broomfield	HOME	School Age	Tier 1 & Tier 2	$40.56
Broomfield	HOME	School Age	Tier 3	$40.12
Broomfield	HOME	School Age	Tier 4 & Tier 5	$47.24
Chaffee	CENTER	0-18 months	Tier 1 & Tier 2	$63.21
Chaffee	CENTER	0-18 months	Tier 3	$72.14
Chaffee	CENTER	0-18 months	Tier 4 & Tier 5	$87.15
Chaffee	CENTER	18-36 months	Tier 1 & Tier 2	$53.46
Chaffee	CENTER	18-36 months	Tier 3	$59.78
Chaffee	CENTER	18-36 months	Tier 4 & Tier 5	$70.41
Chaffee	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.61
Chaffee	CENTER	36 months to 6 years	Tier 3	$48.06
Chaffee	CENTER	36 months to 6 years	Tier 4 & Tier 5	$62.65
Chaffee	CENTER	School Age	Tier 1 & Tier 2	$33.14
Chaffee	CENTER	School Age	Tier 3	$36.40
Chaffee	CENTER	School Age	Tier 4 & Tier 5	$41.96
Chaffee	HOME	0-24 months	Tier 1 & Tier 2	$57.71
Chaffee	HOME	0-24 months	Tier 3	$68.30
Chaffee	HOME	0-24 months	Tier 4 & Tier 5	$85.15
Chaffee	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.89

Chaffee	HOME	24 months to 6 years	Tier 3	$46.27
Chaffee	HOME	24 months to 6 years	Tier 4 & Tier 5	$54.53
Chaffee	HOME	School Age	Tier 1 & Tier 2	$29.48
Chaffee	HOME	School Age	Tier 3	$38.22
Chaffee	HOME	School Age	Tier 4 & Tier 5	$43.14
Cheyenne	CENTER	0-18 months	Tier 1 & Tier 2	$59.53
Cheyenne	CENTER	0-18 months	Tier 3	$68.01
Cheyenne	CENTER	0-18 months	Tier 4 & Tier 5	$82.28
Cheyenne	CENTER	18-36 months	Tier 1 & Tier 2	$50.22
Cheyenne	CENTER	18-36 months	Tier 3	$56.20
Cheyenne	CENTER	18-36 months	Tier 4 & Tier 5	$66.29
Cheyenne	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.07
Cheyenne	CENTER	36 months to 6 years	Tier 3	$38.73
Cheyenne	CENTER	36 months to 6 years	Tier 4 & Tier 5	$44.97
Cheyenne	CENTER	School Age	Tier 1 & Tier 2	$30.80
Cheyenne	CENTER	School Age	Tier 3	$33.86
Cheyenne	CENTER	School Age	Tier 4 & Tier 5	$39.11
Cheyenne	HOME	0-24 months	Tier 1 & Tier 2	$53.73
Cheyenne	HOME	0-24 months	Tier 3	$63.65
Cheyenne	HOME	0-24 months	Tier 4 & Tier 5	$79.48
Cheyenne	HOME	24 months to 6 years	Tier 1 & Tier 2	$28.53
Cheyenne	HOME	24 months to 6 years	Tier 3	$33.79
Cheyenne	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.19
Cheyenne	HOME	School Age	Tier 1 & Tier 2	$20.80
Cheyenne	HOME	School Age	Tier 3	$26.20
Cheyenne	HOME	School Age	Tier 4 & Tier 5	$29.44
Clear Creek	CENTER	0-18 months	Tier 1 & Tier 2	$79.35
Clear Creek	CENTER	0-18 months	Tier 3	$90.97
Clear Creek	CENTER	0-18 months	Tier 4 & Tier 5	$110.46
Clear Creek	CENTER	18-36 months	Tier 1 & Tier 2	$66.47
Clear Creek	CENTER	18-36 months	Tier 3	$74.65

Clear Creek	CENTER	18-36 months	Tier 4 & Tier 5	$88.36
Clear Creek	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.54
Clear Creek	CENTER	36 months to 6 years	Tier 3	$54.51
Clear Creek	CENTER	36 months to 6 years	Tier 4 & Tier 5	$73.67
Clear Creek	CENTER	School Age	Tier 1 & Tier 2	$50.07
Clear Creek	CENTER	School Age	Tier 3	$54.35
Clear Creek	CENTER	School Age	Tier 4 & Tier 5	$61.32
Clear Creek	HOME	0-24 months	Tier 1 & Tier 2	$70.40
Clear Creek	HOME	0-24 months	Tier 3	$83.55
Clear Creek	HOME	0-24 months	Tier 4 & Tier 5	$104.69
Clear Creek	HOME	24 months to 6 years	Tier 1 & Tier 2	$46.28
Clear Creek	HOME	24 months to 6 years	Tier 3	$48.07
Clear Creek	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.58
Clear Creek	HOME	School Age	Tier 1 & Tier 2	$41.60
Clear Creek	HOME	School Age	Tier 3	$43.39
Clear Creek	HOME	School Age	Tier 4 & Tier 5	$49.95
Conejos	CENTER	0-18 months	Tier 1 & Tier 2	$59.77
Conejos	CENTER	0-18 months	Tier 3	$68.24
Conejos	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Conejos	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Conejos	CENTER	18-36 months	Tier 3	$56.44
Conejos	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Conejos	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Conejos	CENTER	36 months to 6 years	Tier 3	$38.96
Conejos	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Conejos	CENTER	School Age	Tier 1 & Tier 2	$31.04
Conejos	CENTER	School Age	Tier 3	$34.10
Conejos	CENTER	School Age	Tier 4 & Tier 5	$39.35
Conejos	HOME	0-24 months	Tier 1 & Tier 2	$54.33
Conejos	HOME	0-24 months	Tier 3	$64.33
Conejos	HOME	0-24 months	Tier 4 & Tier 5	$80.27

Conejos	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.70
Conejos	HOME	24 months to 6 years	Tier 3	$39.57
Conejos	HOME	24 months to 6 years	Tier 4 & Tier 5	$43.81
Conejos	HOME	School Age	Tier 1 & Tier 2	$28.02
Conejos	HOME	School Age	Tier 3	$32.13
Conejos	HOME	School Age	Tier 4 & Tier 5	$36.96
Costilla	CENTER	0-18 months	Tier 1 & Tier 2	$59.77
Costilla	CENTER	0-18 months	Tier 3	$68.24
Costilla	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Costilla	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Costilla	CENTER	18-36 months	Tier 3	$56.44
Costilla	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Costilla	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Costilla	CENTER	36 months to 6 years	Tier 3	$38.96
Costilla	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Costilla	CENTER	School Age	Tier 1 & Tier 2	$31.04
Costilla	CENTER	School Age	Tier 3	$34.10
Costilla	CENTER	School Age	Tier 4 & Tier 5	$39.35
Costilla	HOME	0-24 months	Tier 1 & Tier 2	$54.33
Costilla	HOME	0-24 months	Tier 3	$64.33
Costilla	HOME	0-24 months	Tier 4 & Tier 5	$80.27
Costilla	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.70
Costilla	HOME	24 months to 6 years	Tier 3	$39.57
Costilla	HOME	24 months to 6 years	Tier 4 & Tier 5	$43.81
Costilla	HOME	School Age	Tier 1 & Tier 2	$28.02
Costilla	HOME	School Age	Tier 3	$32.13
Costilla	HOME	School Age	Tier 4 & Tier 5	$36.96
Crowley	CENTER	0-18 months	Tier 1 & Tier 2	$59.81
Crowley	CENTER	0-18 months	Tier 3	$68.28
Crowley	CENTER	0-18 months	Tier 4 & Tier 5	$82.55
Crowley	CENTER	18-36 months	Tier 1 & Tier 2	$50.49

Crowley	CENTER	18-36 months	Tier 3	$56.48
Crowley	CENTER	18-36 months	Tier 4 & Tier 5	$66.57
Crowley	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.35
Crowley	CENTER	36 months to 6 years	Tier 3	$39.00
Crowley	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.25
Crowley	CENTER	School Age	Tier 1 & Tier 2	$31.08
Crowley	CENTER	School Age	Tier 3	$34.14
Crowley	CENTER	School Age	Tier 4 & Tier 5	$39.39
Crowley	HOME	0-24 months	Tier 1 & Tier 2	$54.44
Crowley	HOME	0-24 months	Tier 3	$64.45
Crowley	HOME	0-24 months	Tier 4 & Tier 5	$80.42
Crowley	HOME	24 months to 6 years	Tier 1 & Tier 2	$29.41
Crowley	HOME	24 months to 6 years	Tier 3	$38.33
Crowley	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.69
Crowley	HOME	School Age	Tier 1 & Tier 2	$23.48
Crowley	HOME	School Age	Tier 3	$25.93
Crowley	HOME	School Age	Tier 4 & Tier 5	$29.78
Custer	CENTER	0-18 months	Tier 1 & Tier 2	$60.20
Custer	CENTER	0-18 months	Tier 3	$68.67
Custer	CENTER	0-18 months	Tier 4 & Tier 5	$82.94
Custer	CENTER	18-36 months	Tier 1 & Tier 2	$50.88
Custer	CENTER	18-36 months	Tier 3	$56.87
Custer	CENTER	18-36 months	Tier 4 & Tier 5	$66.95
Custer	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.74
Custer	CENTER	36 months to 6 years	Tier 3	$46.40
Custer	CENTER	36 months to 6 years	Tier 4 & Tier 5	$52.37
Custer	CENTER	School Age	Tier 1 & Tier 2	$31.47
Custer	CENTER	School Age	Tier 3	$34.53
Custer	CENTER	School Age	Tier 4 & Tier 5	$39.78
Custer	HOME	0-24 months	Tier 1 & Tier 2	$55.42
Custer	HOME	0-24 months	Tier 3	$65.58

Custer	HOME	0-24 months	Tier 4 & Tier 5	$81.73
Custer	HOME	24 months to 6 years	Tier 1 & Tier 2	$35.69
Custer	HOME	24 months to 6 years	Tier 3	$37.02
Custer	HOME	24 months to 6 years	Tier 4 & Tier 5	$46.27
Custer	HOME	School Age	Tier 1 & Tier 2	$28.08
Custer	HOME	School Age	Tier 3	$29.48
Custer	HOME	School Age	Tier 4 & Tier 5	$31.66
Delta	CENTER	0-18 months	Tier 1 & Tier 2	$62.91
Delta	CENTER	0-18 months	Tier 3	$71.84
Delta	CENTER	0-18 months	Tier 4 & Tier 5	$86.84
Delta	CENTER	18-36 months	Tier 1 & Tier 2	$53.16
Delta	CENTER	18-36 months	Tier 3	$59.48
Delta	CENTER	18-36 months	Tier 4 & Tier 5	$70.11
Delta	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.30
Delta	CENTER	36 months to 6 years	Tier 3	$41.18
Delta	CENTER	36 months to 6 years	Tier 4 & Tier 5	$47.79
Delta	CENTER	School Age	Tier 1 & Tier 2	$32.83
Delta	CENTER	School Age	Tier 3	$36.09
Delta	CENTER	School Age	Tier 4 & Tier 5	$41.66
Delta	HOME	0-24 months	Tier 1 & Tier 2	$56.93
Delta	HOME	0-24 months	Tier 3	$67.41
Delta	HOME	0-24 months	Tier 4 & Tier 5	$84.11
Delta	HOME	24 months to 6 years	Tier 1 & Tier 2	$34.36
Delta	HOME	24 months to 6 years	Tier 3	$39.98
Delta	HOME	24 months to 6 years	Tier 4 & Tier 5	$45.93
Delta	HOME	School Age	Tier 1 & Tier 2	$27.02
Delta	HOME	School Age	Tier 3	$31.12
Delta	HOME	School Age	Tier 4 & Tier 5	$38.49
Denver	CENTER	0-18 months	Tier 1 & Tier 2	$79.84
Denver	CENTER	0-18 months	Tier 3	$91.46
Denver	CENTER	0-18 months	Tier 4 & Tier 5	$110.95

Denver	CENTER	18-36 months	Tier 1 & Tier 2	$66.96
Denver	CENTER	18-36 months	Tier 3	$75.14
Denver	CENTER	18-36 months	Tier 4 & Tier 5	$88.85
Denver	CENTER	36 months to 6 years	Tier 1 & Tier 2	$50.61
Denver	CENTER	36 months to 6 years	Tier 3	$52.41
Denver	CENTER	36 months to 6 years	Tier 4 & Tier 5	$64.69
Denver	CENTER	School Age	Tier 1 & Tier 2	$40.13
Denver	CENTER	School Age	Tier 3	$49.27
Denver	CENTER	School Age	Tier 4 & Tier 5	$58.91
Denver	HOME	0-24 months	Tier 1 & Tier 2	$71.65
Denver	HOME	0-24 months	Tier 3	$84.97
Denver	HOME	0-24 months	Tier 4 & Tier 5	$106.36
Denver	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.04
Denver	HOME	24 months to 6 years	Tier 3	$45.39
Denver	HOME	24 months to 6 years	Tier 4 & Tier 5	$59.72
Denver	HOME	School Age	Tier 1 & Tier 2	$31.20
Denver	HOME	School Age	Tier 3	$37.68
Denver	HOME	School Age	Tier 4 & Tier 5	$49.13
Dolores	CENTER	0-18 months	Tier 1 & Tier 2	$62.74
Dolores	CENTER	0-18 months	Tier 3	$71.66
Dolores	CENTER	0-18 months	Tier 4 & Tier 5	$86.67
Dolores	CENTER	18-36 months	Tier 1 & Tier 2	$52.98
Dolores	CENTER	18-36 months	Tier 3	$59.30
Dolores	CENTER	18-36 months	Tier 4 & Tier 5	$69.94
Dolores	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.13
Dolores	CENTER	36 months to 6 years	Tier 3	$41.01
Dolores	CENTER	36 months to 6 years	Tier 4 & Tier 5	$47.62
Dolores	CENTER	School Age	Tier 1 & Tier 2	$32.66
Dolores	CENTER	School Age	Tier 3	$35.92
Dolores	CENTER	School Age	Tier 4 & Tier 5	$41.48
Dolores	HOME	0-24 months	Tier 1 & Tier 2	$56.50

Dolores	HOME	0-24 months	Tier 3	$66.92
Dolores	HOME	0-24 months	Tier 4 & Tier 5	$83.54
Dolores	HOME	24 months to 6 years	Tier 1 & Tier 2	$33.33
Dolores	HOME	24 months to 6 years	Tier 3	$35.88
Dolores	HOME	24 months to 6 years	Tier 4 & Tier 5	$44.35
Dolores	HOME	School Age	Tier 1 & Tier 2	$31.20
Dolores	HOME	School Age	Tier 3	$29.20
Dolores	HOME	School Age	Tier 4 & Tier 5	$32.21
Douglas	CENTER	0-18 months	Tier 1 & Tier 2	$79.59
Douglas	CENTER	0-18 months	Tier 3	$91.20
Douglas	CENTER	0-18 months	Tier 4 & Tier 5	$110.69
Douglas	CENTER	18-36 months	Tier 1 & Tier 2	$66.71
Douglas	CENTER	18-36 months	Tier 3	$74.89
Douglas	CENTER	18-36 months	Tier 4 & Tier 5	$88.59
Douglas	CENTER	36 months to 6 years	Tier 1 & Tier 2	$54.05
Douglas	CENTER	36 months to 6 years	Tier 3	$64.69
Douglas	CENTER	36 months to 6 years	Tier 4 & Tier 5	$69.18
Douglas	CENTER	School Age	Tier 1 & Tier 2	$39.90
Douglas	CENTER	School Age	Tier 3	$51.13
Douglas	CENTER	School Age	Tier 4 & Tier 5	$54.09
Douglas	HOME	0-24 months	Tier 1 & Tier 2	$71.00
Douglas	HOME	0-24 months	Tier 3	$84.23
Douglas	HOME	0-24 months	Tier 4 & Tier 5	$105.49
Douglas	HOME	24 months to 6 years	Tier 1 & Tier 2	$40.83
Douglas	HOME	24 months to 6 years	Tier 3	$50.80
Douglas	HOME	24 months to 6 years	Tier 4 & Tier 5	$61.21
Douglas	HOME	School Age	Tier 1 & Tier 2	$32.77
Douglas	HOME	School Age	Tier 3	$43.68
Douglas	HOME	School Age	Tier 4 & Tier 5	$49.13
Eagle	CENTER	0-18 months	Tier 1 & Tier 2	$81.72
Eagle	CENTER	0-18 months	Tier 3	$90.53

Eagle	CENTER	0-18 months	Tier 4 & Tier 5	$98.11
Eagle	CENTER	18-36 months	Tier 1 & Tier 2	$76.26
Eagle	CENTER	18-36 months	Tier 3	$79.23
Eagle	CENTER	18-36 months	Tier 4 & Tier 5	$86.98
Eagle	CENTER	36 months to 6 years	Tier 1 & Tier 2	$73.38
Eagle	CENTER	36 months to 6 years	Tier 3	$75.44
Eagle	CENTER	36 months to 6 years	Tier 4 & Tier 5	$86.05
Eagle	CENTER	School Age	Tier 1 & Tier 2	$66.94
Eagle	CENTER	School Age	Tier 3	$70.69
Eagle	CENTER	School Age	Tier 4 & Tier 5	$74.97
Eagle	HOME	0-24 months	Tier 1 & Tier 2	$64.97
Eagle	HOME	0-24 months	Tier 3	$76.95
Eagle	HOME	0-24 months	Tier 4 & Tier 5	$96.05
Eagle	HOME	24 months to 6 years	Tier 1 & Tier 2	$52.50
Eagle	HOME	24 months to 6 years	Tier 3	$58.33
Eagle	HOME	24 months to 6 years	Tier 4 & Tier 5	$74.38
Eagle	HOME	School Age	Tier 1 & Tier 2	$49.13
Eagle	HOME	School Age	Tier 3	$61.70
Eagle	HOME	School Age	Tier 4 & Tier 5	$64.97
Elbert	CENTER	0-18 months	Tier 1 & Tier 2	$79.38
Elbert	CENTER	0-18 months	Tier 3	$90.99
Elbert	CENTER	0-18 months	Tier 4 & Tier 5	$110.48
Elbert	CENTER	18-36 months	Tier 1 & Tier 2	$66.50
Elbert	CENTER	18-36 months	Tier 3	$74.67
Elbert	CENTER	18-36 months	Tier 4 & Tier 5	$88.38
Elbert	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.57
Elbert	CENTER	36 months to 6 years	Tier 3	$50.52
Elbert	CENTER	36 months to 6 years	Tier 4 & Tier 5	$63.50
Elbert	CENTER	School Age	Tier 1 & Tier 2	$39.66
Elbert	CENTER	School Age	Tier 3	$43.80
Elbert	CENTER	School Age	Tier 4 & Tier 5	$50.82

Elbert	HOME	0-24 months	Tier 1 & Tier 2	$70.46
Elbert	HOME	0-24 months	Tier 3	$83.62
Elbert	HOME	0-24 months	Tier 4 & Tier 5	$104.78
Elbert	HOME	24 months to 6 years	Tier 1 & Tier 2	$37.41
Elbert	HOME	24 months to 6 years	Tier 3	$44.39
Elbert	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.62
Elbert	HOME	School Age	Tier 1 & Tier 2	$32.75
Elbert	HOME	School Age	Tier 3	$37.13
Elbert	HOME	School Age	Tier 4 & Tier 5	$43.68
El Paso	CENTER	0-18 months	Tier 1 & Tier 2	$65.75
El Paso	CENTER	0-18 months	Tier 3	$75.09
El Paso	CENTER	0-18 months	Tier 4 & Tier 5	$90.77
El Paso	CENTER	18-36 months	Tier 1 & Tier 2	$55.53
El Paso	CENTER	18-36 months	Tier 3	$62.13
El Paso	CENTER	18-36 months	Tier 4 & Tier 5	$73.23
El Paso	CENTER	36 months to 6 years	Tier 1 & Tier 2	$39.28
El Paso	CENTER	36 months to 6 years	Tier 3	$53.81
El Paso	CENTER	36 months to 6 years	Tier 4 & Tier 5	$62.97
El Paso	CENTER	School Age	Tier 1 & Tier 2	$34.23
El Paso	CENTER	School Age	Tier 3	$42.84
El Paso	CENTER	School Age	Tier 4 & Tier 5	$51.41
El Paso	HOME	0-24 months	Tier 1 & Tier 2	$59.56
El Paso	HOME	0-24 months	Tier 3	$70.52
El Paso	HOME	0-24 months	Tier 4 & Tier 5	$88.01
El Paso	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.62
El Paso	HOME	24 months to 6 years	Tier 3	$39.80
El Paso	HOME	24 months to 6 years	Tier 4 & Tier 5	$48.01
El Paso	HOME	School Age	Tier 1 & Tier 2	$25.49
El Paso	HOME	School Age	Tier 3	$30.57
El Paso	HOME	School Age	Tier 4 & Tier 5	$37.93
Fremont	CENTER	0-18 months	Tier 1 & Tier 2	$62.95

Fremont	CENTER	0-18 months	Tier 3	$71.87
Fremont	CENTER	0-18 months	Tier 4 & Tier 5	$86.88
Fremont	CENTER	18-36 months	Tier 1 & Tier 2	$53.19
Fremont	CENTER	18-36 months	Tier 3	$59.51
Fremont	CENTER	18-36 months	Tier 4 & Tier 5	$70.14
Fremont	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.34
Fremont	CENTER	36 months to 6 years	Tier 3	$41.22
Fremont	CENTER	36 months to 6 years	Tier 4 & Tier 5	$47.83
Fremont	CENTER	School Age	Tier 1 & Tier 2	$32.87
Fremont	CENTER	School Age	Tier 3	$36.13
Fremont	CENTER	School Age	Tier 4 & Tier 5	$41.69
Fremont	HOME	0-24 months	Tier 1 & Tier 2	$57.02
Fremont	HOME	0-24 months	Tier 3	$67.51
Fremont	HOME	0-24 months	Tier 4 & Tier 5	$84.23
Fremont	HOME	24 months to 6 years	Tier 1 & Tier 2	$30.27
Fremont	HOME	24 months to 6 years	Tier 3	$35.84
Fremont	HOME	24 months to 6 years	Tier 4 & Tier 5	$44.72
Fremont	HOME	School Age	Tier 1 & Tier 2	$26.00
Fremont	HOME	School Age	Tier 3	$27.30
Fremont	HOME	School Age	Tier 4 & Tier 5	$31.20
Garfield	CENTER	0-18 months	Tier 1 & Tier 2	$78.58
Garfield	CENTER	0-18 months	Tier 3	$81.01
Garfield	CENTER	0-18 months	Tier 4 & Tier 5	$98.03
Garfield	CENTER	18-36 months	Tier 1 & Tier 2	$63.15
Garfield	CENTER	18-36 months	Tier 3	$66.81
Garfield	CENTER	18-36 months	Tier 4 & Tier 5	$78.80
Garfield	CENTER	36 months to 6 years	Tier 1 & Tier 2	$52.46
Garfield	CENTER	36 months to 6 years	Tier 3	$61.29
Garfield	CENTER	36 months to 6 years	Tier 4 & Tier 5	$63.65
Garfield	CENTER	School Age	Tier 1 & Tier 2	$47.12
Garfield	CENTER	School Age	Tier 3	$53.55

Garfield	CENTER	School Age	Tier 4 & Tier 5	$55.69
Garfield	HOME	0-24 months	Tier 1 & Tier 2	$64.76
Garfield	HOME	0-24 months	Tier 3	$76.70
Garfield	HOME	0-24 months	Tier 4 & Tier 5	$95.76
Garfield	HOME	24 months to 6 years	Tier 1 & Tier 2	$48.42
Garfield	HOME	24 months to 6 years	Tier 3	$54.84
Garfield	HOME	24 months to 6 years	Tier 4 & Tier 5	$58.33
Garfield	HOME	School Age	Tier 1 & Tier 2	$45.32
Garfield	HOME	School Age	Tier 3	$51.32
Garfield	HOME	School Age	Tier 4 & Tier 5	$52.41
Gilpin	CENTER	0-18 months	Tier 1 & Tier 2	$79.18
Gilpin	CENTER	0-18 months	Tier 3	$90.80
Gilpin	CENTER	0-18 months	Tier 4 & Tier 5	$110.29
Gilpin	CENTER	18-36 months	Tier 1 & Tier 2	$66.30
Gilpin	CENTER	18-36 months	Tier 3	$74.48
Gilpin	CENTER	18-36 months	Tier 4 & Tier 5	$88.19
Gilpin	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.37
Gilpin	CENTER	36 months to 6 years	Tier 3	$54.51
Gilpin	CENTER	36 months to 6 years	Tier 4 & Tier 5	$60.50
Gilpin	CENTER	School Age	Tier 1 & Tier 2	$45.90
Gilpin	CENTER	School Age	Tier 3	$51.13
Gilpin	CENTER	School Age	Tier 4 & Tier 5	$53.55
Gilpin	HOME	0-24 months	Tier 1 & Tier 2	$69.98
Gilpin	HOME	0-24 months	Tier 3	$83.07
Gilpin	HOME	0-24 months	Tier 4 & Tier 5	$104.13
Gilpin	HOME	24 months to 6 years	Tier 1 & Tier 2	$50.18
Gilpin	HOME	24 months to 6 years	Tier 3	$60.60
Gilpin	HOME	24 months to 6 years	Tier 4 & Tier 5	$67.64
Gilpin	HOME	School Age	Tier 1 & Tier 2	$36.39
Gilpin	HOME	School Age	Tier 3	$46.14
Gilpin	HOME	School Age	Tier 4 & Tier 5	$52.13

Grand	CENTER	0-18 months	Tier 1 & Tier 2	$70.70
Grand	CENTER	0-18 months	Tier 3	$80.80
Grand	CENTER	0-18 months	Tier 4 & Tier 5	$97.81
Grand	CENTER	18-36 months	Tier 1 & Tier 2	$59.49
Grand	CENTER	18-36 months	Tier 3	$66.60
Grand	CENTER	18-36 months	Tier 4 & Tier 5	$78.59
Grand	CENTER	36 months to 6 years	Tier 1 & Tier 2	$46.12
Grand	CENTER	36 months to 6 years	Tier 3	$58.10
Grand	CENTER	36 months to 6 years	Tier 4 & Tier 5	$68.58
Grand	CENTER	School Age	Tier 1 & Tier 2	$45.90
Grand	CENTER	School Age	Tier 3	$51.41
Grand	CENTER	School Age	Tier 4 & Tier 5	$54.35
Grand	HOME	0-24 months	Tier 1 & Tier 2	$64.21
Grand	HOME	0-24 months	Tier 3	$76.08
Grand	HOME	0-24 months	Tier 4 & Tier 5	$95.04
Grand	HOME	24 months to 6 years	Tier 1 & Tier 2	$50.00
Grand	HOME	24 months to 6 years	Tier 3	$57.84
Grand	HOME	24 months to 6 years	Tier 4 & Tier 5	$61.21
Grand	HOME	School Age	Tier 1 & Tier 2	$48.88
Grand	HOME	School Age	Tier 3	$46.95
Grand	HOME	School Age	Tier 4 & Tier 5	$50.78
Gunnison	CENTER	0-18 months	Tier 1 & Tier 2	$63.41
Gunnison	CENTER	0-18 months	Tier 3	$72.34
Gunnison	CENTER	0-18 months	Tier 4 & Tier 5	$87.35
Gunnison	CENTER	18-36 months	Tier 1 & Tier 2	$54.27
Gunnison	CENTER	18-36 months	Tier 3	$59.98
Gunnison	CENTER	18-36 months	Tier 4 & Tier 5	$70.61
Gunnison	CENTER	36 months to 6 years	Tier 1 & Tier 2	$50.38
Gunnison	CENTER	36 months to 6 years	Tier 3	$51.70
Gunnison	CENTER	36 months to 6 years	Tier 4 & Tier 5	$61.32
Gunnison	CENTER	School Age	Tier 1 & Tier 2	$33.34

Gunnison	CENTER	School Age	Tier 3	$41.77
Gunnison	CENTER	School Age	Tier 4 & Tier 5	$42.84
Gunnison	HOME	0-24 months	Tier 1 & Tier 2	$58.21
Gunnison	HOME	0-24 months	Tier 3	$68.87
Gunnison	HOME	0-24 months	Tier 4 & Tier 5	$85.82
Gunnison	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.44
Gunnison	HOME	24 months to 6 years	Tier 3	$39.73
Gunnison	HOME	24 months to 6 years	Tier 4 & Tier 5	$45.56
Gunnison	HOME	School Age	Tier 1 & Tier 2	$32.75
Gunnison	HOME	School Age	Tier 3	$33.85
Gunnison	HOME	School Age	Tier 4 & Tier 5	$34.95
Hinsdale	CENTER	0-18 months	Tier 1 & Tier 2	$63.03
Hinsdale	CENTER	0-18 months	Tier 3	$71.96
Hinsdale	CENTER	0-18 months	Tier 4 & Tier 5	$86.97
Hinsdale	CENTER	18-36 months	Tier 1 & Tier 2	$54.27
Hinsdale	CENTER	18-36 months	Tier 3	$59.60
Hinsdale	CENTER	18-36 months	Tier 4 & Tier 5	$70.23
Hinsdale	CENTER	36 months to 6 years	Tier 1 & Tier 2	$49.71
Hinsdale	CENTER	36 months to 6 years	Tier 3	$51.70
Hinsdale	CENTER	36 months to 6 years	Tier 4 & Tier 5	$61.32
Hinsdale	CENTER	School Age	Tier 1 & Tier 2	$38.03
Hinsdale	CENTER	School Age	Tier 3	$41.77
Hinsdale	CENTER	School Age	Tier 4 & Tier 5	$42.84
Hinsdale	HOME	0-24 months	Tier 1 & Tier 2	$57.25
Hinsdale	HOME	0-24 months	Tier 3	$67.78
Hinsdale	HOME	0-24 months	Tier 4 & Tier 5	$84.54
Hinsdale	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.44
Hinsdale	HOME	24 months to 6 years	Tier 3	$39.73
Hinsdale	HOME	24 months to 6 years	Tier 4 & Tier 5	$44.88
Hinsdale	HOME	School Age	Tier 1 & Tier 2	$32.75
Hinsdale	HOME	School Age	Tier 3	$33.85

Hinsdale	HOME	School Age	Tier 4 & Tier 5	$34.95
Huerfano	CENTER	0-18 months	Tier 1 & Tier 2	$59.94
Huerfano	CENTER	0-18 months	Tier 3	$68.42
Huerfano	CENTER	0-18 months	Tier 4 & Tier 5	$82.68
Huerfano	CENTER	18-36 months	Tier 1 & Tier 2	$50.63
Huerfano	CENTER	18-36 months	Tier 3	$56.61
Huerfano	CENTER	18-36 months	Tier 4 & Tier 5	$66.70
Huerfano	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.48
Huerfano	CENTER	36 months to 6 years	Tier 3	$39.77
Huerfano	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.38
Huerfano	CENTER	School Age	Tier 1 & Tier 2	$31.21
Huerfano	CENTER	School Age	Tier 3	$34.27
Huerfano	CENTER	School Age	Tier 4 & Tier 5	$39.52
Huerfano	HOME	0-24 months	Tier 1 & Tier 2	$54.76
Huerfano	HOME	0-24 months	Tier 3	$64.83
Huerfano	HOME	0-24 months	Tier 4 & Tier 5	$80.86
Huerfano	HOME	24 months to 6 years	Tier 1 & Tier 2	$35.24
Huerfano	HOME	24 months to 6 years	Tier 3	$38.44
Huerfano	HOME	24 months to 6 years	Tier 4 & Tier 5	$46.13
Huerfano	HOME	School Age	Tier 1 & Tier 2	$25.21
Huerfano	HOME	School Age	Tier 3	$30.57
Huerfano	HOME	School Age	Tier 4 & Tier 5	$32.75
Jackson	CENTER	0-18 months	Tier 1 & Tier 2	$70.02
Jackson	CENTER	0-18 months	Tier 3	$80.12
Jackson	CENTER	0-18 months	Tier 4 & Tier 5	$97.14
Jackson	CENTER	18-36 months	Tier 1 & Tier 2	$58.81
Jackson	CENTER	18-36 months	Tier 3	$65.92
Jackson	CENTER	18-36 months	Tier 4 & Tier 5	$77.91
Jackson	CENTER	36 months to 6 years	Tier 1 & Tier 2	$40.61
Jackson	CENTER	36 months to 6 years	Tier 3	$44.91
Jackson	CENTER	36 months to 6 years	Tier 4 & Tier 5	$52.28

Jackson	CENTER	School Age	Tier 1 & Tier 2	$35.47
Jackson	CENTER	School Age	Tier 3	$39.06
Jackson	CENTER	School Age	Tier 4 & Tier 5	$45.24
Jackson	HOME	0-24 months	Tier 1 & Tier 2	$62.50
Jackson	HOME	0-24 months	Tier 3	$74.12
Jackson	HOME	0-24 months	Tier 4 & Tier 5	$92.75
Jackson	HOME	24 months to 6 years	Tier 1 & Tier 2	$41.00
Jackson	HOME	24 months to 6 years	Tier 3	$46.45
Jackson	HOME	24 months to 6 years	Tier 4 & Tier 5	$52.21
Jackson	HOME	School Age	Tier 1 & Tier 2	$36.14
Jackson	HOME	School Age	Tier 3	$37.93
Jackson	HOME	School Age	Tier 4 & Tier 5	$42.04
Jefferson	CENTER	0-18 months	Tier 1 & Tier 2	$79.52
Jefferson	CENTER	0-18 months	Tier 3	$91.13
Jefferson	CENTER	0-18 months	Tier 4 & Tier 5	$110.62
Jefferson	CENTER	18-36 months	Tier 1 & Tier 2	$66.64
Jefferson	CENTER	18-36 months	Tier 3	$74.81
Jefferson	CENTER	18-36 months	Tier 4 & Tier 5	$88.52
Jefferson	CENTER	36 months to 6 years	Tier 1 & Tier 2	$57.50
Jefferson	CENTER	36 months to 6 years	Tier 3	$71.28
Jefferson	CENTER	36 months to 6 years	Tier 4 & Tier 5	$79.06
Jefferson	CENTER	School Age	Tier 1 & Tier 2	$40.80
Jefferson	CENTER	School Age	Tier 3	$48.99
Jefferson	CENTER	School Age	Tier 4 & Tier 5	$53.55
Jefferson	HOME	0-24 months	Tier 1 & Tier 2	$70.82
Jefferson	HOME	0-24 months	Tier 3	$84.02
Jefferson	HOME	0-24 months	Tier 4 & Tier 5	$105.25
Jefferson	HOME	24 months to 6 years	Tier 1 & Tier 2	$41.12
Jefferson	HOME	24 months to 6 years	Tier 3	$48.96
Jefferson	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.87
Jefferson	HOME	School Age	Tier 1 & Tier 2	$31.20

Jefferson	HOME	School Age	Tier 3	$41.49
Jefferson	HOME	School Age	Tier 4 & Tier 5	$44.77
Kiowa	CENTER	0-18 months	Tier 1 & Tier 2	$59.61
Kiowa	CENTER	0-18 months	Tier 3	$68.08
Kiowa	CENTER	0-18 months	Tier 4 & Tier 5	$82.35
Kiowa	CENTER	18-36 months	Tier 1 & Tier 2	$50.29
Kiowa	CENTER	18-36 months	Tier 3	$56.28
Kiowa	CENTER	18-36 months	Tier 4 & Tier 5	$66.37
Kiowa	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.15
Kiowa	CENTER	36 months to 6 years	Tier 3	$38.80
Kiowa	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.05
Kiowa	CENTER	School Age	Tier 1 & Tier 2	$30.88
Kiowa	CENTER	School Age	Tier 3	$33.94
Kiowa	CENTER	School Age	Tier 4 & Tier 5	$39.18
Kiowa	HOME	0-24 months	Tier 1 & Tier 2	$53.92
Kiowa	HOME	0-24 months	Tier 3	$63.86
Kiowa	HOME	0-24 months	Tier 4 & Tier 5	$79.73
Kiowa	HOME	24 months to 6 years	Tier 1 & Tier 2	$28.62
Kiowa	HOME	24 months to 6 years	Tier 3	$33.90
Kiowa	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.33
Kiowa	HOME	School Age	Tier 1 & Tier 2	$23.92
Kiowa	HOME	School Age	Tier 3	$25.11
Kiowa	HOME	School Age	Tier 4 & Tier 5	$29.53
Kit Carson	CENTER	0-18 months	Tier 1 & Tier 2	$59.79
Kit Carson	CENTER	0-18 months	Tier 3	$68.26
Kit Carson	CENTER	0-18 months	Tier 4 & Tier 5	$82.53
Kit Carson	CENTER	18-36 months	Tier 1 & Tier 2	$50.47
Kit Carson	CENTER	18-36 months	Tier 3	$56.45
Kit Carson	CENTER	18-36 months	Tier 4 & Tier 5	$66.54
Kit Carson	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.33
Kit Carson	CENTER	36 months to 6 years	Tier 3	$38.98

Kit Carson	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.23
Kit Carson	CENTER	School Age	Tier 1 & Tier 2	$31.06
Kit Carson	CENTER	School Age	Tier 3	$34.12
Kit Carson	CENTER	School Age	Tier 4 & Tier 5	$39.36
Kit Carson	HOME	0-24 months	Tier 1 & Tier 2	$54.37
Kit Carson	HOME	0-24 months	Tier 3	$64.38
Kit Carson	HOME	0-24 months	Tier 4 & Tier 5	$80.33
Kit Carson	HOME	24 months to 6 years	Tier 1 & Tier 2	$29.48
Kit Carson	HOME	24 months to 6 years	Tier 3	$34.18
Kit Carson	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.64
Kit Carson	HOME	School Age	Tier 1 & Tier 2	$25.11
Kit Carson	HOME	School Age	Tier 3	$27.30
Kit Carson	HOME	School Age	Tier 4 & Tier 5	$29.75
Lake	CENTER	0-18 months	Tier 1 & Tier 2	$84.44
Lake	CENTER	0-18 months	Tier 3	$89.81
Lake	CENTER	0-18 months	Tier 4 & Tier 5	$113.61
Lake	CENTER	18-36 months	Tier 1 & Tier 2	$71.57
Lake	CENTER	18-36 months	Tier 3	$76.33
Lake	CENTER	18-36 months	Tier 4 & Tier 5	$81.41
Lake	CENTER	36 months to 6 years	Tier 1 & Tier 2	$42.76
Lake	CENTER	36 months to 6 years	Tier 3	$60.32
Lake	CENTER	36 months to 6 years	Tier 4 & Tier 5	$66.95
Lake	CENTER	School Age	Tier 1 & Tier 2	$45.90
Lake	CENTER	School Age	Tier 3	$50.61
Lake	CENTER	School Age	Tier 4 & Tier 5	$53.55
Lake	HOME	0-24 months	Tier 1 & Tier 2	$63.75
Lake	HOME	0-24 months	Tier 3	$75.55
Lake	HOME	0-24 months	Tier 4 & Tier 5	$94.42
Lake	HOME	24 months to 6 years	Tier 1 & Tier 2	$57.66
Lake	HOME	24 months to 6 years	Tier 3	$62.79
Lake	HOME	24 months to 6 years	Tier 4 & Tier 5	$72.08

Lake	HOME	School Age	Tier 1 & Tier 2	$49.13
Lake	HOME	School Age	Tier 3	$53.50
Lake	HOME	School Age	Tier 4 & Tier 5	$61.42
La Plata	CENTER	0-18 months	Tier 1 & Tier 2	$63.13
La Plata	CENTER	0-18 months	Tier 3	$72.05
La Plata	CENTER	0-18 months	Tier 4 & Tier 5	$87.06
La Plata	CENTER	18-36 months	Tier 1 & Tier 2	$53.37
La Plata	CENTER	18-36 months	Tier 3	$59.70
La Plata	CENTER	18-36 months	Tier 4 & Tier 5	$70.32
La Plata	CENTER	36 months to 6 years	Tier 1 & Tier 2	$39.28
La Plata	CENTER	36 months to 6 years	Tier 3	$44.21
La Plata	CENTER	36 months to 6 years	Tier 4 & Tier 5	$48.33
La Plata	CENTER	School Age	Tier 1 & Tier 2	$33.05
La Plata	CENTER	School Age	Tier 3	$37.49
La Plata	CENTER	School Age	Tier 4 & Tier 5	$43.64
La Plata	HOME	0-24 months	Tier 1 & Tier 2	$57.49
La Plata	HOME	0-24 months	Tier 3	$68.04
La Plata	HOME	0-24 months	Tier 4 & Tier 5	$84.85
La Plata	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.89
La Plata	HOME	24 months to 6 years	Tier 3	$40.55
La Plata	HOME	24 months to 6 years	Tier 4 & Tier 5	$45.05
La Plata	HOME	School Age	Tier 1 & Tier 2	$34.31
La Plata	HOME	School Age	Tier 3	$35.75
La Plata	HOME	School Age	Tier 4 & Tier 5	$38.22
Larimer	CENTER	0-18 months	Tier 1 & Tier 2	$76.86
Larimer	CENTER	0-18 months	Tier 3	$88.10
Larimer	CENTER	0-18 months	Tier 4 & Tier 5	$106.96
Larimer	CENTER	18-36 months	Tier 1 & Tier 2	$64.39
Larimer	CENTER	18-36 months	Tier 3	$72.30
Larimer	CENTER	18-36 months	Tier 4 & Tier 5	$85.57
Larimer	CENTER	36 months to 6 years	Tier 1 & Tier 2	$58.70

Larimer	CENTER	36 months to 6 years	Tier 3	$71.57
Larimer	CENTER	36 months to 6 years	Tier 4 & Tier 5	$80.26
Larimer	CENTER	School Age	Tier 1 & Tier 2	$39.28
Larimer	CENTER	School Age	Tier 3	$52.20
Larimer	CENTER	School Age	Tier 4 & Tier 5	$54.09
Larimer	HOME	0-24 months	Tier 1 & Tier 2	$68.49
Larimer	HOME	0-24 months	Tier 3	$81.27
Larimer	HOME	0-24 months	Tier 4 & Tier 5	$101.80
Larimer	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.89
Larimer	HOME	24 months to 6 years	Tier 3	$46.51
Larimer	HOME	24 months to 6 years	Tier 4 & Tier 5	$54.04
Larimer	HOME	School Age	Tier 1 & Tier 2	$34.84
Larimer	HOME	School Age	Tier 3	$40.40
Larimer	HOME	School Age	Tier 4 & Tier 5	$43.68
Las Animas	CENTER	0-18 months	Tier 1 & Tier 2	$59.71
Las Animas	CENTER	0-18 months	Tier 3	$68.19
Las Animas	CENTER	0-18 months	Tier 4 & Tier 5	$82.46
Las Animas	CENTER	18-36 months	Tier 1 & Tier 2	$50.40
Las Animas	CENTER	18-36 months	Tier 3	$56.38
Las Animas	CENTER	18-36 months	Tier 4 & Tier 5	$66.47
Las Animas	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.25
Las Animas	CENTER	36 months to 6 years	Tier 3	$39.77
Las Animas	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.15
Las Animas	CENTER	School Age	Tier 1 & Tier 2	$30.98
Las Animas	CENTER	School Age	Tier 3	$34.04
Las Animas	CENTER	School Age	Tier 4 & Tier 5	$39.29
Las Animas	HOME	0-24 months	Tier 1 & Tier 2	$54.19
Las Animas	HOME	0-24 months	Tier 3	$64.17
Las Animas	HOME	0-24 months	Tier 4 & Tier 5	$80.09
Las Animas	HOME	24 months to 6 years	Tier 1 & Tier 2	$35.24
Las Animas	HOME	24 months to 6 years	Tier 3	$38.44

Las Animas	HOME	24 months to 6 years	Tier 4 & Tier 5	$46.13
Las Animas	HOME	School Age	Tier 1 & Tier 2	$25.21
Las Animas	HOME	School Age	Tier 3	$30.57
Las Animas	HOME	School Age	Tier 4 & Tier 5	$32.75
Lincoln	CENTER	0-18 months	Tier 1 & Tier 2	$62.94
Lincoln	CENTER	0-18 months	Tier 3	$71.00
Lincoln	CENTER	0-18 months	Tier 4 & Tier 5	$82.62
Lincoln	CENTER	18-36 months	Tier 1 & Tier 2	$50.56
Lincoln	CENTER	18-36 months	Tier 3	$56.54
Lincoln	CENTER	18-36 months	Tier 4 & Tier 5	$66.63
Lincoln	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.79
Lincoln	CENTER	36 months to 6 years	Tier 3	$40.43
Lincoln	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.31
Lincoln	CENTER	School Age	Tier 1 & Tier 2	$31.14
Lincoln	CENTER	School Age	Tier 3	$34.27
Lincoln	CENTER	School Age	Tier 4 & Tier 5	$39.45
Lincoln	HOME	0-24 months	Tier 1 & Tier 2	$54.59
Lincoln	HOME	0-24 months	Tier 3	$64.63
Lincoln	HOME	0-24 months	Tier 4 & Tier 5	$80.62
Lincoln	HOME	24 months to 6 years	Tier 1 & Tier 2	$32.04
Lincoln	HOME	24 months to 6 years	Tier 3	$38.44
Lincoln	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.80
Lincoln	HOME	School Age	Tier 1 & Tier 2	$26.00
Lincoln	HOME	School Age	Tier 3	$29.48
Lincoln	HOME	School Age	Tier 4 & Tier 5	$32.75
Logan	CENTER	0-18 months	Tier 1 & Tier 2	$59.87
Logan	CENTER	0-18 months	Tier 3	$68.34
Logan	CENTER	0-18 months	Tier 4 & Tier 5	$82.61
Logan	CENTER	18-36 months	Tier 1 & Tier 2	$50.55
Logan	CENTER	18-36 months	Tier 3	$56.54
Logan	CENTER	18-36 months	Tier 4 & Tier 5	$66.63

Logan	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.41
Logan	CENTER	36 months to 6 years	Tier 3	$42.10
Logan	CENTER	36 months to 6 years	Tier 4 & Tier 5	$51.38
Logan	CENTER	School Age	Tier 1 & Tier 2	$31.14
Logan	CENTER	School Age	Tier 3	$34.27
Logan	CENTER	School Age	Tier 4 & Tier 5	$42.84
Logan	HOME	0-24 months	Tier 1 & Tier 2	$54.59
Logan	HOME	0-24 months	Tier 3	$64.62
Logan	HOME	0-24 months	Tier 4 & Tier 5	$80.62
Logan	HOME	24 months to 6 years	Tier 1 & Tier 2	$34.64
Logan	HOME	24 months to 6 years	Tier 3	$40.99
Logan	HOME	24 months to 6 years	Tier 4 & Tier 5	$50.85
Logan	HOME	School Age	Tier 1 & Tier 2	$29.48
Logan	HOME	School Age	Tier 3	$34.95
Logan	HOME	School Age	Tier 4 & Tier 5	$43.68
Mesa	CENTER	0-18 months	Tier 1 & Tier 2	$71.71
Mesa	CENTER	0-18 months	Tier 3	$82.17
Mesa	CENTER	0-18 months	Tier 4 & Tier 5	$99.76
Mesa	CENTER	18-36 months	Tier 1 & Tier 2	$60.04
Mesa	CENTER	18-36 months	Tier 3	$67.38
Mesa	CENTER	18-36 months	Tier 4 & Tier 5	$79.75
Mesa	CENTER	36 months to 6 years	Tier 1 & Tier 2	$41.09
Mesa	CENTER	36 months to 6 years	Tier 3	$45.51
Mesa	CENTER	36 months to 6 years	Tier 4 & Tier 5	$53.06
Mesa	CENTER	School Age	Tier 1 & Tier 2	$35.74
Mesa	CENTER	School Age	Tier 3	$39.42
Mesa	CENTER	School Age	Tier 4 & Tier 5	$45.72
Mesa	HOME	0-24 months	Tier 1 & Tier 2	$64.13
Mesa	HOME	0-24 months	Tier 3	$76.10
Mesa	HOME	0-24 months	Tier 4 & Tier 5	$95.32
Mesa	HOME	24 months to 6 years	Tier 1 & Tier 2	$41.06

Mesa	HOME	24 months to 6 years	Tier 3	$44.74
Mesa	HOME	24 months to 6 years	Tier 4 & Tier 5	$50.60
Mesa	HOME	School Age	Tier 1 & Tier 2	$26.75
Mesa	HOME	School Age	Tier 3	$31.66
Mesa	HOME	School Age	Tier 4 & Tier 5	$37.40
Mineral	CENTER	0-18 months	Tier 1 & Tier 2	$59.77
Mineral	CENTER	0-18 months	Tier 3	$68.24
Mineral	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Mineral	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Mineral	CENTER	18-36 months	Tier 3	$56.44
Mineral	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Mineral	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Mineral	CENTER	36 months to 6 years	Tier 3	$38.96
Mineral	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Mineral	CENTER	School Age	Tier 1 & Tier 2	$31.04
Mineral	CENTER	School Age	Tier 3	$34.10
Mineral	CENTER	School Age	Tier 4 & Tier 5	$39.35
Mineral	HOME	0-24 months	Tier 1 & Tier 2	$54.33
Mineral	HOME	0-24 months	Tier 3	$64.33
Mineral	HOME	0-24 months	Tier 4 & Tier 5	$80.27
Mineral	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.70
Mineral	HOME	24 months to 6 years	Tier 3	$39.57
Mineral	HOME	24 months to 6 years	Tier 4 & Tier 5	$43.81
Mineral	HOME	School Age	Tier 1 & Tier 2	$28.02
Mineral	HOME	School Age	Tier 3	$32.13
Mineral	HOME	School Age	Tier 4 & Tier 5	$36.96
Moffat	CENTER	0-18 months	Tier 1 & Tier 2	$83.15
Moffat	CENTER	0-18 months	Tier 3	$96.08
Moffat	CENTER	0-18 months	Tier 4 & Tier 5	$99.04
Moffat	CENTER	18-36 months	Tier 1 & Tier 2	$73.15
Moffat	CENTER	18-36 months	Tier 3	$84.09

Moffat	CENTER	18-36 months	Tier 4 & Tier 5	$88.87
Moffat	CENTER	36 months to 6 years	Tier 1 & Tier 2	$61.32
Moffat	CENTER	36 months to 6 years	Tier 3	$82.20
Moffat	CENTER	36 months to 6 years	Tier 4 & Tier 5	$84.85
Moffat	CENTER	School Age	Tier 1 & Tier 2	$44.19
Moffat	CENTER	School Age	Tier 3	$55.42
Moffat	CENTER	School Age	Tier 4 & Tier 5	$62.39
Moffat	HOME	0-24 months	Tier 1 & Tier 2	$63.55
Moffat	HOME	0-24 months	Tier 3	$75.33
Moffat	HOME	0-24 months	Tier 4 & Tier 5	$94.16
Moffat	HOME	24 months to 6 years	Tier 1 & Tier 2	$44.49
Moffat	HOME	24 months to 6 years	Tier 3	$47.03
Moffat	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.94
Moffat	HOME	School Age	Tier 1 & Tier 2	$38.22
Moffat	HOME	School Age	Tier 3	$40.40
Moffat	HOME	School Age	Tier 4 & Tier 5	$48.04
Montezuma	CENTER	0-18 months	Tier 1 & Tier 2	$62.83
Montezuma	CENTER	0-18 months	Tier 3	$71.76
Montezuma	CENTER	0-18 months	Tier 4 & Tier 5	$86.76
Montezuma	CENTER	18-36 months	Tier 1 & Tier 2	$53.08
Montezuma	CENTER	18-36 months	Tier 3	$59.40
Montezuma	CENTER	18-36 months	Tier 4 & Tier 5	$70.03
Montezuma	CENTER	36 months to 6 years	Tier 1 & Tier 2	$38.78
Montezuma	CENTER	36 months to 6 years	Tier 3	$41.11
Montezuma	CENTER	36 months to 6 years	Tier 4 & Tier 5	$47.72
Montezuma	CENTER	School Age	Tier 1 & Tier 2	$32.76
Montezuma	CENTER	School Age	Tier 3	$36.02
Montezuma	CENTER	School Age	Tier 4 & Tier 5	$41.58
Montezuma	HOME	0-24 months	Tier 1 & Tier 2	$56.74
Montezuma	HOME	0-24 months	Tier 3	$67.19
Montezuma	HOME	0-24 months	Tier 4 & Tier 5	$83.85

Montezuma	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.76
Montezuma	HOME	24 months to 6 years	Tier 3	$41.00
Montezuma	HOME	24 months to 6 years	Tier 4 & Tier 5	$51.26
Montezuma	HOME	School Age	Tier 1 & Tier 2	$31.95
Montezuma	HOME	School Age	Tier 3	$32.75
Montezuma	HOME	School Age	Tier 4 & Tier 5	$36.04
Montrose	CENTER	0-18 months	Tier 1 & Tier 2	$62.98
Montrose	CENTER	0-18 months	Tier 3	$71.90
Montrose	CENTER	0-18 months	Tier 4 & Tier 5	$86.91
Montrose	CENTER	18-36 months	Tier 1 & Tier 2	$53.22
Montrose	CENTER	18-36 months	Tier 3	$59.54
Montrose	CENTER	18-36 months	Tier 4 & Tier 5	$70.18
Montrose	CENTER	36 months to 6 years	Tier 1 & Tier 2	$39.44
Montrose	CENTER	36 months to 6 years	Tier 3	$43.75
Montrose	CENTER	36 months to 6 years	Tier 4 & Tier 5	$47.86
Montrose	CENTER	School Age	Tier 1 & Tier 2	$32.90
Montrose	CENTER	School Age	Tier 3	$36.16
Montrose	CENTER	School Age	Tier 4 & Tier 5	$41.72
Montrose	HOME	0-24 months	Tier 1 & Tier 2	$57.11
Montrose	HOME	0-24 months	Tier 3	$67.61
Montrose	HOME	0-24 months	Tier 4 & Tier 5	$84.35
Montrose	HOME	24 months to 6 years	Tier 1 & Tier 2	$33.37
Montrose	HOME	24 months to 6 years	Tier 3	$38.45
Montrose	HOME	24 months to 6 years	Tier 4 & Tier 5	$44.78
Montrose	HOME	School Age	Tier 1 & Tier 2	$24.02
Montrose	HOME	School Age	Tier 3	$30.57
Montrose	HOME	School Age	Tier 4 & Tier 5	$32.75
Morgan	CENTER	0-18 months	Tier 1 & Tier 2	$60.07
Morgan	CENTER	0-18 months	Tier 3	$68.55
Morgan	CENTER	0-18 months	Tier 4 & Tier 5	$82.82
Morgan	CENTER	18-36 months	Tier 1 & Tier 2	$50.75

Morgan	CENTER	18-36 months	Tier 3	$56.74
Morgan	CENTER	18-36 months	Tier 4 & Tier 5	$66.83
Morgan	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.12
Morgan	CENTER	36 months to 6 years	Tier 3	$39.77
Morgan	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.51
Morgan	CENTER	School Age	Tier 1 & Tier 2	$31.34
Morgan	CENTER	School Age	Tier 3	$34.40
Morgan	CENTER	School Age	Tier 4 & Tier 5	$39.65
Morgan	HOME	0-24 months	Tier 1 & Tier 2	$55.10
Morgan	HOME	0-24 months	Tier 3	$65.21
Morgan	HOME	0-24 months	Tier 4 & Tier 5	$81.30
Morgan	HOME	24 months to 6 years	Tier 1 & Tier 2	$35.27
Morgan	HOME	24 months to 6 years	Tier 3	$38.45
Morgan	HOME	24 months to 6 years	Tier 4 & Tier 5	$44.18
Morgan	HOME	School Age	Tier 1 & Tier 2	$28.11
Morgan	HOME	School Age	Tier 3	$30.57
Morgan	HOME	School Age	Tier 4 & Tier 5	$31.66
Otero	CENTER	0-18 months	Tier 1 & Tier 2	$59.46
Otero	CENTER	0-18 months	Tier 3	$67.93
Otero	CENTER	0-18 months	Tier 4 & Tier 5	$82.20
Otero	CENTER	18-36 months	Tier 1 & Tier 2	$50.14
Otero	CENTER	18-36 months	Tier 3	$56.13
Otero	CENTER	18-36 months	Tier 4 & Tier 5	$66.22
Otero	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.12
Otero	CENTER	36 months to 6 years	Tier 3	$40.43
Otero	CENTER	36 months to 6 years	Tier 4 & Tier 5	$44.90
Otero	CENTER	School Age	Tier 1 & Tier 2	$30.73
Otero	CENTER	School Age	Tier 3	$33.79
Otero	CENTER	School Age	Tier 4 & Tier 5	$39.04
Otero	HOME	0-24 months	Tier 1 & Tier 2	$53.54
Otero	HOME	0-24 months	Tier 3	$63.43

Otero	HOME	0-24 months	Tier 4 & Tier 5	$79.23
Otero	HOME	24 months to 6 years	Tier 1 & Tier 2	$33.31
Otero	HOME	24 months to 6 years	Tier 3	$37.16
Otero	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.29
Otero	HOME	School Age	Tier 1 & Tier 2	$28.39
Otero	HOME	School Age	Tier 3	$31.66
Otero	HOME	School Age	Tier 4 & Tier 5	$36.04
Ouray	CENTER	0-18 months	Tier 1 & Tier 2	$74.46
Ouray	CENTER	0-18 months	Tier 3	$82.90
Ouray	CENTER	0-18 months	Tier 4 & Tier 5	$89.81
Ouray	CENTER	18-36 months	Tier 1 & Tier 2	$62.08
Ouray	CENTER	18-36 months	Tier 3	$67.50
Ouray	CENTER	18-36 months	Tier 4 & Tier 5	$74.97
Ouray	CENTER	36 months to 6 years	Tier 1 & Tier 2	$42.10
Ouray	CENTER	36 months to 6 years	Tier 3	$56.68
Ouray	CENTER	36 months to 6 years	Tier 4 & Tier 5	$63.31
Ouray	CENTER	School Age	Tier 1 & Tier 2	$42.04
Ouray	CENTER	School Age	Tier 3	$45.26
Ouray	CENTER	School Age	Tier 4 & Tier 5	$51.13
Ouray	HOME	0-24 months	Tier 1 & Tier 2	$58.26
Ouray	HOME	0-24 months	Tier 3	$68.93
Ouray	HOME	0-24 months	Tier 4 & Tier 5	$85.88
Ouray	HOME	24 months to 6 years	Tier 1 & Tier 2	$37.49
Ouray	HOME	24 months to 6 years	Tier 3	$44.53
Ouray	HOME	24 months to 6 years	Tier 4 & Tier 5	$52.86
Ouray	HOME	School Age	Tier 1 & Tier 2	$21.58
Ouray	HOME	School Age	Tier 3	$32.48
Ouray	HOME	School Age	Tier 4 & Tier 5	$37.93
Park	CENTER	0-18 months	Tier 1 & Tier 2	$79.58
Park	CENTER	0-18 months	Tier 3	$91.19
Park	CENTER	0-18 months	Tier 4 & Tier 5	$110.68

Park	CENTER	18-36 months	Tier 1 & Tier 2	$66.70
Park	CENTER	18-36 months	Tier 3	$74.88
Park	CENTER	18-36 months	Tier 4 & Tier 5	$88.59
Park	CENTER	36 months to 6 years	Tier 1 & Tier 2	$45.77
Park	CENTER	36 months to 6 years	Tier 3	$54.51
Park	CENTER	36 months to 6 years	Tier 4 & Tier 5	$60.50
Park	CENTER	School Age	Tier 1 & Tier 2	$39.86
Park	CENTER	School Age	Tier 3	$47.92
Park	CENTER	School Age	Tier 4 & Tier 5	$54.09
Park	HOME	0-24 months	Tier 1 & Tier 2	$70.97
Park	HOME	0-24 months	Tier 3	$84.21
Park	HOME	0-24 months	Tier 4 & Tier 5	$105.46
Park	HOME	24 months to 6 years	Tier 1 & Tier 2	$39.17
Park	HOME	24 months to 6 years	Tier 3	$54.47
Park	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.99
Park	HOME	School Age	Tier 1 & Tier 2	$36.39
Park	HOME	School Age	Tier 3	$40.40
Park	HOME	School Age	Tier 4 & Tier 5	$41.49
Phillips	CENTER	0-18 months	Tier 1 & Tier 2	$59.68
Phillips	CENTER	0-18 months	Tier 3	$68.15
Phillips	CENTER	0-18 months	Tier 4 & Tier 5	$82.42
Phillips	CENTER	18-36 months	Tier 1 & Tier 2	$50.36
Phillips	CENTER	18-36 months	Tier 3	$56.35
Phillips	CENTER	18-36 months	Tier 4 & Tier 5	$66.43
Phillips	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.22
Phillips	CENTER	36 months to 6 years	Tier 3	$38.87
Phillips	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.12
Phillips	CENTER	School Age	Tier 1 & Tier 2	$30.95
Phillips	CENTER	School Age	Tier 3	$34.01
Phillips	CENTER	School Age	Tier 4 & Tier 5	$39.26
Phillips	HOME	0-24 months	Tier 1 & Tier 2	$54.10

Phillips	HOME	0-24 months	Tier 3	$64.06
Phillips	HOME	0-24 months	Tier 4 & Tier 5	$79.96
Phillips	HOME	24 months to 6 years	Tier 1 & Tier 2	$28.72
Phillips	HOME	24 months to 6 years	Tier 3	$34.60
Phillips	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.45
Phillips	HOME	School Age	Tier 1 & Tier 2	$26.00
Phillips	HOME	School Age	Tier 3	$29.48
Phillips	HOME	School Age	Tier 4 & Tier 5	$30.29
Pitkin	CENTER	0-18 months	Tier 1 & Tier 2	$81.72
Pitkin	CENTER	0-18 months	Tier 3	$95.55
Pitkin	CENTER	0-18 months	Tier 4 & Tier 5	$99.00
Pitkin	CENTER	18-36 months	Tier 1 & Tier 2	$79.53
Pitkin	CENTER	18-36 months	Tier 3	$90.56
Pitkin	CENTER	18-36 months	Tier 4 & Tier 5	$92.93
Pitkin	CENTER	36 months to 6 years	Tier 1 & Tier 2	$76.62
Pitkin	CENTER	36 months to 6 years	Tier 3	$89.59
Pitkin	CENTER	36 months to 6 years	Tier 4 & Tier 5	$91.94
Pitkin	CENTER	School Age	Tier 1 & Tier 2	$66.94
Pitkin	CENTER	School Age	Tier 3	$74.17
Pitkin	CENTER	School Age	Tier 4 & Tier 5	$77.11
Pitkin	HOME	0-24 months	Tier 1 & Tier 2	$80.44
Pitkin	HOME	0-24 months	Tier 3	$81.58
Pitkin	HOME	0-24 months	Tier 4 & Tier 5	$99.05
Pitkin	HOME	24 months to 6 years	Tier 1 & Tier 2	$81.67
Pitkin	HOME	24 months to 6 years	Tier 3	$82.83
Pitkin	HOME	24 months to 6 years	Tier 4 & Tier 5	$84.01
Pitkin	HOME	School Age	Tier 1 & Tier 2	$66.33
Pitkin	HOME	School Age	Tier 3	$77.53
Pitkin	HOME	School Age	Tier 4 & Tier 5	$78.62
Prowers	CENTER	0-18 months	Tier 1 & Tier 2	$59.58
Prowers	CENTER	0-18 months	Tier 3	$68.06

Prowers	CENTER	0-18 months	Tier 4 & Tier 5	$82.32
Prowers	CENTER	18-36 months	Tier 1 & Tier 2	$50.27
Prowers	CENTER	18-36 months	Tier 3	$56.25
Prowers	CENTER	18-36 months	Tier 4 & Tier 5	$66.34
Prowers	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.12
Prowers	CENTER	36 months to 6 years	Tier 3	$40.43
Prowers	CENTER	36 months to 6 years	Tier 4 & Tier 5	$47.73
Prowers	CENTER	School Age	Tier 1 & Tier 2	$30.85
Prowers	CENTER	School Age	Tier 3	$33.91
Prowers	CENTER	School Age	Tier 4 & Tier 5	$39.16
Prowers	HOME	0-24 months	Tier 1 & Tier 2	$53.85
Prowers	HOME	0-24 months	Tier 3	$63.78
Prowers	HOME	0-24 months	Tier 4 & Tier 5	$79.64
Prowers	HOME	24 months to 6 years	Tier 1 & Tier 2	$30.11
Prowers	HOME	24 months to 6 years	Tier 3	$35.88
Prowers	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.28
Prowers	HOME	School Age	Tier 1 & Tier 2	$26.20
Prowers	HOME	School Age	Tier 3	$31.39
Prowers	HOME	School Age	Tier 4 & Tier 5	$36.31
Pueblo	CENTER	0-18 months	Tier 1 & Tier 2	$72.51
Pueblo	CENTER	0-18 months	Tier 3	$83.04
Pueblo	CENTER	0-18 months	Tier 4 & Tier 5	$100.68
Pueblo	CENTER	18-36 months	Tier 1 & Tier 2	$60.95
Pueblo	CENTER	18-36 months	Tier 3	$68.38
Pueblo	CENTER	18-36 months	Tier 4 & Tier 5	$80.84
Pueblo	CENTER	36 months to 6 years	Tier 1 & Tier 2	$42.15
Pueblo	CENTER	36 months to 6 years	Tier 3	$46.69
Pueblo	CENTER	36 months to 6 years	Tier 4 & Tier 5	$54.38
Pueblo	CENTER	School Age	Tier 1 & Tier 2	$36.85
Pueblo	CENTER	School Age	Tier 3	$40.65
Pueblo	CENTER	School Age	Tier 4 & Tier 5	$47.10

Pueblo	HOME	0-24 months	Tier 1 & Tier 2	$64.32
Pueblo	HOME	0-24 months	Tier 3	$76.29
Pueblo	HOME	0-24 months	Tier 4 & Tier 5	$95.49
Pueblo	HOME	24 months to 6 years	Tier 1 & Tier 2	$34.15
Pueblo	HOME	24 months to 6 years	Tier 3	$40.50
Pueblo	HOME	24 months to 6 years	Tier 4 & Tier 5	$50.69
Pueblo	HOME	School Age	Tier 1 & Tier 2	$24.02
Pueblo	HOME	School Age	Tier 3	$28.26
Pueblo	HOME	School Age	Tier 4 & Tier 5	$35.37
Rio Blanco	CENTER	0-18 months	Tier 1 & Tier 2	$69.83
Rio Blanco	CENTER	0-18 months	Tier 3	$79.93
Rio Blanco	CENTER	0-18 months	Tier 4 & Tier 5	$96.95
Rio Blanco	CENTER	18-36 months	Tier 1 & Tier 2	$58.62
Rio Blanco	CENTER	18-36 months	Tier 3	$65.73
Rio Blanco	CENTER	18-36 months	Tier 4 & Tier 5	$77.72
Rio Blanco	CENTER	36 months to 6 years	Tier 1 & Tier 2	$48.06
Rio Blanco	CENTER	36 months to 6 years	Tier 3	$53.03
Rio Blanco	CENTER	36 months to 6 years	Tier 4 & Tier 5	$55.02
Rio Blanco	CENTER	School Age	Tier 1 & Tier 2	$37.49
Rio Blanco	CENTER	School Age	Tier 3	$42.84
Rio Blanco	CENTER	School Age	Tier 4 & Tier 5	$45.04
Rio Blanco	HOME	0-24 months	Tier 1 & Tier 2	$62.02
Rio Blanco	HOME	0-24 months	Tier 3	$73.57
Rio Blanco	HOME	0-24 months	Tier 4 & Tier 5	$92.11
Rio Blanco	HOME	24 months to 6 years	Tier 1 & Tier 2	$33.33
Rio Blanco	HOME	24 months to 6 years	Tier 3	$43.56
Rio Blanco	HOME	24 months to 6 years	Tier 4 & Tier 5	$57.66
Rio Blanco	HOME	School Age	Tier 1 & Tier 2	$27.30
Rio Blanco	HOME	School Age	Tier 3	$28.39
Rio Blanco	HOME	School Age	Tier 4 & Tier 5	$34.12
Rio Grande	CENTER	0-18 months	Tier 1 & Tier 2	$59.77

Rio Grande	CENTER	0-18 months	Tier 3	$68.24
Rio Grande	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Rio Grande	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Rio Grande	CENTER	18-36 months	Tier 3	$56.44
Rio Grande	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Rio Grande	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Rio Grande	CENTER	36 months to 6 years	Tier 3	$38.96
Rio Grande	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Rio Grande	CENTER	School Age	Tier 1 & Tier 2	$31.04
Rio Grande	CENTER	School Age	Tier 3	$34.10
Rio Grande	CENTER	School Age	Tier 4 & Tier 5	$39.35
Rio Grande	HOME	0-24 months	Tier 1 & Tier 2	$54.33
Rio Grande	HOME	0-24 months	Tier 3	$64.33
Rio Grande	HOME	0-24 months	Tier 4 & Tier 5	$80.27
Rio Grande	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.70
Rio Grande	HOME	24 months to 6 years	Tier 3	$39.57
Rio Grande	HOME	24 months to 6 years	Tier 4 & Tier 5	$43.81
Rio Grande	HOME	School Age	Tier 1 & Tier 2	$28.02
Rio Grande	HOME	School Age	Tier 3	$32.13
Rio Grande	HOME	School Age	Tier 4 & Tier 5	$36.96
Routt	CENTER	0-18 months	Tier 1 & Tier 2	$75.44
Routt	CENTER	0-18 months	Tier 3	$81.72
Routt	CENTER	0-18 months	Tier 4 & Tier 5	$98.07
Routt	CENTER	18-36 months	Tier 1 & Tier 2	$73.87
Routt	CENTER	18-36 months	Tier 3	$77.45
Routt	CENTER	18-36 months	Tier 4 & Tier 5	$78.84
Routt	CENTER	36 months to 6 years	Tier 1 & Tier 2	$55.45
Routt	CENTER	36 months to 6 years	Tier 3	$73.08
Routt	CENTER	36 months to 6 years	Tier 4 & Tier 5	$76.33
Routt	CENTER	School Age	Tier 1 & Tier 2	$51.00
Routt	CENTER	School Age	Tier 3	$66.40

Routt	CENTER	School Age	Tier 4 & Tier 5	$66.94
Routt	HOME	0-24 months	Tier 1 & Tier 2	$64.86
Routt	HOME	0-24 months	Tier 3	$76.82
Routt	HOME	0-24 months	Tier 4 & Tier 5	$95.90
Routt	HOME	24 months to 6 years	Tier 1 & Tier 2	$54.54
Routt	HOME	24 months to 6 years	Tier 3	$73.50
Routt	HOME	24 months to 6 years	Tier 4 & Tier 5	$80.79
Routt	HOME	School Age	Tier 1 & Tier 2	$49.13
Routt	HOME	School Age	Tier 3	$52.96
Routt	HOME	School Age	Tier 4 & Tier 5	$67.70
Saguache	CENTER	0-18 months	Tier 1 & Tier 2	$59.77
Saguache	CENTER	0-18 months	Tier 3	$68.24
Saguache	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Saguache	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Saguache	CENTER	18-36 months	Tier 3	$56.44
Saguache	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Saguache	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Saguache	CENTER	36 months to 6 years	Tier 3	$38.96
Saguache	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Saguache	CENTER	School Age	Tier 1 & Tier 2	$31.04
Saguache	CENTER	School Age	Tier 3	$34.10
Saguache	CENTER	School Age	Tier 4 & Tier 5	$39.35
Saguache	HOME	0-24 months	Tier 1 & Tier 2	$54.33
Saguache	HOME	0-24 months	Tier 3	$64.33
Saguache	HOME	0-24 months	Tier 4 & Tier 5	$80.27
Saguache	HOME	24 months to 6 years	Tier 1 & Tier 2	$31.70
Saguache	HOME	24 months to 6 years	Tier 3	$39.57
Saguache	HOME	24 months to 6 years	Tier 4 & Tier 5	$43.81
Saguache	HOME	School Age	Tier 1 & Tier 2	$28.02
Saguache	HOME	School Age	Tier 3	$32.13
Saguache	HOME	School Age	Tier 4 & Tier 5	$36.96

San Juan	CENTER	0-18 months	Tier 1 & Tier 2	$63.15
San Juan	CENTER	0-18 months	Tier 3	$72.08
San Juan	CENTER	0-18 months	Tier 4 & Tier 5	$87.09
San Juan	CENTER	18-36 months	Tier 1 & Tier 2	$53.40
San Juan	CENTER	18-36 months	Tier 3	$59.72
San Juan	CENTER	18-36 months	Tier 4 & Tier 5	$70.35
San Juan	CENTER	36 months to 6 years	Tier 1 & Tier 2	$37.55
San Juan	CENTER	36 months to 6 years	Tier 3	$41.43
San Juan	CENTER	36 months to 6 years	Tier 4 & Tier 5	$48.04
San Juan	CENTER	School Age	Tier 1 & Tier 2	$33.08
San Juan	CENTER	School Age	Tier 3	$36.34
San Juan	CENTER	School Age	Tier 4 & Tier 5	$41.90
San Juan	HOME	0-24 months	Tier 1 & Tier 2	$57.56
San Juan	HOME	0-24 months	Tier 3	$68.12
San Juan	HOME	0-24 months	Tier 4 & Tier 5	$84.95
San Juan	HOME	24 months to 6 years	Tier 1 & Tier 2	$38.89
San Juan	HOME	24 months to 6 years	Tier 3	$44.85
San Juan	HOME	24 months to 6 years	Tier 4 & Tier 5	$48.38
San Juan	HOME	School Age	Tier 1 & Tier 2	$26.75
San Juan	HOME	School Age	Tier 3	$34.40
San Juan	HOME	School Age	Tier 4 & Tier 5	$34.95
San Miguel	CENTER	0-18 months	Tier 1 & Tier 2	$69.78
San Miguel	CENTER	0-18 months	Tier 3	$76.69
San Miguel	CENTER	0-18 months	Tier 4 & Tier 5	$87.40
San Miguel	CENTER	18-36 months	Tier 1 & Tier 2	$64.64
San Miguel	CENTER	18-36 months	Tier 3	$72.08
San Miguel	CENTER	18-36 months	Tier 4 & Tier 5	$75.65
San Miguel	CENTER	36 months to 6 years	Tier 1 & Tier 2	$62.48
San Miguel	CENTER	36 months to 6 years	Tier 3	$74.85
San Miguel	CENTER	36 months to 6 years	Tier 4 & Tier 5	$76.62
San Miguel	CENTER	School Age	Tier 1 & Tier 2	$41.49

San Miguel	CENTER	School Age	Tier 3	$51.95
San Miguel	CENTER	School Age	Tier 4 & Tier 5	$60.52
San Miguel	HOME	0-24 months	Tier 1 & Tier 2	$58.35
San Miguel	HOME	0-24 months	Tier 3	$69.03
San Miguel	HOME	0-24 months	Tier 4 & Tier 5	$86.00
San Miguel	HOME	24 months to 6 years	Tier 1 & Tier 2	$45.21
San Miguel	HOME	24 months to 6 years	Tier 3	$49.30
San Miguel	HOME	24 months to 6 years	Tier 4 & Tier 5	$51.04
San Miguel	HOME	School Age	Tier 1 & Tier 2	$26.75
San Miguel	HOME	School Age	Tier 3	$34.66
San Miguel	HOME	School Age	Tier 4 & Tier 5	$48.33
Sedgwick	CENTER	0-18 months	Tier 1 & Tier 2	$59.65
Sedgwick	CENTER	0-18 months	Tier 3	$68.12
Sedgwick	CENTER	0-18 months	Tier 4 & Tier 5	$82.39
Sedgwick	CENTER	18-36 months	Tier 1 & Tier 2	$50.33
Sedgwick	CENTER	18-36 months	Tier 3	$56.31
Sedgwick	CENTER	18-36 months	Tier 4 & Tier 5	$66.41
Sedgwick	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.19
Sedgwick	CENTER	36 months to 6 years	Tier 3	$38.84
Sedgwick	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.09
Sedgwick	CENTER	School Age	Tier 1 & Tier 2	$30.92
Sedgwick	CENTER	School Age	Tier 3	$33.98
Sedgwick	CENTER	School Age	Tier 4 & Tier 5	$39.22
Sedgwick	HOME	0-24 months	Tier 1 & Tier 2	$54.02
Sedgwick	HOME	0-24 months	Tier 3	$63.98
Sedgwick	HOME	0-24 months	Tier 4 & Tier 5	$79.86
Sedgwick	HOME	24 months to 6 years	Tier 1 & Tier 2	$30.00
Sedgwick	HOME	24 months to 6 years	Tier 3	$37.49
Sedgwick	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.40
Sedgwick	HOME	School Age	Tier 1 & Tier 2	$28.08
Sedgwick	HOME	School Age	Tier 3	$30.57

Sedgwick	HOME	School Age	Tier 4 & Tier 5	$33.57
Summit	CENTER	0-18 months	Tier 1 & Tier 2	$73.55
Summit	CENTER	0-18 months	Tier 3	$91.78
Summit	CENTER	0-18 months	Tier 4 & Tier 5	$98.33
Summit	CENTER	18-36 months	Tier 1 & Tier 2	$70.30
Summit	CENTER	18-36 months	Tier 3	$77.45
Summit	CENTER	18-36 months	Tier 4 & Tier 5	$86.09
Summit	CENTER	36 months to 6 years	Tier 1 & Tier 2	$63.36
Summit	CENTER	36 months to 6 years	Tier 3	$80.15
Summit	CENTER	36 months to 6 years	Tier 4 & Tier 5	$82.51
Summit	CENTER	School Age	Tier 1 & Tier 2	$54.62
Summit	CENTER	School Age	Tier 3	$55.16
Summit	CENTER	School Age	Tier 4 & Tier 5	$55.69
Summit	HOME	0-24 months	Tier 1 & Tier 2	$65.52
Summit	HOME	0-24 months	Tier 3	$77.57
Summit	HOME	0-24 months	Tier 4 & Tier 5	$96.78
Summit	HOME	24 months to 6 years	Tier 1 & Tier 2	$51.34
Summit	HOME	24 months to 6 years	Tier 3	$57.17
Summit	HOME	24 months to 6 years	Tier 4 & Tier 5	$62.71
Summit	HOME	School Age	Tier 1 & Tier 2	$46.95
Summit	HOME	School Age	Tier 3	$52.96
Summit	HOME	School Age	Tier 4 & Tier 5	$57.33
Teller	CENTER	0-18 months	Tier 1 & Tier 2	$65.95
Teller	CENTER	0-18 months	Tier 3	$75.29
Teller	CENTER	0-18 months	Tier 4 & Tier 5	$90.98
Teller	CENTER	18-36 months	Tier 1 & Tier 2	$55.73
Teller	CENTER	18-36 months	Tier 3	$64.84
Teller	CENTER	18-36 months	Tier 4 & Tier 5	$73.44
Teller	CENTER	36 months to 6 years	Tier 1 & Tier 2	$42.80
Teller	CENTER	36 months to 6 years	Tier 3	$49.83
Teller	CENTER	36 months to 6 years	Tier 4 & Tier 5	$58.69

Teller	CENTER	School Age	Tier 1 & Tier 2	$37.49
Teller	CENTER	School Age	Tier 3	$40.70
Teller	CENTER	School Age	Tier 4 & Tier 5	$46.05
Teller	HOME	0-24 months	Tier 1 & Tier 2	$60.08
Teller	HOME	0-24 months	Tier 3	$71.12
Teller	HOME	0-24 months	Tier 4 & Tier 5	$88.71
Teller	HOME	24 months to 6 years	Tier 1 & Tier 2	$44.22
Teller	HOME	24 months to 6 years	Tier 3	$48.96
Teller	HOME	24 months to 6 years	Tier 4 & Tier 5	$55.27
Teller	HOME	School Age	Tier 1 & Tier 2	$33.31
Teller	HOME	School Age	Tier 3	$41.49
Teller	HOME	School Age	Tier 4 & Tier 5	$45.32
Washington	CENTER	0-18 months	Tier 1 & Tier 2	$59.83
Washington	CENTER	0-18 months	Tier 3	$68.30
Washington	CENTER	0-18 months	Tier 4 & Tier 5	$82.57
Washington	CENTER	18-36 months	Tier 1 & Tier 2	$50.51
Washington	CENTER	18-36 months	Tier 3	$56.50
Washington	CENTER	18-36 months	Tier 4 & Tier 5	$66.59
Washington	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.37
Washington	CENTER	36 months to 6 years	Tier 3	$39.77
Washington	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.27
Washington	CENTER	School Age	Tier 1 & Tier 2	$31.10
Washington	CENTER	School Age	Tier 3	$34.16
Washington	CENTER	School Age	Tier 4 & Tier 5	$39.41
Washington	HOME	0-24 months	Tier 1 & Tier 2	$54.49
Washington	HOME	0-24 months	Tier 3	$64.51
Washington	HOME	0-24 months	Tier 4 & Tier 5	$80.48
Washington	HOME	24 months to 6 years	Tier 1 & Tier 2	$32.04
Washington	HOME	24 months to 6 years	Tier 3	$34.25
Washington	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.73
Washington	HOME	School Age	Tier 1 & Tier 2	$27.30

Washington	HOME	School Age	Tier 3	$28.39
Washington	HOME	School Age	Tier 4 & Tier 5	$32.75
Weld	CENTER	0-18 months	Tier 1 & Tier 2	$66.43
Weld	CENTER	0-18 months	Tier 3	$75.89
Weld	CENTER	0-18 months	Tier 4 & Tier 5	$91.83
Weld	CENTER	18-36 months	Tier 1 & Tier 2	$55.98
Weld	CENTER	18-36 months	Tier 3	$62.65
Weld	CENTER	18-36 months	Tier 4 & Tier 5	$73.90
Weld	CENTER	36 months to 6 years	Tier 1 & Tier 2	$41.79
Weld	CENTER	36 months to 6 years	Tier 3	$47.69
Weld	CENTER	36 months to 6 years	Tier 4 & Tier 5	$55.95
Weld	CENTER	School Age	Tier 1 & Tier 2	$34.21
Weld	CENTER	School Age	Tier 3	$37.60
Weld	CENTER	School Age	Tier 4 & Tier 5	$45.78
Weld	HOME	0-24 months	Tier 1 & Tier 2	$60.43
Weld	HOME	0-24 months	Tier 3	$71.57
Weld	HOME	0-24 months	Tier 4 & Tier 5	$89.35
Weld	HOME	24 months to 6 years	Tier 1 & Tier 2	$37.27
Weld	HOME	24 months to 6 years	Tier 3	$42.95
Weld	HOME	24 months to 6 years	Tier 4 & Tier 5	$50.53
Weld	HOME	School Age	Tier 1 & Tier 2	$29.20
Weld	HOME	School Age	Tier 3	$32.75
Weld	HOME	School Age	Tier 4 & Tier 5	$39.03
Yuma	CENTER	0-18 months	Tier 1 & Tier 2	$59.77
Yuma	CENTER	0-18 months	Tier 3	$68.24
Yuma	CENTER	0-18 months	Tier 4 & Tier 5	$82.51
Yuma	CENTER	18-36 months	Tier 1 & Tier 2	$50.45
Yuma	CENTER	18-36 months	Tier 3	$56.43
Yuma	CENTER	18-36 months	Tier 4 & Tier 5	$66.52
Yuma	CENTER	36 months to 6 years	Tier 1 & Tier 2	$35.31
Yuma	CENTER	36 months to 6 years	Tier 3	$39.77

Yuma	CENTER	36 months to 6 years	Tier 4 & Tier 5	$45.21
Yuma	CENTER	School Age	Tier 1 & Tier 2	$31.04
Yuma	CENTER	School Age	Tier 3	$34.10
Yuma	CENTER	School Age	Tier 4 & Tier 5	$39.34
Yuma	HOME	0-24 months	Tier 1 & Tier 2	$54.32
Yuma	HOME	0-24 months	Tier 3	$64.32
Yuma	HOME	0-24 months	Tier 4 & Tier 5	$80.27
Yuma	HOME	24 months to 6 years	Tier 1 & Tier 2	$30.75
Yuma	HOME	24 months to 6 years	Tier 3	$34.15
Yuma	HOME	24 months to 6 years	Tier 4 & Tier 5	$42.61
Yuma	HOME	School Age	Tier 1 & Tier 2	$26.20
Yuma	HOME	School Age	Tier 3	$27.30
Yuma	HOME	School Age	Tier 4 & Tier 5	$29.73

COLORADO
Department of Early Childhood

Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

January 2, 2026

Honorable Emily Sirota
Chair, Colorado General Assembly Joint Budget Committee

Dear Members of the Colorado General Assembly:

The Colorado Department of Early Childhood (CDEC) respectfully submits its Pediatric Primary Care Practice Program Funding Report in compliance with C.R.S. § 26.5-3-1003:

> *(1) The department, in partnership with the department of health care policy and financing and the behavioral health administration in the department of human services, shall explore funding sources to implement the [pediatric primary care practice] program and the requirements of this part 10, including potential funding options through the children's basic health plan, set forth in article 8 of title 25.5, and the state medical assistance program, set forth in articles 4 to 6 of title 25.5.*
> *(2) On or before January 1, 2026, the department shall report to the joint budget committee any identified funding sources for this part 10.*

If you have any questions, please contact CDEC's Legislative Liaison Shannon Schell at shannon.schell@cdec.state.com.

Sincerely,

Lisa R. Roy, Ed.D.

Dr. Lisa Roy
Executive Director
Colorado Department of Early Childhood

Pediatric Primary Care Practice Program Funding

Submitted to
Joint Budget Committee

By
Colorado Department of Early Childhood

January 1, 2026

Contents

Pediatric Primary Care Practice Program Statute

The Colorado Department of Early Childhood is submitting the following report in accordance with C.R.S. 26.5-3-1003:

> **(1)** The department, in partnership with the department of health care policy and financing and the behavioral health administration in the department of human services, shall explore funding sources to implement the [pediatric primary care practice] program and the requirements of this part 10, including potential funding options through the children's basic health plan, set forth in article 8 of title 25.5, and the state medical assistance program, set forth in articles 4 to 6 of title 25.5.
> **(2)** On or before January 1, 2026, the department shall report to the joint budget committee any identified funding sources for this part 10.

Pediatric Primary Care Practice Program Overview

The Colorado Department of Early Childhood (CDEC) currently administers funds to support the implementation of the HealthySteps program in Colorado. The HealthySteps program aligns with the definition of a pediatric primary care practice program as described in 26.5-3 Part 10, Colorado Revised Statutes (C.R.S). In 2025, SB25-017 codified HealthySteps Colorado, a dual-impact model that advances early childhood health by integrating early childhood mental health expertise into pediatric primary care settings. Previously, CDEC was authorized to implement HealthySteps under CDEC's home visiting statute (26.5-3 Part 9 C.R.S). However, the model is unique in that it occurs in pediatric primary care settings, rather than in families' homes; therefore, the Legislature passed SB25-017 to recognize the program's distinct contributions to supporting children and families.

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program designed to promote positive parenting and healthy development for babies and toddlers. The HealthySteps model is grounded in a scientific basis to promote individual, family, community, and societal well-being. Through the pediatric primary care setting, the program promotes nurturing parenting, leading to enhanced healthy development and well-being of babies and toddlers. This is achieved through the prevention of challenges and the early identification of issues, ensuring a strong foundation for young children to have a lifetime of healthy development, learning, and growth. The model's value is substantiated by data from the national nonprofit Zero to Three, which demonstrates a 163% annual return on investment to Medicaid and delivery costs as efficient as $50 per child per year.[1]

The HealthySteps model utilizes a tiered approach to care. Tier 1 provides universal services for children from birth through three years old, including screenings and family support. Tier 2 includes short-term support services, such as consultations, referrals, and care coordination, in addition to the services provided in Tier 1. Tier 3 offers comprehensive services, including ongoing consultations with a HealthySteps Specialist, in addition to the services provided in Tier 1 and Tier 2. The HealthySteps team focuses on the essential skills that support healthy child development and lifelong well-being, including social-emotional development, language and literacy skills, cognitive skills, and perceptual, motor, and physical development.

Nationally founded in 1995, the program was brought to Colorado in 1998. In 2012, the original sites began receiving Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds. However, due to changes to the federal MIECHV rules in 2017, HealthySteps can no longer be supported with MIECHV funds. Following this change, the Colorado Department of Human Services (CDHS) requested and secured State General Fund support for HealthySteps in FY 2017-18, and this funding has continued into the present in the Department of Early Childhood.

The HealthySteps Program is currently funded from three main sources: reimbursement from Medicaid for clinical services, State General Fund, and private philanthropic investment. Since HealthySteps sites are pediatric clinics, they can access funding sources such as Medicaid and insurance to pay for services.

Currently, more than 30 sites in Colorado are implementing HealthySteps, and in FY 2024-25, these sites served 46,772 children across the state, with State General Fund supporting six of the 30 sites. The state intermediary for HealthySteps coordinates a statewide network of implementation partners, including Children's Hospital Colorado, Denver Health, Valley-Wide Health Systems, Peak Vista Community Health Centers, Every Child Pediatrics, Sheridan Health Services, KidsFirst Pediatrics, and Highlands Integrative Pediatrics. HealthySteps sites are trained and supported by the state intermediary.

[1] Howland, R. E., Terlizzi, K., Frenette, E., Franz, S., Bushar, J., Tracey, J., Briggs, R.D., & Neighbors, C. (2024). Using Medicaid claims to estimate the effect of HealthySteps on pediatric care.

Funding Exploration Process

CDEC held three working group sessions in fall 2025, with participation from representatives of the Department of Health Care Policy and Financing (HCPF), the Behavioral Health Administration (BHA), and the state intermediary, to discuss the requirements set forth by SB25-017. The goal of these convenings was to explore and identify sustainable, blended, long-term funding options for HealthySteps sites and the state intermediary.

Funding Exploration Results

The working group reviewed multiple existing and potential funding sources, including various Medicaid sources, Behavioral Health Administrative Service Organizations, and state funding. Due to the complexity of funding sources, the working group has not yet identified any viable new, readily available, or alternative funding sources. However, the group has committed to continuing to convene every other month throughout 2026 to further explore various funding pathways. Details on the current utilization of funding sources, additional pathways explored, and barriers to further utilization are below.

Medicaid

Billing Practices

Currently, HealthySteps implementation sites use multiple codes to access Medicaid funding, including Medicaid Fee-For-Service (FFS), Health Behavior Assessment and Intervention (HBAI), and Children's Health Plan Plus (CHP+).

While some providers may utilize the Medicaid Fee-For-Service (FFS) payment model, it typically does not adequately cover the full scope of services provided by the HealthySteps program or its specialists. Therefore, the standard practice is to use the Health Behavior Assessment and Intervention (HBAI) and psychotherapy Medicaid codes. Colorado revised its HBAI codes in 2025 as part of a major Integrated Care Sustainability Policy (ICSP) initiative by HCPF to expand access to behavioral health services in primary care. Since the codes have only been available for providers to use since July 1, 2025, they have not yet been universally adopted. The application and utilization of HBAI codes remain unclear to many sites implementing HealthySteps. However, building on work originally started by CDEC in 2021, the state intermediary for HealthySteps is developing a training webinar and billing tools to support sites in utilizing the additional HBAI billing codes.

All sites also currently utilize the Children's Health Plan Plus (CHP+) billing system. Child Health Plan Plus (CHP+) is a public, low-cost health insurance option for certain children and pregnant women. It serves those who earn too much to qualify for Health First Colorado (Medicaid) but not enough to afford private health insurance. Because CHP+ is focused on children, and HealthySteps is focused on health during the first three years of life, HealthySteps is able to bill this insurance plan.

Finally, there have been geographic variations in the past to how HealthySteps sites bill Medicaid. In the past, Denver Metro clinics that offered HealthySteps were supported through an enhanced encounter rate, a special payment rate available to certain providers, which allowed for higher reimbursement for specific, comprehensive services. However, the higher rate was phased out as a result of budget decisions and policy adjustments at the Department of Health Care Policy & Financing (HCPF). Those decisions were part of an overall trend representing a shift in HCPF's approach to how providers are reimbursed, aligning with the goals of improving health outcomes while managing the budget.

Additional Medicaid Funding Pathways

The workgroup discussed several potential pathways for HealthySteps to access Medicaid funding, as outlined below.

Accountable Care Collaborative 3.0

The workgroup discussed opportunities to utilize the Accountable Care Collaborative (ACC) 3.0—a model employed by Colorado's Medicaid program to connect patients with a "medical home" and a care team that works together to manage healthcare costs and quality for a specific patient population—which was launched in July 2025. Most Health First Colorado members are automatically enrolled in the ACC and assigned to one of the four regional contractors. If members have not already been attributed to a Primary Care Medical Provider (PCMP), the contractor can also help with that attribution. The PCMP serves as the "medical home," but the contractor always has responsibilities to help coordinate care for the member to improve quality and outcomes.

Regarding the potential of the ACC supporting HealthySteps, the ACC 3.0's Integrated Behavioral Health Benefit does offer additional payments to highly integrated clinics, but this requires a licensed behavioral health provider, meaning that not all HealthySteps Specialists qualify. This requirement presents a barrier to billing, especially in rural counties with workforce shortages.

The workgroup also considered Payment Alternatives for Colorado Kids (PACK), an additional value-based payment model under ACC 3.0. Under this model, practices would be reimbursed through a percentage increase to their FFS code, rather than through a separate payment, as is the case with the ACC 3.0. Practices may qualify for this payment model if they meet the program's criteria. However, due to the recent launch of ACC 3.0, HCPF is still identifying and clarifying qualification criteria, billing, and reimbursement practices with providers. HCPF and CDEC will continue to discuss opportunities and limitations to HealthySteps practices accessing PACK.

Per-Member Per-Month Enhancement

The workgroup identified that a Per-Member Per-Month (PMPM) enhancement could be useful, as fee-for-service (FFS) doesn't fit well with the HealthySteps model. FFS is typically designed for an illness- or problem-driven model of care, meaning it is not typically a good fit for prevention models. FFS requires that diagnosis codes be associated with a standardized billing code used by health professionals to describe the procedure or service provided to the patient. This code is referred to as Concurrent Procedural Terminology (CPT). However, prevention models like HealthySteps are designed to intervene *before* major concerns or a diagnosis arise. This means that, often, no diagnosis exists for HealthySteps participants, except for a billing code associated with a routine check-up known as "well-child." In contrast to FFS, PMPM models, and other value-based models, incentivize practices to engage in activities to prevent challenges and illness, rather than just respond to them.

The PMPM rate and implementation vary widely across Colorado regions, and this inconsistency affects the ability of sites to sustain themselves. For instance, the PMPM might be $1.10 for one region, while it might be $14.00 for another. In addition to the inconsistency in the amount, there is no floor amount, making it difficult to determine how much FFS billing practices need to change to achieve sustainability.

With the implementation of ACC 3.0, the state has introduced a tiered reimbursement model for Primary Care Medical Providers (PCMPs). While base payment rates may still vary across providers or regions, this tiered structure creates a mechanism for increased compensation: providers that achieve the highest tiers—designated for 'highly integrated' practices—are eligible for enhanced Per Member Per Month (PMPM) payments. Because the HealthySteps model inherently drives high levels of clinical integration, the sites are well-positioned to qualify for these top tiers and, therefore, to secure significantly higher reimbursement than they would receive at a lower tier. The workgroup is committed to tracking site qualifications to ensure all HealthySteps partners are maximizing this specific revenue opportunity.

1115 Waivers and Health Services Initiatives

The workgroup also considered the use of 1115 waivers and Health Services Initiatives (HSI) funding provided through HCPF.

The 1115 waiver allows state agencies, such as HCPF, to engage in innovative strategies not otherwise covered by Medicaid, including the implementation of integrated behavioral health care programs like HealthySteps. The 1115 waiver funds would be best utilized to support direct service delivery at local Healthy Steps sites.

A Health Services Initiative (HSI) is a program under the Children's Health Insurance Program (CHIP) that enables states to utilize CHIP funds for targeted projects aimed at enhancing the health of low-income children and families, such as home visiting programs, immunization initiatives, or lead abatement efforts. HSI funds could potentially cover HealthySteps sites' administrative and intermediary costs. In the past, the state intermediary for HealthySteps submitted an application for HSI funding, but funding was not awarded. There are plans to reapply when the application process is next available, which will occur after HCPF receives federal approval on its HSI plan.

Behavioral Health Administration Funding Pathways

BHA is committed to ensuring that prevention and early intervention are discussed and addressed within the care continuum. This includes identifying strategies to meet the unique needs of children aged birth through five and their caregivers throughout the state. BHA utilizes Behavioral

Health Administrative Service Organizations (BHASOs) as intermediaries and hubs for all behavioral health-related activities.

The workgroup identified BHASOs as a potential funding source for HealthySteps due to their responsibility for providing a continuum of behavioral health services to individuals of all ages. For example, HealthySteps could contract with the BHASOs to provide services to infants, young children, and their families. While this is a promising strategy, early childhood mental health is not yet as prevalent within the behavioral health system as is mental health awareness for older children. Therefore, additional work needs to be done to integrate early childhood services into the behavioral health system before a funding opportunity with the BHASOs becomes available. The workgroup will continue identifying and exploring integration efforts that could support a future funding opportunity.

Utilization of State Funding

The workgroup also discussed strategies for best utilizing currently appropriated state funding. One idea was to consider a pilot site model, based on the New York State Office of Mental Health’s model, to support HealthySteps' scale and sustainability. This pilot would provide new sites with funding for start-up costs—the most costly part of the model. The pilot would also phase out funding over a few years as sites implement alternative sustainability mechanisms. While this remains an idea the group is exploring, using the limited amount of existing state funding as the source of support for the pilot program would have a marked impact on current sites, as their budgets would need to be substantially reduced or eliminated.

Conclusion

While discussions to date have not yielded a clear identification of new, readily available funding sources, CDEC, HCPF, and BHA acknowledge the need for continued collaboration. The departments are committed to future discussions with the state intermediary to further explore the ideas included in this report and other strategies for sustainable funding. In 2026, the group will meet every two months and will also seek to include the Colorado Department of Public Health and Environment (CDPHE).

Accessibility Statement

CDEC is committed to providing timely responses to reports of inaccessible information or technology, or requests for a reasonable accommodation or modification. Such a report or request can be made to CDEC_ADA@state.co.us or by calling (720) 947-5020.

FY 2026-27

Joint Budget Committee Hearing

January 13, 2026

COLORADO
Department of Early Childhood

OUR VISION

All Colorado children, families, and early childhood professionals are valued, healthy and thriving.

OUR MISSION

The Colorado Department of Early Childhood ensures the delivery of a comprehensive, community-informed, data-driven, high quality and equitable early childhood system that supports the care, education and well-being of all Colorado's young children, their families and early childhood professionals in all settings.

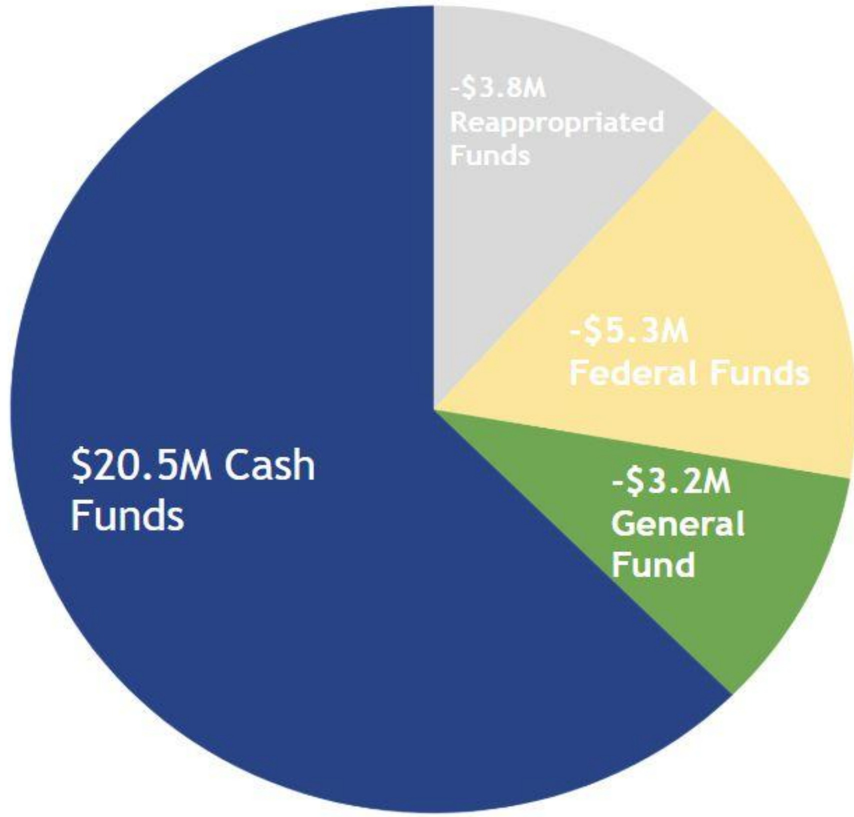
COLORADO
Department of Early Childhood

CDEC Overview

Early Childhood Budget

FY 2026-27 Budget Request
Total: $8.1M/21.9 FTE

- S-01/R-01 Prioritizing CCDF Investments
- R-02 Early Intervention Caseload
- R-03 Colorado Universal Preschool Program
- R-04 Child Care Licensing Services
- R-05 Maximize Federal Reimbursement
- S-02 Early Intervention Caseload
- S-03 Colorado Universal Preschool Program
- BA-01 Early Childhood Local Leads Budget Consolidation
- BA-02 OIT Real-Time Billing Right Sizing



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Five Year Strategic Plan

COLORADO
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Overarching Departmental Financial Strategy

Major Cost Drivers-Caseload

- Colorado Child Care Assistance Program
- Early Intervention Program
- Colorado Universal Preschool Program

Funding Sources & Challenges

- Child Care Development Funds
- Diminishing Cash Fund Revenues

Strategies

- Leveraging Funding and maximizing return on investments
- Reducing expenditures that exceed mandatory requirements

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Federal Child Care Funding & Program Integrity

On January 6th 2026, the Colorado Department of Early Childhood (CDEC) received official notification from the Trump administration, informing the state that it will be restricting Child Care and Development Fund (CCDF) funding.

CCDF is a critical federal funding source helping eligible families afford child care and supports child care providers and the early childhood workforce across Colorado.

Should the Administration for Children and Families (ACF) not reimburse Colorado for any remaining CCDF expenses this year, the potential shortfall could be approximately $91 million over the remainder of this fiscal year, and would impact programs as soon as January 31, 2026.

CDEC FACT SHEET - January 7th.

CCDF Fund Balance Sustainability Updates

Federal CCDF Funds	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
CCDF Carryforward *(Fund Balance Balance)*	$76,112,377	$51,550,452	$34,289,132	$24,035,649	$1,917,805
New Annual CCDF Award	$138,477,436	$137,612,150	$137,612,150	$137,612,150	$137,612,150
Total Funds Available	**$214,589,813**	**$189,162,602**	**$171,901,282**	**$161,647,799**	**$139,529,955**
Expenditures	**$174,469,904**	**$173,431,430**	**$173,378,239**	**$173,378,239**	**$173,378,239**
CDEC Budget Requests	***-$910,000***	***-$4,643,408***	***-$4,590,217***	***-$4,590,217***	***-$4,590,217***
Estimated CCCAP Waitlist/Freeze Impacts	***-$10,520,543***	***-$13,914,552***	***-$20,922,389***	***-$9,058,028***	***-$12,467,836***
Total Expenditures	$163,039,361	$154,873,470	$147,865,633	$159,729,994	$156,320,186
Roll Forward Balance	**$51,550,452**	**$34,289,132**	**$24,035,649**	**$1,917,805**	**-$16,790,231**

Colorado Child Care Assistance Program

CCCAP	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Appropriation*	$185,700,442	$185,700,442	$185,700,442	$185,700,442	$185,700,442
Expenditure**	$175,179,899	$171,785,890	$164,778,053	$176,642,414	$173,232,606
Estimated Waitlist/Freeze Impacts	*-$10,520,543*	*-$13,914,552*	*-$20,922,389*	*-$9,058,028*	*-$12,467,836*
*Alternative Rate Methodology^*	*$5,695,941*	*$8,303,662*	*$8,303,662*	*$8,303,662*	*$8,303,662*
Parent Copay	*$0*	*$5,005,091*	*$5,466,924*	*$5,466,924*	*$5,466,924*
Enrollment based Pay	*$0*	*$0*	*$0*	*$17,151,208*	*$18,712,773*
Additional Funding Required for CCCAP	$0	$0	$0	$21,863,766	$20,015,523
Estimated Total CCCAP Caseload***	21,161	18,321	16,607	15,450	14,511
Cost Per Child	$8,278	$9,376	$9,922	$11,433	$11,938

**The Appropriation includes the county share of costs.*
***The expenditures assume that the CCCAP County administration costs remain flat.*
****Estimates based on continued waitlist and freezes*
^incremental change for the increased rates, in FY 2024-25, rates were increased by $7.2 million.

Strategy for Early Intervention

The Early Intervention Program caseload is expected to continue to grow over time; although the program is voluntary, every child that is eligible is required to be served.

While the Department anticipates the Early Intervention caseload to increase, there is only temporary available Federal rollforward funding, and the program would be in a direct deficit by FY 2027-28 **without** the Department R-02/S-02 requests as shown in the table below.

Early Intervention	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Cash Funds	$100,000	$100,000	$100,000	$100,000	$100,000
Federal Funds	$10,116,655	$10,116,655	$10,116,655	$10,116,655	$10,116,655
Federal Rollforward	$3,042,227	$7,343,188	$5,006,197	$1,528,726	$0
General Fund	$76,986,834	$74,986,834	$74,986,834	$74,986,834	$74,986,834
Total Appropriation	$90,245,716	$92,546,677	$90,209,686	$86,732,215	$85,203,489
Estimated Expenditures	$82,902,528	$87,540,480	$88,680,960	$92,212,992	$96,256,512
Balance	$7,343,188	$5,006,197	$1,528,726	-$5,480,777	-$11,053,023
Cost Per Child	$6,912	$6,912	$6,912	$6,912	$6,912
Average Monthly Caseload Estimates	11,994	12,665	12,830	13,341	13,926

Strategy for Colorado Universal Preschool Program

The Universal Preschool Program includes a combination of revenues from Proposition EE deposited into the Preschool Program Cash Fund and General Fund, with the inflationary annual increase as intended in HB22-1295.

The Department R-03/S-03 requests ensure the fund balance for the Preschool Program Cash Fund remains solvent and sustains 10 percent reserve through the forecast period. Current projections estimate approximately 70 percent of eligible 4-year-old children will continue to enter into the program annually, requiring additional funds.

Forecast **without** the Department R-02/S-02 requests is shown in the table below.

Funds	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Cash Funds	$202,763,744	$202,763,744	$202,763,744	$202,763,744	$202,763,744
General Fund	$146,333,200	$146,333,200	$146,333,200	$146,333,200	$146,333,200
Total Appropriation	$349,096,944	$349,096,944	$349,096,944	$349,096,944	$349,096,944
Expenditures	$359,096,944	$363,401,465	$368,669,460	$375,429,615	$382,483,836
Balance	-$10,000,000	-$14,304,521	-$19,572,516	-$26,332,671	-$33,386,892

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Strategy for Early Childhood Local Leads

At the request of the Joint Budget Committee, the Department submitted Request for Information #7 on the roles, responsibilities, and functions, and this request addresses the identified overlap.

BA-01 Early Childhood Local Leads Budget Consolidation requests the JBC consolidate the funding for Local Coordinating Organizations (LCOs) and Early Childhood Councils (ECCs) in one line for a total of $14,842,227. The Department proposes to integrate the functions and funding of LCOs and ECCs into a unified local lead model, utilizing the existing Early Childhood Council infrastructure.

This request is not asking to change the overall funding amounts. This budget amendment is contingent upon the passage of the bill that will be moving in parallel with this request.

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Strategy for the Nurse Home Visitor Program

The Nurse Home Visitor Program (NHVP) funds will remain solvent throughout the forecast period. The Department receives funding through the Tobacco Master Settlement Agreement (Tobacco MSA) to fund the program.

The Department continues to work with the state intermediary for Nurse Home Visiting Program on the long-term sustainability of this statewide program since CDEC must adhere to the requirements of the NHVP statute.

NHVP Cash Fund	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Beginning Fund Balance	$30,173,612	$30,909,577	$28,109,049	$29,694,353	$27,176,094
Revenues	$25,107,320	$22,287,248	$27,451,811	$24,128,948	$23,700,993
Expenditures	-$24,371,355	-$25,087,776	-$25,866,506	-$26,647,208	-$27,450,319
Estimated Fund Balance	**$30,909,577**	**$28,109,049**	**$29,694,353**	**$27,176,094**	**$23,426,768**

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Colorado Child Care Assistance Program & Child Care Development Funds

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Department of Early Childhood

S-01/R-01 Prioritizing CCDF Funding Request Overview

The Department is prioritizing the sustainability of the CCDF funds to be used towards CCCAP direct services in future years.

This request reduces expenditures on Child Care Development Fund (CCDF)-funded initiatives, outside of CCCAP direct services, by $4.4 million to ensure the ongoing sustainability of the fund for CCCAP in future years.

CCCAP Overview

Purpose

The purpose of CCCAP is to provide eligible households with access to *high quality, affordable child care* that supports *healthy child development* and *school readiness* while promoting *household self-sufficiency* and *informed child care choices*.

Scope

CCCAP annually serves an average of

- 27,598 children through
- 2,368 licensed providers and is
- administered by 184 county workers

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Low-Income CCCAP	Serves low-income families that are in an eligible activity
Colorado Works CCCAP	Serves families that are participating in Colorado Works
Child Welfare CCCAP	Serves families that are involved in Child Welfare where less than 24 hour child care assistance is needed to maintain children in their own homes or in the least restrictive out-of-home care (funded by Child Welfare block, not CCCAP)
Protective Services CCCAP	An optional county policy to serve children that have been placed by the county in foster home care, kinship foster home care or non-certified kinship care

The CCCAP fiscal shortfall is fueled by four major factors

1. Reduced funding available due to stimulus rolloff

2. Unfunded new federal rules and HB24-1223

3. Required increase in provider rates due to a federal compliance finding

4. Continuous eligibility of CCCAP families which limits the ability to control costs

Program Needs Exceed Available Resources

Waitlists	Freezes
Slow Enrollment	*Stop* Enrollment

As of January 1, 2026

- 12,872 children from 8,788 families are on a freeze or wait list.
- 19 counties are currently on a freeze.
- 5 counties are currently on a wait list.

In FY 2024-25, CCCAP served 11 percent of the entire fiscally eligible population.

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CCCAP Federal Rule Updates

- In March 2024, the Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF) federal rules passed with a waiver implementation deadline of August 1, 2026.
- In 2024, Colorado passed HB 24-1223 which mirrored many of the new federal rules.
- On December 1, 2025 Colorado received an extraordinary circumstances waiver with an August 1, 2028 extension for compliance with the Biden era federal rules.
- In January 2026, the ACF issued a 30 day comment period for a new proposed rule, Restoring Flexibility in the Child Care and Development Fund (CCDF), that would intend to rescind most of the requirements of the previous federal rule.

New CCCAP Policies

Policy	2024 Promulgated Federal Rule	2026 Proposed Federal Rule	HB 24-1223
Family co-payments	Limit family co-payments to 7%	Remove requirement	Limit family co-payments to 7% of family income by 8/1/26 (regardless of available federal appropriations)
Prospective payment	Providers must be paid in advance	Removes requirement	Providers paid weekly in advance by 8/1/26 (subject to available federal appropriations)
Payment based on enrollment	Requires payment based on enrollment	Removes requirement	Requires enrollment based pay 8/1/26 (subject to available federal appropriations)
Slot Contracts	Required for three populations	Removes requirement	Required for four populations (subject to available federal appropriations)
Registration fees	Mandatory reasonable registration fees	No change	Not included
Increasing Provider Rates thought the Alternative Rate Methodology to meet federal requirement on equal access			

Current CCCAP Fiscal Mitigation Strategies and Options

- Working with federal partners on all waiver options available to states
- Requesting approval for the current CCCAP provider rates to cap increases and ensure compliance with federal requirements
- Stacking Universal Preschool Funds and CCCAP
- Adjusting policies that exceed federal requirements
  - TANF Referrals
- Evaluating County Optional Policies
  - Recognizing the effect those decisions have on providers and families

Early Intervention Services

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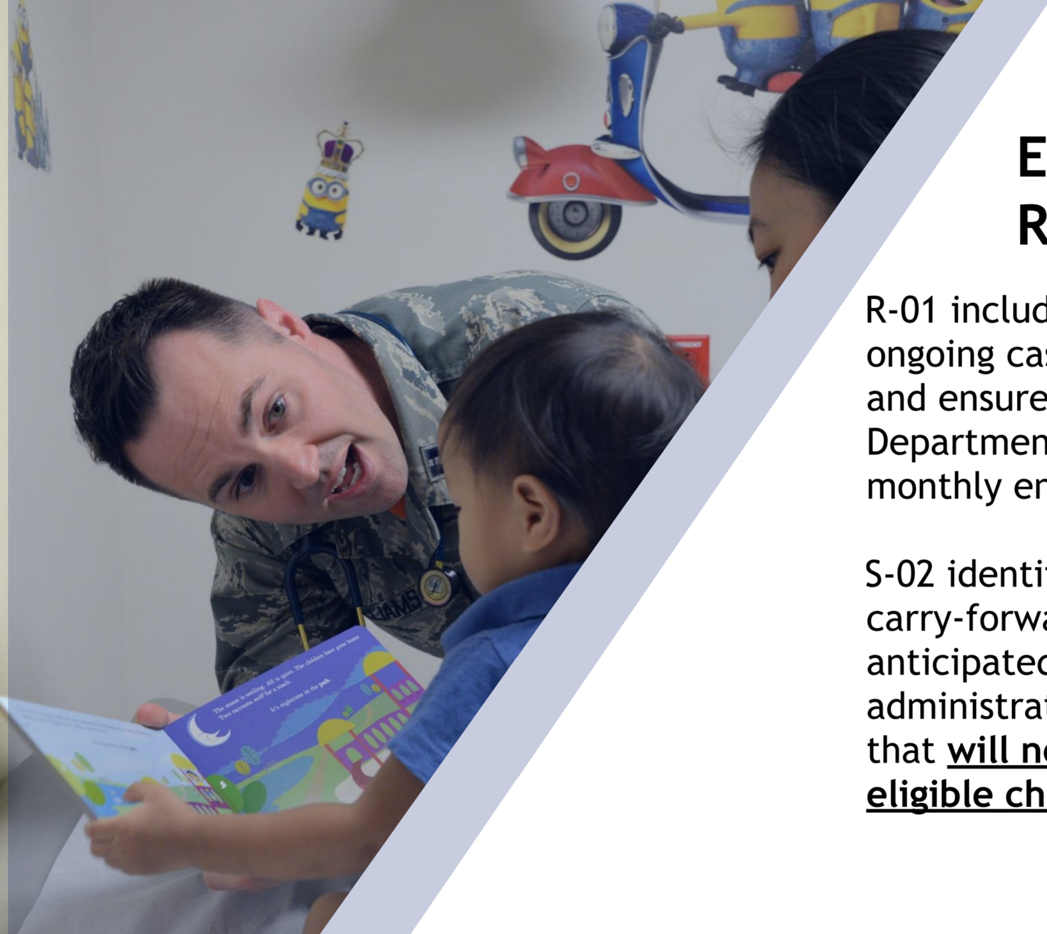
Department of Early Childhood



Early Intervention Caseload & R-02/S-02

R-01 includes a $2.1 million increase in funds to address ongoing caseload increases in the Early Intervention Program and ensure adequate fund to serve the growing caseload. The Department anticipates a 5.6 percent increase in average monthly enrollment from FY 2025-26 to FY 2026-27.

S-02 identifies budget surplus for FY 2025-26 from carry-forward of federal funds from FY 2024-25 and additional anticipated underspending for evaluations, services, and administration. The requests is for a $7.3 million reduction that **will not impact on providers or direct services for eligible children**.

Caseload & Costs Performance Forecasting

CDEC Appropriations (S.B. 25-206)	Early Intervention Appropriation (S.B. 25-206)
Early Intervention Services - General Fund Appropriation	$76,986,834
Early Intervention Services Trust Interest - EIST (Administration)	$100,000
Federal Funds	$6,032,585
Federal Funds - IDEA Part C Grant - Additional Annual Award	$4,084,070
Federal Funds - Carryforward from FY 2024-25	$3,042,227
Total Appropriation	**$90,245,716**

Other Funding Sources	Estimated FY 2025-26
Private Insurance (EIST)**	$17,000,000
Medicaid (Direct Services)	$22,000,000
Medicaid (TCM/Admin)	$2,970,056
Local Mill Levy	$365,464
TRICARE	$1,000,000
Total Estimated*	**$43,335,520**

Use of Private Pay is at the discretion of the parent/guardian and not accounted for in these estimates.

*****This amount includes approximately $6 million that is spent on services for covered children and $11 million that is returned to contributing insurance companies for benefits that were not utilized.***

Caseload & Costs Performance Forecasting

Adjustments to forecasting

- Increased access to detailed Medicaid data
- EI Broker contract changes
- Detailed caseload data
- Detailed & timely invoicing and expenditure tracking
- Added seasonality trends

Challenges in predictability in forecasting

- Changes to eligibility
- Private Insurance Pay
- Timing of reimbursement
- Service intensity
- Length service

EI Cost Per Child Variability

Example: Child One

Minimal support needed with one time a month consult with an EI professional

Estimated cost:
$200/month

Example: Child Two

Average support needed with visits one time a week with an EI professional

Estimated cost:
$575/month

Example: Child Three

High level of support needed with weekly visits from an OT, PT, and SLP.

Estimated cost:
Up to $2,000+/month

The Average: The estimated average annual cost per child for FY 2025-26 is $6,912.

EI Budget Balancing Strategies

Considered various strategies proposed and in collaboration with EI Brokers and EI providers.

Department Recommends to Require Annual Redetermination of Eligibility Starting in FY 2026-27

- Providers will re-evaluate children in all five areas of development at the Annual Individualized Family Service Plan (IFSP) review. The eligibility criteria will remain the same as the initial evaluation.
- Children with an “established condition” (a mental or physical condition that has a high probability of resulting in a developmental delay) will remain eligible without re-evaluation.

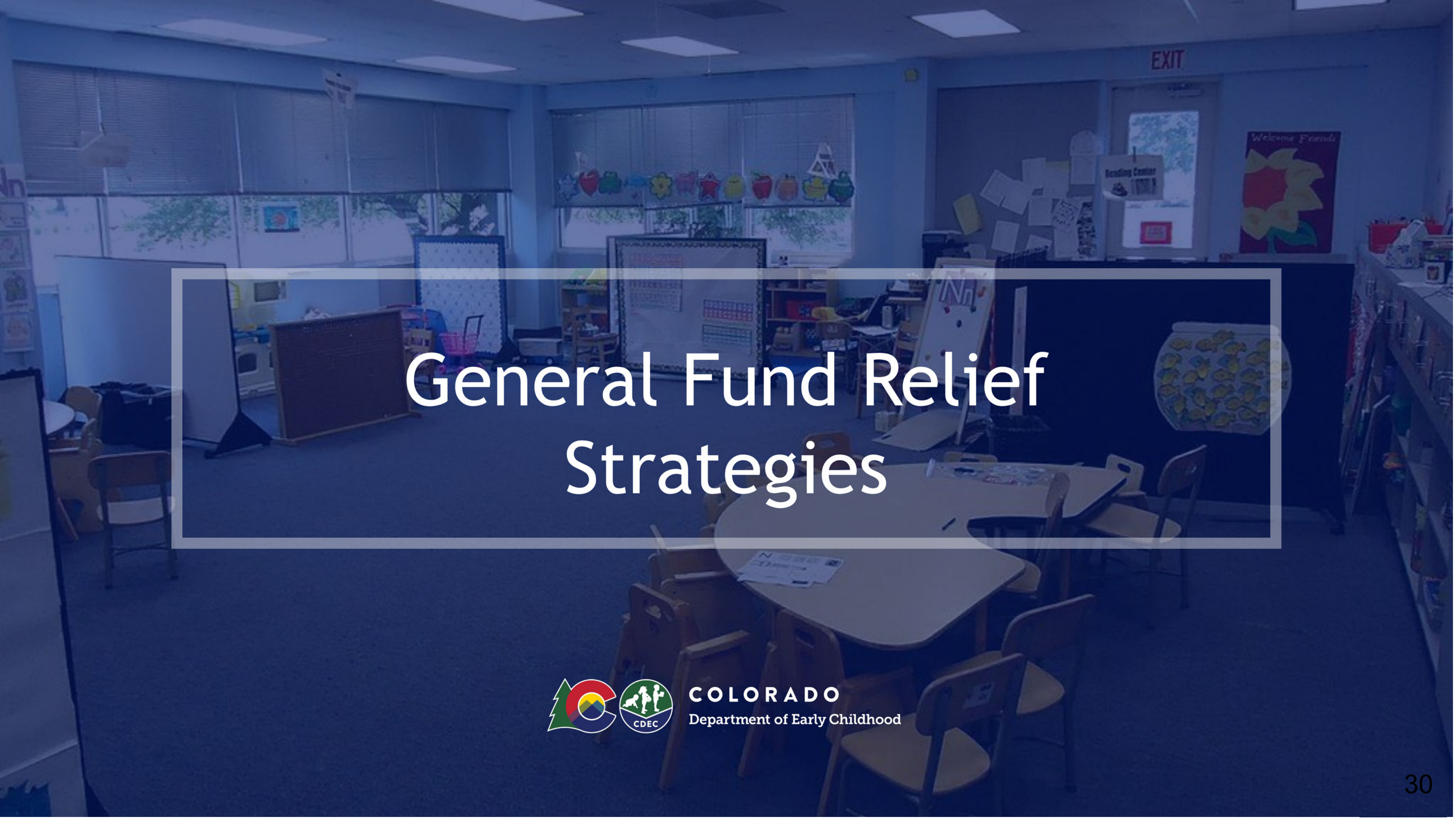
Colorado Universal Preschool Program

R-03/S-03 Colorado Universal Preschool Program

R-03 includes a total increase of $14.3 million in FY 2026-27 and ongoing, including $10.5 million in anticipated revenue from the Preschool Program Cash Fund based on a 10 percent reserve target, and $3.8 million in General Fund based on a 2.6 percent inflationary increase.

S-03 includes a total increase of $10.0 million in anticipated revenue from the Preschool Program Cash Fund in FY 2025-26.

Funding appropriated annually determines the number of children and number of hours the program can serve in accordance with statute and rule. The Colorado Department of Early Childhood is implementing the third year of Universal Preschool in FY 2025-26, including providing full-day preschool to children in poverty and those with other qualifying factors.



General Fund Relief Strategies

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Statewide R6 General Fund Relief Measures

Elimination of the the Substance Use Disorder (SUD) Treatment Child Care Pilot one year early. $500,000 reduction in FY 2026-27. Pilot was originally set to expire after three years but it got extended due to the pandemic.

$480,000 in FY 2026-27, and ongoing, reduction to funding for the Family Resource Centers from the Child Maltreatment Prevention budget line. The Family Resource Centers receive funding through multiple program lines, but with this reduction will still maintain a total of $4.1 million in dedicated resources.


THANK YOU!
COLORADO
Department of Early Childhood
CDEC

Nurturing Connections Colorado Workforce Gap Analysis

January 9, 2026

Submitted to the Joint Budget Committee

By Colorado Department of Early Childhood

Background

Nurturing Connections Colorado provides no-cost, confidential mental health consultations to any adult who cares for children under the age of six in Colorado, including families and early childhood professionals. This infant and early childhood mental health (ECMH) consultation program helps adults build skills to support social-emotional development. It is staffed by master's-level professionals and leverages a strengths-based, relationship-focused approach. Early childhood mental health consultation (ECMHC) is recognized by the Center of Excellence for Infant & Early Childhood Mental Consultation (CoE for IECMHC) as a best practice, having been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover.[1,2] Nurturing Connections operates a three-level service model, as it provides child-level services, classroom-level services, and program-level services.

In September 2023, the first gap analysis report, [Early Childhood Mental Health Consultation Gap Analysis of Available Mental Health Consultants and Unmet Need in Colorado], was submitted to the Joint Budget Committee by the Colorado Department of Early Childhood (CDEC) in collaboration with Colorado Evaluation and Action Lab.[3] The analysis, required by section 26.5-3-706(2), C.R.S., examines the capacity of the state's early childhood mental health consultation program, *Nurturing Connections Colorado*, and the additional investment needed to meet demand. The analysis focused on capacity and need in both licensed and unlicensed care settings, as this is where the majority of program services are delivered. In SFY 2022-23, 86% of Program cases, 95% of Classroom cases, and 83% of Child cases occurred in licensed settings.

[1] Funded by the federal Substance Abuse and Mental Health Service Administration (SAMHSA), the CoE for IECMHC serves as the clearinghouse for best practice resources related to developing, implementing and maintaining an IECMHC program at a national, state, territorial, community or tribal level.

Key findings from the December 2023 report document a persistent gap between the demand for consultation services and the program's capacity. As of July 2023, the full workforce, consisting of 80.8 full-time equivalent (FTE) across contracted service providers, reached approximately 10.6% of licensed child care providers in Colorado during FY 2022-23. Of those 80.8 FTE, 52.0 FTE (64.4%) were state-funded; the remaining 28.8 FTE were funded through philanthropic contributions. In 2023, the program would have needed an estimated additional 431 FTE to reach 100% of licensed providers. To reach 35% of licensed providers—a more realistic benchmark due to the voluntary nature of the program and the resources needed—the program would have needed an additional 134 FTE and $15.69 million (see Table 2 in the 2023 gap analysis, linked here).

Nurturing Connections Colorado's ability to expand and reach 10.6% of licensed child care providers in FY 2022-23 was largely due to temporary COVID-19 stimulus relief funds. More specifically, in 2020, an Executive Order intentionally augmented the program through staffing increases to address what we believed would be a temporary need for increased mental health support.

However, available quantitative and qualitative data reflect that the increased need has persisted while the funding has not.[2] In June 2024, $2.57 million—representing approximately 50% of the program's budget—of this stimulus funding expired. **This resulted in a 48.2% reduction of the state-funded ECMHC workforce, from state funds to support 52.0 FTE in FY 2023-24 to 26.9 FTE in FY 2025-26.** This reduction effectively halved the state-funded workforce, severely limiting its ability to meet the growing needs of child care providers across the state. In parallel, we observed lower rates of adoption and fidelity to the Colorado model of consultation among philanthropically-funded consultants supported; the Department encourages these

[2]ECMHC is also recognized as a best-practice in the field of maternal and child health by the Association of Maternal & Child Health Programs.

consultants to follow the state model, but CDEC does not have the authority to require it.

Together, these changes were associated with a decline in the number of active client cases from FY 2022-23 to FY 2024-25. Cases decreased from 1,874 to 1,097 in FY 2024-25, representing a 41.5% decrease of 777 cases. This case count represents child-level, classroom-level, and program-level services. In SFY 2024-25, Nurturing Connections served 573 children and families through child-level services, 251 teachers through classroom-level services, and 273 directors through program-level services.

Gap Analysis of State Fiscal Year 2025 and 2026

As a result of the stimulus roll-off and other budgetary factors, the *Nurturing Connections Colorado* program's updated ECMHC workforce total for the current FY 2025-26 is 51.7 FTE, comprising 26.9 state-funded FTE and 21.8 philanthropically-funded FTE.

In comparison, in FY 2024-25, there were 60.6 FTE, including 29.0 state-funded and 31.6 philanthropically-funded FTE. This resulted in 68 individual consultants delivering the *Nurturing Connections Colorado* program statewide. This workforce was able to serve approximately **9.1%** of the 4,993 total licensed child care providers in FY 2024-25.[3] This means that 4,538 (90.9%) of licensed providers either did not or could not participate in consultation services. An estimated additional 19.9 FTE, or approximately 24 additional consultants, would be needed to increase reach in each county by 6%. This would raise the statewide reach to an average of 15%. The current limited reach demonstrates the ongoing and immediate need to address capacity restraints in order to meet statewide demand. Persistent statewide demand for ECMH

[3] Kallmann Wegner, A. (July 2023). Early childhood mental health consultation: A gap analysis of available mental health consultants and unmet need in Colorado. (Report No. 21-02A). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

consultation services exceeds current program capacity, and many consultation sites continue to maintain a waitlist. CDEC recently pursued enhancements to the data system to provide reliable waitlist estimates. CDEC is in the process of developing an appropriate methodology to analyze waitlist data.

Efforts to Mitigate the Gap

Anticipating the stimulus roll-off, *Nurturing Connections Colorado* utilized several strategies in FY 2023-24 to alleviate the gap created by reduced program funding and ensure some level of continued access in all 64 counties. All three initiatives are still in place.

1. **The ECMH Support Line** is a no-cost, confidential resource for any parent or professional who cares for children under six. The support line connects parents and professionals to local resources that help them better support the young children in their care. On the support line, caregivers speak with a trained consultant about the resources they need for themselves and the children in their care. The consultant can then discuss these needs, brainstorm appropriate supports, and connect caregivers to local early childhood mental health consultants.
2. **The Statewide Brief Consultation** is provided as a support to local consultation teams who are overwhelmed with incoming requests. Through this service, local ECMH Consultations teams can request support—such as peer consultations, program consultations, and classroom consultations—provided by experienced Nurturing Connection consultants. See this short video and review the handout for more information.
3. **The program provides ongoing, intentional, and structured coaching** on intake and triage to Nurturing Connections sites. These efforts aim to ensure that families and early childhood professionals are connected to the right services at the right time. However, nine counties in Colorado currently lack

local Nurturing Connections vendors due to reduced funding and increased behavioral health costs.

The *Nurturing Connections Colorado* program anticipates that state and federal budget shortfalls may further reduce the available and funded ECMHC workforce in FY 2026-27. The *Nurturing Connections Colorado* program plans to produce and submit a full-length report with the estimated need by county in November 2027.

Accessibility Statement

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