

Section 4:

Education and Child Development

K-12 Education

As identified in the Phase II Growth Plan report, ongoing challenges for local school districts include obtaining timely data regarding troop numbers, including: deployment information and additional growth; obtaining adequate funding to serve Fort Carson students, particularly those with special needs; meeting infrastructure and increased capacity needs in some districts; and addressing behavioral health and other issues stemming from ongoing deployments. These issues are exacerbated by severe fiscal challenges affecting school district operational budgets. The Growth Plan Education Partnership Group has continued to meet to discuss these challenges, and local school districts continue to work with PPACG to share data to better understand and address these ongoing challenges.

Fort Carson Student Enrollments

The overall number of Fort Carson students enrolled in school districts in the region for the 2010-2011 school year did not change dramatically from the prior (high growth) school year. However, significant fluctuations between districts did occur (see Figures 4-1 and 4-2). The region saw much less overall growth in Fort Carson students than in prior years because significant troop moves from Fort Hood to Fort Carson were completed during the prior school year. Changes in Fort Carson student enrollments between districts may reflect changing housing patterns, as more families moved on-post following construction of additional housing units and other families settled into more “permanent” housing following their initial moves, as well as changes in families actually present in the region which vary based on deployments. The increased enrollment in Fountain-Fort Carson School District 8 reflects the opening of a new elementary school on Fort Carson (Weikel Elementary), which has a total capacity of 1,000 students and initially enrolled more than 600 students upon opening in August 2010.

Figure 4-1. Change in Fort Carson student enrollments, 2008-2009 and 2009-2010

Number of Fort Carson Students in Local School Districts					
District	2008-2009		2009-2010		Percent Change
	Army Children	Percent of Total	Army Children	Percent of Total	
Academy D-20	605	7%	775	8%	28%
Cheyenne Mountain D-12	360	4%	362	4%	1%
Colorado Springs D-11	714	8%	999	10%	40%
Falcon D-49	545	6%	785	8%	44%
Fountain-Fort Carson D-8	3,762	44%	4,263	43%	13%
Harrison D-2	916	11%	1,157	12%	26%
Widefield D-3	1,187	14%	1,662	17%	40%
Total*	8,089	100%	10,003	100%	24%

*Total does not include students in other districts, private schools, or home schools

Source: Fountain-Fort Carson District 8, regional school districts

Figure 4-2. Change in Fort Carson student enrollments, 2009-2010 and 2010-2011

Number of Fort Carson Students in Local School Districts					
District	2009-2010		2010-2011		Percent Change
	Army Children	Percent of Total	Army Children	Percent of Total	
Academy D-20	775	7%	717	7%	-7%
Cheyenne Mountain D-12	362	4%	173	2%	-52%
Colorado Springs D-11	999	8%	1,239	12%	24%
Falcon D-49	785	6%	1,011	10%	29%
Fountain-Fort Carson D-8	4,263	44%	4,337	42%	2%
Harrison D-2	1,157	11%	1,151	11%	-1%
Widefield D-3	1,662	14%	1,614	16%	-3%
Total*	10,003	100%	10,242	100%	2%

*Total does not include students in other districts, private schools, or home schools

Source: Fountain-Fort Carson District 8, regional school districts

Continuing Challenges

Enrollment Fluctuations

As the above figures demonstrate, local school districts continue to face challenges of fluctuating enrollments, which makes planning for capacity needs and budgeting for staffing requirements very difficult. With the addition of a combat aviation brigade, the districts will require timely information and further housing analysis to better project likely ages and locations of Fort Carson students in the region. Further, ongoing deployments of brigade-sized units will continue to cause fluctuations in student enrollments, and ongoing updates regarding deployment information are necessary to track potential enrollment changes.

Students with Special Needs

The Phase II Growth Plan report identified a higher prevalence of students with special needs, particularly autism spectrum disorders, among Fort Carson students. The Fort Carson region has acquired a reputation of providing excellent services for children with special needs, and Soldiers who have children with special needs continue to seek assignments at Fort Carson in order to obtain these services. Therefore, as the below Figure 4-3 illustrates, districts with higher numbers of Fort Carson/military students tend to have higher numbers of students with special needs. For example, Fountain-Fort Carson School District 8, whose student enrollment is 58 percent Fort Carson students, has an autism rate of one in forty, compared with the national average of one in 110. Between 2006 and 2011, overall enrollment in District 8 increased 23

percent; students in special education increased 48 percent; and the number of students with autism increased 270 percent.¹

Figure 4-3. Military Students enrolled in special education in regional school districts

2010-2011								
District	Military Students			All Students			Military SPED students as percentage of all SPED students	Military Students as percentage of total enrollment
	Military SPED students	Total military students	Percent Military students in SPED	Total SPED students	Total Enrollment	Overall percent in SPED		
Academy D-20	224	3,072	7.3%	1,810	23,119	7.8%	12.4%	13.3%
Cheyenne Mountain D-12	43	482	8.9%	296	4,561	6.5%	14.5%	10.6%
Colorado Springs D-11	180	1,825	9.9%	2,584	28,464	9.1%	7.0%	6.4%
Falcon D-49	188	2,244	8.4%	1,511	14,708	10.3%	12.4%	15.3%
Fountain-Fort Carson D-8	610	4,428	13.8%	1,004	7,536	13.3%	60.8%	58.8%
Harrison D-2	125	1,338	9.3%	964	11,147	8.6%	13.0%	12.0%
Widefield D-3	303	2,052	14.8%	1,218	8,985	13.6%	24.9%	22.8%
Total	1,673	15,441	10.8%	9,387	98,520	9.5%	17.8%	15.7%

Source: Fountain-Fort Carson District 8, regional school districts

Note: a breakdown of Fort Carson only students in special education was not available for each district for the 2010-2011 school year; therefore numbers of military children in special education are shown. Districts with high numbers of Fort Carson students also show high numbers of SPED students.

Costs to serve students with special needs are significant. School districts receive additional monies from the state and federal government to serve special education (SPED) students. However, school districts often spend much more than they are reimbursed to serve SPED students. On average, school districts received \$1,000 per military SPED student living on a military installation and \$500 per military SPED student living off an installation. Recent district estimates show that average costs per special education student range from more than \$7,000 to more than \$13,000 per student².

In addition, Fort Carson families often struggle to understand the services available and eligibility requirements which vary from district to district. Negotiating individualized education programs (IEPs) for children with special needs can add to stresses for military families. Fort Carson should continue to work with Soldiers to ensure that children with special needs are enrolled in the Exceptional Family Member Program to help families understand the resources and services available at Fort Carson and the community. Fort Carson should also continue to work with local school districts through the school liaison officers and community-based providers to identify and help connect families to resources available in schools and the community and help educate parents regarding special education services, and how those services may vary by district in the region.

¹ Romero, Montina, Ph.D., Director of Exceptional Student Services, Fountain-Fort Carson School District 8, Military Children & Youth Symposium presentation, April 15, 2011 (<http://www.wfcp.carson.army.mil/April-MonthOfTheMilitaryChild.html>).

² Information on special education students and costs was obtained from Fountain-Fort Carson School District 8 and is based on school district budget and Impact Aid reports.

Additionally, Fort Carson should continue to work with other military installations, the Military Child Education Coalition (MCEC), local school districts and providers on- and off-post to promote educational and networking opportunities for providers and parents regarding the challenges faced by military families. The recently-held Military Child and Youth Symposium is an example of this type of outreach³.

Local school districts, policy makers, and others, through organizations such as the National Association of Federally Impacted Schools (NAFIS) should continue to seek increased and more timely impact aid funding to serve military students especially those with special needs. Current funding formulas are not sufficient to offset costs to serve students with special needs, particularly those with severe needs with expenses; some districts have reported costs as much as \$100,000 per student year for severely disabled students. Funding based on diagnosis, severity of need, and interventions required should be considered.

Behavioral Health

The stresses of deployments affect school children – and school districts – in many ways. School districts report that truancy rates for students of deployed families are very high. Parents overwhelmed when the spouse deploys often keep older children at home to take care of younger siblings. Schools also struggle to accommodate Soldiers and families who take block leave following deployments. While the districts understand the importance of block leave in assisting military families with reintegration, prolonged absences, particularly during critical school times (including annual testing) can hinder students' academic performance. Additionally, children of all ages experience the stresses of having a parent (or parents) away from the family and in harm's way, which can be manifested in behavior challenges in schools.

Fort Carson has recognized this concern and has employed many resources to assist school districts, including school liaison officers (SLOs) who work with Fort Carson families and school districts to identify needs and services for students. Fort Carson's Evans Army Community Hospital (EACH) has also initiated programs, including a Child and Family Assistance Center (CFAC) and pilot school-based behavioral health services to assist students and families and added resources to an off-post clinic serving Fort Carson families.

The CFAC and school-based programs are aimed at providing integrated behavioral health services to Fort Carson family members. The school based behavioral health pilot was initiated at Mountainside Elementary School on Fort Carson in August 2010. Fort Carson plans to expand the program in August 2011 to serve all on-post schools (four elementary schools, one middle school, and five child development centers). This program enables psychologists and psychiatrists to provide behavioral health treatments and therapy for children and families

³ Fort Carson held an Education Summit in April 2010 and partnered with other installations and entities in the state to conduct the 2011 Military Children and Youth Symposium. These events help inform educators and service providers regarding the challenges experienced by military children and help connect parents and educators with resources available on- and off-post to assist military children and families. For more information on the summit, visit <http://www.wfcp.carson.army.mil/April-MonthOfTheMilitaryChild.html>.

directly in the schools in order to provide easier access to services not currently available on-post.⁴

Fort Carson also provides seven Military Family Life Consultants (MFLCs) who serve eleven schools in three school districts in the region with high military enrollments (Fountain-Fort Carson School District 8, Harrison School District 2, and Widefield School District 3)⁵. MFLCs are trained counselors who provide non-medical counseling and support services, including parenting, anger management, reintegration, deployment skills, resiliency, grief counseling, and other services to assist military children and families. As Fort Carson families continue to live off-post and farther from the installation in other school districts in the region, this program should continue and be expanded to other school districts.

Fiscal Challenges

The above challenges for school districts that serve military children are exacerbated by severe budget cuts. The pending 2011-2012 state budget is expected to cut funding for K-12 education by as much as \$250 million to help cover a more than \$1 billion state budget shortfall. Therefore, school districts will likely cut services and increase class sizes to adjust to significantly reduced operating revenue from the state. Also, while the state legislature passed HB 07-1232 in 2007 to establish a second count day for school districts with large increases in military students, funding was only provided for one year. In 2008, six local school districts received state funding through the second count day in the amount of over \$1.8 million which helped offset the costs of serving over 573 new military-related students. The loss of this funding has impacted districts in the Pikes Peak region that have seen large mid-year increases in students without additional funding.

Legislation has been introduced at the federal level to decrease lags in impact aid reimbursements (S. 595). Additional focus should also be given to increased reimbursements for military students with special needs.

Ongoing Actions and Implementation

In order to assist school districts serving Fort Carson students, the recommendations identified in the Phase II Growth Plan should continue to be monitored and implemented. Key efforts should include:

1. Continued work with Fort Carson and school districts to obtain information regarding Fort Carson growth and deployments, as well as school enrollments in order to share timely information to assist school districts in planning for capacity and operational needs.

⁴ “Fort Carson Behavioral Health Child and Family Programs,” LTC Erin V. Wilkinson, Psy.D, Military Children and Youth Symposium presentation, April 15, 2011 (<http://www.wfcp.carson.army.mil/April-MonthOfTheMilitaryChild.html>.)

⁵ Brown, Maj. Alan. “Military Family Life Consultants provide valuable resources to Soldiers and Families.” www.army.mil, January 12, 2010.

2. Work through the National Association of Federally Impacted Schools (NAFIS), local policy makers, and others to seek additional funding for schools, particularly to serve students with special needs.
3. Continue Fort Carson and school district coordination through school liaison officers, the Exceptional Family Member Program, Military Family Life Consultants, and community-based providers to serve Fort Carson students with special needs and behavioral health challenges.
4. Continue and expand Fort Carson's school-based behavioral health program to serve additional schools/districts in the region.
5. Continue and enhance information-sharing and resources available in the region, both on- and off-post, through annual education/symposia to educate providers and the community on the challenges faced by military students; the Warrior Family Community Partnership the Network of Care (both of which are discussed in *Section 5: Medical, Behavioral Health & Social Services*), and other programs.

See Appendix I for the status of Growth Plan recommendations related to K-12 Education.

Child Care/Early Care and Education

The demographics of Fort Carson families continue to indicate high numbers of young children (see Figure 4-4). Projections from the Fort Carson Demographic Model (FCDM) indicate that more than 18,000 Fort Carson dependent children in the region by FY 2014, including nearly 3,700 infants and toddlers and more than 2,700 preschool age children. The FCDM projects the number of children in the region based on a variety of factors, including currently-available survey, Army Stationing and Installation Plan (ASIP), and Defense Enrollment Eligibility Reporting System (DEERS) data, assumptions regarding unit makeup and strength, and anticipated deployment schedules. The model does not, however, age/matriculate children of the current Soldier population because of the high annual turnover of Soldiers who move to other assignments, leave or retire, etc.⁶

However, current birth rates indicate that there may be additional strains on local child care providers. In early March, for example, Evans Army Community Hospital experienced ten births per day, delivering 182 babies between March 1 and March 17.⁷ The hospital typically has 150-180 births per month. This spike in births is most likely attributed to the return of the 4th Brigade Combat Team nine months earlier. However, as other units deploy and two more units are expected to return later this year, additional "baby booms" are anticipated. This increase in infants in toddlers will continue to strain the ability of Fort Carson and off-post providers to meet child care needs.

⁶ Detailed information on the FCDM can be found in Section I of the Phase II Fort Carson Regional Growth Plan ([http://www.ppacg.org/files/Military_Impact/Fort_Carson_Growth/Project_Materials/Growth_Plan/Phase_II/Sec_I\(SocioeconomicModel\).pdf](http://www.ppacg.org/files/Military_Impact/Fort_Carson_Growth/Project_Materials/Growth_Plan/Phase_II/Sec_I(SocioeconomicModel).pdf)).

⁷ Tom Roeder, "Bundles of joy coming in bunches at Carson this month." *The Gazette*, March 19, 2011.

Figure 4-4. Summary of Fort Carson Children Present in the Region

	FY2009		FY2010		FY2011		FY2012		FY2013		FY2014	
	FY 09 Q1	FY 09 Q3	FY 10 Q1	FY 10 Q3	FY 11 Q1	FY 11 Q3	FY 12 Q1	FY 12 Q3	FY 13 Q1	FY 13 Q3	FY 14 Q1	FY 14 Q3
Children present when Soldier present	8,191	9,015	14,659	12,743	12,020	12,347	16,168	14,058	13,634	14,048	15,951	16,854
Children present when Soldier deployed	5,961	5,931	3,649	5,383	6,196	6,017	3,029	4,638	4,916	4,842	2,696	2,420
Total children (present)	14,152	14,947	18,308	18,126	18,216	18,364	19,197	18,696	18,550	18,890	18,647	19,274
Newborn/toddler (Less than 3 years old)	2,716	2,868	3,513	3,478	3,495	3,524	3,684	3,588	3,560	3,625	3,578	3,698
Pre-School (3-4)	2,036	2,150	2,634	2,608	2,621	2,642	2,762	2,690	2,669	2,718	2,683	2,773
Elementary (5-10)	4,556	4,812	5,895	5,836	5,865	5,912	6,181	6,020	5,972	6,082	6,004	6,206
Middle School (11-13)	1,753	1,851	2,267	2,245	2,256	2,274	2,377	2,315	2,297	2,339	2,309	2,387
High School (14-17)	1,801	1,902	2,330	2,307	2,318	2,337	2,443	2,379	2,361	2,404	2,373	2,453
College age (More than 18 years old)	1,290	1,363	1,669	1,653	1,661	1,674	1,750	1,704	1,691	1,722	1,700	1,757
Subtotal (K-12)	8,110	8,565	10,492	10,388	10,439	10,524	11,001	10,714	10,630	10,825	10,686	11,045
E1-E6	9,183	9,698	11,879	11,761	11,819	11,915	12,456	12,131	12,036	12,257	12,099	12,506
Newborn/toddler (Less than 3 years old)	2,233	2,358	2,889	2,860	2,874	2,897	3,029	2,950	2,927	2,980	2,942	3,041
Pre-School (3-4)	1,611	1,701	2,084	2,063	2,073	2,090	2,185	2,128	2,111	2,150	2,122	2,194
Elementary (5-10)	3,152	3,329	4,077	4,037	4,057	4,090	4,275	4,164	4,131	4,207	4,153	4,293
Middle School (11-13)	953	1,006	1,233	1,221	1,227	1,237	1,293	1,259	1,249	1,272	1,256	1,298
High School (14-17)	764	806	988	978	983	991	1,036	1,009	1,001	1,019	1,006	1,040
College age (More than 18 years old)	470	497	609	603	606	611	638	622	617	628	620	641
E7-E9	3,115	3,290	4,030	3,990	4,009	4,042	4,225	4,115	4,083	4,158	4,104	4,242
Newborn/toddler (Less than 3 years old)	217	229	280	277	279	281	294	286	284	289	285	295
Pre-School (3-4)	219	231	283	280	282	284	297	289	287	292	289	298
Elementary (5-10)	809	854	1,046	1,036	1,041	1,049	1,097	1,068	1,060	1,079	1,066	1,101
Middle School (11-13)	526	555	680	673	676	682	713	694	689	701	692	716
High School (14-17)	752	794	973	963	968	975	1,020	993	985	1,003	991	1,024
College age (More than 18 years old)	593	627	768	760	764	770	805	784	778	792	782	808
O1-O4	989	1,044	1,279	1,266	1,273	1,283	1,341	1,306	1,296	1,320	1,303	1,347
Newborn/toddler (Less than 3 years old)	200	211	258	256	257	259	271	264	262	266	263	272
Pre-School (3-4)	148	157	192	190	191	192	201	196	194	198	195	202
Elementary (5-10)	335	354	434	429	431	435	455	443	439	447	442	456
Middle School (11-13)	119	126	154	153	153	155	162	158	156	159	157	162
High School (14-17)	102	107	132	130	131	132	138	134	133	136	134	139
College age (More than 18 years old)	85	90	110	109	109	110	115	112	111	113	112	115
O5+	316	334	409	405	407	410	429	418	414	422	417	431
Newborn/toddler (Less than 3 years old)	7	7	9	8	8	9	9	9	9	9	9	9
Pre-School (3-4)	17	18	22	22	22	22	23	23	23	23	23	24
Elementary (5-10)	97	103	126	124	125	126	132	128	127	130	128	132
Middle School (11-13)	58	61	75	74	74	75	79	76	76	77	76	79
High School (14-17)	81	85	104	103	104	105	109	107	106	108	106	110
College age (More than 18 years old)	57	60	73	73	73	74	77	75	74	76	75	77
All warrant officers	550	580	711	704	707	713	745	726	720	734	724	748
Newborn/toddler (Less than 3 years old)	60	63	78	77	77	78	81	79	79	80	79	82
Pre-School (3-4)	41	43	53	52	52	53	55	54	53	54	54	55
Elementary (5-10)	164	173	212	210	211	212	222	216	215	219	216	223
Middle School (11-13)	97	102	126	124	125	126	132	128	127	130	128	132
High School (14-17)	103	109	134	132	133	134	140	136	135	138	136	141
College age (More than 18 years old)	85	90	110	109	109	110	115	112	111	113	112	116

Source: Fort Carson Demographic Model

Note: the above projections do not include the pending stationing of a combat aviation brigade at Fort Carson. The CAB is expected to bring an additional 2,700 Soldiers and 4,000 family members (including approximately 2,400 children) to the region.

Child Care Capacity

As noted in the Phase II Growth Plan, the ability to meet demands for child care in the region is already strained, particularly for infants and toddlers. Demand for child care is expected to rise, not only because of increased births, but also because of increased numbers of Soldiers and families in the region based on deployment schedules.

Fort Carson is working to address child care capacity challenges by constructing additional child care centers (CDCs) on-post. These facilities include the following:

- A 232-capacity child care center (0-4 yrs) scheduled to open in June 2011. (A current 81 capacity center will close when this new one opens);
- A 160-capacity child care center and school age facility (0-10 yrs) scheduled to open in June 2011. This will include 80 spaces for 0-4 and 80 spaces for Kindergarten through 5th grade. (A current 81 capacity child care center will close at that time so the entire 80 new spaces for 0-4yr olds will be filled by the current center);
- A 232-capacity child care center (0-4 yrs) scheduled to open in September; and
- A 195-capacity child care center for school age children (Kinder-5th grade) will open in August/September. These will be all additional spaces.

Fort Carson will also open two centers in 2012 – a 160-capacity facility (0-4 yrs) and a 135-capacity facility (0-4 yrs) – and will operate two other hourly care facilities (for fitness center users, etc.), as well as an emergency care center (24 hours/7 day per week). By the end of FY2011 Fort Carson expects to have 1236 child care spaces (full-day spaces) and 470 school age spaces (before and after school program). Currently Fort Carson has 850 child care spaces and 275 school age spaces. There are approximately 480 children on waiting lists for Fort Carson child care services. Fort Carson’s Child Youth and School Services Division works with community-based providers to place children in needed care; however, off-post capacity challenges, particularly for infant and toddler care, are also limited.

However, because approximately seventy-five percent of Fort Carson families live off-post, community based child care centers and homes are also impacted. Fort Carson families are not only challenged with finding child care slots for their children, but also facilities and providers that can accommodate military children (e.g., providers whose hours accommodate early morning physical training or that accept military subsidies to help off-set costs of child care). Early care and education providers are continuing to work with Fort Carson, the state, and others to increase the number of quality, affordable child care slots to serve Fort Carson families. Figure 4-5 below shows the total number of child care slots available in El Paso County, as well as the number of accredited facilities.

Figure 4-5. Child Care Capacity & Accredited Facilities

Total number of licensed facilities		
	2010	2011
Family Child Care Homes	495	380
Child Care Centers	268	185
School-Age Programs	112	58
Total number of accredited providers		
	2010	2011
NAEYC (centers)	15	18
NAFCC (homes)	13	22
ACCYN	19	19

Source: Alliance for Kids, Child Care Connections, Early Connections Learning Centers

NAEYC-National Association for the Education of Children; NAFCC-National Association for Family Child Care; ACCYN – Army Child Care in Your Neighborhood.

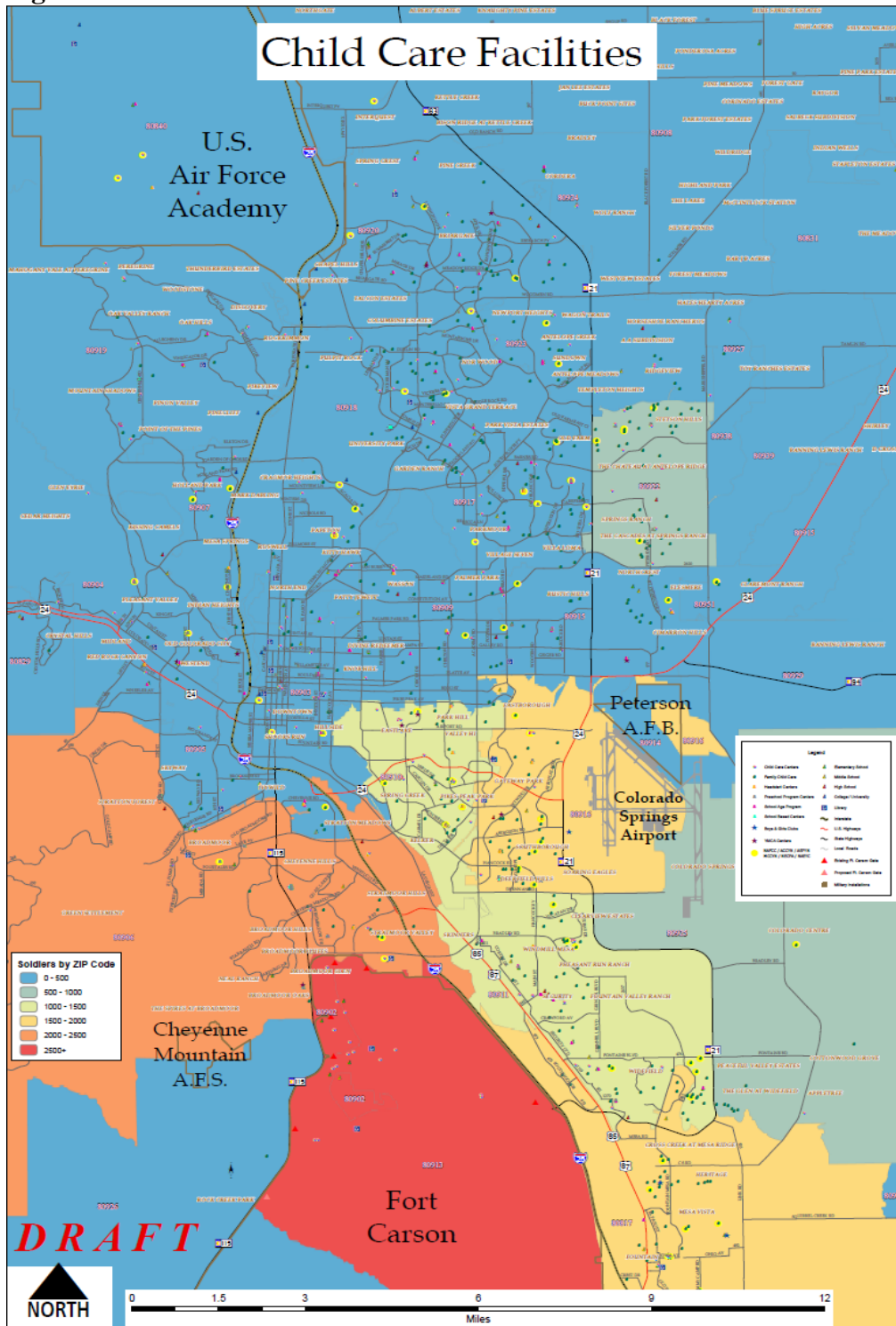
Because of licensing requirement changes at the state level, as well as the economic downturn, the number of early care and education providers has dropped significantly between 2010 and 2011. However, the need for child care, particularly infant and toddler care, continues to rise, especially for Fort Carson families. The region has had some success in increasing the number of accredited providers who can assist military families. However, additional assistance is needed to expand the number of providers in the region. On-going coordination between Fort Carson and off-post providers is critical to addressing capacity and staffing shortages.

The Army Child Care in Your Neighborhood (ACCYN) program was established to assist Army families in finding quality, affordable off-post child care at ten installations across the US, including Fort Carson. The program provides child care subsidies to Fort Carson families at a rate equal to on-post child care charges and reimburses qualified providers to off-set additional costs. Currently, there are nineteen ACCYN providers in El Paso County, and more than 200 referrals to ACCYN facilities were made in calendar year 2010. There are currently no ACCYN slots available for infants⁸, reflecting ongoing capacity issues for infant care in the region. Child Care Connections and Children First, the local resource and referral agencies for El Paso, Teller, Pueblo, and Fremont counties, have administered ACCYN, but program responsibility is in the process of being transferred to Fort Carson’s Child Youth & School Services. While there is need to expand the program to accommodate Fort Carson family needs, it is unlikely for the program to be expanded at least until the transition to Fort Carson CYSS is completed.

In order to assist the region with planning to meet off-post capacity needs to serve Fort Carson families, PPACG has partnered with local resource and referral agencies (Child Care Connections and Children First) on a child care facility mapping project. This project includes identifying and categorizing all off-post licensed child care providers in the Fort Carson region. The mapping project helps identify center-based and home providers, those who take military subsidies, and the number of Fort Carson children by zip code living off-post and other features. (See Figure 4-6 below; additional child care maps are available in Appendix A – Growth Plan Maps.) These maps will be used to help Fort Carson and off-post provider identify locations where there are critical capacity gaps and needs to increase providers that accept military subsidies to serve Fort Carson families. The data-gathering is still on-going for this mapping project, which is expected to serve as a valuable planning tool to assist Fort Carson, off-post providers, and Fort Carson families.

⁸ Information on El Paso County ACCYN provided by Child Care Connections, April 2011.

Figure 4-6. Child Care Facilities and Soldier Locations



Sources: Pikes Peak Area Council of Governments; Child Care Connections

Continuing Challenges

Behavioral Health and Special Needs

The stresses on military families noted in the K-12 education section above are also seen in young children. A recent study on the effects of deployments on pediatric mental and behavioral health⁹ found an 11 percent increase in outpatient mental and behavioral health visits among three to eight-year olds during parental deployments. The study indicated that behavioral disorders for these children increased 18 percent and stress disorders increased 19 percent. These challenges impact early care and education providers and require additional skills and resources to better serve military children and families.

The early childhood council in the Pikes Peak region, Alliance for Kids, has established a Touchpoints Training Team as a resource for early care and education providers in the region. The Phase II Growth Plan included a pilot training program which utilized the Touchpoints Training.¹⁰ Thirty-two providers serving more than ninety military children received this training. Alliance for Kids (pending available funding) continues to offer Touchpoints Training to providers. However, funding for future trainings is limited because of state and local budget constraints.

In addition to behavioral health issues, increasing challenges in serving the growing number of children with special needs affects child care and child advocacy organizations, in addition to school districts. For example, The Resource Exchange (TRE), the state-designated community-centered board for federally-funded disability services in the region, has seen significant growth – driven primarily by Fort Carson growth. Funding formulas that lag actual services provided pose challenges in meeting the requirements of children with special needs. Specifically, the size and funding for TRE’s early intervention program is based on previous year enrollment of children ages 0-2 years and is not intended to fully fund all identified children. The region has experienced 11 percent growth in number of eligible children over the past year. However, TRE currently receives funding to serve approximately 364 children annually, but is currently serving nearly 650 children with this funding. Therefore, additional resources are needed to meet the region’s needs related to disability services, including for Fort Carson families.

Community Partnership for Child Development (CPDC) has also partnered with Fort Carson to establish a therapeutic preschool on-post, scheduled to open in August 2011. This preschool will have six classrooms providing Early Head Start, Head Start and other preschool services for Fort Carson children, as well as comprehensive care including counseling and other services to assist families who have children with special needs, as well as families facing stresses of deployments and other challenges. Other partners in this effort will include AspenPointe and the University of Colorado-Colorado Springs, who will provide therapists and other resources for the families.

⁹ Gregory H. Gorman, Matilda Eide, and Elizabeth Hisle-Gorman, “Wartime Military Deployment and Increase Pediatric Mental and Behavioral Health Complaints,” *Pediatrics*, 126 (2010): 1058-1066.

¹⁰ Kris Ingram, “Touchpoints Training Initiative Final Report,” Fort Carson Regional Growth Plan, Phase II Supplemental Report, April 2010 (http://www.ppacg.org/files/Military_Impact/Fort_Carson_Growth/Project_Materials/Growth_Plan/Phase_II/SUPP-Touchpoints%20Training.pdf).

PPACG has also continued partnering with Fort Carson to host Community Provider Trainings for community-based organizations serving Soldiers and families. Child care providers have participated in trainings addressing the stresses military families face throughout the deployment cycle, military culture and resources available on Fort Carson, the effects of the deployment cycle on family members, including signs of stress, talking to children about war, and creating successful post-deployment reunions, and resiliency. The purpose of these trainings is to share information about challenges and strategies to better serve Fort Carson Soldiers and families.

Funding Issues

Many off-post providers rely on state and other funding sources to off-set costs of providing quality, affordable early care and education. The Colorado Department of Human Services funds the Colorado Child Care Assistance Program (CCAP), which provides child care subsidies for low-income families. However, current economic conditions have resulted in increased demands for CCAP child care slots while local and state budgets are decreasing. Recently, El Paso County was recently forced to change eligibility requirements for the county's CCAP program, making this program available to fewer participants.¹¹ Federal budget discussions also continue to target Head Start for potential funding cuts. These programs, as well as other programs funded by the Pikes Peak United Way and private foundations, serve Fort Carson families.

Increasing the Availability of Quality, Affordable Care

The Growth Plan Child Development Partnership Group has identified an ongoing need to increase quality, affordable care to serve military families. Through various partnerships and funding from the El Paso County Department of Human Services, the Temple Hoyne Buell Foundation, the Merage Foundation and others, Alliance for Kids, Early Connections Learning Centers and others, have developed training and accreditation facilitation programs, as well as a capacity building programs for family child care home providers. These programs are aimed at increasing the education levels of providers and assisting both centers and family home providers with resources and training to enhance quality and attain accreditation levels. These quality enhancement programs will increase the number of trained, certified providers in the Fort Carson region and enable providers to accept military subsidies to serve Fort Carson children off-post. However, as noted above, ongoing budget challenges may limit the number of trainings, scholarships and accreditation facilitation efforts in the region.

As noted above in Figure 4-5, the region has had some success in increasing the number of accredited providers in the region. In addition, since 2007, the Alliance for Kids Office of Professional Development reports that 214 providers have obtained Early Childhood teacher qualifications, 23 have become director-qualified, and 10 have obtained associates degrees.

Obtaining accreditation and specified certifications is necessary not only to serve Fort Carson families facing tremendous challenges, but also to assist Fort Carson families and providers in

¹¹ Barbara Kotter, "Changes to child-care subsidy put parents in a budget bind," *The Gazette*, February 2, 2011.

offsetting the costs of quality care. Qualified providers are able to participate in a variety of programs that provide subsidies to military families and funding for providers serving them.

The Department of Defense programs administered through the National Association of Child Care Resource & Referral Agencies (NACCRRRA) to assist military families seeking off-post child care include:

- Operation Military Child Care (OMCC) for deployed service members;
- Military Child Care in Your Neighborhood (MCCYN) for active duty Soldiers, active Guard and Reserve members, and Army civilians;
- Army Child Care in Your Neighborhood (ACCYN) for active duty Soldiers, active Guard and Reserve members, and Army civilians in communities near select Army installations, including Fort Carson; and
- Army School Age Programs in Your Neighborhood (ASPYN) for active duty Soldiers, active Guard and Reserve members, and Army civilians in communities near select Army installations, including Fort Carson

Additional programs are available for wounded service members and survivor children. The Army Child Care in Your Neighborhood (ACCYN) program has been contracted to Child Care Connections and Children First to provide referrals for Fort Carson families and assistance for providers. However, the program is currently transitioning to Fort Carson Child Youth and School Services oversight. Fort Carson, local resource and referral agencies, and off-post providers will continue to need to work together to increase the number of ACCYN and other child care slots accepting military subsidies, as well as quality improvement programs to meet DoD (and military family) standards.

The state of Colorado recently enacted HB 11-1027. This legislation establishes a Department of Defense quality child care standards pilot program in the Colorado Department of Human Services. Rules for this program are currently being promulgated to enable military personnel to access and be reimbursed for (off-base/off-post) child care that meets the quality standards established by DoD. NACCRRRA has also recently hired a military child care liaison for the state of Colorado who will assist in the development of the pilot program and serve as a resource related to military child care in the state.

Ongoing Actions and Implementation

PPACG, Fort Carson, and the Child Development Partnership Group will continue to work together to advance the ongoing efforts noted above and continue to implement the recommendations identified in the Phase II Growth Plan. These actions include:

1. Continued data gathering and analysis for the child care facilities mapping project to assist with planning for quality child care capacity to serve military families.
2. Participation in the development of the DoD child care pilot program created by HB 11-1027.
3. Identification of funding for accreditation and other quality improvement programs, as well as training for serving military families affected by deployments and other stresses (i.e., Touchpoints Training).

4. Continued Community Provider Trainings to help providers identify resources to serve military families.
5. Continued work through local early childhood councils, resource and referral agencies, providers, business leaders, and other stakeholders to monitor and address early care and education needs of Fort Carson families. (See Appendix F for the Economic Impacts of Child Care and Early Education in the Pikes Peak Region.)
6. Transition of the Child Development Partnership Group to Alliance for Kids.

See Appendix I for the status of Growth Plan recommendations related to Early Care and Education.