



2019-2020 Utah  
Preschool Development Grant

# B-5 STRATEGIC PLAN

Empowering Utah Families Through  
A Coordinated Early Childhood B-5 System

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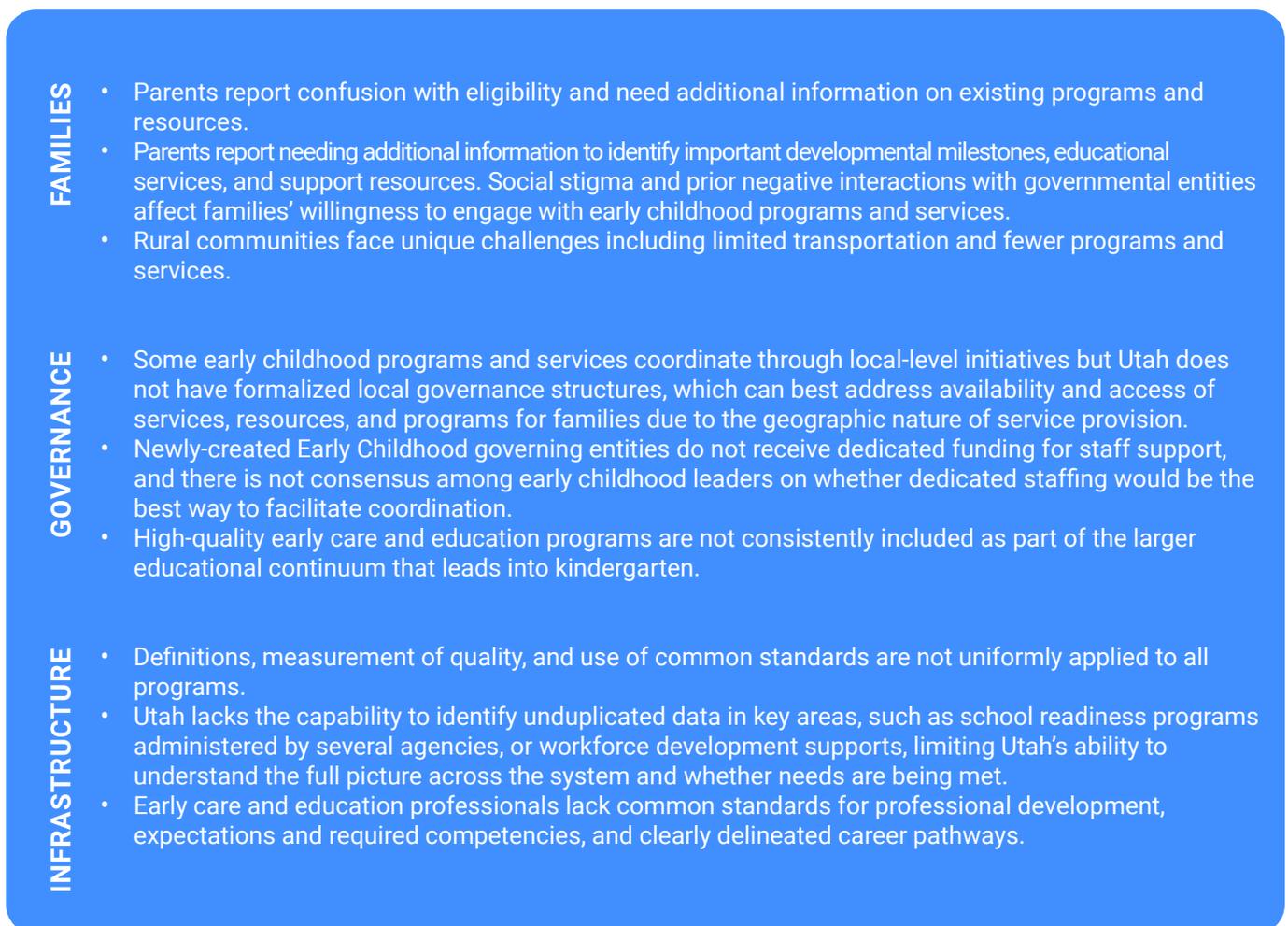
# INTRODUCTION

The early childhood care and education (ECCE) system in Utah plays a critical role in ensuring all children, regardless of socio-economic status, thrive. The current Preschool Development Grant Birth through Five (PDG B-5) grant presents a unique opportunity for Utah leaders to coordinate efforts that leverage resources and target support towards its most vulnerable and underserved children. Too often early childhood systems operate in silos, missing key opportunities to maximize the overall health, well-being, and early learning outcomes of children. Ultimately, a well-functioning early childhood system that is coordinated and aligned across multiple agencies and systems provides families with high-quality programs and services to support the healthy development of their children.

Utah's 2019 PDG B-5 supported the completion of a statewide Needs Assessment, focused on Utah's early ECCE mixed-delivery system, and how better coordination will increasingly meet the needs of children and families. The PDG B-5 Needs Assessment, which provides insight into the gaps and service needs within Utah's ECCE system, is the basis for the development of this strategic plan.

Key system findings from Utah's 2019 PDG B-5 Needs Assessment reveal the following results, categorized by needs related to families, governance, and infrastructure (Figure 1).

**Figure 1. Key System Findings: Utah 2019 PDG B-5 Needs Assessment**



Utah stands at a critical juncture. The earliest years of child development, ages birth through five, are foundational to building the brain’s architecture, which impacts a child’s lifelong learning, behavior, and health.<sup>1</sup> Society as a whole benefits from early investment in children’s development as well, in increased economic return to communities. With Utah’s youngest children representing a significant portion of the population, it is critical for the state to establish a highly-functioning system to help ensure that young children have their needs identified and addressed effectively through the support of the ECCE system and their families.

Additionally, Utah’s desire is for children who grow up in economically disadvantaged households to have the support needed to advance on an equal footing as their peers. Increased coordination and alignment among ECCE actors in Utah will help ensure each child’s needs are identified, service referrals are made and completed, and the messages that families hear are well-defined, aligned, and consistently reinforced. The current lack of coordinated attention to quality, financing, governance, workforce, and policy infrastructure is not reflective of Utah’s commitment to a coordinated approach to supporting all families in making the best choices for their children.

## STRATEGIC PLANNING PROCESS

### Strategic Planning Inputs

Utah’s strategic planning efforts engaged ECCE stakeholders deliberately throughout the entire process. Stakeholders included early childhood program managers and leaders, community members, service providers, executive leaders, and parents throughout the state.<sup>2</sup> The 2019 PDG B-5 Needs Assessment findings were the focus of each discussion and the practical planning process of Vision, Mission, Objectives, Strategies, and Action Plans (VMOSA) was utilized in three strategic planning sessions held in August, October, and November 2019.<sup>3</sup> Additionally, efforts were made to capitalize on the work already started within the state. This strategic plan also encompasses elements from Early Childhood Utah Advisory Council’s (ECU) existing strategic plan, and action plans previously developed by each ECU sub-committee.<sup>4</sup>

The goals, objectives, and strategies presented in this Strategic Plan are reflective of Utah’s desire to develop a well-functioning ECCE system that provides high-quality programs and services to support the healthy development of its children. Children and families receiving services and accessing high-quality programs achieve better outcomes in educational attainment, health, social development, and economic advancement, which decreases the need for more costly interventions later in life.<sup>5</sup> Utah’s ECU has adopted the following Vision, Mission, and Goals for Utah’s Early Childhood System illustrated in Figure 2.

**Figure 2. Utah Early Childhood System Vision, Mission, and Goals**



# BUILDING UTAH’S EARLY CHILDHOOD SYSTEM

This 2019 PDG B-5 Strategic Plan is a roadmap for changes to improve Utah’s ECCE mixed delivery system. It is intended as a guide for the newly-established Governor’s Early Childhood Commission and the Early Childhood Utah Advisory Council to further develop, prioritize, and create action steps for implementation. Utah recognizes that strategic planning is an ongoing process. With the Governor’s Early Childhood Commission in the early stages of its work, there is much to be done in setting policy priorities and garnering increased support for early childhood services and programs in the state.

While important efforts and significant resources are dedicated to supporting birth-through-five children in Utah, its uncoordinated and fragmented statewide approach leaves children and families served in a suboptimal way. By prioritizing strategies and creating action steps for implementation, early childhood leaders are empowered to continue the work to improve Utah’s ECCE system, ultimately leading to increased efficiency and effectiveness for programs, services, children, and families. Of most importance, without dedicated funding for robust staffing at the system level solely focused on coordination and alignment duties, state agencies will need to prioritize and contribute additional resources to move the work forward.

## Guiding Principles

As ECCE leaders further develop this strategic plan and outline action steps, establishing guiding principles will be advantageous. Guiding principles are essential to advise ECCE leaders towards decisions and practices that most closely align with the statewide needs. Established principles will further ground the work and allow leaders to continuously evaluate developing strategies and action steps. The following guiding principles are widely accepted by states seeking to build early childhood systems, and serve as a starting point for early childhood stakeholders and leaders as they formalize action planning.<sup>6</sup>

- Family-Centered**  
tailored and responsive to children and families; values parents as decision makers and leaders
- Equitable**  
focused on alleviating inequity to ensure that all children reach their fullest potential
- Efficient**  
uses existing resources or maximizes current resources, including eliminating duplication
- Inclusive**  
effectively accommodates children with special needs; reflects & respects the strengths, needs, cultures and communities of children
- Data-driven**  
assesses progress, celebrates wins, and identifies areas for improvement or targeted need by utilizing data
- Strength-based**  
builds upon existing strengths and partnerships in early childhood systems, and acknowledges existing and previous work

## Objectives and Strategies

This strategic planning document is a compilation of efforts synthesized into three overarching areas for system improvement: **(1) Ensuring a Family and Child-centric ECCE System, (2) Enabling Governance Structures to Coordinate, Align, and Promote Effective Transitions, and (3) Building a System Infrastructure.**

The system improvements are aligned with the PDG B-5 Needs Assessment and stakeholder input captured during the three strategic planning sessions. Each section contains an ambitious goal and a series of objectives and strategy options to be prioritized by Utah’s early childhood governing bodies. The objectives and strategies are reflective of the needs and gaps identified in Utah’s early childhood system. Further, the potential strategies are categorized into three areas, depending on their expected timing to implement: short-, medium-, and long-term (see Figure 3).

**Figure 3. Strategy Execution - Potential Time Frame**

|                |   |
|----------------|---|
| ● Short-term   | 3–6 months. Likely to be accomplished within existing resources.  |
| ●● Medium-term | 6–12 months. Would benefit from increased resources and/or strategic deployment of available resources. The potential exists for efforts to go further faster with dedicated focus and resources. |
| ●●● Long-term  | 1–2 years. Requires dedicated focus and increased resources to execute in a timely and efficient manner, along with significant buy-in and time from multiple partners.                           |

# 01

## ENSURING A FAMILY AND CHILD-CENTRIC EARLY CHILDHOOD SYSTEM

Through its deliberative community engagement sessions in July and August 2019, the Gardner Policy Institute identified challenges and barriers that families face when accessing Utah's early childhood system and services.<sup>7</sup> Throughout the state, in both urban and rural communities, parents reported many unknowns: a lack of knowledge of developmental milestones that might indicate the need for early childhood services, a lack of awareness of existing programs, and eligibility misconceptions that discouraged them from applying for services. In addition, some participants indicated that previous negative interactions and stigma affected their willingness to seek government services. In rural areas, families face additional barriers to accessing services due to limited public transportation, expenses associated with cars, a lack of a driver's license, and long commutes to services. Additionally, English language learners experience barriers when they cannot understand paperwork, the public transportation system, websites, and in-person case-workers providing assistance.

Utah desires to create a family, parents, and child-centric coordinated early childhood system that empower families to choose the best options for their children. Therefore, stakeholders must set specific goals, objectives, and strategies that build parents' capacity to meet their children's needs. Parent capacity building involves enabling and empowering them to access resources and developing coordinated and consistent messages and approaches to serving families with young children in Utah.

### GOALS:

- Ensure families are aware of, and have access to high-quality programs and services needed to support the healthy development of their children.
- Actively engage families to inform improvements to service provision to improve the overall health, well-being, and early learning outcomes of children.

#### **Objective 1.1. Build parents' capacity as their child's first and best caregiver and teacher**

##### **Strategies:**

- a. Increase parent engagement, including soliciting parental input
- b. Provide uniform information on early childhood developmental milestones, including to assess social-emotional development
- c. Increase public awareness of the importance of early childhood development and parents' and caregivers' roles

#### **Objective 1.2. Enable and empower families to access available services.**

##### **Strategies:**

- a. Expand connection services, such as Help Me Grow
- b. Increase cross-sector collaborations to bolster public awareness campaigns of available services and resources
- c. Create localized connection services, specific to local geographies and services; tailored approaches to serving children and families in rural areas
- d. Increase support of children with developmental delays, particularly social and emotional needs by promoting completion of developmental screenings with public service announcements

#### **Objective 1.3. Ensure messaging to families is well-defined, aligned, and consistently reinforced.**

##### **Strategies:**

- a. Use accessible, family first, language and easily digestible information such as infographics
- b. Provide families with an easy and accessible way to access information regarding service availability and qualification requirements, through the establishment of a centralized, well-designed website
- c. Develop a statewide logo to brand ECCE printed information related to services and resources

**Objective 1.4. Develop a coordinated approach to streamline service access.**

**Strategies:**

- ●●● a. Establish a streamlined access point for families, so there is no wrong door
- ●●● b. Coordinate and educate on eligibility requirements across program staff
- c. Create a state-wide universal application for ECCE services and resources

**Objective 1.5. Reduce stigmatization experienced by families accessing services.**

**Strategies:**

- a. Integrate more strengths-based language and people-first language and vocabulary into systems and programs
- b. Engage parents consistently and meaningfully in the development and restructuring of ECCE services and programs
- ●●● c. Train ECCE professionals on protocol and best practices when engaging with families to combat the stigma parents/families face when accessing services



## ENABLING GOVERNANCE STRUCTURES TO COORDINATE, ALIGN, AND PROMOTE EFFECTIVE TRANSITIONS

A key activity in the 2019 PDG B-5 Needs Assessment was producing the State-level Early Childhood System Actors Map, which identifies primary state agencies charged with serving children ages birth through five. The system map illustrates the broad landscape of services, programs, and resources that are designed, funded, or administered by different actors working with this age group. These agencies administer multiple funding streams, often without a coordinated approach for strategic oversight. In addition, there is no statewide framework or uniform process among agencies or community-based organizations for effectively transitioning children from early care and education to elementary school. Too often, high-quality early childhood programs and services are seen as separate, and not part of a larger K-12 education continuum.

An effective governance structure connects pieces of the system and reflects its comprehensive nature, providing coherence for system-wide tasks such as data integration, accountability, and efficient funding. While Utah's early childhood coordinating and advising body, Early Childhood Utah (ECU) has existed for several years, the Governor's Early Childhood Commission was just recently created and seated.<sup>8</sup> The Commission has several statutory duties, including to facilitate improved coordination between those providing early childhood services in the state. To best coordinate and align to serve families, Utah's governance structure needs to provide the foundation and structure to facilitate and designate leadership to ensure the work is monitored and implemented.

**GOAL:**

- Develop the state's early childhood governance structure to facilitate a coordinated and aligned approach to serving families across multiple agencies and systems, and preparing children to enter kindergarten.

**Objective 2.1. Reach consensus from early childhood leaders on the appropriate governance structure for the state and how best to provide resources to support state-level coordination and alignment.**

**Strategies:**

- a. Determine leadership priorities, values, and statewide early childhood objectives that require increased coordination
- b. Explore whether ECCE coordinating bodies should be centralized into a common agency or remain housed in separate agencies<sup>9</sup>
- c. Determine whether to seek improved coordination within the existing ECCE system, or if a consolidated ECCE system is more appropriate to best meet children and families' needs
- d. Clearly delineate roles, responsibilities, and work plans of system-level actors, and allocate accountability to individuals and entities to ensure work is consistently monitored and implemented

**Objective 2.2. Elevate and increase ECU's ability to coordinate and align with the multitude of partners involved in ECCE services and programs.**

**Strategies:**

- a. Explore additional ways to engage the public and providers, and solicit their input (i.e. traveling to communities and proactively reaching out vs. requiring travel to state opportunities)
- ●●● b. Ensure early childhood coordinating entities, Governor's Early Childhood Commission and ECU Advisory Council, have adequate resources and support to carry out statutorily-required duties
- ●●● c. Explore full-time, dedicated staffing for the Governor's Early Childhood Commission and ECU Advisory Council to manage coordination and alignment initiatives and efforts
- d. Strengthen relationships with state policy makers and regional or local collaboratives to build political and public will for prioritizing ECCE services for children and families<sup>10</sup>
- e. Coordinate and align as funders on desired outcomes and reporting requirements for grantees
- f. Establish coordinated messaging for actors within the system to use; disseminate regular newsletters or updates to stakeholders

**Objective 2.3. Invite new actors who are not already integrated into the traditional early childhood coalitions and discussions.**

**Strategies:**

- a. Create intentional opportunities for parents to engage and give input
- b. Expand coordination with medical providers to educate families on available services and appropriate timing for interventions
- c. Engage higher education partnerships, particularly in workforce training opportunities, including medical schools and other schools of child development
- d. Continue to expand discussions of typical early childhood services to include employment, financial assistance, and housing issues and how these impact children 0-5 in Utah. Attend these meetings and forums to ensure the early childhood lens and advocate is present

**Objective 2.4. Create formalized local governance structures to align and coordinate with state-level governance entities.**

**Strategies:**

- a. Identify and catalogue local/community-level coordinating bodies, including the entities involved, local program/resources lists, and current initiatives (short-term)
- b. Empower and encourage local partnerships/collaboratives to better align services/resources to meet local needs (medium-term)
- c. Find local and trusted champions in the communities in order to engage members of the community
- d. Enact legislation creating county- or other local-level early childhood commissions that specifies membership and duties, including development of locally-created system maps, landscape analyses, and identification of local needs and gaps



## **BUILDING A SYSTEM INFRASTRUCTURE**

To efficiently serve Utah's young children and families, and support the early childhood programs and agencies that constitute the system, the state needs certain system infrastructure elements to coordinate and align. Infrastructure enables ECCE leaders to efficiently and effectively spend funds allocated for children and families optimally. Developing coordinated and aligned infrastructure requires the alignment of data systems, clear definitions and policies, innovative funding strategies, and the development of a highly-skilled early childhood workforce with experts to provide technical assistance and support to local initiatives.<sup>11</sup>

Utah lacks a robust system infrastructure. The state is not able to provide unduplicated early childhood data as integration is in its early stages, and one early childhood integrated data system entity lacks sustained, dedicated, and ongoing funding. Early learning program quality definitions and measurements vary by regulatory entity; while, oversight and measurement of quality occurs voluntarily or is only required when a program receives funding.

Utah lacks common professional development standards, required competencies, and clearly delineated career pathways. Further, the voluntary nature of professional development registries limits complete data. In addition, funds for training and scholarships are restricted, limiting the ability for professionals in different sectors to take these opportunities. There are also insufficient funds for scholarships to reach the full workforce. A strong, robust infrastructure is critical to Utah's early childhood system serving families efficiently and effectively.

## GOAL:

- Create and maintain a robust early childhood system-level infrastructure to facilitate and enable coordination and alignment among ECCE actors in Utah.

### **Objective 3.1. Improve data collection to enable the reporting of accurate early childhood data across the system.**

#### **Strategies:**

- a. Identify gaps and weaknesses in existing data collection for early childhood programs or population-level data
- ●●● b. Secure adequate and ongoing funding to support continued data collection

### **Objective 3.2. Integrate multiple agencies' and programs' early childhood data to facilitate data-informed decision-making and shared learnings.**

#### **Strategies:**

- ●●● a. Seek ongoing, stable funding to continue building and maintaining an early childhood integrated data system
- ●●● b. Build political will and funding for contributing agencies and programs to incentivize the agencies and programs to participate in the integrated data system
- ●●● c. Coordinate data and learnings to make sure children are served in the best settings
- ●●● d. Develop and maintain reports and data tools, such as a common data dashboard to provide public with accurate and valuable information about the early childhood system<sup>12</sup>

### **Objective 3.3. Ensure adequate ongoing funding for system-level infrastructure and service provision.**

#### **Strategies:**

- a. Identify programs and services supported with time-limited funds and advocate for more stable on-going funding to programs achieving positive outcomes for children and families
- b. Secure adequate and on-going funding to support system infrastructure

### **Objective 3.4. Clearly define and operationalize statewide definitions of high-quality early childhood programs that promote kindergarten readiness.**

#### **Strategies:**

- a. Engage a set of stakeholders to explore a more holistic definition of kindergarten readiness beyond the KEEP Assessment for review by the Governor's Early Childhood Commission<sup>13</sup>
- b. Adopt a system-wide definition of high-quality care and education programs
- c. Utilize developmentally-appropriate practices in developing metrics for children enrolled in ECCE programs
- d. Explore options to implement and use definitions in practice across all ECCE programs and services

### **Objective 3.5. Foster professional support and promote a highly-skilled early childhood workforce.**

#### **Strategies:**

- a. Establish professional development protocol that invites ECCE workforce to continuously develop and expand upon their skills and knowledge
- b. Require participation in Utah's workforce registry as part of the hiring process and incentivize ongoing participation among current early childhood workforce to inform retention policies and other workforce planning
- c. Support a system of rewards and increased compensation for educational attainment and training through scholarships and other subsidies to offset the cost of obtaining a degree or additional training<sup>14</sup>

- d. Develop statewide credentialing system for all ECCE participants that certifies the mastery of professional skills and competencies required for designation as an ECCE professional within the workforce, with the goal of ultimately adopting this as requirement for all ECCE hiring

**Objective 3.6. Increase alignment within and across early childhood care and education sectors.**

**Strategies:**

- a. Establish a clearly articulated statewide career pathways for ECCE professionals that is connected to early childhood standards and aligned with best practices<sup>15</sup>
- b. Align credentials across early childhood care and education providers, including Head Start and Early Head Start, private and family home child care, and public schools
- c. Create common standards among early care professionals for professional development, expectations, and required competencies
- d. Facilitate cross-training on developmentally-appropriate milestones and practices, including social-emotional development tools

## EARLY CHILDHOOD PROGRAM SERVICE DOMAINS

Utah’s 2017 Early Childhood Services Study established an early childhood system framework, consisting of four domains, to organize and explore the services, programs, resources, and needs of early childhood.<sup>16</sup> Each of the four domains equally contribute to ensuring children are raised in healthy, safe, and enriching environments, and prepared for early success in school and life. The entities within these four domains, displayed in the system map, have a long history of providing programs and services for Utah’s children and families. However, they have done so in silos, without a strong coordinating or connecting system focus. Building a coordinated and aligned system is the foundational step to build on effective practices, improve program and policy outcomes, and ultimately improve child and family outcomes.<sup>17</sup>

A robust early childhood system encourages collaboration between program and service providers within and between domains to ensure efficient use of funds and a smooth and seamless experience for families. To accomplish this, localized service strategies throughout the state are important in ensuring the needs of all Utahns are met regardless of geography or demographics. The objectives and strategies listed throughout Section 3: Building a System Infrastructure, align to the state’s role in better coordinating and aligning the elements that affect programs and services: communication, staff support and technical assistance, financing, policies and common standards, data sharing, and more. Although the current Strategic Plan is largely focused on system-level needs, it is pertinent to make note of the programmatic level objectives also revealed in the 2019 PDG Needs Assessment.

### Measuring and Tracking Progress through Population Level Indicators

Population-level indicators help policymakers and stakeholders assess the progress of the birth-through-five population, facilitate collaboration across sectors, and motivate action at the local and state levels to improve the outcomes for Utah’s youngest residents. For each early child program service domain section, there is a list of population-level indicators to track progress.





## FAMILY SUPPORT AND SAFETY

Families play a crucial role in shaping childrens' first experiences. Evidence indicates that high-quality first experiences are critically foundational to a child's life.<sup>18</sup> Utah values supporting families as they care for their children and seek to mitigate any negative impacts on early brain development. A family-centric early childhood system provides families with high-quality programs and services to support their children's development. Key Takeaways from the Family Support and Safety domain section of the 2019 PDG Needs Assessment are outlined below.

### NEEDS ASSESSMENT KEY TAKEAWAYS: FAMILY SUPPORT AND SAFETY

- Parents report a need for additional information to identify important developmental milestones and additional programs, services, and support resources.
- Evidence-based home visiting programs only reach a small portion of the estimated population in need.
- Child care costs heavily burden families' budgets and availability is limited, especially in rural areas.
- Young children, ages 0–5, represent a high proportion of all child victims of abuse and neglect in Utah.
- Comprehensive data collection and impact measurement on parent-support programs and home-visiting services is limited.

The aligned strategies outlined below illustrate how some of the aforementioned system-level objectives and strategies align with and support future efforts to address program level needs within the domain:

### Aligned System-Level Strategies

| Short-term ●  | Medium-term ●●   | Long-term ●●●  |
|---|--|--|
| <p>Strategy 1.1a. Increase parent engagement, including soliciting parental input</p> <p>Strategy 1.5a. Integrate more strengths-based language and people-first language and vocabulary into systems and programs</p> <p>Strategy 2.2a. Explore additional ways to engage the public and providers, and solicit their input (i.e. traveling to communities and proactively reaching out vs. requiring travel to state opportunities)</p> | <p>Strategy 1.2b. Increase cross-sector collaborations to bolster public awareness campaigns of available services and resources</p> <p>Strategy 1.2c. Create localized connection services, specific to local geographies and services; tailored approaches to serving children and families in rural areas</p> <p>Strategy 2.3a. Create intentional opportunities for parents to engage and give input</p> | <p>Strategy 1.2d. Increase support of children with developmental delays, particularly social and emotional needs by promoting completion of developmental screenings with public service announcements</p> <p>Strategy 1.4c. Create a state-wide universal application for ECCE services and resources</p> <p>Strategy 3.4c. Utilize developmentally-appropriate practices in developing metrics for children enrolled in ECCE programs</p> |

### Family Support and Safety Indicators

| Family Support and Safety  | Utah  | U.S.   |
|--|---|--|
| Potential home visiting beneficiaries served <sup>19</sup>   | <b>1.1%</b>   | <b>1.9%</b>  |
| Percentage of the alleged perpetrators of child maltreatment & their relationship to the victim <sup>20 21</sup> | <b>68%</b><br>(parent);<br><b>19%</b><br>(relative other than parent) | <b>77.6%</b><br>(parent);<br><b>6.3%</b><br>(relative other than parent) |
| Cost of infant child care as a percentage of income for single mothers and married couples <sup>22</sup>         | <b>28%</b> (single mothers);<br><b>10%</b> (married couples)          | <b>N/A</b>   |



# HEALTH AND DEVELOPMENT

Healthy development is integral to a child’s well-being, particularly at the earliest ages. Early access to high-quality support and services in the lives of children provides an opportunity for optimal physical and mental development. Developing a well-coordinated and aligned early childhood system is an integral prerequisite in ensuring Utah’s youngest residents are healthy and developing appropriately. Key Takeaways from the Health and Development domain section of the 2019 PDG Needs Assessment are outlined as follows:

## NEEDS ASSESSMENT KEY TAKEAWAYS: HEALTH AND DEVELOPMENT

- Utah’s rate of uninsured children ages 0–5, already high compared to other states, has increased in the last year.
- There are not enough primary care, dental, and mental health care providers and facilities to meet the needs of children and families, particularly in rural areas.
- Children with developmental delays, particularly social and emotional needs, need increased support.

The aligned strategies outlined below illustrate how some of the aforementioned system-level objectives and strategies align with and support future efforts to address program level needs within the domain:

## Aligned System-Level Strategies

| Short-term ●  | Medium-term ●●   | Long-term ●●●   |
|---|--|---|
| <p>Strategy 1.1a. Increase parent engagement, including soliciting parental input</p> <p>Strategy 2.2d. Strengthen relationships with state policy makers and regional or local collaboratives to build political and public will for prioritizing ECCE services for children and families</p> <p>Strategy 3.3a. Identify programs and services supported with time-limited funds and advocate for more stable on-going funding</p> | <p>Strategy 1.1b. Provide uniform information on early childhood developmental milestones, including to assess social-emotional development</p> <p>Strategy 2.3b. Expand coordination with medical providers to educate families on available services and appropriate time for interventions</p> <p>Strategy 2.3c. Engage higher education partnerships, particularly in workforce training opportunities, including medical schools and other schools of child development</p> <p>Strategy 3.2b. Coordinate data and learnings to make sure children are served in the best settings</p> | <p>Strategy 1.2d. Increase support of children with developmental delays, particularly social and emotional needs by promoting completion of developmental screenings with public service announcements</p> <p>Strategy 2.2e. Coordinate and align as funders on desired outcomes and reporting requirements for grantees</p> <p>Strategy 3.6d. Facilitate cross-training on developmentally-appropriate milestones and practices, including social-emotional development tools</p> |

## Health and Development Indicators

| Health and Development   | Utah                   | U.S.         |
|--|------------------------|--------------|
| Babies born to women who received late or no prenatal care <sup>23</sup>   | <b>3.9%</b>            | <b>6.2%</b>  |
| Children ages 0-5 who lacked health insurance in 2018 <sup>24</sup>  | <b>7%</b>              | <b>4%</b>    |
| Rank amongst US states regarding 4 children's health indicators; low birth-weight babies, children without health insurance, child and teen deaths per 100,000, teens who abuse alcohol or drugs <sup>25</sup> | <b>21<sup>ST</sup></b> | <b>N/A</b>   |
| Children ages 6 months to 5 years who demonstrate curiosity and discovery about learning, resilience, healthy attachment with parent(s), and contentment with life <sup>26</sup>                               | <b>71.6%</b>           | <b>64.7%</b> |
| Children ages 0-5 who received both routine preventive medical and dental care in the past 12 months <sup>27</sup>   | <b>66.7%</b>           | <b>68%</b>   |
| Mothers reporting less than optimal mental health <sup>28</sup>  | <b>20.9%</b>           | <b>22%</b>   |
| Children 9 to 35 months who received a developmental screening using a parent-completed screening tool in the past 12 months <sup>29</sup>   | <b>32.6%</b>           | <b>31.1%</b> |





# EARLY LEARNING

All children need opportunities for high-quality learning early to foster cumulative developmental learning, with each stage of learning building on the next. Gaps in student achievement are first identified in early education. These gaps are mitigated through educational interventions for children as young as birth to age three, and extend through preschool (typically ages 3-4). Through high-quality early learning opportunities, which improve both the cognitive and social development of students, children gain academic and intellectual skills, ensuring that they are prepared for their formal academic years, beginning in kindergarten. The value of these early learning interventions increases particularly among children identified as living in lower socio-economic circumstances. Key Takeaways from the Early Learning domain section of the 2019 PDG Needs Assessment are outlined below.

## NEEDS ASSESSMENT KEY TAKEAWAYS: EARLY LEARNING

- Utah lacks a comprehensive early learning strategy or agenda for supporting early childhood development and the informative years before preschool.
- Utah lacks a comprehensive early childhood agenda for the years before preschool.
- Publicly funded school readiness programs and enhanced kindergarten options do not reach all low-income students and those at most risk of academic failure.

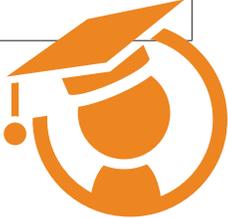
The aligned strategies outlined below illustrate how some of the aforementioned system-level objectives and strategies align with and support future efforts to address program level needs within the Early Learning domain:

## Aligned System-Level Strategies

| Short-term ●   | Medium-term ●●  | Long-term ●●●  |
|--|---|--|
| <p>Strategy 1.1c. Increase public awareness of the importance of early childhood development and parents' and caregivers' roles</p> <p>Strategy 2.1a. Determine leadership priorities, values, and statewide early childhood objectives that require increased coordination</p> <p>Strategy 3.3a. Identify programs and services supported with time-limited funds and advocate for more stable on-going funding</p> | <p>Strategy 1.2b. Increase cross-sector collaborations to bolster public awareness campaigns of available services and resources</p> <p>Strategy 2.3c. Engage higher education partnerships, particularly in workforce training opportunities, including medical schools and other schools of child development</p> <p>Strategy 3.4a. Engage a set of stakeholders to explore a more holistic definition of kindergarten readiness beyond the KEEP Assessment for review by the Governor's Early Childhood Commission</p> | <p>Strategy 3.4b. Adopt a system-wide definition of high-quality care and education programs</p> <p>Strategy 3.5b. Require participation in Utah's workforce registry as part of the hiring process and incentivize ongoing participation among current early childhood workforce to inform retention policies and other workforce planning</p> <p>Strategy 3.5c. Support a system of rewards and increased compensation for educational attainment and training</p> <p>Strategy 3.6a. Establish a clearly articulated statewide career pathway for early child care professionals connected to early childhood standards</p> <p>Strategy 3.6b. Align credentials across early childhood care and education providers, including Head Start and Early Head Start, private and family home child care, and public schools</p> |

# Early Learning Indicators

| Early Learning  | Utah   | U.S.           |
|---|--|----------------|
| Children under age 0-5 whose family members read to them less than 4 days per week <sup>30</sup>  | <b>37%</b>                                     | <b>42%</b>     |
| Young children (age 3-4) not enrolled in school (includes “nursery,” “preschool,” or “kindergarten”) <sup>31</sup>  | <b>57%</b>                                     | <b>52%</b>     |
| Utah early educators working in child care programs participating in Utah’s professional development system <sup>32</sup>   | <b>31%</b>                                     | <b>N/A</b>     |
| Mean hourly wage estimates for child care workers <sup>33</sup>   | <b>\$10.78</b>                                 | <b>\$11.83</b> |
| Percentage of kindergartners who entered with adequate skills (Level 3) in literacy and numeracy; based on initial results from Utah’s Kindergarten Entry Exit Profile (KEEP) <sup>34</sup> | <b>63%</b> (reading);<br><b>73%</b> (numeracy) | <b>N/A</b>     |





# ECONOMIC STABILITY

Children who experience poverty suffer from long-term negative impacts, which can include decreased school readiness, lower academic performance, fewer well-paying employment opportunities, and worse health outcomes.<sup>35</sup> Roughly 40% of Utah children reside in families living below 200% of the poverty level; making it increasingly difficult for these families to meet basic needs such as housing, transportation, and childcare. An early childhood system that works to meet the basic needs of children and their families can support the health and development of children and their families regardless of families’ early childhood care and learning arrangements. Key Takeaways from the Economic Stability domain section of the 2019 PDG Needs Assessment are outlined below.

## NEEDS ASSESSMENT KEY TAKEAWAYS: ECONOMIC STABILITY

- Many families are not eligible for child care subsidies; the high cost of child care is a financial burden on even moderate- and middle-income families.
- Food insecurity persists in each of Utah’s counties, while participation in food security programs is declining.
- Parents’ stable employment, housing, and financial security affect the overall health and well-being of children.

The aligned strategies outlined below illustrate how some of the aforementioned system-level objectives and strategies align with and support future efforts to address program level needs within the Economic Stability domain:

## Aligned System-Level Strategies

| Short-term ●   | Medium-term ●●  | Long-term ●●●   |
|--|---|---|
| <p>Strategy 2.1a Determine leadership priorities, values, and statewide early childhood objectives that require increased coordination</p> <p>Strategy 2.2d. Strengthen relationships with state policy makers and regional or local collaboratives to build political and public will for prioritizing ECCE services for children and families</p> <p>Strategy 3.3a. Identify programs and services supported with time-limited funds and advocate for more stable on-going funding</p> | <p>Strategy 1.2c. Create localized connection services, specific to local geographies and services; tailored approaches to serving children and families in rural areas</p> <p>Strategy 2.3d. Continue to expand discussions of typical early childhood services to include employment, financial assistance, and housing issues and how these impact children 0-5 in Utah. Attend these meetings and forums to ensure the early childhood lens and advocate is present</p> | <p>Strategy 1.2c. Create localized connection services, specific to local geographies and services; tailored approaches to serving children and families in rural areas</p> <p>Strategy 1.4b. Coordinate and educate on eligibility requirements across program staff</p> <p>Strategy 3.6d. Facilitate cross-training on developmentally-appropriate milestones and practices, including social-emotional development tools</p> |

## Early Learning Indicators

| Early Learning   | Utah  | U.S.         |
|--|---|--------------|
| Children under age 6 who live below 150% federal poverty level <sup>36</sup>   | <b>19%</b>  | <b>29%</b>   |
| Children ages 0-17 whose parents lack secure employment <sup>37</sup>  | <b>19%</b>  | <b>27%</b>   |
| Children under age 6 with no parent in the labor force <sup>38</sup>   | <b>5%</b>   | <b>8%</b>    |
| Cost of childcare and percentage of families who can afford infant care with a median income <sup>39</sup>                                       | <b>\$637–\$829</b><br>(4 y/o – 0 y/o);<br><b>12%</b> (\$71,094) | <b>N/A</b>   |
| Percentage of children ages 0-3 who experience housing instability (i.e., move 3 or more times since birth and/or crowded housing) <sup>40</sup> | <b>5.6%</b>   | <b>2.5%</b>  |
| Percentage of households with infants/toddlers experiencing low or very low food security <sup>41</sup>  | <b>10.6%</b>  | <b>16.5%</b> |



# ENDNOTES

- 1 **Center on the Developing Child, Harvard University.** <http://developingchild.harvard.edu/science/key-concepts/brain-architecture>
- 2 **The Gardner Policy Institute's research, including 10 in-depth interviews and two discussion roundtables with early childhood service leaders, along with input from 10 statewide deliberative sessions with families, directly informed the strategic plan.**
- 3 **Center for Community Health and Development. In Tools to Change Our World. Chapter 8. Developing a Strategic Plan. (n.d.).** <https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vmosa/main>
- 4 **ECU Subcommittees: Data, Early Care & Education, Promoting Health and Access to Medical Homes, Parent Engagement, and Social Emotional & Mental Health.**
- 5 **The Heckman Equation.** [www.heckmanequation.org](http://www.heckmanequation.org)
- 6 [https://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating\\_the\\_Ovals\\_Guide\\_to\\_Rationale.pdf](https://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating_the_Ovals_Guide_to_Rationale.pdf), see also <https://files.nc.gov/ncdhhs/ECAP-Report-FINAL-WEB-f.pdf>
- 7 **See Appendix A of Utah's 2019 PDG Needs Assessment for complete findings from deliberative community engagement sessions**
- 8 **Established in Utah Code Title 63M, Chapter 13, in 2019 General Session HB 47, Early Childhood Coordination Amendments**
- 9 **The idea to move ECU under the Governor's office, instead of it being administered under the Department of Health, arose from a Strategic Planning session**
- 10 **The idea to convene a statewide early childhood summit and bring multiple sectors and actors together arose in multiple strategic planning sessions**
- 11 **Gerry Cobb and Karen Ponder, The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives, prepared by Build Initiative (January 2014)**
- 12 **ECU Subcommittee Action plan specifically addresses continuous improvement of the Early Childhood Utah Community Assessment Tool (CAT) and ECIDs reports**
- 13 <https://ies.ed.gov/ncee/edlabs/regions/northwest/blog/kindergarten-readiness.asp>
- 14 **This could include increased investments or appropriations for scholarship funds**
- 15 **See example:** <https://www2.ed.gov/programs/racetothetop-earlylearningchallenge/pathways/elpathways.pdf>
- 16 <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>
- 17 **Child Trends and National Collaborative for Infants and Toddlers, Prenatal-to-three outcomes framework,** [https://www.thencit.org/sites/default/files/2018-12/Prenatal-to-Three%20Outcomes%20Framework%20Brief\\_0.pdf](https://www.thencit.org/sites/default/files/2018-12/Prenatal-to-Three%20Outcomes%20Framework%20Brief_0.pdf)
- 18 **The Ounce, Learning Begins at Birth** (Chicago, IL: Ounce of Prevention Fund, n.d.), <https://www.theounce.org/wp-content/uploads/2017/03/LearningBeginsAtBirth.pdf>.
- 19 **State of Babies Yearbook 2019:** [https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook\\_2.25.19.pdf](https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook_2.25.19.pdf)
- 20 **U.S. Department of Health & Human Services:** <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017>
- 21 **UT Department of Human Services Annual Report:** <https://dcfs.utah.gov/wp-content/uploads/2019/01/2018-FINAL-ANNUAL-REPORT.pdf>
- 22 **Cost of infant care source: median full-time rate for ages 0-11 months, DWS-OCC 2017 Market Rate Survey:** <https://jobs.utah.gov/occ/occmrkt.pdf>; Median family income source: U.S. Census, 2018 American Community Survey 1-Year Estimates, Table B19126
- 23 **State of Babies Yearbook 2019** [https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook\\_2.25.19.pdf](https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook_2.25.19.pdf)
- 24 **Kids Count Data Center** <https://datacenter.kidscount.org/data/tables/10184-children-without-health-insurance-by-age-group?loc=46&loct=2#detailed/2/46/true/37,871/17,20,21/19708,19709>
- 25 **Annie E. Casey Foundation 2019 Kids Count Data Book: State Trends in Child Well-Being** <https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf>
- 26 **2016-2017 National Survey of Children's Health** <https://www.childhealthdata.org/browse/survey/results?q=5368&r=1&r2=52>
- 27 **2016-2017 National Survey of Children's Health** <https://www.childhealthdata.org/browse/survey/results?q=5368&r=1&r2=52>
- 28 **State of Babies Yearbook 2019** [https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook\\_2.25.19.pdf](https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook_2.25.19.pdf)
- 29 **2016-2017 National Survey of Children's Health** <https://www.childhealthdata.org/browse/survey/results?q=5368&r=1&r2=52>
- 30 **Kids Count Data Center** <https://datacenter.kidscount.org/data/tables/9781-children-under-age-6-whose-family-members-read-to-them-less-than-4-days-perweek?loc=46&loct=2#detailed/2/46/true/1603/any/19053,19054>
- 31 **Kids Count Data Center** <https://datacenter.kidscount.org/data/tables/9010-young-children-not-in-school?loc=46&loct=2#detailed/2/46/true/1687,1652,156,4,1491,1443,1218,1049,995,932,757/any/17975,17976>
- 32 **Utah's Registry for Professional Development**
- 33 **Bureau of Labor Statistics** <https://www.bls.gov/oes/current/oes399011.htm#st>
- 34 **Utah State Board of Education KEEP report November 2017** <https://www.schools.utah.gov/file/8365ba5b-0b42-4821-9f55-5af69c299101>
- 35 **Arloc Sherman and Tazra Mitchell, "Economic Security Programs Help Low-Income Children Succeed Over Long Term, Many Studies Find," Center on Budget and Policy Priorities, July 17, 2017,** <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-help-low-income-children-succeed-over>
- 36 **Kids Count Data Center** <https://datacenter.kidscount.org/data/tables/46-children-below-150-percent-poverty?loc=46&loct=2#detail/2/46/true/37,871,870,573,869,36,868,867,133,38/any/327,328>
- 37 **Kids Count Data Center** <https://datacenter.kidscount.org/data/tables/5043-children-whose-parents-lack-secure-employment?loc=46&loct=2#detailed/2/46/true/871,870,573,869,36,868,867,133,38,35/any/11452,11453>
- 38 **Kids Count Data Center** <https://datacenter.kidscount.org/data/tables/5056-children-under-age-6-with-no-parent-in-the-labor-force?loc=46&loct=2#detailed/2/46/true/871,870,573,869,36,868,867,133,38,35/any/11470,11471>
- 39 **Economic Policy Institute** <https://www.epi.org/child-care-costs-in-the-united-states/#/UT>
- 40 **State of Babies Yearbook 2019** [https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook\\_2.25.19.pdf](https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook_2.25.19.pdf)
- 41 **State of Babies Yearbook 2019** [https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook\\_2.25.19.pdf](https://stateofbabies.org/wp-content/uploads/2019/02/State-of-Babies-Yearbook_2.25.19.pdf)

# APPENDIX A: Utah Early Childhood System: State-level Actors Map



*\*denotes additional subprograms not listed in this map*

## Department of Human Services (DHS)

- Child Mental Health
- Prevention
- Child Protective Services
- In-home Interventions
- Kinship Care
- Foster Care
- Adoption
- Services for People with Disabilities
- System of Care

## Department of Workforce Services (DWS)

- Child Care Subsidies (CCDF)
- Child Care Quality Improvement
- Care About Childcare Website
- School Readiness Grants
- Head Start State Collaboration Office
- SNAP
- TANF – Cash Benefit
- Medical Program Eligibility
- Public Services Programs
- Homelessness Programs
- Affordable Housing Programs
- Refugee Services
- \*Employment Programs and Services
- Unemployment Insurance
- Office of Rehabilitation Services
- Utah Data Research Center (UDRC)

## Utah System of Higher Education (USHE)

- UETN - Preschool Pioneer
- USU Extension – Healthy Relationships Utah
- Early Childhood Professional Preparation Programs

## Department of Health (DOH)

- Early Childhood Utah Advisory Council
- ECIDS Database
- Child Care Licensing
- Maternal & Child Health (Title V)
- Family & Youth Outreach
- Home Visiting: Federal MIECHV
- Oral Health Program
- Newborn Safe Haven
- Mother to Baby Utah
- Maternal Infant Health Program
- Women, Infants & Children (WIC)
- \*Medicaid
- Children's Health Insurance Program (CHIP)
- \*Children with Special Health Care Needs
- Baby Watch Early Intervention Program (IDEA Part C)
- Immunization
- Violence & Injury Prevention Program
- Newborn Screening Program

## Governor's Office

- Governor's Education Excellence Commission
- Governor's Early Childhood Commission
- First Lady - Uplift Families

## Utah State Board of Education (USBE)

- Early Childhood Core Standards
- Special Education Preschool
- UPSTART computer program
- School Readiness Grants
- Kindergarten
- Child Nutrition Program (CACFP)  
Local Education Agency (LEA) administered:
- Title I Preschool
- Tuition-based Preschool

# Utah Early Childhood System: State-level Actors Map

-  Department of Human Services (DHS)
-  Department of Workforce Services (DWS)
-  Utah System of Higher Education (USHE)
-  Department of Health (DOH)
-  Governor's Office
-  Utah State Board of Education (USBE)

*\*denotes additional subprograms not listed in this map*

## Early Learning

|  |
|--|
| <ul style="list-style-type: none"> <li>Child Care Quality Improvement</li> <li>School Readiness Grants</li> <li>Head Start State Collaboration Office</li> </ul>   |
| <ul style="list-style-type: none"> <li>Early Childhood Professional Preparation Programs</li> <li>UETN - Preschool Pioneer</li> </ul>  |
| <ul style="list-style-type: none"> <li>Child Care Licensing</li> </ul>   |
| <ul style="list-style-type: none"> <li>Early Childhood Core Standards</li> <li>Special Education Preschool</li> <li>UPSTART computer program</li> <li>School Readiness Grants</li> <li>Kindergarten</li> <li>Title 1 Preschool (LEAs)</li> <li>Tuition-based Preschool (LEAs)</li> </ul> |

## Health & Development

|  |
|--|
| <ul style="list-style-type: none"> <li>Children Mental Health</li> <li>Services for People with Disabilities</li> </ul>  |
| <ul style="list-style-type: none"> <li>Medical Program Eligibility</li> </ul>  |
| <ul style="list-style-type: none"> <li>Maternal &amp; Child Health (Title V)</li> <li>Oral Health Program</li> <li>Mother to Baby Utah</li> <li>Maternal Infant Health Program</li> <li>*Medicaid</li> <li>Children's Health Insurance Program (CHIP) &amp; Medicaid</li> <li>*Children with Special Healthcare Needs</li> <li>Baby Watch Early Intervention Program (IDEA Part C)</li> <li>Immunization</li> <li>Violence &amp; Injury Prevention Program</li> <li>Newborn Screening Program</li> </ul> |

## Family Support & Safety

|   |
|---|
| <ul style="list-style-type: none"> <li>Prevention</li> <li>Child Protective Services</li> <li>In-home Interventions</li> <li>Kinship Care</li> <li>Foster Care</li> <li>Adoption</li> <li>System of Care</li> </ul> |
| <ul style="list-style-type: none"> <li>Care About Childcare Website</li> </ul>  |
| <ul style="list-style-type: none"> <li>USU Extension – Healthy Relationships Utah</li> </ul>  |
| <ul style="list-style-type: none"> <li>Home Visiting: Federal MIECHV</li> <li>Childcare Licensing</li> <li>Safe Haven</li> </ul>  |
| <ul style="list-style-type: none"> <li>First Lady – Uplifts Families</li> </ul>   |

## Economic Stability

|   |
|---|
| <ul style="list-style-type: none"> <li>SNAP</li> <li>TANF – Cash Benefit</li> <li>Public Services Programs</li> <li>Homelessness Programs</li> <li>Affordable Housing Programs</li> <li>Refugee Services</li> <li>*Employment Programs and Services</li> <li>Unemployment Services</li> <li>Child Care Subsidies</li> </ul> |
| <ul style="list-style-type: none"> <li>Women, Infants &amp; Children (WIC)</li> </ul>   |
| <ul style="list-style-type: none"> <li>Child Nutrition Program (CACFP)</li> </ul>   |

## Cross-Sector

|   |
|---|
| <ul style="list-style-type: none"> <li>Utah Data Research Center (UDRC)</li> </ul>  |
| <ul style="list-style-type: none"> <li>Early Childhood Utah</li> <li>ECIDS Database</li> </ul>  |
| <ul style="list-style-type: none"> <li>Governor's Education Excellence Commission</li> <li>Governor's Early Childhood Commission</li> </ul> |

# APPENDIX B: STAKEHOLDERS AT STRATEGIC PLANNING SESSIONS

|                           |   |
|---------------------------|---|
| <b>Alda Jones</b>         | The Children's Center   |
| <b>Ana Cuenca</b>         | Licensed Family Child Care Owner                              |
| <b>Ann Stockham-Mejia</b> | Utah Department of Workforce Services, Office of Child Care   |
| <b>Anna Thomas</b>        | Voices for Utah Children                                      |
| <b>Barbara Leavitt</b>    | United Way of Utah County                                     |
| <b>Brian Zabriski</b>     | A to Z Building Blocks, Utah Private Child Care Association   |
| <b>Carrie Martinez</b>    | Utah Department of Health, Early Childhood Utah               |
| <b>Cassie Selim</b>       | Utah Department of Human Services                             |
| <b>Chris Furner</b>       | Utah Department of Health, WIC                                |
| <b>Crystal Knippers</b>   | Weber State University, Care About Childcare                  |
| <b>Elizabeth Garbe</b>    | United Way of Salt Lake                                       |
| <b>Encarni Gallardo</b>   | Children's Service Society                                    |
| <b>Eric Christenson</b>   | Utah Department of Health, Maternal and Child Health          |
| <b>Eric Tadchara</b>      | Davis Behavioral Health                                       |
| <b>Holly Kingston</b>     | Licensed Family Child Care Owner                              |
| <b>Holly Phillips</b>     | Utah Afterschool Network                                      |
| <b>Jamie Bitton</b>       | Utah Private Child Care Association                           |
| <b>Jamie Robinson</b>     | Utah State Board of Education                                 |
| <b>Jessica Smith</b>      | Utah State Board of Education                                 |
| <b>Jocee Doramus</b>      | Utah Department of Workforce Services, Office of Child Care   |
| <b>Jody Zabriskie</b>     | A to Z Building Blocks, Utah Private Child Care Association   |
| <b>JoEllen Robbins</b>    | Utah Department of Workforce Services, Office of Child Care   |
| <b>Jonny Anderson</b>     | Private Child Care Owner, Utah Private Child Care Association |
| <b>Kali Otteson</b>       | Help Me Grow, United Way of Utah County                       |
| <b>Karen Borg</b>         | Health Education Specialist                                   |
| <b>Karen Peterson</b>     | Governor's Office   |
| <b>Karrie Phillips</b>    | Utah Department of Workforce Services, Office of Child Care   |
| <b>Katherine Bark</b>     | Utah Department of Health, Office of Home Visiting            |
| <b>Kathy Link</b>         | Utah Department of Workforce Services, Office of Child Care   |
| <b>Katie Ricord</b>       | Utah Association for the Education of Young Children          |
| <b>KC Hutton</b>          | Utah Department of Workforce Services, Office of Child Care   |
| <b>Kellie Kohler</b>      | Utah Department of Workforce Services, Office of Child Care   |
| <b>Kelly Riding</b>       | Utah Afterschool Network                                      |
| <b>Kelly Shultz</b>       | U.S. Department of Health and Human Services                  |
| <b>Kenny Shackelford</b>  | United Way of Salt Lake                                       |
| <b>Lauri Ransom</b>       | United Way of Northern Utah                                   |
| <b>Lisa Davenport</b>     | Utah Department of Health, BabyWatch Early Intervention       |
| <b>Lisa McKay</b>         | Preschool teacher   |
| <b>Lori Ransom</b>        | United Way of Northern Utah                                   |
| <b>Mckenna Smith</b>      | Utah Department of Health, Oral Health Intern                 |
| <b>Megan Boyd</b>         | DDI Vantage   |
| <b>Melinda Alexander</b>  | Utah Parent Center  |
| <b>Michelle Martin</b>    | Utah Department of Health, Oral Health                        |
| <b>Michelle Stewart</b>   | U.S. Department of Health and Human Services                  |
| <b>Natalie Brush</b>      | Utah Head Start Association                                   |
| <b>Nicole Bissonette</b>  | Utah Department of Health, Early Childhood Utah               |
| <b>Nune Phillips</b>      | Utah Department of Workforce Services, Office of Child Care   |
| <b>Rhonda Dossett</b>     | St. Paul's Preschool and Childcare                            |
| <b>Simon Bolivar</b>      | Utah Department of Health, Child Care Licensing               |
| <b>Steve Matherly</b>     | Utah Department of Health, Early Childhood Utah               |
| <b>Sue Womack</b>         | Educator  |
| <b>Susanna Eden</b>       | Utah Department of Health, Office of Home Visiting            |
| <b>Tera Facer</b>         | Early childhood stakeholder                                   |
| <b>Teresa Davenport</b>   | Utah State Board of Education                                 |
| <b>Tracy Gruber</b>       | Utah Department of Workforce Services, Office of Child Care   |
| <b>Wei Qui</b>            | Weber State University  |

# APPENDIX C: STRATEGIC PLANNING SESSIONS

## PDG: Strategic Planning Session/Day 1

**Date & Time:** August 28, 2019 (8.30 AM - 12.00 PM)

**Location:** Marriott - University Park 480 Wakara Way, Salt Lake City, UT 84108

**Participants:** ECU Committee x Sorenson Impact Center (Tiana Rogers, PhD, Allison Nicholson, Meredith Muller, & Eliot Sykes) x Kem C. Gardner Policy Institute (Samantha Ball, PhD)

**Agenda:**

|               |   |
|---------------|---|
| 8.30 - 9.00   | Breakfast   |
| 9.00 - 9.20   | Introductions, Purpose, & Goals   |
| 9.20 - 9.30   | VMOSA: What is it?  |
| 9.30 - 10.15  | Gardner: Qualitative Data Findings From Interviews, Discussion Roundtables, & Deliberative Sessions Summary |
| 10.15 - 10.30 | Break   |
| 10.30 - 10.50 | Key Elements of a Coordinated & Aligned System  |
| 10.50 - 11.35 | Alignment of Objectives, Needs, & Action Plans (break-outs)   |
| 11.35 - 11.50 | Alignment of Objectives, Needs, & Action Plans (group discussion)   |
| 11.50 - 12.00 | Debrief & Wrap-Up: Summary of Group Accomplishments of Day 1 Session  |
| 12:00 - 12:30 | Lunch (option to 'grab and go')   |

### \*Homework Before Session/Day One

Complete the following short survey, 'Partnerships and Collaboratives', that will provide insights into how the current early childhood B-5 collaborative is functioning. It will further provide talking points for the group as we map out what actions are needed for the updated strategic plan.

### Product of Session/Day One

A renewed statement of the group's Objectives and Strategies that align with: 1) ECU's Vision and Mission and 2) the system and community needs informed by the Needs Assessment.  
(These may require review or approval by a broader group.)

### Break-out Sessions

During the 2nd half of the session, participants split up into three smaller groups to engage in facilitated small-group discussions. Each group identified objectives that spoke to the Needs Assessment findings presented by Dr. Samantha Ball with the Gardner Policy Institute. Participants also discussed the Action Plans previously created by the subcommittees of Early Childhood Utah, and identified whether these plans spoke to the needs presented by Dr. Ball. Below are the objectives and strategies captured in the small group discussions.

### Group-developed Objectives

- Improve the political context and political will to identify the importance of B-5
- Expand/Encourage better coordination with medical providers to educate families on available services and appropriate time for interventions
- Bring in higher education partners to the early childhood system more
- Increase the # of providers knowledgeable about mental health / social /emotional
- Increase data available to programs / systems to make informed decisions
- Recruitment, retention, acknowledgement, advancement for early care and education
- Parent Informed B-5 system for parent engagement
- Create a website, which is more anonymous, and can help combat some of the stigma that parents/families face
- Enable and empower families to access available services
- Empower and encourage local partnerships/collaboratives to better align services/ resources to meet local needs
- Integrate more positive and people first language/vocabulary into our systems/programs
- Increase public awareness of services/resources
- Broaden outreach efforts to reach more families
- More strategically align state/federal programs to coordinate similar services
- Align partners/programs to have a more consistent message
- Increasing knowledge of what's available NOW
- Inform parents about WHY early childhood is important

### **Group-developed Strategies**

- Further expand connection services like Help Me Grow
- Early Childhood Summit - bring people together
- Work with medical schools / other schools
- Statewide cred., pathway following, national standards for early childhood care and education
- Localized resource hubs, information, parent options and available services for parent engagement
- Find local and trusted champions in the community
- 1-pages info sheet on appropriate languages (prof. dev/TA)
- Fund positions to specifically work on coordination/alignment
- Health literacy friendly, infographics, languages

## **PDG: Strategic Planning Session/Day 2**

**Date & Time:** October 24, 2019 (1.00 PM - 3.05 PM)

**Location:** Highland Health Building - 3760 S. Highland Drive, 2nd Floor Auditorium

**Participants:** ECU Committee x Sorenson Impact Center Team (Allison Nicholson, Tiana Rogers, PhD, & Elizabeth VanSant-Webb)

### **Agenda:**

|             |   |
|-------------|---|
| 1.00 - 1.15 | Introductions & Day 1 Session Recap                                       |
| 1.15 - 1.20 | Day 2 Session Overview: Purpose & Goals                                   |
| 1.20 - 1.40 | 2019 Needs Assessment Overview  |
| 1.40 - 2.20 | Breakouts: Prioritizing System Needs and Strategies                       |
| 2.20 - 2.45 | Small Group Reports   |
| 2.45 - 3.05 | Debrief & Wrap-Up: Summary of Group Accomplishments of Strategic Planning |

### **Product of Session/Day Two**

Strategic Plan: prioritize system needs (i.e., new or modified programs, policies and practices) informed by the Needs Assessment.

### **Break-out Sessions**

During the 2nd half of the session, participants split up into three smaller groups to engage in facilitated small-group discussions. Each group was assigned to identify objectives and strategies that spoke to findings and key takeaways from the Needs Assessment, as presented by Dr. Tiana Rogers and Allison Nicholson with the Sorenson Impact Center. One group addressed needs and takeaways associated with families, one group addressed on governance needs, and one group addressed on infrastructure needs. Below are the objectives and strategies captured in the small group discussions.

### **Small Group 1: Parent Input & Outreach Discussion Takeaways**

- Make information simple and in plain language, so parents can and want to understand
- Target 'low-normal' children
- Consider using technology.- apps, texts, etc.
- Connect to Community Champions – trusted sources
- Utilize Dr. visits and births as touch point to provide ECE information & resources
- Reach out to community libraries – utilize as place for dissemination of information
- Health Dept. – they are pre-established community hubs and some also have community champions
- Parents as Teachers (PAT) – could be income based workers
- Utilize 'Welcome Baby' or community health programs
- For rural communities, consider mobile units for dental and medical (i.e. Telehealth)
- Take early intervention services to the families
- Utilize Care Coordinators – to help families gain access and navigate services
- Leverage prove childcare sector – merge resources to increase streamlined messaging and initiatives
- Increase training to help staff manage those students and prevent expulsion as being an option
- Help with kids who struggle in after school programs and kids who are getting suspended or expulsion from schools
- Increase provider knowledge of available resources by making sure they're connected at the time of business creation/licensure

- Early Head Start should have resources to initiate a universal training that could be open to all care providers – increase education/training/development of EC providers

### **Small Group 1: Parent Input & Outreach Group Themes/Group-developed Strategies**

- Education & Awareness
  - Broader Community
    - Early Childhood Milestones (clarify that early childhood is a thing)
- Families
  - Inform of slot availability
  - Awareness of resources
  - Provide information on developmental milestones
    - Training/Development of staff in 0-5 care
- Linking Families to Services
  - Increase Care Coordinators
  - Help Me Grow Expansion
  - Increase Mobile Services
- Collaboration with Private Childcare Centers
  - Leverage/merge resources to increase efficiency

### **Small Group 2: Governance Discussion Takeaways**

- Why do we have the governance structure that we have, and what do we want as a state? Should we empower the existing system we have to be able to collaborate and align more, or should we look at a different governance structure for our state?
- Who owns what? There are a lot of different groups and early childhood councils who are all working in this space. We need a lot of leadership buy-in at the top levels.
- Our current structure seems to be driven by funding and programs, and funding is so specific in what it can be used for, and the outcomes that are expected from it. Funding is also competitive and programs tend to shift to meet the requirements of the funding.
- If we improved these governance structures, it would trickle down to improve our programs, i.e.:
- We need a common definition of what it means to be kindergarten ready.
- We need to be able to coordinate better and advocate for a universal screening tool

### **Small Group 2: Governance Group-developed Strategies**

- Determine a statewide objective with significant leadership buy-in: What are we looking to accomplish?
- Decide if we want to improve coordination, or move to a more consolidated and comprehensive system.
  - Analyze this in relation to children's needs.
- Clearly define roles and responsibilities, and assign accountability.
- Increase alignment and coordination across the funders in the system.

### **Small Group 3: Infrastructure Group Discussion Takeaways**

- The group agrees with all the strategies presented:
  - Secure adequate and ongoing state funding to support early childhood data connection and integration
  - Perform continuous improvement of existing data integration and reporting
  - Bring multiple parties together in a statewide early childhood summit to build consensus on aligned definitions and standards
  - Increase information sharing among programs and services
  - Explore formally adopting definitions and common standards and metrics, and applying uniformly to applicable programs
  - Establish common standards between early care professionals regarding desired skills and competencies
  - Engage higher education partnerships, particularly in workforce training opportunities, including medical schools and other schools of child development.
  - Create a statewide credentialing pathway for early childhood professionals that follows national standards and supports career advancement.
- Having unduplicated headcounts is key for outcomes and impact
- We need a continuum of definitions for kindergarten readiness - incorporate a space for special education students, as well as gifted students

- We need to bring in parent voices and understanding
- Developmentally-appropriate practices (DAP) and strategies are very important
- We need to recognize the early childhood profession more; “professionalize” it, but not everyone needs the same credentials.
- There should be a continuum or a pathway for professionals, and we should connect it to elementary education.
- Engage Higher Ed to help with quality, not necessarily to create uniformity across all disciplines.
- Standards, pathways, pay, and skill are important

### **Small Group 3: Infrastructure Group-developed Strategies**

- Create continuous support through state funding for the integrated data system to facilitate data-driven decisions and continuous improvement; build political will and funding to incentivize participation in the integrated data system.
- Explore formally adopting definitions and common standards and metrics along the continuum of developmentally-appropriate practices, implementing uniformly to applicable programs, and communicate this to / with parents and families.
- Recognize the professionalization process to connect standards and credentialing in order to create a clear career pathway.

## **PDG: Strategic Planning Session/Day 3**

**Date & Time:** November 13, 2019 (1.20 PM - 2.50 PM)

**Location:** DWS Metro Office - 720 S 200 E, Conference Room 100, SLC, UT 84111

**Participants:** OCC Committee x Sorenson Impact Center Team (Allison Nicholson, Tiana Rogers, PhD, & Meredith Muller) x Gardner Policy Institute (Samantha Ball, PhD)

### **Agenda:**

|             |   |
|-------------|---|
| 1.25 - 1.35 | Introductions, Purpose, & Goals   |
| 1.35 - 2.00 | 2019 Needs Assessment Overview: Qualitative & Quantitative                |
| 2.00 - 2.30 | Breakouts: Prioritizing System Needs and Strategies                       |
| 2.30 - 2.40 | Small Group Reports   |
| 2.40 - 2.50 | Debrief & Wrap-Up: Summary of Group Accomplishments of Strategic Planning |

### **Product of Session**

Strategic Plan: prioritize system needs (i.e., new or modified programs, policies and practices) informed by the Needs Assessment.

### **Break-out Sessions**

During the 2nd half of the session, participants split up into three smaller groups to engage in facilitated small-group discussions. Each group was assigned to identify objectives and strategies that spoke to findings and key takeaways from the Needs Assessment, as presented by Dr. Tiana Rogers and Allison Nicholson with the Sorenson Impact Center. One group addressed needs and takeaways associated with families, one group addressed on governance needs, and one group addressed on infrastructure needs. Below are the objectives and strategies captured in the small group discussions.

### **Small Group 1: Parent Input & Outreach Discussion Takeaways**

Use well-child checks as a time for resource sharing with families – but providers

- Provide information in times when it matters (after birth). Inform not only the mother but any other individual(s) accompanying her so the mother is not too overwhelmed
- Perhaps use the back of the growth chart to provide additional developmental milestone information to parents
- Empower pediatricians, teachers, our program staff and others with the right information so they can disseminate it. Parents trust those with the authority
- Bring information to places where parents come. Doctors’ offices, schools. colleges, etc.
- Create a symbol that represents children 0-5. Something similar to the recycling symbol. Branding!
- Make information simple and plain

- Provide economic vs nutritional information. Reframe support (i.e. WIC) as 'nutritional help' versus 'economic help'
- Create a "definitions" or a "glossary" page where all people involved can find common meaning
- Create a "Parents Rights" sheet. This is so parents and staff are aware of those rights and services can be of more human quality
- Keep in mind culture, language, and other beautiful characteristics when approaching parents. Being sensitive to differences
- Increase Trauma Informed Care training for providers
- No need to "recreate the wheel". Use existing services. 211 is a wonderful resource that can be used and supported
- Identify already existing 'hubs' in communities where people naturally gather or frequent – leverage those events or locals to increase community engagement
- Define 'Kindergarten Ready' in Utah
- Educate all parents, not only those looking for services
- Support an alignment of services so parents can find meaningful support regardless of where they go
- Consider barriers re: cross utilization of supports – not threatening to cut of services due to lack of 'compliance'
- Increase diversity within service sector – workers should be representative of broader population/community
- Consider additional translating services for families – Utah remains English Only

#### **Small Group 1: Parent Input & Outreach Group Themes/Group-developed Strategies**

- Branding/Marketing – trusted information that's right for your child (i.e. 5 before 5 campaign)
- Parenting Education – knowledge of developmental milestones for all children, not just those involved with at risk services
- Provider Competency – training professionals on how to render services (cultural competency/sensitivity & basic customer service), increase knowledge of available services and encourage them to go to families

#### **Small Group 2: Governance Group Discussion Takeaways**

- The state should be bringing industries together - such as in a summit, and we should be finding ways to integrate with school systems better to serve children.
- We need to create opportunities for the public and providers to give input on policies. The governing bodies should be going out to them, instead of just expecting them to come to Salt Lake to participate.
- We should be putting support into our existing governance bodies to see if they can really work. It takes multiple staff to do the work that they should do. We need to be specific, and create work plans for what these dedicated staffers would go out and do. They need a full-time person or two to carry out their statutory duties. They need someone who does more beyond just convening meetings - need someone who can take it to the next step.
- ECU has objectives beyond one agency, and it should not be tied to a specific agency. Does it need to go under the Governor's Office, similar to the ECC?
- We need coordinated messaging from the system - this could be accomplished through monthly newsletters or quarterly updates.
- We should be looking to other sectors that take a regional approach - like after school.

#### **Small Group 2: Governance Group-developed Strategies**

- Elevate existing structures (ECU, ECC) into the Governor's Office, with dedicated staff who are completely focused on ECE.
- Convene a statewide summit on a weekend, in a central location for maximum participation to bring ECE sector actors together to develop and advance a shared vision for ECE.
- Strengthen relationships between state policy makers and regional/local ECE alliances/coalitions.
- Empower such regional collaborations (in statute or with state staffing support and technical assistance and funds).

**Small Group 3: Infrastructure Group Discussion Takeaways**

- The different certification and hiring requirements for various ECCE creates competition among Head Start, private, and public preschool.
- Common standards for quality can increase parents' ability to make an informed choice for child care, but there are concerns that it could also decrease individuality of ECCE programs.
- Requirements for programs, quality or licensing, can be difficult to implement for private centers.

**Small Group 3: Infrastructure Group-developed Strategies**

- Align credentials across head start, child care, and public schools (workforce)
- ECE needs to improve coordination across private, public, and head start (integrated data)
- Coordinate data to make sure children are served in best settings (integrated data)
- Coordinate and educate on eligibility requirements across program staff
- Establish a streamlined access point for families so there is no wrong door (integrated data)
- Improve data and develop a system to collect accurate data across the system (integrated data)
- Apply the quality ratings established in the CCQS across the system (common standards)
- Licensing standards should apply across all ECE programs (common standards)
- Establish minimum health and safety standards across systems, even if they don't require meeting licensing requirements (common standards)
- Establish background check requirements satisfying CCDF to be accepted by schools (workforce)
- Across program communication to better connect families (workforce)
- Regular education license for pre-K (workforce)
- One workforce registry—URPD—where everything is entered for each educator in the workforce (integrated data)
- Establish minimum qualifications for each system so public child care uses CDA and private uses CCP so the systems don't compete (workforce)
- All professionals in the system should be part of career ladder and pathways (workforce)

# APPENDIX D: INDICATORS BACKGROUND

## Family Support and Safety

**Home Visiting:** Potential home visiting beneficiaries served

- Indicator background: Being a new parent can be a joyful, yet overwhelming experience. Home visiting services allow families to receive support and visits in their home while gaining skills to best nurture their children's daily and developmental needs.

**Child Welfare:** Percentage of the alleged perpetrators of child maltreatment and their relationship to the victim

- Indicator background: Keeping a child safe from abuse and neglect can be considered one of the most basic assurances of a healthy childhood. Child neglect and abuse – also known as maltreatment – is a grave concern; it is associated with many negative outcomes, including physical injuries, psychological problems, and in extreme cases, death. The majority of victims of child maltreatment in Utah (37%) fall in the 0-5 age ranges.

**Child Care:** Cost of care as a percentage of income for single mothers and married households

- Indicator background: Child care costs can take more than one third of the paycheck of a single parent in most states. Despite the high cost of infant care, few families receive financial assistance for it. Utah does not offer child care subsidies for families living above the 200% Federal Poverty Limit (FPL).

## Health and Development

**Health Care Access:** Babies born to women who received late or no prenatal care

- Indicator background: Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. Good health begins during pregnancy. Expectant mothers who receive regular prenatal care have lower risks of pregnancy complications and receive counseling on healthy dietary practices, both of which positively influence their babies' health.

**Health Care Access:** Children ages 0-5 who lacked health insurance in 2018

- Indicator background: Access to health insurance is associated with positive health outcomes, and positive outcomes related to education and economic security. Utah has seen a significant increase in the numbers of uninsured children ages 0-5 since 2017.

**Health Care Access:** Rank amongst US states regarding 4 children's health indicators: low birth-weight babies, children without health insurance, child and teen deaths per 100,000, and teens who abuse alcohol or drugs

- Indicator background: Having health insurance can protect families from financial crisis when a child experiences a serious or chronic illness and can help kids remain active, healthy and in school ready to learn. Utah's percentage of children without health insurance is 3 points higher than the national average of 7%.

**Mental and Behavioral Health:** Children ages 6 months to 5 years who demonstrate curiosity and discovery about learning, resilience, healthy attachment with parent(s), and contentment with life

- Indicator background: Every family experiences challenges and stress. Damaging emotional experiences in childhood increases the incidence of poor physical and mental health in adulthood. Protective factors are strengths and resources that parents and children draw upon during difficult times. Protective factors help promote optimal development by helping families and children succeed and thrive, even in the face of risks and challenges.

**Child Physical Health and Wellbeing:** Children ages 0-5 who received both routine preventive medical and dental care in the past 12 months.

- Indicator background: Preventive medical and dental care is critical to a child's overall health and is also associated with positive health and education outcomes. Preventive care visits to a child's pediatrician and pediatric dentist provide parents with information about their child's growth and development. The visits also give parents an opportunity to ask questions and seek advice.

**Parental Physical Health and Wellbeing:** Mothers reporting less than optimal mental health

- Indicator background: More than one in five mothers of infants and toddlers (22 %) rate their mental health as worse than "excellent" or "very good." Responsive policies covering screening for maternal depression as part of Early and Periodic Screening, Diagnostic, and Treatment are evident in the Medicaid programs of a majority of states. However, Utah lacks such coverage in its state Medicaid policy.

**Early Intervention:** Children 9-35 months who received a developmental screening using a parent-completed screening tool in the past 12 months

- Indicator background: The American Academy of Pediatrics (AAP) recommends that all children be screened for developmental delays during their regular well-check visits at 9, 18, and 24 or 30 months. Identifying and addressing developmental issues early is integral in mitigating developmental delays, and equips children to be more academically successful. Addressing developmental delays early in life (before the age of 3) is less costly than during the elementary years.

## Early Learning

**Early Literacy:** Children under age 0-5 whose family members read to them less than 4 days per week

- Indicator background: Reading to infants is good for their language and cognitive development and is important for building children's vocabulary and pre-reading skills. Reading to toddlers on a regular basis promotes literacy and contributes to kindergarten readiness. Children who are not read to on a daily basis are missing opportunities to build a strong foundation for early learning and later literacy.

**Head Start & Pre-K Programs:** Young children (age 3-4) not enrolled in school (includes "nursery," "preschool," or "kindergarten")

- Indicator background: High-quality prekindergarten programs for 3- and 4-year-olds can improve school readiness, with the greatest gains accruing to the highest-risk children. Head Start and the expansion of state-funded programs since the 1990s have greatly increased access to preschool. But many children, especially 3-year-olds, continue to be left out, exacerbating socioeconomic differences in educational achievement.

**Early Childhood Caregivers and Educators:** Utah early educators working in child care programs participating in Utah's professional development system

- Indicator background: It is important that parents access high-quality child care and preschools, ensuring that their children are exposed to positive learning experiences in a safe and nurturing environment. This includes having well-trained and educated staff who are knowledgeable in child development and early learning pedagogy. Child care workers may be a child's first connection to formal education. There are evidence-based best practices for promoting early childhood development, and child care workers' participation in ongoing professional development is essential to developing the skills necessary to educate Utah's youngest children.

**Preschool:** Mean hourly wage estimates for child care workers

- Indicator background: It is important that parents access high-quality child care and preschools, ensuring that their children are exposed to positive learning experiences in a safe and nurturing environment. This includes having well-trained and educated staff who are knowledgeable in child development and early learning pedagogy. The early childhood workforce also needs to be fairly compensated and provided with benefits. Fair compensation and benefits (i.e., health insurance, scholarships for training and education) increases retention, lowers stress and decreases the number of early childhood workers who require public assistance programs to support their households.

**Kindergarten:** Percentage of kindergartners who entered with adequate skills (Level 3) in literacy and numeracy; based on initial results from Utah's Kindergarten Entry Exit Profile (KEEP)

- Indicator background: The results of the first administration of the KEEP suggest that a large portion of Utah's kindergarten population is entering kindergarten with the essential knowledge and skills required for academic success. Unfortunately, this data indicates there is a substantial percentage of the incoming kindergarten population that is not adequately prepared for the expectations of kindergarten. The knowledge, skills, and behaviors a kindergarten student enters with as they first enroll in school are highly predictive of their future academic outcomes.

## Economic Stability

**Employment and Financial Assistance:** Children under age 6 who live below 150% federal poverty level

- Indicator background: Children who live below the federal poverty level often experience food insecurity, residential mobility and limited access to health care. As such, living in poverty has been identified as a toxic stressor that can inhibit children's social, emotional, physical and academic development.

**Employment and Financial Assistance:** Children ages 0-17 whose parents lack secure employment

- Indicator background: A lack of secure employment contributes to food insecurity, residential mobility, and limited access to healthcare, all of which can contribute to negative health, social and academic outcomes.

**Employment and Financial Assistance:** Children under age 6 with no parent in the labor force

- Indicator background: A complete lack of employment also contributes to food insecurity, residential mobility, and limited access to healthcare, all of which can contribute to negative health, social and academic outcomes.

**Child Care Assistance:** Cost of childcare and percentage of families who can afford infant care with a median income

- Indicator background: Helping low-income parents work is an important goal of our state's social safety net. However, in order to work, parents need child care. Paying for care can be difficult for workers with low incomes, and the inability to pay can lead to reduced or unstable employment. Child care subsidies and other forms of financial assistance are critical for the well-being of low-income families, including parents' economic success and children's social and academic development.

**Housing:** Percentage of children ages 0-3 who experience housing instability (i.e., move 3 or more times since birth and/or crowded housing)

- Indicator background: Housing instability and crowded housing can undermine the environmental quality infants and toddlers need to thrive. Frequent moves can disrupt many aspects of families' lives, including their connections with social support networks and formal services such as child care. When families are crowded, parents may be less responsive or use punitive discipline, and children are more likely to have health problems or food insecurity.

**Food Security:** Percentage of households with infants/toddlers experiencing low or very low food security

- Indicator background: Food security is the condition of having regular access to enough nutritious food for a healthy life. Food insecurity is the condition of not having regular access to enough nutritious food for a healthy life. Hungry children ages 0-3 years cannot learn as much, as fast, or as efficiently because chronic undernutrition harms their cognitive development during this critical period of rapid brain growth, actually changing the fundamental neurological architecture of the brain and central nervous system.