EARLY CHILDHOOD UTAH

Strengthening Systems for Children from Birth through Eight

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Executive Summary

Background
Early Childhood Utah: Strengthening Systems for Children from Birth through Eight, the 2024 Preschool Development Grant Birth through Five (PDG B-5)[i] Strategic Plan is a roadmap to improve Utah's early childhood system. It is intended as a guide for the early childhood system as a whole, to further develop, prioritize, and create actions for implementation. Co-developed with Utah's early childhood system stakeholders and the Sorenson Impact Institute (the Institute), the Strategic Plan presents recommendations. It builds on the recommendations presented in the 2019 PDG B-5 Strategic Plan and contributes strategies to improve the institutions and processes upon which many Utah families rely. This Strategic Plan represents the latest evolution in the history of early childhood system strategic plans in Utah, reflecting a continued commitment to enhancing the state's early childhood system based on the collective insights and needs of its stakeholders.

Process
The Strategic Plan presents themes, goals, strategies, and actions that were generated through an extensive process of research and stakeholder engagement. Specifically, the process consisted of the following activities.

1 Creation of 2024 PDG B-5 Needs Assessment

2 Kem C. Gardner Institute Qualitative Research of Family Experiences

3 Review of 2019 PDG B-5 Strategic Plan

4 Discussions with Leaders from DHHS, DWS, and USBE

5 Facilitation of a Strategic Planning Session

6 Development of the Strategic Plan

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i   PDG B-5 is the title of the grant, however the grant in Utah is serving children birth through eight throughout this project.

Themes, Goals, and Strategies

The Strategic Plan calls attention to three major areas, or themes, of the early childhood system – Health and Wellbeing, Child Care and Early Education, and Systems Coordination – as well as goals and strategies that can improve conditions in those areas for Utah families and children. Note that this summary does not include the robust list of specific actions nor their associated indicator metrics. This information can be found under their respective themes of the Strategic Plan.

THEME 1:
Health and Wellbeing
The goals in the Health and Wellbeing theme serve to make Utah children healthier by expanding access to key health and wellness resources. Supporting the health and wellbeing of Utah's children is an investment in the state's future, which leads to increased social and economic returns for communities.

Goals

1. Improve the health and wellbeing of Utah children by investing resources to support children's physical and mental health and meet the unique needs of underserved children.
2. Strengthen families' ability to support child health and wellbeing by expanding information access, resource availability, and caregiver mental health support.

Strategies

1. Increasing Rates of Insured Children
2. Improving Medicaid Accessibility
3. Supporting Children with Special Needs
4. Increasing Focus on Early Childhood Mental Health
5. Investing in Healthy Childhoods

THEME 2:
Child Care and Early Education
The goals in the Child Care and Early Education theme serve to make Utah children healthier by expanding access to key child care and education resources. Ensuring a robust and well-staffed child care and early education system provides greater support for the state's youngest population. Investments towards this end will create healthier economies and yield better results for children as they grow.

Goals

1. Increase Utah's workforce stability and economic potential by strengthening the child care sector.
2. Ensure Utah's youngest residents are prepared for the future through quality early care and education from qualified and skilled providers.

Strategies

1. Addressing Child Care and Early Education Accessibility
2. Expanding Child Care Quality
3. Growing Child Care Assistance
4. Supporting Child Care Educators
5. Supporting Child Care Providers

THEME 3:
Systems Coordination
The goals in the Systems Coordination theme serve to make Utah children healthier by improving the data and communication infrastructure between all stakeholders within the system. The network of state and non-state early childhood organizations make a complex system, making collaboration essential. Collaboration requires well-maintained and expansive infrastructure, communication, and data collection.

Goals

1. Maintain and expand Utah's early childhood system-level infrastructure to facilitate and enable greater coordination and collaboration among all early childhood stakeholders.
2. Strengthen Utah's early childhood system's service to families through increased evidence-based decision making, and increased focus on family centricity.

Strategies

1. Expanding the Early Childhood Circle
2. Striving to be Family-Focused
3. Making Processes More User-Friendly
4. Focusing on Data Collection and Usage

Introduction

The Value of a Coordinated Early Childhood System

Utah's early childhood system plays a critical role in ensuring that all children thrive. The early years of child development, from birth through eight, are foundational to building the brain's architecture, which impacts a child's lifelong learning, behavior, and health.[1] Children and families who receive appropriate services and access high-quality programs achieve better outcomes, benefiting society as a whole through increased economic return to communities and a decreased need for more costly interventions later in life.[2, 3] Utah's youngest children require a highly-functioning system to help ensure their needs are identified and addressed effectively through the support of their families and the early childhood system. The current PDG funding presents a unique opportunity for the Utah early childhood system to coordinate effort, leverage resources, and target support to better serve families and children.

Purpose of the 2024 Strategic Plan

The 2024 *Early Childhood Utah: Strengthening Systems for Children from Birth through Eight* Strategic Plan is a roadmap to improve Utah's early childhood system. It is intended as a guide for the early childhood system as a whole, to further develop, prioritize, and create actions for implementation. It is the culmination of years of research and stakeholder input, meant to empower the vast coalition of state agencies and stakeholders engaged in the Utah early childhood system. The state's system is complex, with many agencies and stakeholders contributing to the welfare of children and families, each with their own unique missions, goals, strategies, and operational capacities. While important efforts and significant resources are dedicated to supporting birth through eight children in Utah, this diverse coalition of stakeholders need to collaborate efficiently and effectively in order to provide the best outcomes possible for the state's children.

Co-developed with Utah's early childhood system stakeholders, the Strategic Plan presents recommendations that emerged as a result of research and stakeholder engagement. It also builds on the recommendations presented in the 2019 PDG B-5 Strategic Plan and contributes strategies to improve the institutions and processes upon which many Utah families rely. This Strategic Plan represents the latest evolution in the history of early childhood strategic plans in Utah, reflecting a continued commitment to enhancing the state's early childhood system based on the collective insights and needs of its stakeholders.

Previous PDG B-5 Strategic Plans

Utah's first PDG B-5 Strategic Plan was completed in 2019, the *Utah Preschool Development Grant Strategic Plan: Empowering Utah Families Through a Coordinated Early Childhood* B-5 System.[4] This plan outlined important ways to build Utah's early childhood system through focusing on families and children, ensuring coordinated governance and effective transitions, and building infrastructure. The strategies in that plan led to significant progress, despite the turbulence of COVID-19. Since 2019, key successes within Utah's early childhood system include the realignment of some state governance structures, the rapid implementation of optional full-day kindergarten (OFDK), and effective pandemic responses benefiting families and young children.

Realignment of State Governance Structures
The Department of Health and the Department of Human Services merged to become the Department of Health and Human Services (DHHS), bringing many EC-focused groups together. The newly merged DHHS became Utah's largest state agency, with roughly 6,000 employees. Mergers of this scale take time to complete; in 2023, there was still 'settling' in progress with new structures and communication channels continuing to emerge. Additionally, work between the newly-constituted DHHS and Department of Workforce Services (DWS) helped to more clearly frame responsibilities and build stronger working relationships to jointly tackle early childhood issues across these two departments.

Rapid Implementation of Optional Full-Day Kindergarten
The passage of OFDK during the 2023 legislative session was the result of many early childhood stakeholders working together over the course of several years. The program launched quickly in the fall of 2023, with the majority of Local Education Agencies (LEAs) reporting that OFDK was already accessible in the majority of their schools. Just months after passage, the Utah State Board of Education (USBE) reported 77 percent of kindergarten-age students in Utah LEAs were enrolled in full-day programs, reinforcing the support for this program among parents/caregivers. USBE sources expected more than 85 percent of Utah children attending kindergarten would attend an OFDK program once the rollout is complete.

Effective Pandemic Responses Benefiting Families and Young Children
USBE's Child Nutrition Programs (CNP) expanded food assistance programs, launched new programs, and found solutions to a myriad of related problems, ensuring children continued to have access to meals that they otherwise would have received through schools. The work of the CNP and other food assistance programs decreased the rate of child hunger across Utah during COVID-19. Separately, the adoption of teleservices eliminated barriers related to time, expense, and travel for many rural and underserved child populations. In many early childhood sectors, developments in virtual communication were retained post-COVID-19, increasing communication in ways that benefited working parents/caregivers. Finally, Utah's child care system capacity experienced a 31 percent expansion, due to federal COVID-19 funding.

Setbacks Since 2019 Strategic Plan
Although Utah's early childhood system made significant progress during COVID-19, challenges during this time hindered Utah's ability to prioritize some of the goals and strategies outlined in the 2019 Strategic Plan. The many challenges brought on by COVID-19 required agencies' full focus; therefore, some elements of the strategic plan were put on hold. Strategies and goals from the 2019 Strategic Plan that required continued effort were incorporated into this document, the 2024 Strategic Plan.

Strategic Planning Process

This Strategic Plan is informed by: a statewide Needs Assessment, supported by Utah's PDG B-5 Renewal grant; insight into lived experiences from families across the state, gathered by a qualitative inquiry conducted by the Kem C. Gardner Institute; targeted feedback sessions with leaders from DHHS, DWS, and USBE; and a day-long strategic planning session with early childhood stakeholders across the system.[ii, iii] This plan was co-developed through engagement with both state and non-state stakeholders, including early childhood program managers and leaders, community members, service providers, executive leaders, and parents/caregivers. The Institute worked in conjunction with the DHHS Office of Early Childhood (DHHS-OEC) to gather these voices. These voices are the basis for the development of this Strategic Plan and comprise a vision and plan to guide the work of Utah's early childhood system over the next several years.

Deliberative Sessions with Families	Presentation of Preliminary Strategies	Stakeholder Interviews	Strategic Planning Session Attendees
10 Locations	**13** Department Leaders	**45** Stakeholders	**40** Stakeholders

From these activities, three major areas, or themes of the early childhood system arose with the most critical need for investment: Health and Wellbeing, Child Care and Early Education, and Systems Coordination. A series of strategies that can improve conditions in these areas were developed. Each strategy includes a list of specific actions, their associated institutional owners, indicator metrics to measure progress, and a ranking for order of execution. Definitions for Goals, Strategies, and Actions are listed below.

Themes, Goals, Strategies, and Actions
- **Themes:** High-level ideas that help group priority areas where focused measurement is needed to change outcomes for Utah children.
- **Goals:** Desired results for each priority area of the early childhood system.
- **Strategies:** General ways to address the needs identified in themes.
- **Actions:** Specific steps required to make progress on a strategy; they are time-sensitive and measurable.

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ii   Research from the Gardner Policy Institute included 10 statewide deliberative sessions with families and parents caregivers throughout the state to understand their experiences with Utah's birth through eight early childhood system.

iii See Appendix C for a full list of attendees of the Strategic Planning Session.

Health and Wellbeing

Children need supportive systems for their overall health and wellbeing during critical early years to develop into healthy adults. Although the vital task of expanding access to health services in Utah has already begun, more work is needed. Utah experienced a high rate of uninsured children and the underutilization of important preventative screenings, particularly among children from low-income households and those living in rural regions.[5, 6] Further, many children did not receive adequate mental health care due to cost and a limited number of qualified providers for children in some areas.[7] The need for health and wellbeing support and services only increased due to COVID-19 disruptions.[8]

Additionally, Utah children encountered challenges which were unrelated to medical needs, yet crucial for their overall wellbeing. A significant portion of children in Utah experienced food and housing insecurity which may have had adverse effects on their wellness.[9, 10] Other populations also faced challenges in accessing health and wellness programs due to language barriers, distance from programs, and confusion around program eligibility.[11] To address these complex challenges and improve the health and wellbeing of children in Utah, a collaborative effort from various stakeholders—including local government agencies, healthcare providers, community organizations, schools, and families—is essential. By harnessing their collective resources and expertise, we can create more inclusive, comprehensive, and accessible health services that effectively meet the needs of all children.

Goals
1. Improve the health and wellbeing of Utah children by investing resources to support children's physical and mental health and meet the unique needs of underserved children.
2. Strengthen families' ability to support child health and wellbeing by expanding information access, resource availability, and caregiver mental health support.

Strategies

From the 2024 Needs Assessment and through strategic planning sessions, five strategies related to health and wellness emerged as paramount for Utah's early childhood system to advance. The intended impact of these strategies is to increase the number of children with access to health services in Utah and contribute to a healthier child population. The strategies are listed below and explored in greater detail within the strategic plan.[iv]

1. Increasing Rates of Insured Children
2. Improving Medicaid Accessibility
3. Supporting Children with Special Needs
4. Increasing focus on Early Childhood Mental Health
5. Investing in Healthy Childhoods

Potential Indicators of Success

1. Percent of children with health insurance, by age group
2. Percent of children ages nine to 35 months whose parent completed a standardized developmental screening
3. Percentage of children receiving regular medical checkups
4. Reduce frequency of child abuse and neglect – physical and sexual assault, abandonment, negligent parenting, etc.
5. Percent of parents/caregivers who report that the early childhood healthcare system is accessible

1. Increasing Rates of Insured Children

Decrease the number of uninsured children and work to decrease gaps in coverage by making Medicaid/CHIP eligibility and application information more easily available and understandable by parents/caregivers, improving accessibility of and satisfaction with helpline services, and working to find ways to accelerate and reduce duplication in re-applications when they happen.

Action 1.1

Improve the Medicaid and CHIP eligibility process by expanding access to application assistance through multiple avenues (online, in-person, and phone) and increase outreach to potential applicants by improving the visibility, education, and number of languages offered.

Potential Indicators to Measure Progress
- Number of procedural terminations
- Number of applications submitted

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iv Acronyms are not written out in the Actions. For a complete list of all acronyms used throughout the report, see Appendix A.

Action 1.2

Expand coordination services by decreasing call wait times and improving upon current referral systems within various agencies to identify potential opportunities for collaboration with other agencies (i.e., home visiting programs making referrals to SNAP and vice versa).

Potential Indicators to Measure Progress
- Number of average minutes waited on a call
- Percent of children referred to collaborating programs or services
- Number of referrals to collaborating early childhood programs and services

Action 1.3

Create a working group to move Utah toward a single application for multiple benefits (WIC, SNAP, TANF, Medicaid, child care subsidy, etc.).

Potential Indicators to Measure Progress
- Number of different organizations/groups within working group
- Number of working group sessions

Action 1.4

Hire additional and educate existing community outreach staff to decrease the number of children/ families disenrolled due to procedural errors or missing data and track time between disenrollment to re-enrollment in these cases - seeking to constantly shorten coverage gaps for children and their caregivers.

Potential Indicators to Measure Progress
- Number of new hires for community outreach and education
- Number of children affected by procedural disenrollment
- Average time between disenrollment and re-enrollment shortened

Action 1.5

Increase awareness of the new Medicaid/CHIP continuous enrollment policy by working with the entire system (ECU, health systems, nonprofits, religious organizations, parent/caregiver advocacy groups, etc.) to encourage potentially eligible families to apply.

Potential Indicators to Measure Progress
- Number of marketing campaigns launched, and number of impressions
- Number of Medicaid and CHIP applications
- Number of applications referred by marketing campaign

Action 1.6

Invest in research to understand the impact (general and disaggregated) of continuous enrollment on the health and wellbeing of children and their caregivers.

Potential Indicators to Measure Progress
- Research report funded

2. Improving Medicaid Accessibility

Improve accessibility of Medicaid/CHIP by maintaining and expanding partnerships with healthcare systems and providers to increase the number, and linguistic/cultural competence of providers across the state. Develop a joint plan to increase access to early childhood specialists across the state to reduce waitlists for diagnoses/treatment.

Action 2.1

Explore options for implementing 1115 Medicaid waiver services for Utah families and potential impact on children, to include expanding system navigators and coordinators, as well as engaging communities to design options (housing, nutrition and climate support; health-related social needs) under the 1115 waiver program.

Potential Indicators to Measure Progress
- Implementation options explored and implemented
- Number of system navigators included
- Number of community engagement sessions/workshops

Action 2.2

Track early childhood health metrics (medical home, prenatal visits, well-child screenings, vaccinations, ASQ screenings, etc.) to ensure children under Medicaid and CHIP are able to access these critical services. Where gaps are identified, work with coordinated care organizations to research barriers and systematically eliminate them.

Potential Indicators to Measure Progress
- Number of children with a medical home
- Number of children who received prenatal care
- Number of well-child screenings
- Number of vaccinations
- Number of ASQ screenings
- Number of eligible children enrolled in Medicaid

Action 2.3

Evaluate Utah's EPSDT program, establish early childhood metrics and report annually through the ECU and Maternal/Child Health and Wellness data reports.

Potential Indicators to Measure Progress
- Metrics identified
- Number of annual reports created

Action 2.4

Establish a formal relationship between ECU and Medicaid (policy and eligibility) to co-create shared measures of maternal/child health and strengthen partnerships to address gaps for Utah's children and their caregivers.

Potential Indicators to Measure Progress
- Shared measures of maternal/child health created
- Formal relationship with ECU and Medicaid created
- Number of working sessions between ECU and Medicaid

Action 2.5

Address access issues, especially as relates to AI/AN and Hispanic/Latinx children, in conjunction with community care organizations, the ECU, DHHS Health Equity, immigrant/refugee organizations and AI/AN nations. Co-develop coordination frameworks (meeting multiple times per year), metrics and transparent reporting and community information exchange/engagement. Include exploration of expanding Medicaid funding for traditional health workers in these target communities (doulas, etc.) to improve maternal/child health outcomes.

Potential Indicators to Measure Progress
- Number of engagement sessions with the AI/AN, or Hispanic/Latinx community
- Coordination framework created
- Options for Medicaid funding for traditional health workers explored

3. Supporting Children with Special Needs
Improve outcomes for special needs children by expanding services to and communications with parents/caregivers, increasing access and decreasing wait times for early diagnosis and treatment, and creating more resources for families of children with special needs.

Action 3.1

Support families with children with special needs by enhancing peer support services for parents/caregivers, especially during periods of transition.

Potential Indicators to Measure Progress
- Percent of parents/caregivers who report having a relationship with another parent/caregiver of a child with special needs
- Number of families with special needs children who are connected to a peer family
- Number of families with special needs children listed as part of the network

Action 3.2

Continue to develop systems that provide more support for parents/caregivers who have children with special medical or other needs and improve the parents/caregivers ability to consistently access temporary respite care.

Potential Indicators to Measure Progress
- Number of parent/caregiver-facing online meetings held to co-develop solutions
- Number of providers that provide care to children with special needs

Action 3.3

Provide education and resources for families to better understand the IEP process so they can better advocate for their child.

Potential Indicators to Measure Progress
- Number of parents/caregivers of children with special needs who are sent educational resources and information
- Number of times per quarter educational resources are sent to parents/caregivers of children with special needs
- Percent of parents/caregivers of children with special needs that report feeling confident in their knowledge of the IEP at parent-teacher conferences

Action 3.4

Expand Home Visiting services to reach more families who could benefit from the service by investing in solid data collection on outcomes for children and families to determine the most cost-effective models and programs and ensure decisions are data-driven.

Potential Indicators to Measure Progress
- Number of home visits documented per quarter
- Number of outcomes for which data is available
- Percent of families receiving home visits from which data is collected

Action 3.5

Increase access to early evaluation for children with suspected disability and/or special healthcare needs by supporting the increase of both number and quality of providers statewide.

Potential Indicators to Measure Progress
- Number of children with suspected disability and/or special healthcare needs evaluated
- Number of providers who serve children with disabilities and special healthcare needs, by county

Action 3.6

Explore ways to support and incentivize providers to serve children with disabilities and special healthcare needs by providing training opportunities, peer student programs, and increased compensation.

Potential Indicators to Measure Progress
- Number of providers who serve children with disabilities and special healthcare needs, by county
- Percent of providers who serve children with disabilities and/or special healthcare needs that participate in training opportunities
- Assessment of financial compensation options available to providers who serve children with disabilities and/or special healthcare needs
- Percent of providers who serve children with disabilities and/or special healthcare needs that report access to peer programs

Action 3.7

Increase referrals to early childhood programs and support to families by continuing to partner with large healthcare networks in the state and building pediatrician awareness of new and existing early childhood programs, such as Home Visiting, Early Head Start, Welcome Baby, etc., and the crucial importance of referrals.

Potential Indicators to Measure Progress
- Number of parents/caregivers who newly participate in Home Visiting that report they were referred by a pediatrician
- Number of parents/caregivers who newly participate in Baby Watch that report they were referred by a pediatrician
- Percent of pediatricians who report regularly sharing early childhood programs with parents/caregivers

Action 3.8

Increase awareness of Utah Part C's BWEIP in order to reach more eligible children by developing an outreach/awareness plan that includes providers, parent/caregiver groups, social media, parent/caregiver advocacy groups, state services for pregnant/new parents/caregivers, state services for families (SNAP, WIC, TANF, etc.), family-oriented nonprofits, religious organizations and partner to cross post information to listservs, websites, blogs, newsletters, podcasts, etc.

Potential Indicators to Measure Progress
- Number of children participating in Baby Watch
- Number of partners who employ outreach/awareness materials for Baby Watch

Action 3.9

Increase reach of BWEIP by increasing awareness of their webpage and informational packet to help families understand 1) the warning signs of developmental disabilities, 2) the value of an early diagnosis, 3) the eligibility requirements for Early Intervention services.

Potential Indicators to Measure Progress
- Number of users accessing Baby Watch webpage
- Percent of parents/caregivers who report a knowledge of Baby Watch
- Number of children participating in Baby Watch Part C Early Intervention services

4. Increasing Focus on Early Childhood Mental Health

Improve early childhood mental health by increasing awareness of early childhood challenges (de-stigmatization) and existing resources, increase the number of early childhood–certified providers as well as providers with an I/ECMH endorsement, expanding access to providers by utilizing telehealth options where appropriate, and expanding the capacity of home visiting programs, through increased funding and service availability, to reach more families with identified risk factors, while simultaneously educating parents/caregivers and providers about early childhood mental health issues.

Action 4.1

Partner with Utah's large providers to explore ways to increase the accessibility of childhood mental health providers, especially in rural areas.

Potential Indicators to Measure Progress
- Number of childhood mental health providers
- Number of childhood mental health providers who offer non-English services

Action 4.2

Consultation services by qualified early childhood providers through exploring solutions such as telehealth options, Medicaid reimbursement options and specialized training.

Potential Indicators to Measure Progress
- Number of eligible families reached through telehealth options
- Number of dollars of Medicaid reimbursement for consultation services by qualified early childhood providers

Action 4.3

Support the mental health and emotional wellbeing of parents/caregivers and early childcare professionals by increasing awareness and provision of mental health services such as consultations via telehealth, increased education about mental health, and family-to-family peer groups.

Potential Indicators to Measure Progress
- Number of providers with mental health telehealth options
- Number of marketing campaigns to increase awareness of mental health help and providers
- Number of families and children receiving mental health care

Action 4.4

Reduce childhood neglect and abuse through empowering parents/caregivers with education and training pediatricians to engage in the whole child wellbeing by ensuring parents/caregivers are providing appropriate care and receiving adequate support and services.

Potential Indicators to Measure Progress
- Number of children receiving well-child care
- Number of parents/caregivers reached and participating in educational classes
- Number and rate of confirmed abuse and neglect cases among children

Action 4.5

Ensure there are services accessible to families to help them navigate/become comfortable with new technology required for accessing telehealth and in person services.

Potential Indicators to Measure Progress
- Number of parents/families assisted in accessing and using telehealth and in-person services

Action 4.6

Explore the potential to develop "pop-up" healthcare services (either through mobile health vehicles or by partnering with schools or existing rural health facilities/local health departments to bring early childhood specialists in for clinics at regular intervals, especially in the area of early childhood mental health and diagnosis.

Potential Indicators to Measure Progress
- Number of pop-up providers reached
- Number of children reached through pop-up health care services

5. Investing in Healthy Childhoods
Increase access to resources for underserved populations.

Action 5.1

Reduce childhood poverty by partnering with the IGP Commission to create greater focus on poverty in early childhood and convene a joint yearly meeting to review the IGP report and develop shared actions with measurable outcomes.

Potential Indicators to Measure Progress
- Facilitated a joint yearly meeting with the Intergenerational Poverty Commission
- Created a strategic plan to combat intergenerational poverty
- Number of children in poverty

Action 5.2

Increase access to food services such as school meal programs, emergency food services, local food banks, and trained community health workers to provide relevant resources.

Potential Indicators to Measure Progress
- Number of children who received supplemental food services in school
- Number of children and families referred to food services

Action 5.3

Increase ease of finding information on service eligibility (public charge) online by implementing departmental rules at DHHS and DWS requiring every website for child/family-related services/programs to state explicitly whether or not that service/program is counted under public charge rules and what citizen eligibility requirements are. Ensure this information is situated in the same place and use consistent icons for public charge and eligibility information across all state websites.

Potential Indicators to Measure Progress
- Number of program applications
- Number of children served by programs and services
- Number of online visits to program websites

Action 5.4

Ensure families facing homelessness are connected to McKinney-Vento services in local schools and are supported to connect with additional services that could benefit them. Ensure service providers understand who is covered by the McKinney-Vento definition of homelessness and eligibility for services.

Potential Indicators to Measure Progress
- Number of children and families utilizing the McKinney-Vento services
- Number of referrals

Action 5.5

Increase the accessibility of culturally-informed, linguistically inclusive, and quality healthcare that is relevant to all parents/caregivers and children by increasing both the number and cultural competence of providers.

Potential Indicators to Measure Progress
- Number of children receiving healthcare from culturally responsive providers
- Resources identified for providers to improve cultural competence specific to the communities they serve

Action 5.6

Begin addressing identified needs in health outcomes for AI/AN children by increasing access to healthcare, healthy food, and internet for children living on tribal land and those living in non-tribal and/or urban areas. Improve outcomes by working with Tribal Nations to co-develop, through a series of listening sessions, an approach and shared goals; assess if these issues should be addressed by same group, or separate groups with unique stakeholders (e.g. a food security-focused group could include LEA CNP staff, vs. a health-focused group which might also involve AI/AN medical/healing staff).

Potential Indicators to Measure Progress
- Number of children receiving health services, healthy food, and internet
- Number of listening sessions
- Listening session report with identified stakeholders, goals, and actions

Action 5.7

Create a group (potentially as part of ECU) with community representation to co-develop approaches and shared goals for AI/AN populations and develop a communication plan to inform all groups of progress, report findings, action, and future priorities.

Potential Indicators to Measure Progress
- Create group to co-develop approach and shared goals
- Number of group sessions

Stakeholders

Caring for Utah's children will require stakeholder input and implementation in all areas. Below is a non-comprehensive list of non-state stakeholders that will be essential to achieving the strategic plan's health and wellness goals in coming years.

- American Academy of Pediatrics, Utah Chapter Health providers
- Community Leaders
- Cultural and Community Engagement, Multicultural Commission
- DHHS, Child and Family Services
- DHHS, Early Childhood Utah Advisory Council
- DHHS, Family Health
- DHHS, Health Equity
- DHHS, Healthcare Administration
- DHHS, Office of AI/AN Health and Family Services
- DHHS, Substance Use and Mental Health
- DWS, Eligibility Services

- DWS, Office of Homeless Services
- Help Me Grow Utah
- Local Education Agencies
- Local Health Departments
- Medical Care Advisory Committee Members
- Parents/Caregivers
- The Children's Center Utah
- USBE, Child Nutrition Program
- USBE, State Board of Education, Safe and Healthy Schools
- USBE, Teaching and Learning
- Utah Parent Center
- Voices for Utah Children

Child Care and Early Education

Child care and early education go beyond safety, offering crucial education in formative years and shaping children's developmental trajectory.[12] The availability of child care is also a vital determinant of a state's economic health. For instance, in 2023, Utah faced a significant deficit in licensed child care, serving just 36 percent of the demand, resulting in a deficit of 99,425 child care spots.[13] This shortfall had substantial economic repercussions, leading to an estimated annual loss of $1.36B for the state's economy in 2022.[14] Factors that contributed to a lack of accessible child care included an insufficient number of educators who were supported to remain in the field and provide quality care and education and the high cost of child care to families.

There has been a 35 percent decrease in early childhood educators from 2019 to 2022, with projections of further reductions.[15] Factors contributing to this decline include lack of support, low pay, and increased workload.[16, 17] The median hourly wage for child care workers in 2022 was $13.10, significantly lower than the state's median household income.[18, 19] Ensuring early childhood educators are supported, compensated, and valued, leads to a stronger workforce and ultimately, better outcomes for children.[20, 21] High-quality child care and early education, often stemming from specialized education, training, and use of common quality standards and rating systems can contribute to a high return on investment, yielding up to a $14 return for every dollar invested.[22, 23] However, utilization of these programs is often low.[24, 25] Only 31 percent of child care centers and nine percent of family child care programs participated in the quality rating system as of July 2023.[26, 27] Addressing the challenges faced by early childhood educators is not only crucial for building a stronger workforce but also plays a pivotal role in mitigating the high costs and inaccessibility of child care for families. By ensuring that early childhood educators are well-supported and compensated, we can enhance the quality and availability of child care services, which in turn makes it more feasible for families to access and afford these essential services.

Child care is often inaccessible due to costs that represent a significant portion of families income, with combined monthly expenses for two children reaching 27 percent of the state's median household income.[28, 29] High-quality care cost families even more; in 2023 average per-child costs at the highest quality-rated child care providers were up to 48 percent higher than those with only a basic quality rating.[30] Child care subsidies help cover the cost of child care, lowering the financial burden on families.[31] However, subsidies are underutilized, with only 14 percent of eligible children receiving them, and they often cover less than the actual cost of care.[32, 33] To effectively address the intertwined issues of child care accessibility, educator retention, and economic impact, a collaborative effort from diverse stakeholders—including government policymakers, child care providers, educational institutions, and community organizations—is essential. Stakeholders must work together to enhance support for educators, subsidize costs for families, and implement quality standards to ensure that every child has access to affordable, high-quality early education and care, thereby strengthening the workforce and bolstering the state's economic health.

Goals
1. Increase Utah's workforce stability and economic potential by strengthening the child care sector.
2. Ensure Utah's youngest residents are prepared for the future through quality early care and education from qualified and skilled child care providers.

Strategies
Five strategies emerged through engagement with early childhood system stakeholders as most salient for child care and early education in Utah. These strategies were selected to increase the economic potential of Utah and ensure all children are on an upward developmental trajectory and prepared to become future leaders. The strategies are listed below and further explored in greater detail. Increasing Rates of Insured Children

1. Addressing Child Care Accessibility
2. Expanding Child Care Quality
3. Growing Child Care Assistance
4. Supporting Child Care Educators
5. Supporting Child Care Providers

Potential Indicators of Success
1. Percent of children with sufficient prerequisite knowledge and skills in literacy and numeracy
2. Percent of children under age six whose family members read to them at least four days per week
3. Percent of three and four year olds in school
4. Number of child care slots available, by type
5. Percent of parents/caregivers who report being able to access child care
6. Number of early childhood educators entering the field in the previous 12-month period
7. Average salary for early childhood educators, by county and licensing type
8. Percent of family income spent on child care

1. Addressing Child Care and Early Education Accessibility
Understand and ensure the capacity within the child care and early education system is adequate and focus on tools to help parents/caregivers navigate the system.

Action 1.1

Develop an action plan to partner with Utah's business community to jointly seek innovative solutions to the child care shortage.

Potential Indicators to Measure Progress
- Number of business leaders engaged in developing solutions
- Number of child care slots, by type
- Percent of families who report being able to access child care

Action 1.2

Ensure parent/caregiver voices guide state decisions around child care and early education by adopting a culture of community engagement and creating regular opportunities for parents/caregivers to provide feedback (through social media, surveys, podcasts with call-in/submission opportunities, in-person forums in different locations hosted by a diverse set of parent/caregiver service organizations, etc.).

Potential Indicators to Measure Progress
- Number of parent/caregiver voices received each quarter
- Number of modalities available to receive parent/caregiver voices
- Percent of surveyed parents/caregivers who report feeling heard and valued as a part of the early childhood system

Action 1.3

Conduct statewide marketing campaigns to increase parent/caregiver and early childhood program providers knowledge of CAC and how to use it.

Potential Indicators to Measure Progress
- Number of platforms on which ads are distributed
- Number of interactions by platform where relevant
- Percent of parents/caregivers/early childhood program providers reporting a knowledge of CAC
- Percent of parents/caregivers/early childhood program providers who report ever using CAC
- Percent of parents/caregivers who report being confident in their ability to find the type of child care they require
- Percent of parents/caregivers who report they had adequate information when selecting a child care program

Action 1.4

Elevate the cultural view of the value and importance of child care providers through social media posts.

Potential Indicators to Measure Progress
- Number of interactions with social media content
- Percent of high school students who report having learned about the profession of early childhood education
- Number of early childhood educators entering the field in the previous 12-month period

Action 1.5

Raise awareness of child care licensing opportunities in areas of high need in an effort to encourage the development of new child care providers.

Potential Indicators to Measure Progress
- Number of early childhood educators entering the field in the previous 12-month period
- Number of child care slots, by type

Action 1.6

Co-create a system-wide plan, led by the ECU, to increase system capacity, propose ideas on removing barriers for new child care providers, and ways to reduce administrative burden/costs, etc.

Potential Indicators to Measure Progress
- Creation of plan
- Number of voices/organizations heard in the creation of the plan

Action 1.7

Improve preschool and kindergarten access on tribal reservations; improvements in rural and frontier regions of Utah.

Potential Indicators to Measure Progress
- Number of preschool and kindergarten slots, by county
- Number of preschool and kindergarten slots on tribal reservations
- Percent of LEAs offering OFDK

Action 1.8

Understand current capacity and demand for out-of-hours/overnight care by licensing type and co-develop a plan to support the needs of families and provide incentives for child care providers.

Potential Indicators to Measure Progress
- Number of child care slots available for nights and weekends
- Percent of families who report a need for access to child care out-of-hours/overnight

Action 1.9

Increase the availability of OFDK to more students and families across the state by surveying districts that are not yet offering OFDK to better understand remaining barriers to full implementation, and focus on finding solutions to accelerate implementation in remaining districts.

Potential Indicators to Measure Progress
- Percent of LEAs offering OFDK
- Percent of LEAs who are not yet offering OFDK surveyed to assess barriers to implementation
- Number of external organizations working to understand barriers LEAs face

2. Expanding Child Care Quality
Increase the quality of care children receive through educational opportunities for early childhood educators and the provision of clear instructional standards.

Action 2.1

Establish early childhood educator designations (using NAEYC standards as a guideline) that include education and training requirements.

Potential Indicators to Measure Progress
- Percent of early education staff reporting a knowledge of the educator designations
- Percent of early education staff who report understanding the educator designation education and training requirements
- Percent of credentialing programs in the state teaching the updated designations
- Percent of children in kindergarten achieving proficiency in literacy

Action 2.2

Explore ways to simplify the Career Ladder System to match standard early childhood educator designations and co-develop salary guidelines with child care system stakeholders vs providing one-time bonuses.

Potential Indicators to Measure Progress
- Number of dollars of the average salary for early childhood educators, by county and licensing type
- Percent of early childhood educators who have participated in additional education and credentialing activities in the previous 12-month period
- Percent of early childhood educators who have ever moved up a designation

Action 2.3

Create a standardized definition of preschool and kindergarten readiness that aligns with Utah's early learning standards.

Potential Indicators to Measure Progress
- Standardized definition of readiness adopted
- Number of agencies and organizations that adopt the definition

Action 2.4

Grow participation in the CCQS by enhancing incentives for more child care providers to participate.

Potential Indicators to Measure Progress
- Percent of child care providers who report knowing CCQS exists and the benefits of it
- Percent of parents/caregivers reporting the CCQS impacted their decision of child care provider
- Percent of child care providers participating in CCQS
- Number of dollars available to child care providers who participate in CCQS

Action 2.5

Develop New Core Competencies for Professionals and Standards/Guidelines for Birth to 5 to ensure unity and clarity in the system.

Potential Indicators to Measure Progress
- Percent of child care providers to report knowing the core competencies/professional standards exist
- Number of child care providers who report using the standards

Action 2.6

Create a home child care providers forum to explore ways to increase the quality of informal caregiving settings, share free resources and information, and better understand barriers to licensing and credentialing.

Potential Indicators to Measure Progress
- Number of home-based child care providers on the list
- Number of times per quarter information is shared
- Percent of home-based child care providers who report knowing the resource exists
- Number of home-based child care providers
- Number of child care slots, by type and county

Action 2.7

Develop a plan to understand the effect of state and local regulations and identify those that create barriers for home based child care providers (licensing requirements, background check costs and processes, and housing and zoning).

Potential Indicators to Measure Progress
- Number of barriers identified and categorized
- Creation of a plan
- Number of early childhood educators entering the field in the previous 12-month period

3. Growing Child Care Assistance
Increase the accessibility and utilization of child care subsidies.

Action 3.1

Increase use of child care subsidies by elevating the visibility of the program (social media outreach and advertisement).

Potential Indicators to Measure Progress
- Percent of eligible children receiving subsidies
- Percent of parents/caregivers reporting a knowledge of child care subsidies
- Percent of parents/caregivers reporting confidence in accessing child care subsidies

Action 3.2

Partner with other state entities working with families that may be eligible for child care assistance (WIC, SNAP, Baby Watch, Home Visiting Program, Head Start, LEA's preschool programs, etc.).

Potential Indicators to Measure Progress
- Number of parents applying to subsidies reporting that they were referred to child care subsidies by another state entity
- Percent of other early childhood programs who have information available to parents/caregivers about child care subsidies
- Number of children in child care who are receiving a subsidy

Action 3.3

Provide active support for families during the application process (to decrease/eliminate denials for procedural reasons).

Potential Indicators to Measure Progress
- Percent of parents/caregivers who report the application process for receiving child care subsidies was easy to navigate
- Number of support staff available to assist in the child care subsidy application process
- Number of ways parents/caregivers are supported to complete the child care subsidy application
- Percent of potentially eligible children not applying to receive subsidies

Action 3.4

Understand why some eligible families are underutilizing child care subsidies and develop specific outreach strategies tailored to segments of the population.

Potential Indicators to Measure Progress
- Number of children potentially eligible to receive subsidies
- Percent of eligible children receiving child care subsidies who are enrolled in high-quality programs
- Number of families who are eligible, but do not receive child care subsidies that are asked what barriers they face

Action 3.5

Explore a mechanism pegged to inflation that would provide a more accurate cost of high-quality child care so subsidies remain meaningful.

Potential Indicators to Measure Progress
- Percent of family income spent on child care

Action 3.6

Collect information about co-payments to better understand what families are paying and provide education for families to understand co-payments.

Potential Indicators to Measure Progress
- Percent of family income spent on child care
- Number of dollars families are spending on co-payments on average
- Percent of families receiving child care subsidies who report understanding co-payments
- Percent of child care providers who report families express confusion about their co-payments

4. Supporting Child Care Educators
Strengthen the child care workforce (educators) by increasing availability of education opportunities and reducing barriers to early childhood education through strategic educational partnerships, and addressing issues that impact retention (adequate wages and benefits, supportive behavioral resources in the classroom, etc.).

Action 4.1

Conduct a wage/benefits compensation study to understand the wages early childhood educators receive, by county and licensing type, and understand the relationship between compensation and turnover rates.

Potential Indicators to Measure Progress
- Number of dollars of the average salary for early childhood educators, by county and licensing type
- Percent of turnover rate among early childhood educators
- Number of focus groups held to deeply understand educators compensation

Action 4.2

Partner with external organizations to increase awareness of the disproportionately low wage/benefits early childhood educators receive (state subsidy, supplemental grants, etc.).

Potential Indicators to Measure Progress
- Number of external organizations engaged in systems-building discussions around educator compensation
- Percent of survey respondents who respond positively and/or show strong recognition of educator benefits

Action 4.3

Allocate funding to support professional learning/credentialing for people already in the early care and education field.

Potential Indicators to Measure Progress
- Percent of early childhood educators who have participated in additional education and credentialing activities in the previous 12-month period
- Number of total dollars for professional learning/credentialing given to early childhood educators statewide
- Number of dollars received by child care providers, per capita

Action 4.4

Develop pathways for early childhood educators to meet qualification/credential requirements that are supportive and flexible.

Potential Indicators to Measure Progress
- Number of early childhood educators entering the field in the previous 12-month period
- Number of formalized alternate pathways established for becoming a designated early childhood educator

Action 4.5

Explore coordinating efforts of the system to support early childhood educators such as flexible maternity benefits, mental health services, paid planning and professional development time, support in the classroom (behavioral concerns, substitute teachers, support for breaks), and opportunities to collaborate with peers.

Potential Indicators to Measure Progress
- Percent of educators who report feeling supported in the classroom
- Percent of educators who report feeling supported in their physical and emotional needs
- Percent of educators who report having connected or collaborated with peers

5. Supporting Child Care Providers
Build closer partnerships between state agencies and child care providers to better understand challenges, reduce barriers to entry, and increase educator recruitment. With input from child care providers, explore options to share operational services and reduce costs.

Action 5.1

Partner with child care providers to increase peer support tools (forums, mentorship, learning cohorts, etc.).

Potential Indicators to Measure Progress
- Number of peer support tools available to child care providers
- Percent of child care providers who report having connected or collaborated with peers
- Percent of child care providers who report having a mentor in the field

Action 5.2

Offer resources to new child care providers and educators in multiple languages and support them in employing sustainable business practices.

Potential Indicators to Measure Progress
- Percent of new child care providers who report feeling supported in the process of becoming a provider
- Percent of child care providers who report feeling confident in their ability to succeed as a child care provider

Action 5.3

Explore ways to offer cost sharing arrangements for benefits to child care providers through state agencies or child care associations.

Potential Indicators to Measure Progress
- Number of stakeholders engaged to determine ways to offer cost sharing arrangements for child care providers
- Percent of child care providers who report experiencing cost sharing benefits

Action 5.4

Create an Early Childhood Workforce Development Board as a sub-committee of the ECU.

Potential Indicators to Measure Progress
- Creation of Early Childhood Workforce Development Board
- Number of members on Early Childhood Workforce Development Board

Action 5.5

Explore the development of Local Workforce Development Boards to improve local access to high-quality child care.

Potential Indicators to Measure Progress
- Number of local workforce development boards across the state

Action 5.6

Expand programs for diverse teacher recruitment, support, and retention.

Potential Indicators to Measure Progress
- Number of programs aimed at recruiting early childhood educators
- Percent of high school students who report having learned about the profession of early childhood education

Action 5.7

Partner with USBE to build an early childhood educator pipeline with CDA and work experience opportunities in high schools and colleges.

Potential Indicators to Measure Progress
- Percent of high school students who report having learned about the profession of early childhood education
- Number of LEAs providing CDA licensing experiencing in high school
- Number of child care facility job opportunities
- Number of early childhood education internship slots

Action 5.8

Partner with Utah's higher education for quality distance learning options.

Potential Indicators to Measure Progress
- Number of distance learning options for early childhood educators

Stakeholders

Ensuring children are supported to develop and thrive will require a system-wide approach. Below is a non-comprehensive list of non-state stakeholders that will be essential to achieving the strategic plan's child care and early education goals.

- AI/AN Urban Indian Health Center
- Community leaders
- DHHS, Early Childhood Integrated Data System
- DHHS, Office of Early Childhood
- DWS, Office of Child Care
- Joint Legislative Committee of UT School Board Association
- Local Education Agencies
- Parents/Caregivers
- Private Family Care Association
- The Children's Center Utah
- The United Ways of Utah
- UT Superintendents Association
- Utah Head Start Association
- Utah Parent Center
- Utah Private Child Care Association
- USBE, Data and Statistics
- Voices for Utah Children

Systems Coordination

An array of state and non-state actors administer Utah's early childhood programs, resources, and services. This fragmentation of services impacts families' ability to effectively address the needs of their young children. While community-level service and program coordination is best handled at the community level, state actors need to align and coordinate system-level components.[34] A few of these components include governance structures for coordination and alignment; data quality and linkages; and common standards, policies, and definitions of quality.[v] The need for a unified and aligned approach in Utah's early childhood programs is crucial, as fragmentation currently complicates service delivery for families. Establishing robust governance structures, as illustrated by the efforts of the Early Childhood Utah Advisory Council (ECU), can help consolidate these services. Enhanced support and resources for this council, particularly in expanding staff and fostering government-to-government relationships with tribal nations, are essential steps towards a more coordinated, efficient, and goal-oriented early childhood system statewide.

Governance Structures for Coordination and Alignment

A coordinated system places authority and accountability for early childhood programs across multiple governmental agencies while focusing on coordination and collaboration.[35] At the state-level, Utah's early childhood system utilizes a coordination model facilitated by the ECU.[36] In 2023, Utah's ECU had one full-time employee who also had responsibilities for other work streams in addition to their ECU work.[37] Additional staff support and capacity could lead to improved coordination and accelerated success.[38] In developing government-to-government relationships, Utah's tribal nations need additional resources and support because of the large volume of requests they receive from state departments and their lack of direct funding.[39] Lastly, although Utah has made progress on many coordination efforts, the early childhood system does not yet share a common goal, measure shared metrics, or coordinate across all stakeholders.

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v   For a full list of critical system-level elements, see the 2024 PDG B-5 Needs Assessment.

Data Quality and Linkages
State-level integrated data is necessary to measure early childhood outcomes and make data-informed decisions which can lead to improvements in the health of children, families, and economies.[40] Although individual programs across the early childhood system are collecting and maintaining program data, the state lacks robust data coordination and integration. Lack of ongoing funding limits opportunities for the Early Childhood Integrated Data System (ECIDS), Utah's early childhood data system, to build and maintain a high-quality system.[41] The creation of a task force on state agency collaboration and data sharing in early 2023 could lead to increased data-informed decisions and policy making.[42]

Common Standards, Policies, and Definitions of Quality
To ensure success in the educational continuum from kindergarten through early grades, there needs to be alignment and coordination between early childcare and education programs.[43] However, definitions, standards, and measurements of quality are not yet uniformly applied or required for all of Utah's early childhood programs, limiting the state's ability to understand the full system. Similarly, Utah's early childhood system did not have a universal platform where eligibility and application information could be found. Many parents/caregivers reported that they learned about early childhood services through word of mouth. That said, a 'one-stop' resource and education website listing links to birth through eight services and programs was being developed for release in 2025.

Goals
1. Maintain and expand Utah's early childhood system-level infrastructure to facilitate and enable greater coordination and collaboration among all early childhood stakeholders.
2. Strengthen Utah's early childhood system's service to families through increased evidence-based decision making, and increased focus on family centricity.

Strategies
Through the creation of the 2024 Needs Assessment and strategic planning sessions, four strategies related to systems coordination emerged as paramount for Utah's early childhood system to advance. The intended impact of these strategies is to improve system effectiveness, efficiency, and validity while bettering the experiences of children and families in Utah. The strategies are listed below and further explored in greater detail.

1. Expanding the Early Childhood Circle
2. Striving to be Family-Focused
3. Making Processes More User-Friendly
4. Focusing on Data Collection and Usage

Potential Indicators of Success
1. Percent of parents/caregivers who report having attended a public meeting regarding the early childhood system in the past year
2. Percent of parents/caregivers who report knowing about the DHHS early childhood website
3. Percent of Utah families/households that are aware of the ECU and its resources
4. Percent of parents/caregivers who report the early childhood system is easy to navigate
5. Number of services/programs utilized per capita by region
6. Percent of decisions in the early childhood system made that are informed by data

1. Expanding the Early Childhood Circle
Expanding early childhood system collaboration, including greater engagement with providers, educators, nonprofits/foundations/philanthropies, healthcare organizations, community groups, and parents/caregivers.

Action 1.1

In alignment with Utah's Local Health Departments jurisdictions, create thirteen distinct local early childhood coordinating councils that bring individuals and organizations together in specific geographic areas to improve resource sharing and promote collective responsiveness to local issues. Council members could include any person, group, or organization involved with or looking to improve the early childhood system.

Potential Indicators to Measure Progress
- Number of councils established
- Number of meetings per year, by council
- List of names and number of attendees by council
- Number of local and state level resource guides developed each year
- Annual feedback document created for statewide network

Action 1.2

Develop a statewide network to connect the thirteen local early childhood coordinating councils. Task the network with engaging in a feedback loop with the ECU, coordinating efforts between local and state-level actors.

Potential Indicators to Measure Progress
- Number of meetings per year
- List of names and number of attendees categorized by local vs. state
- Percent of districts or counties within Utah in which information was disseminated per year
- Annual feedback document created for ECU review

Action 1.3

Invite individuals, groups, and organizations to attend ongoing ECU Advisory Council meetings as members of the public to share expertise and develop relationships across the early childhood system. In addition to involvement with ongoing meetings, establish a formal, in-person public hearing process that occurs at least two times per year. These steps will help elevate the voices and preferences of families and children across the state, especially those not otherwise represented within local early childhood coordinating councils or the ECU Advisory Council.

Potential Indicators to Measure Progress
- Number of individuals, groups, and organizations invited to ECU Advisory Council meetings per year
- Number of individuals, groups, and organizations in attendance per meeting
- Number of formal public hearings per year

2. Striving to be Family-Focused
Ensure early childhood resources are designed to support parents/caregivers in being their child's greatest advocate through improved ease and availability of program information, friendlier application processes with built in supports, easier to access language assistance/ resources, and community outreach.

Action 2.1

Invite family voices into the ECU process by creating a system to make ECU meetings and minutes publicly accessible, hosting digital public forums (synchronous/asynchronous), and providing other participatory channels for decision making.

Potential Indicators to Measure Progress
- Number of publicly accessible meetings available to families
- Number of attendees at various meetings throughout the year
- Number of individuals engaging with the ECU online

Action 2.2

Establish a collaborative and coordinated approach to early childhood development for AI/AN populations by working with USBE's Title 6 coordinator, DHHS's Office of AI/AN Health and Family Services, and tribal communities to develop a structured approach and build relationships with community leaders.

Potential Indicators to Measure Progress
- Development of a structured way to engage with community leaders
- Feedback mechanism developed and maintained for continued communication among community leaders
- Number of meetings AI/AN stakeholders engaged in early childhood decision-making per year

Action 2.3

Explore creation of a parent/caregiver matching/mentorship program to connect parents/caregivers to others confronting similar issues (could also be moderated forums focused on specific topics, such as finding child care, navigating applications, navigating Medicaid, advocating/parenting children with special healthcare needs, etc.). Ensure there are forums in languages apart from English.

Potential Indicators to Measure Progress
- Number of participants in program
- Number of groups established
- Percent of participants who report a positive experience in the groups
- Tenure of participants in the program

Action 2.4

Ensure increased accessibility for non-English speakers by providing all applications and information in multiple languages and in simple, easy to understand language across early childhood programs.

Potential Indicators to Measure Progress
- Percent of applications available in two languages apart from English
- Percent of parents/caregivers that speak languages other than English who report accessibility within the early childhood system
- Number of program information lines that provide information in languages apart from English

3. Making Processes More User-Friendly
Create a central early childhood hub and make applications generally more responsive, users can better navigate and access services to improve outcomes.

Action 3.1

Add a community engagement tab to the ECU and DHHS-OEC webpages to better inform external and community stakeholders of ECU meetings/events to increase engagement and feedback.

Potential Indicators to Measure Progress
- Community engagement tabs added on webpages
- Number of attendees at ECU meetings/events
- Number of early childhood community engagement events, by county
- Percent of counties within Utah in which promotional materials are distributed

Action 3.2

Attend community events with promotional materials about the DHHS early childhood website (fridge magnets, etc.) and early childhood programs.

Potential Indicators to Measure Progress
- Percent of counties within Utah in which promotional materials are distributed
- Percent of parents surveyed who report knowing about the DHHS early childhood website

Action 3.3

Elevate the visibility of the ECU and increase public knowledge of what resources are available. Make ECU a household name and trusted source for information, through increased utilization of media, websites, Listserv resources, and home and/or school visits.

Potential Indicators to Measure Progress
- Percent of Utah families/households that are aware of the ECU and its resources
- Percent of early childhood programs that share the ECU as a resource to parents/caregivers
- Number of targeted partnerships built to increase public knowledge about the ECU

Action 3.4

Decrease barriers for families to access services by increasing application accessibility and usability for all early childhood programs through responsive processes/processing.

Potential Indicators to Measure Progress
- Publicized and clear instructions for each application
- Percent change in number of application per capita by region
- Average application complete time
- Application completion rate

Action 3.5

Increase service/program usability and positive user perception of the early childhood system through community outreach.

Potential Indicators to Measure Progress
- Percent of parents/caregivers who report the early childhood system is easy to navigate
- Number of services/programs utilized per capita by region

Action 3.6

Create in-person clearinghouses, a 'one-stop shop' to assist families in applying for programs.
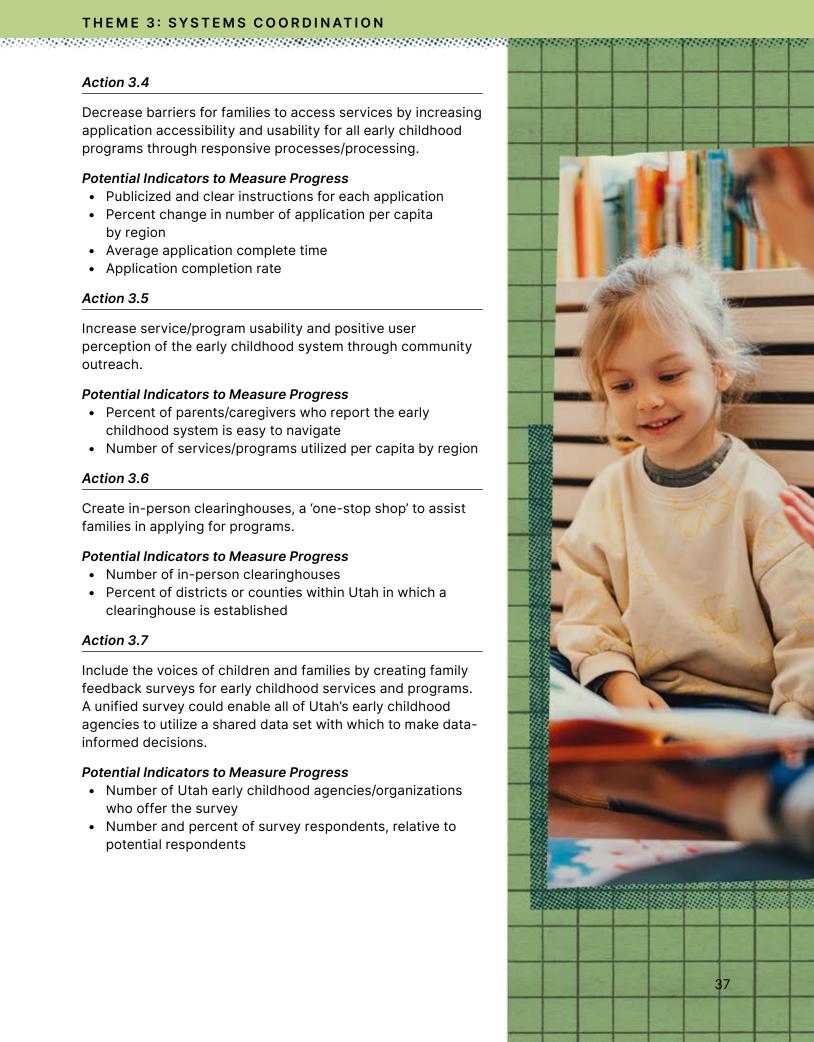
Potential Indicators to Measure Progress
- Number of in-person clearinghouses
- Percent of districts or counties within Utah in which a clearinghouse is established

Action 3.7

Include the voices of children and families by creating family feedback surveys for early childhood services and programs. A unified survey could enable all of Utah's early childhood agencies to utilize a shared data set with which to make data-informed decisions.

Potential Indicators to Measure Progress
- Number of Utah early childhood agencies/organizations who offer the survey
- Number and percent of survey respondents, relative to potential respondents

4. Focusing on Data Collection and Usage
Improve early childhood data quality, integration, and analysis across departments, agencies, and organizations to strengthen the focus on data-informed decision making.

Action 4.1

Leverage the ECU Data and Research subcommittee and the ECIDS Data Governance committee to convene early childhood stakeholders and create recommendations for early childhood data sharing policy and governance, highlighting successes and gaps.

Potential Indicators to Measure Progress
- Development of a stakeholder map of early childhood data experts to convene
- Development of recommendations for early childhood data
- Formalized and structured process for regularly reviewing data successes and gaps

Action 4.2

Continue to build data safety by creating data sharing requirements and standards and providing data safety training resources for individuals who will handle early childhood data, including best practices for obtaining data, managing data, and upholding data privacy and security standards.

Potential Indicators to Measure Progress
- Existence of statewide data sharing requirements/standards
- Number of individuals who participate in data safety training

Action 4.3

Revise and complete a strategic plan for building a longitudinal and coordinated early childhood database that links data with outcomes and includes data standards. This could include providing a clear understanding of laws and statutes regulating HIPAA/FERPA and data exchange, mapping current data collection, documenting a complete list of all early childhood providers and system partners, and determining minimum data variables required to link across programs.

Potential Indicators to Measure Progress
- Development of a strategic plan for coordinated early childhood data
- Execute needs assessment/gap analysis, indicating what the early childhood database needs that they do not currently have to be effective

Action 4.4

Utilize the Federal Electronic Health Record interoperability standards to improve data exchange across the state by assigning a unique identifier to children receiving child care subsidies to help achieve an unduplicated count of children being served across programs and services.

Potential Indicators to Measure Progress
- Number of children for whom a unique identifier is developed
- Number and percent of early childhood organizations utilizing unique identifiers created for children

Action 4.5

Convene non-government key stakeholders and align expectations around potential data sharing to create pathways for reporting from private providers to state agencies and continue developing ECIDS where de-identified data is input into a longitudinal database.

Potential Indicators to Measure Progress
- Number of convenings of non-government key stakeholders
- Number of data sharing agreements with non-governmental stakeholders

Action 4.6

Support ECIDS to partner with Medicaid and Family Health programs to develop Maternal and Child Health data reports.

Potential Indicators to Measure Progress
- Number of Maternal and Child Health data reports developed
- Number of indicators available in the Maternal and Child Health data reports

Action 4.7

Increase data quality and use to ensure accurate program/service evaluation and evidence-based investment decisions by increasing ECIDS analytical resources.

Potential Indicators to Measure Progress
- Number of FTE for ECIDS
- Percent of program/service data sources for ECIDS who report high confidence in their data quality

Action 4.8

Ensure quality data by supporting on-going maintenance activities and providing training for all programs on how to use ASQ to screen children, what to do with screening results, and how to engage families regarding the screening. Fund on-going/maintenance activities for ASQ reports.

Potential Indicators to Measure Progress
- Number of FTE for ECIDS
- Number of statewide ASQ trainings
- Percent of providers who administer ASQ screens who report knowledge of how to perform the screening

Stakeholders

Early childhood systems coordination will require stakeholder input and implementation in all areas. Below is a non-comprehensive list of non-state stakeholders that will be essential to achieving the strategic plan's systems coordination goals in coming years.

- AI/AN Urban Indian Health Center
- Cultural and Community Engagement, Multicultural Commission
- DHHS, Child and Family Services
- DHHS, Early Childhood Utah Advisory Council
- DHHS, Health Equity
- Joint Legislative Committee of Utah School Board Association
- Parents/Caregivers
- Private Family Care Association

- The Children's Center Utah
- The Utah Association for the Education of Young Children
- The United Ways of Utah
- Tribal Nations
- Utah Head Start Association
- Utah Parent Center
- Utah Private Child Care
- Utah Superintendents Association
- Voices for Utah Children

Measuring Progress

The Strategic Plan serves as a starting point for action, emphasizing the importance of a deliberate impact measurement strategy to track progress and ensure meaningful outcomes. This strategy will enable ongoing adaptation of the plan to meet Utah's evolving needs, fostering collaboration, transparency, and accountability in achieving strategic goals.

The impact measurement strategy could include a selection of the following elements.

- Developing a progress monitoring group to problems solve and discuss reprioritization
- Creating regular progress reports that indicate which goals are on track, delayed, etc.
- Developing a system to regularly review indicators
- Providing regular updates on progress to the ECU

Collaboration amongst all early childhood system actors in Utah will be necessary to meet the plan's goals. Stakeholders should leverage this document to keep one another accountable to producing the best possible impact. Widespread distribution of the plan throughout the state will enable local regional leadership, as well as public and private decision-makers, to utilize it as a guide for starting their own early childhood system changes. The goal of the plan is to empower all parties involved in the early childhood mixed-delivery system to take advantage of planning initiatives and resources that are already in place by working together, in harmony, and at all levels to improve Utah's early childhood system in a way that is long-lasting and sustainable.

Identified Needs for Financial Investment

Throughout the process of developing the PDG B-5 Needs Assessment and Strategic Plan, specific needs were identified that necessitated further financial investment to improve outcomes for children and their families. Simply put, stakeholders believed that some areas simply needed more financial resources. Additional funding could then catalyze greater gains for not only children and families, but for providers, employers, and the state as a whole. Funders across the state are encouraged to better understand and invest additional resources in these areas to generate meaningful benefits. The following sections detail three areas where state-level funders and other actors could meet needs through increased investment.

Economic Wellbeing

Economic wellbeing encompasses needs that stem from insecurity and instability as a result of low family income and lack of access to certain resources.

- Increased funding for Baby Watch would allow the program to increase outreach to further improve the health and wellness of birth through three children who would benefit from Part C early intervention services.
- Increased funding for child poverty and homelessness could expand Utah's Child Tax Credit. Alternatively, adjustments to other economic stability programs could provide relief.

Data

Data encompasses needs that require data collection, analysis, and communication, for the sake of more functional and responsive systems.

- Increased funding for underserved child populations to access preschool could lead to positive outcomes. Investments that target reduction of early childhood educational disparities can reduce achievement gaps.
- Increased funding for data integration and collaboration could lead to increased collaboration between state and non-state stakeholders increasing the ability of decision-makers to make data-driven decisions.

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Child Care and Early Education

Child care and early education encompasses strategies that support providers, workforce, and/or families directly.

- Increased funding for Early Head Start/Head Start could improve child care availability and support families and children living in poverty.
- Increased funding to support non-English speaking parents/caregivers in their LEAs could lead to increased accessibility to their child's school through bilingual staff and translation and printed resources available in languages apart from English.
- Increased funding for paraeducator support with IEPs could lead to increased efficacy and decreased confusion among parents/caregivers and children who have a disability.
- Increased funding and incentive structures for early childhood providers could lead to increased utilization rates of quality standards and rating systems, positively impacting the quality of education young children receive.
- Increased funding for early childhood educators who are poorly compensated could lead to an increase in total educators throughout the state, increasing the capacity of all types of early childhood education.
- Increased funding could provide school food to all students for free, leading to a decrease in families who incur school lunch debt.
- Increased funding for AI/AN parents/caregivers and children could lead to an educational curriculum that honors their expectations and values and improves outcomes for the population.

Each identified need offers opportunities for funding to generate improved outcomes. Direct funding, tax incentives, and other mechanisms can lead to better outcomes for children and families throughout the state, with the impacts likely to be most profound for low-income Utahns. Benefits catalyzed by increased funding will likely radiate outwards, helping parents/caregivers, schools, neighborhoods, and communities, yielding far more extensive impacts than just addressing the immediate needs identified here.

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Appendix A - List of Acronyms

All acronyms in this document are listed in alphabetical order.

Acronym	Definition
AI/AN	American Indian/Alaska Native
ASQ	Ages and Stages Questionnaires
BWEIP	Baby Watch Early Intervention Program
CAC	Care About Childcare
CCQS	Child Care Quality System
CDA	Childhood Development Associate
CHIP	Children's Health Insurance Program
CNP	Child Nutrition Programs
DHHS	Department of Health and Human Services
DHHS-OEC	Office of Early Childhood
DWS	Department of Workforce Services
ECIDS	Early Childhood Integrated Data System
ECU	Early Childhood Utah Advisory Council
EPSDT	Early Periodic Screening Diagnostic and Treatment
FERPA	Family Educational Rights and Privacy Act
HIPAA	Health Insurance Portability and Accountability Act
IEP	Individualized Education Plan
IGP	Intergenerational Poverty
LEAs	Local Education Agencies
NAEYC	National Association for the Education of Young Children
OFDK	Optional Full-Day Kindergarten
PDG B-5	Preschool Development Grant Birth to Five
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
USBE	Utah State Board of Education
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Appendix B - Alignment to Needs Assessment

The following illustrates how identified needs from the Needs Assessment led to corresponding strategies from stakeholder engagement. If interested in learning more, please see the categorized page numbers referring to the Needs Assessment for additional detail.

Theme 1: Health and Wellbeing

Corresponding Strategy 1.1

Increasing Rates of Insured Children: Decrease the number of uninsured children and work to decrease gaps in coverage by making Medicaid/CHIP eligibility and application information more easily available and understandable by parents/caregivers, improving accessibility of and satisfaction with helpline services, and working to find ways to accelerate and reduce duplication in re-applications when they happen.

Identified Need 1.1
A significant number of children in Utah were expected to lose their health coverage due to the end of COVID-19 protections barring Medicaid/CHIP disenrollment.

Many parents/caregivers expressed concern and frustration that minor income fluctuations or changes could result in loss of coverage for social support programs (like Medicaid) risking the health and wellbeing of young children (and their families).

Section of Needs Assessment
- Uninsured Children Page 56
- Health Care Access - Insurance Page 131

Corresponding Strategy 1.2

Ensuring Medicaid Accessibility: Improve accessibility of Medicaid/CHIP by maintaining and expanding partnerships with healthcare systems and providers to increase the number, and linguistic/cultural competence of providers across the state. Develop a joint plan to increase access to early childhood specialists across the state to reduce waitlists for diagnoses/treatment.

Identified Need 1.2
American Indian/Alaska Native and Hispanic/Latinx children in Utah were frequently at the bottom on health and wellness measures.

Many parents/caregivers said navigating Medicaid systems and finding healthcare providers who accepted Medicaid was difficult. These issues were compounded in rural areas, and for non-English speakers.

Section of Needs Assessment
- Immigrant and Refugee Children Page 52
- Health Care Access - Insurance Page 131

Corresponding Strategy 1.3

Supporting Children with Special Needs: Improve outcomes for special needs children by expanding services to and communications with parents/caregivers, increasing access and decreasing wait times for early diagnosis and treatment, and creating more resources for families of children with special needs.

Identified Need 1.3
Researchers estimate 10-20% (44,605 to 89,210) of Utah's 446,052 children from birth through eight are at risk of experiencing mental, emotional, developmental, or behavioral challenges.

COVID-19 brought about many changes in service delivery for children who have disabilities, including the development of a virtual model of home visiting, and increased many behavioral and emotional challenges for children with disabilities.

Among children ages three to five served by district preschool programs in 2022, 45% (16,425) had a disability and were enrolled in special education. In 2023 community discussions, parents/caregivers cited school staffing shortages related to the COVID-19 pandemic and reported a lack of aides to assist their children with disabilities.

Section of Needs Assessment
- Children with Developmental Disorders/Disabilities Page 41

Corresponding Strategy 1.4

Increasing focus on Early Childhood Mental Health: Improve early childhood mental health by increasing awareness of early childhood challenges (de-stigmatization) and existing resources, increase the number of early childhood-certified providers as well as providers with an I/ECMH endorsement, expanding access to providers by utilizing telehealth options where appropriate, and expanding the capacity of home visiting programs, through increased funding and service availability, to reach more families with identified risk factors, while simultaneously educating parents/caregivers and providers about early childhood mental health issues.

Identified Need 1.4
Mental health is a critical aspect of early childhood development, and symptoms of mental health challenges, such as anxiety, are known to occur as early as the first years of a child's life. The success of increased ASQ screening has led to a greater need for childhood mental health support and resources.

COVID-19 led to an increase in unreported cases of maltreatment among foster children, caused a decrease in family reunifications, and impeded routine visits between children in foster care and their biological parents.

Some mental health challenges in children arise due to their involuntary exposure to negative circumstances, which can happen prenatally, or after the child is born.

Compared to other states, Utah has a high prevalence of MBDDs in youth ages six to 17 and is among states with the highest prevalence of untreated youth mental health needs.

Section of Needs Assessment
- Early Childhood Mental Health and Well-Being Page 32

Corresponding Strategy 1.5

Investing in Healthy Childhoods: Increase access to resources for underserved populations.

Identified Need 1.5
Rural communities in particular experienced difficulty finding health providers, especially those trained in early childhood specialty areas, and early childhood mental health.

Federal pandemic funding for child nutrition programs helped reduce child hunger across Utah, but as this funding phased out many worried that food security rates could drop back to pre-pandemic levels (or lower).

Resources to prevent homelessness (such as rapid re-housing, affordable and deeply affordable housing options, etc.) did not prioritize families with young children and in some cases had long waiting lists.

Section of Needs Assessment
- Early Childhood Mental Health and Well-Being Page 32
- Underserved Child Populations Page 44

Theme 2: Child Care and Early Education

Corresponding Strategy 2.1

Addressing Child Care Accessibility: Understand and ensure the capacity within the child care and early education system is adequate and focus on tools to help parents/caregivers navigate the system.

Identified Need 2.1
Utah's child care capacity in 2023, even after pandemic funding helped expand the sector, could only accommodate 36% of children of working parents/caregivers who would potentially need out-of-home care. Capacity challenges were more pressing in some rural parts of the state, though no county sufficiently met demand.

As COVID-era funds sunsetted in the fall of 2023, many were concerned the state's insufficient child care capacity could shrink even further.

High child care costs meant that the average Utah family would spend up to 27% of their monthly income on child care. Cost burdens were even more onerous for single-parent/caregiver and rural families.

Section of Needs Assessment
- Child Care Page 107

Corresponding Strategy 2.2

Expanding Early Childhood Quality: Increase the quality of care children receive through educational opportunities for early childhood educators and the provision of clear instructional standards.

Identified Need 2.2
A high-quality early childhood workforce has been shown to help bridge disparities and improve the developmental trajectory of all children including addressing income, education, and achievement gaps.

Use of common quality standards and rating systems was low, only 31% of child care centers and nine percent of family child care programs participated in the quality rating system as of July 2023.

Few early educators participate in formal, specialized education before they start working in the field. Although all early childhood educators in Utah are required to have at least 2.5 hours of pre-service training, additional certification is not required.

Section of Needs Assessment
- Workforce Development Page 90

Corresponding Strategy 2.3

Growing Child Care Assistance: Increase the accessibility and utilization of child care subsidies.

Identified Need 2.3
During COVID-19, Utah changed child care assistance eligibility rules, opening the program to more families. This led to greater participation, but the subsidies were still largely underutilized.

Child care subsidy family copayments were temporarily waived during COVID-19, but were reinstated in February 2023. The reinstatement of copayments caused confusion and financial stress for families.

Inflation in operating costs and wages meant Utah's subsidies covered less than the actual cost of child care, resulting in higher copayments for families with young children and even higher payments for parents/caregivers seeking high-quality child care options.

Section of Needs Assessment
- Child Care Assistance Page 185

Corresponding Strategy 2.4

Supporting Educators: Strengthen the child care workforce (educators) by increasing availability of education opportunities and reducing barriers to early childhood education through strategic educational partnerships, and addressing issues that impact retention (adequate wages and benefits, supportive behavioral resources in the classroom, etc.).

Identified Need 2.4
37% of Utah child care providers anticipated having to cut wages and 68% of providers planned to raise care costs to families to offset funding gaps, some increasing up to $1K per child per month.

Across the nation early childhood educators experience worse mental health, increased chronic disease, less job satisfaction, increased workload, and less access to health insurance.

Low wages make attracting and retaining high-quality child care staff difficult. In Utah, the median hourly wage for child care workers was $13.10 per hour, less than animal caretakers and retail workers.

Section of Needs Assessment
- Workforce Development Page 90

Corresponding Strategy 2.5

Supporting Providers: Build closer partnerships between state agencies and child care providers to better understand challenges, reduce barriers to entry, and increase educator recruitment. With input from child care providers, explore options to share operational services and reduce costs.

Identified Need 2.5
Building high-quality early child care programs is complicated by Utah's minimal educational and training requirements for early childhood educators.

The total number of early childhood educators in Utah decreased 35% from 2019 to 2022.

Since COVID-19, already high turnover rates increased, leading to 80-95% of centers reporting finding staff as a significant challenge.

Section of Needs Assessment
- Workforce Development Page 90

Theme 3: Systems Coordination

Corresponding Strategy 3.1

Expanding the Early Childhood Circle: Expanding early childhood system collaboration, including greater engagement with providers, educators, nonprofits/foundations/philanthropies, healthcare organizations, community groups, and parents/caregivers.

Identified Need 3.1
Local and community-level governance is critical to effectively serve families accessing services and programs in their local communities.

State agencies need to strengthen ties to and support of their local counterparts, especially with American Indian/Alaska Native nations.

Section of Needs Assessment
- Governance Structures for Coordination and Alignment Page 70
- Funding and Financing Page 78
- Workforce Development Page 90

Corresponding Strategy 3.2

Striving to be Family-Focused: Ensure early childhood resources are designed to support parents/caregivers in being their child's greatest advocate through improved ease and availability of program information, friendlier application processes with built in supports, easier to access language assistance/resources, and community outreach.

Identified Need 3.2
Parents/caregivers and children need to be considered as primary stakeholders in the early childhood system.

Parents/caregivers stated that they commonly acquired information about EC services through word-of-mouth, relying on connections with family members, neighbors, or friends. Other sources of information included health clinics, Facebook groups, schools, libraries, community support centers, and state support agencies.

Section of Needs Assessment
- Transitions Page 98
- Parenting Support Page 122

Corresponding Strategy 3.3

Making Processes More User-Friendly: Create a central early childhood hub and make applications generally more responsive, users can better navigate and access services to improve outcomes.

Identified Need 3.3
Utah's early childhood applications and services need to be more accessible, especially regarding ease of use, clarity of eligibility, languages offered, and both online and in-person engagement types.

Section of Needs Assessment
- Common Standards, Policies, and Definitions of Quality Page 87

Corresponding Strategy 3.4

Focusing on Data Collection and Usage: Improve early childhood data quality, integration, and analysis across departments, agencies, and organizations to strengthen the focus on data-informed decision making.

Identified Need 3.4
Utah needs to increase its state-wide early childhood data capabilities regarding collection, alignment, integration, and sharing, especially as it pertains to connecting and aggregating data from individual programs.

Individual programs across the early childhood system collect and maintain data, but the state lacks robust data coordination and system-wide integration. Greater coordination and data sharing would enable more data-driven decision making, helping to build a more focused, efficient early childhood system.

Lack of funding for ongoing systems management and adequate staff limited opportunities to build and maintain high-quality, high-impact data systems.

Section of Needs Assessment
- Data Quality and Linkages Page 74
- Common Standards, Policies, and Definitions of Quality Page 87

Appendix C - Strategic Planning Session Attendees

Attendees of the Strategic Planning Session are listed in alphabetical order.

Key Stakeholders	Organization
Aimee Winder Newton	Department of Health and Human Services, Office of Families
Amy Nance	Department of Health and Human Services, Office of Children with Special Health Care Needs
Ban Naes	Department of Health and Human Services, Office of Health Equity
Chelsea Oaks	Utah State Board of Education, Special Education
Dakota Matherly	Department of Health and Human Services, Office of Early Childhood
Dave Wilde	Department of Health and Human Services, Integrated Healthcare
Encarni Gallardo	Children's Service Society of Utah
Eric Christensen	Department of Health and Human Services, Office of Children with Special Health Care Needs, Integrated Services Program
Euleta Christiansen	Centro de la Familia
Halima Hussein	Department of Workforce Services, Utah Refugee Center
Heather Thomas	Department of Workforce Services, Office of Child Care
Holly Frischknecht	Department of Health and Human Services, Division of Child and Family Services
Jackie Larson	Centro Hispano
Jared Lisonbee	Utah State Board of Education, Preschool Education Specialist
Jennifer Floyd	Department of Health and Human Services, Office of Early Childhood
Jennifer Strohecker	Department of Health and Human Services, Integrated Healthcare
Jeremy Taylor	Department of Health and Human Services, AI/AN Health and Family Services
Joey Hanna	Utah Parents Center
Joseph Genda	Office of the Mayor Salt Lake County, New American and Refugee Liaison
Karen Borg	Utah Schools for the Deaf and the Blind
Kelly Noorda	Promise Partnership Utah
Keri Newman Allred	Rural Utah Child Development
Laurie Baksh	Department of Health and Human Services, Office of Maternal and Child Health
Lee Johnson III	Department of Health and Human Services, Office of Healthcare Policy and Authorization
Lisa Davenport	Department of Health and Human Services, Baby Watch Early Intervention Program
Mandi Mendenhall	Department of Health and Human Services, Office of Early Childhood
Michelle Smith	Department of Health and Human Services, Integrated Healthcare
Mykio Saracino	Department of Health and Human Services, Division of Family Health
Noël Taxin	Department of Health and Human Services, Division of Family Health
Ozzy Escarate	Department of Health and Human Services, AI/AN Health and Family Services
Rebecca Banner	Department of Workforce Services, Executive Director's Office

Key Stakeholders	Organization
Rebecca Dutson	The Children's Center Utah
Sahil Oberoi	Utah Community Action
Samantha Mafua	The Children's Center Utah
Simon Bolivar	Department of Health and Human Services, Office of Child Care Licensing
Suzanne Leonelli	Root for Kids
Tiffany Perry	The Children's Center Utah
Tomas Caceres	United Way of Utah County
William Cosgrove	Pediatrician