EARLY CHILDHOOD
SERVICES STUDY

2017 General Session SB 100
December 31, 2017

THE UNIVERSITY OF UTAH
**UTAH EDUCATION
POLICY CENTER**

**WORKFORCE
SERVICES
CHILD CARE**

CONTENTS

Bridging Research, Policy, & Practice

The Utah Education Policy Center (UEPC) is a research-based center at the University of Utah founded in the Department of Educational Leadership and Policy in 1990 and administered through the College of Education since 2007. As an integral part of the College's commitment to improving educational access and opportunities, the purpose of the UEPC is to improve the quality of educational policies, practices, and leadership in public schools and higher education by informing and influencing educational policy and practice in Utah and the surrounding region through research, evaluation, and technical assistance.

The UEPC provides advanced and balanced research and evaluation to facilitate sound and informed decisions about educational policy and practice. We are committed to helping our clients understand whether educational policies, programs, and practices are being implemented as intended, whether they are effective and impactful, and how they might be improved.

Please visit our website for more information about the UEPC.

http://uepc.utah.edu

Andrea K. Rorrer, Ph.D., Director
Phone: 801-581-4207
andrea.rorrer@utah.edu

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

This report is submitted in accordance with Utah Code §35A-3-208, which requires the Department of Workforce Services, Office of Child Care (DWS, OCC) to prepare a study and analysis of services and resources for children ages 0-5 and their families in Utah. The statute requires a preliminary report by October 31, 2017, and final report before January 1, 2018.

A child's experiences in the first five years of life are recognized as a cornerstone for lifelong learning, laying a foundation for school and life success. Brain development begins before birth and is most active in the early years. Negative childhood experiences, such as toxic stress and neglect, affect early brain development and become more difficult and costly to overcome as time progresses. High-quality early childhood services and resources can result in academic and intellectual gains, improving both the cognitive and social development of children. These early investments also benefit state economies and budgets, as the state realizes a greater return on investment for addressing needs early in life, realizing a more productive population and spending less on addressing interventions for adults with long-entrenched issues.

Policymakers and practitioners in Utah are increasing focus on the state's youngest residents, with good reason. In fact, Governor Gary R. Herbert identified early learning as a priority in his 2017 education roadmap. Utah's fertility rate and household size are first in the nation, while its median age is the youngest. These demographics contribute to Utah having the highest number of young children per capita. The U.S. Census Bureau estimates that 13 percent of Utah children ages 0-5 are living below the federal poverty line. These children will soon enter Utah's school system, and eventually the state's future workforce.

This report establishes a framework through which Utah improves outcomes for children, 0-5 years by identifying goals and measuring progress toward those goals. The framework provides an examination of early childhood services and programs in the state that encompasses multiple dimensions of a child's experience. It is important for a young child to have opportunities at home and elsewhere for growth and development, but it is also important for a child to live in a healthy and stable environment. In order to organize and explore the various programs, services, resources, and needs of early childhood in Utah, four domains are identified as being equally important to children and families: **family support and safety; health and development; early learning; and economic stability.** In each domain, lead indicators are identified to establish a baseline from which to identify gaps and measure progress towards the goal in each domain. In addition, the primary programmatic supports are highlighted in each domain. By

considering each of these aspects and the interrelated nature of the four domains' contribution to the whole child, policymakers and practitioners ensure that each Utah child is not just surviving, but thriving.

In order for Utah to achieve the goals established in the framework, there must be a robust and comprehensive early childhood system. The report demonstrates that as a coordinated system, early childhood services and programs in Utah are developing toward a full, robust system; however the system lacks coordination for services and programs that are provided through multiple governmental agencies and non-profit organizations. Additionally, some programs meet a small demand of the potential need of those who might benefit most, and are early in their development, implementation and data collection. Moreover, efforts to make data-informed decisions for the system are in the early stages. Although coordination and alignment of early childhood data systems are progressing, the lack of robust data collection makes data-informed decision making more difficult. Programs that are just beginning may take several years to collect data to show trends and outcomes. In the absence of a formal and comprehensive governance structure for early childhood, gaps and challenges revealed in this report may remain.

The following are highlights from each domain, providing an overview of the status of children, 0-5 years old:

Family Support and Safety

HOME VISITING PROGRAMS can mitigate negative outcomes for babies and families, yet as few as five percent of low-income families in Utah who could benefit most from voluntary home visiting services in Utah are estimated to have access to these programs. Additionally, the state lacks a cohesive and comprehensive approach to informing and supporting parents in the healthy development of their children.

Health and Development

Having **ACCESS TO QUALITY HEALTH CARE** is central to child well-being, yet 5 percent of Utah children under age 6 lack health insurance, as compared with 4 percent of children nationwide. In Utah, 25 percent of children ages 0-5 in the state receive a developmental screening, as compared with 30 percent of children nationwide.

Early Learning

Publicly-funded **EARLY LEARNING PROGRAMS** in Utah are serving a small portion of the potential need. Early Head Start and Head Start programs are funded to serve roughly 17 percent of the eligible population, and roughly 20 percent of Utah students are attending public full-day or extended-day kindergarten. Fundamentally, the data do not exist to determine the comprehensive extent of high-quality early learning occurring in the state across several systems.

Economic Stability

It is recommended that **FAMILIES NEED TO EARN AN INCOME** equal to or above 200 percent of the federal poverty level in order to meet basic needs such as housing, food and child care. While Utah provides assistance to families in the areas of employment, financial assistance, child care, housing and food security, too many families remain in need. For example, the state provides child care subsidies to 11,056 children under age 6, but subsidies are only provided to families at 56 percent of the median state income, or roughly 166 percent of the federal poverty level.

Utah is presented with a great opportunity of a robust and growing population to build a strong future. This early childhood services study represents an important step in better understanding and creating an early childhood system that will help Utah's youngest children reach their highest potential.

> "Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health."

—Center on the Developing Child, Harvard University

INTRODUCTION

Early childhood is considered to be one of the most critical stages of human development. A child's experiences in the first five years of life are being recognized as a cornerstone for lifelong learning, laying a foundation for school and life success. This developmental learning is cumulative, with each stage building on the next. As a result, state governments are increasingly charged with ensuring the provision of early care and learning across a spectrum of services. This means providing access to health resources, family support services, early intervention, child care and early childhood education for children from birth through age 5. Investing in early childhood development also yields great benefits and cost savings to a state in the long run, especially when investments continue throughout all stages of child development. The return on investment for states addressing needs in their most disadvantaged populations is higher when the investments are made at the earliest stages of this formative development period.[1]

DWS, OCC is required to prepare a study and analysis of services and resources for children ages 0-5 and their families in Utah, in accordance with Utah Code §35A-3-208. The statute requires DWS, OCC to submit a preliminary report by October 31, and final report before January 1, 2018, to the Economic Development and Workforce Services Interim Committee and the Education Interim Committee. DWS, OCC contracted with the Utah Education Policy Center (UEPC) at the University of Utah to assist in the preparation of the report.

Demographics of Utah's 0-5 Population

Utah enjoys a robust economy and strong population growth. Demographers at the University of Utah project that the state's population will reach 4 million in 2032, and 5 million in 2050. This projected growth represents a 67 percent increase from today.[2] Utah often stands out as having the highest or lowest indicators among the states. For example, Utah's fertility rate and household size are first in the nation, while its median age is the youngest. These demographic characteristics also position the state as having the highest number of young children per capita, which has funding and policy implications. While policymakers are well aware of the funding paradox this creates in public education, an emerging policy opportunity and funding priority exists for Utah's youngest children before they reach the state's public education system.[3] Table 2 shows single-year age estimates for Utah's age 0-5 population in 2016. Children age 5 and under total over 300,000, nearly 10 percent of the state's total population.

Table 1. Selected Demographic Estimates, Utah and U.S.

	Population (July 1, 2015)	Median Age (2014)	Fertility Rate (2014)	Household Size (2014)	Family Size (2014)	% Under 5 Years (2014)
Utah	2,995,919	30.5	2.33	3.16	3.65	8.4%
U.S.	321,418,820	37.7	1.86	2.65	3.26	6.2%

Source: U.S. Census Bureau

Table 2. Utah Single Age Population Estimates, Ages 0-5, 2016

	< 1 year old	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	Ages 0 - 5
State of Utah Total	50,638	50,916	50,694	51,509	50,080	51,612	305,449

Source: Kem C. Gardner Policy Institute, University of Utah

Poverty

Living in poverty is known to place children at risk of falling behind in school, having adverse social, emotional, and behavior problems, and contributing to poor health. These risks associated with poverty have also been shown to be most stark for children when they are young, or experience poverty at the deepest levels.[4] Unfortunately, children are overrepresented among the nation's poor. Since the mid-1970s, children under age 18 have experienced higher rates of poverty than other age groups.[5] In 2016, the poverty rate for all children in Utah was 11 percent, and higher among children under age six.

Children living in families experiencing poverty, as defined by the federal poverty level (FPL), are not the only children at risk of adverse childhood outcomes. Children living above the federally-defined poverty threshold but still in low-income households, typically defined as between 100 and 200 percent of the FPL, represent 28 percent of children age 0-5 in Utah. Studies have shown that families typically need incomes above 200 percent FPL to meet their basic needs.[6] This means that 43 percent of children in Utah under the age of 6 live in families that are likely struggling to provide basic needs. This has serious

implications for the types of services needed in the state and expected outcomes of children and their families. Families that do not receive the support and services they need are less likely to have the ability to mitigate the challenges associated with economic instability for their children.

Figure 1. Percent of Utah Children under Age 6, by Income Level, 2015

Less than 100%
15%
FPL

Above 200%
57%
FPL

28%
1–200% FPL
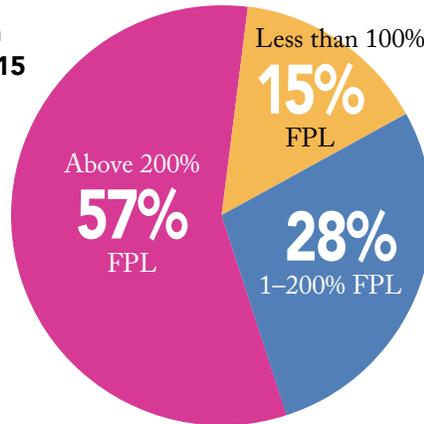
Source: National Center for Children in Poverty, Utah Early Childhood Profile

Intergenerational Poverty

In addition to the federal poverty measure, Utah has been analyzing and tracking data on children experiencing intergenerational poverty since 2012. Utah law distinguishes intergenerational poverty (IGP) from situational poverty. IGP is defined as, "poverty in which two or more successive generations of a family continue in the cycle of poverty and government dependence."[7] In 2016, DWS estimated that there were 59,579 children ages 0-17 living in intergenerational poverty. The youngest children in Utah have the highest rates of intergenerational poverty. Half of the children in intergenerational poverty in Utah are ages 0-5, with 15 percent under the age of one. This further illustrates the importance of studying the needs of this particularly vulnerable age and data can provide the information needed to deliver adequate resources.

Table 3. Number of Children Experiencing Intergenerational Poverty, Ages 0 – 17, 2016

Age of Child	Number of Children	Percent of Total	Age of Child	Number of Children	Percent of Total
0	8,730	14.7%	9	3,059	5.1%
1	4,522	7.6%	10	2,630	4.4%
2	4,435	7.4%	11	2,404	4.0%
3	4,314	7.2%	12	2,208	3.7%
4	4,167	7.0%	13	1,930	3.2%
5	4,129	6.9%	14	1,685	2.8%
6	3,898	6.5%	15	1,573	2.6%
7	3,795	6.4%	16	1,418	2.4%
8	3,483	5.8%	17	1,199	2.0%
			Total	59,579	

Source: Department of Workforce Services

Minority Population

In addition to Utah's projected population growth, the state's racial and ethnic composition is also changing. The racial makeup of Utah and the U.S. is more diverse among its youngest children. Consequently, it is projected that by 2050, 30 percent of Utah's overall population will be comprised of individuals from racial/ethnic minority backgrounds,[8] and 62 percent of individuals under 18 will be from minority backgrounds.

Currently, the majority of Utah's young children are white, with Latino(a) young children comprising the largest minority group. While Latinos(as) comprise the largest minority group, Asian Americans are the fastest growing group, at rates of 6 percent in 2015 and 2016.[9]

Table 4. Racial Makeup of Utah Children, Under 5 Years Old, 2016

Race	Percent of Children
American Indian or Alaskan Native	1%
Asian	2%
Black	1%
Latino(a), can be any race	18%
Native Hawaiian or Other Pacific Islander	1%
Two or More Race Groups	4%
White	73%

Source: U.S. Census Bureau, reported in KIDS COUNT

Although most at-risk children in Utah are white because most children in Utah are white, children from racial/ethnic minority backgrounds are disproportionately represented among children experiencing poverty, poor health and developmental delays.[10,11] Understanding Utah's changing demographics is an important step in proactively meeting the needs of the state's increasingly diverse population.

Figure 2. Minority Share of the Population, by Geographic Location and Age Group, 2010
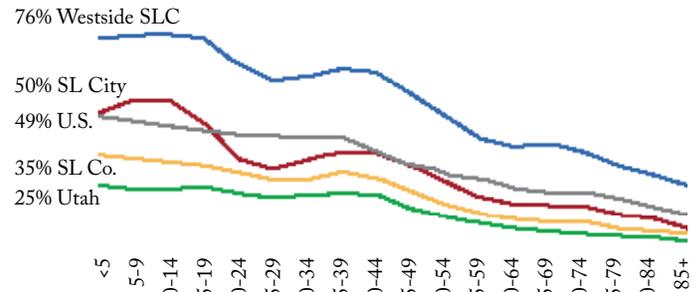
Source: 2010 Census, as compiled and reported by Kem C. Gardner Policy Institute (http://gardner.utah.edu/salt-lake-county-needs-assessment-data/)

The Utah population has a relatively high number of babies, toddlers and young children. By understanding and studying this population, state leaders, policymakers and programs can better tailor services and resources to ensure a bright future for these youngest residents, and enjoy continued state prosperity.

A FRAMEWORK FOR EARLY CHILDHOOD IN UTAH

This report establishes a framework through which Utah improves outcomes for children, 0-5 years by identifying goals and measuring progress toward those goals in four domains that collectively contribute to the whole child:

- **Family Support and Safety**
- **Health and Development**
- **Early Learning**
- **Economic Stability**

The clear goals established, and supported by Early Childhood Utah, provide an opportunity for the state and its partners to ensure that Utah's youngest citizens are thriving in each aspect of their lives. In order to advance the goals and measure progress toward achieving each, lead indicators are identified to establish a baseline from which to identify gaps and measure progress. Additionally, the framework provides an examination of early childhood services and programs in the state that encompass multiple dimensions of a child's experience. Collectively, the goals and lead indicators along with the analysis of the programmatic components, ensure that policymakers and practitioners work collectively to promote the well-being of Utah's young children.

This study examines existing state and federal programmatic elements and corresponding data in these four domains. In order to gain a more comprehensive perspective on how early childhood development is influenced by many factors, policymakers desire to understand how family support and safety, health and development, early learning and economic stability align and coordinate together. As explored in this study, and in alignment with the framework that the Intergenerational Poverty Initiative uses, it is clear that the futures of low-income children may be especially precarious, given that the situations they are born into have already put them behind children with more economic security.

For example, there is a positive correlation between a mother having a low educational attainment and low income level and the likelihood that her baby will be born at low birth weight.[12] That is, the rate of low birth weight is higher among mothers from the lowest socioeconomic status. In addition, babies who have low birth weight are at risk for poorer health outcomes from the day they are born, and these poor health outcomes may translate to developmental delays. Without adequate intervention, these delays may carry over into early learning. If the delays continue throughout childhood and young adulthood, they may affect economic productivity, which can result in economic insecurity, thus producing an unstable family support and safety structure for the next generation. As this example illustrates, household stability is influenced by economic stability, good health, high educational achievement and access to family support and safety. Young children and families' needs and outcomes are improved by better aligning the services they receive since these outcomes are informed by multiple domains.

Figure 3. A Framework for Early Childhood in Utah

FAMILY SUPPORT AND SAFETY

- Home Visiting
- Parenting
- Child welfare
- Child Care

HEALTH AND DEVELOPMENT

- Health Care Access
- Mental and Behavioral Health
- Physical Health and Wellbeing
- Early Intervention

EARLY LEARNING

- Early Literacy
- Head Start
- Preschool
- Kindergarten

ECONOMIC STABILITY

- Employment and Financial Assistance
- Child Care Assistance
- Housing
- Food Security
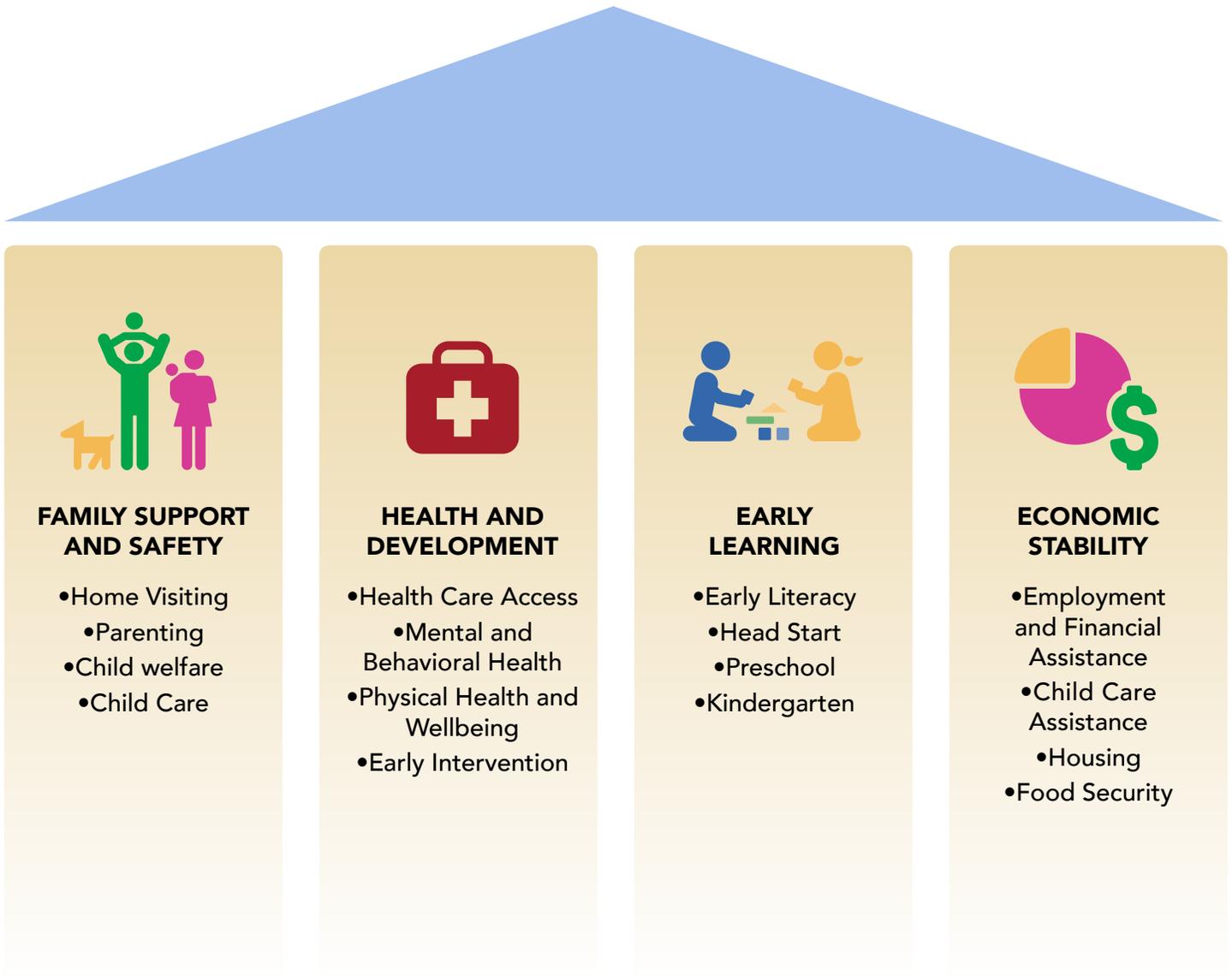
Family Support and Safety: Goal and Indicators

Brain development begins before birth and is most active in the early years when children gain their language and higher cognitive functions such as learning and reasoning.[13] Children benefit greatly from positive learning experiences and enriching home environments, particularly when these experiences mitigate barriers that may otherwise impede educational achievement.[14] These barriers include the negative effects of adverse childhood experiences, including toxic stress and neglect. When left unaddressed, the impact on early brain development becomes more difficult to overcome as time progresses.[15]

Families, parents and caregivers shape a child's first experiences, which evidence indicates are foundational to a child's life. It is important to support families and parents so that they are able to support and care for their children and mitigate any negative impacts on early brain development.

GOAL

All Utah families are able to keep their young children safe and support their child's healthy development.

Indicator

Victims of maltreatment, ages 0–5 • Utah rate: 1.2%

Source: Utah Department of Human Services

Indicator background: Keeping a child safe from abuse and neglect can be considered one of the most basic assurances of a healthy childhood. A child can suffer from both physical and psychological harm due to maltreatment. Utah's rate of maltreatment for children under 18 is slightly higher than the national average (1.1 percent compare to 0.9 percent).

Indicator

Children under age 4 whose parent did not receive a new parent home visit

Utah rate: 89%, U.S. rate: 86%

Source: Child Trends' analysis of 2011-12 NSCH, reported in Kids Count

Indicator background: Being a new parent can be a joyful, yet overwhelming experience. Families receiving support and visits in their home gain skills to best nurture the healthy development of their children. Utah is providing new parent home visits at a lower percentage than the national average.

Indicator

Cost of infant child care as percentage of income for single mothers

Utah rate: 31% • U.S. rate: 37%

Source: 2014 Child Care Aware, reported in Zero to Three's State Baby Facts

Indicator background:

It is critical for a parent who participates in the workforce to feel comfortable and supported in who will be caring for their child while they work. While Utah's cost of infant child care is less than the national average, it is still a high cost burden for parents, especially single mothers.

Health and Development: Goal and Indicators

Good health and healthy development are integral to a child's well-being, particularly at the earliest ages.
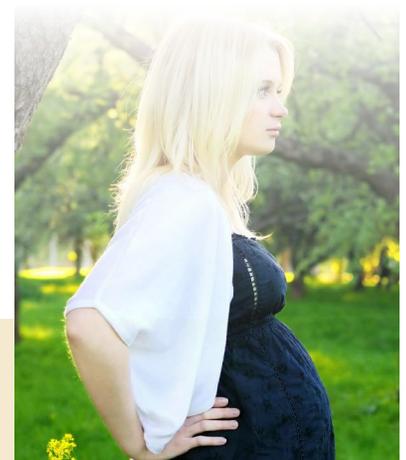
GOAL

All Utah's young children are healthy and developing appropriately.

Indicator

Babies born to women who receive early prenatal care

Utah rate: 80% • U.S. rate: 71%

Source: United Health Foundation, reported in Zero to Three's State Baby Facts

Indicator background: Good health begins during pregnancy. Expectant mothers who receive regular prenatal care have lower risks of pregnancy complications and receive counseling on healthy dietary practices, both of which positively influence their babies' health.

Indicator

Children ages 4 months to 5 years at moderate to high risk for developmental or behavioral problems • Utah rate: 20% • U.S. rate: 26%

Source: National Survey of Children's Health, reported in Zero to Three's State Baby Facts

Indicator background: Early health and behavioral interventions have the potential to change the trajectory of a child's development. When early interventions can improve developmental outcomes, they result in cost savings in the future.

Indicator

Children under 6 who lack health insurance

Utah rate: 5% • U.S. rate: 3.8%

Source: U.S. Census Bureau, reported in Kids Count

Indicator background: Access to health insurance is associated with positive health outcomes, and positive outcomes related to education and economic security.
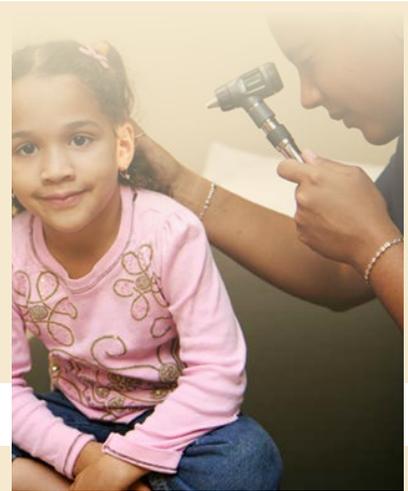
Indicator

Children under 6 who receive an annual preventive medical care visit

Utah rate: 91% • U.S. rate: 89%

Source: 2016 National Survey of Children's Health

Indicator background: Annual preventive health visits are also associated with positive health and education outcomes.

Indicator

Children 10 months to 5 years received a developmental screening using a parent-completed screening tool

Utah rate: 29% • U.S. rate: 27%

Source: 2016 National Survey of Children's Health, available through Data Resource Center for Child and Adolescent Health.

Indicator background: Identifying and addressing developmental issues early is integral in mitigating developmental delays, and equips children to be more academically successful. Addressing developmental delays early in life (before the age of 3) is less costly than during the elementary years.

Early Learning: Goal and Indicators

It is important that all children have opportunities for high-quality learning early in life given that developmental learning is cumulative, with each stage of learning building on the next. Gaps in student achievement are first identified in early education. These gaps are mitigated through educational interventions for children as young as birth to age three and extending through preschool (typically ages 3-4). Through high-quality early learning opportunities, which improve both the cognitive and social development of students, academic and intellectual gains are made ensuring children are prepared for their formal academic years, beginning in kindergarten. The value of these early learning interventions increases particularly among children identified as living in lower socio-economic circumstances.[16, 17]

Early learning experiences provide a foundation for future learning, behavior and health.

—Governor's Education Excellence Commission, Education Roadmap

GOAL

All Utah children enter kindergarten prepared to learn.

Indicator

Parents/family members who read to their child (age 0-5) each day

Utah rate: 38% • U.S. rate: 38%

Source: 2016 National Survey of Children's Health, available through Data Resource Center for Child & Adolescent Health

Indicator background: Reading to children on a regular basis promotes literacy and contributes to kindergarten readiness. Children who are not read to on a daily basis are missing opportunities for early learning.

Indicator

Young children (age 3-4) not enrolled in school (includes "nursery," "preschool," or "kindergarten")

Utah rate: 58% • U.S. rate: 53%

Source: U.S. Census Bureau, 2013-2015, reported in Kids Count

Indicator background: Early childhood education provides educational foundations that prepare children to enter kindergarten ready to learn and engage in education.

Indicator

Utah early educators working in child care programs participating in Utah's professional development system • Utah rate: 31%

Source: Utah DWS,OCC Care About Childcare

Indicator background: It is important that parents access high-quality child care and pre-schools, ensuring that their children are exposed to positive learning experiences in a safe and nurturing environment. This includes having well-trained and educated staff who are knowledgeable in child development and early learning pedagogy.

Child care workers may be a child's first connection to formal education. There are evidence-based best practices for promoting early childhood development, and child care workers' participation in ongoing professional development is essential to developing the skills necessary to educate Utah's youngest children.

Indicator

Initial results from Utah's Kindergarten Entry Exit Profile (KEEP)

Utah rate: Literacy: 64% • Numeracy: 73%

Source: Utah State Board of Education, November 2017

Indicator background: Although Utah has not had a uniform kindergarten readiness assessment used throughout the state, local education agencies (LEA) have indicated that children entering kindergarten in Utah show varying levels of readiness based on individual LEA assessments. The State Board of Education offered Utah's new Kindergarten Entry Exit Profile (KEEP) assessment to every LEA in the state for the 2017-18 school year. KEEP results will provide data needed to provide a baseline of statewide kindergarten readiness and provide a way to set benchmarks to measure annual improvement.

Economic Stability: Goal and Indicators

A family's economic stability extends beyond income. A family that is economically stable not only has a reliable source of income but also access to food, stable and safe housing, and stable neighborhood relationships, which all affect well-being. A lack of economic stability has ripple effects on families and children, and can negatively affect educational attainment, child safety, toxic stress, and access to regular and quality health care.

GOAL

All young children in Utah live in families able to meet their basic needs.

Indicator

Children under age 6 who live below the federal poverty level

Utah rate: 13% • U.S. rate: 21%

Source: U.S. Census Bureau, reported in Kids Count

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

Indicator

Children ages 0-17 whose parent lacks secure employment

Utah rate: 20% • U.S. rate: 29%

Source: U.S. Census Bureau, reported in Kids Count

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

Indicator

Children under age 6 with no parent in the labor force

Utah rate: 4% • U.S. rate: 8.7%

Source: U.S. Census Bureau, reported in Kids Count

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

Indicator

Children under age 6 who experience residential mobility (move one or more times in 12 months)

Utah rate: 20% • U.S. rate: 20%

Source: National Center for Children in Poverty, reported in Zero to Three's State Baby Facts

Indicator background: Residential mobility in itself is not associated with poorer health or academic outcomes. However, because frequent residential mobility is often associated with other risk factors, such as lack of parental employment or lack of secure employment, poverty, and lower parental educational attainment, children who experience frequent residential mobility also experience poorer health.

EARLY CHILDHOOD STATE SYSTEMS

In order to achieve the goals established in the framework, there must be a robust and comprehensive early childhood system. A comprehensive and coordinated early childhood system includes five components: governance, early learning standards, data systems, professional workforce and funding. Additionally, early childhood systems are comprised of a diverse set of programs and services that create an infrastructure of support for families with young children. Appendix B, Early Childhood State Systems, explores these systems in more detail. In Utah, early learning opportunities and early childhood services are administered by several state and local government agencies, private nonprofit entities, and community organizations, while state policies and programs often recognize a child's parents as the first and most influential teacher. Although there are some areas of coordination occurring within Utah's system, oftentimes families are required to have their young child's needs addressed independently.

The following provides a detailed overview of Utah's system, including areas of coordination and opportunities for improvement within each of the system's four components.

Governance

Early childhood systems connect learning, health and family support services together, making the whole system more effective and efficient. The foundation of the system is a strong governance structure, which facilitates important functions such as data sharing and integration, coordination of services and streamlined eligibility guidelines.

Different aspects of the early childhood system in Utah are governed or administered by different agencies, including the Department of Health, Department of Workforce Services, Department of Human Services, the Utah State Board of Education, the Utah System of Higher Education, and Local Education Agencies comprised of school districts and charter schools. In addition, numerous private, non-profit, community and religious organizations collaborate and coordinate to serve Utah's youngest residents.

Nationally, states are beginning to establish Children's Cabinets to change the fragmented ways state and local governments work on behalf of children. They are typically comprised of the heads of state government agencies with child-serving programs and heads of other non-governmental agencies with a major state presence serving childhood needs. These cabinets meet regularly to align outcomes, coordinate services and collaborate on the development and improvement of child-serving programs and policies across institutional levels. Currently, 33 states participate in the Children's Cabinet Network.[18] Utah does not have a Children's Cabinet, but a similar structure was proposed by former Governor Huntsman through an executive order.[19]

Early Childhood Utah (ECU)

Although Utah lacks an official children's cabinet to coordinate the early childhood system, Early Childhood Utah (ECU) is designed to serve a similar purpose. ECU began as the Early Childhood Comprehensive Systems State Team (ECCS) as required by the federal Health Resources and Services Administration. The committee was later designated as the State Advisory Council (SAC) on Early Childhood Education and Care, as required by the federal Head Start Act. ECU has evolved into a comprehensive, multidisciplinary group of early education stakeholders who seek to improve Utah's early childhood system. ECU promotes and encourages family engagement and collaboration in four domains:

- Access to health care and medical home
- Social-emotional development and mental health
- Early care and education
- Parenting education and family support

The membership of ECU includes representatives from Utah governmental agencies, healthcare providers and insurers, health departments (state and local), parents and parent engagement and support providers, non-profits serving young children, child care administrators and providers, early childhood education specialists, administrators, and providers, and mental health

providers and experts. ECU works on goals in each of its domains and is currently working to strengthen the data systems in early childhood for planning, collaboration, and accountability purposes.

Early Childhood Core Standards

A high-quality early childhood system includes evidence-based standards and guidelines that caregivers, providers and policymakers can use to guide and shape programs, services and resources. The Utah State Board of Education has adopted the Utah Early Childhood Core Standards. In addition to utilizing these standards in formal educational settings, the standards are also designed for parents to support their child's learning, as well as child care providers. In fact, child care providers are educated on the standards and expected to utilize them in child care programs. While it is not mandatory for programs to adopt these standards, and they are not required as part of child care licensing, these standards help families, educators and communities make informed decisions about curriculum for pre-kindergarten children. When the standards are implemented effectively, they improve a child's readiness for, and transition to, kindergarten, as well as address readiness and achievement gaps between different groups of students.[20] The standards are found here:

https://www.schools.utah.gov/curr/preschool

The Early Childhood Core Standards were last updated in 2012, and the Utah State Board of Education approved a review of these standards during 2017. A team of stakeholders, including representatives from state agencies, local education agencies, children and education-focused nonprofit agencies, advisory committees and institutions of higher education, is in the process of reviewing the standards.

In addition to state standards, there are also nationally recognized accrediting bodies, including the National Association for the Education of Young Children (NAEYC). NAEYC is a membership association for those working with and on behalf of children from birth through age eight. Participants must follow standards to gain and retain the accreditation. This is an expensive and intensive process, for which state funding is not provided. Relatively few programs in Utah hold NAEYC accreditation.[21]

Policy Opportunities in Governance

While Early Childhood Utah convenes a broad array of early childhood experts, stakeholders, and practitioners, it does not have a formal enabling state statute. Its creation was originally guided by federal law, and an opportunity exists for state leaders to better direct its purpose, connect its duties specifically to state goals, and utilize its advisory capabilities. By designating ECU as a formal advisory body to a Children's Cabinet, policy makers could elevate the importance of early care and learning and codify certain coordination requirements, data-sharing provisions, or mechanisms for funding priority recommendations.

Policy Opportunities in Standards

Individual programs and agencies typically strive to provide high-quality care, but the state has not adopted definitions of high quality in different types of early childhood programs. Only some programs are beginning the work of aligning standards, and thus there is a great opportunity to increase coordination and alignment around standards. Early childhood stakeholders should establish a common definition of high-quality early care and learning, including components that must be present in a high-quality system of early childhood services. This should be facilitated and prioritized through Early Childhood Utah, to then be implemented by the various agencies that oversee these programs.

Policy Opportunities in Data Systems

The Legislature recently amended its statewide longitudinal data system, establishing the Utah Data Research Center (UDRC) and required the ECIDS system to be an additional data-providing partner. Because the state received federal funding to support its longitudinal data system, it is required to provide certain assurances to the federal government. In its recent self-assessment, the UDRC reported that it is in the process of integrating ECIDS into the UDRC, but stated that additional resources are needed to support both ECIDS and the UDRC.[186] The expected integration of ECIDS and UDRC will provide comprehensive statewide data on early childhood, which will provide policy makers with the ability to make data-driven policy.

However, a connected and integrated data set is only as good as the individual entity's data. It is necessary for agencies and programs to collect the correct data points required to make data-driven decisions. There are gaps in data collection in multiple program areas that do not allow the state to answer specific questions, particularly from a statewide perspective. For example, in preschool, there are numerous schools, licensed child care centers, license-exempt child care centers, and others that are providing children a preschool experience. There is not one entity, or a coordinated effort among multiple entities, that can report the number of children participating in a high-quality program. Until preschool programs across systems are required to report unduplicated enrollment numbers, data for preschool will be limited. In addition to providing necessary resources for ECIDS, there is an additional policy opportunity in establishing consistent and well-defined data points and requiring early care and education programs to provide the necessary data.

Data Systems

Early Childhood Integrated Data System (ECIDS)

Although Utah is a national leader in utilizing data to inform policy and measure outcomes, the state lacks a uniform or longitudinal database that can uniquely identify children and track services and potential impacts across multiple systems. When coordinated systems exist, they provide valuable information to inform policy decisions and prioritize state investments. Additionally, these data allow policymakers and researchers to better understand children's needs, and where gaps in the system occur, with opportunities for improvement.

The Utah Department of Health is engaged in a project that will begin this integrated data work, called the Early Childhood Integrated Data System (ECIDS). The stated purpose of ECIDS is to strengthen data systems for planning, collaboration and accountability, while facilitating data sharing and coordination among early childhood programs in Utah. When developed, this database has the potential to provide shared access to common data across a spectrum of early childhood programs, including health, child development, family support and education. In turn, this big data set would provide researchers the ability to evaluate program outcomes, and increasing policymakers' abilities to answer policy questions and make data-driven decisions.

Early Childhood Workforce

The early care and learning workforce plays a critical role in supporting families and helping children develop school readiness skills. In its 2015 report, Transforming the Workforce for Children Birth through Age 8, the National Research Council and Institute of Medicine's 2015 report recognized that in order to successfully prepare young children

for kindergarten and establish a foundation for a lifetime of success, early childhood educators must have a minimum of a bachelor's degree. Although this may be a laudable long-term goal, it presents significant challenges to both the public and private early childhood system, including costs and the current educational attainment levels of the current early childhood workforce. However, professionalizing the early educator workforce, which includes childcare center employees, early intervention specialists, home-based childcare workers, home visitors, child welfare workers, Head Start teachers, and preschool educators, may help address the many challenges this profession faces. Many of these positions suffer from high turnover, low pay, lack of benefits and a lack of a comprehensive system of support.

Utah's early care and learning professional development system is an area of increasing coordination. Early Childhood Utah has a Professional Development Committee that meets annually to identify priority areas and support a system of professional development (PD) for Utah's early childhood workforce. Moreover, all professionals have an opportunity to participate in training through the Utah Office of Child Care's, Care About Childcare agencies and its Career Ladder program. In addition, there are growing opportunities for all early childhood professionals to participate in post-secondary training programs. These programs include, scholarships to obtain an associate's degree in early childhood, obtaining the Child Development Associate's (CDA) credential and receiving college credit through an offering of college-level classes that are foundational to early childhood.

Individual associations and topic-specific groups provide professional development through scholarships and professional development conferences. These provide opportunities for early childhood professionals to develop and connect to each other. One example is the T.E.A.C.H. Early Childhood Utah Scholarship program offered by the Utah Association for the Education of Young Children. Scholarship recipients work toward higher education levels, which lead to better compensation and more highly-qualified professionals teaching Utah's children. Currently, T.E.A.C.H. partners with Salt Lake Community College but expects to expand to additional post-

secondary institutions in the state.

Another recent effort to provide additional support and training to early childhood professionals was included in 2016 General Session SB 101, High Quality School Readiness Program Expansion. The Department of Workforce Services, Office of Child Care (DWS, OCC) received one-time funding of $500,000 to provide scholarships to early childhood teachers to receive the nationally-recognized Child Development Associate (CDA) Credential. When the bill was passed, it was estimated that at least 300 early childhood teachers would be able to earn their CDA. The CDA begins a career pathway beyond a high school degree for an early childhood professional to move toward additional education, career opportunities and increased compensation.

In an effort to expand access to affordable, college-level training, a partnership between the Utah State Board of Education, the Head Start Association and the Office of Child Care implemented Early EdU in Utah. This collaborative partnership works with Southern Utah University to provide access to foundational early childhood development online classes. These classes are open to the profession and provide three college credits for successful completion of the class at an affordable rate to the student. The first class was offered during the fall of 2017 with additional classes scheduled to begin winter of 2018.

Funding and Financing

Funding for early childhood programs and services in Utah comes from several different federal funds, and some state general funds. In addition to those funding sources, many states utilize special funding sources such as lotteries, tobacco settlement monies, or local government revenues. Many services and programs are also provided and funded by non-profit, religious and other private entities.

The National Conference of State Legislatures (NCSL) surveys state legislative fiscal offices on state budget actions in the important early childhood areas of child care, preschool and home visiting.

Policy Opportunities in Early Childhood Workforce

Many in the early childhood education field acknowledge the great need to "professionalize the profession." The field also experiences high turnover rates and much lower salaries than other educators. These are not unrelated. One factor necessary to professionalizing the early childhood workforce is recognizing early childcare workers as early childhood educators. That is, individuals who care for our youngest population are not just caregivers, but also teachers. Recognizing that early childhood education involves best practices and certain educational degrees and credentialing requirements is a first step in professionalizing the profession.

Another step in professionalizing the profession is to provide additional access to affordable higher education and professional learning opportunities for early childhood educators to improve their skills. This would ensure that regardless of the system in which young children are being cared for, all will have access to the highest quality and best trained educators.

See http://www.ncsl.org/research/human-services/early-care-and-education-state-budget-actions-fy-2017.aspx.

This survey represents the variation in states' approaches to funding these services. Some state's preschool services are funded entirely from state funds, while others are entirely federally funded. Preschool programs are also sometimes funded with local revenues, and a few states distribute funding for preschool through their regular school funding formula. Utah has recently used one-time federal Temporary Assistance for Needy Families (TANF) monies to fund high-quality preschool expansion grants. In the area of home visiting, most states report using the same federal funding source (MIECHV), plus additional federal sources. Some states also support home visiting with state funding. Utah relies on federal funding for its home visiting programs. Child care is largely supported from two federal block grants, including the Child Care and Development Fund (CCDF) and TANF but the survey illustrates the differences in state support for child care services and their commitment to working families.

Another informative resource is a Children's Budget, published periodically by Voices for Utah Children. It analyzes funding for programs and services appropriated by the Utah Legislature in seven different areas: K-12 Education, Health, Food and Nutrition, Early Childhood Education, Child Welfare, Juvenile Justice and Income Support. Some of these areas are more relevant to the scope of this report than others.

See the most recent (2017) report: https://www.utahchildren.org/images/Childrens_Budget_Report_4-27-17.pdf .

While the Children's Budget focuses on a broader age range than this report, there are important observations relating to children ages 0-5 in Utah. Of all the categories of expenditure identified, K-12 Education accounts for 90 percent of state funding on children. Because these funds are expended for children five years and older, there is an extremely small percentage of funds expended for children in the state for those younger than five. Additionally, the budget illustrates that Utah invests modest amounts of state money into early childhood services, relying much more on federal funding sources. In the areas of health, food and nutrition, early childhood education and income support, the majority of the funding is from federal sources, with state funding making up a small percentage in some of those areas. A helpful explanation of funding sources for specific programs is found in Appendix II of the report.

Policy Opportunities in Funding and Financing

This report serves as a foundation to conduct further analyses, including examining the funding levels and sources for programs and services in more detail. In addition, further analyses could examine the extent to which funding is provided to support the system, such as dedicated funds for coordination or data collection and integration.

See also: programmatic sections in this report for additional details on funding sources for specific programs in Utah.

KEY PROGRAMMATIC COMPONENTS OF FAMILY SUPPORT AND SAFETY

Home Visiting Overview

Home Visiting is a voluntary service for at-risk pregnant women or families with young children. Nurses or other experts provide mentorship, support and information for parents to help them best care for their children and meet their health and developmental needs. Home visiting programs address some of the risk factors and negative outcomes often present for families living in poverty. Evidence-based home visiting programs focus on maternal and child behavioral and physical health, positive parenting, preventing child abuse and neglect, and the young child's development and school readiness.

Multiple programs in the state and counties have a home visiting component. For example, Medicaid provides public health nurses to conduct home visits for mothers with infants on Medicaid through a targeted case management approach. They can also connect these families to additional resources and community agencies. Some of the services of the Department of Human Services' Division of Child and Family Services have a home visiting component, with a focus on child abuse prevention.

The following focuses on the programs supported and coordinated through the Utah Department of Health, Office of Home Visiting (OHV) (http://homevisiting.utah.gov/). OHV acts as a support and resource center for entities interested in implementing an evidence-based or research-informed home visitation program. OHV seeks out funding sources and provides contract monitoring. Local Implementation Agencies provide the home visiting service directly to families according to the parameters of the contract and with fidelity to the home visiting model being used. There are three different evidence-based home visiting models supported through OHV:

- Nurse-Family Partnership – specially-trained nurses visit with first-time low-income mothers, beginning in pregnancy, to provide one-on-one support until the child turns two years old. The program seeks to improve pregnancy outcomes, child health and development outcomes, and the economic self-sufficiency of the family.

- Parents as Teachers – provides services to families with children, from the time the mother is pregnant until the child enters kindergarten, to increase parents' knowledge of early childhood development and parenting practices, detect delays and health issues early, prevent abuse and neglect, and increase school readiness and success.

- Family Spirit – culturally-tailored program for American Indian families, serving pregnant women and children up to three years old. The program uses community-based paraprofessionals to leverage cultural assets and an indigenous understanding of health.

Home visiting programs offered through OHV are multi-year, where home visitors provide individualized support and link families to additional resources and supports. These programs provide an important component of a comprehensive early childhood system from the prenatal to kindergarten years, affecting a family's economic self-sufficiency, the health and development of the child, and school readiness skills.[22] To be eligible for an OHV program, a family's income must fall within 185 percent of the federal poverty level.

For programs receiving its funding, the OHV is currently tracking expected outcomes such as improved maternal and newborn health, prevention of child injuries and abuse, school readiness, reduced domestic violence, self-sufficiency, coordinated community referrals, reduction in babies born preterm, and the increase in the number of infants screened for health and developmental issues. Utah's OHV has received

its operating budget through federal sources: the majority from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, and some additional funding through the TANF block grant. OHV is closely monitoring the federal funding outlook for this program.

The OHV has created a Collaboration Council, which meets quarterly. The purpose of the council is to gather representatives of health and early childhood programs to share information, support programs, identify referral networks and eliminate duplication of services.

During the 2017 General Session, the Utah Legislature passed Senate Bill (SB) 135, Maternal and Child Health, which requires the Office of Home Visiting to conduct a study on home visiting programs in Utah, including identifying the programs in the state and compiling program information. The summary table in this report utilizes those data compiled by OHV. The analysis identified 1,821 families receiving home visiting services: 1,166 families being served by entities receiving support from OHV, and 655 families being served by entities that are not receiving support

from OHV.

Table 5. Home Visiting in Utah

| Home Visiting Providers	Families Served
Local Health Departments:	
*Bear River Health Dept.	55
*Davis County Health Dept.	137
*Weber-Morgan Health Dept.	70
*Salt Lake County Health Dept.	282
*Utah County Health Dept.	207
*Central Utah Public Health Dept.	25
*San Juan County Public Health	8
Non-profit or other County entities:	
*Prevent Child Abuse Utah	86
*Children's Service Society	147
*The Learning Center for Families	132
Housing Opportunities Inc.	60
Carbon County Family Support Center	8
Holy Cross Ministries	17
Native American Entities:	
*Utah Navajo Health Systems	17
*The Paiute Indian Tribe of Utah	New Program
Aneth Community School	N/A
Educational Entities:	
Guadalupe School	44
Bear River Head Start	143
DDI Vantage Early Head Start	140
Davis/Morgan/Summit Head Start	53
RUCD Early Head Start	102
Salt Lake City School District Early Childhood	78
Utah Community Action Early Head Start Home Base	10

Home Visiting Gap Analysis

The Office of Home Visiting (OHV) completed a needs assessment in 2010, which was updated in 2014 as part of a federal expansion grant. The needs assessment utilizes metrics such as the percent of pre-term births, percent of low birth weight infants, infant mortality rate, and unemployment and poverty rates, in order to rank the counties by highest need, depending on how many of the risk factors that the county scored relatively high. Both needs assessment analyses identified Salt Lake, Weber and Washington counties as high need counties.

The Utah OHV is currently funded to support home visiting programs in 14 of Utah's 29 counties, although these funds are uncertain for the future. An evident gap in Utah's home visiting services is that OHV is not funded to support home visiting in 15 counties, shown in red in the figure below. Many of these are rural counties with limited resources. The Southwest Utah Health Department estimates that 19.2 percent of the children in its area live in poverty, yet the Utah Office of Home Visiting does not offer services in Beaver, Iron, Garfield or Kane counties.[23] There are five additional counties with home visiting services supported with other funding sources, which still leaves
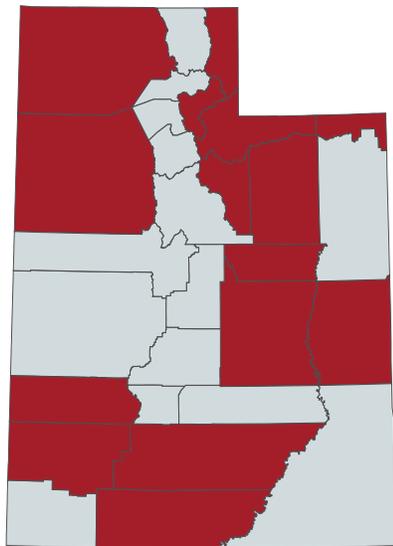
10 Utah counties with no home visiting programs.[24]

At its current level of funding, OHV is able to support a small percentage of the potential need. The U.S. Census Bureau estimates 39,000 children under age six are living below the federal poverty line in Utah. The OHV estimates that 1,821 families currently receive home visiting services, which could include one or more children, depending on the program model. By assuming one child is served in each family, OHV's estimates indicate that as few as 5 percent of those 39,000 children may be served by home visiting. Since some home visiting models serve families with more than one child, the percentage of children living below the poverty level who are served by home visiting programs may be higher. However, this is a conservative estimate overall, considering that home visiting programs typically serve families living within 185 percent of poverty, not just those below the poverty line. The gap would be even higher if families living above the federal poverty line, but still in low-income circumstances, are considered in this calculation.

Table 6. Home Visiting Gaps in Utah

Estimated number of children in Utah, age 0-5	Estimated number of children in Utah, age 0-6, living in a family below poverty	Estimated number of families receiving home visiting	Estimated potential demand being met
305,449	39,000	1,821	5%

Evidence indicates that families with risk factors benefit from home visiting services. Some of these risk factors include children age 0-5 living below the federal poverty level, children age 0-5 living with a mother who does not have a high school (HS) degree,[25] and children age 0-5 living with an unmarried parent.[26] Yet, as few as five percent of children and families who would benefit most from voluntary home visiting services have access to these programs.[27]

Figure 4. Counties Not Receiving Support from Office of Home Visiting

13%

Utah children age 0-5 living in poverty

6%

Utah children ages 0-5 living with a mother with less than a HS degree

17%

Utah children ages 0-5 living with an unmarried parent

10 of 29

Counties with no home visiting programs

5%

Families served who could benefit most in receiving home visiting

There is a greater need for home visiting services than what is currently being met. However, in order to more adequately meet home visiting needs across the state, Utah's OHV and other entities providing home visiting would need additional resources.

As mentioned earlier, the gap between services and needs is even higher when families who are living above the FPL but who are still in low-income situations are taken into consideration. It is widely recognized that the households at the FPL face great difficulties in providing all basic needs of a family.

Parenting Overview

Parents are critically important in shaping the development of their children. Regardless of income level, parents worry about their children and desire positive outcomes for them. Parenting is often framed as a skill set that is based on common sense, but in fact, there are many evidence-based practices that can be learned. The more a parent is aware of best practices in these areas, the more likely they are to actually use them.[28] This is especially true for knowledge of practices related to a child's physical health and safety. However, parenting skills and access to resources often vary depending on the family's socio-economic situation. Low-income parents are more likely to struggle to provide a safe environment and enrichment activities than more affluent parents.[29] Financial instability also affects a parent's ability to provide high-quality options that can supplement good parenting practices, such as high-quality child care and preschool.

There is a wide range of parenting programs and services in Utah, which encompass various features and actors. State government, local government, private non-profit entities,

community organizations and others provide services that support and enrich parenting. The type of program or service ranges from brochures and public information campaigns to organized classes, support groups and digital resources. Resources are also geared to situation-specific times in a child's life. For example, some are geared specifically for expectant mothers. In addition, divorcing parents are required to take orientation and education courses on how to parent following the divorce.

Parenting, as with most other aspects of life, is occurring in the digital age, where there are abundant resources online, either nationally or state-specific. Parenting encompasses a multitude of areas, including teaching early literacy, exposing children to enriching language, engaging in discipline, having a skill set to prevent maltreatment, and providing emotional support. This report covers several aspects of parenting in more detail in sections including home visiting, early intervention and early literacy.

Parenting Gap Analysis

Although parenting resources exist in varying forms and are provided by numerous actors, the state lacks a coordinated parenting program and it also lacks an organized communication and outreach effort. Without a state-level specific parenting program to collect data, there is also a lack of uniform data in this area.

It is also important to consider the resources available to best assist parents in specific situations, versus those that are intended for all parents. Some resources are designed to serve low-income parents, single parents, new parents, refugee parents or teenage

parents, while other resources serve all parents, regardless of their demographics. This is an area where multiple actors should align goals, efforts and messages in a collective impact effort. Early childhood stakeholders may look to efforts in other states, where parenting programs are coordinated through a specific agency, which takes a lead in convening and aligning other strategic partners.

Table 7. Examples of Parenting Resources and Programs

Name	Actor(s)	Description
Uplift Families http://www.upliftfamilies.org/	Governor's Office — First Lady	Initiative of the First Lady of Utah to strengthen parent-child relationships, provide tools and resources that improve parenting skills, and help children make safe and healthy choices.
Healthy Relationships Utah, Parenting classes http://healthyrelationshipsutah.org/about_us	Utah State University Extension	Free parenting skills classes taught at certain USU Extension locations throughout the state.
Text4Baby https://www.text4baby.org/	UT Dept. of Health, some local health departments, medical providers	Free service for pregnant women or mothers, who receive maternal and child health related text messages each week. A woman enters her due date and zip code and receives health tips relevant to stage of pregnancy, developmental information on her baby, and information to connect to additional services.
The Utah Parent Center http://www.utahparentcenter.org/	Community/Non-profit	Training and information center for parents of children with disabilities. Helps parents help their children, youth, and young adults with all disabilities to live included, productive lives as members of the community.
Welcome Baby (United Way Organizations) https://www.welcomebabyuc.org/ https://www.uwnu.org/welcome-baby	Community/Non-profit	Volunteer-run home visiting and parent support program.
Help Me Grow http://www.helpmegrowutah.org/	Non-profit	Free information and a referral network providing parents with knowledge and resources. See Early Intervention Section.
Home Visiting Programs	State agency coordinates various contract providers	See Home Visiting Section
Early Intervention	State agency coordinates various contract providers	See Early Intervention Section
Parent Support Groups	Community/non-profits	Address multiple areas, including bereavement, children with special needs, teaching parenting skills, or organized play groups.
Community Learning Centers and other Family/Community Centers	Community	Provide wraparound services to families, particularly low-income families. May be located at a school, to further enhance parent-school interactions.
Parenting materials and online resources	State, local, community, non-profit entities	Numerous agencies and programs offer links to resources, parenting materials, and other information on their websites. They also produce pamphlets and other materials for distribution.

Child Welfare Overview

Keeping a child safe from abuse and neglect can be considered one of the most basic assurances of a healthy childhood. A child can suffer from both physical and psychological harm due to maltreatment. Each state investigates child maltreatment and reports to the federal government. In Utah, the maltreatment rate for children under 18 is 1.1 percent and 1.2 percent among children under 6 years old.[30] Both rates are slightly higher than the national rate of 0.9 percent, which provides a single maltreatment rate for all children under 18 years old.[31]

Utah operates a state-administered child welfare system, coordinated through five regions. The Utah Department of Human Services, Division of Child and Family Services (DCFS) provides a continuum of services, from child abuse and neglect prevention and intervention, to supporting youth transitioning out of foster care. Services may be provided in the home or out of the home, depending on the individual needs of the family. Services are administered by DCFS employees or contracted providers, and include: child abuse and neglect investigation; case-management; individual and family counseling; peer-parenting; parenting skills training and education; community-based family support services; post adoption services; family preservation services; respite day care; and sexual abuse treatment.

DCFS strives to keep children in their home with their families when it is possible and safe. Through its HomeWorks program, DCFS enhances the parent's capacity to safely care for a child and avoid having the child removed from the home. Parents may receive services such as counseling, parenting skills, developing child safety plans, conflict resolution and problem solving skills and referral to additional broad-based community resources.[32]

Individuals can report allegations of abuse or neglect to a hotline that operates 24 hours a day, 7 days a week. The division also provides presentations and training on suspected child maltreatment reporting to relevant stakeholders such as school administrators, Head Start, Early Intervention, cities, universities, non-profit organizations and community health centers. During fiscal year 2016, DCFS investigated over

21,000 allegations of abuse or neglect, and found that neglect was the most frequently confirmed allegation. This designation includes child endangerment, non-supervision and deprivation of necessities. Utah's youngest children are especially vulnerable to maltreatment. Of all the maltreatment victims in Utah, 27 percent were between the ages of 0-3, and 23 percent were between ages of 4-7.[33] When children cannot remain safely in their homes due to abuse or neglect, they are placed out of the home, either with a kinship or foster caregiver.

21,093
Suspected cases of abuse/neglect investigated by DCFS

38%
Child maltreatment victims who are age 0-5

36%
Children placed in foster care who are age 0-5

40%
Children in foster care placed with kinship caregivers

Child welfare services throughout the state involve DCFS and hundreds of partner agencies, local providers, and contract providers. One example of coordination with another early childhood agency is the collaboration between DCFS and the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP). Each child under three years old with a supported finding of abuse or neglect is referred to BWEIP for follow-up screening and potential identification for early intervention services.[34] Additionally, children in foster care in Utah who score below the recommended score on the Ages and Stages Questionnaire (ASQ) screener are referred to BWEIP if they are under age three, and to the school district or local mental health provider if they are between the ages of

three and five years old. Another opportunity for child welfare collaboration in Utah is the DCFS Child Welfare Improvement Council (CWIC). The CWIC's duties are outlined in state statute and include advising DCFS on child abuse and neglect issues, recommending allocation of certain funds, and providing input on DCFS' performance from a community and professional standpoint.

Child Welfare Gap Analysis

Using evidence-based assessment tools, DCFS caseworkers or contractors assess children ages 0-5, and the extent to which referrals are being made to other community resources based on these needs. DCFS also utilizes several sources to identify at-risk populations and collaborates with various partners to identify populations most at-risk of maltreatment. These include:

- Families that may not be aware of available services due to ethnic, racial, cultural, gender or language barriers;

- Families isolated from programs and services due to their geographic isolation;

- Individuals or families who are economically disadvantaged or homeless; and

- Individuals who are substance abusers and their families.

DCFS also identifies the most prevalent issues facing children and families receiving DCFS services, and is focusing on resource development to enable children to stay in their homes. At-risk families experience issues and needs including substance abuse; domestic violence; trauma; mental health; family functioning; and access to concrete supports, such as financial resources and housing. By addressing these needs and filling the gaps in these areas, more children are able to remain in their homes. When children are not able to be cared for in their home, there is a need for quality care givers, both in the foster system and for kinship services.

Parents struggling with substance abuse issues have a difficult time caring for their children. Additional children could avoid being removed from their parents if there were more residential mother-child and father-child treatment options available.

Child Care Overview

Providing every child with access to safe and high-quality care outside of the home is integral to an early childhood system. Similar to high-quality preschools, high-quality child care programs prepare children for kindergarten by teaching academic and social skills. It is important for families that child care is readily available, affordable and of high quality. The provision of quality child care is also integral to Utah's economy, supporting parents' employment, and furthering economic stability, while ensuring that the future workforce has the appropriate skills to contribute to the state's future economy. In Utah, child care is regulated by the Utah Department of Health, Child Care Licensing (CCL), and the Utah Department of Workforce Services, Office of Child Care.

Department of Health. The Utah Department of Health regulates child care providers through its mission, "to support working parents by protecting the health and safety of children in child care programs we oversee."[35] Both child care centers and home-based child care providers must meet minimum standards and rules. Child Care Licensing does not regulate the quality of child care programs beyond ensuring licensed providers are meeting minimum health and safety requirements. A child care license or certificate is required if a person is caring for more than four children who are not related to the provider, and for more than four hours per day.[36] In 2016, there were 301 licensed child care centers and 770 licensed family child care providers,[37] which provided care to over 22,000 children ages 0-5. The public can search for licensed child care providers on either the Department of Health's CCL website (https://ccl.utah.gov/ccl/#/facilities) or through the Department of Workforce Services' website Care About Childcare (https://careaboutchildcare.utah.gov/).

Some providers are legally exempt from licensing, such as those who provide care to fewer than five children at a time, care at federal facilities, or care in connection with a college course. In 2014, the Utah Legislature authorized CCL to regulate license-exempt programs, including requiring monitoring visits and background checks. Although this made significant progress to ensuring all programs caring for children provide a healthy and

safe setting, there remain a substantial number of providers providing unregulated, illegal care. This unregulated care jeopardizes the health and safety of large numbers of young children in child care. It is difficult to estimate the number of illegal providers or the number of children in these settings because by the very nature of these programs, they are operating in the shadows.

Table 8. Enrollment at Licensed Child Care Centers and Licensed Homes, by Age (As of 9/18/2017)

Child Age	Licensed Center	Licensed Family	Total Licensed Enrollment
0-12 months	1,577	698	2,275
1 year	2,011	905	2,916
2 years	3,369	1,358	4,727
3 years	3,750	1,380	5,130
4 years	3,828	1,312	5,140
5 years (not in K)	1,739	495	2,234
Total	16,274	6,148	22,424

Source: DWS Care About Childcare database

Office of Child Care. The Department of Workforce Services, Office of Child Care (DWS, OCC) provides resources to promote high-quality child care that is accessible and affordable for low-income Utah families. It meets this goal through a comprehensive system of services including financial subsidies that help parents access child care, grants for providers to improve program quality, Care About Childcare child care resource and referral agencies and its website, provider help lines, and professional development for the childcare workforce. The DWS, OCC develops partnerships with educational partners, child care providers, parents and the community in order to provide appropriate care for Utah's children. The Care About Childcare website lists child care providers as well as many other resources for parents, including selecting a high-quality child care provider.

Child Care Gap Analysis

There is substantial need for affordable, high-quality childcare in Utah, as 51 percent of Utah children ages 0-5 have all available parents in the workforce.[38] To better understand the child care needs of Utahns, DWS, OCC recently contracted with researchers at the University of Utah to complete a child care needs assessment survey, Office of Child Care 2016-17 Utah Parental Child Care Survey. There are numerous important and detailed findings from the survey. One highlight is a finding on the extent to which there is unmet demand for quality, affordable child care among parents whose child was not in child care. The survey indicates that 44 percent of respondents with children age five and younger reported that, "they would either be 'very likely' or 'somewhat likely'

to use affordable quality paid child care for work, searching for work, or furthering education, if it was available nearby in the parent's community."

The survey also helped identify challenges that families with children ages five and under face when navigating the child care market. Some of the survey findings include:

- 55% of parents whose child age 5 and under is in paid child care reported that it was either somewhat or very difficult to find back-up child care

- 48% noted that it was either somewhat or very difficult to find care during non-traditional hours, while 43% noted difficulties in finding affordable care

- 41% noted difficulties in finding care with early drop-off or late pick-up

- 30% of the survey mothers reported that they or their spouse had adopted a reduced work schedule because of child care issues[39]

Availability of Care. It is important for there to be sufficient child care options to meet this need. Some families will arrange work schedules if possible, rely on relatives, or use available licensed or regulated care if it is available and affordable in their area. However, there are limited options for those seeking care from fully-licensed providers in the state, particularly in rural areas. Since 2005, the total number of licensed child care providers has decreased in Utah, limiting parents' choices for licensed options.

Figure 5. Licensed Child Care Providers in Utah, 2005-2016
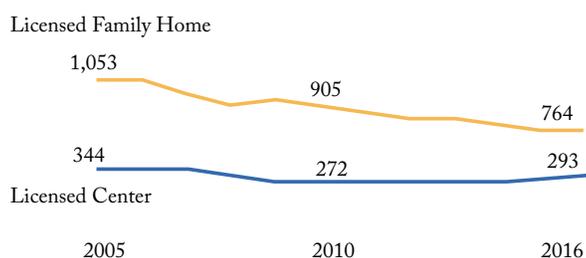
Source: DWS Care About Childcare database

This lack of licensed child care providers is certainly pronounced in rural Utah counties. As shown in the table below, four rural counties have no licensed child care provider options, and five rural counties have limited options. Furthermore, the capacity at licensed providers in these nine counties could accommodate less than five percent of the children five and under in their counties, if families desired the care. It is likely that families in these counties are utilizing unregulated child care providers to care for their young children while parents are working.

Table 9. Rural Counties with Limited Number of Licensed Child Care Options

County	Estimated Number of Children, Age 0-5	Licensed Child Care Capacity
Beaver	675	67
Daggett	61	0
Emery	892	68
Garfield	358	16
Kane	503	0
Morgan	1,032	16
Piute	90	0
Rich	206	0
Wayne	191	24
Nine County Total	**4,009**	**191**

Source: DWS Care About Childcare database

Vacancy Rates. Examining vacancy rates is another way to understand the availability of care as well as the level of choice that parents have when choosing a licensed child care provider. Licensed child care providers report the number of vacancies in their programs to the DWS, OCC's Care About Childcare program. Some programs report vacancies for purposes of their waiting lists, even when they have full enrollment, so vacancy rates could be lower than actually reported. Fifteen counties in Utah have reported vacancy rates of 15 percent or lower. Vacancy rates for infants and toddlers are even lower, representing more difficulty for families in securing this care.

Table 10. Vacancy Rates at Licensed Child Care Centers and Family Homes (As of 10/06/2017)

County	Licensed Capacity	Reported Vacancies*	Vacancy Rate	Vacancy Rate for Infants and Toddlers only
Beaver	67	31	46%	25%
Box Elder	576	70	12%	5%
Cache	1,404	219	16%	7%
Carbon	282	69	24%	27%
Davis	4,051	530	13%	14%
Daggett	0	-	-	-
Duchesne	147	31	21%	14%
Emery	68	10	15%	14%
Garfield	16	0	0%	0%
Grand	119	15	13%	11%
Iron	633	99	16%	11%
Juab	117	37	32%	27%
Kane	0	-	-	0%
Millard	84	9	11%	5%
Morgan	16	0	0%	0%
Piute	0	-	-	-
Rich	0	-	-	-
Salt Lake	18,529	2,387	13%	13%
San Juan	172	79	46%	18%
Sanpete	148	28	19%	11%
Sevier	347	113	33%	7%
Summit	832	108	13%	7%
Tooele	793	30	4%	8%
Uintah	279	52	19%	18%
Utah	4,340	817	19%	17%
Wasatch	199	36	18%	0%
Washington	1,657	356	21%	15%
Wayne	24	13	54%	0%
Weber	4,439	676	15%	12%
Total	39,339	5,815	15%	

Source: DWS Care About Childcare database

*Some programs report vacancies for purposes of their waiting lists, even when they have full enrollment, so vacancy rates could be lower than actually reported in this table. Vacancy rates for infant/toddler care as of 9/6/2017.

Cost and Quality. Cost is an additional barrier to accessing high-quality child care, which is often out-of-reach for many Utah families, particularly low-income or single mothers. The 2015 average annual income for Utah female heads of household with at least one child in the home was $29,860.[40] This makes full-time, high-quality child care difficult to afford, as the cost of child care in Utah for a two-year-old at the 90th percentile is $10,440 per year.[41] The 90th percentile rate indicates that 90t percent of Utah child care programs surveyed charge less than that rate. The market rate at the 90th percentile was chosen because of its greater likelihood of being a high-quality program. This expense requires the average single mother to pay over one-third of her income for high-quality child care.

The Office of Child Care 2016-17 Utah Parental Child Care Survey also demonstrates some of the cost issues that Utah parents with children ages five and younger are facing. The survey found that "cost appears to influence whether parents select a paid care option, and if so, the type of paid care chosen." Among the survey respondents who were working single mothers or dual-income parents who did not participate in regular non-parental care, 17 percent indicated that cost was the primary reason they did not utilize paid child care. For mothers whose child was in paid care, 43 percent responded that the logistics of securing affordable child care were difficult or very difficult.

The quality of child care is important, and is often reflected in the provider's cost. The Utah Office of Child Care launched the website Care About Childcare (CAC) to provide parents with information about child care in Utah. Child care providers registered with Utah's Child Care Resource and Referral Agency have a profile page with CAC that lists their license type (licensed center, licensed hourly center, licensed out of school time program, licensed family, and residential certificate) and status.

While this is a step in the right direction, Utah does not have a mandatory, statewide Quality Rating and Improvement System (QRIS). A comprehensive QRIS system is aligned across state and local government bodies, and collects and evaluates the data necessary to ensure high-quality systems of care for early

childhood development.[42] Because Utah lacks this system, the ability for policymakers and parents to evaluate care facilities is limited.

22,291
Utah children age 0-5 in licensed child care

51%
Utah children ages 0-5 with all available parents in workforce

9 of 29
Counties with no or very limited licensed child care programs
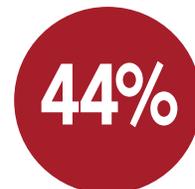
44%
of mothers surveyed would utilize child care if were available
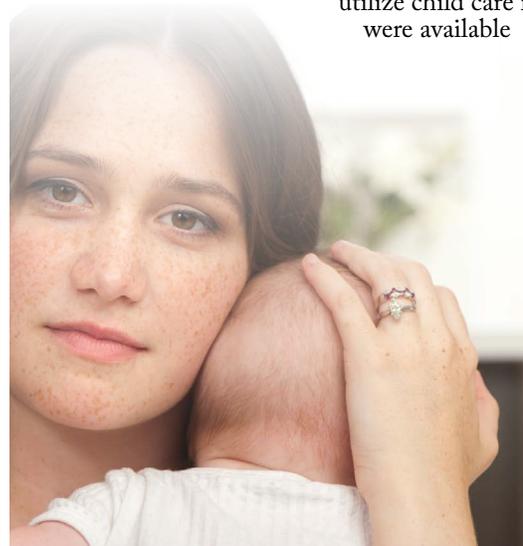
KEY PROGRAMMATIC COMPONENTS OF HEALTH AND DEVELOPMENT

Health Care Access Overview

Access to health care early in life is correlated with positive health and wellbeing throughout life.[43] It is essential that expectant mothers be able to access prenatal and postpartum care, and also important for young children to have access to medical providers. Having health insurance is an essential component to accessing health care. In the absence of health insurance, community providers who accept families with no coverage are vital to providing this access to care.

Health care access is "the timely use of personal health services to achieve the best health outcomes."[44] Access to high quality healthcare as early as possible in a child's life provides children with optimal physical and mental development. Access includes entry into the healthcare system, being able to obtain services appropriate to one's health needs, and finding a provider in whom one can confide.[45] Low-income families and children may have limited access to health care because they have limited insurance coverage, limited local health care resources (particularly in rural areas), and limited access to health care providers knowledgeable about, and sensitive to, their situations.

Insurance Coverage Programs

One step in ensuring all of Utah's young children have access to medical care is ensuring that each family is able to access health insurance. In the absence of employer-provided or personally obtained medical insurance, public health insurance programs provide coverage for eligible families.

Medicaid. Medicaid is funded through state and federal funds and assists low-income families and children in accessing multiple health care services. Medicaid benefits include access to physical health care including maternity services, physical/occupational therapy, vision care, and mental and behavioral health care like case management services, inpatient mental health services, and medication management. Medicaid benefits

are designed to screen children early and identify and treat behavioral or physical health conditions before they escalate. Full dental benefits are also offered to children and pregnant women. Medicaid coverage is available for children as well as for pregnant women and parents or caretakers up to 60 percent FPL. Qualifications for these programs are covered in more detail below.

- **Medicaid Child Under Age 1, Child Age 0-5, Child Age 6-18.** All three of these programs provide Medicaid coverage to low-income families who are in the appropriate age brackets. Child Under Age 1 provides medical coverage for the first 12 months of a child's life. Mothers apply for this coverage after the baby's birth. Child Age 0-5 provides coverage beyond the first year, up to the month a child turns six, with regular renewals to review eligibility. For children who continue to qualify for coverage, Medicaid Child Age 6-18 provides health, mental health, and disability services. A child does not have to reside with a parent or relative to receive this coverage. Coverage is available to children in foster care and those who are medically placed.[46]

- **Child Medically Needy.** This provision of Medicaid provides coverage to children under the age of 18 or between the ages of 18 and 19 who do not qualify for the other child-specific programs due to income levels or other circumstances.

- **Pregnant Woman.** Medicaid provides coverage for a pregnant woman, from the day she submits her application until 60 days after the birth of the child, under the Pregnant Women Medicaid program. At this point a woman can apply for Parent/Caretaker/Relative Medicaid, but if she does not qualify she may have no other source of affordable coverage

- **Medically Needy Pregnant Woman.** Women whose incomes do not qualify them for the Pregnant Woman

program may pay a spenddown and receive Medicaid coverage through Medically Needy Pregnant Woman. Like the Pregnant Woman program, women under the Medically Needy Pregnant Woman program also receive coverage throughout the entirety of their pregnancies and until 60 days after the birth of the child.

- **Baby Your Baby.** Baby Your Baby provides temporary coverage for pregnant women before they are deemed eligible for Medicaid coverage. The woman is expected to apply for regular Medicaid during this temporary coverage period. Baby Your Baby coverage is only issued once during each pregnancy. Baby Your Baby does not replace other coverages, such as home visiting programs. Rather, it is a primary program to ensure access to health care for low-income mothers and children who are in-utero.

- P**arent/Caretaker Relative Medicaid.** This Medicaid program is available for certain low-income parents and caretaker relatives with dependent children. Children must be deprived of parental support, with the parent/caretaker relative meeting income qualifications. After this coverage, they are only eligible for Utah's Primary Care Network.

Children's Health Insurance Plan (CHIP). Utah's CHIP provides access to medical care to lower income children under the age of 19 who do not have health insurance and who do not qualify for Medicaid. Preventive care services include well-child exams, sick visits, prescriptions, dental care, eye exams, hospital care, emergency room visits and urgent care visit. These services are not associated with co-payments, although CHIP does require co-pays for certain services, as well as quarterly premiums. In Utah, almost 20,000 children covered by CHIP may lose coverage if Congress fails to fund CHIP. At the time of publication, Congress had not approved funding for CHIP.[47]

Utah Premium Partnership for Health Insurance (UPP). UPP is a state program that assists low-income families who are enrolled in employer-sponsored health coverage or COBRA[48] in paying their health insurance premiums. Eligible households are given up to $150 per person per month. Additional reimbursements are provided for children enrolled in dental coverage. UPP ensures that low-income young children have regular access to health care services.

Primary Care Network (PCN). Utah's PCN provides insurance coverage to adults ages 19-64 to cover the costs of primary care providers. Eligibility is dependent on income. Enrollment is reviewed every 12 months. Co-pays and out-of-pocket costs are limited to $1,000 per year. Children of parents enrolled in PCN are eligible for free or low cost medical care services, including early intervention.

Health Care Access Gap Analysis

In Utah, six percent of children are uninsured compared to four percent of children nationwide.[49] This means that roughly 54,000 children in Utah less than six years old are uninsured, lacking reliable access to health care.

In general, children in Utah have much lower rates of public-only health insurance.

Table 11. Percentage of Children, ages 0 to 17, with Health Insurance, by Insurance Type

Insurance Type	Percentage of children in U.S.	Percentage of children in Utah
Employer-based	48%	63%
Direct-purchase	6%	9%
Other private coverage	1%	2%
Public only	36%	17%
Both public and private coverage	4%	3%
Uninsured	4%	6%

*Public only includes coverage by a federal program (Medicare, Medicaid, other medical assistance programs, VA Health Care, CHIP, or individual state plans)

Source: Kids Count http://datacenter.kidscount.org/data#UT/2/0/char/0

The figure below shows the income brackets of the parents of uninsured children, as well as the relationship between uninsured status and poverty levels.

Figure 6. Distribution of Uninsured Utah Children, Ages 0 to 18, by Income Level
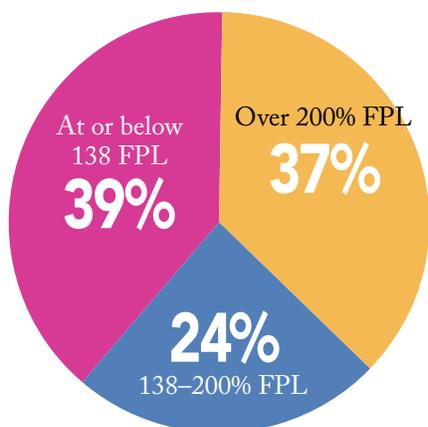
Income Level	Assistance Eligibility
At or below 138% FPL	Income threshold for Medicaid
138-200% FPL	Income threshold for CHIP
Over 200% FPL	Ineligible for Medicaid and CHIP

Source: IBIS: https://ibis.health.utah.gov/indicator/view/MedCHIPPen.CHIPElig.html *(2015)*

The figure above shows that 63 percent of children in Utah who are uninsured may be eligible for public insurance coverage. Gathering information on why these children are not covered could help identify ways to get more of them covered under certain insurance programs. Among children who are uninsured, 39 percent live in households whose incomes exceed the eligibility threshold for receiving Medicaid and CHIP coverage. It is possible that these children are not insured because their parents make too much money to qualify for public coverage, but do not make enough money to afford private coverage. Additionally, evidence indicates that when parents are uninsured, they are less likely to enroll their children in insurance programs.[50] Another consideration is the high uninsured rates among Hispanic children. Undocumented children are not eligible for these programs, and mixed-status families may be reluctant to enroll their children, even if the children are eligible. These factors contribute to health disparities among Utah's racial and ethnic minority children.[51]

The most recent analysis related to intergenerational poverty (IGP) in Utah and the correlations with health care indicate that access to health care is a major concern. Several Utah counties with high levels of IGP are designated as a partial or full Health Provider Shortage Area (HPSA), which means there are not enough primary care, dental health, and mental health care facilities to meet the demand for families in high need of these services.[52] Where there are providers available, many do not accept Medicaid payments to reimburse for care.

Physical, Mental and Behavioral Health Services Overview

Good health is essential to leading a productive life. Data indicates that children who are in good health are more likely to perform well academically[53] and lead productive lives.[54] Good health encompasses both physical health and mental and behavioral wellbeing, which affect one another. Providing all parents with access to mental health services can result in healthier parent-child relationships and prevent incidences of child abuse and neglect.[55] In addition, babies of mothers experiencing post-partum or clinical depression may incur developmental and cognitive delays.[56] Regular preventive physical health care aids in overall health and reduces emergency room visits, which saves money in the long run.[57]

Research on early childhood development has demonstrated that early adverse experiences[58] can have long-terms effects on physical and mental development and result in chronic physical, mental, and behavioral health problems.[59] Adverse childhood experiences include verbal, physical, and sexual abuse, emotional or physical neglect, parental separation or divorce, and living with a household member who is in an abusive situation, engages in substance abuse, has a mental illness or engages in criminal behavior. Poverty exacerbates toxic stress for both children and adults, and can negatively impact a child's development.[60]

Providing physical and mental health interventions for children who have been exposed to stressful, adverse experiences is one way of mitigating long-term health and behavioral problems. Providing a strong support system for at-risk families, as discussed in the Family Support and Safety domain of this report, is another. Providing interventions for mental health problems is also important in preventing long-lasting and generational adverse effects.

Primary Care

Primary care providers promote preventive care such as health, mental health and developmental screenings as well as curative care for treatable symptoms. Primary care facilities can be located in health centers, hospitals, universities or other institutional settings.

Child's Health and Evaluation Care (CHEC). CHEC provides preventive medical and dental care to children ages 0-22 who qualify for Medicaid. Services include physicals, hearing and vision screenings, mental health care, dental care and immunizations. See https://medicaid.utah.gov/childrens-health-and-evaluation-care.

Utah Health Centers. Utah Health Centers, sustained by federal Health Resources and Services (HRSA) funding, have served families and children in Utah for over 50 years.[61] Utah Health Centers operate 51 clinics in 13 health center locations throughout the state, which accept patients regardless of insurance status and ability to pay, with fees charged on a sliding scale.[62] Health Centers are community-based and largely run according to patient input in order to best serve its community members. Health Centers are able to serve as primary medical homes for patients as they provide comprehensive primary and preventive medical, dental, behavioral health and vision services. See https://www.auch.org/

The state is divided into 13 Local Health Districts (LHD), which are responsible for providing public health services, shown in the table below. The following table also shows how many Utah Health Centers are located in each of the local health districts.

Table 12. Number of Utah Health Centers by Local Health District

Local Health District	Number of Utah Health Centers
Bear River (Box Elder, Cache, and Rich counties)	8
Central Utah (Juab, Millard, Piute, Sevier, Wayne, Sanpete)	4
Davis	1
Salt Lake (including two mobile clinics that also serve Tooele)	12
San Juan	4
Southeast Utah (Carbon, Emery, and Grand counties)	3
Southwest Utah (Garfield, Iron, Kane, Washington, and Beaver counties)	8
Summit	0
Tooele (mobile clinics that also serve Salt Lake)	2
TriCounty (Daggett, Duchesne, and Uintah counties)	2
Utah	4
Wasatch	0
Weber-Morgan	5

Preventive Care

Preventive care services are health services meant to screen out potential health, development, or mental health issues, or, as the name suggests, prevent further issues by providing key services in advance of an issue (such as immunizations or flu-shots). Preventive services are provided at no-cost for families without health insurance or Medicaid coverage. Utah prevention services for low-income families with young children (ages 0-5) include the Woman, Infants and Children (WIC) program, Immunize Utah, and safe transportation supports for infants at participating health clinics.

Women, Infants and Children (WIC). Utah's WIC program serves mothers, infants, and children up to the age of five. In addition to offering food vouchers to eligible women and children, WIC offers nutrition counseling, breastfeeding support, and referrals to public health programs and health care providers.[63] Nutrition counseling and health care program and provider referrals all work to ensure that young children receive appropriate nutritional care to optimize health and wellbeing. See this report's Food Security section for additional information regarding the WIC program and income eligibility, and https://wic.utah.gov/

Immunize Utah. Immunize Utah is a program of the Utah Department of Health that seeks to promote vaccinations as a way to reduce illness, disability, and death from vaccine-preventable infections. One of its programs, Vaccines for Children (VFC), provides vaccines to providers for eligible children ages 0-18. Eligible children include those enrolled in Medicaid or CHIP, American Indian/Alaskan Native children, and children who are not insured or whose insurance coverage does not cover immunizations.[64] See http://www.immunize-utah.org/

Car Seat Inspection. The Utah Department of Public Safety provides car seat inspections to parents in order to ensure that car seats are safely and properly installed. Proper installation and usage of car seats is critical to keeping young children safe while in a car.[65] Various local health districts around the state, such as

Central Utah, may also provide car seat inspections and may also provide car seats at a discounted cost to families who need them. See https://highwaysafety.utah.gov/seat-belts-and-car-seats/car-seat-safety/ and http://www.health.utah.gov/vipp/kids/child-passenger-safety/

Maternal Mental Health and Mental Health Care

The lives of young children are highly influenced by the mental wellbeing of their parents. Maternal depression is associated with negative socio-emotional development and cognitive delays.[66] The Pregnancy Risk Assessment Monitoring System (PRAMS), administered by the Centers for Disease Control and Prevention (CDC) and state health departments, collects population-based data on maternal attitudes and experiences at state levels.[67] According to 2009-2011 PRAMS data, 15.3 percent of Utah women reported frequent postpartum symptoms.[68]

Several resources exist to address maternal postpartum depression. The Maternal Mental Health Collaborative (MMHC) provides resources for moms, families and professionals, including checklists, descriptions of maternal depression and lists of resources. The MMHC also hosts an annual conference. See http://www.utahmmhc.org/. Additionally, parents can access online resources. Postpartum Progress is a website that lists support groups for postpartum depression by state, including Utah, and Postpartum Support

Table 13. Percentage of Utah Women who Report Postpartum Depression Symptoms, by Maternal Age

Source: Utah PRAMS, 2012–2013
https://ibis.health.utah.gov/indicator/complete_profile/PPD.html
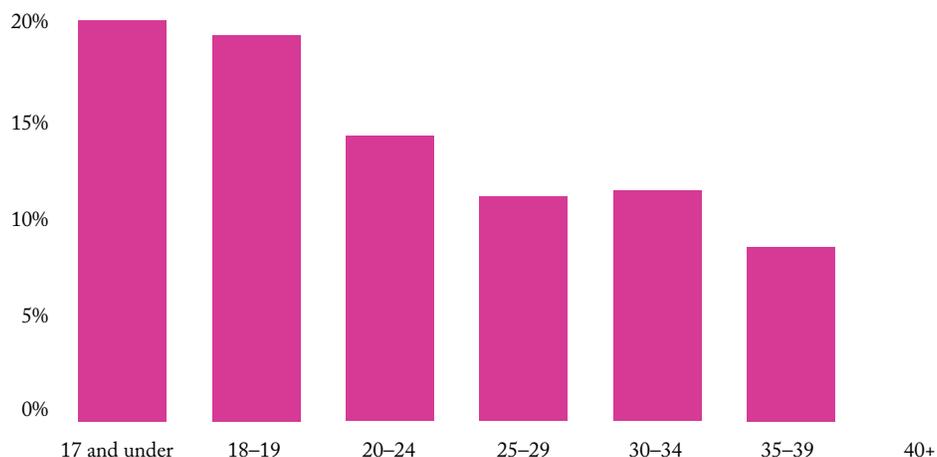
International provides a list of coordinators in Utah who serve as volunteer resources. The website also lists postpartum support groups and educational events about postpartum depression.

Division of Substance Abuse and Mental Health (DSAMH). Publicly funded behavioral health services in Utah are provided through state and county government entities. The DSAMH, in the Department of Human Service, is responsible for providing comprehensive substance use and mental health disorder services throughout the state.[69] The DSAMH contracts with other support agencies to provide Family Resource Facilitators to work with families across the state. In addition, the DSAMH has allocated funding to support School-Based Behavioral Health, and Youth Mobile Crisis Teams. Mobile crisis teams enable families in crisis to receive a home visit from a licensed therapist. See https://dsamh.utah.gov/

The Children's Center. The Children's Center was originally founded in 1962 to provide comprehensive mental health care for young children (infants, toddlers, preschoolers) and their families. Today, the center sees families with children up to age six. There are two locations: one in Salt Lake City and one in Kearns. In addition to providing clinical services, the center also provides trainings for clinicians across the state. See https://childrenscenterutah.org/

National Alliance on Mental Illness (NAMI). NAMI is a national, grassroots organization that seeks to improve the lives of individuals with mental illness. The local Utah affiliate, NAMI Utah, offers free education materials, on-site consulting for mental health concerns, and organizes support groups for families and caregivers in major metropolitan areas of Utah (Salt Lake City, West Valley, and other areas as available). NAMI Utah also advocates for policy change to improve the level of care and treatment available in Utah, especially for treatable disorders such as general depression, post-partum depression and initiatives to prevent suicide.[70] See https://www.namiut.org/

Physical, Mental, and Behavioral Health Services Gap Analysis

The gaps in health care access impact children and families' ability to address primary and preventative care. Even if children have health insurance coverage but their parents do not, parents may be less likely to take their children to seek healthcare services.[71] As discussed in the Health Care Access gap analysis, numerous Utah counties with high rates of Intergenerational Poverty (IGP) have also been identified as partial or full Health Provider Shortage Areas (HPSA) in the areas of primary care, dental care or mental health care. The greatest shortage areas appear to be in mental health care, where all counties identified as having high rates of children at risk of remaining in poverty were found to be mental health HPSAs. Many of these are rural counties, where health centers and providers are generally more limited in services provided, or are sparsely located, which can create significant transportation and access barriers.[72]

In addition to the fact that physical and mental health services are limited in rural areas, mental health care is limited throughout the state. Mental health disorders usually appear early in life: half of mental health problems appear by age 14, and three-quarters of problems occur by age 24.[73] Moreover, children under age five can also experience mental health issues, and yet, because it is not widely recognized that infants and toddlers need mental health care services, when children this age need services, it is often difficult to receive coverage.[74] Although it is important to begin addressing mental health care issues among the youngest children, children are more likely to receive care when they enter school. As the table below shows, while many school-aged youth need behavioral health services, the percent who receive services is small. In fact, less than a quarter of children in urban counties and statewide that need services receive them.

Table 14. Mental Health Needs of Children ages 5 to 17, by County, FY2016

	Number in need of treatment	Number served	Percent of those in need of treatment who are served
Rural Counties			
Bear River	5,190	1,509	29.1%
Central	2,192	500	22.8%
Four Corners	1,244	434	34.9%
Northeastern	3,052	878	28.8%
San Juan	592	192	32.5%
Southwest	6,477	1,600	24.7%
Summit	886	229	25.9%
Tooele	2,810	489	17.4%
Wasatch	702	171	24.4%
Total	23,146	5,973	25.8%
Urban Counties			
Davis	1,363	2,051	18.0%
Salt Lake	38,425	6,176	16.1%
Utah	18,181	3,455	19.0%
Weber	9,078	1,657	18.3%
Total	77,047	13,235	17.2%
State	100,193	19,063	19.0%

Source: Utah Division of Substance Abuse and Mental Health https://dsamh.utah.gov/pdf/Outcomes/MHE%20FY2016%20Youth%20Final.pdf

As shown previously, rates of postpartum depression in Utah are 15.3 percent. Utah's rates are higher than the national average of 10.1 percent. Additionally concerning is a finding that 60 percent of Utah women experiencing postpartum depression do not seek medical help.[75] It is important that Utah's mothers receive the mental health care they need in order to best care for their children.

Early Intervention Overview

Early experiences have lasting effects on a child's social, emotional and cognitive development. Children most at-risk of delays are those born with cognitive or physical developmental delays, or those who experience stressors including poverty, neglect and abuse, which may impact healthy development.[76] Research has shown that early interventions positively impact a child's developmental trajectory and improve outcomes over their lifetime, including academic accomplishments, career and family stability, as well as increased longevity.[77] Early intervention programs are primarily administered under the Individuals with Disabilities in Education Act (IDEA) Part C – Early Intervention Program for Infants and Toddlers with Disabilities. This federal grant program assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, age birth through two. Annual funding to each state is based upon census figures of the number of children, birth through two, in the general population.[78]

Utah primarily offers intervention services through the Utah Baby Watch Early Intervention Program (BWEIP), which provides identification and intervention services through local entities such as local county health departments, universities, school districts and non-profits. In addition to BWEIP, programs such as Act Early and Help Me Grow Utah provide resources to help parents and providers identify developmental delays and find supportive services. Several home visitation programs, as previously outlined in the Home Visiting section of this report, also provide identification and prevention services.

Early Identification Resources

Home Visitation Programs Providing Early Intervention. Home visitation programs managed and supported by the Utah Office of Home Visiting are a primary provider of early intervention services that include ASQ screenings and other screenings to refer parents and children to additional support services. See Home Visiting section for more information.

Community-Based Home Visiting Programs. Some counties offer their own versions of home visitation programs for at-risk families. Examples include the Bear River Health Department's Home Visiting Nurse Program, Central Utah Public Health Department's Home Visitation Program, and Wasatch County Health Department's Home Visitation program. In addition, Welcome Baby is provided through a partnership between United Way of Utah County and the Utah County Health Department. The service provides resources to parents including home visitations from nurses and trained parent educators who help parents build parenting skills, develop healthy eating habits, and engage their children in school readiness activities. In addition to providing home visits, Welcome Baby encourages parent education through "Ready to Learn" parenting workshops and encourages parents-child socialization by hosting weekly play groups.

Act Early. Act Early is Utah's version of the national "Learn the Signs. Act Early," campaign that encourages parents to monitor children's development and seek help when needed. The Act Early website provides checklists and tools to help parents understand appropriate developmental milestones. In addition

to sharing these resources through its website, resources are disseminated via social media and at various medical clinics.

Developmental Screening ASQ. As part of the Act Early campaign, and in an effort to adequately screen all children for developmental delays, the Utah Department of Health, Bureau of Child Development provides access and information on the Ages and Stages (ASQ) developmental screening tool. The ASQ is used to identify whether a child would benefit from early intervention services, and to identify key attributes of developmental delays. Identifying delays through the ASQ provides parents and health care providers the information necessary to seek services or additional diagnoses in order to address the needs of very young children. ASQ screenings are provided through coordination services such as BWEIP and home visitation programs.[79]

Help Me Grow Utah. Help Me Grow Utah is part of the Help Me Grow National Network. It is a free helpline that provides parents with information and referrals to services. Parents are assigned a personal care coordinator who provides ongoing assistance via phone and email regarding developmental screening and other resources. Help Me Grow (HMG) supports parents from pregnancy through age 8.[80] As a service coordination tool, HMG helps connect parents to BWEIP and home visiting services among other services.[81]

Utah Baby Watch Early Intervention Program (BWEIP)

BWEIP provides intervention services to infants and toddlers with developmental delays or disabilities. All early intervention services are provided in the child's natural environment, through a home coaching model delivered through 15 regional programs.[82] Some services include assessments of child health and development, and service coordination among providers, programs and agencies. Intervention strategies, resources and services depend on the local health department and the availability of services by location.

Children birth to three years of age who meet or exceed the definition of developmental delays in one or more of the

following areas qualify to receive early intervention services:

- Physical development
- Vision and hearing
- Feeding and dressing skills
- Social and emotional development
- Communication and language
- Learning, problem solving and play skills

Children receive services after they are referred for evaluation and deemed eligible. Children born with certain health conditions (e.g., Down Syndrome, hearing loss, vision loss) are automatically eligible for services. Parents of children who are referred to BWEIP and are found eligible are required to pay a fee to contribute to the delivery of services. The fee is based on income level of the family, and cannot exceed $200 per month. The fees are waived for families and children enrolled in Medicaid, or families receiving services from the Family Employment Plan Cash Assistance Program; Temporary Assistance for Needy Families (TANF); Women, Infants and Children (WIC); and the Primary Care Network (PCN). Fees are also waived for children enrolled in Early Head Start and the Children's Health Insurance Program (CHIP).[83]

Roughly 9,200 children are referred to Baby Watch annually, and over 5,000 children are deemed eligible to receive services. BWEIP has provided positive outcomes for families, as 77 percent of children who have exited Baby Watch in the past three years show improvement.[84] For children receiving BWEIP services, 78 percent, ages 0-3, are low income.

Table 15. Baby Watch Early Intervention Program, Age at Referral during FFY2015

Age at Referral	Number Referred	Percent Referred
Birth to One Year	2,648	29%
One to Two Years	3,126	34%
Two to Three Years	3,452	38%
Total	9,226	100%

Early Intervention Gap Analysis

It is important to provide early detection and services for children who might be at risk for developmental delays. First, all children deserve a chance at optimal development, and providing screening and intervention services for the most at-risk children enhances child development overall. Second, early intervention is not just aimed at young children, but provides a supportive framework for the family as well. Third, early intervention services maximize a child's benefit to society and reduce associated costs and burdens for long-term care.[85] Nationally, more children are in need of services than are able to be served, more children need to be served at earlier ages, and states need to increase efforts to reduce racial disparities in the identification (or lack of identification) of developmental delays in very young children (ages 0 -3).[86]

In Utah annually, 22,000 children under the age of 3 are potentially at risk for developmental delays and disabilities. Yet only between 5,000 and 7,000 receive early intervention services through Part C of IDEA.[87] The Baby Watch Early Intervention Program (BWEIP) currently has approximately 4,300 eligible children[88] participating in early intervention across the state. With ongoing population growth, federally required child find activities, and increasing caseloads, the State of Utah is able to meet the minimum service delivery needs for eligible children. During FY15, there were 9,226 children referred to Baby Watch. Of those referred, 5,311 children, or 58 percent, were found eligible for services.

Table 16. Children referred and children found eligible for the BWEIP, by Federal Fiscal Year

	FFY2013	FFY2014	FFY2015
Children referred	6,885	7,303	9,226
Children found eligible to receive services	4,653	4,968	5,311
Percentage found eligible to receive services	68%	68%	58%

Source: FFY2015 State Performance Plan/Annual Performance Report

A cost study conducted in 2015, which assessed SFY2014 expenditures, revealed that statewide operating costs exceeded the funding received. This difference in cost is made up through in-kind contributions such as waived fees facilities. In addition, staff workers often work additional hours, uncompensated, in order to complete caseloads.[89] Currently, the BWEIP caseload is funded to accommodate 1.5, one-hour service visits to children served through the program. This is dramatically less than the national average of 4.3, one-hour service visits.[90] Without additional funding in the upcoming years to address increasing child counts and direct service staff needs, it will be difficult to fund quality early intervention service delivery that will in turn positively impact long-term outcomes, including school readiness.

KEY PROGRAMMATIC COMPONENTS OF EARLY LEARNING

Early Literacy Overview

Early learning that supports literacy development occurs in the home and outside the home, both formally and informally. A child's experiences in the first five years of life provide a cornerstone for lifelong learning, and lay a foundation for language skills, socio-emotional regulation, and school and life success.[91] The learning environment in a child's home is not only critical for early school readiness, but growing evidence suggests that this environment affects later academic learning and success.[92] Children benefit greatly from positive learning experiences, particularly when these experiences mitigate barriers that may otherwise impede educational achievement, including toxic stress and adverse childhood experiences (ACES).[93]

Unfortunately, gaps in student achievement often appear early in life. There are disparities in the number of words that children from affluent households know compared to children from households in poverty, impacting early literacy.[94] These early gaps can have a long-term impact on educational outcomes over the lifetime of an individual.

Several resources exist in Utah to develop early literacy skills in children. Parents and caregivers can find numerous resources online, and participate in local and national programs. There are also resources that provide professional development and technical assistance to early childhood professionals to encourage these practices.

This section of the report has clear connections to the Parenting Section, as well as the Early Intervention Section, as early literacy development is a key component of parenting young children for healthy development. By engaging in positive early literacy strategies such as talking and reading to babies, responding to babies when they give verbal cues, encouraging curiosity and naming objects, and singing songs, poems, or nursery rhymes, parents can help develop babies' brains to be ready for literacy and learning.

Early Literacy Gap Analysis

Similar to the gap analysis and discussion in the parenting section of this report, the state lacks a coordinated early literacy program that brings together the numerous actors working in this area. This also means there is no centralized or uniform data in this area about the number of children or families receiving these services, and from which entities. However, the Utah Early Childhood Core Standards provides guidance to those working with young children, and parents, of the literacy skills young children should possess at certain ages. These standards also ensure that all early literacy programs align with these early learning guidelines.

Several actors are involved in public outreach/education campaigns to specifically inform parents of the importance of talking to their children from the time they are born, but additional coordination and collective impact efforts could maximize resources and unify the community. A coordinated effort would help stakeholders consider what resources are available to best assist parents who are in specific situations, versus those that are intended for all parents. Some resources should be designed specifically to serve low-income parents, single parents, new parents, refugee parents or teenage parents, while other resources serve all parents, regardless of their demographics.

Table 17. Examples of Early Literacy Programs and Resources

Name	Actor(s)	Description
Ready to Read http://utahkidsreadytoread.org/	State Agency – Utah State Library Division	Provides information, training, technical assistance and resources on emergent literacy for Utah librarians and community partners. Seeks to increase the frequency and intention of parents and caregivers talking to their children, sharing books with their children, bringing their children to the library.
1,000 Books Before Kindergarten https://1000booksbeforekindergarten.org/find-a-program/utah/	Non-profit, partners with libraries throughout Utah	Promotes reading to newborns, infants, and toddlers, and encourages parent and child bonding through reading.
Reach Out and Read http://www.reachoutandread.org/resource-center/find-a-program/	Non-profit/ Community	Organization that partners with doctors to prescribe books and encourage families to read together. Trains health care professionals, gives books to children at pediatric checkups with a special focus on children growing up in poverty.
Read Today http://www.readtoday.com/	Governor/First Lady, Community	Summer reading program.
UEN Pioneer Preschool http://preschool.uen.org/parent/tips.shtml	Higher Education – Utah Education Network	Online resource with activities, links to resources, and tips for parents to support young children's literacy and other developmental skills.
Envision Utah http://www.envisionutah.org/projects/early-childhood-learning	Non-profit	Campaign to increase public awareness and support for key educational strategies. One of these strategies is talking to and interacting with babies and toddlers. Envision Utah is also working with Utah stakeholders to explore a strategic partnership to build on and expand the Thirty Million Words initiative. The parameters and branding of a scaled-up effort are to be determined.
National outreach campaigns and resources, including: Talk With Me Baby https://www.utahca.org/2016/10/17/utah-community-action-partners-talk-baby/ Thirty Million Words http://thirtymillionwords.org/ Babies need words every day http://www.ala.org/alsc/babiesneedwords	Non-profit	Talk With Me Baby promotes concept of "language nutrition." Targets the workforces that already interact with new and expectant parents, including nurses, WIC nutritionists, early learning educators, and prepares them to coach families in how and why to provide their babies with the language nutrition they need to support early brain development. Thirty Million Words (TMW) uses parent language to build a child's brain and impact his or her future. The TMW curriculum combines education and technology in a multimedia platform. National public awareness initiative developed by the Association of Library Service to Children (ALSC). Was created to help bridge the Thirty Million Word Gap. Includes posters and other instructive materials and workshops to help inform parents of the vital importance of talking to their babies.

Early Learning Programs

Utah families have several options to support their child's early learning. These options include in-home programs, as well as programs within their communities. The variety of options supports the parent's choice in selecting the program that fits both the needs of the individual child and the family. The following provides an overview and gap analysis of these programs.

Early Head Start and Head Start Overview

Early Head Start and Head Start are federally funded programs serving low-income families through agencies in local communities. The families that are eligible are those with incomes at or below the federal poverty level. In addition, families who are homeless, those with children in foster care, receiving Supplemental Security Income (SSI) or receiving benefits through Temporary Assistance for Needy Families (TANF) are eligible. The funding model is unique among federal programs in that the funding flows from the U.S. Department of Human Services directly to local entities, instead of through a state agency. These programs support the comprehensive development of children from birth to age five in centers, child care partner locations, and in their own homes.

The programs offer a variety of service models, depending on the needs of the local community, and are responsive to the ethnic, cultural, and linguistic heritage of each child. In all models, a variety of services are coordinated to meet the needs of children and their parents. In Early Head Start, the family-centered model includes serving pregnant women, infants and toddlers, until the child is ready to enter Head Start or another early learning program at age 3. Currently, programs are providing 153 pregnant women with pre- and post-natal and fetal development education.

Similarly, Head Start extends beyond providing early learning services and includes coordination of services focused on health and family well-being for children ages 0-5 and their parents. Head Start focuses on the child's development of language and literacy, social skills and emotional well-being. For children in Head Start, health and developmental screenings are provided, as well as nutritious meals, oral health services and mental health support. The comprehensive nature of Head Start extends to the child's family by connecting them to important health services and supporting parents obtaining additional education, financial security, housing stability, and reaching personal goals. These all support and help strengthen the parent-child relationships and engage families around their children's learning and development.

The Utah Head Start Association and the Utah Head Start Collaboration Director, located in the Department of Workforce Services, Office of Child Care, jointly serve Utah's Head Start community. Twelve Head Start service providers have 143 program locations throughout the state.

Table 18. Early Head Start and Head Start Providers and Programs in Utah

Provider	Programs Offered			Counties Served
	Early Head Start	Head Start	EHS-Child Care Partnership	
Bear River Head Start	X	X		Box Elder, Cache, Rich
Ogden-Weber CAP	X	X		Weber
Davis Head Start Program	X	X		Davis, Morgan, Summit
Utah Community Action	X	X	X	Salt Lake, Tooele
DDI Vantage	X		X	Salt Lake
Centro de la Familia*	X	X	X	Salt Lake, Sevier, Utah
Ute Tribe		X		Duchesne, Uintah
Kids on Move	X			Utah
Mountainland	X	X		Juab, Utah, Wasatch
Rural Utah Child Development	X	X		Carbon, Emery, Grand, Piute, San Juan, Sevier, Uintah, Wayne
Southern Utah University		X		Beaver, Garfield, Iron, Kane, Millard, Washington
The Learning Center	X			Washington

Also offers Migrant and Seasonal Head Start

Source: Utah Head Start Association; Utah Head Start Collaboration Office

During the 2016-17 school year, 6,694 enrollment slots were funded in Early Head Start and Head Start Programs, most of which were in the Head Start program. Due to enrollment turnover and mobility, the programs served a total of 8,151 children and pregnant women throughout the year in those funded slots. Within the total number of children, the programs were able to serve 553 homeless children, 274 children living in foster care, 1,253 children with a diagnosed disability, and 2,322 children with Spanish as their primary language.

6,694 2016-17 funded Head Start enrollments for children age 0-5

8,151 cumulative number of children and pregnant women served in 2016-17

Table 19. Early Head Start and Head Start Program Outcomes

By the end of the 2015-16 School Year:		
Children		
	Percent	Outcome
	91%	Children had health insurance
	96%	Children had a medical home
	96%	Children were up-to-date immunizations
	90%	Children had a dental home
Families		
Number	Percent	Outcome
5,460	74%	Families received Family Supportive Services
4,524	61%	Families received Parenting Education
1,585	21%	Families needed Emergency or Crisis Intervention
407	6%	Adults received Workforce Training
759	10%	Families received Relationship or Marriage Education
895	12%	Adults received Substance Abuse Prevention
906	12%	Families received Child Abuse and Neglect Services
1,313	18%	Families received Mental Health Services

Source: Office of Head Start – Utah Services Snapshot http://eclkc.ohs.acf.hhs.gov/pir

Early Head Start and Head Start Gap Analysis

Utah's funding source for Head Start enrollments is solely from federal funds, which does not cover the full need. The National Head Start Association estimates that 26 percent of eligible children ages 3-5 have access to Head Start in Utah, and just 9 percent of eligible children under three have access to Early Head Start.[95] For the 2016-17 school year, there were 6,694 funded Early Head Start and Head Start enrollment slots. When comparing these slots to the 39,000 children ages 0-5 in Utah who are estimated to be living below the FPL, Utah's Early Head Start and Head Start programs have funding to serve only 17 percent of the eligible population. Early Head Start and Head Start programs in Utah served over 8,000 pregnant women and children during the 2016-17 school year through the funded enrollment slots. Due to limited federal funding, there are not enough spaces for all eligible children. Currently there is a long waiting list and demand for Head Start and Early Head Start services.[96]

In addition to an inability to meet the need, there are several barriers for low-income families participating in Head Start programs. As noted above, the families accessing these programs face socio-economic barriers, and as a result, tend to be more mobile. This increased mobility among the families results in

program attrition. Additionally, the majority of the programs are not offered for a full-day or a full-calendar year. This limited schedule presents challenges for working parents who need full-time care, while also failing to provide continuity of care for children, a critical developmental requirement for young children. Fortunately, many Head Start programs in Utah received additional federal funding to provide six hours of care and operate year-round. Another barrier to accessing the programs is transportation. Some families, especially in rural areas, have long distances to travel to attend a Head Start program. While each county is contained in a service region, there are some counties where there is no program within the county.

17%	16%
Eligible families being funded for Head Start enrollments	Children enrolled in full-day, 5-day Early Head Start or Head Start programs

Additionally, Head Start programs struggle to retain highly-qualified teachers. A national report found that Head Start programs experienced 33 percent teacher turnover due to salary, and Early Head Start experienced 25 percent teacher turnover due to salary.[97] The average Head Start teacher with a bachelor's degree in Utah makes $25,301 per year, compared to the $46,290 a kindergarten teacher makes annually.[98]

State policymakers could consider additional state funding to supplement the federal funding, allowing additional children to be served by existing programs. Additionally, Head Start programs and other early childhood stakeholders could engage in more collaboration and resource sharing between early childhood programs to help maximize current funding streams (federal, state and local) and produce higher outcomes for children.

Preschool Overview

High-quality preschool programs can have a substantial positive impact on early learning and development for all children, but especially for children who may not be able to access similar resources on their own.[99] Early childhood education provides educational foundations that have concrete academic outcomes as children enter kindergarten ready to learn and engage in education.[100] Although Utah has various state- and locally-run programs, the state does not have a comprehensive statewide pre-kindergarten program.[101] Because of this fragmented system of programs, there is not uniform or complete data collection on preschool programs in the state, or the number of children served by different types of preschool providers.

Special Education Preschool. Under Part B of the Individuals with Disabilities Education Act (IDEA), children with special needs are entitled to a free, appropriate public education, beginning at three years old. Some school districts offer these special education services in their schools, and some contract with third-party providers to enroll the students. Utah's local school districts provided preschool services for 10,199 three- and four-year-old special education students in the 2016-17 school year.

In addition to providing special education preschool services, some school districts and charter schools (local education agencies, or LEAs) offer preschool programs. Since no state money is appropriated to LEAs through the school finance formula for preschool, some LEAs have used federal Title I funding, local funding sources, grants, and private donations to fund preschool classrooms. There are also private licensed child care providers and license-exempt child care providers that are providing children a preschool experience. See Child Care section of this report for further detail.

For the 2016-17 school year, 650 public schools in Utah offered kindergarten. Of these schools, 54 percent (352 schools) submitted preschool enrollment figures to the State Board of Education. That year, 21,472 children participated in public preschool, as reported by those 352 schools. This number includes both three- and four-year-old students, including those receiving special education services (the 10,199 reported previously).

Identifying a cohort of four-year-old public preschool students that is analogous to a cohort that would start public kindergarten the following year can give a clearer picture of

public preschool. During the 2016-17 school year, public preschools in Utah schools served a cohort of 12,128 four-year-olds. This includes 4,793 special education students with an individualized education plan.[102] Given that 47,672 public school students enrolled in kindergarten on October 1, 2017, the public preschool programs served only 25 percent of the incoming kindergarten students.

While the Utah Legislature has not established a comprehensive preschool program, they have created several pilot programs or initiatives.

Legislative Programs

UPSTART. Utah's first state-funded preschool service, the UPSTART program, began as a pilot program in 2008. The legislature created the Utah Preparing Students Today for a Rewarding Tomorrow (UPSART) program to provide a kindergarten readiness computer software program for families to use at home. It offers four-year-olds an individualized reading, mathematics and science curriculum with a focus on reading. All Utah children are eligible to participate in the program, but priority is given to low-income families and families who are not native English speakers. Qualifying families may receive a Chromebook and home Internet access during the time they are in the program. The UPSTART population for the 2016-2017 school year consists of approximately 10,745 children. Approximately 53 percent of the current UPSTART population lives in suburban areas, 37.5 percent in urban areas, and 10 percent in rural areas. The program requires at least 30 percent of the participants to be from low-income families, which was met with 42 percent of cohort 8 participants coming from low-income families.[103] The Legislature appropriated $6.19 M to the UPSTART program in FY2016, $6.26 M in FY2017, and $7.76 M in FY2018, expanding the program to more students.[104]

High Quality School Readiness (HQSR). Beginning with the 2014-15 school year, Utah began implementing the School Readiness Initiative, created by 2014 General Session House Bill (HB) 96. The School Readiness Initiative was designed to fund high-quality preschool programs at LEAs, private child care providers and home-based education technology providers. The providers serve economically disadvantaged three- and

four-year-old students. The programs are funded by leveraging private money from investors, only to be paid back by the state if the outcomes of the program meet the prescribed goals. This program is a "Pay for Success" program, the first of its kind in Utah. It also funded grants for existing public and private early education programs to increase program quality. The legislature appropriated $3 Million to the HQSR Initiative.[105] During the 2016-17 school year, the Pay for Success funding in the HQSR Initiative provided 1,000 children the opportunity to attend high-quality programs.

High-Quality School Readiness Expansion (HQSR-E). In the 2016 General Session, the Utah Legislature expanded the HQSR program with Senate Bill (SB) 101, and appropriated federal TANF reserve funds to provide additional slots for children to attend programs that were deemed high-quality. The State Board of Education received $7 million and DWS, OCC received $1 million to serve additional students who are economically disadvantaged.[106] In order to determine quality, staff from the Utah State Board of Education (USBE) and DWS, OCC conducted observations with nationally-recognized rating tools and some additional rubric criteria. Staff from

54%
public schools reporting they offer pre-k

12,128
Cohort of 4-year-olds attending a public pre-k program

10,745
children using UPSTART, a home-based k-readiness software program

1,000
Preschool students funded through legislative HQSR funds

662
Preschool students funded through legislative HQSR-E funds
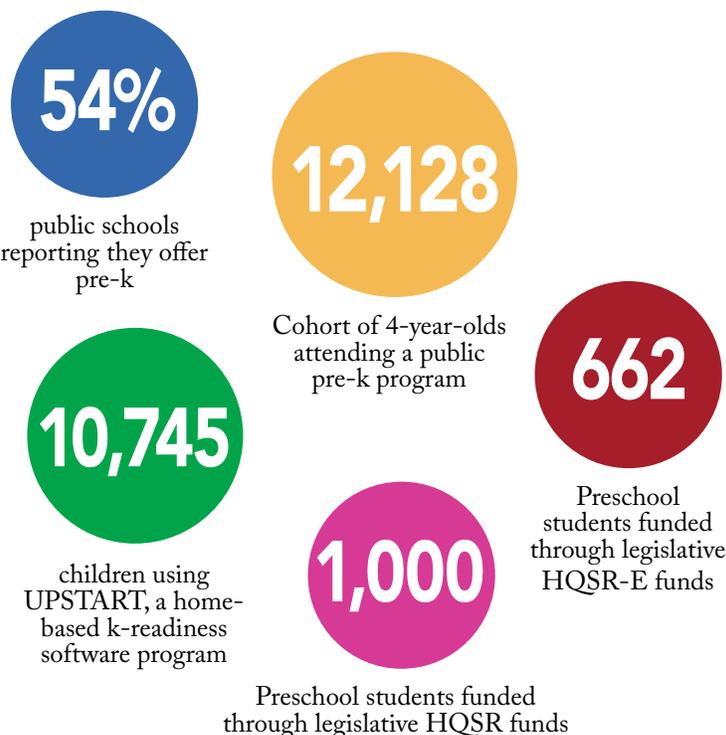
USBE received applications from 14 local education agencies (LEAs) to participate in the program, 10 of which were deemed high-quality. The HQSR-E program allowed an additional 662 four-year-olds to enroll in high-quality classrooms during the 2016-17 school year (552 at public and private providers through expansion grants, and 110 IGP students at public and private providers funded through IGP scholarships administered by DWS, OCC).[107]

Preschool Gap Analysis

Student achievement gaps that first manifest in early education can have a long-term impact on educational outcomes over the lifetime of an individual. While it has been generally accepted that the investment of time and money in early childhood education is positive in the long run for children and society,[108] access to high-quality early education is not always available in urban or low-income areas.

A variety of preschool options exist in the both public and private sector. High-quality programs in the private sector are more likely to be expensive, and therefore difficult for low-income families to access. There are several ways to consider what might constitute a low-income household, or varying degrees of need. The October 1, 2016 enrollment data from USBE show that 32 percent of kindergarten students and 36 percent of 1st grade students qualified for free lunch (household income below 130 percent FPL) or reduced-price lunch (household income below 185 percent FPL).[109] The U.S. Census Bureau's latest estimates are that 15 percent of Utah children under age 6 are living below the federal poverty level (FPL), with an additional 28 percent living in families with incomes between 100 and 200 percent of the FPL. An income at 200 percent FPL is still below the recommended state living wage,[110] which suggests that 43 percent of children age 0-6 in Utah are living in families that likely struggle to afford all household expenses.

Table 20. Income Designations for a Family of Four

Annual Income	Income Designation/Qualifying Program
$24,600	Federal Poverty Level (FPL)
$31,980	130% FPL/Free Lunch
$45,510	185% FPL/Reduced-Price Lunch
$49,200	200% FPL
$51,896	State Living Wage for 2 Adults (1 working) and 2 Children

As detailed in the Demographics section of this report, there are approximately 50,000 4-year-olds in the state, and estimates indicate that 43 percent of Utah children under six years old are living below 200 percent FPL. Applying this percentage to the number of four-year-olds in the state yields an estimate of 21,500 children whose families may struggle to afford high-quality preschool. Many of these children may have access to public programs or child care subsidies, but not enough to meet the full need.

The HQSR and the HQSR-E state programs target funding to low-income students who are more likely to face cost barriers in accessing high-quality preschool programs. These two programs fund a very small number of students, just over 1,600, which is a small fraction of those students who are living in low-income families. The UPSTART program serves 10,745 students, which is over 6.5 times as many students as the HQSR programs. The UPSTART program requires at least 30 percent of participants to be low-income, and the latest cohort served 42 percent low-income students. Therefore, the majority of children served by the largest state-funded preschool program are not low-income students.

Preschool Data Gaps. There are serious gaps in the collection and reporting of Utah preschool data. There is not one entity, or a coordinated effort among multiple entities, that can report the number of children participating in a high-quality preschool program. Utah does not have a uniform way of data collection across providers. Additionally, it is difficult to know the extent to which students' needs are being met since the state lacks a common definition of "preschool" across all providers. There are

hundreds of entities licensed to serve three- and four-year-olds in child care, but it is unclear whether a child care provider offers preschool, in addition to child care services.

Complicating the issue is that current data reporting from LEAs is not always accurate or uniform. Since no funding is tied to preschool students as it is for students in K-12, there is less of an incentive for LEAs to accurately report preschool enrollment and participation. In addition, the USBE database does not require schools to identify the source of funding for the student or the type of preschool. However, USBE does require programs to indicate whether a student is identified as special education or non-special education.

Data for preschool will be limited until the state defines high-quality and designates preschool programs as such, and requires all providers across systems to report unduplicated enrollment numbers.

With the first state money allocated to preschool classrooms in 2014, Utah is in the early stages of funding high-quality preschool classroom options. The relatively small amounts of funding are serving a small percentage of students, and the money appropriated for HQSR-E in 2016 is limited to three years of funding. Programs may improve their quality and expand access, but without ongoing funding, programs face uncertainty regarding staffing and ability to enroll students.

Kindergarten Overview

Once children enter the elementary education system, full-day Kindergarten options extend educational opportunities, especially for the most vulnerable students. Full-day kindergarten provides additional time to develop cognitively and socially, and is beneficial to students who may have experienced developmental delays, disabilities, or may not been afforded quality preschool opportunities. Studies indicate that compared to half-day kindergarten programs, full-day kindergarten increases students' academic achievement, literacy and language development, readiness for the primary grades, and can also benefit children socially and emotionally and increase attendance in later grades.[111]

In Utah, schools receive state per-pupil funding for kindergarten through the Minimum School Program at about half the amount they receive for first grade. This effectively means each school receives state funding to offer a half-day of kindergarten, which is two to three hours. Some schools use local or other discretionary funds to supplement this state funding to offer a full-day of kindergarten, or other extended options, such as an extra hour. Additionally, some LEAs offer kindergarten enrichment, allowing a kindergarten student to participate in an academic enrichment program for the remaining hours of the regular school day, for a fee. The majority of kindergarten classes in the state are just a few hours a day and compulsory education does not begin until age six, which is typically first grade.

Table 21. October 1 Enrollment for Kindergarten and First Grade in Utah Public Schools

October 1 enrollment	Kindergarten	1st Grade
2016	48,288	50,025
2015	48,366	50,351
2014	48,899	51,458

Source: Utah State Board of Education, Superintendent's Annual Reports

Optional Extended Day Kindergarten Pilot Program. In its 2007 General Session, the Utah Legislature passed SB 49, Optional Extended-day Kindergarten (OEK), which created a 4-year pilot program to fund a limited number of full-day or extended-day kindergarten options in LEAs across the state. This pilot program allocated $7.5 million each year, with each school district guaranteed funding for at least one full-day class, with the remaining funds allocated based on enrollment and need. The Optional Extended-day Kindergarten pilot program ended in 2011.

Early Intervention Program. In 2012, the legislature transitioned the OEK pilot program into the Early Intervention Program. Since then, $7.5 million is allocated each year since for enhanced kindergarten programs, which are not necessarily required to be full-day options.[112] Another part of the Early

Intervention Program allocates funding to interactive reading software. The legislature appropriated $4.6 million in FY2015 and $7.6 million in both FY2016 and FY2017 to provide software licenses for K-3 literacy programs as part of the Early Intervention Program.[113]

Kindergarten Supplemental Enrichment Program. In the 2017 General Session, the legislature created the Kindergarten Supplemental Enrichment Program (KSEP). This program offered a qualifying grant to LEAs that were not receiving money from the Early Intervention Program. The Legislature appropriated Temporary Assistance for Needy Families (TANF) funds to schools with at least 10 percent of the students experiencing intergenerational poverty or schools with at least 50 percent of students qualifying for free or reduced-price lunch, as funding allowed. The KSEP was funded for 3 years, at $2.9 million each year. During the 2017-18 school year, KSEP funds were ultimately awarded to 38 schools across 14 districts and charter schools. The funding is serving 894 kindergarteners in extended learning opportunities across the state. USBE initially awarded grant funds to 42 schools, but four schools withdrew due to a lack of physical space within the building, unable to find a qualified teacher, or enrollment was less than anticipated. Those schools that had to withdraw from the funding expressed a strong desire to participate in grant funding for FY19 if their situations change.[114]

KEEP Assessment. In 2017 the legislature also required USBE to establish a uniform statewide kindergarten entry/exit assessment. USBE developed Utah's Kindergarten Entry and Exit Profile (KEEP), which is intended to inform various stakeholders, such as parents, teachers and leadership, on the academic and social-emotional development of entering and exiting kindergarten students.[115] Initial results from the first administration of the KEEP indicate 64 percent of students ready for literacy and 73 percent of students ready for numeracy.[116] USBE was prohibited from reporting aggregated KEEP scores for social-emotional development. As a result, it is unclear whether experiences in early childhood are adequately addressing the social and emotional needs necessary to enter kindergarten.

Kindergarten Gap Analysis

As states are increasingly investing in high-quality preschool options, some are also working to create additional high-quality, full-day kindergarten to capitalize on and sustain the gains made in preschool.[117] Utah's state programs funding full-day kindergarten have targeted resources to students considered most at-risk of falling behind academically. The October 1, 2016 enrollment data from USBE show that 32 percent of kindergarten students and 36 percent of 1st grade students qualified for free lunch (household income below 130 percent FPL) or reduced-price lunch (household income below 185 percent FPL).[118] The percentage of kindergartens that quality for lunch programs may be lower than first graders because many kindergarteners do not physically eat lunch at school, so some schools may not collect the required paperwork until first grade.

	No Extended Kindergarten (%)	Full-day Options (%)	Extended-day Options (%)
Oct. 1, 2015	38,727 (80%)	7,970 (16%)	1,630 (3%)
Oct. 1, 2016	38,616 (80%)	7,695 (16%)	1,988 (4%)

Source: State Board of Education

Regardless of funding source, only 20 percent of Utah students are attending public full-day or extended-day kindergarten. Until the additional $2.88 million funding in 2017 for the Kindergarten Supplemental Enrichment Program, extended-day kindergarten funding from the state has remained at the same level since the initial 2007 pilot program, despite student enrollment growth. The $10.3 million appropriated by the legislature serves a small percentage of students across the state. Additionally, the $2.88 million for the Kindergarten Supplemental Enrichment Program is currently set to end after three years. Without ongoing funding, schools face uncertainty regarding staffing and their ability to continue enrolling students. As discussed in the overview of the KESP, even with funds available, schools may struggle with physical space capacity, qualified teachers or student enrollment.

Enrollment in kindergarten is consistently lower than enrollment for first grade in Utah public schools. It is possible that parents are choosing to not enroll their children in kindergarten, or enrolling them in private options that offer a longer program. Additionally, chronic absenteeism rates for elementary school grades in Utah tend to be highest in kindergarten.[119]

KEY PROGRAMMATIC COMPONENTS OF ECONOMIC STABILITY

Employment and Financial Assistance Overview

In Utah, 13 percent of children under age 18 live in households with incomes below the federal poverty level (FPL). Children who grow up in poverty are at risk for remaining in poverty as adults, and an estimated 29 percent of Utah children could fall into this intergenerational poverty trap.[120] Children growing up in poverty also experience stressors that often result in developmental setbacks, which affect both educational achievement and good health. Both employment assistance and financial assistance for parents can help to address this problem, and Utah's Department of Workforce Services administers both types of programs.

Employment Assistance

In obtaining stable employment, it is essential for parents to have employable skills. The Department of Workforce Services (DWS) houses various workforce training programs for adults to teach workplace skills, soft skills, and life skills to assist individuals in finding permanent and stable jobs. While workforce training programs serve adults, not children, the programs' positive effects on the lives of parents also positively affect young children. Such programs are instrumental in helping adults in poverty work toward self-sufficiency and provide a steady income to support their children.

Financial/Cash Assistance

Utah's financial assistance program is funded through a federal block grant called the Temporary Assistance for Needy Families (TANF) program, administered through the United States Department of Health and Human Services Administration for Children and Families, Office of Family Assistance (OFA). States must use TANF funding to serve one of the following purposes:

1. Provide assistance to needy families so that children can be cared for in their own homes.

2. Reduce the dependency of needy parents by promoting job preparation, work and marriage.

3. Prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Encourage the formation and maintenance of two-parent families."[121]

DWS administers the cash assistance programs in the state known as the Family Employment Program (FEP) and the FEP – Two Parent Program. In 2017, to qualify for FEP and FEP-TP, families need to be at or below 61.7 percent of the Federal Poverty Level, or $24,600, for a family of four. OFA defines these programs as assistance provided for the purpose of meeting ongoing basic needs of families. Families are required to participate in work-related activities to qualify for assistance. Cash assistance helps provide low-income families with financial resources that help to fill an income gap while they seek steady employment. Such financial assistance can aid in preventing homelessness and provide stability for families with young children during a time of transition. Below are descriptions of the cash assistance programs administered at the DWS.

Family Employment Program (FEP) To be eligible for FEP, families must be at or below certain income levels and have at least one dependent child, or be pregnant and in the third trimester. Families receiving FEP must go through certain workforce training programs to remain eligible for assistance. There is a 36-month lifetime maximum for receiving aid, with some exceptions or extensions available if applicable.[122,123]

Family Employment Program- Two Parent Similar to FEP, the Family Employment Program- Two Parent (FEP-TP) serves households where a child has two parents eligible to work. The FEP-TP has similar goals and guidelines to FEP although FEP-TP is only available to eligible families for 7 months in any 13 month period.[124]

Child Only Assistance In certain cases, children may receive cash assistance even when their parents do not. One situation is when children are cared for by non-parental adults, such as a grandparent, and qualify for specified relative child-only assistance. Another situation is when a child whose parent qualifies for social security income due to a disability receives assistance.

Table 22. Financial Assistance Programs in Utah

Financial Assistance Programs		Total number of households	Number of Households with children under age 5	Child-only households (children, but not adults, receive assistance)	Child-only with Unearned Income
Family Employment Program	SFY 2015	8,752	4,887	2,574	890
	SFY 2016	8,137	4,553	2,618	952
	SFY 2017	8,169	4,531	2,579	1,015

*Source: Department of Workforce Services, 2017*

Employment and Financial Assistance Gap Analysis

As explained above, the Family Employment Program and the Family Employment-Two Parent Program are designed to provide cash assistance to low-income families in order to foster self-sufficiency. The extra assistance is only temporary and the program encourages adults to work towards financial independence. In SFY 2017, Utah provided cash assistance to 8,752 households through one of these programs.

Levels of cash assistance were approved by the state legislature during the program's inception in the late 1990s. Program income requirements were implemented based on the Standard Needs Budget. Neither income requirements nor levels of cash assistance increase according to inflation, or with regard to changing Federal Poverty Levels. To qualify for FEP or FEP-TP, the household income for a family of four must not exceed more than $1,230 permonth, or $14,760 annually. The maximum monthly cash assistance amount for such families is $583. Even with assistance, the family's monthly income only totals $1,813, or $21,756 annually. Thus, even with help from FEP/FEP-TP funds, families still fall below the federal poverty level.

Figure 7. Comparison of Income at FPL and Income with FEP Assistance for a Household of Four
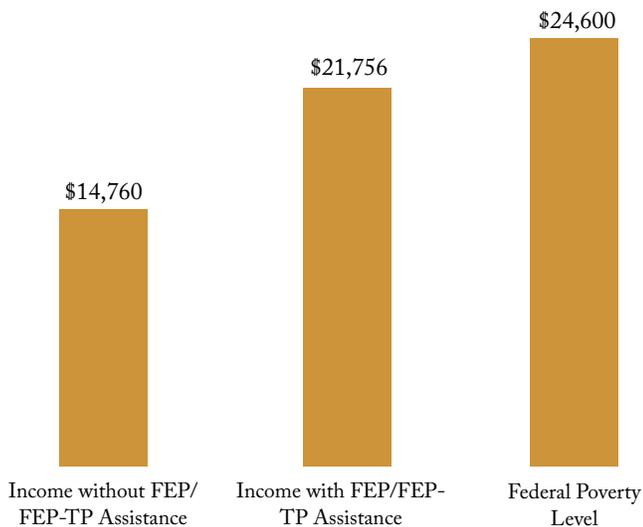
Families are eligible for up to 36 months of assistance. The 36 months do not have to be continuous, but the assumption is that after a total of 36 months of assistance, families are prepared to be financially independent. Studies of FEP usage demonstrate that this model is successful for most participants, as many households only receive short-term assistance and do not re-enter the system. In a study completed in 2014, data shows that 68 percent of FEP recipients received aid for six months or less. Moreover, nearly three-quarters of recipients did not receive any aid a year later.[125] Leaving FEP is considered a success, but data show that even when families no longer receive cash assistance, some may still be in financially precarious situations. In fact, although earning a higher income eliminates a family's need for cash assistance, this higher income often leads to a family's ineligibility for many other necessary assistance programs, such as SNAP benefits, access to FEP-related child care subsidies, and Medicaid.[126] Comparing income levels without FEP assistance, with FEP assistance, at the FPL, and at the recommended living wage helps to illustrate why such a gap still exists.

Figure 8. Comparison of FPL, FEP, and Living Wage Income Levels for a Household of Four
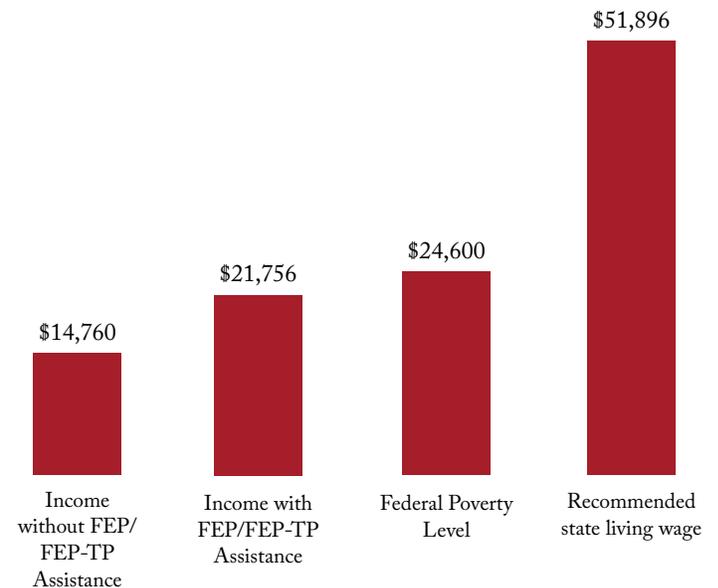
A living wage income accounts for expenses associated with food, child care, medical care, housing, transportation and taxes, and is considerably higher than the FPL.[127] Figure 9 shows income eligibility for SNAP, child care subsidies, and health insurance assistance.

Figure 9. Comparison of Income Levels and Assistance Eligibility for a Household of Four

Category	Amount
Income without FEP/FEP-TP Assistance	$14,760
Income with FEP/FEP-TP Assistance	$21,756
Income max for FEP childcare	$21,756
Federal poverty level	$24,600
Income max for SNAP	$31,980
Income max for Medicaid	$32,724
Income max for entry to child care	$40,776
Income max for CHIP/UPP	$49,200
Recommended state living wage	$51,896
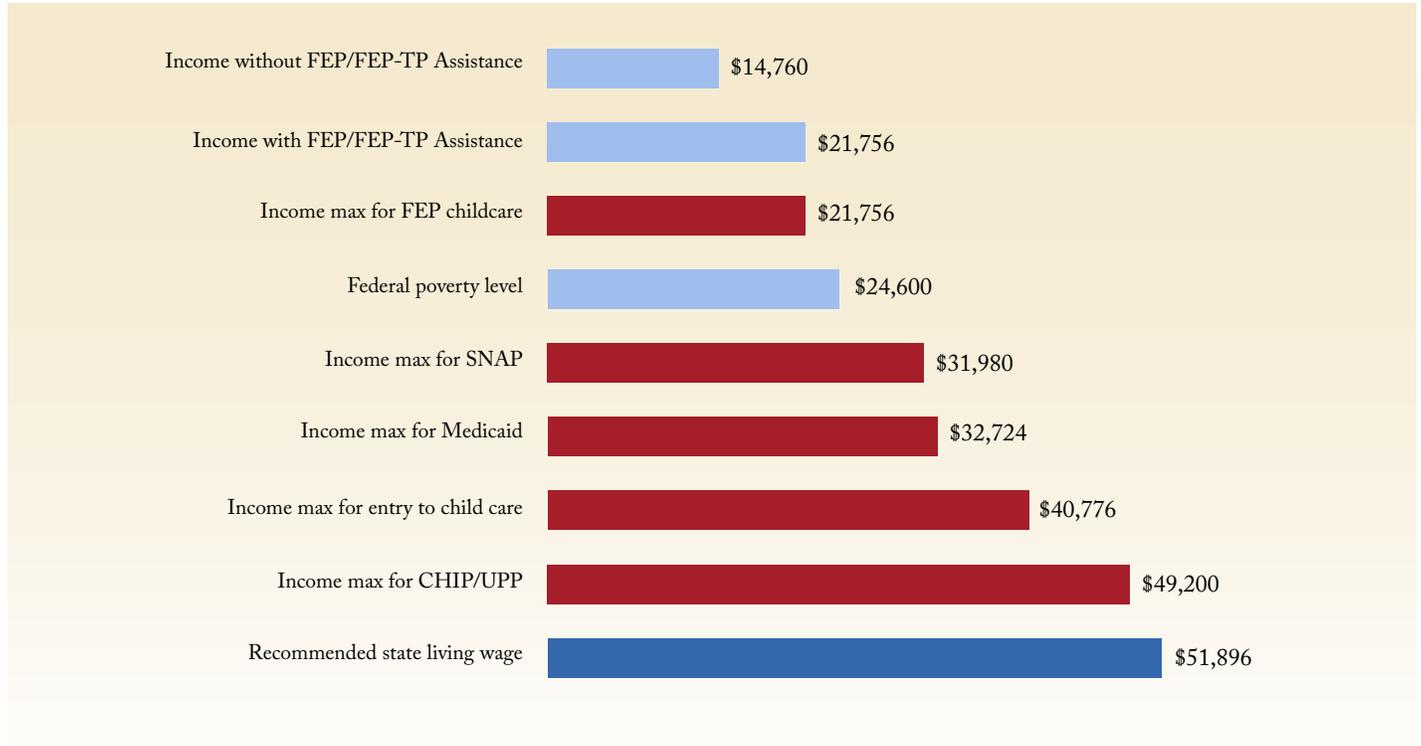
This figure demonstrates how families on several types of assistance can manage when incomes are within 200 percent of the FPL, which is less than the recommended living wage, because they are eligible for several forms of public assistance. While an increase in income is usually viewed as a positive, gaining income and losing such benefits can actually result in a worse financial situation. A big gap exists between how well families can provide for themselves while receiving multiple forms of assistance and how well they can provide for themselves when their income falls between eligibility levels for assistance and a living wage because they lose the safety net that public assistance provides.

While it is not feasible or recommended for families to remain on assistance indefinitely, these figures illuminate the difficulties families in poverty face in providing basic necessities for their children.

Child Care Assistance

Child care is essential to helping parents maintain employment and earn enough income to support their families. Moreover, as noted within the Child Care section of this report, child care is important in supporting a child's development and impacts kindergarten readiness. Child care costs are among the biggest expenses in a family's budget, and may even exceed rent in some communities across the U.S.[128] Moreover, due to cost, lack of child care is often identified as one of the most significant barriers to employment. In fact, many low-income parents are unable to work and earn enough income without child care subsidies. Utah's child care subsidy program is largely funded with federal resources, including the Child Care Development Block Grant (CCDBG) and the Temporary Assistance for Needy Families (TANF).

Child Care Subsidy Program

The Utah Department of Workforce Services administers several different Child Care Subsidy Programs with different aims. Depending on the program, the subsidies are financed with either CCDBG or TANF. On average, over 11,000 families receive child care subsidies.[129] [130] Families receive subsidies through one of three programs. Each program is described below. Among those children covered by child care subsidies, 91 percent receive a subsidy through the Employment Support program, 6 percent receive assistance through the Family Employment Program (FEP) Child Care subsidy, and 3 percent receive a Transitional Child Care Subsidy.[131]

Employment Support Child Care. The Employment Support Child Care (ESCC) subsidy provides assistance to those who have eligible children under 12 (or under 18 if the child has special needs) if they are working a minimum number of hours. Single parents must work a minimum of 15 hours per week, and subsidies are provided to deliver care during those work hours. In two-parent families, the first parent must work a minimum of 30 hours per week and the second parent must work at least 15 hours per week. Subsidies are provided to cover the cost of care for the parents' overlapping work hours. Assistance is also available to parents who are working and involved in approved training or educational activities. Subsidies are provided to families whose income is at or below 56 percent of the state median income.

In addition to meeting the work requirement, there is an income eligibility requirement. A family is eligible to receive a subsidy if their income does not exceed 56 percent of the state median income. Once receiving a subsidy, family income may increase income up to but not exceeding 70 percent of the state median income. For a family of four, those thresholds establish that income cannot exceed more than $3,398 per month or $40,775 annually at the time of application for child care subsidies. This amount is below the recommended living wage.[132] In order to continue receiving assistance during that calendar year, the family's income must not exceed $5,157 per month or $61,884 annually.

This program also provides Temporary Change Child Care subsidies. This subsidy requires families to have previously received Employment Support Child Care and provides assistance to families who expect to experience temporary changes to their employment or household circumstances for three months or less.[133]Similarly, Job Search Child Care is provided to parents who become unemployed while receiving ESCC subsidies. In these cases, child care continues for up to three months while parents seek re-employment.

Subsidy rates are based on income level and a set provider rate, utilizing a market rates study conducted every three years. (Rates are set according to market rate studies.) Families with lower incomes are provided with larger subsidies. Families with higher incomes are expected to contribute a co-payment to supplement the subsidy. The co-payments are never higher than 10 percent of a family's income, however, if a family chooses a provider charging more than the rate recognized by the Office of Child Care, a family may need to pay extra to make up the cost.

Family Employment Program Child Care. The Family Employment Program (FEP) Child Care subsidy provides funds only to the families who qualify for the FEP financial assistance program.[134] In those cases, the FEP case manager establishes the child care need to support the parent's engagement in work activities. Child care costs are paid for with TANF funding.

Transitional Child Care. Transitional child care subsidies are provided to families who are exiting FEP but who are not yet eligible for Employment Support Child Care. The minimum work requirement still applies to these families, and assistance is available for a maximum of six months.

Homeless Child Care. Subsidies are also available for homeless families residing in shelters to support the healthy development of their children, as well as supporting the parent's activities to obtain stable housing. In these cases, subsides are provided to those lacking other forms of child care support.

Table 23. Overall Child Care Assistance

Number of children ages 0 to 5 in licensed child care	Number of children ages 0 to 5 who receive a subsidy (unduplicated count)	Children in licensed child care who receive subsidies
22,291	11,056	49.6%

Child Care Assistance Gap Analysis

The Employment Support Child Care subsidy is available to families whose income falls at or below 56 percent of the state median income. This amount is approximately 166 percent of the Federal Poverty Level. In FY2016, among children ages 0-5 years old, 11,056 were served through subsidies. To date, the Office of Child Care has never had to turn away a family who meets eligibility criteria.

**Figure 10. Comparison of Utah Family Income Levels**
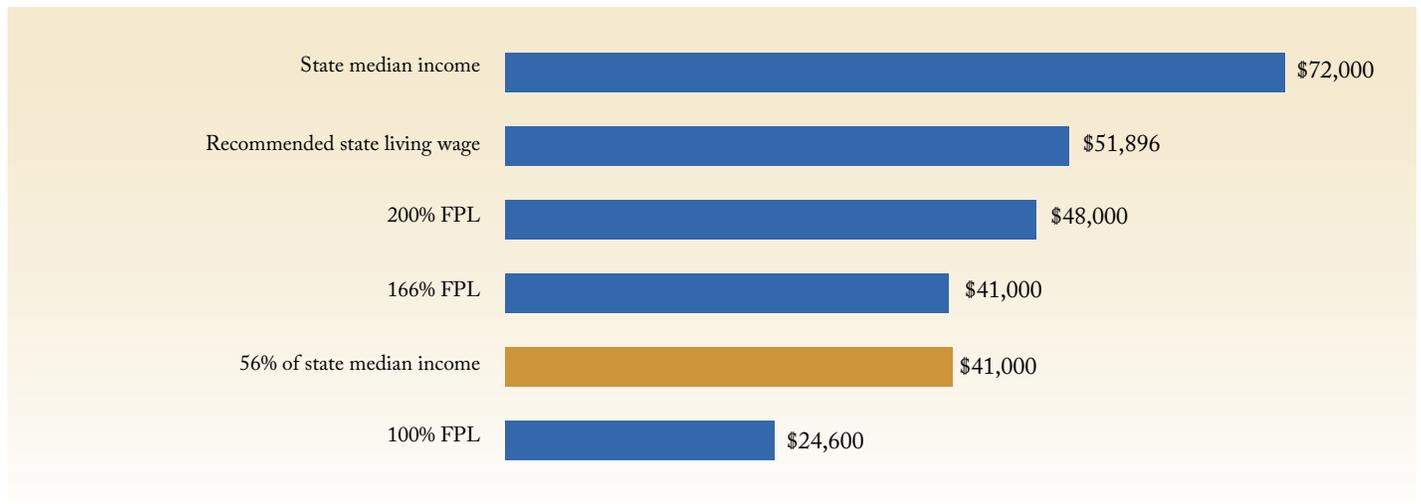
As discussed, child care subsidies are not available to all Utah families. However, even for families not eligible for subsidies, the cost of child care places a significant burden on families. The following illustrates the financial impact child care places on families where child care subsidies are not available.

According to DWS, OCC's 2015 Market Rate Study, the monthly rate a licensed provider charging at the 70th percentile of all providers for a four-year-old and a one-year-old is $568 and $758, respectively.

**Figure 11. Family Eligible for Subsidies Income $40,776**

Child care
$758

Child care
$568

Total cost of care $1,326
Subsidy $1,062
Cost = $264/mo. or $3,168/yr.
Cost = 8% of income

Figure 12. Family Income $42,000

Child care
$758

Child care
$568

Total cost of care $1,326
Subsidy $0
Cost = $1,326/mo. or $15,912/yr.
Cost = 38% of income

Figure 13. Family Income $75,000

Child care
$758

Child care
$568

Total cost of care $1,326
Subsidy $0
Cost = $1,326/mo. or $15,912/yr.
Cost = 21% of income
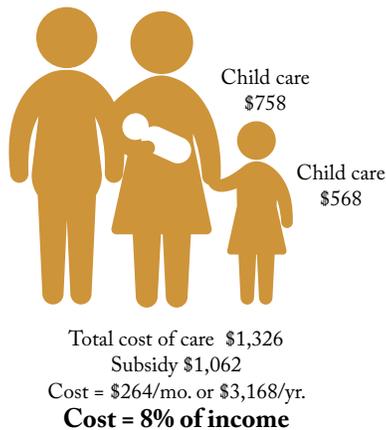
For a family with an annual income of $42,000, monthly child care expenses for a four-year-old and a one-year-old are $1,326. This amount comprises approximately 38 percent of their monthly income. In this case, the family's income is only slightly higher than the income eligibility threshold to receive a child care subsidy.

Although the share of income for child care decreases as income increases, costs remain 21 percent of income even for a family with an annual income of $75,000.

Through this analysis of the impact of child care at various income levels, it is clear child care costs may be burdensome even for families earning more than the median income and the recommended living wage. Child care assistance is essential to helping all working families, particularly those who are low-income, work towards financial independence while providing high-quality care for their children.

Housing Overview

Housing is one of the most basic human needs. Homelessness affects Utah residents of all ages, including young children. Among Utah's homeless population, 35 percent are families.[135] Homelessness negatively impacts children in physical, emotional, cognitive, social and behavioral ways. In fact, homeless children are twice as likely to have learning disabilities as children who are not homeless, and three times as likely to have an emotional disturbance as children who are not homeless.[136] Reducing and preventing homelessness, particularly among young families, is an important step in preventing these negative outcomes. One way to prevent homelessness is to ensure adequate affordable housing options for low-income families. Another way is to provide families with financial assistance to remain in their homes, either as renters or as owners. This section describes (1) programs that offer financial assistance to families to cover rental costs; (2) programs that offer financial assistance to families to cover mortgage payments; and (3) programs that assist families with utility payments.[137]

Rental Assistance

Emergency Assistance/Homeless Prevention Program
Emergency Assistance, funded through federal Temporary
Assistance for Needy Families (TANF) funds, provides short-
term financial assistance to eligible families in order to remedy
or prevent homelessness. The program provides the following
forms of assistance: rent, deposits, mortgage, utility payments,
referral to legal services to avoid eviction, counseling in basic
planning and family budgeting, and advocacy referral needed
to resolve problems with landlords and mortgage companies.
There are limits to the amount that the Emergency Assistance
Program will provide. Assistance is only available for thirty
consecutive days in a year.[138]

Rapid Re-housing The Rapid Re-housing Program, also
funded through TANF, helps prevent families from becoming
homeless and provides resources to families experiencing
homelessness. Rapid re-housing assistance is aimed toward
providing housing for families and resources to maintain
housing stability.[139] From 2015 through 2017, there has been
an increase in the number of households served through the
Rapid re-housing program, including households with children
under age 5.

**Table 24. Utah Households served by TANF RRH, from SFY15 to SFY17**

	TANF RRH Households	TANF RRF Households with children under 5
SFY 2015	1,168	349
SFY 2016	1,592	439
SFY 2017	1,842	574

Source: Department of Workforce Services

Federal Rental Assistance Families with young children utilize
federal rental assistance to help with the cost of housing. Rental
assistance is provided in the form of subsidized public housing
and housing choice vouchers. In 2016, 5,900 families utilized
public housing and Section 8 project-based rental assistance,

while 10,900 households in Utah received assistance through
housing choice vouchers.[140] Among Utah households receiving
rental assistance, 33 percent are families with children.

Figure 14. Utahns Served by Federal Rental Assistance, by Household Type
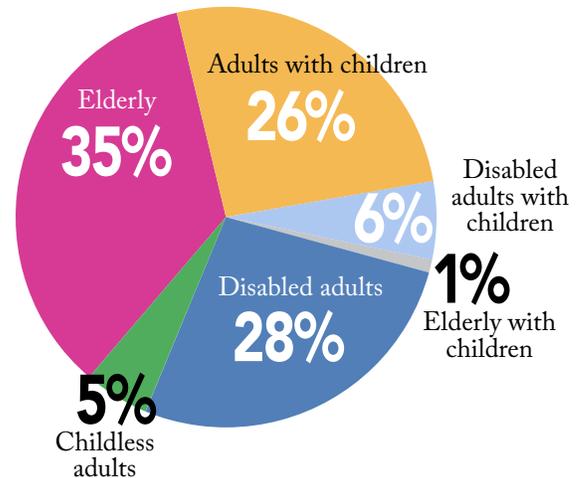
Source: Center on Budget and Policy Priorities

Family Unification Program The Family Unification Program
(FUP) provides Housing Choice Vouchers (HCVs) to families who
lack adequate housing to accommodate their children. The vouchers
assist families in securing housing to prevent children from being
placed in foster care, or to prevent the delay of the release of children
from foster care. There is no limit on FUP family vouchers. FUP is
funded by the U.S. Department of Housing and Urban Develop-
ment. Locally-based public housing agencies (PHAs) administer
FUP in partnership with Public Child Welfare Agencies.[141]

HOME Tenant-Based Rental Assistance The HOME Tenant-
Based Rental Assistance (TBRA) Program, which is federally fund-
ed through the U.S. Department of Housing and Urban Develop-
ment, provides assistance to households to subsidize rental costs on a
sliding scale (dependent on the household's income, rental unit, and
local rental standards). Tenants who decide to move to another rental
unit may take the TBRA assistance with them.[142]

Low-Income Housing Tax Credit (LIHTC) Program The Low-Income Housing Tax Credit program provides federal money to state and local LIHTC-allocating agencies to build and rehabilitate affordable rental units to low-income households.[143] Renters of these below-market rate units can also use Section 8 choice vouchers to further assist with the cost of rent.

Homeowner Assistance

Olene Walker Housing Fund The Olene Walker Housing Loan Fund (OWHLF) is a state program that assists with the creation and preservation of affordable housing for low-income individuals and families. Financial assistance helps to fund the development of affordable housing units and multifamily and single family home loans to assist eligible families in purchasing homes.[144] During 2015-16, 843 units in Utah were assisted by OWHLF funds.[145]

HOME Home-Buyer Assistance Homeownership assistance is provided to very low income households, with incomes at or below 80 percent of the area median income.[146] This program provides down payment assistance to families who want to buy a home.[147]

Utah Housing Corporation Utah Housing Corporation (UHC) was created by the Utah state legislature in 1975 to make it possible for low-income families in Utah to become homeowners. The UHC's primary role is providing loans to first-time homebuyers and providing assistance to developers to build affordable housing. In 2017, UHC assisted over 5,800 households in buying homes.[148]

Utility Assistance

Home Energy Assistance Target (HEAT) Program The HEAT Program is funded by the United States Department of Health and Human Services (HHS) and administered by the Department of Workforce Services' Housing and Community Development Division (DWS, HCDD). The program provides low-income families with winter home heating assistance and year-round energy crisis assistance. To qualify, household income levels must be at or below 150 percent of the Federal Poverty Level, and the household must contain at least one U.S. citizen or qualified non-citizen.[149] In 2014, the HEAT program served 37,092 Utah households.[150]

Weatherization Assistance Program The Weatherization Assistance Program (WAP) assists low-income families in weatherizing their homes to reduce energy costs. The Utah DWS HCDD administers the program through eight governmental and nonprofit agencies. Families may qualify if their income falls below 200 percent of the federal poverty line. Priority is granted to the elderly and disabled, households with high-energy consumption, emergency situations, and homes with young children. Assistance is given through noncash grants so that there is no cost to homeowners.[151] The WAP provided 700 Utah households with assistance in 2014.[152]

Housing Gap Analysis

As outlined above, Utah has several publicly and privately funded programs that assist low-income families with rental, mortgage and other housing-related expenses. While these programs help to meet some of the housing needs of such households, they are unable to help all households in need. HCDD compiles data from the National Low Income Housing Coalition (NLIHC) to provide an extensive overview of housing cost burdens and the affordable housing gap in Utah. This gap analysis highlights issues raised by the HCDD's 2016 Affordable Housing Assessment and Plan, and by the NLIHC's 2017 State Housing Profile.

The National Low Income Housing Coalition defines the average hourly state housing wage as $17.02.[153] This is the estimated wage that an individual would need to afford a two-bedroom rental unit at fair market rent. Assuming a 40-hour work week, this hourly wage translates to an annual income of $35,402. The figure below is also presented in the Employment and Financial Assistance Section of this report. Here it includes the state housing wage to illustrate the high housing burden for low-income families.

As the figure illustrates, even with help from Utah's cash assistance programs, the neediest families still lack sufficient income to afford housing priced at the fair market rate,

Figure 15. Comparison of Income Levels and State Housing Wage

Income without FEP/FEP-TP Assistance	$14,760
Income with FEP/FEP-TP Assistance	$21,756
Federal poverty level	$24,600
State housing wage	$35,402
Recommended state living wage	$51,896
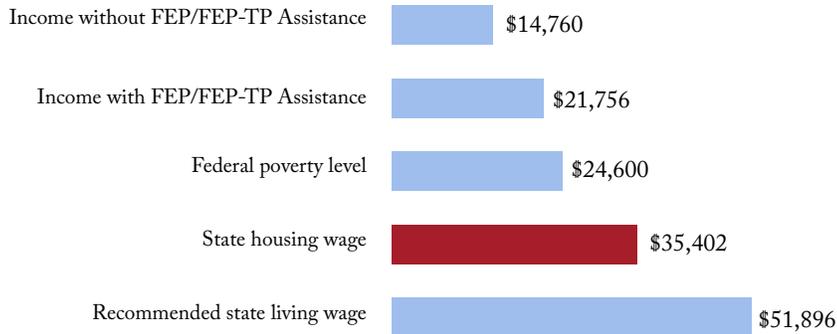
demonstrating the importance of housing subsidies to families. The neediest families are often households with the youngest children. As shown below, few single-parent households with children ages zero to five earn an income that meets the state housing wage. In Utah, 78 percent of single-parent households with children under age five are earning income below the state housing wage.

Figure 16. Income Distribution of Utah Single-parent Households with children under age 5
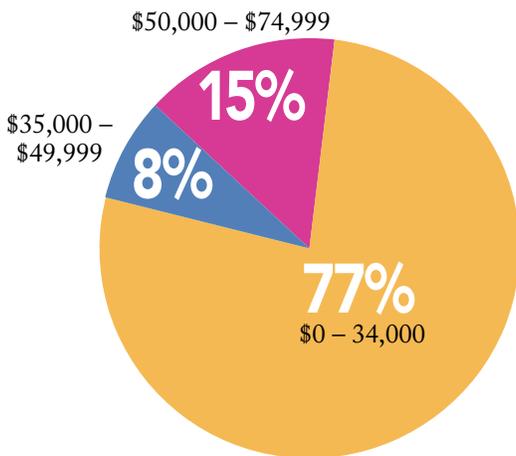
- $50,000 – $74,999 — 15%
- $35,000 – $49,999 — 8%
- $0 – 34,000 — 77%

Moreover, when housing costs are high, as they presently are, people tend to look for the most affordable housing option. This causes those with the least financial flexibility to be squeezed out of the market, when low-income families rent units priced for very low income or extremely low income families. The data in the figure below are calculated based on the HUD Area Median Family Income (HAMFI), which according to recent estimates is $86,250 for a family of four in Utah.[154]

Figure 17. Average Gap between Number of Households and Affordable and Available Rental Units, by Income Threshold using the HUD Area Median Family Income (HAMFI)
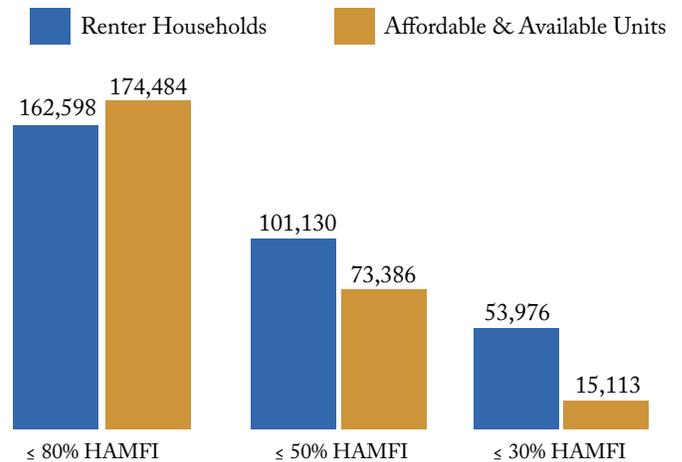
Legend: Renter Households | Affordable & Available Units

	Renter Households	Affordable & Available Units
≤ 80% HAMFI	162,598	174,484
≤ 50% HAMFI	101,130	73,386
≤ 30% HAMFI	53,976	15,113

Finding affordable housing is even harder among households with young children, especially single-parent households. The figures below illustrate data for the target population of this report. The three figures show the percentage of families at various income brackets in each of three household types: (1) with children five and older, or without children; (2) with children under five; and (3) single-parent with children under five. Income brackets (based on a HAMFI equal to $69,000)[155] are as follows:

Table 25. Income brackets based on HAMFI thresholds

| Percentage of HUD Area Median Family Income (HAMFI)	Income bracket
Below 36%	$24,999 and below
Between 30% and 50%	$25,000 to $34,999
Between 50% and 72%	$34,999 to $49,999
Above 72%	$50,000 and above

Note: Income brackets table and figures below are based on IPUMS data, which offers income at set levels. Hence, these numbers are based on slightly different HAMFI thresholds than the data above.

These figures reveal that housing is a high cost burden for families with children under five, and especially for single-parent families with children under five.

Figure 18. Families with Children Five and Older, or with No Children
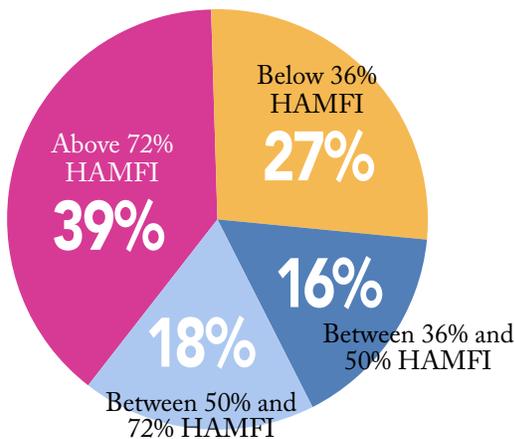
Figure 19. Families with Children Under Five
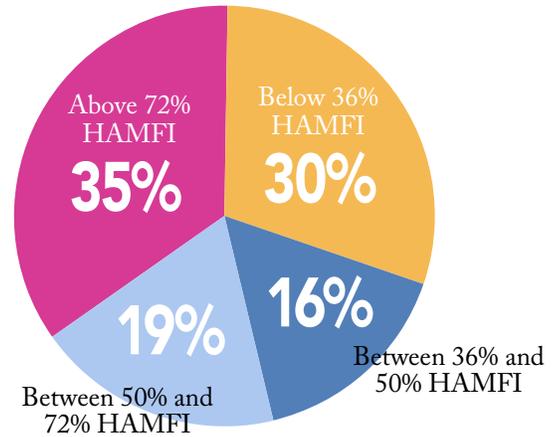
Figure 20. Single-parent Families with Children Under Five
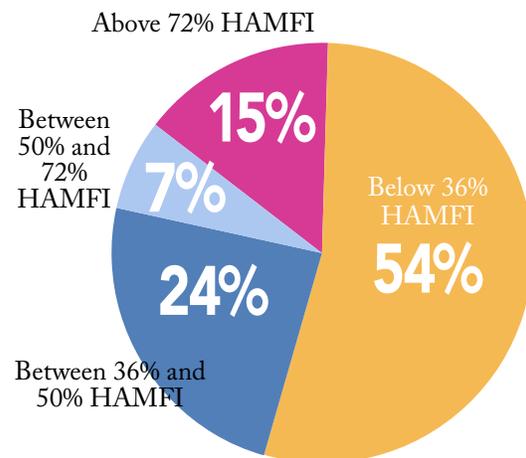
Source for three pie charts: 2015 American Community Survey (IPUMS-USA), provided by Kem C. Gardner Policy Institute

Although providing subsidies help cover the costs of more expensive rental units for these families, HCDD reports that there is a shortage of affordable housing overall. As a result, the state needs to build additional affordable housing units, but this process is a slow one, and one that cannot keep pace with the rate at which families need to find housing.

Food Security Overview

Food security is essential to learning, good health, and productivity—factors that affect the state's and nation's economy.[156] Yet, 16 percent of children in the nation under 18 live in households that have experienced food insecurity in the past year.[157] In Utah, 13.1 percent of households have also experienced food insecurity in the past year.[158] Consistent access to healthy food is especially important in a child's earliest years, during the ages of zero to three. For this reason, programs addressing food insecurity are often targeted towards young children, as research has demonstrated that adequate access to food is correlated with better health and learning outcomes. Some of the programs that address food insecurity include Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), and the Child Nutrition Program (CNP). In addition, food insecure households may also receive assistance from the LDS church, which has its own welfare program, the Utah Food Bank, and local food pantries. The Utah Food Bank distributes food to families in need, provides mobile pantries in underserved communities, and provides meals to children at after-school sites. Local food pantries play a role in distributing food to families in need and providing access to nutrition, health and public assistance services.

SNAP

The Supplemental Nutrition Assistance Program (SNAP), commonly known as Food Stamps, is a federally funded program that provides benefits to low-income families to provide nutritious foods. SNAP is funded through the United States Department of Agriculture (USDA) and administered by DWS. The program provides eligible recipients electronic benefits equivalent to cash to be spent within the parameters set out by the USDA. To be eligible for SNAP, households must be at or below income and resource thresholds for the size of their families and meet employment requirements. Families generally receive benefits for between one month and three years.[159] In April 2017, SNAP benefits were provided to 82,922 households. Of those households, 55 percent had children between the ages of 0-5. [160]

Table 26. Households Receiving SNAP in Calendar Year 2016, by Ccounty

Children ages 0-5 Receiving SNAP CY2016		
County	Households	Children
Beaver	105	168
Box Elder	908	1,441
Cache	1,909	3,129
Carbon	480	708
Daggett	8	14
Davis	3,889	5,962
Duchesne	504	784
Emery	176	274
Garfield	51	74
Grand	178	261
Iron	1,160	1,816
Juab	154	254
Kane	95	150
Millard	215	330
Morgan	55	92
Piute	24	39
Rich	21	30
Salt Lake	17,297	26,702
San Juan	626	981
Sanpete	444	752
Sevier	445	682
Summit	186	262
Tooele	1,168	1,803
Uintah	822	1,238
Utah	7,251	11,950
Wasatch	234	375
Washington	2,720	4,223
Wayne	36	55
Weber	4,785	7,244
	45,946	71,793

Source: Utah Department of Workforce Services

WIC

Women, Infants, Children Program (WIC) is designed to provide low-income women and young children with access to nutrition education, counseling, nutritious food, and help with finding healthcare and community resources. WIC is also funded through USDA but administered by the Utah Department of Health. To be eligible for WIC, women must be pregnant or breastfeeding. Children under the age of 5 are also eligible for WIC benefits. The income qualification for WIC eligibility is 185 percent of the Federal Poverty Level. Those eligible for SNAP, TANF, or Medicaid already meet the income requirements. WIC helps approximately 51,000 individuals in Utah every month.[161] WIC is distinguishable from SNAP due to its provisions for nutritional education and assessment, in addition to food assistance.

Child and Adult Care Food Program (CACFP)

The Child and Adult Care Food Program (CACFP), which serves children in day care as well as adults in adult day care, is a sub-program of the Child Nutrition Program (CNP), federally funded by the USDA. CNP ensures that Utah children have access to nutritious foods and is administered locally by the Utah State Board of Education (USBE). CNP administers programs such as the School Lunch Program (NSLP) and the School Breakfast Program (SBP). In FY2016, 287 licensed child care centers served meals, and 1,804 licensed family child care homes served meals through the CACFP. [162]

Table 27. Child Nutrition Program (CNP) Usage

Program	Meals Served
Child and Adult Care Food Program (CACFP)	
Child Care Centers	7,808,058
Family Day Care Homes	9,704,464
School Lunch Program (NSLP)	54,854,817
School Breakfast Program (SBP)	13,739,690

Source: Child Nutrition Programs, USBE (2016)

Food Security Gap Analysis

One way to understand whether food security is improving is to look at nutrition program usage rates over time. The figure below shows utilization of WIC benefits over three years: 2013, 2014, and 2015.

Table 28. Utilization of WIC Benefits, by Population, Over Time

	2013	2014	2015
Women	199,088	183,713	176,446
Infants	183,245	170,958	166,380
Children	418,377	380,442	365,113
Total	800,710	735,113	707,939

This data shows that less people are accessing WIC benefits, which implies that food security is improving. However, despite this improvement, 13.1 percent of Utah residents still struggle with food insecurity.[163] In addition, in Utah, several of the nutrition programs described above are underutilized. For example, less than 80 percent of Utah residents who are eligible for SNAP utilize this benefit.[164] In addition, Utah ranks 51st and 38th, respectively, in its participation in the School Lunch (NSLP) and School Breakfast (SBP) programs.[165] At first glance, this data may reflect that Utah residents do not need to utilize these federal nutrition programs and are finding other ways to provide for themselves. This may be partially true, as many Utahns who struggle with food insecurity receive welfare support through religious organizations. However, another way to view this data is within a context where the utilization of public assistance is stigmatized because reliance on individual efforts to overcome obstacles is highly valued. Again, good nutrition is essential to healthy development, particularly in young children. Numerous studies have shown that children who eat breakfast have better physical and mental health, which also results in better academic achievement.[166] Thus, the underutilization of nutrition programs due to fear of stigmatization is problematic. Addressing this need could begin to help the 391,610 food insecure individuals in Utah[167] access available assistance. Advocacy groups such as Utahns Against Hunger have already begun partnering with agencies including

DWS and USBE to help reduce such stigma and increase utilization of programs such as SNAP and SBP.

In addition to the fact that not all eligible food insecure individuals receive benefits, 37 percent of food insecure individuals do not qualify for nutrition programs because their income levels are too high. The figure below illustrates this gap.

Figure 21. Estimated program eligibility among food insecure individuals
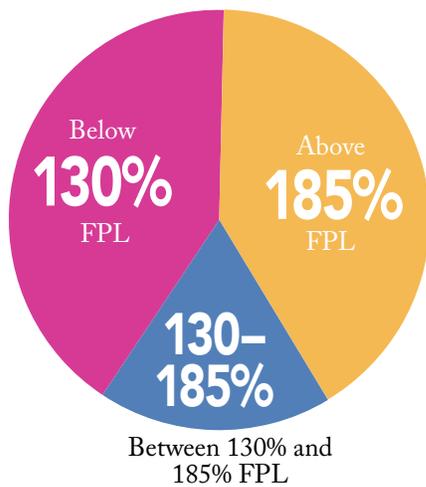
Income level, in reference to Federal Poverty Level (FPL)	Eligibility for nutrition programs
Below 130% FPL	Eligible for SNAP
Between 130% and 185% FPL	Eligible for WIC, SBP, and NSLP
Above 185% FPL	Not eligible for nutrition programs

Source: Feeding America: http://map.feedingamerica.org/county/2015/overall/utah

Finally, the figure below shows food insecurity rates by county and illustrates that some counties have greater food insecurity than others. Rural counties tend to have higher food insecurity rates (15 percent or higher) as compared to urban counties (less than 14 percent). San Juan County, which houses a portion of the Navajo Nation, suffers from the greatest food insecurity rate (19.8 percent) in the state.

Table 29. Food Insecurity by County

County	Number of people who are food insecure	Food Insecurity Rate
Beaver	860	13.3%
Box Elder	6,420	12.6%
Cache	17,360	14.8%
Carbon	3,160	15.1%
Daggett	100	12.7%
Davis	13,310	11.8%
Duchesne	2,970	15.0%
Emery	1,530	14.3%
Garfield	900	17.8%
Grand	1,580	16.9%
Iron	8,250	17.5%
Juab	1,480	14.2%
Kane	960	13.4%
Millard	1,580	12.6%
Morgan	1,190	11.6%
Piute	320	17.0%
Rich	320	14.1%
Salt Lake	136,020	12.6%
San Juan	3,000	19.8%
Sanpete	4,160	14.7%
Sevier	3,160	15.1%
Summit	4,260	11.1%
Tooele	7,130	11.7%
Uintah	5,060	14.2%
Utah	76,100	13.8%
Wasatch	3,180	11.9%
Washington	22,030	14.9%
Wayne	470	17.2%
Weber	30,270	12.7%

Source: Feeding America: http://map.feedingamerica.org/county/2015/overall/utah

CONCLUSION

This report establishes a comprehensive framework to ensure Utah's young children are thriving. The framework provides clear direction for the state and its partners by establishing measurable goals across four domains, each of which is critical to a child's success: family support and safety, health and development, early learning and economic stability. Examining early childhood development within all four of these domains, rather than with respect to just one of them, provides a fuller picture of what is at stake for the success of Utah's youngest population. Through the use of indicators in each domain, the framework provides a baseline from which to monitor progress.

Although the framework establishes a pathway to monitor and address the needs of Utah's youngest residents, the state's success relies on a robust and comprehensive early childhood system. Through analysis, it is clear that Utah's early childhood system includes a broad patchwork of programs administered through a number of governmental entities and non-profits. It is clear that the state has many of the programs necessary to support the goals established in the framework despite inadequately addressing the needs in several programs. However, in the absence of coordination and alignment of early childhood services, progress toward achieving the goals may be slow.

Despite the challenges in Utah's early childhood system, this initial report provides an understanding of the status of Utah's young children. The analysis of programs and resources within the family support and safety domain demonstrates the way in which programs such as home visiting bolsters parental skills and supports a child's healthy development. The health and development domain builds on the valuable foundation provided by parents. It highlights that by having access to affordable and high-quality health care, a child's well-being will be impacted for years to come. When a child has access to health care and receives health care in their young lives, they are able to engage in critical early learning experiences. The section on early learning emphasizes the value of school readiness in the earliest years and its impact on shaping a child's academic trajectory. Finally, the section on economic stability underscores the role stable parental employment and income plays in providing security for young children.

This final report highlights state programs, services, and resources within each of the domains. It also provides discussion and data, when available, in each of the domains to indicate the extent to which these program, services, and resources are meeting the needs of Utah's children and families. The report provides a tool, with clear objectives to policymakers, practitioners, and other stakeholders to explore issues in further detail.

APPENDIX A. UTAH COUNTY-LEVEL SINGLE AGE POPULATION ESTIMATES

Utah Single Age Population Estimates, Ages 0-5, by County, 2016

County or MCD	< 1 year old	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	Ages 0 - 5
Beaver	100	112	98	115	119	131	675
Box Elder	883	913	885	899	912	995	5,487
Cache	2,385	2,393	2,362	2,358	2,257	2,338	14,093
Carbon	264	267	269	334	340	342	1,816
Daggett	6	11	8	14	9	13	61
Davis	5,825	5,896	5,818	5,928	5,881	5,986	35,334
Duchesne	377	433	428	457	450	430	2,575
Emery	132	132	128	150	172	178	892
Garfield	53	50	63	63	68	60	358
Grand	93	116	132	120	125	139	724
Iron	843	875	835	825	804	823	5,005
Juab	215	181	207	177	203	225	1,210
Kane	85	81	85	77	92	84	503
Millard	199	196	206	203	199	218	1,222
Morgan	161	180	156	200	154	180	1,032
Piute	12	13	19	12	12	21	90
Rich	30	30	33	28	45	40	206
Salt Lake	17,402	17,330	17,451	17,775	17,225	17,539	104,721
San Juan	196	224	254	295	265	256	1,491
Sanpete	391	379	389	382	385	397	2,323
Sevier	302	330	314	286	302	375	1,910
Summit	420	436	403	412	436	493	2,602
Tooele	979	958	986	1,010	1,006	1,038	5,976
Uintah	603	697	741	747	698	697	4,183
Utah	12,180	12,152	12,039	12,241	11,545	11,965	72,122

County or MCD	< 1 year old	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	Ages 0 - 5
Wasatch	451	491	452	449	431	447	2,721
Washington	2,098	2,151	2,131	2,011	1,969	2,179	12,537
Wayne	35	27	34	26	35	35	191
Weber	3,917	3,862	3,764	3,914	3,940	3,988	23,386
State of Utah Total	50,638	50,916	50,694	51,509	50,080	51,612	305,449
Bear River MCD	3,299	3,336	3,280	3,285	3,214	3,373	19,786
Central MCD	1,154	1,126	1,171	1,087	1,136	1,272	6,946
Mountainland MCD	13,051	13,079	12,894	13,102	12,413	12,905	77,445
Southeast MCD	686	739	784	899	902	915	4,924
Southwest MCD	3,178	3,269	3,212	3,091	3,052	3,277	19,079
Uintah Basin MCD	986	1,141	1,178	1,218	1,156	1,140	6,819
Wasatch Front MCD	28,284	28,226	28,175	28,827	28,207	28,731	170,450

Note: MCD is a multi-county district

Source: Kem C. Gardner Policy Institute, University of Utah

http://gardner.utah.edu/wp-content/uploads/Gardner-Policy-Institute-State-and-County-Projections-Data-2017.xlsx

APPENDIX B. EARLY CHILDHOOD STATE SYSTEMS

Important Aspects of an Early Childhood System

Early childhood systems are comprised of policies, programs and services that create an infrastructure of support for families with young children from birth to age five. States can build comprehensive early childhood systems through an approach that includes governance, funding, technical assistance, staffing and staff training, and developing appropriate performance measures to support state and local infrastructure.[168] The important aspects for early childhood system programs to include are intervention, family support, health, mental health and nutrition support, child care services from birth through 35 months and child care, as well as early education programs for 3-5 year olds.

Figure 22. Critical Early Childhood System Programs and Services

Intervention
Services for families and children that ensure children are in nurturing environments with caring adults, that there are opportunities for early detection in problems which can be remedied, including health, mental health, and cognitive concerns.
Family Support
Services for families and children that support parenting, family engagement, and the strengthening of families in general.
Health, Mental Health, & Nutrition
Services that provide access to comprehensive preventive health related care and foster community health.
Child Care
Facilities that offer child care either in a home or in another environment for infants (from birth to a child's third birthday) as well as facilities for children from age 3-5 including in home, in school or other institution, for children with and without special needs.
Early Education
Services for early learning including Early Head Start, Head Start, pre-kindergarten, and other early literacy programs

Coordination and Alignment

Comprehensive public health systems, including, and especially, early childhood systems, should be unified in goals at the state level, whereby funding is provided to coordinate across child-serving institutions and staff from various child-serving agencies develop holistic, comprehensive systems for monitoring local child serving institutions and ensuring the local level is supported from top-down.[169] This begins with a mission for early childcare and development for the state, based on both the demand of services and a comprehensive structure supporting child development based on research.[170]

The development of early childhood systems includes aligning early learning standards, improving access and support for staff working with children within multiple settings (health, day care and education), regulation and evaluation of child-serving institutions at the state level, and structured funding and technical assistance support at the state level to support local initiatives.[171]

Quality Rating Improvement Systems

States with the most comprehensive early childhood systems work within a quality rating and improvement system (QRIS) to assess standards of early and school-age care. The development of QRIS began in the 1990s as states sought ways to provide accreditation to early childcare providers with exceptionally high, research-based standards. The first statewide QRIS system was implemented by Oklahoma in 1998, and now, more than half of the states and the District of Columbia use statewide QRIS as a mechanism to ensure early child care systems are harnessed into an overall state structural capacity to ensure the developmental needs of all children.[172] This includes implementing coordinated data systems to evaluate programs and guide system improvement, monitor and address staff training and needs, providing a strong governance and administrative structure.

Children's Cabinets

Nationally, states are beginning to establish Children's Cabinets to change the fragmented ways state and local governments work on behalf of children. Children's Cabinets are also known as P-20 councils, Early Childhood Advisory Councils or Early Childhood Commissions. They are typically comprised of the heads of state government agencies with child-serving programs and heads of other non-governmental agencies with a major state presence serving childhood needs. These cabinets meet regularly to align outcomes, coordinate services and collaborate on the development and improvement of child-serving programs and policies across institutional levels. Currently, 33 states participate in the Children's Cabinet Network.[173]

Several states have local or regional councils in addition to state early childhood councils. These local councils operate as public-private partnerships, are funded by state or other government grants, and report to state councils to coordinate efforts. Some councils emphasize advocacy or communications, while others focus on governance, strategic planning, policy and program implementation.[174] Regardless of the structure, states implementing early childhood councils or Children's Cabinets are leading efforts to coordinate comprehensive child-serving systems.

Early Childhood System Framework

Based on the literature and the work arising from Children's Cabinets and P-20 Councils to date, state capacity to ensure a comprehensive early childhood system begins with developing a system structure under which all programs and policies can be aligned.

Figure 23. Early Childhood System Structure

- Council or cabinet for coordinated work across state and local programs
- Evaluation and Accountability

- State funding and staff coordinated across child-serving systems

Governance

Data

Resources

Programs

- Coordinated data systems
- QRIS
- Benchmarks

- Professional development
- Ongoing technical assistance
- Evidence-based
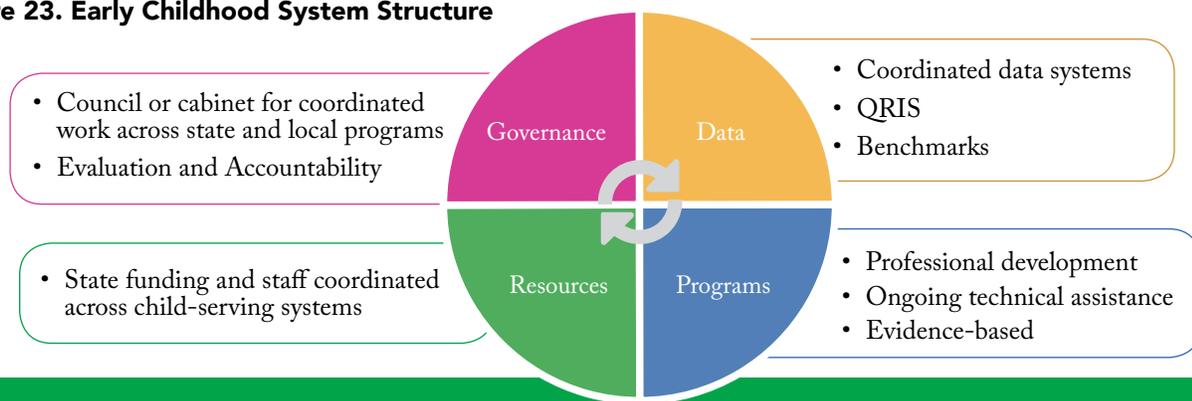
APPENDIX C. A METHODOLOGY FOR STATE EARLY CHILDHOOD SYSTEMS GAP ANALYSIS

State governments are increasingly concerned with mapping the needs and addressing the gaps in public service systems. As such, many have been conducting early childhood needs assessments to determine state government goals and directions.[175] These assessments could also be understood as gap analyses, as they inventory services currently available to serve early childhood needs. Gap analyses of an early childhood system indicate a general capacity of a state government to service children. Results are presented in a manner to help policymakers build the structural and system capacity to address these needs.[176]

Measuring the needs of a public system such as early childhood is complicated. Documenting the capacity for a state to provide services across diverse geographic and demographic communities begins with documenting the types of services available in each area.[177] Current resources, as well as access to these resources (i.e. by location), enrollment and participation, and any sub-services in a given area must be inventoried.[178] Data collection typically includes elements that can document or highlight relationships between services provided and target populations by inventorying what is available, how much is used, and potential future demand.[179] Census data and population characteristics provide a basis for assessing the scope and reach of a state's system of services.[180] As available, statistics on children 0-5 are collected, including parent demographics such as race andethnicity, education level, income and health insurance coverage.[181] Once population characteristics and services are documented (differentiated by county, city, urban, or rural populations), services are examined by age and stage of early childhood development and whether these services fulfill a universal or specialized need.[182] Inventorying and documenting the services available across domains in this way can highlight the relationships between services provided to target populations and potential future demand.[183] Unfortunately, data for these types of analyses are not always available, and depend on state systems of data collection, reporting and monitoring. The desired units of analysis for an initial early childhood system analysis are shown in Table 5.

Table 30. Desired Units of Analysis

| Type of Measure	Desired Level of Detail
Number of children needing early childhood services	By age
	By family income
	By family structure and work status
	By disability
	By geography (county)
Number of providers	By number of slots per age group
	By type of service provided
	By available capacity
	By geography (county)
Number of early childhood service slots	By child age
	By type of service
	By number of children served
	By geography (county)

Analyses Conducted for this Report

The Utah Education Policy Center (UEPC) worked with the Department of Workforce Services (DWS) to refine a gap analysis plan for Utah based upon available data. Data collection and analyses were based on similar models used in public health, education, business and early childhood needs assessments conducted by other states (e.g., California, Oklahoma and Texas). Agency and program data were submitted to DWS and UEPC from a variety of government and non-governmental agencies serving the needs of children in the state. Information from these data was reviewed and compiled into an inventory. UEPC staff followed up with in-person meetings and interviews with key service providers to collect key program information. Demographic data was obtained from the Census Bureau and the University of Utah's Kem C. Gardner Policy Institute, including age, education levels and health insurance coverage of children and families in Utah. UEPC staff also compiled data from the United Way's 2-1-1 program, and national sources such as the KIDS COUNT database and the U.S. Department of Education. Data were organized into four main domains: Family Support and Safety, Health and Development, Early Learning and Economic Stability. Services, resources and programs were coded by area of provision, capacity, location and ages served, as data allowed. See Figure 10 for a summary of the analysis process used in this report.

Additional Analyses

The inventory and assessments provided in this report represent a review of the capacity of the state to serve the needs of early childhood care in Utah as a foundation for further analyses. Steps in a full-scale gap analysis include, first, a capacity scan for the services available for the public in a particular domain, followed by strategic data collection activities stratified across regions, areas with and without particular services and family demographics (i.e. high versus low income families).[184] Specifically, parents of young children from a variety of geographic locations should be solicited for input on what services they use that are available, what services they need that are not available, and their experiences in using particular services. Data is collected through focus groups, interviews and surveys. Target groups are selected based on stratified sampling techniques.[185]

The research for this report is able to document the various types of services available in Utah, and to some extent, the degree to which these services are used. Additional analyses could include surveying a sampling of parents and service providers from different counties and regions of Utah in order to assess how specifically the needs of parents and children are met by these services, and what additional services need to be provided.

Figure 25. Utah's Early Childhood System Analysis Process[187]
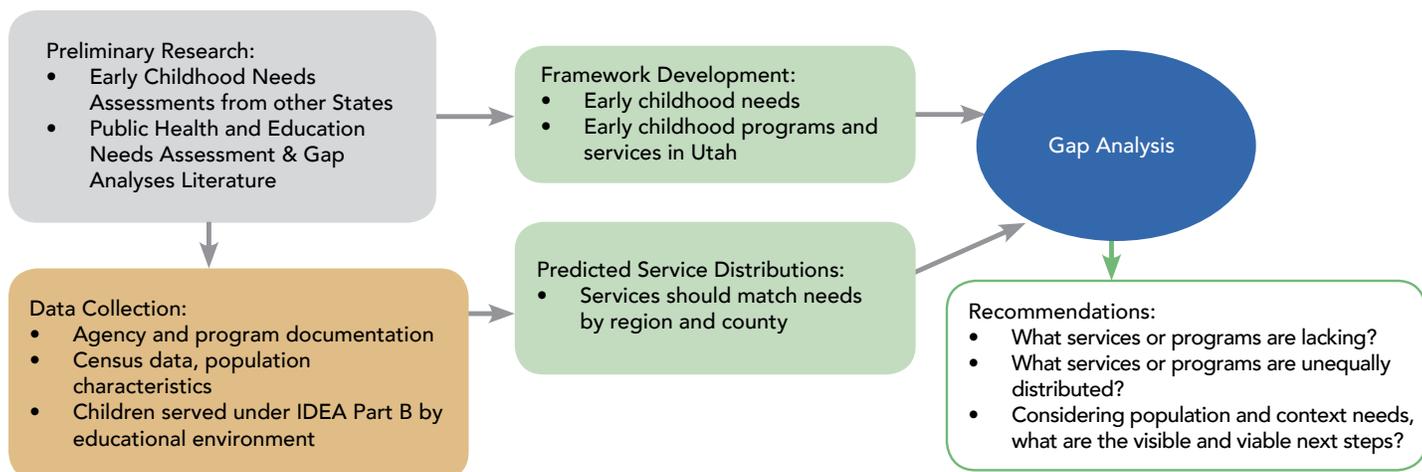
ENDNOTES

1   Heckman, J. (2013). Invest in early childhood development: Reduce deficits, strengthen the economy. Chicago, IL: The Heckman Equation. Retrieved from: https://heckmanequation.org/assets/2013/07/F_HeckmanDeficitPieceCUSTOM-Generic_052714-3-1.pdf

2   Perlich, P.S., Hollingshaus, M., Harris, E.R., Tennert, J., & Hogue, M.T. (2017, July). Utah's long-term demographic and economic projections summary. Research Brief. Salt Lake City, UT: Kem C. Gardner Policy Institute. Retrieved from: http://gardner.utah.edu/wp-content/uploads/Projections-Brief-Final.pdf

3   Utah dedicates a relatively high percentage of its state budget to education, but has the lowest per pupil expenditure among the state.

4   National Center for Children in Poverty (NCCP). Child Poverty Recent Publications. Accessed October 2017: http://www.nccp.org/topics/childpoverty.html

5   U.S. Census (2017). Poverty rates by age: 1959 to 2016. Data from the Current Population Survey, 1960 to 2017 Annual Social and Economic Supplements. Figure 5. Retrieved from: https://www.census.gov/content/dam/Census/library/visualizations/2017/demo/p60-259/figure5.pdf

6   Jiang, Y., Granja, M.R., & Koball, H. (January 2017). Basic facts about low-income children, Children under 3 years, 2015. National Center for Children in Poverty, Pub 1171. Retrieved from: http://www.nccp.org/publications/pub_1171.html

7   Utah Code Annotated 35A-9-102. https://le.utah.gov/xcode/Title35A/Chapter9/35A-9-S102.html?v=C35A-9-S102_1800010118000101

8   Perlich, P. (2008). Utah's demographic transformation: A view into the future. Utah Economic and Business Review, 68(3). Salt Lake City, UT: Bureau of Economic and Business Research, David Eccles School of Business. Retrieved from: http://gardner.utah.edu/wp-content/uploads/2015/08/UEBRVolume68Number3-1.pdf

9   Chen, D. (2017, June 21). Asians are fastest-growing racial group in increasingly diverse Utah. The Deseret News. Retrieved from: https://www.deseretnews.com/article/865683451/Asians-are-fastest-growing-racial-group-in-increasingly-diverse-Utah.html

10   Haven, T. (2016). Measures of child well-being in Utah 2016. Salt Lake City, UT: Voices for Utah Children. Retrieved from: http://www.utahchildren.org/images/pdfs-doc/2016/2016_Utah_KIDS_COUNT_databook.pdf

11   Cortez, M. (2016, September 27). Utah child population growing, becoming more diverse, new report says. The Deseret News. Retrieved from: https://www.deseretnews.com/article/865663452/Utah-child-population-growing-becoming-more-diverse-new-report-says.html

12   Martinson, M., & Reichman, N. (2016). Socioeconomic inequalities in low birth weight in the United States, the United Kingdom, Canada, and Australia. American Journal of Public Health, 106(4), 748-754.; Silvestrin, S., da Silva, C. H., Hirakata, V. N., Goldani, A. A.S., Silveira, P. P., & Goldani, M. Z. (2013). Maternal education level and low birth weight: A meta-analysis. Jornal De Pediatria (Versao En Portugues), 89(4), 339-345.

13   Center on the Developing Child (2007).

14   The Adverse Childhood Experiences Study. Centers for Disease Control and Prevention with Kaiser Permanente. http://www.acestudy.org/

15   Center on the Developing Child (2007).

16   Center on Enhancing Early Learning Outcomes (2014). Access to high quality early care and education: Readiness and opportunity gaps in America. http://ceelo.org/wp-content/uploads/2014/05/ceelo_policy_report_access_quality_ece.pdf

17   Campbell, F.A. & Ramey, C.T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. Child Development 65(2), 684-698.

18   The Forum for Youth Investment (2017). Children's Cabinet Network. Retrieved from: http://forumfyi.org/childrens-cabinet-network-0

19   Governor Jon Huntsman, Constituting the Governor's Child and Family Cabinet Council, Executive Order 2007-0005, https://rules.utah.gov/execdocs/2007/ExecDoc127887.htm.

20   Utah State Office of Education (USOE). (2013). Utah's early childhood core standards, with teaching strategies and activities. Version 2.0. Salt Lake City, UT: Author. Retrieved from: https://www.schools.utah.gov/file/867f3f1b-c233-497a-bd45-e31dc4581327

21   Utah has 303 licensed child care centers in Utah. The NAEYC website reports 31 centers in the state with accreditation. So roughly 10% of centers in the state are accredited.

22   Utah Education Policy Center, University of Utah (February 2015). Home Visiting in Utah. Retrieved November 20, 2017 from http://daqy2hvnfszx3.cloudfront.net/wp-content/uploads/sites/2/2017/01/11151442/home-visiting-brief-hinckley.pdf

23   OHV Program Summary, submitted to OCC

24   The 10 Utah counties with no home visiting services are Rich, Tooele, Wasatch, Daggett, Duchesne, Emery, Grand, Beaver, Garfield, and Kane.

25   National Center for Children in Poverty (NCCP). Young Child Risk Calculator. Source: 2015 American Community Survey. Accessed September 2017: http://nccp.org/tools/risk/

26   National Center for Children in Poverty (NCCP). Young Child Risk Calculator. Source: 2015 American Community Survey. Accessed September 2017: http://nccp.org/tools/risk/

27   UEPC staff calculation dividing the total number of families estimated to be receiving home visiting in Utah by the birth to age five population, living in poverty in Utah. The percentage is likely a little higher, as OHV reports families and not children served. One home visiting model serves first-time mothers, and two others serve families with children up to 3 years or 5 years, which may include multiple children in one family.

28   National Academy of Sciences. Parenting Matters

29   http://www.pewsocialtrends.org/2015/12/17/parenting-in-america/

30   Utah Department of Human Services, Division of Child and Family Services.

31   FFY15 NCANDS data reported in Child Trends' Fact Sheet, https://www.childtrends.org/publications/child-maltreatment-facts-in-utah/

32   https://dcfs.utah.gov/services/in-home-services/

33   Child Trends (2017, August 29). Child maltreatment facts in Utah, Federal fiscal year 2015. Retrieved from: https://www.childtrends.org/publications/child-maltreatment-facts-in-utah/

34   https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf

35   http://childcarelicensing.utah.gov/

36   Utah Code Title 26, Chapter 39 enacts statutory regulations for child care licensing.

37   Utah Department of Health (UDOH). Public health indicator based information system (IBIS). Child care facility: Number of facilities by type of facility, Utah, 2016. Accessed September 2017: https://ibis.health.utah.gov/indicator/view/ChiCarFacCap.html

38   U.S. Census Bureau. American Fact Finder. GCT2302 – Percent of children under 6 years old with all parents in the labor force. 2016 American Community Survey (ACS) 1-Year estimates. Accessed September 2017: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_GCT2302.US01PR&prodType=table

39   Zick, C.D. & Greenwalt, B. (2017, June). The 2016-17 Utah parental child care survey. Salt Lake City, UT: University of Utah, Department of Family and Consumer Studies. Report provided to UEPC July 13, 2017.

40   Email correspondence from DWS to UEPC: October 16, 2017. Calculation based on personal income of head of household for parents of children age 0-5. Source: U.S. Census Bureau American Community Survey (ACS) PUMS Data 2015.

41   Department of Workforce Services, 2017.

42   National Center on Early Childhood Quality Assurance (NCECQA). (2017). QRIS resource guide, Utah QRIS state profiles. Retrieved from: https://qrisguide.acf.hhs.gov/index.cfm?do=qrisstateinfo&stateId=95

43   Tod, A.M. & Hurst, J. (Eds.) (2014). Health and inequality: Applying public health research to policy and practice. New York, NY: Routledge.

44   Millman, M. (Ed.) (1993). Access to health care in America. Report for the Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Washington, DC: National Academies Press.

45   Office of Disease Prevention and Health Promotion (ODPHP) (n.d.). Access to health services. Healthy People 2020 Topics and Objectives. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services#1

46   Child out-of-home medical placement occurs for children with chronic health problems who also have developmental disabilities. Medicaid provides coverage for this small sub-set of highly vulnerable children. For information on out of home placements see Friedman, S.L. & Kalichman, M.A. (2014). Out-of-home placement for children and adolescents with disabilities. Pediatrics 134(4). Retrieved from: http://pediatrics.aappublications.org/content/134/4/836

47   Manchester, J. (2017). States preparing for children's health insurance program to fun out of funding: report. Retrieved from http://thehill.com/homenews/state-watch/361896-states-preparing-for-childrens-health-insurance-program-to-run-out-of

48   The Consolidated Omnibus Reconciliation Act of 1985 is a federal law that requires that allows individuals to maintain eligibility for health benefits after they lose coverage for certain reasons

49   Kids Count data center, Annie E. Casey Foundation (2017). Children without health insurance. Retrieved November 15, 2017, from http://datacenter.kidscount.org/data/tables/8810-children-without-health-insurance?loc=46&loct=2#detailed/2/46/false/870,573,869,36,868/any/17657,17658

50   https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7662.pdf

51   https://www.utahchildren.org/newsroom/item/552-uninsured-rates-high-for-hispanic-children

52   Utah Intergenerational Welfare Reform Commission (Commission) (2017). Utah's sixth annual report on intergenerational poverty, welfare dependency, and the use of public assistance. Utah Intergenerational Welfare Reform Commission 2017 Report. Salt Lake City, UT: Author.

53   Utah State Board of Education (USBE). (2017). Child nutrition programs strategic plan. Salt Lake City, UT: Author. Retrieved from: https://www.schools.utah.gov/File/c394e79a-14bf-48c2-85d3-30a4bf479661

54   Centers for Disease Control and Prevention (CDC). (n.d.). Well-being concepts. Health-related quality of life (HRQOL). Retrieved from: https://www.cdc.gov/hrqol/wellbeing.htm

55   American Psychological Association (APA). (2017). Understanding and preventing child abuse and neglect. Public Interest Directorate resource. Retrieved from: http://www.apa.org/pi/families/resources/understanding-child-abuse.aspx

56   Canadian Paediatric Society (2004). Maternal depression and child development. Paediatric Child Health, 9(8): 575-583. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724169/

57   Association for Utah Community Health (AUCH). (2015). Utah's community health centers, 2015 overview. Salt Lake City, UT: Author. Retrieved from: https://www.auch.org/2016overview/?ml=1

58   Centers for Disease Control and Prevention (CDC). (n.d.). Adverse childhood experiences (ACEs). Retrieved from: https://www.cdc.gov/violenceprevention/acestudy/index.html

59   Harvard University's Center on the Developing Child (CDC) (n.d.). Deep dives: Early childhood mental health. Retrieved from: https://developingchild.harvard.edu/science/deep-dives/mental-health/

60   Harvard University's Center on the Developing Child (CDC) (n.d.). Key concepts: Toxic stress. Retrieved from: https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

61   Association for Utah Community Health (AUCH). (2015). Utah's community health centers, 2015 overview. Salt Lake City, UT: Author. Retrieved from: https://www.auch.org/2016overview/?ml=1

62   Health Centers are managed under the Utah Department of Health (UDOH). UDOH also operates two clinics out of state—one in Idaho, one in Wyoming. See: http://health.utah.gov/clinics/

63   U.S. Department of Agriculture Food and Nutrition Service (n.d.). Women, infants, and children (WIC). About WIC – WIC at a glance. Retrieved from: https://www.fns.usda.gov/wic/about-wic-wic-glance

64   Utah Department of Health (UDOH). (n.d.). Vaccines for children (VFC) program. Retrieved from: http://www.immunize-utah.org/vaccines%20for%20children%20program/index.html

65   Utah Department of Public Safety. (n.d.) Highway safety: Car seat safety. Retrieved from: https://highwaysafety.utah.gov/seat-belts-and-car-seats/car-seat-safety/

66   Canadian Paediatric Society (2004). Maternal depression and child development. Paediatric Child Health, 9(8): 575-583. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724169/

67   https://www.cdc.gov/prams/index.htm

68   https://ibis.health.utah.gov/indicator/complete_profile/PPD.html

69   Utah Department for Substance Abuse and Mental Health. (2016). FY 2016 Annual report. Salt Lake City, UT: Author. Retrieved from: https://dsamh.utah.gov/pdf/Annual%20Reports/2016%20Annual%20Report%20Web%20Final.pdf

70   National Alliance on Mental Illness (NAMI) (n.d.). Utah Chapter. See: https://namiut.org/

71   Commission (2017). Utah's sixth annual report on intergenerational poverty, welfare dependency, and the use of public assistance. Utah Intergenerational Welfare Reform Commission 2017 Report. Salt Lake City, UT: Author.

72   https://www.auch.org/images/CHC_Listings_and_Map_FINAL_Mar_2017.pdf

73   Utah Department for Substance Abuse and Mental Health. (n.d.). Substance abuse and mental health. Promoting hope, health, and healing. Retrieved from: https://dsamh.utah.gov/mental-health/

74   American Psychological Association (2011). Babies and toddlers can suffer mental illness, seldom get treatment. Retrieved November 30, 2017 from http://www.apa.org/news/press/releases/2011/02/babies-mental-illness.aspx

75   https://www.uvu.edu/uwlp/docs/mentalhealthinfographic.pdf

76   Centers for Disease Control and Prevention (CDCP). (n.d.) Adverse childhood experiences: Looking at how ACEs affect our lives and society. Retrieved from: https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

77   Centers for Disease Control and Prevention (CDC). (n.d.) Adverse childhood experiences: Looking at how ACEs affect our lives and society. Retrieved from: https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

78   Individuals with Disabilities in Education Act of 2004. See: IDEA Part C, 34 CFR Part 303 and Section 631-644.

79   Utah Department of Health (n.d.). Developmental screening ASQ. Bureau of child development. Retrieved from: http://asq.utah.gov/

80   http://www.helpmegrowutah.org/in-your-community/connect-to-resource

81   Help Me Grow Utah (n.d.). See: http://www.helpmegrowutah.org/who-we-are/what

82   Utah Department of Health (n.d.). Baby watch early intervention program. Program description and program contact list. Retrieved from: http://health.utah.gov/cshcn/programs/babywatch.html

83   Utah Legislature (2016). Utah Administrative Rule R398-20, Early Intervention (as in effect on September 1, 2016). Retrieved from: https://rules.utah.gov/publicat/code/r398/r398-020.htm

84   Utah Department of Health (2015). UT part C: FFY2015 State performance plan: Annual performance report. Retrieved from: http://health.utah.gov/cshcn/pdf/BabyWatch/APR-2015C-UT.pdf

85   IDEA Infant and Toddler Coordinators Association. (2017). About early intervention. Why intervene early? Retrieved from: http://ideainfanttoddler.org/about-early-intervention.php

86   The Early Childhood Technical Assistance Center (2011, July). The importance of early intervention for infants and toddlers with disabilities and their families. Retrieved from: http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf

87   Easter Seals (2013). Our nation's children at risk: A state-by-state report on early intervention. Report for Make the First Five Count Initiative. Chicago, IL: Author.

88   Point-in-time number provided by BWEIP on October 23, 2017

89   http://le.utah.gov/interim/2016/pdf/00001341.pdf

90   Utah State Legislature (2017). Child development total general session appropriation. Compendium of Budget Information for the 2017 General Session. Retrieved from: https://le.utah.gov/lfa/cobi/currentCobi/cobi.html?cobiID=1317&tab=issuesTab

91   Center for American Progress. (July 2017). Early Learning in Utah: 2017.

92   New York University. "Child's home learning environment predicts 5th grade academic skills." ScienceDaily, 15 August 2017. <www.sciencedaily.com/releases/2017/08/170815120542.htm>

93   The Adverse Childhood Experiences Study. Centers for Disease Control and Prevention with Kaiser Permanente. http://www.acestudy.org/

94   Zero to Three (2015). Word gap by age 3. Infographic. Retrieved from: http://www.zerotothree.org/policy/images/ztt-word-gap.jpg

95   National Head Start Association (2016). 2016 Utah Head Start Profile. Retrieved from https://www.nhsa.org/files/resources/fact_sheet_utah.pdf

96   Head Start and Early Head Start Program Summary, submitted to DWS/UEPC May 2017.

97   National Head Start Association (2015). 2015 Utah Head Start Profile. Retrieved from https://www.nhsa.org/files/resources/utah.pdf

98   National Head Start Association (2016). 2016 Utah Head Start Profile. Retrieved from https://www.nhsa.org/files/resources/fact_sheet_utah.pdf

99   Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., . . . Zaslow, M. J. (2013). Investing in our future: The evidence base on preschool education (Vol. 9): Society for Research in Child Development and Foundation for Child Development.

100   Illinois State Board of Education (2013). Illinois early learning and development standards. For preschool (3 years old) to kindergarten enrollment age. Retrieved from: http://www.isbe.net/earlychi/pdf/early_learning_standards.pdf

101   The National Institute for Early Education Research (NIEER) publishes an annual yearbook that tracks the funding, access, and policies of state-funded preschool programs. For purposes of their report, NIEER does not count a state program as qualifying as a state program unless it reaches at least 1% of the 3 or 4 year old population of the state. National Institute for Early Education Research (NIEER). (2016). The state of preschool 2016. New Brunswick, NJ: Author. Retrieved from: http://nieer.org/state-preschool-yearbooks/yearbook2016#profiles

102   Email correspondence from USBE to UEPC: October 24, 2017.

103   UPSTART Program report submitted to DWS-OCC, May 2017.

104   https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1513&tab=financialsTab&year=2018

105   HB 96 School Readiness Initiative FAQs. USBE. https://schools.utah.gov/file/c6004b6a-5f97-4c5f-8e65-059b574e3567

106   High Quality School Readiness Expansion Program Grant report. October 2017. Utah State Board of Education. https://le.utah.gov/interim/2017/pdf/00004635.pdf

107   HQSR-E data reported by DWS-OCC, including USBE numbers reported to DWS-OCC.

108   Camilli, G., Vargas, S., Ryan, S., & Barnett, W. S. (2010). Meta-analysis of the effects of early education interventions on cognitive and social development. The Teachers College Record, 112(3).; Kagan, S. L., & Kauerz, K. (Eds.). (2012). Early childhood systems: Transforming early learning. Teachers College Press.; Reynolds, A. J., Temple, J. A., Ou, S. R., Robertson, D. L., Mersky, J. P., Topitzes, J. W., & Niles, M. D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. Archives of Pediatrics & Adolescent Medicine, 161(8), 730-739.

109   HQSR Program report submitted to DWS-OCC, May 2017

110   http://livingwage.mit.edu/states/49

111   WestEd (2015, April). Full-day kindergarten. Expanding learning opportunities. Policy brief: Early education. Retrieved from: https://www.wested.org/online_pubs/po-05-01.pdf

112   https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1643&tab=backgroundTab&year=2018

113   https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1511&tab=backgroundTab&year=2018

114   USBE, personal communication, November 29, 2017.

115   USBE HQSR-E Program profile submitted to DWS OCC. May 2017.

116   USBE provided to DWS, OCC November 28, 2017.

117   http://www.ecs.org/ec-content/uploads/Full-Day-Kindergarten-A-look-across-the-states.pdf

118   HQSR Program report submitted to DWS-OCC, May 2017

119   http://daqy2hvnfszx3.cloudfront.net/wp-content/uploads/sites/2/2017/05/23104652/ChronicAbsenteeismResearchBrief.pdf

120   https://jobs.utah.gov/edo/intergenerational/igpfactsheet.pdf

121   https://le.utah.gov/interim/2017/pdf/00003434.pdf

122   https://jobs.utah.gov/Infosource/eligibilitymanual/200_Program_Eligibility_Requirements/281-1_FEP_Families_That_Have_36_Month_Time_Limit.htm

123   https://jobs.utah.gov/customereducation/services/financialhelp/family/program.html

124   https://jobs.utah.gov/Infosource/eligibilitymanual/200_Program_Eligibility_Requirements/205-2_Family_Employment_Program_Two_Parent_(FEP-TP)_-_General_Information.htm

125   https://socialwork.utah.edu/wp-content/uploads/sites/4/2016/02/Wave-3-report_final.pdf

126   Ibid

127   http://livingwage.mit.edu/states/49

128   Gould, E., Austin, L. J. E., & Whitebook, M. (2017). What does good child care reform look like? Retrieved from the Economic Policy Institute: http://www.epi.org/publication/what-does-good-child-care-reform-look-like/

129   Utah's Office of Child Care (n.d.). Office of Child Care Overview. Retrieved from https://jobs.utah.gov/occ/occlegoverview.pdf

130   Utah Department of Workforce Services (2017). Public Assistance Recipients. Retrieved October 31, 2017, from https://jobs.utah.gov/wi/statewide/assistrecipients.html

131   https://jobs.utah.gov/occ/occlegoverview.pdf

132   Living Wage Calculator (2017). Living Wage Calculation for Utah. Retrieved October 31, 2017, from http://livingwage.mit.edu/states/49

133   Utah DWS Financial/SNAP/Child Care Eligibility Manual (2017). 210-Child Care – General Information. Retrieved October 31, 2017, from https://jobs.utah.gov/Infosource/eligibilitymanual/200_Program_Eligibility_Requirements/210_Child_Care_-_General_Information.htm

134   Utah Department of Workforce Services (n.d.). Child Care. Retrieved October 31, 2017, from http://www.jobs.utah.gov/customereducation/services/childcare/index.html

135   Utah Department of Workforce Services. (2016). Comprehensive report on homelessness, State of Utah 2016. Salt Lake City, UT: Author. Retrieved from: https://jobs.utah.gov/housing/scso/documents/homelessness2016.pdf

136   Ibid

137   Ibid

138   Utah Department of Workforce Services. DWS Financial/SNAP/Child Care Eligibility Manual, Section 205-8 Emergency Assistance – Homeless Prevention Program (EA) – General Information. Retrieved from https://jobs.utah.gov/Infosource/eligibilitymanual/200_Program_Eligibility_Requirements/205-8_Emergency_Assistance_-_Homeless_Prevention_Program_(EA)_-_General_Information.htm

139   Department of Workforce Services. Homeless Prevention and Rapid Re-Housing Program & Temporary Assistance for Needy Families Emergency Fund. Retrieved from https://jobs.utah.gov/housing/scso/hprrh/

140   Center on Budget and Policy Priorities (2017, March 30). Utah Fact Sheet: Federal Rental Assistance. Retrieved from https://www.cbpp.org/sites/default/files/atoms/files/4-13-11hous-UT.pdf

141   US Office of Housing Voucher Programs (January 2017). Fact Sheet: Housing Choice Voucher Program Family Unification Program (FUP). Retrieved from https://www.hud.gov/sites/documents/FUP_FACT_SHEET.PDF

142   US Department of Housing and Urban Development (2017). HOME Tenant-Based Rental Assistance. Retrieved from https://www.hudexchange.info/home/topics/tenant-based-rental-assistance/ - policy-guidance

143   Office of Policy Development and Research (PD&R), US Department of Housing and Urban Development (2017, July 10). Low-Income Housing Tax Credits. Retrieved from https://www.huduser.gov/portal/datasets/lihtc.html

144   Utah Housing & Community Development Division, Department of Workforce Services (2016). State of Utah Affordable Housing and Assessment and Plan. Retrieved from https://jobs.utah.gov/housing/publications/documents/affordablehousingplan.pdf

145   Utah Housing & Community Development Division, Department of Workforce Services (2016). Olene Walker Housing Fund. Retrieved from https://jobs.utah.gov/housing/publications/documents/owalkerloanfund2016.pdf

146   US Department of Housing and Urban Development. The HOME Program: HOME Investment Partnerships. Retrieved from https://www.hud.gov/hudprograms/home-program

147   Email correspondence with Jim Wood, Ivory-Boyer Senior Fellow Kem C. Gardner Policy Institute, University of Utah on November 16, 2017

148   https://utahhousingcorp.org/ar/HomeOwnership.shtml

149   https://jobs.utah.gov/housing/seal/heat.html

150   http://le.utah.gov/interim/2015/pdf/00002657.pdf

151   https://jobs.utah.gov/housing/wap/index.html

152   Ibid

153   http://nlihc.org/sites/default/files/SHP_UT.pdf

154   https://jobs.utah.gov/housing/publications/documents/affordablehousingplan.pdf, p. 5

155   https://jobs.utah.gov/housing/publications/documents/affordablehousingplan.pdf

156   Feeding America (2017). Child Hunger Facts. Retrieved October 31, 2017, from http://www.feedingamerica.org/hunger-in-america/child-hunger-facts.html

157	Annie E. Casey Foundation Kids Count Data Center. 2017 Utah locations data. Children living in households that were food insecure at some point during the year. Retrieved from: http://datacenter.kidscount.org/data/tables/5201-children-living-in-households-that-were-food-insecure-at-some-point-during-the-year?loc=46&loct=2#detailed/2/46/false/869,36,868,867,133/any/11674,11675

158	Feeding America (2017). Food Insecurity in Utah. Retrieved November 12, 2017, from http://map.feedingamerica.org/county/2015/overall/utah

159	USDA Food and Nutrition Service (2017). Supplemental Nutrition Assistance Program (SNAP). Retrieved November 12, 2017, from https://www.fns.usda.gov/snap/eligibility

160	Supplemental Nutrition Assistance Program. Retrieved November 2, 2017 from https://fns-prod.azureedge.net/sites/default/files/pd/30SNAPcurrHH.pdf

161	USDA Food and Nutrition Service (2017). WIC Program. Retrieved November 2, 2017, from https://www.fns.usda.gov/pd/wic-program

162	Utah State Board of Education (USBE). (2017). Child nutrition programs FY 2017. Salt Lake City, UT: Author. Retrieved from https://www.schools.utah.gov/File/c394e79a-14bf-48c2-85d3-30a4bf479661

163	 Feeding America (2017). Food Insecurity in Utah. Retrieved November 12, 2017, from http://map.feedingamerica.org/county/2015/overall/utah

164	 Utahns Against Hunger (2017). SNAP Outreach. Retrieved November 15, 2017 from https://www.uah.org/our-work/snap-outreach

165	Food Research & Action Center (2017). School Breakfast Scorecard. Retrieved from http://frac.org/wp-content/uploads/school-breakfast-scorecard-sy-2015-2016.pdf

166	Utahns Against Hunger (2017). Partners for breakfast in the classroom. Retrieved November 12, 2017, from https://www.uah.org/our-work/child-nutrition/item/78-partners-for-breakfast-in-the-classroom

167	Feeding America (2017). Food Insecurity in Utah. Retrieved November 12, 2017, from http://map.feedingamerica.org/county/2015/overall/utah

168	The Build Initiative was launched in connection with the Early Childhood Funders Collaborative (ECFC) and has been federally funded to support states working on Race to the Top- Early Learning Challenge. The Build Initiative, along with the First Five Years Fund, created the Early Learning Challenge Collaborative to assist states to build systems to support early childhood development. They are the technical assistance provider to Early Learning Challenge (ED and HHS) grantee states, and lead a nationwide learning community on how to support early childhood development. See http://www.buildinitiative.org/OurWork/StateandLocal.aspx

169	Handler, A., Issel, M., & Turnock, B. (2001). A conceptual framework to measure performance of the public health system. American Journal of Public Health 91(8), 1235-1239.

170	Axford, N. (2010). Conducting needs assessments in children's services. British Journal of Social Work, 40(1), 4-25.

171	Jacobson, D. (2016, August). Building state P-3 systems. Learning from leading states. (Policy Report). New Brunswick, NJ: Center on Enhancing Early Learning Outcomes (CEELO).

172	The National Center on Early Childhood Quality Assurance (NCECQA) is funded by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families to provide guidance to state governments to develop, implement, and monitor state QRIS systems. The QRIS resource guide is available at https://qrisguide.acf.hhs.gov/index.cfm?do=resourceguide

173	The Forum for Youth Investment (2017). Children's Cabinet Network. Retrieved from: http://forumfyi.org/childrens-cabinet-network-0

174	Fonseca, M. & Horowitz, M. (2017, August). State approaches to regional early childhood councils. National Association of Early Childhood Specialists in State Departments of Education (NAECS-SDE) Listserv Summary. New Brunswick, NJ: Center on Enhancing Early Learning Outcomes (CEELO).

175	For examples, see State of Delaware Early Childhood Needs Assessment 2013 http://www.ipa.udel.edu/publications/EarlyChildhoodNeedsAssessment.pdf; State of Montana's Best Beginnings Advisory Council's 2013 Early Childhood Needs Assessment and Strategic Plan https://dphhs.mt.gov/Portals/85/hcsd/documents/ChildCare/BBAC/EarlyChildhoodNeedsAssessment.pdf; and State of Iowa's 2017 Early Child Needs Assessment plan https://www.cfpciowa.org/en/data/early_childhood_needs_assessment/;

176	Dunn, J., Hayes, M., Hulchanski, J., Hwang, S., & Potvin, L. (2006). Housing as a socio-economic determinant of health: Findings of a national needs, gaps and opportunities assessment. Canadian Journal of Public Health Revue Canadienne De Santé Publique, 97 Suppl 3, S11-5, S12-7.; Watkins, R., Meiers, M.W., & Visser, Y.L. (2012). A guide to assessing needs. Essential tools for collecting information, making decisions, and achieving development results. Washington, DC: The World Bank.

177	Handler, A., Issel, M., & Turnock, B. (2001). A conceptual framework to measure performance of the public health system. American Journal of Public Health 91(8), 1235-1239.; Friese, S., Lin, V., Forry, N., & Tout, K. (2017) Defining and measuring access to high-quality early care and education (ECE): Guidebook for policymakers and researchers. OPRE Report #2017-18. Washington DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

178	Buysse, V. (2012). Access, participation, and supports: A framework for improving inclusive early education opportunities for children with disabilities. Chapter 23 in n R.C. Pianta, W.S. Barnett, L.M. Justice, & S.M. Sheridan (Eds.) Handbook of Early Childhood Education. New York: The Guilford Press. (pp. 480-506).

179   McCawley, P.F. (2009). Methods for conducting an educational needs assessment. Guidelines for cooperative extension system professionals. BUL 870. Moscow, ID: University of Idaho Extension.

180   Epstein, D.J. & Barnett, W.S. (2012). Epstein, D.J. & Barnett, W.S. (2012). Early education in the United States: Programs and access. Chapter 1 in n R.C. Pianta, W.S. Barnett, L.M. Justice, & S.M. Sheridan (Eds.) Handbook of Early Childhood Education. New York: The Guilford Press. (pp. 3-21).

181   Kazda, M. J., Beel, E. R., Villegas, D., Martinez, J. G., Patel, N., & Migala, W. (2009). Methodological complexities and the use of GIS in conducting a community needs assessment of a large US municipality. Journal of Community Health, 34(3), 210-215.

182   Ward, H. & Rose, W. (2002). Approaches to needs assessment in children's services. London, UK: Jessica Kingsley Publishers.

183   McCawley, P.F. (2009). Methods for conducting an educational needs assessment. Guidelines for cooperative extension system professionals. BUL 870. Moscow, ID: University of Idaho Extension.

184   Dunn et. al., 2009; Kazda et. al. (2009).

185   Watkins, Meiers, & Visser (2012).

186   http://www.boarddocs.com/ut/usbe/Board.nsf/files/AS2MBA5779EC/$file/Self_Assessment_Sept%202017_UT.pdf

187   Gap analysis model adapted from Jennings, M. D. (2000). Gap analysis: concepts, methods, and recent results. Landscape Ecology, 15(1), 5-20.

EARLY CHILDHOOD
SERVICES STUDY

2017 General Session SB 100
December 31, 2017

THE UNIVERSITY OF UTAH
**UTAH EDUCATION
POLICY CENTER**

**WORKFORCE
SERVICES
CHILD CARE**