DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Rural Institute
For Inclusive Communities

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Montana's Early Childhood System: A 2025 Statewide Needs Assessment

RURAL INSTITUTE RESEARCH AND EVALUATION TEAM

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This needs assessment reflects the combined efforts of multiple contributors:

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The University of Montana Center for Children, Families, and Workforce Development facilitated data collection and conducted analysis for the provider and family surveys.

In 2025, the Rural Institute Research and Evaluation team assumed responsibility for completing the needs assessment, including additional analysis, synthesis, and finalization of the report. Members of the Rural Institute team who contributed to this work include Allison Wilson, Kaitlin Fertaly, Gretchen Neal, Elizabeth Wiliams, and Elizabeth Heaton.

The development of this assessment was also informed by valuable feedback from the Bright Futures Birth through Five leadership team at the Montana Department of Public Health and Human Services (DPHHS), along with many stakeholders across the Montana early childhood system who provided input throughout the project's duration. Their engagement helped shape the recommendations and ensure that this document reflects a broad range of perspectives.

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Glossary of Acronyms

Acronym	Definition/Context
ADHD	Attention-Deficit/Hyperactivity Disorder
AIAN	American Indian/Alaska Native
ARPA	American Rescue Plan Act
BFB5	Bright Futures Birth Though Five
CACFP	Child and Adult Care Food Program
CARES	Coronavirus Aid, Relief, and Economic Security Act
CCDF	Child Care Development Fund
CCR	Child Care Resources
CDC	Centers for Disease Control
CFSD	Child and Family Services Division
CYSHCN	Children and Youth with Special Health Care Needs
DLL	Dual Language Learner
DPHHS	Department of Health and Human Services
ECCE	Early Childhood Care and Education
ECERS	Early Childhood Environmental Rating Scale
ECFSD	Early Childhood and Family Support Division
FAR	Frontier and Remote codes
FPL	Federal Poverty Level
HRSA	Health Resources and Services Administration
IDEA	Individuals with Disabilities Education Act
IECMH	Infant and Early Childhood Mental Health
IECMHC	Infant and Early Childhood Mental Health Consultation
OPI	Office of Public Instruction
MIECHV	Maternal Infant Early Childhood Home Visiting
PRAMS	Pregnancy Risk Assessment Monitoring System
SHIP	Montana State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program
WIC	Women Infants and Children

Executive Summary

Purpose and Approach

The 2025 B5 Needs Assessment was written to provide a complete overview of Montana's early childhood education and care system, including young children, families, service providers, and the systems that support them. The primary goals were to describe the current state of early childhood care and education, identify obstacles and opportunities related to service access, quality, and fairness, and offer practical recommendations to improve outcomes and reinforce the statewide system. The assessment utilized multiple data sources from statewide surveys, family and provider interviews, public datasets, and findings from previous reports. Ongoing stakeholder involvement was essential in shaping and fine-tuning the final recommendations.

Key Findings

Montana's Young Children and Families

Montana's young children and their families face a complex and changing landscape shaped by demographic shifts, economic pressures, and systemic challenges. The number of children under age five is steadily decreasing, especially in rural counties, raising concerns about the future of early childhood services and community well-being. Half of all Montana counties are considered maternal health deserts, with clear disparities in access to prenatal care based on geography, income, and race. About 14.4% of children under age five live in poverty, with much higher rates among American Indian/Alaska Native (AIAN) and rural populations. Rising housing and child care costs continue to destabilize families, leading to higher rates of homelessness among families with young children. At the same time, developmental and behavioral health issues are increasing, yet many families face ongoing gaps in access to early detection, intervention, and support services.

Access and Use of Early Childhood Services

Access to early childhood care and education remains limited across much of the state. Sixty percent of Montana counties are considered child care deserts, with no county currently able to meet its full estimated demand for licensed child care. Licenses programs serve less than half of young children with working caregivers, and access is further limited by high costs, limited availability, inflexible hours, and a shortage of culturally and linguistically responsive options. Early intervention services reach only 2.1% of infants and toddlers through IDEA Part C, despite national estimates indicating significantly higher levels of developmental need. Similarly, over 51,000 families meet eligibility criteria for evidence-based home visiting services, yet availability remains limited, especially in rural and Tribal communities.

System Infrastructure and Sustainability

Access issues are worsened by fundamental challenges in the system's infrastructure. Montana's early childhood workforce faces significant barriers, including low pay, high turnover, limited training options, and unclear career paths. Survey and interview data show strong demand from both families and providers for services that are inclusive, flexible, and adaptable to different needs. However, current infrastructure, such as data systems, referral pathways, and governance structures, remains fragmented, which hinders coordination, accountability, and ongoing improvement efforts. Addressing these core issues is crucial to ensure all children in Montana have equal opportunities to succeed from birth through age five.

Recommendations

To guide strategic actions, the recommendations across each section of the B5 Needs Assessment are organized into three tiers based on their current readiness for implementation and their perceived importance among stakeholders. A comprehensive table of all final recommendations, organized by tier across all sections, is provided in Appendix E.

1. ***Tier One recommendations*** include strategies that are both highly feasible and urgently needed. These involve expanding access to Infant and Early Childhood Mental Health (IECMH) consultation, updating child care subsidy eligibility to reflect local cost-of-living variations, and increasing the use of standardized developmental screening tools to ensure early identification and referral for young children.

2. ***Tier Two recommendations*** highlight emerging priorities that have significant potential but may need additional planning, resources, or infrastructure for effective implementation. These include broadening inclusive workforce training opportunities and strengthening maternal mental health supports, especially in underserved areas.

3. ***Tier Three recommendations*** focus on long-term priorities that are essential for promoting equity and sustainability throughout the system. These include developing a multilingual, culturally responsive early childhood workforce, expanding access to home visiting services, and integrating data systems to improve coordination, accountability, and cross-sector collaboration.

Conclusion

Montana's early childhood system is at a pivotal moment. While families, providers, and communities demonstrate strong commitment, persistent inequities and workforce constraints demand coordinated, data-informed action. The B5 Needs Assessment offers a roadmap for collective progress that places families at the center and seeks to ensure that all children in Montana have equitable opportunities to learn and thrive

Introduction

Montana's early childhood system is a dynamic and interconnected network of programs, policies, and stakeholders that span the public, nonprofit, Tribal, and private sectors, working together to support young children's healthy development and school readiness. Drawing on the BUILD Initiative's definition,[1] this system includes the full range of services for children from birth through age five, such as early learning, health, mental health, family support, and early intervention, and emphasizes alignment, equity, and family engagement across sectors to ensure that all children thrive.

This system touches nearly every aspect of daily life, including:

- Education
- Child care
- Medical and disability services
- Physical and behavioral health
- Economic development and family support
- Housing
- Transportation
- Child and family enrichment activities

Montana's early childhood system supports children from birth to age five through a range of programs and services administered primarily by the Department of Public Health and Human Services (DPHHS), chiefly through the Early Childhood and Family Support Division (ECFSD). The Office of Public Instruction (OPI) oversees early learning and special education functions, while the Department of Labor and Industry (DLI) supports workforce development through the analysis and implementation of pre-apprenticeship and apprenticeship programs in the child care sector. These apprenticeship efforts are administered in partnership with the Child Care Development Fund (CCDF), the Early Childhood Project, and the Bright Futures B-5 grant, reflecting a cross-agency commitment to strengthening the early childhood workforce.

To better understand system strengths, gaps, and opportunities, a statewide needs assessment was conducted. A needs assessment is a process used to gather data, analyze current conditions, and identify actionable areas for improvement. This effort focused on early childhood care and education (ECCE), early intervention services, home visiting programs, and the broader infrastructure that supports them. Families remain at the center of Montana's early childhood system, and their voices are integrated throughout the findings and recommendations to ensure relevance and impact.

The updated 2025 Birth to Five Needs Assessment builds upon foundational work conducted in 2024, which included a comprehensive review of early childhood data,

systems mapping, and initial draft recommendations. Throughout the revision process, multiple feedback loops with stakeholders and cross-sector partners informed the direction of the assessment. Leadership team check-ins and a statewide virtual convening in June 2025 provided critical insights that shaped the refinement of the recommendations and identified potential leads for future strategic planning. Revisions emphasized feasibility, alignment with system priorities, and opportunities for coordination across initiatives.

The report is organized into three key sections:

1. **Montana's Young Children and Families**: presents data on young children and families in Montana while highlighting key vulnerabilities that may place them at increased risk for adverse developmental, educational, or health outcomes.
2. **Access and Use of Early Childhood Care and Education and Home Visiting Services**: examines the availability, accessibility, and quality of ECCE, early intervention, and home visiting services while identifying opportunities for action.
3. **Early Childhood Care and Education System**: examines the framework of the early childhood system, encompassing governance, workforce, family engagement, and other essential supports needed for long-term success.

Together, these sections support three primary objectives:

1. To describe the landscape of early childhood in Montana, including children, families, providers, and services.
2. To identify challenges and barriers that impact service quality, access, and effectiveness.
3. To offer recommendations that can inform strategic planning, policy development, and continuous improvement efforts.

Aligned with these objectives, the Bright Futures Birth to Five (BFB5) Project aims to strengthen Montana's early childhood system through the following outcomes:

- Families have increased access to and participation in high-quality early child care and education through a coordinated mixed delivery system.
- The early childhood workforce is well-prepared and confident, supported by expanded professional development opportunities.
- System infrastructure promotes effective family assessment, navigation, care coordination, and data-informed decision making.
- Families are respected, engaged, and empowered as essential partners in the early childhood system.
- Communities recognize early childhood as a critical priority and support children's health, learning, and development.
- Policies, funding, and accountability mechanisms are aligned to foster continuous improvement and sustainability.

As a guiding resource for strengthening Montana's early childhood system, this needs assessment offers insights to inform policy, investment, and collaboration across sectors. While it was developed in alignment with BFB5 requirements, its purpose

extends beyond compliance, providing a foundation for system-wide strategies that advance equitable access, quality, and outcomes for young children and their families.

Methodology

The authors used multiple sources to describe the landscape of early childhood services in Montana and to identify opportunities for system improvement (Table 1). These sources included surveys, interviews, public data, and existing reports, each providing a unique perspective and helping to cross-verify findings across systems and stakeholder experiences. To gather diverse perspectives and guide strategic decisions, early childhood system stakeholders were also invited to review and respond to a draft set of recommendations aligned with the needs assessment findings. Participants completed a follow-up survey to rank each recommendation by its importance and feasibility.

To ensure that final recommendations reflect shared priorities across the early childhood system, stakeholder feedback was visualized in a matrix that mapped each draft recommendation's average scores for importance and feasibility. This method allowed the research team to clearly identify actions that are both high-impact and ready for implementation versus those requiring longer-term investment or further planning. Examples of visualized matrices for draft recommendations used in the stakeholder engagement process are included in Appendix C. Responses offered valuable insights into shared priorities and influenced the final organization of the recommendations into three tiers.

- Tier 1 (Ready Now): Rated highly for both feasibility and importance, indicating strong alignment and readiness for action.
- Tier 2 (Emerging): Rated high in one category, reflecting potential value with varying levels of implementation readiness.
- Tier 3 (Future Focus): Based on assessment findings but not ranked among the top three, these recommendations highlight longer-term priorities or areas for further exploration.

This tiered approach highlights what is needed and most actionable, based on current system alignment and capacity. A detailed timeline of assessment activities can be found in Appendix D and provides a comprehensive overview of key activities and their sequence throughout the needs assessment process.

Table 1. Overview of Needs Assessment Data Sources

Data Source	Description	Time Frame	Purpose
Early Childhood Family and Service Provider Survey (Appendix A)	Tailored surveys for families and service providers; 1,760 total responses (960 families, 770 providers) from 53-55 counties.	Fall 2023 – Spring 2024	Capture lived experiences and perceptions of ECCE from key stakeholders across Montana.
Early Childhood Family and Service Provider Interviews (Appendix B)	21 interviews with 22 family members across diverse regions and backgrounds.	November 2023 – April 2024	Deepen understanding of service access, use, gaps, and engagement preferences from family and provider perspectives.
Existing Reports	Incorporates findings from the 2023 Part C Needs Assessment and other relevant state-level reports and assessments.	Up to Spring 2024	Reference complementary findings and avoid duplication; inform interpretation of current system performance.
Public Data Sources	Includes administrative, U.S. Census, and other publicly available datasets to describe child/family demographics and service access.	Varies by source	Provide foundational demographic and service context to support analysis and system planning.

Pandemic Effects

The COVID-19 pandemic intensified or accelerated existing trends within Montana's early childhood system. While 2024 was anticipated to be the first full year of post-pandemic recovery, comprehensive data for that period are not yet available.[2] Emerging patterns suggest some longer-term impacts, particularly on the early childhood workforce and family dynamics related to employment, caregiving, and access to services.[3]

Nationally, instances of developmental delays among young children have risen,[4] and Montana providers report increased identification of delays, disabilities, and behavioral health challenges, which is likely influenced by the disruptions of the pandemic years.[5]

Temporary federal relief funding, including the American Rescue Plan Act (ARPA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act resources, significantly supported child care providers, families, and early learning programs.[6] However, the expiration of these funds poses sustainability challenges, particularly in retaining staff and managing operational costs.[7]

The past five years were marked by economic uncertainty, including inflation, housing instability, and rising labor costs.[8] These pressures strained the capacity of early childhood programs to maintain staffing, meet family demand, and deliver consistent services. Families also experienced shifts in engagement patterns. While some became more isolated, others adapted to virtual communication with providers. These changes continue to affect how families interact with services and build supportive networks.[9]

Section One: Montana's Young Children and Families

The 2019 needs assessment identified several contextual factors that may increase the likelihood that a child or family will need specific services. Understanding these needs is critical to ensuring that services are responsive and equitable. Section One provides an overview of the broader demographic landscape of Montana's children and families, recognizing that each family brings a unique combination of strengths, challenges, and opportunities. The goal remains the same: to meet the needs of all families, regardless of background or location.

In the 2019 Montana early childhood needs assessment,[10] children were identified as vulnerable and/or underserved when any of the following conditions were present:

- Infancy (aged 0–19 months)
- Enrollment as a Tribal member or residence on Tribal lands
- Parent(s) who are teenagers
- Membership in a migrant family
- Parent or guardian actively serving in the military
- Residence in rural or underserved areas
- Status as an English language learner (ELL) or dual language learner (DLL)
- Low-income household
- Current or at-risk experience of homelessness
- Identified disability, developmental concern, or behavioral health issues
- Special healthcare needs (e.g., food allergies, asthma, diabetes, dietary restrictions, extended medication use)
- Experience of trauma or maltreatment, including placement in foster care

Montana's early childhood system can significantly improve outcomes for vulnerable children and families by identifying their needs, directing interventions to those most at risk, and advancing policies that address systemic inequities.[11]

Montana Child and Family Demographics

In 2024, Montana had an estimated 56,612 children under the age of five. While most children reside in Montana's ten most populous counties, young children live in every one of the state's 56 counties. Figures 1 and 2 illustrate both the geographic distribution of young children in 2024 and the change in the population of children under five between 2019 and 2022. Between 2019 and 2022, Montana saw an overall decline of approximately 3,843 children under age six, with many counties, particularly rural ones, experiencing population decreases, though a few counties reported slight increases. Although Figure 2 depicts recent changes, these patterns reflect a broader trend: the population of young children in Montana has generally declined since peaking in the early 2000s, mirroring national demographic shifts. The decline began in the 1990s,

briefly reversed in the mid-2000s, and resumed around 2013. However, local trends vary. Some parts of Montana, especially during and immediately after the COVID-19 pandemic, have experienced population growth and an influx of young families. Others have seen more stability or continued population loss.[12]

Figure 1. Number of Children Under Age Five in Montana in 2024, By County.

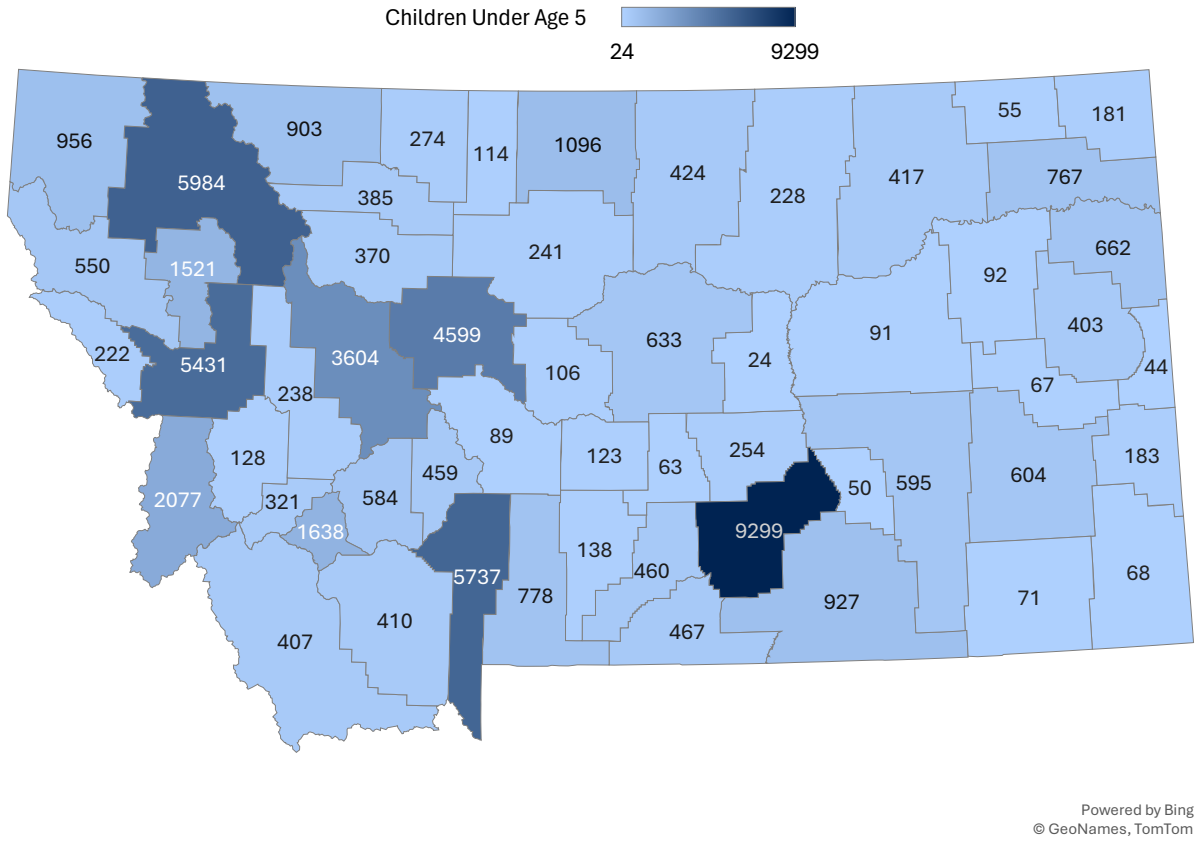

Figure 1. Number of Children Under Age Five in Montana, By County

Figure 2. Number of Montana Children Ages 0 Through 5
Across all ages, the population of children decreased between 2019 and 2022 in Montana.[12]

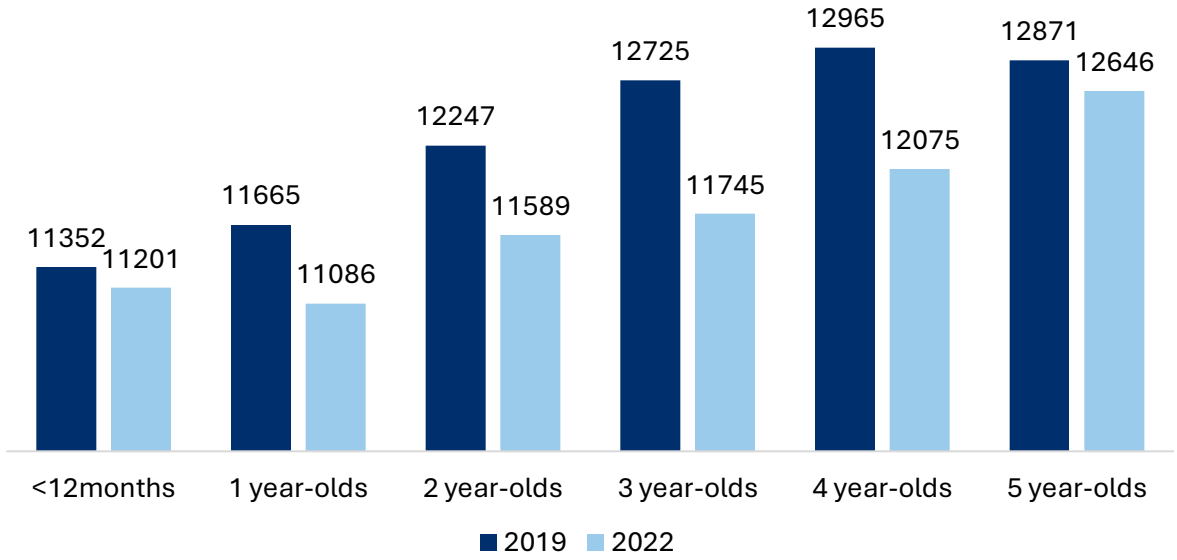

Figure 2. Number of Montana Children Ages 0 Through 5

Family Labor Force Participation

Children birth through age five require consistent care from adults, whether that care comes from parents, extended family, foster parents, friends, nannies, or licensed child care providers. Workforce data presented below suggests that as more adults in households with young children participate in the workforce in Montana, the demand for child care provided by non-household adults continues to grow.

Between 2019 and 2023, Montana saw a 5.1% increase in the number of women ages 20-64 in the labor force. Among women ages 20-64 with children under 18 living in the household, labor force participation rose by 7.6%. Families with school-aged children saw the most substantial shift: labor force participation among women with children ages 6-17 reached 83.3% in 2023, and increase of 12.3%,[13]

For families with children under age six, the situation remains complex. In 2023, the number of women with children under six declined slightly (-4.3%), as did their labor force participation (-7.3%). Still, a substantial share (71.1%) remained in the workforce. In 2023, among an estimated 70,000 children through age five statewide, approximately 44,164 lived in households where all adults were in the labor force. This reflects an increase of about 1,433 children since 2019 who likely require early childhood care provided by non-household adults.[13] Figure 3 illustrates trends over time in the number and percentage of young children living in households where all adults participate in the

labor force. Together, these patterns point to growing demand for non-parental or out-of-home child care arrangements to support working families across Montana.

Figure 3. Number of Children Under Age 6 with All Household Adults in Workforce
The number of children under age six who are living in a household where all the adults are in the workforce increased slightly between the **2019** and **2023** US Census.[13]

Figure 3. Change in the Number of Children Under Age 6 with All Household Adults in Workforce

Race and Ethnicity

Between 2019 and 2022, Montana experienced shifts in the percentage of children under age five by racial and ethnic groups. The percentage of non-Hispanic Whites, Blacks, Hawaiians/Pacific Islanders, Asians, and children of two or more races has remained fairly stable. The percentage of Montana children who are American Indian/Alaska Native (AIAN) dropped from 10% to 8% of the population. In comparison, the number of children who are reported as Hispanic rose from 8% to 9% in the same period. Montana continues to have a higher proportion of young children who are White or AIAN than the nation as a whole, with other racial and ethnic groups representing a smaller proportion of the population than the United States as a whole.[14] Table 2 shows the comparison between Montana and the United States.

Table 2. Race and Ethnicity of Children under Five (U.S. Census, 2019 and 2022)

	2019		2022	
	Montana	U.S.	Montana	U.S.
American Indian/Alaska Native (AIAN)	10%	1%	8%	1%
Asian	1%	6%	1%	6%
Black/African American	1%	14%	1%	14%
Hispanic or Latino	8%	26%	9%	26%
Native Hawaiian/Pacific Islander	0.5%	<1%	0.5%	<1%
Two or More Races	5%	5%	5%	5%
White	76%	49%	76%	47%

As the proportion of Hispanic and multilingual families grows, the early childhood system must be responsive to the unique needs and persistent access barriers these

families face. Hispanic, refugee, and dual-language learner (DLL) families often encounter obstacles related to language access, service navigation, and cultural responsiveness.[15] Statewide data indicate that Hispanic children are underrepresented in disability-related services, raising concerns about equity in early identification and intervention.[16,17] Although some communities have improved access to interpretation and translation services, disparities persist, particularly in rural and under-resourced areas where linguistic supports remain limited. These trends underscore the importance of culturally and linguistically appropriate outreach and service delivery to ensure that Montana's evolving population of young children and families is equitably supported.

American Indian and Alaska Native (AIAN) children make up 8% of Montana's population of children under age five,[12] which is significantly higher than the national average of 1% for this age group. Although Montana is home to 12 federally recognized Tribes and seven Reservations, Tribally enrolled children in the state represent a broad range of Tribal Nations from across the country. As of 2022, 61% of AIAN children under age five in Montana lived on federally recognized Tribal lands. Between 2019 and 2022, the total number of AIAN children under five in the state declined by 15%[12] (Table 3), suggesting that the overall decline in Montana's young child population may be occurring more rapidly among AIAN children

Table 3. AIAN Children under Five by Montana by Area of Residence (U.S. Census, American Community Survey 2019 and 2022)

	CSKT	Blackfeet	Rocky Boy's	Fort Belknap	Fort Peck	Northern Cheyenne	Crow	Other MT Areas	Total Montana
2019	639	862	282	341	809	542	488	2,290	6,253
2022	529	556	224	251	710	427	556	2,065	5,318

Population Trends of Young Children and Families

In 2022, Montana was home to an estimated 33,826 infants and toddlers.[18] Trends for this age group reflect the broader population trend of decline among young children in the state. Births dropped significantly in 2019 and 2020, with a modest increase in 2021. Preliminary 2023 national data suggest that the overall U.S. birth rate continues to decline,[19,20] indicating a long-term trend of fewer births overall. However, some Montana communities may experience localized growth due to population shifts, such as the migration of younger families. Figure 4 summarizes Montana infants and toddlers under the age of three.

Figure 4. Population Change Over Time of Children Under 3 in Montana
Montana's infant and toddler population declined slightly from 2019 to 2022.

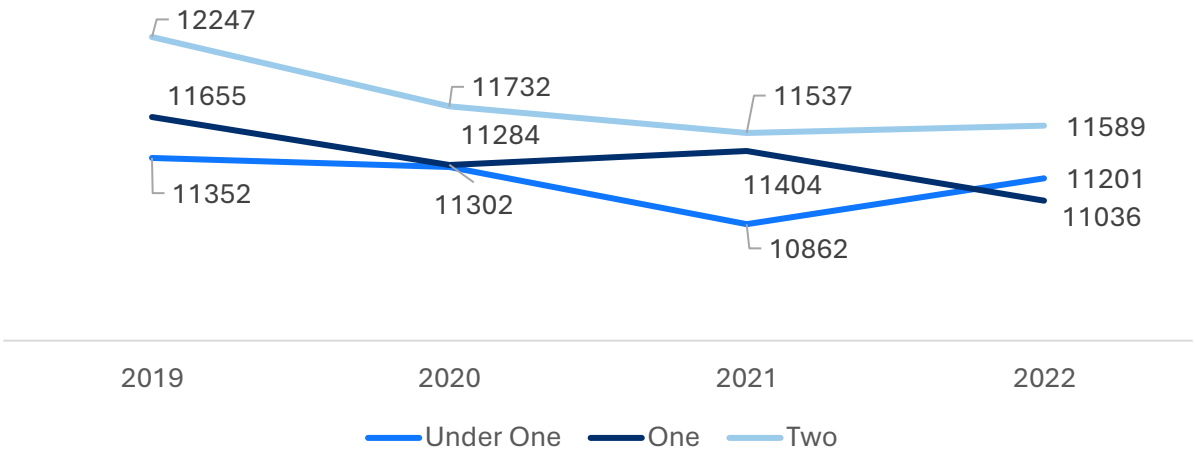

Figure 4. Population Change Over Time of Children Under 3 in Montana

Prenatal and Birth Factors

As of 2023, 50% of Montana counties were classified as maternal care and birthing deserts—areas lacking sufficient prenatal or birthing services—compared to 32.6% of counties nationwide.[21] An estimated 8.6% of babies born in Montana were delivered in these counties, meaning approximately 1 in 12 births occurred in areas with inadequate maternal care infrastructure. Access to timely and high-quality prenatal care is a critical foundation for a strong early childhood system. Prenatal care supports healthy pregnancies, reduces the risk of preterm birth and low birth weight, and facilitates early identification of developmental risks. These early health indicators influence outcomes across the birth-to-five continuum, including infant survival, developmental milestones, and readiness for early learning opportunities.[22] Disparities in maternal care access are further compounded by barriers such as long travel distances, low income, and other social determinants of health, including racial and ethnic inequities.

While Montana generally reports better prenatal care access and birth outcomes than the national average, the statewide figures mask significant variations. Disparities in early and adequate prenatal care persist based on race, income, and rurality. AIAN families, young mothers, residents of rural areas, and low-income households are less likely to access timely and adequate prenatal care.[23] Multi-year estimates also show lower rates of prenatal care for pregnant women across multiple racial groups. This is shown in Tables 4 and 5 below.

Table 4. Prenatal and Perinatal Risk Factors (National Vital Statistics System, National Center for Health Statistics (preterm) CDC, March of Dimes Peristats).[24–26]

	2019		2022	
Health Factor	**Montana**	**United States**	**Montana**	**United States**
Early Prenatal Care (percent)	79.6	77.6	79.5	77
Preterm Birth Rate	9.6	10.2	9.7	10.4
Low Birthweight	7.3	8.3	7.6	8.5
Teen Births (rate per 100K)	15.3	16.7	12.2	12.7

Table 5. Selected Factors for Prenatal Care (Montana Pregnancy Risk Assessment Monitoring System, 2019, 2020-2022)

	Inadequate Prenatal Care (%)		No Prenatal Care in 1st Trimester (%)	
	2019	**2022**	**2019**	**2022**
Race				
American Indian/Alaska Native	34.0	26.1	20.0	20.4
White	9.3	9.6	9.4	10.4
Other	NSD*	NSD	NSD	NSD
Income				
Below or equal to the Federal Poverty Level (FPL)	25.1	21.0	17.6	20.8
101% to 250% of the FPL	8.5	10.3	8.2	8.3
Greater than 250% of the FPL	NSD	5.0	6.6	6.3
County of Residence				
Small Metro (Billings and surrounding areas)	6.9	11.3	9.0	8.9
Micropolitan Areas (Mix of larger population and surrounding rural areas)	11.5	6.3	8.0	9.7
Noncore (other rural areas)	19.4	15.6	14.9	15.2
Age				
Below 20	NSD*	22.0	NSD*	16.2
20 to 24	19.2	13.7	9.3	10.2
25-29	10.1	13.0	8.6	10.2
30-34	8.3	6.8	12.9	13.0
35 and older	9.4	11.9	10.3	10.5
***Not sufficient data.**				

Between 2019 and 2022, the overall change in prenatal care rates was minimal, and much of the variation across groups remained within statistical margins of error.[3] However, these persistent disparities underscore the continued importance of targeted strategies to ensure equitable access to prenatal services and improved outcomes for all Montana families.

Rurality and Access to Services

Living in a rural area is not inherently a risk factor, though it can expose families to several challenges that affect access to services, including:

- Limited availability of needed services
- Transportation barriers
- Geographic isolation and long distances to providers

A key factor in Montana's early childhood system is the average travel time to essential services like healthcare, child care, and early intervention (EI), which disproportionately impacts families in rural and frontier areas. Rural families often travel two to three times farther to access health services compared to urban families and experience longer travel times on average.[27] For instance, rural residents in the Western U.S. report average medical trip durations close to 42 minutes, compared to 25½ minutes for urban residents.[28]

These challenges extend beyond health to early intervention and child care services, which are often centralized in more populated counties, requiring families to travel long distances or navigate limited public transportation.

There is no single, consistent definition of "rural" or "frontier." Various federal agencies use different definitions, such as the Census-based rural-urban classification or the USDA's Frontier and Remote (FAR) codes, which differ based on population thresholds and travel times. FAR codes, for instance, classify areas as frontier if they are 60 minutes or more from urban areas of 50,000+ people, or if they meet other combinations of distance and urban-size criteria.[29] These differing definitions directly influence resource eligibility, program design, and service planning.

Economic Conditions and Family Income Eligibility

The percentage of young children in Montana living below the Federal Poverty Level (FPL) has continued to decline, extending a trend that began prior to the COVID-19 pandemic. In 2022, an estimated 14.4% of children under age five were living in poverty, down from earlier years and still below the national average of 17.4%.[30] As illustrated in Figure 5, the decline was most pronounced among one- and two-year-olds, who experienced reductions of 5.3% and 5.4%, respectively, between 2019 and 2022. Infants under one also saw a slight decrease (1.3%), suggesting that fewer children across the birth-to-three age span are living in poverty. As those programs phase out, however, there is concern that child poverty rates could rise again, making continued monitoring essential.

Figure 5. Percentage Change in Children ages 0-3 Living Below the FPL
The percentage of young children in Montana living below the FPL declined between 2019 and 2022.[29]

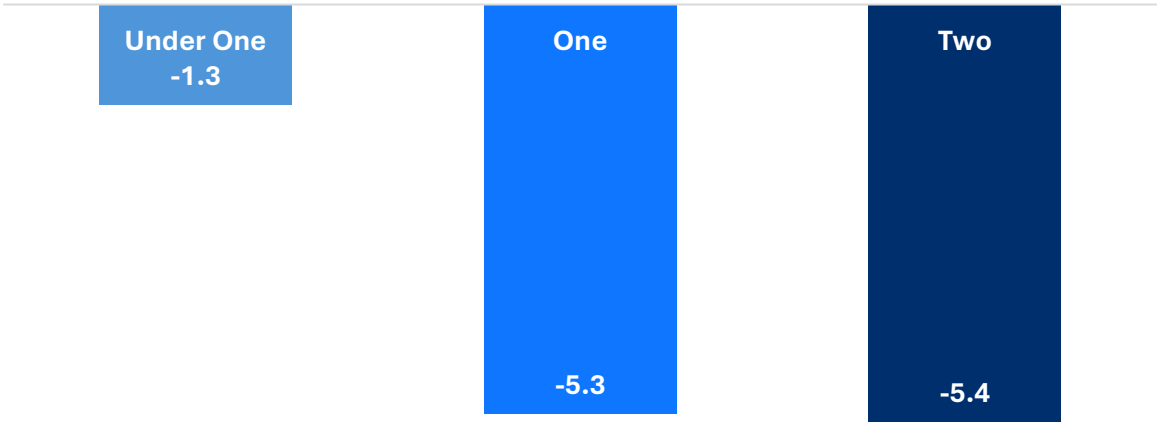

Figure 5. Percentage Change in Population of Children Ages 0-3 Living Under the Poverty Line

As illustrated in Figure 6, the poverty rate for children under the age of five exceeds that of children ages 5–17 across all years from 2019 - 2023. In 2023, for example, 14.0% of children under five were living at or below the Federal Poverty Level (FPL), compared to just 11.7% of older children. This persistent disparity highlights the heightened vulnerability of Montana's youngest children during the earliest and most critical stages of development. Statewide data further reinforce this pattern: children under age five are more likely to live in poverty than older children, a disparity that has persisted across multiple years.[31] These disparities in early childhood poverty are especially concerning given the well-documented impact of economic hardship on early brain development, health, and school readiness. The data underscores the urgency of targeted investments and family support aimed at improving conditions for Montana's youngest residents and their caregivers.

Figure 6. Estimated percentage of children under age 5 and children aged 5–17 living at or below the Federal Poverty Level, by year.
Poverty rates declined among Montana's children under age 18 from 2019 to 2023, however, the poverty rate for children 0-4 consistently exceeds that of children 5-17.[32]

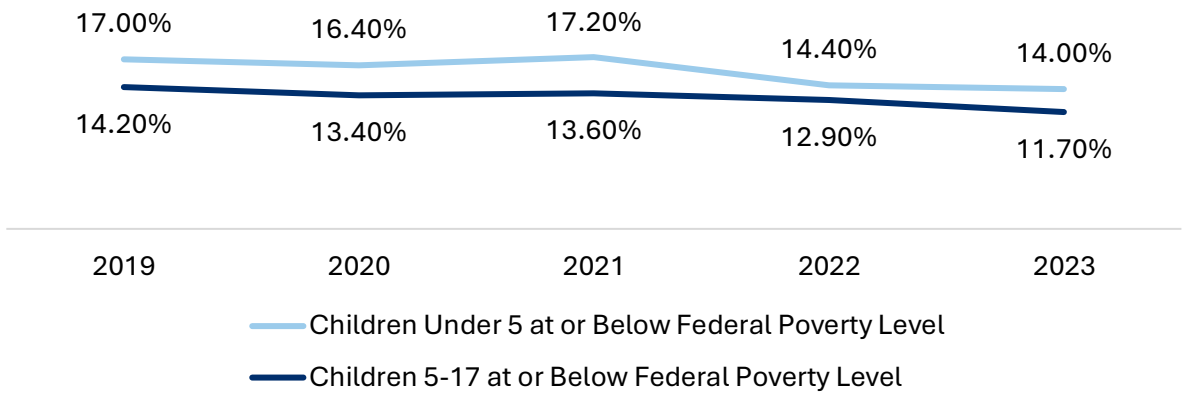

Figure 6. Estimated percentage of children under age 5 and children aged 5–17 living at or below the Federal Poverty Level, by year

Figure 7 shows the percentage of children under 18 living at or below the Federal Poverty Level (FPL) across Montana counties. These rates vary greatly, with three counties, Glacier, Golden Valley, and Roosevelt, reporting that over 25% of children live in poverty. Only three counties, Missoula, Wibaux and Powder River, report rates below 10%.[32,33] Wibaux County has fewer than 1,000 residents, and Powder River County has fewer than 1,700, making poverty rates very sensitive to small changes in household income.[33] These figures emphasize the importance of customizing economic support for each county's unique situation, especially in areas where even a few families make up a large portion of the population.

Figure 7. Percentage of Children Under 18 Living At or Below the Federal Poverty Level in Montana in 2023.
Glacier, Golden Valley, and Roosevelt Counties report the highest percentages of children living in poverty.

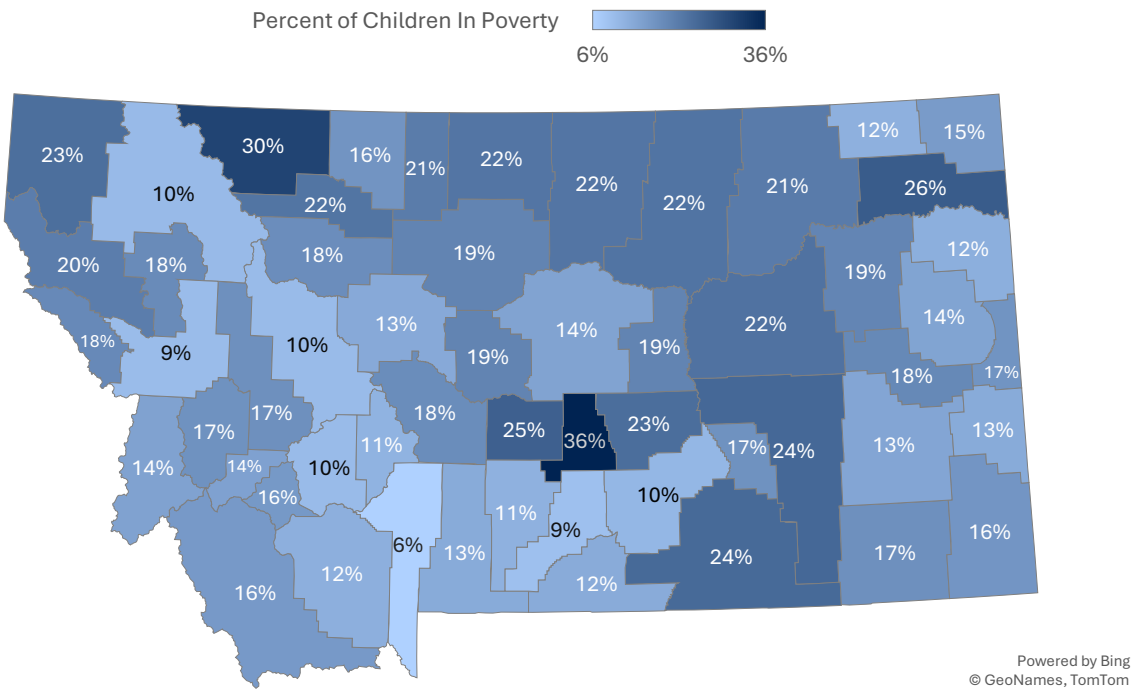

Figure 7. Percentage of Children Under 18 Living At or Below the Federal Poverty Level in Montana

Families with incomes between 100% and 200% of the FPL, while not officially classified as living in poverty, often face similar hardships, including food and housing insecurity, and frequently qualify for programs such as Women, Infants and Children (WIC), Medicaid, Best Beginnings child care scholarships, and Supplemental Nutrition Assistance Program (SNAP).[34] Feeding America's 2021 analysis estimated that 12.1% of Montana children were food insecure. Notably, 34% of those children lived in families earning more than 185% of the federal poverty level, making them ineligible for many state and federal nutrition assistance programs. Although not shown in Figure 1-6, this group is important because they may just miss eligibility thresholds and therefore need targeted policy support.

Regional Income Variation and Service Access

Montana's early childhood system continues to face capacity and access challenges, especially for working families in rapidly growing counties. Income distribution and cost of living vary greatly across the state. While some counties have a high percentage of families eligible for income-based support, others, particularly in fast-growing areas, show lower eligibility rates despite quickly rising housing and child care costs.[35,36] In these high-cost regions, many families fall just above the income limits for assistance programs but still face financial stress when paying for essentials. This gap between

program eligibility and real affordability is especially noticeable in counties such as Flathead, Gallatin, Jefferson, Missoula, and Yellowstone, where median housing costs and child care expenses have increased faster than wages.[37] These conditions create ongoing economic pressure for families who do not qualify for public aid but still struggle to afford critical support.

Community input collected during Zero to Five Montana's 2024 Early Childhood Policy Roadshow emphasized that income eligibility thresholds for public programs, such as Best Beginnings Child Care Scholarships, often do not accurately reflect the actual cost of living in Montana's more expensive communities.[9] Consequently, many working families earn just above the assistance cutoff but still struggle to afford essentials like child care. Although localized efforts like Montana Child Care Business Connect have added over 600 child care slots statewide through business mentorship and technical support,[7] these initiatives only begin to address the ongoing gaps in access and affordability that families continue to face.

Gaps in access to affordable care have broader economic implications. A 2023 analysis estimates that Montana's economy loses up to $5.64 billion annually due to child care-related workforce disruptions such as lost earnings, reduced productivity, and turnover costs.[5] Such data reinforce the need for targeted investments in early child care and education as both a family support strategy and an economic imperative.

Inflation and Housing Affordability Pressures

Montana families are navigating a complex economic landscape shaped by high child care costs, housing pressures, and limited access to services. The average annual cost of child care in Montana reached $18,940 in 2023, amounting to 28% of the state's median household income, well above the federal affordability benchmark of 7%. This burden disproportionately affects families who earn just above the eligibility thresholds for public assistance but still cannot afford necessary care. As a result, an estimated 66,600 Montana parents were underemployed or out of the labor force in 2023 due to child care constraints, compounding family financial instability.[3]

This affordability gap is especially evident for families earning just above the eligibility thresholds for public assistance. Furthermore, since the 2019 needs assessment, Montana has experienced a sharp rise in both inflation and housing costs. Although wages and the federal poverty level have increased moderately over this period, they have not kept pace with housing price growth. From 2020 to 2024, Montanans needed to earn 77.7% more annually to afford a median-priced home, which was the highest increase in required income for homeownership in the country. [38] By 2024, a household needed to earn $131,357 annually to afford a median-priced home, nearly double the 2022 state median income of $66,341.

Rising mortgage rates have compounded the issue by increasing monthly housing costs, making homeownership out of reach for many families. These housing pressures have also driven up rental prices, particularly in rapidly growing communities. As a result, many working families face significant financial burdens, yet they fall outside the eligibility criteria for income-based assistance. This growing affordability gap underscores the need to revisit and update eligibility thresholds to reflect actual cost-of-living realities across the state.

Young Children and Housing Insecurity

Homelessness among families with young children is an increasing concern in Montana. According to a 2023 estimate using the U.S. Department of Housing and Urban Development (HUD) definition, approximately 494 families with children in Montana were experiencing homelessness, a 37.4% increase from 2022, and an 89.4% increase since 2007.[39]

Public schools and Head Start programs apply the more inclusive McKinney-Vento definition of homelessness, which captures a broader range of unstable housing situations.[40] During the 2022–2023 school year, Montana public schools identified 1,415 children from pre-K through second grade as homeless, up from 1,029 in the 2018–2019 school year. Additionally, in fiscal year 2023, Early Head Start and Head Start programs served 506 children under age five experiencing homelessness.[41] These data highlight the growing instability faced by families with young children. However, due to varying definitions, reporting systems, and data collection gaps, especially among families with infants and toddlers, the true scale of child and family homelessness is likely undercounted. The available evidence points to a clear trend: more young children in Montana are living in unsheltered or precarious housing conditions, placing their health, development, and stability at risk.

Children and Youth with Special Health Care Needs

Children and Youth with Special Health Care Needs (CYSHCN) are defined by the Health Resources and Services Administration (HRSA) as those who "have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[42,43]

In 2020–2021, 20.8% of Montana children under age 18 were identified as having a special health care need, slightly higher than the national average of 19.5%.[44] These needs range from reliance on prescription medication to the management of chronic or complex conditions. Many common diagnoses such as allergies, ADHD, and behavioral or conduct disorders fall under this category. National data from 2016–2019 identified these as the most frequently reported conditions among children with special health care needs.[45] Updated data are expected post-pandemic.

Developmental Delays, Disabilities, and Behavioral Health

National estimates suggest that 13–15% of children under age six have special needs that may warrant services, yet fewer than 6% receive special education and related services under the Individuals with Disabilities Education Act (IDEA). According to the Centers for Disease Control and Prevention (CDC), the percentage of children ages 3–17 with at least one diagnosed developmental disability rose from 7.4% to 8.6% between 2019 and 2021.[46] This increase did not apply equally across disability categories; for example, rates of intellectual disability and autism remained stable.

In 2022, the U.S. Census Bureau reported that 6.2% of Montana children aged 5–15 had a developmental disability, slightly above the national average of 6.0%.[47] In contrast, among children under age four, the reported rate was only 0.5% in Montana, compared to 0.7% nationwide. This noticeably lower identification rate in Montana's youngest children may suggest underdiagnosis or delays in developmental screening during early childhood, rather than a true difference in prevalence. These data emphasize the importance of strong early identification systems and consistent developmental surveillance to ensure children receive timely support. From 2017 to 2022, an average of 2.1% of Montana children ages birth to three years old received IDEA Part C early intervention services, further illustrating the gap between likely need and actual service delivery.[48]

Child Mental Health

Mental health needs can surface early in childhood. In 2018, 17.4% of children ages 2–8 were diagnosed with a mental, behavioral, or developmental disorder.[4] Children ages 3–5 were diagnosed less often than older children, with boys more likely than girls to receive a diagnosis. By 2021, 11.3% of children ages 5–11 had received some form of mental health care.[49] While the terms developmental disorder and developmental disability are sometimes used interchangeably, they refer to related but separate concepts. Developmental disorders often include conditions like ADHD, autism spectrum disorder, and learning disorders, whereas developmental disabilities are usually defined by federal programs (such as IDEA) and may encompass long-term physical or cognitive impairments that impact daily life. Recognizing these differences helps clarify the broad range of early mental health and developmental needs that might not always be identified through formal disability labels.

Service providers interviewed in this assessment reported a notable increase in behaviors that may indicate underlying mental health needs among young children. Parents expressed difficulties in accessing appropriate mental health care and noted that some ECCE programs are reluctant to enroll children with behavioral challenges. While IDEA supports certain needs, others fall outside of special education and require dedicated mental health services.

Adult Mental and Behavioral Health

Mental health concerns among caregivers have a direct impact on the well-being of young children. Montana's State Health Improvement Plan (SHIP) identifies behavioral health, including maternal mental health, as a top priority, with goals to reduce maternal depression before, during, and after pregnancy and increase screening for postpartum depression.[2] Community input from both parents and service providers highlights rising stress, anxiety, and limited access to mental and behavioral health care, particularly in rural areas. Support for caregiver well-being extends beyond families to the early childhood care and education (ECCE) workforce itself. Strategies such as Infant and Early Childhood Mental Health Consultation (IECMHC) are being implemented to promote both mental health and staff retention, especially as the workforce faces increasing pressures.[5]

Despite widespread commitment and pride in their work, only 23% of child care providers in Montana report feeling that their profession is respected, and fewer than 40% feel they can make a sustainable income.[5] Expanding behavioral health supports for ECCE professionals not only improves adult well-being, but also enhances the quality of care and relationships experienced by young children

During interviews, 7 of 22 parents referenced their own mental health experiences when discussing their family's service needs. Postpartum depression was mentioned in two interviews, with concerns around lack of follow-up and continuity of care. Other parents described challenges related to depression and anxiety, and while many accessed therapy or medication, barriers such as availability and affordability were noted. In 2022, 12.5% of Montana mothers experienced postpartum depression, down from 15.6% in 2019, according to Pregnancy Risk Assessment Monitoring System (PRAMS) data. More broadly, 20.8% of adults in Montana experienced a mental illness in 2022, compared to 19.9% nationwide. The rate of substance use disorders among Montana adults was 10.0%.[50]

Experience of Maltreatment

Montana has one of the highest rates of children in foster care in the U.S. In 2017, the state ranked second nationally, with a removal rate of 16.8 per 1,000 children, trailing only West Virginia. As of mid-2024, approximately 3,800 children were in foster care under state protective services, a caseload partly driven by this high rate. [51,52] Children who have experienced abuse, neglect, or foster care placement are among the most vulnerable. In FY2023, Early Head Start and Head Start programs in Montana served 288 children in foster care.[53] Foster families are also eligible for child care assistance. One foster parent shared that these supports were "very helpful in helping take care of the baby."[51–53] Tables 6 and 7 provide additional data on substantiated abuse cases and foster care entries statewide, offering context for understanding the scope and geographic distribution of these systems.

Table 6. Substantiated Cases of Abuse in Montana by Child Age (Montana CFSD)

Age	2019	2020	2021	2022
0 to 4	1,844	1,503	1,206	1,034
Children 0 to 4 as a percentage of total abuse cases for all children 0 to 18	42%	41%	40%	38%

Table 7. Montana Children in Foster Care, by Age (Montana CFSD)

Age	2019	2020	2021	2022
Total children ages 0 to 4 in foster care	2,556	1,958	2,240	1,934
Percentage of children 0 to 4 compared to all children 0-18 in foster care	34.5%	26.8%	31.4%	27.5%

Key Populations with Elevated Need

- **Economic Disadvantage**: Several counties have more than 25% of children living below the Federal Poverty Level (FPL). These are predominantly rural areas, many with Tribal populations, and often with children facing multiple overlapping vulnerabilities.
- **Rural Families**: In 2022, an estimated 21.4% of Montana children under 18 lived in rural areas.[54] Rural families often face barriers to health, behavioral, and child care services. In FY2023, four rural counties had no licensed child care programs; other counties showed significant capacity gaps.
- **Economically Strained, Ineligible Families**: In some counties, such as Flathead, Gallatin, Jefferson, Missoula, and Yellowstone, high living costs coupled with income eligibility thresholds create a mismatch. Families may earn too much to qualify for public supports but still struggle to afford child care and housing.
- **Tribally Enrolled Children**: These children are more likely to live in poverty than the statewide average. Sixty-one percent reside on federally recognized Tribal lands. Tribally enrolled families were twice as likely to respond to the family survey. Three interviews included references to Tribally enrolled family members.
- **Underrepresented and Migrant Families:** Hispanic, refugee, and dual-language learner (DLL) families often encounter additional barriers when accessing early childhood services. Statewide data indicate that Hispanic children are underrepresented in disability-related services, raising concerns about equitable access to early identification and intervention.[15] While some communities have improved access to interpretation and translation services, significant disparities remain, particularly in rural or under-resourced areas.[55] These gaps were also reflected in the 2024 Early Childhood Family and Service Provider Survey, where participation from Hispanic families was lower than anticipated based on their representation in the general population, suggesting the need for more inclusive outreach and engagement strategies.

Montana's Young Children and Families: Key Summary Points and Recommendations

To promote diverse perspectives and guide strategic actions, early childhood system stakeholders were invited to review and respond to a draft set of recommendations aligned with the needs assessment findings. After this review, stakeholders completed a survey to rank each recommendation based on its **importance** and **feasibility**. The survey responses provided vital insight into shared priorities and shaped the structure of the recommendations below and in the following sections. Recommendations are organized into three tiers:

1. **Tier 1 (Ready Now)**: Ranked highly for both feasibility and importance, suggesting strong alignment and readiness for action.
2. **Tier 2 (Emerging)**: Ranked high in one category, showing potential value with different levels of readiness for implementation.
3. **Tier 3 (Future Focus)**: Not ranked among the top three but grounded in needs assessment findings—capturing essential actions for long-term planning or further exploration.

Table 8. Montana's Young Children and Families: Key Summary Points and Recommendations

Key Summary Points	Recommendations
Tier One (Ready Now)	
• Behavioral concerns rising in young children; ECCE Workforce Report highlights benefits of IECMHC for retention and child success.[5]	1. Expand access to Infant and Early Childhood Mental Health Services (IECMHC) and integrate mental health supports across early care and education settings.
• Child care costs represent 28% of household income; eligibility thresholds don't reflect regional variation.[9]	2. Revise child care subsidy eligibility to reflect local cost-of-living differences and improve affordability for families.
• Over 600 new child care slots created via technical assistance and business supports; unmet capacity remains in many counties.[7]	3. Increase licensed child care capacity by providing targeted business and technical assistance, particularly in rural and high-growth communities.
Tier Two (Emerging)	
• 12.5% of mothers report	4. Enhance postpartum depression

postpartum depression; maternal health deserts in 50% of Montana counties.[2]	screening and referral pathways through coordinated maternal health efforts.
• 61% of AIAN children under 5 live on Tribal lands; higher poverty and lower access to services reported.[14]	5. Collaborate with Tribal governments to design and implement early childhood programs that reflect community priorities and strengths.
Tier Three (Future Focus)	
• Hispanic children are underrepresented in disability services; language barriers persist	6. Strengthen culturally and linguistically responsive systems to identify and refer multilingual children for early intervention and special education services.

Section Two: Access and Use of Early Childhood Care and Education and Home Visiting Services

Access and Use of Early Childhood Care and Education

According to the Montana Department of Labor and Industry's 2023 analysis, nearly 60% of Montana counties (33 of 56) qualified as *child care deserts*.[3,56] Child care deserts are defined as areas where licensed provider capacity meets less than one-third of estimated demand. Additionally, statewide licensed child care capacity met only 44% of total estimated demand for children under age six.

The 2024 Montana State Health Improvement Plan (SHIP) identifies child care access as a key determinant of family health, linking early child care environments to long-term child and caregiver well-being.[2] An estimated 64% of Montana children under age six—approximately 45,074 children—live in households where all parents or caregivers are in the workforce.[57] As noted in Section One, licensed State of Montana capacity in State Fiscal Year (SFY) 2023 was 23,349 slots for children ages 0–11.[58] Even if all of these slots were allocated to children under age six, they would serve only about half of those needing care. Furthermore, actual staffed capacity is likely lower than licensed capacity due to workforce shortages, space limitations, and provider closures. This discrepancy is not currently tracked and therefore note accounted for in this report. In addition to children from working families, other children may need early child care or education even if their caregivers are not part of the workforce. Reasons include:

- The need for peer interaction and social development[59]
- Risk of developmental delays or behavioral concerns[60]
- Preparation for kindergarten[61]
- Early exposure to English for dual language learners[62]
- Temporary needs, such as crisis or respite care[63,64]

The number of families in this group is unknown, but it adds to the total demand for early childhood care and education. As such, fully understanding and estimating the total demand for ECCE remains a challenge. Families responding to the 2024 Montana Early Intervention Statewide Needs Assessment survey frequently reported barriers to accessing child care. These include:

- Cost
- Limited availability
- Inflexible hours
- Lack of information about options
- Cultural or linguistic mismatches
- Concerns about quality
- Inadequate support for children with medical, behavioral, or special needs

Family Strategies

To deal with child care challenges, families adopt various strategies, though they are not always connected to workforce needs. Notably, only 45% of survey respondents reported using non-school child care or early education, which is significantly lower than the 61% of young children whose parents are in the workforce.[65] Other strategies included reducing work hours, adjusting schedules, or relying on informal care. In the 2024 Early Childhood Family and Service Provider Survey:

- 26% of families reported working remotely some or all of the time
- 31% reported irregular or inconsistent work hours

These strategies are often not feasible for families working in sectors requiring in-person, scheduled hours, such as education, health care, or construction. In 2023, roughly 46,000 Montana children under age 6 lived in households where all parents were working.[3,66] Of those families, on average 21,270 parents per month reported being unable to participate in the workforce due to child care responsibilities or gaps, meaning nearly 46% of parents with young children faced labor force interruption due to child care challenges. When looking across all households with children, the broader impact becomes even more evident according to the Montana Department of Labor and Industry: approximately 66,000 parents statewide were fully or partially out of the labor force due to caregiving responsibilities, highlighting the widespread effect of inadequate child care access on Montana's workforce and economy.[3]

Accessing child care is especially difficult for families of children with delays, disabilities, or special health care needs. Among the 375 family survey respondents with a child with such needs, approximately 36.2% reported difficulty accessing early care and education providers due to a lack of spots open for children with disabilities or developmental concerns. Language barriers also created access gaps. Among respondents who spoke a language other than English at home (12.5% of survey respondents), 98.5% reported being unable to find child care staff who spoke their language. According to the 2024 Montana Early Intervention Statewide Needs Assessment, child care providers cited barriers for families to access services, including:

- Confusion about terminology (e.g., 'Part C')
- Lack of clarity about available resources
- Feeling that their professional knowledge was undervalued[48]

Capacity and Mixed Delivery System

Communities across Montana report widely varied experiences with child care capacity. Some face long waiting lists for infant, toddler, or preschool care, while others note under-enrollment. In a 2023 survey by the National Association for the Education of Young Children (NAEYC), 51% of Montana provider respondents indicated that they had space available. The 88 responses were drawn from high-quality, accredited programs.[67] These findings, along with feedback from providers and families, suggest that capacity utilization varies significantly by region, program type, and age group. Additional barriers include limited infant and toddler care, long commute distances, and uneven distribution of care options. According to the Montana Department of Labor and Industry, as of 2023:

- 60% of counties met the definition of a child care desert, meaning licensed providers served fewer than one-third of local demand
- Only 44% of the estimated statewide demand was being met[68]

While this marks an improvement from 2020 to 2023,[69,70] gaps remain widespread. Among notable changes:

- Nine counties, including Custer, Deer Lodge, Garfield, Judith Basin, Liberty, Prairie, Sheridan, and Ravalli, gained enough licensed capacity to exit child care desert status
- Petroleum County, which lacked data in 2020, was no longer considered a desert in 2023
- Flathead County lost capacity and re-entered child care desert status
- Importantly, even in counties that made gains, no Montana county met its full estimated demand for licensed care in either 2020 or 2023

These topline capacity calculations, however, may obscure localized realities. In 2024 family interviews, some caregivers in counties classified as child care deserts reported easily finding care, while others in counties with more capacity described major access challenges. In counties with small populations and few facilities, even one provider opening or closure can dramatically shift availability.

While tracking child care deserts and overall trends is essential, it is only one part of understanding Montana's mixed delivery ECCE system, which remains fragmented and inconsistently documented. Only 6% of family survey respondents reported using a school-based early education program, though this is expected to change. In 2024–2025, Montana rolled out a targeted literacy early learning program for eligible four-year-olds.

Because this program is opt-in for both school districts and families, enrollment levels will vary. Additionally, for working families, access to wraparound care, such as after-hours and summer programs, will remain critical to meeting comprehensive child care needs. Feedback from the Early Childhood Education Policy Roadshow emphasized strong support for expanded school-based pre-K and flexible licensing to support community-specific solutions.[9]

Estimated Capacity

Access to child care for children under age two remains a persistent concern across Montana. As shown in Figure 2-2, the estimated capacity, defined as the number of available licensed child care spots for infants and toddlers, varies greatly by county, ranging from 0% to 91% of the local estimated need.[62]

Figure 8. Infant* Child Care Capacity as a Percent of Demand, by County

The child care storage is more severe for infants and children under the age of two. Licensed infant care capacity meets 32% of estimated demand.[62]

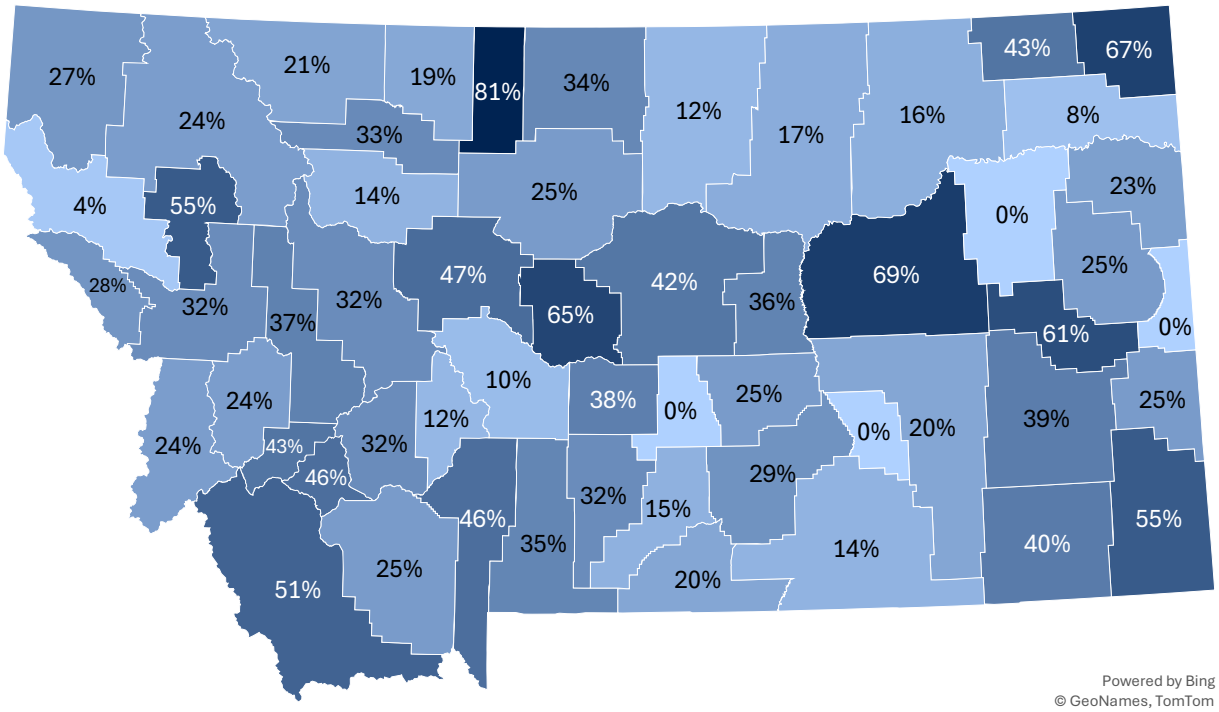

Figure 8. Infant Child Care Capacity as a Percent of Demand, by County*

*Infant is defined as a child less than two years old. Demand for infant care is calculated as the number of children under the age of two living in working parent households. Data sources include DPHHS childcare licensing data through 12/2023 and US Census Bureau 2017-2021 ACS 5-Year Estimates.

It is important to understand that capacity estimates are fluid and especially variable in rural counties with small populations of young children. For example, Petroleum County reported 91% estimated capacity for children under age two, but this figure is based on a population of only 14 infants and toddlers, with about 10 children estimated to need care based on local workforce participation. With just two licensed child care providers in the entire county, the opening or closing of a single program can cause significant

fluctuations in the reported capacity percentage.[71] Several challenges complicate accurate capacity tracking:

- A licensed slot may remain unfilled due to staffing shortages, mismatches in adult-child ratios, or facility space limitations.
- In SFY2023, 182 facilities opened and 128 closed, representing about 10% of all facilities in the state. Notably, 22 counties had fewer than five facilities, making the closure of even one program highly consequential.[58]
- Fallon, Golden Valley, Treasure, and Wibaux Counties had no licensed child care facilities during SFY2023.
- Data on reservation-based Tribal ECCE are limited. However, assessments of the Flathead Reservation reveal a capacity shortfall for nearly 70% of young children. Tribal early childhood programs operate under separate licensing systems, and there is currently no statewide coordination to track or integrate them with state-licensed capacity data.[72]

Many unlicensed programs are excluded from capacity counts. These include providers who opt out of licensure or follow other accreditation pathways. Quality varies widely across these settings, from high-quality care aligned with oversight standards to arrangements where health or safety may be at risk.

Child Care Subsidy Program

The Best Beginnings child care subsidy program is supported by the federal Child Care Development Fund (CCDF) block grant to Montana. It is designed to support low-income families who are working or pursuing educational objectives to access child care. Eligibility policies have changed over time:

- In 2019, income eligibility was capped at 150% of the Federal Poverty Level (FPL).
- During the COVID-19 pandemic, eligibility was expanded to 185% of the FPL.
- This expansion temporarily lapsed but was reinstated by the 2023 Montana Legislature, and the 185% FPL threshold remains the current standard.
- Co-payment rates have changed multiple times. As of the most recent update, family co-pays are capped at 7% of household income.[73]

In SFY2023:

- 71% of Montana's 855 licensed providers participated in the Best Beginnings program.
- This participation rate closely aligns with the 2023 Child and Adult Care Food Program (CACFP) provider participation rate of 64%.
- CACFP requires that at least 25% of enrolled children come from households with incomes below 185% of the FPL, which is the same threshold used by Best Beginnings. However, many licensed facilities serve too few subsidy-eligible children to meet CACFP eligibility, resulting in reduced overlap in program participation.

The Best Beginnings Child Care Scholarship program also extends support to children with additional caregiving needs. In State Fiscal Year 2023, the program served approximately 1,216 children connected with Child Protective Services (CPS) or foster care, among 4,669 families served statewide, demonstrating its reach to vulnerable populations. Additionally, 392 children under age two participated in the subsidy program during that period. Montana's Child and Family Services Division (CFSD) allows foster families to utilize unlicensed child care when needed; however, there is no publicly available evidence that CFSD systematically tracks the total number of children served through these unlicensed care arrangements.[74]

Access and Use of Early Child Care: Key Summary Points and Recommendations

As with the previous section on Montana's Children and Families, early childhood system stakeholders provided critical input on a draft set of recommendations through a structured review and survey process. This input directly influenced how the recommendations were refined and prioritized. Recommendations are organized into three tiers:

1. **Tier 1 (Ready Now)**: Ranked highly for both feasibility and importance, suggesting strong alignment and readiness for action.
2. **Tier 2 (Emerging)**: Ranked high in one category, showing potential value with different levels of readiness for implementation.
3. **Tier 3 (Future Focus)**: Not ranked among the top three but grounded in needs assessment findings—capturing essential actions for long-term planning or further exploration.

Table 9. Access and Use of Early Child Care: Key Summary Points and Recommendations

Key Summary Points	Recommendation
Tier One (Ready Now):	
• Only 6% of surveyed families use school-based early education programs; uptake may change with new targeted literacy initiatives.[9]	1. Support partnerships between public schools and community early childhood providers to deliver coordinated wraparound or blended pre-K services.
• Approximately 66,000 parents were fully or partially out of the labor force in 2023 due to caregiving responsibilities.[69]	2. Integrate child care access into workforce development and economic planning efforts, including engagement with employers.
Tier Two (Emerging):	
• Montana's licensed child care capacity only serves about half of children under age six with working	3. Expand investments in child care infrastructure and workforce supports to reduce the gap between licensed

caregivers, and actual capacity is likely lower due to workforce and space limitations.[2]	capacity and family demand.
• 71% of providers participate in the Best Beginnings subsidy program, yet participation in overlapping food programs remains limited.[65]	4. Streamline dual enrollment for Best Beginnings and CACFP through coordinated applications, aligned reporting requirements, and provide technical assistance to small providers to increase participation.
Tier Three (Future Focus):	
• Access to infant and toddler care remains especially constrained, with large capacity variation by county.[71]	5. Prioritize grants and staffing incentives to increase infant and toddler care availability, especially in underserved regions.
• Families report multiple barriers to accessing care: cost, availability, hours, cultural and language mismatches, and quality concerns.[75]	6. Increase access to culturally and linguistically responsive care, and support expanded hours and affordability through subsidies and partnerships; work with HB 924 Early Childhood Account Board to create child care affordability initiatives.
• Child care deserts persist across 60% of counties; no county met full demand in 2020 or 2023.[56]	7. Monitor child care availability across counties and direct targeted investments to address persistent or emerging care gaps, with a focus on rural and frontier areas.
• 1,216 foster children and 392 infants under age two were served by Best Beginnings in SFY2023, but data on unlicensed foster care use are unavailable.[74]	8. Improve data tracking on child care arrangements used by foster families, including those outside of licensed settings.
• Access challenges are especially acute for families of children and youth with special health care needs (CYSHCN).[48,75]	9. Explore funding mechanisms that incentivize inclusive enrollment and cross-system coordination with early intervention and health services.

Home Visiting and Early Intervention Need and Capacity

Home Visiting

Home visiting programs are a critical component of Montana's early childhood system, designed to support families through developmental guidance, health education, and connections to additional services. These voluntary programs aim to improve child and family outcomes, particularly for those facing heightened vulnerability.

According to the Home Visiting Resource Coalition, in 2023, approximately 51,800 Montana families with children under age six met one or more of the federally defined Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) priority criteria, including low income (under 200% of the FPL), age of caregiver (under 21), history of child welfare involvement, substance or tobacco use in the home, low educational attainment, military service, or children with developmental delays, indicating eligibility for evidence-based home visiting services.[76] All MIECHV programs offer evidence-based approaches.

Healthy Montana Families (HMF), Montana's federally supported home visiting system, serves pregnant and postpartum women and families with children under age five who experience one or more risk factors. HMF is funded through the federal MIECHV program and administered through 18 local implementing agencies across 16 counties and three Tribal reservations. HMF supports the following evidence-based models:

- Parents as Teachers
- Nurse-Family Partnership
- Family Spirit
- SafeCare Augmented

These models provide home-based services tailored to family needs and emphasize family strengths, cultural responsiveness, and developmental promotion. They support a wide range of goals, from improving parent-child interactions to advancing caregiver well-being.

In FY2022, 78.7% of children served by HMF received timely developmental screening.[77] Among families who reported receiving developmental screening through home visiting or family support programs, most also described follow-up activities to address identified needs.[75]

Home visiting programs are vital for supporting early childhood well-being by assisting both children and their caregivers, especially in areas like mental health. Caregiver depression and related mental health issues can greatly affect a child's development and future outcomes. In Fiscal Year 2022, all caregivers involved in Healthy Montana Families (HMF) home visiting programs were screened for depression within three months after giving birth. This screening rate surpasses the national MIECHV average

of 79.8% and is an improvement over Montana's own rate of 84.8% from 2020 to 2022.[77]

Beyond HMF, home visiting services are provided through various other programs, including Head Start and Early Head Start, Tribal MIECHV, local public health agencies, and healthcare systems. Although these programs differ in their eligibility, reach, and service intensity, they together create a broad spectrum of early support for families across Montana.

While there is increasing recognition of home visiting's value across Montana, availability remains uneven across regions, especially in rural and frontier counties. Some families face difficulty accessing services due to staffing shortages, limited outreach, or lack of culturally or linguistically matched providers. Providers also report administrative barriers to scaling programs or expanding reach. Flexible funding, integrated referral systems, and enhanced cross-sector collaboration remain high priorities for improving statewide reach and effectiveness.

Early Intervention Services

Early intervention services like IDEA Part C services are closely connected to home visiting. These services support children who have disabilities or developmental delays from birth to age three. In Montana, an average of 2.1% of children birth to age three received IDEA Part C services between 2017 and 2022, a rate that aligns with national figures. However, several challenges remain. In the 2024 Montana Early Intervention Statewide Needs Assessment, service providers identified barriers for families to access services including:

- Confusion about terms like 'Part C' and eligibility requirements
- Lack of knowledge about available resources
- Feeling that the expertise of child care providers is dismissed or overlooked[48]

Coordination among systems, such as early learning, medical care, and home visiting, is crucial for the timely detection and referral of developmental issues. However, providers report gaps in these connections. For example, some children who started receiving services through home visiting or early learning programs were not consistently referred to Part C early intervention, even when there were concerns about their eligibility. Contributing to these challenges, 47% of ECCE providers reported not using formal screening tools to identify and refer children with developmental delays, limiting opportunities for early detection and coordinated follow-up.[48]

Language access remains a major barrier to providing equitable service. According to the 2024 Early Childhood Family and Service Provider Survey, 12.5% of respondents reported speaking a language other than English at home, and among them, 98.5% stated that they couldn't find child care staff who spoke their language. This lack of language alignment creates difficulties not only in child care settings but also when

trying to access early intervention and home visiting services. These findings highlight key opportunities to strengthen system alignment, including:

- Shared training between early learning, home visiting, and early intervention providers,
- Streamlined referral pathways, and
- Culturally and linguistically responsive workforce development to better support diverse families.

Access and Use of Home Visiting and Early Intervention: Key Summary Points and Recommendations

Recommendations are organized into three tiers to reflect stakeholder-identified priorities based on importance and feasibility. See previous sections for explanations of tiers.

Table 10. Access and Use of Home Visiting and Early Intervention: Key Summary Points and Recommendations

Key Summary Points	Recommendation
Tier One (Ready Now):	
• 47% of ECCE providers do not use formal screening tools to identify and refer children with developmental delays.[48]	1. Support provider training and statewide use of standardized developmental screening tools to improve early identification and referral.
• Only 2.11% of children birth to age three in Montana received IDEA Part C services between 2017–2022, in alignment with national averages.[78]	2. Increase awareness of Part C services and eligibility through coordinated provider education and targeted family outreach.
• 84.8% of children enrolled in Montana MIECHV programs had a timely screening for developmental delay.[77]	3. Establish consistent follow-up protocols and strengthen cross-sector communication to support families through referral and service transitions.
Tier Two (Emerging):	
• Among the 375 family survey respondents with a child with special needs, approximately 43% reported difficulty accessing care.[75]	4. Promote inclusive early childhood settings by funding specialized training and resources to support children with diverse developmental needs.
• Persistent workforce shortages are affecting both Early Intervention (Part C) and Early Childhood Special Education (Part B) services; 43% vacancy in 2022 and 42% in 2024 in the Western U.S.[79]	5. Strengthen the early childhood and special education workforce by investing in competitive wages, tuition support, and targeted recruitment.
Tier Three (Future Focus):	

• An estimated 51,800 Montana families with children under age six met one or more MIECHV priority criteria for home visiting services in 2023.[76]	6. Expand access to home visiting services by increasing funding and supporting more implementing agencies, especially in underserved regions.
• Language barriers remain significant; 98.5% of families who spoke a language other than English at home could not find language-matched child care staff.[76]	7. Improve coordination among early care and education, home visiting, and early intervention systems by increasing the availability of multilingual staff and interpreter services.

Section Three: Early Childhood Care and Education Systems

Montana's early childhood system relies on the coordination of multiple cross-sector components to ensure high-quality service delivery. These interconnected system elements shape how families, providers, and communities experience early child care and education. This section addresses several essential components:

- Family engagement
- Workforce and workforce development
- Quality
- Cross-sector components such as:
    - Fiscal analysis
    - Facilities
    - Data systems and integration
    - Referrals
    - Transitions
    - Communications
    - Early childhood system governance

Section 3A: Family and Provider Engagement Perspectives

Family engagement begins with families feeling welcomed and valued and extends to meaningful opportunities for partnership and decision-making within programs and systems. Engagement is not one-size-fits-all. Families participate in different ways based on their preferences, prior experiences, capacity, and cultural context.
2024 Early Childhood Family and Service Provider Survey data (Figure 9) show that families place the highest value on:

- Being informed about their child's development and daily activities (50%)
- Receiving information about useful services (34%)
- Feeling welcomed by service providers (18%)
- Being included in goal setting and decision-making about their child (18%)
- Receiving regular activities do with their child at home (16%)

Figure 9. Family Priorities for Engagement
50% (484) of families surveyed prioritized being informed about their child's development and daily activities. Receiving information about other useful services was a priority for just over a third (34% or 327) of respondents.

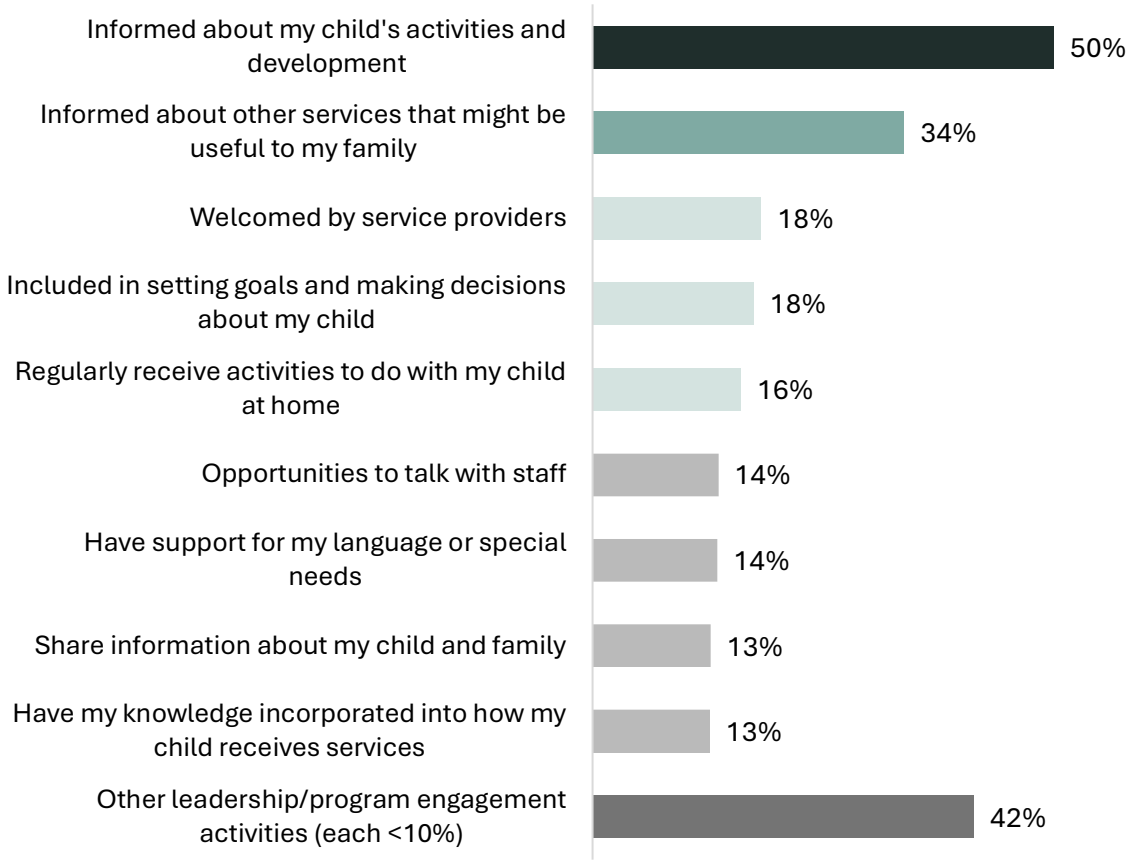

Figure 9. Family Priorities for Engagement

Other forms of engagement, such as serving on a committee or board to help decide what programs are offered or how the organization is governed, participating in daily planning, or receiving support to take on leadership roles (e.g., child care or gas cards), were ranked as lower priorities. This suggests that most families value more direct, relational, and practical ways of involvement more highly. Families expressed a range of engagement preferences. While some preferred limited interaction with early childhood services, others expressed strong interest in advocacy and decision-making roles. In interviews, families emphasized the importance of flexible, personalized engagement opportunities that align with their individual needs and cultural identities.

Families rated their level of engagement across various early childhood services (Figure 10). Across service sectors, between 23%-54% of survey respondents felt that engagement was “just right” with the highest satisfaction reported in health care (54%)

and ECCE (52%). However, engagement was not universally seen as sufficient. About 1 in 6 families (18%) felt there was “too much” engagement, especially in home visiting (16%), and ECCE and health care (both 25%). Meanwhile, around 1 in 5 families (19%) reported “not enough” engagement, with the highest rates in K–12 schools (26%), mental and behavioral health (22%), and early intervention (19%). A notable portion of respondents also reported not knowing about or not using certain services, particularly child welfare (45%), home visiting (38%), and early intervention (33%), indicating potential gaps in outreach or access. These results highlight diverse experiences and emphasize the need to tailor engagement strategies to address families' varying expectations, familiarity with services, and needs.

Figure 10. Family Self-Reported Engagement Levels Across Early Childhood Services

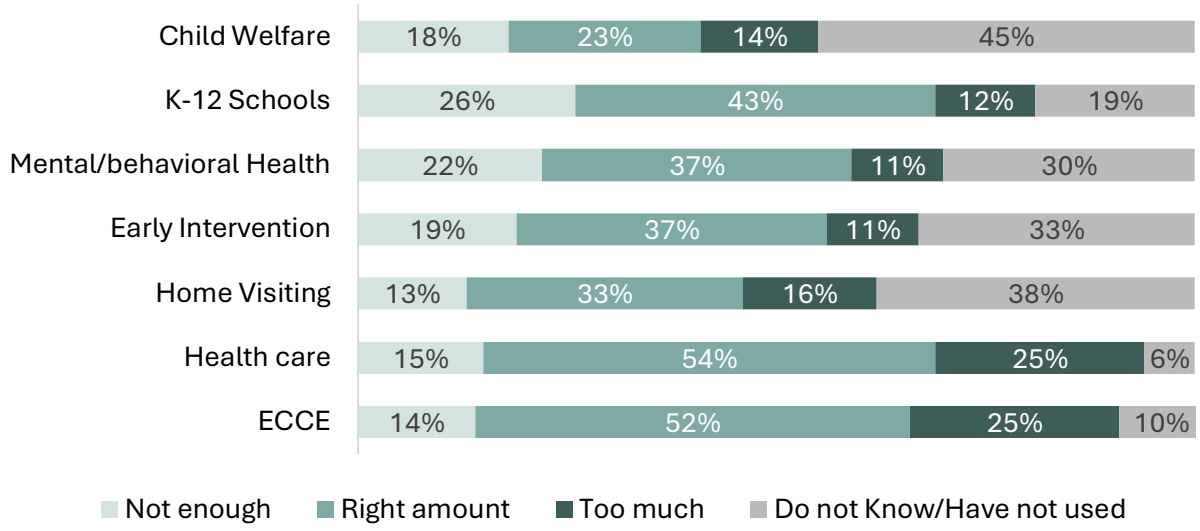

Figure 10. Family Self-Reported Engagement Levels Across Early Childhood Services

Programs that made intentional efforts to welcome all caregivers, including fathers, kin, and foster families, and that used inclusive communication strategies tended to receive more positive ratings. Families highlighted that engagement was most meaningful when it felt respectful, relevant to their values and experiences, and aligned with their preferred ways of communicating (Table 11).

Table 11. Family Perspectives on Engagement

Theme	Family Perspective
Kindness	Families shared both positive and negative experiences related to kindness. Some highlighted compassionate service providers, while others noted indifference or disengagement.
Communication	Families praised communication in early learning programs and consistent medical providers. However, communication was less effective with rotating physicians and school-based services.
Engagement Challenges (Delays/Disabilities)	Families of children with delays or disabilities reported better engagement in early intervention programs than in school or mental health services. A welcoming atmosphere and specific staff support were appreciated.
Feeling Included	Many families noted the default use of 'mom' in engagement materials. Fathers, kin, and foster caregivers were underrepresented. Some providers made intentional efforts to use inclusive language.
Incorporating Family Values	Families indicated that meaningful engagement varies based on local context, preferences, and access. Programs that were flexible and responsive to family-defined needs were seen as successful.
Decision-making and Advocacy	Only a small group of families expressed interest in advocacy or decision-making roles. Barriers include lack of time, compensation, and structural support for participation.

Family Friendly Workplaces

When asked which family-friendly workplace policies matter most to them, families emphasized flexibility as their top priority. The most commonly mentioned supports included flexible time off (33%), the option to choose a flexible schedule (32%), and the ability to work remotely (30%) (Figure 11). Other important priorities were paid parental leave (21%), access to employer-based child care (22%), and health insurance coverage for children and families (26%), demonstrating a broad desire for supportive, integrated work-family policies. Since there is a significant overlap between families with young children and early childhood service providers, some of these results may also be useful for early childhood workforce retention. Additionally, families were asked open-ended questions about the family-friendly services they found most helpful. Despite the wide range of ideas shared in written responses, several themes consistently emerged:

- **Child care:** Specific needs varied from more extended hours to different hours, quality options, before/after school and summer hours, care for children with special needs, and employer-sponsored or on-site care.
- **Subsidizing costs:** The most common type of subsidy was child care, followed by health insurance. Other ideas included help for specific care for special needs, other health and mental health services, and homeschooling support.
- **Flexibility in work circumstances:** Flexible hours, remote work, fewer hours for the same income and benefits, and the ability to take children to work were noted.
- **Paid Leave:** Paid parental leave, followed by paid sick or vacation leave, was the fifth most frequently mentioned benefit.

Child care was the most frequently mentioned, with families emphasizing needs for extended hours, care during non-traditional times, quality options, before- and after-school or summer care, care for children with special needs, and employer-sponsored or on-site programs. Paid leave, particularly paid parental, sick, and vacation leave, was also a top priority, ranking fifth among all mentions. These open-ended responses closely mirrored the structured survey results, underscoring a strong alignment in family priorities around flexibility, child care, and paid leave across question formats.

Figure 11. Reported Family-Friendly Benefits Offered by Employers
Families reported that flexible time off, the ability to choose flexible hours, and the option to work remotely are the most commonly provided family-friendly benefits by employers.

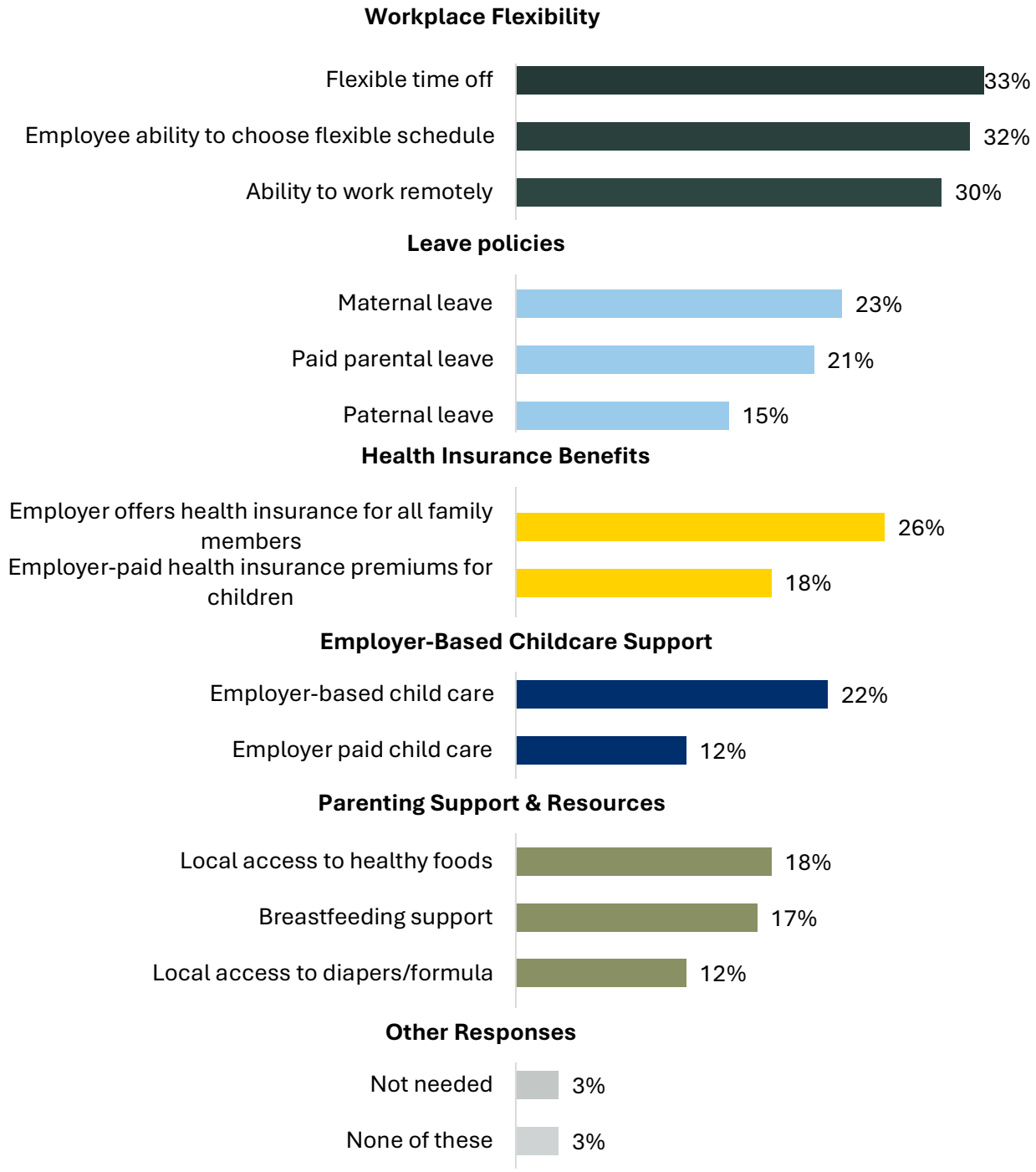

Figure 11. Reported Family-Friendly Benefits Offered by Employers

Provider Prospectives on Family Engagement

Service providers were asked to identify their top priorities for family engagement. Notably, the top three priorities selected by providers aligned closely with those identified by families. In both groups, being welcomed by providers and receiving information about other available services ranked highly. Specifically, “welcoming families” was ranked second by families and third by providers, while “information about other services” was ranked second by providers and third by families. Despite some variation in emphasis, the overall alignment suggests shared values around core engagement practices (Figure 9). When asked about barriers to effective family engagement, providers identified several challenges. The most frequently cited obstacles were:

- Limited family capacity (36%) (e.g., time, stress, competing demands)
- Limited staff capacity (31%) (e.g., time, training, support)
- Family child care needs (26%) (e.g. siblings, scheduling)
- Transportation barriers (22%)

Together, these four barriers accounted for nearly two-thirds of all responses (Figure 12). Very few providers (2%) indicated that there were no barriers or that these issues were irrelevant to their work.

Figure 12. Barriers to Effective Family Engagement Identified by ECCE Providers
The most frequently identified barriers were limited family availability, limited staff availability, family child care needs, and transportation.

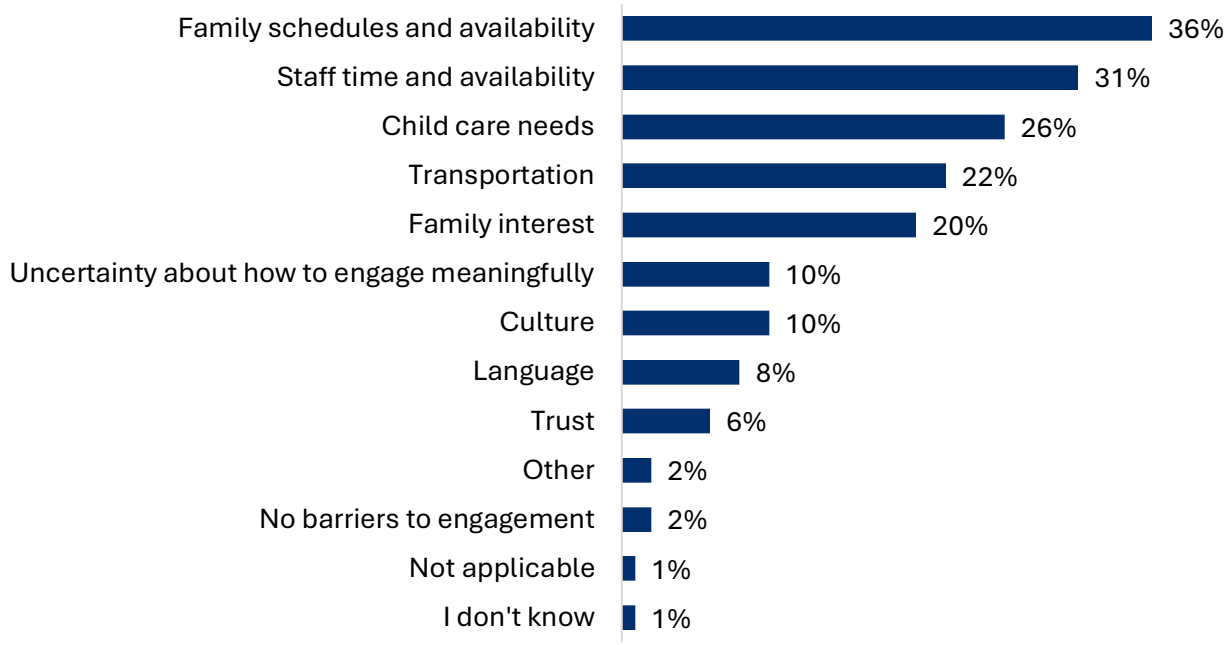

Figure 12. Barriers to Effective Family Engagement Identified by ECCE Providers

Systemwide Support for Family Engagement

Family engagement is widely recognized as a critical component of high-quality early childhood systems. A range of programs and organizations across Montana, including Early Head Start and Head Start, Child Care Resource and Referral (CCR&R) agencies, early educators, interventionists, and home visiting providers prioritize meaningful family partnerships. Montana DPHHS has also adopted and promoted several evidence-based family engagement frameworks, including The Montana Family Engagement Partnership and The Head Start Parent, Family, and Community Engagement (PFCE) Framework.

These models provide guidance and structure for building strong, reciprocal relationships between families and providers. Additional support is provided through the BFB5 grant, which funds professional development, training, and cross-sector networking for both families and service providers. These initiatives are helping to elevate family engagement as a statewide priority and create more consistent, responsive practices across early childhood programs.

Section 3A: Key Summary Points and Recommendations

Recommendations are organized into three tiers to reflect stakeholder-identified priorities based on importance and feasibility. See previous sections for explanations of tiers.

Table 12. Family and Provider Perspectives on Systems Supports and Sustainability: Key Summary Points and Recommendations

Key Summary Point	Recommendation
Tier One (Ready Now):	
• Providers identified the top barriers to engagement as families are beyond capacity, staff limitations, transportation, and child care (Figure 12).	1. Support providers with training, dedicated time, and tools to strengthen family engagement practices.
• Families appreciated inclusive communication, especially when fathers, kin, and foster caregivers were acknowledged; default references to 'mom' were noted as exclusionary.	2. Use shared family priorities, such as feeling welcomed and informed, to guide provider training and strengthen family-provider partnerships.
Tier 2 (Emerging):	
• Providers and families showed strong alignment in identifying top engagement priorities (Figures 9 and 10).	3. Expand flexible scheduling and offer co-located services to reduce barriers for families accessing support.
• Systemwide engagement efforts are supported by	4. Align program practices with family engagement frameworks and expand

frameworks like the PFCE Framework and Montana Family Engagement Partnership.	BFB5 investments in professional development and peer learning networks.
Tier 3 (Future Focus)	
• Families of children with delays/disabilities noted stronger engagement in early intervention than in school or mental health settings.	5. Scale inclusive practices and individualized supports from early intervention into school and community-based programs.
• Family engagement preferences vary significantly; some families prefer minimal interaction; others want deeper involvement in advocacy or decision-making.	6. Offer tiered engagement opportunities that meet families where they are, from basic information sharing to leadership roles.
• Families prioritize being informed about their child's development, feeling welcomed, and receiving information about useful services (Figure 9).	7. Embed consistent, relational communication strategies and culturally responsive onboarding practices across all early childhood programs.

Section 3B: Early Childhood Care and Education Workforce

A strong and stable early childhood workforce is essential to supporting young children and their families. Without qualified, well-prepared staff and administrators, it is not possible to meet the developmental, educational, and care needs of young children across Montana. This section describes key characteristics of the workforce and highlights recruitment and retention challenges in the early childhood care and education (ECCE) sector.

The Montana Early Childhood Project (ECP) registry serves as a primary tool for tracking participation in the licensed child care and early learning workforce. As of April 2024, the registry included 4,078 active practitioners, though this number fluctuates from month to month.[80] Approximately 98% of those registered work in direct care and early learning roles.

It is important to note that professionals in school-based early childhood programs are not required to register with the Early Childhood Project (ECP) registry, nor are individuals providing unlicensed care. Nevertheless, the registry offers the most comprehensive view of workforce participation within Montana's licensed early childhood care and education (ECCE) sector.

The ECP registry has seven levels to reflect participants' training and experience. Level 1 represents entry-level participation, and Level 7 indicates advanced education and professional development. ECP registry levels are intended to support and signal professional growth. While these levels are not direct measures of program or educator quality, they provide insight into the preparation and support early childhood professionals have received. This framework helps track workforce development and identify areas where additional training and support may be needed. As of the most recent 2024 data:

- 50% of ECP-registered practitioners were at Level 1, indicating completion of basic health, safety, and child care training
- 28% were at Level 2, which requires at least 60 hours of training and the equivalent of three months of full-time experience in the field.[81,82]

While these levels provide a starting point, they also underscore concerns about limited training across much of the workforce. Some individuals remain at entry-level registry tiers even after several years of experience. Conversely, those with formal education in early childhood may move to higher registry levels more quickly, depending on their role and job setting.

Workforce Quality and Staffing Challenges

Interviews with ECCE providers raised concerns about how registry levels reflect practitioner expertise and whether they serve as accurate indicators of quality. Key concerns included:

- **Experience weighting**: Providers felt that hands-on experience should carry more weight in determining registry levels.
- **Training alignment**: Available training options were not always seen as relevant or tailored to program-specific needs or regulatory requirements.
- **Director credentialing**: Several providers noted that the current requirements for center directors include limited content related to business or management, even though directors are often responsible for complex administrative and fiscal decisions.

In response to these concerns and evolving workforce needs, the Montana ECP revised the practitioner registry level system in 2024. The updated model places greater emphasis on professional experience and attempts to align more closely with field realities. However, due to these changes, registry levels in 2024 and beyond are not directly comparable to those used in prior years.

Hiring, Turnover, and Fingerprint Trends

The number of fingerprint background checks processed can serve as a rough proxy for new hires and workforce entry. Based on ECP registry data, most fingerprinting activity reflects new employees rather than background check renewals. However, these data exclude individuals processed through alternate fingerprinting systems (e.g., public schools or Tribal licensing), limiting its precision. Nonetheless, fingerprinting data illustrate broader trends:

- In 2020, during the onset of the pandemic, fingerprint-based background checks declined sharply, not only due to program closures and reduced operations, but also because a temporary state waiver allowed name-based checks to be used in place of comprehensive fingerprinting.
- Since then, the number of background checks has gradually increased, suggesting a return to the workforce.
- Beneath this surface trend, many programs continue to face persistent workforce turnover and ongoing challenges in recruiting and training new staff, which is a pattern that both predates and outlasts the pandemic. Elevated fingerprinting activity in recent years may also reflect this churn, as new hires require comprehensive background checks and existing staff must renew them every five years.

Staffing Constraints and Program Adaptation

Reliable data on short staffing across ECCE programs is limited, as no statewide system consistently tracks program-level staffing challenges. However, Head Start and Early Head Start programs do report these dynamics through the federally required Program Information Report (PIR). According to a 2023 Montana Child Care Workforce report, Head Start and Early Head Start programs in the state have one of the highest annual staff turnover rates, over 20%. This rate may be a reflection of challenges such as low wages despite relatively high program funding.[71] Provider interviews offered additional qualitative insight:

- Early Head Start and Head Start programs reported ongoing staffing shortages, particularly for teaching assistant positions.

- One program director noted that her center could not serve at full licensed capacity due to an inability to find qualified assistant teachers.
- Another provider shared a successful retention strategy: by shortening daily operating hours, she was able to reallocate funds to increase staff compensation, helping her maintain a consistent team and continue serving families effectively.

These examples underscore the need for flexible, localized workforce strategies that respond to evolving staffing realities while prioritizing program continuity and quality.

Workforce Constraints in Related Early Childhood Services

Early intervention and special needs programs also noted workforce shortages during the pandemic. For early intervention programs that work with children up to the age of three, workforce shortages have improved as of 2022.[77] Vacancies for public school-based special education teachers are an ongoing challenge. National data on special education teachers showed a 43% vacancy rate in June 2022 for the western region, with a 42% vacancy rate in March 2024. Forty-one percent of school districts in the Western states reported a need for additional class aides.[83]

Home visiting appears more constrained by funding than by a potential workforce pool. However, one provider noted that staffing the Nurse-Family Partnership model was significantly more challenging than staffing Parents as Teachers, as nurses have numerous job options with better compensation. Parents as Teachers require fewer credentials and are less expensive to staff. ECCE, home visiting, and early intervention services all have more demand for services than current capacity can accommodate. Meeting the needs of families and children will require an adequately available workforce.

Workforce Retention

Of the 557 ECCE service providers that responded to a 2024 Early Childhood Family and Service Provider Survey job satisfaction survey question, 92% were either satisfied or very satisfied with their current position (Figure 3-9). In contrast, the 2023 NAEYC survey conducted with child care providers in Montana found that 60% of those respondents indicated they were more burned out, and 55% said they were in a worse economic position than a year ago.[67]

In the 2024 Early Childhood Family and Service Provider Interviews, child care providers discussed workload-related challenges, including difficulties in maintaining a healthy work-life balance, the absence of paid time off or sick leave, and limited access to professional development. Many highlighted the need for higher wages, sign-on and referral bonuses, and more flexible work arrangements to reduce burnout and improve retention[75] They mentioned measures taken by directors or owners to address staff stress and promote retention. Those measures include wage increases, hour decreases and/or more flexibility, as well as additional benefits.

2024 Early Childhood Family and Service Provider Survey respondents were asked which retention incentives would be most beneficial (Figure 13). Paid time off (88%), professional development opportunities (84%), a manageable workload (84%), and recognition (82%) were the most highly rated options, but more than 60% of respondents regarded every option as beneficial.

Figure 13. ECCE Providers Perceptions of Most Beneficial Retention Incentives
Paid time off, professional development opportunities, a manageable workload, and recognition were the most highly rated options.

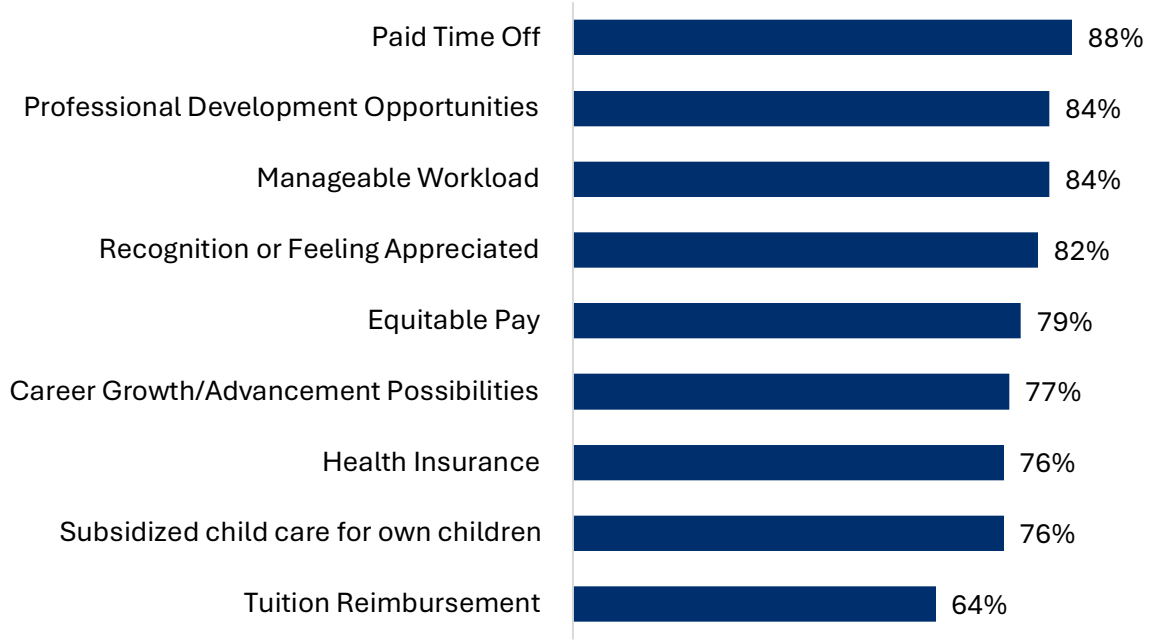

Figure 13. ECCE Providers Perceptions of Most Beneficial Retention Incentives

Providers identified targeted retention measures they used, including:

- Wage increases.
- Additional benefits based on tenure with the facility.
- Reduced, different, or more flexible hours.
- Retention bonuses and tuition assistance.

Staff experience is one of the top three indicators of quality in the 2024 Early Childhood Family and Service Provider Survey (see Section 3C below for more details). Keeping experienced staff not only enhances quality but also cuts turnover-related costs and reduces the time and effort needed to hire and train new employees. Workforce stability also improves relationships between providers and families, building trust and encouraging more consistent family engagement.

Although the 2024 Early Childhood Family and Service Provider Survey questions mainly focused on the early childhood care and education (ECCE) workforce, staffing shortages have been reported throughout the broader early childhood system. This indicates that many workforce recruitment and retention challenges affect multiple service sectors.

Providers identified several ongoing barriers to staffing, such as difficulty finding qualified candidates, delays in background checks and onboarding, and competition from other sectors offering higher wages. These issues not only slow down the hiring process but also put additional pressure on program budgets, as new staff cannot work with children until all clearance and training requirements are fulfilled.

Section 3C: Quality in the Early Childhood System

High-quality ECCE programs are typically assessed through formal indicators such as staff qualifications, low child-to-adult ratios, developmentally appropriate curriculum, and continuous quality improvement practices. Families also evaluate the quality of services, often drawing on information from the service provider, their own experiences, other families, and formal ratings. Ensuring that quality indicators provide useful information and align with better child outcomes helps families determine the best options for their children.

Quality Rating Improvement System

STARS to Quality was Montana's original Quality Rating and Improvement System (QRIS), launched in 2010. The system included an initial participation phase followed by five levels of increasing quality. Participation was voluntary and open to all licensed and registered child care providers. According to the program description, STARS to Quality "aligns quality indicators with incentives and support for early childhood programs and professionals."[84,85]

As a QRIS, STARS to Quality aimed to systematically assess, support, and promote quality improvement in early childhood settings. Participating programs engaged in continuous improvement efforts and received tiered incentives based on their level. The program also generated valuable data on how providers navigated the challenges of the COVID-19 pandemic and the early recovery period. Montana is currently transitioning from STARS to a new system: the Quality Recognition System (QRS), which is outlined in the next section of the report. Key distinctions between the two systems are as follows:

- **STARS to Quality** is Montana's previous opt-in Quality Rating and Improvement System (QRIS). It uses a tiered structure with five levels to rate program quality. Programs receive evaluations and supports, with incentives tied to their progress in meeting specific quality benchmarks.
- **Quality Recognition System (QRS)** is a newer, non-tiered model in which all licensed providers participate. Instead of assigning programs to levels, QRS focuses on identifying each program's strengths and areas for growth based on

common quality benchmarks. The goal is to support continuous improvement across all programs without the use of quality ratings.

Across both systems, the overarching goal remains the same: to support sustained high-quality early learning environments that promote positive outcomes for young children. STARS to Quality has requirements that become more rigorous as a program moves up the levels. It also provides support and resources to programs, including coaching, training, and evaluations designed to help providers improve competency and guide future improvements.

In SFY2023, 232 facilities participated in STARS to Quality, representing 33% of the total child care slots licensed by the State of Montana.[86] Thirty-nine percent of centers, defined as serving 16 or more children, participated in the STARS to Quality initiative. Twenty-one percent of all group child care facilities and 10% of family child care facilities participated in STARS to Quality. Thirty-three percent of all licensed care capacity and 35% of care for infants and toddlers under the age of two were provided by a facility that participated in STARS to Quality. No family, friends, or neighbors (FFN) or relative care exempt (RCE) participants participated in STARS to Quality. As of this writing, the program is on pause until the redesign is completed, and no new programs can join.

Stars to Quality Assessment Data

Assessments are tools used to evaluate program strengths and areas for growth. They help a program develop and focus its continuous improvement plan. Two types of assessments are used to assess STARS programs: (1) Evaluation of Program Administration, Management, and Leadership, and (2) The Environmental Rating Scale Assessment.

Evaluation of Program Administration, Management, and Leadership

The Program Administration Scale (PAS) and the Business Administration Scale (BAS) measure administrative, management, and leadership qualities. The Program Administration Scale (PAS) is designed to assess child care centers, while the Business Administration Scale (BAS) assesses family and group home programs. These assessments are rated on a seven-point scale. Both assessments aim to identify strengths and areas for growth, helping to inform continuous quality improvement plans for child care programs. In STARS to Quality, these assessments were conducted for programs moving to or achieving STAR levels three to five.

During the COVID-19 pandemic, Montana implemented temporary measures to adapt quality assessment procedures, including waivers for in-person evaluations and the use of virtual methods when feasible. Despite these challenges, data from Environment Rating Scale assessments suggest that programs participating in the Quality Rating and Improvement System (QRIS) maintained relatively stable and consistent levels of quality before, during, and after the pandemic period (Figure 14).

Figure 14 presents average scores from the ECERS-3 (Early Childhood Environment Rating Scale), ITERS-3 (Infant/Toddler Environment Rating Scale), and FCCERS-3 (Family Child Care Environment Rating Scale), as reflected through assessments of both center-based (PAS) and family-based (BAS) programs. These scales use a 7-point system, where 1 = Inadequate, 3 = Minimal, 5 = Good, and 7 = Excellent.

From FFY2019 to FFY2023, average scores consistently surpassed the 4.0 benchmark, a common indicator of performance above minimum quality standards in Montana's QRIS. Although scores fluctuated slightly in 2022 due to pandemic-related stressors, by 2023 both PAS and BAS scores had rebounded to pre-pandemic levels, showing resilience and recovery in program quality. These results demonstrate that Montana's early care programs maintained strong quality practices even during major operational disruptions, highlighting the strength of providers and the adaptability of the system overall.

Figure 14. Montana Early Care Programs Maintained Quality Ratings Above Minimum Standards During the Pandemic
Average scores from ECERS-3, ITERS-3, and FCCERS-3 consistently exceeded the 4.0 benchmark across all periods, reflecting stable program quality.

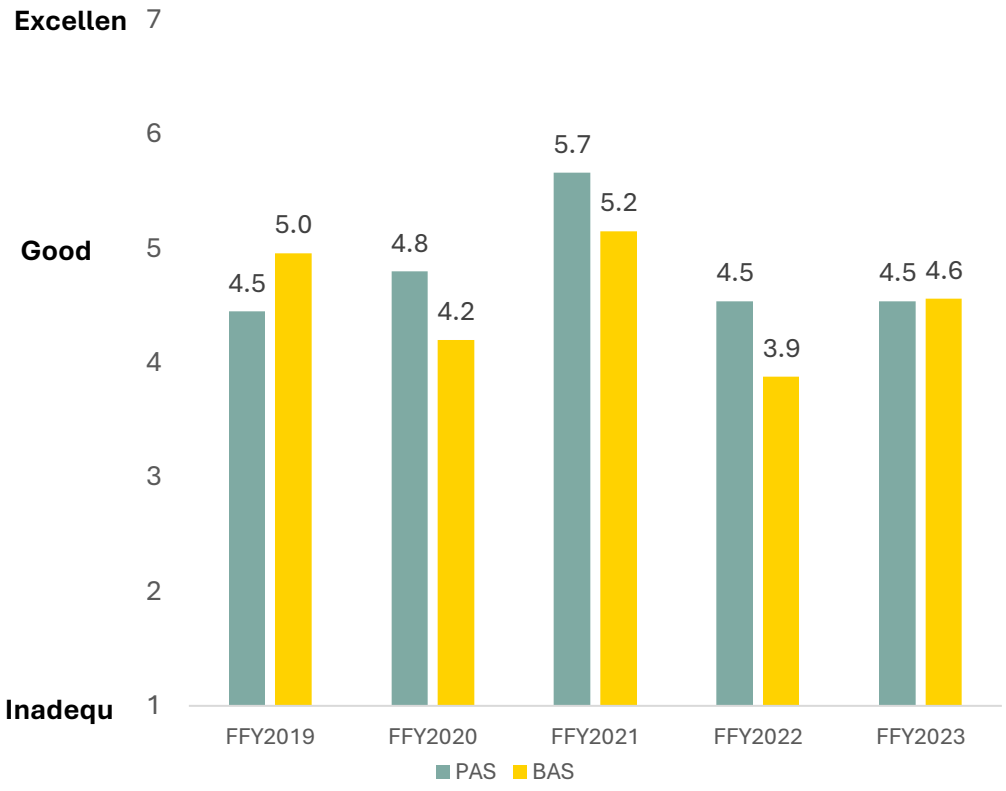

Figure 14. Montana Early Care Programs Maintained Quality Ratings Above Minimum Standards During the Pandemic

Environmental Rating Scale Assessments

The Environmental Rating Scales (ERS) assess interactions. These observational assessments focus on how children directly experience people and their environment and how those interactions affect their development. The results are used to inform programs about strengths and areas for growth. The scores are based on a seven-point scale.

When a program enrolls in STARS to Quality, a baseline assessment is performed. For levels 3, 4, and 5, live observations take place. Assessments were conducted from FFY 2019 to 2023 (Table 13). The assessment tools were updated at the beginning of 2021, when the third edition was introduced. Due to the pandemic, in-person assessments were suspended and later conducted in FFY 2021.

Table 13. STARS Participant Environmental Rating Scale Scores and Participation (QRIS data, DPHHS)

Evaluation Tool	Average Score	Number of Assessments
Early Childhood Environmental Rating Scale (ECERS-R: FFY2019-2020)	4.82	64
Early Childhood Environmental Rating Scale (ECERS-3: FFY2020-2023)	4.49	119
Infant and Toddlers Environmental Rating Scale (ITERS-R: FFY2019-2020)	4.35	34
Infants and Toddlers Environmental Rating Scale (ITERS-3: FFY2020-2023)	4.80	90
Family Child Care (FCCERS-R: FFY2019-2020)	4.91	61
Family Child Care (FCCERS-3: FFY2021-2023)	4.69	86

STARS to Quality Redesign to a Quality Recognition System

Incentive funds were part of the STARS to Quality program, allowing significant financial incentives. In 2021, the legislature removed the state funding source for higher-level incentive funds. Since then, pandemic-era funds have ended, and BFB5 has been used to continue incentive funding, which will end in 2025. The program is being redesigned to incorporate a QRS that includes all licensed programs instead of the opt-in QRIS model. This redesign is expected to be completed by October 2025. The overall goals for the upcoming quality rating system have been established:

1. Increase consumer education for families to inform decisions about quality child care.
2. Rebrand the quality system.
3. Encourage greater provider participation in the Best Beginning Child Care Scholarship program.
4. Create an initial step for all licensed or registered providers, a foundation of child care quality.
5. Use data to inform decisions.

6. Increase access to quality infant/toddler and after-school care.
7. Reflect broader distribution of quality funds.
8. Create a user-friendly quality system offering choice and flexibility.[85]

STARS to Quality Facilities and Licensed Capacity

In the STARS to Quality program, levels one through five denote increasingly high standards for early childhood education and care. In SFY 2023, about 2,700 children receiving a Best Beginnings child care subsidy were also enrolled in a STARS-rated program, which accounts for 35% of all subsidized children ages birth to five (Table 15). This co-enrollment is important because families eligible for Best Beginnings often face economic hardships and may experience additional challenges such as housing instability, limited healthcare access, or single parenthood. High-quality early childhood programs, like those rated through STARS to Quality, are essential in helping these families by supporting child development, school readiness, and family involvement.

Table 14. Number and Percentage of Children Co-Enrolled in Best Beginnings Subsidy and STARS to Quality Programs (Child Care Licensing Bureau, DPHHS, SFY2023)

	Relative Care		Family Friend Neighbor		Family Child Care		Group Child Care		Child Care Center		Total Children	
Age	#	%	#	%	#	%	#	%	#	%	#	%
0 to 2	0	0%	0	0%	28	12%	266	22%	803	22%	1,097	35%
3	0	0%	0	0%	5	6%	89	20%	340	20%	434	35%
4 to 5	0	0%	0	0%	11	10%	136	22%	543	22%	690	35%
6 to 12	0	0%	0	0%	2	2%	93	15%	336	15%	431	20%

Family and ECCE Provider Priorities for Quality

In the 2024 Early Childhood Family and Service Provider Survey, families and ECCE service providers were asked to identify their priorities for indicators of quality they used to select a facility. When choosing a program, families used a variety of indicators to determine whether an ECCE program is a quality program.

Families were asked to prioritize the quality characteristics they considered most important when choosing a child care or early learning facility. Commonly ranked factors included the type of routine or curriculum, whether the program was licensed, and the opportunity to tour the facility (Figure 15).

Figure 15. Key Characteristics Families Look for in High-Quality Early Learning Settings

The chart shows the percentage of families who ranked each characteristic as their first or second most important indicator of quality. Most commonly selected were the type of curriculum, if the program is licensed, and availability of a facility tour.

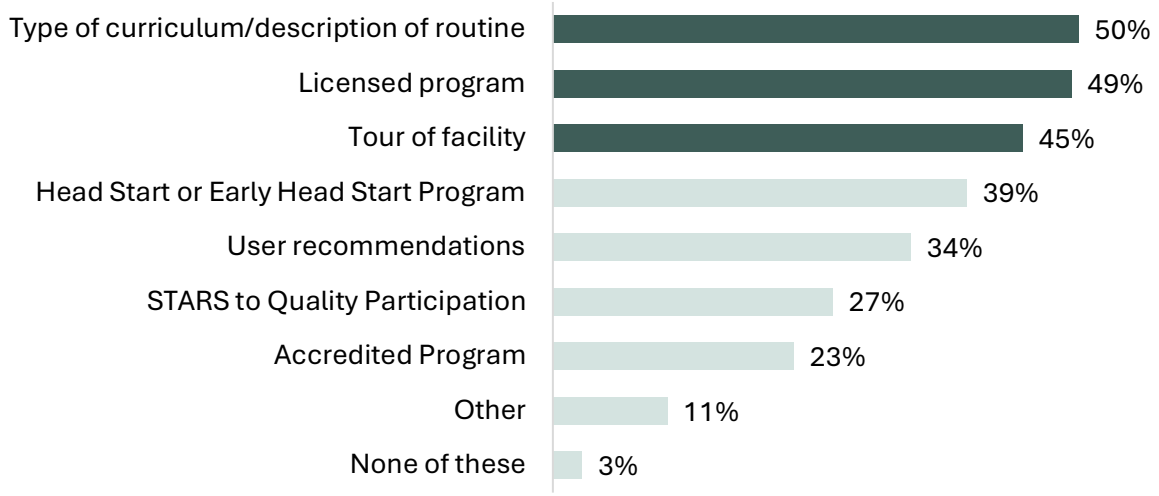

Figure 15. Key Characteristics Families Look for in High-Quality Early Learning Settings

In a follow-up question, families whose children had previously attended a child care or early learning program were asked to rank additional factors they associate with high-quality care. Their responses provide insight into the lived experiences and expectations of families already familiar with early childhood education settings.

In order of priority:

- Meet health and safety standards
- Experienced staff
- Early learning
- Social/emotional guidance

ECCE providers were also asked to select the top three indicators demonstrating quality to families. Having a child care license was ranked the highest priority, followed by staff experience, and STARS to Quality level (Figure 16). STARS to Quality level appears more important to providers than families, but both groups rate many factors similarly.

Figure 16. Indicators Demonstrating Quality to Families, Identified by ECCE Providers
Having a child care license was ranked the highest priority, followed by staff experience, and STARS to Quality level

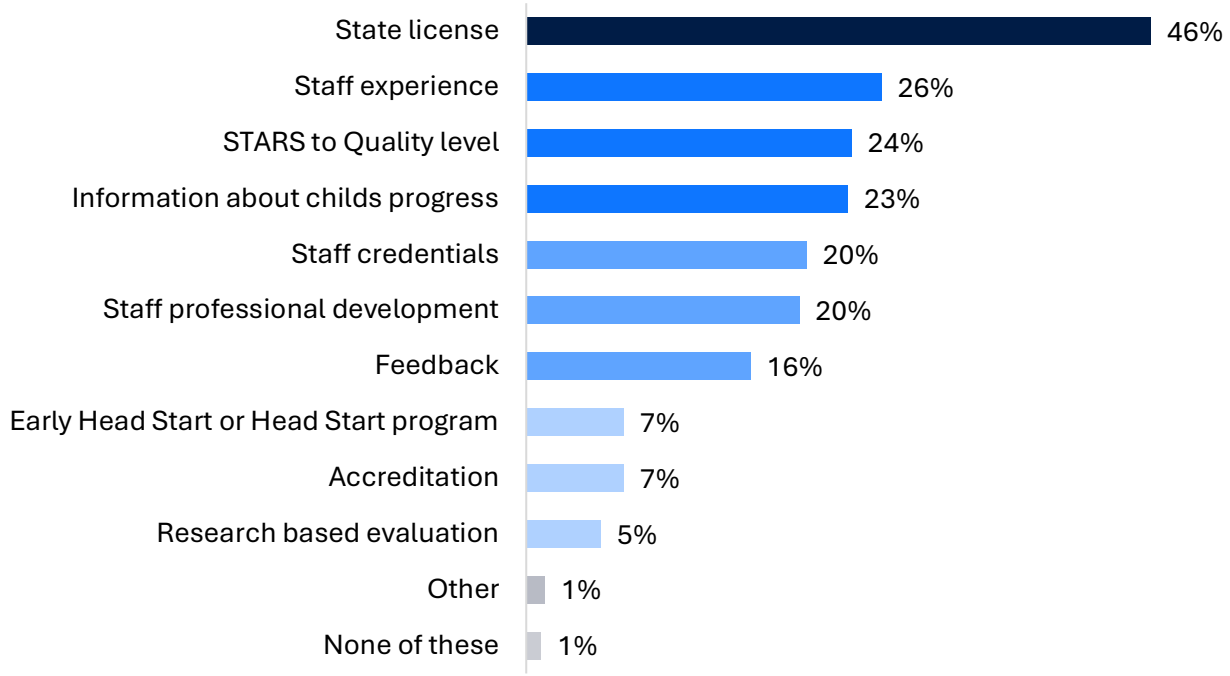

Figure 16. Indicators Demonstrating Quality to Families, Identified by ECCE Providers

Barriers to Accessing Quality Early Childhood Care and Education Providers

Families show strong interest in accessing high-quality child care, but many face significant barriers that limit their options. In the 2024 Early Childhood Family and Service Provider Survey nearly 60% of respondents cited cost as a major obstacle. Another 46% reported a lack of convenient child care locations, and 40% said the hours they needed were unavailable. Additionally, 37% of families indicated that available programs did not reflect or understand their culture, highlighting a lack of culturally responsive care. Many families also noted difficulties in finding clear, accessible information about their options. These combined challenges make it hard for families to choose and use care that meets both their practical and cultural needs.

Lack of quality options was the sixth most frequently identified barrier to accessing child care. As several parents noted in 2024 Early Childhood Family and Service Provider Survey and Interviews, factors like cost and availability are often the only priorities a family can use to make a choice.

Quality Across the Early Childhood System

All early childhood service providers, including those in home visiting, early intervention, and family support services, were asked to identify their top three indicators of program quality. As shown in Figure 17, the most frequently chosen indicator was licensing compliance (40%, or 309 respondents), followed by participation in a quality assurance program specific to their field (26%, or 201 respondents). These responses highlight a system-wide focus on formal accountability structures as key markers of quality across different service types and a shared understanding of quality across different sectors of the early childhood system, despite differences in service type and setting. Licensure and experienced staff are essential across the system. Participation in quality assurance was rated second.[75] Service providers have a significant interest in quality and a strong interest in research-based approaches.

Figure 17. Service Providers' Priority Indicators of Quality
40% of service providers (309) identified licensing as a top indicator of quality, followed by participation in a quality assurance program specific to a field.

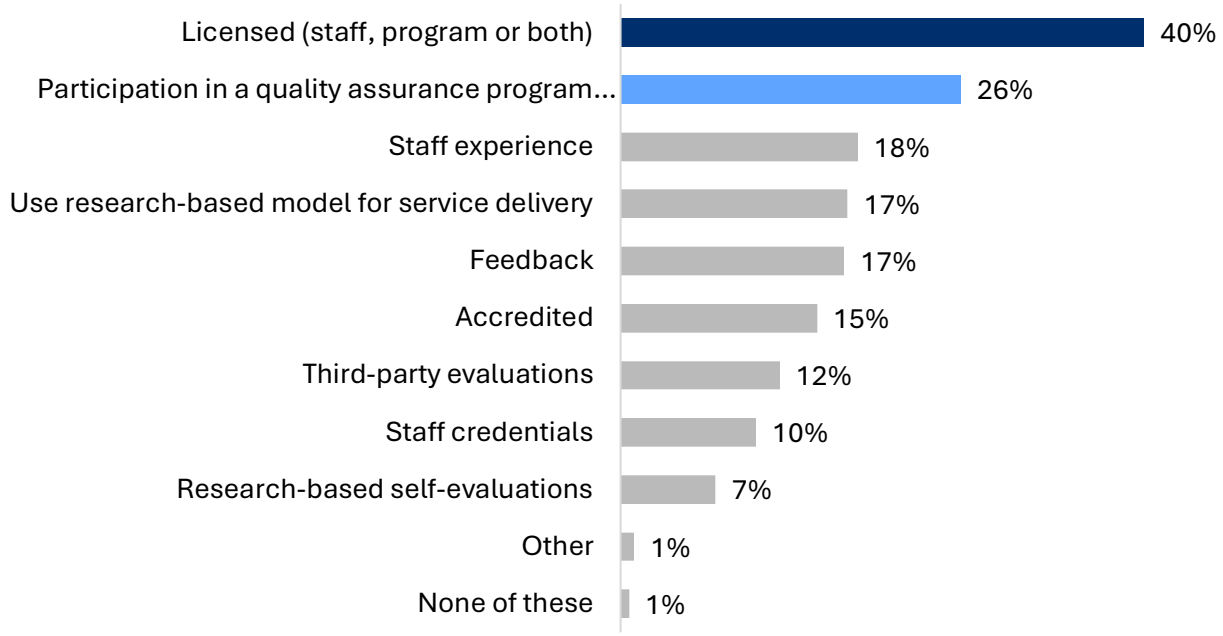

Figure 17. Service Providers' Priority Indicators of Quality

Early intervention (Part C) professionals usually require specialist training. Montana Milestones Part C services provide state-wide training to its providers to ensure consistency. Evidence-based home visiting has reliability built into its programs, and Healthy Montana Families conducts a continuous quality initiative.

Section 3D: Cross-Sector Systems and Supports for a Quality Early Childhood Workforce

A strong, well-prepared early childhood workforce is essential to delivering high-quality services and meeting the diverse needs of children and families. Workforce development activities are central to this effort, helping ensure that professionals are equipped with the knowledge, skills, and support needed to provide effective care and education.

Early Childhood Professional Development

The ECCE field includes a wide range of career pathways, from entry-level positions requiring minimal training to advanced roles that necessitate specialized credentials, degrees, and years of experience. Maintaining a high-quality professional development system that meets the needs of diverse providers, includes accountability mechanisms, and supports career advancement is critical to quality improvement across the sector.

Professional Development Preferences and Perceptions

Service providers identified their preferred formats and topics for professional development (Figure 18). The most popular format was ongoing formal education, chosen by 41% of respondents (n=151), showing strong interest in structured, long-term learning options like college courses or degree programs. Nearly one-quarter of respondents (23%) preferred more targeted, practice-focused formats such as specialized in-service training (n=85) or coaching and consultation (n=86). Other favored formats included credentialing and on-the-job training or internships (both at 19%), followed by communities of practice (11%) and apprenticeship or pre-apprenticeship models (9%). These results highlight the diverse learning needs and preferences within the workforce and emphasize the importance of offering multiple entry points and flexible pathways for professional growth that range from academic to applied, relationship-based formats.

Figure 18. Service Providers' Preferred Formats for Professional Development
About 40% of providers (n=151) preferred professional development as ongoing formal education. Just under 25% (n=85 and n=86, respectively) of respondents prefer specialized in-service trainings and coaching or consultations.

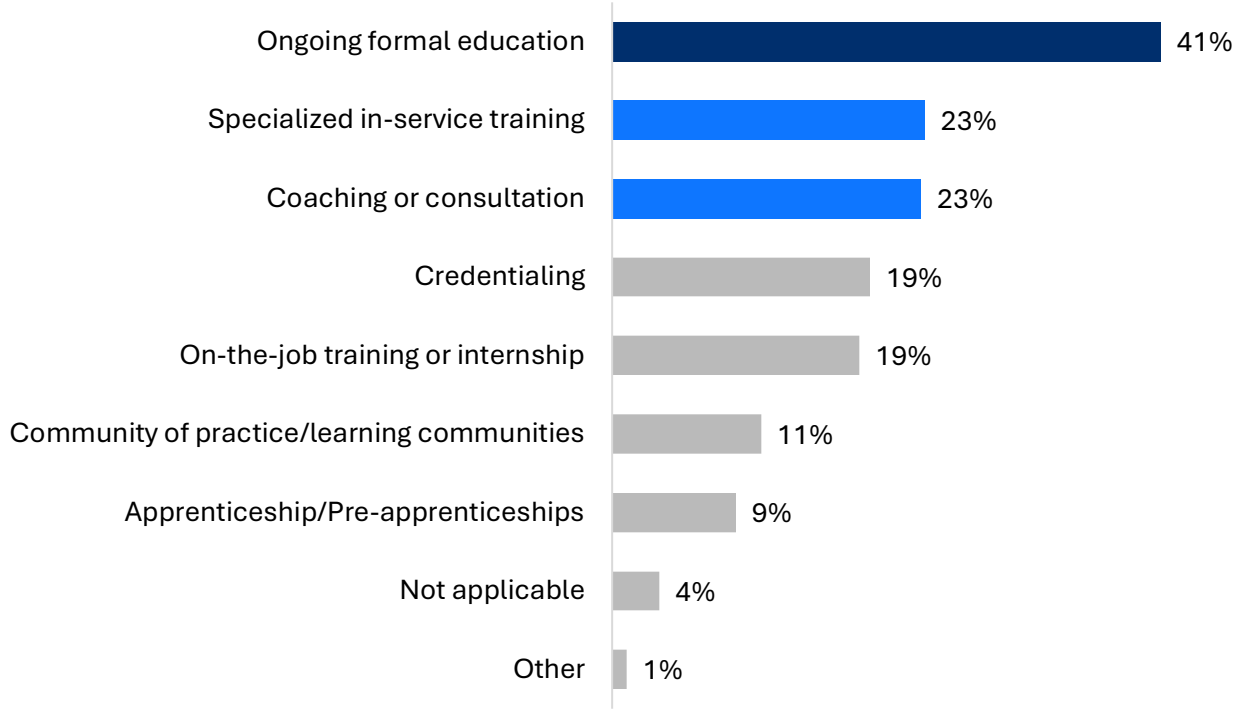

Figure 18. Service Providers' Preferred Formats for Professional Development

2024 Early Childhood Family and Service Provider Interviews with ECCE professionals and Child Care Resource and Referral (CCR&R) staff highlighted seven key themes at the intersection of training and quality.

1. **Training Quality:** Providers recognized the availability of strong training through multiple sources, including CCR&R programs, the Early Childhood Project, Raise Montana, Zero to Five, Head Start, accreditation agencies, universities, and private entities offering research-based curricula. Many expressed the need for a curated list of vetted professional development options to help programs select offerings aligned with their needs.
2. **Training Overlap and Flexibility:** In a mixed-delivery system, providers expressed a desire for more targeted and flexible training options, particularly once they reach a level of proficiency. Current STARS offerings sometimes overlap with Head Start, accreditation, and other specialized training. Providers requested greater flexibility to meet training requirements, along with increased access to nationally recognized, research-based content. They also emphasized the importance of cross-system recognition of training (e.g., licensure, STARS, the practitioner registry, and program-level requirements) to avoid duplication.
3. **Access to Start-Up Training:** Barriers to onboarding new staff, particularly in rural areas, included limited access to essential training such as First Aid and

CPR. Since staff cannot enter the classroom until these trainings are completed, finding timely and accessible options poses a significant challenge for many programs.

4. **Training Accountability and Implementation:** Concerns were raised about the effectiveness of some training formats, particularly online or on-demand models. While these approaches improve access, providers noted that they may not fully support competency development or relationship-building. Some interviewees suggested expanding coaching and communities of practice, while others emphasized the need for better mechanisms to ensure that staff apply for training in meaningful ways. Overall, participants stressed that training must be understood, completed, and integrated into practice, and that oversight is essential to ensuring training leads to improved quality.
5. **Relationship Building in a Changing Landscape:** The increasing use of virtual training formats, accelerated by the COVID-19 pandemic, has reduced opportunities for providers to build relationships with support personnel. This shift may particularly disadvantage newer providers, who benefit from strong connections to coaching, feedback, and implementation supports.
6. **Expanding Topical Training Opportunities:** Respondents identified a growing need for trauma-informed care training, especially when paired with IECMHC. Additional priorities included training in business and management skills for program directors and owners, as well as more content focused on infants and toddlers. While training in these areas exists, providers noted that greater emphasis and accessibility are needed to meet current demands.
7. **IECMHC Services and Workforce Development:** Infant and Early Childhood Mental Health Consultation (IECMHC) is widely recognized as a vital resource for promoting the well-being of both children and educators. Interviewees highlighted its dual role in addressing trauma-related behaviors and supporting the emotional resilience of the early care and education workforce. Providers stressed that IECMHC not only improves the classroom environment by providing educators with strategies to support children's social-emotional development but also offers professional support that can reduce burnout and improve staff retention. However, access to IECMHC remains uneven across the state. Participants called for increased availability, better integration into professional development systems, and more deliberate alignment with trauma-informed care training, coaching, and reflective supervision. Strengthening the IECMHC workforce and ensuring consistent, statewide access was seen as an urgent priority to maintain quality across the early childhood system.

Fiscal Analysis

Efficient use of financial resources is essential to building and sustaining an effective early childhood system. BFB5, in partnership with Zero to Five Montana, is funding a comprehensive fiscal analysis of Montana's prenatal-to-five system, scheduled for completion in 2025. The analysis will include:

- In-depth engagement with key stakeholders
- A thorough review of current revenue streams supporting prenatal-to-five services in Montana

- Development of cost estimation models; and
- Recommendations to advance the state's strategic goals for early childhood.

A **cost-of-care calculator** is in development to support child care providers in scenario-building and financial planning.

Early Childhood Care and Education Facilities

Facilities are essential to early childhood care and education, whether at home or in centers. All must meet health, safety, and space standards to protect and support young children. However, Montana lacks a centralized database of child care facilities data. Most services are provided by private or nonprofit organizations, and while licensing inspections ensure basic health and safety standards, they do not reflect the full complexity of securing, maintaining, or upgrading physical facilities.

Through funding from the American Rescue Plan Act (ARPA), the state awarded 30 innovation grants to child care providers, with about 80% of these grants supporting the development of new facilities or major upgrades to existing ones. These investments mark a critical step toward expanding infrastructure to meet demand.[87]

Challenges in Securing and Developing Facilities

Interviews and ARPA project feedback surfaced multiple factors that impacted provider ability to secure and develop ECCE facilities:

- **Feasibility Data:** Communities need data to justify investments in new facilities. Though funds exist for feasibility studies (via economic development or local governments), the data can be difficult to gather and keep current.
- **Inspection Processes:** Inconsistencies in how building inspectors, fire marshals, and licensors interpret regulations create delays. Staffing shortages also slow down scheduling and opening timelines.
- **Real Estate Competition:** The competitive housing and commercial real estate market in Montana makes it hard for providers to secure space. Some reported losing facilities to private buyers or being outbid by other businesses.
- **Financing Gaps:** Providers noted difficulties obtaining loans or public start-up funding. In some cases, providers relied on family loans or alternative public sources, adding stress and delays to project timelines.
- **Building Costs:** Post-pandemic supply shortages and inflation continue to increase development costs. One Head Start program saw a 24% cost increase between project approval and completion in 2023. Total costs doubled between 2019 and 2023.
- **Success Factors:** Interviews with those who secured new facilities identified resilience, technical knowledge, and strategic partnerships as key to navigating the complex process. None described the experience as straightforward.

Facility Operations and Maintenance

Operating a child care facility entails high ongoing costs, particularly in insurance and property-related expenses. A majority (74%) of Montana-based NAEYC members reported liability insurance increases in the past year, compared to 49% nationally.[88] A

2024 Zero to Five provider survey echoed these concerns: nearly 60% of respondents across all program sizes reported increases. Notably, 22% of respondents attributed rate hikes to risk factors like location near bars or dispensaries, mobile home settings, or pet presence.

Of 131 providers who answered an open-ended question about insurance access, 48% reported difficulty finding a carrier, often due to insurers withdrawing from the child care market or overall market limitations. Rental and lease costs have also risen: 29% of Montana NAEYC providers experienced rent increases, slightly below the 36% reported nationally. However, 65% reported increases in property insurance, surpassing the national average of 53% for property tax increases.[89]

Early Childhood Care and Education System: Data Sharing and Integration

Currently, early childhood data in Montana are dispersed across multiple databases managed both within and outside of state government. These data sets are collected by contractors, service providers, and individual programs, each governed by different privacy agreements and sharing protocols.

Most early childhood services are now housed within DPHHS ECFSD, following a recommendation from the 2019 needs assessment. However, while organizational consolidation has occurred, data integration has not yet been achieved. Other essential data reside in additional divisions within DPHHS, the Office of Public Instruction (OPI), and the Montana ECP at Montana State University. These data systems contain critical information about services, providers, and families. Integrating these systems could offer several key benefits:

- Improved service delivery and coordination for families
- Enhanced ability to identify service gaps and underserved populations; and
- More efficient collaboration among service providers.

However, these opportunities must be weighed against legitimate privacy, security, and safety concerns.

Family Perspectives on Data Sharing and Integration

Findings from 2024 Early Childhood Family and Service Provider Survey and Interviews revealed three main areas of concern:

- **Security:** 77.5% of families identified the security of their personal information as very important. Concerns focused on cyber threats and identity theft. Some families, regardless of whether they lived in rural towns or urban centers, expressed unease about local service providers having access to personal details that could be misused or lead to stigma or harm.[67]
- **Oversight and Transparency:** Families emphasized the need for clear, accessible information about how their data are used and who has access. Many advocated for opt-in and opt-out mechanisms, a priority further illustrated in Table 15.
- **Effective Support:** Families with multiple or high-intensity service needs strongly supported data sharing between providers, especially in areas such as referrals for special needs services, behavioral health, and financial assistance. These

families noted that improved data coordination could reduce their administrative burden and enhance support.

Table 15. Family Perspectives on Data Sharing

	% of Responses			
Factor	**Very important**	**Somewhat important**	**A little important**	**Not important**
Confidential information is secure	77.5	16.4	5.7	0.4
Ability to find service information	57	31.8	1-.1	1.1
Ability to opt in	37.5	45.4	11.8	5.2
Ability to opt-out	42.6	32.8	16.5	8

While the three priorities of privacy, transparency, and effectiveness can coexist, they must be thoughtfully balanced. The design and governance of an integrated data system must address each of these factors.

Service Provider Perspectives on Data Sharing

Most early childhood providers reported some level of local data sharing, although responses varied across specific practices (Figure 19). About 1 in 5 providers (19%–21%) said they were unsure whether data sharing practices, such as linking data across systems, tracking child outcomes, or using unique child identifiers, were used in their community. Similarly, about 1 in 4 providers (22%–31%) reported little or no adoption of these practices, indicating a lack of awareness or implementation of coordinated data systems. Only a small percentage of respondents reported moderate to widespread use of practices like coordinated data tracking, quality improvement monitoring, or using data for planning and resource allocation. For instance, just 10% reported widespread adoption of data-sharing agreements, and only 6%–11% reported extensive use of systems capable of tracking outcomes or linking client data. These findings suggest that although some communities may be beginning to implement foundational steps toward integrated data use, systemic infrastructure remains limited, and broader efforts in communication and coordination are needed to enhance shared data practices.

Figure 19. Provider Perceptions of Data Sharing at the Community or Systems Level
1 in 5 providers were unsure if any data sharing practices were used in their community. About 1 in 4 providers reported that none of the following data sharing practices were used in their community.

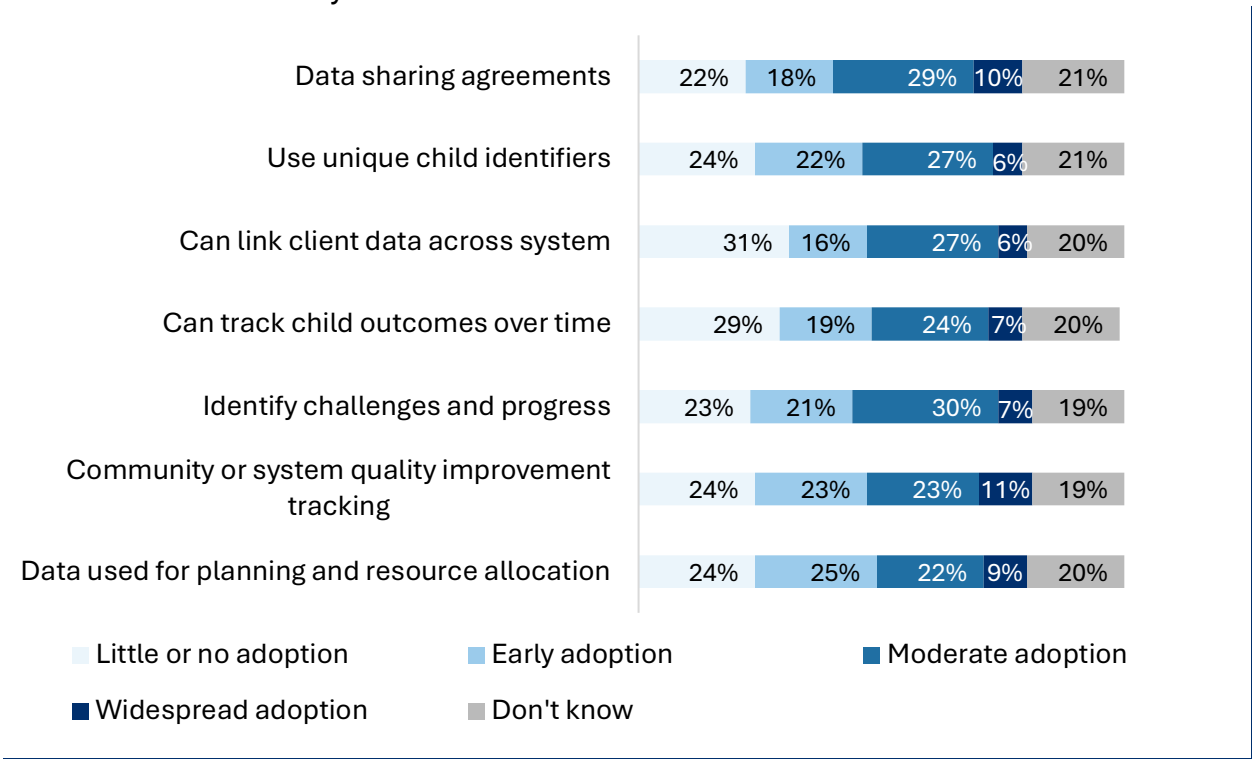

Figure 19. Provider Perceptions of Data Sharing at the Community or Systems Level

Several providers who actively use data in their practice offered the following recommendations:

- **Create a statewide early childhood data dashboard:** Service numbers, provider counts, and other data points are fluid, but often analyzed using inconsistent parameters. A state-managed dashboard could promote a shared understanding of trends among providers, families, and policymakers.
- **Engage end-users in system design:** CCR&R agencies and providers highlighted challenges with updating workforce and child data in the ECP registry and state licensing systems. As direct users of these platforms, they bring valuable insights into improving user interface and functionality. Their input is crucial as Montana considers system modernization and integration.

Opportunities for Integrated Data Sharing

The BFB5 initiative is funding efforts to develop an integrated early childhood data system. An initial list of 15 public-sector datasets has been identified for potential integration, though each operates under its own privacy and data management standards. Ongoing efforts are exploring multiple approaches to securely and effectively link these systems. A well-integrated data system could support:

- Automated referrals
- Monitoring of program impact
- Streamlined access to service eligibility and applications
- Improved service navigation for families

However, building such a system is a significant, long-term endeavor that requires sustained investment and development. To ensure secure and ethical data sharing, robust data governance policies and agreements are essential. Progress has been made in identifying current agreements and outlining requirements for a comprehensive governance framework that ensures data protection and accountability.[90]

Referrals: Early Childhood Care and Education System

Connecting families to services is a foundational function of the early childhood system in Montana. Many families rely on multiple services and require accessible, accurate, and timely referral pathways. 2024 Early Childhood Family and Service Provider Survey and Interview data from families revealed that most respondents use multiple services. These include:

- Health care (private and public insurance)
- Dentistry
- Services for acute or chronic conditions
- Child care and early education
- Home visiting
- Developmental delays and disability services
- Mental and behavioral health services for both children and adults
- Child protective services and foster care
- Nutritional supports (e.g., WIC, SNAP)
- Housing and transportation support
- Job and career services
- Community resources (e.g., parks, libraries, museums)

In the 2024 Early Childhood Family and Service Provider Survey, 60% of families reported having experience with referrals, and 53% of those indicated they faced barriers to completing them. The most common challenges included inability to get an appointment (39%), lack of time to follow up (37%), difficulty accessing the service (35%), and high service costs (35%) (Figure 20). Other barriers included inconvenient location (27%) and hours of operation (25%), followed by issues related to eligibility (18%) and transportation (12%). Cultural and language-related barriers were reported much less often; only 3% said the service did not understand their culture, and 2% said

the provider did not speak their language. Since the survey was not distributed in Spanish and did not reach many of Montana's Spanish-speaking families, it is not surprising that few respondents identified language as a barrier. This gap highlights the need for targeted outreach and language access strategies in future data collection and referral system design to better reflect and serve the full diversity of families across the state.

Figure 20. Family Reported Barriers to Completed Referrals
More than a third of respondents identified getting an appointment, lack of time to follow-up, accessing the service, and cost as barriers to completing referrals. **Given the that survey was not distributed in Spanish and did not reach Montana's Spanish speaking population, it is not surprising that few respondents identified language as a barrier**

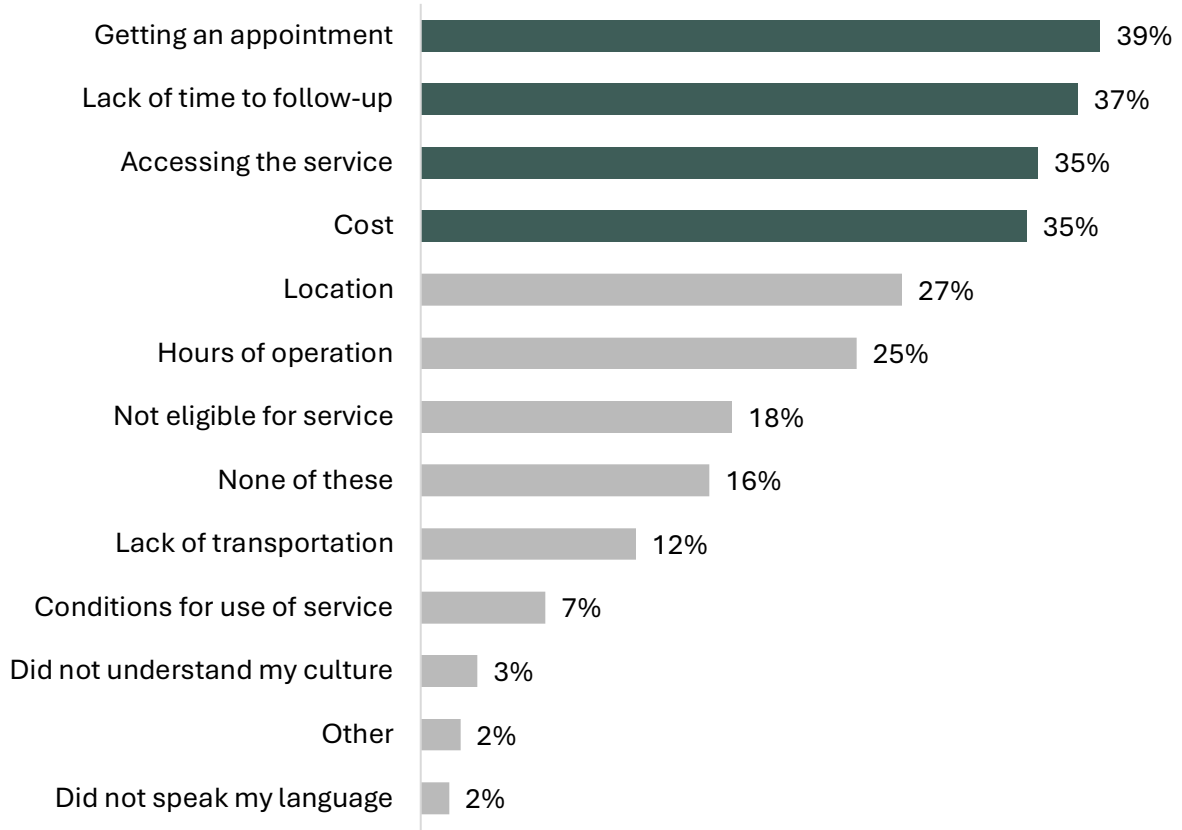

Figure 20. Family Reported Barriers to Completed Referrals

Health care was the most common referral area, and most families reported a positive experience accessing these services. In fact, 44% of respondents found health care referrals easy, the highest among all service types. Referrals to K–12 schools (38%) and child care and early learning programs (36%) were also frequently described as straightforward and accessible. In contrast, referrals to intervention services for developmental delays and mental or behavioral health were more likely to pose

challenges (Figure 21). For example, 29% of families reported difficulty accessing mental or behavioral health care, and 18% faced challenges with developmental delay/disability services, with an additional 38% noting “some difficulties." Families were also less likely to receive referrals to services such as child welfare (47% no referral) and home visiting or family support (33%), indicating both access and awareness gaps across some sectors. These findings emphasize the need to improve referral processes, service navigation, and access to specialized supports, especially for families seeking early intervention and mental health services.

Figure 21. Families' Reported Experience with Referrals to Early Childhood Services
Families reported the most difficulties accessing mental or behavioral health care and disability intervention services. Health care services were the easiest to access.

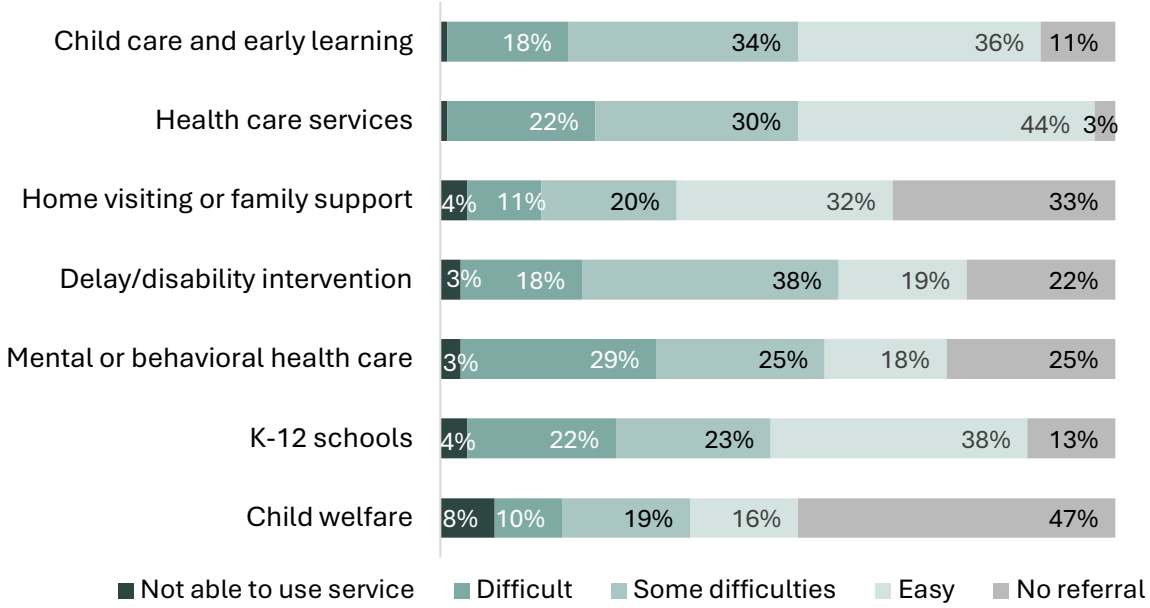

Figure 21. Families' Reported Experience with Referrals to Early Childhood Services

Families’ referral preferences and experiences varied significantly by need and circumstance. Families with lower or general needs often preferred to access information independently through brochures, websites, or informal conversations, and typically did not require direct referral support. In contrast, families with multiple or higher intensity needs often needed personalized assistance to navigate and access services, especially for mental health, developmental delays, physical health, or economic challenges.

A clear divide emerged: some families preferred to manage service research themselves due to concerns about privacy (especially in small towns), cybersecurity, data misuse, or past negative interactions with providers. Others welcomed hands-on referral support but faced compounded challenges when services, particularly in mental health, disability, or housing, were scarce or difficult to access.

Service Provider Referrals

Among providers surveyed in the Early Childhood Family and Service Provider Survey, 80% (n=590) reported making referrals, a higher percentage than families who reported receiving referrals (53%). This difference may reflect divergent understandings of what constitutes a "referral." For example, one family described independently following up after picking up a business card at a front desk, a process the provider might consider a referral, while the family might not.

Providers (77%) indicated that they *sometimes* provide general information on available resources, with 47% doing so frequently. While many families valued this general information, some preferred to make decisions and seek services independently. In provider responses about their referral systems:

- No single preferred referral method emerged.
- Many service providers (212) reported not using a referral system or not knowing what referral system they use (Figure 22).
- Use of electronic referral systems has grown sharply (from 12% in 2019 to 62% in 2024) though no single platform dominates.[91]

Figure 22. Service providers use of referral systems

37% of service providers reported they were not using a referral system or not knowing what referral system they use. Montana 211 was the most commonly used system among 18% of responding providers.

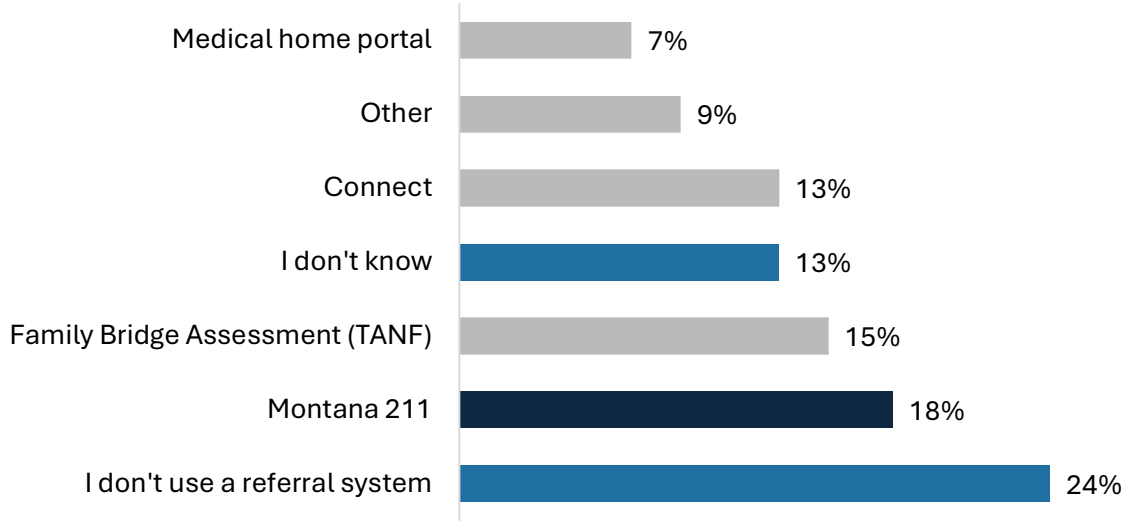

Figure 22. Service providers use of referral systems

Providers use a variety of referral methods. The most common included:

- Providing general information
- Giving information with specific contacts

Despite increased use of electronic systems, more than half of providers indicated they frequently or sometimes used all referral methods, suggesting continued reliance on multiple, non-standardized approaches.

Transitions: Early Childhood Care and Education System

Children and families in Montana experience numerous transitions from birth through the start of formal schooling. According to the 2024 Early Childhood Family and Service Provider Survey, the most common transitions reported by parents involved child care, early learning programs, and kindergarten. Families who selected “other” noted additional life transitions such as moving, adoption, divorce, and death. Across surveys and interviews, families frequently shared reflections on their experiences navigating various transitions, including health, WIC nutrition services, early intervention (Part C), special education services (Part B), home visiting, and housing and relocation services.

- **Health-related transitions** from primary to specialty health care were generally reported as smooth. However, families often experienced long wait times and the need to travel, even when residing in larger communities. Access to services, such as pediatric dentistry, was noted as particularly limited; however, some families reported success in locating and receiving high-quality care. Access appeared to vary widely based on geography and the type of service needed.
- Families described **transitions to WIC nutrition services** as generally easy. However, some reported difficulty contacting local offices or understanding which office to contact, especially during times of transition or relocation.
- When referrals were made, **transitions into early intervention services under Part C** were often smooth. However, some families were unaware that these services existed and instead sought private intervention services independently. Interview and survey data suggested that both families and some providers were unfamiliar with the terminology of 'Part C' services, typically referring instead to the name of the regional provider or specific service types.
- **Transitions from Part C to Part B** (or directly into Part B) varied widely. While some families experienced a clear referral, assessment, and service pathway, many others described confusing or challenging processes. Outcomes appeared to differ based on school district, Co-op, or type of special education service needed.
- Although few families reported **transitions directly following childbirth**, two interviewed families specifically mentioned that a home visit after birth, along with service referrals, would have been helpful.
- For families aware of the option, **home visiting** was described in a positive light. However, access was limited; only one family interviewed had access to the service due to geographic or eligibility constraints. When accessed, the transition to home visiting post-birth was smooth. Eleven percent of family survey respondents reported using home visiting services, a figure significantly higher than population-wide usage, suggesting that home visiting effectively connects families to additional services.
- Several families discussed **transitions related to moving or housing instability**. These transitions were especially difficult for those lacking stable housing or

facing disruptive life events. Support from Community Action Programs (CAP), nonprofit housing organizations, and friends or family were frequently cited as helpful during these transitions.

Early Childhood Coalitions Support of Transition Systems

Montana's Early Childhood Coalitions have played a sustained role in advancing community-based partnerships and are well-positioned to improve transitions for children and families. At a 2023 transition summit, nine coalitions collaborated to develop transition plans. A follow-up community-based summit happened in 2024, and a Tribal community-focused summit planned for 2025.

Interviews with service providers revealed a wide range of experiences related to children transitioning to Part B services, including those moving from child care or Head Start programs. Reported challenges included:

- Difficulty finding and sharing contact information for school district assessments
- Delays or confusion around referrals to Part B services
- Variations in how school districts collaborate with community partners like Head Start
- Lengthy assessment and onboarding processes
- Geographic mismatches between child care sites and assigned Part B service areas

While some providers reported smooth transitions, others faced significant challenges. Overall, transitions from Part C to Part B were described as more consistent and predictable than transitions from other service entry points.

Transitions to Kindergarten

Transitions into kindergarten are a top priority, as most Montana children enter public or private schools offering kindergarten programming. Schools often implement orientation activities designed to familiarize children and families with school expectations and build relationships. In general, children were reported to have positive experiences entering school. However, a small group of families experienced difficulties, including:

- Challenges in finding registration information
- Feeling unwelcome or disconnected from the school environment
- Ongoing communication issues once the child entered school
- Misalignment of expectations around family engagement

Families noted that transitions are not isolated events, and they often involve a series of experiences across multiple services and time points. Families whose children experience developmental delays or disabilities often navigate multiple transitions across care systems, including from private specialists, Part C early intervention, and child care or early learning settings to Part B special education services. According to

the 2024 Early Childhood Family and Service Provider Survey data, 184 family survey respondents and 192 service providers reported participating in transitions from Part C to Part B services. Three main pathways were identified:

1. **Child Care to School-Based Part B Services** (e.g., speech, occupational, and physical therapy): Services are sometimes co-located at child care sites, though often require coordination. Families may experience ongoing back-and-forth movement between settings. Transitions were reported as smoother when initiated by a knowledgeable provider.
2. **Child Care to School District or Co-op Providers**: This pathway can be complex due to:
    - Limited provider knowledge about available services and screening processes
    - Need for clear, accessible information for families about their rights and service options
    - Barriers related to stigma or denial of services
    - Staff shortages and a lack of trained specialists to support transitions
    - Gaps in mutual understanding and aligned processes across agencies
    - Geographic barriers occur when families live, work, or receive child care in different school districts
3. **Direct Access to Private Specialist Services**: Families often accessed private services through medical referrals, out-of-pocket payments, or insurance, sometimes unaware of available public early intervention options. Others turned to private providers because public services were unavailable or insufficient to meet their child's needs. While there is a formalized transition process between Part C early intervention and Part B special education services, several barriers remain even when a transition team is in place. These teams often include representatives from Early Head Start or Head Start, family members, early intervention providers, and school district or Co-op staff. Despite this collaboration:
    - The shift from a family-centered (Part C) to a school-based (Part B) model can be difficult for families.
    - Families reported challenges in navigating the transition process and establishing trust with new providers.
    - Delays in referrals, evaluations, and the initiation of services under Part B further complicate the transition process.
4. **Communication Across Early Childhood Care and Education**: Effective communication is a cornerstone of Montana’s early childhood system. It helps families locate and access the services they need while facilitating coordination and knowledge-sharing among local, state, Tribal, and federal partners. Strengthening communication channels can improve public understanding of the importance of early childhood development and foster broader engagement and collaboration across systems.

Communication Strengths

According to provider responses from the 2024 Early Childhood Family and Service Provider Survey, Montana benefits from a number of communication assets:

- State programs disseminate information via newsletters, text alerts, and websites.
- Nonprofit organizations dedicated to early childhood use multiple platforms to share information with families and stakeholders.
- Networks such as Early Childhood Coalitions, the Montana Home Visiting Coalition, Business Connect, the Tribal Coalition, the Early Childhood Network, and statewide communities of practice have created structures for ongoing communication, goal setting, and sharing of outcomes.
- Legislative and business sector interest in early childhood issues has increased.

Communication Challenges

Despite these strengths, several systemic communication challenges persist based on provider responses on the 2024 Early Childhood Family and Service Provider Survey:

- Limited two-way communication between families and organizations about available services.
- Lack of awareness and clarity among families and providers regarding what information exists and how to access it.
- Complex terminology, including jargon and acronyms, presents barriers for both providers and families. For example, while many are familiar with local nonprofits serving children with disabilities, the term “Part C” remains unfamiliar to many child care and health care providers.[75]
- Lack of shared data systems that offer clear, accessible information about young children, families, and services.
- Weak cross-sector communication, particularly between state, Tribal, and local entities.

Governance: Early Childhood Care and Education System

Montana’s early childhood system is composed of a wide range of stakeholders, including public agencies, private providers, nonprofit organizations, and families, who contribute to local, regional, and state-level decision-making.

Formal and Informal Governance Structures

- Formal governance involves federal, state, Tribal, and local governments that set policies, fund services, and administer programs through agencies. These include the DPHHS Early Childhood and Family Support Division, the Child and Family Services Division, Medicaid and Health Services; and early learning programs at OPI and the Department of Labor and Industry. Tribal CCDF programs and local offices, like public health departments and the Office of Public Assistance, are also key actors.
- Informal governance includes entities and individuals who provide direct services, leadership, advocacy, and funding support. These include Early

Childhood Coalitions, Tribal and regional coalitions, and private sector service providers such as therapists, doctors, and early educators.[92]

Statewide organizations like Zero to Five Montana, Raise Montana, Healthy Mothers Healthy Babies Montana Coalition, the Montana Head Start Association, and other advocacy and coordination groups support collaboration and information-sharing across the state.

Governance Progress and Gaps

Since 2019, early childhood services under DPHHS have been consolidated into the Early Childhood and Family Support Division, in response to recommendations from the previous needs assessment. This reorganization aimed to strengthen coordination and center services around families with young children.

Early Childhood Coalitions (ECCs) have continued to coordinate local priorities and partnerships. Their work has expanded to include the Montana Early Childhood Coalition, which supports cross-state coordination. Additional structures include the Montana Home Visiting Coalition and the state early intervention network. Emerging efforts such as the Early Childhood Network aim to build bridges across programs and sectors. However, several governance challenges remain:

- **Unclear understanding of state priorities:** A 2024 Montana Early Childhood Coalition survey revealed that 55% of members lacked a clear understanding of the state government's early childhood priorities. Contributing factors include leadership turnover, structural reorganization, and disruptions related to the pandemic.
- **Erosion of relationships:** Staff turnover and reorganization of state functions have strained relationships between Tribal, state, and local programs. The pandemic further limited opportunities to build and sustain these connections.
- **Barriers to family engagement:** Although some families express interest in contributing to state-level systems work, many face obstacles, including limited time, lack of compensation, unclear roles, and uncertainty about how their input informs decisions.
- **Unstable funding for coordination:** Coordination work is often under-resourced. As of 2024, 70% of Early Childhood Coalitions rely on foundation funding, with most coordinators working 0.5 FTE or less.[93] Initiatives such as Bright Futures B-5 and home visiting coalition efforts are currently supported through time-limited grants and philanthropic funding. Stakeholders note that the temporary nature of this funding makes it difficult to sustain consistent engagement, especially from families and private providers who may lack the capacity to participate without stable, ongoing support.
- **Absence of a formal statewide stakeholder body:** The dissolution of a previous statewide early childhood council has created a gap in systematic stakeholder collaboration. There is widespread uncertainty about how to provide input, how programs are coordinated, and how roles and responsibilities are defined. Interviewees proposed options to address this, but no clear structure has yet emerged

Section 3B – 3D: Key Summary Themes and Recommendations

To strengthen alignment and promote collaboration across Montana's early childhood system, we recommend creating a shared inventory of current initiatives, programs, and efforts spanning state agencies and community partners.

- This living resource should name cross-sector leads and key contacts, serving as a hub for awareness, partnership, and reduced duplication.
- As a foundational action, the inventory can catalyze coordinated planning, strategic communication, and continuous improvement.

The table below consolidates and streamlines the recommendations from Sections 3B (Workforce), 3C (Quality), and 3D (Cross-Sector Systems). Drawing from needs assessment findings and the June 2024 virtual stakeholder convening, six core categories emerged that reflect overlapping system priorities and actionable integration points (replacing approximately twenty-seven individual recommendations):

1. Coordinated Professional Development
2. Equitable Onboarding Access
3. Workforce Retention and Well-Being
4. Aligned Quality and Data Systems
5. Family Navigation and Communication
6. Cross-Sector Governance and Infrastructure

The table that follows summarizes these consolidated categories, shows how they connect to specific subsections, and outlines key integration opportunities.

Table 16. Summary of Key Themes and Recommendations Across Workforce, Quality, and Cross-Sector Systems

Key Summary Themes Across 3B, 3C, and 3D	Recommendations
• **Coordinated Professional Development**	1. Create a unified training system with shared standards. 2. Offer flexible delivery methods and include mentorship and practical topics like trauma-informed care and early childhood business practices.
• **Equitable Onboarding Access**	3. Ensure new staff can access onboarding training by expanding availability in rural areas and offering substitute coverage.
• **Workforce Retention and Well-Being**	4. Support staff retention by funding bonuses, flexible hours, wellness supports, and stipends for leadership and system-building roles.
• **Aligned Quality and Data Systems**	5. Streamline quality assessments and integrate data systems to reduce duplication and support continuous improvement.

• **Family Navigation and Communication**	6. Provide families with clear, plain-language tools to find child care, understand quality, and access referrals.
• **Cross-Sector Governance and Infrastructure**	7. Re-establish a statewide stakeholder council and develop a shared inventory of early childhood programs and initiatives.

Conclusion

This needs assessment offers a detailed snapshot of the strengths and challenges in Montana's early childhood system, based on diverse data sources and broad stakeholder input. Findings reveal both ongoing and new gaps in access, quality, coordination, and workforce stability across sectors. Closing these gaps requires ongoing investment, cross-system coordination, and responsive policies that fit local needs. As Montana works toward a more equitable and integrated early childhood system, this assessment provides a vital foundation for better decision-making and collaborative future actions.

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Appendix A

Early Childhood Family and Service Provider Survey

Survey opener:
Montana is working to improve how children and their families are able to find and use the services they need. It is also working with early childhood focused service providers to improve those services and ways that decisions and coordination happens.

Sharing your experience will help guide how programs and resources for children and families work in Montana and your community.

The survey takes about 15 minutes to complete. It may take a few more minutes if you have feedback on many services or choose to write in on the optional questions.

All your responses are completely private. As a thank you, there is an optional opportunity to enter a drawing for five $100 Amazon gift cards at the end of the survey. Your entry is not connected to the survey in any way.

The survey will close on April 1.

The survey was developed and sponsored under the Preschool Development Grant at the Montana Department of Public Health and Human Services (DPHHS).

Logic: Show/hide trigger exists. Note that the answer here guides which path to go on. Answer of "Provider" goes to the "P" questions and the "Family" goes to "F" questions

1) Please choose one of the following options and answer the survey from that perspective*

( ) Provider, professional caregiver, or administrator of services for families with young children (teacher, therapist, case manager, home visitor, program director, etc.)

( ) Family - parent, guardian, extended kin, or foster parent of a young child or children (age 8 and under)

Service Provider Questions

Logic: Show/hide trigger exists. Every questions with a "P" is for service providers

P2) Which of the following groups of young children, their families and/or professionals do you primarily provide services to? Please check all that apply.*

- Prenatal
- Infants (birth to 12 months)
- Toddlers (1 to 3 years old)
- Preschool (3 to 5 years old)
- Early school (5-8 years old)
- Families with young children
- Professionals who work on behalf of infants and toddlers and toddlers (e.g. teachers, caregivers, home visitors, health providers)
- Professionals who work on behalf of preschool children (e.g. teachers, caregivers, home visitors, health providers)
- Professionals who work on behalf of young elementary children (e.g. teachers, caregivers, health providers)
- Other. Please describe. _____

P3) Which sector of the early childhood system do you primarily work in?*

( ) Early care and education

( ) K-12 education (general and Part B services)

( ) Child welfare

( ) Health care

( ) Early intervention (Part C/Montana Milestones/private practice for delays and disabilities)

( ) Head Start/Early Head Start

( ) Home visiting/family support (not related to early intervention)

( ) Social services/income support

( ) Mental health

( ) Other - Please describe: _____

P4) **What are the specific types of services you provide to the infants, toddlers, children, families and/or professionals you serve? Please check all that apply.***

- Child and family resources
- Connection to/support navigating resources
- Childcare, education, or parenting resources
- Professional learning supports (e.g., education, training, coaching, consultation,

mentoring)

- Professional networking
- Screening/developmental services
- Health related services
- Mental health related services
- Parent education and family support services
- Other. Please describe. _____

P5) What county or counties do you work in? Please check all that apply.*
[ ] Statewide

[ ] Beaverhead

[ ] Big Horn

[ ] Blaine

[ ] Broadwater

[ ] Carbon

[ ] Carter

[ ] Cascade

[ ] Chouteau

[ ] Custer

[ ] Daniels

[ ] Dawson

[ ] Deer Lodge

[ ] Fallon

[ ] Fergus

[ ] Flathead

[ ] Gallatin

[ ] Garfield

[ ] Glacier

[ ] Golden Valley

[ ] Granite

[ ] Hill

[ ] Jefferson

[ ] Judith

[ ] Lake

[ ] Lewis and Clark

[ ] Liberty

[ ] Lincoln

[ ] McCone

[ ] Madison

[ ] Meagher

[ ] Mineral

[ ] Missoula

[ ] Musselshell

[ ] Park

[ ] Petroleum

[ ] Phillips

[ ] Pondera

[ ] Powder River

[ ] Powell

[ ] Prairie

[ ] Ravalli

[ ] Richland

[ ] Roosevelt

[ ] Rosebud

[ ] Sanders

[ ] Sheridan

[ ] Silver Bow

[ ] Stillwater

[ ] Sweet Grass

[ ] Teton

[ ] Toole

[ ] Treasure

[ ] Valley

[ ] Wheatland

[ ] Wibaux

[ ] Yellowstone

Logic: Hidden unless: #P3 Question "Which sector of the early childhood system do you primarily work in?" is one of the following answers ("Home visiting/family support (not related to early intervention)")

P6) What model of home visiting services does your organization offer? Please select all that apply.

- Early Head Start – Home-based
- Family Spirit
- Nurse Family Partnership
- Parents as Teachers
- SafeCare
- Other - Please describe: _____
- I don't know

Logic: Hidden unless: #P2 Question "Which sector of the early childhood system do you primarily work in?" is one of the following answers ("Early care and education/child care")

P7) What type of child care center or facility do you work in?

( ) Center-based child care or preschool program, licensed (16 or more children)

( ) Group child care or preschool program, registered (9-15 children)

( ) Family child care home program, registered (3-8 children)

( ) Friend, family or neighbor care (FFN), background checked (all children from one family or up to 4 unrelated children)

( ) Relative care exempt (RCE) provider, background checked

( ) Other - Please describe: _____

Logic: Hidden unless: #P2 Question "Which sector of the early childhood system do you primarily work in?" is one of the following answers ("Early care and education/child care")

P8) What type of program(s) do you work in? Please check all that apply.

[ ] Special education

[ ] Licensed child care

[ ] STARS to Quality participant

[ ] Head Start or Early Head Start

[ ] Provide care for infants and toddlers (ages 0-3)

[ ] Provide care for preschool age children (ages 3-6)

[ ] Provide school-age care (age 6 and over)

[ ] Faith-based program

[ ] Other - Please describe: _____

Logic: Hidden unless: #P2 Question "Which sector of the early childhood system do you primarily work in?" is one of the following answers ("K-12 education")

P9) What part of the K-12 system do you primarily work in?

( ) General education

( ) Special education (Part B)

( ) Administration

( ) Other _____

P10) How many years of experience do you have working with children and families in the state of Montana?*

_____

Logic: Show/hide trigger exists.

P11) What is your highest level of education?*

( ) Less than high school diploma (did not complete)

( ) High school diploma, GED, or Hi-SET

( ) Some college or vocational training (no diploma or certificate)

( ) Apprenticeship or pre-apprenticeship

( ) Associate's degree or vocational certification

( ) Bachelor's degree

( ) Master's degree or higher

Logic: Hidden unless: #P2 Question "What is your highest level of education?" is one of the following answers (“ Apprenticeship or pre-apprenticeship” "Associate's degree or vocational certification","Bachelor's degree","Master's degree or higher")

P12) Is your degree in a field related to early childhood, education, health and human development, or social services?*

( ) Yes

( ) No

Logic: Show/hide trigger exists.

P13) Does a community coalition exist to address issues related to early childhood system sectors (learning and development, health, and family support) in your local area?*

( ) Yes

( ) No

( ) I don't know

Logic: Hidden unless: #9 Question: Does a community coalition exist to address issues related to early childhood system sectors (learning and development, health, and family support) in your local area? Answer: "YES"

P14) Are you and/or your organization active in the community coalition that addresses issues related to early childhood system sectors. Please check your primary role.

() Yes, leadership

() Yes, participate

() Get information

() No

() I don't know

Evaluation and coordination

Logic: Show/hide trigger exists.

P15) Do you evaluate your program on a regular basis to inform program change?*

( ) Yes

( ) No

( ) I don't know

Logic: Hidden unless: #P14 Question "Do you evaluate your program on a regular basis to inform program change? " is one of the following answers ("Yes")

P16) What tool or tools do you use to evaluate your program? Please check all that apply.*

- Family survey

- Standardized, evidence-based self-assessment tool (ECERS, ITERS, SSIP, TPOT, TPITOS, etc.)
- Self-developed (a tool created by your agency or group of agencies)
- State audit requirements
- Other - Please describe: _____
- I don't know

Logic: Hidden unless: #P14 Question "Do you evaluate your program on a regular basis to inform program change? " is one of the following answers ("Yes")

P17) Indicate your level of satisfaction with the evaluation tool or tools used.*

( ) Very satisfied

( ) Somewhat satisfied

( ) Neutral

( ) Somewhat dissatisfied

( ) Very dissatisfied

Logic: Hidden unless: #15 Question "Do you evaluate your program on a regular basis to inform program change? " is one of the following answers ("No")

P18) If your program doesn't use an evaluation tool, why not? Please check all that apply.*

- Was not aware of it
- Too expensive
- Requirements are too complicated or demanding
- Program is not eligible
- I don't see the value
- Other -Please describe: _____

Logic: Show/hide trigger exists.

P19) Does your organization use any tools to assess children's development? Please check all that apply.

- ABLLS-R (Assessment of Basic Language and Learning Skills)
- ASQ / ASQ-SE (Ages and Stages)
- Battelle
- Bayley Scales of Infant and Toddler Development
- BRIGANCE Early Childhood Screens III
- CIP (Comprehensive Identification Process)
- DECA/E-DECA (Devereux Early Childhood Assessment)

- Denver Developmental Screening Test - II
- DIAL-4 (Developmental Indicators for the Assessment of Early Learning)
- Speed DIAL-4
- DP-3 (Developmental Profile – Third Edition)
- E-LAP (Early Learning Accomplishment Profile)
- HELP (Hawaii Early Learning Profile)
- LAP-D (Learning Accomplishment Profile-Diagnostic)
- M-CHAT (autism)
- MELS (Mullen Scales of Early Learning)
- PLS (Preschool Language Scale)
- REEL (Receptive-Expressive Emergent Language Test)
- VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program)
- Vineland
- Self-developed (a tool created by your agency or group of agencies)
- Other - Please describe: _____
- I don't know
- No/Not applicable

Logic: Hidden unless: #P19 Question "Does your organization use any tools to assess children's development? Please check all that apply." is one of the following answers

P20) What is working well with the screening tools that you use? Please check all that apply.

- Helps identify children's developmental needs
- Includes family perspectives
- Provides information used for a referral to for developmental delays, disabilities and other special needs for early intervention
- Provides information used for a referral to needed resources to address family needs
- Other - Please describe: _____
- None of these

Logic: Hidden unless: #P18 Question "Does your organization use any tools to assess children's development? Please check all that apply."

P21) What is challenging with the screening tools that you use? Please check all that apply.

- Cost
- Tools are deficits-based
- Not all service providers use the same assessment
- Tools are time intensive
- Uncertainty about what to do with the results
- Lack of referral options
- No system for sharing results
- Other - Please describe: _____
- No challenges

- I don't know

Referrals

P22) Does your organization do some type of information sharing or referral to other providers if a family has a need for services that are not provided by your organization?*

( ) Yes
( ) No
( ) I don't know

Logic: Hidden unless: #P21 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P23) When a family has needs for the services of one or more additional organizations beyond your own, how do you help and refer them to these additional services?*

	Frequently	**Sometimes**	**Rarely**	**Do not use this method**
General information on available resources	**()**	**()**	**()**	**()**
Help the family decide on the best options available	**()**	**()**	**()**	**()**
Offer information about resources and contacts for specific resources	**()**	**()**	**()**	**()**
Consult family, contact referred organization to let them know family is recommended, then family follows up	**()**	**()**	**()**	**()**
"Warm hand-off" by joint phone, virtual or in-person conversation with family and new provider	**()**	**()**	**()**	**()**

Logic: Hidden unless: #P21 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P24) Which standardized referral system do you use most frequently?*

( ) CONNECT

( ) Montana 211

( ) Family Bridge Assessment (TANF)

( ) Medical Home Portal

( ) Other - Please describe: _____

( ) I don't know

( ) I don't use a referral system

Logic: Hidden unless: #P22 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P25) How often do you know if a family has been able to access referred services and can get their needs met?*

( ) Always

( ) Often

( ) Sometimes

( ) Never

( ) I don't know

Logic: Hidden unless: #P21 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P26) How often do these barriers affect the successful completion of a referral and a family's ability to access needed services?*

	Frequently	Sometimes	Rarely	Not a barrier	I don't know
Lack of services					
Insufficient knowledge of area resources					
Lack of trust and partnerships between organizations and staff					
Staff turnover					
Short-staffed					
Concerns about protecting confidentiality or privacy					
Not enough services using a coordinated referral system					
Lack of clear information about eligibility or costs					
Difficulty tracking outcomes of referrals					

Logic: Hidden unless: #P21 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P27) How often do you experience problems when referring to and/or coordinating with the following types of service providers?

	Frequently	Sometimes	Rarely	Not a problem	Not applicable to my job/I don't know	Not applicable because I work in this sector
Child care and early learning	( )	( )	( )	( )	( )	( )
Health care services	( )	( )	( )	( )	( )	( )
Home visiting or family support	( )	( )	( )	( )	( )	( )
Early intervention services for delays, disabilities	( )	( )	( )	( )	( )	( )
Mental health and behavioral services	( )	( )	( )	( )	( )	( )

K-12 Schools	( )	( )	( )	( )	( )	( )
Child welfare services	( )	( )	( )	( )	( )	( )

P28) What would help families navigate the system better and get to the right places where their needs can be met?

_____

_____

_____

_____

Logic: Hidden unless: #P22 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P29) What is an example of successful or improved coordination between different service providers within your local area or the state?

_____

_____

_____

_____

Logic: Hidden unless: #P21 Question: Does your organization do some type of information sharing or referral to other resources if a family has a need for services that are not provided by your organization?* Answer = ("YES")

P30) If you could choose one area for the state to work on to improve system coordination, what would it be and why?

_____

_____

_____

Transitions

P31) Which types of transitions did your organization support in the last year? Check all that apply.*

- Birth to home
- Early care and education transitions (between programs or home to program)
- Kindergarten transition
- Early Intervention (Part C) to Special Education (Part B)
- Transition to or from home visiting
- Child welfare-related transitions
- Health-related service transitions
- Other transitions. Please describe. _____
- I don't know
- None of these

Logic: Hidden unless: #P30 Question "Which types of transitions did your organization support in the last year? Check all that apply.*" If the answer is "Early care and education transitions (between programs or home to program)" or "Kindergarten transition"

P32) Does your program use a kindergarten readiness assessment?*

( ) Yes

( ) No

( ) I don't know

( ) Not applicable

Logic: Hidden unless. Question P30: Which types of transitions did your organization support in the last year? (Check all that apply) : Answer is "Kindergarten Transition" is checked)

P33) The following statements reflect possible transition to kindergarten practices that early care and education and K-12 educators engage in. Please rate how often your early care and education providers and K-12 system engages in the following practices.

	Frequently	Sometimes	Rarely	Never	I don't know	No applicable
Coordinate a formal individualized plan for effective transitions.	( )	( )	( )	( )	( )	()
Kindergarten transition meeting for early care and education, K-12 providers and families	( )	( )	( )	( )	( )	()
Align preschool and kindergarten practices, academics, curricula, standards, assessments, and/or environments	( )	( )	( )	( )	( )	()
Preschool student visits to the kindergarten	( )	( )	( )	( )	( )	

Opportunities for teachers to observe in preschool and kindergarten classrooms	( )	( )	( )	( )	( )	
Joint trainings	( )	( )	( )	( )	( )	
Involve families in the process through two-way communication and collaborative planning	( )	( )	( )	( )	( )	
Teacher home visit to the family						
Identify families that have a student who is or may be struggling and create an individual transition plan	( )	( )	( )	( )	( )	

Transfer specific records to the receiving school while ensuring privacy rights	( )	( )	( )	( )	( )	
Survey families on transition processes and collect data to make informed decisions on the transition process	( )	( )	( )	( )	( )	

Logic: Hidden unless: #P30 Question "Which types of transitions did your organization support in the last year? Check all that apply.*" If the answer is anything EXCEPT "I don't know" OR "None of these"

P34) If you participate in any of these types of transitions, what are provider and family actions that contribute to a successful transition?

_____
_____
_____

Data sharing

P35) From your experience within your early childhood organization, please rate the extent of adoption of each of the following elements of an integrated data system within your community or local area.

	Widespread adoption (participation from most or all sectors of the early childhood system)	**Moderate adoption (participation from some but not all sectors of the early childhood system)**	**Early adoption (commitments from key players to move forward)**	**Little or no adoption**	**I don't know**
Data sharing agreements with other agencies or sectors that enable sharing of client data	( )	( )	( )	( )	( )
Use of unique, cross-agency identifiers for children and/or their family members	( )	( )	( )	( )	( )
Use of a common database or mechanism for linking client data within and across sectors	( )	( )	( )	( )	( )

Use of a database that enables tracking information about the same individual child over time to identify needs and understand outcomes (also known as longitudinal data integration)	( )	( )	( )	( )	( )
Data analysis to identify key areas of progress and challenges	( )	( )	( )	( )	( )
Quality improvement mechanisms that have many agencies participating and collaboratively working	( )	( )	( )	( )	( )

Use of data to drive resource allocation and strategic planning across sectors	( )	( )	( )	( )	( )

P36) What are your concerns about sharing data about the children and families you serve with other agencies and providers?

_____

_____

_____

_____

Family engagement

P37) What are the way(s) that you use to engage families? Please check your top three choices.*

- Welcome families
- Information about child's activities and development
- Information about other services
- Support for additional language or adaptive needs in communication
- Invite information about child and family
- Invite information about culture
- Incorporate family knowledge into how my child receives services
- Regularly send activities to do with child at home
- Opportunities to talk to staff
- Host family activities
- Included family in setting goals and making decisions
- Include families in planning daily activities
- Including families in the determination of success
- Family on committees or boards
- Provide support so families can participate, (child care provided, gas cards, etc.)
- Family participation in program and organizational decisions
- Other _____
- None of these

P38) What barriers to family engagement do you encounter? Please check all that apply.*

- Staff time and availability
- Family schedules and availability
- Child care needs
- Transportation
- Culture
- Language
- Family interest
- Trust
- Uncertainty about how to engage meaningfully with families
- Other - Please describe: _____
- I don't know
- No barriers to engagement
- Not applicable

Page entry logic: This page will show when: #P2 Question "Which sector of the early childhood system do you primarily work in?" is one of the following answers ("Early care and education/child care")

Professional development

P39) Please check any of the following Early Childhood Education (ECE) professional development activities in which you have participated at any time during your career in the state of Montana. Please check all that apply.*

- Ongoing formal education
- Credentialing
- Specialized in-service training
- On-the-job training or internship
- Coaching or consultation
- Community of practice/learning communities
- Apprenticeship/Pre-apprenticeships
- Other - Please describe: _____
- Not applicable

P40) What are your ideas for improving professional development opportunities and delivery?

_____
_____
_____
_____
_____

Quality

P41) Please choose the top three ways your program ensures that it provides high quality early childhood services. (Please check three.)*

- Licensed (staff, program or both)
- Accredited
- Participation in a quality assurance program for your field
- Use research-based model for service delivery
- Third-party evaluations (audits, evaluations built into model, etc.)
- Research-based self-evaluations
- Feedback (family survey results, summary of progress, etc.)
- Staff credentials
- Staff experience
- None of these
- Other. Please describe

_____

Page entry logic: This page will show when: #P2 Question "Which sector of the early childhood system do you primarily work in?" is one of the following answers ("Early care and education/child care")

P42) What information do you share with parents to demonstrate the quality of your program? Please check all that apply.*

- State license
- STARS to Quality level
- Early Head Start or Head Start program
- Accreditation
- Research based evaluation
- Feedback (family survey results, summary of progress, etc.)
- Staff experience
- Staff credentials
- Staff professional development
- Information about child's progress
- Other. Please describe. _____
- None of these

Workforce Questions

P43) Overall, how satisfied would you say you are with your current job?*

- Very Satisfied
- Dissatisfied
- Satisfied
- Very Dissatisfied

P44) If you were to remain employed at your current organization for the next 5 years, how important are the following items?*

	Very Important	Important	A Little Important	Not Important
Recognition or Feeling Appreciated				
Professional Development Opportunities				
Manageable Workload				
Equitable Pay				
Paid Time Off				
Health Insurance				
Subsidized child care for own children				
Tuition Reimbursement				
Career Growth/Advancement Opportunities				

P45) What strategies have you or your organization successfully used to recruit and retain staff?

_____

_____

_____

Family Questions

This set of questions is focused on families of any type - parents, extended family guardians, and foster families.

Logic: Question 1) Please choose one of the following options and answer the survey from that perspective (Answer = "Parent, guardian or kinship or foster parent of a young child or children (age 8 and under)" - this logic applies to all questions that start with an "F" on the tracking number

Family Characteristics

F1) Please select the age groups for the children and adults in your family household. Please check all that apply.*

- Infants (up to 12 months)
- Toddlers (1- 3 year olds)
- Preschoolers (3-5 years old)
- Young Elementary (5- 8)
- Older children (8-17)
- Adults (18+)

F2) What county do you live in?*

( ) Beaverhead

( ) Big Horn

( ) Blaine

( ) Broadwater

( ) Carbon

( ) Carter

( ) Cascade

( ) Chouteau

( ) Custer

( ) Daniels

( ) Dawson

( ) Deer

( ) Fallon

( ) Fergus

( ) Flathead

( ) Gallatin

( ) Garfield

( ) Glacier

( ) Golden Valley

( ) Granite

( ) Hill

( ) Jefferson

( ) Judith

( ) Lake

( ) Lewis

( ) Liberty

( ) Lincoln

( ) McCone

( ) Madison

( ) Meagher

( ) Mineral

( ) Missoula

( ) Musselshell

( ) Park

( ) Petroleum

( ) Phillips

( ) Pondera

( ) Powder River

( ) Powell

( ) Prairie

( ) Ravalli

( ) Richland

( ) Roosevelt

( ) Rosebud

( ) Sanders

( ) Sheridan

( ) Silver Bow

( ) Stillwater

( ) Sweet Grass

( ) Teton

( ) Toole

( ) Treasure

( ) Valley

( ) Wheatland

( ) Wibaux

( ) Yellowstone

F3) Where do you live?*

( ) In a city, town or developed area

( ) In the country

F4) What community do you live in or is nearest to you?

_____

F5) What is the highest level of education completed among the adults in your household?*

( ) Less than high school diploma (did not complete)

( ) High school diploma, GED, or Hi-SET

( ) Apprenticeship

( ) Some college or vocational training (no diploma or certificate)

( ) Associate's degree or vocational certification

( ) Bachelor's degree

( ) Advanced degree beyond a bachelor's

F6) What race and/or ethnicities do members of your family identify as? Check all that apply to any member of your household.

- White
- American Indian/Alaska Native
- Black/African American
- Asian
- Hawaiian/Pacific Islander
- Two or more races
- Hispanic
- Other _____
- Prefer not to say

F7) What best describes your household income in the past year?

- Less than 25,000
- 25,000-50,000
- 50,000-75,000
- 75,000-100,000
- More than 100,000
- Prefer not to say

F8) In the past five years, did any of these apply to the adults in your household? Please check all that apply.*

- Active in the military
- Age 17 or younger
- Single parent or caregiver
- Received SNAP, WIC, or TANF benefits
- Employed with inconsistent or irregular work hours (not Monday-Friday 8-5)
- Work remotely all or part of the time
- Homeless or at risk of becoming homeless
- Migrant worker

- Student
- Foster parent
- None of these

F9) In the past five years, did any of these apply to the young children in your family? Please check all that apply.*

- Is an enrolled tribal member or resides on tribal lands
- Lives in a home where English is not the main language spoken
- Has a special health care need (such as food allergies, asthma, diabetes, on prescribed medication, etc.)
- Has a disability, identified developmental delay, or behavioral issue
- Has been involved in the child welfare system, including foster care placement
- None of these

Service Use and Experience

F10) What services has your family used or participated in over the past five years in Montana? Please check all that apply.*

My family has used:

- Primary medical care (a regular clinic or doctor's office where you go for routine and sick visits)
- Specialty medical care (specialists, medical procedures beyond your primary care)
- Early care and education (such as Head Start or Early Head Start, child care, preschool,, or in-home care (family, friend or neighbor))
- Early intervention (services and supports for children who may have a developmental delay, such as a speech issue, autism, or a disability)
- Mental health or behavioral services
- Home visiting or family support (support and advice on health, child development, and parenting either in your home or at another location)
- K-12 Schools (class, in-school program prior to age 5 kindergarten, homeschooling)
- Child welfare (you are currently a foster parent or your child is received services from Child and Family Services)
- None of the above

Logic: Hidden unless: #F11 Question "What services has your family used or participated in over the past five years in Montana?" Please select all that apply.

My family has used:" is one of the following answers ("Early care and education (such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor))")

F11) What type of early care and education setting is or was most common for your child during the first five years of their life?*

( ) Head Start/Early Head Start

( ) Other type of center or group-based child care or preschool

( ) Friend, family or neighbor in-home care

( ) School-based program (not Head Start)

Logic: Hidden unless: #F11 Question "What services has your family used or participated in over the past 5 years in Montana? Please select all that apply.

My family has used:" is one of the following answers ("Early care and education (such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor))")

F12) Which of these signals of quality did you use when choosing a child care or early education program for your children? Please check all that apply.*

- Licensed program
- STARS to Quality
- Head Start and Early Head Start program
- Accredited Program
- Type of curriculum or description of daily routine
- Tour of facility
- User recommendations
- Other: Please Describe_____
- None of these

Logic: Hidden unless: #F11 Question "What services has your family used or participated in over the past 5 years in Montana? Please select all that apply.

My family has used:" is one of the following answers ("Early care and education (such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor))")

F13) Please rank the importance of these factors in choosing an early care and education programs for your child. (1 is high and 7 is low)

__Strong program leadership

__Educated teaching staff

__Experienced teaching staff

__Health and safety standards

__Early learning (language, literacy, numbers, etc.)

__Play

__Social and emotional guidance

Page entry logic: This page will show when: ((#F11 Question "What services has your family used or participated in over the past 5 years **in Montana**? Please check all that apply. Answers: Did Not check “Early care and education (such as Head Start or Early Head Start, child care, preschool,, or in-home care (family, friend or neighbor))”

F14) Are any of the following reasons why your family does not use an early care and education provider? *

	Yes	**No**	**I don't know**	**Not a reason**
Cost	( )	( )	( )	( )
No location near home or work	( )	( )	( )	( )
Hours do not match family work or school hours	( )	( )	( )	( )

No affordable transportation	( )	( )	( )	( )
No information about available programs	( )	( )	( )	( )
No available child care	()	()	()	()
No child care spots open for infants and toddlers	( )	( )	( )	( )
No child care spots open for children with disabilities, developmental concerns, behavioral health issues, or special healthcare needs	( )	( )	( )	( )
Not able to find high-quality care	( )	( )	( )	( )

Not able to find a provider who understands my culture	( )	( )	( )	( )
Not able to find a provider who speaks my language	( )	( )	( )	( )

Screening:

F15) Have any of the following service providers ever asked you about your child's social and emotional development or asked you to fill out questions on your child's development? Questions would be things like how your child communicates or behaves in different situations.*

Service Provider	Yes	No	I don't know	Haven't used this service
Child care or education provider	()	()	()	()
Health care provider	()	()	()	()
Home visiting or family support staff	()	()	()	()
Another type of provider	()	()	()	()

Logic: Hidden unless: #F16 Question Answers "Yes" To child care or early education provider

F16) Did your child care provider do any of the following:

	Yes	No	I don't know
Talk to you about the results of the questions	( )	( )	( )
Gave you information on child development or advice on how to encourage your child's healthy development	( )	( )	( )
If the answers identified a need, work with you to define ways to help your child with his/her needs	( )	( )	( )

Logic: Hidden unless: #F16 Question is answered "YES" to Health Care Provider

F17) Did your health care provider do any of the following:

	Yes	No	I don't know
Talk to you about the results of the questions	( )	( )	( )

Gave you information on child development or advice on how to encourage your child's healthy development	( )	( )	( )
If the answers identified a need, work with you to define ways to help your child with his/her needs	( )	( )	( )

Logic: Hidden unless: #F16 Question is asked "YES" to "home visiting or family support staff"

F18) Did your home visiting or family support provider do any of the following:

	Yes	**No**	**I don't know**
Talk to you about the results of the questions	( )	( )	( )
Gave you information on child development or advice on how to encourage your child's healthy development	( )	( )	( )

If the answers identified a need, work with you to define ways to help your child with his/her needs	( )	( )	( )

Logic: Hidden unless: #F16 Question "Please select the type of provider or providers who asked you questions about your child's social and emotional health and development, or who asked you to fill out a survey about your child's development. Please select all that apply." is one of the following answers ("Another type of provider")

F19) What other type of service provider asked you to fill out or discuss questions about your child?

_____

Logic: Hidden unless: #F16 Question "Please select the type of provider or providers who asked you questions about your child's social and emotional health and development, or who asked you to fill out a survey about your child's development. Please select all that apply." is one of the following answers ("Another type of provider")

F20) Did another type of provider do any of the following:

	Yes	**No**	**I don't know**
Talk to you about the results of the questions	( )	( )	( )

Gave you information on child development or advice on how to encourage your child's healthy development	( )	( )	( )
If the answers identified a need, work with you to define ways to help your child with his/her needs	( )	( )	( )

Coordination

Logic: Show/hide trigger exists.

F21) When your family or the young child(ren) needs help or services from more than one organization, did someone help you get connected to that other organization (for example, by referring you to the other organization or getting you an appointment)?*

( ) Yes

( ) No

( ) I don't know

( ) Have not needed more services

Logic: Hidden unless: #F22 Question: When your family or the young child(ren) needs help or services from more than one organization, did someone help you get connected to that other organization (for example, by referring you to the other organization or getting you an appointment)?

is one of the following answers ("Yes")

F22) Have any of these problems made it difficult to use referral(s) for other services? Please check all that apply.*

- Lack of time to follow-up
- Accessing the service (hold time, online forms don't work, etc.)
- Getting an appointment
- Cost
- Location
- Hours of operation
- Lack of transportation
- Not eligible for service
- Conditions for use of service
- Did not speak my language
- Did not understand my culture
- Other. Please describe. _____
- None of these

Logic: Show/hide trigger exists. Hidden unless: #F22 Question "Have you ever worked with more than one organization to get the help your child needs? For example, maybe the young child you care for has a need that could not be met by your child care provider, such as speech therapy or a medical issue." is one of the following answers ("Yes")

F23) How easy or difficult has it been to get the services your child needs when you have been referred to each type of provider?

	Easy	**Some difficulties**	**Difficult**	**Not able to use service**	**No referral to this service**
Child care and early learning	( )	( )	( )	()	( )
Health Care Services	()	()	()	()	

Home visiting or family support	( )	( )	( )	()	( )
Early intervention (services for delays and disabilities)	( )	( )	( )	()	( )
Mental or behavioral health care	()	()	()	()	()
K-12 schools	( )	( )	( )	()	( )
Child welfare	( )	( )	( )	()	( )

Logic: Hidden unless: #F22 Question "When your family or the young child you care for needed help or services from more than one organization, did someone help you get connected to that other organization (for example, by referring you to the other organization or getting you an appointment)?" is one of the following answers ("Yes")

F24) If you had problems getting what your child(ren) and family need, what would help you find the right organizations so that your needs can be met?

_____

_____

_____

_____

Logic: Show/hide trigger exists.

F25) Sharing family between services can improve service access and experience for families. How important are each of these factors to your family? *

	Very important	Somewhat important	A little important	Not important
Private information is secure	()	()	()	()
Family can find information on additional services	()	()	()	()
Family can opt into sharing information	()	()	()	()
Family can opt out of sharing information	()	()	()	()

Logic: Hidden unless: #F26 Question "Good coordination between programs can often mean more or better services for families. If you knew that your family's information would be kept secure, how willing would you be for the programs you work with to share information with each other about your child and family in order to improve service?" is one of the following answers ("Somewhat unwilling","Very unwilling",)

F27) What are your concerns about having information about your child and family shared among multiple agencies and providers?

_____

_____

_____

Transitions

Logic: Show/hide trigger exists.

F28) Have any child(ren) in your family had any of these kinds of transitions in the past five years?*

- Birth to home (if not a home birth)
- Early care and education (between programs or home to program)
- Starting kindergarten
- Early Intervention (Part C) to Special Education (Part B) (starting a service for delays or disabilities or between one service to the next)
- Home visiting to other services
- Child welfare-related transitions (to working with child welfare, to foster care or back to home)
- Health-related service transitions
- Other transitions. Please describe. _____

Logic: Hidden unless: #F29 Question "Have you had a child transition into kindergarten in the last five years?" is one of the following answers ("Yes")

F29) Please check whether your child(ren) or family did any of these transition activities before and as your child(ren) started kindergarten.*

	Yes	**No**	**I don't know**
Child visited the kindergarten classroom	( )	( )	( )

Child met the kindergarten teacher	( )	( )	( )
Family met the kindergarten teacher	( )	( )	( )
Family shared information about their child	( )	( )	( )
Family, school, and child care provider had a meeting together prior to the start of school	( )	( )	( )
Child's records were transferred to the school	( )	( )	( )
Child has a formal transition plan	( )	( )	( )

Family engagement

F30-32 are focused on identifying family interest in engagement and their experiences.

F30) What are the top three ways that your family would like to engage with service providers who work with your young child(ren) and family? Please choose your top three.*

- ❖ Welcomed by service providers
- ❖ Informed about my child's activities and development
- ❖ Informed about other services that might be useful to my family
- ❖ Have support for my language or communication adapted to my special needs
- ❖ Share information about my child and family
- ❖ Share information about my culture
- ❖ Have my knowledge incorporated into how my child receives services
- ❖ Regularly receive activities to do with my child at home
- ❖ Opportunities to talk with staff
- ❖ Opportunities to do activities with other families
- ❖ Included in setting goals and making decisions about my child
- ❖ Included in planning daily activities
- ❖ Included in determining how successful activities are and what might change
- ❖ Opportunities to be a leader, such as being on a committee or board
- ❖ Support so I can participate in leadership and decision-making, (child care provided, gas cards, etc.)
- ❖ Help decide what programs are offered and how the organization is governed
- ❖ Other _____
- ❖ None of these

Logic: Open unless: #F11 Question "What services has your family used or participated in over the past 5 years in Montana? Please check all that apply. = Answer " None of the above"

F31) In an earlier question, you answered that your child and family has used at least one of the following services. Overall, how well have these services engaged your family?

	Too much family engagement	**Right amount of family engagement**	**Not enough family engagement**	**I don't know**	**Have not used this service**
Child care and early learning	**()**	**()**	**()**	**()**	**()**

Health care services	()	()	()	()	()
Home visiting or family support	()	()	()	()	()
Early intervention services	()	()	()	()	()
Mental health and behavioral services	( )	( )	()	()	()
K-12 Schools	()	()	()	()	()
Child Welfare Services	()	()	()	()	()

Logic: Hidden unless: #F31 Question In an earlier question, you said that your child and family participate in at least one of the following services. Overall, how well have these services met your priorities for family engagement?

My family has (“Not enough family engagement” or “Too much family engagement”

F32) What are your ideas to improve family engagement so that it is the right amount and has enough support for your family?

_____
_____
_____
_____
_____

Family Friendly Working Conditions

F33) Which of these family friendly practices are available to you to help you manage work and family obligations? Please check all that are available.*

- Flexible time off
- Employee ability to choose flexible schedule
- Ability to work remotely
- Employer-based child care
- Employer paid child care
- Employer offers health insurance for all family members
- Employer pays partial or full health insurance premiums for children
- Breastfeeding support - time and place for pumping or breastfeeding
- Maternal leave
- Paternal leave
- Paid parental leave
- Local access to healthy foods
- Local access to diapers/formula
- Other. Please describe _____
- None of these
- Not needed

F34) What family-friendly practices are or would be most useful to you and your family as you balance work or education and the needs of your young children and family?

_____
_____
_____
_____
_____

Appendix B

Early Childhood Family and Service Provider Interviews

Family Interview Questions

1. Who is in your family? (ages of children, expecting, adults, extended family)
2. Where do you live? Are you in the country or town or somewhere in between?
3. What services have you used or tried to use for your young children and family? Families use everything from doctor visits to things like WIC or SNAP, child care, Head Start, and specialty services like those for mental health or services for speech delay.
4. In thinking about these services, what has worked well and what hasn't worked well? How come? (ask about transitions here, if they come up)
5. Have you ever had an additional need and had one provider refer you to another one? If so, how was that experience?
6. Have you had opportunities to offer your input or help make decisions about services you and your family use or try to use? If yes, how was that experience? If not, how would you like to get involved? What might be getting in your way?
7. Anything else you want to share that we didn't cover?
8. Gift card: Do you want a Walmart, Target or Amazon gift card? Would you like it sent electronically via email or in the mail? Contact info:
9. May I let you know when the needs assessment is finished? Would it be all right if I follow up with any clarifying questions or see if you want to tell your story further?

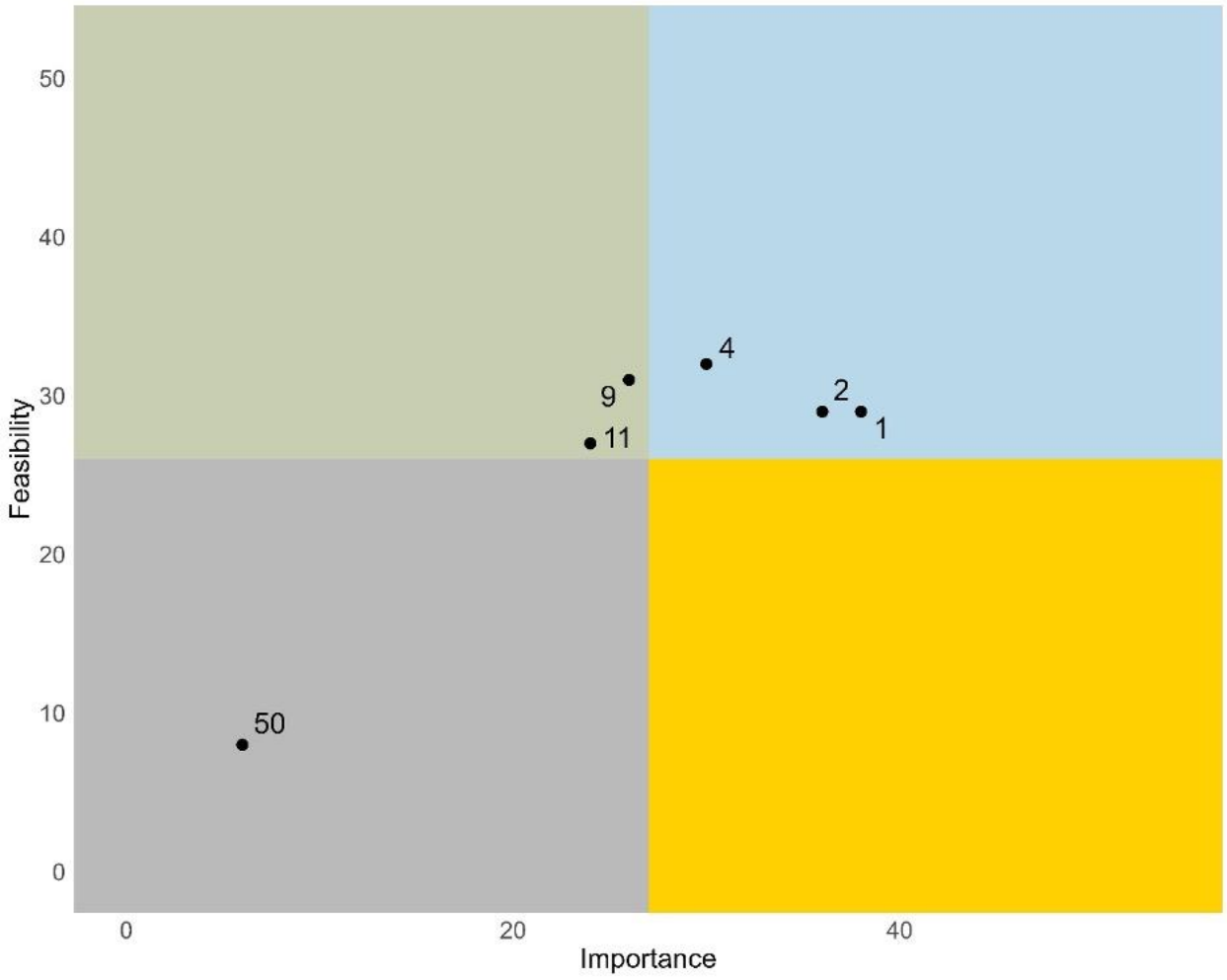
Provider Interview Questions

1. Please tell me about you, your organization, and your interest in Early Childhood.
2. Where do you provide services or partner in the community?
3. What are the activities you are doing or plan on doing in your community and subject area(s)? What are the needs for your role/organization/sector?
4. Where do you see the greatest needs for families in your community(ies)?
5. Where do you see (further) opportunities to provide services in your area (both geographically and In services?
6. What information, cooperation, and/or coordination would be helpful to see from community, regional, state, and federal EC service providers, institutions, funders, and community partners?
7. How do you see yourself and your organization's role in the overall early childhood system?
8. Anything else?

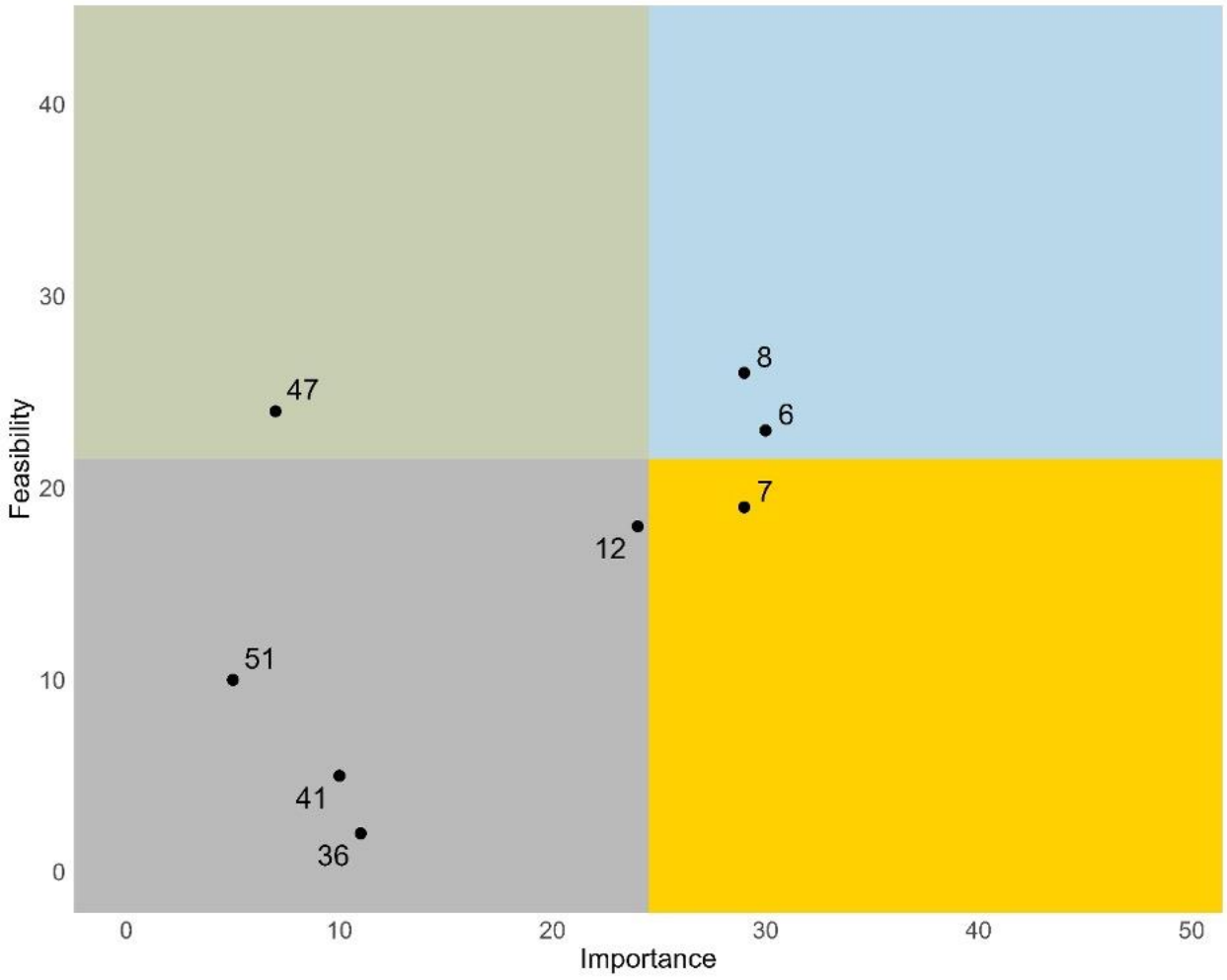
Appendix C

Stakeholder Engagement: Visualized Matrices of Draft Recommendations

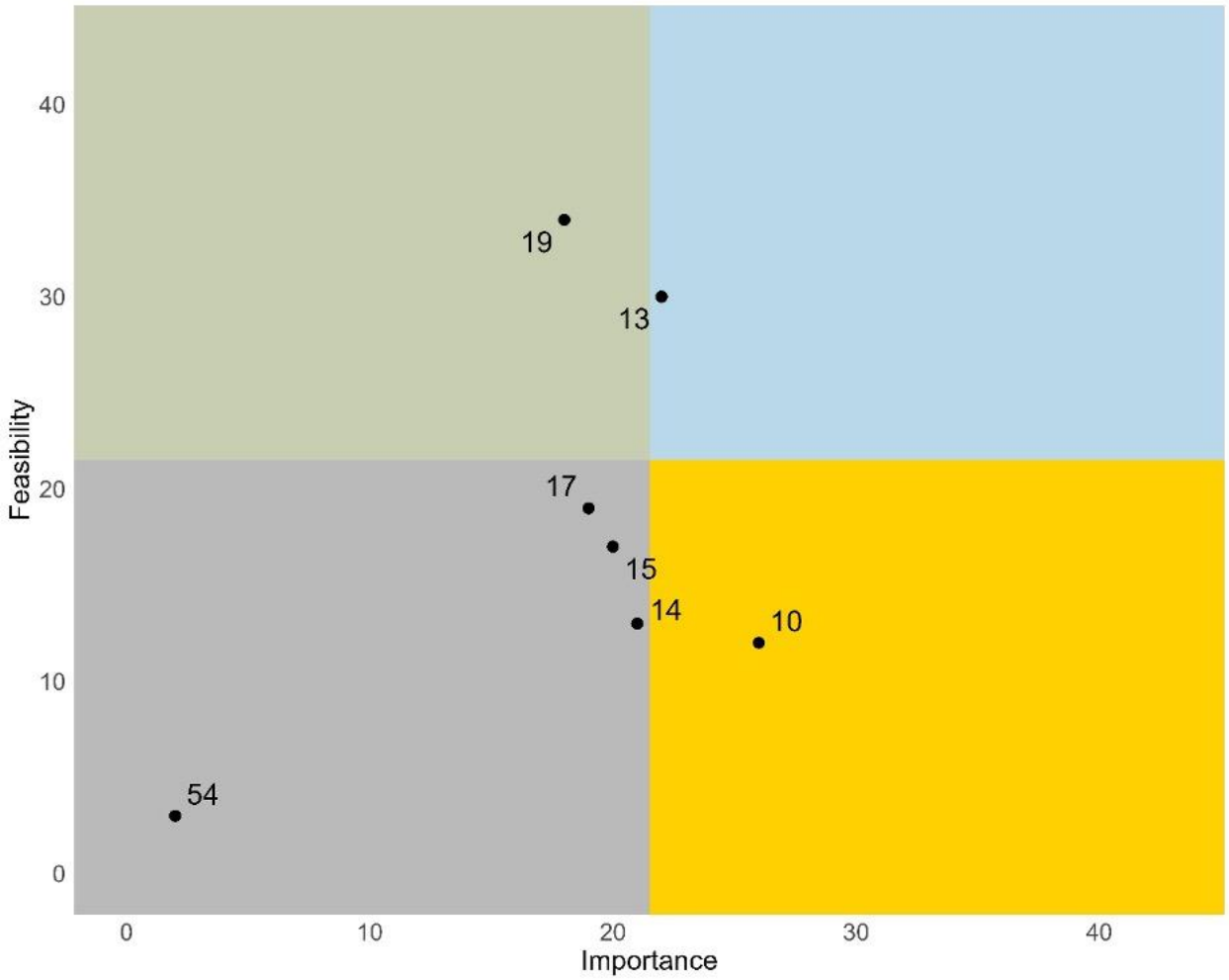
C-1. Montana's Young Children and Families: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



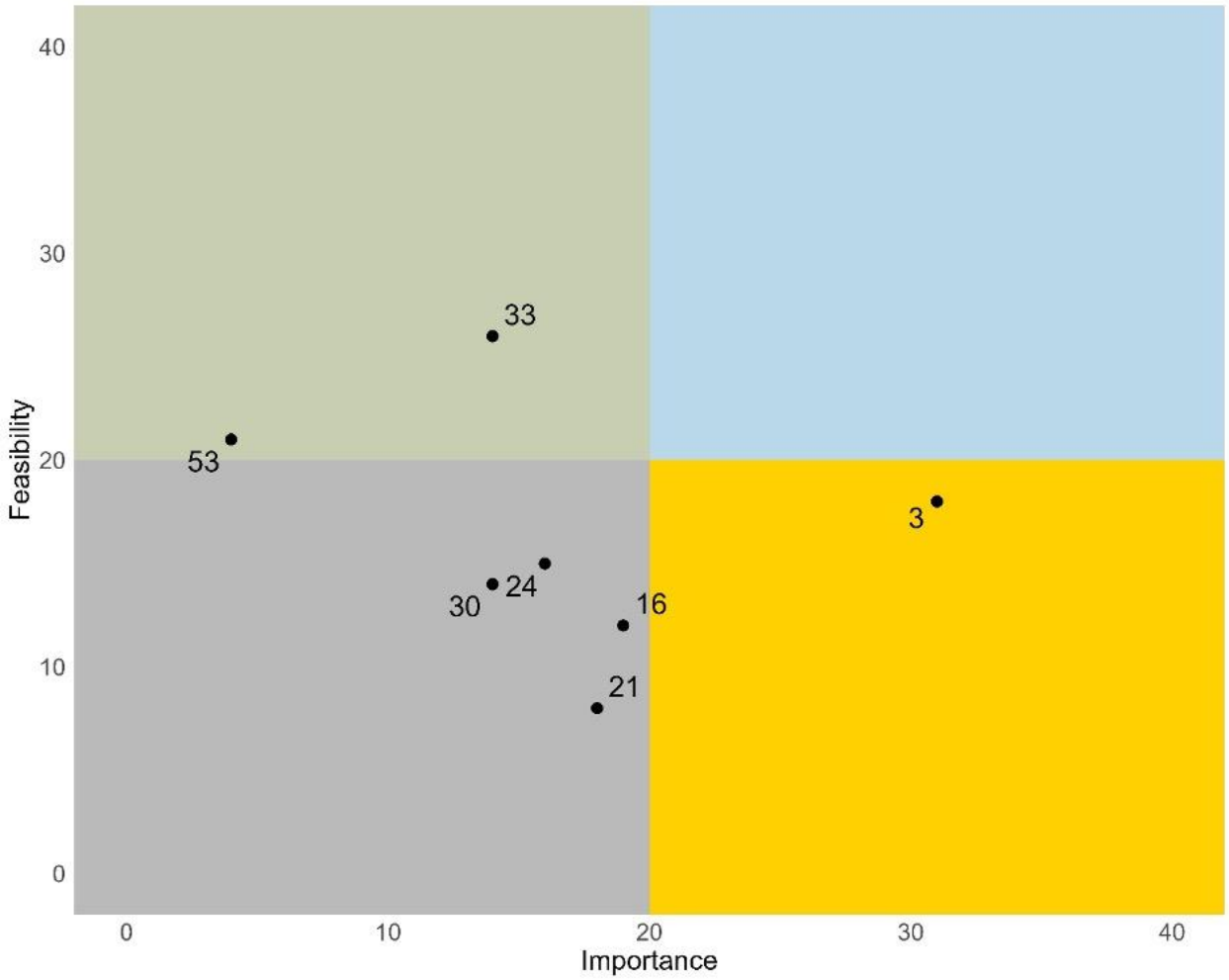
C-2. Access and Use of Early Childhood Care and Education: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



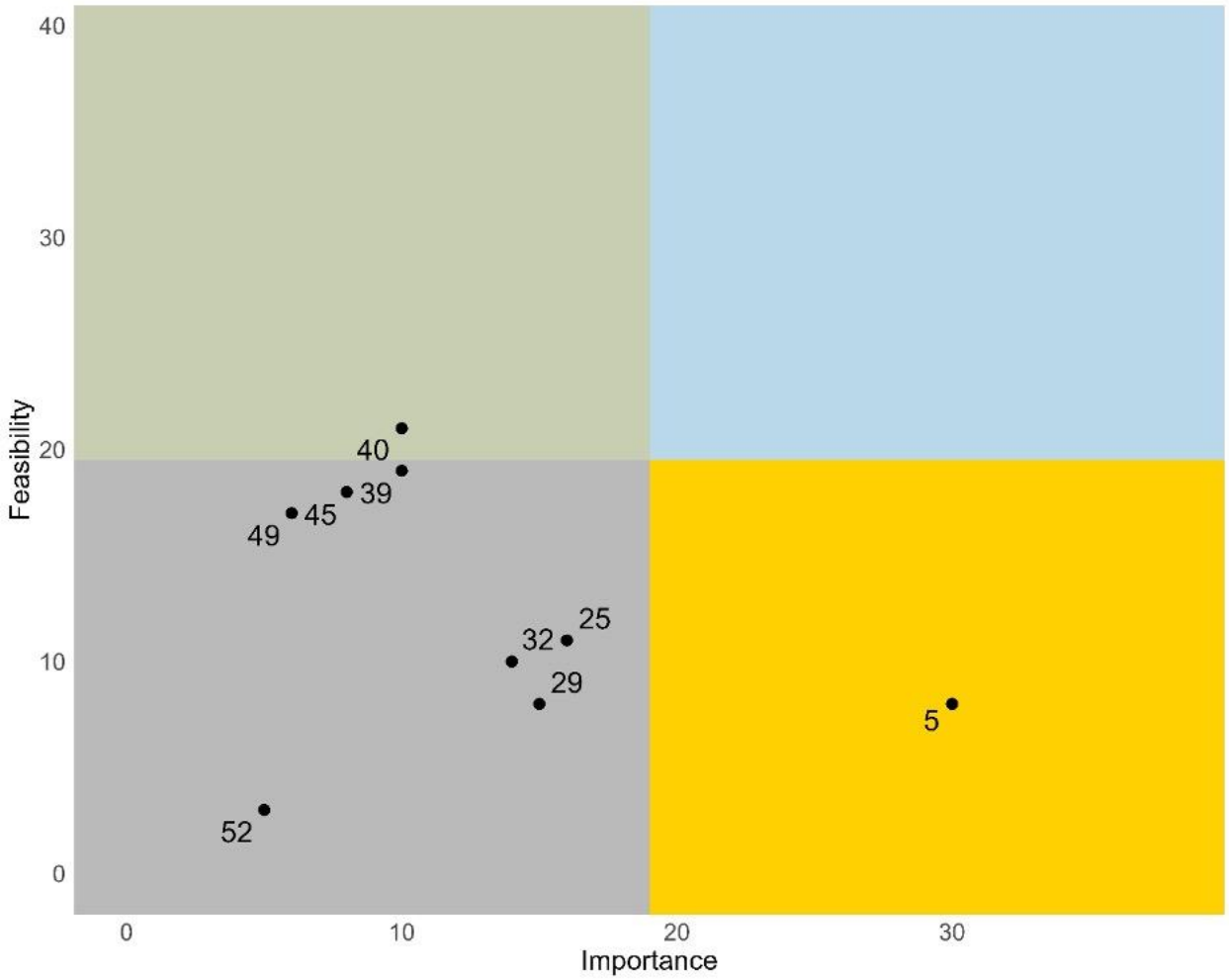
C-3. Access and Use of Early Intervention and Home Visiting: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



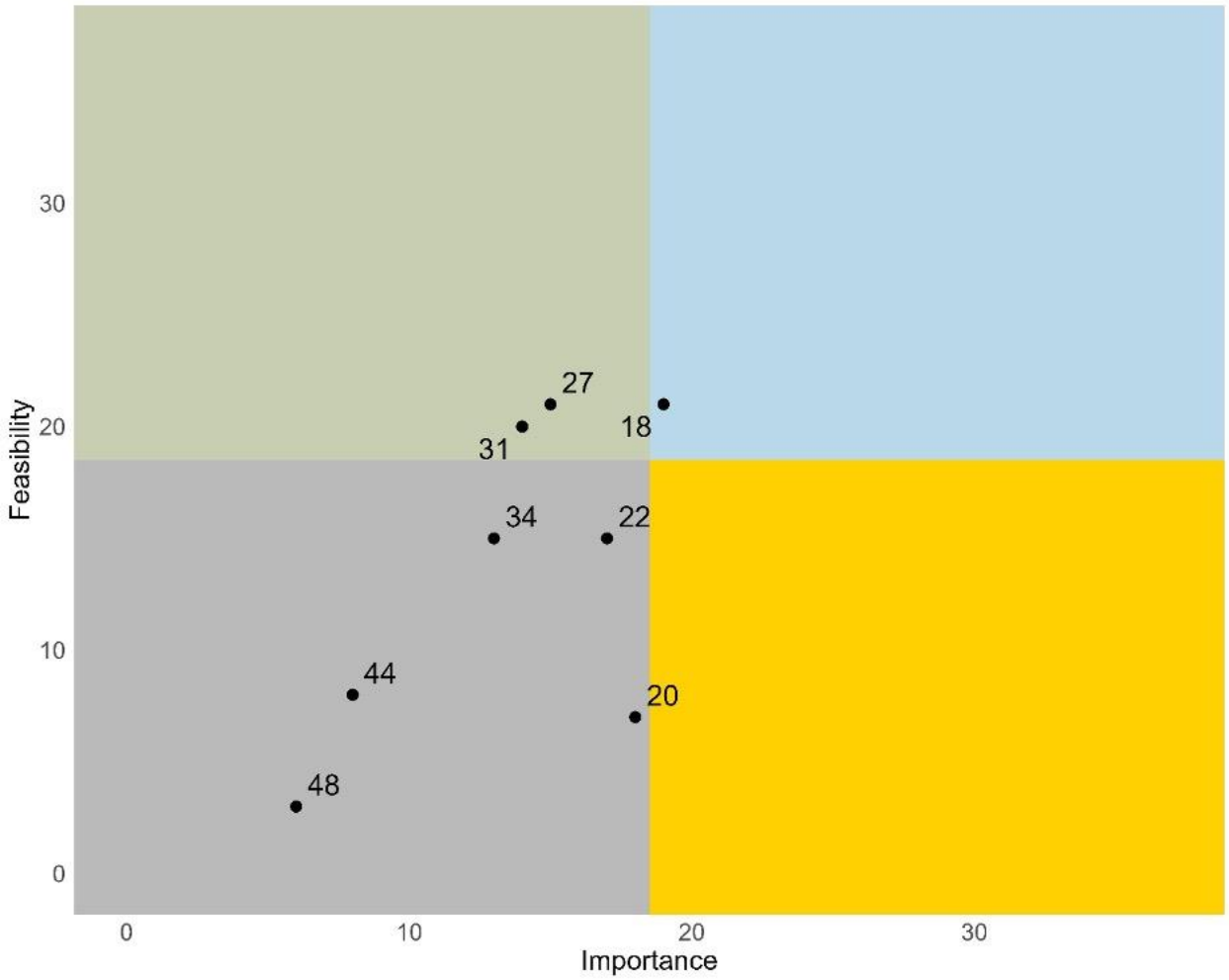
C-4: Family and Provider Engagement: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



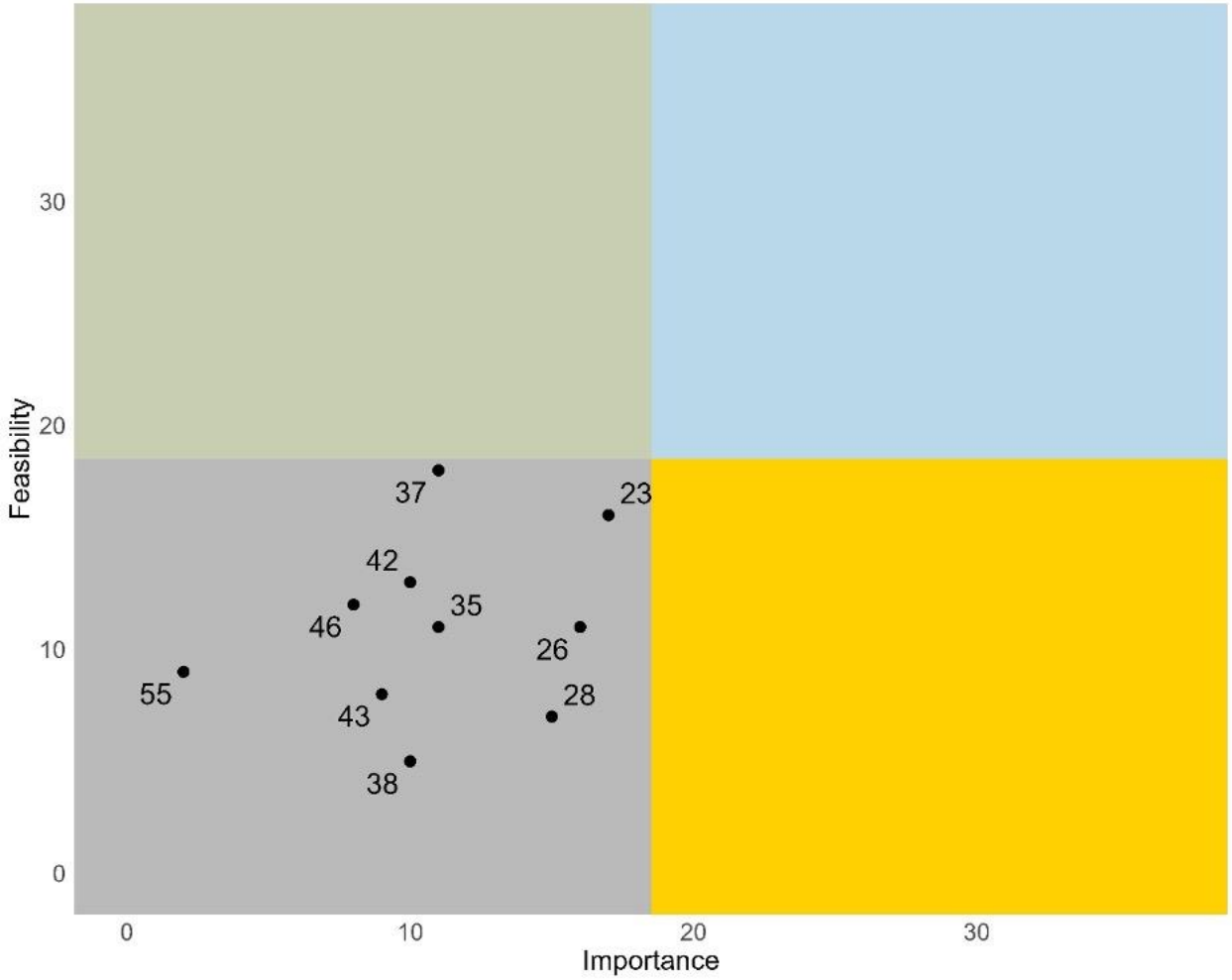
C-5: Workforce Supports: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



C-6: Quality Improvement: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



C-7: Cross-Sector Systems: Stakeholder Ratings of Draft Recommendations by Importance and Feasibility



Appendix D

Timeline of Needs Assessment Activities

Time Frame	Activity Type	Description
2019	Initial Needs Assessment	Completed as part of the Preschool Development Grant (PDG) Planning Grant.
2023	PDG Renewal Funding	Funding secured to update the needs assessment and expand system-level initiatives.
Fall 2023 – Spring 2024	Surveys	1,760 responses (960 families, 770 providers) from 53–55 counties captured lived experiences and ECCE system perceptions.
Nov 2023 – April 2024	Interviews	21 interviews conducted with families to explore access, engagement, and system gaps.
2024	Draft Needs Assessment	Initial synthesis of findings developed and shared with stakeholders for review and feedback.
Spring 2025	Updating and Revising	Integration of new data sources and stakeholder feedback (e.g., Zero to Five ECE Policy Roadshow, Montana Child Care Business Report).
June 2025	Stakeholder Engagement	Cross-sector stakeholders engaged through surveys and feedback sessions to review draft findings and prioritize recommendations.
July 2025	Review and Tiering of Recommendations	Stakeholder input used to refine and organize recommendations into three tiers: Ready Now, Emerging, and Future Focus.
August 2025	Needs Assessment Finalized and Shared	Final report completed and publicly released at the Great Beginnings, Great Families Conference to promote alignment, collaboration, and transparency across Montana's early childhood system.

Appendix E

Final Tiered Recommendations Overview: Sections 1–3

Key Summary Points	Recommendations
Tier One (Ready Now)	
• Behavioral concerns rising in young children; ECCE Workforce Report highlights benefits of IECMHC for retention and child success.[5]	1. Expand access to Infant and Early Childhood Mental Health Services (IECMHC) and integrate mental health supports across early care and education settings.
• Child care costs represent 28% of household income; eligibility thresholds don't reflect regional variation.[9]	2. Revise child care subsidy eligibility to reflect local cost-of-living differences and improve affordability for families.
• Over 600 new child care slots created via technical assistance and business supports; unmet capacity remains in many counties.[7]	3. Increase licensed child care capacity by providing targeted business and technical assistance, particularly in rural and high-growth communities.
• Only 6% of surveyed families use school-based early education programs; uptake may change with new targeted literacy initiatives.[9]	4. Support partnerships between public schools and community early childhood providers to deliver coordinated wraparound or blended pre-K services
• Approximately 66,000 parents were fully or partially out of the labor force in 2023 due to caregiving responsibilities.[69]	5. Integrate child care access into workforce development and economic planning efforts, including engagement with employers.
• 47% of ECCE providers do not use formal screening tools to identify and refer children with developmental delays.[48]	6. Support provider training and statewide use of standardized developmental screening tools to improve early identification and referral.
• Only 2.11% of children birth to age three in Montana received IDEA Part C services between 2017–2022, in alignment with national averages.[78]	7. Increase awareness of Part C services and eligibility through coordinated provider education and targeted family outreach.
• 84.8% of children enrolled in Montana MIECHV programs had a timely screening for developmental	8. Establish consistent follow-up protocols and strengthen cross-sector communication to support families

delay.[77]	through referral and service transitions.
• Providers identified the top barriers to engagement as families are beyond capacity, staff limitations, transportation, and child care (Figure 12).	9. Support providers with training, dedicated time, and tools to strengthen family engagement practices.
• Families appreciated inclusive communication, especially when fathers, kin, and foster caregivers were acknowledged; default references to 'mom' were noted as exclusionary.	10. Use shared family priorities, such as feeling welcomed and informed, to guide provider training and strengthen family-provider partnerships.
Tier Two (Emerging)	
• 12.5% of mothers report postpartum depression; maternal health deserts in 50% of Montana counties.[2]	11. Enhance postpartum depression screening and referral pathways through coordinated maternal health efforts.
• 61% of AIAN children under 5 live on Tribal lands; higher poverty and lower access to services reported.[14]	12. Collaborate with Tribal governments to design and implement early childhood programs that reflect community priorities and strengths.
• Montana's licensed child care capacity only serves about half of children under age six with working caregivers, and actual capacity is likely lower due to workforce and space limitations.[2]	13. Expand investments in child care infrastructure and workforce supports to reduce the gap between licensed capacity and family demand.
• 71% of providers participate in the Best Beginnings subsidy program, yet participation in overlapping food programs remains limited.[65]	14. Streamline dual enrollment for Best Beginnings and CACFP through coordinated applications, aligned reporting requirements, and provide technical assistance to small providers to increase participation.
• Among the 375 family survey respondents with a child with special needs, approximately 43% reported difficulty accessing care.[75]	15. Promote inclusive early childhood settings by funding specialized training and resources to support children with diverse developmental needs.
• Persistent workforce shortages are affecting both Early Intervention (Part C) and Early Childhood Special Education (Part B) services; 43% vacancy in 2022 and 42% in 2024 in the Western U.S.[79]	16. Strengthen the early childhood and special education workforce by investing in competitive wages, tuition support, and targeted recruitment.

• Providers and families showed strong alignment in identifying top engagement priorities (Figures 9 and 10).	17. Expand flexible scheduling and offer co-located services to reduce barriers for families accessing support.
• Systemwide engagement efforts are supported by frameworks like the PFCE Framework and Montana Family Engagement Partnership.	18. Align program practices with family engagement frameworks and expand BFB5 investments in professional development and peer learning networks.
Tier Three (Future Focus)	
• Hispanic children are underrepresented in disability services; language barriers persist	19. Strengthen culturally and linguistically responsive systems to identify and refer multilingual children for early intervention and special education services.
• Access to infant and toddler care remains especially constrained, with large capacity variation by county.[71]	20. Prioritize grants and staffing incentives to increase infant and toddler care availability, especially in underserved regions.
• Families report multiple barriers to accessing care: cost, availability, hours, cultural and language mismatches, and quality concerns.[75]	21. Increase access to culturally and linguistically responsive care, and support expanded hours and affordability through subsidies and partnerships; work with HB 924 Early Childhood Account Board to create child care affordability initiatives.
• Child care deserts persist across 60% of counties; no county met full demand in 2020 or 2023.[56]	22. Monitor child care availability across counties and direct targeted investments to address persistent or emerging care gaps, with a focus on rural and frontier areas.
• 1,216 foster children and 392 infants under age two were served by Best Beginnings in SFY2023, but data on unlicensed foster care use are unavailable.[74]	23. Improve data tracking on child care arrangements used by foster families, including those outside of licensed settings
• Access challenges are especially acute for families of children and	24. Explore funding mechanisms that incentivize inclusive enrollment and

youth with special health care needs (CYSHCN).[48,75]	cross-system coordination with early intervention and health services.
• Access to infant and toddler care remains especially constrained, with large capacity variation by county.[71]	25. Prioritize grants and staffing incentives to increase infant and toddler care availability, especially in underserved regions.
• Families report multiple barriers to accessing care: cost, availability, hours, cultural and language mismatches, and quality concerns.[75]	26. Increase access to culturally and linguistically responsive care, and support expanded hours and affordability through subsidies and partnerships; work with HB 924 Early Childhood Account Board to create child care affordability initiatives
• Child care deserts persist across 60% of counties; no county met full demand in 2020 or 2023.[56]	27. Monitor child care availability across counties and direct targeted investments to address persistent or emerging care gaps, with a focus on rural and frontier areas.
• 1,216 foster children and 392 infants under age two were served by Best Beginnings in SFY2023, but data on unlicensed foster care use are unavailable.[74]	28. Improve data tracking on child care arrangements used by foster families, including those outside of licensed settings
• Access challenges are especially acute for families of children and youth with special health care needs (CYSHCN).[48,75]	29. Explore funding mechanisms that incentivize inclusive enrollment and cross-system coordination with early intervention and health services.
• An estimated 51,800 Montana families with children under age six met one or more MIECHV priority criteria for home visiting services in 2023.[76]	30. Expand access to home visiting services by increasing funding and supporting more implementing agencies, especially in underserved regions.
• Language barriers remain significant; 98.5% of families who spoke a language other than English at home could not find language-matched child care staff.[76]	31. Improve coordination among early care and education, home visiting, and early intervention systems by increasing the availability of multilingual staff and interpreter services.
• Families of children with delays/disabilities noted stronger engagement in early intervention than in school or	32. Scale inclusive practices and individualized supports from early intervention into school and community-based programs.

mental health settings.	
• Family engagement preferences vary significantly; some families prefer minimal interaction; others want deeper involvement in advocacy or decision-making.	33. Offer tiered engagement opportunities that meet families where they are, from basic information sharing to leadership roles
• Families prioritize being informed about their child's development, feeling welcomed, and receiving information about useful services (Figure 9).	34. Embed consistent, relational communication strategies and culturally responsive onboarding practices across all early childhood programs.

The table below consolidates and streamlines the recommendations from Sections 3B (Workforce), 3C (Quality), and 3D (Cross-Sector Systems). Drawing from needs assessment findings and the June 2024 virtual stakeholder convening, six core categories emerged that reflect overlapping system priorities and actionable integration points (replacing approximately twenty-seven individual recommendations):

1. Coordinated Professional Development
2. Equitable Onboarding Access
3. Workforce Retention and Well-Being
4. Aligned Quality and Data Systems
5. Family Navigation and Communication
6. Cross-Sector Governance and Infrastructure

The table that follows summarizes these consolidated categories, shows how they connect to specific subsections, and outlines key integration opportunities.

Key Summary Themes Across 3B, 3C, and 3D	Recommendations
• **Coordinated Professional Development**	1. Create a unified training system with shared standards. 2. Offer flexible delivery methods and include mentorship and practical topics like trauma-informed care and early childhood business practices.
• **Equitable Onboarding Access**	3. Ensure new staff can access onboarding training by expanding availability in rural areas and offering substitute coverage.
• **Workforce Retention and Well-Being**	4. Support staff retention by funding bonuses, flexible hours, wellness supports, and stipends for leadership and system-building roles.
• **Aligned Quality and Data Systems**	5. Streamline quality assessments and integrate data systems to reduce duplication and support

	continuous improvement.
• **Family Navigation and Communication**	6. Provide families with clear, plain-language tools to find child care, understand quality, and access referrals.
• **Cross-Sector Governance and Infrastructure**	7. Re-establish a statewide stakeholder council and develop a shared inventory of early childhood programs and initiatives.