



# EXECUTIVE SUMMARY

START WITH EQUITY

# ARIZONA

Increasing Access, Improving Quality,  
and Advancing Equity in Arizona's  
Early Care and Learning Systems

**ASU** The Children's  
Equity Project  
Arizona State University

# Executive Summary

**Decades of neuroscience and education research show that children’s experiences in their early years are critical for setting their lifelong trajectories in a positive direction.** At the foundation of healthy child development are responsive, warm, secure relationships with parents, families, child care providers, and other important adults; healthy, nutritious food; and an environment that is stable and safe and promotes exploration and learning. Systemic shortfalls and inadequate support for families with young children create gaps in opportunity that can influence lifelong outcomes.

A recent report ranked Arizona in the “worst” category for child well-being, education, and family and community supports, and in the “worse” category in health and economic well-being. To address this, the state must invest significant resources and make policy decisions that drive better, fairer outcomes for children, families, and communities to reach their fullest potential.

Early care and education (ECE) settings—and importantly the caregivers who are tasked with caring for and educating young children in these settings—also greatly influence children’s development, health, and overall well being. Unfortunately, in Arizona as is the case across the United States, the ECE system is fragmented, access to care is low and uneven across demographic groups, and children’s experiences in these settings are of varying, unreliable quality. These systemic shortfalls and fundamental inequities in opportunity contribute to disparities in child outcomes across an array of developmental and pre-academic domains, breaking down across race and ethnicity, income, disability, language, and other factors.

**The state has the opportunity to make meaningful progress through sustained investments, policy reforms that attend to deep, systemic inequities, and smarter governance of the systems that serve the youngest Arizonans.**

## About this Report

This report builds on the Children’s Equity Project’s previous report examining early care and learning systems nationally, “[Start with Equity: From the Early Years to the Early Grades](#)”. In that report, we deeply analyze the data, research, and policy landscapes in the three key policy areas of harsh discipline and its disproportionate application, the inclusion of children with disabilities, and access to high quality bilingual learning for dual language learners. Here, we examine these three domains in the context of the state of Arizona and expand to additional domains to attain a more complete picture of the state’s early learning system.

Across each of these domains, we examine Arizona’s ECE systems, with an emphasis on how those systems have attended to—or failed to attend to—the needs of Arizona’s children, particularly those from historically and contemporarily marginalized communities. We offer recommendations for expanding access, improving quality, and increasing fairness in the system that will ensure children, families, and the early childhood workforce have the resources and support necessary for **optimal early learning environments and outcomes.**

In our full report, we review ten facets of the ECE system in Arizona and share recommendations to transform early learning experiences and close opportunity gaps.

<b>Quality</b>	<b>Child Care</b>	<b>Pre-Kindergarten</b>	<b>Head Start</b>	<b>The Early Childhood Workforce</b>
<b>Children with Disabilities</b>	<b>Dual Language Learners</b>	<b>Discipline</b>	<b>Tribal Early Care and Education</b>	<b>Children’s Holistic Development and Family Wellness</b>

## The Arizona Landscape

Young Arizonans represent a rich diversity of different cultures, races, ethnicities, and languages.

- **Child population:** Approximately 393,413 children ages five and younger.
- **Tribal population:** 22 federally recognized tribal nations with an estimated 22,000 children under age five, or 4.26% of the state’s total population of children under five.
- **Race and ethnicity:** 39% of children Latine(o/a), 31% White , 11% two or more races, 7% some other race, 5% Black/African American, 5% American Indian or Alaska Native (AI/AN), 2% Asian, and 0.2% Native Hawaiian or Pacific Islander.
- **Language:** 42% of children under age five are dual language learners (DLL), which is higher than the national rate of 30%. Of these children, 70% lived in households where Spanish was spoken.
- **Poverty:** 23.3% of children under the age of five live in households below the federal poverty level, higher in Arizona than the national rate.

## The Early Care and Education System in Arizona

Arizona’s ECE system involves three agencies managing and coordinating federal and state early childhood investments—Arizona Department of Economic Security (DES), First Things First (FTF), and Arizona Department of Education (ADE)—but several agencies, including Arizona Department of Health Services (DHS) and Arizona Department of Child Safety (DCS), influence and participate in establishing and implementing the state’s ECE policies. As it stands, Arizona has multiple agencies and programs operating across a fragmented ECE system, often contributing to a lack of alignment in quality, operations, and enrollment that children and families feel. Arizona is one of just fifteen states that have three agencies managing ECE funding. Half of all states house three major dimensions of the child system under one state agency roof—child care licensing, QRIS, and child care subsidies. **Stronger coordination across Arizona’s ECE system can enable greater policy and quality alignment, maximize resources, and simplify enrollment for families.**

The significant majority of Arizona’s annual ECE funding for fiscal year 2022 came from pandemic relief funds passed by Congress. Much of the ECE system, outside of temporary pandemic relief funding, is funded by federal dollars via the federal Head Start and the Child Care and Development Fund (CCDF) programs.

**There have been no ongoing state general fund appropriations to early learning for more than a decade**, though some state funds were allocated to support child care scholarships for part-time college students, to support child health through home visiting models, and to support the child welfare system as a federally required state match. A voter's initiative in 2006 created First Things First, the state's early childhood government agency, which allocates state tobacco tax revenue to local regions to fund early education, health, and family support programs based on community needs.

## The Early Care and Education System in Arizona

The ECE landscape in Arizona has lacked sustained public investment over the past two decades, at a time when other states have increased investments in young children. While pandemic relief funding has infused much needed resources into the system, it was temporary and funds will begin to expire in Fall 2023. In addition to chronic underinvestment, our analysis revealed shortfalls underpinned by subpar and outdated licensing standards and uneven and incomplete quality standards, and a lack of attention paid to the large proportion of Arizona's children who are from historically and

contemporarily marginalized groups, including children of color, children with disabilities, and DLL. Below, we provide major themes across the areas we examined.

### Access to ECE

Access to ECE in Arizona is low across the board, leaving many children and their families without the early learning opportunities that can support their development and help them thrive.

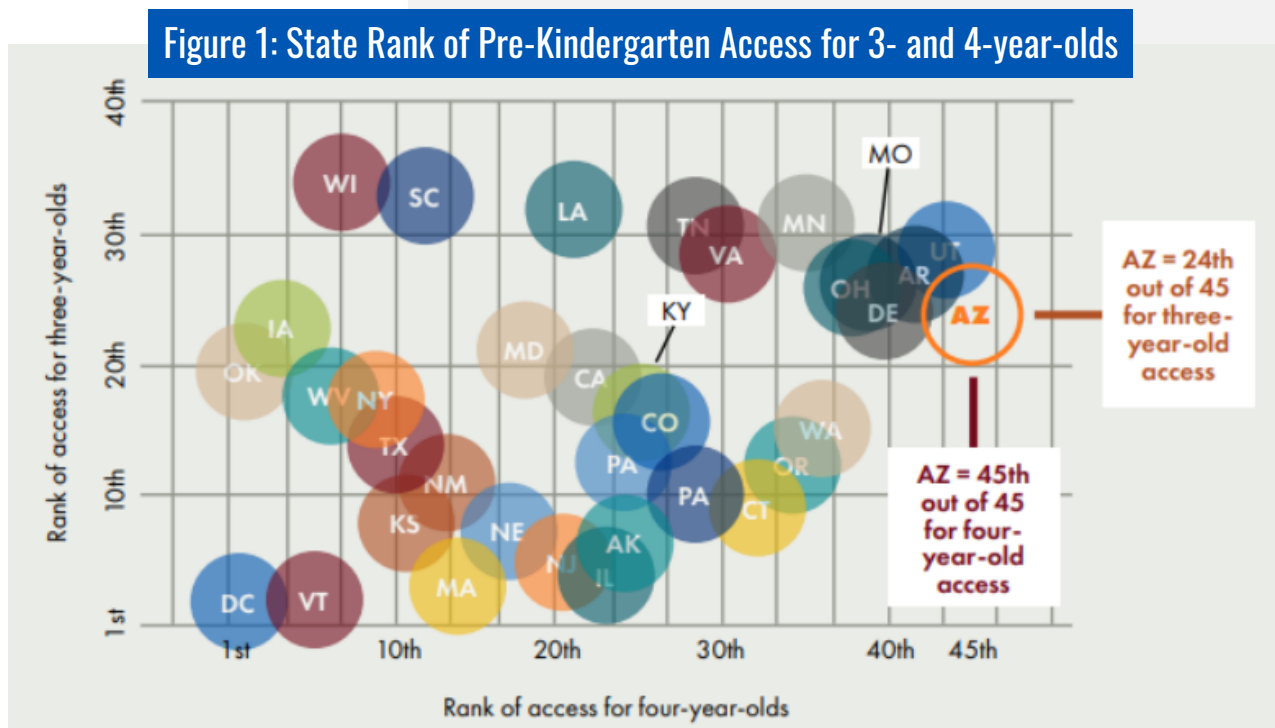
- **FTF Quality First scholarships** serve only roughly 1% of children birth to age five
- **CCDF child care subsidies** serve 4.2% of all Arizona children birth to age six and 30% of eligible children in the state. Arizona's eligibility levels for CCDF child care subsidies are narrower than federal eligibility requirements.
- **Head Start and Early Head Start programs** serve less than 20% of eligible children under five living in poverty. Unlike 14 other states and D.C., Arizona does not invest state dollars in Head Start to expand access to quality, comprehensive early learning for its children in poverty.
- **Arizona ranks 44th out of 45 states for pre-K access** for 4-year-olds and 25th in access for 3-year-olds.



## Quality

The quality of the ECE system overall in Arizona is lacking across several domains, beginning with the state's child care licensing standards and extending across the state's quality framework. Arizona's child care licensing adult-to-child ratios allow nearly two times as many children per adult than recommended best practices. What's more, the state's early childhood quality rating and improvement system (QRIS) framework, called Quality First (QF) in Arizona and which drives quality investments, lacks attention to the unique experiences of children from historically marginalized communities, the workforce, and structural factors that deeply impact children's experiences and outcomes.

Arizona meets only three out of 10 identified national benchmarks for quality pre-K standards, placing it in the bottom 15% of all public pre-K programs. State spending per child was \$3,993 in 2021, nearly half of the national average of \$7,011. Only 10 other states spent less per child enrolled than Arizona.



Note. This chart reflects states with pre-K programs that serve both 3- and 4-year-old children. States not serving 3-year-old children in their pre-K program are not included.

On the bright side, the state's largest infant and early childhood mental health consultation (IECMHC) program, Smart Support, which is operated by Southwest Human Development and funded by FTF, provides early childhood educators with tiered consultation that targets social and emotional supports for teachers, classrooms, and programs. Multiple evaluations have shown the effectiveness of Smart Support, including improving teacher's confidence in their skills to manage conflicts, knowledge of children's social and emotional development, and ability to effectively manage their classrooms in an emotionally supportive way. Research also found decreases in negative classroom mental health climate, children's risk of expulsion, and teacher's negative views of children. There were also improvements in teacher-child relationships, and children's attachment and self-regulation. Though federal pandemic relief funds were allocated by DES to FTF to widen the availability of Smart Support to providers across the state, these funds were temporary.



## Child Care

Access, quality, and affordability of child care are all major issues for Arizona families with young children.

In June 2023, there were 25,600 children through age six served through CCDF in the state on average each month. Presently, fewer than 0.5% of child care subsidies in Arizona support children with disabilities. Children in the child welfare system are automatically eligible for Head Start and child care subsidies, yet there is a gap in the number of children receiving child care.

Overall, the average number of children served monthly by CCDF in Arizona has increased by 34% over the past five years between 2016 and 2020, enabled in part by an infusion of federal funding in 2019 and during the pandemic.

Despite the recent increase in children served, over the last 20 years, the number of Arizona child care providers contracted to serve children with CCDF subsidies has declined, with sharp drops in 2008 that continued to decrease sharply through 2013 by more than 50%. One of the primary ways Arizona supports the child care system is by reimbursing child care providers for serving eligible children through CCDF. The rates at which the state reimburses child care providers impacts their ability to operate and parent's ability to afford care. For over a decade, between 2007 and 2018, the reimbursement rate for child care providers was set at 75% of the 2000 market rate, meaning in 2018 the reimbursement rate was 18 years out of date. Increases over the last two years have brought the reimbursement rate up to 75% of the 2018 market rate for most age groups and even higher for infants and quality providers. Recent efforts have been made to bring Arizona's reimbursement rate up to date with the current market rate, made possible by temporary increases in federal funding. Still, the long stagnation likely contributed to the decline in providers serving children who use child care subsidies and will take time to build back up.

The rapidly approaching end of federal pandemic relief funding threatens this progress if the state does not supplement the federal funds. This pattern of more children being served by fewer providers likely contributes to a higher concentration of children who use subsidies in fewer settings.

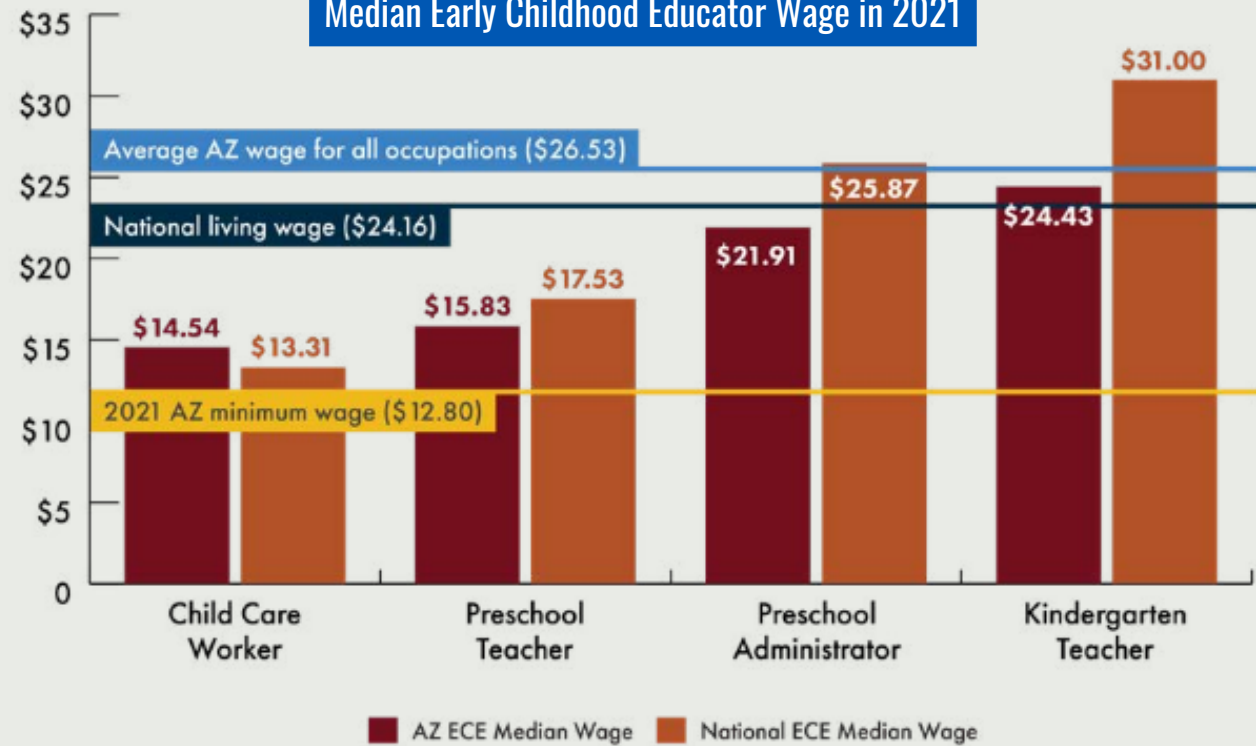
Many child care providers in Arizona rely on tuition and other revenue sources to cover the cost of operating ECE services. But, the cost of child care is often unaffordable for working parents, and takes a significant amount of a family's annual income each year. Child care for infants and toddlers is more expensive than in-state university tuition in 3/5 of all states and D.C., including Arizona. An Arizona family of four with two children at 175% of FPL (\$52,500 annually in calendar year 2023) would be above the eligibility level for Head Start (100% of FPL; \$30,000 annually) and child care subsidies (165% of FPL; \$49,500 annually in fiscal year 2023), though they may qualify for a QF scholarship if one is available in their region. For example, a family living in Apache County would likely spend a median of approximately \$8,246 per child for child care tuition annually. This is one-third (31%) of their income on child care alone, four times higher than the federal benchmark for affordable family co-payments of 7% of family income.

## The Early Childhood Workforce

The adults teaching and caring for children in early care and learning settings are by far the most critical ingredient to ensuring quality, safe, and enriching experiences for children. Despite the expertise and skill required and the critical role early educators play in the lives of our children and in the functioning of our economy, the ECE workforce is one of the lowest paid professions when compared to nearly every other occupation and has a lower likelihood of access to healthcare, mental health resources, and other workforce benefits. The median wage for Arizona child care workers was \$14.54 per hour in 2021, higher than the national average of \$13.31.

However, this translates to a full-time annual salary of \$30,243, hovering just above 100% of the federal poverty line for a family of four and nearly two times less than the average wage of \$26.53 per hour for all Arizona occupations. In fact, as a result of their low wages, 53% of the nation’s ECE workforce nationally uses public benefits like Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). Additionally, the ECE workforce experiences poverty rates double that of the general Arizona workforce and nearly eight times higher than elementary school educators.

**Figure 2: Arizona Median Early Childhood Educator Wage Compared to National Median Early Childhood Educator Wage in 2021**



Nearly 70% of Arizona’s child care providers have reported an ongoing shortage of qualified workers due to low wages—meaning fewer young children served, empty classrooms, and longer waitlists for parents needing care. As federal child care relief funds sunset starting in Fall 2023, more than half of Arizona licensed providers reported they will need to raise tuition rates, and nearly 35% will not be able to sustain ECE workforce wage increases brought about by the stabilization grants.

Nearly 1/10 of the Arizona ECE workforce is without health insurance. What’s more, the toll of ongoing stress and mental health challenges on these caregivers, heightened over the past few years by the COVID-19 pandemic, is likely to impact not only the well-being of early childhood educators, but also the health and well-being of the children in their care. A [recent report](#) published by the CEP, in partnership with the Buffett Early Childhood Institute at the University of Nebraska and Yale University, examined the mental health of ECE professionals during the pandemic nationally, and state by state. The report showed that Arizona early childhood educators experienced higher rates of depression (47%) than the national ECE sample (45.8%) but slightly less elevated stress than the national ECE average, 20.5% compared to 22.8%.

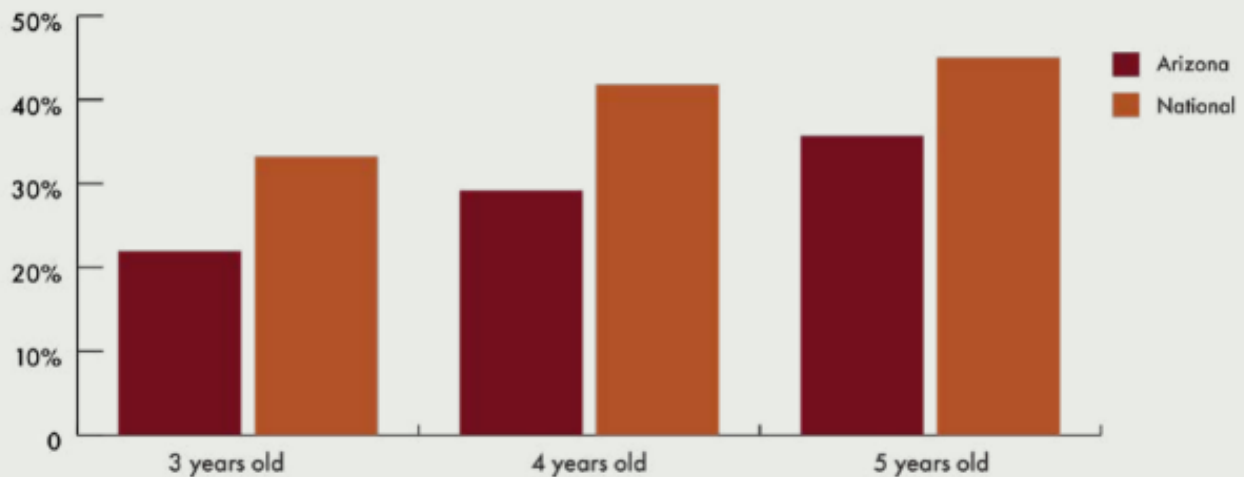
To provide effective and responsive caregiving, the early childhood workforce requires specialized knowledge in child development and ongoing training. Yet, there is no entry level credential required for early childhood teachers in the state’s child care licensing rules. In contrast, nearly 1/3 of states and D.C. require a minimum of a Child Development Associate or equivalent early childhood certification for teachers in licensed programs. Additionally, professional preparation, training, coaching, and development lacks coordination, synchronicity to build skills and knowledge over time, and a focus on areas that have a disproportionate impact on children from historically marginalized groups. For example, inclusion coaching to support children with disabilities in ECE settings is optional, not core, and uptake is very low. Support for dual language learners is also not considered core to the ECE coaching and support systems. The expulsion prevention program only requires one training on behavior and lacks connection to the IECMHC system for sustained support.

## Children with Disabilities

Children with disabilities have the civil right to an inclusive education where they can thrive alongside peers without disabilities. Decades of research show that inclusion yields academic and social benefits for both children with disabilities and those without. Unfortunately, fewer than half of preschoolers with disabilities nationwide receive most of their services in a general early childhood setting. **Data in Arizona show a much bleaker picture with just over 27% of preschoolers receiving their services in inclusive settings in Arizona.**

**Figure 3: Arizona versus National Data: Settings Where Preschoolers with Disabilities are Receiving their Special Education Part B 619 Services by Age**

PERCENTAGE OF PRESCHOOLERS WITH DISABILITIES RECEIVING THEIR SPECIAL EDUCATION PART B 619 SERVICES IN REGULAR EARLY CHILDHOOD SETTINGS BY AGE





Although Arizona has convened an Inclusion Task Force to address inclusion in early childhood and some training and coaching related to inclusion, policies and investments to support children with disabilities and their families in the state are limited. State licensing policies, inadequate investments in inclusion, lack of professional preparation and support, omission of measures related to children with disabilities in the Quality First rating system, and policies in child care programs could all be contributing to overall exclusion of children with disabilities from the ECE system.

In Arizona's early intervention system for infants and toddlers, the stringent developmental delay criteria and the exclusion of risk factors such as low birth weight and prematurity, may contribute to exacerbating racial inequities for Black, Indigenous, and Latine(o/a) children. More data analysis and research are needed to better understand access to, experiences in, and outcomes resulting from early intervention services in the state, including and especially how these may differ by race, ethnicity, language, income, and region.

## Dual Language Learners

Dual language learners (DLLs) who speak a language other than English at home have strengths and assets that can and should be fostered across the early learning and educational continuum, including their emerging bilingualism and potential for biliteracy. A robust research base indicates that bilingualism and biliteracy is associated with an array of cognitive, academic, social, and economic outcomes over the lifecourse. Indeed, research finds that DLLs in dual language immersion programs- where instruction happens in two languages- outperform their peers in English dominant models across various outcomes.

Arizona has incredible linguistic assets, as an estimated 42%, or approximately 206,000 children birth to age five, are DLLs. While 70% of these children live in households where Spanish is spoken, approximately 30% speak languages such as Navajo, Arabic, Chinese, Tagalog, Vietnamese, Telugu, and others.

Despite the large proportion of DLLs in the young child population, Arizona does not have systematic, comprehensive policies to support these children in ECE systems (Table 1), and in fact, most state policies and quality initiatives overlook this population altogether. Dual language immersion programs are low in supply, but it is difficult to know for sure because the state does not formally track this indicator, despite the fact that it is an essential dimension of quality for this large group of children.

These factors, paired with the fact that Arizona is the last remaining state in the nation to have an English-only instruction law in the K-12 education system, points to significant shortfalls and major opportunities to remedy these challenges through improved funding, professional development, and policies that include, attend to, and foster DLLs linguistic and cultural assets.



**Table 1: An Analysis of DLL-Focused Policies in State Preschool Programs in Arizona**

<b>Policy to support DLL Preschoolers</b>	<b>Does Arizona address this policy?</b>
Approved written plan for supporting DLLs is required*	No
Extra funding allocated for serving DLLs*	No
Bilingual education is permitted	Yes <sup>†</sup>
QRIS has indicators specific to DLLs	No
Children are screened in their home language*	No
Children are assessed in their home language*	No
Monitoring focuses on the quality of bilingual instruction*	No
DLLs are placed in the same classroom as children who share their same home language*	No
Policies to support families of preschoolers who are DLLs*	No
Recruitment, enrollment, and outreach information is provided in the home language	No
Staff have training qualifications related to working with DLLs*	No
State system explicitly supports DLLs through its policy statements and efforts to linguistically diversify the workforce	No

Note. \*Indicators from the 2017-2018 Special NIEER report: Supporting DLLs in State-Funded Preschools; †Although 50/50 dual language immersion is permitted for K-12 students as one of four programs for ELs/DLLs in Arizona under SB 1014, Proposition 203 is remains an English-only law in the state, so most ELs/DLLs in Arizona receive instruction only in English



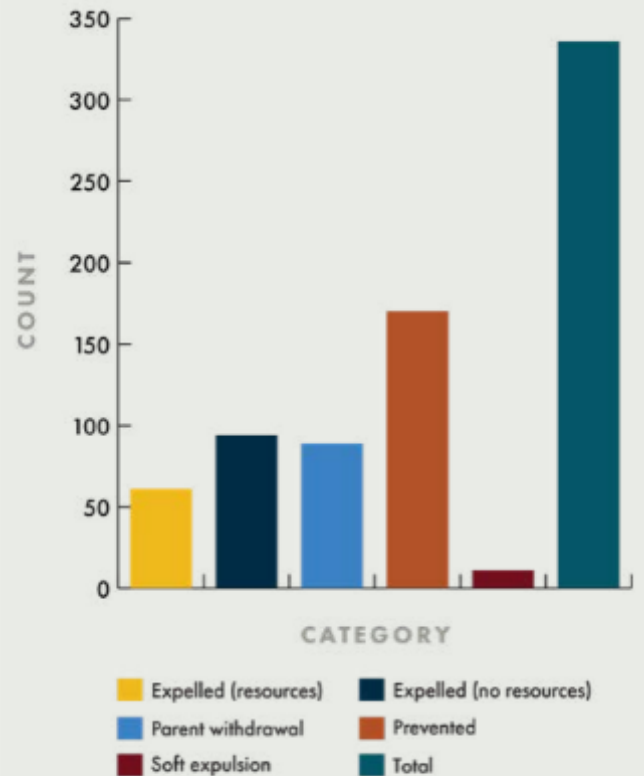
## Discipline

Harsh and exclusionary discipline starts early, happens too frequently, and is unfairly disproportionately applied to Black children, Indigenous children, children with disabilities, children in the child welfare system, and boys. There is no data to suggest exclusionary discipline is associated with positive outcomes; but a robust body of evidence indicates that it is associated with a host of negative outcomes across the lifespan.

In Arizona, federal civil rights data indicate that Black children are expelled from public pre-K settings at more than four times the rate of their enrollment, while other children of color - including bi/multiracial, Latine(o/a), and Asian children are modestly overrepresented in suspensions from public pre-K settings.

Data from child care programs suggest a similar pattern. Black children are overrepresented across all expulsion categories collected, relative to their share of the population: expulsion referrals, expulsion with and without resources, parent withdrawal, and soft expulsions. We note that there is no credible research or evidence that points to Black children having different or worse behavior than their peers, and there is a robust research base pointing to bias as a contributing factor to racial disparities in discipline outcomes.

**Figure 4: Arizona Child Care Exclusionary Discipline by Race and Ethnicity**

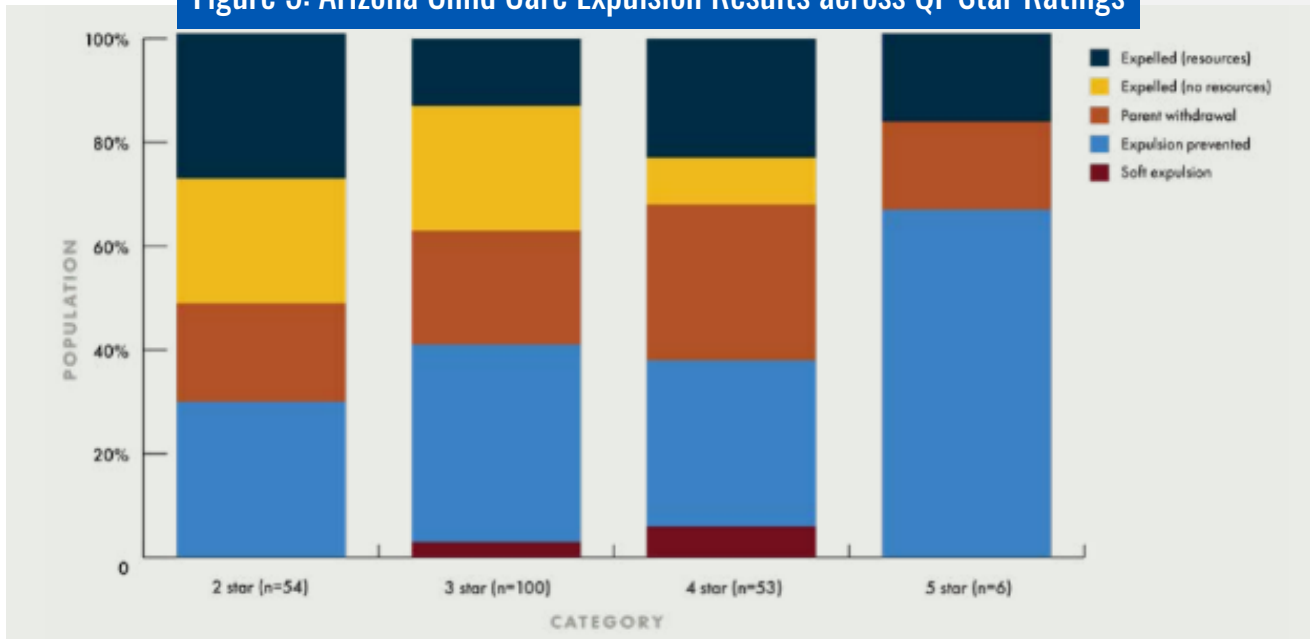


**Note.** Total does not include parent withdrawal.



Data also indicate that by far the most common reasons for expulsion referral are developmental concerns and externalizing behaviors, though there were some differences by group. Differences in the proportion of referrals that were expelled (with or without resources) versus prevented also differed by star rating in the QF system. Notably, expulsions occurred even at high quality levels in 3- and 4-star programs, with variability across rating levels in the percentage of cases that are prevented.

**Figure 5: Arizona Child Care Expulsion Results across QF Star Ratings**



## Tribal Early Care and Education

There are 22 federally recognized tribes in Arizona which encompasses the third largest American Indian population among all states. More than 288,000 tribal residents live in tribal communities in Arizona, including an estimated 22,000 children under five living in tribal communities in AZ. Each tribe has the sovereignty to self-govern, which gives tribal communities flexibility and autonomy in their approaches to community services including early care and learning. It is important to keep in mind the unique relationship that tribes have with the federal government and acknowledge the historical and contemporary harms and policies that have exacerbated inequities for tribal communities. **Tribal leadership and consultation is integral to advance equitable ECE systems in Arizona, and the state should actively and intentionally facilitate tribal consultation to determine how to best support tribes while honoring and upholding tribal data sovereignty.**

Multiple ECE agencies operate in partnership with tribal communities including federal (i.e., Head Start, CCDF) and state programs. Thirteen tribes in Arizona are grantees of the CCDF. At the state and regional levels, FTF has been leading collaboration efforts with tribal communities. Nineteen of the 22 federally recognized tribes in Arizona have dedicated tribal regional partnership councils that fund strategies related to early learning in tribal communities. For example, home visitation and QF are the FTF strategies with the highest levels of funding across tribal regions. Additionally, seven regional councils allocated roughly \$560,000 total to Native language preservation programs in 2023.



Access to community-based early childhood opportunities managed by tribal communities can contribute to the positive development of AI/AN children, such as tribal language immersion schools; Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs; tribal Head Start and Early Head Start; and home-based child care.

## Child and Family Well-Being

The focus of this report is on the ECE system in the state. Indeed, a strong ECE system is critical to children's development and learning and to parents' ability to work. **But, it is inadequate on its own.** Families and young children need to have their basic needs met in order to thrive. Research provides a clear set of conditions that should be addressed to support young children's health, development, and learning, beginning with the most important factor in children's lives: their families.

**Ensuring parents and primary caregivers have the resources and support they need to be economically secure, healthy, and well is perhaps the most important investment policy makers can make to support healthy child development.** This means ensuring families are economically secure, and have stable and safe housing, access to nutritious food, and consistent healthcare, including mental healthcare. These conditions enable families to raise healthy, happy, thriving children.

However, according to the annual 2023 Kids Count data report, Arizona ranks low on every index of child-wellness, with a composite ranking of 39th out of 50 states.

- **In Arizona, 2/5 of households have difficulty affording basic food, shelter, utilities, healthcare, and transportation.** This is at its highest rate since 2020. Arizona is among the states with highest income inequalities, with American Indian, Latine(o/a), Black households, and households with children having the highest challenges paying for their basic needs.
- **The state ranks 48th out of 50 states and D.C. in reduced access to healthcare, with 8.5% of children under age six not having access to health insurance, compared to 5.4% of children nationally.** Arizona saw a decrease in the number of children under age 18 without insurance from 12% in 2012 to 8.5% by 2018. Between 2017 and 2022, the number of children enrolled in KidsCare (the Arizona Children's Health Insurance Program housed at Arizona Health Care Cost Containment System) increased each year up to 62,397 in 2022. The recently passed 2023–2024 state budget expanded KidsCare eligibility to 225% of the FPL, providing healthcare to an additional estimated 12,000 children.
- **Only 11% of unemployed Arizona residents have unemployment insurance, and only 6% participate in the state's cash assistance program (i.e., TANF).** This reduced take-up in services is likely due to the stringent eligibility criteria.
- **The state ranks 15th in the rate of homelessness** overall, compared to other states. Arizona had one of the largest increases (9.1%) in family homelessness between 2019 and 2020.
- **The state ranks 46th out of 50 states in its access to mental healthcare** for children and adults.





# Recommendations

Equipped with data and research, the state of Arizona has the opportunity to make meaningful, lasting investments and key policy decisions that can ensure opportunity for the youngest learners and their families for years to come.

What We Learned	What We Recommend
<ul style="list-style-type: none"> <li data-bbox="186 510 781 800">✓ <b>Arizona families with children struggle across a range of issues</b>—affording basic needs, economic security and mobility, well funded quality early learning and K-12 education experiences; and access to mental and physical healthcare. <b>Each of these can be addressed through improved state policy and investments.</b></li> <li data-bbox="186 835 781 1062">✓ <b>Inadequate public funding, restrictive eligibility, uneven policies, and a narrow quality framework</b> have resulted in inconsistent access to <b>quality early care and learning</b> that affects Arizona families across geographic regions.</li> <li data-bbox="186 1098 781 1247">✓ Substantial gaps exist in Arizona around <b>quality, affordability, and accessibility for families; and working conditions, support, and wages for early educators.</b></li> <li data-bbox="186 1283 781 1539">✓ Arizona ranks <b>near the bottom of national rankings</b> in access to, quality of, and per child investments in public pre-K. Arizona also lags behind other states and nationally recommended standards in some child care state licensing standards, including, <b>ratios and group sizes.</b></li> <li data-bbox="186 1575 781 1759">✓ <b>There has been a lack of attention to children from historically marginalized groups</b>, such as children with disabilities and dual language learners, across programs and systems.</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="836 510 1430 800">✓ <b>Invest in the whole child, whole family.</b> An improved ECE system is essential, but insufficient. The state should invest in policies to support overall child and family health and wellness, starting by <b>expanding child tax credits</b> which could drastically reduce poverty rates among Arizona’s young children.</li> <li data-bbox="836 835 1430 1157">✓ <b>Establish a Children’s Cabinet</b> to set policy priorities that increase access, enhance quality, and ensure fairness in the system; secure and maximize funding; establish an integrated early childhood data system to track progress- with an emphasis on closing opportunity gaps; and examine a most efficient governance structure for the state ECE system.</li> <li data-bbox="836 1192 1430 1556">✓ <b>Increase funding and expand access to ECE.</b> Appropriate ongoing state funds and blend them with federal funds, to expand access to high quality care for families who need and want it, ensuring a mixed delivery approach that targets low income communities and those with low child care supply first. Pilot universal eligibility across the early childhood years in the highest need communities.</li> <li data-bbox="836 1591 1430 1703">✓ <b>Develop and implement an action plan to better serve groups of children who have been historically marginalized.</b></li> </ul>

What We Learned	What We Recommend
<ul style="list-style-type: none"> <li data-bbox="186 315 779 493">✓ Arizona’s <b>quality framework</b> is narrow in scope, leaving out equity-focused indicators important to the experiences of children from historically marginalized groups and providers.</li> <li data-bbox="186 525 779 682">✓ Infant and early childhood <b>mental health consultation</b> is a bright spot, demonstrating effectiveness at improving classroom climate, reducing expulsion.</li> <li data-bbox="186 714 779 861">✓ Nearly half of young Arizonan children are <b>dual language learners</b> (DLL), but little to no policies or dedicated funding to support their development exist.</li> <li data-bbox="186 892 779 1071">✓ Arizona has major gaps in serving <b>children with disabilities</b>, especially around access to child care subsidies, inclusive learning in preschool, and professional development.</li> <li data-bbox="186 1102 779 1249">✓ The existing <b>governance structure</b> of Arizona’s ECE systems is inefficient and may contribute to a lack of alignment across systems, policies, and programs.</li> <li data-bbox="186 1281 779 1501">✓ Arizona lacks a <b>coordinated data system</b> to understand the wellness and development of young children, workforce needs, and program level characteristics, although some progress has been made in recent years.</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="836 315 1429 567">✓ <b>Enhance quality.</b> Establish a holistic quality framework, starting with improving child care licensing standards - including ratios and group sizes- to ensure health and safety; update and expand the state’s QRIS system; align and coordinate quality funding.</li> <li data-bbox="836 598 1429 777">✓ <b>Improve policies for DLLs.</b> Collect better data, increase funding for bilingual learning opportunities, and ensure professional development and policies to support DLLs.</li> <li data-bbox="836 808 1429 997">✓ <b>Address the exclusion of children with disabilities across systems,</b> including licensing, professional development, the quality rating system, child care subsidies, and preschool placement.</li> <li data-bbox="836 1029 1429 1291">✓ <b>Improve the state’s child care expulsion prevention policy,</b> collect better data on harsh discipline, build out more clear, comprehensive, and synchronous professional supports, and establish accountability structures and a more clear line to parents.</li> <li data-bbox="836 1323 1429 1617">✓ <b>Establish an infrastructure grant program to address facility needs and supply shortages,</b> prioritizing projects that increase health and safety, including ensuring drinking water is clean, indoor air quality is adequate, outdoor play areas are safe, and all buildings are accessible to children with disabilities.</li> </ul>