

START WITH EQUITY

ARIZONA

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

**CHILDREN'S EQUITY
PROJECT**

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Introduction

Decades of neuroscience, developmental science, and education research find that children’s experiences in their early years are critical for setting their trajectories in a positive direction.¹

At the foundation of healthy development are responsive, warm, and secure relationships with adults, including 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.² For many families, the main setting outside the home where children spend time is in early care and education (ECE) programs, whether that is family or home-based child care, Head Start, center- or school-based child care, or preschool. These settings—and importantly the caregivers who are tasked with caring for and educating young children in these settings—greatly influence children’s development, health, and overall well-being.³

Unlike most wealthy nations around the world, the United States does not have a universal ECE system.⁴ Instead, there are various programs, each with differing purposes, quality standards, eligibility requirements and enrollment process, funding levels, and funding streams that families have to navigate. This fragmented system results in uneven **access to care**, fundamentally **different experiences in care**, and **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.⁵

Decades of underinvestment paired with inadequate ECE quality efforts, discussed in detail in this report, have contributed to Arizona’s ECE systems ranking among the lowest in the nation by multiple measures. This is evidenced in part by a stagnant child care provider reimbursement rate that went on for more than a decade, little funding for public preschool, a lack of state investment in Head Start, and a near-bottom ranking in K–12 education per pupil expenditures.⁶ As of 2021, only one in five of Arizona’s

children ages three to five enrolled in child care programs were in quality settings, which includes federally funded Head Start programs, child care providers accredited by a national body, or those having achieved a high quality rating (three-, four-, or five-star) in the state’s quality rating and improvement system (QRIS).⁷ ECE system quality is also lacking across several domains, such as developmentally appropriate child-to-adult ratios and group sizes.

As is the case nationally, these systemic failures do not fall evenly across demographic lines and have a disproportionate impact on children from low-income households, children of color, children with disabilities, and children involved in the child welfare system.⁸ By attending to the specific needs of children from historically and contemporarily marginalized communities and addressing systemic shortfalls, the state has the opportunity to better serve *all* children and families, and in doing so, invest in a thriving, healthy, educated Arizona.

This report deeply examines 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 review the data, research, and policy landscapes in the state, and provide a set of actionable recommendations that have the potential to transform the early learning landscape and positively impact children and families.

This report examines access to and quality of child care and public Pre-K, Head Start, the state’s quality framework, early care and education workforce compensation, children with disabilities, dual language learners, exclusionary discipline, Tribal Early Care and Education, and child and family well-being.

This report follows an [earlier report](#) that examined three key dimensions of inequity in the ECE system nationally: harsh discipline, inclusion of children with disabilities, and access to bilingual learning for dual language and English learners.⁹ We build on these three domains and add additional dimensions of analysis in the state, including: access to and quality of child care and public Pre-K, access to and investments in Head Start; the state’s quality framework; ECE workforce compensation and support; and child wellness and family well-being. We also review key early learning funding streams and programs in tribal communities. However, while we address many of the initiatives and activities that the state has implemented to support and expand ECE quality and access, the fragmented system makes it nearly impossible to analyze every single local, regional, and statewide approach.

Across these issue areas, one overarching theme is clear: states play an essential role in setting early childhood policy and determining whether their systems provide all children with positive learning opportunities or remain complicit in exacerbating historically entrenched inequities in learning conditions. Equipped with data and research, the state has the opportunity to make meaningful, lasting investments and key policy decisions that can ensure opportunity for the youngest Arizonans and their families for years to come.





SECTION ONE

Arizona's Young Children & Early Care and Education Systems

SECTION ONE

Arizona's Young Children

& EARLY CARE AND EDUCATION SYSTEMS

THE BIRTH TO FIVE POPULATION IN ARIZONA

Young Arizonans represent a rich diversity of different cultures, races, ethnicities, and languages. According to the most recent data from 2022, there are approximately 393,413 young children, birth through age five, in Arizona.¹⁰ There are 22 federally recognized tribal nations in Arizona with nearly 22,000 children under age five, or 4.26% of Arizona's total population of children under five.¹¹ Tribal nations and tribal sovereignty play a particularly important role in the Arizona context, and partnerships between the state and tribal nations are critical to the ECE system. According to the most recent data in 2021, 39% of children in Arizona were Latine(o/a), 31% White non-Latine(o/a), 11% two or more races, 7% some other race, 5% were Black/African American, 5% American Indian or Alaska Native (AI/AN), 2% Asian, and 0.2% Native Hawaiian/Pacific Islander (NH/PI).¹²

Arizona also has a diverse language composition: 42% of children under age five are dual language learners. However, only 2% of children under age five receiving a child care subsidy in Arizona spoke a language other than English.¹³ It is important to note that language data was only available for about 50% children receiving subsidies because it is not a required field. This speaks to a larger issue of lack of availability of high quality demographic data to better understand the equity landscape of ECE. Additionally, according to the U.S. Census, 27.1% people over the age of five speak a language other than English at home, and 20.4% speak Spanish.¹⁴ This is essential context given research suggests that being bilingual and receiving

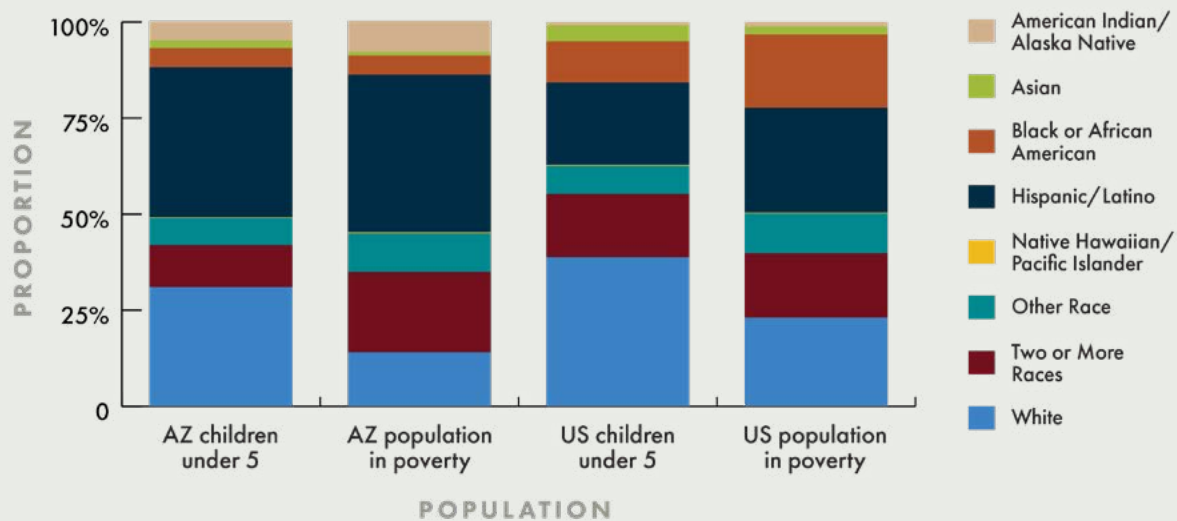
bilingual education can provide a host of cognitive benefits for children's development.¹⁵

In Arizona, 3.18% of children ages three to five were served through early childhood special education services, as compared to 6.7% nationally.¹⁶ In Arizona, 2.18% infants and toddlers were found eligible for early intervention services, as compared to 3.7% nationally.¹⁷ It is important to note that these lower rates of children served in Arizona as compared to the national average are likely, in part, due to restrictive Part C eligibility requirements in the state.

Many of Arizona's young children face hardships created by poverty. Poverty is negatively associated with virtually every outcome across domains, including education, health and nutrition, and future economic stability and mobility.¹⁸ In 2021, there were approximately 18.6 million children living in the United States under age five, an estimated 18% of whom were in households under the poverty level. In Arizona, the child poverty rate for children birth to five is higher than the national poverty rate, with approximately 23.3% of Arizona children under the age of five living in households below the federal poverty level.¹⁹ The impact of poverty is also unevenly distributed across communities of color nationally and in Arizona. Nationally, Black and Hispanic/Latino children in poverty are overrepresented relative to their share of the population, and White and Asian children in poverty are underrepresented. In Arizona, AI/AN and Multiracial children in poverty are overrepresented and White children are underrepresented relative to their share of the birth to five population (see Figure 1).

The state's rate of children in poverty can be drastically reduced by policy action from the state legislature and the federal Congress. For example, in 2021 in response to the COVID-19 pandemic, Congress passed a temporary

Figure 1: Birth to Five Population by Race/Ethnicity and Poverty Status



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internet, utilities, gas, and transportation. Additionally, the analysis indicated that the CTC supported families’ ability to pay down credit card debt, put money into savings for future emergencies, lowered their stress, and improved their overall well-being in 2021. Parents overwhelmingly agreed that the CTC was helpful to their families’ economic stability during the pandemic.²² However, this poverty rate more than doubled in 2022 after the tax credit ended.²³

expansion of the Child Tax Credit (CTC), funded through the American Rescue Plan Act (ARPA), resulting in an astounding 46% decline in child poverty, hitting a record low of 5.2% in 2021. One million children under age six and 1.9 million children between ages six and 17 were lifted out of poverty.²⁰

The expansion included an increase from \$2,000 per child to \$3,000 for children ages six to 17 and \$3,600 for children under age six, making it fully refundable which allowed low-income households to claim the full credit, and raising the qualification age from a maximum of age 16 to 17.²¹ According to a survey fielded in four states including Arizona, families reported using their tax credit to afford essentials like groceries, rent, mortgage,

ARIZONA’S EARLY CARE AND EDUCATION SYSTEMS

Federally, ECE comprises several major systems: child care, regulated and funded through the Child Care and Development Block Grant (CCDBG); Head Start and Early Head Start (EHS), regulated and funded through the Head Start Act; early childhood special education services, regulated and funded through Parts C and B Section 619 of the Individuals with Disabilities Education Act (IDEA), and state Pre-K systems, primarily regulated

and funded through states. Additionally, large amounts of funding were infused into Arizona’s ECE system through pandemic relief funds. These funds provided a vital lifeline to an already struggling system, where parents cannot afford to pay any more for child care, but providers cannot afford to earn less. These relief funds began to run out in September of 2023, creating a potential funding cliff that could leave many ECE providers in an even worse financial predicament than they faced before the pandemic.

States have broad discretion over how they manage most federal funds, and governance structures vary state-by-state. Moreover, the level of resources states make available—or do not make available—to support and supplement these streams is often vastly different. Lack of coordination, inconsistencies in policies like quality standards and eligibility determination, and fragmentation among states that have multiple agencies managing federal ECE funds create inefficiencies and most importantly, impact the access to and quality of care children and families experience.²⁴

Table 1: Fast Facts About Arizona’s ECE System

<p>Mixed Delivery System: One of the strengths of Arizona’s ECE systems is that children and families are served in diverse types of early learning settings, referred to as “mixed delivery.” Across communities, children are cared for in center-based settings, home-based settings, and informal arrangements such as family, friend, and neighbor care. The quality of experiences varies among these different types of settings. With adequate funding and resources, a mixed delivery ECE system can improve parental options that meet families’ needs and the type of care they seek based on affordability, responsiveness to their child’s individual learning needs, proximity to work or home, and family values and beliefs.</p>		
<p>Child Care Ratios: Child care licensing adult-child ratios allow nearly two times as many children per adult than recommended best practices.²⁵</p>	<p>Child Care Provider Reimbursement Rates: Reimbursement rates for child care providers were stagnant and insufficient for over a decade and were not raised until a recent infusion of federal resources in 2019, followed by federal pandemic relief funds.</p>	<p>Child Care Workforce Wages: ECE is one of the lowest paid professions, with a median wage of \$14.54—nearly two times less per hour than the average Arizona worker.²⁶</p>
<p>Pre-K Quality Standards: Arizona meets only three out of 10 identified benchmarks for quality Pre-K, which is in the bottom 11.3% of all public Pre-K programs.²⁷</p>	<p>Pre-K Access: Arizona is 44th out of 45 state programs in Pre-K access for four-year-old children and 25th in access for three-year-olds.²⁸</p>	<p>Pre-K Per Child Spending: 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.²⁹</p>
<p>Head Start Enrollment: 14,334 children birth through age five were enrolled in Head Start/Early Head Start programs in 2021. This accounts for 23% of three- to four-year-olds and 7% of infants and toddlers in Arizona living in poverty, compared to 30% and 9.4% respectively nationally.³⁰</p>	<p>Head Start Workforce: More than half of Head Start teachers are proficient in languages other than English, which is representative of the language demographics of children served, half of whom are dual language learners.</p>	<p>Head Start programs across the nation enrolled 51,120 children who were unhoused, more than 700 of whom were served in Arizona.³¹</p>

Arizona’s ECE system involves three agencies managing and coordinating federal and state early childhood investments, but four agencies influence and participate in establishing and implementing the state’s ECE policies.

- 1. The Arizona Department of Economic Security (DES)** is the lead agency for CCDBG. In this role, they oversee child care subsidies and quality funds funded by the *Child Care and Development Fund (CCDF)*. The agency also manages the Arizona Early Intervention Program (AzEIP) for infants and toddlers with disabilities through *IDEA Part C* and certifies family child care providers to care for up to four children in their home.
- 2. First Things First (FTF)** is the state’s early childhood development agency which manages the ECE scholarship program and the quality improvement and rating system, and funds community-based early childhood health and development strategies through regional councils.
- 3. The Arizona Department of Education (ADE)** manages preschool special education services under *IDEA Part B Section 619*, the Head Start Collaboration Office, and various other initiatives, like the *Preschool Development Grant (PDG)* and the High Quality Early Learning (HQEL) grant, the *Child and Adult Care Food Program (CACFP)*, the Homeless Education program under *McKinney-Vento*, early childhood birth to age eight teaching certification, and the state’s early learning standards and infant-toddler developmental guidelines.

- 4. The Arizona Department of Health Services (DHS)** manages the licensing dimension of the state child care system which includes child care facilities and group home care. Through its voluntary Empower public health program focused on health and nutrition strategies for children and families, participating state licensed or certified child care providers receive training and resources along with a discount on their annual child care licensing fees. DHS also oversees the *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*, *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)*; Strong Families, which is Arizona’s home visiting alliance), among other health programs for children and families.

(Note: *Italicized* text above indicates a federal funding source.)

Of note, the **Arizona Department of Child Safety (DCS)** is an important partner to the agencies listed above. DCS is charged with child protection, prevention efforts, and related services including the state’s mandated reporter and child abuse hotline, foster care and adoptions, resources for foster parents and kinship caregivers, and Healthy Families, a home visiting program for families of newborns and pregnant people funded by state general funds in 2023. DES child care subsidies are available for referrals from DCS or the Tribal Child Welfare program without regard to income. As part of CCDF implementation in Arizona, DCS also determines eligibility and refers children in DCS care, custody, or who are placed in foster care for child care assistance.³²



Table 2: Family Income Eligibility for ECE Funding Services

Program	Income Eligibility	Age Eligibility	Funding Source
Head Start and Early Head Start ³³	Up to 100% of the Federal Poverty Level (FPL) (\$30,000 or less annually for a family of four)	Head Start: Ages three to five (no older than the age required to attend school) EHS: Under the age of three, pregnant families	Federal Head Start funding appropriated by Congress, administered by the U.S. Department of Health & Human Services, and granted to individual grantees through a competitive application. Grantees include cities and counties, school districts, and local non-profit organizations.
DES Child Care Assistance ³⁴	At or below 165% of the FPL (\$45,804 or less annually for a family of four). For redetermination, a family's gross monthly income must be at or below 85% of the State Median Income (SMI) (\$73,176 annually or less for a family of four in FY23)	Infant through age 12	Federal CCDBG Child Care & Development Funds (CCDF) appropriated through Congress, administered by the U.S. Department of Health and Human Services (HHS), and distributed to each state, territory, or tribal CCDF-administering agency
Quality First Scholarships ³⁵	Up to 300% of the FPL (\$90,000 or less annually for a family of four or \$59,160 for a family of two) <i>This was increased from 200% of FPL in 2022.</i>	Children ages zero to five, not yet enrolled in kindergarten	State tobacco revenue administered through FTF and allocated by Regional Partnership Councils based on statewide strategies <i>Quality First scholarships may not be available in all regions of Arizona, and the number of scholarships available is limited.</i>
High Quality Early Learning Grant (HQEL) ³⁶	At or below 300% of the FPL (\$90,000 or less annually for a family of four)	Children ages three and four, prior to kindergarten entry	HQEL was funded by an intergovernmental agreement between DES and ADE using federal child care relief funding
Early Intervention (EI) and Preschool Special Education	No income requirements	Early intervention: Birth to age two Preschool special education: Ages three to five	Federal IDEA funding appropriated by Congress, administered by the U.S. Department of Education, and granted to states

Governance

Stronger coordination across the ECE system may enable greater policy and quality alignment, maximize resources, and simplify enrollment for families.³⁷ Recently, the Bipartisan Policy Center conducted an analysis on the integration and efficiency of ECE systems, based on their scoring system of governance structures developed in 2018. The 2023 analysis determined if and how states made progress over the past five years according to several governance factors like the number of state agencies administering ECE funds, coordination and collaboration among each stream, if a state early childhood advisory council exists to provide guidance, the placement of key offices such as the Head Start Collaboration Office, how data are integrated across these streams, and the implementation of a quality rating and improvement system (QRIS).³⁸ Arizona ranked in the bottom ten states for state integration both in 2018 and 2023, even slipping three spots since 2018 as other states worked to improve their administrative coordination and consolidate ECE governance structures. Only five other states scored lower than Arizona, which tied with Idaho and New Jersey for a rank of 45th out of 50.³⁹

Arizona is one of just 15 states that have three agencies managing early childhood funding, while 61% of states have two or fewer agencies administering these dollars. Half of states, including D.C., house the three major dimensions of the child care system under one state agency “roof” — child care licensing, quality improvement systems, and child care subsidies.⁴⁰

Funding

The majority of Arizona’s annual ECE funding for 2022 came from pandemic relief funds passed by Congress (more than \$1.3 billion between 2020–2021) while nearly all of the state’s ECE system continues to be funded by federal dollars—Head Start and Early Head Start (\$212.3 million), CCDBG excluding pandemic relief fund increases (\$196.6 million), and IDEA Part C (\$14.2 million) and Part B Section 619 (\$8.7 million) in 2022. **There have been no ongoing state general fund appropriations to early learning for more than a decade.** Although, some state funds were allocated to other programs that support child health and well-being, such as home visiting programs in the state’s 2023 approved budget and investments in the child welfare

Figure 2: Flow of Federal Funding Sources in Arizona

The federal Congress (green icon at the top of the image) appropriates funding to federal agencies such as the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (DOE) which then are allocated to states or, in Head Start’s case, directly to local grantees.



Note: First Things First is a state agency created by a voter initiative and funded by the state tobacco tax, whereas DHS, DES, and ADE are state cabinet agencies under the purview of the Governor.

Image source: Bipartisan Policy Center. (2018). *Creating a coordinated, integrated early care and education system: State early childhood administration—Arizona.* <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/01/Bipartisan-Early-Childhood-50-State-Report-AZ-2023-2.pdf>.

system through a required state match for federal funds (\$7 million in 2022). The state did fund child care scholarships for part-time college students (\$7.5 million to DES in 2022). Funding from First Things First tobacco tax (totaling \$116.5 million in 2022), which includes Quality First scholarships (\$20 million) and the CCDBG state match and maintenance-of-effort (\$30 million), makes up the remainder of the Arizona ECE funding sources (see Figure 3).

Figure 3: Arizona ECE Funding Sources 2022⁴¹

Arizona’s 2022 Federal ECE Funding Sources = \$431.8M (23.1%)	
Head Start/Early Head Start	\$212.3M
CCDBG and Mandatory Funds	\$196.6M
IDEA Part C	\$14.2M
IDEA Part B Section 619	\$8.7M
Arizona’s 2022 ECE Temporary Pandemic Relief Funds (69.9%)	
\$1,304,600,000	
Arizona’s 2022 State ECE Funding Sources = \$131M (7%)	
First Things First overall budget (Tobacco Revenue) which includes more than \$20M in funding (Quality First) and \$30M for CCDBG state match	\$116.5M
General Fund: Return to Work grants for child care scholarships to part-time community college students to Arizona Department of Economic Security	\$7.5M
General Fund: Contribution to Arizona Department of Child Safety to match federal child welfare funds	\$17M

Note. The ECE temporary pandemic relief funds chart includes funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law in March 2020 and Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act of 2021 signed into law in December 2021, both of which states spent into 2022. This calculation also includes funding from the American Rescue Plan Act (ARPA) for CCDF and stabilization grants signed into law in March 2021. The state ECE funding sources only identified funding for ECE and child care and do not include any other state general funds that may have been allocated for health care, mental health, or other allocations.

Because the United States lacks a public early childhood system, paying for the cost of ECE is often a joint effort between parent fees, federal, state, and local funding, and in some cases, private sector investments. Twenty-one states, such as Kentucky, have implemented public incentives for private sector investments in ECE through employer child care tax credits.⁴² Additionally, the Creating Helpful Incentives to Produce Semiconductors (CHIPS) and Science Act passed in 2022 included a requirement for the recipients of grants to create a plan to provide child care for all their workers, bringing together the private sector and child care requirements for the first time.⁴³

There have been no ongoing state general fund appropriations to early learning for more than a decade.



SECTION TWO

Quality

SECTION TWO

Quality

The positive child and family outcomes associated with early care and education are entirely dependent on the quality of care children experience.⁴⁴

Unfortunately, chronic underfunding in child care, paired with low licensing requirements and patchwork, sometimes uncoordinated quality policies and investments, have resulted in a system lacking in this crucial dimension of care—affecting children’s experiences and outcomes, parents’ peace of mind and decisions to work, and providers’ efficacy and own economic well-being.⁴⁵

Quality in ECE has generally been defined in two primary ways in the research literature:⁴⁶ 1) structural quality (e.g., classroom building, ratios, workforce credentials)⁴⁷ and 2) process quality (e.g., teacher-child relationships, classroom climate, instructional practices and organization).⁴⁸ Both of these dimensions of quality are critical. However, often neglected in these definitions of quality are specific indicators that disproportionately affect the experiences of children from historically marginalized communities. These include factors like harsh discipline, which Black children experience at higher levels—even in early childhood settings, despite no research suggesting worse or more frequent misbehavior; language of instruction, which disproportionately affects children who speak languages other than English at home, including over 40% of dual language learners in the state of Arizona; culturally- and contextually- responsive practices aligned with family and community beliefs about child rearing and child care; or implementation of high-quality inclusion practices to facilitate full participation of children with disabilities. These variables must be an essential part of quality.

In Arizona, and in most states, quality is driven by a Quality Rating and Improvement System (QRIS). Often, state quality investments are aligned with states’ quality frameworks, targeted toward increasing or improving

providers’ abilities to meet the indicators that are part of the system. Arizona is one of 18 states where participation in the QRIS is fully voluntary. In contrast, 47% of states require providers to accept child care subsidies in order to participate in QRIS.⁴⁹

In this section, we discuss the research on quality ECE, major quality frameworks in the field, the state’s QRIS, major quality investments, and briefly review the state’s findings on the costs of operating child care at various tiers of the existing quality rating system. We continue discussing quality across other sections of the report, as applicable.

Often neglected in definitions of quality in ECE are specific indicators that disproportionately affect the experiences of children from historically marginalized communities.

RESEARCH ON QUALITY AND CHILD OUTCOMES

A clear consensus of research findings suggest that quality in ECE is beneficial to children across a host of domains that they need to be ready for school and life.⁵⁰ Specifically, high-quality ECE has been associated with improved executive functioning, social and emotional skills, and pre-academic skills like early math and literacy.⁵¹ Therefore, quality is central to equitable ECE. High-quality programs tailor content and schedules to children’s developmental needs, provide warm and supportive peer and adult interactions, prioritize play-based learning, and develop children’s lifelong skills.

Access to high-quality ECE is essential for all children, however, those from historically and presently marginalized groups are the least likely to have access. For example, one analysis found that in states that collect disaggregated data, only 1% and 4% of Latine(a/o) and Black children, respectively, were enrolled in high-quality state preschool in 2019.⁵² Black, Latine(o/a), and Indigenous children are also more likely to experience poverty due to the legacies and current day manifestations of systemic racism and research shows that children living in poverty and children with disabilities may uniquely benefit from high-quality ECE.⁵³ Seminal studies such as the High Scope/Perry Preschool Project and Carolina Abecedarian Project have shown the long-term and even lifetime benefits of high-quality early childhood education in a sample of primarily Black children, particularly for low income children.⁵⁴ Researchers have also found evidence that high-quality ECE may have a buffering effect for low-income Latine(o/a) children.⁵⁵ For example, in a study comparing the outcomes of Latine(o/a) children in lower quality child care and higher quality Pre-K, researchers found that those in high-quality contexts performed better in third grade.⁵⁶ Additionally, research on Head Start, which serves all of these groups, shows that the program is beneficial for children, including additional benefits for dual language learners.⁵⁷ Head Start research, reviewed more in the “Head Start” section of this report, has been carried out using various research approaches, such as randomized control trials and longitudinal, intergenerational studies.

Unfortunately, most ECE settings today do not meet the level of quality that research indicates is needed to promote strong, long-term outcomes.⁵⁸ For example, both the High Scope/Perry Preschool Project and the Carolina Abecedarian Project had adult-child ratios lower than even the Head Start model, which has lower ratios and group sizes than most states, particularly for infants and toddlers.⁵⁹

High-quality ECE has been associated with improved executive functioning, social and emotional skills, and pre-academic skills like early math and literacy.

QUALITY FRAMEWORKS

The Head Start Model

The Head Start model, aligned with the Head Start Program Performance Standards (HSPPS), may serve as an important tool in building a holistic quality framework. The HSPPS encompass a more comprehensive array of programmatic functioning, including group sizes and ratios (see Table 5), school readiness goals and planning, alignment with research-based curricula, clear data requirements, staff qualifications and continuous coaching and support. Importantly, it includes indicators that disproportionately impact children from historically marginalized communities, such as requiring the provision of at least one bilingual staff when the majority of a classroom is made up of dual language learners who share a home language, required infant and early childhood mental health consultation and prohibitions on expulsions, and the inclusion of children with disabilities.⁶⁰ The model has been extensively studied, with demonstrated benefits across child social, pre-academic, and health outcomes, and family and parenting outcomes at the end of the program; mixed findings in academic outcomes in elementary school; and robust long term outcomes into adulthood and even intergenerationally.⁶¹ It is important to indicate that implementation of the model varies in fidelity across the 3,459 granted programs across the nation, potentially contributing to conflicting research findings. However, programs do not need to become Head Start grantees in order to use the HSPPS indicators as a model for quality. States can use the HSPPS to develop the foundation for quality requirements for state-funded Pre-K and child care licensing regulations. Arizona ECE partners can look to this framework as foundational; however, it is critical to understand the fidelity of Head Start programs in Arizona to the model.

National Academies Study: Closing the Opportunity Gap for Young Children

The National Academies of Sciences, Engineering, and Medicine (NASEM) recently published a report with recommendations across government on bridging the opportunity gap for young children. The report focused on children, and the systems that serve them, from birth

through age eight. The report included an exhaustive review of the current literature on early learning and development and identified major areas that are critical to address across systems that serve the youngest learners. The report concluded that clear opportunity gaps exist, fueled by historical inequities and compounded by contemporary inequities, including children's differential **access** to early learning systems and **experiences** within systems, with children of color, dual language, learners, children with disabilities, immigrant children, and children from low income communities facing the largest hurdles.

Report recommendations included building a universal system for early learning, and, in the context of quality, ensuring opportunity gaps are explicitly addressed. The report recommended an expanded and inclusive quality framework, noting that most state QRIS lack attention to equity, that is aligned across early learning and early grade systems, and includes attention to:

- Bilingual learning for DLLs
- Inclusion of children with disabilities
- Mental health supports and harsh discipline prevention
- Facilities that are safe and promote learning and health
- Research informed instruction and play-based pedagogy
- Small group sizes and ratios
- Authentic family engagement and partnerships
- A well prepared, supported, and fairly compensated workforce
- Community partnerships to support full child and family wellness
- Intentional transitions across the early learning and elementary school

National Institute for Early Education Research Quality Benchmarks

Each year, the National Institute for Early Education Research (NIEER) publishes a report that ranks states on the quality of their public Pre-K programs across ten benchmarks. The 2022 report also included total enrollment, funding, and per-child spending on 62 Pre-K programs across 44 states and D.C.⁶² With respect to quality, NIEER outlines and ranks states on measures such as whether or not a state has comprehensive and culturally-sensitive early learning standards, has

Why Alignment to the Head Start Model?

A comprehensive services model like the Head Start model focuses on a "whole child, whole family" approach. The Head Start model, for example, was developed over half a century ago and is scaled and delivered through programs in nearly every zip code in the United States. The comprehensive services approach includes an array of effective practices that address child development and family wellness for all children, as well as responsive practices that are particularly important for children from historically marginalized communities.

- Smaller ratios and group sizes than most state child care licensing standards, and some state Pre-K standards, which can enable higher quality interactions
- A focus on school readiness, including research based curriculum and assessments
- Inclusion of children with disabilities
- Health supports that include nutritious meals, movement activities, hearing and vision screenings, mental health support, and dental care.
- Priority and individualized services for children experiencing homelessness, children with disabilities, and foster children in the child welfare system.
- A community connected approach that links families to additional services that promote economic, health, and social well-being, like job training, housing assistance, English as a Second Language (ESL) classes, or finding a medical home.
- Family policy councils that ensure parent perspectives and priorities are reflected in program decisions
- Access to bilingual staff and programming for dual language learners
- Suspension prevention and prohibitions on expulsions
- Professional development plans and ongoing training and coaching for all staff

a minimum requirement of a bachelor degree and specialized training for teachers and a Child Development Associate® (CDA®) or equivalent for assistant teachers, if maximum group size is 20 or lower, and if maximum staff-to-child ratio is 1:10 or better, to name a few. The framework emphasizes the minimum criteria necessary to ensure effective state preschool programs but is not intended to serve as a full representation of quality components established by state policy.⁶³ For example, attention should be given to additional indicators such as state governance structures, inclusion of children with

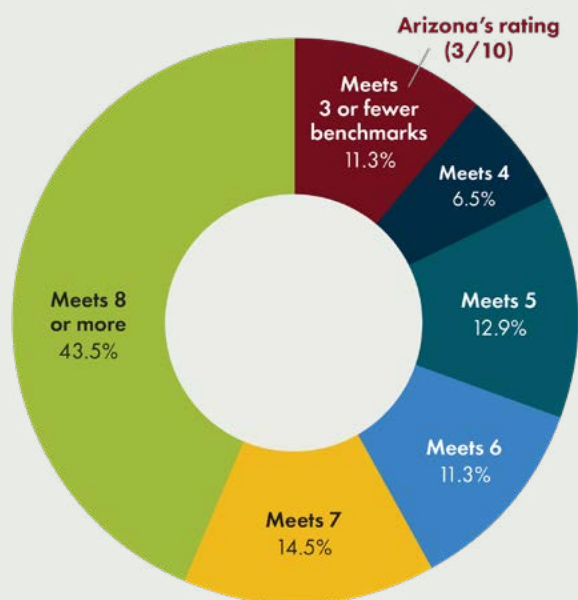
disabilities, support for dual language learners, and a culturally- and linguistically-responsive curriculum.

Nationally, 43.5% of state programs meet at least eight of ten NIEER quality benchmarks. Arizona meets only three of the ten benchmarks, placing it in the bottom 11.3% of state programs with three or fewer benchmarks met and one of only 11 states not meeting at least five of the benchmarks (see Table 3 and Figure 4). According to NIEER, a state should meet all ten benchmarks in order for its Pre-K programs to be considered quality.⁶⁴

Table 3: Quality Benchmarks that Arizona Meets Compared to Other States⁶⁵

Quality Benchmark	Arizona Meets	Total Number (Percentage) of Other State Programs that Meet Standard	Benchmark
1. Early learning and development standards	✓	60 of 62 (96.7%)	State has comprehensive, aligned, supported, and culturally sensitive early learning and development standards
2. Curriculum supports	✓	56 of 62 (90.3%)	State has an approval process and provides supports for curriculum
3. Teacher degree	X	33 of 62 (53.2%)	Teacher has a minimum of a bachelor degree
4. Teacher specialized learning	X	50 of 62 (80.6%)	Teacher is required to have specialized training in Pre-K
5. Assistant teacher degree	X	19 of 62 (30.6%)	Assistant teacher has a minimum of a CDA® or equivalent
6. Staff professional development	X	18 of 62 (29%)	Staff are required to have at least 15 hours per year of professional development, develop individual plans, and have access to coaching
7. Maximum class size	X	47 of 62 (75.8%)	Maximum class size ("group size") is 20 or lower
8. Staff-child ratio	X	50 of 62 (80.6%)	Maximum staff-child ratio is 1:10 or better
9. Screening and referral	X	43 of 62 (69.3%)	All children receive vision, hearing, and health screenings and are referred as applicable
10. Continuous quality improvement system	✓	41 of 62 (66.1%)	The system includes structured classroom observations where data are used for program improvement

**Figure 4: State Pre-K Programs
by Number of Benchmarks Met**



Note. Data points are from Friedman-Krauss, A., Barnett, S., Hodges, K.S., Garver, K.A., Weisenfeld, G.G., Gardiner, B.A., & Merriman Jost, T. (2023). *The state of preschool 2022: State preschool yearbook*. The National Institute for Early Education Research. <https://nieer.org/the-state-of-preschool-yearbook-2022>.

Quality Rating and Improvement Systems

QRIS are state systems that rate the quality of child care providers through the state-created rating systems and provide resources for quality improvement.⁶⁶ The original intent of QRIS was to create a system that would increase transparency and support families in making informed choices about their child's care, incentivize and support early childhood providers in reaching higher levels of quality, and give state leaders a better understanding of the ECE quality landscape in a state.

Arizona's QRIS (which the state calls a Quality Improvement and Rating System, or QIRS), Quality First (QF), is overseen by the state early childhood agency, First Things First (FTF), which is the voter-approved citizen's initiative Proposition 203 passed in 2006 funded through tobacco tax revenue.⁶⁷ The QF program includes a quality

rating system as well as support for quality improvement. Arizona's QRIS includes five components:⁶⁸

1. Coaching (e.g., technical assistance, on-site visits, individualized guidance and support for directors and teaching staff)
2. Assessment using the Infant/Toddler, Early Childhood, or Family Child Care Environmental Rating Scales® (ERS) and the Classroom Assessment Scoring System® (CLASS)
3. Financial incentives such as funds to be used annually for materials, facilities improvements, consultation, and professional development
4. Specialized assistance including child care health consultation and may include the regionally funded optional components of Infant and Early Childhood Mental Health Consultation (IECMHC) called Smart Support, and inclusion coaching
5. Professional development (e.g., connecting staff with the Arizona Early Childhood Career and Professional Development Network, college scholarships for ECE professionals, and training and professional development in the Arizona Early Childhood Workforce Registry aligned with the Arizona Early Childhood Workforce Knowledge and Competencies).

Additionally, the QF scholarships program provides scholarships for families in low-income households up to 300% of the FPL to access high-quality ECE. The number of scholarships assigned to programs and reimbursement rates are determined by the quality rating of the program and allocation of funds by FTF region. QF scholarships are not available in all FTF regions. Across the nation, around 43% of state Pre-K programs have no income eligibility requirements for parents to receive state Pre-K scholarships while around 40% have eligibility requirements between 185% and 300% of FPL, and 8% have a threshold of 300% of FPL.⁶⁹

The program involves a one- to five-star rating of ECE providers, with a higher star rating intended to indicate higher quality (see Table 4 for a description). The program has gone through a series of changes that took effect in July 2023. Changes included differentiated, tiered levels of coaching and financial support intended to focus resources on helping increase the quality of lower-rated programs.⁷⁰ Specifically, one- and two-star programs will receive increased and more intensive support, one- to three-star programs will receive direct program funding for goal-related materials and resources, and four- and five-star programs and Head Start programs will receive staff financial incentives.

Table 4: Quality First Star Rating System⁷¹

	One-Star Rising Star	Two-Star Progression Star	Three-Star Quality	Four-Star Quality Plus	Five-Star High Quality
Program Average	<i>Commitment to Quality Improvement</i>	<i>Approaching Quality Standards</i>	<i>Meets Quality Standards</i>	<i>Exceeds Quality Standards</i>	<i>Far Exceeds Quality Standards</i>
ERS	1.0–1.99	2.0–2.99	3.0–3.99	4.0–4.99	5.0+
CLASS Emotional Support (ES)			4.5	5.0	6.0
CLASS Classroom Organization (CO)			4.5	5.0	6.0
CLASS Instructional Support (IS)			2.0	2.5	3.0
No Classroom Below Minimum Score			ES = 4.25 CO = 4.25 IS = 2.0	ES = 4.75 CO = 4.75 IS = 2.25	ES = 5 CO = 5 IS = 2.75

In 2023, 1,473 (36%) licensed programs participated in the Quality First (QF) program in Arizona.⁷² Of those enrolled in the program 998 met their definition of high quality, indicating a star rating of three or above.⁷³ QF programs served (67.65% in 3- to 5-star programs) children, roughly 13.44% of the population of children birth to age five in the state.⁷⁴ QF scholarships provide paid slots to providers participating in the rating system that are designated for low income families and can be used for some quality costs (e.g., subsidizes lower ratios, more experienced staff, etc.). In 2022, 6,832 children received a QF and were served in a 3-5 star program, roughly 1% of the birth to age five population, and 11.6% of enrolled children. There are roughly 6,029 children with disabilities who are enrolled in Quality First programs, and of these, 76% are in three- to five-star programs. Unfortunately, the state does not publicly share other demographic characteristics of children participating in QF sites, including race/ethnicity, or language, making it impossible to understand equitable access to high-quality programming.

After a recent redesign, Arizona’s rating system exclusively utilizes the CLASS and the ERS as observational measures of classroom quality.⁷⁵ Part of the rationale cited was to move toward ensuring the rating system predicts child outcomes. Indeed, these tools have been shown in the research literature to capture critical dimensions of quality, particularly process quality and adult-child interactions.⁷⁶ They have also been found to predict some child outcomes.⁷⁷ **However, these instruments are limited in terms of equity and while the dimensions that they capture are critical to quality, they are insufficient in themselves, particularly in addressing the experiences of children from historically and contemporarily marginalized communities.** number of observational tools in recent years have been created to assess the implementation of inclusive practices. The Assessing Classroom Sociocultural Equity Scale (ACES) tool assesses equitable interactions and includes exclusionary discipline, the Inclusive Classroom Profile assesses the use of daily practices to support young

children with disabilities, and the Classroom Assessment of Supports for Emergent Bilingual Acquisition (CASEBA) which captures teacher support of home and English language development in classrooms with a high percentage of DLLs.⁷⁸

In addition, other factors related to workforce competencies, compensation, and working conditions—each of which are important contextual factors that shape adults’ and children’s experiences in care—are also lacking from the rating system. Other structural variables, like ratios and group sizes, which can set the foundation or enabling conditions for positive adult-child interactions, are also absent from the rating system, but were part of the rating system before the redesign.

A key challenge in Arizona’s QRIS and in many systems nationwide is the actual content or indicators that are used to rate providers often lack attention to practices and policies that deeply affect the experiences of children from historically marginalized communities, such as discipline policies and practices, which disproportionately affect Black children; language practices and access to bilingual staff, which disproportionately affect dual language learners; and inclusion practices that facilitate the participation of children with disabilities. If these indicators are not part of the quality framework in the state, quality resources are much less likely to be dedicated to them.

An early care and learning program can, for example, suspend children regularly, operate exclusively in English even if it serves mostly DLLs, or exclude children with disabilities, and still conceivably be rated highly in the quality rating system if those indicators are not considered in the scoring system.

According to the QRIS Compendium, a resource developed by the BUILD Initiative to explore state QRIS dimensions, only 11 QRIS programs report having some sort of racial equity approach in their QRIS. These indicators varied widely. For example, Idaho and Massachusetts reported offering observations in multiple languages, which should be standard practice. Virginia, New Jersey, and Michigan reported that QRIS raters receive training on implicit bias and culturally and linguistically affirming observations. These efforts are important, but far from sufficient. Beyond the rating system itself there are numerous numerous issues with the inclusivity of QRIS in program recruitment, participation, quality improvement, and rating measures and processes. Only 15% have a racial equity recruitment strategy and

State Spotlights

According to the QRIS Compendium, a resource developed by the BUILD Initiative to explore state QRIS dimensions, only 11 QRIS programs reported having some sort of practice or approach to address racial equity. These vary, and some states are making strides in embedding equity-focused indicators in their quality improvement systems.

- **Idaho and Massachusetts** offer QRIS classroom observations in multiple languages.
- **Alaska** requires training on bias and exclusionary discipline at their Level 3 rating, and allows points to be earned for programs that complete culturally responsive and reflective practice training and core competencies.
- Staff who rate programs as part of the QRIS in **Virginia, New Jersey, and Michigan** receive training on implicit bias and culturally and linguistically affirming observations.
- **Washington’s** system uses licensing as the first level of QRIS to include the broadest swath of providers and a combination of self-assessment and observations for rating and accountability similar to the Head Start model.

the few that report having a strategy often fall flat by simply offering materials in multiple languages, which should be standard rather than an “equity approach.” For example, Idaho reports targeted local recruitment of newcomer providers that includes a small cohort and efforts to build trust and establish relationships with the state QRIS.

The exclusive focus on predicting child outcomes may also be problematic or incomplete because the outcomes of focus are often narrow, and do not take into account unique strengths (e.g., bilingual development), experiences, and resulting disparities that children from marginalized groups face. For example, discipline outcomes, DLL bilingual development,

Child-to-Adult Ratios and Group Class Size

or peer social learning of children with disabilities are outcomes that are rarely, if ever, captured despite the robust research base indicating that these factors are associated with various long-term academic and social outcomes. Data indicate that children who are suspended or expelled are more likely to experience school disengagement and repeat a grade, and are less likely to graduate high school.⁷⁹ Research indicates that DLLs who maintain and strengthen their bilingualism are more likely to attend four-year institutions of higher education and earn higher wages in adulthood.⁸⁰ DLLs who attend dual language immersion programs, outperform their peers in reading, and cognitive skills requiring inhibition and flexibility.⁸¹ Children with disabilities who receive their services in inclusive settings make greater academic gains.⁸² Yet, these outcomes are not considered key outcomes in most rating systems, including Arizona.

Considering the gaps in the existing QF framework in the state, we approach the remainder of the quality sections with caution, noting that everything that flows from the quality framework, including “cost of quality” estimates and quality investments, may not fully capture the array of indicators that research suggests are important to children’s and providers’ experiences and the full spectrum of child outcomes that are important to capture. These estimates are buoyed in some areas to licensing requirements (e.g., ratios and group sizes), which may not be aligned with the field’s understanding of best practices.

One of the most fundamental enabling conditions for quality adult-child relationships and interactions in ECE settings are low child-to-adult ratios and group or class size limits. Ratios not only affect physical safety and supervision, they also influence the quality and quantity of adult-child interactions, which developmental science and neuroscience have both demonstrated are the foundations for learning, social learning, and child development more broadly. Indeed, learning during this phase of development is highly reliant on a responsive caregiver and positive, enriching adult-child interactions. A toddler who has to share their teacher’s attention with seven other children will get a drastically different experience than one who has to share their teacher with three other children. A meta-analysis of studies on adult-child ratios worldwide found that smaller adult child ratios were associated with improved process quality in ECE settings.⁸³ It is also important to note that the landmark ECE research studies that found life changing outcomes—the Perry Preschool Model, Abecedarian, and the Chicago Parent Program—each had low ratios and group sizes (e.g., 1:3 for infants to 1:6 for five-year-olds). Finally, it is also important to note that large ratios and group sizes not only affect children, they affect teachers and are an important dimension of working conditions.

Ratios and group sizes are specified by child care licensing at the state level. There are three major national recommended standards for child ratios and group sizes: Caring for Our Children (CFOC), standards set forth by the National Association for the Education of Young Children (NAEYC) program accreditation, and the HSPPS. Arizona’s ratios and group sizes do not meet any of these three national standards, and fall well below other states’ standards (see Table 5).

In Arizona, one adult is responsible for up to five infants or eight two-year-olds, more than double both the CFOC and Head Start’s markers, and above NAEYC’s marker. Arizona’s ratios for preschoolers are also worse than these national markers. Only four other states have higher ratios of infants-to-teachers compared to Arizona, though 22% of states also have a ratio of 5:1 for infants. The majority of states (nearly 63%), including D.C., have a ratio of 4:1 for infants which aligns with both NAEYC and Head Start standards and 38 states have better average ratios for young children than Arizona.

Table 5: Quality Benchmarks for Child-to-Teacher

Ratios for Center-Based Care

Quality Benchmark	Infants UP TO 12 MONTHS	Toddlers UP TO 35 MONTHS	Preschool age 3–5 YEARS
Caring for Our Children ratios ⁸⁴	3:1	4:1	7:1–8:1
NAEYC ratios ⁸⁵	4:1	6:1	10:1
Head Start ratios ⁸⁶	8:2–9:3		15.2–20:2
Arizona	5:1	8:1	13:1

COST OF OPERATING CHILD CARE ACROSS LEVELS IN ARIZONA'S QUALITY RATING SYSTEM

High quality child care costs more to provide, as it requires teachers to have higher levels of training, smaller adult-child ratios, evidence-based curriculum, and professional development. In 2020, FTF conducted a study to preliminarily identify estimates for the costs of providing care across the various levels in the state's QRIS. These estimates are different from the market rate, since the market rate is constrained by parents' ability to afford services and is aligned with state regulations, which often have a lower quality bar than what research suggests is optimal for children's experiences and outcomes (e.g., low ratios and group sizes). Figure 5 compares the daily cost of providing care at a Quality First three, four, or five star level of quality, the daily cost of care according to the most recent market rate (based on DES District I in Maricopa County), and the DES child care provider reimbursement rate.⁸⁷ DES provides enhanced reimbursement rates for high-quality providers, which was further enhanced with ARPA funding. Programs that are nationally accredited or QF three-star, four-star, or five-star programs received a quality reimbursement rate (35% beginning in October 2021, 50% beginning in November 2022). As can be seen in Figure 5, the daily cost of quality for four- and five-star programs far exceeds the DES reimbursement rate. We note, however, that Arizona's quality framework and rating system, Quality First, lacks many dimensions of quality that have been shown to influence and shape children's experiences in care, harsh discipline, inclusion of children with disabilities, and access to bilingual staff and learning for dual language learners, a large proportion of Arizona's youngest children. Therefore, the cost of quality presented here only accounts for the factors considered in QF at the time of the study, and costs would likely be higher if the full range of quality dimensions were considered.

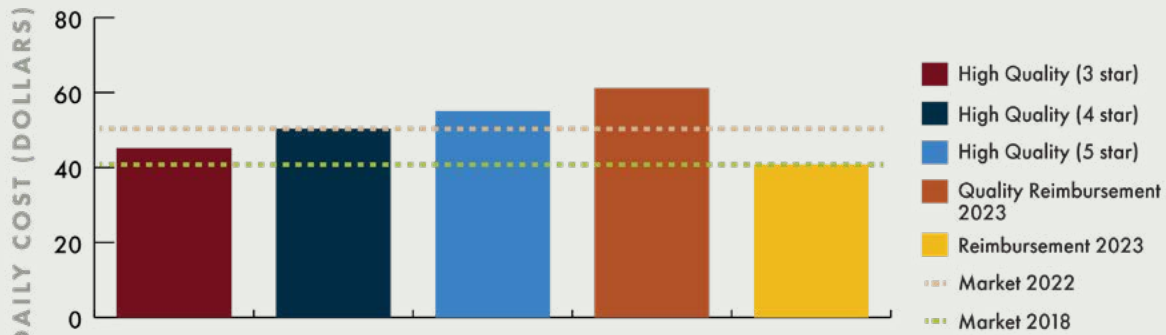
ARIZONA'S MAJOR QUALITY INVESTMENTS

Child Care and Development Block Grant Quality Set-Aside

A key component of quality expenditures in Arizona are CCDF funds that are designated to be set-aside for quality. DES is the lead agency that administers CCDBG, and oversees this quality set-aside spending. Quality activities are reported annually to the federal government through the Quality Progress Report (QPR).⁸⁸ In Arizona, DES reports spending funds on Child Care Resource & Referral (CCR&R), preventing suspension and expulsion, the Professional Career Pathways Project (PCPP), CCDBG training and professional development, and quality enhancement and accreditation. Quality funds used to support CCR&R included switching to a new child care information line, website improvement, community partnership with Pima County to track the Pima Early Education Program Scholarships, and social media marketing campaigns called "Little Moments. Big Impact" to raise awareness about the need to provide quality child care for Arizona families. Funds on workforce development supported 1,796 scholarships for formal education institutions, 444 financial bonus/wage supplements tied to education levels, and 1,796 career coaches and consultants to help providers progress their education. Between October 1, 2021 and September 30, 2022, DES reported that funds for technical assistance supported coaching to improve child care provider business practices (serving 91 providers); PCPP (728 scholarships); mental health support for the ECE workforce (995 providers); diversity, equity, and inclusion (365 providers); emergency preparedness (3,777); expulsion prevention service (920 trainings, 348 TA sessions); and CCDBG topics training including the CCDBG health and safety standards (1,028 trainings, 317 TA sessions), infant/toddler care (281 trainings, 28 TA sessions), and 351 other trainings. CCDBG also requires an additional 3% be set aside for infant and toddler child care. Above and beyond this 3%, Arizona spent \$6,889,434 on training around infant and toddler topics to improve quality and supply, but no detail on the use of these funds was reported in the QPR. Additionally, \$6,896,554.00 was spent by FTF for QF scholarships for infants and toddlers.⁸⁹

Figure 5: Comparison of Cost of Quality, Market Rate, and Reimbursement

Rate Levels in Arizona for CCDF District I (Maricopa County)



Note. The high-quality estimates are from the unreleased Cost of Quality Study.

First Things First Quality Investments

FTF oversees QRIS, QF, and QF scholarships. The agency funds QF as a statewide initiative while local regions can choose to fund parts of the package like scholarships, incentives, and coaching based on community need and available resources. Additionally, QF scholarships are allocated to support slots in high-quality programs for children from low-income households. In fiscal year 2022, FTF invested 43% of its program services budget (\$59,582,865) on quality child care and preschool (e.g., Family, Friend & Neighbor care, inclusion of children with special needs, QF scholarships, QF coaching, start up, expansion, learning lab, and summer transition to kindergarten), 22% on family support and literacy (e.g., home visitation, native language preservation, parenting education, family resource centers), 12% on children's health (e.g., child care health consultation, oral health, food security, IECMHC), 4% on professional development and training (e.g., FTF professional REWARD\$, professional development early childhood professionals, Arizona Early Childhood Workforce Registry and college scholarships), 3% on research and evaluation (e.g., needs and assets reports), 2% for family and community engagement (e.g., outreach, media), and 1% on system coordination.⁹⁰ They also spend \$8 million on other programmatic expenditures and \$10 million on administration and general support.

Preschool Development Grant and High-Quality Early Learning Grant

The Arizona Department of Education (ADE) oversees the federally funded Preschool Development Grant (PDG). These competitive federal funds were awarded to Arizona between fiscal years 2015–2019 and most recently again in 2023. ADE also oversees the High Quality Early Learning (HQEL) grant program funded by ARPA federal child care relief dollars administered through DES. In 2023, 63 providers received HQEL grants with 1,474 children at or below 300% of the federal poverty level (FPL) enrolled full-time. According to the state's plan, with the newest round of PDG funds, ADE planned to build on HQEL through the new PDG award by sub-granting eligible providers to serve children through slots in high need communities and improve early childhood educator wages, family engagement, and inclusion of children with disabilities.⁹¹ HQEL aimed to expand access to high-quality ECE in high needs areas throughout the state as well as systems-building efforts like improving data integration, creating a statewide family engagement center and regional hubs, and supporting the pipeline for the ECE workforce through activities such as scholarships through the PCPP and Career and Technical Education (CTE) programs.



SECTION THREE

Child Care

SECTION THREE

Child Care

In this section we discuss formal child care that is licensed by the state, though a continuum of care exists including parental care and license-exempt family, friend, and neighbor care.

Formal child care encompasses the 3,721 total DHS licensed child care centers, DHS certified group homes, DES certified family child care providers, DES non-certified relative care, as well as providers licensed by military or tribal providers.⁹² The primary source of public child care funding in the United States is the Child Care and Development Fund (CCDF), authorized under the Child Care and Development Block Grant (CCDBG). CCDF serves families with children younger than 13, or older than 13 if the child meets special requirements.⁹³ Funding is block-granted to states which have to meet minimum federal health and safety standards and have wide discretion in the administration of the program. Most of the funding is administered via subsidies for eligible working families. Because of inadequate funding, nationally fewer than one in five eligible working families receive a child care subsidy.⁹⁴

In June 2023, there were 25,600 children birth to age six served through CCDF in the state on average each month, which is 4.2% of all young children in this age range, and 30% of CCDF-eligible children.⁹⁵ The income limit for CCDF eligibility is at or below 85% of SMI, though states have the flexibility to set eligibility levels that do not exceed this threshold.⁹⁶

To be income eligible for child care subsidies in Arizona, a family must be below 165% of FPL, equating in FY23 to an income of less than \$45,804 annually for a family of four or \$30,216 for a family of two, and below 85% of the state median income (SMI) for redetermination which is \$73,176 annually for a family of four or \$49,764 for a family of two.⁹⁷ Additionally, parents are required to be employed or participating in a specific educational or

Children's need for responsive, safe, and quality care; families' inability to pay more; and providers' inability to earn less point to the need for greater public investment.

training activity and to pay a copayment to the provider based on family size and income.⁹⁸ There are exceptions such as children referred by the TANF program, in the state child welfare system, or in Tribal child welfare are automatically eligible for child care subsidies without regard to income. Children who are found eligible must be paired with a DES-approved child care provider, resulting in gaps between eligible children and providers that are contracted to accept DES subsidies.

The definitive reason for this gap in eligible children who are receiving services is unclear; however, a reduced number of child care providers contracting with the state (see Figure 8), the requirement for a child care slot to be available in order for a child to be approved for a subsidy, and accessibility of affordable options for parents may all play a role. For example, child care for infants and toddlers is more expensive than in-state university tuition in three fifths of all states and D.C., including Arizona.⁹⁹

Nationally, 67% of children under six have all parents in the workforce, making child care a necessity.¹⁰⁰ In Arizona, 63% of children under six have all parents in the workforce.¹⁰¹ Additionally, 9.3% of Arizona children birth to age five had all parents in the workforce and were in poverty and 12.7% had some parents in the workforce and were in poverty.¹⁰² A 2021 Bipartisan Policy Center report of child care in 35 states showed that 31.2% of children in these states experienced child care gaps, whereas the gap was 25% for Arizona overall, with even higher gaps (37.3%) in rural Arizona counties. Children

who are Black, Latine(o/a), Indigenous, and other children of color, those living in households that earn under the state median income, and those below the federal poverty line had larger child care gaps than the rest of the state.¹⁰³ For example, the child care gap was eight points larger in opportunity zones (low-income communities designated as areas in need of investment).¹⁰⁴

Children’s need for responsive, safe, and quality care; families’ inability to pay more; and providers’ inability to earn less, point to the need for greater public investment. Unfortunately, to date, these levels of public investment, both federal and state, have not been made. The funds and supports that are available may be inaccessible, resulting in families struggling to find and keep care, children having subpar experiences, child care providers struggling to stay out of poverty, and programs having difficulty keeping their doors open and staying financially afloat.

Home-Based Child Care

In 2023, the Bipartisan Policy Center explored parents’ needs and preferences with respect to child care. They found that about a quarter of parents reported needing child care during non-traditional hours like nights or weekends, though many center-based providers do not currently have the capacity to offer these options.¹⁰⁵ Home-based providers and informal child care arrangements may help fill this service gap. In Arizona, there are three formal types of home-based child care—DES certified family child care providers, DES non-certified relative providers, and DHS certified child care group homes.

- DES Certified family child care providers can care for up to four children at one time in their home. There are 254 across the state.¹⁰⁶
- Home-based providers who care for five or more children through age 12, but no more than 10 children, in their home for compensation are required to become certified by DHS.¹⁰⁷ There are 285 DHS licensed group homes operating across the state.¹⁰⁸
- Non-certified relative providers are adults who are related to a child who is eligible for child care assistance and who provides care for the child in the child’s home or their own home while the parent is working. These include grandparents, great-grandparents, aunts, uncles, and adult siblings not residing in the same home. There are 753 non-certified relative providers approved to provide child care in Arizona.¹⁰⁹

Informal Child Care

There are limited data related to informal child care arrangements in Arizona which include children being cared for by their grandparents, other family members, family friends, or neighbors. Arizona does not require informal, in-home caregivers to be regulated as long as they care for no more than four children at one time for compensation.

Across the nation, 56% of parents reported using informal child care, often relying on grandparents and other relatives. Between 3% and 5% of parents reported using non-relative friend and neighbor care; rural and Native American families report similar usage. Parents reported valuing and preferring informal care because of convenience, flexibility, and their sense of trust and safety with relatives and others with close relationships.¹¹⁰

Parents of young children consider many factors when determining a child care setting such as affordability, closeness and location, quality of the environment, provider values and pedagogical approach to teaching children, and work hours, among others. Access to child care impacts families’ ability to work and contribute to their overall well-being and economic success. For example, more than half of parents nationally reported that child care impacted their decision to accept a job or to reduce their work hours.¹¹¹ In Arizona due to child care issues, 71% of parents reported missing work during the pandemic, one third experienced disruptions to their employment, and 6% were forced to quit.¹¹²

The state is making efforts to reach this population of caregivers. For example, FTF’s Family, Friend, and Neighbor (FFN) strategy is designed to support FFN caregivers that serve children in license exempt home-based settings and to improve the quality of caregiving by strengthening positive interactions and the learning environment.¹¹³ In state fiscal year 2023, FFN was offered by FTF in 13 regions and served 828 caregivers.¹¹⁴

Low levels of federal and state investment in early childhood education have left families, children, child care providers, and programs struggling.

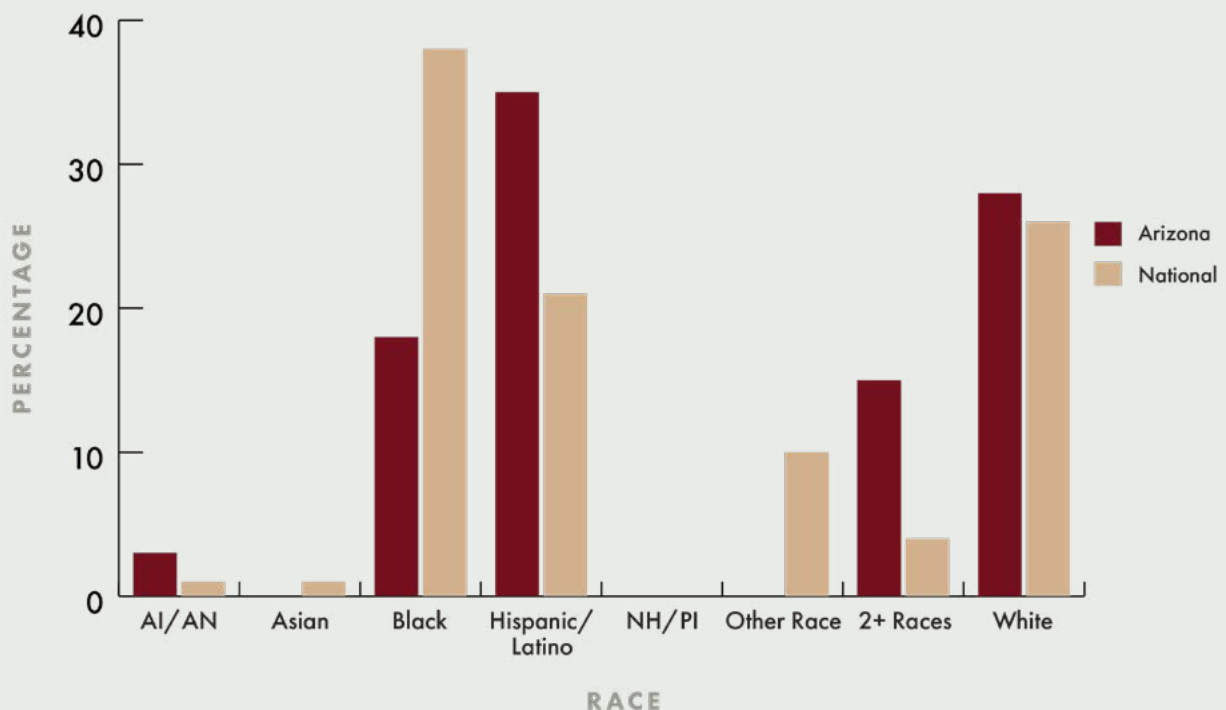
Family Support

First Things First invests \$30.5 million in strengthening and supporting families. These efforts focus on family support and literacy interventions, including court teams, family resource centers, family support coordination, home visitation, coordinated referral system, Native Language Preservation, Parenting Education, and Parenting Outreach and Awareness.¹¹⁵ Family Support Coordination is funded by the Tohono O’odham Nation region. In fiscal year 2022, 1,260 caregivers participated in evidence-based parenting education programs, and 4,280 families participated in evidence-based home visiting programs.¹¹⁶

UTILIZATION OF CHILD CARE SUBSIDIES

Across the nation, 13.5 million children are eligible for child care assistance under federal rules.¹¹⁷ However, states have the authority to and often exercise more restrictive eligibility criteria. This represents approximately 14% of all children eligible under federal rules and 22% of all children eligible under state rules in an average month. Families receiving child care subsidies across states range from 5% to 32% of eligible children under state requirements and 4% to 18% under federal eligibility.¹¹⁸ Presently, less than 0.5% of child care subsidies in Arizona support children with disabilities.¹¹⁹ More work is needed to understand the barrier to access for children with disabilities. Additionally, a HHS and OCR rule proposed in September 2023 (88 FR 63392) would explicitly state the requirement of child care providers to comply with section 504 of the Americans with Disabilities Act.

Figure 6: Children Served by CCDF Nationally vs. Arizona



Note. Both in Arizona and nationally, CCDF does not report serving Native Hawaiian/Pacific Islander children.

Figure 7: Arizona Child Care

Utilization

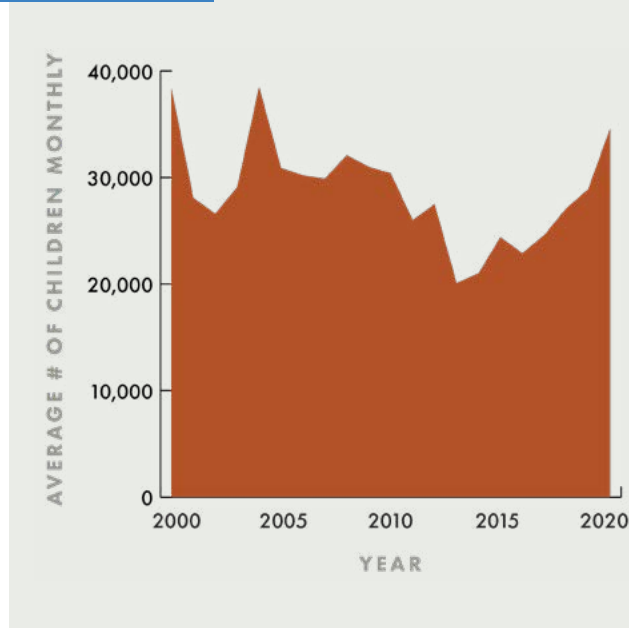
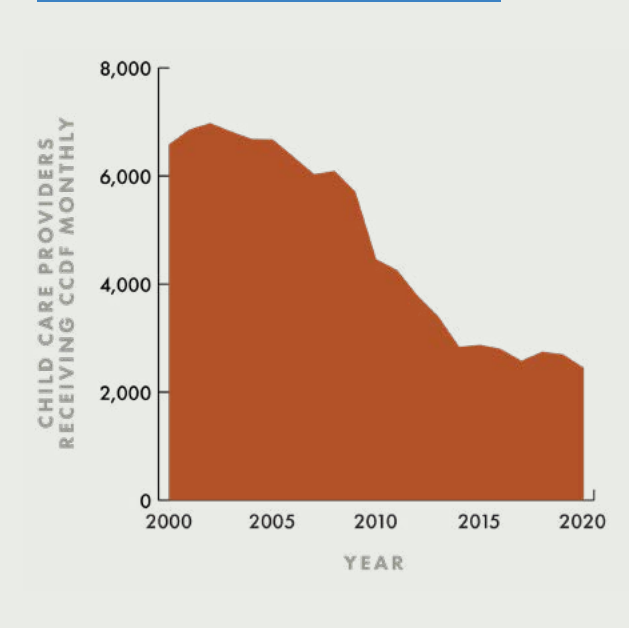


Figure 8: Arizona Child Care

Providers Receiving CCDF



Common reasons stated for not admitting children with disabilities include diapering, medication, and other areas of need for one-on-one assistance. This rule would clarify that providers should make “reasonable modifications” to their policies to integrate children with disabilities. For example, centers that provide diapering for young children would also be required to provide diapering for older children with disabilities. If adopted this would likely have an impact on the number of child care providers serving children with disabilities. Additionally, only 2% of children under five receiving subsidy in Arizona spoke a language other than English, though this data is sparsely reported.¹²⁰ Arizona data show that the **average number of children served monthly has increased by 34% between 2016 and 2020** (see Figures 7–8).

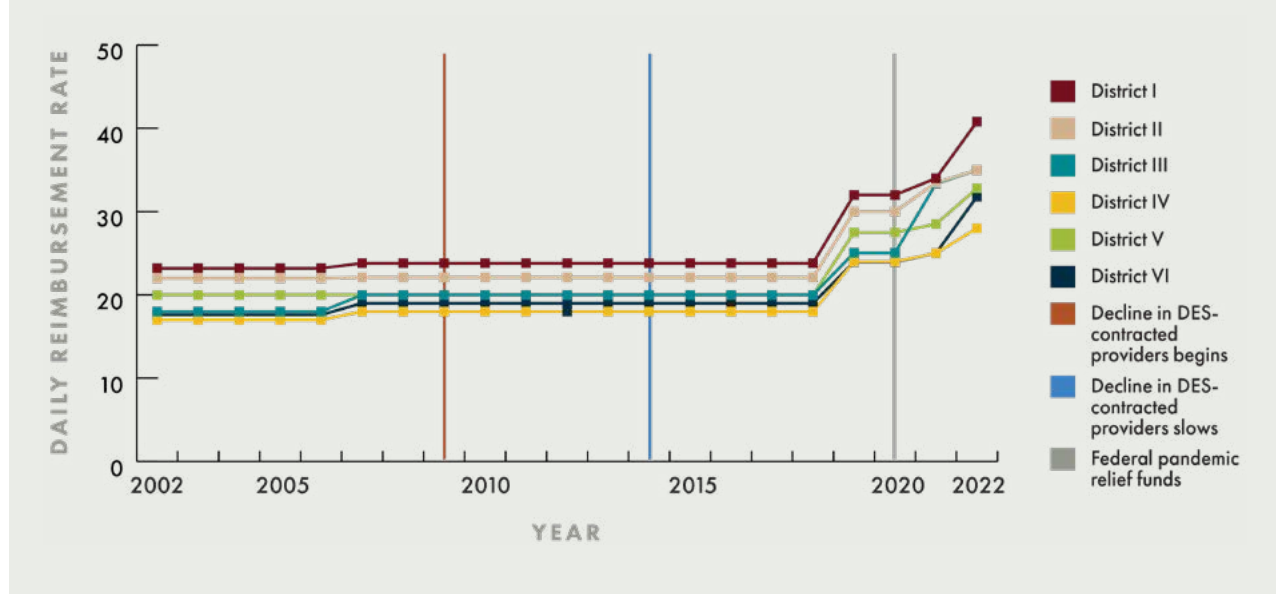
Data show that over the last 20 years, the number of Arizona child care providers contracted to receive CCDF subsidies has declined over time, with sharp drops in 2008 that continued to decrease sharply through 2013 by more than 50% (see Figure 8). Though the rate of decrease leveled out in 2014, the number of child care providers contracted with the state has remained low ever since, never fully recovering (see Figure 8). In June 2023, 2,327 of the state’s child care providers

(62.55%) were contracted with DES to accept child care subsidies serving an average of 34,600 children each month.¹²¹ The increase of children served over time, against the backdrop of a sharp decline in providers contracted with the state to provide care, leaves families receiving subsidies with fewer DES-contracted child care provider options.

REIMBURSEMENT RATES

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 parents’ ability to afford care. The Office of Child Care in the Administration for Children and Families (ACF) specifies that to provide equal access to child care for children who qualify for subsidy, states should set the provider maximum reimbursement rates at 75% of the current market rate. These rates vary by child care provider type, age of children served, and location.

Figure 9: Center-Based Child Care Reimbursement Rates



Child care providers who serve these families are reimbursed for their services at a rate that depends on various factors, like whether the child served has a disability, is in the child welfare system, and whether the program is nationally accredited or has reached “quality levels” (being rated a three-, four-, or five-star provider in the state’s QRIS). Child care providers are reimbursed at the applicable rate based on their monthly reported attendance of eligible children. However, CCDBG also allows states to use grants and contracts to directly pay child care providers for slots for low-income children, which may serve as a more supportive approach for child care providers.¹²² This approach prevents the instability of children’s attendance from impacting the funds available for providers to keep their doors open or pay staff higher wages. In fact, in August of 2023, the Office of Child Care posted a notice of proposed rulemaking proposing that states and territories be required to provide some child care services through grants and contracts as one among other strategies for increasing child care supply. These should target care for infants and toddlers, children with disabilities, and nontraditional hours of care. Arizona does not currently utilize this approach for CCDBG funds. However, DES began piloting a prospective-based payment program with select contracted providers in Fall of 2023, which provides a predetermined flat rate of child care subsidy payment each service month with the goal of ensuring predictable, stable funding to help child care

providers make informed business decisions. Other states have used grants and contracts to provide stability to child care providers with promising results. For example, a pilot of this program started with 12 programs in 2015 in Georgia and expanded to 141 providers in 2020. Additional research is needed to better understand the most impactful provider friendly policies.¹²³

Over the last 20 years, Arizona’s reimbursement rate has struggled to keep pace with the current market rate for child care in the state (see Figures 10 and 11), resulting in a gap that too often forces child care providers to operate in the red and limits care options for families. For over a decade, between 2007 and 2018, the reimbursement rate was set at **75% of the 2000 market rate survey, meaning in 2018 the reimbursement rate was 18 years out of date, but 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.** Though the rate between 2007–2018 appears to be a stagnation in the reimbursement rate, it does not account for increasing costs and inflation and is therefore actually regressive. This resulted in a wide gap between the cost of providing child care and the reimbursement rate, leaving both rural (District VI, which includes Cochise, Graham, Greenlee, and Santa Cruz Counties in southeastern Arizona; Figure 11) and urban (District I, which includes Maricopa County; Figure 10) child care providers

operating in the red, with the market rate well above the CCDF reimbursement rate, and many more likely to be unable or unwilling to participate in the child care subsidy system.

Of note, in response to the 2008 recession, Congress passed and President Obama signed into law the American Recovery and Reinvestment Act (ARRA) in 2009, which included \$2 billion in funding for child care with more than \$93 million dedicated to improving infant and toddler care. Even with these increases in federal dollars, reimbursement rates were not increased in the state. Around the same time as the decrease in the number of providers utilizing subsidies, the matching state general funds were also significantly reduced for child care subsidies in the state budget. The state general fund obligation dropped nearly 72% between fiscal years 2008 and 2010, going from 42.6% of the total cost of the program in 2008 to just 14.1% a year later.¹²⁴ By fiscal year 2012, then Governor Jan Brewer signed a

state budget that had completely eliminated the general fund obligation for child care—meaning the state match was cut for DES and a child care waiting list was put in place. To address this change, FTF collaborated with the Governor’s Office and DES to establish a memorandum of understanding (MOU) that leveraged FTF investments as the CCDF maintenance-of-effort and state match required to draw down the full allocation. FTF initiated QF scholarships to fill this gap for a subset of families meeting eligibility requirements, leaving this as the only major state source to fulfill Arizona’s match for federal child care funding for the past decade. In 2020 as a result of an MOU in the amount of \$30 million with FTF, DES was able to draw down an additional \$38.5 million in CCDF funds.¹²⁵

Even though the federal ARRA stimulus bill in state fiscal years 2009–2011 provided nearly \$50 million for Arizona child care, the increases in federal funding over time still could not replace the loss of state general funds to the program.¹²⁶ While additional data analysis is needed,

Figure 10: District I* Market Rate and Reimbursement Over Time

* MARICOPA COUNTY

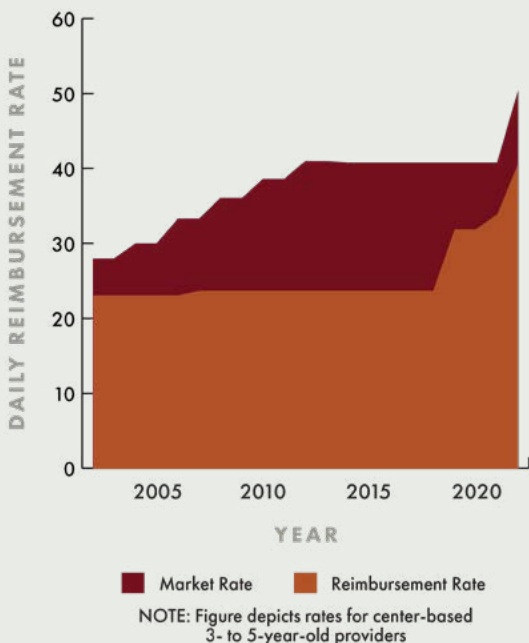
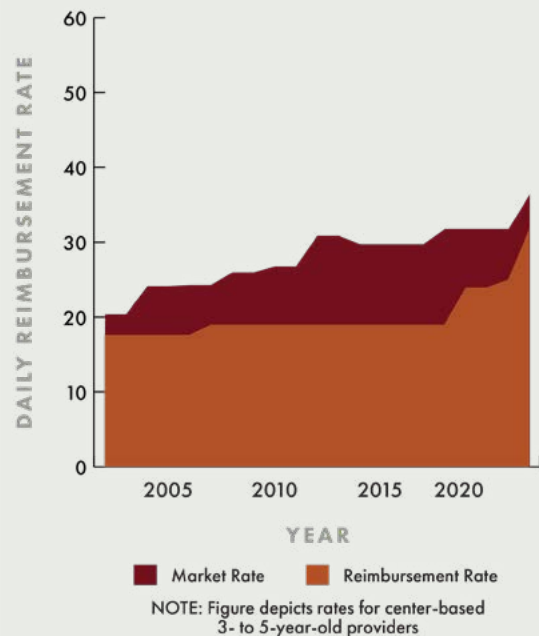


Figure 11: District VI Market Rate and Reimbursement Over Time**

** COCHISE, GRAHAM, GREENLEE, AND SANTA CRUZ COUNTIES



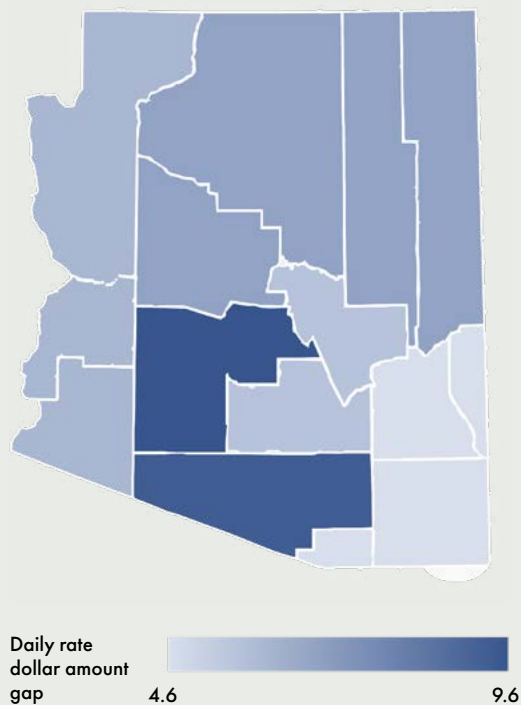
the decline in providers contracted with the state may have been caused by the loss of state match from the general fund and federal stagnation in child care investments, or the state’s decision to keep rates stagnant even when increased federal funding became temporarily available in 2009. It may have also been the case that some providers had to close altogether or shift their revenue approaches as reimbursement remained stagnant for 20 years while costs continued to rise.

Recent efforts have been made to bring Arizona’s reimbursement rate up to date with the current market rate, made possible by increases in federal funding, starting in 2019 and continuing into 2023 with pandemic relief funding. In 2019, DES moved from 75% of the 2000 market rate to 25% of the 2018 market rate and switched to a single rate state-wide rather than by district.¹²⁷ Finally, in April of 2023, rates were increased to the 75th percentile of the 2022 market rate for children younger than one and increased to a 50% bonus for quality programs. There is still a gap between the current Arizona reimbursement rate and the 75% of the 2022 market rate survey (see Figures 10 and 11).

The discrepancy between reimbursement rates and market rates is a nationwide problem. In fact, in 2021 only two states had reimbursement rates at or above the 75th percentile of the current market rate survey.¹²⁸ Additionally in 2021, the reimbursement rate in 21 states was based on a market rate survey conducted during 2018 or earlier. With the most recent 2014 reauthorization of CCDDBG, states were given the flexibility to set their child care reimbursement rates based on alternative methodologies, such as cost of quality studies or cost estimation. CCDF requires lead agencies to consider the cost information from cost of quality analyses when setting payment rates.

Figures 10 and 11 highlight the long-term gap between the market rate and reimbursement rates in Districts I and VI over the last 20 years. District I—in Maricopa County, which includes the Phoenix metropolitan area—contains the vast majority of providers. District IV—the western Arizona Counties of La Paz, Mohave, and Yuma—provides an illustration of a group of more rural communities. It is important to note that market rate surveys in Arizona were typically conducted every two years, however, the 2016 and 2020 market rate surveys are not publicly available, leading to stagnation in the market rate between 2010 and 2020. With the influx of federal funds in 2019 and 2021, the state was able to raise the reimbursement rate, but the market rate continued to rise.

Figure 12: Gap Between Reimbursement and Market Rates By County, 2022



LICENSING

Licensing is the foundation of the ECE system, and serves as a critical component of quality, safe, and healthy experiences for children in care. However, too often, state licensing systems miss capturing important information—such as ensuring lead and toxin free drinking water—and penalize providers for less critical indicators. In too many cases, revisions to licensing are focused on reducing burden, and centering and protecting children is secondary.

Child care licensing in Arizona is overseen by DHS. As of June 2023, there were 2,558 DHS-licensed providers.¹²⁹ The Arizona Administrative Code and Arizona Revised Statutes for Child Care Facilities has indicators across five (5) domains, including facility licensure; facility administration; facility staff; facility program and

American Rescue Plan Act

In 2021, Congress passed and President Biden signed into law the American Rescue Plan Act (ARPA), the most sweeping federal recovery package to respond to the COVID-19 pandemic. The law included the largest infusion of resources into the child care system in history, and investments in other parts of the ECE system as well. Specifically, ARPA provided \$39 billion to stabilize and support the nation's struggling child care system, including nearly \$15 billion for CCDF Supplemental Funds, nearly \$24 billion for child care stabilization grants, and over \$3.5 billion in Mandatory and Matching funding for CCDF, a permanent annual appropriation increase. IDEA programs received approximately \$3 billion. Head Start received \$1 billion which was distributed to grantees based on funded enrollment levels with the flexibility for grantees to perform approved activities such as enrolling and recruiting eligible families, extending the program year, supporting staff wellness and mental health, improving fringe benefits, and expanding sick leave or paid time off, to name a few.¹³⁰

Arizona's child care system received \$1.3 billion total in relief funds through the COVID-19 pandemic, which were invested across an array of efforts to stabilize the child care industry, increase quality, and expand access to care.¹³¹ These efforts, administered and managed by DES, included child care stabilization grants, awarded directly to providers to support an array of needs, such as rent, workforce compensation, facility improvements, and mental health supports; continued suspension of the child care waitlist and expanding child care reimbursement rates, including an increased reimbursement rate for nationally accredited or three-, four-, and five-star programs (35% October, 2021 and 50% April, 2023); contracts to institutions of higher education to increase access to child care support for nursing or early education college students; modernizing the child care licensing system; and contracts to various agencies to improve quality, such as expanding the QF program and infant and early childhood mental health consultation through FTF, expanding access to literacy and assessment supports through the High Quality Early Learning grants, and investing in facilities and infrastructure through the Local Initiatives Support Corporation (LISC).¹³²

equipment; and physical plant of a facility. In 2022, there were health and safety complaints regarding 676 licensed providers and seven license-exempt providers. There were 560 on-site inspections, 198 substantiated violations, one provider had their CCDF funding revoked, and seven providers closed as a result of an inspection.¹³³

The federal Administration for Children and Families (ACF) at HHS recommends aligning state child care licensing to Caring for Our Children (CFO Basics) across setting types to ensure health and safety.¹³⁴ These standards were developed to reflect *minimum standards*, not the highest levels of quality. CFO Basics has indicators across eight domains, including staffing; program activities for healthy development; health promotion and protection; nutrition and food services; facilities, supplies, equipment, and environmental health; play areas/playgrounds and transportation; infectious disease; and policies. Of note, there are specific standards related to preventing expulsion and suspension, punishment, and harsh discipline more broadly.

According to the DES CCDF Quality Progress Report, the state's health and safety standards are aligned with licensing standards and Caring for Our Children Basics in the state. However, the state does not align with all of these targeted standards, including adult-to-child ratios and group sizes, which also have implications for health and safety. For example, the child-to-staff ratio for four-year-olds is 10:1 in the CFO Basics and 15:1 in the Arizona regulations. This is an even more pressing concern for infants, where the child-to-staff ratio is 5:1 in Arizona, and CFO Basics recommends 4:1, and higher quality practices range from 2:1 to 3:1.¹³⁵ Arizona state child care licensing also lacks the inclusion of other domains that are in the CFO Basics, such as routine oral hygiene activities, and training on Sudden Infant Death Syndrome (SIDS) Risk reduction and preventing and identifying Shaken Baby Syndrome and Abusive Head Trauma which are required training topics for CCDBG.¹³⁶

In addition, attention to indicators that are particularly relevant to children who have been marginalized are also lacking in Arizona’s licensing system. For example, in Arizona, licensing regulations:

- Do not address harsh discipline practices that are more frequently used with Black children and in some cases, other children of color and children with disabilities.¹³⁷ (See Discipline section.)
- Do not provide any explicit protections for children with disabilities or prohibitions on excluding children with disabilities.¹³⁸ Federal law requires that children with disabilities receive their services in the least restrictive environment, including general early childhood programs. HHS and the U.S. Department of Education (DOE) published a federal policy statement and recommendations to states to support inclusion of children with disabilities in general early childhood programs, including child care programs.¹³⁹ (See Children with Disabilities section.)
- Do not require the testing and evaluation of drinking water in accordance with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe. There is no safe blood level for children.¹⁴⁰ Lead is especially dangerous to young children because their brains and nervous systems are more sensitive to lead’s damaging effects, and their bodies are able to absorb more lead.¹⁴¹ 11 other states already test water in child care facilities.¹⁴² Two recent large-scale reviews of lead in water in early learning programs indicated unsafe water impacting thousands of infants, toddlers, and preschoolers in potentially severe and lasting ways.¹⁴³
- Do not require indoor and outdoor air quality monitoring or appropriate air circulation. Exposure to air pollution can impact children’s health—decreased lung function, asthma, bronchitis, emphysema, learning and behavioral disabilities, and even some types of cancer.¹⁴⁴ The Phoenix-Mesa region in Arizona is ranked in the 25 most polluted cities out of more than 200 metropolitan areas, ranking seventh worst in year-round particle pollution and fifth worst for high ozone days, which are days where sunlight and heat along with high levels of air pollutants emitted by cars, factories, and power plants pose harmful risks to the population.¹⁴⁵ To address these challenges, indoor early learning spaces should be well-ventilated with air filtration units, and child care providers should monitor and mitigate exposure to poor outdoor air quality such as using the U.S. Air Quality Index (AQI).

As a public rulemaking process, DHS has included opportunities for early childhood educators, parents of young children, and community members and organizations to provide comments in previous revisions of the child care licensing regulations. In June 2023, the Governor’s office and DHS opened the rulemaking process to address out-of-school time child care regulations for providers serving school-age children and to align with the CCDBG health and safety requirements.¹⁴⁶ There is an important role for DHS to improve guidance and clarification for providers and for the state legislature and the Governor to lead and approve amendments to statute that would improve the well-being of children in child care facilities and lift Arizona out of the bottom of minimum health and safety standards when compared to other states in the nation.

Arizona’s basic child care licensing standards omit several indicators that have a significant impact on children’s health, safety, and well-being, including ensuring drinking water is free of lead and other toxins, monitoring indoor and outdoor air quality, and training for water safety. Other indicators are outdated and misaligned with the latest research, such as child-adult ratios and lack of group sizes.



SECTION FOUR

Pre-Kindergarten

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Pre-Kindergarten

The Pre-Kindergarten (Pre-K) system in the United States is primarily funded by states through public dollars.

Outside of Head Start, the federal government invests in state Pre-K systems through the competitive PDG Birth to Five program, though this investment was \$315 million in fiscal year 2023, much smaller than allocations for CCDBG and Head Start.¹⁴⁷ Pre-K systems generally serve four-year-old children and in some places, three-year-old children. These programs are often attached to districts and schools; commonly have a pre-academic focus; and vary significantly in access and quality across state lines. In 2021, nationwide enrollment in state-funded Pre-K declined by more than 298,000 children during the pandemic—the first time enrollment had dropped in 20 years, which wiped out a decade of growth.¹⁴⁸ On the bright side, enrollment in Pre-K in most states was rebounding by 2022, though still only 6.4% of three-year-olds and 32% of four-year-olds across the nation were enrolled in Pre-K in 2022.¹⁴⁹ Underenrollment and staff shortages posed a challenge for many early care and learning programs throughout the pandemic. In Arizona, nearly seven out of every 10 providers were experiencing staffing shortages in 2022, often a result of compensation too low to attract and retain a qualified workforce, thus fewer children were being served.¹⁵⁰

The annual NIEER *State of Preschool* report includes state-by-state data on enrollment in Pre-K programs, funding and per-child spending, a rating of states on meeting benchmarks across ten quality indicators, and policy recommendations. In 2022, there were a total of 62 Pre-K programs across 44 states and D.C.¹⁵¹

Most other states are faring better than Arizona in Pre-K access, funding, and measures of quality. In Arizona, Pre-K access was calculated by the number of children ages three to five using QF scholarships (see “Quality”

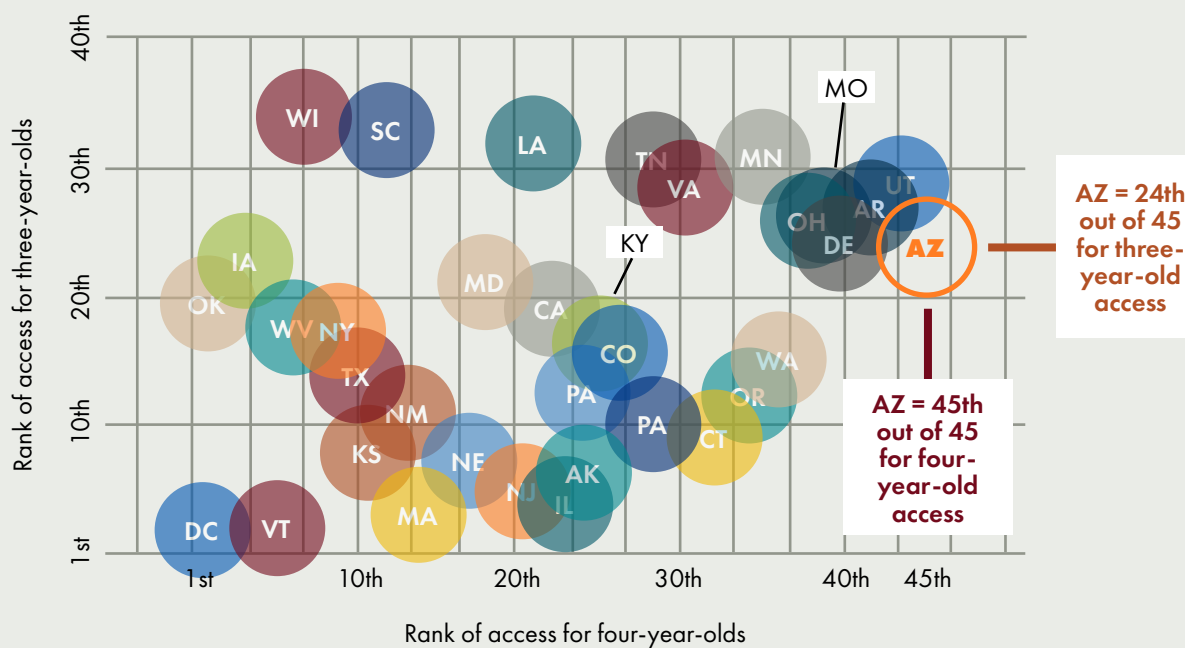
Most other states are faring better than Arizona in Pre-K access, funding, and measures of quality.

section). In 2022, 23 out of the 28 FTF Regional Partnership Councils funded QF scholarships, though the number is limited based on funding and the number of eligible providers. Additionally, 4,810 children ages three to five were enrolled in Pre-K through QF scholarships in 2022, an increase of more than 1,100 from 2021. According to the Education Forward Arizona Progress Meter, of Arizona’s three- and four-year-old children enrolled in early learning programs, 21% were in quality settings in 2021, which are defined as three- to five-star rated QF programs, Head Start programs, and accredited programs.¹⁵² The number of children in quality early learning settings has decreased by 7% since its peak year in 2017.

Enrollment for four-year-olds dropped from 4% in 2016 to 3% in 2022, while three-year-old enrollment moved from 3% in 2012 to 2% between 2016 and 2022.¹⁵³ As a result, Arizona ranks 44th out of 45 in Pre-K access for four-year-olds and 25th for three-year-olds (see Figure 13).¹⁵⁴

When adjusted for inflation, average state spending per child on public Pre-K across the U.S. has remained nearly the same over the past two decades. Per-child spending has fluctuated over the years from \$6,532 in 2002 to \$6,571 in 2022, with only one higher peak of \$7,393 in 2021 likely due to an infusion of COVID relief dollars.¹⁵⁵ The NIEER report authors suggested that the current per-child funding level is inadequate for what is needed to fund quality ECE experiences that meet the developmental needs of young children and their families. Pre-K state per-child expenditures in Arizona are much lower than the national average, at \$4,177 per child in 2022, leaving

Figure 13: State Rank of Pre-Kindergarten Access for 3- and 4-Year-Olds¹⁵⁶



Note. This chart reflects states with Pre-K programs that serve both three- and four-year-old children as of 2022. States not serving three-year-old children in their Pre-K program are not included.

Many child care providers in Arizona rely on tuition and other revenue sources to supplement the cost of operating ECE services, but the cost of child care still takes a significant amount of a family’s annual income, leaving child care often unaffordable for working parents.

Arizona ranked 33rd in state spending. Consequences of this insufficient funding include limited hours and part-day programming, poor workforce wages and benefits, large class sizes and ratios, and fewer opportunities for professional development to implement effective practices.¹⁵⁷

Barriers to Pre-K access for Arizona families include lack of sustained state funding which limits the ability to scale QF scholarships across all FTF regions for all participating providers, contributes to the low number of providers contracted to receive child care subsidies and more restrictive eligibility for DES child care subsidies than the federal rules. Many child care providers in Arizona rely on tuition and other revenue sources to supplement the cost of operating ECE services, but the cost of child care, still takes a significant amount of a family’s annual income, leaving child care often unaffordable for working parents. For example, an Arizona family of four with two children at 175% of FPL (\$52,500 annually in 2023) would be above the eligibility level for Head Start (100% of FPL; \$30,000

annually in 2023) and child care subsidies (165% of FPL; \$49,500 annually in 2023),¹⁵⁸ 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.¹⁵⁹ This is one third of their income (31%) on child care alone, four times higher than the federal benchmark for affordable family co-payments of 7% of family income.¹⁶⁰



SECTION FIVE

Head Start

SECTION FIVE

Head Start

Head Start at a Glance

- ✓ Since its inception in 1965, Head Start has reached 38 million children, birth to age five, and their families.¹⁶¹
- ✓ Congress appropriated more than \$13 billion in fiscal year 2023 for Head Start, Early Head Start, Early Head Start Child Care Partnerships (EHS-CCP), and tribal and migrant/seasonal Head Start programs.
- ✓ The U.S. Department of Health and Human Services Office of Head Start oversees the program, which awards competitive grants to grantees such as non-profit organizations, school districts, and local governments.
- ✓ In 2022, there were 3,452 granted programs across the U.S. and territories.¹⁶²
- ✓ Head Start has historically enjoyed bi-partisan Congressional support throughout its 58 years in existence. For example, in its last reauthorization in 2007, the Improving Head Start for School Readiness Act passed with overwhelming support from both sides of the aisle (100% of Democrats and nearly 75% of Republicans) in the U.S. House and unanimously in the U.S. Senate.¹⁶³

Another component of the ECE system in Arizona and across the country is Head Start, a federally funded program that promotes the growth, development, and health of children ages three to five from families in low-income households.

Early Head Start (EHS) provides services to children and families in low-income households prenatally to age three. Additionally, Early Head Start Child Care Partnerships (EHS-CCP), established in 2014, resource local child care providers to implement the holistic EHS model.

Head Start programs across all settings and locations must implement services aligned with the Head Start Program Performance Standards (HSPPS) which are a shared, common set of quality measures related to program governance, operations, and financial and administrative requirements. Head Start programs have access to many resources and supports to meet those rigorous standards, including national, regional, and local technical assistance opportunities. The Head Start model provides an array of services centered around early learning, and inclusive of

physical health and nutrition, mental and dental health, hearing, vision, and developmental screenings, inclusion and support for children with disabilities, bilingual learning for dual language learners, parent leadership and education, and other resources for family well-being that connect them to services like job training, housing assistance, and educational supports, like General Educational Development (GED) courses, ESL courses, or assistance to access higher education. The Head Start model can provide a framework for more inclusive conceptions of quality, and the implementation of HSPPS to fidelity should be studied in individual state contexts.

To qualify for Head Start, families must earn at or below 100% of FPL or meet a qualifying eligibility category such as children with disabilities, or children and families who are unhoused, in foster care, or receive public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (SNAP).¹⁶⁴ Some grantees may enroll a certain percentage of children from families with incomes above the federal poverty level guidelines based on need and context.

HEAD START IN ARIZONA

In 2022, Arizona was home to a diverse network of Head Start grantees including eight community action agencies, two government agencies, 13 non-profit organizations, and 19 tribal governments or consortiums which can apply to receive AI/AN Head Start funding (see “Tribal Early Care and Education” section).¹⁶⁵

Data indicate that global classroom quality rating scores in Head Start programs in Arizona were above the national average in every domain measured, including emotional support, classroom management, and instructional practices and were significantly above the research based threshold for quality.¹⁶⁶

A total of 14,334 children birth through age five and 122 pregnant people were served in Head Start and EHS programs in 2021,¹⁶⁷ which accounted for around 19% of Arizona’s child population under five living in poverty.¹⁶⁸ This means that more than four out of every five children living in poverty did not have access to a Head Start slot. The overall share of preschool-age children in poverty

Research has found that children who participate in Head Start programs outperform their peers who did not attend Head Start on every cognitive and social-emotional domain measured by the time they enter kindergarten.

served by Arizona Head Start programs has decreased by 15% over the course of the pandemic (between 2018–2019 and 2020–2021), while the overall share of infants and toddlers in poverty served by EHS decreased by 1.5% during that time period.¹⁶⁹

In 2021, \$175,213,573 in federal funding was awarded to 47 Arizona grantees to implement a total of eight Head Start programs, 17 Early Head Start programs, three migrant and seasonal Head Start and EHS programs, and 19 AI/AN Head Start and Early Head Start programs.¹⁷⁰ Of this total, nine Arizona grantees operated EHS-CCP programs that reached 987 infants, toddlers, and their families in local child care slots, supported by 250 center-based infant and toddler teachers.¹⁷¹ The average funding per child in Arizona EHS is \$15,492 and the Head Start per child funding is \$11,144.¹⁷² Head Start services extend beyond the classroom. During 2022 in Arizona, 111,882 home visits were conducted, 6,960 children received preventative dental care, and 11,059 families received support services.¹⁷³

Children who are Black, Latine(o/a), and Indigenous are roughly proportionally represented in Arizona Head Start enrollment when compared to Arizona’s overall population of children living in poverty, with Latine(o/a) and AI/AN children being slightly overrepresented and Black children being slightly underrepresented. Just under 20% of children under age five in poverty in Arizona are white, while only 9.4% of children served in Head Start programs are white. About 30% of children under age five in Arizona identify as two or more races, while data show that these children only make up about 4% of Arizona Head Start slots, though these data may be reported in individual rather than combined racial categories dependent on a program’s data collection methods. About

14% of children under age five in Arizona are “some other race” compared to only 1.3% of children in Arizona Head Start programs.

The Head Start workforce is often more representative of the children and families enrolled in Head Start compared with teachers in community-based and public Pre-K programs, especially linguistically.¹⁷⁴ For example, Arizona programs reported that nearly half of all enrolled children were DLL, coinciding with more than half of their Head Start and Early Head Start teachers and other non-supervisory staff who are proficient in languages other than English (54%).¹⁷⁵

Full inclusion of children with disabilities in Head Start predates IDEA. Head Start programs are required to fill at least 10% of their slots with children with disabilities and must support access and full participation in program activities and services.¹⁷⁶ In 2022, Arizona Head Start programs served 1,455 children with disabilities, or 9.1% of enrolled children.¹⁷⁷ The Head Start model includes professional development and coaching for staff on inclusive practices, resources and support for families of children with disabilities, and coordination with local agencies responsible for implementing IDEA and early childhood special education services.

Additionally, the prohibition of exclusionary discipline in Head Start in 2016 coincided with national attention to the problem of racial disparities and high rates of suspension and expulsion for young children. The policy severely limits suspension due to a child’s behavior and prohibits expulsion, including a minimum requirement to engage a mental health consultant and disability services when appropriate.¹⁷⁸

Each state operates a Head Start Collaboration Office (HSCO) that is housed within state government and tasked with facilitating collaboration between Head Start grantees, community partners, and other state agencies.¹⁷⁹ Arizona’s HSCO is housed within ADE.

HEAD START RESEARCH

Nationally, research has found that children who participate in Head Start programs experience strong short-term and long-term outcomes. They outperform their peers who did not attend Head Start on every cognitive

and social-emotional domain measured by the time they enter kindergarten.¹⁸⁰ Children who were enrolled in Tribal Head Start programs experienced gains in language and literacy, mathematical thinking, and executive functioning skills as well as gains in their social-emotional interactions and their approaches to learning capabilities over a program year, improving skills like attention, persistence, and focus during play.¹⁸¹ Nationally representative research provides a robust evidence base for future research on Head Start in Arizona.

Research on academic gains and growth throughout the elementary school years is mixed. The national Head Start Impact Study found statistically significant differences in every measure of preschool experience between children in Head Start and the control group, though these gains tapered by the end of first grade with some lingering positive variations for children enrolled in Head Start around vocabulary, positive relationships with their parents, and health status compared to the control group.¹⁸² Other studies focused more narrowly on local and state outcomes found that children who attended Head Start demonstrate greater academic gains through their early elementary school years.¹⁸³

Some scholars have noted the importance of considering the quality of elementary schools children in Head Start matriculate to after the program ends to accurately understand program effects. Indeed, research has found that children who attend Head Start and then transition to well-funded elementary schools do better than their Head Start peers who transition into poorly resourced schools.¹⁸⁴ One study found that men who were Head Start graduates had greater health outcomes and improved earnings when they attended Head Start programs where spending was higher than the national average per child rate and when they also attended elementary and middle schools with higher per-pupil spending rates.¹⁸⁵ This emerging research points to the need to both increase Head Start per child funding to at least the national average and better resource K–12 schools with funding to improve the quality of educational services. In the long term, studies have found an array of positive outcomes for Head Start graduates, including intergenerational outcomes.¹⁸⁶ For example, Head Start graduates and even their own children were found to have higher rates of high school graduation and post-secondary degree attainment, reduced teen pregnancy, and reduced criminal engagement.¹⁸⁷

Research has also found positive outcomes for parents of children in Head Start like increased support for their child’s learning and social-emotional development and increased parental involvement such as time spent at home reading with children.¹⁸⁸ Additionally, family engagement in Head Start—an integral part of the comprehensive Head Start services model—has been shown to lead to more positive parenting interactions.¹⁸⁹ A recent study found that Head Start had a statistically significant positive effect on parents’ years of education. This was especially true for Black parents with children in Head Start who increased their completed years of education by six years.¹⁹⁰ Moreover, research shows that EHS parents are more likely to be employed or enrolled in an educational program than non-EHS parents, which ultimately leads to greater educational attainment, with a stronger effect for Black parents.¹⁹¹

STATE DOLLARS TO EXPAND HEAD START

Arizona does not currently supplement Head Start federal funding using any state general fund dollars. Head Start grantees have been eligible for state-administered federal dollars like the state’s child care stabilization grant program from pandemic relief funds and the federal PDG to increase access to quality early learning programs, improve professional development, and enhance staff compensation. State investments from the Arizona legislature would help resource child care providers to align with the quality Head Start model and increase access to comprehensive services for children and families in local communities.

State & Local Spotlights

Lawmakers in 14 states and D.C. invest a total of \$355 million annually in state dollars in Head Start through expanded access to Head Start slots, grants to providers who agree to meet the HSPPS, and EHS-CCP.¹⁹² These state investments in Head Start serve an additional 22,000 children and families per year, helping fill the gap between the number of children eligible for Head Start services and those currently being reached through federal funds.

For example, **Minnesota** budgeted \$50 million over two years to expand access to EHS and Head Start for children who are at-risk, including children in tribal and rural communities, thus serving an additional 1,027 infants and toddlers and 829 preschoolers in 2022.¹⁹³

Missouri allocated \$6 million per year to partnerships between local child care programs and EHS which allowed 444 more children and families each year to be served with a priority on children with incarcerated parents, children with disabilities, and pregnant people.¹⁹⁴

City of Phoenix in Arizona invested \$6 million of Coronavirus State and Local Fiscal Recovery Funds from ARPA towards an “Early Childhood Education Expansion” (ECEE) program. The goal of ECEE was to increase children’s access to high-quality early learning experiences for up to 300 children ages four and five in blended Head Start classrooms for families with an annual income at or below 185% of FPL. By 2023, ECEE had enrolled 198 children from families who exceeded the income threshold for Head Start eligibility.¹⁹⁵



SECTION SIX

The Early Childhood Workforce

SECTION SIX

The Early Childhood Workforce

The adults interacting with, teaching, and caring for children in early care and learning settings are the most critical piece to ensuring quality, safe, and enriching experiences for children.¹⁹⁶

The early childhood workforce consists of a variety of roles that directly support children including child care workers, preschool teachers, preschool special education teachers, and administrators. The early childhood workforce ensures healthy and safe environments, facilitates social-emotional connections, provides enriching experiences that grow and develop children's skills, and sets the foundation for lifelong learning—all the while providing a trusting, secure, engaging early learning environment so that parents can get to work or school and contribute to family and community success. Delivering on the promise of quality child care for Arizona's young children and their families will require a revitalized system centered around fair compensation and benefits, access to mental health and health care, and supports for education and professional development for the ECE workforce.

COMPENSATION

Despite the expertise required and the critical role early educators play in the lives of our children and in the functioning of our economy, nationally child care workers across all settings earned a mean hourly wage of \$13.31 in 2021, which is at the near-bottom percentile when compared to almost every other occupation ranked by

53% of the early childhood workforce receives public benefits as a result of their low wages.

annual wages.¹⁹⁷ This has remained virtually unchanged since 2016.¹⁹⁸ Even though 76% of child care workers hold a professional credential such as a post-secondary degree or early childhood certification, they still remain one of the lowest paid professions.¹⁹⁹ Disparities exist within sectors of the ECE field, by race, by the type of setting providers work in, and by the age of children for whom providers serve.²⁰⁰ For example, Black early childhood educators are paid on average 78 cents less per hour than white early childhood educators and are the most likely of any racial or ethnic group to make less than \$15 per hour, resulting in a loss of \$1,622.40 on average per year for a full-time worker.²⁰¹ Center-based infant and toddler teachers make on average \$8,375 less per year than their preschool teacher counterparts and are more likely to be Black or Latina and women who are immigrants.²⁰²

In Arizona, 19,220 people worked in the early childhood workforce as of 2019.²⁰³ The median wage for child care workers was \$14.54 per hour in 2021.²⁰⁴ This was an increase of \$0.60 since 2019 and higher than the national average of \$13.31. However, this translates to a full-time annual salary of \$30,243, which is 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.²⁰⁵ 53% of the early childhood workforce nationally uses public benefits as a result of their low wages.²⁰⁶ Preschool teachers earned a median wage of \$15.83 per hour, which was \$1.70 less per hour than the national average and a decrease since

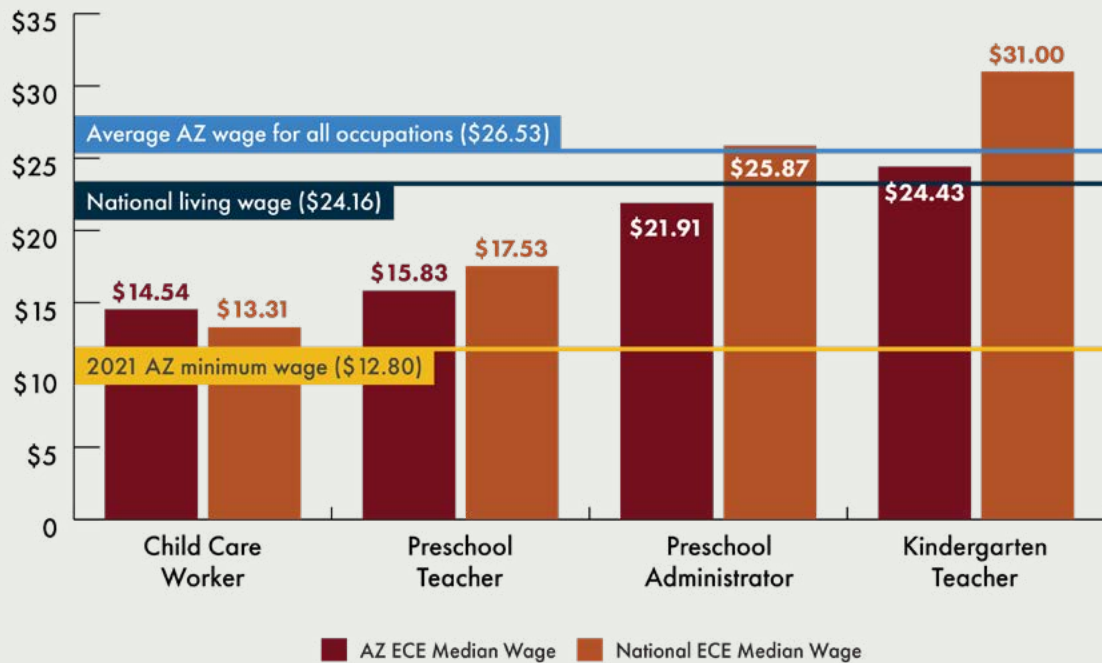
2017. Child care center directors had a median wage of \$21.91, which has increased slightly since 2017, though it sat at nearly \$4 less per hour than the national average in 2021 (see Figure 14).²⁰⁷ On average, child care workers, preschool teachers, and preschool administrators in Arizona all earn below the national estimated living wage of \$24.16 per hour in 2021.²⁰⁸

Compared to elementary school educators, the early childhood workforce experiences a wage penalty for working with younger children. Arizona early childhood educators with a bachelor’s degree were paid 21.1% less than their counterparts in elementary schools.²⁰⁹ The poverty rate for early childhood educators in Arizona is 20.5%, nearly double the poverty rate of the general Arizona workforce (10.8%) and 7.9 times higher than K-8 educators.²¹⁰ These disparities are foundationally shaped by policies and practices across states and the nation—pervasive with racial and gender discrimination—that have influenced ECE workforce compensation, benefits,

working conditions, and professional development.²¹¹ Historically, the work of child care has been provided disproportionately by Black, Latine(o/a), and other women of color as unpaid labor or for minimal pay, and the work of care has largely been undervalued and under-resourced for centuries.²¹²

As a result, employment in the ECE workforce has failed to generate wages that allow educators to meet their basic needs and instead has even become a pathway to poverty for many, posing a risk to their well-being. In fact, early childhood educators have continuously shown high usage rates of public support programs like Medicaid, Children’s Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). During the pandemic, the early childhood workforce reported high levels of economic instability to meet basic needs such as food, housing costs, and routine health care.²¹³

Figure 14: Arizona Median Early Childhood Educator Wage Compared to National Median Early Childhood Educator Wage in 2021



MENTAL HEALTH

Early childhood educators play a significant role in shaping young children's development and well-being through positive interactions and supportive environments. Yet, the toll of ongoing stress and depressive symptoms on these caregivers, heightened over the past few years by the COVID-19 pandemic, is likely to impact not only their own well-being, but also the health and well-being of the children in their care.

A recent national survey that examined the mental health of ECE professionals during the pandemic, including directors, owners, teachers, assistant teachers, among other professionals, showed that Arizona early childhood educators experienced high rates of depression and stress, compared to the general population. Specifically, they 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%.²¹⁴ Survey results also revealed that 9.8% of Arizona ECE professionals are without health insurance,²¹⁵ which poses challenges to access mental health resources. Lastly, at the national level, ECE professionals with annual salaries lower than \$50,000 were more likely to report depression symptoms compared to ECE professionals with higher annual salaries.²¹⁶ This is not surprising as poor compensation has been associated with poor mental health in ECE professionals in other studies²¹⁷ since low pay can exacerbate stress to make ends meet and limit access to resources.

In Arizona, FTF funds Infant and Early Childhood Mental Health Consultation (IECMHC) through the Smart Support Program.²¹⁸ Studies have shown that providers who receive ECMHC services report lower work stress levels and an increase in reflective capacity, sensitivity and responsiveness to children.²¹⁹ Recently, through the Child Care Stabilization Grants, many providers were able to allocate funds to direct and indirect mental health support for their staff.²²⁰ Despite these resources, there is still a need to generate opportunities that can provide direct mental health support and, most importantly, that can address systemic issues present in the ECE field that have a direct and indirect effect on teachers' mental health, such as proper compensation.

EDUCATION AND PROFESSIONAL DEVELOPMENT

To provide effective and responsive caregiving, the early childhood workforce requires specialized knowledge and training in child development as well as reflective practices and ongoing professional development, among other skills.²²¹ Yet, there is no entry level credential required for early childhood teachers in the state's child care licensing rules.²²² In contrast, nearly one third of states and D.C. require a minimum of a CDA® or early childhood certification for teachers in licensed programs.²²³

To begin to address the state's ECE workforce challenges, Arizona has implemented a statewide professional development advisory committee (PDAC) which will lead the development of a framework and goals to improve the early childhood professional development system. Aligned to the professional development components of Arizona's CCDF State Plan, the PDAC will convene community partners to accelerate the creation of career pathways, support and improve the implementation of professional standards and competencies into professional development, use workforce data to support decision-making, and advocate for and support a well-prepared and adequately compensated ECE workforce.²²⁴ Additionally, DES has contracted with Central Arizona College to implement an ECE apprenticeship pathway, funded by federal relief dollars, which will launch a two-year program that pairs job seekers and ECE professionals with on-site mentors, provides college coursework towards ECE certification, and is intended to result in higher compensation for those completing the program.²²⁵ Thirty-five states across the nation have active child care apprenticeship programs, while seven states were developing programs as of 2023.²²⁶ ECE apprenticeship programs seek to address the workforce recruitment challenges by both improving educational attainment, knowledge, and skills and improving wages concurrent with on-the-job mentoring and professional development.²²⁷

Lack of public investments until recent federal relief funds have created an unstable, underfunded, unsustainable child care system resulting in unfair wages for the essential ECE workforce. Forty-one percent of Arizona child care providers who responded to a national survey reported

that they would have had to close their doors without child care stabilization grants.²²⁸ Before the pandemic, the field was already experiencing an average turnover rate of 25% of early childhood educators.²²⁹ During the pandemic, nearly 70% of Arizona’s child care providers reported an ongoing shortage of qualified workers due in large part to the inability to pay competitive wages.²³⁰ The workforce shortage has led to fewer children served, closed classrooms, and longer waitlists for parents needing care. As federal child care relief funds sunset starting in Fall 2023, more than half of licensed providers reported they will need to raise tuition rates for families, and nearly 35% will need to cut ECE workforce wages or will not be able to sustain salary increases brought about by the stabilization grants.²³¹

These compounding factors will devastate an already fragile ECE system in Arizona and will cause resounding consequences that decrease parent access to quality child care and intensify ECE workforce turnover—threatening the economic well-being of families and the state.

State Spotlights

Many states and communities have leveraged federal funding sources such as ARPA, CCDF, Head Start and tribal Head Start, as well as state funds to support the ECE workforce through increased wages and benefits, higher education and professional development opportunities, and staff wellness programs.

COMPENSATION

In 2022, the Governor of **Maine** signed the supplemental state budget into law which provided a permanent \$200 monthly salary supplement for more than 7,000 child care workers, funded by \$12 million in ongoing state general fund dollars. The supplemental budget also included other financial relief that could benefit the ECE workforce such as an annual \$2,500 refundable tax credit for student loan debt, one-time \$850 inflation relief checks for eligible taxpayers, and two years of free community college for recent graduating high schoolers.²³²

STAFF WELLNESS

In **Alaska**, tribal CCDF grantee Aleutian Pribilof Islands Association (APIA) allocated ARPA funding to provide holistic self-care and wellness initiatives that support the ECE workforce such as offering online Indigenous yoga classes and culturally-grounded classes, which were focused on improving coping skills and connection to culture and traditional practices.²³³

MENTAL HEALTH SUPPORTS

In **Washington** state, the Department of Children, Youth, and Families contracted with coaching agencies to provide statewide Infant and Early Childhood Mental Health Consultation (IECMHC) services to all QRIS participating providers and coaches. This investment built the program’s capacity to scale statewide, complete a formative evaluation, and hire and provide training to mental health consultants. The initiative was funded by the state legislature, through both state general funds and federal Medicaid funding, along with some private funding.²³⁴

EDUCATION AND PROFESSIONAL DEVELOPMENT

Since 2007, the refundable School Readiness Tax Credits (SRTC) approved by the **Louisiana** state legislature have helped reduce the amount of taxes individuals and businesses pay while improving child care program quality and increasing access for children in low-income households.²³⁵ Several different tax credits are available—an incentive for educational attainment and work experience, a reward for improvement in the state’s QRIS, a refund for costs incurred for parents of children under age six in licensed child care centers at least at a two-star rating, and a credit for businesses that have donated funds to child care centers or a child care resource and referral agency.²³⁶ As of 2023, the \$16 million SRTC served as the state’s matching dollars in order to receive more than \$80 million in federal CCDF funding, and the SRTC is adjusted annually to address inflation.



SECTION SEVEN

Children with Disabilities

SECTION SEVEN

Children with Disabilities

The inclusion of people with disabilities in communities and in society is a civil right codified by law, including the Americans with Disabilities Act (ADA).

The Individuals with Disabilities Education Act (IDEA), first authorized in 1975, states that children with disabilities have the right to a free public education in the least restrictive environment (LRE), and to early intervention services in the natural environment in the years before school entry. Decades of research indicate that children with disabilities or suspected developmental delays benefit greatly from comprehensive, timely, early intervention and high-quality special education services in general early childhood programs alongside their peers without disabilities.²³⁷ In fact, the National Early Intervention Longitudinal Study (NEELS) tracked children with developmental delays and found 46% did not need special education by the time they reached kindergarten.²³⁸ Still today, access to high-quality early childhood special education services, with the appropriate dosage and in inclusive settings, remain a challenge in Arizona and nationwide.

Despite a strong legal foundation and a robust research base showing a range of positive social and academic outcomes for children receiving services in inclusive settings, in 2020, 27.7% of all preschoolers with disabilities in the United States received their special education Part B 619 services in settings segregated from their peers.²³⁹ Worse yet, in Arizona, this number was roughly 63% of preschoolers with disabilities in segregated settings, though this number decreased by 3%

as of 2022.²⁴⁰ As such, segregation of preschoolers with disabilities has particularly concerning ramifications.

Many of the barriers that exclude preschoolers with disabilities, in particular, are upheld by the continuous operation of segregated, self contained systems of early childhood special education and general early childhood systems that do not consider or sufficiently include children with disabilities. The latter manifests through policies that exclude children with disabilities from regular early childhood programs (e.g., child care or Pre-K toilet training policies), a lack of professional development and coaching focused on high-quality inclusive practices for early educators, and a lack of standards and accountability that require inclusive programs and inclusive systems. Research has found other specific barriers to inclusion of children with disabilities, that include policy misperceptions and ableist beliefs and attitudes toward people with disabilities.²⁴¹

The Part C system, which funds and governs early intervention (EI) services for infants and toddlers (zero to three years old) with disabilities also has shortfalls. Decades of research have found that high-quality early intervention can be critical for positive, long term outcomes across domains of development- language and communication, gross motor, social and emotional, and academic outcomes.²⁴² Despite this research, access to services differs by state, with some states setting particularly restrictive thresholds for eligibility, leaving many children who would otherwise benefit from EI ineligible for services. These differences in access, in some places, vary by race, language, and income.²⁴³ Furthermore, the dosage and quality of EI services is variable and difficult to capture with currently available public data.

Data suggests that states with broader IDEA eligibility criteria are likely reaching and serving more children with disabilities — and that Arizona is serving less than 5% of children birth to three.

ARIZONA'S IDEA SERVICES

In Arizona, preschool special education is administered by ADE, which received approximately \$4.7 million in Part B 619 funds in FY23, the same level as the previous year.²⁴⁴ Arizona's Early Intervention Program (AzEIP) is administered by the DES, which received \$9.7 million in FY23 in Part C funds, an increase of \$3.4 million FY22.²⁴⁵ According to IDEA Section 618 data from Fall 2020, **13,943** young Arizonans with disabilities were served under IDEA, 5,400 of which were newborn through two years of age and 8,537 were three to five years of age.²⁴⁶ Pre-pandemic data (Fall 2019), show that the total number of children birth to five with disabilities was substantially higher, at **16,383**. In the Fall 2020, the majority of children served in early intervention and preschool special education were White (6,527) and Latine(o/a) (5,344), followed by Multiracial children (598), Black children (575), Native American children (537) and Asian children (330).²⁴⁷

In addition to Parts B and C, IDEA also provides discretionary funds to states under Part D—National Activities to Improve Education of Children with Disabilities. Part D authorizes competitive grants to improve the education of children with disabilities under three subparts with different areas of emphasis: (1) state personnel development; (2) personnel preparation, technical assistance, model demonstration projects, and dissemination of information; and (3) support to improve results for children. Currently, in Arizona, only the parent training and information center receives Part D funding, whereas, staff training and other professional development activities are covered under Part B funds.

Part C Early Intervention Services

Part C of IDEA is a federal grant program designed to assist states with operating a program of services for infants and toddlers with disabilities. IDEA states that EI programs at a minimum must have an interagency coordinating council, a rigorous definition of developmental delay, a child find system, appropriate evaluation and assessment tools, and supervision and monitoring. In coordination with participating agencies, this council implements a Child Find system that: (a) ensures all infants and toddlers residing in Arizona who are potentially eligible for early intervention services through AzEIP are identified, located, and evaluated; (b) includes a system for making referrals; (c) ensures that the child find system is coordinated with all other entities to locate and identify children; and (d) if found eligible, families are serviced through an Individualized Family Service Plan (IFSP).

IDEA requires that each state's Part C eligibility criteria include a "rigorous" definition for developmental delay. States generally set thresholds for this definition based on the severity of delays across a number of developmental domains. States might also include whether risks such as prematurity, low/very low birthweight, or substance exposure qualify an infant or toddler for Part C services. Arizona has one of the narrowest criteria for developmental delay: 50% delayed in one or more developmental areas, and only substance abuse is considered a risk factor for delay.²⁴⁸ Neither low birthweight or prematurity are considered risk factors meriting Part C early intervention services. This narrow criteria may lead to fewer children being identified and receiving services that would greatly benefit them at a young age.

Data suggests that states with broader eligibility criteria are likely reaching and serving more children. For example, the Prenatal-to-Three Policy Impact Center reported that nationally just 6.9% of children under age three received EI services in 2020, a low of 2% in Arkansas to a high of 21% in Massachusetts.²⁴⁹ Data indicate that Arizona is serving less than 5% of children birth to three.²⁵⁰ Differences in eligibility criteria, funding streams, and lack of collaboration between Part C programs and other state agencies have been attributed to this broad range.

Additionally, in Arizona, 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 children. National data indicates that Black and Latine(o/a) children are 78% less likely to be identified as having a developmental delay and receive early intervention.²⁵¹ Furthermore, data indicate that Black infants are more likely to be born prematurely compared to White or Latine(o/a) infants.²⁵² In Arizona, 13.6% of Black infants are born prematurely, compared to 11.3% of American Indian/Alaska Native children, 9.8% Asian/Pacific Islander, 9.5% Latine(o/a) infants and 9% White infants.²⁵³ The exclusion of this category, thus, disproportionately impacts Black children and families. Further research is needed to better understand access to, experiences in, and outcomes resulting from early intervention services in the state, including and especially how access, experiences, and outcomes may differ by race/ethnicity, language, income, and region.

Part B 619 Preschool Special Education

Part B, Section 619 of IDEA authorizes preschool formula grants to states who serve all children with disabilities ages three to five (though this age group is also served under Section 611). Key components of a Part B system include ensuring all children receive free appropriate public education (FAPE) in the least restrictive environment (LRE), a child find system, Individualized Education Program (IEP), parent participation, and procedural safeguards.²⁵⁴

Children with disabilities have the civil right to an inclusive education where they can thrive alongside their peers without disabilities. What’s more, decades of research support that inclusion yields academic and social benefits for both children with disabilities, and those without.

Across the United States in 2020, the percentage of preschoolers with disabilities who received the majority of their special education services in regular early childhood settings was 34.8%. This proportion was even lower in Arizona, at only 27.23%.²⁵⁵ While this has increased by almost 8% between school years 2020 and 2023, it still means more than 3/5 of Arizona’s preschool-age children with disabilities are receiving special education services in separate settings.²⁵⁶ In Arizona, every racial demographic group, except AI/AN children, are less likely to receive services in inclusive settings, compared to the national average, with Black and Asian children being the least likely. Data are not reported by language or income.

The percentage of U.S. preschoolers with disabilities who received the majority of their special education services in regular early childhood settings was 34.8% in 2020. This proportion was even lower in Arizona, at 27.23%.

Table 6: Research on the Benefits and Barriers to Inclusion in Early Childhood

Benefits of Inclusion	Barriers to Inclusion ²⁵⁷
<ul style="list-style-type: none"> Better academic outcomes for children with and without disabilities²⁵⁸ Enhanced social, communication, and cognitive skills for children with disabilities²⁵⁹ Children without disabilities have more positive attitudes toward children with disabilities²⁶⁰ Most positive social and academic outcomes when early inclusion is followed by inclusion in the K–12 system²⁶¹ Greater likelihood chance of high school graduation for children with disabilities²⁶² 	<ul style="list-style-type: none"> Ableist attitudes and misconceptions about disabilities Limited professional development on disabilities and inclusion in early care and learning systems Misinterpretations of IDEA Reduced funding Lack of coordination between IDEA services and early childhood services Child care and preschool policies that are biased against children with disabilities (e.g., potty training requirements for enrollment)

Figure 15: Arizona vs. National Data

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

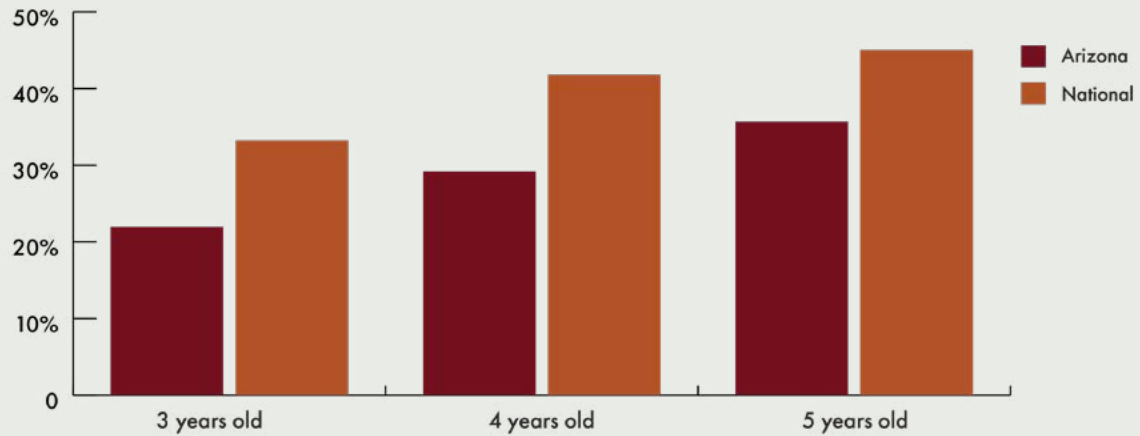
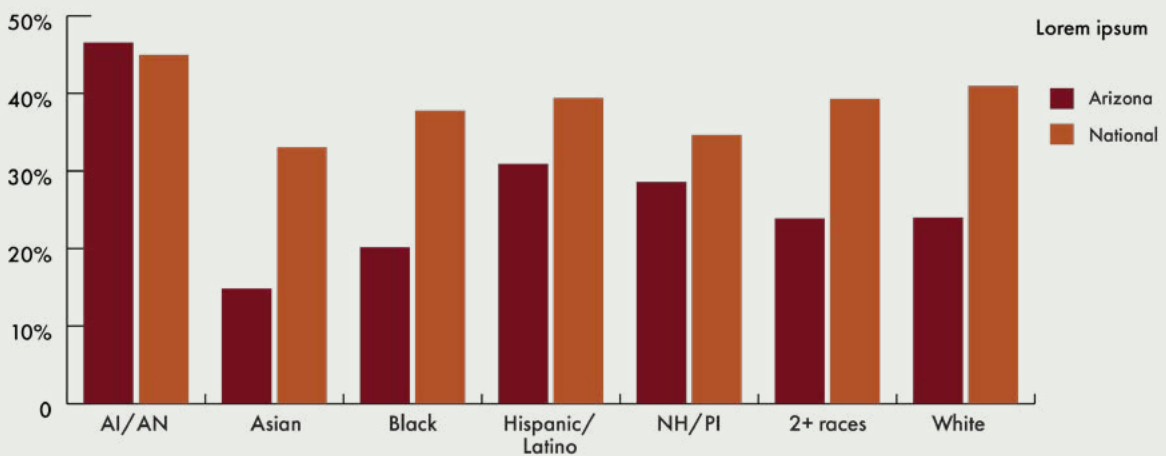


Figure 16: Percentage of Preschoolers Receiving the Majority of their Special Education Services in Regular Early Childhood Settings

IN ARIZONA VS. NATIONALLY, BY RACE AND ETHNICITY



INCLUSION OF CHILDREN WITH DISABILITIES IN EARLY CARE AND EDUCATION

Despite being a key component of IDEA, the nation has struggled with the inclusion of young children with disabilities for over 40 years. In 2015, the Departments of Education (DOE) and Health and Human Services (HHS) released a joint policy statement affirming their position on the inclusion of children with disabilities in high-quality inclusive early childhood environments.²⁶³ This policy guidance provided a set of recommendations for states and local communities to expand access to inclusive opportunities for children with disabilities. The first recommendation to states included creating a state-level interagency taskforce and plan for inclusion.

In that same year, ADE launched the Inclusion Task Force to increase inclusive learning opportunities for children with disabilities.²⁶⁴ This task force, composed of a multidisciplinary team of professionals, state agency leaders, and parents of children with disabilities, set a goal of increasing the number of preschoolers receiving special education services in regular ECE settings. In 2019, the target was to have 55% of preschoolers with disabilities receive most of their special education services in general early childhood settings and the proportion of inclusion was much lower at 30%.^{265, 266} Over the last five years, the work of the Inclusion Task Force has led to more technical assistance and professional development to local education agencies on high-quality inclusion, least restrictive environment, embedded learning opportunities, the itinerant early childhood special education model,

and the Inclusive Classroom Profile. In 2021, the target was reduced to 28.54% and the rate of inclusion for preschoolers with disabilities was 30.65%.²⁶⁷ Although the target was slightly exceeded, this rate of inclusion is still lower than the national average of 39.8% for preschoolers with disabilities receiving the majority of their special education services in general early childhood settings across the nation.²⁶⁸

The inclusion of children with disabilities is also supported through inclusion coaching, which may be part of the support package for early care and education providers who participate in Quality First. Inclusion coaching, along with other quality supports, are funded based on regional choice. Unfortunately, only four of the 28 FTF regions fund the inclusion strategy in their area, resulting in very little support for child care providers and other early educators to implement high-quality inclusive practices.²⁶⁹

Although Arizona now has 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. Lack of professional preparation and support, inadequate investments in inclusion, and policies in child care at the state (e.g., licensing, quality investments) and program levels could all be contributing to overall exclusion from the system. For example, 2020 data show that children with disabilities made up less than 0.5% of child care subsidies on average per month.²⁷⁰ Child care policies for enrollment, such as requiring all preschoolers to be toilet trained, often exclude children with disabilities and violate their civil rights under Title III of ADA, which prohibits discrimination against children with disabilities and protects them from being excluded from child care centers on the basis of their disability.²⁷¹ Under ADA, child care programs need to make reasonable modifications to their policies and practices to integrate children and caregivers with disabilities, unless doing so would incur a fundamental alteration. **Inclusion is not an explicit licensure requirement and training is not required on this issue.**

Currently, DES' Child Care Provider Registration Agreement (PRA) caps enrollment of children with disabilities to no more than 10% of providers' licensed capacity, which limits inclusion. The DOE and HHS joint policy statement on inclusion and the Division for Early Childhood (DEC) and NAEYC (2009) support the use of natural proportions for the inclusion of children with disabilities in relation to their presence in the general

These policies and practices make it more difficult for families of children with disabilities to find care and ensure that their child is supported in a high-quality setting.

population.²⁷² In Head Start, a minimum of 10% of slots are assigned for children with disabilities to receive instruction in inclusive settings. Having this as the bottom cap ensures inclusion is the default option for children with disabilities. On the other hand, DES' cap of having no more than 10% of children with disabilities enrolled in programs prevents all children with disabilities from being in self-contained settings, but it does not necessarily require inclusion for all children. Revising the DES PRA to align with federal policy and national early childhood guidelines would result in increased inclusion for children with disabilities.

What's more, the Quality First rating system has no indicators related to inclusion of children with disabilities, meaning that a program can still be rated high in quality, even if it does not meaningfully include children with disabilities or engage in specific high-quality inclusive practices.²⁷³ This has been done on the national level by Head Start, which requires 10% enrollment of children with disabilities, and Illinois has made inclusion of children with disabilities part of its QRIS.²⁷⁴ **These policies and practices make it more difficult for families of children with disabilities to find care, afford care, and ensure their child is cared for and supported in a high-quality, inclusive setting.**

Because the Quality First rating system has no indicators related to inclusion of children with disabilities, a program can be rated high in quality even if it does not meaningfully include children with disabilities or engage in specific high-quality, inclusive practices.





SECTION EIGHT

Dual Language Learners

SECTION EIGHT

Dual Language Learners

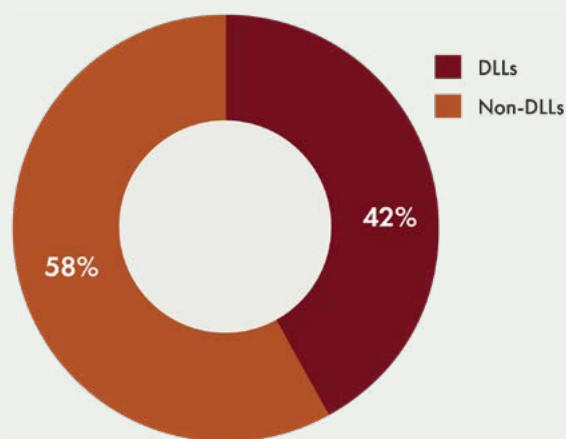
Children who are Dual Language Learners (DLLs) are those learning two or more languages at the same time, and who bring an array of academic, social, and cognitive skills to learning environments.²⁷⁵

Nationally, in 2019, DLLs comprised 33% of the total population of children birth to age five across the United States.²⁷⁶ In Arizona, this proportion of young DLLs was 42%—or approximately 206,000 children—higher than the national percentage (Figure 17).²⁷⁷ While 70% of these children in Arizona lived in households where Spanish was spoken, approximately 30% spoke languages other than Spanish, including Navajo, Arabic, Chinese, Tagalog, Vietnamese, Telugu, and others.²⁷⁸

In Arizona, 62% of young children who are DLLs live in low-income households compared to 39% of those who are non-DLLs.²⁷⁹ Moreover, they represent 68% of all children in Arizona under age five with at least one parent whose highest level of education is less than a high school diploma or equivalent. Additionally, between 2015–2019, DLLs were less likely to have access to the internet, making up 65% of all Arizona children up to age five without access.

There are many cognitive, academic, economic, and social benefits to being bilingual across the life course.²⁸⁰ Bilinguals not only have a strong language system, but they also demonstrate increased cognitive inhibition and flexibility.²⁸¹ This cognitive benefit is seen in bilingual infants as young as seven months old. A research study showed that because bilinguals have to inhibit one language to pay attention to another language, only the

Figure 17: Percentage of Children in Arizona Under Age Five Who Are DLLs



bilingual infants in the study responded to new changes in their environment, as their bilingual brains facilitated a rapid change of their initial response when a new stimulus was presented.²⁸² Bilingual children also tend to perform better on tests requiring problem-solving, working memory, and adaptation.²⁸³ Socially, bilingual children also show enhanced socioemotional development, with more conflict-resolution skills.²⁸⁴

In terms of economic advantages, bilingual workers can earn more in the same profession and field than monolingual workers.²⁸⁵ In an increasingly expanding global society, there is a greater demand for bilingual candidates, with a 30% increase in bilingual remote jobs in 2020 alone. In a 2014 survey of U.S. employers by the American Council on the Teaching of Foreign Languages, nine out of 10 rely on bilingual employees, 56% indicated

Benefits of Bilingualism

Research has found many benefits of bilingualism, including:

- Increased cognitive inhibition
- Better working memory
- Cognitive flexibility
- Greater adaptability
- Increased problem-solving skills
- Delayed onset of Alzheimer's
- Enhanced conflict-resolution skills
- Better work compensation
- Improved capacity to meet employers' needs to compete in a globalized economy

that language demand will increase in the next five years, and one in four lost business due to a lack of bilingual staff.²⁸⁶ Later in life, research finds that bilinguals even have more protection against Alzheimer's, with an average of five and a half years' delay in onset.²⁸⁷ This is because bilingualism creates a buffer that protects the neural pathways of those who speak two or more languages.

For children to reap the full range of benefits of bilingualism, they need continuous exposure to all of their languages, including in schools and early learning settings via instruction that intentionally and explicitly fosters their bilingual and biliterate development. Yet, there are misconceptions about bilingualism, and bilingual education, that negatively impact DLL children's access to such opportunities. Common misconceptions about DLLs include that children will be confused if they are exposed to two more languages at the same time, that providing English-only instruction leads to the fastest and greatest academic gains in English, and that children with disabilities cannot develop bilingually. There is a strong body of research refuting each of these myths.²⁸⁸ In fact, **research is clear—children who are DLLs in early childhood settings benefit from bilingual education where both their home language and English can be fostered.**²⁸⁹ Children with strong language skills in one language can generalize their learning across their languages, which means that a strong home language base generalizes to other languages—including English—exhibiting higher cognitive flexibility and faster processing of newly learned information.²⁹⁰ Research also finds that DLLs who

maintain and strengthen their home language, compared to those who lose it, are more likely to attend four year institutions for college and make higher earnings, on average \$5,400 more per year.²⁹¹

Research also finds that children who are DLLs, with and without identified disabilities, that attend bilingual programs show greater academic gains than those who only receive English instruction.²⁹²

When examining the differences in Spanish and English fluency in Head Start programs, one study²⁹³ found that preschoolers enrolled in dual language programs had higher oral language scores in Spanish and English than those enrolled in programs where children received some home language support, but the bulk of instruction was in English. Other studies found benefits to the home language, without sacrificing or slowing English language development. One study found that DLL preschoolers attending a two-way bilingual immersion program outperformed DLLs who received English-only instruction on all Spanish oral vocabulary and alphabet knowledge, and there were no differences in their performance on the English measures. These findings were similar to those by another study²⁹⁴ concluding that bilingual preschoolers attending a bilingual program outperformed those who only received English instruction in Spanish and performed similarly to DLLs who only received instruction in English.

A longitudinal study tracking the reading, math, and science performance of students enrolled in dual language programs from kindergarten to eighth grade in Portland Public Schools revealed that both students in two-way and one-way immersion programs had as high or higher reading scores than native English speakers in the same programs, with no detriment to their math or science

The research is clear: In early childhood settings, children who are DLLs benefit from bilingual education. A strong home language base can transfer to a strong second language base and may result in higher cognitive flexibility and faster processing of newly learned information.

skills.²⁹⁵ By fifth and sixth grade, these students whose English was not their native language were more likely to no longer be classified as English Learners, compared to those who did not receive dual language instruction. By eighth grade, students enrolled in these dual language programs had intermediate reading, speaking, listening, and writing fluency in their non-native language.

Strong bilingual programs use home language surveys to tailor these programs to the linguistic and cultural needs of the community.²⁹⁶ They also offer target professional development to support teachers' implementation of instructional strategies to support children's learning across all their languages,²⁹⁷ curricula in which children's cultural and linguistic identities are represented and valued,²⁹⁸ equitable enrollment policies that prioritize children who speak a language other than English at home,²⁹⁹ and family engagement initiatives to empower families to communicate using their home language.³⁰⁰ Investing in high-quality bilingual education for young DLLs is critical in providing these children with the skills they need to not only acquire English, but to become the future bilingual and biliterate leaders of tomorrow.

Despite strong research indicating the cognitive and academic advantages of bilingualism and supporting the long-term benefits of bilingual instruction for DLLs, most children who are DLLs receive English-only instruction. Several of these children and youth are likely to lose their home language and rupture their connection with their families and communities.³⁰¹ For these children and youth, losing their home language has dire consequences, including emotional disconnections between the child and their families³⁰² and reduced child-adult interactions that are pivotal for language development, especially affecting children with disabilities who are also DLLs.³⁰³ What's more, they will be less likely to become biliterate and as a result, be less able to take advantage of their bilingualism in the job market.

Arizona's QRIS has no indicators specific to DLLs, despite the fact that DLLs make up 2/5 of the state's young child population.

As of 2020, one fourth (or 16 of 62) of state-funded preschool programs in 44 states and D.C. did not have policies on required support for DLLs.³⁰⁴ Most states had a mix of policies that lacked teaching guidelines, professional development, and bilingual programs to support the development and learning needs of children who are DLLs.³⁰⁵ Unfortunately, Arizona does not currently have systematic, comprehensive policies to support DLLs in early childhood systems (see Table 7). Arizona is the only and last remaining state to still have an English-only law, which directly impacts school aged children, but creates an environment that impacts the entire learning system, including in the early years. According to the NIEER 2017–2018 Special Report “Supporting DLLs in State-Funded Preschoolers,” Arizona’s state-funded preschool programs lack policies to support DLLs in early childhood settings.³⁰⁶ At the time of that report’s publication, Arizona lacked a required written plan for supporting DLLs, the collection of home language survey data, the provision of professional development for educators, policies to support families who speak a language other than English at home. Arizona also has very limited availability of public-funded bilingual preschool programs.

Arizona’s QRIS also lacks attention to DLLs. It does not have any indicators specific to DLLs, despite the fact that DLLs make up over 40% of the young child population. For example, Illinois’ QRIS has a section dedicated to linguistically and culturally appropriate practice.³⁰⁷ In a 2022 report, the [Children’s Equity Project published a set of DLL specific indicators](#) that could be used for quality rating and improvement systems, including Arizona’s. Sample indicators specific to DLLs included conducting annual home language survey data to guide assessment, family engagement, and instructional decisions; delivering bilingual instruction if more than a third of children share the same home language; ensuring that all information is available to families in their home language; providing ongoing professional development on bilingualism to all educators; and assessing children in their home language and English.

Beginning in the 2023–2024 school year, all children entering kindergarten in Arizona must be assessed within the first 45 days of their enrollment using a kindergarten entry evaluation selected by the district governing board or charter school governing body.³⁰⁸ Kindergarten entry assessments evaluate children’s academic and social learning across domains such as social-emotional development, physical development, mathematics, and language and literacy. While some kindergarten

Table 7: Analysis of DLL-Focused Policies in State Preschool Programs in Arizona

Policy to support DLLs	Does Arizona address this policy?
Approved written plan for supporting DLLs is required*	No
Extra funding allocated for serving DLLs*	No
Bilingual education is permitted	Yes†
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

*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.

entry assessments allow educators to capture children’s performance across their two languages, it is not required that educators in Arizona be trained and encouraged to assess children who are DLLs across their two languages. Read On Arizona, a statewide initiative to increase the language and literacy skills of children birth to eight years old, developed a strategic plan but it minimally mentions DLLs. When DLLs are mentioned, the goal is only to provide these children with language-rich curriculum and assess them as early as possible.

DLLs are also minimally mentioned in the ADE application for the recently awarded federal PDG. ADE plans to expand the statewide family engagement center and resource regional hubs to deliver evidence-based family literacy programming that aligns to specific community

needs such as support for “English language learners” and culturally responsive family engagement practices.³⁰⁹ Similarly, in the Arizona Early Learning Standards, DLLs are only mentioned once with the statement, “Each child’s progress in learning English needs to be respected and viewed as acceptable, logical, and part of the ongoing process of learning any new skill. The language skills needed for young English language learners to become proficient in English are fully embedded in the Arizona Early Learning Standards. Using the standards to plan enriching experiences will enhance children’s proficiency in English and enable them to become successful learners in kindergarten–12 schools.” (pg. 13).³¹⁰ Of note, these standards exclusively focus on English acquisition, and neglect every other domain of development, early academics, and bilingual development.

Arizona is the last remaining state with an English only law in place. The two other states with anti-bilingual laws, California and Massachusetts, repealed their laws in 2016 and 2017, respectively.

In the state's CCDF Plan for fiscal years 2022–2024, children and families who speak a language other than English are minimally mentioned.³¹¹ The CCDF template doesn't require states to report specifically on DLLs, but states can include activities such as outreach to families eligible for child care who do not speak English, offering information about child care resources on the resource and referral website in Spanish, and plans to facilitate the participation of child care providers who do not speak English fluently. There is also mention of how Read on Arizona includes English Learner status in its mapping in the interactive population-level data tool MapLit. However, no additional guidance is offered in terms of providing bilingual assessments or services to DLLs, or requiring child care providers to have training focusing on bilingualism. Furthermore, across the many state plans and initiatives reviewed here, there is no specific mention of providing DLLs with instruction to foster their bilingual development, or offering them with dual language instruction. This English-centric approach to DLLs is in direct conflict with recommended practices for supporting this population.³¹² As reviewed, a robust body of brain, cognitive, social, academic, and economic science indicates that bilingualism is a strength that should be fostered, especially and most importantly, in the earliest years of life.³¹³ When a child's early language development in the home language is interrupted by total immersion in a different language without support, their foundation for language growth is affected, negatively impacting future language development in any language.³¹⁴ What's more, exclusively assessing children in English only sheds light on the child's English language development, and produces an inaccurate understanding of every other domain of development and early academics, including language development and vocabulary in the home language, early math skills, social emotional development, and more.³¹⁵ English-only

assessments also misrepresent what the child actually knows and can do and can contribute to over referral to special education services when children who are DLL do not have a disability, but rather are exhibiting behaviors consistent with typical bilingual development.³¹⁶

Furthermore, in Arizona, DLL-specific content, like bilingual language development, how to support the development of children who are DLLs with and without disabilities, and research-supported assessment practices, are not comprehensively addressed in early childhood educators' or child care providers' credentialing requirements. Bilingualism is also not a topic explicitly included in the ADE Early Childhood Education webinars and online courses for continuing education. Given that DLLs comprise a significant proportion of young children in Arizona, ensuring that the workforce in the state is prepared to support the bilingual development of young DLLs, even when they do not speak their home language, is imperative toward ensuring these children meet their fullest potential.

Against this backdrop in the early childhood system are several influential policies in the K–12 system that adversely affect English learners (ELs) and DLLs throughout the K–12 continuum. Arizona is the last remaining state with an English only law in place. The two other states with anti-bilingual laws, California and Massachusetts, repealed their laws in 2016 and 2017, respectively. Arizona's Proposition 203, authorized in 2000, repealed prior bilingual education laws and it requires that ELs receive all their instruction in English.

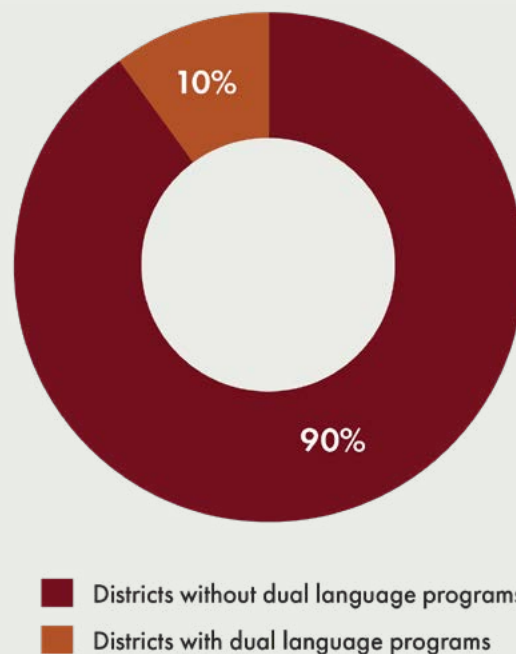
In 2008, under this proposition, Arizona's Sheltered English Immersion (SEI) approach became a four-hour block model, in which students classified as ELs were required to attend four hours of English language development classes per day for up to one year. Parents could sign waivers to enroll their children in bilingual programs, but over time, access to these waivers became harder to access.³¹⁷ **This SEI approach results in the segregation of ELs and reduced opportunities to engage in content-area courses with their peers who are non-ELs. Consider a seven hour school day. After a four hour English block, lunch, recess, and transitions, very little time is left to engage in math, science, history, music, art, and other critical subjects. Research finds that only 15% of students classified as ELs were determined to be English proficient after one year of SEI. A recent decade-long study found that Proposition 203 was ineffective in improving the**

academic outcomes of ELs, with some gains in third grade, but dramatically deteriorated outcomes in the fifth, eighth, and tenth grades.³¹⁸

In 2019, state Senate Bill (SB) 1014 was passed, which created more flexibility under Proposition 203. Mainly, this law reduced the required hours for SEI from four to two hours for students in kindergarten through fifth grade, and to one hour and 40 minutes for students in grades six through 12. This law allowed school districts to submit their own research-based SEI models to the State Board of Education, which had to create a framework to evaluate those models, for approval. Importantly, one of the approved models is now 50-50 dual language immersion. Under Proposition 203, EL students only received instruction to support their English acquisition for one year; however, with SB 1014, EL students can be in programs to support their English acquisition for longer. Moreover, the State Board of Education is now required to have a framework to evaluate the effects of each English language development instructional model. To accomplish this, the Arizona Language Development Approach and the Arizona English Language Development Framework was developed in 2019. In January 2021, 96% of representatives in the Arizona state House voted in favor of repealing Proposition 203 through the *Arizona Dual-Language Education Measure*. This measure would have allowed school districts and charter schools to establish dual-language immersion programs. This proposal did not receive a vote in the Arizona Senate.

This political context has had significant effects on the landscape of dual language offerings in the state, and has particularly detrimental effects on DLLs' access to such programming. Out of the 261 school districts across Arizona, only 29 (10%) have elementary schools with dual language immersion (DLI) programs (Figure 18). Seven of those 29 schools (24%) have a dual language program for preschoolers, and they are all concentrated in the Phoenix area (Table 8). There are 37 dual language elementary schools in the State with most concentrated in Phoenix and Tucson. Flagstaff, the third largest population center in the state, only has one school, though it includes two DLI programs—one in Navajo-English and the other one in Spanish-English. Although data specific to the number of children between zero to five years old in Arizona who come from homes where languages other than English are spoken by county is unavailable, counties with high proportions of Indigenous communities such as Apache and Navajo counties, do not presently have dual language elementary school programs.

Figure 18: Proportion of School Districts in Arizona with Elementary Dual Language Programs



Data on language approaches offered in early care and education settings—including in child care, Quality First programs, HQEL, and Head Start—are not collected, leaving a concerning gap in understanding quality experiences in child care for DLLs.

Table 8: Overview of Number of Dual Language Immersion (DLI) Elementary Schools (and Number of Pre-K Programs in Elementary Schools) in Arizona

Region/ County	Total DLI elementary schools	Schools with dual language PK	Spanish-English programs	Mandarin-English programs	Navajo-English programs
Phoenix/ Maricopa	24	7	18	6	0
Tucson/Pima	11	0	10	1	0
Nogales/ Santa Cruz	1	0	1	0	0
Flagstaff/ Coconino	1*	0	1	0	1

*One school with one program that is Navajo-English and another that is Spanish-English

There is a scarcity of policy, funding, and professional development requirements to support the bilingual development of young children who are DLLs in Arizona—despite the academic, cognitive, and social benefits of bilingualism.

Santa Cruz County, which has the highest proportion of Latinos (over 80%), only has one.³¹⁹ The lack of bilingual learning options in the state affects all children, including monolingual English speakers who would also benefit from bilingualism. States like Utah and Texas have embraced the benefits of bilingualism and implemented robust dual language models for all children in various languages as a critical skill for future workforce development.

Data on language approaches offered in early care and education settings— including in child care, Quality First programs, HQEL, and Head Start—are not collected, a concerning gap in understanding quality experiences in child care for DLLs.

The lack of comprehensive policies and funds to support young DLLs in the state of Arizona is potentially contributing to and compounding the large disparities experienced by older English learners in Arizona, shaped by poorly designed and implemented policies. **Only 47% of English Learners in Arizona graduate from high school, making Arizona the third lowest state in graduation rates for English Learners, after New**

York (31%) and Louisiana (36%).³²⁰ This is in contrast to the national average of 68.4% and West Virginia and Arkansas, which have the highest graduation rates for ELs, at 93% and 83%, respectively.

In sum, there is a misalignment between research, policy and practice that exists across the learning system—early childhood and throughout K–12, in Arizona with respect to supporting DLLs. Bilingualism yields a number of academic, cognitive, and social benefits. When children who are DLLs receive bilingual instruction, they outperform those who receive only English instruction,

without delaying their English acquisition. Unfortunately, Arizona’s history of English-only laws in the K–12 system impacts how bilingualism is perceived and approached in the early learning and early childhood systems. There is a scarcity of policy, funding, and professional development requirements to support the bilingual development of

young children who are DLLs in Arizona. There are very few public preschools that are dual language in the state, and no information on the number of child care programs that offer bilingual education.

State Spotlights

Texas, Utah, and California are part of a number of states with legislation, fiscal initiatives, and programming geared toward the promotion of bilingualism and biliteracy of children who are Dual Language Learners (DLLs)/English Learners (ELs). These examples show the different ways that legislation, funding, and research can be leveraged to ensure that children who are DLLs/ELs receive the type of bilingual instruction that is most likely to yield positive academic outcomes.

— **Texas** is a pioneer in bilingual education. In 1981, they passed the *Texas Education Act* requiring school districts to offer all children who are DLLs/English Learners (ELs) in PK–12 grade with bilingual education if 20 or more children speak the same home language. Four bilingual models are offered—transitional bilingual education (TBE), integrated TBE, two-way immersion, and one-way immersion. If fewer than 20 students, school districts must provide children with English as a Second Language (ESL) model.

— In 2008, **Utah** passed legislation to offer incentives to schools and districts to implement mandatory one-way and two-way bilingual immersion programs in the elementary years.

— In **California**, the state budget had a \$5 million allocation to provide professional development on bilingualism and strategies to support preschoolers who are DLLs to all ECE educators in state-funded programs. Furthermore, First Five California, which is the early care and education QRIS system in the state, funded a research study³²¹ to identify the landscape of instruction, professional development, and family engagement for young children who are DLLs to guide further state-wide support for this population. In 2021, the Governor signed the *California Comeback Plan* to uplift DLLs and expand access to child care. This legislation is the first in the nation to create a standardized process to identify and support DLLs at an early age, and it requires mandatory reporting of the number of DLLs in state-funded preschools. It also allocated \$10 million to expand the number of dual language programs in the state.



SECTION NINE

Discipline

SECTION NINE

Discipline

Harsh discipline is an inappropriate negative response to children’s behavior by the adults who care for them in out-of-home care settings, including child care, preschool, or schools.

Harsh discipline includes suspension, expulsion, corporal punishment, other actions that are less likely to be recorded (e.g., shaming, belittling), seclusion, and restraint used inappropriately. Soft suspension and expulsion, or the informal practice of exclusion which can manifest in a number of ways, including pressuring families to disenroll, repeatedly asking families to pick up their children early, or stating children are not “developmentally ready” or “a good fit” is also considered harsh discipline.

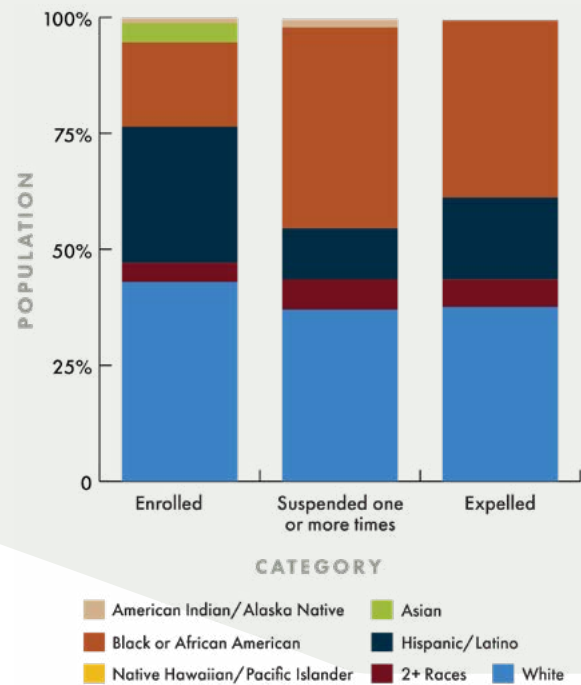
There is no data to suggest exclusionary discipline is associated with positive outcomes; but a robust body of evidence indicates that it is associated with a host of negative outcomes across the lifespan.³²² Research finds that suspension and expulsion starts as early as toddlerhood in child care settings.³²³ A landmark study published in 2005 found that expulsions in Pre-K programs were more than three times greater than those in K–12 settings.³²⁴ Recent, although pre-pandemic federal data of public Pre-K settings, finds recent decreases in suspensions,³²⁵ though it should be noted that these data do not include child care settings.

Harsh and exclusionary discipline is also disproportionately applied (see Figure 19), with data indicating that Black children are consistently over disciplined, across time, ages, settings, and types of discipline.³²⁶ Data also indicate that Indigenous children, children with disabilities, and boys are overrepresented in these types of discipline.³²⁷ Some data find that Latine(o/a) children are also more likely to be harshly disciplined than their white peers, often occurring in

Figure 19: National Preschool

Exclusionary Discipline Disparities

by Race/Ethnicity



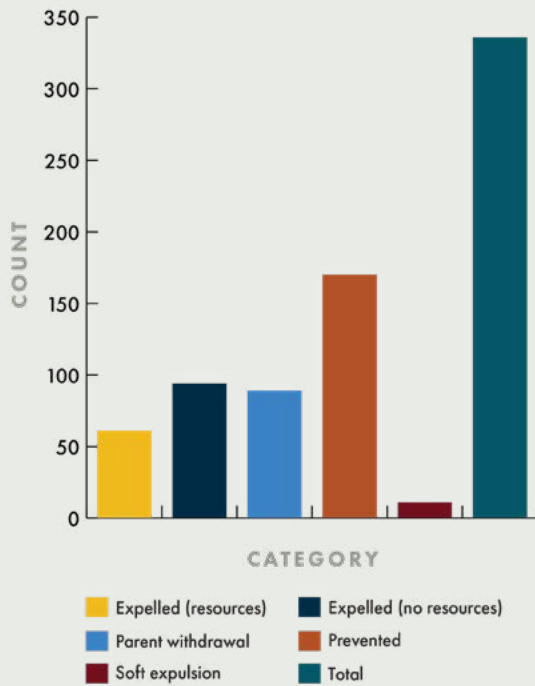
the later grades.³²⁸ These racial disparities exist, even though no credible evidence or data suggest that Black children or other children of color have worse or more frequent misbehavior, suggesting that differential access to supportive, high-quality learning settings and adult decisions influenced by bias—whether implicit or explicit—play a role in shaping these outcomes.³²⁹

In Arizona, data indicate similar trends. Data from the U.S. Department of Education Civil Rights Data Collection (CRDC), published every two years, includes data on children in public preschool settings. In Arizona,

Black children are expelled at more than four times the rate of their enrollment. Children who identify as bi/multiracial (3.8%) are overrepresented in suspension (5.6%), while Indigenous children were suspended (5.6%) at levels about proportional to their enrollment (5.4%). White children (40.4% enrollment) were slightly underrepresented in suspensions (38.9%) and overrepresented in expulsion (45.5%). Latine(o/a) children (42.6%) were slightly overrepresented in suspensions (44.4%), but underrepresented in expulsions (36.4%). Asian children were overrepresented in suspension (5.6%) relative to their enrollment (3.4%). Additionally, this data does not show a disparity for children with disabilities in Arizona. It should be noted that the overall frequency of exclusion was very low for this age group in these data, which exclusively include public Pre-K (of which access in Arizona is one of the lowest in the nation). Because of this, these data should be interpreted with caution.

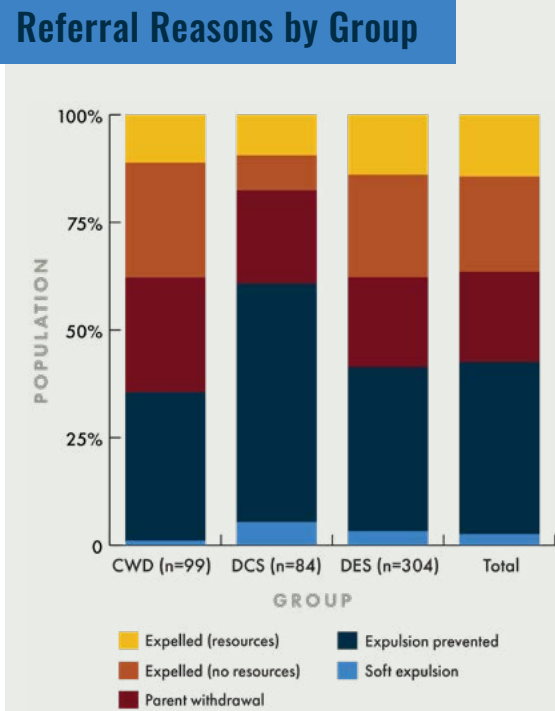
Much more robust data on exclusionary discipline are collected by DES on contracted or certified providers through the Expulsion Prevention Program. This dataset captures information from child care providers, including the frequency of expulsion, demographics of the children expelled, reasons cited for referral to the program, and more specifically for DES-contracted providers. Data indicate that providers requested expulsion prevention support for 473 children between October 2021 – December 2022. Of those, 155 (about 33%) children were expelled from child care and 89 (about 19%) families withdrew their children from care, a combined percentage of about 52%. In 170 of those cases, about 36%, expulsions were prevented (see Figure 20).

Figure 20: Arizona Child Care Exclusionary Discipline Counts



Note. Total does not include parent withdrawal.

Figure 21: Arizona Child Care Exclusionary Discipline Counts Referral Reasons by Group



Note. DCS= Child served by the Department of Child Safety. DES= Child served by Department of Economic Security subsidy. CWD= Children with disabilities.

Data are collected by various demographic characteristics. We analyzed these data by race/ethnicity. Black children were overrepresented across all categories, relative to their enrollment: expulsion referrals, expulsions prevented, expulsion with and without resources, parent withdrawal and soft expulsions (see Figure 22). White and American Indian/Alaska Native children were overrepresented in expulsions without resources. Black and Latine(o/a) families made up nearly all of the families who withdrew their children, whereas white children were well overrepresented in soft expulsions. It is unclear what the distinction between these two categories is. Children in the child welfare system (DCS: 17% of exclusion referrals and less than 1% of the birth-to-five population in Arizona) and children with disabilities (CWD; 21% of exclusion referrals and 3.44% of the birth-to-five population) were also overrepresented in expulsion referrals and in expulsions without resources (see Figure 21).³³⁰

Notable patterns also appeared in examining the reasons for expulsion prevention referral (see Figures 23 and 24). These data indicate that by far the most common reasons for expulsion referral are developmental concerns and externalizing behaviors, though there were some differences by group. Black children were overrepresented across categories, with particularly salient disparities reported in the categories “externalizing behaviors” and “parent behaviors.” AI/AN children were also disproportionately represented in the “parent behavior” category, while white children were overrepresented in the “internalizing behavior” category. Latine(o/a) children were most often marked in the “developmental concerns,” compared to other categories.

Regionally, Yavapai and Gila had the highest rates of exclusionary discipline in child care settings in the state (0.48 and 0.55 per 1,000 birth to five population respectively), Santa Cruz and Apache counties didn’t have any reported exclusions (see Figure 25). Maricopa and Pima Counties, the most populous counties, had rates of 0.31 and 0.39 (per 1,000 birth to five population), respectively (see Figure 25).

Differences in the proportion of referrals that were expelled with or without resources versus prevented also differed by star rating in the QF system (see Figure 26). Notably, expulsions occurred across all star rating levels. In two star programs, expulsion referrals were about as likely to end in expulsion with or without resources as they were to be prevented. Preventions increase in three star programs, but expulsions without resources slightly

Figure 22: Arizona Child Care

Exclusionary Discipline

by Race/Ethnicity

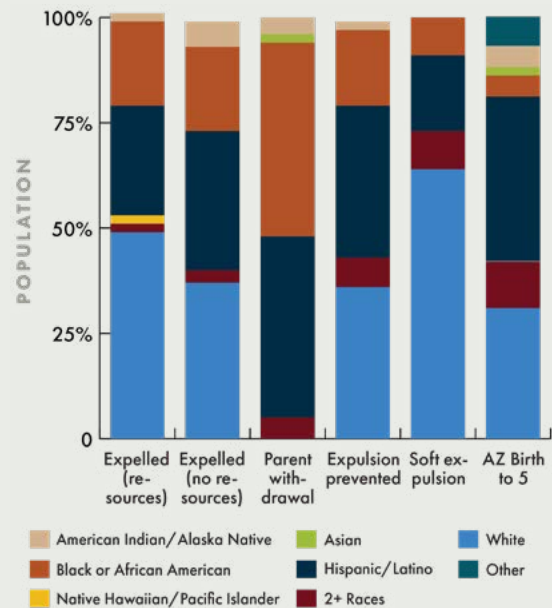


Figure 23: Arizona Child Care

Expulsion Prevention Program

Reason for Referral

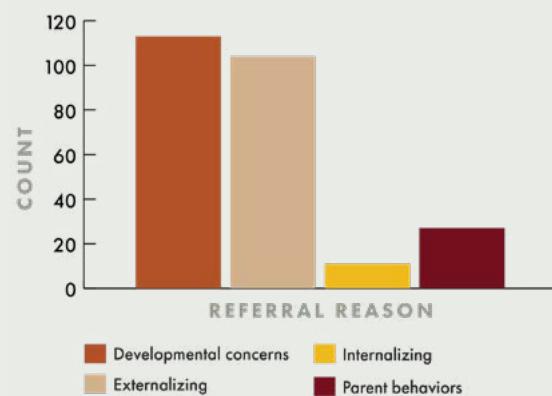


Figure 24: Arizona Child Care

Exclusionary Discipline Program

Referral Reasons by Race/Ethnicity

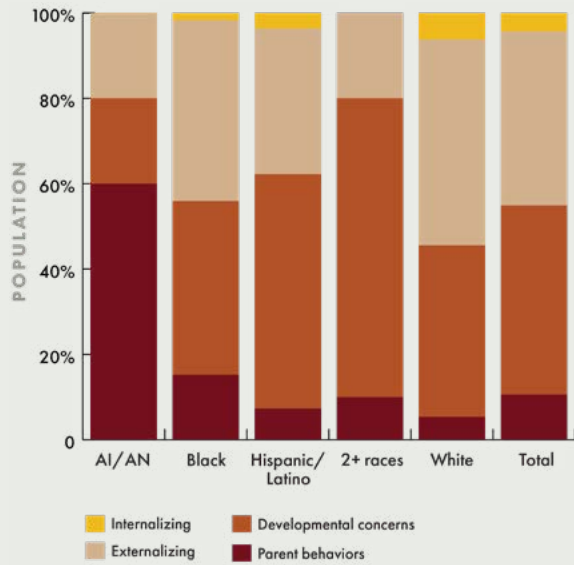


Figure 25: Arizona Child Care

Expulsions per 1,000 Birth–5

Population by County

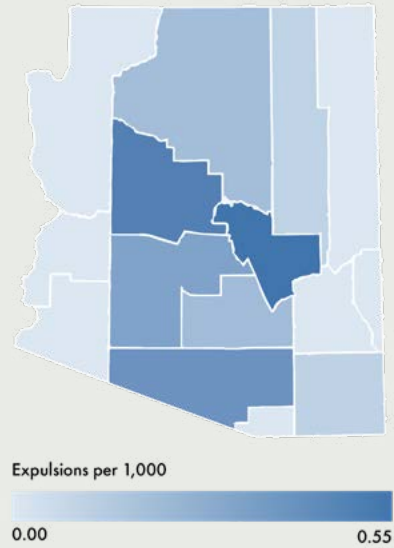
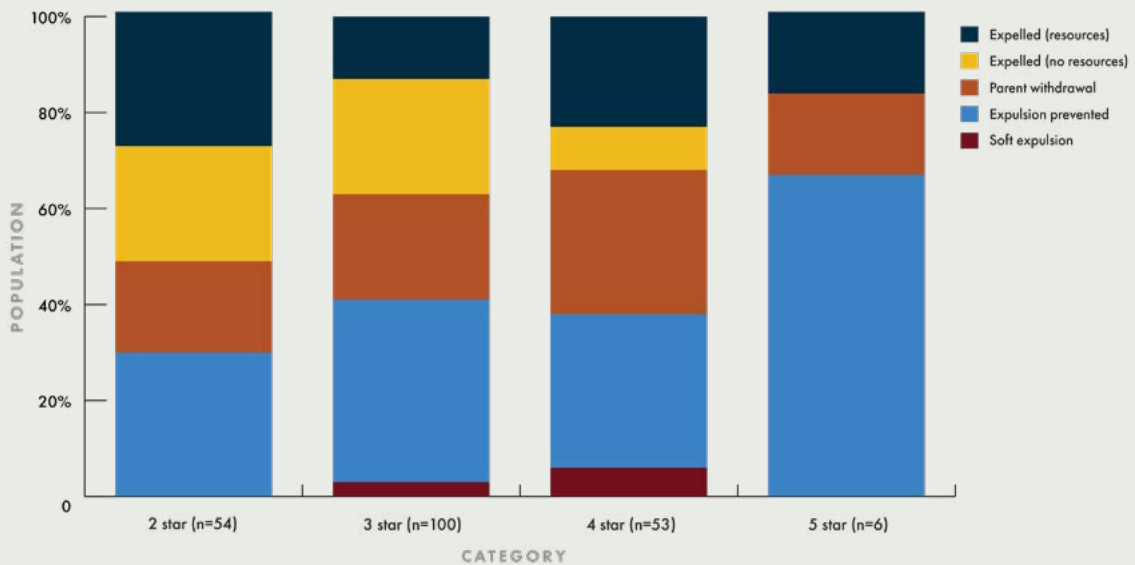


Figure 26: Arizona Child Care Expulsion Prevention Results

Across Quality First Star Ratings



increase as well. In four star programs, preventions decrease, but so do expulsions without resources (though, expulsions with resources increase). In the highest rated programs, five stars, there are no expulsions without resources and most cases are prevented, though a substantial number of cases still end in either expulsion with resources or parent withdrawal.

EXCLUSION POLICY

The policy landscape in exclusionary discipline has changed significantly in the past 10 years. In 2004, the DOE, published for the first time, data on preschool suspensions and expulsions. Those data showed steep racial disparities and prompted policy attention on the issue at the federal, state, and local levels. Later that year, Congress reauthorized the CCDBG, including for the first time a requirement that states report to the federal government their policies on child care expulsion and making expulsion prevention an explicit subcategory for quality spending. Later that year, HHS and DOE published the first ever federal policy statement on exclusionary discipline in early childhood settings, following guidance from DOE and the U.S. Department of Justice on K–12 discipline practices. In 2016, under the Obama administration, HHS published two final regulations, one for Head Start and one for child care, both of which included language on exclusionary discipline. In the ensuing years, 21 states and D.C. passed legislation limiting exclusionary discipline in young learners, though most laws were narrowly applicable to children in public preschool, leaving out those served in child care settings.³³¹ Many state executive actions were pursued to prevent and limit expulsion in child care settings, though most actions lacked accountability and meaningful investments. Today still, the national policy landscape on expulsion and suspension is a patchwork of policies and investments, addressing these harsh practices incompletely.³³² The latest published CRDC data from the 2017–2018 school year, indicates that preschool suspension fell substantially, but remains an issue, and importantly, the racial disparities first illuminated by the data in 2014, remain stark. States have begun to address exclusionary discipline in their policies over the last 10 years, including states like Washington including it in their licensing and QRIS.³³³

In 2021, the Arizona legislature passed house bill (HB) 2123 that placed limitations on the use of suspensions and expulsions in kindergarten through fourth grade. There are no limitations on corporal punishment, seclusion, or restraint in the state for school-age children.

State Spotlights

In a 2023 report, the Children’s Equity Project examined the qualities of state exclusionary discipline policies across four key areas: 1) Limits on exclusion as a consequence for specific behaviors; 2) limits on exclusion based on grade; 3) limits on the duration of exclusion; and 4) alternatives to harsh discipline.³³⁴ Across the nation, state exclusionary discipline policies have changed over the last five years, with an increasing number of states placing limits on exclusion and encouraging alternatives.

Some states have moved to limiting the use of exclusion when it may exacerbate issues for certain student behaviors. For example, if a 5th-grade student is chronically absent in **Arizona**, they would be allowed to be excluded, but in **Arkansas**, the state prevents exclusion for absenteeism. Additionally, **California, New Mexico, and Texas’s** policies limiting the exclusion of students experiencing homelessness.

16 states limit exclusion for pre-K children. For example, **California, Colorado, Hawaii, Illinois, Maryland, New Jersey, and Ohio** prohibit exclusionary discipline in pre-K without exception.

30 states limit the length of exclusion. **Idaho, Nebraska, New York, and Wisconsin** limit out-of-school suspension to fewer than five days.

39 states encourage alternatives to discipline. The most common approaches were PBIS (16 states), restorative justice (15 states), and counseling (11 states).

Nevada, Ohio, Virginia, Massachusetts, and California have policies across all four of these policy areas.³³⁵

Indeed, Arizona is one of 19 states that still allow the use of corporal punishment in public school settings.

In that same year, DES updated their discipline policy that focuses on preventing suspension and expulsion from child care. The policy requires contracted providers to:

- Take a training
- Collect more detailed information about children’s strengths, needs, and challenges with an “About Me” form
- Seek support when a child is at risk for expulsion
- Develop a programmatic policy in line with state policy
- Notify parents of the policy and provide a minimum of five days notice in cases of expulsion

The policy stops short of prohibiting expulsions and lacks clear guidelines on how to transition children to a setting that may be more appropriate or well resourced. DES collects data on expulsions, but has few accountability processes in place for programs that do not follow the policy and does not systematically track programs or areas with high rates of expulsions in order to intervene with supports or consequences. In general, complaints are made by parents either through the CCR&R or to DHS which manages licensing, and those complaints are then communicated to DES. There are no parental awareness efforts in place to inform families of their rights and possible remedies. Further, expulsion outcomes and expulsion support services are not analyzed in relation to one another, making it difficult to know whether or which supports in place are effective.

Arizona’s statewide training and technical technical assistance program for expulsion prevention, AZ STEPS, offers support to child care providers and families to prevent expulsion and meet children’s needs. The program, facilitated by Southwest Human Development and Easter Seals Blake Foundation, is funded by DES and offered as support to any DES-contracted provider at no-cost to the provider. The program offers training and professional development on child trauma and social-emotional development for families and providers, support for providers, and short-term mental health consultation for families, teachers, and administrators to best meet children’s needs and prevent expulsion.³³⁶



Infant and Early Childhood Mental Health Consultation

A well-known preventive model to reduce suspension and expulsion in early childhood settings is Infant and Early Childhood Mental Health Consultation (IECMHC).³³⁷ IECMHC pairs early childhood mental health consultants with teachers, administrators, systems leaders, and families, to support children's social and emotional development. Consultants focus on fostering a healthy social emotional climate for all children indirectly by working with providers and administrators to improve practices, processes, relationships, and policies. IECMHC is implemented across various systems, most commonly early care and education. Notably, all Head Start programs have IECMHC as a core dimension of the model.

Research has documented that IECMHC has been associated with lower rates of harsh discipline in ECE programs, including suspension and expulsion.³³⁸ Studies have also documented that when providers receive IECMHC services, there is an increase in teachers' self-efficacy in managing challenging behaviors, knowledge about children's social and emotional development, and reflective capacity.³³⁹ Studies have also found an increase in positive teacher-child interactions in the classroom as evidenced by higher levels of sensitivity and lower levels of detachment and harshness in ECE providers.³⁴⁰

Arizona is known nationally for its IECMHC program, Smart Support, which is led and operated by the statewide nonprofit Southwest Human Development and has been funded by FTF.³⁴¹ In 2022, DES allocated a portion of its ARPA relief funds to FTF for IECMHC. Smart Support offers tiers of consultation that target the child, the classroom, or the program and can be combined as services to the teacher/child care provider.³⁴² Multiple evaluation studies 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.³⁴³ Research also found decreases in negative classroom mental health climate, children's risk of expulsion, and teacher's negative views of children.³⁴⁴ There were also improvements in teacher-child relationships, and children's attachment and self-regulation.³⁴⁵

The Smart Support program has shown positive outcomes for children and providers, and has grown over time (from 213 child care providers in 2010 to 350 providers in 2022).³⁴⁶ Though federal child care relief funds have been allocated to make Smart Support available to providers in every First Things First region, these funds run out in June 2024, and access is not universal as only 15 of the 28 First Things First regions funded mental health consultation in fiscal year 2022. Data suggests that providers in center-based programs are more likely to receive these services compared to providers in home-based programs. Further, the number of newly hired mental health consultants is substantially lower than the number of additional IECMHC sites, suggesting increased caseloads.

TRIBAL EARLY CARE AND EDUCATION

**Table 9: Arizona Tribal
Community Fast Facts**

More than
288,000
tribal residents live in
tribal communities in
Arizona.³⁴⁷

An estimated
22,000
children under five live
in tribal communities,
4.26% of Arizona’s total
population of children
under five.¹⁸³

In 2023, seven FTF
regions allocated
\$560,000
to Native Language
preservation programs
for young children.³⁴⁸

Nearly
90%
of children and
adults living in tribal
communities in Arizona
identify as American
Indian or Alaska Native
(AI/AN).

More than **2%**
of children and
adults living in tribal
communities in Arizona
identify as two or more
races,
and around **5%**
identify as Latine(o/a).³⁴⁹

4.5%
of Arizona’s total
population identified as
AI/AN according to
2020 census data.³⁵⁰

About
50%
of tribal residents age
five or older speak a
Native North American
language at home.

More than **1/5**
of infants and toddlers
across Arizona live in
poverty,
of which more than **1/3**
are children who are
Black or AI/AN.³⁵¹

Note: We use the terms *Indigenous*, *tribal*, and *Native* in this report unless referencing publicly reported racial demographic data or the specific Head Start program as “American Indian/Alaska Native (AI/AN).”

There are 22 federally recognized tribes in Arizona, encompassing the third largest Native American population among all states. The Navajo Nation, home to the Diné, is the largest geographic reservation in the U.S. at about 25,000 square miles, the majority of which is situated across the northeast corner of Arizona and extends into New Mexico and Utah. With an estimated population of more than 399,000, the Navajo Nation is likely the largest federally recognized tribe in the nation.³⁵²

The state’s rural population is 15% American Indian. Twelve of Arizona’s 15 counties include reservations within their borders. Each tribe has the sovereignty to self-govern, an authority upheld by treaties and laws between tribes and the U.S. government.³⁵³ This gives tribal communities flexibility and autonomy in their approaches to community services, including ECE. Each tribal community in the state has its own governance structure and funding sources.

It is important to keep in mind the unique relationship that tribes have with the federal government and acknowledge the historical harms and policies that have exacerbated inequities for Native communities—laws that forced Indigenous people from their homes, stole children in an attempt to assimilate them, marginalized Indigenous cultures, and enacted genocide against tribal populations.³⁵⁴ Issues like lack of U.S. government coordination and laws preventing equitable access to federal programs from which a state or local government otherwise benefit create obstacles for tribal communities.³⁵⁵ Trust and respect must be built and maintained between state and federal government agencies and tribes. Collaboration is necessary between those providing services and setting policy.³⁵⁶

Many Indigenous people see the role of caring for children as a community one. Native communities have long cared for young children through responsive practices and shared child rearing values and continue to do so through language preservation and culturally-rich programs. **Tribal leadership and consultation is integral to advance equitable ECE systems in Arizona. The state should actively and intentionally facilitate tribal consultation to determine how to best support tribes while upholding tribal sovereignty.**

Tribal Early Care and Learning

Nationally, around 44,000 children who are AI/AN are served in both AI/AN and non-tribal Head Start programs.³⁵⁷ More than \$299 million was awarded directly to tribal governments for AI/AN Head Start services which reached 21,815 children and their families in 2021. In Arizona in 2021, more than \$35 million was awarded to 13 Head Start and six EHS programs to support 2,726 children.

In 2021, tribal programs reported serving 6.4% children with disabilities in Head Start and 7.4% in EHS.³⁵⁸ These figures are lower than both the national rates of children with disabilities in Head Start settings (13% in Head Start and 11.6% in EHS) and Arizona Head Start rates, 11% and 8% respectively.³⁵⁹ However, tribal Head Start programs serve children with disabilities at a higher rate than the estimated 5.9% of all children who are AI/AN nationally with a disability. Disability prevalence has remained consistently highest among children who are AI/AN with no change over the last decade.³⁶⁰

The Administration for Children and Families conducts the AI/AN Family and Child Experiences Survey (FACES) to better understand the characteristics, experiences, and outcomes of children and families in the program. Those data indicate strong cultural connections.³⁶¹ For example, 48% of AI/AN families reported speaking a Native language in the home. Additionally, 70% parents reported high levels of social support and 85% reported their child participated in cultural activities in the last year.³⁶²

Access to community-based early childhood programs (e.g. language immersion schools, home visiting, tribal Head Start, home-based child care) managed by tribal communities can contribute to children's development and long term outcomes. For example, recent research on the universal Pre-K program in Oklahoma showed short- and long-term benefits for children who are AI/AN compared to other groups. AI/AN children enrolled in the Pre-K program were more likely to later have higher attendance rates and test scores in elementary and secondary education.³⁶³ Of note, Arizona does not have a universal preschool program nor any significant state ECE investments, though tribal communities have sovereignty to determine how tribal funding is spent for services for young children and families.

Tribal CCDF

The CCDBG requires that HHS allocates no less than 2% of discretionary and up to 2% of mandatory CCDF funding to tribal grantees to carry out activities related to child care access and quality improvement.³⁶⁴

HHS regulations allow tribes flexibility in the implementation of CCDF dollars. All CCDF lead agencies must meet minimum health and safety standards such as required health and safety training, setting their own maximum ratios and group sizes, and child abuse reporting. Tribal lead agencies must also dedicate 9% of their total expenditures to a range of quality improvement activities such as professional development for the tribal child care workforce or curriculum that incorporates native language.³⁶⁵ Tribal programs with medium or large allocations are also required to allocate 3% of their CCDF funds to infant and toddler quality spending. Thirteen tribes in Arizona are grantees of the CCDF.³⁶⁶

Tribal Regional Partnership Councils

FTF governance includes both the Arizona Early Childhood Development and Health Board and 28 regional partnership councils (RPC) across Arizona, which are seated with volunteer community members that make strategic investments of regional FTF funding to support the healthy development of the young children.³⁶⁷ RPC members represent early childhood educators, parents, health care representatives, tribal representatives, and business and faith communities.

Nineteen of the 22 tribal communities in Arizona have dedicated RPC including Cocopah Tribe, Colorado River Indian Tribes, Gila River Indian Community, Hualapai Tribe, Navajo Nation, Pascua Yaqui Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache, Tohono O'odham Nation, and White Mountain Apache Tribe. Home visitation and Quality First are the FTF strategies with the highest levels of funding across tribal RPC. Additionally, seven RPC allocated roughly \$560,000 total to programs specific to Native language preservation in 2023.³⁶⁸

At the state and regional levels, FTF has been leading collaboration efforts with tribal communities as part of the ECE system since its inception. The statute that created FTF requires RPC to include a seat for at least one tribal public official or staff in regions that include federally recognized tribal lands. The statute also allows flexibility for tribes to participate in their designated regional council or elect to have its tribal lands treated as a separate region.³⁶⁹ The FTF Tribal Affairs Department serves as a link to tribal governments, Indigenous organizations, and the general public. FTF Tribal Affairs is tasked with facilitating effective relationships with Arizona tribes, consulting with tribal governments, engaging in partnerships related to FTF programs, and developing and recommending policies that impact tribal nations.³⁷⁰



SECTION TEN

Children's Holistic Development and Family Wellness

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Children's Holistic Development and Family Wellness

Research provides a clear set of conditions that should be addressed to support young children's health, development, and learning.

These conditions begin 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 health care coverage, including mental health care. These conditions enable families to raise healthy, happy, thriving children.

Each year, the Annie E. Casey Foundation releases a Kids Count report in which states are grouped into four categories (best, better, worse, and worst) based on measures of economic well-being, education, health, and family and community resources.³⁷¹ Arizona ranks low on every index of child-wellness, with a composite ranking of 39th out of 50 states (see Table 10).

These data show the need for state initiatives to not only address access to high-quality ECE, but also to drive policies and funding that address the overall health and well-being of children and their families so they have the conditions necessary to thrive.

Arizona ranks low on every index of child wellness, with a composite ranking of 39th out of 50 states.

Arizona's economic system is arduous for families with limited incomes and resources. In Arizona, two out of five households have difficulty affording basic food, shelter, utilities, health care and transportation, the highest rate since 2020, and 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.³⁷² Presently, only 11% of unemployed Arizona residents have unemployment insurance, and only 6% participate in the state's cash assistance program (e.g., TANF). This reduced take-up in services is likely due to the stringent eligibility criteria. What's more, only one quarter of Arizona workers have access to paid family leave, and only slightly more have access to extended medical leave.³⁷³ Research finds that employees of low-paying jobs and those who are Black, Latine, and other employees of color are less likely to have access to such benefits.³⁷⁴

Table 10: Arizona’s Ranking of Child Wellness³⁷⁵

Index of Child Wellness	Ranking	Major Changes Between 2019–2022
Overall composite of child wellness	39th out of 50	None
Economic wellness	33rd out of 50	1% increase in children living in households with a high housing cost burden
Health	32nd out of 50	7% increase in number of child and teen deaths per 1,000
Education	45th out of 50	7% increase in number of eighth graders who are not proficient in math
Family and community	40th out of 50	13% decrease in the proportion of Arizona children living in communities with high concentrations of poverty

Note. The higher the number, the worse the ranking.

These data show the need for state initiatives to not only address access to high-quality ECE, but also to drive policies and funding that address the overall health and well-being of children and their families so they have the conditions necessary to thrive.

Children’s health and housing security are closely intertwined.³⁷⁶ Children who are experiencing homelessness are more likely to experience hunger and malnutrition, developmental delays or behavioral concerns, and physical health issues than children who have stable housing.³⁷⁷ Some of the most common causes for families experiencing homelessness are unaffordable housing, poverty, low wages, unemployment, and domestic violence.³⁷⁸ Natural disasters and, most recently, pandemic related challenges, can also lead to homelessness. Many families experiencing homelessness are in sheltered locations, but in 2020, for the first time since the federal government began collecting data on this issue, the number of unsheltered families increased. There were about 172,000 people in families experiencing homelessness that year, and children made up about 60% of individuals in these families.³⁷⁹ Black, Latine, AI/AN, and NHPI individuals were overrepresented in those

experiencing homelessness. Arizona had one of the largest increases in family homelessness between 2019 and 2020, with a 9.3% increase. The state ranks 15th in the rate of homelessness overall, compared to other states.³⁸⁰

Last revised in 2015 under the Every Student Succeeds Act, the McKinney-Vento Homeless Assistance Act authorizes the federal Education for Homeless Children and Youth program which grants states funding for local education agencies to identify children experiencing homelessness and provide education services and other resources that support their success in school.³⁸¹ Head Start programs also prioritize enrolling unhoused families. In 2022, Head Start programs across the nation enrolled 51,120 children who were unhoused, more than 700 of whom were served through Arizona grantees.³⁸²

Arizona’s health system also poses significant barriers that impact the holistic well-being of children and families. In Arizona the live preterm birth is 10%, and disproportionately higher among Black women, who have a rate 46% higher than all other women.³⁸³ The counties of Apache, Navajo, and Gila have the highest Maternal Vulnerability Index, which indicates that mothers in these counties are the most vulnerable to poor pregnancy outcomes and pregnancy-related deaths. This risk is not only associated with clinical factors, but with social,

contextual and environmental factors impacting health outcomes such as low socio-economic status and living in communities with higher rates of substance abuse. Moreover, 18.6% of pregnant individuals in Arizona receive inadequate prenatal care, higher than the national average of 14.5%.³⁸⁴

Furthermore, 28.8% of adults in the state do not have a primary care physician (PCP) compared to the national average of 22.4%. Latine(o/a) and American Indian adults in Arizona are also disproportionately more likely to not have a PCP, 40% and 38% respectively lacking access, compared to only 22% of White adults in Arizona.

Children also have reduced access to health care. Arizona ranks 48th out of 50 states and D.C. with 8.5% of children under age six not having access to health insurance, compared to 5.4% of children nationally.³⁸⁵

Racial disparities exist within these data; 20% of American Indian children in Arizona do not have health insurance, compared to only 6% of White children. Arizona's Medicaid programs, the Arizona Health Care Cost Containment (AHCCCS) and KidsCare (Arizona's CHIP) for Arizona residents under 19 years old, serve as a resource for eligible children and families to access health care coverage. Eighty-seven percent of all eligible children currently participate in CHIP. Both adults and children who are undocumented do not qualify for Medicaid, and "qualified immigrants" can receive services after five years of U.S. residency.³⁸⁶

In 2010, the recession combined with major state budget cuts resulted in a freeze to enrollment in KidsCare at a time when nearly 46,000 children up to 200% of FPL were already enrolled. Arizona became the only state in the nation without a state version of the federal Children's Health Insurance Program or CHIP. By Summer 2011, the waitlist surged to 100,000 children, and a time-limited CHIP alternative was developed in agreement with the federal government to serve a cap of 25,000 children up to 175% of FPL; this eventually expanded to reopen for more children in 2012 and increased back to an eligibility threshold of 200% of FPL in 2013.³⁸⁷ By 2013, 12% of children in Arizona did not have health insurance, ranking Arizona 42nd out of 50 in children's health in the 2015 Kids Count report.³⁸⁸ When the temporary CHIP alternative ended in 2014, 14,000 children lost care though they were referred to the Affordable Care

Children and adults in Arizona experience reduced access to mental health services, and 43% of children 17 and younger in Arizona had experienced one or more adverse childhood experiences in their lifetime.

Act marketplace to potentially purchase health insurance coverage.³⁸⁹ By 2016, less than 1,000 children were being served through KidsCare,³⁹⁰ and the federal government approved Arizona's plan to allow new enrollment in CHIP. Arizona saw a decrease in the number of children under age 18 without insurance from 12% in 2012 to 8.5% by 2018.³⁹¹ Between 2017 and 2022, the number of children enrolled increased each year up to 62,397 in 2022.³⁹² The recently passed 2023–2024 state budget expanded KidsCare eligibility to 225% of the FPL, providing healthcare to an additional estimated 12,000 children.³⁹³

Children and adults in Arizona experience reduced access to mental health services, ranking 46th out of 50 states in its access to mental care.³⁹⁴ Many of these adults are parents, and a robust literature base points to the impacts of parental mental health challenges on children.³⁹⁵ In 2020, 18% of Arizona adults had a mental illness, but 30% could not receive mental health services due to cost barriers, and 61% went without treatment, compared to 57% nationally. For children, the availability of mental health services is also limited in the state. 11% of children with mental health challenges have private insurance that does not cover their mental health care, compared to 8% across the nation. **Moreover, findings from the 2018–2019 National Survey on Children's Health (NSCH) showed that 43% of children 17 and younger in Arizona had experienced one or more adverse childhood experiences (ACEs) in their lifetime.** This is slightly higher than the national rate of 40%. Findings also show in Arizona, Black children had the highest prevalence of one or more ACEs (52%), followed by Latine (45%), and White (39%).³⁹⁶



How Federal Pandemic Relief Funds Improved Family Economic Well-Being

Federal pandemic-related financial relief policies mitigated the overall rate of hardship parents of young children faced across the nation during the COVID-19 pandemic.³⁹⁷ These policy choices put financial resources into the pockets of American families and improved their economic well-being. Yet, these temporary policies have ended, which underscores the need for Congress and states to build upon pandemic policy successes to address barriers to overall family wellness.

MATERIAL HARDSHIP DECLINED

After Congress extended unemployment benefits and implemented stimulus checks, the percent of households with young children that reported experiencing hardships significantly decreased by 13 points from 36% in Fall 2020 to only 23% in Spring 2021.

- The rate of hardship stabilized during the second half of 2021 to between 23% and 27%, likely as a result of the expansion of CTC and earned income tax credits.
- However, by the time these federally funded economic supports ended in late 2022, the hardship rate of households with young children peaked to 47%, an all-time high since the parent survey began.

HOUSING HARDSHIP DECREASED

Across the nation, parents with young children experienced lower housing hardships from 19% at the start of the pandemic to between 10% and 13% March 2021 through June 2022, the period in which federal policies like the foreclosure and eviction moratoriums, rental assistance, and housing vouchers, were layered, providing economic relief to struggling families.

FOOD HARDSHIP DECREASED

Federal relief funding improved and expanded several food-related policies for families of young children during the pandemic including emergency food benefits, free school meals, remote WIC services, paused work requirements for food benefits, and an increase to food benefits and WIC.

- These policies led to the number of households with young children reporting difficulty paying for food decreasing from between 13% and 19% throughout 2020 to between 9% and 15% in 2021.
- This decline also coincides with the federal policies related to unemployment, CTC, and housing.
- By Summer of 2022 when free school lunches for school-age children ended, the percentage of parents reporting food hardships jumped to 32%.

Note. All data points are from: RAPID Survey. (2023). Pandemic financial relief policies coincided with decreased family economic hardships. Stanford Center on Early Childhood, Stanford University. <https://rapidsurveyproject.com/our-research/pandemic-financial-relief-policies-coincided-with-decreased-family-economic-hardships-1f96j>.



SECTION ELEVEN

Early Care and Education Policy Agenda

SECTION ELEVEN

Early Care and Education Policy Agenda

A high-quality, accessible, and efficiently managed early care and education (ECE) system is possible in the state of Arizona, and across the country, but it requires significant investment, major policy reforms, attention to equity, and shifts in governance.

Because of the state’s minimal development of a state funded Pre-K system to date, Arizona has the opportunity to learn from other states and build a new system that spans the birth to five continuum; is consistent in the health, safety, and quality experiences it offers children while ensuring a mixed delivery system; and avoids further fragmentation by age, setting type, and region. The state can build off its recent early care and education fiscal mapping and build a plan for a coordinated birth to five system.

Here we provide a set of recommendations for the Governor, state legislature, and across the various state agencies in Arizona that play a role in the lives of young children to achieve that vision. We provide recommendations across seven key areas:

1. Enhancing quality to ensure positive, fair experiences in ECE for all children
2. Expanding access to care and simplifying enrollment for families
3. Increasing access and quality of services for children with disabilities
4. Better supporting dual language learners
5. Addressing harsh and exclusionary discipline and its disproportionate application
6. Investing in data, research, and evaluation for continuous growth
7. Strengthening support for the whole family, whole child

It is important to note that these recommendations are forward-looking in the service of building a cohesive, quality, accessible system for Arizona’s children and families. In the immediate future, the state, like many states across the country, faces a child care fiscal cliff as funding for stabilization grants ended in September of 2023, and all pandemic relief funding ends in September of 2024.

While the state works to build a long-term vision, it is imperative that the state legislature and Governor Hobbs make immediate investments that prevent large scale closures of child care programs and a loss of access to care for children and families. Without legislative action, a recent economic analysis predicts that 99,691 children in Arizona will lose their child care, and 1,149 licensed or certified child care providers—one third of the state’s formal ECE providers—are estimated to close as a result

of the end of federal relief funds. The report estimates that 4,692 Arizona child care sector jobs will be lost, wiping out an already understaffed essential workforce and decimating the progress made to support the ECE workforce through pandemic relief dollars. Arizona parents are estimated to lose a total of \$257 million in earnings by being forced to work fewer hours or leaving the labor force altogether due to lack of accessible child care, businesses are estimated to see \$278 million less in worker productivity, and the state is estimated to lose \$6.3 million in income tax.³⁹⁸ In its annual budget request DES requested \$91 million in CCDF expenditure authority in order to maintain current reimbursement rate funding and avoid a child care assistance waitlist beginning in July 2024.³⁹⁹

At a minimum, the state must invest to maintain ARPA funded reimbursement rate increases for child care providers, a commitment to ensure that there is no waitlist for child care subsidy support, and continued direct grants to providers to supplement workforce compensation, improve facilities, and address the mental health challenges exacerbated by the pandemic.




Both the immediate work that needs to happen to stave off the challenges faced by the early childhood system today, and the longer term building of a better system, will require stronger, streamlined coordination and alignment across the systems that serve Arizona’s youngest children and their families.

The creation of a new Children’s Cabinet can be an important first step in moving the state in a positive direction. The Children’s Cabinet can inform the Governor and state legislature and continue striving toward greater funding and key policy changes for a coordinated, fair, quality, affordable and accessible system for Arizona’s families. This body should serve as a venue for quality and policy alignment and to track progress on key state priorities in expanding access to early childhood programming (including health, nutrition, intervention and disability, child care, Pre-K, and beyond), boosting quality for children and compensation for providers, and improving outcomes and bridging disparities in child health, learning, and wellbeing. The Children’s Cabinet can also examine and consider options to create a more streamlined, coordinated early childhood governance structure. 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.

The following recommendations are separated across the six major areas outlined above and include specific state actors. We label each recommendation as 1) actions that may require additional funding, 2) actions that may require new legislation, and 3) actions that may be able to be completed administratively by the Governor or state agencies.

KEY

These icons represent what may be required to implement the recommendation into policy and practice.

 <p>Requires additional funding from the state</p>	 <p>Requires legislative approval</p>	 <p>Can happen administratively within and among state agencies*</p>
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*Some of these may require funding to improve or expand services and supports.

ONE ENHANCE QUALITY

Research is clear: the promise of early care and education lies almost entirely on the quality of experiences children have in these settings.

Low quality programming is counterproductive and may even be harmful for children, and it undermines the state's investments. Unfortunately, today, Arizona's Pre-K system falls near the bottom nationwide in quality. Arizona's child care licensing standards are also below nationally recognized standards in some domains and below many other states in the nation. **Establishing a birth to five early care and learning system must begin with a focus on quality that dually prioritizes responsive, warm caregiving and engaging, play-based, developmentally appropriate learning.**

1a



Update licensing rules.

The state legislature, DHS, and other state partners should update and improve child care licensing rules to protect children's health, safety, and well-being in child care settings. These updates are long overdue and can ensure that Arizona is aligned with the latest science, and not lagging behind most other states across the country, resulting in Arizona children receiving a lower standard of care. DHS can update licensing standards to at the very least align with the entirety of *Caring for Our Children Basics*, as recommended by the U.S. Department of Health Human Services Office of Child Care, including staffing ratios and group sizes across age groups, positive behavior guidance and expulsion prevention. **It is also imperative that the state legislature improve child care licensing statutes to reflect the current science on child health and well-being, including and especially testing and mitigating lead exposure in water, monitoring air quality, and improving other areas that cannot be administratively completed.**

1b



Build an aligned, inclusive quality framework.

State partners, led by FTF, should build on and expand their existing quality framework, ensuring coverage across the birth to kindergarten entry spectrum and across diverse setting types. This quality framework should be informed by the latest science on child development, address the needs of the whole child and the early educators who care for them, and include indicators that disproportionately impact children from historically marginalized communities, such as children with disabilities, children of color, and dual language learners. It can and should build on existing frameworks, so long as they are inclusive and cover the array of domains needed for healthy, safe, and enriching environments for all children, including those who have been historically marginalized.

One framework the state should strongly consider is the widely researched, holistic Head Start/Early Head Start model. Like Arizona's existing quality rating system, the Head Start model includes global classroom quality assessment as part of their standards, but goes well beyond that to include bilingual learning for dual language learners, prohibitions on expulsion and guardrails around suspension, required inclusion of and support for children with disabilities, workforce professional development, and holistic family engagement and support. The National Academies of Sciences, Engineering, and Medicine (NASEM) also recently published recommendations on embracing inclusive, research-informed quality frameworks in the early years and the early grades with specific attention to bridging opportunity gaps. The NASEM framework also includes attention to: bilingual learning for DLLs, inclusion of children with disabilities, mental health supports and harsh discipline prevention, facilities that are safe and promote learning and health, research informed instruction and play-based pedagogy, small group sizes and ratios, and a well prepared, supported, and fairly compensated workforce.

1c



Revise the state quality rating system.

Based on this quality framework, FTF, in partnership with DES, DHS, ADE, and other state partners should build on and expand the quality rating system. A revised quality framework should ensure “level 1” is licensing (assuming licensing is updated in line with current best practices, such as *Caring for Our Children Basics*). Making level one in the rating system aligned with licensing ensures that all licensed providers are in the system and have access to the QF supports that go along with it, thereby increasing participation and the resources available to a broader swath of providers (and the children they serve). The highest level should align with the major tenets of other research informed, inclusive quality frameworks, such as the Head Start model or those included in the recent NASEM report. Aligning the highest level with the main tenets of the Head Start model (or a similar framework), which also includes—but goes beyond using global classroom quality assessments—provides a more inclusive and holistic framework for high quality that includes structural indicators that are important to families and the workforce, and that disproportionately impact children from historically marginalized communities. Global classroom quality measurements can and should still be a component of program ratings and professional development, but they should not be the sole measure of quality or the only thing that “counts.” For a comprehensive list of indicators, the state should refer to the CEP’s *Equity is Quality and Quality is Equity report*. New resources will be required to reach more providers through this new quality framework, and all state partners should contribute resources to this end.

1d



Align and target quality funds.

DES, FTF, and ADE should align quality investments to a holistic quality framework, ensuring targeted support for providers to progress along the quality continuum. This includes targeting CCDF funding to first ensure all providers are providing physically and emotionally safe environments for children, and then blending CCDBG and FTF funding to ensure providers who wish to progress along the continuum, have a targeted plan and resources to do so. These resources could support early education programs in establishing school readiness plans and goals for children; decreasing group sizes and improving ratios; increasing inclusion of children with disabilities in child care; expanding access to bilingual learning in high density DLL communities; and funding family coordinators to support families’ holistic needs.

Quality funding should also support financial resources for providers to attain credentials and higher levels of education. This begins with ensuring all providers who interact with children—whether lead center based or family child care teachers and aides have at least a CDA. These efforts should also ensure that existing teacher aides or assistants, especially bilingual aides or assistants, which are in high demand due to the high number of DLLs in the state, have a clear pathway and resources to become lead teachers.

DES can further invest in quality by allocating the infant/toddler CCDF set aside on EHS-CCP in the state, prioritizing partnerships in lower-resourced communities, and particularly in regions with low or no supply of care. For a roadmap to establishing and growing EHS-CCP, read the CEP’s latest report series [here](#).

1e



Develop a plan to close opportunity gaps and support historically marginalized groups.

The Governor should establish a Children’s Cabinet to coordinate plans from agency leaders administering ECE systems to address how to better support children who have been historically underserved and marginalized in the state, including children with disabilities, DLLs, children in the child welfare system, Black, Latine(o/a), and Indigenous children, and children in rural communities. The plans should also address strategies to improve resources and supports for the early care and learning workforce, including a comprehensive review of each lever in the system—**licensing, standards, the quality framework, accountability and data systems, training, coaching and technical assistance, workforce compensation and benefits, and working conditions**. This would mirror the

President's April 2023 executive order which directs federal agencies to implement strategies to expand mental health support and training through CCDF and Head Start, reduce costs of high-quality child care for families, and identify and reduce potential barriers to eligibility. This also builds upon Governor Hobbs' May 2023 executive order providing direct relief for families involved with the Department of Child Safety using CCDF through a one-time summer child care payment to cover mandatory registration fees that providers charge parents and are not covered by DES Child Care Assistance.⁴⁰⁰

1f



Revise the tiered reimbursement system.

DES should establish specific pots of funding to provide extra support to three categories of providers, instead of the existing system that recognizes two groups. The three groups could include: 1) new providers entering the system as "start up" funds, particularly those who are underrepresented in the current system (e.g., providers of color, bilingual providers, home based providers, providers serving lower resource communities, rural providers); 2) programs who commit to making targeted improvements that would bridge opportunity gaps through a focus on children with disabilities, dual language learners, or eliminating harsh discipline and bias; and 3) programs operating at the highest levels of quality, to offset the costs of expensive, important quality investments. Investing in a single increased reimbursement rate on providers ranked three or above, leaves little incentive for new providers to come into the system, which is a significant need in the state considering low participation rates and lacks a focus on movement up the rating system, beyond the third tier. The proposed approach distributes funding toward three distinct but important goals: new entry and growth, equity and fairness, and maintenance of the highest quality operations.

1g



Align standards and program guidelines.

ADE should revise the early learning standards and *Program Guidelines for High-Quality Early Learning* to ensure alignment with the latest research, the CCDF requirements where applicable, and a holistic quality framework, especially for DLLs and children with disabilities. The state should build off of existing work. For example, the early learning standards, which outline developmental markers children should reach, should not be different state to state. ADE can align with the Head Start Early Learning Outcomes Framework, which is research-based and explicitly inclusive of children with disabilities and DLLs. Program guidelines should align with a holistic quality framework, such as the main tenets of the Head model or those items outlined by the National Academies of Science Engineering and Medicine. This must include research-supported strategies for DLLs including providing opportunities for bilingual instruction; having staff that speaks the same language as the children in the program; and providing families with information in their home language about the value of bilingualism and ways to continue fostering their home language development in their native language. For children with disabilities, standards and guidelines should reflect high-quality inclusive practices, in line with the Division of Early Childhood (DEC) Council for Exceptional Children.

1h



Establish a child care facilities fund.

The state legislature should allocate monies for a statewide child care facilities fund to increase the supply of child care, particularly in rural communities and communities with low or no supply, and increase health, safety, and quality in existing programs, through minor and major capital construction. This fund should prioritize basic health and safety first, with a focus on ensuring clean water and indoor air quality, addressing facility related licensing violations, and increasing accessibility for children with disabilities. DES recently invested \$65 million into the Arizona Child Care Infrastructure Grant, funded by federal ARPA dollars, which was met with an overwhelming number of requests, totaling \$176 million, highlighting the deep needs in this area.

1i



Align and enhance professional development and data systems.

State agencies should establish an integrated, data informed professional preparation and development plan for the state, including every part of the professional pathway (pre-service and credentialing, entry level training, ongoing support). This plan should include:

- **Considerations to build a common entry level credential** for providers working directly with children in the state, aligned with the Child Development Associate (CDA).
- **An audit of the coaching infrastructure** to take stock of the various coaches and consultants operating in the system, ensure coordination and streamline where appropriate, and ensure that the support needs of providers are being met, with an emphasis on inclusion of children with disabilities, infant and early childhood mental health, instructional support, including bilingual instructional support for DLLs, and prevention of harsh and exclusionary discipline.
- **Coordination to ensure that all content is synchronous, building skills and knowledge over time** and ensuring a warm handoff from training to more intensive supports, like coaching and consultation.
- **Articulation of credentials, experience, and demonstrated competencies** across local community colleges and universities.
- **Evaluation to identify useful, impactful training and coaching and fade out less efficacious content or approaches.**



TWO

EXPAND ACCESS, STREAMLINE ENROLLMENT

None of Arizona’s early care and education programs even come close to serving all children in families who need and want access.

QF scholarships serve only roughly 1% of children birth to age five, and DES child care subsidies serve 4.2% of all Arizona children birth to age six. Head Start serves 19.45% of eligible children under five living in poverty in the state. What’s more, driven by differing eligibility requirements, enrollment is separate and confusing for families. The state can move toward expanding access and streamlining enrollment in a unified birth to age five system. We note that determining eligibility based on state median income (SMI) may serve as a more accurate indicator as it better represents the state’s economic conditions compared to federal poverty level (FPL) which is applied broadly to all states regardless of state context.

2a



Expand access by appropriating new general state funds.

The state legislature should appropriate ongoing state budget funds to ensure adequate resources to serve all children at least up to 300% of the FPL or 85% of state median income (SMI), whichever is higher. Where required, parent co-payments for services should be capped at no more than 7% of family income to ensure no-cost or minimal cost services for families who need and want ECE. This mirrors a recent proposed CCDF rule from HHS that would limit family co-payments for those receiving child care subsidies to no more than 7% of a family’s income.⁴⁰¹ In fact, 25% of all CCDF lead agencies set their co-payments to this percentage or less in their 2022–2024 CCDF state plans.⁴⁰²

Ongoing state funding can fill the gap between existing funding available through the federal government and the tobacco tax and the need. It can be disseminated via grants to early childhood programs and providers, including Head Start providers. The funding should be informed by the state’s ECE fiscal map and community based needs assessments and should be sufficient to ensure that care is aligned with a holistic quality framework. The state should engage in cost modeling to identify the true cost of operating the holistic high-quality care and education for young children, aligned with the Head Start model or other holistic, quality frameworks and ensure sufficient funding for implementation. The state should use the results of this modeling to adjust contract amounts and reimbursement rates over time.

The legislature should allow these dollars to be blended with federal early learning funding and existing tobacco revenue funding to promote quality alignment and reduce inefficiencies. State agencies should ensure that implementation of this grant program:

- **Prioritizes low income and marginalized communities first and with greater per pupil expenditures to compensate for historical underinvestment.**
- **Is aligned with an inclusive and holistic quality framework**, such as the main tenets of the Head Start and Early Head Start models, with clear and consistent quality standards that including group sizes and ratios, school readiness and family wellness plans, research based curriculum and assessment, suspension and expulsion prevention, mental health consultation, bilingual support for DLLs, inclusive services for children with disabilities, and the provision of comprehensive services, as needed and appropriate.
- **Includes adequate technical assistance and accountability measures.**
- **Is mixed delivery**, ensuring providers in schools, centers, and homes can all deliver services, so long as they are aligned with the quality framework.
- **Promotes integration and diverse settings** across income, language, and disability and prevents classroom level segregation where possible.

2b



Braid federal and state funding across systems.

ADE, FTF, and DES should blend slot funding (e.g., DES grants to providers, HQEL grants, QF scholarship grants) where possible and braid or cost allocate where it is not possible. Combining funds can assist with programmatic standards alignment, remove some of the burden off families, and create a more seamless and coordinated system.

2c



Address compensation, including wages and benefits.

DES and other state partners should invest in workforce compensation, including increased wages and benefits. Without a direct focus on workforce retention, expanded access—and even maintaining existing access—is untenable. DES and state partners can:

- **Partner with providers and other relevant parties to establish a salary scale** ensuring base pay is a livable wage and pay parity with kindergarten teachers, commensurate with experience and education. Issuing guidance and providing financial incentives to programs to align to the compensation scale.
- **Ensure any grant directly to programs require fair wages and pay parity with kindergarten teachers, commensurate with experience or education.**
- **Issue guidance and rules that increase access to benefits for early educators**, especially for medium and large child care centers and public Pre-K programs, including health insurance, paid leave, child care benefits, and retirement benefits. This should include part-time educators (lead teachers, aides, and after school staff), as much as possible, and penalize programs that evade benefits or fair wages by limiting staff to part-time hours.
- **Partner with the Arizona Health Care Cost Containment System to ensure that ECE providers who qualify for Medicaid and those whose children qualify for CHIP are enrolled.** DES can also fund health and mental health navigators for providers to assist them in attaining health insurance and finding health and mental health providers, as needed.
- **Issue targeted benefits grants** that could be used to directly fund co-pays for staff seeking health or mental health services; funding paid leave funds that could cover the cost of substitutes to enable staff to take time off for health appointments for themselves or their children; and establishing shared services alliances that maximize funding and resources to minimize the direct cost to educators and providers.

2d



Balance subsidies and grants.

DES and FTF should take a more balanced approach between subsidy/scholarship models and grants and contracts with providers. This requires shifting a significant proportion of their funding from scholarships or subsidies, to programmatic grants for child care providers that can lead to increased stability in the field and consistent funding to improve ECE workforce wages and benefits. Federal law allows child care funding to be disseminated via subsidies to families or grants to providers. The HHS CCDF proposed rule, open for public comment through the end of August 2023, acknowledges grants and contracts as a strategy to build child care supply especially to address the need for more slots for infants and toddlers, children with disabilities, and non-traditional hours for parents with night or weekend care needs.⁴⁰³ The current child care system is heavily tilted toward subsidies, creating instability for child care programs, especially small businesses, who lack predictability in their funding.

DES can build on and utilize the infrastructure established through the Child Care Stabilization Grant program or learn from other states who have established programs like Early Head Start-Child Care Partnerships through grants/contracts directly to providers who agree to meet consistent, comprehensive, and inclusive quality standards.

This approach would bring more stability to the child care system and potentially, incentivize new providers to contract with the state to provide CCDF services. It also allows DES to align the quality of child care services to a new unified state quality framework by building into funding formulas items like higher wages and improved benefits for early educators (full and part time), smaller ratios, and the provision of early childhood mental health support. The CEP, BPC and Start Early [State Roadmap for Building EHS-CCPs](#) can serve as a resource in building and implementing this approach.

2e



Establish Early Head Start–child care partnerships and Head Start–child care–Pre-K partnerships with hub-like shared services.

Building on the increase of direct grants to programs, DES can establish state level EHS-CCPs, as 14 other states and D.C. have done. This approach enables grants directly to child care providers who agree to provide consistent, inclusive, quality standards aligned with the main tenets of the Head Start model. Additionally, it can include a **statewide hub model** where each region has a hub for local providers that would include **1) comprehensive services** for children and families (e.g., screening and immunizations for children, connections to health insurance or social supports for families, access to mental health support for children and parents), **2) business support for program leaders** (e.g., human resources support, access to billing software, support budgeting—especially blending and braiding funding), and **3) workforce development** (e.g., shared space for onboarding and ongoing training, coaching, communities of practice, community college courses).

2f



Simplify enrollment and expand eligibility.

DES, FTF, and ADE should develop a single application and entry point for all birth to age five early care and learning programming. Any family up to 300% of FPL or 85% SMI can fill out one centralized form. Cross state agency eligibility teams can work together to determine how to fund care for that child among the varying levels of income eligibility for federal programs and programs run by state agencies. This takes the burden of confusing, inconsistent eligibility hurdles off families and providers and makes state agencies responsible for sorting out data reporting, cost allocating, and confirming eligibility.

2g



State agencies should grant presumptive eligibility for the duration of a child’s early childhood years across birth to age five programs, so long as the family remains at or below 300% of FPL or 85% SMI.

Funds can be managed and cost allocated at the state level, shifting if families’ circumstances shift, such as replacing CCDBG funds with state general funds or partnering with a Head Start program to cover some of the costs, if a parent loses their job.

2h



FTF and DES should work together to interface the QF and CCR&R public-facing websites to make it more user friendly for parents trying to find care and minimize the need to go to separate search engines.

Allow for the option to sort by parent priorities, like language immersion or bilingual programming, staff credentials, ratios, safety features, QF rating or accreditation type, or specialty pedagogy like Reggio Emilia inspired, Montessori, or nature based learning; and ensuring that the definition of each level in the rating system is easy to find and in plain language.

THREE

INCREASE ACCESS TO TIMELY, INCLUSIVE, QUALITY SERVICES FOR CHILDREN WITH DISABILITIES

Inclusion of people with disabilities is a civil right codified by law. To date, none of Arizona’s state agencies—including ADE, DES, FTF, and DHS—are meeting the full needs of and ensuring access to quality services for children with disabilities, each falling short in different ways. All state agencies should review their data, processes, investments, and policies on serving children with disabilities and ensure inclusion is operationalized across each dimension and all policy levers.

3a



DES-AzEIP should revise the definition of developmental delay to be less restrictive and expand the definition of “at risk.”

The updated definition should include children with prematurity, low birth weight, and other medical, biological, and environmental risks. This change would enable more children to be eligible for services, in line with many other states, and could help address racial disparities in access to services and outcomes later in life.

3b



ADE should expand the scope of—and leadership on—the Inclusion Taskforce to include FTF and DES.

The Taskforce should increase the incentives associated with inclusion and the consequences associated with continuing segregated, self contained systems that deny children services in the least restrictive environment. All partners should engage in a policy review to examine how they can better support inclusion and decrease segregation in their respective programs and using all of their respective policy levers. Agency specific policy ideas are below.

3c



DES should revise the Provider Registration Agreement (PRA) to better support inclusion.

DES should replace the clause mandating that no more than 10% of the provider’s licensed capacity be for children with disabilities for licensed centers and group homes contracted with DES, with a requirement that enrollment should be aligned with natural proportions of children with disabilities in the community, or at least 10% of funded enrollment, aligned with Head Start programs. While the current language may prevent fully self contained classrooms, it also leaves the door open for exclusion. Additional language should ensure that children with disabilities are not segregated in a separate classroom, but are integrated in classrooms or settings alongside their peers without disabilities. Increased reimbursement should also be offered to programs who commit to receiving supports for improving inclusion, such as inclusion coaching through QF.

3d



DES should develop a targeted plan to expand the percentage of child care subsidies going to children with disabilities to at least reach the percentage of children with disabilities that make up the young child population in the community.

Current data suggests that less than 1% of subsidies in Arizona go to children with disabilities. DES should also ensure eligibility and enrollment specialists are accurately capturing the disability status of children using child care subsidies.

3e



DHS should partner with DES to review state licensing regulations, ensuring that licensing indicators do not have the unintended result of excluding children with disabilities and explicitly require inclusion.

They should lend special attention to toileting policies that often keep children with disabilities out of general preschool settings.⁴⁰⁴

3f



FTF should consider requiring Quality First scholarship programs to serve ~10% children with disabilities, require inclusion coaching, and include high-quality inclusive practices as part of the Quality First rating system.

ADE should partner with FTF to blend and braid Part C and Part B 619 funds to ensure the preschoolers with disabilities can receive their preschool special ed services in QF rated centers. Other state funds should be blended and braided including child care quality funds, Head Start funds, and others. Training and services focused on the inclusion of children with disabilities in child care programs is an essential equity issue to effectively serve all children.

3g



ADE should change their interpretation or definition of a “regular education setting” to include any community based care setting.

This includes center or family child care settings, and ensure inclusion of children with disabilities aligned with natural proportions (about 10% of slots) is included as part of all program standards or guidance for Pre-K. They should also ensure training for IEP and IFSP teams to ensure a robust understanding of the least restrictive environment as it applies to placement decisions and options given to families.

3h



FTF, DES, ADE, and DHS should partner to develop a cohesive set of trainings, coaching, and professional development opportunities to increase the capacity of providers to care for children with disabilities.

This should start with required training for all licensed child care and early education providers on the Americans with Disabilities Act, ensuring that children with disabilities are not turned away for care because of their disability and required training on inclusive practices for all DES contracted and QF providers. It should continue by expanding access to inclusion coaching across the state. Agency partners should also ensure that all coaches and consultants, (e.g., quality coaches, IECMHC) beyond inclusion coaches, understand how to support children with disabilities and those who are dual language learners with a disability, across assessment, instruction, social emotional and mental health support, etc. This should also include partnership with higher education institutions and ECE degree and certificate programs that prepare the future ECE workforce.

FOUR

IMPROVE SUPPORTS FOR DUAL LANGUAGE LEARNERS

Dual language learners make up nearly half of young children in the state of Arizona. Yet, they are notably underrepresented or notably absent in nearly every early care and education policy and investment. This is true across all state agencies. Moreover, Arizona is the last remaining “English only” state in the nation. Neighboring states, including Utah, Texas, and California, have embraced bilingualism and its potential for the future economic workforce of their states. It is long past time for Arizona state policies, systems, and investments to align with the science of child development, dual language learning, and the cognitive, academic, and economic benefits of bilingualism and biliteracy.

4a



The state legislature should pass a bill that embraces bilingualism as an economic, academic, and social imperative that aligns with the latest research.

This includes phasing out English only models and structured English immersion (SEI) in elementary and secondary education settings, expanding access to high-quality dual language immersion or bilingual models across early childhood and elementary school systems, and providing resources to grow the number of bilingual educators in the early care and education system and throughout the K–12 continuum.

4b



DES, FTF, and ADE should collect better data on DLLs with and without disabilities and use data to expand access to bilingual learning opportunities for these children.

This begins with a universal home language survey that captures children’s language experiences, including whether a child speaks two or more languages in the home and in the community, the amount of exposure to each language across settings, and whether they learned their home language and English simultaneously or sequentially. Those identified as being dual language learners should be prioritized for bilingual or dual language immersion slots through QF scholarships, contracted child care slots, or HQEL.

4c



DES, FTF, and ADE should collect data on programs offering dual language immersion or bilingual learning opportunities

This data will enable them to better understand the 1) number of dual language programs in the state, 2) the number of providers who are bilingual or speak children’s home language, and 3) where new bilingual programs should be located, in line with the primary languages spoken in the community. They can also share this information with families of dual language learners seeking early care and education opportunities in their home language.

4d



FTF should launch an initiative, with state partner funding and support, to increase access to high-quality dual language instruction to support DLLs in the state, beginning with communities with the highest proportion of DLLs.

This effort should include ensuring DLL specific indicators are included in the QF rating system; incentives to existing bilingual programs or for programs willing to transition from monolingual instruction to

bilingual instruction; targeted supports to grow the bilingual workforce, including and especially supporting existing aides and paraprofessionals to become full teachers; and guidance and coaching supports to all programs on supporting high-quality instruction for DLLs and assessment in the home language and English.

4e



FTF and ADE should ensure all screenings, assessments, and kindergarten entry exams are conducted in children’s home language and English.

To make this possible, FTF should fund the development of assessments in the home languages most represented in the state of Arizona (e.g., Spanish, Navajo) or ensure programs have access to existing instruments, as part of the state-wide kindergarten assessment development plan. These assessments should then be used to screen and assess children’s skills across their cognitive, academic, and socioemotional development in their home language and English, with the support of interpreters as needed, to gather comprehensive information about children’s strengths, as well as areas where targeted supports are needed.

4e



Read on Arizona, in collaboration with state partners, should revise the state literacy plan to align it with the latest science on supporting language and literacy of DLLs, ensuring that all literacy efforts, particularly those implemented in communities with high proportions of DLLs, promote early biliteracy skills and build on children’s home language base.

The strategic plan should a) promote and develop a strategy to expand access to dual language language and literacy approaches for DLLs; b) address integration of children’s home language in language and literacy supports, even when the bulk of instruction is in English, c) support implementation of high-quality bilingual literacy and language instruction in dual language immersion programs; and d) issue guidance on how to support the bilingual literacy and development of DLLs with disabilities. All literacy coaches should be trained to support educators serving DLLs with and without disabilities, moving away from an exclusive English centric approach, toward embracing bilingualism as a cognitive, academic, social, and economic strength.



FIVE

ADDRESS HARSH AND EXCLUSIONARY DISCIPLINE

Like many states, Arizona has made some progress in developing policies and structures around exclusionary discipline. Still, these forms of discipline are not prohibited and still occur regularly in Arizona early childhood programs, disproportionately affecting various groups of children, including Black children, boys, Indigenous children, and children in the child welfare system. More must be done to support teachers, address disparities, collect better data, strengthen existing policy, and ensure coordination across state partners on this issue.

5a



DES should improve the Expulsion Prevention Program by:

- **Improving the policy** by establishing a definition for and guidance on appropriate transitions that include the support of an IECMH consultant, screenings and referrals for the child where appropriate, and support for families to find a more appropriate setting, ensuring no or minimal lapse in care. Currently, programs are required to give parents 10 days notice of expulsion, leaving many families in a difficult place, children with instability and confusion, and potentially jeopardizing parents' ability to work. The policy should prohibit expulsions with no supports, except in cases of immediate and serious safety threat. They should also ensure that families do not lose their subsidy when they lose care due to expulsion.
- **Establishing accountability structures.** DHS and DES should revise licensing to ensure alignment on expulsion prevention and identify any indicators that may enable or promote exclusion. DES should also establish formal processes with DHS to tie this policy to monitoring and accountability.
- **Improving family engagement and communication.** DES should engage with families to ensure they are aware of the policy, understand where to report complaints, and have a line to seek support for their child, including IECMHC or early intervention support, where needed.
- **Revamping the data system.** These changes include: tying the data system to training and technical assistance to better understand what does and does not work; tracking trends in data on an ongoing basis to identify concerns, such as frequent expelling programs or programs with large disparities in expulsions, and intervening with supports and accountability measures in a timely manner; collecting more demographic data, including income and language background to pinpoint and rapidly address disparities and professional development needs; and collecting data on where children who have been expelled find care after being expelled.
- **Expanding, connecting, and improving training, coaching, and technical assistance.** The existing system has only one required training that is disconnected from follow up coaching and support, and when further support is requested and given, it is often too late to meaningfully support the situation. An improved system begins with expanding the number of trainings required to operate in the system that include content on social emotional development, age appropriate behavioral expectations; classroom management; and understanding the research on bias in discipline decisions. Trainings should be followed by an initial dose (e.g., three to four months) of program-wide IECMHC to provide a baseline of understanding, skills, and competencies and ensure connection to the Birth to Five Helpline as needed. When children are at risk of being expelled, follow up and intensive IECMHC should be deployed with an equity lens, as well as appropriate screening and evaluation, as needed.

5b



FTF should consider modifying the quality rating system to account for discipline policies, practices, and outcomes.

This should be in conjunction with state partner funding and support, and in coordination with the DES expulsion prevention program. They should ensure data collection includes discipline policies and outcomes, and that data informs and is connected to their improvement system, including IECMHC, to enable rapid response to reduce both rates and disparities of exclusionary discipline. They should also, more broadly, ensure providers have consistent training and support on child development, age appropriate behavior expectations, behavior management, and understanding how bias influences perceptions of behavior and discipline decisions.

5c



DHS should align their licensing standards with Caring for our Children Basics, including prohibiting harsh discipline and promoting developmentally appropriate behavior guidance.

They should review other standards to ensure alignment with DES' policy and to ensure licensing is not unintentionally prompting exclusions.

5d



ADE should prohibit corporal punishment and seclusion in public schools, limit exclusionary discipline in public Pre-K and elementary school settings, and establish parameters around restraint that increase child safety.



SIX

INVEST IN DATA, RESEARCH, AND EVALUATION

Creating a seamless, quality birth to five system at the state level will require data, research, and evaluation to understand impact, identify shortfalls, and inform further scaling. The state can use a piloting model to test out both new and seasoned approaches that have not yet been evaluated.

6a

Improve and align data.



Building on the work state partners have done to date, state agencies should invest in a unified data system to inform resource allocation, accountability, strategic planning, and implementation, as well as for public transparency. This system should ensure that any data collected across programs is disaggregated, at least by race/ethnicity, income, language, and disability to ensure fair access to resources and services across groups, positive individualized experiences, and outcomes that are not associated with demographic characteristics.

6b

Pilot and evaluate EHS-CCP, Head Start-CCP, and Head Start-Pre-K-Child Care models.



DES, FTF, and ADE should pilot and evaluate various iterations of partnership-like models (e.g., EHS-CCP, Head Start-CCP, Head Start-Pre-K Partnerships, Child Care-Head Start-Pre-K partnerships), aligned with the established federal EHS-CCP program, where child care providers are resourced to provide the holistic Early Head Start model for young children and their families. Pre-K-Head Start-Child Care Partnerships can begin with Title I funded Pre-K programs or HQEL grantees.

6c

Pilot and evaluate community wide eligibility.



FTF and DES should pilot community wide eligibility for children birth to age five in high need areas of concentrated poverty, coordinating with Head Start, using Quality First funded scholarships as the base funding, and supplementing with child care subsidies for working families. This pilot could examine impacts on access to care for children, particularly those from historically marginalized communities, simplified enrollment processes to reduce administrative burden on families, child care supply in low income and low supply communities, and child care providers willing to contract with the state to serve children who use child care subsidies.

6d

Explore more inclusive measures of global classroom quality measurement.



FTF should pilot more inclusive measures of classroom quality that address equity. For example, the *Assessing Classroom Sociocultural Equity Scale* (ACSES), the *Classroom Assessments of Supports for Emergent Bilinguals Acquisition* (CASEBA), and the *Inclusive Classroom Profile* (ICP) (which address bias and culture, supports for DLLs, and inclusive practices for children with disabilities, respectively) layered on the CLASS or ERS, in an effort to gain a more holistic and equitable understanding of global classroom quality.

6e



Improve and coordinate community needs assessments.

State agencies should continue to collaborate with communities, including tribal partners, to determine the needs and wants of families at the state level and through each region's reports (e.g., needs and assets reports, impact reports). DES, DHS, FTF and ADE should align the findings from their respective needs assessments to ensure supports are coordinated at the state and local level to meet families' needs, ECE services to better understand their access to, experiences in, and outcomes resulting from ECE services, ensuring a focus on families from historically marginalized communities. FTF and state partners should work to improve QRIS consumer education components aligned with family's needs when searching for care. For example, the parent of a bilingual child may need information about the bilingual services offered by quality programs, but this information is not easily accessible. Better understanding families access to, experiences in, and outcomes resulting from ECE services, supports a focus on families from historically marginalized communities. In addition, FTF should partner with Head Start programs across the state to compare, learn from, and build on each others' needs assessments. These data could inform supply building, the conceptualization of quality, and investments for FTF and their agency partners.

6f



Pilot and evaluate innovative local models targeted at bridging opportunity gaps for children from historically marginalized communities to learn effective practices that can be shared.

State agency partners should invest in demonstration projects or pilots that address opportunity gaps such as high quality inclusive services for children with disabilities and bilingual education for emerging bilingual children.



SEVEN

STRENGTHENING SUPPORT FOR THE WHOLE FAMILY, WHOLE CHILD

An 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. To support whole child, whole family well-being, we provide the following recommendations:

7a



The state legislature and the Governor should expand child tax credits (CTC) for families.

- A policy and investment that builds on the success of pandemic relief funds could drastically reduce poverty rates among Arizona’s young children.⁴⁰⁵
- A recent analysis suggested that if the state implemented a CTC of \$1,440 for families with children under age six, the Arizona poverty rate would be reduced by 25%, lifting 58,000 children out of poverty.⁴⁰⁶ A credit of \$3,480 would cut the poverty rate in half, lifting nearly 117,000 children out of poverty and giving families some breathing room in their finances.

7b



The state legislature and Governor should fully fund KidsCare in the state budget each year.

This should include increasing funds year-to-year based on population growth, cost of living, and eligibility demographics, and make KidsCare accessible to more families by increasing the income eligibility to at least 300% of FPL to ensure more uninsured children gain health insurance coverage.

7c



The state legislature should invest to increase the availability of rental/ mortgage assistance and affordable housing for families with children.

The legislature should also improve protections for tenants in state law to reduce the housing cost burden on families of young children.

7d



FTF and state ECE partners should universally expand access to infant and early childhood mental health consultation.

This will build on existing state progress and make consultation available to all licensed, certified, and regulated ECE providers in all regions.

Conclusion

The early care and education landscape in Arizona has lacked sustained investment over the past two decades, at a time when other states have increased investments in young children.

The state also lacks aligned, coordinated policies that ensure quality experiences for children. These factors affect families' abilities to access and afford child care, and as a result, their ability or desire to work. They impact children's basic access to, experiences in, and resulting outcomes from early care and learning. They impact the ability for child care small businesses to keep their doors open and be financially stable. It impacts teachers' and child care providers' abilities to make a living wage that enables them to support their own families.

The state's child care licensing standards fall beneath best practice and beneath even what most states across the country are doing in terms of health, safety, and inclusion for young children. For example, ratios for infants are much higher than national recommended standards, and lead testing is not conducted, leaving the possibility of lead poisoning or exposure to lead in young children — a huge developmental risk — open. Exclusion of children with disabilities is not prohibited, leaving families of these children struggling to find care.

Low DES subsidy rates and chronic underinvestment over the decades has negatively impacted the child care system, and therefore negatively impacted Arizona families' ability to access reliable and high-quality care in a network of providers who are struggling to keep their doors open. Additionally, of the population of children receiving child care subsidies, 0.5% of children reported having a disability, and only 2% were DLLs (birth to five).

What's more, the quality framework in the state, which drives quality investments, is narrow and lacks attention to the unique experiences of children from historically marginalized communities. Indeed, more broadly, targeted support for children from historically

The state has the opportunity to move from the bottom of many state rankings in child well-being and early education, to the top, through intentional policy efforts and sustained investments.

marginalized communities is woefully inadequate and lacking altogether in some places—starting with program standards and accountability and continuing across coaching, training, and technical assistance. Professional development opportunities lack coordination and a sequential, synchronous flow of content and skills that build on one another and strengthen capacity and competency in the workforce over time.

While pandemic relief funding has infused much needed resources into the system, it was temporary. Increased levels of investment must be sustained over time to make meaningful change. Policies and quality standards must be enhanced and aligned to ensure all children receive a safe, enriching experience that fosters their development, learning, and well-being—regardless of which early care and learning setting they participate in.

The state has the opportunity to move from the bottom of many state rankings in child well-being and early education, to the top, through intentional policy efforts and sustained investments. Arizona's children and families deserve it, and the future of the state's economy and community well-being depend on it. We provide an expansive and actionable road map to make meaningful progress in reaching that goal.



Appendix

ABBREVIATIONS

AHCCCS	Arizona Health Care Cost Containment System	CHIP	Children’s Health Insurance Program (referred to as KidsCare in Arizona)
ACEs	Adverse Childhood Experiences	CHIPS	Creating Helpful Incentives to Produce Semiconductors Act of 2022
ACF	Administration for Children and Families at the U.S. Department of Health and Human Services	CLASS®	Classroom Assessment Scoring System®
ADA	Americans with Disabilities Act	CO	CLASS® Classroom Organization
ADE	Arizona Department of Education	CRDC	Civil Rights Data Collection
AI/AN	American Indian/Alaska Native (we use the terms “indigenous” or “Native American” in this report unless specifically referencing publicly reported racial demographic data)	CTC	Child Tax Credit
ARPA	American Rescue Plan Act of 2021	CTE	Career and Technical Education
ARRA	American Recovery and Reinvestment Act of 2009	D.C.	District of Columbia
AzEIP	Arizona Early Intervention Program	DCS	Arizona Department of Child Safety
AZ STEPS	Arizona Statewide Training and Technical Assistance for Expulsion Prevention	DEC	Division for Early Childhood of the Council for Exceptional Children
CACFP	Child and Adult Care Food Program	DES	Arizona Department of Economic Security
CARES	Coronavirus Aid, Relief, and Economic Security Act of 2020	DHS	Arizona Department of Health Services
CCDBG	Child Care and Development Block Grant	DLL	Dual Language Learner
CCDF	Child Care and Development Fund	DOE	U.S. Department of Education
CCR&R	Arizona Child Care Resource & Referral	ECE	Early care and education
CDA®	Child Development Associate® Credential™	EHS	Early Head Start
CFOC	Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, 4th Edition	EHS-CCP	Early Head Start-Child Care Partnerships
CFOC Basics	Caring for Our Children Basics, Health and Safety Foundations for Early Care and Education	EI	Early intervention
		EL	English Learner
		ERS™	Environmental Rating Scale™
		ES	CLASS® Emotional Support
		ESL	English as a Second Language
		FACES	Head Start Family and Child Experiences Survey
		FAPE	Free appropriate public education
		FTF	First Things First (also known as the Arizona Early Childhood Development and Health Board)

FPL	Federal poverty level	NSCH	National Survey on Children’s Health
FY	Fiscal year (the Arizona state fiscal year is July 1–June 30; the federal fiscal year is October 1–September 30)	PCP	Primary care physician
GED	General Educational Development	PCPP	Professional Career Pathway Project
HB	Arizona state house bill	PDAC	Professional development advisory committee
HHS	U.S. Department of Health and Human Services	PDG	Preschool Development Grant Birth Through Five
HQEL	High Quality Early Learning Grant	PRA	DES Child Care Provider Registration Agreement
HSCO	State Head Start Collaboration Office	Pre-K	Pre-Kindergarten
HSPPS	Head Start Program Performance Standards	QPR	CCDBG Quality Progress Report
IDEA	Individuals with Disabilities Education Act	QRIS	Quality rating and improvement system (referred to as QIRS in Arizona)
IECMHC	Infant and Early Childhood Mental Health Consultation	RPC	First Things First regional partnership council
IEP	Individualized Education Program	SB	Arizona state senate bill
IFSP	Individualized Family Service Plan	SEI	Sheltered English Immersion
IS	CLASS® Instructional Support	SMI	State median income
LRE	Least restrictive environment	SNAP	Supplemental Nutrition Assistance Program
MIECHV	Maternal, Infant, and Early Childhood Home Visiting	SRTC	School Readiness Tax Credits
NAEYC	National Association for the Education of Young Children	TANF	Temporary Assistance for Needy Families
NASEM	National Academies of Sciences, Engineering, and Medicine	TBE	Transitional bilingual education
NEILS	National Early Intervention Longitudinal Study	TSG	Teaching Strategies® GOLD®
NIEER	National Institute for Early Education Research	U.S.	United States
		WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

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