JULY 2025

A Profile of Child Care for Children Involved in the Child Welfare System

CHILDREN'S EQUITY PROJECT

AUTHORS

Cinthia Palomino, Ph.D.
Shantel Meek, Ph.D.
Brittany L. Alexander, Ph.D.
Eric Z. Bucher, Ed.D.
Darielle Blevins, Ph.D.
Pranshu Mihirbhai Jayswal

RECOMMENDED CITATION

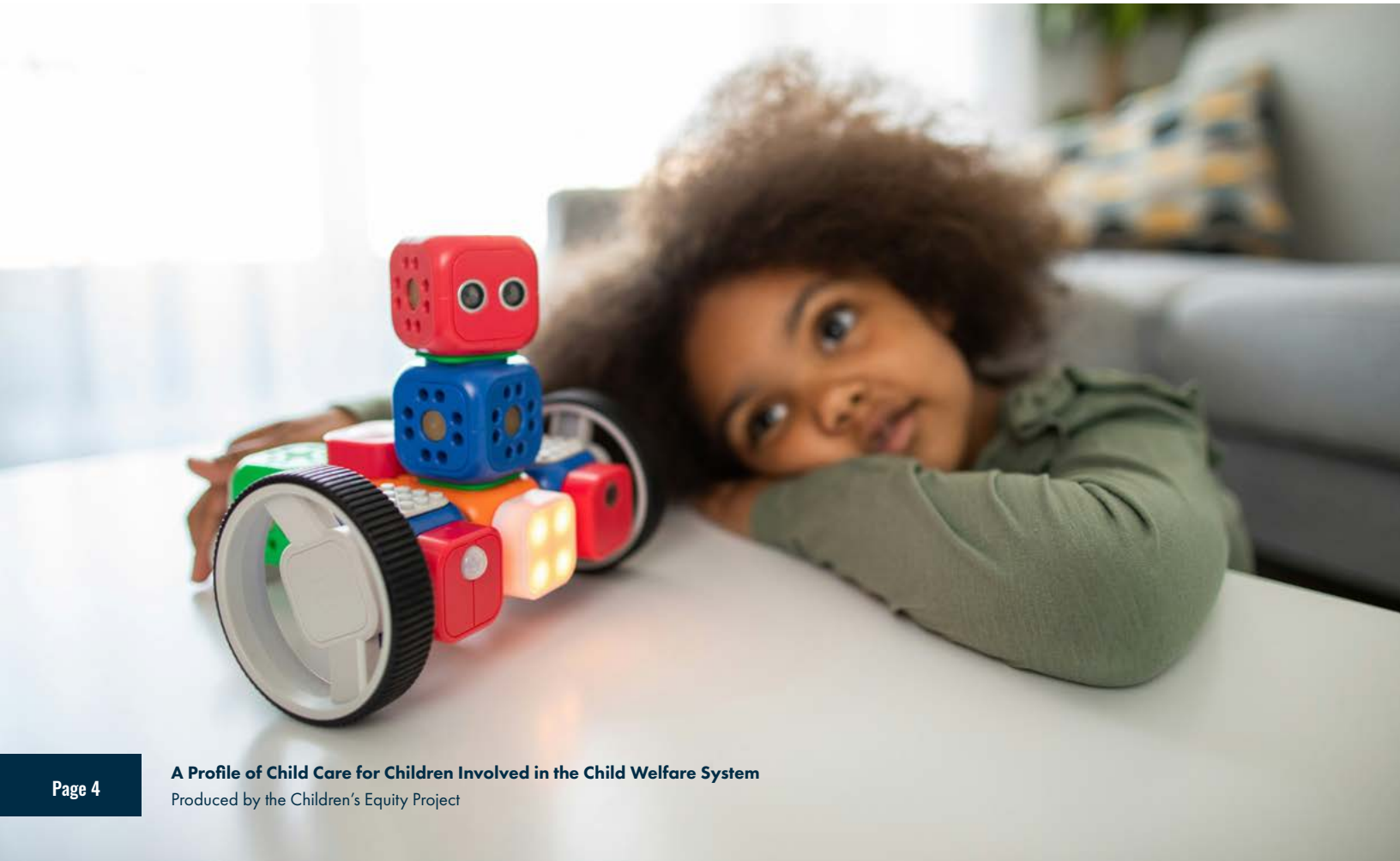
Suggested Citation: Palomino, C., Meek, S., Alexander, B. L., Bucher, E.Z., Blevins, D., & Mihirbhai Jayswal, P. (July, 2025). *A Profile of Child Care for Children Involved in the Child Welfare System*. The Children's Equity Project at Arizona State University.

TABLE OF CONTENTS

BACKGROUND

Decades of neuroscience and research show that stable, quality early childhood experiences set children's trajectories for lifelong learning and success.[1]

Responsive and nurturing relationships with parents and caregivers and a healthy and safe environment set the foundation for positive development. Conversely, child maltreatment, abuse, and neglect is associated with a host of negative outcomes such as higher risk of serious injury and death, underdeveloped social skills, and academic and behavioral challenges into early elementary school and beyond.[2] Research has found that attending high-quality early care and education (ECE) programs can reduce the risk of maltreatment and child welfare encounters—and help to mitigate the adverse effects of maltreatment on children's brains, bodies, and overall development.[3] For children involved in the child welfare system, high-quality ECE programs have been associated with lower risk for future system involvement and improve family well-being and overall functioning, likely due to the implementation of direct and indirect supportive services for children and families, including parenting resources.[4] As such, access to quality child care—and the supportive experiences children are provided in these settings that enhance essential protective factors—can be especially impactful for children in the child welfare system.[5]



ABOUT THIS REPORT

An area of interest for Arizona Department of Economic Security (DES) has been to look carefully into the rates of authorization and utilization of subsidies for children in the child welfare system, who are categorically eligible for child care subsidy.

DES is the state's Lead Agency for the Child Care and Development Fund (CCDF), the nation's primary and largest child care program which provides federal funds to every state and territory to improve access to quality child care for low-income families.[6] Arizona Department of Child Safety (DCS) is charged with managing the state's child welfare system, including the 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.[7]

Based on previous analysis of administrative data, an apparent gap has been found in the rates of authorization vs. utilization of child care subsidies among children referred by DCS. However, very little is known about the demographics of DCS children who utilize subsidies, the providers who provide services to them, the rates of suspension and expulsion among DCS children who utilize subsidies, and the demographics of DCS children who are authorized to receive child care subsidies but not utilizing them. In this report, we provide an analysis of these areas of interest based on administrative data collected between July 2022 through May 2023. Further, recommendations for policy and practice are discussed.

The current analysis was based on several administrative datasets: the geographic information systems (GIS) file, the fiscal payment file, the Out-of-Home (OH)/ In-Home (IH) placement file, the suspension and expulsion dashboard, and the Quality First (QF) file. All of these files were provided by DES with the exception of the Quality First file which was provided by First Things First (FTF), the state's early childhood government agency.. The DES-GIS file had information on the children who were authorized to receive child care subsidies, including DCS children, as well as provider data. The fiscal payment file had information on payments made to providers for providing services to children, including DCS children, as well as children demographics. The OH/IH placement file had information on placement status for DCS children (in-home vs. out-of-home placements). The suspension and expulsion dashboard had information on the referrals made to the Arizona Statewide Training and Technical Assistance for Expulsion Prevention (AZ STEPS) program. Lastly, the Quality First file had information on QF participation status of providers, QF rating, and Early Childhood Mental Health Consultation (ECMHC) status.

The total number of DCS children who were authorized, between July 2022 and May 2023, was calculated using the GIS 2022 and 2023 files, and the total number of DCS children who utilized subsidies was calculated based on the 2022 and 2023 payment files (see Appendix A for descriptions of data sources). When merging both files to match the identified "client_IDs", it was found that 337 "client_IDs" present in the payment file were not found in the GIS file. This is likely due to the GIS files only containing authorizations present at the beginning of the month. To keep the data consistent, these 337 "client_ids" were removed from the final analysis. Further, utilization rates were calculated based on "payment_start_date" in the payment files, which represents the month in which the child attended child care.

FINDINGS

Key Findings

- A cumulative total of **14,315** children involved in Arizona's child welfare system were authorized for child care subsidies at any point.
- The statewide monthly percentages of DCS children who used child care subsidies ranged between **61%** and **72%**. La Paz County had the lowest utilization rate (**50%**), and Santa Cruz had the highest utilization rate (**81%**)
- The rates of children who were authorized and who utilized child care subsidies remained relatively **consistent across race and ethnicity**.
- **82%** of DCS children stayed with the same provider for the period of time they attended child care; however, only **52%** of children attended child care for 6 months or more.
- **1,113** child care providers served DCS children, representing **44%** of DES-authorized providers. Of those, **55%** participated in the state's early childhood quality improvement and rating system, and only **8%** received early childhood mental health consultation.
- The number of DCS children who were referred for suspension or expulsion was very low, but **Black and Hispanic children were more likely to be referred for suspension and expulsion** compared to children from other races or ethnicities. Of the referrals for suspension or expulsion, 1 in 4 children's cases (25%) ended in expulsion.

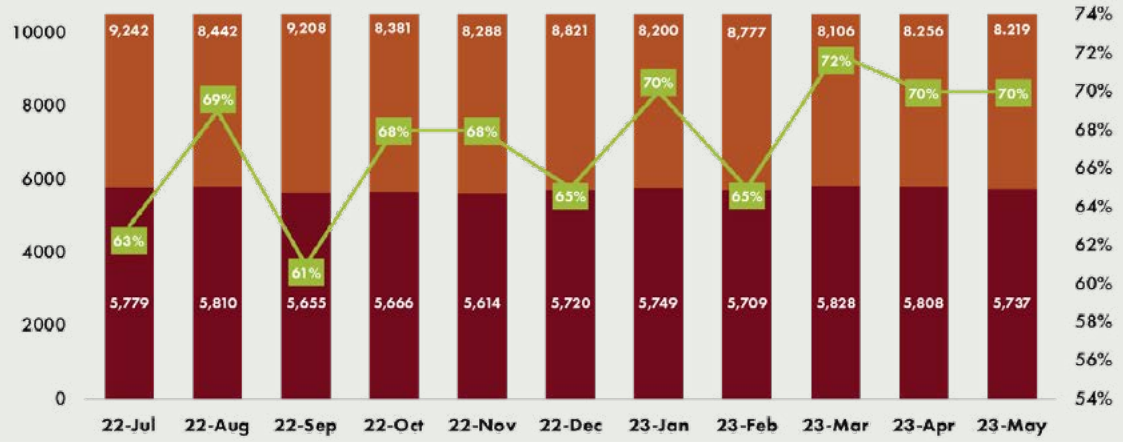
Between July of 2022 and May of 2023, 14,315 DCS children were authorized for child care subsidies. Out of this number of children, 10,475 DCS children utilized child care subsidies, which provides evidence of a gap between DCS children who were authorized to receive child care subsidies and DCS children who actually utilized those subsidies (see **Figure 1**). When broken down by month, during the July 2022 and May 2023 period, the number of DCS children authorized and who utilized child care subsidies varied over time, with the percentage of DCS children who utilized subsidies ranging from 61% to 72%. Some notable differences are that July 2022 and September 2022 had the highest number of children authorized (> 9,000 children) and the lowest percentage of children who utilized subsidies (between 61% to 63%). Also, March 2023 had the highest percentage of DCS children who utilized child care services (72%).

Previous research suggests that there is underutilization of child care subsidies among low-income families, mostly due to real or perceived hassles and restrictions as well as confusion about subsidy regulations.[8] This might partly explain why there is underutilization present among DCS children, since research suggests that children who are in the child welfare system are more likely to come from low-income backgrounds.[9] For DCS

When examining utilization rates by race and ethnicity, we found that utilization rates remained relatively consistent across groups.

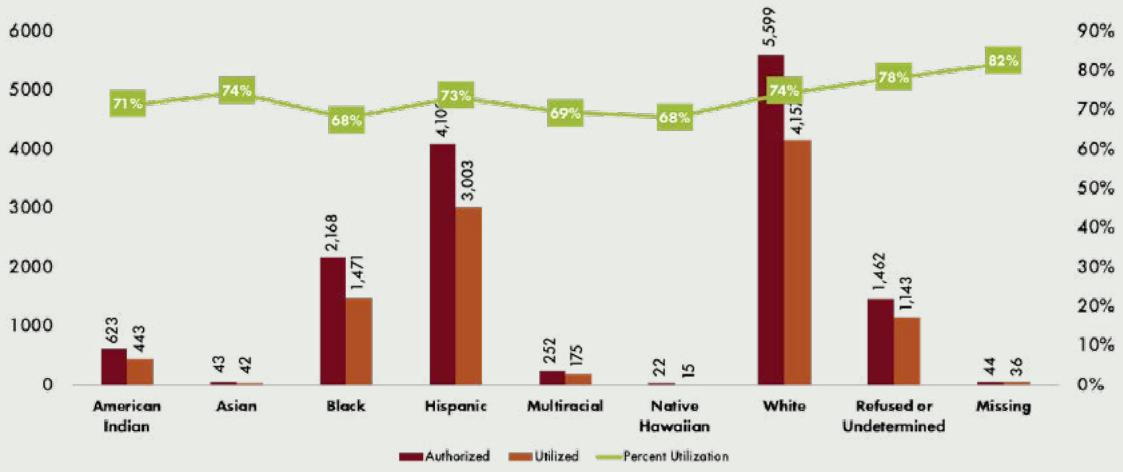
children in out-of-home placements, emerging research suggests that foster care parents find it difficult to find high-quality programs that accept child care subsidies as well as programs that provide trauma-informed care.[10] While these difficulties could also be present in DCS children who are still living with their families of origin, more research is needed to validate this hypothesis and to understand other potential barriers that might influence underutilization of child care subsidies among DCS children.

Figure 1: Number of DCS Children Authorized to Receive Subsidies vs Utilized Subsidies



Note. N = 8,106 to 9,242. (Data Source: DES GIS and Fiscal Payment administrative data, July 2022 and May 2023).

Figure 2: DCS Children Who Utilized Subsidies by Race and Ethnicity



Note. DCS Children Authorized N = 14,315 children, DCS Children Who Utilized Subsidies N = 10,475. (Data Source: DES GIS and Fiscal Payment Files, July 2022 and May 2023).

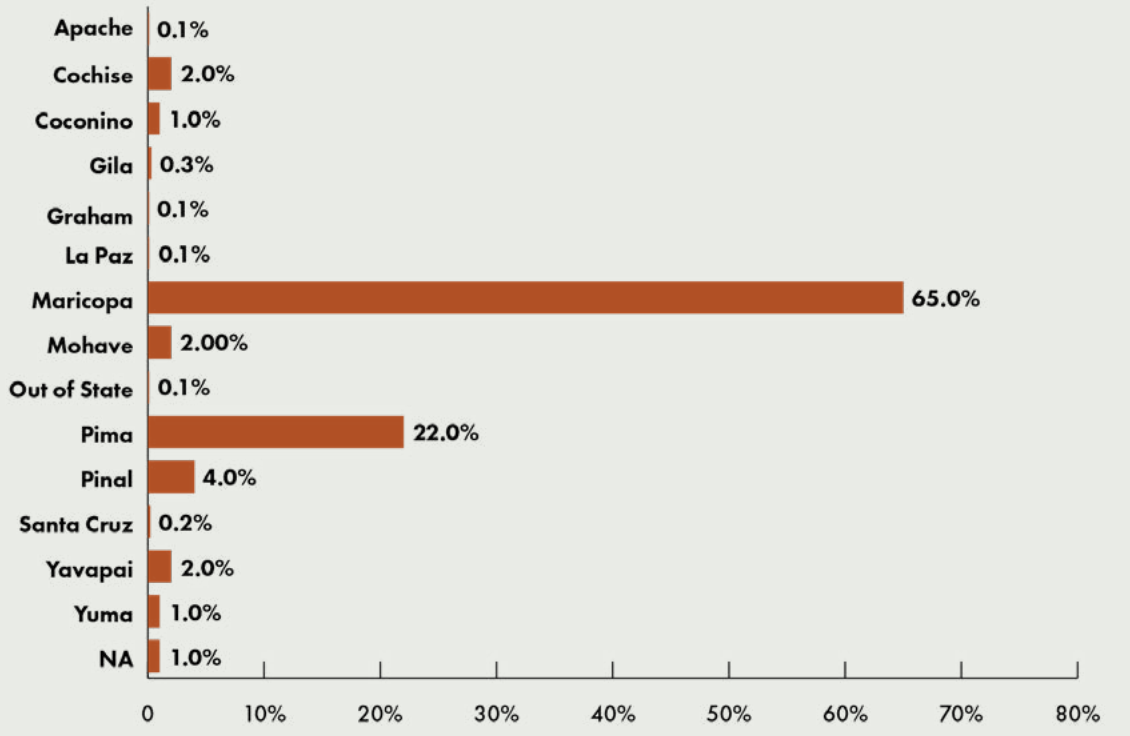
DCS CHILDREN WHO UTILIZED SUBSIDIES

DCS children who utilized subsidies ranged from 0 to 12 years of age, with an average age of 4-years-old. In terms of race and ethnicity, 40% of DCS children who utilized subsidies were identified as White, 29% were identified as Hispanic, 14% were identified as Black, 4% were identified as Native American, and less than 1% were Asian, Native Hawaiian, or Pacific Islander **(see Figure 2**). It is also important to note that 10% of children had an "undetermined" race and ethnicity, 0.07% refused to answer, and less than 3% had race and ethnicity data missing. When examining utilization rates by race and ethnicity, we found that utilization rates remained relatively consistent across groups. Black and Native Hawaiian children in DCS had the lowest utilization rates (68%), whereas Asian and White children in DCS had the highest utilization rates (74%).

In terms of language, 45% of children spoke English, 1.42% spoke Spanish, and less than 1% spoke other languages, such as Arabic, Farsi, and Swahili. We were unable to find language data for 53% of children.

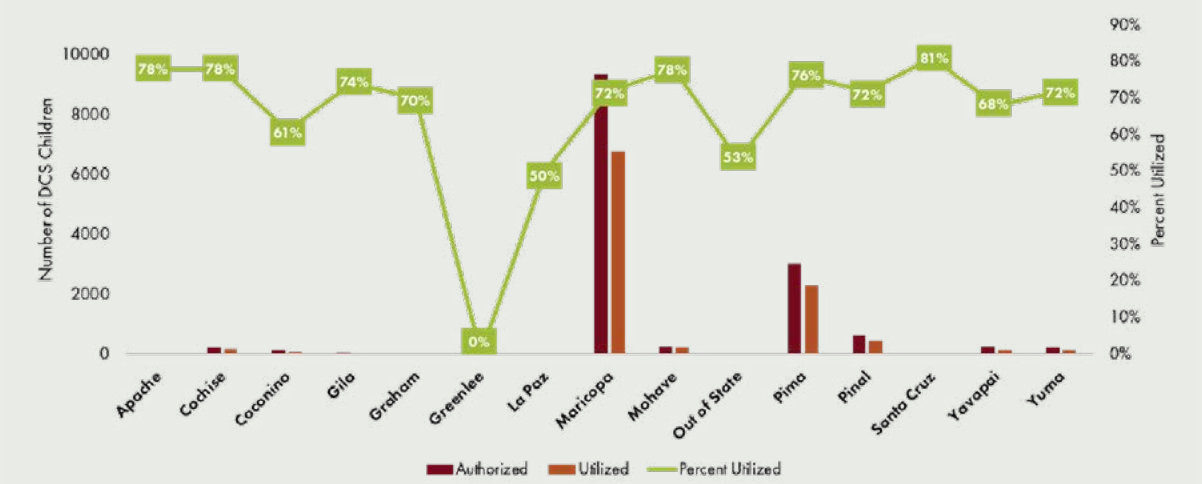
Finally, we examined the breakdown of DCS children who utilized subsidies by county aligned with Arizona county population densities (**Figure 3**). When comparing DCS children who utilized subsidies to children who were authorized for subsidies by county (see **Figure 4**), rates of utilization across counties ranged from 50% to 81%, with La Paz having the lowest utilization rate (50%) and Santa Cruz having the highest utilization rate (81%). There was one outlier; Greenlee County had one DCS child authorized to receive services, but zero utilizations.

Figure 3: DCS Children Who Utilized Subsidies by County



Note. N = 10,475. (Data Source: DES GIS and Fiscal Payment administrative data, July 2022 to May 2023). County information based on the GIS file.

Figure 4: DCS Children Authorized vs. Utilized Subsidies by County: Service-Month Based Rates



	Apache	Cochise	Coconino	Gila	Graham	Greenee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Authorized	*	225	136	47	20	*	*	9376	258	19	3034	635	21	234	20183
Utilized	*	175	83	35	14	*	*	6789	201	10	2311	460	17	158	145
Utilization %	78%	78%	61%	74%	70%	0%	50%	72%	78%	53%	76%	72%	81%	68%	72%

Note. DCS Children Authorized N = 14,315 children, DCS Children Who Utilized Subsidies N = 10,475. (Data Source: DES GIS and Fiscal Payment Files, July 2022 and May 2023). County information based on the DES GIS File.

*Indicates that there were too few children to report publicly

DCS CHILDREN WHO DID NOT UTILIZE SUBSIDIES

We also explored differences between DCS children who were authorized but did not utilize subsidies and those who did. Data indicate that these two groups are similar in terms of demographics; however, non-utilizers were more likely to be slightly older. On average, DCS children who were authorized but did not utilize subsidies were 5 years of age, with ages ranging from 0 to 13 years old. This is slightly different from the average age of DCS children who utilized subsidies (4-years-old), which suggests that DCS children who did not utilize subsidies are older and, therefore, more likely to be already attending Kindergarten compared to DCS children who utilized subsidies. This could partially explain non-utilization of subsidies from this specific group of DCS children.

In terms of race and ethnicity, 39% of children were White, 29% were Hispanic, 18% were Black, 5% were American Indian, less than 1% were Asian or Native Hawaiian, and about 9% had unknown race and ethnicity information due to missing data, "undetermined" race and ethnicity status, or "refused-to-provide-information" status. These percentages are comparable to the percentages of race and ethnicity among DCS children who did utilize subsidies, with the exception of Black children who represented 18% of non-subsidy users compared to 14% of subsidy users.

In terms of language, 47% of DCS non-subsidy users spoke English, less than 2% spoke other languages including Spanish, and about 55% of them had missing language data. These percentages across languages spoken are comparable to subsidy users, which suggests that the most common language spoken by those who utilized subsidies and those who did not utilize subsidies is English.

Lastly, similar to DCS children who utilized subsidies, most non-subsidy users were located in Maricopa County (67%), followed by Pima (18%) and Pinal (5%). The rest of non-subsidy users (2% or less) resided in the remaining counties in Arizona.

CHILD CARE CHANGES

A question of interest is whether DCS children experienced multiple child care changes within a single year. For the current timeframe analyzed in this study (July 2022 through May 2023), we found that 82% of DCS children stayed with the same provider for the period of time they attended child care, 15% had two providers, 3% had 3 providers, and less than 1% had 4 or more providers during the time they attended child care. It is also important to note that out of the 11 months, DCS children attended child care and utilized subsidies for an average of 6 months. Specifically, about 52% of children attended child care for 6 months or more. 48% of DCS children attended child care for less than 6 months, with 11% of them attending child care for one month only.

These findings suggest that most DCS children (82%) stayed with the same provider for the time they attended child care. However, 48% of DCS children attended child care for less than 6 months (compared to 37% of non-DCS children). Therefore, it is possible that child care changes are not fully captured in the current analysis. For instance, it is possible that children's caregivers, whether biological parents or foster care parents, decided to change child care services to a non-DES child care program. More research is needed to determine if DCS children attending child care for less than 6 months was due to moving to different places or due to being changed to a non-DES contracted child care program.

Placements

In terms of placement status, 51% of DCS children were in "in-home" placements, which means that these children and their family of origin still lived together and received supportive services at home at the time of child care services. 49% of children were in "out-of-home" placements, which means that these children were living with people other than their family of origin at the time of child care services.

THE PROVIDERS WHO SERVE DCS CHILDREN

Providers who served DCS children were mostly center-based child care settings with varying capacity levels. Over half of them were located in Maricopa County (59%) and participated in QF (63%). Out of those that participated in QF, 75% of them had a 3 to 5 star rating, indicating that programs met or exceeded state-established quality standards. A low percentage of providers reported using ECMHC services (9%) or participating in the AZ STEPS program (14%).

Provider Demographics

A total of 1,113 providers served DCS children between July of 2022 and May of 2023. This represented 44% of all providers (N = 2,544) who were DES-authorized to provide child care services during this time frame. Of note, 83% of providers who served DCS children were center-based providers, 15% of them were home-based providers, and we were unable to determine provider type status for about 2% of providers because there was no distinguishable service code.

Most providers (59%) of providers who provided services to DCS children were located in Maricopa County, 22% in Pima County, 4% in Pinal County, and the remaining were spread out across Cochise, Coconio, Gila, Graham, La Paz, Mohave, Santa Cruz, Yavapai, and Yuma Counties. Around 1% of providers had county data missing. There was also one provider whose county was located out of state. These percentages are similar, as expected, to the percentage of counties where DCS attending child care services reside.

Licensed Capacity

"Licensed capacity" means the maximum number of enrolled children a program can provide child care services in a facility or a part of a facility at any given time. This differs from the actual slots available to children based on staffing, space, and other factors. In terms of licensed capacity, 52% of providers who served DCS children had capacity to serve up to 100 children, 30% had capacity to serve between 101 and 200 children, 17% had capacity to serve more than 200 children, and around 2% of providers had missing data.

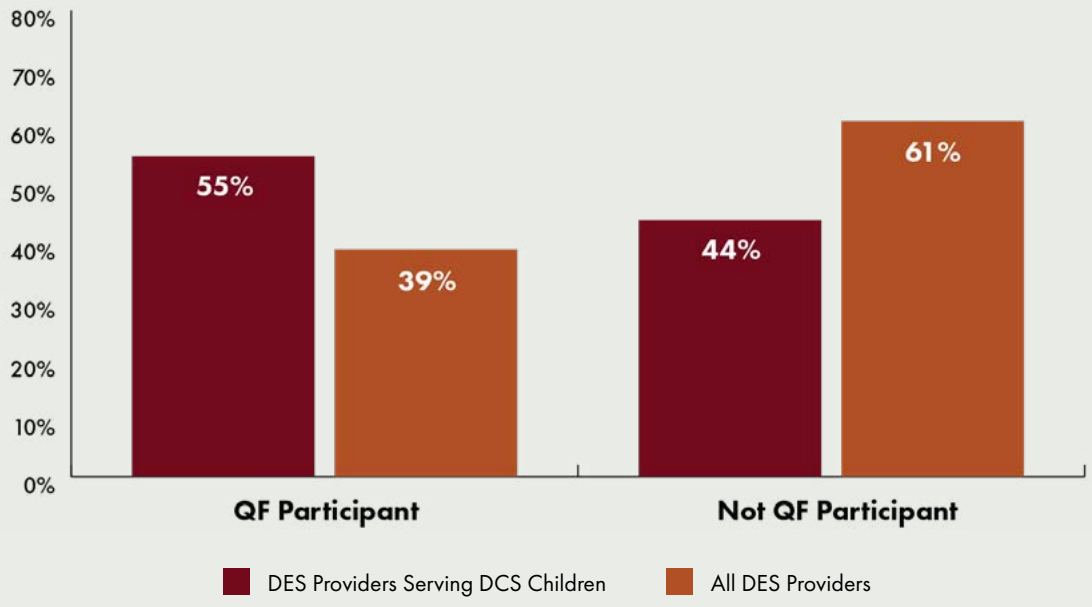
Quality First Participation

About 55% of providers who served DCS children participated in the QF program, compared to 39% of all active DES providers. Out of those providers who participated in QF (N = 617), 3% had a 5-star rating, 14% had a 4-star rating, 21% had a 3-star rating, 17% had a 2-star rating, and around 1% had a 1-star rating. This means that, for providers who served DCS children and who participated in the QF program, about 40% of them had a star rating of 3 or above (see **Figure 5**), indicating that programs met or exceeded quality standards related to health and safety, teacher-child interactions and effective teaching practices, and appropriate learning environments.[11]

ECMHC Status

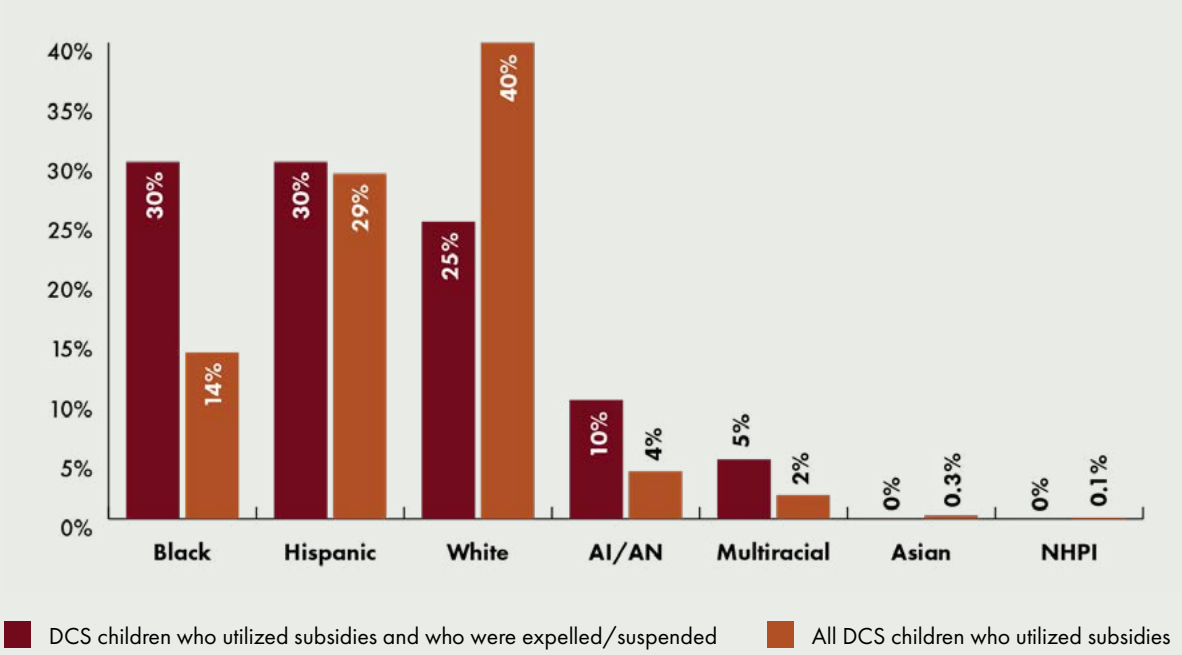
Regarding ECMHC status, only 8% of providers (N = 90) who served DCS children with subsidies received ECMHC services. This percentage is very low and may be caused by the voluntary nature of the program. Access is also not universal given that only 15 of the 28 FTF regions across the state funded mental health consultation in fiscal year 2022. Research suggests that ECE providers, particularly home-based providers, have difficulty accessing ECMHC services, and some providers are not even aware of this service.[12] This lack of access—especially since currently ECMHC services are offered in certain FTF-funded regions only and not statewide—or knowledge of the availability of the program might partially explain underutilization of ECMHC services by this group of providers.

Figure 5: DES Contracted Providers Serving DCS Children by QF Participation Status



Note. N = 617 (Data Source: QF Administrative Data). Analysis based on QF star rating status as of April of 2023.

Figure 6: DCS Children Referred for Suspension or Expulsion by Race and Ethnicity



Note. DCS children who utilized subsidies and were referred for suspension/expulsion prevention N = 40, Total of all DCS children who utilized subsidies N = 10,475. (Data Source: Suspension and Expulsion Administrative Dashboard, referrals made between July 2022 and May 2023, and DES Fiscal and GIS Files). Only non-Hispanic children are reported in the categories of Black, White, American Indian/Alaska Native, Multiracial, Asian, and Native Hawaiian Pacific Islander.

AZ STEPS Program Participation

AZ STEPS is a statewide program that provides training, technical assistance, and individualized consultation to prevent suspensions and expulsions of children birth through age 12 in early childhood settings. AZ STEPS services are available at no cost for DES contracted child care providers, family child care homes, and early childhood staff and families enrolled in those programs. Topics include mental health, child development, attachment, trauma reaction, and supporting children's self-regulation skills.[13]

Between July 2022 and May 2023, 14% of providers who provided services to DCS children participated in the AZ STEPS program as evidenced by the presence of a suspension or expulsion support request in administrative records.

EXPULSION AND SUSPENSION

Emotional safety is a defining feature of a quality learning environment and is associated with children's psychological well-being and positive academic and social outcomes. In the early childhood setting, the caregiver-child relationship serves as an essential enabler for the positive impacts of ECE. When child care providers have a strong understanding of developmentally and culturally appropriate behavioral, social, and emotional expectations for children, they are better equipped to prevent harsh discipline and effectively support children's emotional health, development, and learning. Contrarily, the use of harsh discipline and exclusionary discipline—like expulsion and suspension practices—compromises emotional safety and learning. In fact, there is no data to suggest exclusionary discipline is associated with positive

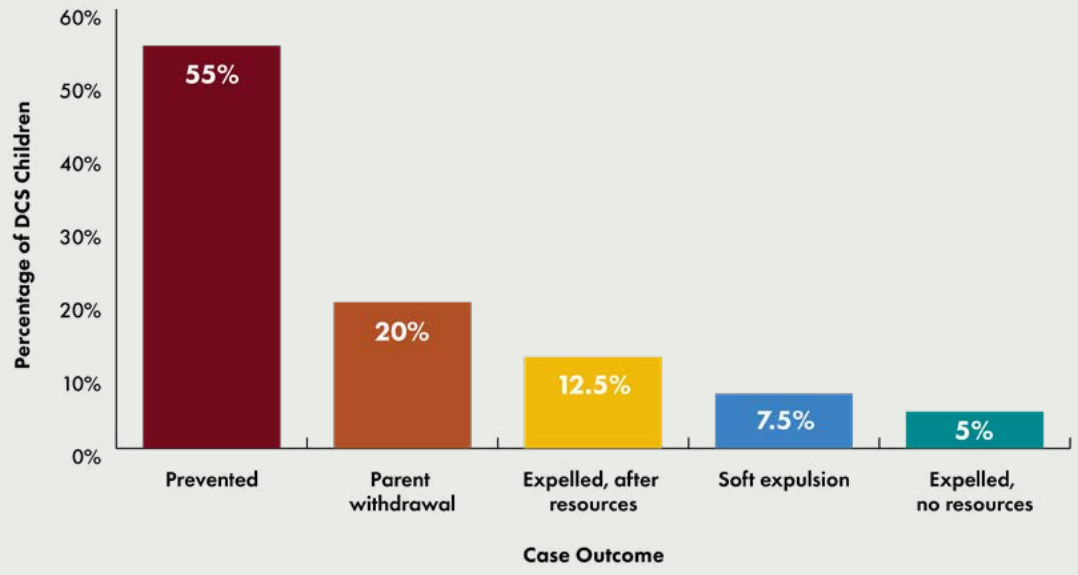
outcomes. However, a robust body of evidence indicates that exclusionary discipline is associated with a host of negative outcomes across children's lifespan.[14]

Like many states, Arizona has made some progress in developing policies and structures around exclusionary discipline through CCDF investments in expulsion and suspension prevention.[15] Still, these forms of discipline are not fully prohibited and occur regularly in Arizona early childhood programs, disproportionately affecting various groups of children, including children in the child welfare system, Black children, boys, and Indigenous children.[16]

With this underpinning research, along with data from the comprehensive 2023 ***Start with Equity Arizona*** report, we explored expulsion and suspension from child care for children involved in the child welfare system. We found that the number of DCS children referred for suspension or expulsion was very low (N = 40). However, Black and Hispanic children were more likely to be referred for suspension and expulsion compared to children from other races or ethnicities. Around 33% of DCS children referred for suspension and expulsion had a disability and about 27% of cases ended in expulsion categorized by those with resources, without resources, or soft expulsions.

Between July 2022 and May of 2023, 344 children were referred for suspension or expulsion. Out of this number, 225 children were children who utilized subsidies and 40 children were DCS children who utilized subsidies. About 30% of DCS children referred were Black or Hispanic, 25% were White, 10% were American Indian/Alaska Native, and 5% were Multiracial. Further, there is an overrepresentation of Black and AI/AN children in DCS referred for suspension and expulsion compared to the proportion of all Black and Native American children in DCS who utilized subsidies (see **Figure 6**). Hispanic children in DCS were referred for expulsion at rates roughly proportionate to their percentage in the DCS child care subsidy population. White children were underrepresented in expulsion referrals, compared to their overall proportion in the DCS child care subsidy population. More than three-fifths (67%) of DCS children referred for suspension or expulsion were male, and 33% were female. About one-third (33%) of DCS children were in out-of-home placements, and 67% had missing data. Because the suspension and expulsion files did not include "client_id" data, we were unable to merge this dataset with the DCS Placement Status file to cross-reference placement status. These results suggest a disparity in

Figure 7: DCS Children Suspended or Expelled: Case Outcome



Note. N = 40. (Data Source: Suspension and Expulsion Administrative Dashboard, referrals made between July 2022 and May 2023).

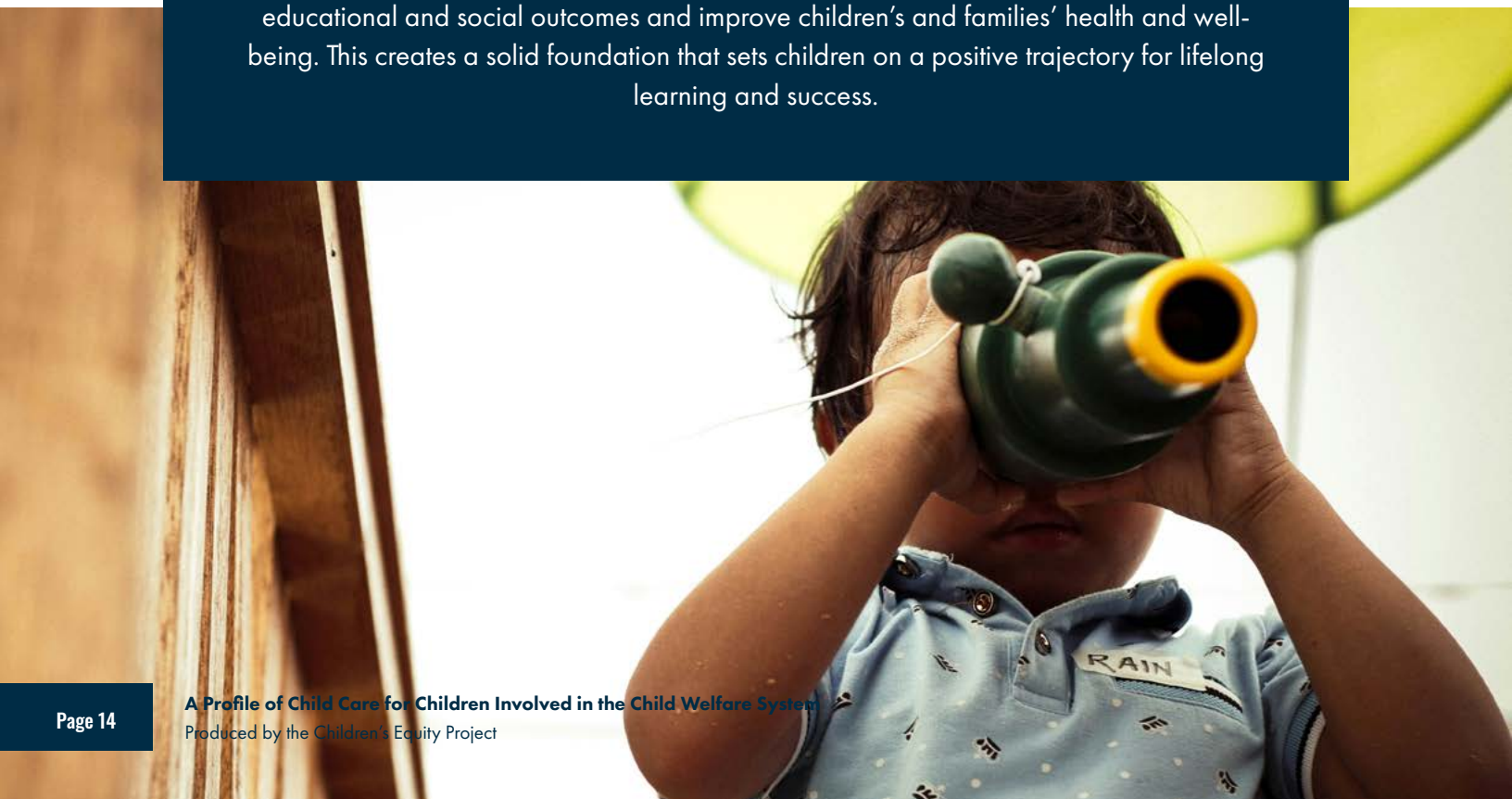
suspension and expulsion referrals, given that Black and Hispanic children were most likely to be referred for suspension and expulsion compared to DCS children from other races or ethnicities. This disparity has been documented in research, particularly for Black children.[17] Lastly, DCS children who were referred for suspension or expulsion ranged between 1 and 7 years of age, with an average age of 4 years of age, which is the same average age of all children who were referred for suspension and expulsion.

Regarding disability status, 33% of DCS children referred for suspension or expulsion had a disability, 31% did not have a disability, 4% were "in process" or had a disability evaluation underway, and 33% had an unknown disability status. In terms of referral reasons, 20% of cases were due to externalizing behaviors only, 18% of cases were due to a mix of externalizing and internalizing behaviors or externalizing behaviors and developmental concerns, and 61% of referrals did not have a referral reason specified due to missing data. For referral cases where the reasons were specified, it seems that externalizing behaviors were the main or part of the reason for suspension and expulsion referrals for DCS children.

Regarding case results, 55% of suspension and expulsion referrals were prevented, 20% ended in parental withdrawal, 12.5% of cases ended in expulsion after resources had been used, 7.5% of cases resulted in expulsion without having used resources, and 5% of referrals ended in soft expulsion (see **Figure 7**). **This means that 1/4 of cases (25%) ended in expulsion (with resources, without resources, or soft expulsions), which is concerning given most DCS children have experienced trauma and are in need of mental health support.**[18] Further, almost half of cases indicate a disruption in continuity of care, when combining cases ending in expulsions and parental withdrawal, which is also concerning since permanency is pivotal for children in child welfare to develop secure relationships.[19]

Conclusion

The research is clear. The promise of early care and education lies almost entirely on the quality of experiences children have in these settings. For children involved in the child welfare system, high-quality ECE programs—which provide supportive services for children and families such as responsive parenting resources—can contribute to positive educational and social outcomes and improve children's and families' health and well-being. This creates a solid foundation that sets children on a positive trajectory for lifelong learning and success.



APPENDIX A

DATA SOURCES USED TO EXAMINE CARE FOR CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

Administrative Data

DES GEOGRAPHIC INFORMATION SYSTEM (GIS) FILE

The GIS data file consisted of provider and de-identified client data (DCS and non-DCS client data) in monthly files from August 2019 to July 2023. The provider files included a record of each provider contracted with DES including demographic data on the provider (i.e., provider service address, language spoken), descriptive information on the program (i.e., service type, address), and demographic data on the children served (i.e., race/ethnicity, age). The client files included child and family demographic data (i.e., child's city, state, zip code, and county; race/ethnicity of children served). Monthly files between July 2022 and May 2023 were merged separately for providers and DCS clients (children), resulting in two distinct datasets. After that, only providers who were authorized to provide services for DCS children and the DCS child dataset were used for analysis. The child dataset was used to identify the number of authorizations per month and the characteristics of children who were authorized but who had not utilized subsidies (after cross-referencing it with the DES Fiscal Payment File).

DES FISCAL PAYMENT FILE

The fiscal payment files consisted of yearly files from 2019 through 2023. The files contained a record of each payment made to child care providers for care delivered. It included the provider ID, child ID, family ID, the payment amount, eligibility category, length of child care day service, etc. In each dataset, binary variables were created for "quality" status, "subsidy" status, DCS status, and length of day service. Service codes, which included descriptive program information such as licensing type and national accreditation, were condensed from 56 categories to 14 categories. The "service month" rather than the "payment month" was utilized to determine the exact month that the child utilized childcare subsidies for. Only data for children who were in DCS and who utilized child care subsidies between July 2022 and May 2023 were extracted and analyzed. This updated file was later used and merged with the cleaned GIS child dataset (DCS children only) so we could do a comparative analysis of DCS children who were authorized to receive child care subsidies vs DCS children who utilized child care subsidies.

THE OH/IH PLACEMENT FILE

This file had information on placement status for all DCS children (in-home vs. out-of-home placements) who had been authorized to receive child care subsidies between 2015 and 2023. Only placement status of DCS children who utilized child care subsidies between July 2022 and May 2023 were extracted, cross-referenced with the cleaned Fiscal Payment File, and analyzed.

THE SUSPENSION AND EXPULSION DASHBOARD

This dashboard had information on all referrals made for suspension or expulsion to the Arizona Statewide Training and Technical Assistance for Expulsion Prevention (AZ STEPS) program between 2021 and 2023. The dashboard had information about the child's socio-demographic characteristics (age, race/ethnicity, and gender), the program the child attended (program location, quality rating status, supports in place, etc), and the type of referal made, reason for referral, and case results (prevented, parent withdrawal, or expelled after or without resources). Only referrals of DCS children who utilized child care subsidies between July 2022 and May 2023 were extracted and analyzed. Unfortunately, given that there was no Client ID present in this dashboard, we could not cross-reference this with the cleaned Fiscal Payment file.

QUALITY FIRST FILE

The Quality First file was provided by First Things First (FTF). The file was broken down into several tabs that provided two major types of information: the FTF Quality Rating status (several tabs) and IECMHC status information (one tab). The FTF Quality Rating status tabs were organized by year (from 2018 to 2024) and provided a list of providers who were participating in the FTF Quality rating program. These tabs provided information, such as but not limited to the name of the program, type of program, program size, and the star rating status. Only information for providers who provided services to DCS children between July 2022 and May 2023 were extracted, cross-referenced with the cleaned Fiscal Payment File, and analyzed. The IECMHC tab provided a list of providers who have been receiving IECMHC services since 2013 through 2024. Program information as well as information on whether the provider had a DCS child enrolled in the program was included. Only information from providers who were currently receiving IECMHC services, who were DES contracted, and who had DCS children enrolled in their program was extracted and analyzed.

ENDNOTES

1 National Academies of Sciences, Engineering, and Medicine. (2023). *Closing the opportunity gap for young children*. National Academies Press. https://nap.nationalacademies.org/catalog/26743/closing-the-opportunity-gap-for-young-children; Shonkoff, J.P. & Phillips, D.A. (2000). *From neurons to neighborhoods: The science of early childhood development*. National Research Council & Institute of Medicine. https://nap.nationalacademies.org/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development.

2 Fantuzzo, J.W, Perlman, S.M., & Dobbins, E.K. (2011). Types and timing of child maltreatment and early school success: A population-based investigation. *Children and Youth Services Review,* 33, 1404–1411. https://psycnet.apa.org/doi/10.1016/j.childyouth.2011.04.010; Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., et al. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics, 116,* 891–900. https://doi.org/10.1542/peds.2004-2135; U.S. Department of Health and Human Services. (2025). *Child maltreatment 2023*. Administration for Children and Families. https://acf.gov/sites/default/files/documents/cb/cm2023.pdf.

3 Klein, S. (2016). *Benefits of early care and education for children in the child welfare system* (OPRE Report #: 2016-68). Office of Planning, Research, and Evaluation; U.S. Department of Health and Human Services. https://acf.gov/sites/default/files/documents/opre/opre_2016_benefitschildwelfaresystem_v16_508.pdf; Ha, Y., Salva, R.S., Nicholson, J.H., Giapponi Schneider, K., Joshi, P., Collins, M.E., & Baxi, P. (2025). Experiences of child care providers serving subsidy-receiving children involved in the child protective services system: Implications for equitable access. *Early Childhood Research Quarterly, 71*(2), 70-80. https://doi.org/10.1016/j.ecresq.2024.12.004.

4 Klein, S. (2016). *Benefits of early care and education for children in the child welfare system* (OPRE Report #: 2016-68). Office of Planning, Research, and Evaluation; U.S. Department of Health and Human Services. https://acf.gov/sites/default/files/documents/opre/opre_2016_benefitschildwelfaresystem_v16_508.pdf.

5 Austin, A.E., Lesak, A.M., & Shanahan, M.E. (2020). Risk and protective factors for child maltreatment: A review. *Current Epidemiology Reports, 7*(4), 334–342. https://doi.org/10.1007/s40471-020-00252-3.

6 Bucher, E.Z., Meek, S., Alexander, B.L., Soto-Boykin, X., & Cardona, M. (2024). *Expanding access, enhancing quality, and advancing equity through state Child Care and Development Fund (CCDF) plans*. The Children's Equity Project at Arizona State University. https://cep.asu.edu/resources/AdvancingEquity-through-2025-2027-CCDF; S.1086 Child Care and Development Block Grant Act, P.L. 113-186 (2014). www.congress.gov/bill/113th-congress/senate-bill/1086.

7 Meek, S.E., Alexander, B.L., Bucher, E., Soto-Boykin, X., Catherine, E., Palomino, C., Ameley-Quaye, A. (November, 2023). *Start with Equity Arizona: Increasing access, improving quality, and advancing equity in Arizona's early care and learning systems*. The Children's Equity Project at Arizona State University. https://cep.asu.edu/resources/Start-with-Equity-Arizona.

8 Shlay, A. B., Weinraub, M., Harmon, M., & Tran, H. (2004). Barriers to subsidies: Why low-income families do not use child care subsidies. *Social Science Research, 33*(1), 134-157.

9 Skinner, G. C. M., Bywaters, P. W. B., & Kennedy, E. (2023). A review of the relationship between poverty and child abuse and neglect: Insights from scoping reviews, systematic reviews and meta-analyses. *Child Abuse Review, 32*(2), 16. https://doi-org.ezproxy1.lib.asu.edu/10.1002/car.2795.

10 Chow, K.A., Smith, S., Perez, N., Granja, M. & Grindal, T. (2024). *Early care and education needs and supports for children in foster care: Perspectives of foster care parents and early childhood educators* [Conference presentation]. NRCEC 2024, Arlington, VA, United States.

11 Quality First. (2024). *Assessment*. Participant Benefits. First Things First. www.qualityfirstaz.com/participant-benefits/assessment/.

12 Palomino, C., Cobanoglu, A., Oppenheim, J., Catherine, E., Meek, S., Gilliam, W., & Bucher, E. (2023, May). *Examining the mental health of early childhood professionals and children early in the pandemic*. Children's Equity Project at Arizona State University. https://cep.asu.edu/mental-health-report
Sandstrom, H. & Dwyer, K. (2021). *Mental health consultation and home-based child care providers*. Expanding participation. Urban Institute. https://www.urban.org/sites/default/files/publication/104989/mental-health-consultation-and-home-based-child-careproviders_0.pdf

13 Southwest Human Development. (2024). *AZ STEPS expulsion prevention*. For Professionals. www.swhd.org/expulsion/.

14 Balfanz, R., & Fox, J. (2014). Sent home and put off-track: The antecedents, disproportionalities, and consequences of being suspended in the ninth grade. *Journal of Applied Research on Children, 5*(2), 13. https://files.eric.ed.gov/fulltext/EJ1188519.pdf; Gregory, A., Skiba, R.J., & Noguera, P.A. (2010). The achievement gap and the discipline gap: Two sides of the same coin? *Educational Researcher, 39*(1), 59–68. https://doi.org/10.3102/0013189X09357621; Skiba, R.J. & Rausch, M.K. (2006). Zero-tolerance, suspension, and expulsion: Questions of equity and effectiveness. In Everston, C.M. & Weinstein, C.S. (Eds.), *Handbook of Classroom Management 1st Edition*, pp. 1073–1100. Routledge. https://doi.org/10.4324/9780203874783.

15 Meek, S.E., Alexander, B.L., Bucher, E., Soto-Boykin, X., Catherine, E., Palomino, C., Ameley-Quaye, A. (2023). *Start with Equity Arizona: Increasing access, improving quality, and advancing equity in Arizona's early care and learning systems.* The Children's Equity Project at Arizona State University. https://cep.asu.edu/resources/Start-with-Equity-Arizona.

16 Meek, S.E., Alexander, B.L., Bucher, E., Soto-Boykin, X., Catherine, E., Palomino, C., Ameley-Quaye, A. (2023). *Start with Equity Arizona: Increasing access, improving quality, and advancing equity in Arizona's early care and learning systems.* The Children's Equity Project at Arizona State University. https://cep.asu.edu/resources/Start-with-Equity-Arizona.

17 DuShane, D., & Yu, S. (2023). Preschool and childcare expulsion: A review of the literature. *Infants & Young Children, 36*(3), 177-194.

18 Stein, B. D., Zima, B. T., Elliott, M. N., Burnam, M. A., Shahinfar, A., Fox, N. A., & Leavitt, L. A. (2001). Violence exposure among school-age children in foster care: Relationship to distress symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(5), 588-594.

19 Lockwood, K. K., Friedman, S., & Christian, C. W. (2015). Permanency and the foster care system. *Current Problems in Pediatric and Adolescent Health Care, 45*(10), 306-315.