



The Early Childhood Landscape in ARIZONA

STATE DEMOGRAPHICS

In order to create efficient and effective early childhood systems, it is important that policymakers first understand the unique demographics and common risk factors facing the children of their states.

Questions To Consider

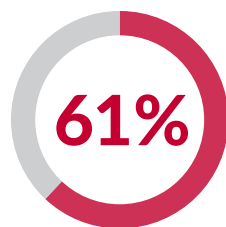
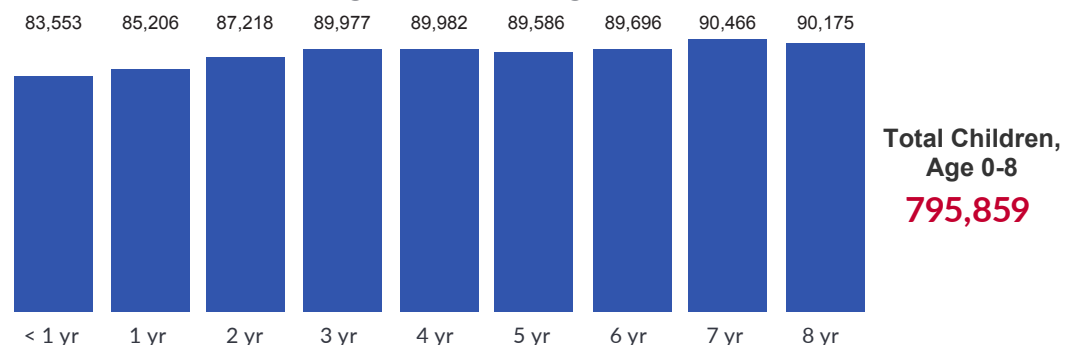
Are there specific risk factors likely to undermine the healthy and optimal development of young children? What is being done to address these disadvantages?

What steps are being taken to ensure equitable access to services among children and families with unique cultural and/or linguistic needs?

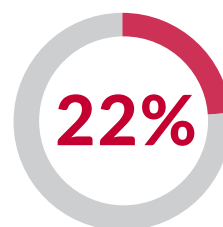
OVERVIEW

School readiness is shaped by many factors, each with the power to influence learning and development – both for better and for worse – from the days young children are born. For this reason, policymakers interested in promoting the long-term academic and life success of children must be prepared to consider their needs on a holistic basis – addressing not just access to high-quality early learning environments, but their health, safety, social-emotional development, and the economic and other stressors facing their families. While far from comprehensive, this state data profile is intended to provide a snapshot of both risk and reach. That is: what are the significant risk factors experienced by the children of my state, and how well are services reaching the children and families for whom they are intended?

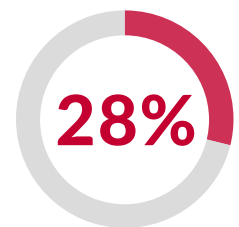
Number of Children Age 8 and Younger, 2018



**Children with All Available
Parents in the Labor Force**
Age 0-5 (2018)

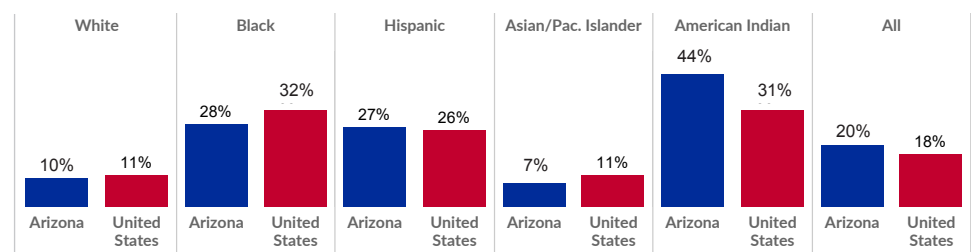


Children in Poverty*
Age 0-5 (2018)



**Children in Low-Income
Working Families***
Age 0-5 (2018)

Children in Poverty, by Race, 2018



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*The federal poverty level for a family of four was \$24,600. "Low income" is defined as having a family income less than twice the federal poverty level.



INFANT AND TODDLER SUPPORT

The first three years of life are a unique and critical period of development, during which up to 1 million new neural connections are formed in the developing brain each second. Infants and toddlers develop and learn at exponential rates as they explore and engage with the environments and adults around them. In order to best support their **health and development**, families need access to information and services.

Questions To Consider

Are women and children receiving health care services before and after birth?

Are families prepared for and educated about the needs of young children through home health visits, regular well-baby checks or both?

What areas of maternal and child health is my state focusing on?

Current Status of Infant and Toddler Well-Being

INDICATOR	ARIZONA	NATION
Unintended Pregnancy ¹ (% of all pregnancies)	51%	45%
Prenatal Care Before 3rd Trimester ² (% of live births)	91%	87%
Home Health Visit ¹ (% of children ages 0-3)	9%	14%
Well-Baby Check ³ (% of babies)	91%	91%
Developmental Screening ² (% of children ages 10 months to 5 years)	22%	31%

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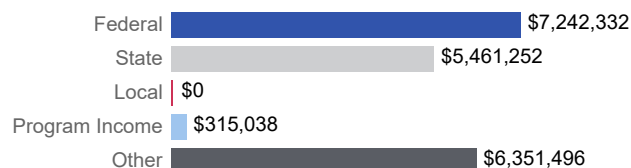
Maternal and Child Health Grant

The federal government allocates the Title V Maternal and Child Health (MCH) Block Grant to states. **Arizona** provides additional funding to the MCH program (as shown below).

The state has identified eight national performance measures to focus on:

- **Well-Woman Visits**
- **Breastfeeding**
- **Developmental Screening**
- **Injury Hospitalization**
- **Bullying**
- **Adolescent Well-Visit**
- **Transition (Children with Special Needs)**
- **Smoking**

Arizona MCH Funds by Source



Arizona | MCH 2017 Expenditures

POPULATION SERVED	INDIVIDUALS SERVED	2017 EXPENDITURE
Pregnant Women	179,611	\$2,332,016
Infants	13,513	\$3,661,303
Children (Age 1-22)	819,428	\$8,466,374
Children with Special Needs	123,011	\$2,716,637
Others	112,202	\$1,896,855
Total	1,247,765	\$19,073,185

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INFANT AND TODDLER SUPPORT

Questions To Consider

Are disparities in access evident in your state's data? What steps might be taken to increase access to - and utilization of - prenatal care by expectant mothers?

Are there racial/ethnic disparities evident in the teen birth data? What steps is my state taking to reduce teenage pregnancy?

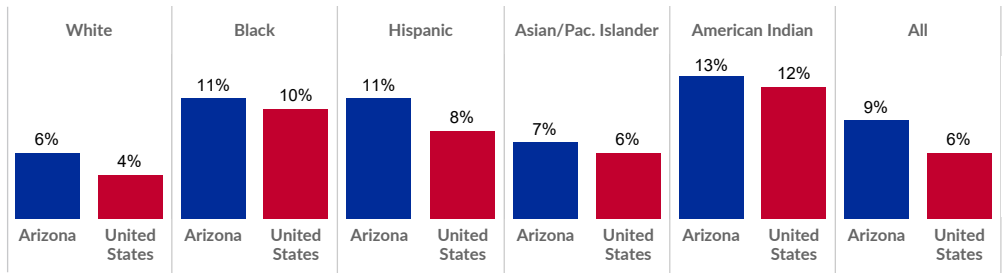
Are there disparities evident in the number of children born at low birthweight? What steps might be taken to reduce the prevalence of this outcome, particularly among high-risk populations?

Prenatal Care and Birth Outcome, By Race

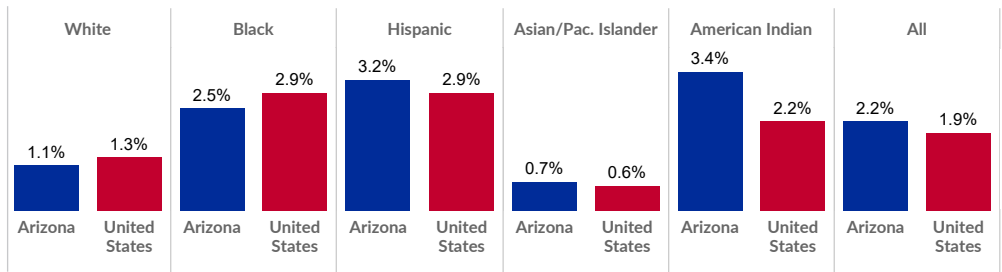
Receiving appropriate prenatal care helps reduce the likelihood of negative birth outcomes, including low birthweight and premature births, which are often linked to developmental delays and elevated rates of early school failure. Furthermore, births to teenage mothers increase risk for both children (increasing the likelihood of being born at a low birthweight and infant mortality) and their mothers (who are less likely to graduate from high school, maintain steady employment).

Often these outcomes vary significantly across demographic groups, which results in systematic inequities in infant and maternal health and well-being.

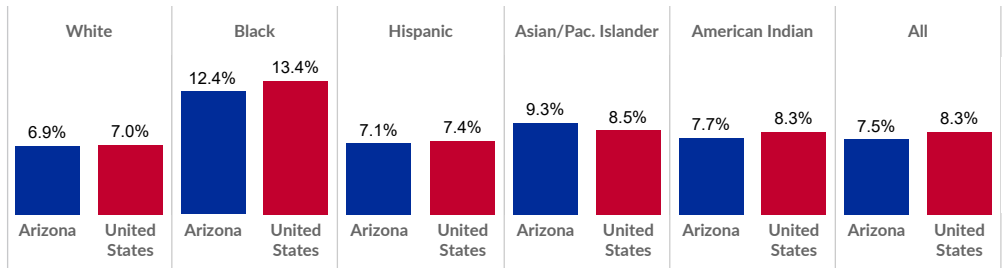
Births to Women Receiving Late or No Prenatal Care



Teen Births



Low Birthweight



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INFANT AND TODDLER SUPPORT

Questions To Consider

What is the prevalence of paid family leave across the country?
Are conversations about paid family leave happening in my state?

What percentage of at-risk families are able to access evidence-based home visiting programs in my state? Are post-partum home visits an MCH priority in my state?

What home visiting models is my state utilizing? Are these models recognized as evidence-based? How are different models used to support families' unique needs?

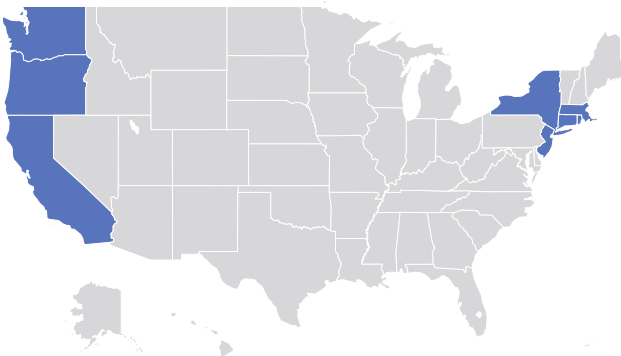
Paid Family Leave

Paid family leave policies support employees requiring time off to bond with a newborn baby, adopted or foster child – or to care for a seriously ill family member.

Arizona does not have a statewide paid family leave policy.

States with Paid Family Leave Policies

Nine states (reflected on the map below) have implemented universal paid family leave policies, while eight additional states have enacted paid family leave provisions for state employees only. These are: Arkansas, Delaware, Indiana, Kansas, New Mexico, North Carolina, Tennessee and Virginia.



State	First Year	# Weeks	Benefit (% Income)
CA	2004	6	Up to 70%
CT	2021	12	Up to 95%
DC	2020	8	Up to 90%
MA	2021	12	Up To 80%
NJ	2009	6	Up to 66%
NY	2018	8	Up to 50%
OR	2023	12	Up to 100%*
RI	2014	4	Up to 60%
WA	2020	12	Up to 90%

*Up to 100%, not to exceed 120% of state average weekly wage

Home Visiting

Home visiting is a type of service targeted to expectant parents and parents with children ages 0-5 to support healthy child development. Though models and programs vary, home visits typically allow trained experts to provide services, share best practices, and connect families to other resources all within the home setting.

10,320

Number of Families Served
Through Home Visits in 2017

160,179

Number of Home Visits
Provided in 2017

Arizona uses the following evidence-based models for home visiting programs:

- **Early Head Start Home-Based Option**
- **Family Spirit**
- **Healthy Families America**
- **Nurse-Family Partnership**
- **Parents as Teachers**
- **SafeCare**

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INFANT AND TODDLER SUPPORT

Questions To Consider

Are state funds used to supplement federal investments in children aged birth to three?

Does your state draw down its full share of CCDF funding? Are Early Head Start services aligned with the state's child care regulations and early learning guidelines?

Are services within the state's CCDF-funded programming prioritized for use by infants and toddlers?

Are mechanisms in place to support the successful transition of Early Head Start students into either Head Start preschool services or state prekindergarten?

Is CCDF spending on infants and toddlers sufficient to address the higher costs of their care?

Price and Affordability of Infant Care

Licensed child care is delivered in both center-based and home-based settings. According to the U.S. Department of Health and Human Services, this care is affordable if it costs no more than 10 percent of a family's income, with efforts underway in some states to ensure subsidized child care costs are capped at no more than 7 percent.

\$9,437

Average Annual Price of Infant Care in **Arizona**

18%

Infant Care Price as a Share of Median Family Income in **Arizona**

28%

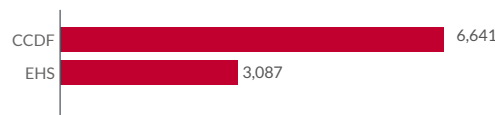
Families in **Arizona** that can Afford Infant Care (10% standard)

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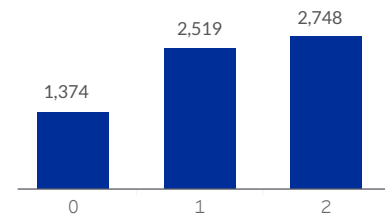
Federal Expenditures on Infants and Toddlers

While many states have invested heavily in prekindergarten programs serving three- and four-year olds, services to children aged zero to three are most commonly underwritten through a pair of federal programs: the **Child Care and Development Fund (CCDF)**, a federal block grant that supports both child care subsidies and quality enhancement initiatives, and **Early Head Start (EHS)**. Compared to preschool programs for older children, the infant and toddler slots funded by these programs are typically available to fewer children. CCDF subsidies for infants and toddlers often reimburse providers for less than the actual cost of care.

CCDF & EHS | Number of Children Served 0-2 ^{1, 2, 3}



CCDF | Number of Children Served By Age ¹



\$4,748

CCDF | Average Per Child Expenditure, Ages 0-2 ¹

\$11,387

EHS | Average Per Child Expenditure, Ages 0-2 ^{3, 4}

2.6%

Percentage of All Children Ages 0-2 Receiving CCDF Subsidy Supports ^{1, 2, 3, 4}

1.2%

Percentage of All Children Ages 0-2 Receiving Early Head Start Services ^{1, 2, 3, 4}

**Head Start programming includes both the Head Start preschool program for children ages three and four and Early Head Start, which serves children under three. The figures above depict enrollment and investment in Early Head Start.*

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THREE- AND FOUR-YEAR-OLDS

At ages three and four, children may be eligible to enroll in one or more types of publicly-funded pre-kindergarten. This includes state-funded pre-K, often delivered in both public and private settings, and Head Start, a federally-funded preschool program operated by local grantees. State funded pre-K programs generally incorporate child eligibility and provider quality requirements. These programs are typically not compulsory.

Questions To Consider

How many children are attending pre-K, public or private?

Are certain populations more likely to attend pre-K?

How expensive is child care for 4-year-olds?

Do the wages depicted for the early childhood workforce permit for the hiring and retention of highly-qualified early childhood educators?

Pre-Kindergarten Trends Within Publicly Funded Programs

6%

3- and 4-Year-Olds Enrolled in **Head Start** Program
(Estimated **10,607** children)

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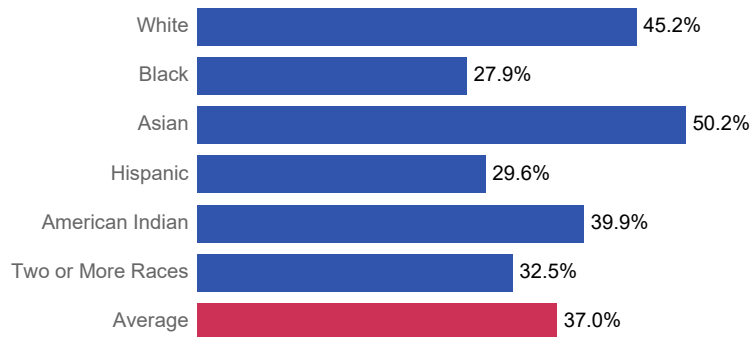
3%

3- and 4-Year-Olds Enrolled in **State Funded Pre-K** Program
(Estimated **5,256** children)

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Parent-Reported Percentage of 3- and 4-Year-Olds Enrolled in Any Type of Preschool Program

Including Both Public Programs and Private Programs Supported by Parent Tuition



The following group(s) have enrollment rates in preschool programs that are below the state average: **Black, Hispanic, Children of two or more races**

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Wages and Price

\$23,930

Median Annual Wage
Child Care Worker
(2018)

65%

Median Wage for
Child Care Worker as Percent
of State Median Income (2018)

\$27,810

Median Annual Wage
Preschool Teacher
(2018)

75%

Median Wage for
Preschool Teacher as Percent
of State Median Income (2018)

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\$8,344

Average Annual Price of
Child Care for 4-Year-Old

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THREE- AND FOUR-YEAR-OLDS

Questions To Consider

Does my state support pre-K enrollment? If so, for which children?

What are the funding sources for pre-K?

What requirements must providers meet in order to be eligible for the state pre-K program?

Pre-Kindergarten Policy QUALITY FIRST SCHOLARSHIPS

ACCESS	Family Income - Eligibility	200% of Federal Poverty Line
	Other Risk Factors - Eligibility	None
	Child Age	No minimum age
	Required District Participation	Not required, but funds are available to any district/county/town choosing to offer the program
FUNDING	State Agency	First Things First
	Total Spending (2016-17)	\$21,307,301
	Funds by Source	State: \$21,307,301
	Dedicated Revenue Source for State Funds?	Yes: State tobacco revenue
	Agencies Eligible to Receive Funding	Public schools, Head Start, Private agencies, Faith-based centers, Family child care homes, Tribally regulated programs
PROGRAM REQUIREMENTS	Permitted Subcontracting Agencies	None
	Minimum Daily Hours	34 hours per month
	Minimum Days Per Week	34 hours per month
	Annual Operating Schedule	Determined locally
	Maximum Class Size	3-year-olds: 26; 4-year-olds: 30; mixed-age: 26
	Required Screenings	Immunizations



THREE- AND FOUR-YEAR-OLDS

Questions To Consider

Are pre-K standards aligned with goals of the K-12 system?

Does my state require pre-K teachers to have a certain degree? If so, what?

Has my state developed a system to assess the quality of pre-K and child care providers? Is participation mandatory for state pre-K programs?

QUALITY FIRST SCHOLARSHIPS – CONTINUED

STANDARDS	Early Learning and Development Standards	Arizona Early Learning Standards, Infant Toddler Developmental Guidelines
	Year Revised	Arizona Early Learning Standards: 2018
	Alignment with College and Career Ready Standards for Early Grades	Yes
EDUCATORS	Teacher Degree	25% of Lead Teachers and Administrators must have 12 ECE credits or a Certificate of Completion in ECE or CD, or a CDA
	Required Specialization in ECE	25% of Lead Teachers and Administrators must have 12 ECE credits or a Certificate of Completion in ECE or CD, or a CDA
	Assistant Teacher Degree	High School Diploma or Equivalent

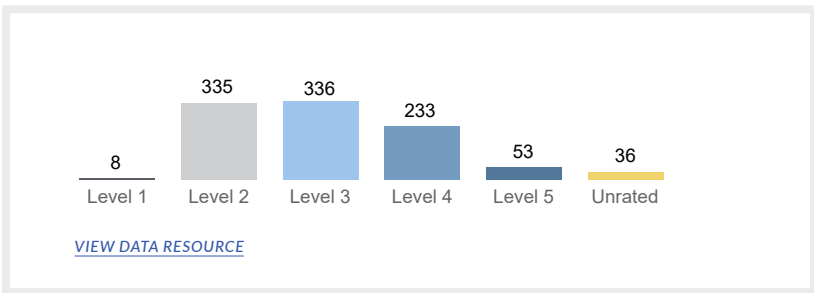
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Quality Ratings of Child Care Programs

In recent years, many states have designed Quality Ratings and Improvement Systems (QRIS) to provide parents with information about the quality of individual child care providers. The QRIS rating is often a reflection of various measures such as teacher-child interactions, classroom environment, family engagement, and staff educational attainment. Typically voluntary, QRIS systems are meant to help improve the quality of child care providers and help families choose the right provider for their children.

ACCOUNTABILITY	Quality Rating and Improvement System (QRIS)	Quality First	
	Provider Participation	Voluntary Licensed center-based programs, Licensed family child care	Mandatory None
	Number of Levels	5	
	Tiered Reimbursement	No	
	Other Financial Incentive	Yes	

Child Care Providers By QRIS Level





FIVE- TO EIGHT-YEAR-OLDS

At age five, children are eligible to begin kindergarten—generally considered the start to their formal education. In these early grades, there is a strong focus on learning to read due to research indicating that 3rd-grade literacy is crucial for success in school and life.

Questions To Consider

Are districts required to offer full-day kindergarten?

At what age are children eligible to attend school? At what age is attendance compulsory?

How are children assessed in grades K-3? What are assessment results used for?

K-3 Policy

	K-3 COMPONENT	ARIZONA
ATTENDANCE	Compulsory Age of Attendance ¹	6
	Kindergarten Entrance Age ¹	5 before 9/01
	State-Required Full-Day Kindergarten ¹	No
	State-Required Half-Day Kindergarten ¹	Yes
	Required Kindergarten Attendance ¹	No
STANDARDS AND ASSESSMENTS	Required Kindergarten Entrance Assessment (KEA) ²	Districts must provide universal screenings in Pre-K and K-3 to identify students with reading deficiencies.
	KEA Results Use ²	Not specified in statute, rules or regulations.
	Dual Language Learner (DLL) Assessment	State-specific assessment
	Number of States Using DLL Assessment	N/A
	3 rd -Grade Reading Retention Law ²	Third grade retention is required, with good cause exemptions.
EDUCATORS	Early Childhood Education License Required for Kindergarten Teachers ²	An Early Childhood Endorsement, Birth to Age 8 endorsement.
	Science of Reading Test Required for Elementary Teachers ³	No
	Teacher-to-Student Ratio Requirement ²	Not specified in statute, rules or regulations.

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