

Building Bright Futures



FIRST THINGS FIRST

The right system for bright futures

**2007 Statewide
Needs and Assets Assessment**

FIRST THINGS FIRST

The mission of First Things First is to increase the quality of, and access to, early childhood programs that will ensure a child entering school comes healthy and ready to succeed. This mission will principally be achieved through regional grants tailored to the specific needs and characteristics of the communities the region serves, and with a focus on demonstrating how improved outcomes around the six goals will be attained given the challenges the region faces.

In November 2006, the voters of Arizona passed First Things First, a statewide ballot initiative that funds a voluntary system of early childhood development and health. With a dedicated annual funding stream generated from a tax on tobacco products, First Things First aims to achieve the following goals:

- Improve the **quality** of early childhood development and health programs;
- Increase **access** to quality early childhood development and health programs;
- Increase access to preventive **health** care and health screenings for children through age five;
- Offer parent and **family support** and education concerning early child development and literacy;
- Provide **professional development** and training for early childhood development and health providers;
- Increase **coordination** of early childhood development and health programs and **public information** about the importance of early childhood development and health.

Submitted in accordance with ARS 8-1192. The Early Childhood Development and Health Board shall conduct a biannual assessment of existing early childhood development and health programs in the State of Arizona, including an analysis of any unmet early childhood development and health needs of Arizona children, utilization of available Federal, State and private funds, suggestions for improved program coordination, and outcomes for children and families. The Board shall submit a report of its findings and recommendations to the Governor, the President of the Senate and the Speaker of the House of Representatives on or before December 15 of every odd-numbered year beginning in 2007 and shall provide a copy of this report to the Secretary of State and the Director of the Arizona State Library, Archives and Public Records. The report shall be distributed in accordance with section 41-4153.

Arizona Early Childhood Development and Health Board

Arizona Early Childhood Development and Health Board

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Letter from the Board Chair

Building Bright Futures, the first in a series of assessments conducted every other year for First Things First, the Arizona Early Childhood Development and Health Board, provides a snapshot of the current state of early childhood in Arizona. This document will create a baseline that allows us to measure our progress, as well as determine how best to invest resources that will improve the lives of young children and their families.

Building Bright Futures provides direction at the community level as well. The report will serve as a tool for Regional Partnership Councils in helping them create the types of programs that give families real choices about their children's educational, health and developmental experiences, while enhancing the quality and accessibility of those programs.

This report is based on a year's worth of work reviewing available data as well as listening to parents, educators, child care providers, health professionals and community leaders regarding the assets and needs they have in their communities. **Building Bright Futures** is divided into three main sections. The first section provides an overview of key education and health indicators of children's readiness for school and life. The second section describes the current condition of the system of early care and education in Arizona, and is organized around the funding areas of the First Things First initiative: **quality, access, health, family support, professional development, public information/awareness** and **system coordination**. The last section of the report offers recommendations for all interested in enhancing the future outcomes for Arizona's youngest children.

Our vision is that Arizona will be a state where all of our children enter school healthy and ready to succeed. To achieve this vision and to fulfill the promise made to the voters of Arizona by the passage of First Things First in 2006, it is imperative to know where we stand today. This is a start. We hope you will join our efforts as we work together to build a stronger foundation for a future where every Arizona child has an opportunity for a successful, healthier quality of life.

Nadine Mathis Basha
Chair, First Things First

Acknowledgements

Our sincere appreciation to the following individuals and organizations that provided the expertise, time, and information necessary to define the current early childhood development and health environment and create a vision for what is possible for Arizona's young children and their families:

The Voters of Arizona – who approved the implementation of Proposition 203, First Things First, and demonstrated their commitment to investing in and promoting the success of Arizona's youngest children.

Parents and Grandparents – who provided first-hand, inspiring accounts of the strengths of Arizona families and children and the challenges they have encountered in meeting the needs of their children and grandchildren.

Service Providers – who, day in and day out, provide needed services and supports to children and families, and who contributed insight into the challenges of providing services, the unmet need, and the future directions.

Key Informants – who, as providers of early childhood services, providers of professional development services, philanthropists, advocates, and state administrators, helped define the infrastructure needed to create a results-oriented, family-focused system of early childhood development and health.

Private Funders – who offer their vision, commitment to quality services for Arizona's children and families, ongoing financial support, and insight into the definition of infrastructure for a high-quality, sustainable system of early childhood development and health.

Arizona Early Education Funds Regional Partnerships – who shared their experiences in building local partnerships in support of early education and for the vital connections they provided to individuals and organizations who helped define the assets, barriers, and priorities for an Arizona early education system.

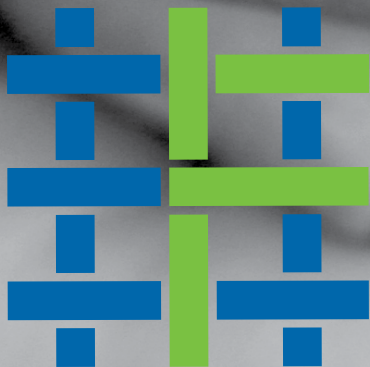
Governor Napolitano and Staff and Members of the State School Readiness Board – who developed the nationally recognized School Readiness Action Plan, which has served for four years as the blueprint for community organizations, state agencies, and private funders to plan and implement projects relating to early care and education. Their work will continue to serve as the foundation for implementing a high-quality early childhood system focused on supporting families, programs and schools, teachers, and communities.

State Agency Staff – who, as the professionals of the Arizona Department of Health Services, Arizona Health Care Cost Containment System, Arizona Department of Education and the Arizona Department of Economic Security, provided detailed information about current funding, services, and results for early childhood development and health programs in Arizona.

First Things First Staff – who shared their experience and expertise in the development of the statewide Needs and Assets Assessment and who listened and learned from community participants across Arizona.

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INTRODUCTION

First Things First is focused on building a community-driven, results-oriented early childhood system supportive of all children birth through age five. This report, ***Building Bright Futures***, begins that process. First looking at how children are faring, and then reviewing the status of the state's current programs and services, the report outlines Arizona's challenges but ultimately shows there is much opportunity for change.



“We envision a nation that supports the healthy development of all children within their states and communities by providing comprehensive, coordinated, well-funded systems of high-quality, prenatal-to-five services that foster success in school and life.”

Matthew Melmed, Executive Director,
Zero to Three, 2007



Building Bright Futures

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential, gives families real choices about their children's educational and developmental experiences, and includes every community in sharing the responsibility as well as the benefits of safe, healthy and productive citizens. Investment in young children results in a stronger Arizona and contributes to the economic growth and well-being of the state.

Ultimately, the aim of First Things First is to improve developmental and early learning outcomes for young children ages birth through five years. To achieve that goal, First Things First, with its community partners, will work to build a system that grows and sustains a coordinated network of early childhood programs and services. The charge of First Things First is to design a system in which programs and services are of high-quality, easily accessible, and affordable by all who wish to access them. Creating such a system allows Arizona to lead the way for improving children's chances for success.

In January 2008, the Board will embark on the task of strategic planning. To effectively shape policy decisions, the board must first be fully informed of the current status of Arizona's children. This report is to be used as a tool as the board designs a roadmap for change for the state's current early childhood system. Through the collection of baseline data, a synthesis of community input, and an analysis of what is missing in the current system, this initial report begins to outline possible options for identifying priority activities. The intent is that the report acts as a resource of information illustrating how children and supporting services in Arizona are faring. Opportunities for change are provided for consideration based on the analysis of the data and what current research indicates is necessary for building an early childhood system.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state, the information was often difficult to analyze. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development

are not currently or consistently measured. The identification of future indicators to gauge progress toward First Things First goals will be an important outcome of the strategic planning process. Once these measures are established, First Things First has the opportunity to create a home for the accurate collection and statewide sharing of children's data.

In subsequent years, the Needs and Assets reports will include information regarding progress on the established indicators that arise out of strategic planning. These later documents will also serve as a tool to guide other policy-makers and early childhood leaders in formulating future decisions related to young children and families.

Today in Arizona

Arizona faces many challenges in guaranteeing all children are healthy and ready for success. Based on the data and information collected throughout this report, there is not only room for improvement in the state's current early childhood development and health system, there is substantial reason to be concerned. Arizona's opportunity is to create the change necessary that will ensure every child's future is bright. To do so requires building on the system infrastructure, strengthening quality programs and services currently in place, and designing strategies around the identified gap areas in Arizona services.

Arizona is challenged by a lack of high-quality early care and education programs available to all who wish to access them. Only 15% of early care and education centers are accredited by the National Association for the Education of Young Children ¹ and less than 1% of home-based settings are accredited by the National Association for Family Child Care. ² These numbers indicate there are a limited number of settings that meet a set of identified quality criteria.

Arizona is challenged by the high cost of early care and education. Almost one in four Arizona children birth through five lives in poverty.³ Just as startling is that almost six out of ten Arizona families live just above poverty,⁴ but not making a wage that allows them to receive any form of assistance. These families can neither afford quality early care and education, nor can they afford health care.

Arizona is challenged by a growing number of children birth through five who have no access to health care due to lack of insurance coverage. At the current population rate, over 109,000 children birth through five have no health insurance.⁵ That number exemplifies 109,000 children without dental care, 109,000 children not receiving

preventive well-child care, 109,000 children not receiving immunizations, and 109,000 children not receiving care when they are sick.

Arizona is challenged by its capacity to assure all families are well-informed about early literacy and its importance to children's future language development. Parent literacy and how often children are read to at home are strong predictors of children's future literacy success. Arizona families lag behind national averages for daily reading activities and many families lack the skills necessary to provide strong literacy support to their children.⁶

Arizona is challenged by an underpaid and unskilled early childhood workforce. Currently, only about one-third of early childhood education teachers have a four-year degree or beyond.⁷ Additionally, early childhood professionals enter and leave the field at a rapid pace due to poor compensation and a lack of professional support.⁸

Arizona is challenged by the lack of a coordinated system that provides accurate early childhood information to families from many backgrounds and locations across the state. The high number of rural areas and significant differences in family needs create challenges for families seeking information regarding child development, parenting, and the availability of quality child care. Families often lack awareness and understanding of where to find the information they need, or it is in formats not easily understood by all who need it.

Arizona is challenged by the lack of both a national and a statewide database for the accurate collection and management of children's indicator data. Currently data collection is disjointed or often conducted at a state agency level only. Information needed to track children's progress may not always be available, complete, or accurate.

Arizona faces numerous challenges in ensuring all children are healthy and ready to succeed. But these challenges are not insurmountable. Arizona now holds an opportunity to build a system that changes outcomes for children and gives all families the choices they deserve.





Arizona's Young Children and Families

First Things First is focused on building a comprehensive early childhood system so all Arizona children will begin school with the skills they need for long-term educational and personal success. The following section provides an overview of key social and health indicators that will present a statistical portrait of Arizona's children.



“An accumulating body of evidence suggests that early childhood interventions are much more effective than remedies that attempt to compensate for early neglect later in life.”

James Heckman
Nobel Laureate in Economic Sciences,
University of Chicago

Child and Family Indicators

Child and family indicators illustrate children's health and readiness for school and life and provide policy makers, practitioners and the community with a measurable way to understand child and family strengths and needs. The indicators included in this section were selected based on current research about what makes a difference in improving outcomes for young children and their families. They include the following:

- **Early childhood population** – race, ethnicity, language, and family composition
- **Economic status of families** – employment, income, poverty and parents' educational attainment
- **Trends in births**
- **Health insurance coverage and utilization**
- **Child safety** – abuse and neglect and child deaths
- **Educational achievement** – fourth grade performance and high school graduation

While First Things First may not have a direct effect on these or other indicators, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty, are being tracked because they provide pertinent information on how children are faring. These indicators provide information on potential service or system changes that may be necessary for First Things First to have the greatest impact possible.

A Growing Population

Arizona's population growth is outpacing that of the nation. From July 2000 to July 2006, Arizona's population grew from 5,130,693 to 6,166,318, a rate of 20.2% as compared to a nationwide population growth rate of 6.4%.⁹ Along with this overall increase in population, came tremendous growth in the number of children birth through five years. From July 2000 to July 2006, the number of Arizona children ages birth through five years increased by 25% to 576,938 and now represents 35% of Arizona's total child population.¹⁰ If Arizona's growth continues near or at the current pace, there will be more than 600,000 children in Arizona under age six by 2010.¹¹

Race, Ethnicity and Language

The racial and ethnic composition of Arizona's early childhood population has also changed since 2000. Five percent more children birth through five years were identified as being ethnically Hispanic/Latino in 2006 than in 2000, while the share of total children identified as White (not Hispanic/Latino) dropped by 4% in 2006 compared to 2000.¹²

Twenty-two percent of children under age six are children of immigrants; however, 93% of these children were born in the United States.¹³ Among people over five years of age living in Arizona in 2006, 28% spoke a language other than English at home. Of families reporting using a primary language other than English at home, 77% spoke Spanish, 7% spoke an Indo-European language, 6% spoke an Asian/Pacific Island language, and 10% spoke some other language.¹⁴

In 2000, there were 21 federally recognized Indian tribes in Arizona with 37,521 families and 21,216 children ages five and under. One percent fewer children birth through five were identified as American Indian in 2006 compared to 2000. Among tribal populations, 18% (8,517) of the households considered themselves linguistically isolated. Of the tribal population over age five, 94,711 individuals (58.6%) indicated they speak a Native American language at home.¹⁵

The Changing Family Composition

The number of young children living in families with two married parents has increased since 2000. Families with at least one child under age six grew from 209,069 to 217,600, a 4% increase from 2000 to 2006. However, this number has decreased from 232,027 in 2005.¹⁶

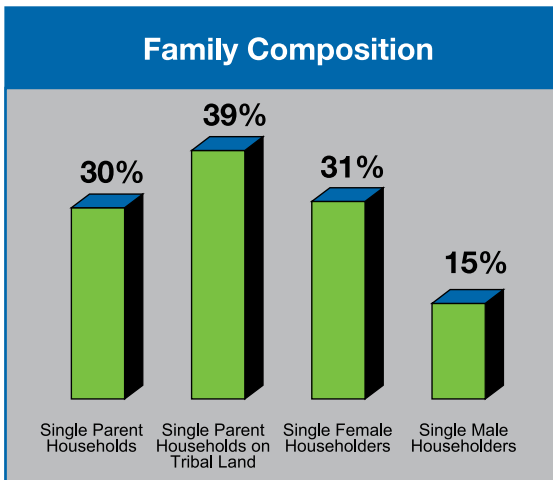
The percentage of young children living in single parent households, though fluctuating slightly over the last five years, has remained around 30% between 2000 and 2006. The number of single male householders with at least one child under the age of six increased by 15% from 2000 to 2005, and the number of single female householders with at least one child under the age of six increased 31% from 2000 to 2005.¹⁷ Thirty-nine percent of families living on tribal lands with at least one child under age six, were single parent households in 2000, a higher rate than the general population.^{18, 19} While the percentage of the young child population living in single parent households has remained fairly constant, the population increase among children birth through five, means there are now more young children living in single parent households.

The birth rate for females 19 or younger increased from 28.1 births per 1,000 in 2005, to 29.6 births per 1,000 in 2006 although the teen birth rate had steadily declined over the past 10 years from 37.8% in 1996.²⁰ Research indicates that children of teen mothers are more likely to be born with low birth weight, suffer poor health, experience behavior problems, and have limited language and literacy skills.²¹ Teen mothers are less likely to have the financial resources, social supports, and parenting skills to fully support their children's development.²²

Grandparents are increasingly finding themselves responsible for raising their young grandchildren. In 2005, an estimated 30,400 children birth through five years lived with a grandparent who was the primary caregiver.²³ Furthermore, the estimated number of children birth through five living with a grandparent as the caregiver with no parent present went from 4,500 children in 2005



to an estimated 7,600 in 2006.²⁴ Based on the 2000 Census, slightly over 6,000 grandparents living on tribal lands were responsible for their own grandchildren under the age of 18.²⁵



Grandparents raising grandchildren experience some unique conditions. Grandparent caregivers are more likely to

be poor compared to parent-maintained families. The 2000 Census showed that 19% of grandparent caregiver households were below the poverty line as compared to 14% of households with parents.²⁶ Furthermore, a portion of grandparent caregivers have either disabilities or age-related functional limitations that affect their ability to respond to the needs of grandchildren. In 2006, 37% of grandparents (60 years old or older) living with grandchildren had a disability.²⁷



Employment, Income and Poverty

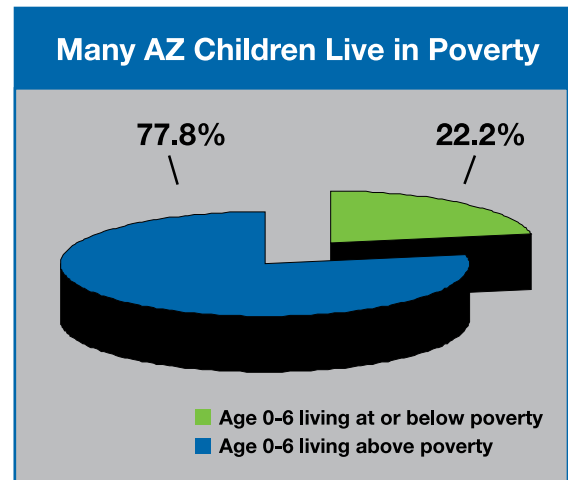
The unemployment rate for Arizona as of August 2007 was 3.8%.²⁸

This is a continual decline since 2002 when the rate was 6%.

More than half (57.2%) of the 309,242 families with children under six years of age in 2006 had all parents in the family in the labor force, an increase from 53.4% in 2000.²⁹ While the unemployment rate has continued to drop, the total number of families in Arizona who live in poverty rose by 23.6% between 2000 and 2005.³⁰ Almost 160,000 families, 10.9%, live at or below poverty in Arizona.³¹ A total of 29% of American Indians in Arizona had incomes below federal poverty guidelines.³² Families living in poverty have less access to quality care environments, affordable health care, and support systems that ensure children grow healthy and enter school ready to learn.

Arizona families have significantly lower annual incomes than the rest of the nation. With 59% of Arizona families having a median family income of less than 200% of poverty, Arizona is ranked 41st in the country.³³ This indicates that a family of four living in Arizona is likely to have an income of less than \$40,000 per year.

More Arizona children under the age of six lived at or below poverty in 2006 than in 2000 — an increase from 21% to 22.2%.³⁴ While the number of children under age six increased by 24.9%, the number of children under age six living below poverty increased by 32.1% to 124,407.³⁵ Children living in poverty are at greater risk for incurring negative health impacts and developmental problems.³⁶ Children experiencing poverty between age two and five are more likely to score lower on verbal tests than other children and are more likely to experience behavior problems that impact their learning experiences.³⁷



Parent Educational Attainment

Sixteen percent of Arizona families have less than a high school diploma (includes all parents and primary caregivers living in the home).³⁸ While the percentage of children born in Arizona to mothers without a high school education decreased slightly from 2000 to 2005, it remains significantly high at 30% compared to a national rate of 22%.³⁹ Nearly 8% of all Arizona births in 2005 were to teenage mothers who had not completed high school.⁴⁰ The educational level of a child's mother is a strong predictor of the academic achievement, health status, and well-being of her children.⁴¹ Mothers without a high school diploma are less likely than mothers with a high school diploma to provide enriching early childhood experiences for their children birth through five years.⁴² Children of mothers without a high school diploma score lower on tests of math and reading skills upon entry to kindergarten than children of mothers with a high school diploma.⁴³

Healthy Births

The total number of births in Arizona has significantly increased over the years, doubling from 50,049 in 1980 to 102,042 in 2006.⁴⁴ The percentage of births to Arizona mothers who received late or no prenatal care is declining but exceeds the national rate of 3.6%.^{45, 46} Prenatal care contributes significantly to a healthy birth. Women who do not receive early and continuing prenatal care have double the risk of delivering a premature baby and are three times more likely to deliver a baby with a low birth weight.⁴⁷

Infants with low birth weight (5.5 pounds or less) and babies born pre-term are at greater risk for physical and developmental problems than full-term infants and babies of normal weight.⁴⁸ In 2005, 6,640 children, (6.9% of all births), were born weighing less than 5.5 pounds.⁴⁹ In 2006, the number increased to 7,266 or 7.1% of all births.⁵⁰

Healthy Children – Insurance Coverage and Utilization

Arizona has made significant headway in improving access to well-child visits for Medicaid eligible children and in increasing child immunizations. But a troubling portion of the state's youngest children still have no access to regular health care due to lack of insurance coverage. In 2005, the percentage of Arizona's children ages birth through five without health insurance rose to 19% from 15% between 2003 and 2005.⁵¹ This compares to 11% of children birth through five without health insurance nationally.⁵² Families with health insurance are more likely to receive well-child visits, prenatal care and up-to-date, routine immunizations that prevent health problems as well as ongoing care to address chronic health issues.^{53, 54} The percentage of Arizona children ages 19-35 months who have been fully immunized increased from 72% to 81% between 2000 and 2005, just below the national rate of 82% for 2005.⁵⁵

Child Safety

Child abuse and neglect are strongly linked with negative outcomes for children including poor school performance, frequent grade retention, juvenile delinquency, and teenage pregnancy. Children who have been neglected, physically abused, or sexually abused are more likely to exhibit cognitive and emotional problems.⁵⁶ Although Arizona's rate of child abuse and neglect of 4.7% per 100 children was considerably lower than the national rate of 11.5% in 2004, the Arizona rate increased 1.5% between 2003 to 2004.⁵⁷ As of March 2007, Arizona children under the age of five in foster care/out-of-home care represented almost 40% of the total (9,773) number of children in out-of-home placements.⁵⁸

Child deaths have increased since 2000 and children under four years represent 68% of the total deaths in 2007 for children under age 18.⁵⁹ In 2006, 90% of unexpected infant deaths identified unsafe sleeping environment as a contributing preventable factor (n=81). Unsafe sleeping position was a contributing preventable factor in 50% of unexpected infant deaths (n=45).⁶⁰

Children's Educational Achievement

Young children who receive the support they need and deserve from ages birth to five score better on academic tests when they enter school, are less likely to require special education services, are held back a grade less often, and are more likely to graduate from high school.⁶¹

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests.⁶² The performance of Arizona's children on standardized tests continually lags behind that of the nation. Fifty-six percent (56%) of Arizona's 4th graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67%.⁶³ The percentage of Arizona 4th graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57% in 2000 to 74% in 2007, but Arizona's 4th graders still score 8% below the national rate of 82%.⁶⁴


The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts. According to Kids Count 2006, Arizona's high school dropout rate has improved from 18% in 2000 to 9% in 2005, but still exceeds the 2005 U.S. rate of 7%.⁶⁵

Conclusion

This statistical portrait of Arizona's early childhood population indicates that there are multiple risks impacting Arizona's youngest children and their opportunities to reach their fullest potential. These risk factors must be taken into account when making policy decisions so the current system is strengthened. Tracking these social and health indicators over time will allow for the community as a whole to be continually informed of the status of Arizona's youngest children.







Arizona's Current Early Childhood Development and Health System

The First Things First initiative identifies several individual areas of focus. Each goal area is a piece of a larger picture and is inextricably interrelated and linked with the others. In this section, the state's assets, gap areas, and recommendations are outlined and organized within the initiative's goal areas. The descriptions are presented with the underlying assumption that each of the goals reinforces the others.



“The science of child development tells us that significant variations in the quality of early care and education programs have the potential to produce lasting repercussions for both children and society as a whole.”

Jack Shonkoff and Deborah Phillips
From *Neurons to Neighborhoods: The Science of Early Childhood Development*, 2000

Quality

What is the status of quality in early childhood development programs in Arizona?

The Arizona Picture

Background

Families deserve choices. Every Arizona child should be afforded the opportunity to receive care and education in a high-quality setting that promotes optimal growth and development. During the past 15 years, considerable research on brain development has demonstrated how important the first years of life are to a child's growth, readiness for school, and success throughout life. For children who spend much of their time in care settings outside of the home, opportunities to stimulate learning and curiosity in their early care and education environments is crucial. Research shows that children who participate in high-quality programs begin school with higher reading skills, better test scores, and fewer behavioral problems. These are the very skills they need to be ready to succeed. Conversely, and perhaps even more importantly, mediocre or low-quality early care and education can have the opposite effect. Children attending programs not considered high-quality can have poor intellectual and social development.⁶⁶ Understanding the effects of early care and education quality is vital in developing an early childhood system that produces positive outcomes for children's growth and development.

However, quality care is difficult to find in Arizona because many of the settings throughout the state do not meet what national experts describe as necessary to promote positive outcomes. Although the actual level of quality in Arizona early care and education settings cannot be fully determined, most programs strive only to meet the regulations required for obtaining a license. These requirements are minimal in Arizona and do not include issues of quality such as optimal adult to child ratios, maximum group sizes, highly skilled personnel, or nurturing and engaging environments. Because these licensing requirements are minimal and do not factor in quality practices, many of Arizona's children are cared for in settings where quality is poor.

Families throughout the state recognize the need for high-quality early care and education, but struggle to locate care that meets even basic health and safety standards. Ensuring children have quality experiences is a high priority for Arizona communities, and although there are some settings which meet high-quality expectations, they are not equitably available to all Arizona children.

Early childhood experts have outlined the attributes of high quality that lead to positive outcomes. Characteristics of a high-quality program include:

- High staff to child ratios
- Small group sizes (the maximum number of children in a group, regardless of the number of adult staff)
- Directors and teachers with high levels of experience, training and education
- Environments that encourage children to explore, develop curiosity, and actively participate in their learning
- Staff members who nurture and engage children in a variety of learning experiences
- Administrative practices that support effective staff development, supervision, and leadership
- Parent involvement that is encouraged and supported
- Environments and practices that maintain children's health and safety

Any effort to understand quality begins with the recognition that standards provide the foundation for identifying what a state values and envisions as important for young children's experiences. First, a state must have program standards that outline what environments, teaching practices, and learning opportunities should look like. Two types of program standards are **regulatory standards** and **quality standards**.

Arizona currently has no statewide, accepted set of quality standards, but licensing regulations (for center-based programs) and certification regulations (for group homes regulated by Department of Health Services [DHS], and group homes accepting Department of Economic Security [DES] child care subsidy) are the state's regulatory standards that define the minimal health and safety requirements for regulated settings.

In addition to program standards, effective early childhood development systems include **early learning standards** that provide a set of agreed upon outcomes for children. Having standards for children provides guidance to teachers and other professionals in designing activities for children's learning. Early learning standards outline what children should be learning and are the indicators to be measured when looking at children's progress.



| Regulatory Standards | Quality Standards | Early Learning Standards |
|---|---|--|
| <p>Program standards that outline minimal health and safety requirements for all licensed programs. Example: All outlets have plugs; Staff wash hands before serving meals.</p> <p>Standards are regulated by a state agency.</p> | <p>Program standards that outline indicators necessary for assuring an early childhood environment meets the level of high-quality that is known to affect positive outcomes for young children. Example: Staff who provide instruction hold bachelor's degrees; Staff interactions with children are positive and nurturing.</p> | <p>Standards for children's learning that outline agreed upon goals for young children. These are the desired outcomes for children who attend early care and education settings. Example: Child identifies and describes feelings of others; Child identifies letters in familiar words, including those in own name.</p> |

In Arizona Today

How often a setting is monitored for compliance with the state's minimum health and safety standards depends greatly on the number of licensing staff available relative to the number of licensed facilities. At the very least, all children in Arizona should be cared for in safe, healthy, and nurturing environments. However, families in Arizona face challenges in locating care in which they can have confidence that their children's settings meet even basic health and safety requirements.

Currently in Arizona, there are too few staff funded that can monitor licensed programs and assure all children are in environments where they are safe. Caseloads are higher than recommended and therefore, monitoring cannot occur with enough frequency to make certain a child care center or group home is in continuous compliance with even basic health and safety regulations.

*The ratio of licensing surveyors to regulated sites was 1:87 in 2005, 1:82 in 2006 and **1:78** in 2007. The National Association for the Education of Young Children (NAEYC) recommended ratio is **1:50**.⁶⁷*

***86%** of DHS licensed child care centers have been monitored within the required time frame for 2007. The remaining **373** licensed centers and group homes do not receive compliance visits within the appropriate timeline as required by statute.⁶⁸*

In addition to basic health and safety, research has identified a set of key determinants that identify characteristics of high-quality early care and education and distinguish between those that are of high-quality and those that are of poor quality. Two important factors which greatly affect a child's experiences are **adult to child ratios** and **group sizes**. Assuring children are supervised effectively to maintain their health and safety, and providing them with individualized attention requires an appropriate number of adults. Licensing regulations in Arizona require adult to child ratios set at higher than recommended levels and do not align with what research indicates result in children's positive growth and development. Group sizes are also a concern when considering whether children are receiving a high-quality experience. Regardless of the number of adults per number of children, if group size is too large, children cannot receive a level of care necessary for assuring the positive outcomes that arise out of participating in high-quality programs. Child care licensing regulations in Arizona do not stipulate any limits on group size other than what the classroom activity space can accommodate based on 25 square feet per child. The result is children cared for in classrooms where there are too many children for high-quality learning opportunities to exist.

ADULT TO CHILD RATIOS:

ARIZONA LICENSING VERSUS RECOMMENDED STANDARDS ⁶⁹

| Child Age Range | Arizona Licensing Adult to Child Ratio | Recommended Adult to Child Ratio |
|--------------------|--|----------------------------------|
| Birth to 12 months | 1:5 or 2:11 | 1:3 |
| 1 year olds | 1:6 or 2:13 | 1:4 |
| 2 year olds | 1:8 | 1:5 |
| 3 year olds | 1:13 | 1:7 |
| 4 year olds | 1:15 | 1:8 |

MAXIMUM GROUP SIZES:

ARIZONA LICENSING VERSUS RECOMMENDED STANDARDS ⁷⁰

| Child Age Range | Arizona Licensing Maximum Group Size | Recommended Maximum Group Size |
|--------------------|--------------------------------------|--------------------------------|
| Birth to 12 months | No Maximum | 6 |
| 1 year olds | No Maximum | 8 |
| 2 year olds | No Maximum | 10 |
| 3 year olds | No Maximum | 14 |
| 4 year olds | No Maximum | 16 |

One attribute of a high-quality early care and education program is the attainment of a nationally recognized accreditation. Families in Arizona have limited choices when searching for care that is accredited, and therefore considered higher quality. The National Association for the Education of Young Children (NAEYC) is considered by those in the early childhood education field to be the gold standard in accreditation for center-based settings. The National Association for Family Child Care (NAFCC) accredits family child care settings. Few programs in Arizona have received NAEYC or NAFCC accreditation. Most center-based programs that have been accredited are located in public school settings with limited space and limited eligibility.

15% of Arizona's licensed early care and education centers have been accredited by NAEYC.⁷¹

Less than 1% of child care homes in Arizona have been accredited by the National Association for Family Child Care (NAFCC).⁷²



Too few accredited programs are available to provide equitable opportunities for all of Arizona's children to receive high-quality care. Licensing standards that provide only a minimal set of health and safety requirements do not address the quality issues that research indicates are of utmost importance. Low ratios of licensing surveyors to the number of programs licensed result in ineffective and untimely monitoring of basic health and safety standards.

Beyond licensed care, many children in Arizona attend care that is neither licensed nor regulated. Often children receive care in settings that are exempt from state regulations because current law allows individuals caring for fewer than five children for compensation to operate without a license. Additionally, many children are cared for in unregulated settings. The level of quality in these programs is unknown. Improving opportunities for all children to experience high-quality early care and education is a priority for Arizona's families.

Arizona's Assets

Arizona has begun the process of creating a system that values high-quality early care and education experiences for children. In continuing this process, it is important to identify the current strengths and assets upon which Arizona can further enhance quality.

Arizona maintains regulatory standards for minimum health and safety as well as provides guidelines for program standards that align with indicators of quality such as environment, teaching practices, and teacher qualifications.

REGULATORY STANDARDS

| Asset Item | Agency Responsible | Description |
|---|---|--|
| Child Care Licensing Regulations | Department of Health Services (ADHS) – Office of Child Care Licensure | Set of minimum health and safety requirements for center-based and regulated home-based early care and education settings. |
| Child Care Home Certification Regulations | Department of Economic Security (DES), Child Care Administration | Set of minimum health and safety requirements for home-based early care and education settings that contract with DES. |

QUALITY STANDARDS

| Asset Item | Agency Responsible | Description |
|--|--|--|
| Comprehensive Guidelines for Early Childhood Programs | Arizona Department of Education | Set of standards for early childhood programs to assure quality environments, instruction, and administration. |
| Head Start Performance Standards | Federal Department of Health and Human Services | Set of federally determined program implementation and administration requirements for Head Start programs and agencies. |
| National Health and Safety Performance Standards: Guidelines for Out-of Home Child Care Programs | National Resource Center for Health and Safety in Child Care | Set of national health and safety standards established through collaboration of the American Academy of Pediatrics, the American Public Health Association, and the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services. |

One of Arizona's strongest building blocks for high-quality early care and education is the availability of Arizona Early Learning Standards. These standards are considered by experts in standards development to be a model set of learning standards for young children ages 3-5.

EARLY LEARNING STANDARDS

| Asset Item | Agency Responsible | Description |
|----------------------------------|---------------------------------------|---|
| Arizona Early Learning Standards | Arizona Department of Education (ADE) | Set of agreed upon goals of what children ages 3-5 can and should be able to do upon exiting preschool. |

Further strengthening Arizona's opportunity to move toward higher quality services for children are the various pilot projects and programs conducted by agencies throughout the state. These activities inform good practice in designing a system that will ensure all children have quality experiences available to them. Building on existing programs allows for the use of others' knowledge and assists in avoiding duplication of ineffective activities.

STEPS TAKEN TO IMPROVING QUALITY

| Asset Item | Agency Responsible | Description |
|--|--|---|
| Enhanced Rate for Accredited Programs | Department of Economic Security (DES) – Child Care Administration | 10% increase over and above the contracted child care subsidy rate provided to nationally accredited centers and homes. |
| Early Childhood Quality Improvement Practices Process (ECQUIP) | Arizona Department of Education | Required system of ongoing program assessment and improvement for all early childhood programs administered through ADE. |
| Arizona Self-Study Project | Department of Economic Security (DES), Child Care Administration | Statewide project that assists programs in self-assessment, quality enhancement, and progress toward national accreditation. |
| Arizona's Early Childhood Inclusion Coalition | Self-governed | Grassroots cross agency initiative to promote inclusive options for young children with disabilities and with the goal to improve the number of preschool students who receive services in inclusive environments. |
| Pinal County Pilot Quality Improvement Project | Governor's Office for Children, Youth and Families | Using Workforce Investment Act (WIA) grant funds and in collaboration with Central Arizona College, short-term pilot of a quality improvement program. |
| "First Focus on Kids" Five Star Quality Rating System Pilot | United Way of Tucson and Southern AZ / Governor's School Readiness Board | Using an Early Learning Opportunities Act grant, a two-year pilot for a five star quality improvement and rating system focusing on professional development, parent education, improved literacy activities, and health and safety technical assistance. |

What's Missing

| Gap in Service | What it Means |
|---|--|
| <p>Financial resources limit staffing abilities of state agencies which oversee health and safety standards.</p> | <p>⇒ Insufficient numbers of staff do not ensure that all licensed care and education facilities receive the number of monitoring visits as required by statute or that would provide for minimal assurances of children's health and safety.</p> |
| <p>Licensing regulations outline the most minimal health and safety standards for programs with no regard to quality issues such as effective adult-child ratios or maximum group sizes.</p> | <p>⇒ Licensing regulations that do not require any level of quality allows programs to be in compliance with minimal state health and safety standards, but not address quality issues. This means that children may be receiving care in settings of low quality which adversely affects their intellectual and social-emotional growth.</p> |
| <p>Licensing regulations require no education beyond high school for teachers and only require the equivalent of a single college course for directors.</p> | <p>⇒ Low educational and professional requirements for child care settings do not promote the recruitment or retention of skilled or trained adults to work with young children. Teachers caring for the youngest children may have no more than a high school diploma and 6 months experience with children.</p> |
| <p>There are no statewide quality standards in place by which Arizonans can measure or ensure nurturing environments, parental involvement, effective adult/child interactions or other indicators of high quality.</p> | <p>⇒ Lack of quality standards means the state has limited ways of ensuring a program's level of quality. Without a clear picture of quality, programs do not know what standards they need to achieve. Having a set of quality standards would provide the basis for a statewide system that measures, improves, and rates program quality.</p> |
| <p>Although Early Learning Standards exist, few early care and education settings are required to use them, nor are all early childhood teachers trained sufficiently to use them effectively. In addition, there are no set standards developed for the infant and toddler population.</p> | <p>⇒ Limited numbers of children participate in early care and education settings that provide quality learning opportunities that ensure they will be ready for school success.</p> |



Arizona's Opportunity for Change

A limited number of high-quality early care and education programs may be found throughout Arizona, but there is no system to ensure that this level of quality is available to all families and their young children. To achieve this goal, the elements of quality must be understood by both providers and consumers, and there must be a coordinated system of early care and education which supports higher standards of quality.

Quality early care and education results when highly qualified professionals are providing services, and there exists a clear set of well-designed **quality standards** for recognizing and measuring the quality of the settings in which children participate. Using established standards for children and programs, as well as identifying measures of quality through a **program improvement and rating system**, are essential in developing the infrastructure necessary for an effective early childhood development and health system. The following are possible strategies to enhance quality services:

1. Raise or develop regulatory standards for **all** early care and education settings to address fundamental quality issues, including changes to adult-child ratios, group sizes, and professional education and training requirements.
2. Effectively and consistently monitor early care and education programs by ensuring an appropriate number of licensing surveyors.
3. Provide financial support, incentives and technical assistance for programs to meet enhanced standards and/or to become nationally accredited.
4. Provide ongoing incentives for programs to use the Early Learning Standards and implement evidence-based approaches to achieve quality outcomes for their programs and the children being served.



“Whether or not families have access in their communities to information, health services, quality care and early learning opportunities, and other resources can directly impact children’s readiness for school.”

The National Governors Association,
Final Report of the NGA Task Force on School Readiness,
Building the Foundation for Bright Futures, 2005

Access

What is the status of accessibility to early childhood development programs in Arizona?

The Arizona Picture

Background

Accessibility to high-quality early care and education is a concern for many Arizona families with young children. Families often face many barriers to obtaining service that is high-quality, available and affordable. Having access to high-quality care requires that it is both available and affordable. Beyond the limited numbers of high-quality programs, Arizona families often face many barriers to obtaining care for their children. Specifically, many families cannot afford the cost of services, cannot reach these services due to distance or lack of transportation, or cannot locate services that meet their needs related to hours or ages of children served.

Current data suggests that nearly 60% of children ages birth through five have all parents in the workforce. But what is unknown is how many of those families require child care or education services. Limitations in data collection related to enrollment in regulated care, and a lack of data related to unregulated care, create challenges for accurately assessing the supply and demand of services. Although data collection is problematic, Arizona's communities have indicated that accessibility to quality care and education is a concern that must be addressed. Additionally, it is clear that the number of high-quality programs available is inadequate, regardless of the availability of enrollment spaces.

Cost of care in Arizona must also be considered when reviewing issues of access. Some Arizonans may need to spend as much as one-third of their income on child care for a single child. For young families, working parents, and especially low income families, the cost of care and education, let alone high-quality care, is unaffordable.



In Arizona Today

A few indicators that can help paint a statewide picture of the availability of early care and education services in Arizona are: 1) current enrollment numbers for various state and federally funded and licensed programs; 2) data related to the availability of programs.

The number of children a state serves in preschool is considered to be an indicator of children's chances for success. Compared with other states, Arizona ranks 48th in the nation in providing children with preschool experiences.⁷³

In 2005, 33% of all Arizona's three and four year olds were identified as enrolled in preschool compared to the national average of 45%.

Preschool settings include state, federal, or privately funded programs such as Title I Even Start, Early Childhood Block Grant, Head Start or private child care. This percentage does not necessarily identify the number of children enrolled in, or who need, full-time care.⁷⁴

It is difficult to determine how many families do not have access to needed child care. The available data related to the number of child care spaces is based on centers' and homes' licensed and certified capacities. The counts only reflect the numbers of children legally allowed, not the actual number that can be served. In an attempt to identify the actual availability of Arizona's child care services, population estimates were compared to the infant and toddler licensed capacities in regulated care settings. Based on the data below, it appears that Arizona has a significant gap between available care and families' needs for care.

*Based on population estimates in 2006, Arizona has capacity to serve **5.92%** of the infant population and **12.41%** of the toddler population in the Department of Health Services licensed child care centers. However, it is believed that a **significant number of infants and toddlers are cared for in unregulated settings such as with friends or family. The number of children cared for in those settings is not currently available.**⁷⁵*

Arizona families are working, but they are struggling financially. Fifty-nine percent of Arizona families have an income of less than 200% of the poverty rate (\$41,300 or less for a family of four), which ranks Arizona near the bottom at 41st in the country.⁷⁶ The purchasing power of a household income is in decline. Many of Arizona's families face significant financial challenges and are presented with difficult choices when deciding whether they can afford the cost of child care. The average annual cost of a single preschool child in child care equals \$5,832. In comparison, that cost is \$1,156 more than the average cost of tuition and fees at an Arizona public university.⁷⁷



*The average annual cost of child care in Arizona for a single child is **\$7,860** for infants and toddlers and **\$5,832** for preschool age children. For infant care, this amounts to as much as **32.5%** of the median family income for a single parent family. For a single preschool child in care, this amounts to **24%** of the median family income for a single parent.⁷⁸*

*Having two children in care (one infant, one preschool age child) increases the average annual cost of care to **\$13,692**, or **57%** of the median single parent annual income.⁷⁹*

Arizona permits eligible working parents who earn 165% or less of the Federal Poverty Level (\$34,073 for a family of four) to receive a subsidy for a portion of the cost of child care. Based on a sliding scale, families are required to pay a copayment to the child care provider. In addition, families may have to make up the difference between the cost of child care and the subsidy.

The state child care subsidy rate for reimbursement to DES contracted providers is eight years behind the market cost of service.⁸⁰

Programs serving eligible families by accepting this rate of reimbursement often operate based on a budget model that is almost eight years behind the current market rate. The result is often a lower level of quality because financial resources are not available to support higher quality services.



Arizona's Assets

Accessibility, availability and affordability of high-quality care are integrally linked for families with young children. Arizona provides services to children in low income families through a few state and federally funded programs. These services are only available to those families deemed eligible based on income, and each program has a different income scale which determines eligibility.

PROGRAMS AND SERVICES THAT ADDRESS AVAILABILITY AND AFFORDABILITY

| Asset Item | Agency Responsible | Description | Number of Children Served (2006) |
|---|--|--|---|
| Child Care Subsidy Program | Arizona Department of Economic Security | Child care subsidies for low income Arizona families and support to improve quality of child care in Arizona. | 52,521 children received subsidies in 2007. |
| Early Childhood Block Grant (ECBG) Preschool Programs | Arizona Department of Education | Preschool education and support services provided to preschool children who qualify for free or reduced lunch. | 5,339 children were served in ECBG programs in 2006. This number dropped to 5076 in 2007. |
| Head Start/Early Head Start | Federal Department of Health and Human Services/Office of Head Start | Comprehensive early childhood education program for children pre-birth to five living at or below the federal poverty level. | Funded to serve 13,215 children statewide. |

Early care and education is provided to children of all income levels through a variety of private for-profit and not-for-profit agencies. Information provided below is limited to those centers and homes that register with Child Care Resource and Referral. These indicators do not necessarily include all regulated care environments and could include some unregulated family home care providers. Additionally, numbers are not unduplicated.

ADDITIONAL PROGRAMS AND SERVICES THAT PROVIDE SERVICE DELIVERY

| Asset Item | Agency Responsible | Description | Capacity to Serve |
|----------------------------|---|--|--|
| Private Child Care Centers | Independent not-for-profit and for-profit agencies, licensed through DHS, Office of Child Care Licensure. | Independently owned and operated early care and education settings serving part-day and full-day care and education needs of children ages birth through five years. | Birth to one year: 486 centers; one year to less than three years: 776 centers; three through five years: 1,335 centers. |
| Child Care Home Providers | In-home providers licensed through DHS or certified through DES; or if fewer than four children served, may be unregulated. | In home care of children birth through five years. May be provided by a relative. | Birth to one year: 1,948 homes; one year to less than three years: 2,196 homes; three through five years: 2,289. |

What's Missing

| Gap in Service | What it Means |
|---|--|
| Severe limitations in available service capacity data for regulated settings; no data for unregulated settings. | <p>➡ Demand for early care and education and the current capacity cannot be accurately determined. Data is not gathered which would inform the following:</p> <ul style="list-style-type: none"> • how many children/families need services; • how many children are receiving services; • number of families who cannot access services; • actual service capacity of regulated and unregulated care and education. |
| Current subsidy rate is based on the 75th percentile of Arizona Child Care Market Rate Survey, for the year 2000, plus 5%. This sets the state child care reimbursement rate eight years behind the market cost of service. | <p>➡ Program providers who deliver services at this rate of reimbursement are constrained to operate based on a budget model that is eight years behind; therefore service is driven to a low level of quality.</p> <p>Parents needing this assistance (at or below 165% FPL) for child care in order to work or attend school are limited to the services provided at this rate.</p> |

Arizona's Opportunity for Change

Availability and affordability of quality early care and education is a priority in Arizona. Too few services exist, and those that do are often inaccessible to many families.

1. Increase the number of and improve quality of infant and toddler service providers, especially in rural areas.
2. Address affordability of quality services through increased subsidy rates, increase access to subsidized programs, and identify other methods to increase affordability.
3. Increase public awareness and communication about services that are available to enhance families' understanding and use of resources in their communities.
4. Improve data collection systems to provide a better understanding of the state's need for services relative to availability.



“Does anybody really believe that a kid who’s ill or hungry can do very well educationally? I don’t think so.”

Dr. Edward Zigler,
NIEER Scientific Advisory Board and Director Emeritis,
Edward Zigler Center in Child Development and Social Policy, Yale University

Health

What is the status of children's access to health in Arizona?

The Arizona Picture

Background

High-quality and accessible health care should be available to all Arizona children and their families. A child's healthy development is integrally related to learning, social adjustment, and safety. Healthy children are ready children; ready to engage in the developmental tasks of early childhood and to achieve the physical, cognitive, and social-emotional well-being necessary for success in school and life. Quality early childhood health care systems are integrated with other care and education supports. Additionally, quality systems have a broad focus that is inclusive of children's physical, oral, behavioral, nutritional, and social health. They go beyond providing insurance coverage and medical care. Instead, a comprehensive system includes health professionals at many levels of intervention in the continuous observation and supervision of children's overall developmental and health needs.

Good health begins before a child is even conceived. Women who avoid smoking and other toxins, and who are in otherwise good health, tend to have healthier babies. A system which promotes children's healthy development is one that recognizes that health maintenance is a lifelong process that begins prenatally and follows individuals throughout their growth and development.

Within an integrated health care system, expectant mothers receive ongoing, regular prenatal care to support safe, healthy pregnancies. Women who do not receive early and continuing prenatal care have double the risk of delivering a premature baby.⁸¹ They are three times more likely to deliver a baby with a low birth weight (5.5 pounds or less).⁸² If children are born premature or with low birth weight, they face greater challenges as they grow. Premature and low birth weight children are 50% more likely to be identified as in need of special education and to be a grade behind their age-appropriate academic level.⁸³ Early and continuous prenatal care and its relation to prematurity and low birth weight are of great concern to Arizona communities with 22% of women in 2006 not receiving prenatal care within the first trimester.⁸⁴

Children's access to ongoing and high-quality preventive, primary, and comprehensive health services strongly supports their healthy development. Because child health sets the stage for a healthy adulthood, it is foundational to adult health and well-being. An indicator of access to ongoing medical care is health insurance coverage. Whether private or publicly funded, health insurance benefits are a reliable indicator that children will receive needed medical care. Children without health insurance are less likely to have access to a primary care physician or a medical home.⁸⁵ Additionally, parents whose children are not insured are more than twice as likely to delay taking their children for any kind of health care visit, including well-child check-ups.⁸⁶



Another key indicator of high-quality and comprehensive health care is that it includes developmental and health screenings for the early identification of possible physical or developmental concerns. Nearly half of parents nationally have concerns about their young child's behavior (48%), speech (45%), or social development (42%).⁸⁷ Research indicates that health practitioners such as pediatricians, family practitioners, nurse practitioners, and physician's assistants have a strong influence on parental thoughts and behaviors. As a point of contact with the majority of young children and their families, the health professional has a critical opportunity to engage with families regarding their children's health and development. These professionals can act as a "first responder" for the early childhood development and health system.

When risks to children's health and development are identified early, children have a greater potential for enhanced growth and development. Health concerns and learning delays are often significantly reduced when risk factors are addressed during a child's earliest years.

Children with disabilities who receive early intervention services show significant development improvement after only one year.⁸⁸ After receiving services, many infants and toddlers reach milestones in motor skills, self-help, communication and cognition. Families also report feeling better able to help their children learn and cope.⁸⁹

In Arizona Today

The importance of early and continuous prenatal care for Arizona women cannot be underestimated. When expectant mothers do not receive prenatal care, they are more likely to deliver babies prematurely or with low birth weight. Arizona mothers access prenatal care less often than the national average. This puts more Arizona infants at risk of low birth weight and premature delivery and therefore more at risk for developmental and health challenges right from the start of life.

7% of infants born to Arizona women in 2006, who received early prenatal care, had low birth weight. For women who received no prenatal care, the number of babies born with low birth weight more than doubles to 15%.⁹⁰

In 2004, 76% of pregnant women in Arizona received prenatal care in the first trimester compared to 84% of pregnant women nationally.⁹¹

In 2004, 7.5% of pregnant women in Arizona received late or no prenatal care—more than double the national rate of 3.6%.⁹²

There are also significant differences in the utilization of prenatal care by Arizona women when viewed by race and Hispanic origin. This indicates a strong need for greater outreach of the importance of prenatal care among these specific groups.

In 2004, 3.1% of White, Non-Hispanic women received late or no prenatal care, 6.9% of Black, Non-Hispanic women received late or no prenatal care and 11.1% of Hispanic women received late or no prenatal care.⁹³

American Indians were least likely to enter prenatal care in the first trimester with only 66% of expectant mothers receiving care in 2006.⁹⁴

Insurance coverage is critical when measuring young children's access to a quality health care system. Too many Arizona children are without coverage, which in turn means that too many of Arizona's children do not receive the consistent and timely medical care they need. Children in families without health insurance are less likely to be fully immunized, attend well-child visits, see a dentist, or seek care early during episodes of illness.⁹⁵ Parents without insurance are more likely to rely on over-the-counter or home remedies when their children become ill. Not only are too few children in the state insured, but the problem of children without insurance is growing, not improving.

In 2005, the percent of Arizona's children ages birth through five without health insurance rose to 19%, up from 15% in 2003 and 2005. This compares to 11% of children ages birth to five who are without insurance nationally.⁹⁶

For Medicaid-eligible children ages 3-6, 56.7% received well-child visits in 2005. Arizona lags behind the national rate of 62% for Medicaid-eligible children receiving well-child visits.⁹⁷

For Medicaid-eligible children from birth to 15-months-old, the rate of children having 6 or more visits was 57.1% in 2007.⁹⁸

81% of Arizona children ages 19-35 months have been fully immunized - just below the national rate of 82% for 2005.⁹⁹

Another strong indicator of whether or not children have access to care includes the availability of service providers throughout the state. The federal Health Professional Shortage Area (HPSA) designation identifies areas or populations as having a shortage of dental, mental, and primary health care providers. With a shortage of 255 full-time primary care physicians, Arizona's needs outbalance the availability of health care providers.¹⁰⁰ Regardless of insurance benefits, children in Arizona have limited options for services, especially if they have special health care or social-emotional needs. Families

must often travel great distances to obtain services for their child with special health care needs. There are not enough doctors or therapists in Arizona to serve the vast majority of communities, and the problem is not necessarily unique to rural areas of the state.

*As of June 26, 2007, **55** areas and **33** facilities across most of Arizona have been designated as Primary Care Health Professional Shortage Areas.¹⁰¹*


Accessible health care for young children also includes access to oral health care. A dental visit by age one promotes healthy development of the teeth and mouth, which in turn helps prevent later dental disease to permanent teeth or developmental conditions such as speech delays. Arizona's children need earlier dental treatments as indicated by the large percentage of children in preschool and elementary school with tooth decay or other oral health problems.

*Over **66%** of 3rd graders in Arizona have cavities and nearly **40%** have untreated tooth decay. Nationally, 58.6% of all 3rd graders have cavities and 28% have untreated tooth decay.¹⁰²*

*Of the Arizona Head Start preschool children enrolled in 2005-2006, 94% received dental exams. Of the children receiving exams, **46%** of them required further treatment.¹⁰³*



Children with special developmental or health delays who do not receive needed care and support are extremely vulnerable to poor growth outcomes. Early treatment of children's special health needs is of utmost importance in preventing possible negative and lasting effects. Assuring their children receive intervention services early is difficult for Arizona parents, particularly in rural areas. There are a variety of challenges that families face. Children in Arizona may not receive the benefit of early screening, may lack insurance coverage, may lack access to available therapists or other intervention professionals in their communities, or have a delay not severe enough at the time of screening to qualify for early intervention services such as the Arizona Early Intervention Program (AzEIP). Compared with other states in the nation, Arizona has one of the narrowest definitions of eligibility for early intervention services for children birth to three. This means that many children must go without intervention until their developmental delays become much greater. Parents may not have the specialized skills to overcome their children's development delays, and the child may not be receiving other services that would assist in preventing further delays.



*In 2005, Arizona served **1.61%** of all children ages birth to three through Arizona Early Intervention Program (IDEA, Part C). If consistent with the national baseline, Arizona would serve **2.4%** of the birth to three population indicating that approximately **2,200** more children would be eligible and enrolled in early intervention services.¹⁰⁴*

***5.2%** of Arizona children ages three to five years received intervention services in 2005 (IDEA, Part B),¹⁰⁵ compared with a national average rate of **5.84%**.¹⁰⁶*

Arizona's Assets

Arizona has maintained concerted efforts toward the advancement of improved health services for young children. Several agencies across the state champion this hard work through collaborations and partnerships to ensure children are healthy and ready for success.

Two focus areas for understanding Arizona's assets for access to quality early childhood health services include early screening and identification along with programs providing health service delivery.

Several programs throughout the state work to address issues of access to health care. Some of the key programs on which Arizona can build to ensure children have access to health professionals and quality health care include the following:

HEALTH SERVICE DELIVERY

| Asset Item | Agency Responsible | Description |
|--|--------------------|---|
| Arizona Health Care Cost Containment System (AHCCCS) | AHCCCS | State Medicaid agency for acute and long-term health care services through contracted managed care organizations in Arizona. |
| KidsCare | AHCCCS | Arizona's public health insurance program for children and their parents with incomes up to 200% of federal poverty level. |
| Children's Behavioral Health Services | ADHS | Arizona's publicly funded behavioral health system for individuals, families, and communities. ADHS manages the delivery of services through 4 Regional Behavioral Health Authorities (RHBA) and 5 Tribal RHBA's. |
| Children's Rehabilitative Program | ADHS | Coordination, treatment and follow-up care for children with special health care needs located in the Phoenix, Tucson, Flagstaff and Yuma areas. |
| Arizona State Immunization Program | ADHS | Immunization services provided by public and private organizations and practitioners who are enrolled in the ADHS immunization program. |

continued

HEALTH SERVICE DELIVERY *continued*

| Asset Item | Agency Responsible | Description |
|--------------------------------|---|---|
| Arizona WIC Program | ADHS – Office of Women, Infants and Children (WIC) | Federally funded program which provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. |
| Community Primary Care Program | Various federal, state, and private funding sources | Health services delivered through 19 public and non-profit entities; 14 federally qualified health centers (11 in rural Az); 101 clinics in 13 counties; 41 school based clinics. |
| Health Start | ADHS – Bureau of Women's and Children's Health | Through the use of lay health workers, provide education, support, and advocacy services to pregnant/postpartum women and their families in targeted communities across the state. |
| Healthy Families | Department of Economic Security | Prenatal and from birth home visiting program of health and social services to ensure the health and wellbeing of children at risk for abuse and neglect. Families may participate in this program until their children are age five. |
| Health Start | ADHS – Bureau of Women's and Children's Health | Through the use of lay health workers, provide education, support, and advocacy services to pregnant/postpartum women and their families in targeted communities across the state. |



Several programs in Arizona address the issues of early screening and identification of special health or developmental needs. These programs recognize the need for Arizona families to have access to early intervention services for the positive growth and development of their young children. Some of the assets for early screening and identification on which Arizona can build include the following:

EARLY SCREENING AND IDENTIFICATION

| Asset Item | Agency Responsible | Description |
|---|--|---|
| Arizona Early Intervention Program (AzEIP) | AzEIP and Division of Developmental Disabilities (DDD) under DES | Statewide system of supports and services for families of children, birth to three, with disabilities or developmental delays. |
| Parents Evaluation of Developmental Status (PEDS) Project | Arizona Academy of Pediatrics, AHCCCS, and ADHS | Developmental screening at well-child visits using the PEDS screening tool at 9, 18, and 24 months for children enrolled in the Arizona Health Care Cost Containment System (AHCCCS). |
| Newborn Screening Program | ADHS | Program providing contracts with the State Health Laboratory for conducting congenital disorder tests and provide follow up services by newborn health specialists. |
| High Risk Perinatal Program | ADHS | Through contracts with NICUs, provides developmental specialists who evaluate neonates' developmental status and assists in directing appropriate care. Also provides a community health nurse to homes for periodic screening of developmental delays. |

What's Missing

| Gap in Service | What it Means |
|--|---|
| <p>Too few health professionals and therapists are available throughout the state.</p> | <p>➔ As Arizona's population grows, so does its needs for various health care services. But there are already too few practitioners available throughout the state to effectively serve the needs of families. This means that children may not have access to essential health services, care is delayed, or parents have to travel great distances to obtain services. This strains the health care system as well as the families and children who are waiting for care.</p> |
| <p>Too many children in Arizona go without health insurance. Many families do not have employer provided health care and cannot afford private insurance but have incomes that do not qualify them for subsidized health care services.</p> | <p>➔ Without health insurance, children are less likely to receive the ongoing health and oral health care they need to maintain good health and support development. Children with unmet health care needs tend to have greater risks for other developmental problems. These children arrive at school developmentally unready or with health conditions that impair learning.</p> |
| <p>Insurance coverage does not usually cover the costs of early developmental screening of infants and young children.</p> | <p>➔ Early developmental screening should be encouraged as a covered service under both public and private insurance. With routine early development screening early detection of developmental delays will be more likely and intervention can begin in a timely manner to the benefit of children and their development.</p> |
| <p>Many eligible children are not enrolled in Arizona's Medicaid or KidsCare programs.</p> | <p>➔ The children not enrolled are less likely to receive preventive health care, have a usual source of care or a medical home.</p> |
| <p>Hispanic and Native American women are less likely than other Arizona women to receive early or continuous prenatal care.</p> | <p>➔ Fewer Arizona women than the national average receive early prenatal care, increasing the likelihood of delivering babies prematurely or of low birth weight. These fragile infants require more intensive and costly care at birth as well as the possibility of health and development problems that require long-term intervention.</p> |
| <p>Licensing regulations for Arizona early care and education settings do not reflect national standards for health and safety. Standards such as requiring infants to be put to sleep on their backs are not yet required practices. Additionally, the low qualifications for care and education staff do not encourage the hiring of skilled or trained professionals who would effectively ensure children's health and safety.</p> | <p>➔ Arizona's minimal health and safety requirements do not support high-quality out-of-home care settings for young children. Adopting the national standards for health and safety would improve the well-being of children throughout the state. Child care health consultation is a national standard that has been shown to improve the health and safety of children in child care settings.</p> |

Arizona's Opportunity for Change

Arizona is fortunate to have many quality assets to support the healthy growth and development of babies and young children. However, thousands of eligible, low-income children are not enrolled in Arizona's public health program (KidsCare) that would afford them access to comprehensive health care services. Those that do have public or private insurance coverage often find the health care system difficult to navigate or simply too far away to be easily accessible. Community and professional information sources identify the following strategies be considered to increase access and coordination of health and development resources.

1. Engage in information and outreach campaigns to enroll all eligible children in KidsCare or Medicaid programs.

2. Increase the number of pediatricians and other medical doctors that perform early developmental screenings in accordance with recommendations of the American Academy of Pediatrics.

3. Increase the availability of oral health screenings and treatment, especially in the rural communities.

4. Implement a child care health consultant system to support health and safety of children and staff in early care and education settings.

5. Coordinate and enhance early childhood health resources within state agencies and community-based delivery systems.

6. Enhance outreach and services to women to improve the number of mothers who receive early and continuous prenatal care.



“The health and welfare of children depend on the ability of families and their community support systems to foster positive emotional and physical development. Recent scientific research confirms that brain growth and neurophysiologic development during the first years of life respond directly to the influence of early emotional relationships.”

American Academy of Pediatrics
Committee on Early Childhood, Adoption, and Dependent Care

Family Support

What is the status of family support and early literacy in Arizona?

The Arizona Picture

Background

No program or service can substitute for the sense of identity and attachment children establish through ongoing love and care they receive in their home. A system that establishes successful quality and accessibility strategies will only partially address young children's needs. An effective early childhood and development system also recognizes the importance of family as a child's first and foremost caregiver and teacher. Assuring that family supports and services are included in any system serving young children is critical.

A strong system addresses the needs of all families, but in particular those that are most vulnerable due to economic, educational, or language barriers. Full success is only achieved when an early childhood development and health system works to strengthen families, reduce children's risk factors, and provide significant opportunities for families to play the strongest role possible in their children's development.

Families in Arizona should have confidence they live in a state where their needs are supported, where they can access information easily, and where they know their young children will grow healthy and ready for school and success. Children's families contribute the most influence over their health, development and safety, and when families are under strain, children are the most vulnerable. Children who live in family settings filled with stress and instability due to financial or other burdens, can have delayed or poor growth and development. But when young children receive stable and supportive parenting during their youngest years, the stage is set for a child to achieve success throughout life.

Societal and cultural changes have profoundly impacted family structures and patterns over the past fifty years. Children are spending longer hours in out-of-home care settings as increased numbers of parents, mothers in particular, participate in the workforce. Sixty five percent of all mothers with preschool-aged children are in the labor force, reflecting a twofold increase since 1970.¹⁰⁷ In addition, increases in residential mobility have created a lack of extended family and close-knit community supports. It seems almost instinctive then, that strengthening families includes activities in which families can grow through mutual support and self-help.



In Arizona Today

Arizona parents and communities recognize the vital role families play in assuring their children's success. In a survey prepared for Valley of the Sun United Way in 2005, respondents overwhelmingly cited family as having the major responsibility for children's positive school outcomes. Placing second in respondents' views were teachers and schools. Society/community, government, and religion all shared some responsibility for children's success as well. At the same time, the majority of respondents did not believe that Arizona children were well prepared to enter kindergarten.

97% of respondents answered family when asked who has the major responsibility for kids being successful in school.¹⁰⁸

45% of respondents added that teachers and schools also share responsibility for children's success in school after family.¹⁰⁹

57% of respondents who had an opinion answered "not very well prepared" when asked how prepared kids are to enter kindergarten.¹¹⁰

Arizonans believe that there is more the state can do to support children's growth and development. In particular, access to programs for improving parenting was seen as a major change that was needed to better support children and their families.

19% of respondents answered parenting when asked what changes are needed in the way we support our children. The answer was second only to education which was cited by 36% of respondents.¹¹¹

A key message for assisting parents in the support of their child's development and school preparedness is promoting daily reading activities in the home. Strong language and literacy development plays a crucial role in children's school success. To understand how well parents are internalizing early literacy messages, children's literacy development and family reading patterns are reviewed. These patterns indicate that Arizona needs to improve how well the state informs and supports families in applying information regarding children's reading activities. Compared to the national average, significantly fewer Arizona parents read to their children on a daily basis.

43.2% of Arizona children ages birth through five are read to daily, which ranks Arizona 44th in the nation for the percentage of children birth through five being read to each day.¹¹²

Why are Arizona families reading to their children less often than other families across the country? Are Arizona families less aware of early literacy importance? Or, are fewer Arizona families able to provide support for their children due to their own educational or situational factors such as poverty, illiteracy, or language barriers? Addressing the concern is twofold. First, awareness activities should increase to ensure the information continues to be presented to families with young children. Second, communities can work to support parents' own educational attainment and language acquisition through adult literacy and English classes. However, finding such support systems is becoming increasingly difficult in Arizona. Fewer adult education and family literacy classes are available as funding continues to be reduced to programs across the state.



Funding to the Arizona Family Literacy Programs has been reduced by 72% since 2004. Due to these severe cuts in funding, State Family Literacy programs have gone from being able to serve more than 1100 families to serving less than 300 families. 80% of families served by these programs have annual incomes that meet Federal Poverty Levels and are those families most in need of support services.¹¹³



Arizona's Assets

The system of family support and the provision of information for families currently in place include state, federal, and privately funded programs specifically designed to strengthen families and support parent and family skill building. A variety of agencies collaborate in both public and private partnerships to offer services focusing on family support and education and early literacy.

Family support and education programs work with families to inform and educate. These Arizona programs focus on increasing awareness of children's development as well as connecting families to needed support systems. Several programs are in place that can be enhanced for better family support development.

FAMILY SUPPORT AND EDUCATION

| Asset Item | Agency Responsible | Description |
|---|--|--|
| Promoting Safe and Stable Families | DES | Program to stabilize families through family-centered, comprehensive, coordinated and community-based services. |
| Healthy Families | DES | Program to enhance parent/child interaction, promote child health and development, prevent child abuse & neglect, and strengthen family relations. |
| Grandparent Kinship Care | DES | Financial support for grandparents who are caring for their grandchildren. |
| Child Care Resource and Referral Programs | Association for Supportive Child Care and Child and Family Resources | Information and support to families seeking child care services. |
| The Emily Center at Phoenix Children's Hospital | Phoenix Children's Hospital | Pediatric information and resource center (with a link to public libraries) with free, accurate, and easy to understand information on children's health and safety. |
| Birth to Five/Fussy Baby Help-line | Southwest Human Development | A statewide parent help-line that provides a trained professional to respond to the concerns and question of parents with children birth to age five. |





Early literacy programs vary in service delivery activities. The main goal of all of Arizona's current early literacy assets is the same. Each of the programs currently in place works toward improving children's literacy development. Some of the programs focus on building parents' skills while others focus on children's literacy. All of the listed programs seek to assure children gain important skills that support their success in school and life through language and literacy development.

EARLY LITERACY

| Asset Item | Agency Responsible | Description |
|----------------------------------|------------------------------|--|
| Arizona Family Literacy Programs | ADE | Program providing support for the whole family through adult education classes, early childhood education and education on supporting children's literacy development . |
| Community Libraries | Tribal and Local Governments | 159 public libraries located in every county and on several tribal reservations and serve as partners in parent education and providers of literacy programs children and their parents. |
| Reach Out and Read | Reach Out and Read Arizona | A pediatric early literacy program that makes literacy promotion a standard part of pediatric primary care. |

What's Missing

| Gap in Service | What it Means |
|--|---|
| <p>Too few programs are in place to meet the demand and need for addressing families with educational or literacy needs.</p> | <p> Families who are most vulnerable to unstable situations cannot access needed supports and services. In turn, children may miss out on being in an environment that best promotes their healthy growth and development. Programs and services need to be able to respond to the multiple language needs of families and the diverse cultures represented in Arizona's population.</p> |
| <p>There are not enough programs that provide classes in parenting, using positive discipline, prenatal care, or benefits of parental involvement.</p> | <p> Parent and family support are keys to improving quality in early childhood services. When parents who desire and seek services cannot access the information they feel they need, children may not receive the benefits of strengthened family situations.</p> |

Arizona's Opportunity for Change

Arizona's families need supports and services that are accessible and in formats easily understood. Programs and services need to build upon parents' current skills, knowledge, and strengths to optimize good developmental outcomes for children. Strengthening family supports and services to improve children's development and early literacy would lead to positive outcomes for all of Arizona. Arizona's opportunities could be outlined as follows:

1. Provide parents with opportunities to improve their own literacy skills and knowledge of how best to support their children's literacy development. For families with low income, low education level, or language barriers, provide the knowledge and skills to promote their own reading, reading with their children, and having access to books.

2. Increase availability of, and access to, information regarding parenting, child development, where and how to seek assistance, and what to look for in quality services and supports. Be responsive to Arizona's diverse families through the use of multiple delivery methods and venues, such as public libraries, and in languages most used by families in those communities.



“We have to dream about new ways of preparing high-quality early childhood educators. It is time that policy makers, researchers, educators, and society as a whole address in-depth the funding, policy and implementation issues related to early childhood professional development. We have to create a seamless system of both high-quality early childhood education and high-quality early childhood professional development programs. We must groom a new generation of leaders in a thoughtful and well-planned way.”

Naomi Karp,

Building a New Early Childhood Professional Development System

Based on the 3 Rs: Rigor, Research, and Respect, 2007

Professional Development

What is the status of early childhood professional development in Arizona?

The Arizona Picture

Background

The best predictor of overall quality in early childhood education and care programs is the skill, experience and educational level of their teachers. Yet in Arizona, many early education teachers do not have the training or educational preparation necessary to effectively address school readiness, let alone the rising number of other developmental and health issues presented by young children. Children in early care and education settings often receive instruction from teachers who meet only the minimum, state-mandated requirements for child care licensure; the teacher be at least 18 years old, have a high school diploma or its equivalent, and have six months of child care experience. Additionally, providers' access to early childhood teacher certification is limited with only four university teacher preparation programs currently approved by the Arizona Department of Education. Wide variations in teaching requirements for different settings, professional development, and teacher preparation produce large disparities in practical competence, program quality, and positive outcomes for children.

Further complicating the system of cohesive and coordinated professional development is the broad range of service providers, from grandparent caregivers to center-based classroom teachers, who have young children in their care and are in need of education and training. Traditional education systems are often ineffective in reaching this sector of the early childhood workforce in terms of both the types of information provided and the formats in which they are made available. The non-degree seeking providers, such as family members or neighbors, need access to professional development opportunities which address their unique training and educational needs.

In Arizona Today

Early care and education settings in Arizona vary in the requirements they must meet regarding qualifications of the teachers present. In early childhood education classrooms administered through the Arizona Department of Education (i.e., Early Childhood Block Grant, Early Childhood Special Education, Title I Even Start or Family Literacy, or Title I funded preschools), teachers must hold an early childhood teaching certificate (mandated as of July 1, 2009). Teachers not located in these settings, where most children are



served, need only meet the minimum requirements as set by the Department of Health Services, Office of Child Care Licensure. Minimal educational and experience requirements allow children to be cared for in settings where adults are unskilled and untrained. Without a highly skilled teacher, a child's learning opportunities are minimized and potentially hindered.

The vast majority of teachers (68%) working with Arizona's youngest child population do not hold a college degree. In fact, almost one-third of early education teachers hold only a high school diploma or less.¹¹⁴ Additionally, those teachers who do report having a four-year degree may not necessarily be educated in an early childhood education or related field. The reported degree could be in accounting, but the way in which data is currently collected does not account for the identification of specifically trained teachers working with young children. Overall, Arizona's early childhood workforce is under-educated and untrained which lessens the quality of the experiences children receive.

32% of the early childhood teachers in Arizona hold some type of four-year college degree. An almost equal number of early childhood teachers, 31%, have attained a high school diploma or less.¹¹⁵

Other personnel who work in the early care and education profession are also entering the field with little educational background and experience. Most assistant teachers, who often have similar responsibilities as the classroom teacher, have only a high school diploma or less. Even program directors, those in the highest responsible positions, typically have less than a four-year college education. Directors are responsible for training and supervising teachers, but they themselves often do not have the educational background or knowledge to best support teachers' learning of high-quality instruction and care.

56% of assistant teachers in early care and education settings have only a high school diploma or less with only 8% of assistant teachers attaining four-year college degrees.¹¹⁶

58% of program directors who do not have classroom responsibilities hold a four-year college degree and 34% have some college or an AA degree.¹¹⁷

As expected from the level of educational requirements, teacher wages in Arizona early care and education programs are lower than other educational professions. Individuals choosing early care and education as a career will find themselves earning a wage that places them at poverty level for a family of four. With low teacher wages, programs are challenged with recruiting and retaining highly qualified staff. As teachers enter and leave children's lives, relationships that promote strong bonds between adults and children are difficult to establish. This in turn diminishes the quality of care accessible to children in settings where adults do not maintain continuous employment.

In 2006, Arizona early childhood teachers earned an average wage of \$9.89 per hour. Nationally, early childhood teachers earn an average wage of \$10.91 per hour. This figure includes any individual who instructs children up to five years of age in activities designed to promote children's comprehensive development, including Head Start teachers who typically make \$5.00 more per hour than the average (and who have higher qualification requirements).¹¹⁸

In 2004, 33% of early childhood teachers remained employed for two years or less. Over half, 55% of assistant teachers remained employed for two years or less.¹¹⁹

Arizona's Assets

The providers of early care and education experiences for young children are presented with a variety of educational and training opportunities. Several agencies and institutions throughout the state work to provide pathways to ongoing professional development for those in the early care and education profession. Some key examples of the learning options available are as follows:

EDUCATIONAL PATHWAYS

| Asset Item | Agency Responsible | Description |
|--|--|---|
| Universities and Private Colleges of Education | State and Private Universities and Colleges | Four-year degree programs in early childhood education/teacher certification and family studies programs are offered through both the state and private universities. |
| Community College Early Childhood Education | Community College System | Two-year degree programs in early childhood education, child development, and child and family studies. |
| Professional Career Pathways Program (PCPP) | Central Arizona College | Program offered at community colleges throughout Arizona (via a DES contract with CAC) and provides scholarships and the development of a professional career pathway for individuals employed as child care providers in center-based programs, family child care provider homes or family group homes. |
| Statewide Child Care and Early Education Development System (S*CCEEDS) | Association for Supportive Child Care and Child and Family Resources, Inc. (through DES) | A career development registry for child care and early education professionals. Designed to assist child care and early education practitioners in tracking their education and training. |
| Head Start Teacher Scholarship Program | Arizona State University in cooperation with ADE | Grant to fund bilingual Head Start teachers' pursuits of their BA in early childhood education. |
| Chase Early Education Emergent Leaders Program | Governor's Office of Children, Youth and Families/Division for School Readiness | A one year intensive program of early childhood management and leadership skills development designed to intentionally build leadership that reflects the cultural diversity of the children in Arizona. Cornerstones of the program include 1:1 professional mentoring, a personal professional development plan, and completion of a project. |

Arizona provides a variety of opportunities for those involved in the early childhood education profession to receive ongoing training and technical assistance. These are projects and programs on which Arizona can build to create a professional development system that promotes the use of best practices. Valuable learning models can be reviewed to build high-quality early care and education settings through improved staff knowledge and skill.

TRAINING AND TECHNICAL ASSISTANCE SYSTEMS

| Asset Item | Agency Responsible | Description |
|---|--|--|
| Arizona Kith and Kin Project | Association for Supportive Child Care | Training and support to improve the quality of care provided by family members and friends who are likely to be unregulated and untrained. |
| Project "Me Too!" | Blake Foundation through DES | Contracted service to provide training to child care centers for improved teacher quality. |
| Mind Matters Training Institute | University of Arizona Cooperative Extension | Free 21 hour training on early brain development available to all child care providers throughout Arizona. Preference is given to those working in programs that serve children from birth to age three. |
| Child Care Professional Training (CCPT) | Grant funded through DES/Child Care Administration | Free, two-week (60 hours) course designed to prepare individuals for employment in the child care and early education profession. |
| Harris Institute | Southwest Human Development | State-of-the-art training programs at three levels (a two year infant/family clinical practice certificate, a one year infant/family studies certificate, and seminars and short courses). The Institute also has an infant mental health clinic and a consultation program. |



What's Missing

| Gap in Service | What it Means |
|--|---|
| <p>There is a lack of competency-based standards within licensing regulations for education/training of early care and education personnel.</p> | <p>➡ The majority of teachers working with young children have little education or experience working in the profession. Children are in settings where those who are responsible for their health, safety, well-being, and learning do not have the skills or knowledge necessary to provide high-quality care and learning experiences.</p> |
| <p>Community college courses and those at four-year universities do not completely, nor smoothly, articulate so that too few pathways to certification or degree attainment exist.</p> | <p>➡ Seeking degree attainment is difficult for those who choose to enter the early care and education field, especially for working and non-traditional students who need flexible and innovative educational programs. With upcoming early childhood certificate requirements and education systems that do not connect, Arizona could face a shortage of qualified professionals for the early care and education field.</p> |
| <p>Arizona lacks a coordinated system for professional development with no single point to which an individual can go for information.</p> | <p>➡ Information for teachers and other professionals is disconnected or not available due to the lack of coordination.</p> |
| <p>Limited resources are available to assist with wage increases including, lower than market rate DES subsidies, incentives to hire and retain highly qualified staff, and areas where child care costs are at the limit of what the market can bear.</p> | <p>➡ Without increased funding or incentives to providers to pay higher wages, teachers will continue to be paid poverty-level salaries and leave the field to pursue other work options.</p> |
| <p>There is a lack of programs or systems in place that can effectively address the training and learning needs necessary to meet the growing diversity of providers, their prior levels of knowledge and their educational goals.</p> | <p>➡ A wide variety of service providers care for children in diverse settings. The learning needs of grandparents caring for their grandchildren differ from the learning needs of a classroom teacher who may work with a child with challenging behaviors. Obtaining training in rural communities presents additional challenges. Innovative and flexible learning systems are required to meet the dynamic and diverse needs of providers.</p> |

Arizona's Opportunity for Change

Although many opportunities exist for training and professional development, challenges in reaching the broad range of service providers create a disconnect between the types of services available and those who can and wish to access them. Along with limited availability, programs offer limited flexibility in the delivery of information. Low wages further complicate the ability to recruit and retain highly trained and knowledgeable staff.

Many public and private entities offer professional development opportunities throughout Arizona. However, the system lacks coordination and integration as identified by too few paths to certification and varying requirements for instructional staff. To achieve a professional development system that paves the way for a more knowledgeable and highly skilled workforce, the elements of quality professional development and education must be in place. Possible directions for change are as follows:

1.

Providing adequate funding, sufficient opportunities, and flexible, innovative delivery models for continuing education and training would enhance early care and education quality resulting in better children's outcomes.

2.

In addition to training for people currently working in the field, the workforce needs to grow. Institutions of higher education need to formalize the articulation process between community colleges and public universities to allow for multiple paths to educational attainment and meet the demands of a diverse student population.

3.

Teachers in the early care and education field need wages and benefits that provide them with a livable wage and demonstrate the value of the work they do. Improved wages and benefits provide for stronger retention of a highly qualified workforce and offer long-term benefits to children and the community as a whole.



“Success in building a comprehensive system of services for young children requires a historical shift in public perceptions and public will.”

Dean Clifford, Ph.D.
Practical Considerations and Strategies in Building
Public Will to Support Early Childhood Services

Public Information and Awareness

What is the status of early childhood awareness in Arizona?

The Arizona Picture

Background

The passage of Proposition 203, First Things First, in November 2006 demonstrated public will to address and elevate the early childhood issue in Arizona, but it was only the beginning. First Things First emphasized what so many already knew – the first five years matter most, and every Arizona child must be given the opportunity to succeed in school and life. Reaching out to those who touch the lives of our youngest citizens involves providing accessible, high-quality, easy to understand information and resources that affect outcomes and improve lives.

Only recently have the first years of life become a public interest. Previously considered a private, family matter, the care and nurturing of young children has been brought to the forefront due to several recent developments.¹²⁰ Brain development research in particular has raised the awareness of the lasting impact children's environments have on their development. Additionally, the public is becoming increasingly knowledgeable about the economic return on investment of ensuring children's earliest years prepare them for success in school and life. Guiding this shift in public perception through effective and multifaceted communications efforts is critically important in garnering the support necessary for a strong early childhood development and health system.

In order to develop effective communications strategies, it is critical to first obtain baseline data with which to measure current levels of public awareness. This section provides a glimpse into what systems and efforts are currently in place in Arizona regarding public awareness, and examines the current level of understanding about early childhood issues across the state. This section also identifies critical communications needs that must be addressed.

There are many indicators which help to paint a picture of the current levels of public information and awareness about health and development programs for Arizona's youngest children. But the lack of a single method for data collection makes precise measures of families' awareness about these issues difficult to ascertain. A clearer understanding of what families already know and wish to know about early childhood

development and health could better indicate the demand and need for information on this topic. Additionally, comparing Arizona and national perspectives on topics related to young children provides another indication of the type of information communities may need to best support their youngest residents and their families.

In Arizona Today

In a study conducted by the Valley of the Sun United Way, Arizonans were surveyed on their perceptions of the quality of life for the state's children. Although an overwhelming majority of respondents believed that the general public has "some awareness" of the importance of early childhood development and health, few of those surveyed noted improving the lives of young children and their families as a major concern. However, the passage of First Things First by majority vote demonstrates that Arizonans clearly are concerned for the well-being of young children in Arizona. Arizonans are both concerned about young children's issues and in need of greater amounts of information. When asked "how well informed are you about children's issues in Arizona," more than one in three respondents say they are not informed.¹²¹

79% of respondents believe that the general public has only some awareness of the importance of early childhood development and health, and 14% indicated that the general public has little or no awareness of early childhood development and health. Only 7% felt that awareness was "a lot."¹²²

When asked open-ended questions (without being given options), only 1% of those interviewed mentioned improving the life of children and families as a major concern.¹²³

The First Things First initiative passed with 53% of the vote, considered to be a statistical landslide and a clear indicator of public will for early childhood development and health in Arizona.¹²⁴

31% of survey respondents say they are "not very well informed" about children's issues in Arizona, and 5% stated that they are "not at all informed".¹²⁵

Although Arizonans do not necessarily feel they are informed about specific issues related to Arizona's children, a national survey conducted by the Zero to Three organization can provide useful information about families general knowledge related to child development. Based on survey results, parents of young children do recognize the importance of a child's early years of development.¹²⁶

In a survey conducted by the Zero to Three organization (polling 3,000 adults and including over 1,000 parents of children ages birth to six), 85% of parents and 77% of adults reported understanding that a child's capabilities are not completely predetermined at birth.¹²⁷

71% of those surveyed understand that brain development can be affected very early on and more than three fourths of adults and parents believe a child's experiences in the first year of life have a major impact on their performance in school many years later.¹²⁸

97.3% of all parents surveyed believe it is either "probably true" or "definitely true" that there is a relationship between emotional closeness and children's intellectual development.¹²⁹



Arizona's Public Information and Awareness Assets

Although this report does not measure exactly how many organizations are actively involved in, or how much funding is being allocated for public engagement efforts, it does highlight some agencies already engaged in various forms of communications programs.

Some key examples of agencies, services and providers currently addressing issues of public information and awareness are as follows.

AWARENESS EFFORTS

| Asset Item | Agency Responsible | Description |
|---|--|--|
| "Ready to Learn" Brain Development Campaign | Mesa United Way | Partners with businesses, state and local governments, schools and other service organizations to bring information about the importance of early brain development. |
| Protecting Arizona's Family Coalition (PAFCO) | Voluntary Association of Member Organizations | Provides advocacy training for all health and human service organizations. |
| Arizona Parent Kits | Virginia G Piper Charitable Trust Foundation | Free literature and videos distributed to new parents, designed to educate young parents about the developmental needs of young children. |
| You're It! Public Awareness and Engagement Campaign | Partners for Arizona's Children and United Ways of Arizona | Statewide campaign to increase awareness and engagement around importance of investing in young children. |
| Early Brain Development Information and Education Efforts | The New Directions Institute for Infant Development | Provides fact-based, high-quality, accessible training on early brain development. |
| Arizona 2-1-1 Online | AHCCCS | Information system which describes thousands of child care, health care, counseling, and other health and human service programs and resources. |

What's Missing

Gap in Service

Prior or current awareness efforts have had limited use of various communication methods.



What it Means

Multiple methods have not been used effectively to increase awareness of children's issues. Current systems are missing significant portions of the population as indicated by the proportion of Arizonans reporting they were not well informed.

Communications are not necessarily provided in formats that are accessible or easy to understand by the variety of individuals who need the information.



Cultural and language barriers often inhibit families' access to information. Additionally, communication may be located in places other than where it is needed, and families do not know where to go to find the information.



Arizona's Opportunity for Change

While there are many organizations who value young children and are engaged in public information efforts, research of the available data sources shows that many families continue to lack the information and knowledge they need to feel supported and informed. Through community forums and interviews, parents, business leaders, elected officials, educators, childcare providers and countless others emphasized the need for coordination between the many organizations who serve young children, and asked for more information that is accurate, accessible, and in easy to understand formats.

Consistently identified was the need for a statewide, comprehensive communications program that will provide effective information to the audiences who need it. Targeted messages, to groups that have specific connections to early childhood in particular, are needed to create a continuous flow of information that is current, consistent, and relevant.

Strategies and tactics which could enhance awareness in Arizona might include the following:

1.

Partner with, utilize, and build upon existing resources and networks to reach people with information through collaborative activities such as working with schools, local/neighborhood services, community fairs, health care agencies, and others.

2.

Recognize the value and benefits of a variety of media outlets to reach diverse, target audiences such as business leaders, educators, parents, retirees and others.

3.

Create awareness campaigns that are inclusive of the wide range of development and health issues facing young children, from recognizing early signs of developmental delays, to the importance of early literacy, and locating existing services and supports.





“Responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them.”

The National Governors Association,
Final Report of the NGA Task Force on School Readiness,
Building the Foundation for Bright Futures, 2005

System Coordination

What is the status of program and service coordination in Arizona?

The Arizona Picture

Arizona's early childhood development and health system must promote and establish a seamless system of care. Families must have access to a coordinated network of services that meet the multiple and changing needs of children. Organizations and individuals must work together to establish such a coordinated service network. This requires state and regional coordination of both public and private human resources, services, and funding.

The coordination of services and programs in Arizona is present in multiple locations and encompasses a broad range of services and partners. There is recognition that coordination is an area which must be further explored, and future reports will identify indicators to assist in measuring the effectiveness and quality of such coordination efforts. Areas to consider include the building of public will through collective efforts, the quality of outreach strategies in typically underserved communities, how funding is leveraged among agencies, and improved capacity in early care and health identification services.

Arizona's Assets

Arizona has a foundation of collaborative partnerships. Some have been formed due to federal program requirements or with the awarding of federal grants, while others have evolved because of leadership to address a service need or gap, expand a service, remove barriers and/or strengthen a program or set of programs. Some key examples of agencies, services and providers currently addressing issues of coordination and collaboration are as follows:

STATE – LEVEL COORDINATION

| Asset Item | Agency Responsible | Description |
|---|---|--|
| Governor's Children's Cabinet | Office of the Governor | Cabinet formed by Governor Napolitano comprised of state agencies and offices responsible for services to children & families. Provides a focal point for policy development, coordination, and implementation among state delivery systems. |
| State Early Childhood Comprehensive Systems | Early Childhood Development and Health Board, Federal Health and Human Services, Health Resources and Services Agency | Planning, development, and implementation of collaborations and partnerships that support families and communities in their development of children who are healthy and able to succeed upon school entry. |
| Child Health Consultation | ADHS, Early Childhood Comprehensive Systems, Pima County Health Department | Consultants to child care providers for the provision of expert information and assistance in achieving high standards related to health of children and safety in childcare settings. |



PROGRAM – LEVEL COORDINATION

| Asset Item | Agency Responsible | Description |
|-----------------------------|---|--|
| Coordinated Care Efforts | Head Start, child care programs, local school systems | Head Start, school systems, and child care providers are working together to link programs together to provide a full range of inclusive early care and education experiences for children. |
| Early Childhood Transitions | Various state and local agencies such as Head Start/Early Head Start, Arizona Early Intervention Programs, and local school systems | Multiple partnerships, collaborations and agencies working together to ensure children and their families have successful transitions at the various developmental milestones of young children (e.g. early intervention to preschool, preschool to kindergarten). |

PUBLIC-PRIVATE COORDINATION

| Asset Item | Agency Responsible | Description |
|--|--|---|
| Arizona Early Education Funds Regional Partnerships | Arizona Early Education Funds through the Arizona Community Foundation | Regional partnerships established to help communities statewide build quality and capacity of early care and education programs for children birth to kindergarten. Intended to focus on the provision of services at the local level and involve diverse representation within each community. |

What's Missing

Gap in Service

Many agencies and programs provide early childhood development and health services in isolation and without strong systems in place.



What it Means

Without coordination of services, families do not know where to enter into a system resulting in duplication of services and a lack of consistency among service providers and information.

Arizona's Opportunity for Change

While there is strong recognition of the many programs and service providers who have come together in their efforts to serve young children, a need exists for even greater coordination and collaboration among public and private agencies. Coordination should assure that duplication of service provision is avoided, communities can build on and enhance currently existing, high-quality services, and dollars are effectively leveraged for the highest return on the state's early childhood investment.

1.

Increased coordination across state agencies would improve access to and delivery of services for children and families and provide a seamless system of delivery with strong continuity across providers.

2.

Increased collaboration would leverage public and private funding to create a sustainable system which will improve quality, increase access, and provide for the highest return on investment in early care and education.

3.

Strong coordination of services requires accurate and effective collection of meaningful data. A database where indicators of well-being and outcome measures could be monitored would encourage ongoing and timely continuous improvements to the system structures and services.







Arizona's Opportunity

With the passage of the First Things First initiative, Arizona has secured a valuable opportunity to create a new vision of early childhood throughout the state. This report demonstrates that Arizona has many assets for serving young children and their families, but still falls short of ensuring all of its young children are healthy and ready to succeed. ***Building Bright Futures*** provides the Board with a first look at Arizona's children. Through the thoughtful review of the information presented, sound policy decisions can be made as First Things First moves forward in outlining its strategic plan for creating a statewide, coordinated early childhood system.



“Fellow citizens, why do you turn and scrape every stone to gather wealth, and take so little care of your children, to whom one day you must relinquish it all?”

Socrates

The Right System for Bright Futures

The establishment of First Things First poises Arizona to build on the foundation that exists and continue engaging the multiple stakeholders and leaders to advance this important effort.

What Arizonans know:

1. Multiple agencies invest significant federal, state, and private dollars in young children's programs and services.
2. Arizona communities believe in the value of current services available.
3. Arizona is beginning to collect evidence of the positive outcomes produced by some of its early childhood development and health programs.
4. Arizona does not offer all parents nearly enough choices to ensure every child has an opportunity to achieve his or her potential.

Next Steps

Creating a true, comprehensive early childhood system consisting of organized, interrelated networks of programs and services requires addressing issues of both content and infrastructure. The state must be a system of systems in which rigorous monitoring and assessment ensure positive, expected outcomes occur.

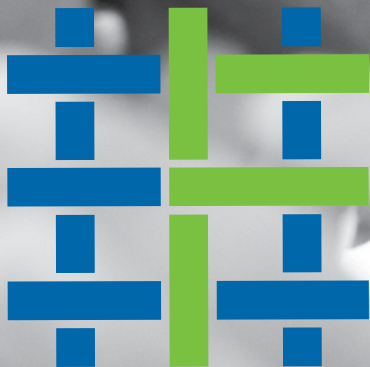
This report is the beginning. While future needs and assets assessments will include information on improvements made toward First Things First goals and specific strategies for attaining improvements, this first report provides the baseline. Once specific measures are determined through strategic planning, subsequent documents will analyze the data and report on progress. From there, guidance can be provided to state leadership and First Things First's partner agencies to further enhance the early childhood development and health system.

Building Bright Futures provides First Things First, along with its Regional Partnership Councils, with initial data on Arizona's current indicators, assets, and opportunities for change. The intent of this report is to serve as a resource which, when coupled with recommendations from the board's community workgroups, allows informed decisions to be made about directions and priorities for systems change.

The task of First Things First is to create a sustainable system by choosing wisely among politically and economically-viable options for a maximum return on its investments. Creating such a system is no small task, but the result will produce outcomes from which all of Arizona will benefit – children who are healthy and ready for success in school and life. The children of Arizona are its strongest asset. The time is now to build the right system for bright futures







Appendix



“All the data point in the same direction – early education matters.”

David L. Kirp
The Sandbox Investment, 2007

Development of the Needs and Assets Assessment Report

The Statewide Needs and Assets Assessment illustrates a picture of Arizona's young children and their families, outlines the early childhood development and health system, specifically the assets and gaps within the system as it exists today, and provides suggested future directions. This Statewide Needs and Assets Assessment is the first step in defining and implementing a comprehensive system of early childhood development and health. By identifying and attending to the needs and gaps in services that affect young children's healthy development and growth, as well as efficiently using limited funds, a coordinated, sustainable and effective system can be devised that achieves the desired goals of healthy children who are ready to succeed.

The information included in the Statewide Needs and Assets Assessment was obtained through the following processes:

1. Background Information – A literature search provided the historical perspective and current research related to early childhood systems and outcomes.

2. Secondary Data Search – statistical data from the following:

- U.S. Census
- U.S. Departments of Health and Human Services, Labor, and Education
- Arizona Departments of Health Services, Education, Economic Security, Health Care Cost Containment System
- Governor's Office for Children, Youth and Families
- Head Start State Collaboration Office
- Arizona Head Start community assessments
- National organizations – Annie E. Casey Foundation, National Association for the Education of Young Children, and the Center for the Child Care Workforce.

3. Primary Data Gathering – Community input from individuals across Arizona from the following:

- Seventeen Community Forums held across the state.
- Tribal meetings held with representatives from the Intertribal Council of Arizona, the Hopi Tribe, the Tohono O’odham Nation, the Pascua Yaqui Tribe, Fort McDowell Yavapai Nation, and Salt River Pima Maricopa Indian Community.
- Written comments from 417 people (including parents, service providers, and community advocates) about their community assets, barriers, and priorities.
- Nineteen focus groups during which 82 parents of young children, 12 grandparents raising young children, and 60 service providers shared their experiences with the current early childhood development and health system and made suggestions about improving outcomes for young children.
- Key informant meetings specifically designed to solicit information about the system-building efforts needed, the state of the current system, what is working and what should work better for children and their parents or guardians. Thirty-nine individuals representing multiple aspects of early childhood development participated, including educators, health professionals, child care providers, state agency administrators, family support providers, and private foundation personnel.

The findings presented in this report are based on a rich and comprehensive collection of data from a wide variety of qualitative and quantitative research sources. The specific data tables and related statistics are published separately in a companion document, Arizona’s Early Childhood Data Book, which is available upon request.

Endnotes

¹See www.naeyc.org

²NAFCC accredits home child care providers. To be eligible to apply providers must:

1. Be at least 21 years of age.
2. Have a high school diploma or GED.
3. Provide child care for a minimum of 15 hours per week.
4. Provide care for a minimum of 3 children in the home. At least one child must live outside the provider's home.
5. Be a primary caregivers, spending a minimum of 80% of the operating hours of the home actively involved with children. If applying as co-providers each applicant must spend a minimum of 60% of the operating hours of the home actively involved with children.
6. Have at least 18 months experience as a family child care provider before the observation visit or 13 months experience if home visits are conducted monthly and intensive training is received.
7. Meet the highest level of regulation to operate a family child care home.
8. Be in compliance with regulations of the licensing body.
9. Accreditation periods begin when accepted after the observation visit and may end in any month.

³See US Census, ACS 2006 Table B17001

⁴See From Cradle To Career: Connecting American Education From Birth Through Adulthood: A Special State-Focused Supplement to Education Week's QUALITY COUNTS 2007 With Support From The Pew Center on the States at www.edweek.org/rc.

⁵2005 U.S. percentage of 11% verified through the National Center for Health Care Statistics. The Arizona percentage of 19% for 2005 is from the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006. Data for 2005 were updated April 2007. Arizona data for 2000-2004 has been computed by the Population Reference Bureau and the Urban Institute for Kids Count using Census Bureau data.

⁶See Reading Across the Nation: A Chartbook; Reach Out and Read National Center; UCLA Center for Healthier Children, Families, and Communities; Boston University School of Medicine, Boston Medical Center Department of Pediatrics. November 2007.

⁷See Compensation and Credentials: A Survey of Arizona's Early Education Workforce; and Center for the Child Care Workforce, Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population.

⁸See Compensation and Credentials: A Survey of Arizona's Early Education Workforce.

⁹See U.S. Census Bureau, Population Estimates Program.

¹⁰See U.S. Census; ACS 2005 and ACS 2006.

¹¹Center for Business Research, L. William Seidman Research Institute, W.P. Carey School of Business (2004). The economics of early care and education in Arizona. Tempe, AZ: Arizona State University.

¹²See Census 2000, Tables P34 A-H, SF1, ACS 2005 Tables B11001 A-H, SF1.

- ¹³Capps, R. & Fortuny, K, Immigration and Child and Family Policy, prepared for the Urban Institute and Child Trends Roundtable on Children in Low-Income Families, January 12, 2006.
- ¹⁴See ACS 2006 Tables S1601 and DP-2 Selected Social Characteristics in the United States: 2006.
- ¹⁵See US Census 2000 Tables P20, SF3, and QT-P16, SF3.
- ¹⁶See Census 2000 and ACS 2006 Table S1101.
- ¹⁷See U.S. Census, 2005 American Community Survey. Figures are estimates based on sampling. For some counties no figure is given either because no sample observations were available to compute an estimate or a ratio of medians cannot be calculated from the sample observations. Data for prior years is not available because subsets of question B10001 were not asked on prior American Community Surveys.
- ¹⁸While Tribal population information is displayed separately, for planning purposes, the Census data for people living on Tribal lands is included in the State and County information as well.
- ¹⁹See U.S. Census, 2005 American Community Survey. Figures are estimates based on sampling. For some counties no figure is given either because no sample observations were available to compute an estimate or a ratio of medians cannot be calculated from the sample observations. Data for prior years is not available because subsets of question B10001 were not asked on prior American Community Surveys.
- ²⁰See Arizona Department of Health Services. Table T-3. Births to unmarried mothers, teen pregnancies, teen births and rates by county of residence, Arizona 2005, 2006.
- ²¹See Getting Ready, Findings from the National School Readiness Indicators Initiative. (2005). Rhode Island KIDS COUNT.
- ²²ibid
- ²³See 2005 and 2006 American Community Surveys. Figures given are estimates based on sampling.
- ²⁴ibid
- ²⁵See Census 2000.
- ²⁶See Census 2000. (2003, October). Grandparents living with grandchildren: 2000. Census Brief.
- ²⁷See 2006 American Community Survey.
- ²⁸See Arizona Dept. of Economic Security, Research Administration, in cooperation with the U.S. Department of Labor, Bureau of Labor Statistics, September 2007
- ²⁹See ACS 2006 Table DP-3 Selected Economic Characteristics and Census 2000 Table DP-3, SF3
- ³⁰See 2005 American Community Survey, Table B17010 Poverty Status in the Past 12 Months of Families By Family Type by Presence of Related Children Under 18 Years By Age of Related Children.
- ³¹ibid
- ³²See The Health Status of Urban American Indians and Alaska Natives, An Analysis of Select Vital Records and Census Data Sources, An Urban Indian Health Institute Report, March 16, 2004
- ³³See From Cradle To Career Connecting American Education From Birth Through Adulthood A Special State-Focused Supplement to Education Week's QUALITY

COUNTS 2007 With Support From The Pew Center on the States at www.edweek.org/rc.

³⁴2006 data on the number of children 0-5 in poverty is taken from ACS 2006, Table B17001, Poverty Status in the Past 12 Months by Sex By Age. The universe for this table is the population for whom poverty status is determined. ACS 2006 reports data only for places with 65,000 population or greater. Data is available for 10 of Arizona's 15 counties. 2006 data is not available for Gila, Greenlee, Graham, LaPaz and Santa Cruz counties. In Census 2000, the number of children aged 0-5 in poverty from these 5 counties represented

³⁵ibid

³⁶See Getting Ready, Findings from the National School Readiness Indicators Initiative. (2005) Rhode Island KIDS COUNT.

³⁷ibid

³⁸The data for this measure come from the 2000 and 2001 Supplementary Survey and the 2002 through 2005 American Community Survey (ACS). The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. In general but particularly for these years, use caution when interpreting estimates for less populous states or indicators representing small subpopulations, where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation). The ACS, when fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census.) This measure focuses on teens ages 16 to 19 rather than young adults 16 to 24 because a large share of 18- to 24-year-olds migrate across state lines each year. The high interstate migration rates confound the connection between state policies and programs and state dropout rates. Raw numbers are rounded to the nearest thousand. Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2005 American Community Survey.

³⁹See 2004 national data from the Health, United States, 2006, U.S. Department of Health and Human Services. 2004 Arizona data from ADHS Table 5B-13, Births by Mother's Education and County of Residence, Arizona, 2004, 2005.

⁴⁰See Arizona Department of Health Services. Table 18 – Teenage Births by Mother's Education and Age Group Arizona, 2005, and Table 1B-2 – Live Births According to Selected Maternal, Prenatal Care and Delivery Characteristics, Birthweight, Plurality, Child's Sex, Birth Order and Birth Complications Arizona, 1995-2005 (All Ethnic Groups).

⁴¹See Magnuson, K.A. & McGroder, S.M. (2002). The Effect of Increasing Welfare Mother's Education on Their Young Children's Academic Problems and School Readiness. Working Paper. Evanston: IL. Northwestern University, Joint Center for Poverty Research.

⁴²See Winquist Nord, C., Lennon J., Liu, B. & Chandler, K. Home literacy activities and signs of children's emerging literacy: 1993 and 1999. Education Statistics Quarterly, 2(1).

- ⁴³See West, J., Denton, K. & Germino-Hausken, E. America's Kindergarteners: Findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99. *Education Statistics Quarterly*, 2(1).
- ⁴⁴See Bureau of Public Health Statistics Arizona Department of Health Services Arizona Health Status and Vital Statistics, Table 5-A, Pregnancies and Pregnancy Rates by Pregnancy Outcome, and County of Residence, 2006.
- ⁴⁵See U.S. Department of Health and Human Services National Center for Health Statistics, *National Vital Statistics Reports*, Volume 55, Number 1.
- ⁴⁶See Arizona Department of Health Services, *Prenatal Care in Arizona, 2006*, Fact Sheet.
- ⁴⁷See Kruegar, P.M. & Scholl, T.O. (2000). Adequacy of prenatal care and pregnancy outcome. *Journal of the American Osteopathic Association*, 100(8), 485-491.
- ⁴⁸See Bhutta, A.T., Cleves, M.A., Casey, P.H., Cradock, M.M. & Anand, K.J. (2002) Cognitive and behavioral outcomes of school-aged children who were born preterm: A meta-analysis. *Journal of the American Medical Association*, 288(6), 728-737.
- ⁴⁹AZ Department of Health Services, Public Health Services, Bureau of Public Health Statistics, *Advance Vital Statistics By County of Residence, Arizona 2006*, Table T-2, page 4 (2005 data from same table of the *Advanced Vital Statistics 2005* report, page 4).
- ⁵⁰ibid
- ⁵¹2005 U.S. percentage of 11% verified through the National Center for Health Care Statistics. The Arizona percentage of 19% for 2005 is from the U.S. Census Bureau, *Current Population Survey, Annual Social and Economic Supplement, 2006*. Data for 2005 were updated April 2007. Arizona data for 2000-2004 has been computed by the Population Reference Bureau and the Urban Institute for Kids Count using Census Bureau data.
- ⁵²ibid
- ⁵³National Center for Health Care Statistics. (2006). *Health, United States, 2005, With Chartbook on Trends in Health of Americans*. Hyattsville, MD: Author.
- ⁵⁴Stoddard, J.J., St.Peter, R.F. & Newacheck, P.W. (2006). Health insurance status and ambulatory care for children. *The New England Journal of Medicine*, 330(20), 1421-1425.
- ⁵⁵2005 figures from *Health, United States 2006*, National Center for Health Care Statistics.
- ⁵⁶See *Getting Ready, Findings from the National School Readiness Indicators Initiative*, Rhode Island KIDS COUNT, February 2005, p. 24.
- ⁵⁷See *State Data Trends for Arizona*. [Data sheet]. Child Welfare League of American. Retrieved 11/05/2007 from http://ndas.cwla.org/data_stats/states/Data_Trends/Arizona%20State%20Data%20Trends.pdf
- ⁵⁸See Arizona Department of Economic Security, Division of Children, Youth and Families, Administration for Children, Youth and Families, *Child Welfare Reporting Requirements, Semi-Annual Report for the Period April 1, 2006 through September 30, 2006*, page 25 and *Semi-Annual Report for October 1, 2006 through March 31, 2007*, page 42.
- ⁵⁹Arizona Child Fatality Review Program. (2007). *14th Annual Report*, Arizona

Department of Health Services

⁶⁰ibid

⁶¹Getting Ready, Findings from the National School Readiness Indicators Initiative. (2005). Rhode Island KIDS COUNT.

⁶²ibid

⁶³See National Assessment of Educational Progress (NAEP)

⁶⁴NAEP. The design of the 2000 mathematics assessment allowed for the reporting of results that included performance data for special-needs students (that is, students identified by their school as having a disability or being limited-English proficient) who took the NAEP with accommodations as well as for those students who took the NAEP without accommodations. Results that include the performance of special-needs students who were assessed with accommodations are discussed in detail in The Nation's Report Card: Mathematics 2000. Non-accommodations figures for 2000 should be compared to assessments prior to 2000 and accommodation included figures for 2000 should be compared with subsequent year results. The results presented in this highlights do not include results for students who participated with accommodations. This was done so that comparisons can be made to past assessment results, which did not include accommodated students.

⁶⁵The data for this measure come from the 2000 and 2001 Supplementary Survey and the 2002 through 2005 American Community Survey (ACS). The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. In general but particularly for these years, use caution when interpreting estimates for less populous states or indicators representing small subpopulations, where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households (full implementation). The ACS, when fully implemented, is designed to provide annually updated social, economic, and housing data for states and communities. (Such local-area data have traditionally been collected once every ten years in the long form of the decennial census.) This measure focuses on teens ages 16 to 19 rather than young adults 16 to 24 because a large share of 18- to 24-year-olds migrate across state lines each year. The high interstate migration rates confound the connection between state policies and programs and state dropout rates. Raw numbers are rounded to the nearest thousand. Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2005 American Community Survey.

⁶⁶"Good Quality Child Care: A Dramatic Opportunity to Promote Learning and Prevent Damage in Our Youngest Children," Child Care Action Campaign, 1996.

⁶⁷ADHS, Office of Child Care Licensing – Licensing Unit Surveyor ratios are based on the number of surveyor positions filled, not the number of authorized positions, and the number of licensed/certificated providers. Newly hired surveyors are included in the count but may not have been assigned a caseload until they are adequately trained.

⁶⁸http://www.azdhs.gov/als/databases/providers_cc.pdf. Based on a total number of child care centers, public school child care programs and small group homes with 86% receiving visits. 14% of the total is 372.68.

⁶⁹See Caring for our Children: National Health and Safety Performance Standards.

⁷⁰Caring for our Children: National Health and Safety Performance Standards. RATIONALE: These child:staff ratios are within the range of recommendations for each age group that the National Association for the Education of Young Children (NAEYC) uses in its accreditation program. The NAEYC recommends a range that assumes the director and staff are highly trained and, by virtue of the accreditation process, has determined a staffing pattern that enables effective staff function. The standard for child:staff ratios in this document uses a single desired ratio, rather than a range, for each age group. In some cases, these child:staff ratios and group sizes are the more stringent ratios and group sizes recommended in the National Research Council's report, *Who Cares for America's Children? Child Care Policy for the 1990s*. According to the National Research Council, child:staff ratios and group size are two of the four most important areas to be addressed in national standards.

⁷¹See naeyc.org

⁷²NAFCC accredits home child care providers. To be eligible to apply providers must:

1. Be at least 21 years of age.
2. Have a high school diploma or GED.
3. Provide child care for a minimum of 15 hours per week.
4. Provide care for a minimum of 3 children in the home. At least one child must live outside the provider's home.
5. Be a primary caregivers, spending a minimum of 80% of the operating hours of the home actively involved with children. If applying as co-providers each applicant must spend a minimum of 60% of the operating hours of the home actively involved with children.
6. Have at least 18 months experience as a family child care provider before the observation visit or 13 months experience if home visits are conducted monthly and intensive training is received.
7. Meet the highest level of regulation to operate a family child care home.
8. Be in compliance with regulations of the licensing body.
9. Accreditation periods begin when accepted after the observation visit and may end in any month.

⁷³See *From Cradle To Career: Connecting American Education From Birth Through Adulthood: A Special Supplement to Education Week's QUALITY COUNTS 2007 With Support From The Pew Center on the States*.

⁷⁴ibid

⁷⁵This percentage was determined by comparing the licensed capacity of centers and homes from Arizona Department of Economic Security, August 2007 and Arizona Department of Health Services, Office of Child Care Licensing with population estimates for the age group.

⁷⁶See *From Cradle To Career: Connecting American Education From Birth Through Adulthood: A Special Supplement to Education Week's QUALITY COUNTS 2007 With Support From The Pew Center on the States*.

⁷⁷Parents and the High Price of Child Care, 2007 Update; Study conducted and published by the National Association of Child Care Resource and Referral Agencies; www.naccrra.org

⁷⁸ibid

⁷⁹ibid

⁸⁰See National Women's Law Center Issue Brief, State Child Care Assistance Policies, 2007: Some Steps Forward, More Progress Needed, September 2007.

⁸¹ADHS, Prenatal Care Status, Birth Certificate Data Base, 2005.

⁸²ibid

⁸³Safe, Healthy and Ready to Succeed: Arizona School Readiness Key Performance Indicators. (2006). State School Readiness Board. Governor's Office for Children, Youth and Families.

⁸⁴See Arizona Department of Health Services, Prenatal Care in Arizona, 2006, Fact Sheet.

⁸⁵National Center for Health Care Statistics. (2006) Health, United States, 2005, with Chartbook on Trends in the Health of Americans. Hyattsville, MD: Author.

⁸⁶Safe, Healthy and Ready to Succeed: Arizona School Readiness Key Performance Indicators. (2006). State School Readiness Board. Governor's Office for Children, Youth and Families.

⁸⁷Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005

⁸⁸See U.S. Department of Education's 24th report to Congress

⁸⁹ibid

⁹⁰See Kuklish, K. Prenatal Care in Arizona, 2006 Fact Sheet, Arizona Department of Health Services.

⁹¹See Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2004. National vital statistics reports; vol 55 no 1. Hyattsville, MD: National Center for Health Statistics. 2006.

⁹²ibid

⁹³ibid

⁹⁴Kuklish, K. Prenatal Care in Arizona, 2006 Fact Sheet, Arizona Department of Health Services.

⁹⁵National Center for Health Care Statistics. (2006). Health, United States, 2005, With Chartbook on Trends in Health of Americans. Hyattsville, MD: Author.

⁹⁶2005 U.S. percentage of 11% verified through the National Center for Health Care Statistics. The Arizona percentage of 19% for 2005 is from the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006. Data for 2005 were updated April 2007. Arizona data for 2000-2004 has been computed by the Population Reference Bureau and the Urban Institute for Kids Count using Census Bureau data.

⁹⁷ Arizona Department of Health Services; Arizona Health Care Cost Containment System Quality Management Performance Measures reports for the periods ending September 2002, September 2003, and AHCCCS, Division of Health Care Management, Progress Report on Targets for Children's Preventive Health Initiatives for School Readiness, March 2006; and the National Center for Quality Assurance, National Medicaid Results for Selected 2000 HEDIS and HEDIS/CAHPS measures.

- ⁹⁸Arizona Health Care Cost Containment System, October 2007.
- ⁹⁹2005 figures from Health, United States 2006, National Center for Health Care Statistics.
- ¹⁰⁰Arizona Department of Health Services, Bureau of Health Systems Development, Arizona Health Professional Shortage Areas Fact Sheet.
- ¹⁰¹ibid
- ¹⁰²Center for Disease Control, National Oral Health Surveillance System.
- ¹⁰³Head Start Program Information Report for the 2005-2006 Program Year. Profile Report – State Level Summary.
- ¹⁰⁴Arizona Department of Economic Security, Part C State Annual Performance Report, and National Early Childhood Technical Assistance Center, Table 6-1. Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: Fall 2005.
- ¹⁰⁵Arizona Department of Economic Security, Part C State Annual Performance Report, and National Early Childhood Technical Assistance Center, Table 6-1. Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: Fall 2005.
- ¹⁰⁶Table 1-11. Children ages 3 through 5 served under IDEA, Part B, as a percentage of population, by disability. OSEP reported data. IDEAdata.org.
- ¹⁰⁷Source American Academy of Pediatrics Committee on Early Childhood, Adoption, and Dependent Care; Pediatrics Vol. 107 No. 1 January 2001.
- ¹⁰⁸Source. In Care of Our Children: How Arizonans Perceive the Quality of Life for Children in Our State; Valley of the Sun United Way. 2005.
- ¹⁰⁹ibid
- ¹¹⁰ibid
- ¹¹¹ibid
- ¹¹²Reading Across the Nation: A Chartbook; Reach Out and Read National Center; UCLA Center for Healthier Children, Families, and Communities; Boston University School of Medicine, Boston Medical Center Department of Pediatrics. November 2007.
- ¹¹³Email communication with Bonnie Groth, Title I Even Start Director, Arizona Department of Education.
- ¹¹⁴See Compensation and Credentials: A Survey of Arizona’s Early Education Workforce; and Center for the Child Care Workforce, Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population.
- ¹¹⁵ibid
- ¹¹⁶ibid
- ¹¹⁷ibid
- ¹¹⁸U.S. Department of Labor, Occupational wages, May 2001, May 2004, May 2006 and 2006 U.S. Department of Labor wages data file. The U.S. Department of Labor defines “preschool teacher” as a person who instructs children up to five years of age in activities designed to promote social, physical, and intellectual growth for primary school in a preschool, day care center, or other child development facility and may be required to hold State certification. “Preschool teacher” in this distribution excludes special education preschool teachers.

¹¹⁹See Compensation and Credentials: A Survey of Arizona's Early Education Workforce; and Center for the Child Care Workforce, Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population.

¹²⁰Clifford, D. Engaging the Public on Behalf of Young Children: Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

¹²¹Source: In Care of Our Children: How Arizonans Perceive the Quality of Life for Children in Our State, Valley of the Sun United Way, 2005.

¹²²ibid

¹²³ibid

¹²⁴The Early Childhood Health and Development Initiative. Presented by Nadine Mathis Basha, Smart Start Conference, May 10, 2007.

¹²⁵Source: In Care of Our Children: How Arizonans Perceive the Quality of Life for Children in Our State, Valley of the Sun United Way, 2005.

¹²⁶Lally, J. Ronald, Lerner, Claire, and Lurie-Hurwitz, Erica; National Survey Reveals Gaps in the Public's and Parents' Knowledge about Early Childhood Development; Young Children, March 2001; p 49.

¹²⁷ibid

¹²⁸ibid

¹²⁹ibid



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