



# Fulfilling Our Commitments to Children & Communities

# FIRST THINGS FIRST  
State Fiscal Year 2020  
Annual Report



## Dear Fellow Arizonans:

Certainly, 2020 has been a year of extraordinary challenges for many individuals, families and communities throughout our state. While it is easy to focus on the difficulties and disruptions caused by the COVID-19 pandemic, it is important to remember the many heroic individuals and organizations who rose to the challenge and were instrumental in moving our state forward.

As a human service agency, we are proud of the role that First Things First (FTF) and its many partners played in ensuring crucial early childhood programs were able to continue during the crisis or, if temporarily shuttered, have the resources to quickly restart when it is safe to do so (see *Special Report on pages 6 to 15*). From getting critical supplies to child care providers in the early days of the shutdown to helping programs find innovative ways to continue safely serving families, FTF fulfilled its commitment to ensuring that the programs families have come to count on to support their children's development, health and learning did not fall victim to the virus that ravaged our state and our nation.

At the same time, we are keenly aware that this crisis has only exacerbated the challenges facing Arizona's young children. As the data on pages 17 to 19 of this report clearly show, even before the pandemic, young children in Arizona faced high hurdles on the road toward school readiness. For example:

- 1 in 4 young children live in poverty.
- Almost 3 out of 5 children don't attend preschool.
- 1 out of 8 has had two or more adverse childhood experiences.

Those needs will only increase as we recover from the pandemic and its toll on our state's economy. As of this writing, between one-third and one-half of Arizona's child care providers remained closed and those that are open can only serve a fraction of the children they cared for before the crisis. Those that remain closed cannot reopen without ongoing and stable financial resources. Thousands of parents remain unemployed without the resources needed to meet their families' basic needs. And, pediatricians have sounded the alarm about the number of young children who missed required vaccinations and well-child visits during the pandemic.

The data on pages 21 to 22 describe the impact that our early childhood investments have had on young children and families this past year. These are investments not only in people, but in the future of our state. And rest assured, First Things First will continue to do its part to support young children's health and development. But, with revenues still 27% below our initial 2007 funding and totaling just \$231 per child, we cannot do it alone. There are more than half a million children birth to age 5 in Arizona. Let's work together to make sure every child is ready for school and set for life!

Sincerely,



**Gerald Szostak**  
Board Chair

A handwritten signature in black ink, appearing to read 'G Szostak'.



**Marilee Dal Pra**  
Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Marilee Dal Pra'.

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# First Things First

Created by a 2006 citizen's initiative, First Things First (FTF) is one of the critical partners in building a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of Arizona children birth to age 5. FTF's work focuses on seven main areas, including:

## Quality Child Care and Preschool

Children with access to quality early learning do better in school and are more likely to graduate from high school. FTF funds researched-based quality improvement supports that help children thrive, including learning environments rich in language and literacy, coaching for early learning professionals to better engage young learners and developmentally appropriate learning materials. Scholarships also are funded to help more infants, toddlers and preschoolers access quality early learning.

## Strengthening Families and Early Literacy

Families are a child's first and best teachers. FTF programs give parents options when it comes to supporting their child's health and learning. Services are voluntary and provided at levels that meet the family's needs, from community-based parenting education to voluntary, evidence-based home visitation programs delivered in the home from a nurse or parent educator to address a variety of parenting situations, like grandparents raising grandchildren, parenting children with special needs or families with multiple births.

## Preventive Health

Undetected or untreated health issues in the early years can impact learning later on. Left unaddressed, developmental delays and chronic medical conditions can become serious learning problems that require more costly interventions. FTF funds preventive developmental and sensory screenings, parent education and referrals to existing services to ensure that kids arrive at kindergarten healthy and ready to succeed. FTF also funds oral health screenings and application of fluoride varnish to prevent tooth decay and subsequent dental issues that are a leading cause of school absence later on. In addition, FTF funds strategies to connect families to health care options in their communities, as well as efforts to coordinate the services children receive for maximum benefit.

## Teacher and Workforce Training and Development

A child's relationships with teachers and caregivers impact whether her brain will develop in ways that promote learning. Children birth to age 5 learn differently than school-age children. The quality of early learning depends on the education and skills of the teacher. FTF funds college scholarships and other professional development support to expand the skills of professionals working with infants, toddlers and preschoolers. In addition, FTF funds a variety of evidence-based consulting models to help early childhood educators improve health practices in early care settings and better support children's mental and behavioral health.

## System Coordination

Collaboration among system partners maximizes resources and effectiveness. At the state and regional levels, FTF works with early childhood system partners — like state agencies, tribal governments, philanthropic organizations, businesses and providers — to maximize funding, reduce duplication and ultimately improve outcomes for young children. These collaborations also promote the on-going development and continuous quality improvement of a statewide early childhood system that supports the health and development of all young children in Arizona.

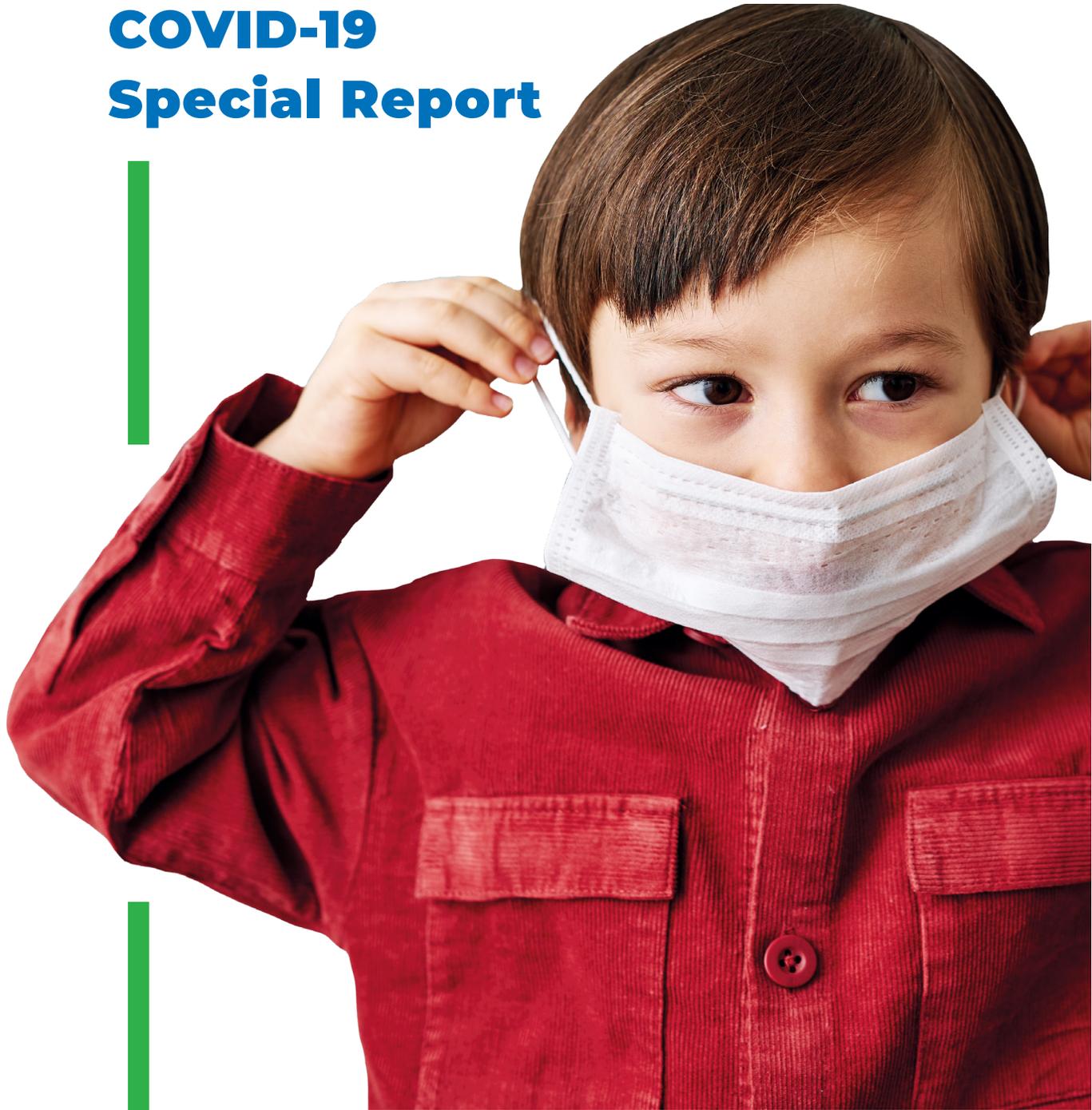
## Parent and Community Engagement

We all have a shared responsibility to help children arrive at school prepared to succeed. FTF works with families, caregivers and community leaders to build awareness of the importance of early childhood and steps they can take to support the education and health of young children in their communities.

## Research and Accountability

Measuring effectiveness and promoting continuous quality improvement rely on robust, accurate data. Data collected by FTF and its partners are used to inform decision-making, monitor FTF-funded grant partner performance, enhance program effectiveness and measure the impact of FTF-funded strategies or the collective investments of Arizona's early childhood system.

# COVID-19 Special Report



# Preserving Programs for Arizona's Children & Families

Throughout the spring/summer of 2020, stories about COVID-19 and its impact on every aspect of American life have dominated everything from news coverage to social media trends and conversations among families and friends. The stories have centered around two major topics: the devastation this disease has left in its wake and the ways — big and small — that people and communities are emerging from it. Less prevalent in the dialogue is how two major systems crucial to that survival — child care and non-profit organizations — are being threatened.

“For those most in need - or who find themselves suddenly in need - they also turn to programs and services provided through non-profit and public agencies. When those systems fail, both families and our state will have difficulty bouncing back”

- Marilee Dal Pra,  
Chief Executive Officer, FTF

“When people’s lives are disrupted, they turn first to family and friends for encouragement and support,” said Marilee Dal Pra, Chief Executive Officer of First Things First (FTF). “For those most in need — or who find themselves suddenly in need — they also turn to programs and services provided through non-profit and public agencies. When those systems fail, both families and our state will have difficulty bouncing back.”

As a partner in Arizona’s early childhood system, FTF works with almost 100 organizations statewide to help families access the information and support they need to promote their young children’s health and learning. Those organizations include non-profits; school districts; community health centers; and local, state, federal and tribal agencies (see *Appendix A for a complete list of grant partners*). As COVID-19 began to ravage our state, FTF took steps to ensure that the support communities and families count on — programs that strengthen families, keep kids learning while their families work, and keep kids healthy — is able to continue.

Although many of those efforts were done in collaboration with other state agencies, system partners and communities, a few examples of FTF's specific contributions include:

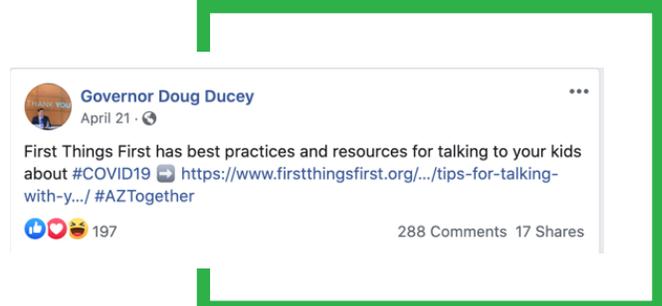
## Helping Families of Young Children Access Information and Support

Young children are especially vulnerable to situations that disrupt their routines and events that create stress in their families and communities. Many parents may not know how to meet the special needs of young children in those unexpected situations. Because of this, FTF's immediate response to the pandemic was to provide *Tips for Talking with Young Children About Coronavirus*. The post was published on March 17 and as of June 30 had received 4,050 website visits and had reached an additional 7,500 people via Facebook and Twitter. Various organizations and individuals also shared this information and linked to it from their websites, including Gov. Doug Ducey, who posted about it in his social media channels (see *image at right*) and also included a link to these tips on the *Arizona Together* website, a compilation of resources to help individuals and businesses navigate through the pandemic.

Other valuable information for parents and caregivers published by FTF includes:

- Parenting in the Time of Coronavirus and Social Distancing (March 25)
- Timely resources to share with Arizona families of young kids (March 26)
- At-home Activities: Another Day, Another Way to Play (April 23)
- Doctors urge parents to keep up with check-ups and immunizations during COVID-19 (April 30)
- A message for moms in challenging times (May 9)
- New Routines to Protect Children's Health (May 26)

Families can access all of this content conveniently on one page of the FTF website, *Parenting During Coronavirus*. The most popular of these individual content pieces was the *Parenting in the Time of Coronavirus and Social Distancing* blog post. As of June 30, that page had drawn nearly 12,000 page views since going live on March 25 and users were spending more than six minutes (6:17) on the page, about three times more than FTF's average. Naturally, large numbers of page views came from FTF's Facebook page, other social media channels and monthly e-news to families. But more significantly, national organizations like ZERO TO THREE and Brookes Publishing recognized the quality of FTF content and included a link to it among coronavirus resources listed on their websites. A large number of individuals accessing the content through these channels also helps the link come up more frequently as families are doing online searches for trustworthy early childhood information during these difficult times.



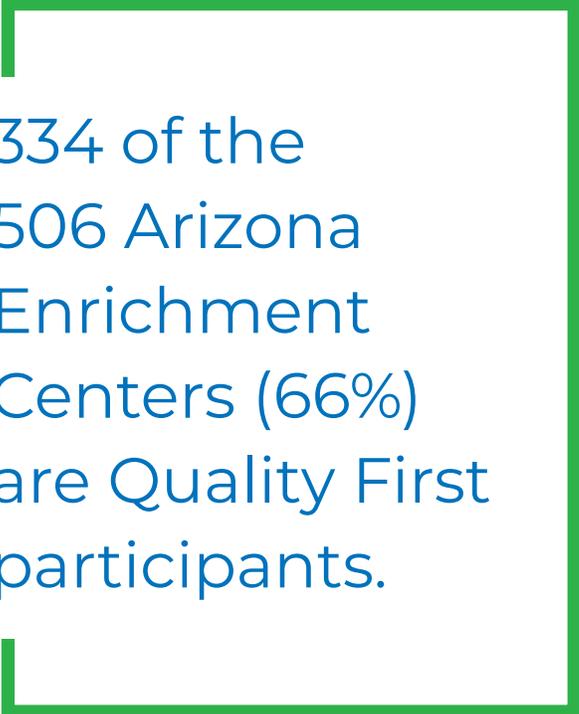
## Child Care for Essential Workers and Those Returning to Work

In mid-March, COVID-19 cases in Arizona began to climb. In an effort to slow the spread, schools were ordered to close and families were asked to stay home. This had an immediate and devastating impact on Arizona's child care system. For example, one week after the shutdown, about half of the more than 1,100 programs in Quality First — FTF's child care quality improvement initiative — were closed.

At the same time that most of the children in their care (and the major source of their resources) were absent, child care providers continued to be essential to parents who had to continue working and fighting on the front lines of this disease — like first responders, medical personnel, and staff Arizonans counted on to meet basic needs like truckers and grocery store workers. The Governor's Office took the lead in coordinating a response to meet those needs, and FTF has been proud to be part of those efforts. Among steps taken through this collaboration were:

- Through federal relief funds, Governor Ducey established Arizona Enrichment Centers — child care settings able to care for children of essential workers — as well as scholarships for workers unable to afford care. FTF recruited providers to serve as Enrichment Centers from the group of programs participating in Quality First, FTF's statewide early learning quality improvement initiative (see pages 23-31). In fact, 334 of the 506 Arizona Enrichment Centers (66%) are Quality First participants.
- The Department of Economic Security continued to pay child care providers state subsidies for children they were caring for when the pandemic began, even if the children were absent. FTF did the same with scholarships paid to Quality First providers to give access to quality care to children from low-income families, regardless of attendance. Both of these steps ensured that providers had access to some stable funding that could be used to pay operational expenses — like rent, utilities and staffing — so that they could continue to serve some children and/or would be able to open or expand as the economy re-opens (see Appendix B for a list of Quality First providers by region).

But, financial resources addressed only a portion of providers' needs. In the early days of the pandemic, providers struggled to find the most basic supplies, such as food, cleaning supplies and equipment to keep kids and staff safe. They also struggled with how to keep kids and employees healthy while still offering a quality educational environment for infants, toddlers and preschoolers. FTF responded by leveraging existing programs, as well as relationships with partners in the private and public sectors, to track down, access and deliver supplies to providers in need.



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Thanks to the Arizona School Boards Association, the Paradise Valley Unified School District, and two generous donors – Mercy Care and Alexandra Oropeza, a member of FTF’s Northwest Maricopa Regional Partnership Council, FTF was able to secure paper products, cleaning supplies, sanitizers, thermometers, gloves and masks. Coaches working with Quality First providers identified child care settings’ immediate needs, and FTF regional staff and system partners helped collect, distribute and deliver the specific supplies needed to 186 providers statewide. Key partners included the Arizona Early Childhood Education Association (AECEA); Child Care Resource and Referral; Greater Phoenix Urban League; the Association for Supportive Child Care; the Pima County Health Department; and the state departments of Health and Economic Security. Here are a couple of stories to illustrate these partnerships:

- “On June 11, FTF staff from the East Maricopa and Southeast Maricopa regions picked up supplies from a DES storage facility in Buckeye. Thanks to our friends at Adelante Health, supplies – like hand sanitizer, bleach, and paper products – were distributed to Arizona Enrichment Centers, which were opened to care for the children of essential workers during the coronavirus pandemic. More than 25 centers received these vital supplies. And it was great to talk with the providers, to hear how they and their staff and the children they serve are making their way through this global crisis.”
- “In March and April, FTF staff from the Pinal region drove to Phoenix where the supplies were located, loaded them in the vehicle and then drove to Tucson where a group of other FTF staff and partners would meet, divide up the centers/ homes that needed supplies, and make deliveries. All of the child care centers and family child care providers were very grateful to receive the supplies so they could keep their doors open for essential workers during the beginning of the pandemic. Supplies included: water bottles, disinfectant, hand sanitizer, toilet paper, paper towels and gloves. Centers and homes in the following regions benefited from this supply delivery chain: Pinal, Pima, Cochise, Graham/Greenlee, Gila, Navajo/ Apache and Santa Cruz.”



Vennila Ramadoss (right) of Arizona Children’s Academy and Kids World Learning Center in Chandler receives cleaning supplies and personal protective equipment to keep her early learning settings open for essential workers.

Barbie Prinster, Program Manager at the AECEA, summed up the impact of this system collaboration. “From the bottom of my heart, thank you so much. I have centers panicked about not finding things and I don’t want them to stress over things like this when they are trying to run their centers and take care of their families,” she said. “This (was) such a relief to so many.”

In addition to basic supplies, child care and preschool providers struggled with how to keep their programs operating — and offering a quality educational experience — during the shutdown and re-opening. Coaches and child care health consultants working in Quality First (QF) reached out to providers on a regular basis to offer health and safety information and support. QF coaches were crucial as the programs’ main support, helping to identify specific needs and linking providers to available resources. They also worked with the child care and preschool staff on how to ensure they continued their focus on quality early learning despite the challenges. Health consultants helped programs implement guidance from the national Centers for Disease Control and Prevention regarding everything from drop off/pick-up procedures, to safe classroom group sizes and regular schedules for cleaning and disinfecting learning materials. Their experience benefitted not only QF providers; it was condensed into a guidance document that was made available to all providers throughout the state via QualityFirstAZ.com as well as the Arizona Workforce Registry, a professional development hub for early educators. Virtual workshops also were planned for late summer/early fall to review the guidance and answer questions from providers as they remained open or began to reopen.

Even with these supports, many providers struggled to remain open. Polls conducted at the state and national level showed that one-third of more than 800 licensed and certified child care providers surveyed in Arizona remained closed in June and those that were open were serving only 38% of the children they served before the pandemic. Nationally, 2 out of 5 providers felt they would close without public assistance and almost 1 in 5 providers felt they would need to close permanently within the next year.<sup>i</sup> FTF worked with the Arizona Early Childhood Alliance — a group of more than 50

early childhood organizations (including FTF) focused on promoting effective public policy for young children — to ensure that leaders across all sectors (business, philanthropy, policymakers, etc.) were aware of the needs of child care providers and were prioritizing the industry in relief efforts.

## Support for Arizona’s Struggling Safety Net

Child care and preschool providers were not the only organizations serving Arizona’s vulnerable families and struggling to keep their doors open. Research conducted by Arizona State University’s Lodestar Foundation and the Alliance of Arizona Non-Profits showed that:

- 80% of non-profit organizations had experienced budget issues due to the pandemic;
- 11% had ceased operations;
- 1 in 5 indicated they were not going to be able to meet their payroll in the coming months; and
- 40% had seen an increase in the demand for services since the pandemic.<sup>ii,iii</sup>

Non-profit organizations are Arizona’s fifth largest category of employer, so issues that impact the non-profit organizations in our community affect our families and economy, as well. FTF has been working with grant partners to ensure they have the funding and support they need to continue serving families of young children through and beyond the pandemic. FTF grant partners include non-profit organizations, school districts and city, county, state and federal programs (*see Appendix A for a full list of grant partners*). Most of the programs funded by FTF are most effectively delivered through in-person contact with children and families. As such, FTF understands that, due to limitations posed by state orders limiting business operations during the pandemic as well as state and employers’ efforts to promote public safety during this crisis, grant partners may not be able to serve as many families as before or provide services in the same way.

But, these programs will continue to be a vital support to families, both during the pandemic, and as Arizona emerges from it. Because of this, FTF has not reduced its funding for any grant partner and has worked with those programs to examine innovative approaches to working with families and supporting their needs during these tough times. Examples of those approaches include:

### **Strengthening Families -**

Home visitation is a strategy that has been proven successful in helping families facing multiple risk factors enhance parenting skills, promote positive child development and reduce abuse or neglect (*for more information, see Pages 32 to 42*). The success of the strategy is built on skilled professionals — like parent educators, social workers and nurses — meeting with families in their homes or in community settings to work on issues identified by parents.

In-person visits haven't been possible during the COVID-19 pandemic, but that hasn't stopped home visitors from supporting children and families they serve. Based on guidance from national program offices, phone calls, emails and virtual meetings have served to keep families engaged, said Cholpon Rosengren, senior director of Family Support for the United Way of Tucson and Southern Arizona. Rosengren oversees eight programs serving about 900 families, including grandparents raising grandchildren, teenage mothers, families with a history of trauma and parents of babies born substance exposed. The programs range across three home visitation models: Healthy Families, Nurse-Family Partnership and Parents As Teachers.

"In many cases, the home visitor is the only stable source of support our families have," Rosengren said. "In the beginning, we had a lot of requests for basic items like food, diapers and wipes. Home visitors would drop them off on the porch, and then talk to the families and the kids through the windows." She said as the pandemic progressed, the requests became more about making the home safer for kids, or more conducive to learning. "Whatever families need, that's what we try to respond to. It keeps the relationship between the

home visitor and family strong, and helps us to be able to ask questions about how the family is doing during this rough time, as well as provide support for children's health and learning." Home visitors also got individually creative when it came to meeting the needs of their families; for example, Veronica Quiñonez from the Casa de los Niños Parents as Teachers program (pictured below), filmed videos where puppets explained fun activities families could do together.

Some aspects of the program — like screening children for developmental delays or assessing mothers for maternal depression or risk of domestic violence — can seem almost impossible, but Rosengren said her staff have gotten creative there, too. "We had a partner from the domestic violence shelter train our staff on ways to have that conversation and things to look for," she said. "In terms of assessing or modelling appropriate activities with children, we will leave the materials at the door and arrange a time to play virtually so the visitor can observe and provide feedback."

Although families and staff are looking forward to resuming in-person connection as soon as safely possible, Rosengren said the virtual contact is serving its purpose. "It's kept us connected and helped our relationships with families remain strong; that's what we need most to keep everyone moving forward in a positive way."



### *Ensuring Healthy Development -*

Child development experts say the earlier the better when it comes to identifying children with developmental delays, but social distancing in the wake of COVID-19 has made early identification difficult in some cases. "School and child care providers are critical sources for identification of delays and for linking parents to other services in the community," said Melissa Barnett, associate professor in the Norton School of Family and Consumer Sciences in the University of Arizona College of Agriculture and Life Sciences. "Since child care centers and schools are closed, many children who need screening for developmental delays may be missed."

Even before the pandemic, many families in rural areas lacked access to in-person screenings for developmental delays, Barnett said. "Online screenings are an essential strategy to try to meet some of these needs because there's really no time to waste. Earlier identification and intervention is always better," Barnett said. To help address the screening challenge in rural areas, the University of Arizona Cooperative Extension has started offering free virtual developmental screenings in Arizona's Pinal and Gila counties and the San Carlos Apache Tribe region. Via Zoom, an online video chat program, assessors walk parents or caregivers through the assessment instructions and ask them questions about their children. Part of the screening may require children to perform a skill, like drawing something or stacking items.

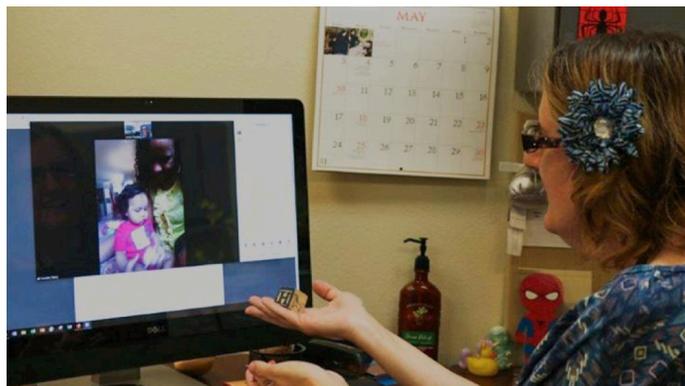
"With a screening, we are able to provide timely information on the child's development and offer support activities. With more children at home during

this crisis, it is very important that we educate parents on their child's development and realistic developmental expectations." Barnett said.

Some families say the screenings offer an opportunity to stay connected at an uncertain time. "It's been a little hectic. I have three kids at home, and trying to do the teaching thing is a little crazy," said Lacey Goodman, a Payson mother of three. She and her son, Tucker, who attends Safe Haven Child Development Center in Payson and will go to kindergarten next year, participated in a Zoom screening with Chrisann Dawson, a Gila County Cooperative Extension instructional specialist. Goodman said the session was very helpful.

"I felt like we were in the same room together," Goodman said. "My son Tucker communicated very well and did the things she asked him to. After the Zoom call, Chrisann mailed me all of the paperwork, and I saw where his skill level was."

The screenings also provide a social connection to families during the health pandemic. "During this extended period of self-isolation, when parents and children have been together longer than typical, it's vital to connect with families," Dawson said. "Many are discouraged by the length of time at home. Our ability to reach out in this way to do the developmental screening encourages the parent and gives them something unique for their child to do. The positive feedback is encouraging to both parents and children."



### *Promoting Early Literacy -*

In early June, FTF staff in the Graham/Greenlee region teamed up with grant partners and community supporters to host an early literacy drive-thru event for families in the region. Parents drove their young children to the local FTF office and received books and an activity bag filled with play dough, a craft kit and other materials to promote reading and creating works of art at home. To build on the fun, kids were able to take pictures with some of their favorite superheroes. Parents received information including a guide to early childhood resources in their community, as well as the statewide Birth to Five Helpline, a phone and email service parents can turn to with their most pressing questions. The event reached 63 parents/caregivers and 132 children, birth to age 5. In addition, the Safford City-Graham County Library, which had been hosting weekly virtual story times, offered families the option to request library books for their children and pick them up in the drive-through check out in the library parking lot. Activity packets to support literacy connections beyond the virtual story time were distributed at the same time.

In the FTF Navajo/Apache region, the Blue Ridge Unified School District modified its breakfast/lunch distribution process and partnered with a local faith community, theCHURCH, to utilize their staff and building to distribute food bags two days per week in the parking lot. TheCHURCH staff then offered to be the repository for local partners who wanted to contribute items for the food bags/boxes. The Supplemental Nutrition Assistance Program provided recipe cards for the items in the food boxes. FTF contributed children's books and other educational reinforcement items so that kids would continue to have new books of their own to read. Summit Healthcare's Healthy Steps program – also an FTF grant partner – contributed developmentally appropriate toys for older infants, toddlers and preschoolers. This initial collaboration became the foundation for the Southern Navajo County Feeding Collaborative, which meets once a week to hear current needs, identify local assets to meet those needs, and identify gaps in the local food network. This weekly call has grown from 10 partners to well over 50, with sufficient reach to effectively distribute pallets of potatoes, fresh vegetables, meat and other food items. TheCHURCH also served as a repository for donated cleaning materials, diapers, wipes, hand

soap and other necessities that were then distributed to families in need. Because of this collaboration, FTF staff were able to request that some hand soap, wipes, Kleenex and hand sanitizer be set aside for the area's lone Enrichment Center (a high-quality child care program), which FTF was able to deliver in-person to the center.

FTF staff in the Pinal region coordinated with partner agencies to deliver needed items to families with children birth to age 5. Staff worked with more than 50 organizations and individuals to share FTF early childhood awareness materials and gather a range of educational items for At-Home Kits, which contained information to parents reminding them how important it is to talk, sing, read and play with their little ones in these formative years, in addition to the supportive resources from community partners. At the conclusion of this project, the group had made and distributed over 2,200 kits with donations from 17 community organizations. The kits were distributed to families with young children by child care and preschool programs including Head Start, food providers, school districts and non-profit agencies.



### *Partnering with Tribal Communities -*

With many tribal communities on partial or full stay-at-home orders through spring and summer, many programs looked for new ways to connect and provide children and families with activities and resources. A few examples include:

When the Colorado River Indian Tribes instituted a stay-at-home order on April 1, the Early Literacy Program and the Nutrition, Obesity and Physical Activity (NOPA) Program funded by FTF immediately jumped into action. The programs worked together to continue outreach to the community by creating take-home kits for families with young children. The kits include a book, resources to create activities at home, physical activities for families to do together and/or healthy recipes they can create together. The NOPA program also created sensory boards to distribute with kits if families requested one for their child. A sensory board is a hands-on activity for babies and toddlers to help them touch, explore and learn about different objects all in one place. It can also promote literacy as parents and caregivers use different words to describe what the child is seeing or touching. Through the collaboration, 63 kits had been distributed in the community through May. Both programs created a schedule of future kit distributions for families.

Peach Springs is the central town for the Hualapai Tribe and is located in an isolated area. The closest town for community members to get access to groceries and household items is an hour away. When the tribal community implemented their stay-at-home order, this left families struggling to access certain supplies. It also required the local Read On Arizona program to find a new way to receive books to distribute in the community for children and families. Staff in the local FTF office worked with the Hualapai Response Team to provide diapers and books purchased for the Read On Arizona program. An FTF regional council member who lives in the community was able to coordinate with staff to meet in Kingman to pick up supplies. The Hualapai Response Team was grateful for the diapers for the families and was able to coordinate with the Head Start and school lunch program to get books to the families of infants, toddlers and preschoolers.

In the White Mountain Apache Tribe region, FTF grantee Summit Healthcare had relationships with many families through its Parenting Counts workshops. Program staff have been providing books, activity books, crayons, diapers, hand sanitizer and other resources for parents/caregivers through home deliveries. The workshop facilitator has even partnered with Johns Hopkins Center for American Indian Health to get these helpful resources into COVID-19 positive households.

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The coronavirus pandemic has brought new challenges and hardships to young children and their families in Arizona who were already facing many challenges prior to the pandemic when it came to their health, learning, and well-being. The following pages offer additional details on those pre-pandemic difficulties.

Given the disruptions in personal relationships and employment experienced by many families, the pandemic will exacerbate those challenges and have serious long-term implications for families, especially

those raising our most vulnerable young children. FTF remains committed to doing its part to ensure resources are available to meet those long-term needs, and in the meantime, making certain that the early childhood programs families and communities have come to count on to promote young children's healthy development continue to be available throughout Arizona.

# Snapshot of Arizona's Children

Challenges Existed  
Prior to COVID-19

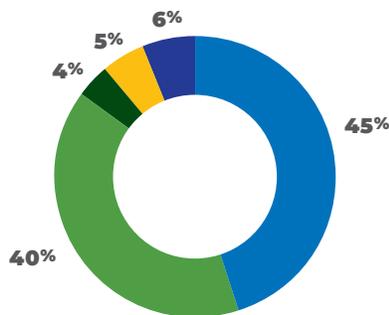


The data below describe how young children were faring in several areas before the coronavirus pandemic devastated many families and communities throughout our state. These data offer insight into how many children lacked access to the supports they need to start school ready to succeed. The long-term impacts of COVID-19 for young children will take time to ascertain. FTF remains committed to carefully monitoring data from a variety of sources – including state agency partners administering programs for young children, as well as the 2020 Census – as they are available, and using that information to guide our decisions, as well as community conversations, about the investments needed to help young children throughout Arizona get ready for school and set for life.

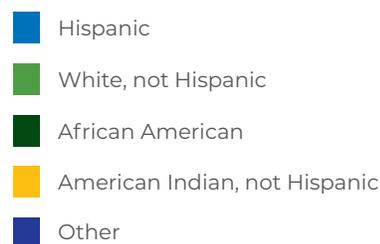
## Demographics

Number of kids birth to 5 <sup>iv</sup>

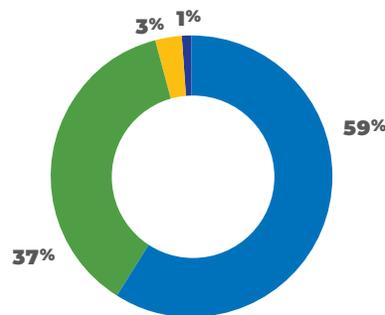
**521,656**



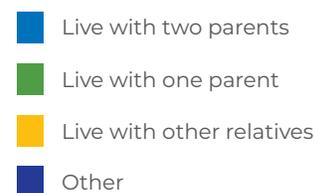
Ethnicity of kids birth to 5 <sup>v</sup>



**16%** Percentage of Households with kids under 6 <sup>vi</sup>



Living arrangements of kids under 6 <sup>vii</sup>



Living with a grandparent

**153,130**

Arizona kids live with a grandparent and, of those, 50% live with a grandparent who is responsible for them <sup>viii</sup>

## Education

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**62%** of 3- and 4-year-olds don't go to preschool <sup>ix</sup>



**54%** of third grade students don't pass AZ MERIT in language arts <sup>x</sup>



**22%** of teens don't graduate from high school in 4 years <sup>xi</sup>

## Health and Well-Being

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**25%** of children receive timely developmental screening (9-35 months old) <sup>xii</sup>

**34%** of children 19-35 months old lack needed vaccinations <sup>xiii</sup>

**27%** of kindergarteners have untreated tooth decay <sup>xiv</sup>

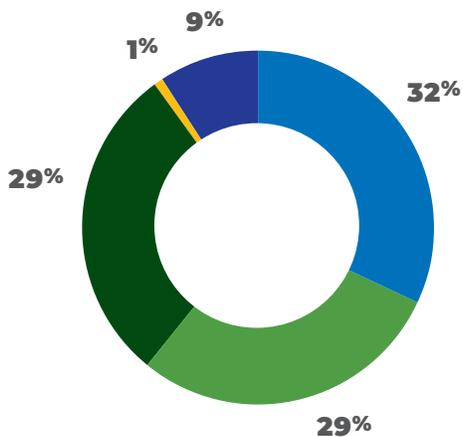
**7%** of children birth to age 5 lack health insurance <sup>xv</sup>

**13%** of children under 6 have had two or more adverse early childhood experiences <sup>xvi</sup>

**5,780** children (0-5 years) in out-of-home care as of 12/31/2019 <sup>xvii</sup>

## Economics

Percentage of young kids living in poverty <sup>xviii</sup> **25%**



Demand for child care/employment status of parents with young kids <sup>xix</sup>

- Live with two parents both in labor force
- Live with one parent who is in labor force
- Live with two parents, one in labor force
- Live with two parents, neither in labor force
- Live with one parent who is not in the labor force

Median Family Income of Families with at least one child 0-17 <sup>xx</sup>

Married parents	<b>\$84,238</b>
Single-male-headed family	<b>\$41,296</b>
Single-female-headed family	<b>\$28,683</b>

Self-sufficiency Standard <sup>xxi</sup>

Single parent with one preschooler

**\$39,372**

Two Parents, one infant, one preschooler

**\$59,413**

Percentage of babies born to teen mothers <sup>xxii</sup> **6%**

## **Our Impact At-A-Glance**



The data below detail the number of children and families who had access to quality early childhood programs as a result of FTF investments. Due to the coronavirus pandemic, many of these programs became more difficult to implement and service disruptions may have occurred. The result is service numbers that may be less than expected this year or actually realized in prior fiscal years. Nonetheless, FTF remains proud of the work done by our grant partners throughout the state (*see list in Appendix A*) and their tireless commitment to serving young children and their families, especially in the most challenging times.

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## Early Learning

- 60,927** Young children received their early education from child care and preschool providers committed to continuous quality improvement of their early learning programs through Quality First.
- 45,822** Infants, toddlers and preschoolers were in early learning programs that met or exceeded Quality First's rigorous standards.
- 8,043** Children from low-income families received quality early education with the help of a Quality First scholarship.
- 1,162** Early childhood educators received college scholarships to improve their qualifications for working with young children.
- 1,552** Relatives and other community caregivers completed a series of trainings to increase their understanding of children's development and strategies to support young children's health and learning.

## Family Support

- 20,625** Families accessed services through family resource centers.
  - 10,499** Families participated in activities to increase their awareness of core areas of family functioning and children's development.
  - 4,786** Families with young children participated in voluntary home visiting programs proven to reduce parental stress levels, increase connections to community supports, and improve children's cognitive, motor, behavioral and socio-emotional development. In addition, 236 families successfully graduated from home visiting programs.
  - 63,042** kits containing important resources and tools for help families of newborns were distributed to hospitals to help families support their child's health and learning.
  - 1,168** Parents and other caregivers participated in evidence-based trainings designed to improve knowledge of effective parenting practices and children's development.
- 

## Health

- 15,405** Children received screenings to detect vision, hearing and developmental issues and prevent learning challenges later on.
- 6,959** Children received referrals to further assess for developmental delays/ sensory issues and possible treatment or early intervention services.
- 20,205** Children received a screening to detect tooth decay, which left undetected and treated could cause damage to permanent teeth, impaired speech development and failure to thrive.
- 12,248** Children received fluoride varnish applications to protect against early childhood tooth decay.
- 342** Child care and preschool providers received consultation proven to enhance teachers' confidence in dealing with students' socio-emotional needs, improve teacher-child relationships and prevent expulsions
- 59** Referrals were given to children for services to address their mental/ behavioral health needs.

**Nearly 4 in 5  
Early Learning  
Programs Achieve  
Quality Levels**



The quality of early learning environments can have a profound effect during the first five years of life. Longitudinal studies, spanning more than 40 years, demonstrate that quality care and education from birth to age 5 results in higher IQ scores, higher school graduation rates and lower crime rates.<sup>xxiii,xxiv</sup> Young children with high quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school readiness assessments. In short, these children are better prepared for school.<sup>xxv,xxvi</sup>

High quality early childhood programs include: skilled teachers that know how to engage young learners; indoor and outdoor environments that are safe, child-centered, stimulating and well-stocked with developmentally appropriate materials; predictable and balanced daily schedules and routines; evidence-based, culturally responsive and relevant curriculum; supportive assessments of each child's progress; and ample opportunities for family involvement in their child's education.

The child care options currently available in Arizona's communities can vary widely when it comes to the availability and quality of care and education provided. This puts a substantial burden on families, who must find and accurately assess prospective providers to deliver good care for their children at an affordable price. But even the concept of "good" remains vague without an accepted standard of quality. The Arizona entities who license and certify child care settings (including the Arizona Department of Health Services, the Arizona Department of Economic Security, the U.S. military and tribal governments) work to ensure that these settings meet basic health and safety requirements.

Though meeting health and safety requirements continues to be a critical requirement for supporting young children, a growing body of research also underscores the importance of quality in early learning settings in supporting young children's school readiness,

including stimulating and developmentally appropriate environments, positive adult-child interactions and effective administrative practices. In order to provide more quality early learning environments for Arizona's young children, early childhood system partners identified the need to create enhanced standards for early care settings that addressed quality criteria in addition to health and safety. The quality standards, based on best practice literature, were to include research-based criteria such as adult-child ratios, group size, qualified personnel, evidence-based curriculum, etc. Stakeholders also identified the need to create a systemic effort to help child care and preschool settings understand and meet those standards and to help more children access high quality settings.

That is why First Things First created Quality First – Arizona's Quality Improvement and Rating System – to establish a unified, measurable standard of care, inform parents on their local providers' proximity to that standard, improve quality and promote school readiness. Quality First participating providers receive supports to improve and maintain the quality of their programs. These supports may include: individualized coaching and specifically targeted technical assistance, incentive grants and college scholarships so staff can expand their skills in engaging young learners. In state fiscal year 2020 (SFY20), FTF invested \$28.1 million (or 22% of its funding) in efforts to improve the quality of early learning.

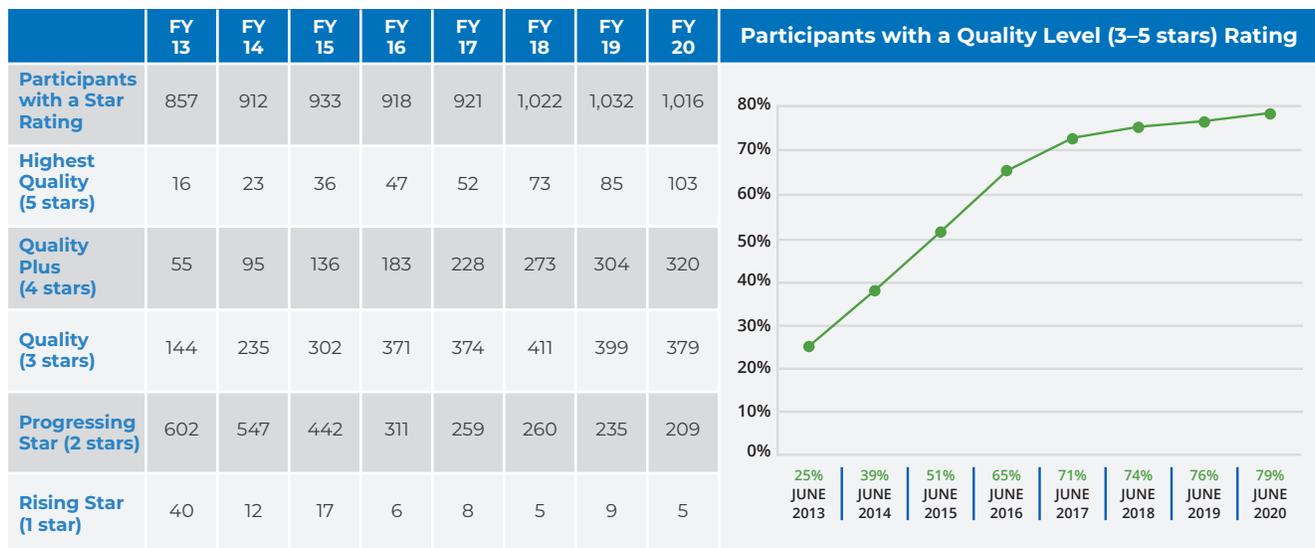
The latest data indicate those investments are paying off as Quality First continues to significantly improve the quality of early learning options available to Arizona’s families (see Figure 1). When programs were first rated (2013), 25% of 857 participating rated providers met or exceeded quality standards (3-5 star rated). Over the past seven years, both enrollment and quality levels have improved among providers participating in Quality First. In 2020, 79% of 1,016 participating rated providers met or exceeded quality standards. This means that 45,822 children in Arizona were in early learning programs that meet or exceed quality standards, an increase of almost 88% since 2015 (24,420 children). More simply stated, the number of children with access to quality early learning as a result of Quality First has almost doubled since 2013.

An additional 15,105 young children received their early education from child care and preschool providers actively working on quality improvement. When combined with the previously mentioned providers who already have met or exceeded quality standards, this means that Quality First has ensured that 60,927 children throughout the state have access to a higher standard of early education. And, 75% of those children are in early

learning settings that meet or exceed quality standards. Appendix C demonstrates quality improvement region-by-region.

First Things First also prioritizes access to quality early learning programs by funding Quality First scholarships. This evidence-based strategy provides financial assistance in the form of scholarships for children from low-income families (200% of Federal Poverty Level and below) to attend quality early care and education programs. The intended outcome for children and families is increased access to quality early care and education settings that promote readiness for kindergarten. In addition, scholarships support continuity of care for children so that previously formed supportive relationships with caregivers can remain in place. In state fiscal year 2020, FTF invested \$43.3 million in Quality First Scholarships that helped 8,043 infants, toddlers and preschoolers throughout Arizona access a higher standard of early learning. More than 36% of the children (2,954 infants, toddlers and preschoolers) were able to remain with the same provider for nine months of the year or longer, another hallmark of quality care.

Figure 1. Quality Improvement and Rating System Progress and Outcomes



## Inter-Agency Collaboration Preserves Millions in Federal Funding

In Arizona, many children access early learning through federal Child Care Development Fund (CCDF) dollars. CCDF funds are administered by the Department of Economic Security (DES), which uses the funds to provide child care subsidies for a number of purposes, including: ensuring that low-income working families have access to safe, reliable child care (which enhances their ability to work and may reduce instances of abuse or neglect because children are not left to be cared for in unsafe environments), and to provide child care for families providing temporary placement to children in the child welfare system (such as foster families and relatives). Through the federal funds, participating child care and preschool providers are reimbursed for the care they provide to children. Any costs of care not covered by the subsidies are either absorbed by the provider or passed on to the family.

Although the amount of child care subsidy funds available for Arizona to support struggling families has increased dramatically over the past couple of years, one thing stayed the same: the CCDF grant requirement that the State provide both Maintenance of Effort (MOE) and matching funds. Specifically, Arizona cannot claim a \$37 million portion of the total CCDF grant (\$197.6 million) unless the State expends \$30 million in non-federal dollars on child care-related activities. Historically the State met the MOE and matching requirement with State General Fund dollars appropriated by the

Legislature to DES for additional child care vouchers. State and federal funds approved by the legislature for child care subsidies (excluding CCDF), reached a high point of \$69.1 million in fiscal year 2008. Due to significant reductions in General Fund revenues resulting from the economic recession, the Legislature drastically reduced state appropriations for child care subsidies. In fiscal year 2012, all General Fund appropriations to child care vouchers were eliminated, resulting in the State's inability to meet the CCDF's maintenance of effort and matching requirements and threatening the loss of tens of millions of dollars for child care vouchers annually. Although some funding has since been restored (the SFY20 state General Fund contribution for scholarships was \$7 million split between the departments of Child Safety and Economic Security), this is still insufficient to meet the federal requirement for maximum funding.

In order to continue to access Arizona's full allotment of CCDF dollars, FTF collaborated with the Governor's Office and DES in establishing a Memorandum of Agreement to count FTF investments as the required match. These expenditures have included the various components of quality improvement efforts — including assessing programs, coaching providers on quality improvement and professional development for early educators to expand their skills working with young children — as well as Quality First scholarships. Throughout the 11 years this MOA has been in place (see Figure 2), Arizona has been able to leverage more than \$416 million in federal child care funds that otherwise would have been lost.

Figure 2.

Federal Fiscal Year	FTF Match Provided	Federal Child Care Subsidy Dollars Drawn Down as Result of FTF-DES MOA
2011	\$10 M	\$40.5 M
2012	\$30 M	\$37.9 M
2013	\$30 M	\$37.6 M
2014	\$30 M	\$37.5 M
2015	\$34 M	\$37.8 M
2016	\$30 M	\$37.6 M
2017	\$30 M	\$37.4 M
2018	\$30 M	\$38.1 M
2019	\$30 M	*\$37.9 M
2020	*\$30 M	*\$37 M
2021	*\$30 M	*\$37 M
<b>TOTAL</b>	<b>\$314 M</b>	<b>\$416.3 M</b>

\*projected

Source: Arizona Department of Economic Security, Child Care Administration

The growing importance of this collaboration on the child welfare system's outcomes is clear. Between 2010 and 2015, Arizona saw explosive growth in the number of children in out-of-home care due to abuse or neglect. Between June 2010 and the middle of 2015, the total number of children in out-of-home care grew by 67%. While the number of children in out-of-home care has decreased in the last few years, at the end of 2019, there were still 14,142 children in out-of-home care, including 5,790 children under 6 years old (41%).<sup>xxvii</sup> As a result of this on-going challenge, the percentage of children birth to age 5 served by the child care subsidy program, who are involved with the child welfare system, continues to rise. In 2011, 28% of young children served by the program were involved with the child welfare system; by 2019, that number was 38%.<sup>xxviii</sup>

FTF also has been working with DES to ensure that birth and foster families of children involved with DCS have information with which to choose quality child care. Staff in several DCS offices as well as all contracted foster care

licensing agencies have had trainings on the importance of using quality child care. As a result of this – and the overall increase in quality providers – the monthly percentage of DCS children referred to child care who enroll in quality settings increased from 38% in January 2020 to 50% in April 2020 (including 43% going to QF sites rated 3-5 stars).<sup>xxix</sup>

By ensuring that Arizona is able to draw down all available CCDF funds and by working to improve the quality of care in licensed and certified child care and preschool settings, FTF is helping to promote quality early learning for thousands of Arizona's youngest children, including those in out-of-home care whose foster families use DES child care vouchers.



## Study Shows Program Components Collectively Improve Quality

In an effort to promote continuous improvement of Quality First, FTF has initiated a series of studies to ensure that Quality First is improving child outcomes. The studies, based on the recommendations of a panel of national experts, are being conducted in several phases. Phase One (completed in 2017) found that:

- The Quality First Rating Scale does differentiate between various levels of quality.
- Perceptions of Quality First components are generally positive among participants, staff and community partners.
- Quality First providers tend to improve their ratings over time.
- And, FTF's data system collects the information necessary to support program improvement efforts. <sup>xxx</sup>

Phase Two of the study was completed in June 2020. It examined the individual components of Quality First, including the fidelity with which the components were implemented and the contribution of program components — alone and in combination — to improve quality. The primary components of Quality First studied included:

- Quality First Coaching – individualized guidance training and technical assistance, along with support in quality improvement goal development and implementation.
- Assessment – Assessment of programs using valid, reliable tools that evaluate the quality of the learning environment (including the availability/accessibility of materials suitable for young children) and the quality of the interactions between teachers and children. This gives programs information about strengths to build on and identify areas for improvement. Along with the Quality First Points Scale, which looks at a variety of administrative practices, the assessments also are used to calculate programs' star ratings.

- Professional Development – Educational opportunities ranging from college scholarships to a website linking providers to a variety of workshops, trainings, etc.
- Child Care Health Consultation (CCHC) – Nurses or professional health educators who provide supports ranging from sharing resources to short- or long-term consultation on specific topics or concerns.
- Financial incentives – Funding to help offset the costs of quality improvement, such as purchasing teaching materials or making classrooms and playgrounds safe and suitable for young kids. In addition, First Things First pays for 50% of the participating program's state licensing fees for all licensed programs.

The Phase Two study revealed that these components do work collectively to improve program quality. Over the course of the study, 88% of providers participating in the study either improved their star rating (53%) or maintained their level 5 rating over time (35%); only 12% declined.

Other key highlights from the study include:

**Although most providers improved in quality over time, this varied among types of programs.**

- Programs who had not yet achieved quality (1-2 star) had a higher probability of improving their rating than programs who had already reached quality levels (3- or 4-star).
- Quality First coaching, financial incentives, and child care health consultation were associated with an increase in star ratings in some circumstances:
  - Head Start and accredited programs who received a greater number of coaching hours or financial incentives had a higher likelihood of improving their star rating over time.
  - Working with a consistent coach is beneficial for quality improvement. Programs that less turnover in coaches between ratings were more likely to increase their star rating than programs with more turnover in coaches.
  - Programs in rural areas that received more coaching hours were more likely to increase in star ratings than were programs in urban areas, regardless of star rating.
  - For programs with higher initial ratings, utilizing comprehensive CCHC services provided on a quarterly basis through longer-term in-person visits were more likely to increase their star rating than utilization of short-term CCHC consultation services to address an identified health needs.

**Quality First participants, Quality First coaches, and child care health consultants had similar perceptions about the facilitators and barriers to quality improvement.**

- Overall, coaches and consultants perceived Quality First components to have a high impact on both star rating and classroom practices.
- Programs directors and teachers reported that they believed Quality First coaches had medium to high impacts on star ratings and classroom practices, particularly supporting interactions with children.
- Coaches, child care health consultants, and participants all reported that staff qualifications and turnover are the biggest challenges facing quality improvement efforts.

**In general, directors and teachers reported the services they received were aligned with FTF's expectations for high-quality services as outlined in the standards of practice for each service.**

- Coaching was delivered as intended, although coaches spent slightly fewer hours onsite than expected, which differed depending on region and program star rating. In addition, rural programs received fewer but longer visits per month compared to urban programs.
- Child care health consultants provided on average, about an hour of support to providers per month. Center-based, rural, and lower-rated programs received more CCHC hours than other Quality First participants (i.e., home-based, urban, or higher rated programs).
- Nearly all participants spent 95% or more of their financial incentives, which were used primarily to fund learning materials, equipment, or facility improvements such as enhancing the safety of a play area or replacing worn equipment. <sup>xxxi</sup>

Subsequent studies will assess how ECE quality compares between programs participating in Quality First and those that are not, and to what extent quality levels are associated with children's learning and development.

In SFY21, FTF also entered the final year of its Quality First Redesign field test. Based on the results of prior studies and recommendations from an advisory committee comprised of parents, providers and experts, the Redesign is testing modifications to some components of the program. The field test is funded in part by DES using federal funds set aside for quality improvement and improving services for toddlers, as well as an \$800,000 grant from the W.K. Kellogg Foundation. The goal is to determine whether the modified program continues to improve quality across program types.

The Redesign includes increased initial information to providers about Quality First's program standards and what their participation will require; tools to help providers assess areas in which they may want to focus quality improvement efforts; and on-demand technical assistance across a greater variety of topics. A total of 57 providers statewide in SFY20 were involved in the field test and an emphasis was placed on programs in underserved areas and settings that serve high percentages of at-risk children, such as children living in poverty or involved with the child welfare system. The selected sites encompass 17 communities throughout the state, including partnerships with five tribal nations. Results of the pilot evaluation are expected in 2021. These, along with the trio of studies mentioned previously, will be shared with system partners and will be used to inform program improvement efforts in the future.

## **Pilot Program Shows Impact of Quality on Student Learning**

In the 2017-2018 school year, the City of Tempe (located in the FTF East Maricopa Region) launched a city-funded initiative to expand preschool availability for children from low-income families. The move was prompted by a study that showed two-thirds of the city's kindergarteners scored lower than expected in reading and language. In order to ensure more children arrived at kindergarten prepared for success, the city invested \$6 million over two years to provide high-quality preschool to 3- and 4-year-olds from low-income families (defined

as those living at or below 200% of the Federal Poverty Level). After two years, the city invested an additional \$3.5 million and extended the pilot program for an additional two years. A sliding fee structure was created whereby some families attend the program free of charge, some pay part of the tuition, with the rest subsidized through the city or federal Head Start funds, and families who can afford it pay full tuition. The 2020-2021 school year marks the fourth year of the program.

When it came to ensuring that those environments were of high-quality, the city looked to First Things First's successful quality improvement initiative, Quality First. Through support from the Virginia G. Piper Charitable Trust, the city enrolled all the Tempe PRE classrooms into Quality First, where they receive coaching, assessment and other supports to continuously improve the quality of early learning provided to the children they serve. To further support improved outcomes for young children, the city also provides expanded professional development opportunities to teachers and staff in Tempe PRE classrooms. In addition, students' families are able to enroll in the Triple P parenting program, and children receive extended care after school and during the summer. In SFY20, all Tempe PRE classrooms had met or exceeded Quality First's rigorous standards.

That quality has served children well. According to preliminary analysis of data for children who attended Tempe PRE classrooms over the course of four semesters, the percentage of Tempe PRE students meeting or exceeding expectations in each of six domains — social/emotional, cognitive, physical, language, mathematics and literacy — increased steadily the longer children were in the program. According to the analysis, "The biggest increase in scores seen over the first two semesters indicates that attending just one year of preschool has a positive impact on children's development." Decreases in the third semester of attendance were likely attributed to the fact that the children's third assessment typically happens after summer vacation, when summer learning loss occurs. Despite this phenomenon, the increase in the percentage of Tempe PRE students meeting or exceeding expectations across all domains across the four semesters of the pilot program was statistically significant, indicating that spending more time in Tempe PRE's quality learning environments is related to better across-the-board performance. <sup>xxxix</sup>

## SUCCESS STORY:

# Gila River Program Becomes First 5-Star Early Learning Program in Arizona's Tribal Communities



A child care center in the Gila River Indian Community became the first early learning setting in a tribal community to receive a 5-star rating— the highest rating available — through the Quality First (QF) program.

“We started in 2009 and have worked toward a 5-star rating since that time,” said Ame Edwards, Early Education Child Care Center’s assistant manager. “When we found out we got the rating, we were totally beside ourselves.”

As noted earlier, FTF’s QF program partners with child care and preschool providers across Arizona to improve the quality of early learning. QF funds quality improvements that research proves help children thrive, such as training for teachers to expand their skills and to help create learning environments that nurture the emotional, social and academic development of every child.

“We are excited for them,” said Michelle Golus, statewide QF director. “They are an example for other Quality First centers that it’s possible to be successful and achieve the highest level rating in Quality First while staying true to your program’s identity and values.”

Courtney King, the QF program coordinator who has worked with the program for 10 years, noted several factors that contributed to the program’s success, including establishing a quality improvement plan, working together to achieve their goals, being open to using program supports, a willingness to change, and using roadblocks as learning opportunities.

The large center has 120 children enrolled and 31 staff members, serving children 6-weeks-old to 5 years old, but they were able to consistently work toward the goal of high-quality care.

Edwards praised the advice and counsel that the center's staff received from QF coaches.

"We had really terrific coaches," she said. "They showed us how to do things differently, and then we started focusing on having a really good quality program for the kids, parents and community. We wanted parents to feel good about leaving their children with us."

Parent Angelina Ramirez has been pleased with the care her two daughters have received. She enrolled her first daughter at the center when baby Jewel was 7 months old.

"Her motor skills weren't developed," Ramirez said. "She flopped and didn't hold her head up. Her teachers worked with her on motor activities, like counting and scooping."

Jewel started to develop at a fast rate and performing above average. Now 2, Jewel has a vocabulary of almost 100 words, knows the alphabet and can count to 10. She's also developed social skills to interact well with her teachers and other children.

When Ramirez had her second daughter, Ella, she enrolled soon after. Ramirez said Ella is now 3 months old and receiving wonderful care.

"Ella needs comfort, embracing and holding. They do that," said Ramirez. "They hold the children like they were their own. They cradle and rock and sing to them, everything a mother would do."

The Quality First teachers are trained to be attuned to each child's needs. Ramirez said she's seen that in the way they treat her children.

"Jewel's teachers really work with her one-on-one," Ramirez said. "She's also in her terrible twos, so they discipline her right away by having her take a seat next to the teacher. She's learning to say 'thank you' or apologize. She loves going there because she's treated with respect, and she is learning."

Since this report, early learning programs serving young children of the Fort Mojave Indian Tribe, the Navajo Nation and the San Carlos Apache Tribe have achieved this highest quality rating.

"We started focusing on having a really good quality program for the kids, parents and community."

- Ame Edwards,  
Early Education Child Care Center  
Assistant Manager

# **Strengthening Families as Their Child's First Teachers**



Home visiting programs may greatly benefit families living in adverse situations, as the personalized support provided through participation in home visiting provides an opportunity to prevent or mitigate adverse early childhood experiences and promote children’s healthy development.<sup>xxxiii</sup>

Evidence-based home visitation programs have been shown to be an effective way to improve outcomes for pregnant and parenting families and young children facing various risk factors. A variety of evidence-based models exist to address the spectrum of needs of particular populations. Three of the most widely implemented evidence-based home visitation program

models, and the models currently funded by First Things First, are Healthy Families, Nurse-Family Partnership and Parents As Teachers. These three program models have been evaluated nationally, and evidence demonstrates each of these models significantly improve child and family outcomes<sup>xxxiv</sup> (see Figure 3).

Figure 3.

	Improved Outcome	HFAz	NFP	PAT
Short-Term Outcomes	Child cognitive, motor, behavioral, socio-emotional development	X	X	X
	Maternal mental health and depression	X	X	
	Parenting stress levels	X	X	X
Intermediate Outcomes	Connection to community supports	X	X	X
	Home environment	X	X	X
	Mother employment	X	X	
Long-Term Outcomes	Reduced child maltreatment	X	X	X
	Economic self-sufficiency		X	X
	Decreased substance abuse	X	X	

Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through regular home visits administered by trained professionals such as nurses, social workers, early childhood specialists or paraprofessionals. Home visiting programs are an integral part of the early childhood system of support for Arizona’s most vulnerable families.

First Things First is the largest funder of evidence-based home visitation in the state, followed by the Department of Health Services (through the federal Maternal, Infant and Child Home Visitation – MIECHV – program), and the Department of Child Safety. In SFY19, FTF funded more than 50% of the state’s \$35 million investment in home visitation programs.

The intent of FTF-funded home visitation programs is to provide personalized, in-home support for pregnant and parenting families with children birth to age 5, not yet enrolled in kindergarten, through a trained home visitor. Services are voluntary, are at no charge to the family, and are provided in the family's home or other location of their choice. Home visitors provide enrolled families with information, education, and support on parenting, child development and health topics to improve maternal and child health and well-being.

While many families may benefit from home visitation services, the cost of services prohibits all eligible families from being served. Research emphasizes that the families who benefit most from home visiting services are those families with infants and toddlers who are living in adverse or challenging circumstances.<sup>xxxv</sup> The National Home Visiting Resource Center has identified a subpopulation of high-priority families for enrollment in home visiting:

- Having an infant
- Income below the federal poverty threshold
- Pregnant women and mothers under 21
- Single/never married mothers or pregnant women
- Parents without a high school education

Additionally, evidence-based home visitation models have identified target populations, including:

- **Healthy Families America (HFA):** Parents/caregivers of children ages birth to 5. Families must be enrolled prenatally or within 90 days of child's birth. HFA is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse childhood experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.
- **Nurse-Family Partnership (NFP):** First-time, low-income (below 200% FPL) mothers and their children. NFP requires a client to be enrolled and receive the first home visit no later than the end of the woman's 28th week of pregnancy. Services are available until the child is 2 years old.

- **Parents as Teachers (PAT):** Prenatally through age 5. Families are not required to be enrolled by a child's specific age or at a specific time.

Based on the needs/characteristics of Arizona's families, FTF regional councils may also ask grant partners to focus efforts on specific sub-populations in their communities. Some of the sub-populations prioritized for enrollment include: families with multiple risk factors; grandparents raising grandchildren or relative/friends caring for young children other than their own; families with few resources or low education levels; mothers who suffer from depression or substance abuse; teen or first-time parents and children with special needs.

Although home visitation, generally, and the three program models noted above specifically have extensive evidence documenting their effectiveness, First Things First and its early childhood system partners wanted to gather data on how outcomes were changing for Arizona children participating in their programs, and whether the services were reaching the intended populations of children and families in our state.

First Things First collaborated with the Department of Health Services and the Department of Child Safety to design, build and implement a coordinated data system that would allow the agencies to gather and analyze data individually and collectively, as well as across or by individual program models. The two-and-a-half-year process included:

- **standardization of data elements across funders;**
- **alignment of data elements to the needs and requirements of the models' national program offices (which have reporting requirements of their own);**
- **migration of historical data into the system across models;**
- **development of training for grant partners and creation of a help desk to answer their data entry questions;**
- **implementation of data quality assurance and error management processes; and,**
- **creation of reports to meet each partners' needs.**

Given the complexities of this work, the successful implementation of the integrated data system is a great example of system coordination and collaboration. Programs funded by the three agencies began inputting data in SFY19 and below is an analysis of the first year's reporting. Unless specifically noted, the data apply only to children and families served by FTF grant partners delivering Healthy Families and Parents as Teachers. In SFY19, data for all indicators examined was not available for NFP because the program's national office migrated to a different data system. Where possible, NFP data has been included. The full inclusion of NFP data into the data system is expected to be completed in 2020.

### Characteristics of children and parents/ caregivers and served

During SFY19, FTF-funded home visitation programs reached 4,440 families and 5,434 children birth to age 5 and provided 43,521 home visits. Given the importance of serving families that stand to benefit most from home visiting services, First Things First examined various demographic characteristics of families enrolled in FTF-funded home visitation services during SFY19, and where possible, compared them to the same characteristics at the population level to ensure that FTF is reaching and enrolling prioritized families.

The benefit of home visitation is greatest when families are enrolled prenatally, and/or when children are at a young age, as this provides the optimal opportunity for preventing and mitigating adverse early childhood experiences. There is growing evidence linking positive early experiences to healthy brain development, while also revealing the adverse and deleterious consequences when early interactions between caregiver and child go awry. <sup>xxxvi, xxxvii</sup>

- Program data show that FTF-funded home visitation programs met their specific model's criteria for age of enrollment and that the vast majority of families are entering services either before their child is born (prenatally) or before their child reaches the age of 3. (NFP and HFAz, 100% of children enrolled prior to age 3; PAT 95%).

Analyses show that FTF home visitation models are serving families with risk factors proportionate to or greater than the statewide population, meaning FTF is reaching families who research suggests would most strongly benefit most from this specialized support. Specifically:

- FTF-funded home visitation programs in all three models are reaching a higher proportion of families with low education levels (17%-28% compared to 13% statewide) and significantly more low-income families – defined here as 150% of the federal poverty level, \$39,300 annually for a family of four – here (64%-81% compared to 38% statewide).
- In addition, both HFA and NFP are reaching a much higher percentage of teen parents (12-29% compared to 6% statewide) and proportionate numbers of single-parent families (31-39% compared to 35% statewide).

The benefit of home visitation is greatest when families are enrolled prenatally, and/or when children are at a young age.

Data also show that home visitation programs are reaching a diverse group of families. When caregiver race is considered, home visitation participants' race largely mirrors that of the state's population (see Figure 4).

Notably:

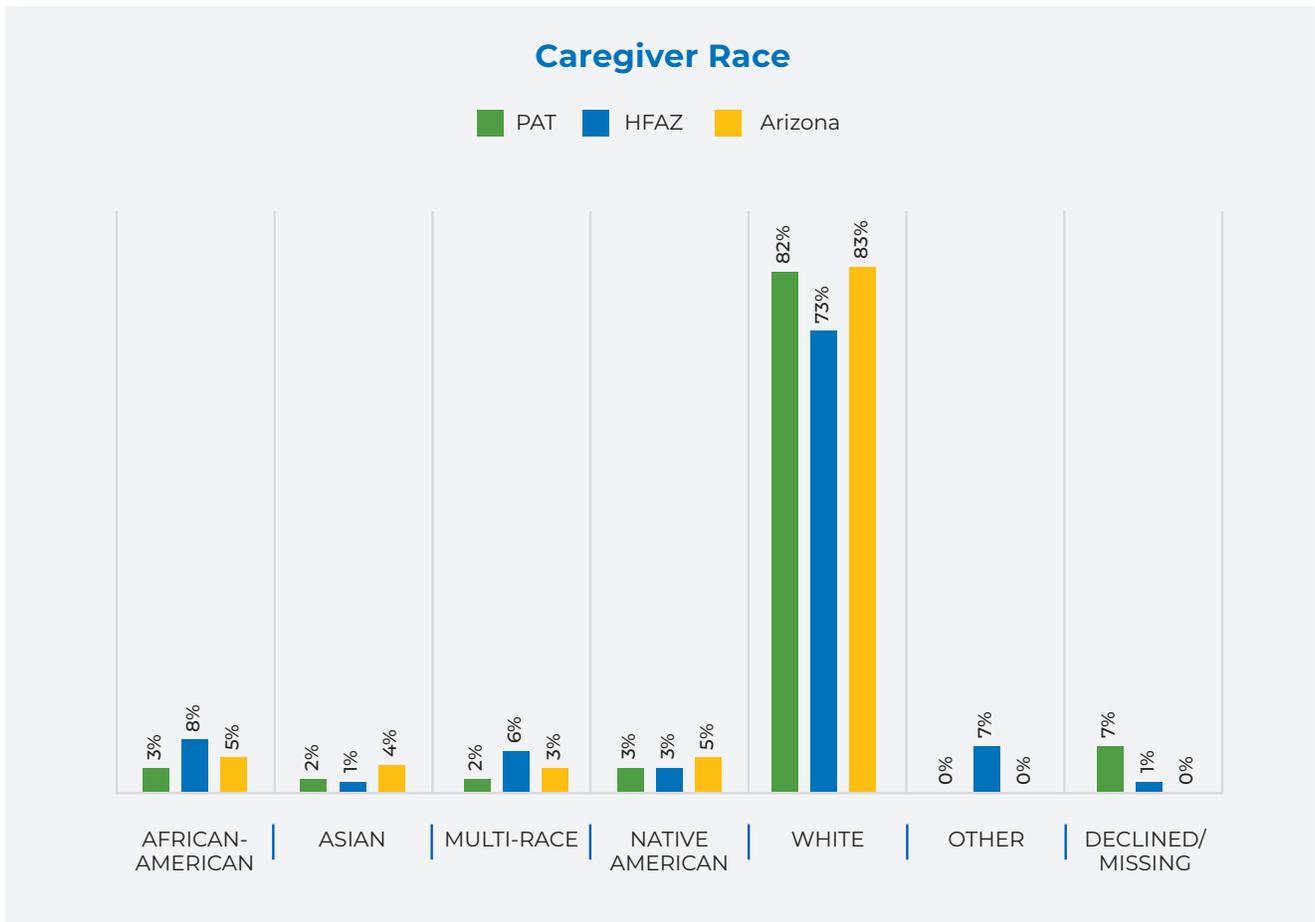
- Within the Healthy Families model, African American family participation is somewhat greater (8%) than the overall state percentage (5%). This pattern is similar for multi-race families (6% and 3%, respectively).

- In terms of ethnicity, both PAT and HFA programs reached a large percentage of Hispanic families (65% and 60% respectively, compared to 32% in the state).

Overall, the data suggest that the home visiting programs are enrolling families that would most strongly benefit from home visiting services. FTF also examined how well FTF-funded home visiting programs are adhering to key national/FTF implementation standards that are critical to achieving positive outcomes for families and children.

The data show that home visiting programs are reaching a diverse group of families.

Figure 4. Caregiver Race for Families Enrolled in Home Visiting Programs



## Visit Frequency

The home visit is the most crucial part of the program because the visitor, caregivers and children come together. During the home visit: secure relationships take root and are developed and nurtured through coaching, observation and parenting education. Screenings are conducted that can provide insight into challenges faced by parents (such as maternal depression or family violence) or children (including developmental concerns or vision/hearing issues); and needed resources and referrals are provided to support families in meeting their needs and the needs of their growing children.

While a precise threshold is unknown regarding when families begin to benefit from services, researchers have speculated that four visits, or 3-6 months of services, may be required before change can occur.<sup>xxxviii</sup> National home

visitation program office standards for visit frequency vary depending on the needs and risks of the family, or whether they are newly enrolled in services. FTF's standards of practice require that families receive at least one home visit per month.

- In SFY19, families participating in FTF-funded home visitation programs benefited from 43,521 home visits, with an average visit frequency of 12.1 visits received over the program year for families participating in Healthy Families and an average of 9.5 visits for families participating in Parents as Teachers during the same time period.
- Visit frequency was higher in the first six months of enrollment (see *Table 1*), which is recommended by all models to promote family engagement in services.

Table 1. Average number of home visits received by a family's length of enrollment in services.

Average number of home visits received by length of enrollment	Healthy Families	Parents as Teachers
Average number of home visits received by each family enrolled for less than 1 month	1.7	1.5
Average number of home visits received by each family enrolled for 1-3 months	4.2	3.5
Average number of home visits received by each family enrolled for 4-6 months	9.8	6.5
During the program year (SFY19)	12.1	9.5

## Screening and Referral

Home visitors provide developmental screenings to all participating children at regular intervals (a minimum of one screening per program year after the child reaches 2 months of age is required), and they provide mental health screenings to participating caregivers, based on the home visitor's clinical judgement.

In addition to providing developmental screenings, home visitors provide vision and hearing screenings to children when funded to do so by FTF regional councils as an additional component to home visitation service delivery.

During SFY19, a total of 14,428 screenings were conducted with enrolled children, including 5,471 developmental, 4,203 social-emotional, 2,340 vision and 2,414 hearing screenings. The percentage of children who received at least one developmental screening during the program year varied across program models:

- 78% of children participating in Parent as Teachers;
- 57% of children participating in Healthy Families; and
- 63% of children participating in Nurse-Family Partnership.

It is important to remember when observing these data that developmental screenings are not delivered until the child is 2 months of age, so the higher likelihood of families enrolling in Healthy Families and Nurse-Family Partnership during pregnancy may help to explain the

lower number of child screenings observed in these program models, as children were not yet born or too young to receive these screenings.

The screenings conducted resulted in the identification of 833 children with results yielding significant developmental concerns (scoring below cut-offs), which is equivalent to 22% of children screened whose results indicated a developmental concern requiring some level of follow-up.

Moreover, 655 children (18%) received a referral for additional support services, suggesting that the home visitor is supporting the families in ensuring children's developmental concerns are being addressed through referrals when warranted.

Depression screening was conducted for 1,515 caregivers (37%) during the program year across models:

- 601 (50%) caregivers participating in Healthy Families;
- 592 (23%) caregivers participating in Parents as Teachers; and
- 322 (100%) caregivers participating in Nurse-Family Partnership.

Depending on the program model, between 14% and 34% of caregivers' screening results indicated a concern for depression and between 20% and 78% of caregivers were referred for additional services.



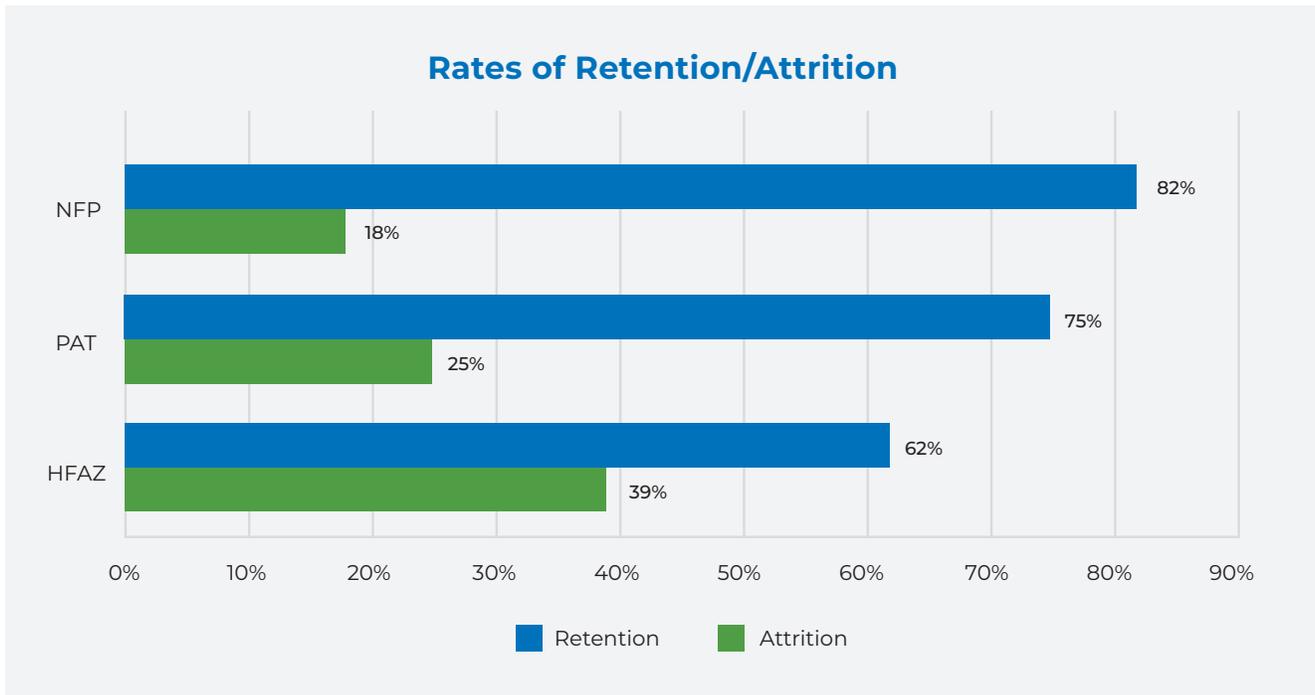
## Program Attrition/Retention Rates

In order for families to optimally benefit from home visiting, they need to participate in services for the desired length of time, as articulated by the program model and national research. When examined for the SFY19 program year, the Parents as Teachers, Healthy Families and Nurse-Family Partnership programs had an attrition rate of 25%, 39% and 18%, respectively (see *Figure 5*).

In a landmark issue of the *Future of Children* — a scholarly journal that provides research and analysis to

promote effective policies and programs for children — national research across models showed that families' attrition rates can vary from 20-67%.<sup>xxxix</sup> More recently, researchers noted that approximately 35% of families participating in Nurse-Family Partnership complete the 2.5 year program nationwide.<sup>xl</sup> With these studies in mind, the observed attrition rates in *Figure 5* seem to be in alignment with national research that are reflective of the on-the-ground reality of program implementation with vulnerable families

Figure 5. Rates of Family Retention/Attrition



## Outcomes for Families

Research shows one critical area in which home visitation services support families is by encouraging pregnant women to receive the prenatal care needed to support healthy birth outcomes. When the birth outcomes for families enrolled in home visitation services were compared to outcomes for all Arizona babies born in 2017 (see Table 2), the data suggests:

- Families enrolled in home visiting programs are at a higher risk for premature births and having babies born at a low birth weight, in part due to the challenging circumstances these families are facing (e.g., unemployment, poverty, lack of health insurance).

- However, when families who were enrolled in home visitation while pregnant were compared to their postnatally-enrolled counterparts, data shows that families receiving home visitation services prenatally had healthier birth outcomes (see Table 2).

These trends showcase the benefit of participating in home visitation services while pregnant, with healthier birth outcomes occurring for families enrolled prenatally than those enrolled after the birth of their child.

Table 2. Premature and low birth weight births for pre and postnatally enrolled families

		Premature birth (less than 37 weeks)	Low birth weight
HFAZ Program	Enrolled Prenatally (N=216)*	13.4%	7.7%
	Enrolled Postnatally (N=995)*	19.2%	10.7%
PAT Program	Enrolled Prenatally (N=449)*	4.9%	3.8%
	Enrolled Postnatally (N=2,980)*	15.8%	10.2%
Statewide Population Level*	(N= 81,664)	9.3%	7.5%
Healthy People 2020 Targets		9.4%	7.8%

Source: ADHS Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics. Births during calendar year 2017. \*Note: The denominator for these calculations removed children with missing gestation age and birth weight information from the dataset. Missing data ranged from 5% to 50%.

## Current Evaluation of Outcomes

Parents as Teachers: In April 2019, a 5-year randomized control trial study of the Parents as Teachers (PAT) home visitation program was launched in Arizona, one of the first studies of this kind being conducted in the

United States. LeCroy & Milligan Associates, a research and evaluation firm in Tucson, was contracted by PAT National to conduct the study, and First Things First is also providing financial support for this important effort.

The goal of the study is to compare a wide range of child and caregiver outcomes over an 18-month period with families that receive and do not receive the PAT program to continue to understand the impact this program has on children and families. A total of 900 families will be enrolled in the study, with 600 receiving the PAT program and 300 participating in a control group. Participants are receiving services at one of four Blue Ribbon (exceptional) PAT programs involved in the study: Maricopa County-based Arizona Children’s Association, Child & Family Resources, and Catholic Charities; or Pima County-based Sunnyside School District. As of June 30, 2020, there were 391 families enrolled in the study. All families will be assessed at four time points: at enrollment, 6 months, 12 months and 18 months post enrollment.

When the study began, all data collection was conducted with families in their homes, but due to COVID-19, all data collection is now being conducted virtually by either videoconference or telephone. The research team has noticed minimal disruption in study activities with the virtual transformation, as families continue to enroll and engage in follow-up visits in this new format. Families are able to continue receiving virtual home visiting services from PAT, as well. Observation of families in their home

environment is more challenging now, but the program has adapted, and the data collection is interview question-based so participants can still respond virtually. Data collection will continue in this format until it is safe to visit families in their homes. While not ideal, this change does offer the unique opportunity to compare outcomes of families that received PAT services virtually versus in person and before and during/after the COVID-19 pandemic. This data will provide new information to the field about home-based programming and research in this new environment in addition to the original outcomes of interest related to the impact of PAT as an evidence-based program.

*Healthy Families:* In addition to investments made in the Parents as Teachers randomized control trial study, FTF continues to provide funding to the Arizona Healthy Families Central Administration Office for the purpose of external program evaluation, as well as costs associated with licenses for use of the ETO data system for FTF-funded grant partners. The Healthy Families Arizona Annual Evaluation reports can be found on the Lecroy & Milligan Associates webpage: <https://www.lecroymilligan.com/child-welfare-publications>.

### Outcomes to be Measured for Caregivers

 Parenting Practices	 Behavioral Health	 Child Maltreatment	 Utilization of Resources
 Hope for the Future	 Affection & Responsiveness	 Home Environment	 Education & Employment

### Outcomes to be Measured for the Family

 Family Health & Functioning	 Food Security	 Health Status	 Health Insurance Status
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### Outcomes to be Measured for Children

 Receptive & Expressive Communication	 Socialization & Relating to Others	 Literacy	 School Readiness
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## Continuous Quality Improvement

Due in part to first-year challenges in utilizing a data system for collecting and reporting of data, the analyses of the first year is limited. Challenges with data migration, missing data, and data available on key measures for only one time point (since many families were newly enrolled in services), all impacted the level of analyses available in year one of data collection.

Based on what we did learn from the data collected, FTF is confident that its funded home visitation programs are enrolling families that stand to benefit most from home visitation services. There are well-documented challenges for home visitation programs in being able to visit families frequently based on model recommendations and retain families in services for the recommended period of time. This presents FTF and its system partners with an opportunity to learn more about the barriers to retention and find new ways to engage families in services for lasting impact.

## Expanding Home Visitors' Skills

As Arizona's awardee of the federal Maternal, Infant and Early Childhood Home Visiting grant, the Arizona Department of Health Services (ADHS) is the lead agency for the state's Home Visitation System, Strong Families AZ, and convenes the Interagency Leadership Team (IALT). The IALT is comprised of home visitation funders and stakeholders across Arizona and includes representation from ADHS, DCS, Department of Economic Security (DES), Arizona Health Care Cost Containment System (AHCCCS), Arizona Department of Education (ADE) and FTF to support the coordinated implementation of home visitation in Arizona. These state agencies commit to collaborating on the process of developing a statewide home visitation system and to make decisions that guide early childhood home visiting in a concerted effort to best serve the most at-risk families of Arizona. Additionally, a priority of the team is to increase the capacity and skills of the home visitation workforce through coordinated and ongoing professional development. In SFY20, two such efforts began.

### *Working with Families of Substance Exposed Newborns*

Substance use during pregnancy is a complex public health problem often resulting in significant negative consequences for a woman and her newborn. Data

in Arizona shows a growing problem with substance-exposed newborns. According to the National Center on Substance Abuse and Child Welfare, an estimated 15% of infants each year are affected by prenatal alcohol or illicit drug exposure.

In SFY18, 4,305 DCS reports were received with a Substance Exposed Newborn tracking characteristic, a 15% increase from the 3,736 reports in SFY16. Early intervention services for both the newborn and the mother are critical in minimizing the effects of prenatal substance exposure.

The Substance Exposed Newborn Safe Environment (SENSE) program through DCS is voluntary and provides wrap-around services for the first 120 days of the child's life to ensure newborns who are born substance-exposed are safe and their needs are being met while remaining in the home with their family. Services include DCS intensive in-home services and case management, substance abuse treatment, home visits from a nurse and home visitation services. Home visitation aims to provide services to families well beyond 120 days, so training is needed to help home visitors build the knowledge and skills needed to engage, retain and support these families in the long-term.

In SFY20, FTF received a grant from Blue Cross Blue Shield that provided additional training to home visitors who work with high-risk families involved in the SENSE program. This grant was implemented in collaboration with DCS and DHS. The training was designed to help home visitors further their understanding of substance abuse disorder and how depression and mental health issues can affect a parent's ability to provide the best care for their baby.

Through a series of webinar courses and live sessions, participants learned about family engagement, substance abuse disorder and treatment, and the impact on child development. Almost 200 people statewide attended the training. Now, participants have access to weekly sessions with an infant mental health mentor, as well as daily text blasts to help them apply what they learned into their daily practice.

### *Managing Challenging Behaviors and Meeting Children's Social-Emotional Needs*

Research demonstrates that young children's social-emotional skills are the foundation for school readiness and future academic success.<sup>xli,xlii,xliii</sup> Early Childhood

Mental Health Consultation (ECMHC) is intended to help early childhood education professionals more effectively support the social-emotional development of children through consultation with trained mental health professionals. Studies show ECMHC is effective in preventing and reducing challenging classroom behaviors and improving teacher skills. (See *ECMHC section on Pages 53-54*). Other early childhood professionals working with young children – and their families – could also benefit from this support.

In SFY20, FTF was awarded an almost \$250,000 grant through the Arizona Health Care Cost Containment System (AHCCCS) funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand ECMHC to 40 home visitation teams across the state working with families who are facing challenges related to opioid use. FTF collaborated with

the departments of Child Safety and Health Services, as well as Southwest Human Development (a nonprofit organization that contract with FTF to implement the ECMHC program) to identify home visiting programs that could benefit from this service the most.

This service, which can be provided both in person and in virtual formats, establishes a collaborative relationship between a professional mental health consultant and home visitation providers to help build their capacity and skills to recognize and respond to the mental health needs of children and families. Due to COVID-19, mental health consultants have been providing case consultation to home visiting teams and their supervisors virtually. While this method of service delivery is new to all, most participants have continued to consistently engage in consultation.

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## SUCCESS STORY:

### Breaking the Cycle of Addiction

In 2014, Jane delivered her third baby girl who was substance exposed at birth. She was referred to Healthy Families by the SENSE program at DCS. Because of several struggles, Jane stayed with DCS services longer than the time estimated, although she was able to satisfactorily complete this program and close her case with DCS.

After she completed her DCS services, she decided to continue services with Healthy Families Program, as she had already established a trusting relationship with her Family Support Specialist. During this time, Jane has had her ups and downs and ongoing stress. Her oldest child is diagnosed with developmental challenges with constant behavioral issues. Jane took advantage of the resources available to support her child and did not hesitate to reach out for professional help when needed.

Jane is also diagnosed with Severe Mental Illness – SMI; she has learned to navigate through that system and is receiving mental health services. Jane has maintained sobriety and has created an environment in which her

children feel loved and safe. She has always managed to provide basic necessities to her children as well as resolve ongoing general life stressors/problems.

Jane has positive support from her parents and in laws who have assisted her at different times. The baby in question is now in preschool and screenings show she is on track with her development.



Jane has shown growth in many different abilities throughout the time in the program, but her most noticeable area of growth is her self-confidence and confidence in being a good mom for her children. Jane will complete five years in the program in the next few months and she definitely believes that she can achieve her goals in life.

*NOTE: Names and other details in this story have been changed due to the sensitivity of the information, including DCS involvement.*



**Smiling All  
the Way to  
School**

Tooth decay — the single most common chronic childhood disease — can cause lasting harm to a child’s health and impact their cognitive and social development.<sup>xliv</sup> As a child enters school, it can lead to missed school days, inability to focus, anxiety and other factors that affect academic success.<sup>xl,xlv,xlvi</sup> For pregnant women, lack of good oral hygiene and health care in pregnancy can lead to inflammation of gums, gum disease, pre-mature birth and low birthrate.<sup>xlvii,xlviii</sup>

First Things First’s oral health strategy is designed to capture a population of children and pregnant women that may have developing or prominent oral health problems and/or are not actively seeking and utilizing dental care. Oral health challenges in pregnancy can have a significant impact on a child’s health at birth (low birth weight and premature birth) and in children, can significantly impact a child’s capacity to learn. Accordingly, First Things First (FTF) has invested in the oral health strategy for many years, including \$3.8 million across 14 regions in SFY2019. A portion of that investment is also devoted to oral health education for early care and education of early educators as well as medical/dental clinic staff to ensure that the systems that surround young children, their families and pregnant women are well-versed in the importance of caring for young teeth and the importance of good oral health care during pregnancy.

The general populations targeted for this strategy are children (birth to age 5) not in kindergarten and expectant mothers. Research suggests that children living in poverty,<sup>xliv</sup> children whose parents have lower educational levels,<sup>l</sup> and children who lack insurance and/or who have public health insurance higher rates of tooth decay. In addition, studies indicate that children from certain racial or ethnic subpopulations, specifically children who are American Indian, Hispanic, or non-Hispanic Black are more likely to have tooth decay than their white peers, likely due to the fact that children in these groups are disproportionately poor and lack the resources for optimum oral health care.<sup>li,lii,liii,liv</sup>

When it comes to expectant mothers, risk factors for not getting dental care or having their teeth cleaned are virtually the same including, having no insurance or low education levels and young mothers.<sup>lv,lvi</sup> Expectant mothers who are Hispanic or Black also are more likely to not receive dental care compared to non-Hispanic white mothers.<sup>lvii</sup>

In SFY2019, First Things First invested \$3.8 million across 14 regions in the oral health strategy.

Therefore, it is expected that through the Oral Health strategy, FTF will reach the target population and a population at greater risk for poorer oral health outcomes due to these socioeconomic factors. Through the provision of preventive practices such as dental screenings for children and expectant mothers; fluoride varnish for children; education on oral health risk-inducing practices; and connecting children and expectant mothers to a dental home, FTF intends to prevent tooth decay and reduce the risk for pain, infection and oral health disease for children and expectant mothers.

Oral health screenings are a crucial step in not only detecting potential signs of decay and disease but also in monitoring for the presence of risk factors of disease. The American Academy of Pediatrics recommends that children without a dental home receive an oral health screening and risk assessment by their pediatrician at 6 and 9 months of age with ongoing screenings and risk assessments at 12, 18, 24, 30 months, and at 3- and 6-years old.<sup>lxviii</sup> Oral health screenings of infant-mother dyads, coupled with a dental caries risk assessment, provide an opportunity to identify children who are displaying current signs of tooth decay or who may be at high risk for developing future tooth decay, and refer them to a dentist for diagnosis, treatment, and ongoing preventive care.<sup>lix</sup> Reaching high-risk children early in life is important; partially because the use of dental services early in life can promote use of subsequent preventive dental care.<sup>lx</sup> In addition to providing a benefit to children, dental screenings are an important method for identifying expectant mothers with, or at high risk of developing oral diseases. Pregnancy often causes changes in the mouth including gingivitis and can also lead to a worsening of periodontitis – an infection of the gum tissue which can lead to the destruction of the bone supporting the teeth.<sup>lxi</sup> Detecting and treating periodontitis in pregnant women is important because research has found that periodontitis and periodontal infections may be a risk factor for adverse pregnancy outcomes.<sup>lxii</sup>

Applying fluoride varnish to the surface of baby teeth is a proven method for preventing tooth decay. It is estimated that fluoride varnish reduces tooth decay by 43% in permanent teeth and 37% in baby teeth.<sup>lxiii</sup> The American Dental Association Council on Scientific Affairs recommends fluoride varnish application at least twice per year for caries prevention among children

starting at 6 months old.<sup>lxiv</sup> Semiannual fluoride varnish applications are an important component of an early childhood caries prevention program, particularly for high-risk populations. Studies suggest that applying fluoride varnish at least two times per year (i.e., at six month intervals) may be the most effective approach to preventing dental caries for high-risk populations of children, such as those from lower income families.<sup>lxv</sup> Moreover, applying fluoride varnish every six months was shown to be effective for reducing early childhood caries over the course of two years in a high-risk sample of children with a previous history of tooth decay.<sup>lxvi</sup>

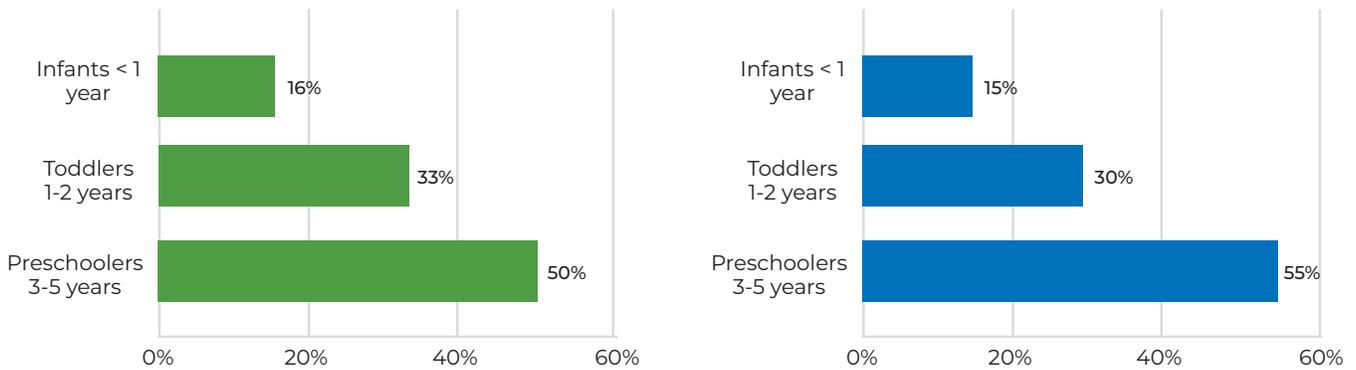
In order to gauge whether the Oral Health strategy is reaching the intended population, FTF began collecting participant-level data in SFY19. FTF invested in a Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic oral health record system, Dental Data Manager (DDM), to track and store oral health strategy related data for FTF grant partners. The seven grant partners delivering program services in 14 regions of the state were trained and supported to transition into this new data system. Although there were challenges orienting grant partners to the data-gathering, service-tracking and inputting processes, information was collected on the majority of children and others participating in the program. That data reveal that FTF is reaching a large number of children in targeted regions across the state, and is reaching a population of children and expectant mothers at-risk for poor oral health outcomes due to socioeconomic factors. Further, through the services, 13,328 children and 750 expectant mothers were identified as high risk for developing tooth decay via their oral health risk assessment results, who otherwise may not have been afforded an opportunity to address risk factors and prevent future decay.

## Reaching Children

Analysis of the first year of data collection show that FTF is reaching its intended populations.

In state fiscal year (SFY) 2019, 24,664 young children received oral health screenings. The ages of the children served virtually mirror the age ranges of children in the targeted areas (see Figure 6).

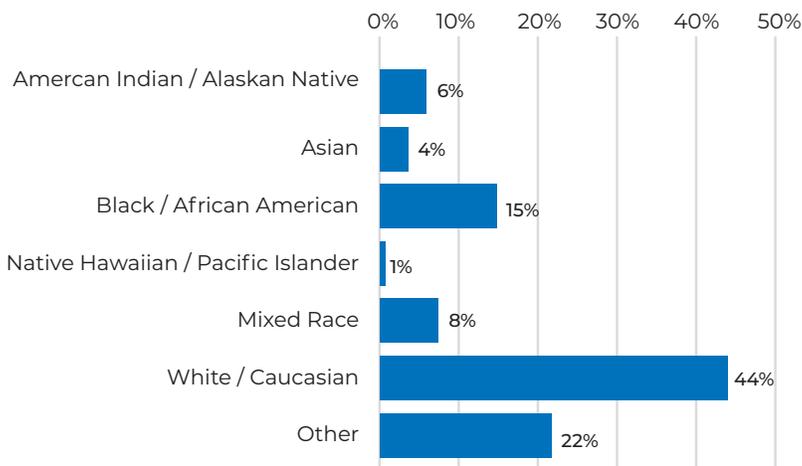
Figure 6. Green = Regional Population; Blue = Population Served by FTF Oral Health Strategy



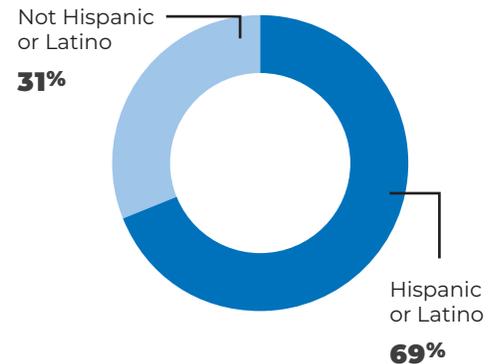
Source for Regional Population: U.S. Census Bureau

**Data available on 20,070 children also show that FTF is reaching children of color who may be at greater risk for poor oral health outcomes.** In the general population in funded regions in Arizona, an average of 4% of children 0-4 were American Indian or Alaska Native, 4% of children were African-American or Black, and 51% of children were Hispanic.<sup>lxvii</sup> By comparison, of the children served by the oral health strategy, 6% of the children were American Indian/Alaska Native, 15% were African-American or Black, and 69% were Hispanic or Latino.

### Child Race



### Child Ethnicity



When examining the socio-economic factors impacting oral health status, FTF is reaching a percentage of at-risk children at the same rate or at even greater rates compared to the population of all children in the regions served, as Table 3 shows.

Table 3.

	Overall Population in the Regions Served	Children Served by Oral Health Strategy
<b>% Children with No Health Insurance</b>	7%	8%
<b>% Households with Primary Caregiver Education High School or Less</b>	40%	41%
<b>% Households Federal Poverty Level 130% or below</b>	34%	59%

Sources:

*Children with no insurance: US Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B27001. This table excludes persons in the military and persons living in institutions such as college dormitories*  
*Households with primary caregiver education less than high school: US Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B15002*  
*Households Federal Poverty Level 130% or below: US Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Tables B17001 & B17022*

Screenings were offered in a variety of settings, most commonly Women, Infant and Children (WIC) offices, early learning settings (child care centers, preschools, Head Start programs, etc) and immunization clinics. **The vast majority of children (79%) received a fluoride varnish at the time of the screening provided by the FTF grant partner or applied elsewhere within the past three months of the screening.** Of the 21% of children who did not receive a fluoride varnish, the most common reason why was due to the parent/caregiver refusing fluoride varnish (55%). This may be due in part to the fact that more than 1 in 4 (27%) of screenings were done in sites where children can be readily seen, but their parents are not in attendance (consent forms are sent to parents in advance of the screening events). The data reveal an opportunity for grant partners to expand efforts to build awareness of the importance of fluoride varnish among families, especially when screenings are being conducted at sites where the parent/caregiver is not in attendance when the screening occurs.

**Most importantly, the data show that FTF grant partners are reaching children at risk for poor oral health outcomes.** Of all children screened:

- 22% had tooth decay (14% had untreated decay);
- 22% of children who did not have any decay had white spots only on their teeth (meaning they were in the very early stages of decay, where screening and fluoride varnish can be most impactful);
- 66% had high risk scores in their first screening (making them ideal to receive information related to good oral health habits that can prevent tooth decay);
- 13% were in early need of dental care (cavity formation without pain, infection or swelling) or urgent need of dental care (signs or symptoms that include pain, infection, or swelling, which requires immediate attention).
- In addition, 63% of caregivers of the children (including 76% of caregivers whose kids were considered high risk) received information and guidance on how to better care for their children’s teeth.

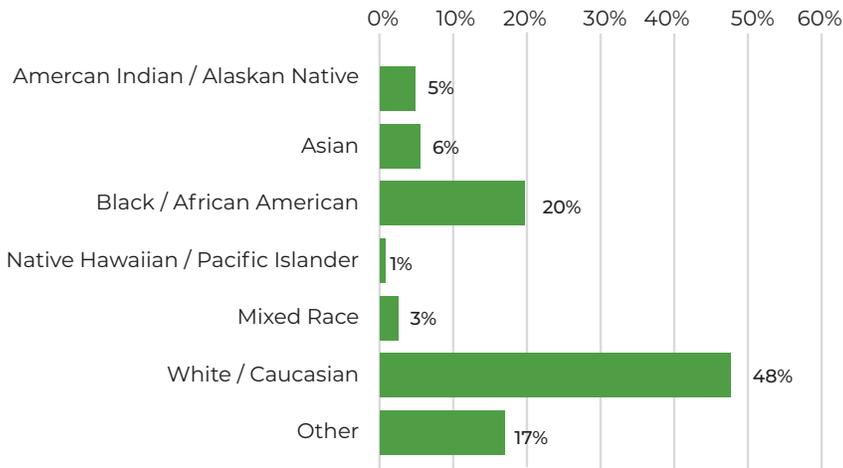
## Reaching Expectant Mothers

In SFY19, 2,310 expectant mothers were served through the FTF Oral Health strategy. FTF oral health demographic data available on 1,722 expectant mothers suggests that the FTF strategy is reaching mothers at-risk for not receiving dental care during pregnancy. Specifically, FTF is reaching a higher percentage of Hispanic expectant mothers (70%) and Black/African American (20%) compared to the percentage of mothers giving birth in Arizona in calendar year 2017, which was

46% for Hispanic or Latina mothers and 5% for Black or African-American mothers on average among funded regions.<sup>lxviii</sup>

The FTF strategy is reaching mothers at-risk for not receiving dental care during pregnancy.

### Expectant Mother Race



### Expectant Mother Ethnicity

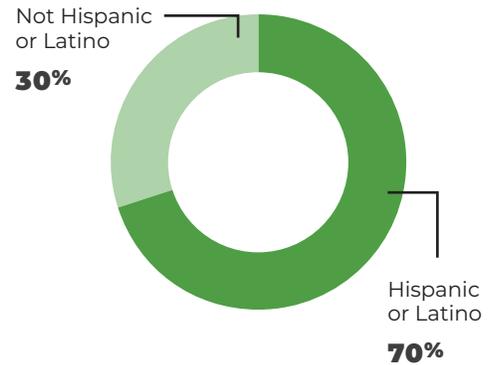


Table 4.

	Overall Population in the Regions/Counties Served	Expectant Mothers Served by Oral Health Strategy
<b>% Mothers with no health insurance</b>	Not available	12%
<b>% of expectant mothers &lt;30 years old</b>	57%	66%
<b>% of new mothers with high school education or less (2017)</b>	44%	49%

Sources:

AHCCCS Insurance and mothers with less than a high school education: Arizona Department of Health Services, Bureau of Public Health Statistics. (2019). [Vital Statistics Dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Expectant mothers less than 30 years old: Arizona Department of Health Services (2018). Resident Births by Mother's Age Group, Race/Ethnicity, County of Residence, and Year, Arizona 2008-2018. Retrieved online from <https://pub.azdhs.gov/health-stats/menu/index.php?pg=births>.

These data suggest that FTF is reaching a representative proportion of mothers younger than 30 years of age or who had less than a high school education, who — as studies referenced earlier — are at a higher risk for not receiving dental care or having their teeth cleaned, or who are at-risk for bleeding gums in the past year, respectively. Data also demonstrate that expectant mothers are receiving the expected services from the program. Specifically:

- 2,310 mothers received a screening;
- 73% of mother screened had tooth decay (including 38% of mothers with untreated tooth decay);
- 75% of mothers had high risk scores at their first screening and 46% were in early need of dental care (cavity formation without pain, infection or swelling) or urgent need of dental care (signs or symptoms that include pain, infection, or swelling, which requires immediate attention);
- Virtually all mothers (93%) received information and resources to support good oral hygiene (this includes 99% of expectant mothers deemed high risk)

## Challenges Exist

Data collected in SFY19 also point to challenges faced by efforts to provide preventive oral health services to at-risk children and expectant mothers in the region.

FTF will be working with other system partners — including private providers, AHCCCS and federally qualified health centers — to better coordinate efforts to build awareness among families on the importance of preventive care and the oral health resources available to families in the regions.

One issue identified is that 21% of children did not receive a fluoride varnish, and the vast majority of those were because the parent did not consent to the fluoride application. Given these findings, FTF will explore the different mechanisms that grant partners are using to educate parents about the benefits of fluoride varnish whether in person or via communication that goes to the homes of the children. FTF is also connecting with state partners and AHCCCS health plans to promote and align

educational materials for parents on the importance and safety of fluoride varnish application.

A second challenge is that although both groups are receiving screenings and children are receiving fluoride varnishes, the number of both children and expectant mothers who received referrals and then actually were connected to a dental home is very low. Although some parents or caregivers may choose to make the dental appointment themselves, FTF has been working to identify some of the barriers faced by both grant partners and families in this area of follow-up care. In terms of families, identified challenges include lack of providers in their area and other factors that made it difficult to access care (such as time off needed from work, lack of transportation, etc). FTF is exploring whether referral/navigation and follow-up activities should be targeted to specific children/expectant mothers.

A key factor in connecting children to a dental home is getting in touch with caregivers/parents when they are not present at the child's screening (e.g., the screening occurred at a child care center). Grant partners reported that when outreach was attempted, many families would not respond. FTF continues to explore what tools/resources grant partners need to more effectively reach caregivers. This includes exploring alternative communication options with caregivers and expectant mothers such as software to allow for large-volume text messaging. Studies are beginning to emerge regarding the effectiveness of text messaging. In one small study, participants were sent text messages regarding positive oral health behaviors or other information regarding child wellness twice a day for eight weeks. Results indicated satisfaction with the program, and an increase in preventive oral health behaviors such as tooth brushing, at the end of the program and at follow-up.<sup>lxix</sup> In addition, FTF is closely watching the evaluation of a local Arizona pilot through FTF's system partner Eyes on Learning that is partnering with a cohort of local schools and health care providers to utilize text messaging to communicate with parents post-screening. If successful, it could be an option to increase the probability that caregivers are provided the education on positive oral health care and encourage them to access and utilize oral health supports and services through a dental home.

## Ongoing Evaluation of Impact

First Things First also will continue to work with state partners to determine whether their collective investments are improving statewide oral health outcomes for young children.

According to the Healthy Smiles Healthy Bodies study, released in 2016, oral health outcomes for children in Arizona were beginning to improve compared to the previous 2003 study.

- The percentage of Arizona's kindergarteners with untreated decay decreased from 35% to 27%.
- The percentage of kindergarten children sitting in a classroom with dental pain has decreased from 7% to less than 2%.
- The percentage of Arizona's kindergarten children with a dental visit in the previous year increased from 54% to 77%.

- In addition, the percentage of young children who had never been to a dentist was cut by more than half, dropping from 25% to 10%.
- The percentage of kindergarteners needing urgent dental care because of pain or infection decreased from 7% to 2%.<sup>lxx</sup>

The SFY19 findings from the Oral Health FTF outcomes data suggests that children younger than kindergarten age are at lower levels of untreated decay (14%) compared to the sample of Arizona kindergarteners studied across Arizona in 2015 (35%) and the need for urgent care (1% vs. 2% respectively). While the FTF Oral Health strategy served only 14 regions in Arizona in SFY19, these data are promising and suggest that children served may be getting the preventive care needed to decrease their chance for decay by kindergarten. First Things First has partnered with DHS to conduct a follow-up study again in late 2020 to determine if these improvements have been sustained or even increased.

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## SUCCESS STORY:

### Program goes above and beyond to connect families to dental care

Lydia, a 20-year-old expectant mother in her second trimester of pregnancy, was expecting her second child, a baby girl. Lydia and her family had recently moved to Phoenix and were experiencing financial difficulties due to being unemployed. Lydia was experiencing oral pain and was receiving AHCCCS benefits but was not aware that she was eligible for full dental coverage until the age of 21. The First Teeth First social worker provided education on her dental coverage benefits and options of locations where she could receive dental care. Lydia decided to schedule an appointment at NOAH Palomino Health Center. Lydia did not have transportation, and

the social worker was able to establish transportation through her Medicaid insurance plan. The social worker advised Lydia to obtain a clearance letter from her OB/GYN and schedule an emergency dental appointment the following day. After the exam, Lydia was provided a dental treatment plan and was prescribed medication for the pain. Lydia was pleased with the dental visit and that the dentist was able to alleviate her toothache. She was also grateful for the First Teeth First social worker who was able to advocate for her throughout the process.

# **Program Shows Promise in Promoting Positive Parenting**



Babies come with many joys, and sometimes, a few challenges. What they don't come with is an instruction manual. First Things First funds a continuum of programs and services aimed at supporting families in their crucial role as their child's first teachers. Two such programs are available statewide, including:

**Arizona Parent Kit** – before they leave the hospital, families of newborns are provided with information and resources available to help them support their baby's healthy development and learning. They also receive information about expanded Parent Kit content available online, which is searchable by topic area or by various ages and stages of child development.

**Birth to 5 Helpline** – a free service available to all Arizona families with young children, as well as parents-to-be,

with questions or concerns about their infants, toddlers and preschoolers. Callers can speak with an early childhood specialist, on duty Monday through Friday from 8 a.m. to 8 p.m. They can also leave a voicemail or submit their question online anytime. The Helpline is staffed by early childhood development specialists, registered nurses, disabilities specialists, early literacy specialists and mental health counselors.

In addition, depending on local funding and needs, there are a variety of parenting programs available to strengthen families in their role as their child's first teacher. Each program uses its own curriculum to achieve a variety of improved outcomes for both children and caregivers, who often have diverse needs, challenges and perspectives.

Recently, First Things First participated in the national evaluation of the First Five Years (FFY) Active Parenting program. The program, which currently is available in the FTF Gila Region, is designed to build parents' knowledge of child development; teach parents how to prevent challenging behaviors; give parents strategies to increase mindfulness and reduce stress; practice their positive parenting skills; and brain-building activities, including those that enhance working memory, flexible thinking and self-control.

In Arizona, the study was conducted by Oklahoma State University (OSU) in partnership with Arizona Youth Partnership — the community organizations funded by First Things First to implement the program — to complete the study.

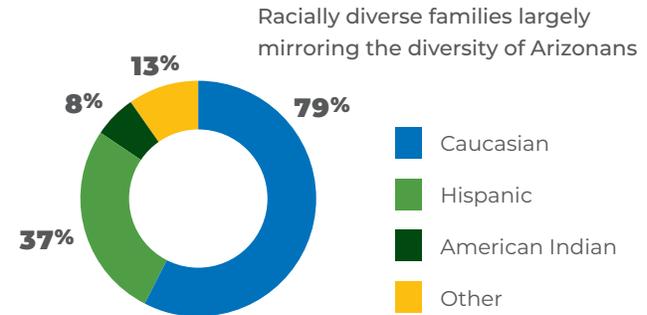
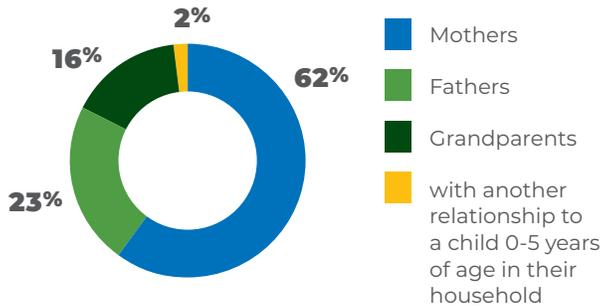
The grantees were trained as certified facilitators of the program and used materials provided by Active Parenting Publishers to provide weekly classes over a period of four weeks. Parents and other caregivers participating in the study all had at least one child birth to age 5. They attended four weekly, interactive sessions, which combined videos with activities and games designed to help parents feel more capable and less stressed. Although the results from the national evaluation study are pending peer review, OSU sent First Things First the results when only Arizona caregivers were included in the analysis.<sup>lxxi</sup>

Parents reported  
responding to their  
child's needs better.

Parents also had  
increased confidence  
in their parenting  
role and decreased  
parenting stress.

The 127 parents and caregivers in Arizona were surveyed one month before the start of the class, at the first session, and at the last session.

The 127 caregivers were:



**32** Average age of caregivers

**41%** of participants were single parents;

**67%** reported earning less than \$30,000 annually,

**84%** reported a high school degree or GED as their highest earned degree

## Program Outcomes

Researchers found that there were a variety of positive outcomes for Arizona families participating in the program. Overall, findings from parent and caregiver surveys consistently indicated a positive impact of the FFY program on parents' behavior and attitudes related to parenting, and almost every participant indicated that they would recommend this course to a friend or loved one.

Parents surveyed reported growth in their ability to respond to their child's needs, including increases in responsive parenting behavior, knowledge of their young child's development and mindfulness. After attending 3 of the 4 sessions, parents also reported increased confidence in their role as a parent and decreased parenting stress.

Outcomes for kids were more difficult to measure due to some children being very young at the time their parents

participated in the program. The surveys for caregivers with age-eligible children generally showed that at the end of the program children behaved better socially and had fewer emotional and behavior challenges, although these changes were not statistically significant (likely due to the small sample size). The national evaluation study found significant decreases in children's behavior challenges, indicating that a bigger Arizona sample would have yielded significant differences in child behavior.<sup>lxxii</sup>

Not surprisingly, participating caregivers in Arizona were very pleased with the program. The majority rated their overall experience as either good (10.3%) or excellent (62.1%), and 98% agreed (15%) or strongly agreed (83%) that they learned new information they would use with their young children.

First Things First will use the information gleaned from work with OSU to look for ways to continue evaluating other funded parenting education efforts in the coming years.

## SUCCESS STORY:

# Parents Learn Time Together Has Greatest Impact on Kids

Parenting is a difficult job, and all caregivers of young children could benefit from new information and tools. That's where First Five Years Active Parenting classes come in.

The classes are funded by FTF and offered throughout Gila County by Arizona Youth Partnership (AYP). Tawnee Johnson, who runs the classes in Payson, and Charlene Becker, who runs the classes in the rest of the county including Globe, said most parents coming to the classes initially feel there's not much to learn.

"I think a lot of parents fear they are going to be judged if they admit to challenges or uncertainty," Becker said. "We're not here to judge; we're here to reassure parents that they're not crazy; that the things they struggle with are challenges for many families; and most importantly, to give them tools to deal with those situations"

The key, Johnson said, is to view every challenge as an opportunity to teach children.

"When a parent sees behavior they don't like, it's not about punishing children; it's about teaching them what the appropriate behavior is," Johnson said. "These lessons, along with routines, help children feel secure because they understand expectations and consequences."

The classes also provide strategies for supporting children's school readiness, such as developmental milestones, the importance of good nutrition and the benefits of reading together daily.

"The single most significant factor influencing a child's early educational success is an introduction to books and being read to at home prior to beginning school," Becker said, adding that Arizona Youth Partnership promotes reading to children, helping sign up families with the Dolly Parton Imagination Library — a free "book of the month club" for kids under age 5.

Kids are welcome at these classes — while parents learn, talk and exchange ideas, children get to play with the other children in the class — making the sessions a combination support group and play date.

Both certified trainers know their program works because of changes they see during the four-week course, the number of parents who re-take the series to learn more, and feedback they receive once the classes have ended. Becker gave a recent example:



The classes also provide strategies for supporting children's school readiness, such as developmental milestones, the importance of good nutrition and the benefits of reading together daily.

"We had a dad who felt he was not bonded with his 2-year-old son, he told us that despite always being with his son, they did not get along. He honestly felt his child hated him. Our next class was about routines and spending time with your child. The assigned homework afterward was to spend one hour a day minimum playing with the child — and that did not mean sitting in the same room while you look at your phone or computer or video game while your child tries to find ways to entertain themselves. Instead, get on the floor and play; take your child outside or to the park. "When the father came back after a week, he said he played with his son for an hour without any distractions, and by day three his son was getting excited about their time together, it ended up being more than an hour. He hadn't realized his son had been trying to communicate with him all along, and that some of the challenging behaviors were really his son asking for him to pay more attention to him."

Johnson said those moments, "the light bulbs going off." are the most exciting. She recalled a mom whose preschool-aged daughter had some identified language delays. Johnson referred her to the Arizona Early Intervention Program, as well as the preschool for special needs children in their area.

"Those services were going to take time to start, and she wasn't really sure what she could do in the meantime. We went over brain-building activities and language activities like reading, singing and talking. We both noticed a big change in her daughter's language. Once school started, her daughter's preschool teacher was also amazed at how much the little girl had progressed since her last evaluation. When the parents feel like they have tools and they use those tools, big changes can happen."

**Philanthropic  
Investments  
Expand  
Preschool  
Expulsion  
Prevention**



Research demonstrates that young children’s social-emotional skills promote school readiness and future academic success.<sup>lxxiii,lxxiv,lxxv</sup> Children with poorer socio-emotional skills may benefit from positive early education experiences that could help facilitate their transition into formal schooling.<sup>lxxvi</sup> Unfortunately, children with socio-emotional and behavioral problems may be more at-risk for expulsion from early education programs. Research shows Early Childhood Mental Health Consultation (ECMHC) is effective in preventing and reducing challenging classroom behaviors, improving teacher skills and lowering preschool expulsion rates.<sup>lxxvii</sup>

Given the high rate of expulsion in preschool and child care programs,<sup>lxxviii</sup> First Things First has prioritized the evidence-informed ECMHC strategy to promote positive transition practices and reduce expulsion rates for children in Arizona. The strategy is intended to help early childhood education professionals more effectively interact with children and their families through consultation.

The consultants are highly trained mental health professionals with expertise in children’s social and emotional development who collaborate with early care and education providers. MHCs conduct activities that promote early childhood socio-emotional competence and development as well as problem-solve specific child and family issues. ECMHC has primarily been implemented in licensed child care centers or homes; however, ECMHC services can also be provided to professionals providing Home Visitation services or those involved in Family, Friend and Neighbor (FFN) programs. The evidence demonstrating that ECMHC is effective at promoting positive social and emotional outcomes and reducing negative outcomes, has led many states to incorporate the practice in efforts to improve the skills of early educators to support social-emotional development of children in their care.

There are a variety of situations in which programs might request or be offered ECMHC:

- Child-Focused Consultation: working with adults, including teachers and families, to understand a specific child’s behavior and ways to address the child’s needs through an individualized plan;
- Classroom-Focused Consultation: working with a specific teacher to identify attitudes, beliefs, practices and conditions that may be undermining quality relationships between teachers and children; and,
- Program-Focused Consultation: working with program leadership, like directors, to ensure their early learning practices and/or policies benefit all of the children and adults in that setting.

Research shows ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills and lowering preschool expulsion rates.

With an FY20 investment of \$3.6 million, First Things First is the largest funder of ECMHC in the state and has incorporated ECMHC into Arizona's quality improvement and rating system, Quality First. The program –referred to as Smart Support – is administered through a partnership with a community-based organization. In the 13 regions that fund the program, 342 early learning providers had access to the ECMHC program to help them address issues at the child, staff or program levels.

A four-year evaluation of Smart Support released in 2016 and performed by the Institute for Child Development Research and Social Change found that ECMHC services resulted in improved outcomes for children, teachers and programs. Specifically, data collected from teachers in preschools and child care centers with ECMHC Smart Support demonstrated:

- Improved classroom emotional climate;
- Increases in teacher knowledge of social emotional development;
- Closeness increased and conflict decreased in teacher-child relationships;
- Prevention of child expulsion;
- Increased teacher confidence in ability to handle challenging behaviors; and
- Increases in children's self-regulation.<sup>lxxix</sup>

In SFY20, 342 early learning providers had access to the ECMHC program to help them address issues at the child, staff or program levels.

First Things First has worked with philanthropic partners to expand the ECMHC.

The **BHHS Legacy Foundation of Southeast Arizona** awarded the FTF Cochise Regional Partnership Council a grant of more than \$35,000 to pilot early childhood mental health consultation at three Quality First centers in Sierra Vista, Willcox and Douglas.

The need for early childhood mental health support came up repeatedly over a two-year period of community town halls and an early childhood consortium that gathered government, business and early childhood leaders from Cochise County. Those discussions revealed a high number of preschool expulsions and a lack of behavioral health services in the region. The grants funds will help early childhood educators identify behavior challenges and give them tools to deal with those issues with turning to expulsion. The program also will give information to the FTF Cochise Regional Council members as they consider future funding.

The FTF Graham/Greenlee Region recently received a grant from the **United Way of Graham and Greenlee Counties** of almost \$25,000 to expand their ECMHC services to two additional child care centers in the two counties. Currently, consultation is already funded in three centers. The grant money will provide help to an additional 150 children and about 20 child care professionals across both counties.

Philanthropic organizations are not the only ones looking to expand ECMHC. After hearing information from a national expert's presentation on ECMHC at FTF's 2019 Early Childhood Summit (*see story below*), four Arizona legislators proposed a bill that would have created a 5-year, \$10 million pilot program to expand it. Although the bill's progress was derailed by the abrupt end to the legislative session caused by the COVID-19 pandemic, the interest and dialogue engendered by the legislation – coupled with the evidence on the effectiveness of consultation – are positive indicators early childhood experts and advocates can continue to build on.

## ASK THE EXPERT:

# Preschool Expulsion

Walter Gilliam was a featured speaker at First Things First's 2019 Early Childhood Summit, held August 26-27, 2019 in Phoenix. His presentations were attended by 265 early childhood practitioners and champions. Gilliam is a professor of child psychiatry and psychology at the Yale University Child Study Center, as well as the director of the Edward Zigler Center in Child Development and Social Policy. Gilliam is co-recipient of the prestigious 2008 Grawemeyer Award in Education for the co-authored book, *A Vision for Universal Preschool Education*.

He actively provides consultation to state and federal decision-makers in the U.S. and other countries and is frequently called to provide U.S. Congressional testimony and briefings on issues related to early care and education. He is a member of the board of directors for ZERO TO THREE, Child Care Aware of America and the Irving Harris Foundation.

Prior to the Summit, Gilliam shared his thoughts on early childhood expulsion, bias and how we can do better for our children.



## **QUESTION: How do expulsion and suspension impact children?**

ANSWER: The long-term implications of expulsion and suspension for early elementary school students show that if a student experiences expulsion or suspension, they are at a greater risk of being expelled or suspended again. They are 10 times more likely to drop out of high school. They are more likely to fall behind in school work, be ostracized by peers and teachers and have chronic absenteeism.

If using expulsion or suspension is supposed to be an intervention to change a child's behavior, it has proven to create more bad outcomes than positive, putting the child at risk.

## **QUESTION: From your work with preschool children, what are the implications of expulsion for young children and their families?**

ANSWER: For preschool age children, while there isn't research, there are a host of things to consider for expelled children and their families.

For a child who is having behavioral issues in the classroom, there could be concerns that this child's development might be awry or it could be because of what that child is experiencing in a child care program. Instead of being referred for an assessment, the center uses expulsion to anesthetize itself, never identifying the problem for the child or center. A child who might need help gets expelled and hidden from the system. The child's problem festers over time, and the support gets weaker and the cost to help the child increases.

There is also the burden for families. Parents need child care to work, and if their child is expelled, parents may have to quit their job or take unpaid time off, creating a financial burden. They also might have to put their child in the care of someone who isn't qualified, which may not be the safest place for their child. This all creates more stress for families.

## **QUESTION: What can be done to reduce expulsions in early childhood education?**

ANSWER: Research shows that early education expulsion rates are tied to teacher-student ratios and stress levels and depression in early educators. We should be investing more in early education. Research shows that for every one dollar spent in early education there is a \$7 return for the community. We should value the people who are teaching our children.

We should be providing financial and professional support to educators. We pay half of what they should be making in their profession. They could get paid better if they were watching cars in a parking lot. This small salary is really a statement of how little we value our own children.

If we aren't going to pay them more, then the least we could do is to give our early childhood professionals the supports they need to best serve our children and families. Often this means access to consultants, who can come into the classrooms and give them support on how to deal with more challenging behaviors.

## **QUESTION: Have you seen positive outcomes from early childhood educators using consultants?**

ANSWER: There are studies that show when teachers had access to a mental health consultant, who works with the teacher in the moment to help a teacher with a specific child, in about three months, the behavior is under control and it also gives the teacher skills that benefit other children in the classroom and cut expulsion rates in half.

In Connecticut, we evaluated a program that offered teachers a mental health consultant to serve infants and toddlers who were at risk. The intervention happened over three months, eight to 10 hours per week, with time for home visits and set meetings with teachers and parents together.

The intervention was highly effective. Compared to outpatient psychotherapy or special education classes, the consultant was the most cost-effective way to help the child. It also helped the teacher to deal with other challenging behaviors. We also measured the social skills of the other kids in the classroom, and their social skills went up, too.

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## **SUCCESS STORY:**

### **Mischief Managed: Scenes from The Classroom**

#### *Taming Tantrums*

One of our preschool teachers was challenged by a child who had experienced significant trauma in his young life and had some developmental delays. Participating in classroom activities and navigating transitions in the schedule was quite difficult for this young boy. He would often have long tantrums and was difficult to console when upset. The mental health consultant observed in the classroom and talked with the teacher about her experiences with him. The teacher began to share how overwhelmed she was feeling and how she was questioning her competence as a teacher.

The consultant reflected with the teacher, validating her feelings and experiences. The consultant then reached out to the child's mother and learned she was feeling similarly overwhelmed with parenting her son. Together with the director, the consultant facilitated a meeting with the child's teacher and parents. With the

encouragement and support of the school, the mother sought an assessment for her son with Child Find. He is now in the process of completing the assessment, which indicates he will qualify for speech and occupational therapy services. In addition, the consultant worked with the teacher to identify strategies that help the child in the classroom, including minimizing the number of transitions and providing individualized support to the child at the more challenging transitions during the day.

Improved communication between school and home is now being supported through a notebook that the teacher and mother utilize to highlight the child's successes and share relevant updates. The teacher and mother are both beginning to see the child experience more successes and fewer challenges. In addition, the child is forming friendships and engaging in a wider variety of activities in the classroom.

### *Expulsion Expelled*

The mental health consultant was asked by a center to support a child who had recently transitioned into a Pre-K classroom. The boy was having lengthy tantrums, destroying the classroom, and screaming throughout the day. He was sent home several times for hurting peers and teachers and was at risk of being expelled. The two young teachers in the classroom were hesitant in their responses to the child and were afraid of triggering more tantrums by setting limits or boundaries with the child.

The consultant discussed with the teachers about the possible triggers for the child's behaviors and ways to support his social-emotional development. The consultant encouraged the teachers to set limits, model appropriate behavior, and coach the child's emotional regulation skills. The consultant and teachers also

discussed building a strong, positive relationship with the child. The teachers took an active role in finding one-on-one time to praise the child's artwork or creations in the block center. Teachers tried to balance any negative or correcting interactions with praise for good behavior.

The consultant facilitated a Positive Behavior Support (PBS) parent meeting to discuss strategies with the family and share notes on the child's progress. The family and school have a strong partnership and were able to communicate daily about the implementation of strategies at home and at school. Through the consistent implementation of recommended strategies, the child made significant progress. Today, he is no longer at risk of being expelled for challenging behavior.

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### *Tackling Trauma*

Another consultant partnered with a new toddler teacher who came to her position with little early childhood experience, but with a passion to learn and grow. The center she works in serves many low-income, culturally diverse families, as well as children involved with the Department of Child Safety.

Many of the toddlers in her care displayed particularly challenging behaviors due to issues related to early trauma and loss, separation from primary caregivers, and substance exposure. The teacher wanted to create a classroom environment that would feel safe and supportive for these children. She worked with her consultant to learn more about trauma sensitive caregiving and to implement new practices in the

classroom. She arranged her classroom to include a calming area, a variety of sensory activities, and routines that were very predictable and consistent. She focused attention on building relationships with each of her children and individualizing her approach based on an understanding of each child's unique needs.

In addition, on her own time, the teacher is also participating in a three-part trauma training series sponsored by Prevent Child Abuse Arizona. She has also requested and read several books and articles provided by her mental health consultant to further her learning. Though she continues to care for many children with challenging life circumstances, she now has more tools to support them, as well as a deeper understanding and sensitivity toward their needs.

### *The Teacher Becomes the Student ...*

The mental health consultant began working in toddler classrooms and noticed that a teacher was minimally responsive to emotional distress in the children. The teacher would regularly dismiss negative emotions and often wait until high escalation of emotions before responding to children. The consultant also noticed the teacher seemed unaware of the different needs among children.

The consultant returned to the program director and discussed ways to support the teacher. After consulting with the consultant, the director met with the teacher to address what supportive interactions would look like. The teacher voiced that she did not know what was expected regarding interactions. The consultant

and director supported the teacher in learning more about teacher-child relationships, child development, and understanding the needs of individual children, then eventually met with the teacher to review a tool which rated interactions in the classroom. Throughout, the teacher appeared eager to learn and grateful for the support.

Through the supportive, encouraging relationship with the consultant and the center director, within a month, the teacher began to interact more frequently and positively with the children. She showed increased interest in what the children were engaged in and appeared to be responding to the emotional needs of the children by applying the information which was provided and modeled.

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### *...And the Student Becomes the Teacher*

While mental health consultants focus heavily on enhancing the skills of individual teachers, they are always looking for opportunities to expand their reach by enhancing the capacity of directors, as well. In an ideal situation, that capacity grows to the point that their support is no longer needed. One director, who has been engaged with Smart Support for more than a year, is demonstrating such capacity. Over the last year, her consultant partnered with the site to support several children who were struggling in the classroom. The director and teachers participated with their consultant as positive behavior support strategies were introduced and implemented in the classrooms. As is customary, the consultant developed positive behavior support plans with input from teachers, director, and parents. Over the year, teacher skill and confidence in addressing challenging behaviors have increased. More impressively, however, is that the director has begun to develop her

own behavior support plans implementing many ideas and strategies she has learned through consultation.

At a recent visit, the director was proud to share with her consultant a behavior support plan she had written herself for a preschooler who was having frequent tantrums and becoming aggressive with peers. The director observed in the classroom and talked with the teacher and family about their observations and concerns. She was able to then identify strategies to help him and has been supporting the teacher in implementing the plan in the classroom. The director shares that she is now feeling confident supporting her teachers with the many challenges they face. Though the consultant will continue supporting the director for a few more months, the consultant is confident the site can continue to optimally support children's social emotional development when consultation services come to an end.

*NOTE: The stories above describe how mental health consultation services helped a variety of children and early educators. Names and references to specific providers or areas of the state have been deleted for the privacy of the children. These stories represent children, teachers and programs from metropolitan, rural and tribal areas.*

# **Regional Council Acknowledgements**



At FTF, decisions about which early childhood programs are funded locally are informed by recommendations to the state Board from regional partnership councils comprised of community volunteers. These dedicated citizens represent the many facets of our community that have a stake in our young children’s success, including parents, educators, child care professionals, health care providers, tribal communities, faith representatives, business leaders and philanthropists. Each member dedicates an estimated 120 hours each year to study the needs of their communities and work with local stakeholders to identify priorities for funding.

But, being a regional council member goes beyond the work done in meeting rooms. Each member – in their professional and personal lives – works to connect others in their community with the work of FTF, whether building awareness of the importance of early childhood among audiences ranging from families to policymakers, or establishing community partnerships that help to expand or enhance the local supports for young children

or their families. Although members serve staggered four-year terms, many individuals apply for and are selected to serve additional terms. In SFY20, there were 16 individuals statewide who celebrated 10 years of service to young children in their communities. They join 54 individuals acknowledged for this milestone since 2018.

## **This year, FTF thanks and celebrates the following 10-year champions for children:**

### **Central East Regional Area**

- Debora Bunney, Gila Regional Council
- Stacy Morris, Graham-Greenlee Regional Council
- JoAnn Morales, Graham-Greenlee Regional Council
- Delphine Rodriguez, San Carlos Apache Apache Tribe Regional Council

### **Northeast Regional Area**

- Dawnafe Whitesinger, White Mountain Apache Tribe Regional Council
- Sherry Birch, Yavapai Regional Council
- Ophelia Tewawina , Yavapai Regional Council
- Beth Johndrow, Coconino Regional Council

### **Phoenix Regional Area**

- Priscilla Antone, Gila River Indian Community Regional Council
- Sandra Nasewytewa, Gila River Indian Community Regional Council

### **Southeast Regional Area**

- Amber Jones, Pima North Regional Council
- Karen Woodford, Santa Cruz Regional Council
- Louis Johnson, Tohono O’odham Regional Council
- Kymberlii Tenario, Tohono O’odham Regional Council

### **West Regional Area**

- J. Deal Begay, Jr., Cocopah Tribe Regional Council  
*Please see In Memoriam section below.*
- Rebecca Ramirez, Yuma Regional Council  
*Please see In Memoriam section below.*

## In Memoriam – First Things First Remembers

### J. Deal Begay Jr.

In June 2020, the Cocopah Tribe lost a great leader and Arizona lost a lifelong champion for children.

Cocopah Tribal Vice Chairman J. Deal Begay Jr. died on June 21 at the Yuma Regional Medical Center. In addition to his service as a tribal leader, Begay was serving as Chair of the FTF Cocopah Regional Council at the time of his death.

“The Cocopah Tribe has lost a great fighter for the Cocopah people,” Chairwoman Sherry Cordova said in a statement.

Vice Chairman Begay’s death was felt far beyond the Cocopah Reservation, which is located southwest of Yuma along the U.S.-Mexico border.

“For all of the tribes, he was a very excellent advocate and he dedicated a lot of time to improving the lives of each and every tribal member in Arizona and beyond, so he will be greatly missed,” Maria Dadgar, executive director of the Inter Tribal Council of Arizona, told *The Arizona Republic*.<sup>lxxx</sup>

Begay’s absence also will be strongly felt on the FTF regional council, where he was acknowledged for a decade of service this year.

“Deal showed through his actions and his words that he cared deeply about children and families,” said Senior Regional Director Ashley Pascual, adding that Begay first joined the regional council as the parent of a young child.

“He lifted up the voices of all the members on the regional council. He helped the younger members speak up when he believed they had different perspectives to offer, and he made the topics and materials relatable for the elders. It is difficult to imagine the Cocopah regional council without him,” Pascual said.

FTF Cocopah Tribe Regional Director Nohemi Ortega said Begay was deeply committed to establishing and maintaining positive and trusting relationships between FTF and the Cocopah Tribe.

“He did this in many ways, including reporting to Tribal Council the work of the regional council and acting as a liaison between both,” Ortega said. “He also invited FTF to participate during tribal events and to be present at meetings where FTF input would be important.”

But, for Ortega and Pascual — as with other regional staff and council members — the loss is very personal.

“I will always remember his willingness to invest time mentoring me and preparing me to work in his community,” Ortega said.

Pascual added, “He had such a big presence and held a powerful position, yet he was thoughtful, kind and greeted you with a hug. I will miss that.”

## Rebecca Ramirez, Yuma Regional Council

When Rebecca Ramirez was first approached by leaders of the Quechan Tribe about serving as their representative on the FTF Yuma Regional Council, she decided to attend a meeting to see what this early childhood group was all about.

“It so happened that at that meeting the subject of the lack of services for special needs children was addressed,” recalled fellow regional council member Irene Garcia. “I shared my personal story about the struggles that I went through as a parent with a special needs child and how I felt that FTF could really make a difference in our community to help get services here. Rebecca said that’s when she knew that she wanted to serve on our council. Rebecca wanted to help get those services for children here in Yuma County and she definitely did just that.”

Ramirez, who passed away in May, served on the regional council for a decade and made a lasting impression on fellow members and staff.

“Rebecca was incredibly committed to the work of FTF, and she served on countless workgroups, subcommittees, and grant reviews to ensure the needs of Yuma County children were being met with the intent set forth by the regional council,” said FTF Senior Regional Director Ashley Pascual. “I thought of her as the historian of the regional council, because she would insert reminders — when needed — of why the regional council made their decisions and she consistently kept the focus on their priorities.”

That commitment was an asset to the regional council and to the children of her tribal community.

“Rebecca touched the lives of many Quechan children and families for many years. She brought a unique perspective and shared the challenges that Quechan children and their families face,” Garza said. “But Rebecca’s biggest contribution was her passion and heart. She had a passion for children, and was not afraid to speak up for them.”

FTF Yuma Regional Council Vice Chair Emilia Cortez said Ramirez also will be missed for her attitude and precision, laughing as she remembered that Ramirez would notice if budget numbers were off by a penny.

“She was always positive, genuinely listening before responding in meetings. She always had such grace in expressing her opinion,” recalled Cortez. “She always put the welfare of children at the forefront of all our plans or discussion. Her commitment to child welfare gave her fuel to continue her role for on the council.”

Regional Director Rudy Ortiz summed up the thoughts of his regional council upon hearing news of Ramirez’ passing.

“We will miss her positive attitude and laugh,” Ortiz said. “We will miss her passionate commitment to our region. She was the ultimate champion.”

## Leslie Meyer, Navajo/Apache Regional Council

“Leslie Meyer would like to let you know that her work on earth is done. She received a call however, an offer she couldn't refuse, for an appointment from which she will not be returning. Her new assignment comes with a reunion of family and friends she has not seen in a long time. Her new mission takes her to a wonderful place and her spirit will live on in the beautiful works she began and the people whose life she made better.”<sup>lxxxix</sup>

So began the obituary published about Meyer — an FTF Navajo/Apache Regional Council member for 11 years — after her passing in July 2019. The positivity, humor and sense of purpose reflected in those words came as no surprise to FTF Navajo/Apache Regional Director Kate Dobler.

“That's what I'll miss most — her smile, her laugh and her sense of humor,” Dobler said, adding that Meyer would get very serious when speaking about the needs of young children, especially infants.

“Leslie was passionate about educating parents and the community about young children, and especially babies.” Dobler said. “She always brought the conversation back to the baby, and grounded the work of the regional council in the notion that babies and little kids must benefit most from our work.”

It came as no surprise, then, when Meyer's colleagues chose to memorialize her by dedicating the Summit Healthcare Leslie Meyer Baby Café — the first of its kind in Arizona — which provides support for pregnant and breastfeeding mothers.

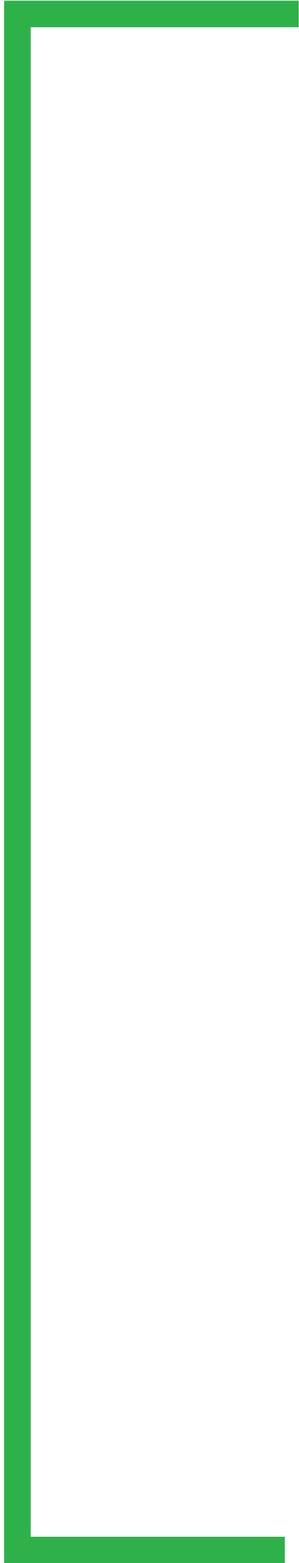
Meyer, who was a Healthy Steps specialist at Summit Healthcare, was an advocate for the program.

“She was the person who drove the project,” said DeAnn Davies, the Summit Healthcare Healthy Steps director, adding that they were able to tell Meyer that it would be named after her before she died.

A Baby Café is typically open at least once a week and mothers can drop in for lactation support and consultation free of charge. The staff receives specialized training and experience in helping breastfeeding families to be successful.

The memorial was entirely fitting, Dobler said.

“Leslie staunchly supported breastfeeding education and support for new mothers,” Dobler said. “I will miss her passion and intense focus on making a difference in the lives of kids. She was a friend, a colleague, a community champion and a highly dedicated regional council member.”



# Financial Report

First Things First is the only state funding source dedicated exclusively to the beginning of the education continuum, from birth to age 5. Emphasis is placed on getting services directly to children, families and professionals through a network of community providers. In state fiscal year 2020, First Things First received approximately \$129,332,965 in revenue, with tobacco tax revenues accounting for approximately \$120,672,218. Additionally, FTF received \$7,813,408 from investment earnings and \$847,340 from gifts, grants and donations. Investments in early childhood development and health programs and services that help prepare children for success in kindergarten and beyond constituted approximately 93% of spending in SFY20. Administrative expenses are kept low – 7% in SFY20.

Most public revenue sources fluctuate from year to year and are impacted by a variety of factors, including economic conditions, state and federal policy decisions, and changes in consumer spending. Tobacco revenue – the primary source of funding for FTF’s early childhood investments – is a great example of this. Between its first and third full years of operation — state fiscal year 2008 and state fiscal year 2010 — FTF saw an almost 20% drop in revenue as a result of the Great Recession. That downward trend has continued, with FTF experiencing year-over-year decreases in revenue in seven of the last nine years, ranging from -1.2% to -4.6%. As a result, revenue in state fiscal year 2020 was almost 27% less than when FTF started, meaning there was \$44 million less this year to invest in programs that strengthen families, improve the quality of and access to early learning and promote healthy child development.

The FTF Board has strategically planned to ensure the sustainability of FTF’s current early childhood investments by commissioning independent projections of tobacco revenue, adopting a sustainability plan and working with both public and private entities to leverage funds and maximize the resources available for early childhood programs. The Board’s proactive and conservative approach to sustainability earned high marks from state auditors in a 2017 report. Based on current projections, the Board estimates its current annual expenditures can remain steady through

fiscal year 2027. New revenue estimates have been commissioned from the Seidman Research Institute at Arizona State University. Evaluation of the impact of revised estimates will be available in winter of 2020. Based on that analysis, the Board will determine if reductions to annual spending will need to be made for its 2024-2028 funding cycles.

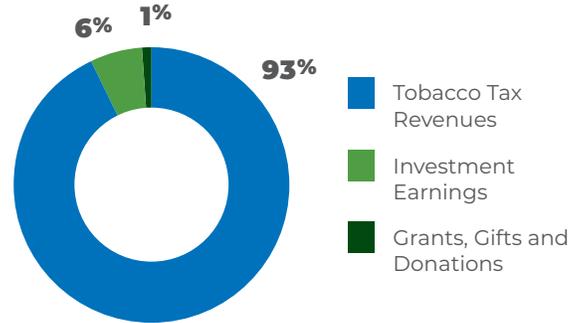
In the meantime, FTF will continue to seek opportunities to increase public and private investments in early childhood. In SFY20, successes in this area included:

- 100,000 from the Women’s Foundation of Southern AZ for Project Hope. The funds — part of a two-generation approach to ending poverty — will provide scholarships so young children can attend high-quality early learning settings while their mothers complete education or job training programs.
- \$35,000 from the BHHS Legacy Foundation of Southeast Arizona and \$25,000 grant from the United Way of Graham and Greenlee Counties to expand early childhood mental health consultation services in two FTF regions (see *Pages 53 to 54*).

The following pages include additional details on FTF revenues and spending for SFY20, including the amounts spent for early childhood programs by subject area and in each region throughout Arizona.

## SFY20 Revenue by Source

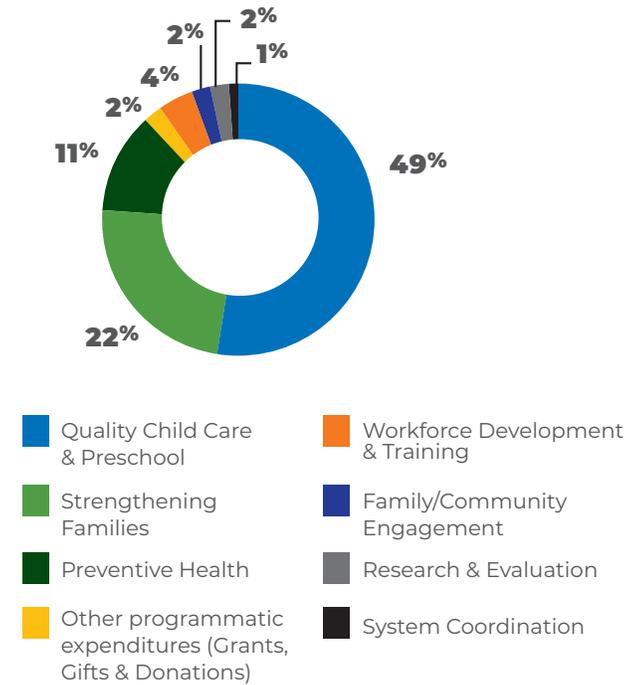
Tobacco Tax Revenues	<b>\$120,672,218</b>
Investment Earnings	<b>\$7,813,408</b>
Grants, Gifts and Donations	<b>\$847,340</b>
<b>TOTAL</b>	<b>\$129,332,965</b>



Note: Financial data presented are based on a modified accrual accounting methodology and are unaudited at time of publication and, as such, are subject to change.

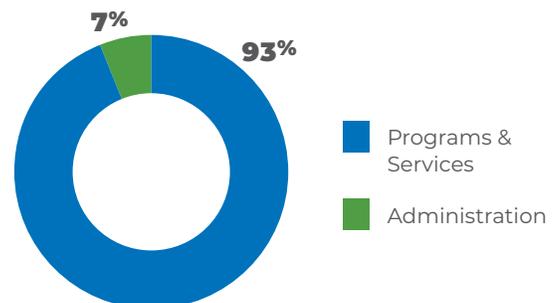
## SFY20 Expenditures

<b>Programs and Services</b>	
Quality Child Care & Preschool	<b>\$69,662,367</b>
Strengthening Families	<b>\$31,969,633</b>
Preventive Health	<b>\$16,120,390</b>
Other programmatic expenditures (Grants, Gifts, & Donations)	<b>\$2,246,299</b>
Workforce Development & Training	<b>\$5,424,062</b>
Family/Community Engagement	<b>\$2,670,702</b>
Research & Evaluation	<b>\$3,445,935</b>
System Coordination	<b>\$1,051,118</b>
<b>Support Activity</b>	
Administration & General	<b>\$10,225,587</b>

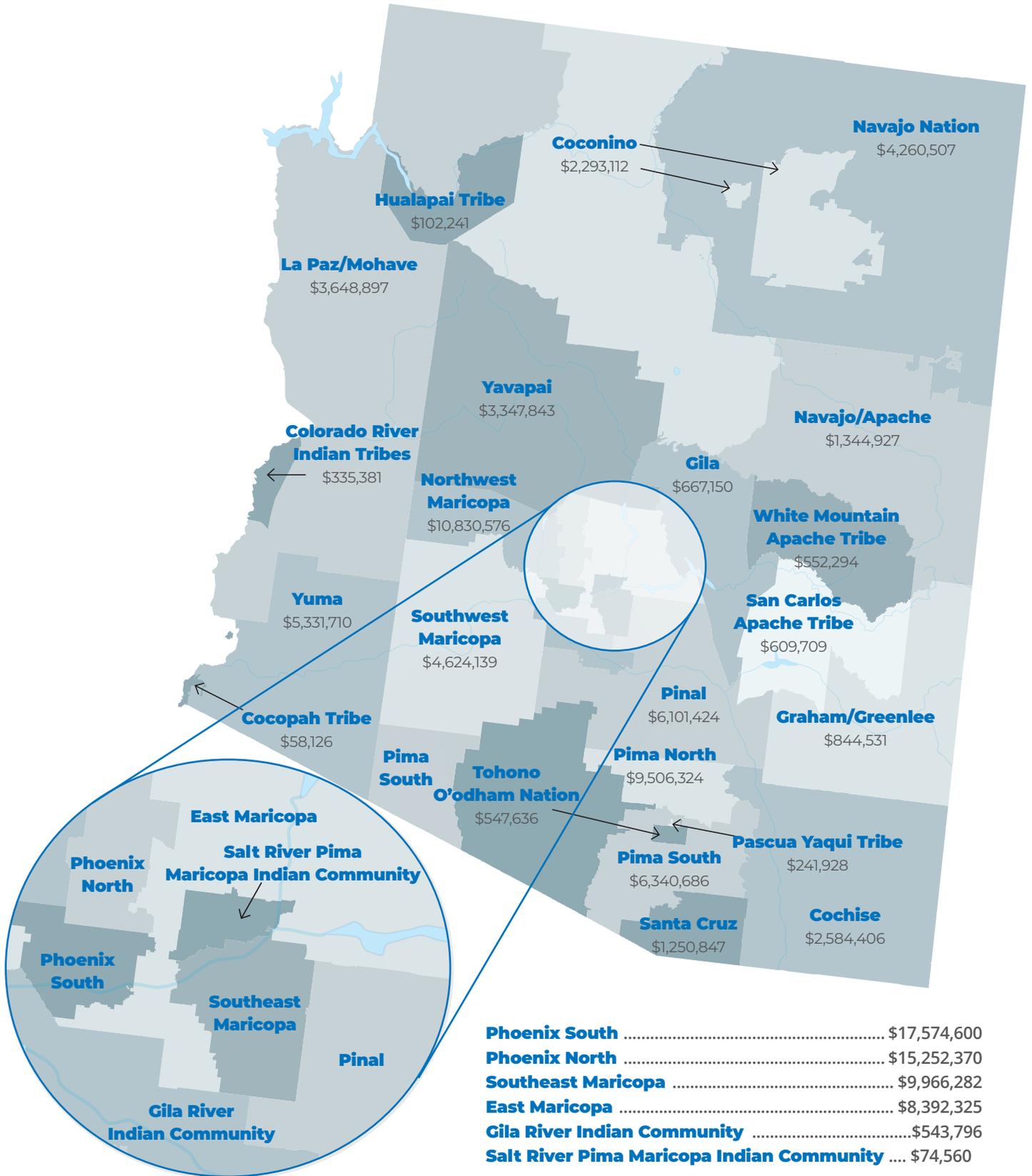


## SFY20 Expenses by Category

Programs & Services	<b>\$132,590,506</b>
Administration	<b>\$10,225,587</b>
<b>TOTAL</b>	<b>\$142,816,093</b>



# SFY20 Investments Across Arizona



<b>Phoenix South</b>	\$17,574,600
<b>Phoenix North</b>	\$15,252,370
<b>Southeast Maricopa</b>	\$9,966,282
<b>East Maricopa</b>	\$8,392,325
<b>Gila River Indian Community</b>	\$543,796
<b>Salt River Pima Maricopa Indian Community</b>	\$74,560

\*This does not include \$9,707,350 in statewide programmatic expenditures.

# Appendix A

First Things First strives to promote efficacy and promote efficiency by leveraging the successful efforts and experience of existing early childhood system partners. Programs and services funded by First Things First are delivered primarily by community based non-profit organizations, school districts, local governments and institutions of higher learning who have been awarded contracts through a competitive grant process and by governmental entities with demonstrated expertise in a specific field of work. The almost 90 organizations listed below represent only FTF's contracted services; FTF regional partnership councils and staff work with a myriad of additional state and local community partners to maximize our collective work and impact through coordination and collaboration.

## Non-Profit Organizations

- American Academy of Pediatrics – AZ Chapter
- Arizona Youth Partnership
- Arizona's Children Association
- Association for Supportive Child Care
- AZCEND
- AzPaC – Catholic Charities
- Casa de los Niños, Inc.
- Chicanos por la Causa
- Child and Family Resources, Inc.
- Children's Action Alliance
- Community Outreach and Patient Empowerment (COPE)
- Easter Seals Blake Foundation
- High Country Early Intervention
- Lutheran Social Services of the Southwest
- Make Way for Books
- Prevent Child Abuse Arizona
- Root for Kids
- Southwest Human Development
- St. Jude Food Bank
- Summit Healthcare Association
- Sun City Area Interfaith Services
- The Ear Foundation of Arizona
- United Way of Pinal County
- United Way of Tucson and Southern Arizona
- Valley of the Sun United Way
- Verde Valley Medical Center

## School Districts

- Buckeye Elementary School District
- Chandler CARE Center (Chandler Unified School District)
- Creighton Elementary School District
- Deer Valley Unified School District
- Glendale Elementary School District
- Isaac School District
- Paradise Valley Unified School District
- Pendergast Elementary School District
- Peoria Unified School District
- Saddle Mountain Unified School District
- Tempe Elementary School District
- Washington Elementary School District
- Yuma Elementary School District

## Federally Qualified Health Centers

- Chiricahua Community Health Centers, Inc.
- Desert Senita Community Health Center
- Mariposa Community Health Center
- North Country HealthCare
- Valleywise Community Health Center

## Cities/Towns

- Apache Junction Public Library
- City of Avondale
- City of Mesa
- City of Phoenix Human Services Department
- City of Phoenix Library
- City of Scottsdale
- Safford City-Graham County Library
- Town of Gila Bend

## State Agencies

- Arizona Department of Child Safety
- Arizona Department of Economic Security
- Arizona Department of Health Services

## Federal Agencies

- U.S. Department of Health and Human Services, Indian Health Services, Whiteriver Service Unit

## Tribal Nations

- Cocopah Indian Tribe
- Colorado River Indian Tribes
- Fort McDowell Yavapai Nation
- Gila River Health Care Corporation
- Hualapai Indian Tribe
- Navajo Nation Department of Dine Education
- Pascua Yaqui Tribe
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- Tohono O'odham Nation

## Institutions of Higher Learning

- Arizona State University
- Arizona State University – PBS 8
- Central Arizona College
- Northland Pioneer College
- Paradise Valley Community College
- University of Arizona
- University of Arizona – Cooperative Extension (Gila, Graham/Greenlee, La Paz, Pinal, Santa Cruz, Yavapai and Yuma counties).
- University of California – Berkeley (Arizona Parent Kit)

## Small Businesses

- Early Childhood Education Associates (Professional Development of ECE Professionals)
- SPF Consulting LLC (Arizona Parent Kit)

## Appendix B

Quality First partners with providers throughout Arizona to improve the quality of the early care and education programs they provide. Participation is voluntary and includes: assessment to help programs identify areas of strength and build on those through creation of a quality improvement plan; coaching to support staff in achieving high quality interactions with their students; educational opportunities for staff to expand their skills working with young children; and financial incentives to help programs buy equipment and materials suitable for young learners. Once programs have been engaged in quality improvement efforts for about two years, the programs are rated and the results are posted at QualityFirstAZ.com to help families search for quality care that meets their child's needs. For providers whose learning programs meet or exceed our rigorous quality standards, Quality First also provides a limited number of scholarships to help children from low-income families access quality care and education. The early learning settings listed below were participating in Quality First on June 30, 2020. For more information, see pages 23 to 31.

### Cochise

- Andrea Echave Child Care
- Lomeli's Childcare Center
- Lomelis Too
- B.U.S.D. #9- Bobcat Citizen Preschool
- Cactus Wren Cooperative Pre School
- Childtime Child Care
- Community Montessori School of Bisbee
- Community Presbyterian Church Preschool
- Great Expectations! Early Learning Center
- D.U.S.D. #27- Clawson Elementary School- Preschool
- D.U.S.D.#27 – Faras Elementary
- D.U.S.D. #27- Douglas High School CTE/ ECE
- D.U.S.D.#27 - Sarah Marley Elementary School
- D.U.S.D.#27 - Joe Carlson Elementary School
- First Baptist Christian Academy
- Maria's Day Care
- Coqui Children's Center
- Mirella Cruz
- Monica's Daycare
- All Saints Catholic School
- Shepherd's Fold Child Care Center
- S.V.U.S.D.#68 - Town And Country Elementary School
- Silvia Acosta
- Susana G Varela
- Huachuca City Elementary School
- Trinity Pre-School /Child Care
- U3 Academy Childcare Center LLC
- Tiny Tots Daycare Center
- Play & Learn Family Child Care
- San Pedro Valley Daycare and Preschool
- Wesleyan Preschool & Day Care
- World of Wonder Preschool and Daycare, L.L.C.

## Coconino

- Nimble Noggins/Summit Gymnastics Academy
- Childtime Childcare
- Flagstaff Cooperative Preschool
- Flagstaff Cooperative Preschool - The Duck Pond
- F.U.S.D #1-Little Ropers Center
- F.U.S.D. #1- Eagles Crest Child Enrichment Center
- Foresight Learning Center
- Havasupai Head Start
- Head Heart Hands Preschool
- Kaibab Early Learning Center
- Kaibab Learning Center, Inc
- Kingdom Kids Preschool and Playcenter
- Maine Consolidated School District #10
- Mary's Little Lambs
- Melissa's Family Daycare
- N.A.C.O.G. - Page Head Start
- P.U.S.D.- Page Unified Preschool
- STAR School
- Pinecone Preschool, L.L.C.
- San Francisco de Asis Catholic School
- The Hopi Tribe - Child Care Program
- Mountain School Elementary
- Flagstaff Family YMCA, Y Kidz Preschool
- W.U.S.D.#2: Williams Elementary - Middle School

## Cocopah Tribe

- Cocopah Head Start

## Colorado River Indian Tribes

- Colorado River Indian Tribes Head Start

## East Maricopa

- Palm Lane Head Start
- ABC Preschool
- Bright Horizons at Scottsdale Lincoln Health Network
- Bright Horizons Family Center
- Bright Horizons Family Center
- Children'S Learning Adventure Childcare Center
- Valley Child Care & Learning Center #1003
- Phoenix Children's Academy Private Preschool #228

- Calvary Christian Preschool & daycare
- Chabad of the East Valley, INC
- C.U.S.D. #80 – Hull Elementary – School – Age/ Preschool
- C.U.S.D. #80 – Shumway Leadership Academy - School- Age/Preschool
- C.U.S.D.#80- Conley Elementary-School-Age/Preschool
- C.U.S.D.#80 – Hancock Elementary – School-Age/ Preschool
- C.U.S.D. #80 - Hamilton High School Lil' Explorers
- C.U.S.D. #80 - Basha High School Lil' Explorers
- C.U.S.D. #80 - Chandler High School Lil' Explorers
- C.U.S.D. #80 - San Marcos Elementary - Preschool
- Chaparral Christian School
- Sunrise Preschools #230
- Sunrise Preschool #130
- Sunrise Preschools #139
- Sunrise Preschools #132
- Sunrise Preschools #113
- Sunrise Preschools #123
- Sunrise Preschool # 300
- Childtime Children's Center
- Childtime Childcare
- Tempe PRE at Getz School
- Kid Zone- Getz
- Creative Child Care, Inc.
- Bright Ideas Childcare at Tempe
- Desert Sun Child Development Center
- East Valley JCC
- Children of Hope Child Development Center
- Summit School of Ahwatukee
- H'man Shawa Early Childhood Development Center
- Gethsemane Lutheran Church & School
- Heartprints Montessori
- Here We Grow Learning Center
- Next Horizons
- God's Garden Child Development Center
- Pooh's Corner
- Discovery Time Childcare
- Grace Garden Christian Preschool
- Kids Incorporated Learning Center

- First Steps Preschool
- KinderCare Learning Center
- K.E.S.D. #28- Kyrene Kids Club- Brisas
- K.E.S.D. #28- Kyrene Kids Club- Milenio
- K.E.S.D. #28 - Monte Vista Elementary
- K.E.S.D. #28 - Sureno Elementary
- Kyrene de los Ninos
- La Petite Academy
- La Petite Academy
- Learn N'Play, Inc.
- Little Rascals Learning Center L.L.C.
- Little Rascals Learning Center LLC
- Maple Bear Tempe Early Learning Center
- Maricopa County Human Services -  
Guadalupe Head Start
- Maricopa County Human Services - Paiute Head Start
- Maricopa County Human Services - Frank Head Start
- Maxwell Preschool Academy Fountain Hills LLC
- M.U.S.D #4 Summit KinderU
- Mi Escuelita Child Care
- Mill Avenue Preschool
- Mona's Country Day School & Childcare
- Bridges Preschool
- Bridges Preschool
- M.P.A. – Chandler L.L.C.
- Ollie Academy LLC
- Promiseland Preschool, Inc.
- Little Kings and Queens
- Resurrection Lutheran Preschool & Daycare
- Risen Savior Lutheran Church
- The Goddard School
- S.U.S.D.#48 - Echo Canyon
- Mandarin Montessori Academy
- Skyline Education Inc S E I Preschool Chandler  
Campus
- Sunny Days Learning Center
- The Goddard School

- Tempe Christian School
- Aguilar School
- Arredondo School
- Holdeman School
- Laird School
- Scales School
- Thew School
- Wood School
- Carminati
- Meyer Montessori
- Rover Elementary
- T.E.S.D. - T.O.T.S. Preschool - Frank Elementary
- T.E.S.D.#3 Carminati T.O.T.S. Preschool
- T.U.H.S.D. #213- Compadre Academy
- T.U.H.S.D. #213 - Desert Vista Early Learning Center
- The Goddard School
- Totspot Preschool Too
- Time For Tots Preschool
- Tutor Time Child Care/ Learning Centers
- Tutor Time Child Care / Learning Centers
- Valley Child Care and Learning Center #1007
- Valley Of The Sun Jewish Community Center
- Scottsdale/Paradise Valley Y.M.C.A.
- Y Kidz - Chandler Y M C A
- Yad B Yad Children's Center

## Gila

- Angels & Rascals Day Care L.L.C.
- Community Presbyterian Child Learning Center
- GUSD #1- Copper Rim Elementary School
- M.U.S.D. #40- Little Vandal Preschool
- Payson Community Christian School
- Sylvia Ducharme

## Gila River Indian Community

- Early Education/Child Care
- Blackwater Community School-Preschool
- Sacaton Head Start
- Komatke Head Start
- Sacaton Elementary School Preschool Classrooms

## Graham/Greenlee

- Danial Sanchez
- Easter Seals Blake Foundation Palomita Children's Center
- First United Methodist Preschool/ Daycare Center
- M.S.D. #18- Fairbanks Learning Connections Preschool
- M.S.D.#18 – Wildkitten Den
- S.U.S.D.#1 - Bulldog Boulevard Child Care Center
- S.U.S.D.#1 - Mount Graham Child Care & Guidance Center

## Hualapai Tribe

- Hualapai Day Care

## La Paz/Mohave

- B.C.E.S.D. #15 - Bullhead Elementary Preschool
- C.R.U.H.S.D. #2- Tiny T-Birds (Mohave High School)
- Estela Martinez
- Ft. Mojave Child Care Center
- New Day School
- Little Minnows Learning Center
- K.U.S.D. #20- Little Explorers Early Learning Center
- K.U.S.D. #20- Little Explorers Preschool at Mt. Tipton
- L.H.U.S.D. #1 - Little Knights Preschool
- L.H.U.S.D. #1- Developmental Preschool
- Little People's Day Care
- Little Scooters Preschool LLC
- L.U.S.D. #9 Beaver Dam Elementary School
- Fort Mohave Elementary
- New Day School
- New Day School
- New Day School
- New Day School -North
- S.C.E.S.D. #30- Salome Elementary School

- Stepping Stones Childcare LLC
- The Kingman Gingerbread House, L.L.C.
- The Kingman Gingerbread House, LLC
- Topock Elementary School Preschool
- W.E.S.D.#19 - Wenden Elementary School
- W.A.C.O.G.- Ehrenberg Head Start
- Brian Meyers-Davis Head Start Center
- Lake Havasu City Head Start Center
- Nautilus Head Start Center
- Oro Grande Head Start Center

## Navajo Nation

- C.U.S.D. #24- Chinle Elementary School Pre School
- C.U.S.D. #24 – Many Farms Elementary
- CUSD # 24-Tsaile Public School
- C.U.S.D. #24 - Canyon De Chelly
- Dine' Family Learning Center/facts
- H.U.S.D.#3- Indian Wells Pre-School
- K.U.S.D. #27- A B C Preschool
- K.U.S.D. #27- C.O.P.E.
- Little Folks Daycare & Preschool
- Little Miss Muffet
- Karigan Child Care Center
- Pinon Child Care Center
- Tsaile Child Care Center
- Nooseli Beolt Child Care Center
- Leupp School
- Many Farms Child Care Center
- Kii Doo Baa I Child Care Center
- Kii Doo Baa II Child Care Center
- P.U.S.D. #4- Pinon Elementary School
- Red Mesa Unified School District No 27 - Preschool Program
- St. Michael Indian School Preschool
- T.C.U.S.D. #15- Tuba City High School Child Development Learning Center
- W.R.U.S.D.- Tsehootsie Integrated Preschool Program

## Navajo/Apache

- Holbrook AZ Educational Day Care L.L.C.
- Ehmkes Childhaven Preschool
- Tracy's Child Care
- Sprouts Preschool

## Northwest Maricopa

- Palms Christian Preschool
- A.E.S.D. #63- Aguila Elementary School
- I Care Daycare and Learning
- Apostles Lutheran Preschool
- Arrowhead Montessori
- Bright Beginnings
- Bright Horizons at Boswell
- Phoenix Children's Academy Private Preschool #226
- Phoenix Children's Academy Private Preschool #222
- Phoenix Children's Academy Private Preschool #221
- Nana's Place
- Lamar Head Start
- Discovery Head Start
- Mensendick Head Start
- Creme De La Creme - Lake Pleasant
- Kiddie Kare #2
- Sunrise Preschools #124
- Sunrise Preschools #133
- D.V.U.S.D. #97- Greenbrier Elementary
- D.V.U.S.D. #97- Mountain Ridge High School Daycare
- D.V.U.S.D. #97- Copper Creek
- D.V.U.S.D. #97- Arrowhead Elementary Preschool
- D.V.U.S.D. #97 - Legend Springs Elementary
- Moore Creative Learning Center
- Great Explorers
- Desert Heights Preschool
- D.U.S.D. #89 - Growing Minds Preschool
- Lifeprints Childcare
- G.E.S.D. #40- Desert Garden Community Ed Preschool
- GESD 40 Sine Community Education Preschool
- G.E.S.D. #40- Sunset Vista Community Ed. / Extended Day
- GESD 40 Isaac E. Imes Preschool
- GESD 40 Bicentennial South Community Ed./ Extended Day

- G.U.H.S.D.#205 - Apollo Preschool C O O P
- Academy for Early Learning
- Jumpstart Childcare & Learning Center
- Kids Koala-T Kampus II
- Loving and Learning Child Care
- SunCare Childcare
- KinderCare Learning Center
- KinderCare Learning Center
- KinderCare Learning Center
- KinderCare Learning Center #14
- La Petite Academy
- Lady Bug Child Care L L C
- Learning Works Preschool
- Rising Star Daycare
- Little Scholars Academy
- Little Scholars Academy
- American Child Care
- Min Liu
- N.U.S.D.#81 - Desert Oasis Elementary School
- N.U.S.D. #81- Nadaburg Preschool
- Our Lady Of Perpetual Help Roman Catholic Parish
- Patricia Maldonado
- P.E.S.D.#92 - Sonoran Sky Elementary School
- P.E.S.D. #92 Desert Mirage
- P.U.S.D. #11- Frontier ECCEL
- P.U.S.D. #11- Desert Palms ECCEL
- P.U.S.D. #11- Foothills ECCEL
- P.U.S.D. #11 - Parkridge Eccel
- P.U.S.D. #11- Alta Loma ECCEL
- P.U.S.D. #11- Country Meadows ECCEL
- P.U.S.D. #11- Desert Harbor ECCEL
- P.U.S.D. #11- Lake Pleasant ECCEL
- P.U.S.D. #11- Oasis ECCEL
- P.U.S.D. #11 - Sky View ECCEL
- P.U.S.D. #11- Peoria Elementary ECCEL
- P.U.S.D. #11- Canyon Kidzone
- P.U.S.D. #11- Sundance ECCEL
- P.U.S.D. #11- Vistancia ECCEL
- P.U.S.D. #11 - Desert Valley ECCEL
- P.U.S.D. #11- Pioneer ECCEL
- P.U.S.D. #11 - Glendale Community College ECCEL

- P.U.S.D. #11 - Ironwood Coop
- P.U.S.D. #11 - Heritage Eccel
- Nana's Place Academy
- Raising Arizona Preschool, L.L.C
- Tots Unlimited #26
- Scottsdale Childrens Academy DbA Kiddie Academy Of North Phoenix
- St. Louis The King Pre-Kindergarten and Extended Day
- Stepping Stones Preschool Ltd.
- Wirtzie's Preschool and Childcare
- The Kids Academy
- Tutor Time Child Care/ Learning Centers
- Tots Unlimited #28
- Valley Child Care & Learning Center
- Valley Child Care & Learning Center #1010 LLC
- Valley Child Care & Learning Center #1008
- Childrens Learning Center of Vineyard
- W.E.S.D.#6 - Sunset Elementary School
- Wee Rascals Preschool
- Wickenburg Christian Academy

## Pascua Yaqui Tribe

- Ili Uusim Mahtawa'apo – Pascua Yaqui Head Start

## Phoenix North

- Aldea Montessori School
- Early Explorers Learning Centers
- Emunah Montessori
- Anderson Preparatory Academy L L C
- Ninas Family Child Care Center
- BeiBei Amigos Language Prechool, LLC
- Beth El Center for Early Childhood Education
- Beyond Care, Inc.
- Bright Horizons at Norterra
- Phoenix Children's Academy Private Preschool #225
- Casa Del Sol Montessori
- Vista Colina Child Development

- Kiddie Kare #1
- Kiddie Kare #3
- Sunrise Preschools #148
- Sunrise Preschools #136
- Sunrise Preschool #137
- Sunrise Preschools #147
- Sunrise Preschools #144
- The Son's Children
- Childtime Children's Center
- Childtime Children's Center/ Childtime Childcare
- Beacon Learning Center
- Creative Beginnings Learning Center
- C.E.S.D. - Larry C. Kennedy
- C.E.S.D. - Loma Linda School
- Cross Roads Preschool
- D.V.U.S.D. #97- Desert Mountain
- D.V.U.S.D. #97- Boulder Creek Lil Jags Childcare
- D.V.U.S.D. #97- Paseo Hills Elementary Rattler's Den
- D.V.U.S.D. #97- Sandra Day O'Connor High School - Eagle Nest
- D.V.U.S.D.#97 - Head Start II Village Meadows
- D.V.U.S.D.#97 - Head Start I Constitution
- Premier Children's Center
- Desert Christian Early Care and Education Center
- Desert Dawn Private School
- Lincoln Learning Center
- Lifefprints Childcare & Learning Center
- Faith Lutheran Preschool
- Franklin Phonetic Primary School Sunnyslope Preschool
- Immanuel Care For Children
- G.U.H.S.D. #205- Moon Valley High School C.O.O.P.
- G.U.H.S.D.#205 – Washington High School Coop Preschool
- Strong Foundation Center for Early Learning & Resiliency
- Kaleidoscope Preschool
- Kids Day Care
- KCE Champions, L.L.C. @ Bell Canyon
- Kiddie Country Club
- Kids Arizona

- Kid's Country Club
- Kids Incorporated Learning Center Paradise Village
- Rise N Shine
- KinderCare Learning Center #1465
- KinderCare Learning Center
- Kindertots
- KinderCare Learning Center
- Little Explorers Learning Center 2 L.L.C.
- Sweet Pea Learning Center
- Little Kids N Company
- Little Swans Preschool, Inc
- Ocampo Light Bringer Learning Center
- Hidden Treasures Christian Preschool & Child Care
- Madison Christian Children's Center
- M.E.S.D. #38- Camelview ECP/ MAC
- M.E.S.D. #38- Rose Lane MAC/ ECP
- M.E.S.D. #38- Simis ECP/ MAC
- M.E.S.D. #38- Heights ECP/ MAC
- M.E.S.D. #38- Park MAC/ ECP
- Serendipity Preschool
- Chabad Aleph Bet Preschool
- Mia Preschool & Child Care LLC
- Kids Can Doodle
- Most Holy Trinity Roman Catholic Parish Phoenix
- Most Holy Trinity Roman Catholic Parish Phoenix Child Care Center
- Mountain View Christian Preschool
- Adventures In Learning
- Nina's Family Child Care Center
- Preschool at North Phoenix, Weekday
- Northwest Christian Preschool
- O.E.S.D. #8 - Longview Elementary School
- O.E.S.D.#8 - Solano Elementary School
- Paula Cannon
- Phoenix Hebrew Academy Pre School
- Raising Arizona Preschool
- Kuddle Bugz
- Royalty Learning Center, L.L.C.
- Kidworks Academy
- Sage Child Development Center
- Whiz Kidz
- Scottsdale Preschool
- Shadow Rock Preschool
- Shepherd of the Valley Lutheran Preschool
- Small People Preschool Greenway
- Small People Preschool Inc.
- Southwest Head Start @Madison Park
- Southwest Head Start @Kennedy
- Southwest Head Start @Montecito
- Southwest Head Start @Encanto
- Southwest Head Start @Echo Mountain
- Southwest Head Start @Campo Bello
- Southwest Head Start @Palomino School
- Southwest Head Start @Loma Linda
- Southwest Head Start @ Phoenix College
- Southwest Head Start @ Monte Vista School
- SS. Simon & Jude School
- St. Gregory Catholic School - Preschool & Extended Care
- St. Jerome Preschool
- St. Joan of Arc Preschool
- St. Mark Lutheran Preschool
- Susie's Mama Bear
- T.L.C. Child Enrichment
- Teach N' Tots, Inc.
- Maranatha Child Care Center
- Tiny Treasures Preschool
- Tutor Time Child Care/ Learning Centers
- United Cerebral Palsy of Central Arizona
- UPWARD For Children and Families
- V Learning Center
- Valley Child Care & Learning Center
- Valley Child Care & Learning Center
- Valley Child Care And Learning Center, Incorporated
- Robin's Nest
- W.E.S.D. #6- Sunburst Elementary School
- W.E.S.D. #6- Shaw Butte School
- W.E.S.D. #6- Chaparral Elementary School

- W.E.S.D.#6 - Arroyo Elementary School
- W.E.S.D.#6 - Richard E. Miller Elementary School
- W.E.S.D.#6 - Ocotillo Preschool & Extended Day
- W.E.S.D. #6- Roadrunner School
- W.E.S.D. #6- Orangewood Preschool & Extended Day
- W.E.S.D. #6 - Sunnyslope Elementary
- W.E.S.D. #6- Lakeview Extended Day
- W.E.S.D.#6 – Lookout Mountain
- W.E.S.D.#6 - Tumbleweed Kidspace and Head Start
- W.E.S.D.#6 - Palo Verde Head Start
- W.E.S.D. #6 - Abraham Lincoln Traditional School

- Eei Compass Educational Partners, Inc
- Compass Educational Programs
- Champion Schools - South Mountain
- Children's Campus
- Foundations Early Education Academy, L.L.C.
- F.E.S.D.# 45 - Head Start @ Fowler Elementary School
- F.E.S.D. #45 - Western Valley Child Care Center
- F.E.S.D. #45- Preschool Development Program/ Sun Canyon Elementary
- F.E.S.D. #45 – Tuscano Preschool
- F.E.S.D. #45- Preschool Development Program/ Western Valley Elementary School

- F.E.S.D. #45 - Head Start At Sunridge Elementary
- Friendly House Early Childhood Development Center
- Magic Keys to Learning Children's Development Center
- Greater Phoenix Urban League P.T. Coe Elementary
- Greater Phoenix Urban League Head Start - Starlight Park
- Greater Phoenix Urban League Head Start Pendergast Early Childhood Center
- Greater Phoenix Urban League Head Start- Cartwright
- Greater Phoenix Urban League Head Start- M C CA
- Greater Phoenix Urban League - Marcos De Niza
- Greater Phoenix Urban League Head Start - Heard Elementary School
- Greater Phoenix Urban League Head Start - Mitchell
- Greater Phoenix Urban League - Peralta
- Greater Phoenix Urban League - Jb Sutton
- Greater Phoenix League Head Start - Travis Williams
- Greater Phoenix Urban League Head Start - Alta E. Butler
- Greater Phoenix Urban League Head Start-Moya
- Greater Phoenix Urban League Head Start-Byron Barr
- Guardian Angels Preschool Daycare, LLC
- I.E.S.D. #5- Isaac Preschool Campus
- Active Learning Center #4
- Just Like Home Daycare and Preschool
- Kids Learning Centers Algodon, LLC
- Kidz Kampus Preschool and Daycare
- KinderCare Learning Center

## Phoenix South

- A Kiddie's Kingdom
- A Teddy Bears Learning Child Care & Preschool
- A.E.S.D. #68- Alhambra Preschool Academy
- Divine Children Preschool and Daycare
- Arizona Cultural Academy & College Prep Montessori
- ASU Preparatory Academy Preschool - Phoenix
- Awakening Seed School
- B.E.S.D.#31 - Orangedale Early Learning Center
- Booker T. Washington Child Development Center
- Booker T. Washington Child Development Center - Capitol
- Booker T. Washington Child Development Center Bethune
- Booker T. Washington Child Development Center
- Bright Horizons At Downtown Phoenix
- Bright Minds Childcare Center LLC
- Children's Learning Adventure Childcare Center
- Cactus Preschool #1
- New Birth Child Care
- C.S.D. #83 - Byron A. Barry ECSE
- C.S.D. #83- Cartwright Early Childhood Center
- Child Crisis Arizona Early Education Services
- Elite Preschool and Learning Center
- C.E.S.D. - William T. Machan School
- C.E.S.D. - Gateway School
- C.E.S.D. - Papago School
- Bright Ideas Childcare & Learning Center
- Zion Early Learning Academy

- Kingdom Kids Preschool
- Elite Child Care
- Kreative Kampus
- The Lerner's Place Daycare
- Little Kids Group Home
- Auntie Ann's Child Care
- Gateway Community College Children's Learning Center
- American Child Care #48
- American Child Care # 52
- M.S.D.#21 - Jack L. Kuban Head Start
- M.S.D.#21 - Arthur M. Hamilton - Murphy Head Start
- M.S.D. #21- W. R. Sullivan School Head Start
- Katy's Kids at Neighborhood Ministries
- Out Of This World Christian Child Care, Inc.
- P.E.S.D. #92- Villa De Paz School
- Phoenix Day Child And Family Learning Center
- P.E.S.D. #1- Garfield Elementary School
- P.E.S.D. #1-Faith North School
- P.E.S.D. #1 - Kenilworth Peer Club
- Phoenix Rescue Mission Changing Lives Center
- Rhonda Glover
- Rincon Learning Center
- Rise And Shine Academy LLC
- R.E.S.D. #66 - M.L. King Head Start
- R.E.S.D. #66- Cesar Chavez Head Start
- R.E.S.D. #66- T G Barr Head Start
- R.E.S.D. #66- I. Conchos
- R.E.S.D. #66 - Kennedy Head Start
- R.E.S.D. #66- Bush Head Start
- R.E.S.D. #66- Bernard Black School
- R.E.S.D. #66- Davis Head Start
- R.E.S.D. #66 - Southwest Head Start
- R.E.S.D. #66 - Campbell School
- R.E.S.D. #66 - Ed Pastor School
- S.E.E.K. Arizona
- Shellie's Early Start Learning Center L.L.C. #3
- Skyline Education, Inc Preschool
- Smart Children Learning Center LLC
- Sojourner Center Child Development Center
- Advance U

- The SARRC Community School
- Southwest Head Start @Crockett
- Southwest Head Start @Machan School
- Southwest Head Start @Balsz School
- Southwest Head Start @Gateway
- Southwest Head Start @Excelencia School
- Southwest Head Start @Papago School
- Southwest Early Head Start/ Head Start at Educare
- St. Agnes Preschool
- St. Catherine Of Siena Preschool
- T.E.S.D.#3 - Nevitt T.O.T.S. Preschool
- Maranatha Day Care Center
- The Family School
- The Gift That Keeps On Giving LLC
- The Paideia Academy of South Phoenix Preschool
- Todays Tomorrow Learning Center L L C
- T.E.S.D. #17- Sheely Farms Elementary School
- T.E.S.D. #17- Desert Oasis Elementary School
- Tree of Life Preschool Academy, LLC
- Trina Lopez
- Tutor Time Child Care/ Learning Centers
- Tutor Time Child Care/ Learning Centers
- Cactus Kids Preschool
- W.E.S.D.#7 – Willson Head Start And Preschool
- Each One Teach One Child Daycare
- Yellow Brick Road Preschools

## Pima North

- Adventure School 2
- Castle Kids Daycare
- Christina's Child Care
- The Children's Center
- Belen's Child Care II
- Bright Star Preschool
- Pusch Ridge Preschool
- Kids World Preschool
- Kidzco Early Learning Center/Stone
- C.F.S.D. #16 - Catalina Foothills Valley View Early Learning Center
- Catalina United Methodist Day School
- Pio Decimo Center

- Outer Limits School
- Childtime Childcare #1413
- Childtime Children's Center #1
- Childtime Learning Centers
- C.E.P. Inc Copper Creek Elementary
- C.E.P. Inc. Preschool at Lulu W
- First Impressions Preschool/Daycare Center
- Cozy Casa Day Care
- Creative Kids Preschool
- Small World Preschool
- Desert Skies
- Kids Village Pre-School And Child Care
- Small World Preschool
- Creative Beginnings Preschool
- Daisy Early Learning Academy
- KidsVille
- Erik Hite Foundation Child Care Center
- Ladybug House Childcare
- Sonshine Preschool and Childcare
- Faith Lutheran Church & School & Preschool
- Catalina Christian Learning Center
- F.W.S.D.- Emily Meschter Early Learning Center
- Future Leaders School
- De Los Rios Childcare
- Griffin Foundation, Inc Dba Kids with a Smile
- Iracel Castellon
- Jardin De Ninos Childcare, Inc.
- Kids First Preschool & Childcare
- Kiddie Korner Preschool
- KidzCo Early Learning Center/ Golf Links
- KinderCare Learning Center
- KinderCare Learning Center
- KinderCare Learning Center
- KinderCare Learning Center #491
- Kinderet Childcare
- La Petite Academy
- Learning Bee Preschool & Day Care Center
- Learn-N-Grow Child Care Center
- Cri-Cri Child Care
- Little Footprints Childcare LLC
- Little Ranch School
- Kids Forever Prince Center
- Kids Palace Preschool-Daycare
- M.U.S.D.#6 - Quail Run L.E.A.P./ Preschool
- M.U.S.D. #6- Roadrunner L.E.A.P./ Preschool
- M.U.S.D.#6 – Picture Rocks L.E.A.P./ Preschool
- M.U.S.D.#6 - Rattlesnake Ridge L.E.A.P./ Preschool
- M.U.S.D.#6 - Coyote Trail L.E.A.P./ Preschool
- M.U.S.D.#6 - Tiger Cub Learning Center
- M.U.S.D #6 - Early Childhood And Resource Center
- Margarita Mendoza
- Tiny Stars Childcare
- Tiny Toone Adventures Child Care
- Loreto Day Care
- Teran Family Child Care
- Growing Steps Childcare & Learning Center
- Care Time LLC.
- New Discoveries Preschool
- Northminster Christian School
- Nosotros - El Rio Day Care Center
- Old Spanish Trail School #71401
- Kids First Preschool and Childcare Center
- Olga Cervantes
- Open Arms Preschool & Kindergarten LLC
- Poet's Square Day School
- Love This Day School
- Miramonte Day School
- Pima Country Day School
- El Presidio Day School
- Our Mother of Sorrows Extend Daycare
- Sweet P's Pre-K
- Little Lions Preschool
- Rosa D Teran
- St. Joseph Catholic School Pre-K and ESD Programs
- Scottish Rite U of A Wings on Words
- Desert Spring Children's Center
- St. Alban's Preschool & Kindergarten

- Happy Trails School
- Olga & Bob Strauss Center For Early Childhood Educ
- 123 Just For Me
- The Apple Tree Learning Centers
- Children's Achievement Center
- The Sandbox 2
- The Clubhouse
- Children's Learning Adventure Childcare Center
- Tucson Community School, Inc.
- International School of Tucson
- Tucson Jewish Community Center
- T.U.S.D. #1- Erickson Elementary- P.A.C.E.
- T.U.S.D. #1- Maxwell Preschool Program
- T.U.S.D. #1- Manzo Title I P.A.C.E.
- T.U.S.D. #1- Mission View Title I P.A.C.E.
- T.U.S.D. #1- Wheeler Partners Preschool Program
- T.U.S.D. #1 - Sewell Elementary
- T.U.S.D. #1- Davidson Preschool Program
- T.U.S.D. #1 - Robison Preschool Program
- T.U.S.D. #1- Van Buskirk Elementary P.A.C.E./ A.B.L.E.
- T.U.S.D. #1- Wright Preschool Program
- T.U.S.D. #1- Pueblo Gardens Title I P.A.C.E.
- T.U.S.D.#1 – Tully Preschool Program
- T.U.S.D.#1- Schumaker Infant & Early Learning Center
- T.U.S.D.#1 - Brichta Infant & Early Learning Center
- T.U.S.D. #1 - Ochoa Title I P.A.C.E.
- T.U.S.D. #1 - Steele Community School & Preschool P
- T.U.S.D.#1 - Bloom Preschool Program
- T.U.S.D.#1 - C.E. Rose Preschool Program
- T.U.S.D.#1 - Hudlow Preschool Program & Community School
- T.U.S.D.#1 - Soleng Tom Enrichment Program
- Tuty's Daycare and Preschool
- Vilma Gastelum
- Second Street Children's School
- Young Explorers Schools
- Holsclaw Family Child Care Center

- Little Munchkins Child Care
- A.V.S.D. #51 - Robles Elementary Preschool
- A.V.S.D. #51- Robles Elementary Preschool
- Bennitos Child Care
- Angeles Child Care L.L.C.
- Arivaca Action Center
- Casita Feliz
- Carolina Loreto
- Christ Lutheran Vail Church Early Care and Education
- C.S.D. #39- Continental School District #39
- De Colores Learning Center & Childcare
- Donna's Child Care
- Elsa's Group Home
- Lamonei
- Shepherd's Fold Preschool & Daycare
- Herencia Guadalupana Lab Schools II
- Marmion Child Care
- La Petite Academy
- Los Ninos Del Valle Preschool & Child Care Center
- Leticia Child Care
- Little Castle Childcare and Preschool
- Little Castle Childcare & Preschool
- Little Castle Childcare & Preschool
- Little Friends Learning Center
- Little Learning Lambs Daycare, LLC
- A Dream Come True Preschool and Learning Center
- Mi Casita Daycare
- Ma Del Refugio Lopez De Pinon
- Mariita's Child Care
- Grand Star Child Care
- Maria Howe
- Starland Daycare
- Tere's Child Care
- New Life Day Care
- Mi Refugio Child Care
- Tricia's Learning Center
- Garcia's Child Care
- Rosy's Child Care
- S.U.S.D. #30- Sopori Elementary School
- Silvia's Childcare
- Kinderland Childcare

## Pima South

- La Luna Nursery
- Ajo Elementary

- S.U.S.D. #12- Sunnyside Infant Center
- S.U.S.D.#12 - Ocotillo Preschool
- Children's Learning Adventure Child Care Center
- T.U.S.D. #1- Grijalva P.A.C.E. Program
- T.U.S.D. #1- Johnson Preschool Program
- T.U.S.D. #1- Maldonado Preschool Program
- T.U.S.D. #1- Warren Elementary School
- T.U.S.D. #1- Mary Belle McCorkle Pre-K Elementary
- T.U.S.D. #1- Lynn Urquides P.A.C.E. Preschool
- T.U.S.D. #1 - White After School Program & Preschool Program
- V.U.S.D. #20- Vail Inclusive Pre-Kindergarten
- V.U.S.D. #20- Senita Valley Early Childhood and School Age Enrichment
- V.U.S.D. #20- Sycamore Early Childhood and School Age Enrichment
- V.U.S.D. #20- Acacia Early Childhood and School Age Enrichment
- V.U.S.D. #20- Cottonwood Early Childhood and School Age Enrichment
- V.U.S.D. #20- Mesquite Early Childhood and School Age Enrichment
- V.U.S.D. #20- Desert Willow Early Childhood Enrichment Center
- V.U.S.D. #20- Vail Inclusive Preschool at Cienega
- V.U.S.D. #20 - Copper Ridge Enrichment Program
- V.U.S.D.#20 - Cottonwood Inclusive Preschool
- Three Points Child Care Center
- Mulcahy City/ YMCA
- Yolanda's Child Care

## Pinal

- ABC & 123 Small Blessings Center, LLC
- The Early Learning Center Daycare
- C.G.E.S.D. #4 – Villago Early Childhood Learning Center
- C.G.U.H.S.D.- Spartan Sparkies Preschool
- Sunrise Preschool #216
- Children's Learning Adventure Childcare Center
- C.U.S.D.#21 - C H S Mini Bears Club
- Allen House
- Superstition Mountain Early Learning Center
- Signal Peak Early Learning Center

- J.O.C.U.S.D. #44-Ranch-Preschool- Kinder Comb Kids
- Just 4 Us Toddler Center
- Kids Klub, Inc.
- Baby Fox Academy
- Lil' Einsteins Academy
- Lil' Kiddieland Childcare
- Bright Beginnings Learning Center & Childcare
- Los Nino's Day Care
- M.S.M.U.S.D. #8- Mammoth - San Manual Preschool
- Home Away From Home
- Mini Leaders LLC
- Nanny's Daycare / Preschool
- O.S.D.#2 – Mountain Vista Kindergarten Prep
- Patricia Marquez
- The Little Prospector
- The Little Prospector
- Quality Care Learning Center, Inc.
- Ready Set Grow Casa Grande LLC
- St. Anthony Of Padua Catholic Preschool
- S.E.S.D.#24 - Stanfield Elementary School
- S.U.S.D.- J.F. Kennedy Elementary Preschool
- Home of Hope Christian Childcare Center
- TLC Preschool
- Wonderland Playhouse Childcare Center
- WonderWise Copper Basin LLC
- Wonderwise

## Salt River Pima-Maricopa Indian Community

- Early Childhood Educaiton Center

## San Carlos Apache

- Apache Kid Child Care Program
- San Carlos Apache Tribe Head Start
- Gilson Wash Center
- Bylas Child Care
- Seven Mile Head Start
- Bylas Head Start
- San Carlos Preschool
- San Carlos Youth Home

## Santa Cruz

- Ana's Childcare
- Sonshine Christian Preschool
- Imelda Sandoval
- Kids House Montessori Daycare & Preschool
- Lopez Family Child Care
- Montessori de Santa Cruz
- S.C.V.U.S.D. #35 – Calabasas Preschool
- St. Andrew's Preschool & Day Care Center

## Southeast Maricopa

- A Child's Place At The Ranches L L C
- A Shining Star Preschool, Inc.
- All Star Preschool
- Bright Future Stars DbA Beautiful Oasis
- Just Like Home Too Daycare & Preschool
- Phoenix Children's Academy Private Preschool
- Toddler Prep School and Seville Daycare
- C.U.S.D. #80- Riggs Elementary- School Age/ Preschool
- Child Crisis Arizona Early Education Services - Mesa
- Sunrise Preschools #218
- Sunrise Preschools #142
- Sunrise Preschools #222
- Sunrise Preschool, #140
- Sunrise Preschools #141
- Sunrise Preschools #134
- Sunrise Preschools #282
- Sunrise Preschools #304
- Childtime Children's Center
- Childtime Children's Center
- Childtime Learning Centers
- Kid's Corner Preschool & Childcare
- Desert Shadows Montessori, Inc.
- East Valley Learning Center
- First Presbyterian Preschool Of Mesa
- Giggle and Grow Preschool & Child Care
- Organic Garden Preschool
- H.U.S.D. #3- Sue Sossaman Early Childhood Development Center
- 5th Place Community Childcare
- Tiny Tots West
- Kids Start Preschool LLC
- Learning Safari Group Home
- KinderCare Learning Center
- Kinderland Daycare, L L C
- KinderCare Learning Center
- KinderCare Learning Center
- KinderCare Learning Center
- La Petite Academy Preschool
- The Goddard School
- Love & Learn Preschool
- M.P.A. – Dobson L.L.C.
- Mesa Community College Children's Center
- La Mesita Birth to Five
- Maricopa County Human Services - Hughes Head Start
- Maricopa County Human Services - Lindbergh 1 & 2 Head Start
- Maricopa County Human Services - Longfellow Head Start
- Maricopa County Human Services - Taft Elementary School
- Maxwell Preschool Academy
- Maxwell Preschool Academy
- M.U.S.D. #4 - First Things First Pre-K
- M.U.S.D. #4 - Longfellow/ Kinder U
- M.U.S.D. #4 - Taft - Kinder U
- M.U.S.D. #4 - Stevenson KinderU
- M.U.S.D.#4 - Mesa Education Center
- M.U.S.D. #4 - Falcon Hill - KinderU
- M.U.S.D. #4 - Whitman KinderU
- M.U.S.D.#4 – Franklin At Brimhall KinderU
- M.U.S.D. #4 - Whittier - M E L P
- Montessori International School
- Montessori International School - Brown Road Campus
- Bridges Preschool
- Good Earth Montessori
- Playhouse
- Beautiful Oasis Child Care Center
- Q.C.U.S.D. #95- Queen Creek Toy Box

- Ruckus Kids
- Small Wonders, LLC
- Start Right Preschool
- Kid's Corner Preschool
- Tutor Time Child Care/ Learning Centers

## Southwest Maricopa

- Angie's Child Care
- Best of the West Academy LLC
- Phoenix Children's Academy
- Sunrise Preschool #129
- Sunrise Preschools #292
- The Goddard School
- Infant & Toddler Child Care
- Garden Lakes Christian Academy
- G.B.S.D. #24- Gila Bend School District Preschool
- Imagine Avondale Elementary Inc.
- JC's Learning Center Preschool & Daycare, L.L.C
- KinderCare Learning Center
- KinderCare Learning Center
- La Petite Academy
- L.E.S.D.#79 - Litchfield Early Childhood Education
- L.E.S.D. #79- Verrado Elementary School
- Primrose School at Palm Valley
- L.E.S.D. #65- Littleton Elementary School Preschool
- Liyanage Perera
- P.E.S.D.- Paloma Preschool
- The Goddard School
- Sherry Souphavong
- St. John Vianney Catholic Preschool
- Desert Hills
- T.E.S.D. #17- Porfirio H. Gonzales
- Tutor Time Child Care/ Learning Centers
- West Valley Christian School

## Tohono O'odham Nation

- Indian Oasis Pre-School
- Sells Head Start/ Child Care
- Santa Rosa Head Start/ Child Care
- Pisinemo Head Start/ Child Care
- Vaya Chin Head Start
- San Xavier Head Start/ Child Care
- North Komelik Head Start

## White Mountain Apache Tribe

- Chaghache Day Care Center
- Dishchii'bikoh Community School
- White Mountain Apache Head Start
- Cibecue Center
- McNary Center
- W.U.S.D. #20- Alchesay Beginnings Child Development Center

## Yavapai

- Acorn Christian Montessori School
- Grannie's House, LLC
- B.C.E.S.D. Beaver Creek Developmental Preschool
- Sonshine Learning Center
- Bright Futures Child Care
- C.V.U.S.D. #51-Territorial Early Childhood Center
- C.O.C.S.D.#6 -Casper
- C.O.C.S.D. #6 - Cottonwood Elementary School
- Cribs To Crayons L.L.C.
- Hilltop Christian Preschool
- First Steps Childcare
- Flip City Gym N Learn
- Grandpa's Farm Christian Child Care
- Immaculate Conception Catholic Preschool
- Kare Bear Child Care Center
- Learning Castle Childrens Center LLC
- Moore Smiles
- Mountain Oak Charter School
- N.A.C.O.G. - Cottonwood Head Start
- N.A.C.O.G - Chino Valley Head Start
- Parkside Christian Learning Center & Los Ninos Christian Preschool

- P.U.S.D. #1 – Discovery Gardens Early Childhood Center
- P.U.S.D. #1 - Discovery Gardens Early Childhood Center - Taylor Hicks
- P.U.S.D. #1 - Discovery Gardens - Lincoln Elementary
- P.U.S.D. #1 - Discovery Gardens At Abia Judd
- Prescott YMCA Early Childhood Center
- Primavera School Inc
- Rays of Sunshine Center
- Precious Stones Preschool
- Sacred Heart Catholic Preschool
- United Christian School
- Busy Bee Learning Center
- Valley Learning Center
- Verde Christian Academy
- Del E. Webb Family Enrichment Center

- Jardin Angelical
- Children's Daycare Center
- Bubbles Childcare & Preschool
- Happy Face Day Care
- Los Abuelos Child Care
- Luz's Child Care
- Lydia's Daycare
- Famania Learning Center
- Arcoiris Child Care Preschool
- Yumis Childcare and Preschool
- Angela's Day Care
- Maria R. Gomez
- Maria Rodriguez
- Maria Teresa Elizarraras
- Milestones Preschool
- Preschool Express, L.L.C.
- Sunflower's Day Care
- The King's Treasures
- Hi Kids Childcare Pre School
- S.E.S.D. #11- Tierra Del Sol Elementary School
- S.E.S.D. #11- Desert Sonora Elementary School
- S.S.D. #11- Valle del Encanto Preschool
- S.S.D. #11- Orange Grove Elementary School
- The Treehouse Kids Club
- The Treehouse Kids Club
- Carlisle Head Start Center
- Carver Head Start Center
- Wonder Kidz Preschool
- Yadi's Group Home
- Y.E.S.D. #1- Rolle- Discovery Club
- Y.E.S.D. #1- Desert Mesa Preschool/Discovery Club
- Y.E.S.D. #1- North End Preschool
- Y.E.S.D. #1 - O C Johnson Preschool
- Zulema's Child Care

## Yuma

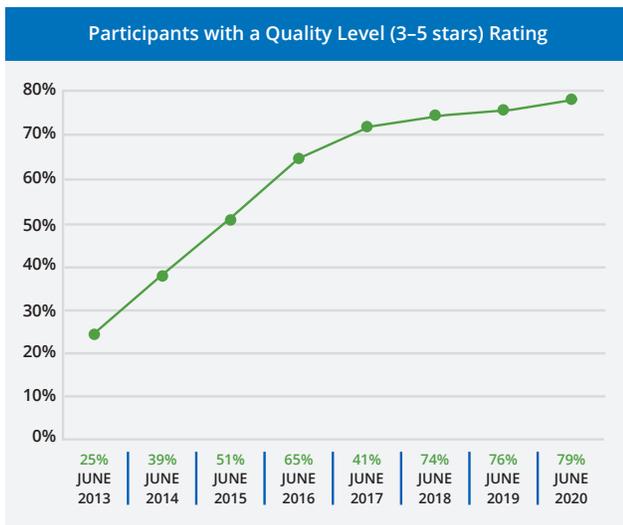
- Alicia's Day Care
- Little Star Child Care
- AZ Western College Child Development Learning Lab
- El Castillo Del Niño
- Bienestar Child Development Center
- Busy Bee'z Preschool and Child Care
- Capstone Quest Academy
- Capstone Quest Academy
- C.S.D. #13- Great Beginnings
- Kid's Wonderland
- Ester's Child Care
- First Christian Church Preschool
- G.S.D. #32- San Luis Preschool
- Lupita's Day Care
- Desert Trails Learning Center
- Happy Trails Preschool Daycare
- Harvest Preschool & Child Care Center
- Harvest Preschool and Child Care Center- San Luis
- A B C's Clubhouse

# Appendix C

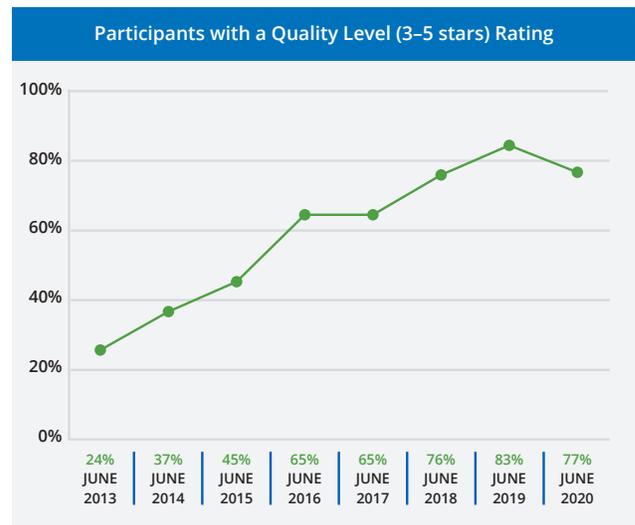
Information is not provided for regions where either a) the regional council does not participate in Quality First, or b) the regional councils' provider ratings are suppressed for confidentiality reasons, as the regional area has less than five total providers enrolled. This is consistent with progress data reported monthly to the First Things First Board.

## Quality Improvement and Rating System Progress and Outcomes: Regional Profiles

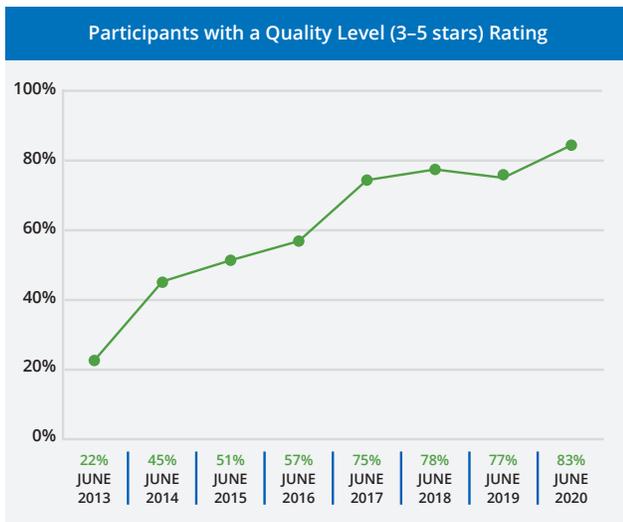
### Statewide



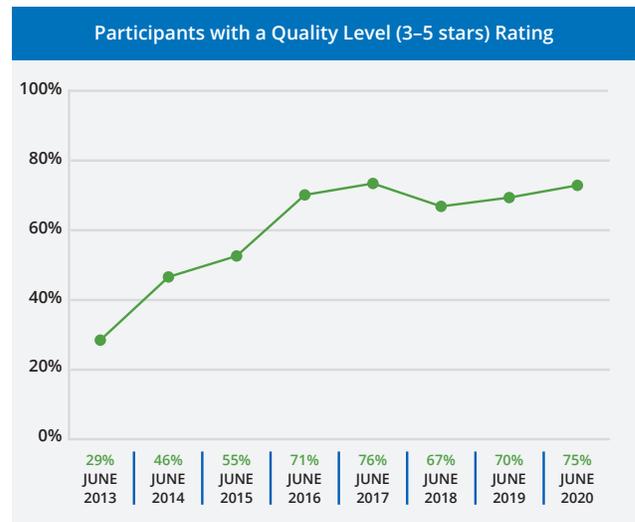
### Cochise



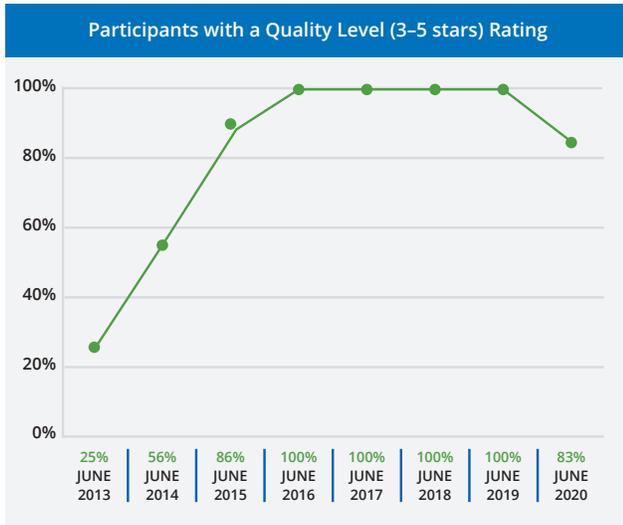
### Coconino



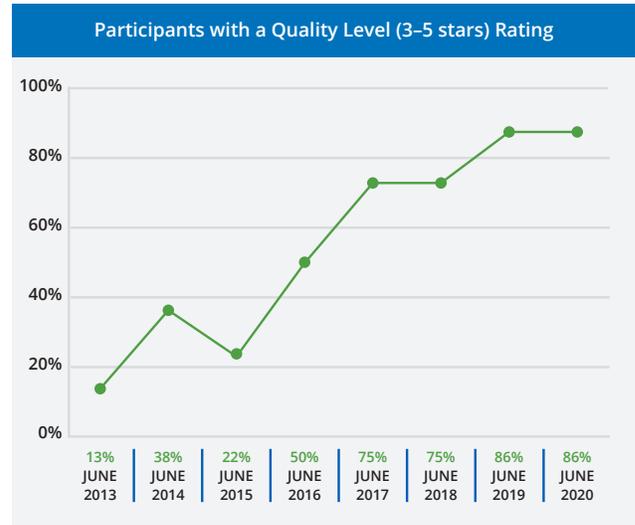
### East Maricopa



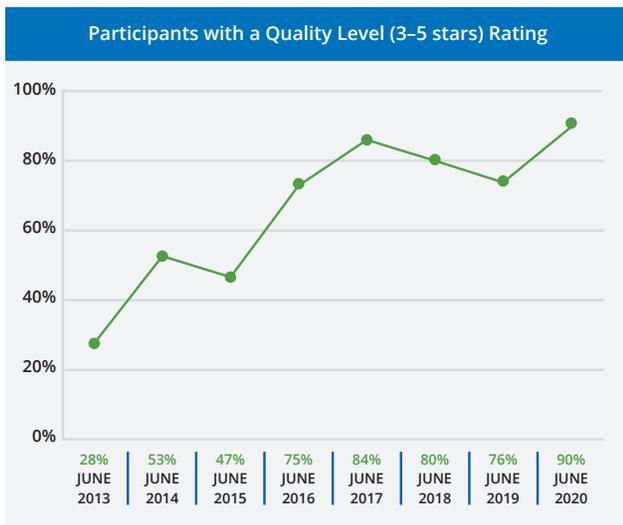
## Gila



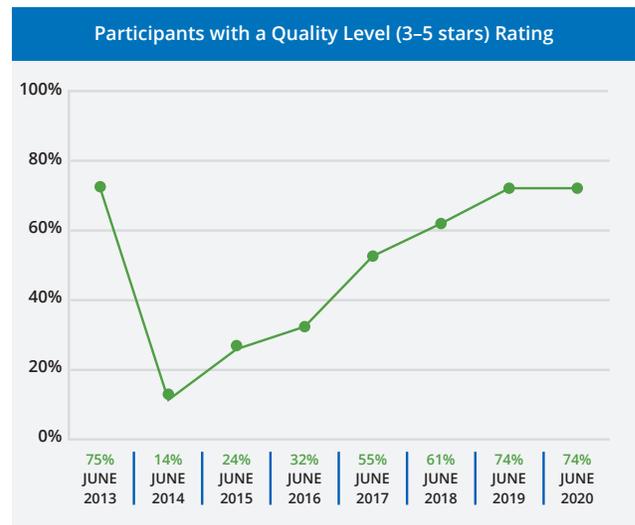
## Graham-Greenlee



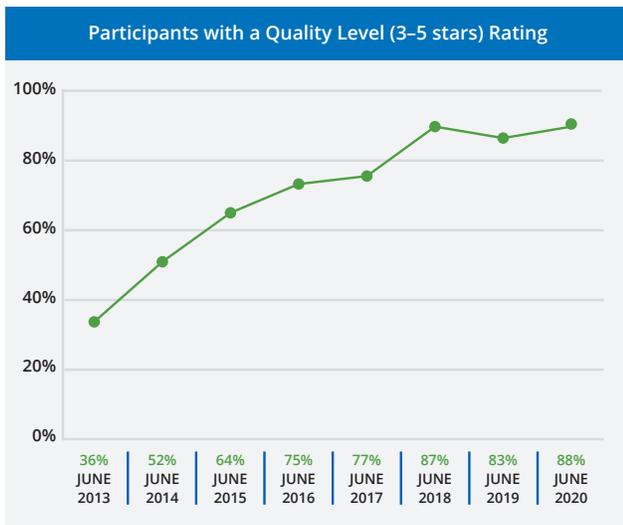
## La Paz-Mohave



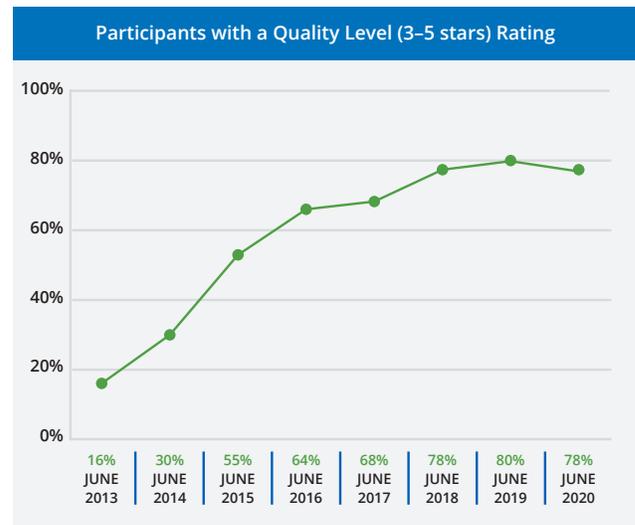
## Navajo Nation



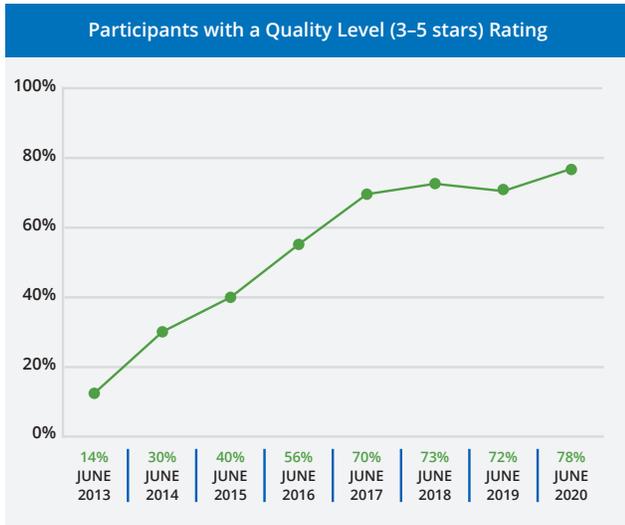
## Northwest Maricopa



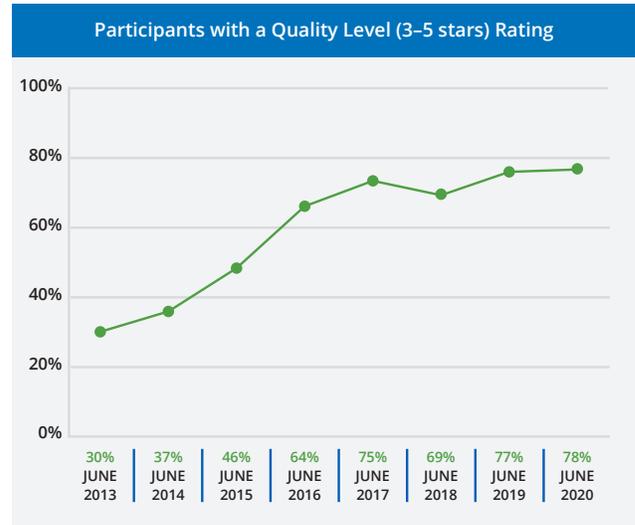
## Phoenix North



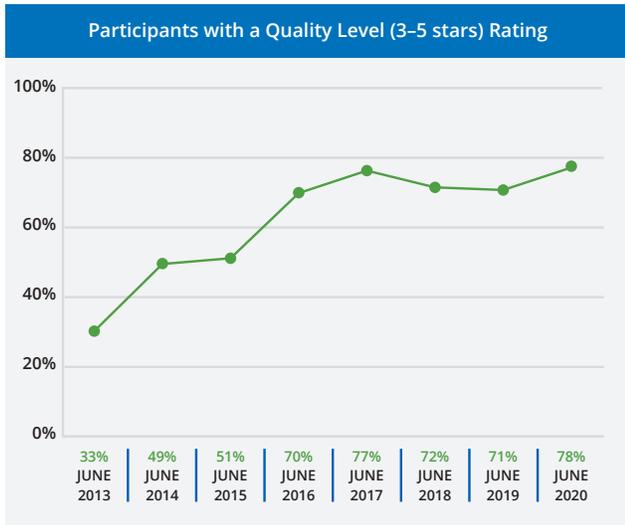
### Phoenix South



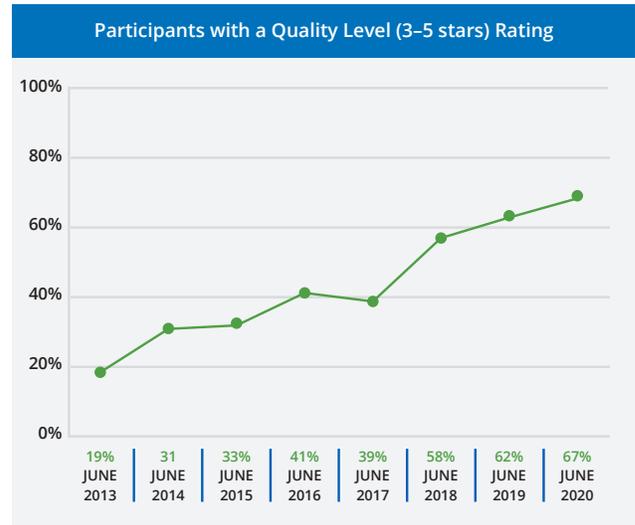
### Pima North



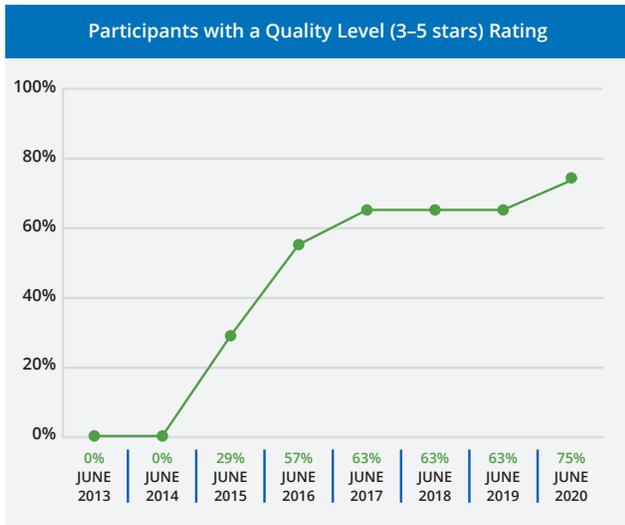
### Pima South



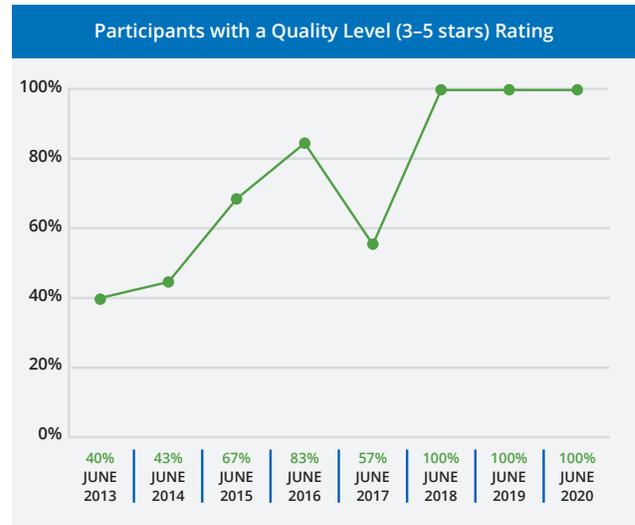
### Pinal



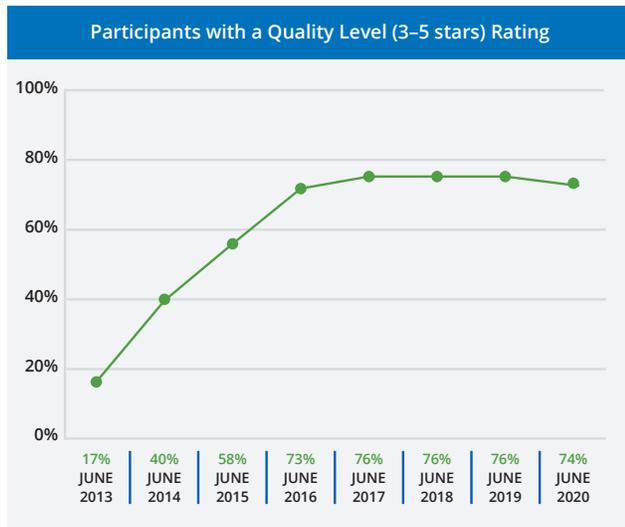
### San Carlos Apache



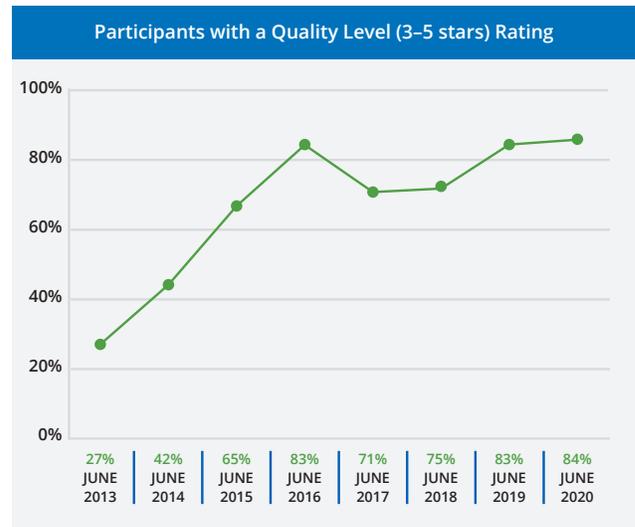
### Santa Cruz



### Southeast Maricopa



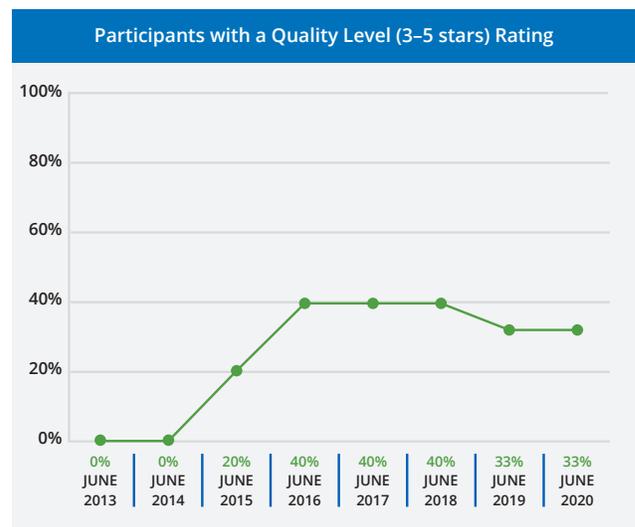
### Southwest Maricopa



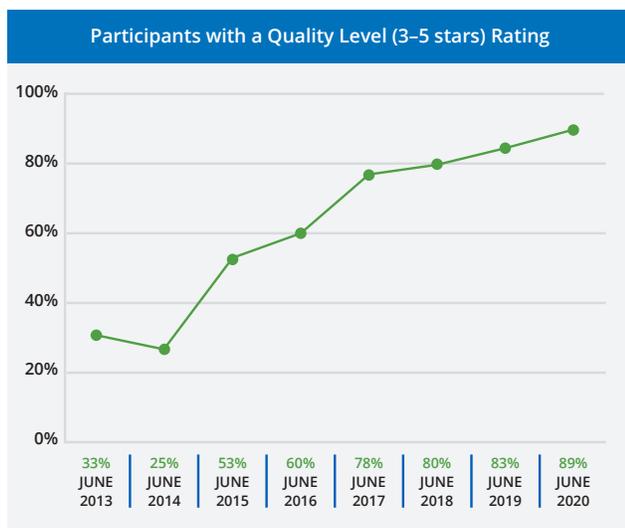
### Tohono O'odham Nation



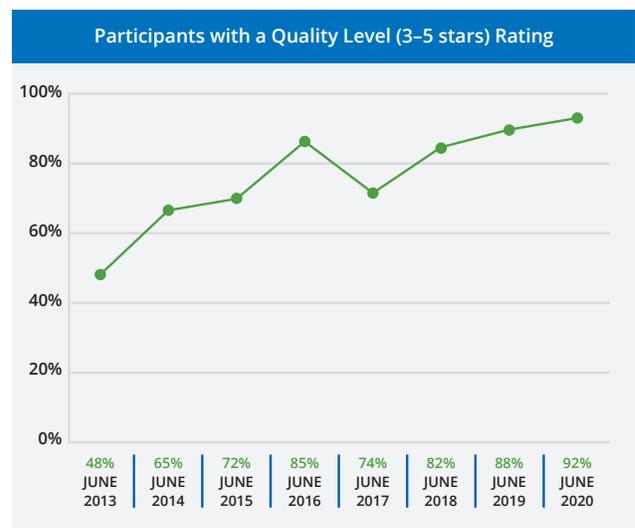
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### Yavapai



### Yuma



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First Things First partners with parents and communities to strengthen families and give all Arizona children the opportunity to arrive at kindergarten healthy and ready to succeed.

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