



LSC PHOENIX

Child Care and Early Learning in Arizona

A Landscape Analysis of
Challenges and Opportunities

AUGUST 2022

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Executive Summary

This report includes data related to:

- the supply and demand of ECE;
- key themes of challenges and opportunities from engaged stakeholders, parents, and providers; and
- actionable recommendations to address the overarching goal of improving quality and access in the early learning system.

Parents, professionals, and stakeholders across Arizona view the investment in early care and education (ECE) as critical to address the gap between demand and supply and to stabilize and improve existing providers and caregivers. Regardless of where a child receives care—a licensed center, a certified home, or with a family, friend, or neighbor—their brains are developing rapidly from birth to five, so it is critical that the space be safe, inclusive, and support learning.

This Child Care and Early Learning in Arizona Landscape Analysis conducted by LISC Phoenix from August 2021 through July 2022 includes data related to the supply and demand of ECE; key themes of challenges and opportunities from engaged stakeholders, parents, and providers; and actionable recommendations to address the overarching goal of improving quality and access in the early learning system. Throughout the report, ECE and child care are used to represent the entirety of the child care and early learning sector.

Based on the learnings, the approach to address ECE in Arizona must include universal outreach to all providers to disseminate resources such as shared services through the AZ Toolkit and a targeted approach to proactively engage facilities with health and safety concerns in high need areas. The coronavirus pandemic did not cause Arizona's fractured ECE system. Low state reimbursement rates that have remained largely unchanged for almost 19 years have contributed to high staff turnover, where almost 20% live in poverty, resulting in almost half of Arizonans living in a child care desert. Two years into the coronavirus pandemic, parents still face tough decisions related to ECE. Many centers do not have available spots with waiting lists up to a year, and the costs to provide quality care have continued to rise. Parents express an increased need for part time, flexible, drop-in, and extended hour care and experience discrimination and extremely limited options based on language and care for children with physical and developmental disabilities.

Arizona has taken several key steps to stabilize the ECE ecosystem with federal pandemic funding. These investments have strengthened shared services, brought business training and support, and temporarily funded increases in revenue and wages. Yet the opportunity remains to leverage federal pandemic funding and identify sustainable methods to allocate state resources during fiscal year 2022-2023, while looking to build the infrastructure to support a more effective system in the long-term.

Within each of the recommendations outlined below, stakeholders have identified specific populations whose needs are not currently being adequately met. Targeted approaches to prioritize the following populations would likely lead to more universal benefits.

- ☐ Children who need care during nontraditional and variable hours
- ☐ Increase care for infants and toddlers
- ☐ Children living in rural areas
- ☐ Children with physical and developmental disabilities



Regardless of where a child receives care—a licensed center, a certified home, or with a family, friend, or neighbor—their brains are developing rapidly from birth to five, so it is critical that the space be safe, inclusive, and support learning.

System level recommendations

1. **Dedicated and sustainable state and federal funding** must be designated for early care and education. While Arizona is in the process of investing \$1.2 billion of federal funding into ECE, Arizona has not allocated additional state funding towards ECE subsidies since the Great Recession ended in June 2009. This funding could provide permanent increases in provider rates to meet the cost of quality, ensure stabilization and expansion activities occur in geographic areas to meet the needs of families, and provide incentives for new and existing providers to enroll in Arizona's Quality Rating and Improvement System (QRIS) system.
2. **Accessible ECE data** would be valuable for parents searching for care, for providers considering growing their programs, and for the state to invest in expansion efforts driven by geographic demand. Arizona already has many of the components in place with the Child Care Resource & Referral (CCR&R) Network incorporating licensing and inspections data from the Department of Health Services, certification from Department of Economic Security (DES), financial assistance acceptance from DES and First Things First, as well as quality ratings from First Things First. The opportunity data gap that remains is the incorporation of available slots and waitlist data ideally by age and by provider. The Texas Child Care Availability Portal¹ is an excellent example for Arizona to consider for a more comprehensive data integration.
3. ECE providers have a difficult and extremely important job—caring for the youngest in Arizona. **Workforce recruitment, support, and retention** efforts should be targeted toward geographies serving families receiving subsidies and experiencing waitlists. This will require investments at the state and federal level to reduce the gap between the cost of care and subsidy rates to increase reimbursement rates as families cannot afford to pay more for care and providers cannot afford to charge less and retain qualified staff.



“The [ideal] environment is a nice outdoor play area that looks welcoming enough for children to climb and be adventurous. It is covered to shade them from sun. I envision a larger style classroom. I can see different cornered off areas, like a play area, a kitchen area, a sleep area. There is a lot of color. Happy, bright, and light. The toilet stalls are noticeable and visible to encourage potty training. There is no distinct smell, neutral is best. I hear laughter.”

FOCUS GROUP PARTICIPANT

4. Early care and education are a constantly evolving need throughout Arizona especially as the economy and populations change. **Mapping and data resources** like the Bipartisan Policy Center’s National and State Child Care Data Overviews² and Read on Arizona’s MapLIT³ project present a point in time picture of what is happening across Arizona. These issues need to be monitored constantly to understand the evolving demand for ECE and current supply. As policy, strategy and funding changes, this unique issue, as well as the overall quality of ECE supply in Arizona, should be re-visited regularly to best serve Arizona families.
5. As a state, Arizona should explore a **collective impact model** with a neutral, backbone organization to build on its common agenda, establish shared measurement, align mutually reinforcing activities, strengthen relationships, and ensure a dedicated team⁴. First Things First continues to successfully improve the quality of ECE in Arizona by investing in early education and health programs. Arizona Early Childhood Alliance and Children’s Action Alliance provide critical advocacy components such as aligning support for state agencies, advocating for programs, and informing responses to state

and federal budgets. Yet, stakeholder interviews consistently indicated that leadership needs to not be competing for the same limited funding as providers, and there needs to be a dedicated backbone organization to comprehensively support the entire ECE spectrum including family, friend and neighbor caregivers as well as strategies to invest in deteriorating infrastructure. National technical assistance providers, such as BUILD Initiative and Opportunities Exchange, support this type of system level change and are referenced in Appendix F.

Facility specific strategies

1. To address the complexities of ECE facilities, Arizona needs to develop collaborative approaches to not only invest current federal ECE funds but also **establish a pooled fund of federal, state, private, and philanthropic dollars** (grant, debt capital, etc.). ECE providers are just that—amazing providers of early care and education. They are not architects, building developers, general contractors, or trades people (i.e., plumbers, electricians, etc.). To stabilize and increase capacity of Arizona’s ECE sector, investments are needed to provide technical assistance, capacity building, and pre-development activities as well as provide funds to address health and safety violations, improve quality, and increase equitable access to ECE.
2. Arizona has an opportunity in 2022 to invest current federal ECE funds and develop a future pooled fund to **empower supply building activities** that will sustain beyond the dollars.
 - With community, provider, and stakeholder input, create an extensive outreach plan that prioritizes neighborhoods and providers based on needs identified to address technology, technical assistance, and capacity building.
 - Develop an outreach and infrastructure assessment for existing operators to increase their capacity within their existing infrastructure.
 - Improve the quality of existing operators by funding light renovations and facility improvements that prioritize addressing health and safety violations as well as address areas for quality rating improvement to increase reimbursement rates.
 - Cultivate a network of ECE facility and infrastructure champions to include architects, contractors, vendors, inspectors, and investors that will advocate for and aid in the execution of supply-building activities.
 - Facilitate and incentivize pre-development activities with developers and contractors for new high-quality ECE spaces and suitable renovations to existing spaces.
3. Providers self-reported physical space needs likely creating a response bias and under reporting of facility health, safety, and deferred maintenance needs. ECE providers would benefit from education and resources to better understand their **facility needs** but more important is for Arizona to directly invest in trained personnel to conduct facility assessments—identifying needs and integrating them into the provider’s improvement plans.
4. Ensure ECE providers have the technology, training, and technical assistance to support **greater sophistication in business management**. This includes systems, software, and hardware that can create efficiencies and sustain business operations around attendance, record keeping, and business management practices.

Next steps

1. Immediately work with Arizona state agencies to **leverage the federal Child Care and Development Fund** investments to address ECE infrastructure stabilization and expansion for lasting change to the ECE landscape.
2. **Establish a data agreement** with the Arizona Department of Economic Security and Department of Health Services to collaboratively identify ECE providers serving children receiving subsidies who have health and safety licensing violations to prioritize infrastructure investments.
3. **Design and implement a family-friendly integrated data platform** that brings together ECE data in a consumable format to include licensing information, contracted providers for subsidies, quality ratings, and availability for each ECE provider. Arizona's ability to address current ECE waitlists in a strategic and targeted way as well as development planning to ensure ECE providers are incentivized to build and expand where populations demanding ECE are projected to grow is limited by siloed data. This would reduce vacancies and increase revenue for ECE providers while reducing frustration for parents searching for care by more easily letting the community know of available slots.
4. Over the next year, **further relationships** that will enable the development of a long-term ECE facilities fund to include stacked funding invested from the federal and state government, philanthropy, corporations, and other stakeholders to continue to address the key needs identified throughout this report.

LISC Phoenix's commitment to early care and education

LISC Phoenix is positioned with a unique opportunity to become a core partner in stabilizing and growing the ECE infrastructure in the state of Arizona. Four years ago, LISC Phoenix was invited into the ECE space through conversations with First Things First to explore what it would take to conduct a facilities needs assessment. Leadership turnover throughout Arizona agencies and COVID displaced these conversations until the opportunity for this Child Care and Early Learning in Arizona Landscape Analysis partnership with Vanguard Strong Start for Kids began in 2021. Through this outreach and engagement process, key relationships were established with multiple state agencies—raising everyone's awareness of facility needs, the lack of funding streams for facilities, and the opportunity that federal funds could stabilize existing infrastructure and look to a future of growing new infrastructure. LISC Phoenix is prepared to take on this role with support from LISC national and emerging investments. As an intermediary, we are positioned to seek opportunities to further raise public and private dollars to deploy thoughtfully with the ECE sector.

Introduction

The goal of this project was to identify gaps and opportunities for LISC Phoenix and partners to invest in ECE.

The Child Care and Early Learning in Arizona Landscape Analysis was commissioned by Local Initiatives Support Corporation, Phoenix (LISC Phoenix) and funded by a Strong Start for Kids grant from Vanguard. While the early care and education (ECE) is a new area to LISC Phoenix, understanding data, engaging with community, developing a plan, and implementing that plan are not new. LISC Phoenix has been part of the Phoenix metro ecosystem since 1992 collaborating with place-based organizations, corporations, foundations, and public partners to create innovative approaches that address systemic challenges in housing, economic development, and financial stability. This report details the findings of data collected from August 2021 through July 2022 and includes data related to supply and demand of ECE; key themes of challenges and opportunities from engaged stakeholders, parents, and providers; and actionable recommendations to address the overarching goal of improving quality and access in the early learning system.

Guided by LISC National's expertise in ECE and early education financing and facilities development, LISC Phoenix completed a regional landscape analysis informed by existing data, key informant interviews, focus groups, and surveys. The goal of this project was to identify gaps and opportunities for LISC Phoenix and partners to invest in ECE. The geographic areas this report focused on include the First Things First Regional Council areas of East Maricopa, Phoenix South, Salt River Pima Maricopa Indian Community, and Southeast Maricopa. These geographies were selected because they overlap with LISC Phoenix's existing service areas and were an established way to begin understanding regional challenges and needs. A substantial amount of data was collected throughout this project. The items included in this report are those viewed as the most relevant opportunities for Arizona to address the identified needs.⁵



Context

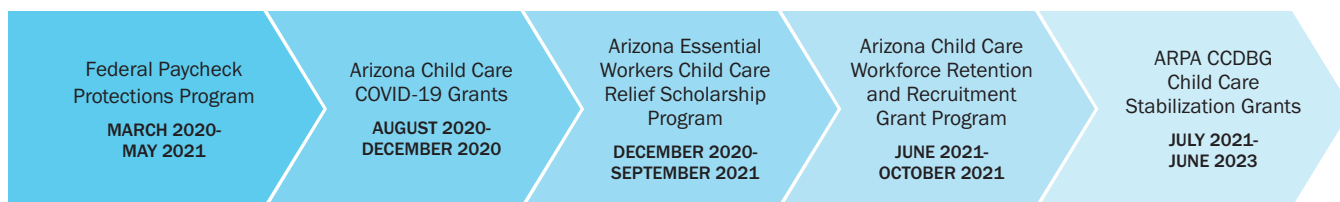
While the COVID-19 pandemic increased awareness of the challenges facing ECE, it did not create them. Insufficient state and federal investments since the Great Recession ended in June 2009 have created a vicious cycle of decreasing supply especially for infants and toddlers, constantly rising costs for parents and providers, and low wages for staff.

Research has shown that the earliest years of a child's development represent a critically important window of opportunity to develop a person's full potential and shape key academic, social, and cognitive skills that determine success in school and in life. Participation in high-quality early learning programs, like Head Start, public and private pre-K, and community based ECE programs provide a strong start and a foundation for school achievement. These programs also generate a significant return on investment for society. For high quality early learning programs, numerous economic studies have documented an average rate of return of \$7 or more on each dollar invested through a reduced need for spending on other services, such as remedial education, grade repetition, and special education, as well as increased productivity and earnings and reduced crime rates for these children as adults⁶.

While the COVID-19 pandemic increased awareness of the challenges facing ECE, it did not create them. Insufficient state and federal investments since the Great Recession ended in June 2009 have created a vicious cycle of decreasing supply especially for infants and toddlers, constantly rising costs for parents and providers, and low wages for staff. Even before COVID-19, almost half (48%) of Arizona families lived in ECE deserts with a lack of critical access to high quality ECE and pre-k opportunities. The recently updated Arizona Education Progress Meter has showed a steady decline year over year from a high of 24% in 2017 to a low of 17% in 2020 of 3- and 4-year-olds enrolled in quality early learning in Arizona⁷. And then the pandemic resulted in historic lows in enrollment leading to ~500 center closures throughout Arizona⁸. Exacerbating these challenges is the reality that minority and women-owned business enterprises are more likely to be unbanked or underbanked and may also face additional language and cultural barriers to receiving federal funds. Only half of ECE providers applied for the Paycheck Protection Program (PPP) loan through the Small Business Administration, with only half of those receiving the funding—just one-fourth of ECE providers received PPP loans⁹.

Subsidies help offset the cost of ECE including the federal Child Care and Development Block Grant, yet, there is not enough funding—meaning only 1 in 6 eligible children will receive an ECE subsidy. The U.S. Department of Health and Human Services defines ECE as being affordable when it does not exceed 7% of family income. Arizona families with a state median income of \$71,731 pay 12% of their income for family, friend and neighbor care and 17% of their income for licensed infant care (~\$12,200).¹⁰ Minimum wage workers in Arizona spend 44% of their earnings on ECE, while only 10% of low-income eligible families receive federal subsidies.¹¹ Pre-pandemic, there were 2.5 children for every available slot, and as of February 2021 closures could result in shortages of as much as 5.0 children for every available slot. The gap between subsidies and cost per child stood at \$467 before COVID-19. The costs to provide care have continued to increase due to facility upgrades, increased cleaning, and workforce turnover while revenues have decreased, attendance declined, and capacity diminished, further widening the gap between subsidy and the cost of care. Center-based provider's costs have increased an estimated 84%, while family-based providers' costs have increased by 75%.¹²

Federal relief funds have provided critical support for ECE to prevent more widespread permanent closures but without long-term, sustainable federal and state investments in affordable, high quality ECE the sector will falter when pandemic relief funds cease. Stabilization grants have enabled facilities to stay open, pay the mortgage/rent, keep utilities on, purchase required personal protective equipment, pay off debt incurred since March 2020, and increase staff salaries and benefits temporarily. Even with the moderate stabilization funding increases



to support salaries and benefits, 80% of responding ECE providers reported experiencing staffing shortages.¹³

Stabilizing ECE is critical for Arizona’s workforce with 64% of children under 6 having all available parents in the workforce.¹⁴ In 2020, child care workers earned a median wage of \$11.97 per hour leaving almost 20% of ECE workers living in poverty.¹⁵ Historically and today, the child care workforce is overwhelming women at 90%+ where over 50% are parents and 20% are single mothers.¹⁶ Mothers are disproportionately displaced from income earning when ECE closes and/or becomes too costly to utilize, with mothers of color being the most impacted. Among mothers living with school-age children in the U.S., there was 1.4 million more not actively working in January 2021 compared to January 2020.¹⁷ This profound decrease in workforce participation was greater for non-white mothers where 77% of Black mothers were in the workforce pre-COVID-19. This employment loss is an immediate financial concern and a lifetime earnings challenge which will likely increase workforce gender inequalities.

With multiple partners coming together to respond to the impacts of COVID-19, there is increased interest and momentum to change the ECE system permanently in Arizona. The Arizona Early Childhood Alliance (AZECA), an alliance of 53 cross-sector partners across Arizona working directly with other key stakeholders and the Department of Economic Security, provided input to the Governor on effective and timely ways to utilize the recent federal investments. Identifying capital for the long-term sustainability of the ECE industry—for both operating purposes and facility maintenance and upgrades—will be critical in the overall recovery of Arizona’s economy, particularly post-pandemic.

Methodology

The overarching purpose of this project was to identify gaps and opportunities for LISC Phoenix and partners to invest in ECE facilities and physical spaces in Arizona. Leadership on the project was provided by LISC Phoenix through a contract with MPW Consulting, LLC with technical support offered by LISC National staff with specialized expertise in ECE facilities, and Community Alliance Consulting, LLC with specialized expertise in multilingual focus groups. The Child Care and Early Learning in Arizona Landscape Analysis incorporated these four components in parallel, non-sequential order: 1) identification of ECE sector data sources and data gaps, 2) interviews with key stakeholders, 3) community engagement focus groups with parents, providers, and ECE professionals, and 4) on-line surveys to ECE providers. The geographic regions of interest for this project included the First Things First regional council areas of East Maricopa, Phoenix South, Salt River Pima Maricopa Indian Community, and Southeast Maricopa. An expanded methods section (Appendix B) and tools details are provided in Appendices B-F.



Findings

Data Review: Research and Planning

Review available data related to supply and demand of ECE in the identified areas of the Phoenix region.

By Arizona law, anyone providing regular care for children ages 0-14 in facilities (centers) and ages 0-12 in homes, for compensation, must be licensed if they are caring for more than 4 children at one time. ECE providers should be a Licensed Child Care Center (non-residential) or Certified Child Care Group Home (residential) by the Arizona Department of Health, Office of Child Care Licensing (ADHS) or as a Certified and Contracted Family Child Care Home (residential) by the Arizona Department of Economic Security, Child Care Administration (ADES). Key data sources and reports are provided in Appendix B.

In 2019 prior to the pandemic, Arizona experienced a potential ECE gap of 25.2%.¹⁸ Throughout the pandemic the number of open ECE providers has varied greatly (by as much as 500 providers) as well as the demand for ECE. Furthermore, the exact numbers of family, friend and neighbor caregivers is unavailable. The modest increase in licensed center capacity does not address the decreases across all other forms of ECE in Arizona since the pandemic. Arizona's population of children under five years has continued to increase and their families are still facing an ECE gap due to waitlists, geographic inaccessibility, and unaffordable care. ECE workforce shortages continue to limit providers' ability to operate at full licensed capacity.

TABLE 1 ▼

Child care (0-5) supply across Arizona

FACILITY TYPE	2019*		2022	
	COUNT	CAPACITY	COUNT	CAPACITY
Center – licensed by ADHS**	1,488	160,100	1,577	173,210
Public School**	585	67,290	487	60,407
Small Group Home – certified by ADHS***	275	<2,750	246	2,372
Home – certified by & contracted with ADES****	301	<1,204	258	<1,032
CCR&R Registered Home***	172	<688	64	<256
Home (Family, Friend and Neighbor Caregiver)	38	160	****	****
Head Start*****	****	16,574	500	18,111
Department of Defense	5	1,210	11	****

* Child Care Gaps in 2019: Arizona, Bipartisan Policy Center

** Downloaded from ADHS Public Health Licensing Provider & Facility Databases on 06/01/2022, <https://www.azdhs.gov/licensing/index.php#databases>. 2022 Child Care Public School data excludes school-age only licensed providers

*** CCR&R Network Data retrieved at the end of June 2021 for ACIR report: https://s3.documentcloud.org/documents/21098228/cca-data-request-07282021-maria-polletta-reporter-acir-sfy2020-2021_annualwelfare-2.pdf

**** Unknown at the time of printing

***** Total funded Head Start slots including American Indian/American Native

Arizona has multiple data and research processes actively underway and several national and local data mapping tools were identified.

One of the greatest challenges identified in this analysis is the lack of real time or even point in time numbers on enrollment and waitlists by geography. If the ECE provider is receiving subsidy payments, attendance is reported to ADES, and ADES maintains information about the inaccessibility of care (i.e., waitlists for children receiving subsidies). If the ECE provider is receiving scholarship payments, attendance is reported to First Things First. However, if the ECE provider is private pay only or unlicensed, enrollment and waitlist numbers are not publicly available. Stakeholders indicated there is a data workgroup associated with the further development of the Read on Arizona MapLIT tool which may be considering collecting this information. This significantly limits Arizona's ability to address current ECE waitlists in a strategic and targeted way as well as stymies development planning to ensure ECE providers are incentivized to build and expand where populations demanding ECE are projected to grow.

Arizona has multiple data and research processes actively underway. The findings of these reports should be collaboratively brought together to collectively identify cross-cutting challenges, propose collective solutions, and implement systemic changes. While not an exhaustive list, the following active Arizona-based data projects were identified:

1. Mayor's Roundtable plans to produce profiles for each of the 15 roundtable cities that summarize existing data highlighting ECE status and needs.
2. First Things First is updating their cost of quality report due out in late 2022 to early 2023.
3. First Things First Regional Councils are all conducting their Regional Needs & Assets data collection and reporting in 2022 to launch new four-year strategic plans in 2024.
4. Arizona Department of Economic Security is conducting their ECE market rate survey due out in late 2022.
5. Candelen is completing a parent preference survey on ECE demand due out in late 2022.
6. Arizona CCR&R is currently requesting parents searching for care complete a brief survey of their ECE needs.
7. ADES is working with Arizona State University's Children's Equity Project to assess how ECE providers are utilizing federal streams of funding such as the Stabilization Grants with a summary ready by late 2022.

Furthermore, several national and local data mapping tools were identified:

1. Read On Arizona partners created MapLIT, an interactive mapping tool as a "one stop" resource to identify key data sets (census, school, health, family engagement) that impact early literacy outcomes in communities. MapLIT currently provides graphic views of data for public/charter elementary school and preschool site locations in Arizona. Additional neighborhood level ECE data is in the works to be integrated from the Bipartisan Policy Center.
2. CCR&R database provides a search engine for parents to find ECE providers by geography and quality rating.
3. Bipartisan Policy Center has the National and State Child Care Data Overview as well as multiple reports and blogs specific to ECE.
4. U.S. Database of Child Care Closures during COVID-19 is a monthly-updated database on ECE closures publicly available.

Lastly, three key data gaps have been identified:

1. There needs to be a real-time mechanism to differentiate and monitor Operating Capacity and Desired Capacity compared to Licensed Capacity. These three unique metrics are critical to the supply and demand conversation as they would provide information on enrollment versus licensed capacity as well as waitlist numbers. The Texas Child Care Availability Portal¹⁹ has strategically invested Child Care and Development Block Grant funding (\$540 million) to develop a real-time searchable database that shows openings by age group, quality ratings, acceptance of financial aid, and links to licensing and inspections. Arizona has several of these key components, but the current systems do not provide open slots and waitlists data.
2. Most data sources use predictive modeling to determine demand from the total number of children and total number of working caregivers. Waitlist data from ADES and other sources could be integrated to present more real-time need. The numbers and locations of actual caregivers/parents seeking licensed/certified care (demand) is not known. With a more integrated data system, this information may become more readily available.
3. It is unknown the impact COVID-19 has had on the demand for family, friend and neighbor care (unlicensed) by geography and demographics. At the time of this report publication, the parent preference survey data had not been released by Candelen.



Essential Stakeholder Interviews

Conduct informational interviews with regional essential stakeholders.

The final snowball sample included thirty-six requests to interview and twenty-three completed interviews.

Interviews were conducted with the following stakeholder organizations: Arizona Association for the Education of Young Children (AZAEYC), ADES, Arizona Department of Education (ADE), Arizona Department of Health Services (ADHS), Arizona Early Childhood Association (AZECA), Arizona Early Childhood Education Association, Arizona Head Start Association, Candelen, Child Care Resource & Referral Network (CCR&R), Children's Action Alliance, City of Tempe, First Things First (FTF), Greater Phoenix Leadership, Phoenix Sky Harbor International Airport, Read on Arizona, Southwest Human Development, Opportunities Exchange, Virginia G. Piper Charitable Trust, and WestEd Research Group.

Key themes identified by stakeholders included:

1. There is a clear need not being met to develop new and stabilize and improve existing ECE spaces in Arizona with a particular need in rural and tribal communities. Specific urban areas in south Phoenix, downtown Mesa, south Scottsdale, and south Tempe need affordable care that is also high quality. Stakeholders were unable to provide geographic granularity to the neighborhood level.
2. The core areas of need identified by stakeholders included:
 - technical assistance for business development and sustainability that is complementary to existing provisions;
 - financial assistance addressing deferred maintenance of facilities including plumbing; heating, ventilation, and cooling (HVAC); and playground areas—all of which are included in the top 10 licensing violations;
 - access to needed space, equipment, and facilities for infant and toddler care such as dedicated sinks, changing tables, and safe seating which limit and/or prevent providers from pursuing licensing and delivering care.
3. As a state, Arizona's disinvestment in ECE has created a competitive landscape where collaboration has been disincentivized. First Things First continues to successfully improve the quality of ECE in Arizona by investing in early education and health programs. Arizona Early Childhood Alliance and Children's Action Alliance provide critical advocacy components such as aligning support for state agencies, advocating for programs, and informing responses to state and federal budgets. The Arizona and Southern Arizona Associations for the Education of Young Children (AZAEYC and SAZAEYC) advance a diverse, dynamic early childhood profession and support all who care for, educate and work on behalf of young children. Yet, stakeholder interviews consistently indicated that convening leadership needed to not be competing for the same limited funding as partners and providers. Additionally, stakeholders identified a need for a dedicated backbone organization to comprehensively support the entire ECE spectrum including family, friend and neighbor caregivers as well as strategies to invest in deteriorating and new infrastructure. The plethora of reports and publications outlined in the Data section of this report are an excellent example of where a neutral convener could bring stakeholders together to coordinate and partner around findings, opportunities, advocacy, and action.
4. There is interest in a collaborative approach to address ECE stabilization, improvement, and expansion needs that is informed by the community being served. This concept of collaborative, pooled funding could invest in facility needs.

Community Engagement

Incorporate the voice of parents and providers in the identified areas with the qualitative and quantitative data to provide a comprehensive view of available data, identify data gaps, as well as supply and demand gaps.

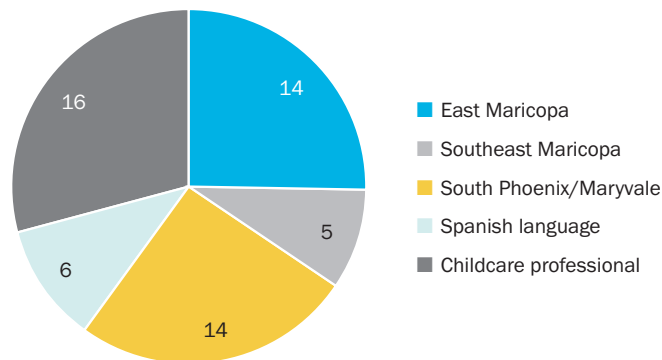
Focus groups

Five focus groups were conducted remotely with parent recruitment from First Things First Family Resource Centers and Regional Councils, Head Start locations, stakeholder outreach, and targeted social media. There were three regional focus groups: East Maricopa, Phoenix South, and Southeast Maricopa with focused recruitment from the key geographic areas. The fourth focus group was Spanish speaking only from across the selected regions. A fifth focus group of professional field workers was conducted to include: First Things First quality assessors and coaches as well as licensing and certification surveyors from ADES and ADHS. The detailed focus group findings report is provided in Appendix D.

There were 39 parents of young children and 16 ECE professionals that participated in the series of five groups. Participants were from Phoenix (40.5%), Mesa (16.2%), Gilbert (3.5%), Ahwatukee, Chandler, Tempe, Buckeye, Glendale, and Guadalupe. Parent participants identified as 40.9% Hispanic/ Latino/a and 81.2% female, while state assessors/surveyors identified as 93.8% white and 100% female.

On average, the national ECE provider workforce is 54% white and 93% female.²⁰

FIGURE 1 ►
Focus group participants



These are the key findings from the focus groups.

- Parents and professionals want to see child-oriented built environments inside ECE centers. This includes the functional environment such as toilets and sinks, the room design, as well as playground equipment that prevents injury.
- Safety and security were major priorities among focus group participants. This included preventing access to the facility from outsiders, ensuring that there are cameras monitoring all areas, as well as health and hygiene protocols both related and unrelated to COVID-19.

- Participants cared about the beauty and ambiance of the ECE centers. Artwork, lighting, and bright colors were what focus group respondents expected to see in a well-run ECE center. Neutral or fresh smells were important, as opposed to stagnant or putrid smells.
- Currently parents face tough decisions related to ECE. Many centers do not have available spots and have waiting lists up to a year. There is an increased need in the community for part-time care, flexible schedules, drop-in care, and extended hours including early morning, evenings, and weekends. Some parents have experienced discrimination based on language ability, and children with special health care needs have extremely limited options.

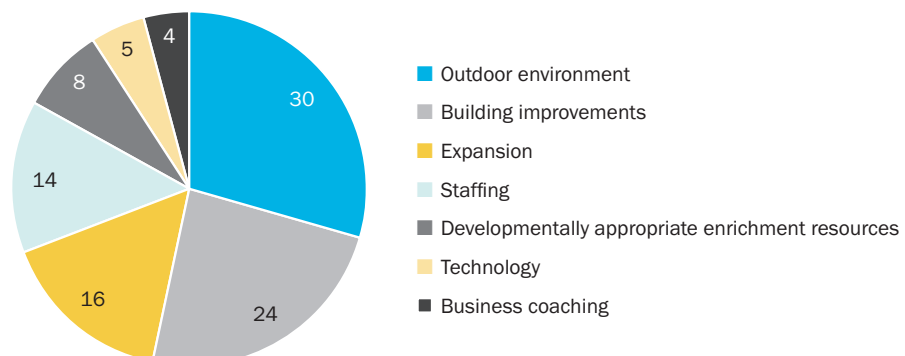
Provider surveys

Additionally, ECE providers were engaged through a brief online survey. Two unique surveys were developed: one for licensed/certified ECE providers and one for family, friend and neighbor unlicensed caregivers. In the state of Arizona, a person may provide ECE in their home for up to four children for pay without licensing and/or certification requirements. The detailed provider survey summary is provided in Appendix E.

Licensed and certified providers

The survey was sent to 1,230 unique email addresses from the ADHS provider registry with 68 providers completing the survey. Most respondents (92%) operate one ECE location. Almost three-quarters (73.5%) were licensed by the Arizona Department of Health Services and 23.5% were certified Group Homes. The areas of greatest need in descending order were expansion, quality improvement, health and safety, facility project technical assistance, and business coaching. Of note, Southwest Human Development began their Child Care Business Coaching pilot during this project which may have influenced the business coaching need. Providers indicated there was a range of meaningful financial investments amounts: \$5,000-\$10,000 (25%), \$25,000-\$50,000 (22.1%), \$10,000-\$25,000 (19.1%), and >\$100,000 (17.6%). Almost half (43.2%) of respondents identified as a person of color, and 96% identified as female. Through thematic review of providers' open-ended responses, some type of facility need (outdoor environment, building improvements and expansion) was identified in 70% of responses. A complete data summary for the Arizona Child Care Provider Survey is provided in Appendix E.

FIGURE 2 ►
Needs to be addressed
through a project with LISC
Phoenix





When asked what would be the most helpful to you, over three-quarters of caregiver respondents indicated: improving the health and safety of my home, improving the quality of my care, and help to become an ECE facility.

Family, friend and neighbor caregivers

Survey respondents cared for one to five children in their home with 41.7% of respondents caring for two children and 25% caring for four children. Over 90% of respondents were interested in becoming state licensed or certified, but barriers like immigration status and lack of knowledge have prevented them from pursuing state licensure or certification. Respondents indicated benefits to becoming state licensed or certified included ability to care for more children, better pay, and business growth. Survey respondents were open to funding amounts ranging from <\$5,000 up to >\$100,000 with the greatest responses for the \$5,000-\$10,000 range (41.7%), followed by \$10,000-\$25,000 (25%). All surveys were completed by persons identifying as Hispanic, Latino, or Spanish and female. Key themes included the need to invest in the outdoor environment and expansion. When asked what would be the most helpful to you, over three-quarters of caregiver respondents indicated: improving the health and safety of my home, improving the quality of my care, and help to become an ECE facility.

Recommendations and Conclusions

There is interest and opportunity for Arizona to build a comprehensive early care and education facilities fund to address the stabilization and growth of providers through addressing health and safety (i.e., deferred maintenance), quality improvement, expansion, business coaching, and facility project technical assistance. Efforts in Arizona must take both a targeted and universal approach to address the stabilization of existing and development of new ECE owners/operators/providers. With the majority of ECE providers being women, it is important to develop an approach to address equity. Investments should be directed to locations with minimal/low access to quality ECE (no/low quality rating) and serving low to moderate income populations (serving over 50% subsidy eligible children). Additional layered considerations for historically under-resourced communities should be prioritized and utilize sociodemographic data about the community. Data considerations should include economic stability (<200% FPL, unemployment rates), educational attainment (< high school diploma), health and health care access (Medicaid, no insurance), neighborhood and built environment (accessibility to public transportation and affordable housing), and the social and community context (primary native language).

Within each of the recommendations outlined below, stakeholders have identified specific populations whose needs are not currently being adequately met. Targeted approaches to prioritize the following populations would likely lead to more universal benefits.

- ☐ Children who need care during nontraditional and variable hours
- ☐ Increase care for infants and toddlers
- ☐ Children living in rural areas
- ☐ Children with physical and developmental disabilities

System level recommendations

- 1. Dedicated and sustainable state and federal funding** must be designated for early care and education. While Arizona is in the process of investing \$1.2 billion of federal funding into ECE, Arizona has not allocated additional state funding towards ECE subsidy since the Great Recession ended in June 2009. This funding could provide permanent increases to provider rates to meet the cost of quality, ensure stabilization and expansion activities occur in geographic areas to meet the needs of families, and provide incentives for new and existing providers to enroll in Arizona's Quality Rating and Improvement System (QRIS) system.
- 2. Accessible ECE data** would be valuable for parents searching for care, for providers considering growing their programs, and for the state to invest in expansion efforts driven by geographic demand. Arizona already has many of the components in place with the Child Care Resource & Referral (CCR&R) Network incorporating licensing and inspections data from the Department of Health Services, certification from Department of Economic Security (DES), financial assistance acceptance from DES and First Things First, as well as quality ratings from First Things First. The opportunity data gap that remains is the incorporation of available slots and waitlist data ideally by age and by provider. The Texas Child Care Availability Portal²¹ is an excellent example for Arizona to consider for a more comprehensive data integration.

Targeted approaches to prioritize populations that have needs which are not currently being adequately met would likely lead to more universal benefits.

3. ECE providers have a difficult and extremely important job—caring for the youngest in Arizona. **Workforce recruitment, support, and retention** efforts should be targeted toward geographies serving families receiving subsidies and experiencing waitlists. This will require investments at the state and federal level to reduce the gap between the cost of care and subsidy rates to increase reimbursement rates as families cannot afford to pay more for care and providers cannot afford to charge less and retain qualified staff.
4. Early care and education are a constantly evolving need throughout Arizona especially as the economy and populations change. **Mapping and data resources** like the Bipartisan Policy Center’s National and State Child Care Data Overviews²² and Read on Arizona’s MapLIT²³ tool presents a point in time picture of what is happening across Arizona. These issues need to be monitored constantly to understand the evolving demand for ECE and the current supply. As policy, strategy and funding changes, this unique issue, as well as the overall quality of ECE supply in Arizona, should be re-visited regularly to best serve Arizona families.
5. As a state, Arizona should explore a **collective impact model** with a neutral, backbone organization to build on its common agenda, establish shared measurement, align mutually reinforcing activities, strengthen relationships, and ensure a dedicated team.²⁴ First Things First continues to successfully improve the quality of ECE in Arizona by investing in early education and health programs. Arizona Early Childhood Alliance and Children’s Action Alliance provide critical advocacy components such as aligning support for state agencies, advocating for programs, and informing responses to state and federal budgets. Yet, stakeholder interviews consistently indicated that leadership needs to not be competing for the same limited funding as providers, and there needs to be a dedicated backbone organization to comprehensively support the entire ECE spectrum including family, friend and neighbor caregivers as well as strategies to invest in deteriorating infrastructure.

Facility specific strategies

1. To address the complexities of ECE facilities, Arizona needs to develop collaborative approaches to not only invest current federal ECE funds but also **establish a pooled fund of federal, state, private, and philanthropic dollars** (grant, debt capital, etc.). ECE providers are just that—amazing providers of early care and education. They are not architects, building developers, general contractors, or trades people (i.e., plumbers, electricians, etc.). To stabilize and increase capacity of Arizona’s ECE sector, investments are needed to provide technical assistance, capacity building, and pre-development activities as well as provide funds to address health and safety violations, improve quality, and increase equitable access to ECE. National technical assistance providers, such as BUILD Initiative and Opportunities Exchange, support this type of system level change and are referenced in Appendix I.
2. Arizona has an opportunity in 2022 to invest current federal ECE funds and develop a future pooled fund to **empower supply building activities** that will sustain beyond the dollars.
 - With community, provider, and stakeholder input, create an extensive outreach plan that prioritizes neighborhoods and providers based on needs identified to address technology, technical assistance, and capacity building.
 - Develop an outreach and infrastructure assessment for existing operators to increase their capacity within their existing infrastructure.

- Improve the quality of existing operators by funding light renovations and facility improvements that prioritize addressing health and safety violations as well as address areas for quality rating improvement to increase reimbursement rates.
 - Cultivate a network of ECE facility and infrastructure champions to include architects, contractors, vendors, inspectors, and investors that will advocate for and aid in the execution of supply-building activities.
 - Facilitate and incentivize pre-development activities with developers and contractors for new high-quality ECE spaces and suitable renovations to existing spaces.
3. Providers self-reported physical space needs likely creating a response bias and under reporting of facility health and safety and deferred maintenance needs. ECE providers would benefit from education and resources to better understand their **facility needs** but more important is for Arizona to directly invest in trained personnel to conduct facility assessments—identifying needs and integrating them into the provider’s improvement plans.
 4. Ensure ECE providers have the technology, training, and technical assistance to support **greater sophistication in business management**. This includes systems, software, and hardware that can create efficiencies and sustain business operations around attendance, record keeping, and business management practices.

Next steps

1. Immediately work with Arizona state agencies to **leverage the federal Child Care and Development Fund** investments to address ECE infrastructure stabilization and expansion for lasting change to the ECE landscape.
2. **Establish a data agreement** with the Arizona Department of Economic Security and Department of Health Services to collaboratively identify ECE providers serving children receiving subsidies who have health and safety licensing violations to prioritize infrastructure investments.
3. **Design and implement a family-friendly integrated data platform** that brings together ECE data in a consumable format to include licensing information, contracted providers for subsidies, quality ratings, and availability for each ECE provider. Arizona’s ability to address current ECE waitlists in a strategic and targeted way as well as development planning to ensure ECE providers are incentivized to build and expand where populations demanding ECE are projected to grow is limited by siloed data. This would reduce vacancies and increase revenue for ECE providers while reducing frustration for parents searching for care by more easily letting the community know of available slots.
4. Over the next year, **further relationships** that will enable the development of a long-term ECE facilities fund to include stacked funding invested from the federal and state government, philanthropy, corporations, and other stakeholders to continue to address the key needs identified throughout this report.

There is interest and opportunity for Arizona to build a comprehensive early care and education facilities fund to address the stabilization and growth of providers.



LISC Phoenix's commitment to early care and education

LISC Phoenix is positioned with a unique opportunity to become a core partner in stabilizing and growing the ECE infrastructure in the state of Arizona. Four years ago, LISC Phoenix was invited into the ECE space through conversations with First Things First to explore what it would take to conduct a facilities needs assessment. Leadership turnover throughout Arizona agencies and COVID displaced these conversations until the opportunity for this Child Care and Early Learning Landscape Analysis partnership with Vanguard Strong Start for Kids began in 2021. Through this outreach and engagement process, key relationships were established with multiple state agencies—raising everyone's awareness of facility needs, the lack of funding streams for facilities, and the opportunity that federal funds could stabilize existing infrastructure and look to a future of growing new infrastructure. LISC Phoenix is prepared to take on this role with support from LISC national and emerging investments. As an intermediary, we are positioned to seek opportunities to further raise public and private dollars to deploy thoughtfully with the ECE sector.

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Appendices



APPENDIX A: CHILD CARE TERMINOLOGY

- **Licensed Child Care Provider** – Department of Health Services (DHS) licenses Centers, and Public Schools providers to care for children.
- **Certified Small Group Home** – Department of Health services (DHS) certifies Small Group Home providers to care for 5-10 children in their home.
- **Certified Family Child Care Provider** – Department of Economic Security (DES) certifies family child care providers to care for up to four children in their home.
- **Family, Friend and Neighbor Caregiver** – Individuals may legally provide care for up to 4 children (not including their own) in their home for payment without certification or licensure.
- **DES Contracted Provider** – DHS Licensed Centers and Small Group Homes may contract to care for children eligible for DES Child Care Assistance
- **CCR&R Registered Child Care Home** – Child Care Resource & Referral Registered Family Child Care Homes are not certified or monitored by any state agency or CCR&R. Care for up to four children at one time for compensation. Registered family child care home providers have a Child Protective Service (CPS) clearance, are fingerprinted for a criminal background check, have provided proof of current training in CPR and First Aid, and have submitted a sworn statement attesting that if they have a pool, it is fenced and that any firearms in the home are locked and stored separately from the ammunition.

APPENDIX B: DETAILED PROJECT METHODOLOGY

Leadership on the project was provided by LISC Phoenix through a contract with MPW Consulting, LLC with technical support offered by LISC National staff with specialized expertise in ECE facilities and Community Alliance Consulting, LLC with specialized expertise in multilingual focus groups. Scripts, recruitment materials, and survey questions are available upon request.

Methods

The Child Care and Early Learning in Arizona Landscape Analysis incorporated these four components in parallel, non-sequential order:

- Identification of **Data Sources** that included ECE supply, parent demand (i.e., waitlists), facility needs (licensing violations), as well as what data were not currently being collected that could be informative.
- **Interviews** with key stakeholders including Arizona Department of Health Services Licensing, Arizona Department of Economic Security Child Care, Arizona Department of Education, Head Start, First Things First Quality First, Arizona Child Care Resource & Referral (CCR&R) Network, ECE advocates, and selected training and technical assistance providers. Interviews with key stakeholders were conducted simultaneous to the data identification and review as stakeholders were often able to identify what data was available, where to find it, and what data was missing.
- **Community Engagement Focus Groups** with parents: one in each of three of the regions and one Spanish parents' group across all four regions. A fifth focus group included licensing, certification, and quality coaching ECE professionals across the regions.
- **On-line Provider Surveys** were developed and sent to all early ECE providers not exclusively serving school age children. One survey was emailed to licensed and certified centers and group homes, and a second one was emailed to unlicensed family, friend and neighbor caregivers available in both English and Spanish.

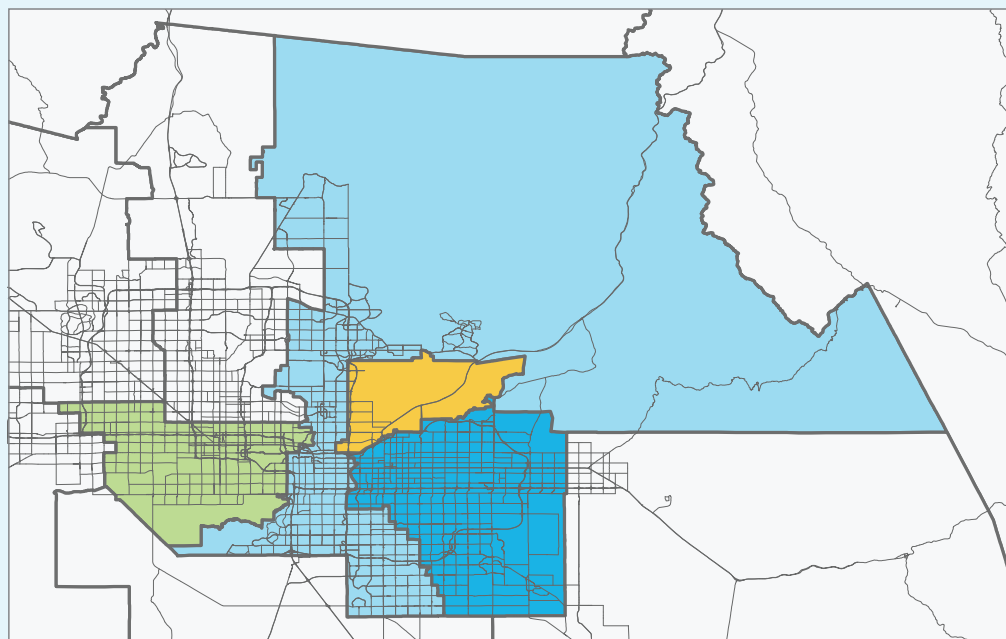
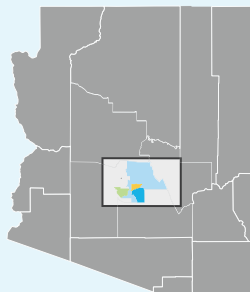
The geographic regions of interest for this project included East Maricopa, Southeast Maricopa, South Phoenix, and the Salt River Pima Maricopa Indian Community.²⁵ All regions were included in the data source identification and key stakeholder interview stages of this project. The Regional Director for the Salt River Pima Maricopa Indian Community confirmed their adopted priorities did not include improving quality and/or access to ECE. This led to the project team and region deciding further community engagement and surveys would not be aligned with their priorities at this time.

East Maricopa included the communities of Ahwatukee, Carefree, Cave Creek, Chandler, Fountain Hills, Guadalupe, Paradise Valley, Rio Verde, Scottsdale, and Tempe. According to First Things First, the region is home to over 54,000 children under the age of five years, 14% of whom live in poverty.

The **Salt River Pima Maricopa Indian Community**, a sovereign tribe with the same boundaries as the Salt River Reservation, entirely within Maricopa County, bordering the cities of Scottsdale, Tempe, Mesa and Fountain Hills. The Community is home to the Pima ("Akimel O'Odham," River People) and the Maricopa ("Xalychidom Pipaash," People who live toward the water). According to First Things First, the region is home to over 600 children under age 6 with 61% who are living in poverty.

GEOGRAPHIC REGIONS* OF INTEREST

- East Maricopa
- Salt River Pima
Maricopa Indian
Community
- Southeast Maricopa
- South Phoenix



* The geographic regions of interest for this project included the First Things First regional council areas. Data source: www.FirstThingsFirst.org

Southeast Maricopa included the communities of Gilbert, Higley, Mesa, and Queen Creek. According to First Things First, the region is home to over 68,000 children under the age of five years, 19% of whom live in poverty.

South Phoenix included the City of Phoenix neighborhoods south of Thomas Road, and the west Phoenix neighborhood of Maryvale which is north of Thomas Road. According to First Things First, the region is home to over 65,000 children under the age of five years, a whopping 42% of whom are living in poverty.

Tools

Data Sources

The LISC National team provided initial data resources to review. As interviews were conducted, additional data resources and reports were added to the review. Web-based searches were also utilized. While not an exhaustive list of all data sources and reports reviewed during this project, key data sources and reports are provided in the Appendix C.

Interviews

An initial list of six statewide agencies serving in ECE were identified. From these initial conversations, a snowball sampling methodology was utilized to identify additional candidates to interview. Feedback gathered from these groups and individuals helped to inform the development of the focus group and survey questions as well as began identifying common themes of challenges and opportunities. Interviews were also used to begin building relationships in the ECE space for LISC Phoenix while informing the community about the importance of including infrastructure and facilities in the ECE stabilization and growth conversations.

Focus Groups

The focus groups were conducted using a Community Based Participatory Research approach to gather information on: (1) the built environment of ECE centers; (2) the social environment of ECE centers; (3) the professional environment of ECE centers; and (4) motivating factors for why parents chose certain ECE options.

Recruitment took place through known community channels, such as Family Resource Centers, professional networks, and social media marketing. Participants were screened and registered through an online survey and the sessions were held remotely via Zoom. Neutral facilitation was provided for each group. A native Spanish speaker was used to facilitate the Spanish language session. Compensation of \$30 per participant was offered for participation in the 1.5 hour session. Up to 25 registrants signed up for each session. Detailed notes were compared between multiple facilitators, and emergent themes discussed between the facilitation team immediately following each session.



Provider Surveys

Two similar surveys were developed to gather information directly from ECE providers and caregivers through an online Google Form. Providers' contact information was collected from the publicly available Arizona Department of Health Services licensed ECE database. Duplicate email addresses and providers only serving school age children were excluded from the send list. Family, friend and neighbor caregivers were sent the survey by partner organizations including Candelen and the Arizona Child Care Resource & Referral (CCR&R) Network. Compensation of \$10 per participant was offered for the completion of the survey. Of note, providers self-reported physical space needs opening the data to response bias and potential under-reporting of facility health and safety and deferred maintenance needs. Observational on-site ECE provider facility and/or home assessments were not conducted as part of this project.

Child Care Provider Survey

A 25-question survey was developed to gather general information regarding licensed and/or certified ECE providers.

The following provider types were included in this survey:

- Licensed Child Care Provider – Arizona Department of Health Services licenses Centers, and Public Schools providers to care for children.
- Certified Small Group Home – Arizona Department of Health Services certifies Small Group Home providers to care for 5-10 children in their home.
- Certified Family Child Care Provider – Arizona Department of Economic Security certifies family ECE providers to care for up to four children in their home.
- Department of Economic Security Contracted Provider – Licensed Centers and Small Group Homes may contract to care for children eligible for state Child Care Assistance

Family, Friend and Neighbor Caregiver Survey

A 16-question survey was developed to collect similar information from family, friend and neighbor caregivers who are unlicensed and uncertified. This survey was modified and translated to align language with unlicensed home-based people who provide ECE.

The following provider types were included in this survey:

- Family, Friend and Neighbor (FFN) Caregiver – Individuals may legally provide care for up to 4 children (not including their own) in their home for payment without certification or licensure.
- Child Care Resource & Referral (CCR&R) Registered Child Care Home – Registered family ECE home providers have a Child Protective Service (CPS) clearance, are fingerprinted for a criminal background check, have provided proof of current training in CPR and First Aid, and have submitted a sworn statement attesting that if they have a pool, it is fenced and that any firearms in the home are locked and stored separately from the ammunition. CCR&R Registered Homes are not certified or monitored by any state agency or CCR&R, and care for up to four children at one time for compensation.

APPENDIX C: CHILD CARE DATA SOURCES AND REPORTS

SOURCE	COMMENTS	LINK
ADHS Child Care Provider Search	Public, private and home by individual provider. Licensing and facility info	https://www.azdhs.gov/licensing/index.php#azcarecheck
AECF 2021 Kids Count Data Book	Summary data by state	https://www.aecf.org/resources/2021-kids-count-data-book
Bipartisan Policy Institute	2019 data, ADE partnership. Update by 12/31/21	https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2020/12/Arizona.pdf
Child Care Resource Referral AZ DES Provider Search	Search by city, source. AZ data	https://azchildcareprovidersearch.azdes.gov/#
Cost of Care: Center for American Progress	True costs of providing quality child care	https://costofchildcare.org/
First Things First publications	2024-27 Strategic Plan, 2021 Opportunities, and 2021 Impacts Reports	https://www.firstthingsfirst.org/what-we-do/publications/
Impacts of the Pandemic on Young Children and their Parents: NIEER	May-June 2021 Preschool Learning Activities Survey. National data, not disaggregated by state	https://nieer.org/research-report/impacts-of-the-pandemic-on-young-children-and-their-parents-initial-findings-from-nieers-may-june-2021-preschool-learning-activities-survey
MapLIT	Preschool & FTF data maps, AZ data	https://geo.azmag.gov/maps/readonaz/
Maricopa County Health Needs Assessment	2021 COVID Impact Profiles by regions, zip code, city	https://www.maricopa.gov/5614/Regional-Profiles
Mayor's Round Table (Tucson, Mesa & Phoenix)	Compilation of data that FTF is helping consolidate. Have a request in to Kim at FTF to participate.	https://azmayors.org/wp-content/uploads/2020/08/WhyEarlyChildhoodEducationMatters_July2020.pdf
Minding the Gap™ in Arizona	2018 data mapping of supply and demand	https://ccaoa.maps.arcgis.com/apps/MapSeries/index.html?appid=de420e972c2948cf978ee8752ff43a69
NAEYC Progress and Peril: Child Care at a Crossroads (national report)	National data June & July 2021	https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf?eTtype=EmailBlastContent&eld=cc71b0c0-ef8d-47d4-be2a-6e000abf7899
NAEYC Progress and Peril: Child Care at a Crossroads (state report)	Arizona data June & July 2021	http://azchildren.org/wp-content/uploads/2021/08/NAEYC_State_Data_Report_-_August_2021.pdf?eType=EmailBlastContent&eld=cc71b0c0-ef8d-47d4-be2a-6e000abf7899
NIEER: Arizona State Preschool Yearbook	2019-2020 AZ School year preschool data	https://nieer.org/wp-content/uploads/2021/04/Arizona_YB2020.pdf
NIEER: National Preschool Yearbook	2019-2020 School year preschool data	https://nieer.org/state-preschool-yearbooks/yearbook2020
NIEER: Special Preschool Yearbook	2021 Special COVID Report	https://nieer.org/wp-content/uploads/2021/08/YB2020_Executive_Summary_080521.pdf
Parent Child Care Preferences	December 2020 data collection, national data	https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/01/Parent-Survey.Crosstabs.pdf
Schools Data Center	K-12, AZ data	https://geo.azmag.gov/schoolsdatacenter/
US Census Household Pulse Survey: Measuring Social and Economic Impacts during the COVID Pandemic	20-minute online survey of how COVID pandemic is impacting households (social and economic)– Started April 2020	https://www.census.gov/programs-surveys/household-pulse-survey.html
U.S. Database of Child Care Closures during COVID-19	Monthly updated database of ECE centers open from January 2020 through May 2022	https://osf.io/k3t98/

APPENDIX D: CHILD CARE FOCUS GROUPS ANALYSIS REPORT

Focus groups facilitate by: Community Alliance Consulting

Report produced for: MPW Consulting

Executive Summary

Parents and ECE professionals from South Phoenix, Maryvale, East Maricopa, and Southeast Maricopa gathered for focus groups to learn more about the ECE environment, including the actual facility, and how it supports the relationships between staff and families.

“The [ideal] environment is a nice outdoor play area that looks welcoming enough for children to climb and be adventurous. It is covered to shade them from sun. I envision a larger style classroom. I can see different cornered off areas, like a play area, a kitchen area, a sleep area. There is a lot of color. Happy, bright, and light. The toilet stalls are noticeable and visible to encourage potty training. There is no distinct smell, neutral is best. I hear laughter.”

- Parents and professionals want to see child-oriented built environments inside ECE centers. This includes the functional environment such as toilets and sinks, the room design, as well as playground equipment that prevents injury.
- Safety and security were major priorities among focus group participants. This included preventing access to the facility from outsiders, ensuring that there are cameras monitoring all areas, as well as health and hygiene protocols both related and unrelated to COVID-19.
- Participants also cared about the beauty and ambiance of the ECE centers. Artwork, lighting, and bright colors were what focus group respondents expected to see in a well-run ECE center. Neutral or fresh smells were important, as opposed to stagnant or putrid smells.
- Currently parents face tough decisions related to ECE. Many centers do not have available spots and waiting lists up to a year. There is an increased need in the community for part time care, flexible schedules, drop-in care, and extended hours including early morning, evenings, and weekends. Some parents have experienced discrimination based on language ability, and children with special health care needs have extremely limited options.

Methods

LISC Phoenix and Vanguard Strong Start for Kids convened to sponsor an assessment of the ECE landscape in the greater Phoenix area. MPW Consulting was hired to convene and analyze focus groups as part of this assessment. Five focus groups were conducted in total. The focus groups were aimed at three specific regions across Maricopa County. Parents of children aged zero to five years old were recruited to participate from East Maricopa, Southeast Maricopa, and South Phoenix/Maryvale. One focus group was conducted in Spanish with parents from throughout all three regions. One focus group was conducted with professionals who work in early childhood from any of the three regions.

East Maricopa included the communities of Ahwatukee, Carefree, Cave Creek, Chandler, Fountain Hills, Guadalupe, Paradise Valley, Rio Verde, Scottsdale, and Tempe. According to First Things First, the region is home to over 54,000 children under the age of five years, 14% of whom live in poverty.

Southeast Maricopa included the communities of Gilbert, Higley, Mesa, and Queen Creek. According to First Things First, the region is home to over 68,000 children under the age of five years, 19% of whom live in poverty.



The **South Phoenix** included the City of Phoenix neighborhoods south of Thomas Road, and the west Phoenix neighborhood of Maryvale which is north of Thomas Road. According to First Things First, the region is home to over 65,000 children under the age of five years, a whopping 42% of who are living in poverty.

The five focus groups were conducted using a Community Based Participatory Research approach. The consultant team worked with the sponsoring agencies to design four focus areas for evaluation: (1) the built environment of ECE centers; (2) the social environment of ECE centers; (3) the professional environment of ECE centers; and (4) motivating factors for why parents chose certain ECE options.

A script was designed in English with a multicultural approach to confirm participants' consent to be listened to and recorded. The script included information about privacy, confidentiality, and how their ideas would be used. Then, the consultant team further developed the four focus areas with additional prompts, to ensure that all desired information was collected. All project materials were translated into Spanish using a professional translator, who is also native speaker familiar with the local dialect.

Recruitment took place through known community channels, such as Family Resource Centers, professional networks, and social media marketing. Participants registered through an online survey and the sessions were held remotely via Zoom. Unfortunately, the Coronavirus Pandemic prevented the listening sessions from being in-person.

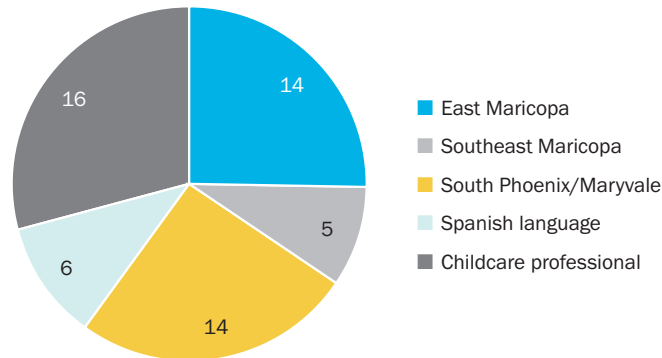
Neutral facilitation was provided for each group. A native Spanish speaker was used to facilitate the Spanish language session. Compensation of \$30 per participant was offered. Up to 25 registrants signed up for the sessions, but there was over a 50% no-show rate. This is typical for online sessions. The finesse and ability of the consultant team to pivot on the spot allowed data collection to take place no matter how many participants arrived.

Detailed notes were compared between multiple facilitators, and emergent themes discussed between the facilitation team immediately following each session. Notes were independently analyzed to draw out recurrent themes, as well as important outliers. Quotes were also extracted to illustrate themes in the words of focus group participants. Based on the demographic survey and participant discussions, the team did reach the audience intended.

Participant profile

There were 39 parents of young children and 16 ECE professionals that participated in the series of five groups. The figure below shows the number of participants in each focus group. Responses from parents and professionals were similar. There was no discernable difference between regions, nor the English and Spanish speaking parent groups.

FIGURE 1 ▶
Focus group participants



Out of 55 total participants, 38 of them (69.1%) filled out a demographic survey. One-hundred percent of ECE professional participants and Spanish language group participants filled out a demographic survey. There were four respondents from Southeast Maricopa. East Maricopa was underrepresented with only five respondents on the demographic survey. There were seven participants from South Phoenix/Maryvale.

The only survey respondents that indicated they spoke Spanish at home were the Spanish focus group participants.

Thirty-seven participants provided a valid zip code. Fifteen survey respondents were from Phoenix, 40.5%. The remainder reported they were from Mesa (16.2%, n=6), Gilbert (13.5%, n=5), Ahwatukee (n=4), Chandler (n=2), Tempe, (n=2) and one respondent each from Buckeye, Glendale, Guadalupe, and Tempe. Child care professional participants may not have been from one of the three targeted communities.

There were several people from Africa who somehow received the link and attempted to join the discussion. By the second session, facilitators figured out how to screen for this issue, and the online meeting software has since added additional tools to prevent this occurrence, as it was not unique to this project. The demographic information and participant responses from any non-residents have been removed from this report.

Parent participants

The parent participants were diverse, which is reflective of the communities targeted by the project. Out of 22 parent survey respondents, 40.9% identified as Hispanic, Latino, or Latina. Six participants (27.3%) were Black or African American, four white, two Asian or Asian American, one American Indian or Alaska Native, and one participant wrote in “Francisca”.

Eighteen out of 22 demographic survey respondents (81.2%) were female. The remaining four were male.

Of the 37 focus group participants, they reported residing in 25 unique zip codes from across Maricopa County with the greatest representation from South Phoenix.

Child care professional participants

The ECE professionals were less diverse; 15 of 16 participants (93.8%) were white. One survey respondent selected Black or African American. One hundred percent of the childcare professional participants were female. Child care in general is a female-dominated field.

Professionals included staff from Quality First, Arizona Departments of Health Services licensing, Arizona Department of Education Child and Adult Care Food Program, First Things First, and ECE center directors.

Child-centered built environments preferred

A resonant theme noted throughout all five focus groups is the **built environment** of ECE centers is most effective when responsive to a child's development and needs. As one parent participant contributed,

“ she’s not there for child care, she’s there for the enrichment.”

The overall orientation of the ECE center can be designed to suit young children, from within the center to the outside.

Outdoor play areas and **playgrounds** were seen as essential by participants. These environments can be designed to be gentle and forgiving for children. Suggestions included fake grass environments and soft rubber tire chips to play in. A couple participants preferred real grass. Shade is a necessity for kids. One parent liked it when the outdoor play space was divided by age. Play items like sprinklers, toy boxes, bubble machines, and riding toys were appreciated.

Toilets and handwashing areas can be tailored to young children. Parents liked to see **child-sized toilets** and **hand washing stations** at appropriate heights. Professionals mentioned more than one adult sized sink in each classroom is also much less stressful for teachers due to handwashing requirements.

The decorations should also be oriented towards young children. Bright **colors** and **art work** were appreciated by parent respondents. Many participants liked when there were pictures of animals on the walls.

“ It should be a little messy, but not dirty.”

The **room set up** was mentioned as a factor. There should be different sections/stations for the children to play in—perhaps a creative play area with dress up or a kitchen, as well as a little library, an arts and crafts space, and some other developmentally appropriate toys. One parent noted she liked to see cubbies in the classrooms, and hooks for backpacks, as she sees this as a way of teaching young children independence. A ECE professional respondent shared the ideal classroom is spacious, but not oversized. The room needs to be adequate for children to move around and play, but not so large that it loses a sense of coziness and security.

The social environment was very important as well. Parents wanted to feel that their children would receive a **warm reception**, and that the staff would be genuinely excited each day to see their kids. Being with other children was important to parent respondents.

“I actually started putting my three year old daughter into preschool this year. It’s good for her to go hang out with other kids.”

Similar references to the social and mental health benefits were mentioned by other parents.

“I don’t feel safe leaving my son in the home. He needs to be in a well-structured place. [Kids] have a lot of energy.”

Parent participants also mentioned there are some ECE centers that did not engage socially with children as they’d hoped.

“I had to take my child when I used to work. The [child care center] was clean. But my son cried and cried all day. He was left in the car seat all day.”

Safety and security are critical

At the top of the priority list, especially among parent respondents, was **safety** and **security** in its many forms. The health environment of the centers during a pandemic and the safety of children from danger were major focus group themes.

Due to the ongoing COVID-19 pandemic taking place during these interviews, minimizing exposure through hygiene and mitigation strategies was of utmost importance to parent respondents. Parents mentioned wanting temperature monitoring, along with transparency regarding **COVID protocols**. Many parents suggested requiring or encouraging vaccination among staff, children, and parents. One parent suggested a monthly open meeting where centers communicated local statistics and any protocol updates.

The level of **hygiene** maintained at ECE centers directly affected parents’ perception of the centers, and weighed in on the kind of center parents selected. **Ventilation** was mentioned repeatedly.

“It’s really demotivating having your child in a crowded facility. Illness can spread really quickly and I prefer where my child can have one on one attachment with a nanny or caregiver. Home-based child care is my preference.”

On the contrary, some parents felt safer with their child in a corporate center.

“I actually feel more comfortable in a corporate setting because I feel like they have more set protocols on any situation, as opposed to a home setting I feel would have less staff to take care of kids.”

Maintaining proper sanitation outside of COVID-19 was also important for parents.

“[at a specific child care center] my daughter would come home with lice.”

The **building access** and security controls were a major concern for parents. They wanted to make sure their children would be safe from anyone who was not authorized to have access to the building. Any adult entering the premises who is not a known parent should be asked for their identification. Many systems existed that served this purpose. One parent mentioned a front door secured by pin number entry. Additionally, when a person enters the school, they encounter the reception desk and office, rather than the classroom area.

Parents wanted to know the center was being monitored and recorded by **cameras**. Respondents said they wanted monitors on the playground and in every room.

The outside play areas, so important to parents, also needed to be secure. Many focus group respondents wanted the outdoor area to be fenced and away from busy streets.

Speedbumps in the surrounding area can slow traffic around the ECE center, and this made parents feel safer.

Parking areas at ECE centers served to either promote safety or increase risk. However, a safely built parking area was not adequate. **Traffic patterns** and parking policies need to be enforced for the built environment to serve its purpose.

“Outside parking was genius, but it was not being used. A big open parking area—plenty of parking, adequate space, and safe. But a lot of cars were just staggering in front. There was no use of the drive-through line. It was chaotic.”

Beauty and ambiance matter

A recurring theme among parents and professionals was that the **appearance** of ECE centers matters, both inside and out. The outside of the building was the first thing viewed by anyone. Focus group participants reported they would observe whether the exterior paint was refreshed, and whether the building visibly needed maintenance or repair. Parents felt the **outside was indicative of the inside**. A nice exterior showed the center was investing in their own physical environment. A **colorful** ECE center was viewed as being both welcoming to parents and a fun environment for children. One parent reported she loved her center’s “super cute animals” painted on the building’s exterior.

“Price is usually the biggest factor [when choosing a child care center]. But once I tour and get a feel for the center, then I decide. I don’t want to walk into a school that feels like a hospital.”

One participant wanted the ECE center to **feel like a home**. Children learning to serve themselves via **family style meals** were appreciated. Parents wanted children to build stability through observing **routine**. Other striking positives mentioned were spacious hallways, access to an **onsite kitchen**, and lobby space. In the ideal center, the walls are not cluttered, but covered in thoughtful displays with meaning and purpose. **Natural light**, as well as curtains to control the amount of natural light, were viewed as a benefit.

Focus group respondents liked seeing **flowers**, both planted outside the ECE centers, as well as inside the center, fresh or fake. Parents also appreciated when a ECE center had its own **garden**. Grass on the building’s exterior was also reported as making the building more visually appealing.

Smells were very important to respondents. This theme came up again and again—both positively and negatively. According to parents, it was a good sign when ECE centers smelled “clean” and “fresh”. Fresh flowers were a welcome scent. On the other hand, a “stagnant” smell or a classroom facility smelling of the toilets was displeasing.

“My current child care center always smells good. If you get there at 5:45 you can smell the bleach and sanitizer.”

A **sense of community** was seen as an important outcome of a friendly, welcoming ECE environment. For example, parents like the opportunity for children to play together while they wait for the day to start while the parents chat with one another.

The **organization** of the facility was also important. A disorganized office caused concern among one parent participant.

“My daughter attended one child care and I did not like it that when you come in, the front desk was always cluttered with papers. It was unorganized. My youngest is on medication, I don’t know how they keep that available to the children.”

Some buildings struggled to return to their capacity and quality of environment maintained prior to the COVID-19 pandemic. Many of the facilities closed completely for a time for COVID, and when the center staff returned to the building, regular maintenance had not been performed on necessities, such as air conditioning or water units. Participants described a **lot of things breaking down** at the centers, and subsequently children and staff had to be sent home while things got fixed.

Although not related to the built environment, focus group participants repeatedly shared teacher to student **ratios** were one of the most important indicators of a quality environment. They expressed concerns over frequent staff turnover.

Parents are making tough decisions

There are a multitude of factors parents consider when selecting a ECE center. **Cost** and **location** seem to be the two most important motivating factors for parents. The majority of participants indicated cost was a major limiting factor. Parents also reported typically choosing a center based on its proximity to their home or work place.

“If it’s affordable, parents make concessions. Looking back, I could have chosen a better center, but time and money did not allow for that at the time. Convenience won.”

However, some parents warned against selecting a center solely based on low cost and proximity.

“Don’t just pick a center because it is close to your home or they offer a scholarship, or they are desperate. Tour it, ask the hard questions.”

Some of the parent participants liked the atmosphere cultivated in a home-based ECE center. Others would just rather keep their young children home with them, but they are unable.

“When we need to work it is really difficult. I feel more comfortable in a [corporate] center, the people there are very well trained, and they work with love, they like [their job].”

Some participants preferred a center off the main road for safety; others preferred a center on the main road for convenience. Some parents liked the shopping-center located centers because they were visible and known, while others preferred a center attached to a second institution such as a school or a church. Despite the resounding perspective that appearances matter, one participant shared the type of building is not important.

“[Type of] location is not a big factor for me. I don’t mind the location being in a shopping center. I don’t really trust home based so I wouldn’t go with that. What’s inside the building matters, not outside.”

Another recurring theme was the increasing need for **part time care schedules**. There are a lot more people working hybrid work schedules at this time, compared to before the pandemic. Many businesses sent their employees to work from home to keep them safe from COVID-19, and as the pandemic slowly subsides, employers are finding employees would like to continue working from home, at least part of the work week. This hybrid work schedule flexibility affords employees many benefits, including potential cost savings from ECE.

Similarly, some parents wanted more access to a **flexible care schedule**. One parent mentioned it would be nice to have a drop-in ECE option for random, inconsistent hours to run errands or attend appointments, rather than pay for a full day.

Extended hours would be helpful for parents. Some parents work late and getting to the care center on time can be difficult.

“I don’t like stressing about driving from work to daycare.”

Other parents described needing earlier start times.

“I start at 6am so the time is important. I was paying my senior [in high school] daughter to take my six-year-old to school and I could get him after work.”

Many **centers are at full enrollment**. One of the ECE professionals described a center where there was a wait list in every age classroom, and they were unable to take any new infants for at least a year. Some centers were on an enrollment freeze due to COVID safety protocols, and others were on a freeze due to being understaffed.

One parent described if you put in an application today (March) in a certain ECE, you will not get a spot until November. Another parent participant described she had also been on the waiting list at a center for quite some time. At the time of the focus group session, there was enough space for her child to go only on Saturday, so that’s when she took her child. Multiple parents described their difficult situations and limited ECE options.

“I called one place, and there was only one spot available for my daughter. I couldn’t meet their [application] deadline. I’m sure that spot is taken. So, I take night classes. I keep her during the day and make my schedule around that, but I had to go to school. I would still like to get her into care, so I can get a job during the day and go to school at night.”

Care situations are complicated even in two-parent families. People are forced to make decisions out of the need for income.

“Families are being put on the waiting list. Many families, including myself, cannot qualify due to the requirements. You either have the income to pay for it or be low income to qualify. There isn’t much help for those in the middle. A lot of times one parent has to stay home and take care of them or make adjustments to the work schedule. Like dad works evening, mom works morning. Others are just stressed and rely solely on one income.”

Some parents are not seeking care currently due to COVID, rather than saving money. If the parents can work from home, it is their preference to have their young children safe at home with them, unexposed to the ongoing pandemic. Other parents shared while they too are fearful of COVID, the need for social interaction took precedence.

“I am [afraid of COVID], but I make sure my kids wear a mask. I have an older kid in second grade. His kindergarten from home was very hard for me and my husband. Our kids’ mental health is really important. He enjoys his time at school and puts his mask on.”

Parent participants from the Spanish speaking focus group reported they had experienced **discrimination** when seeking ECE because they do not speak English.

“I feel uncomfortable. Two times I tried to enroll my son. I am still looking.”

Bilingual staff were desired among the Spanish speaking group participants. In some cases, their children spoke more Spanish than English. They want their children to learn English, but prefer a center where it is not obligatory for the children to speak only English.

Multiple focus group participants mentioned the need for ECE for **children with special needs**. One participant stated that children with disabilities are at a ECE disadvantage. Many places cannot take kids with special needs because they don’t have adequate staffing or training. The professional participants mentioned there are far more accessibility options available now than previously, for example equipment sized for preschool aged children such as walking aids, standing aids, and eating utensils. However, there was still a need for more ECE setting that have staff trained, and are accessible and available to care for children with special health care needs.

Communication

Communication with parents is always important, but perhaps even more important in the context of the global situation. Parents are not able to visit inside classrooms, and there is heightened situational anxiety due to the pandemic. Daily communication was preferred by parents of young children.

Participants shared mixed feelings on the best way to contact them. Some participants still preferred face-to-face communication. One parent mentioned phone calls in the case of emergency. Social media, email, and text were mentioned less frequently. One parent mentioned using WhatsApp. Parents really seemed to like applications sponsored by the schools, such as Class Dojo and Learning Genie. This allowed for the sharing of photos throughout the day, which the parents really appreciated.

Some parents did not like paper notes, because they could get lost or damaged. While other parents still appreciate physical take-home notes.

“I like the reminder notes, I got one today to remind me that tomorrow is Crazy Hair Day.”

Parents also loved the opportunity to see their children’s artwork at the end of the day. It provided them with evidence and a sense of security that their children are engaged, learning, and having fun.

“I love take-home papers. I know it can be overwhelming, but there’s actual proof to what they’re doing. When you’re not with your kid all day and they are in somebody else’s care, it’s nice to have things come home with us. Important to see how the creative mind is working. You don’t get to go into the classrooms anymore.”

The inability to go into the classrooms was a concern among multiple respondents. While parents understood the change due to COVID-19 prevention protocols, they lamented the connection time with teachers and the opportunity to see the classroom.

“It’s hard not to say goodbye in the classroom. And we are not able to see in.”

When parents were asked where they would look for ECE options, if they were seeking, participants gave a range of answers. One parent participant said if she was seeking care, she would first check Quality First ratings, followed by “a lot of googling”. More than one participant noted they would ask friends and family. Others said they would search social media. Parents also said they would visit a center’s web page, read reviews, and look at photos online. They will search for negative comments, such as the presence of animals or insects, or the same problem repeated among comments.

APPENDIX E: CHILD CARE PROVIDER AND FAMILY, FRIEND, NEIGHBOR SURVEYS ANALYSIS

- Sent 5/9/2022 to 1,230 recipients (excluded afterschool only providers).
 - 1,101 successful deliveries—129 emails bounced
 - 507 opened the email, 116 clicked the survey link, 70 completed the survey
- Resent 5/16/2022 to 672 recipients who did not open initial email.
 - 612 successful deliveries—60 emails bounced
 - 43 opened the email, 4 clicked the survey link, 4 completed the survey
- Worked with Candelen to revise the Provider Survey into a FFN Caregiver Survey.
 - Sent on 5/20/22 by Candelen to their partners. Survey closed Friday, 6/3/22
 - 12 responses—do not know the total number recipients

Child Care Provider Summary, n=74

- Majority of respondents operate one (1) location (90.5%).
- Total enrollment ranged from 1-400 with an average of 64 children, median 53.5, mode 10.
- Ideal enrollment ranged from 4-600 with an average of 86, median 73.5, mode 10.
- Number of children receiving subsidies and/or scholarships: average 18, median 8, mode 0.
 - 26 providers (35%) serve zero (0) children receiving subsidies and/or scholarships
 - 19 providers (25%) serve >30 children receiving subsidies and/or scholarships

FIGURE 2 ►
Select your child care provider type
74 responses

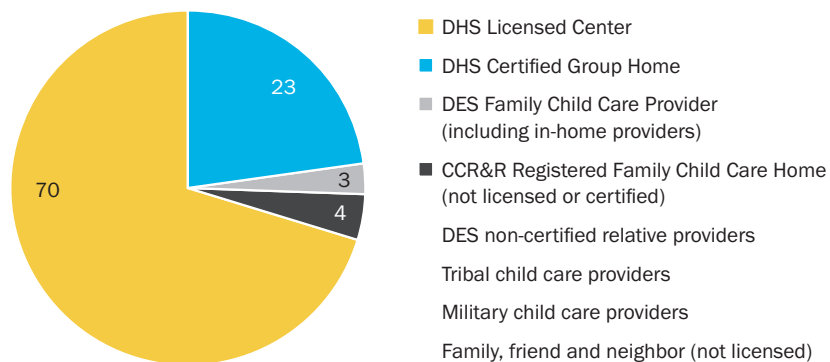


FIGURE 3 ►
If LISC Phoenix is able to work with local partners to generate possible grant funds, what would be a meaningful amount for a grant to address one of these areas of need?

74 responses

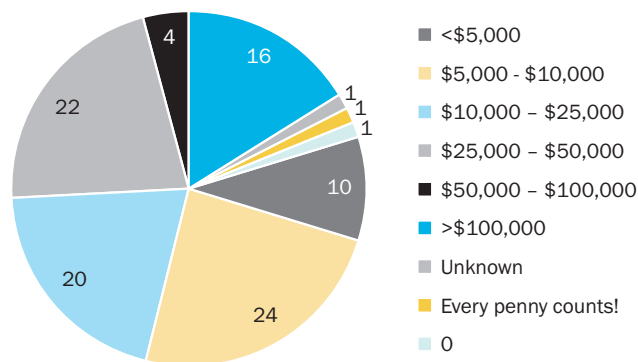
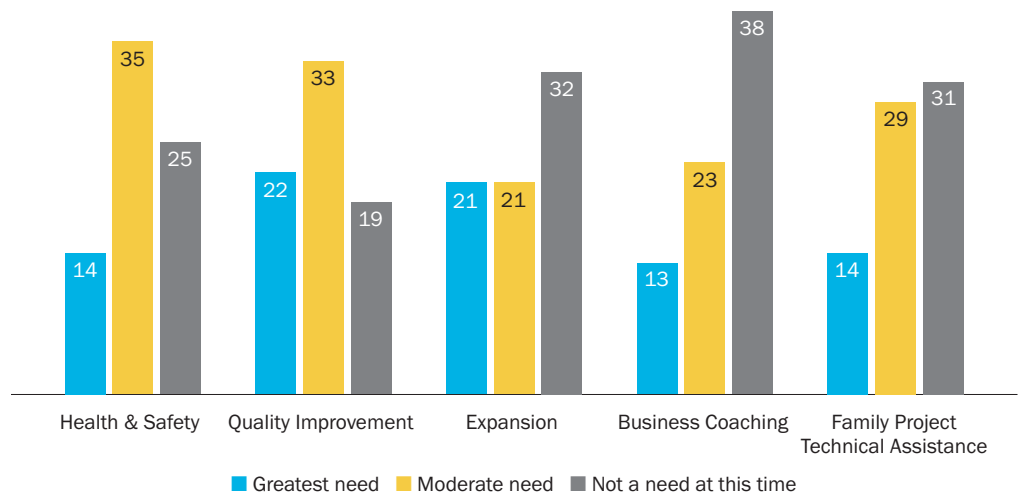


FIGURE 4 ►
For your primary/largest location, indicate the area(s) of the greatest need.

74 responses



What needs would be addressed through a project with LISC Phoenix? Key themes include:

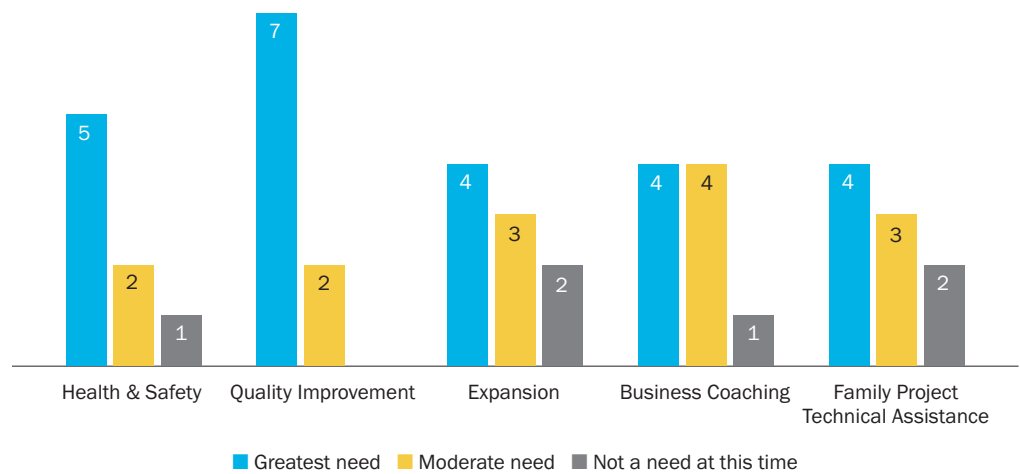
- Outdoor Environment – 36
 - Play Structure, including surface – 23
 - Outdoor Area/Landscaping – 6
 - Shade Structure – 3
 - Fence Repair/Build – 2
 - Garden
 - Neighborhood Improvements—clean-up & safety
- Building Improvements – 29
 - General – 6
 - New/Repair Flooring – 4
 - Remodel/Update – 4
 - Classrooms – 2
 - Restrooms – 2

- New/Repair HVAC – 3
- Classroom Furniture – 3
- Plumbing – 2
- Re-Paint – 2
- Doors (security)
- Air Purification System
- Energy Efficient Windows
- New/Repair Cabinets
- Appliance – Dishwasher
- Expansion – 19
 - New Classroom – 7
 - New Location – 6
 - Larger location – 2
 - Second location – 2
 - Construction on owned property – 2
 - Remodel Existing Classroom – 4
 - New Restroom only – 2
- Staffing – 17
 - Hiring Qualified Staff – 7
 - Staff Retention – 5
 - Staff Training – 5 (Classroom Management & Curriculum)
- Developmentally Appropriate Enrichment Resources (toys, activities, etc.)—
Indoor and outdoor – 10
- Technology – 6
 - Modernize School Communication & Security Systems – 3
 - Classroom Technology – 2
 - Teacher Computers
- Business Coaching – 5
 - Policies

FIGURE 5 ►

Of the primary areas of need listed above, which area(s) are of the greatest need for the second location?

74 responses



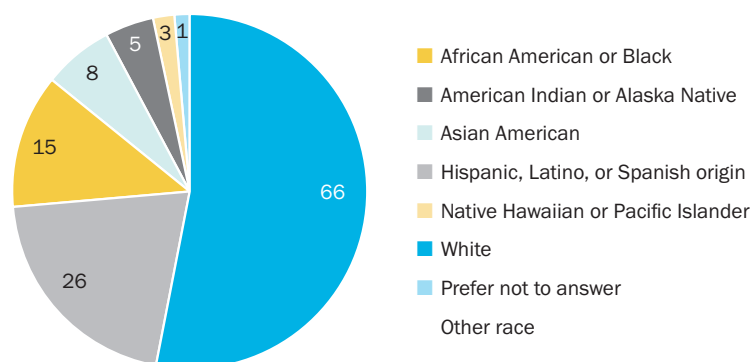
For the 2nd location, what needs would be addressed through a project with LISC Phoenix?

- Most common project identified for the 2nd location was Outside Playground Structure & Area – 4, followed by:
 - Activity Resources
 - Staff Training
 - Hiring Qualified Staff
 - Marketing Strategies to Increase Enrollment
 - Expansion—Classroom and Restroom
 - Paint

FIGURE 6 ►

To which racial/ethnic identity do you most closely identify?

74 responses

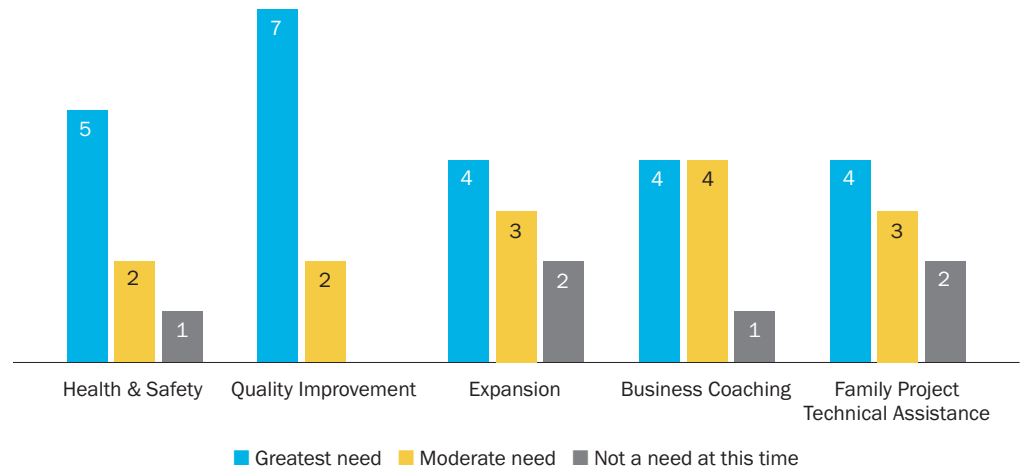


- 55.4% identified as white only with 43.2% identifying as a person of color.
- 95.9% of respondents indicated they identified as female.

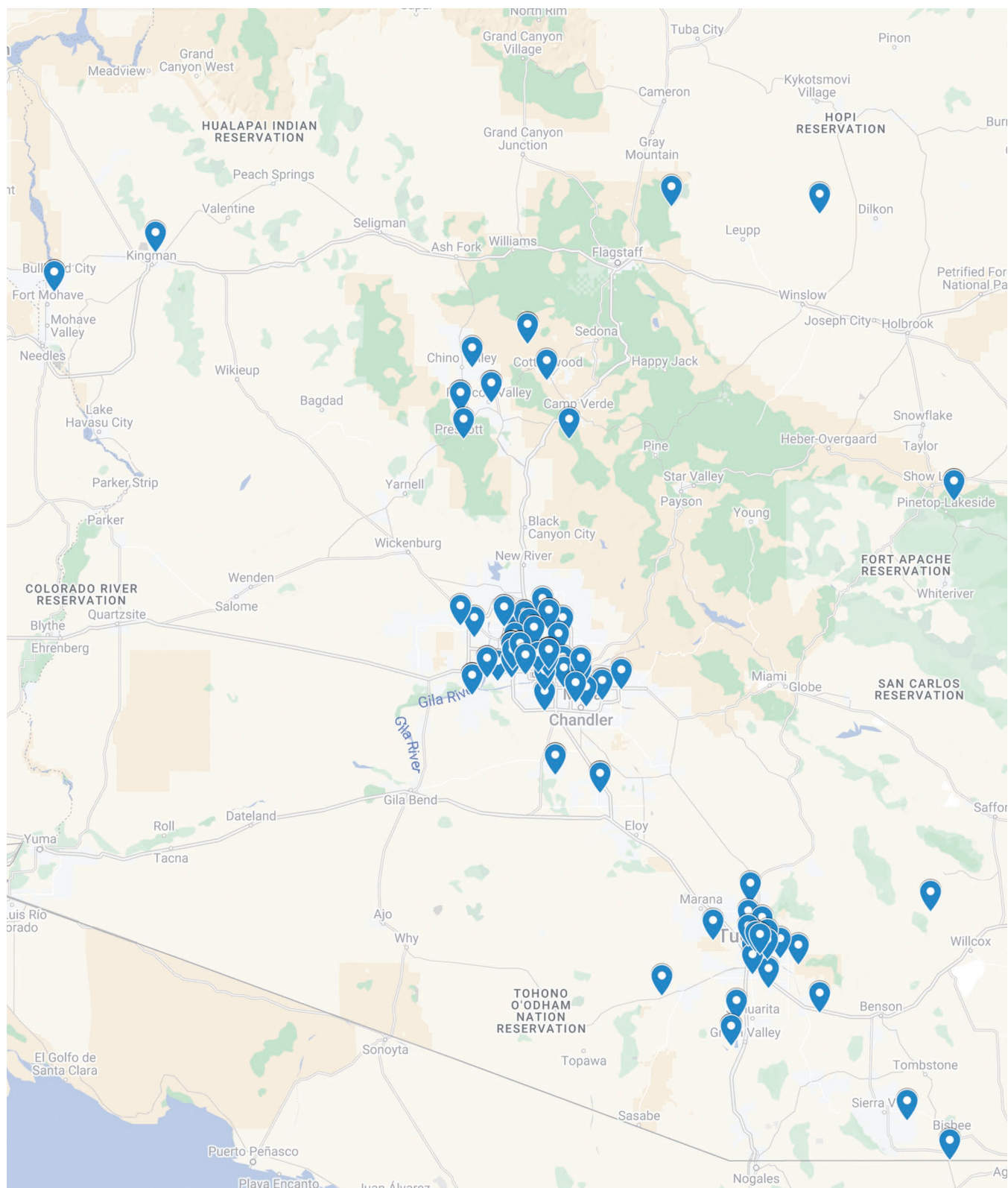
FFN Caregiver Survey n = 12

- Survey respondents cared for one to five children in their home with 41.7% of respondents caring for two children and 25% caring for four children.
- Interest in becoming state licensed or certified – 50% yes, 41% maybe
 - Barriers to becoming state licensed or certified
 - Immigration status – 5
 - Information/Knowledge – 2
 - Benefits to becoming state licensed or certified
 - Care for more children – 3
 - Better pay – 3
 - Business growth – 2
- Survey respondents were open to funding amounts ranging from <\$5,000 up to >\$100,000 with the greatest responses for \$5,000-\$10,000 range (41.7%), followed by \$10,000-\$25,000 (25%).
- 100% (n=12) of surveys were completed by persons identifying as Hispanic, Latino, or Spanish and female.

FIGURE 7 ►
 What would be the most helpful for you? / ¿Cuál sería el más útil para ti?
 12 responses



A total of 112 unique child care locations throughout Arizona responded to the two surveys.



APPENDIX F: ADDITIONAL RESOURCES

Arizona Department of Economic Security Child Care Program Stabilization Grant (CCSG).
<https://des.az.gov/services/child-and-family/child-care/child-care-stabilization-grant>

Arizona Department of Health Services Child Care Provider & Facilities Database.
<https://www.azdhs.gov/licensing/index.php#databases>

BUILD Initiative, Technical Assistance for Building Equitable Early Childhood Systems.
<https://buildinitiative.org/approach/>

Build UP for San Mateo County's Children, Solutions Briefs.
https://buildupsmc.com/solutions/?mc_cid=6e3e76dfcc&mc_eid=d5a905e037

First Things First Strategic Plan: State Fiscal Years 2024-2027.
<https://www.firstthingsfirst.org/wp-content/uploads/2022/03/FTF-Strategic-Plan-Report-SFY2024-2027.pdf>

First Things First Quality First Participant Guide: State Fiscal Year 2023.
<https://qualityfirstaz.com/providers/wp-content/uploads/2022/07/Participant-Guide-SFY23.pdf>

LISC National Child Care & Early Learning: Resources.
<https://www.lisc.org/our-initiatives/child-care-early-learning/>

LISC Phoenix Child Care & Early Learning.
<https://www.lisc.org/phoenix/what-we-do/child-care-early-learning/>

Opportunities Exchange, Technical Assistance for Shared Services and Financial Sustainability.
<https://www.oppex.org/>

2021/2022 Rhode Island Child Care Assessment: A LISC Thought Leadership Initiative.
https://secureservercdn.net/198.71.233.183/fhj.57b.myftpupload.com/wp-content/uploads/2022/06/LISC-Rhode-Island-Child-Care-Assessment_Final-Report.pdf

LISC PHOENIX

lisc.org/phoenix