FIRST THINGS FIRST

2025 Statewide Needs and Assets Report

Building Bright Futures

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Executive Summary

The foundation for a healthy and thriving population is built through supports for families and young children. Across health care, education, social services and community programs, there are many supports designed to promote healthy child and family development. Programs like the Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) ensure pregnant and nursing mothers and their children get the nutrition they need to grow and thrive. First Things First (FTF), Arizona's early childhood health and development agency, supports programs that strengthen parents in their role as their child's first and most important teachers, such as home visiting programs and family resource centers.

Child care providers and preschool teachers serve as both nurturing educators and dependable care partners for parents while helping children build the academic and social-emotional skills they need to succeed in school and in life. Head Start, Early Head Start and child care assistance administered by the Arizona Department of Economic Security (DES) and funded by the Child Care Development Fund (CCDF) help families afford and access early care and education across the state. Pediatricians play a central role in monitoring development and connecting families to services, while early intervention programs offer specialized support when developmental or health concerns arise. The Arizona Department of Child Safety (DCS) and the courts work to safeguard children's well-being in times of crisis. Together, these entities form a network of programs, services and supports that promote healthy development to help Arizona children reach their full potential.

However, these supports often face funding shortages, contributing to limited capacity and siloed work. Each program has its own rules, eligibility criteria and delivery model, which makes the system hard for families to navigate. Rural communities and Tribes, in particular, face chronic shortages of health care providers, including obstetricians, pediatricians and mental health specialists. Across the state, early intervention professionals, such as speech therapists and developmental specialists, are also in short supply, and access to these programs is limited by restrictive eligibility criteria. Effective coordination across health care providers, early education programs, social services and family support agencies is vital to creating a robust early childhood system. This coordination and collaboration requires commitment and investment of time, energy and dollars from an array of stakeholders and sectors, ranging from family advocates to state agencies to policy makers to community leaders.

Even the best system only works if families know when and how to access it. In today's information-saturated world, social media often floods parents with opinions, viral stories and unverified claims. This makes trusted sources of information about early childhood development more important than ever. When the quality of information varies so widely, families may miss key signs of developmental delays or adopt practices that are not developmentally appropriate and therein do not align with the best outcomes for children. Thus, credible sources like pediatricians, early childhood educators, public health agencies and FTF must provide guidance that families can rely on. In a climate of information overload, building awareness through vetted, accessible and culturally-relevant sources ensures that every parent and caregiver, regardless of background, has the tools to support their child's healthy growth and learning. When both families and service providers know what's available, they can connect children to the right supports at the right time, helping every child grow and learn to their fullest potential. Effective advocacy also supports the broader cultural shift needed to establish early childhood supports as a genuine societal priority. Communities are more likely to mobilize resources and advocate for family-friendly policies and programs when they understand how important early development is—and what families need to support it.

This report examines statewide and county-level trends in data relevant to Arizona's young children and their families, as well as deeper explorations into key factors affecting families, early childhood education, schools and employment, and child health and development programs to provide a comprehensive look at the current systems to support Arizona's youngest residents, including areas needing additional investment. This executive summary highlights key assets, needs and gaps identified in the data and analyses presented in this report. The Big Picture for Little Kids presents key comparisons of data for young children and their families in Arizona to national indicators to show where Arizona is making progress and where there is still work to be done.

This report was compiled in the summer of 2025 using publicly available data, service data shared by state agencies and key informant interviews with state agency staff. Given rapid changes in federal funding and policy, these data reflect a particular moment in time. Where possible, potential impacts of currently-known policy decisions grounded in high-quality research have been included, but the full extent of the impact of policies implemented in 2025 on early childhood well-being will not be fully known for years to come.

Family Composition, Caregiving and Community Context for Young Children in Arizona

Assets

Strong family connections: In Arizona, the vast majority (96%) of young children live with their parents (60% with two married parents, 36% with one parent). Healthy relationships between young children and their parents are a crucial component of healthy development.

More than one in 10 young children (13%) also live in multi-generational households, which can offer financial and social benefits.

Bilingual communities: 18% of Arizona's population speak a language other than English and also speak English very well; rates are also higher in some border counties and Native Nations. Mastery of more than one language is an asset in school readiness and academic achievement and may offer cognitive and social-emotional benefits across one's lifetime.

Improving economic outlook for many families: Arizona's median family income for all families with children under the age of 18 reached $92,828 in 2023, reflecting a $34,704 increase since 2016, and nearing the U.S. median ($95,721).

Poverty rates for young children (birth to age 5) fell from 24.3% in 2016 to 16% in 2023, below the national rate (16.8%) for the first time in over a decade.

Increased WIC usage: Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) participation among young children in Arizona has steadily increased in recent years, from 39% in 2020 to 43% in 2024. WIC participation has been linked to improved diet and health outcomes for children.

Improvements in child welfare: Young children exhibiting two or more Adverse Childhood Events (ACEs) declined overall from 17.9% in 2016/2017 to 12.6% in 2022/2023.

Needs & Gaps

High need for child care: Nearly two-thirds of young children in Arizona (64%) live in households where all parents are in the labor force, indicating a likely need for accessible and affordable child care.

Family type may influence needs: In Arizona, 23% of young children live with at least one foreign-born parent, and immigrant families with young children may face added challenges for meeting basic needs, such as health care, food and housing.

Single-female-headed families with children had a median income of $44,148, about one-third that of married parent families, and below the average self-sufficiency standard for one parent with one preschooler in Arizona in 2022 ($49,358).

Food insecurity: Supplemental Nutrition Assistance Program (SNAP) participation for children under age 6 held near 40–41% between 2021 and 2024, while child food insecurity rose from 14% (2021) to 18% (2023). Rising food costs and SNAP eligibility changes call for more support for young children's nutritional needs.

Lack of stable, affordable housing: In 2023, 31% of Arizona families were housing cost burdened (spending more than 30% of their income on housing), similar to the nation (31.9%) and higher than the Healthy People 2030 target of 25.5% or fewer households.

In Arizona, between 2022 and 2023, an estimated 5,731 infants and toddlers (birth through age 3) experienced homelessness, which was 1.8% of all children that age.

Family Composition, Caregiving and Community Context for Young Children in Arizona

Assets

Referrals to DCS that were "screened in" (meeting the statutory definition of a report and investigated for abuse and/or neglect) fell from 57% (45,142 reports) in 2020 to 47% (42,550) in 2024.

DCS reports of neglect dropped from 30,049 in 2020 to 24,082 in 2024, following efforts to clarify neglect definitions and increase access to supports for families experiencing poverty.

Out-of-home placements for children ages birth to five decreased from 5,834 in 2020 to 3,355 in 2024.

Since 2022, most Arizona children in out-of-home placements were in kinship settings. In 2024, 52% were in kinship care and 26% in family-like foster homes.

Programs to prevent and mitigate early childhood adverse experiences: FTF supports strong families by funding family resource centers (FRCs) and, along with other state agencies, funding home visiting (HV) programs, both of which provide parenting guidance, child development resources, referrals to resources and community connections to parents and caregivers. In 2025, 29,994 families connected with an FTF-funded FRC for support, visiting FRCs a collective 167,247 times. In State Fiscal Year 2025, FTF-funded home visiting programs reached over 11,600 families in all 15 Arizona counties and 10 tribal communities.

Needs & Gaps

Mental health and stress: In 2022, more than one in six mothers in Arizona reported experiencing depression before or during pregnancy, and more than one in nine reported postpartum depressive symptoms.

Since 2016, the percentage of young children living with parents who are coping "very well" with the demands of parenthood in Arizona has been steadily declining, from 65.4% in 2016/2017 to 57.8% in 2022/2023, mirroring national trends.

More than 16% of Arizona parents report no one to turn to for emotional support, indicating a need for more peer and social connection and parent support programs.

Building a Strong Early Learning System: Addressing Access, Quality Child Care and Workforce Development

Assets

Quality First improvements: First Thing's First's state Board voted to raise reimbursement rates to Quality First (QF) child care providers beginning on July 1, 2024, which will continue increased reimbursement rates for these providers following the end of pandemic-era funding.

Arizona has seen a consistent increase in the number and percentage of QF providers with 3- to 5-star ratings since the inception of public ratings in 2013, when there were 215 providers with 3- to 5-star ratings representing 25% of QF providers. More recently, the number of QF providers with quality ratings has grown from 802 in 2020 to 1,212 in 2025, indicating more families have access to quality early care in Arizona.

Small improvements in child care deserts: The ratio of children under age 2 to child care slots in Arizona meets the definition of a child care desert (where there are at least three times as many children as there are child care slots), but there have been some improvements in recent years. The ratio of infants to child care slots across Arizona decreased from a ratio of 10 children per slot in 2023 to 9.1 children per slot in 2025. Small improvements were also seen in the availability of child care for 1-year-olds, where the ratio of children to child care slots decreased from 4.5 in 2023 to 4.3 in 2025.

Increased DES Support: In 2024, an estimated 80% of children birth to age 5 receiving DES child care assistance and not involved with DCS were enrolled in quality environments (i.e., providers with a 3- to 5-star rating or national accreditation). Enrollment in quality environments was even higher among DCS-involved young children at 84%. This suggests that the majority of young children, especially those most in need, are receiving care in quality early care and education settings when they are able to access them.

Needs & Gaps

Falling preschool enrollments: School enrollment for 3- and 4-year-olds in Arizona has tracked with but consistently lagged at least eight percentage points behind national rates (2023: AZ 40%; U.S. 48%). Eight counties in Arizona saw declines in enrollment between 2018 and 2023, with double-digit decreases seen in Greenlee (61% to 11%), Santa Cruz (44% to 29%) and Navajo (42% to 29%) counties.

In the 2023-24 school year, only 17% of 4-year-olds in Arizona were enrolled in publicly-funded free or reduced-cost preschool programs, compared to 44% nationally.

Lack of child care slots for infants and toddlers: Despite improvements in availability of child care slots for infants and toddlers, between 2023 and 2025, these slots are still very insufficient to meet potential demand, with more than four toddlers and nine infants for every licensed slot in the state. Insufficient access to affordable child care costs Arizonans an estimated $4.7 billion annually. Each year a child birth to age 5 is without sufficient child care, families lose an average of $6,320 per working parent in lost earnings and in time spent looking for work, businesses lose an average of $2,020 per working parent in reduced revenue and extra hiring costs, and the public loses an average of $1,530 per working parent in lower income and sales tax revenue.

Building a Strong Early Learning System: Addressing Access, Quality Child Care and Workforce Development

Assets

Ongoing impacts of pandemic-era investments in child care: Pandemic-era funding supported numerous Arizona Child Care Stabilization programs to support early care and education quality, access and affordability, and through June 30, 2023, on average, child care centers received $278,300 and family child care homes received $24,500 through this funding.

Pandemic era funding also allowed for improved communication, collaboration and innovation amongst early care and education system partners to increase child care opportunities and resources for providers, as well as technological improvements to make application and reporting processes for families and providers more efficient.

Improving wages for child care workers: In 2024, child care workers in the state had a higher median annual wage compared to child care workers across the nation, likely a result of the increase in the minimum wage in Arizona. Across provider types, however, child care workers still make the lowest wage compared to other early care and education teachers and administrators.

Needs & Gaps

Rising child care costs: Putting even more financial strain on Arizona families, child care costs have risen by more than 10% across all types of care since 2022, with the cost for infant care increasing the most, 18% for center-based care and 17% for family-based care between 2022 and 2024. The median cost of care for an infant in a licensed center in Arizona is $1,289 per month, comparable to the amount families pay in rent.

DES provides child care assistance to financially eligible families, which can make child care more accessible, but the DES child care assistance waitlist resumed in August 2024 due to insufficient funding. As of August 29, 2025, there were 7,295 children from 4,362 families on this child care assistance waitlist, even after increased state investment allowed about 900 children to receive access to assistance.

Negative impacts on the child care workforce: Stressors to the Arizona early care and education (ECE) workforce include pay disparities (e.g., the average kindergarten teacher's salary is about twice that of ECEs in Arizona), lack of access to benefits such as health insurance and retirement plans (e.g., 25% of ECEs working outside of the public school system in Arizona were covered by Medicaid in 2023), and job instability (turnover for ECEs working outside of public schools was 65% higher than other occupations in 2022, with about 50% of these workers leaving the labor force entirely compared to 29% for preschool and kindergarten teachers).

The Continuum of Education and Employment beyond Early Childhood in AZ

Assets

Post-pandemic enrollment recovery: Third grade enrollment has shown steady recovery since the start of the COVID-19 pandemic, rising from 80,280 in the 2020-21 school year to 81,896 in the 2024-25 school year (although this is still about 1,100 students short of pre-pandemic levels).

Early childhood literacy: The proportion of young children in Arizona exposed to daily literacy activities like family story-telling and singing reached 49.1% in 2022/2023, nearing the national average (51.2%) and showing marked improvement from previous years. Encouragingly, rates of early literacy exposure are substantially higher for children in families engaged in home visiting programs—79% of children in these programs had daily exposure in 2024.

Addressing chronic absenteeism: The Arizona Chronic Absence Task Force was convened in 2023 to address the state's high chronic absenteeism, developing a resource guide detailing actionable strategies to reduce chronic absences to pre-pandemic levels by 2030.

Improving maternal education levels: In 2023, 57.3% of births in Arizona were to mothers who had a high school diploma or GED equivalent, slightly increasing from 56.3% in 2016. There have been notable declines in the percentage of births to mothers with less than high school education, dropping from 17.8% in 2016 to 13.4% in 2023, consistent with nationwide declines in births to teen mothers.

Needs & Gaps

Concerning trends in academic outcomes: Kindergarten enrollment in Arizona has continued to decline following the COVID-19 pandemic. Enrollment dropped from 81,606 in the 2019-20 school year to 72,960 the following year, and still has not returned to pre-pandemic levels, with enrollment at 70,622 in the 2024-25 school year.

In 2024, fewer than half of Arizona's 3rd graders passed the Academic Standards Assessment, with 39% meeting the reading standard and 43% meeting the mathematics standard. While math passing rates increased by 7% between 2021 and 2024, reading passing rates decreased by 3% during the same period. Statewide, 3rd grade passing rates were notably lower for certain student groups. These student groups include students with limited English proficiency, students with disabilities, students experiencing homelessness, American Indian or Alaska Native students and Black or African American students. These student groups may need additional supports.

High chronic absenteeism: Arizona currently ranks among the states with the highest rates of chronic absenteeism, defined as missing 10% or more school days in a school year. Chronic absenteeism among Arizona K-8th grade students rose from 7% in 2020 to 33% in 2022. Although rates are again trending downward, they remain elevated with nearly one in four Arizona students missing at least 10% of school days in 2023. Chronic absenteeism is particularly high among students with disabilities, English learners, economically disadvantaged students and Native American students.

The Continuum of Education and Employment beyond Early Childhood in AZ

Assets	Needs & Gaps
Improving unemployment levels: For the first time in years, in 2024 Arizona's unemployment rate was lower than the national rate, 3.6% and 4.0%, respectively. A recent analysis highlights job growth in Arizona and other Sun Belt states between 2019 and 2023, and fewer job losses in these regions during the pandemic, which have contributed to more substantial post-pandemic recovery than across the nation	**Declining graduation rates:** In contrast to steadily increasing graduation rates across the nation, Arizona's 4-year high school graduation rates have fluctuated over the past decade, declining slightly in most recent years. Between the 2012-13 and 2021-22 school years, Arizona graduation rates were consistently 10% lower than national rates (2021-22: AZ 77%; U.S. 87%). Notably, both Arizona and the U.S. graduation rates were below the Healthy People 2030 target of 90.7%. **Insufficient child care access negatively affects employment:** Over half (55%) of Arizonans reported voluntarily leaving their jobs when their children were age 2 or younger, likely due to the increased costs associated with infant and toddler care. As employment rates increase, ensuring access to affordable child care is essential for sustaining growth and supporting family well-being.

Maternal, Infant and Child Health: Building Blocks for Arizona Children

Assets

Decreases in mothers who smoke during pregnancy: Arizona met the Healthy People 2030 target for mothers who did not smoke during pregnancy (AZ 96.1%; HP2030 95.7% or more), demonstrating a positive improvement for child health outcomes as there is an increased risk of poor fetal growth and brain development when mothers smoke during pregnancy. Arizona Department of Health Services (ADHS) supports a variety of services aimed at helping pregnant and postpartum women stop using tobacco.

Increasing early intervention: The percent of young children ages 9-35 months in Arizona who received a parent-completed developmental screening improved substantially from a low of 19% in 2020/2021 to matching national rates of 36% in 2022/2023. Multiple state agencies, including FTF, ADHS, and DES, have made educating parents and providers on the importance of developmental milestones a priority.

Following declines after the onset of the COVID-19 pandemic, in 2024, 2.5% of Arizona's youngest children (aged birth-2) received early intervention services, the highest percentage in nearly a decade.

Improving oral health outcomes for the youngest children: The number of young children (ages 1-5) with cavities or tooth decay decreased from 11.1% (2016-17) to 8.6% (2022-23) whereas rates rose nationally during the same period.

Needs & Gaps

The need for timely and adequate prenatal care: Arizona ranks 44th in the U.S. for adequate prenatal care with only 71% of Arizona mothers receiving prenatal care in the first trimester.

Rising pre-term births: Arizona's preterm birth rate increased from 9.1% in 2016 to 9.9% in 2023, meaning the state no longer met the Healthy People 2030 target of 9.4%. Preterm births can lead to cognitive, gastrointestinal and respiratory issues that can impact infant mortality.

Concerning child mortality trends: Infant mortality rates in Arizona (5.5) and the U.S. (5.6) did not meet the Healthy People 2030 target of 5.0 per 1,000 live births or less.

The leading cause of death for Arizona children ages 1-4 was drowning, followed by car accidents and blunt force trauma.

Insufficient access to health services: According to the 2023 American Community Survey, 7% of children ages birth to age 5 in Arizona did not have health insurance coverage, compared to 3% across the U.S.

In Arizona from 2017 to 2023, the proportion of toddlers meeting standards for well-child visits was consistently lower than the U.S. (2023: AZ 56.8%; U.S. 59.2%).

Falling immunization rates for young children: In 2021, only 70.8% of 3–year-olds completed their 7-series vaccinations, a sharp drop from the recent high of 79.1% in 2018.

In the 2024-25 school year, the statewide kindergarten vaccination rate for Measles, Mumps, and Rubella (MMR) was 89%, well below the Healthy People 2030 target of 95% and potentially contributing to recent measles outbreaks.

Statewide, child care immunization exemptions rose from 3% in 2018-19 to 4.8% in 2024-25, and kindergarten immunization exemptions rose from 2.4% to 4.7% during the same period.

The Big Picture for Little Kids

The experiences in the first few years of a child's life can fundamentally shape their future. Public policy often fails to prioritize the consequential time of infancy and early childhood before a child enters kindergarten, a period crucial to life-long development.

Safe and healthy neighborhood environments, accessible educational opportunities, economically stable families and nurturing social contexts for young children at the beginning of their lives have a long-term impact.[1] Investments in early childhood programs and supports shape not only the trajectories of individual children and their families but also have positive societal and economic impacts on the surrounding community and future generations.[2,3,4,5] A holistic policy approach that supports children throughout their development can reduce some of the negative effects of social, environmental and economic challenges many families face to improve long-term outcomes.[6,7,8] Investments to expand health care and education access, support a healthier physical environment and improve socioeconomic conditions early in life have been shown to have long-term benefits, and often pay for themselves.[9] Every dollar invested in early childhood programs yields an estimated return of $7 to $13 in economic benefits long term.[10]

Across health care, education, social services and community programs, there are many supports designed to promote healthy development in Arizona. This begins with prenatal and maternal health care to support healthy pregnancies and positive birth outcomes. Families can also access services that strengthen parents in their role as their child's first and most important teachers, and early care and education providers can serve as both nurturing educators and dependable care partners for families who choose child care, particularly working families. These educators provide the bridge into the K-12 education system, helping children build the academic and social-emotional skills they need to succeed in school and in life. Together, these entities form a network of programs, services and supports that promote healthy development to help Arizona children reach their full potential. Effective coordination across these health care providers, early education programs, social services and family support agencies is vital to creating a robust early childhood system. Collaborative models require commitment and investment of time, energy and dollars from an array of stakeholders and sectors, ranging from family advocates to state agencies to policy makers to community leaders. Credible sources like pediatricians, early childhood educators, public health agencies and FTF also must provide guidance that families can rely on amidst a climate of information overload. Building awareness through vetted, accessible and culturally-relevant sources ensures that every caregiver, regardless of background, has the tools to support their child's healthy growth and learning.

The following data tables and summaries provide a snapshot of how Arizona children and families are faring, including how key indicators have changed over time and how they compare to children and families nationwide.

Children & Families

Accurate information about the characteristics of children and families in Arizona allows policy makers and program providers to understand what resources are needed in their communities, including how to tailor offerings to the specific needs of those who are likely to use them.

TABLE 1.

Children & Families				
Children birth to age 5	Arizona	546,609 2010	480,744 2020	▼ 12% Decrease
	United States	24,258,220 2010	22,401,565 2020	▼ 8% Decrease
Number of births	Arizona	79,375 2019	77,881 2023	▼ 2% Decrease
	United States	3,747,540 2019	3,596,017 2023	▼ 4% Decrease
Children birth to age 5 in a grandparent's household	Arizona	13.6% 2010	13.5% 2020	— No Change
	United States	11.9% 2010	11.3% 2020	▼ Decrease
Children birth to age 5 living with a single parent	Arizona	36.0% 2019	35.2% 2023	▼ Decrease
	United States	32.6% 2020	32.0% 2023	▼ Decrease

U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3, PCT11. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20. Centers for Disease Control and Prevention, National Center for Health Statistics (2025). [Natality 2016 - 2023 on CDC WONDER Online Database, released in 2025]. Accessed at http://wonder.cdc.gov/ on 01 Jun 2025. U.S. Census Bureau. (2024). 2016 to 2023 American Community Survey single-year estimates, Tables B05009, B09001, & B17001

Arizona's young children are born from a rich tapestry of family histories—children in Indigenous families that can trace their roots back to time immemorial; children of ranching families whose histories reach back to New Spain and the Mexican Republic; children of Mormon families who travelled to Arizona in covered wagons; children of mining families who flocked to the Copper Corridor; children in military families whose parents are stationed at one of the six major military installations in the state; children whose families moved to Arizona for jobs in manufacturing or aerospace, technology or research, medicine or hospitality; children of families fleeing war or political persecution who have resettled in Arizona as refugees; and many, many more.[11,12,13,14] Given this history, it is no surprise that children birth to age 4 come from a broad range of racial and ethnic backgrounds in the state: 44% were identified as Hispanic or Latino, 42% as non-Hispanic White, 16% as Multi-racial, 6% as Black or African-American, 6% as American Indian or Alaska Native and 4% as Asian or Pacific Islander in the 2020 Census.[15]

After a period of rapid population growth at the start of the 21st century, Arizona has seen growth stall and even decline in recent years for its youngest residents.[16] The number of births in both Arizona and the U.S. overall has been declining over the past decade.[17] Declining birth rates, lower levels of immigration and economic pressures on families, especially during the COVID-19 pandemic, have all contributed to a decrease in the child population nationwide.[18] Both Arizona and the entire United States saw major decreases in the population of children birth to age 5 between the 2010 and the 2020 Census, with the number of young children falling by 12% in Arizona, from 546,609 to 480,744 (Table 1).[a] The number of births has levelled off in Arizona at close to 78,000 births per year after a steady decline from 2016 to 2019; in contrast the number of births nationally continues to fall. The Arizona Office of Economic Opportunity projects slow but steady growth in the young child population statewide, with a projected 550,000 children birth to age 5 in the state by 2030 due to more young families moving into the state.[19] In contrast, the Census Bureau projects that the population of young children nationwide will slightly decline by about 1% between 2022 and 2030, given declines in both birth rates and immigration.[20]

Young children in Arizona live in many different kinds of families. More than one in three children birth to age 5 live with one parent, though this share has been declining slightly in recent years, falling from 36.0% to 35.2% between 2019 and 2023 (Table 1).[a] Young children in Arizona are still slightly more likely to reside with one parent than young children nationwide (36.0% and 32.0%, respectively). Arizona's young children are also more likely to live in their grandparents' households than children nationwide, with 13.5% of children birth to age 5 residing within a grandparent-led household compared to 11.3% nationwide in the 2020 Census (Table 1). In both Arizona and the U.S., the total number of young children in grandparent-led households decreased slightly from estimates in the 2010 Census, but in Arizona the share of young children in grandparent-led households remained steady while the share nationwide declined by nearly a percentage point. Whether they live with their grandchildren or not, grandparents can be a vital source of support for families of young children; research suggests that approximately half of all young children in the U.S. spend at least an hour a week with their grandparents, suggesting that equipping grandparents to support early childhood development can help young children thrive.[21]

[a] Please note that due to the way that the American Community Survey asks about families, all unmarried parents are considered 'single parents,' even if they are living with a long-term partner. Only married parents are considered 'two parent' families.

Economic Well-being

In addition to family characteristics, the economic circumstances in which children live impact healthy development. Children who grow up in poverty and unstable economic conditions are more likely to experience negative effects on their cognitive, behavioral, social and emotional development compared to those in stable economic environments.[22,23,24,25,26] The challenges they face can continue into adulthood, and such difficulties may be passed on to the next generation.[27,28,29]

The economic outlook for Arizona families with young children has been improving in recent years, even faster than changes nationwide. The state has seen major improvements in the young child poverty rate, with the percent of young children birth to age 5 living in families with incomes below the federal poverty threshold declining from 20.7% in 2019 to 16.0% in 2023 (Table 2). This decline places the young child poverty rate in Arizona (16.0%) below the nationwide poverty rate for young children (16.8%) for the first time in more than a decade.

Consistent with declining poverty rates, participation in the Temporary Assistance for Needy Families (TANF) program, known as Cash Assistance in Arizona, has also decreased in recent years. The number of children birth to age 17 participating in TANF has declined by about 20% in both Arizona and the U.S., falling from 12,395 children in 2018 to 9,930 in 2022 in Arizona (Table 2). The overall share of children receiving TANF in Arizona (0.6%) remains far below that seen nationwide (1.9%) due to differences in how the program is administered in Arizona compared to many other states.[30] Arizona spends most TANF funds on child welfare programs, with less than 10% of program funds going to direct cash assistance in 2022.[31] This means that many families in poverty who would benefit from the cash assistance may not be able to access it.

The decline in child poverty in Arizona is an encouraging trend, but it may not be entirely sustainable without continued, targeted investments. While COVID-19 relief measures provided temporary financial stability for many families, long-term solutions to poverty in Arizona will require expanding and strengthening public assistance programs, improving access to affordable housing, and ensuring that economic growth benefits all families, especially those with young children. Further, educating and making families aware of these supports and helping them to navigate and access these resources will be key to continuing this encouraging trend.

Parental labor force participation in Arizona has increased slightly in recent years, with the share of young children with all parents in the labor force growing from 63.5% in 2019 to 65.2% in 2023 (Table 2). Nationwide, the share of young children with all parents participating in the labor force increased from 67.5% in 2019 to 69.3% in 2023, suggesting that young children in Arizona are still slightly less likely to have all parents in the labor force. Given that nearly two in every three children birth to age 5 in Arizona have parents in the labor force, this indicates that many families need support from either formal child care providers or from family, friends and neighbors to care for these children while their parents are working or looking for work.[32,33] The current shortage of child care is also projected to worsen, with a 20% increase in the gap between the number of young children needing child care and available care expected between 2024 and 2034.[34] This growing gap may reduce labor force participation, particularly among parents with young children.

The overall economic outlook for employment in Arizona has also been rapidly improving. Labor force participation rates have increased for the entire adult population, from 60.2% in 2019 to 60.7% in 2023, faster growth than the nationwide 0.2% increase in the same period (Table 2). The unemployment rate in Arizona has declined substantially from a peak of 7.8% in 2020 to 3.6% in 2024 and is also now below pre-pandemic levels (4.8% in 2019) (Table 2). In contrast, unemployment rates nationwide ticked up in 2024, from 3.6% to 4.0%, reversing improvements since 2021.

Despite the positive employment news, families have to contend with rising costs. In both Arizona and the U.S., the proportion of children living in households with a high housing cost burden has risen in recent years, with the percent of households who are paying more than 30% of their income for housing increasing by 2 percentage points both state- and nationwide.[35] These escalating housing costs, paired with rising child care expenses, place major financial strain on families with young children and make it increasingly difficult for these families to achieve economic stability.

TABLE 2.

Economic Well-being				
Children birth to age 5 living in poverty	Arizona	20.8% 2019	16.0% 2023	▼ Decrease
	United States	18.1% 2019	16.8% 2023	▼ Decrease
Children birth to age 5 receiving TANF	Arizona	0.7% FFY 2019	0.5% FFY 2024	▼ Decrease
	United States	2.2% FFY 2019	2.1% FFY 2024	▼ Decrease
Children birth to age 5 with all parents in the labor force	Arizona	63.5% 2019	65.2% 2023	▲ Increase
	United States	67.5% 2019	69.3% 2023	▲ Increase
Adult Unemployment	Arizona	4.8% 2019	3.6% 2023	▼ Decrease
	United States	3.7% 2019	4.0% 2024	▲ Increase
Labor Force Participation	Arizona	60.2% 2019	60.7% 2023	▲ Increase
	United States	63.6% 2019	63.8% 2023	▲ Increase
High Housing Costs	Arizona	28.1% 2019	31.0% 2023	▲ Increase
	United States	29.7% 2020	31.9% 2023	▲ Increase

U.S. Census Bureau. (2024). 2016 to 2023 American Community Survey single-year estimate, Table B17001, B23008, B23025. U.S. Dept of Health and Human Services, Administration for Children & Families (2025). State TANF Data & Reports. Retrieved from https://acf.gov/ofa/programs/tanf/data-reports. Arizona Commerce Authority (2025). [Local Area Unemployment Statistics]. Retrieved from https://www.azcommerce.com/oeo/labor-market/unemployment/

Early Learning

With increasing labor force participation rates in Arizona, the need for quality child care is more important than ever. Quality early care and educational experiences help children develop crucial physical, cognitive and social-emotional skills which are important for healthy brain development and set the stage for lifelong learning and well-being.[36,37,38,39] Investments in quality early care and education have short- and long-term benefits for children and society, and the return on investment of these expenditures is high, particularly when directed at supporting very young children.[40,41]

For both Arizona and the U.S., the onset of the COVID-19 pandemic erased multiple years of progress in improving preschool participation rates for children ages 3-4. However, after falling to a historic low of 31.2% in 2021, preschool enrollment rates have increased sharply in Arizona to 40.0% in 2023, mirroring national increases from 40.2% to 48.5% in the same period. Despite these gains, 2023 preschool participation rates both statewide and nationwide have yet to recover to the levels seen in 2019 (Table 3). This sharp rebound in preschool enrollment rates in Arizona and across the U.S. following the COVID-19 pandemic underscores the need for continued investment in early childhood education. This recovery phase presents a crucial opportunity for all sectors to work together to make early childhood education affordable, accessible and effective for all families.

TABLE 3.

Early Learning				
Children age 3-4 enrolled in school [b]	Arizona	40.7% 2019	40.0% 2023	▼ Decrease
	United States	48.9% 2019	48.5% 2023	▼ Decrease
4-year-olds in public pre-K	Arizona	2% 2021	4% 2023	▲ Increase
	United States	29% 2021	35% 2023	▲ Increase
Estimated average annual cost of center-based care	Arizona	$15,964 Per Infant, 2024	$11,680 Per 4-year old, 2024	
	United States	$15,827 Per Infant, 2024	$12,437 Per 4-year old, 2024	
Estimated average annual cost of home-based care	Arizona	$10,920 Per Infant, 2024	$10,400 Per 4-year old, 2024	
	United States	$12,598 Per Infant, 2024	$11,648 Per 4-year old, 2024	
Per-pupil spending in early education	Arizona	$4,013 2019	$5,413 2023	▲ Increase
	United States	$6,188 2019	$8,294 2023	▲ Increase

U.S. Census Bureau. (2024). 2016 to 2023 American Community Survey single-year estimate, Table B14003. National Institute for Early Education Research (2024). The state of preschool yearbook, 2024 & 2021. Retrieved from https://nieer.org/yearbook/2023. Child Care Aware of America (2025). Child Care in America: 2024 Price & Supply Report. Retrieved from https://www.childcareaware.org/price-landscape24/

[b] This includes children enrolled in preschool, nursery school, or kindergarten

The share of 4-year-olds enrolled in public pre-kindergarten programs also increased for both Arizona and the United States between 2021 and 2024. In 2024, an estimated 4% of 4-year-olds in Arizona were enrolled in state-funded pre-kindergarten programs compared to 2% in 2021 (Table 3). However, Arizona still substantially lags nationwide public pre-kindergarten participation rates (35% in 2024), as there is no universal pre-kindergarten program in the state. In contrast, over half of states (26, plus DC) have programming that enrolls at least a quarter of their 4-year-old population in public pre-kindergarten.[42] The National Institute for Early Education Research tracks enrollment in state-funded preschool programs, which in Arizona includes children receiving scholarships to attend Quality First (QF) center-based programs with a 3-star or higher rating.[c] Including just these children in preschool enrollment numbers, Arizona currently ranks 44th in the nation for 4-year-old preschool access.[43] Beyond preschool, Arizona families also face challenges finding care for younger children—while there is one slot available in a licensed child care facility for every two children birth to age 5 statewide, the ratio of infants and toddlers to slots in licensed facilities has been consistently above four children for each available slot since 2023.[44]

The child care crisis in Arizona has serious implications for families and businesses. Each year that a child birth to age 5 is without sufficient child care, families lose an average of $6,320 per working parent in lost earnings and time looking for work, and businesses lose an average of $2,020 per working parent in reduced revenue and extra hiring costs. Parents may be less productive at work and face cuts to hours and pay, job demotion or job loss and diminished career prospects when navigating child care problems.[45]

According to Child Care Aware America, cost data suggests that child care affordability in Arizona is similar to that seen nationwide. While average costs of center-based infant care in Arizona ($15,964) are slightly higher than the national average ($15,827), the average cost for home-based infant care in the state ($10,920) is much lower than the national average ($12,598) (Table 3). The cost of care for older children in Arizona is slightly lower than for infant care and also lower than the national average. For a 4-year-old, the average cost of center-based care in Arizona is $11,680, compared to $12,437 across the U.S., and home-based care for a 4-year-old ($10,400) also falls below the national average ($11,648) (Table 3). Given similar median family incomes in the U.S. and Arizona, this means that as a percent of income, infant care in Arizona is, on average, more affordable than infant care nationwide. However, in both home-based and center-based settings, infant care costs remain prohibitively expensive for many families. In 2023, Arizona's per-pupil spending for early childhood education (birth to age 5) was $5,413, an increase from 2019 ($4,013), but still falling far below per-pupil spending across the country in 2023 ($8,294) (Table 3). This spending is also dwarfed by Arizona's K-12 per-pupil spending ($11,297), which, itself, is notably lower than nationwide trends (Table 4). These stark disparities highlight a key funding gap, as Arizona allocates far less to the foundational years of education, which are crucial for a child's long-term academic and social success. This gap not only limits access to high-quality early learning programs, particularly for low-income and rural families, but also exacerbates achievement gaps that manifest as children progress through the education system. Closing this funding gap by increasing investment in early learning could lay a stronger foundation for academic success, reduce long-term disparities and contribute to a prosperous future for Arizona's children.

[c] For more information, please see https://nieer.org/yearbook/2024/state-profiles/arizona.

Educational Outcomes

In addition to a quality early childhood education system, a community's K-12 education system can support positive outcomes for children, families and the overall well-being of the community. Individuals who have higher levels of education tend to live longer and healthier lives, and graduating from high school, in particular, is associated with better health, financial stability and socio-emotional outcomes.[46,47]

Arizona's latest assessment data show persistent and deepening academic challenges. Reading proficiency among 4th grade students fell from 31% in 2019 to 26% in 2024, while math proficiency declined from 37% to 34% according to the National Assessment of Educational Progress (Table 4). These numbers are well below the 2024 national rates—30% proficiency for reading and 39% for math among 4th graders (Table 4)—underscoring that Arizona's recovery from pandemic-era learning disruptions has been slower and less complete than much of the nation.

Similarly, Arizona lags behind the nation in high school graduations. Nationally, 4-year graduation rates have seen small improvements, growing from 86% in 2018-19 to 87% in 2021-22. In contrast, graduation rates in Arizona have fallen from a peak of 80% in 2015-16 to 77% in 2021-22 (Table 4).

Per-pupil spending on K-12 education also remains comparatively low in Arizona, despite increases in both Arizona and the U.S. in recent years. Spending per student in Arizona increased by nearly 10% between 2022 and 2023, nearly double the 6% increase seen nationwide. However, despite this growth in spending, the $11,297 spent per student in 2023 in Arizona was still lower than nationwide spending ($16,526) (Table 4). Even with increasing investment, Arizona ranks 47th in the nation for children's educational well-being, indicating that there is still a long way to go to ensure that the state has a thriving educational system.[48] Strong local educational systems not only offer the opportunities and resources for individual children to excel, but they also drive economic growth, attract talent and support communities where families want to live.

TABLE 4.

Educational Outcomes				
At or above proficient in Math in 4th Grade	Arizona	37% 2019	34% 2024	▼ Decrease
	United States	40% 2019	39% 2024	▼ Decrease
At or above proficient in Reading in 4th Grade	Arizona	31% 2019	26% 2024	▼ Decrease
	United States	34% 2019	30% 2024	▼ Decrease
Graduation Rate (4-year)	Arizona	78% 2018-19	77% 2021-22	▼ Decrease
	United States	86% 2018-19	87% 2021-22	▲ Increase
Per-pupil spending in K-12 education	Arizona	$8,625 2019	$11,297 2023	▲ Increase
	United States	$13,187 2021	$16,526 2024	▲ Increase

The Nation's Report Card (2023). National Assessment of Educational Progress (NAEP) State Profiles. Retrieved from www.nationsreportcard.gov/profiles/stateprofile. National Center for Education Statistics (2024). Public high school 4-year adjusted cohort graduation rate (ACGR), by selected student characteristics and state: 2010-11 through 2020-21. https://nces.ed.gov/programs/coe/indicator/coi/high-school-graduation-rates. U.S. Census Bureau (2025). Annual Survey of School System Finances: Per Pupil Amounts for Current Spending of Public Elementary-Secondary School Systems by State: Fiscal Years 2013-2023. Retrieved from https://www.census.gov/programs-surveys/school-finances/data/tables.html

Infant & Maternal Health

In addition to strong educational systems, the physical and mental health of both children and their mothers are important for optimal child development and well-being.[49] Infant health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life. Health outcomes for both mothers and infants can depend on access to quality health care and support before, during and after pregnancy. Early utilization of prenatal care during pregnancy reduces the risk of pregnancy complications, premature births and maternal and infant mortality.[50,51]

Arizona has seen mixed trends in maternal and infant health in recent years. The percent of births to teenaged mothers has steadily declined, falling from 5.5% in 2019 to 4.5% in 2023 (Table 5). Similar decreases have been seen nationwide, with births to teenage mothers falling from 4.6% to 4% in the same period (Table 5). However, several key indicators of infant health have been trending in a concerning direction. Preterm births have increased, from 9.4% in 2019 to 9.9% in 2023 in Arizona, greater than the increase from 10.2% to 10.4% nationwide over the same period (Table 5). Low birthweight births have also increased in prevalence, from 7.4% in 2019 to 8.1% in 2023 statewide and 8.2% to 8.6% nationwide (Table 5). This suggests that while Arizona is in a better position than the U.S. overall, there is still an increasing prevalence of babies born with medical risk factors. Behaviors such as smoking, alcohol or drug use, and inadequate maternal nutrition can impair fetal growth. Socioeconomic stressors—including poverty, food insecurity, limited education and unstable housing—further compound risks by restricting access to healthy food, stable care and supportive environments, with chronic stress contributing to negative birth outcomes through biological stress pathways. Studies have also linked high temperatures and heat-related events—salient risk factors for many Arizona mothers—with pregnancy complications.[52] The March of Dimes gave Arizona a C grade for preterm births, better than the nationwide D+, but still indicating that further supports are needed to support babies' health at birth to give them the best possible start to life.[53]

TABLE 5.

Infant & Maternal Health				
Births to mother age 19 and younger	Arizona	5.5% 2019	4.5% 2023	▼ Decrease
	United States	4.3% 2019	4.0% 2023	▼ Decrease
Low birthweight births	Arizona	7.4% 2019	8.1% 2024	▲ Increase
	United States	8.3% 2019	8.6% 2023	▲ Increase
Preterm births	Arizona	9.4% 2019	9.9% 2023	▲ Increase
	United States	10.2% 2019	10.4% 2023	▲ Increase

Centers for Disease Control and Prevention, National Center for Health Statistics (2022). [Natality 2016 - 2021 on CDC WONDER Online Database, released in 2022]. Accessed at http://wonder.cdc.gov/ucd-icd10.html

Child Health & Development

Experiences during the prenatal and early childhood periods can result in lifelong impacts on immune functioning, brain development and risk for chronic diseases.[54,55,56] Poor health in childhood can also result in lower educational attainment and socioeconomic status in adolescence and adulthood, impacting the health and economic well-being of individuals and their future children, perpetuating intergenerational poverty.[57,58] Factors that can impact short- and long-term health outcomes for children include access to health and dental care, immunization against preventable diseases and early screening and intervention for developmental concerns.[59,60,61,62,63]

TABLE 6.

Child Health & Development				
Children birth to age 5 with no health insurance	Arizona	8.0% 2019	7.1% 2023	▼ Decrease
	United States	4.7% 2019	4.6% 2023	— No Change
Children ages 1-5 with tooth decay	Arizona	10.6% 2018/2019	8.6% 2022/2023	▼ Decrease
	United States	6.9% 2018/2019	7.8% 2022/2023	▲ Increase
Children with all recommended vaccines by age 3	Arizona	79.1% Born in 2018	70.8% Born in 2021	▼ Decrease
	United States	76.1% Born in 2018	72.2% Born in 2021	▼ Decrease
Children 9 months to age 3 with parent-completed developmental screening	Arizona	28.2% 2018/2019	35.9% 2022/2023	▲ Increase
	United States	36.4% 2018/2019	35.6% 2022/2023	▼ Decrease
Children birth to age 2 receiving early intervention services	Arizona	2.0% FFY 2019	2.5% 2023	▲ Increase
	United States	3.0% FFY 2019	4.2% 2023	▲ Increase

Looking at early childhood health, there are similarly mixed trends for Arizona. Arizona still lags behind the nation in terms of the proportion of uninsured children, although the percentage of young children without health insurance has fallen slightly, from 8.0% in 2019 to 7.1% in 2023 (Table 6). National rates remained steady between 2019 and 2023 at approximately 5%. Data from the National Survey of Children's Health suggests that the share of young children ages 1 to 5 with tooth decay or cavities has meaningfully declined in Arizona, from 10.6% in the 2018/2019 surveys to 8.6% in 2022/2023 (Table 6). This is still higher than the estimated 7.9% of young children experiencing tooth decay nationwide. Similarly, a higher proportion of young children (35.9%) were reported to have completed a developmental screening in Arizona in the most recent 2022/2023 survey than in the 2018/2019 survey (28.2%) (Table 6). More young children birth to age 2 have also been receiving early intervention services in Arizona and nationwide. The share of the population birth to age 2 receiving early intervention services increased from 2.0% in 2019 to 2.5% in 2024, while the national percentage increased from 3.0% to 4.2% over the same period (Table 6). Despite these improvements, both Arizona and the U.S. are providing early intervention services to only a fraction of the estimated 13%[d] of infants and toddlers that have developmental delays.[64] In both the U.S. and Arizona, immunization rates for young children are trending in a concerning direction. Only about 71% of young children in Arizona born in 2021 had complete immunizations by age 3, compared to 79% of young children born in 2018 (Table 6). The KIDS COUNT data book ranked Arizona 38th nationwide in children's health in 2025, indicating an ongoing need for investment and collaboration to give young children a healthy start.[65]

Overall, recent trends show both promise and potential challenges for Arizona's young children. Families with young children in Arizona may have stronger support networks with multigenerational households where grandparents are a key source of both informal child care and support for parents. Arizona's economic outlook is bright, with falling poverty rates and improving employment outcomes, but rising costs and current economic uncertainty may bring more stress to families in the near future. Arizona continues to lag the nation in access to early childhood education, educational outcomes for K-12 students and investment in the educational system. The health of infants and young children in Arizona looks similar to that in the nation, but that is due in part to national declines rather than major improvements for Arizona. More children are receiving early intervention services and have access to health insurance, but recent changes in federal policy may endanger these gains. While there are real markers of progress to celebrate for Arizona's young children, these data also indicate a continuing need for focused investment and collaboration to ensure that all children in Arizona have the support they need to flourish.

[d] Rosenberg et al (2008) used data from the Early Childhood Longitudinal Study to estimate that more than 500,000 children nationwide had a developmental delay at age 2 based on a validated developmental screening tool.

Family Composition, Caregiving and Community Context for Young Children in Arizona

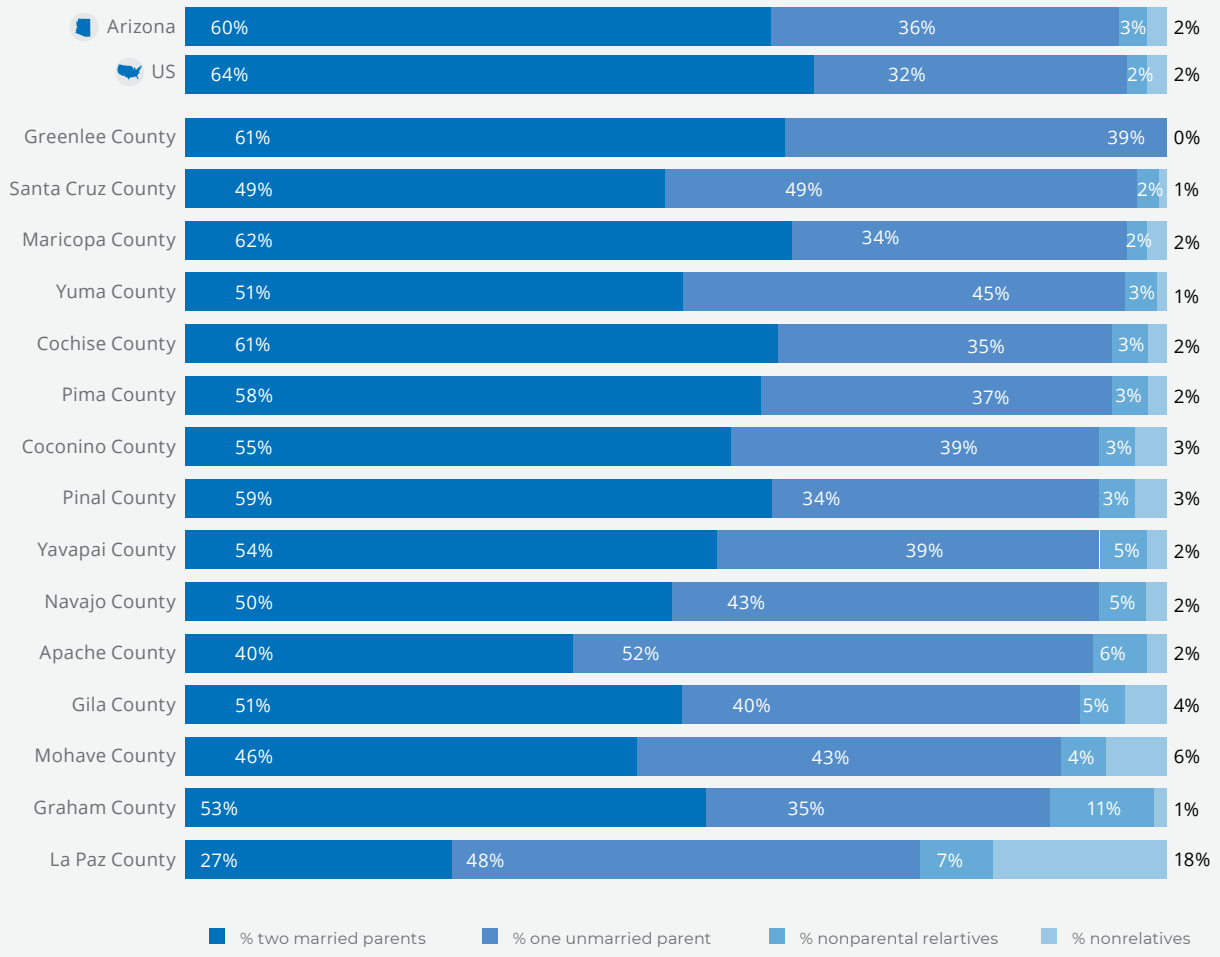
Family Composition & Caregivers for Young Children

Multiple, interconnected factors influence the long-term well-being of young children. Children's relationships and interactions with parents, caregivers, extended family and other trusted adults in their community have been found to play a vital role in shaping their present and future health and well-being.[66,67] These relationships are shaped by the experiences and conditions offered by their community.[68] Community characteristics, like economic stability, education quality, health care access and neighborhood characteristics, intersect with family characteristics, such as language(s) spoken, race or ethnicity and family composition, to influence well-being in positive and negative ways.[69] When community assets are uplifted and needs are met through utilization of intentional support services and resources, communities are better equipped to provide stable, supportive environments and adequate access to resources, ensuring families and caregivers are better able to raise healthy and thriving children.

In Arizona, the vast majority (96%) of young children live with their parents - three in five (60%) with two married parents and over one in three (36%) with one parent[e] (Figure 1). In Apache (52%), Santa Cruz (49%), and La Paz (48%) counties, around half of young children are living with one parent. Living in a single-parent household can often have implications for poverty, access to health and education resources, parental health and well-being and the quality of a child's interactions with adult caregivers.[70,71,72,73,74,75]

About one child in every 20 (5%) in Arizona lives with a non-parental caregiver, including relatives and nonrelatives (Figure 1). In Graham County, more than one in ten (11%) young children live with a nonparental relative, such as a grandparent, aunt or uncle, a notably larger proportion than Arizona (3%) and the U.S. (2%). In La Paz County, 18% of young children live with nonrelatives, compared to just 2% in Arizona and the U.S. These data reflect an increase in kinship care, or care of children by someone other than their parents, such as relatives or close friends.[76,77] Collectively, they highlight the need for funding and policies that recognize the importance of a broader definition of caregivers as active members of a young child's support system.

Figure 1. Living arrangements for children (birth to 5 years), 2023 ACS



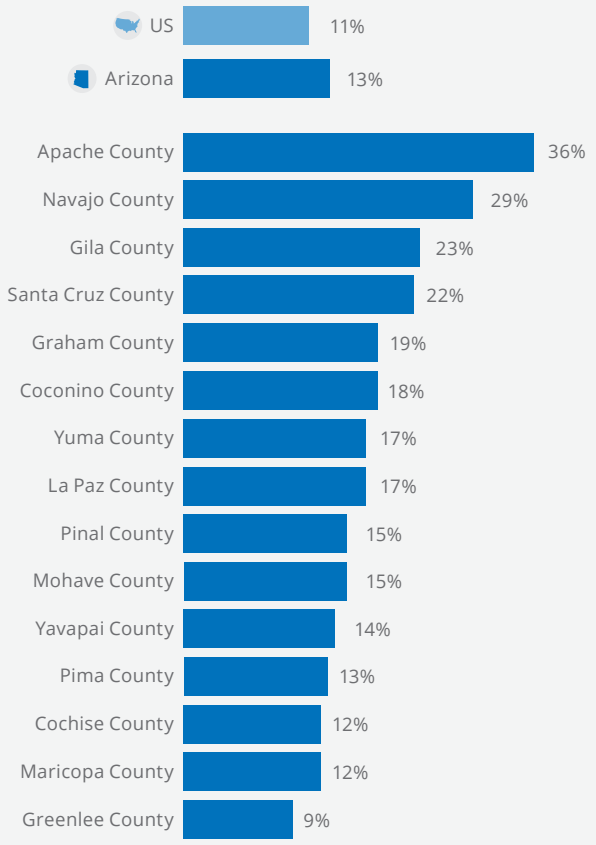
Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The 3 percentages in each column should sum to 100%, but may not because of rounding.

[e] Please note that all unmarried parents are considered 'single parents' even if they live with a long-term partner due to the way that the American Community Survey asks about family relationships.

Supportive relationships with grandparents can have positive impacts on children, including enhanced language and reading skills, fewer behavioral challenges and improved stability in family routines.[78,79,80,81,82,83] Multi-generational households are increasingly common among families nationwide and are culturally significant for many communities.[84,85] These types of living arrangements can offer financial and social benefits but also unique stressors.[86,87,88,89,90] Grandparents play a central caregiving role for many children in Arizona, whether or not the child's parents are present in the household. Thirteen percent of young children in Arizona live in their grandparents' household. This is true for more than one in three (36%) young children in Apache County, as well as more than one in five young children in Navajo (29%), Gila (23%) and Santa Cruz (22%) counties (Figure 2). In terms of grandparents who are responsible for their grandchildren in Arizona, in many ways they look very similar to these grandparents across the U.S.—half (50%) are under the age of 60, more than half (56%) are still in the labor force and one in five (20%) are living in poverty.[91] Compared to the U.S., a slightly smaller proportion of grandparents responsible for their grandchildren in Arizona have no parent present in the household (34% versus 39%) and a slightly larger proportion are considered limited-English speaking (19% versus 14%).[92] Family resource centers (FRCs) and home visiting (HV) programs can be a valuable resource for grandparents, providing parenting guidance, child development resources, referrals to other community resources and social connections not only to parents but also to various members of the child care network.[93,94]

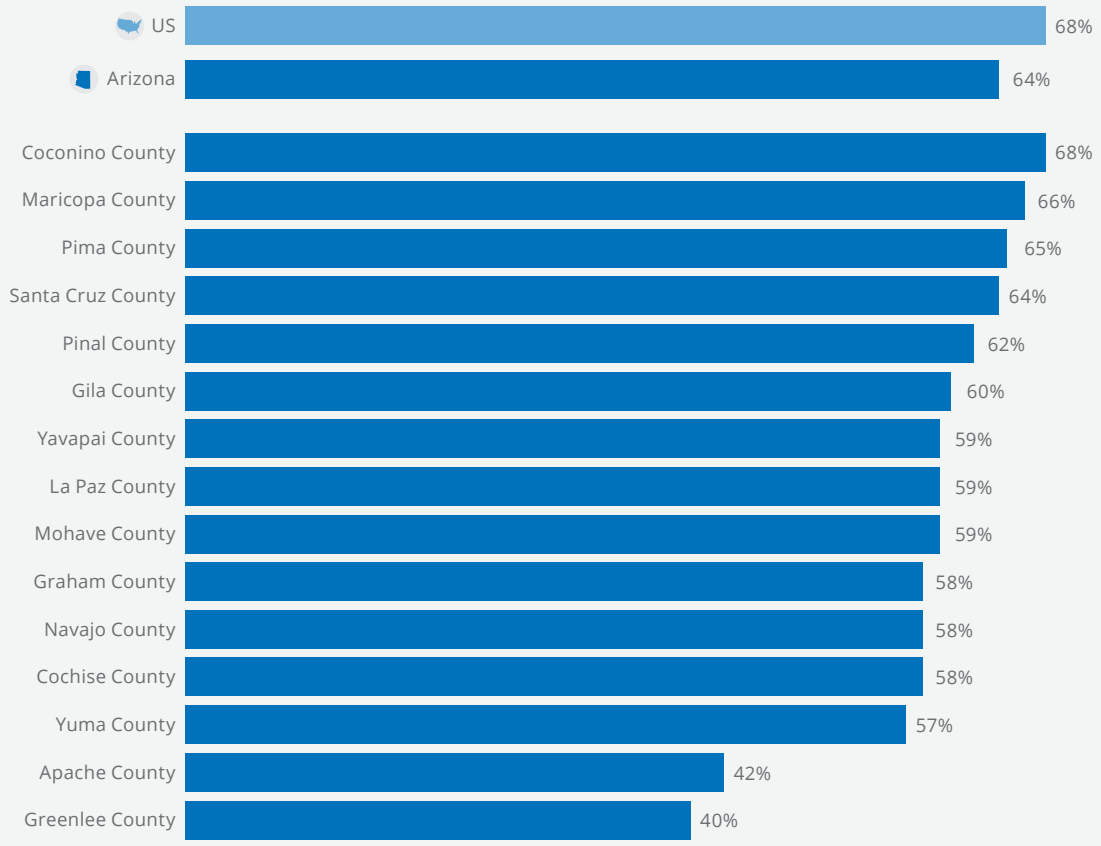
Figure 2. Children (ages birth to 5) living in grandparent's household, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

Given that nearly two-thirds of young children in Arizona (64%) live in households where all parents present in the household are in the labor force, the demand for accessible and affordable child care is substantial (Figure 3). This is particularly true for Arizona's most populous counties – Coconino (68%), Maricopa (66%) and Pima (65%). Even in counties like Apache (42%) and Greenlee (40%), with the smallest proportion of young children with all parents in the household in the labor force, at least one in every three households likely needs some form of child care. These numbers illustrate why a variety of reliable child care options are essential for supporting working families, enabling parents to work and provide for essential needs. Family, Friend, and Neighbor (FFN) child care often meets this need for Arizona families, accounting for an estimated one-third to nearly one-half of all child care for children under age 5 in the state.[95,96] FFN providers help fill gaps in space availability and affordability at center-based programs, while also offering flexibility to meet children's specific needs, including disability support, shared language and cultural backgrounds and care during evenings or other non-traditional work hours.[97,98] Expanding access to and support for FFN care, alongside other child care options, in quality environments, is essential to ensuring that all Arizona families can balance work responsibilities with the confidence that their children are in safe, nurturing spaces.[f]

Figure 3. Percent of children ages birth to 5 with all parents in the labor force, 2023 ACS



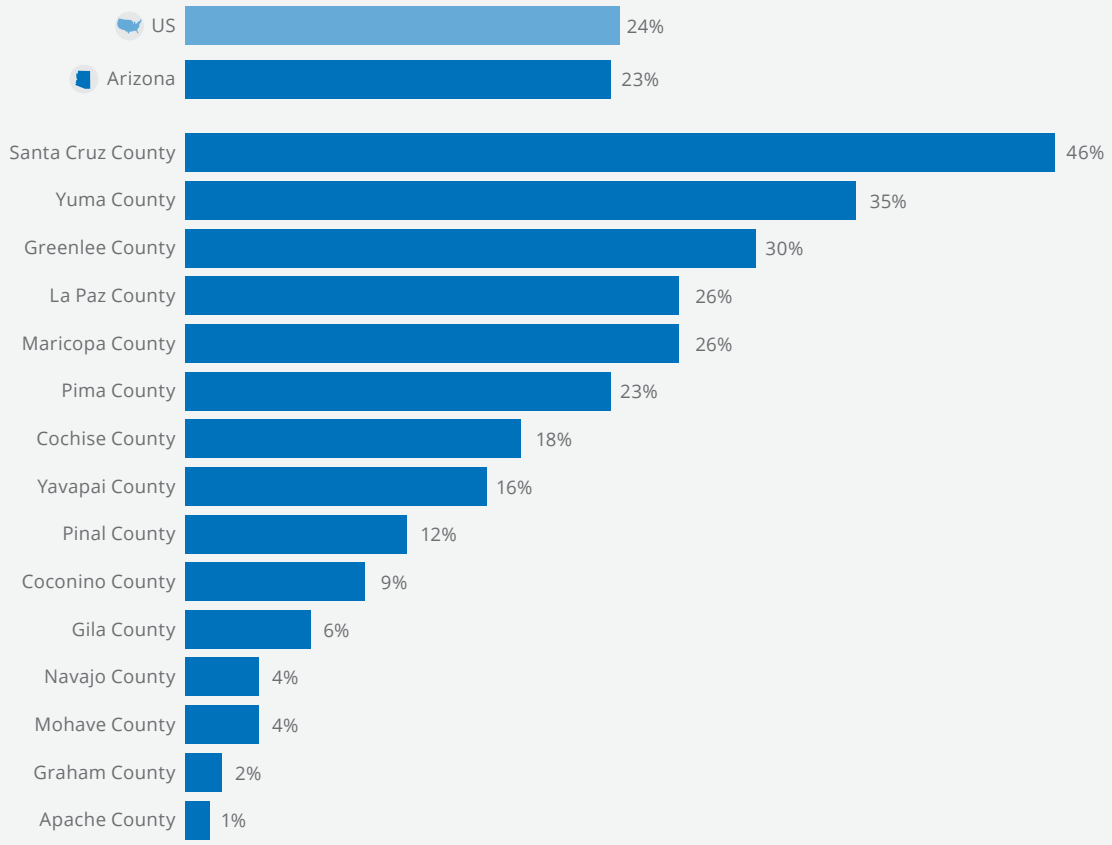
Source: U.S. Census Bureau. (2024). 2023 American Community Survey five-year estimates, Table B23008.

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees and institutionalized people. The term "parent" here includes step-parents. Please also note that the data presented here are for the 5-year combined estimates because data for small counties such as Santa Cruz, La Paz, and Greenlee counties are not available through the single-year estimates. The data presented in Table 2 are from single-year estimates that reflect the most up-to-date data.

[f] FFN care is discussed more extensively in Access to Quality Early Care & Education in the Early Learning section of this report

In Arizona, 23% of young children live with at least one foreign-born parent, with notably higher proportions in Santa Cruz (46%) and Yuma (35%) counties, which are both border counties (Figure 4). Immigrant parents in Arizona have typically lived in the U.S. for at least nine years, and nationally, the vast majority (over 90%) of young children of foreign-born parents are U.S. citizens.[99,100,101] Immigrant families with young children can face challenges in meeting basic needs such as food, housing and health care.[102] Mixed-status families experience these hardships at higher rates than other green card or citizen families.[103] Mixed-status families are households with members who have different legal immigration statuses, such as a mix of U.S. citizens, lawful permanent residents and undocumented individuals. A considerable amount of immigrant families with eligible young children avoid programs like Medicaid or the Supplemental Nutrition Assistance Program (SNAP) due to concerns about how personal information might be used.[104,105,106,107] In Arizona specifically, it has been found that immigrant families also avoid early intervention services, such as AzEIP and Child Find, and, though less commonly, First Things First (FTF) programs.[108] These barriers can limit access to essential supports, putting young children's health, educational attainment and development at risk.[109,110,111,112]

Figure 4. Percentage of children (birth to 5 years) living with one or two foreign born parents



Source: U.S. Census Bureau. (2024). 2023 American Community Survey five-year estimates, Table B05009

Note: The term "parent" here includes step-parents.

Heightened immigration enforcement has been associated with increased school absences, particularly among children in kindergarten through fifth grade.[113] These actions also shape family living arrangements for young children; research suggests that in the wake of increasing deportations, citizen children of undocumented parents are much more likely to reside in kinship care arrangements with relatives or family friends who are not at risk of deportation.[114,115] Research and feedback from family resource center (FRC) staff in Arizona have highlighted the substantial needs of mixed-status families when a parent is deported.[116] In these situations, the remaining parent often must quickly secure child care, meet basic needs and seek other forms of support.[117] FRC staff frequently become trusted sources of assistance for families navigating these challenges.[118] There is also increased likelihood that young children may experience detention themselves, which can have long-term consequences for their mental health and development.[119,120]

Santa Cruz and Yuma counties also have some of the largest proportions of limited English-speaking households in the state (24% and 11%), along with Apache County (14%).[121] Parents and caregivers with limited English proficiency may experience challenges accessing health care and social services, as well as barriers to engaging in important interactions at their children's schools.[122,123] Such barriers can affect a family's ability to promote positive child development. The availability of bilingual or multilingual staff and resources can help support families whose first language is not English.[124,125] Understanding these demographic and language trends can help inform strategies to ensure that all young children in Arizona have adequate access to child care and family support resources.

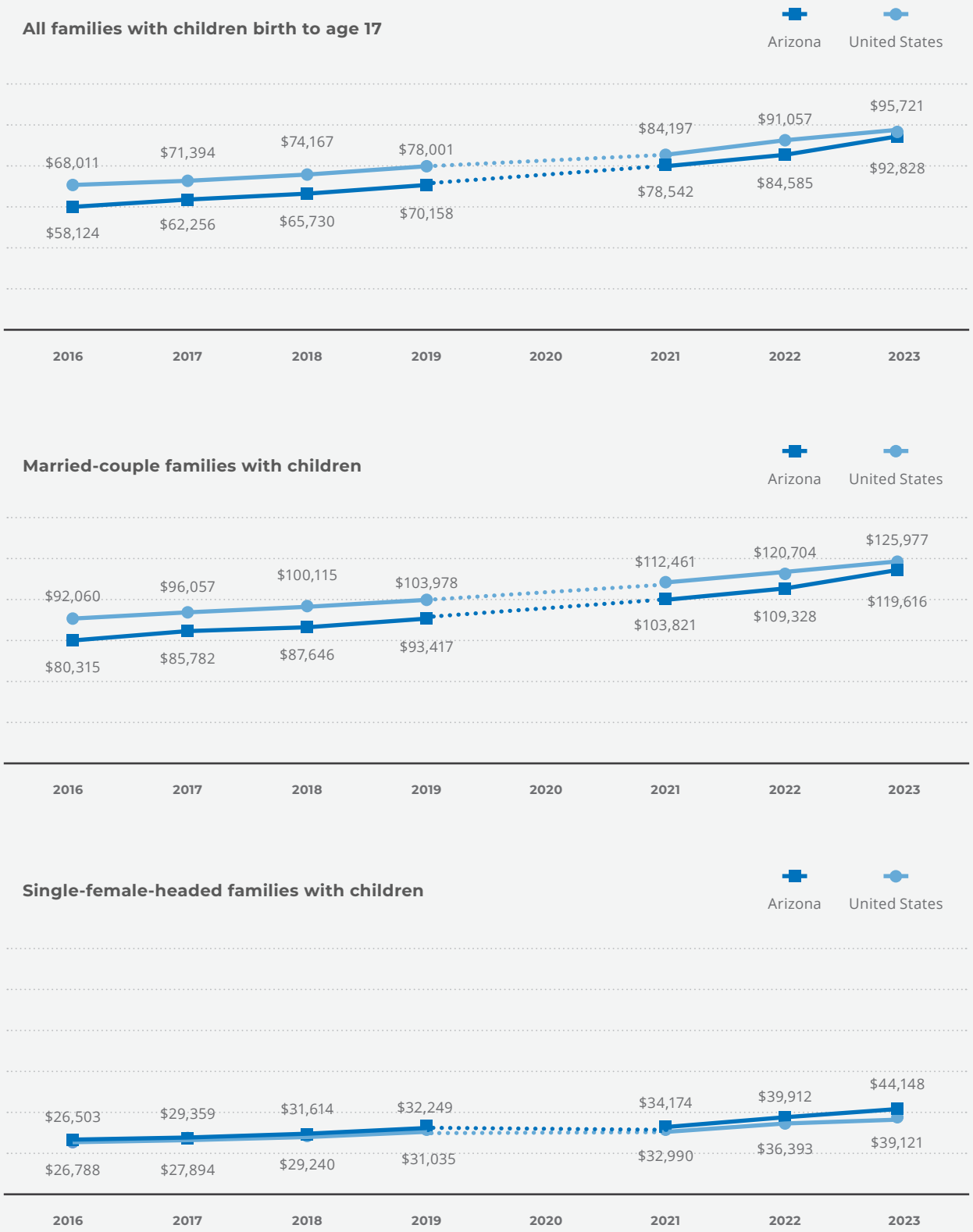
Bilingualism is a defining feature of many Arizona communities – 18% of the state's population speaks a language other than English and also speaks English "very well" compared to 14% nationally.[126] This is true for more than one-third of the population in Santa Cruz (42%), Apache (40%) and Yuma (34%) counties, as well as more than one-quarter of the population in Navajo County (26%).[127] These data highlight the unique cultural and demographic characteristics of border regions and Tribal communities in Arizona. Language is an important connection to family, community and culture.[128] Additionally, mastery of more than one language is an asset in school readiness and academic achievement and may offer cognitive and social-emotional benefits in early school experiences and across one's lifetime.[129,130,131,132,133]

Meeting Basic Needs

A family's economic stability impacts children's well-being and predicts a variety of health outcomes.[134] Children who grow up in poverty and unstable economic conditions are more likely to experience negative effects on their cognitive, behavioral, social and emotional development compared to those in stable economic environments.[135,136,137,138,139] The challenges they face can continue into adulthood, and such difficulties may be passed on to the next generation.[140,141,142] One useful metric for understanding a child's economic environment is median family income. Arizona's median family income rose to $92,828 in 2023, reflecting a $34,704 increase since 2016 ($58,124) and nearly matching the national median family income ($95,721) (Figure 5). Median family incomes increased across all family types during this time, though they varied substantially by family type, with single-parent families typically earning much less. In 2023, married parents with children in Arizona earned a median income of $119,626, while single-female-headed families with children earned about one-third that amount ($44,148) (Figure 5). This steady increase in median family income has been linked to several factors, including job growth in higher-paying sectors like tech and bioscience, population migration, residual effects of COVID-19 supports and nominal wage increases.[143,144,145,146] A sustained rise in income is essential for Arizona families to be better positioned to meet their everyday needs, and, with recent inflation trends, it is uncertain how much of this gain will be sustained into the future.[147,148] Expenditure reports state that in the Phoenix area, everyday expenses like food, housing and transportation make up about 58% of household budgets, compared to 63% at the national level.[149]

While median family income is a measure of how much families earn, the "self-sufficiency standard" attempts to estimate how much families actually need to earn to fully support themselves, accounting for family type and differences in costs of housing, transportation, child care and other budget items across counties and states.[150] In Arizona, the average self-sufficiency standard for one parent with one preschooler was $49,358 in 2022, higher than the median family income for single-female-headed families that same year ($39,912) (Figure 5).[151] This was true for all Arizona counties, where self-sufficiency standards for one parent with one preschooler ranged from $42,252 in Santa Cruz County to $58,913 in Coconino County.[152] These data highlight the likelihood that more than half of single-parent families in Arizona may be struggling to fully support their families with their current incomes.

Figure 5. Median annual family income for select family types, 2016 to 2023 ACS



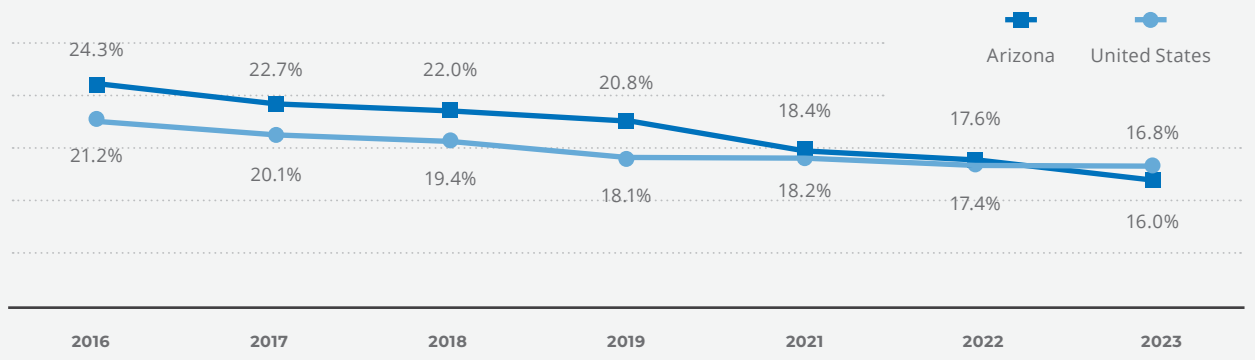
Source: U.S. Census Bureau. (2024). 2016 to 2023 American Community Survey single-year estimate, Table B19126

Note: Due to the effects of the COVID-19 pandemic on data collection for the 2020 ACS, the 2020 single-year ACS estimate had particularly poor data quality, such that the U.S. Census Bureau deemed the data 'experimental.' Due to these data quality concerns, 2020 data are not presented here.

Another important indicator of families' economic reality is the federal poverty level (FPL).[g] In 2024, a family of two adults and two children was considered to be in poverty if their income fell below $31,812, while for one parent with one child it was $21,621.[153] While these poverty thresholds fall well below the self-sufficiency standards previously mentioned, the federal poverty level is a key metric to understand, because it is used to determine eligibility for core public assistance programs used by families with young children, including Medicaid (AHCCCS in Arizona),[154] KidsCare,[155] Temporary Assistance for Needy Families (TANF)[156,157] the Supplemental Nutrition Assistance Program (SNAP),[158] the Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) and Child Care Assistance.[159,h]

Encouragingly, alongside median family incomes rising across the state between 2016 and 2023, poverty among young children in Arizona showed a marked decline. In 2023, the state's young child poverty rate dropped to 16%, declining from 24.3% in 2016 and falling below the national rate for the first time in over a decade (Figure 6). Poverty rates among young children declined in nearly every Arizona county in recent years, with the exception of Apache County, where the poverty rate stayed the same (47%), and Mohave County, where the poverty rate increased slightly (26% to 27%). In Graham County, the young child poverty rate was cut in half, from 36% to 17%.[i] Despite these meaningful declines, six out of 15 Arizona counties continued to have over a quarter of their young children living in poverty between 2019 and 2023 (Figure 7). Additionally, declines in child poverty may be temporary, as the end of expanded child tax credits and economic impact payments put in place during the COVID-19 pandemic have been associated with a marked increase in child poverty rates at the national level.[160,161] Reducing child poverty and promoting family economic stability has the potential to benefit society as a whole, leading to greater tax contributions, reduced health care expenses, reduced crime and more resilient communities.[162,163]

Figure 6. Change in poverty rates for children (birth to age 5), 2016 to 2023 ACS



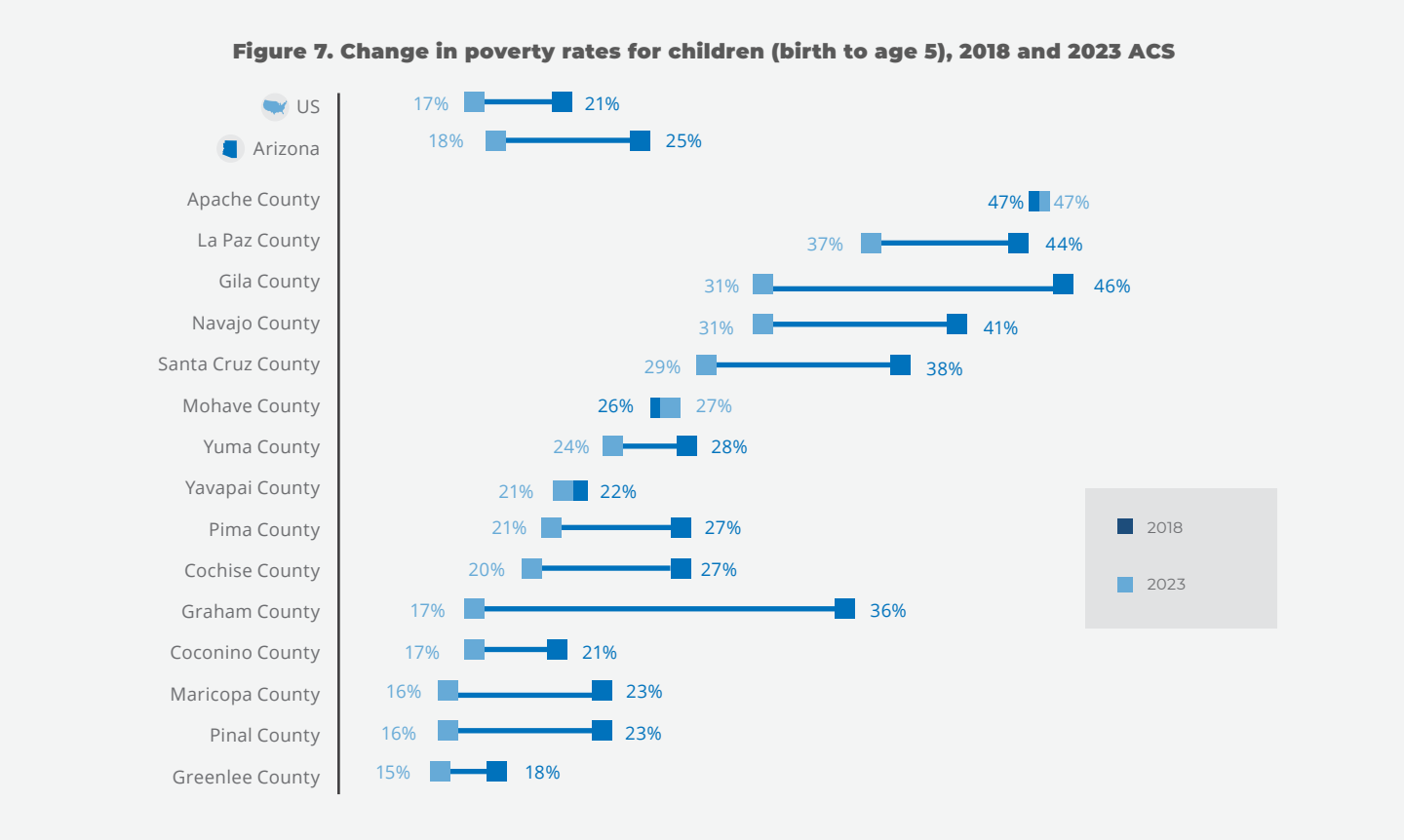
Source: U.S. Census Bureau. (2024). 2016 to 2023 American Community Survey single-year estimates, Table B17001

Note: Poverty rates are single-year estimates. While single-year ACS estimates for large geographies such as Arizona and the United States are more stable than for small areas, year-to-year differences may still reflect sampling variation as well as real change.

[g] Note that while the U.S. Census and Health and Human Services definitions of poverty are similar, there are slight differences. Means-tested programs like Medicaid (AHCCCS) use the HHS definition when determining eligibility. For more information, please see https://aspe.hhs.gov/2021-poverty-guidelines

[h] As of February 1st, 2025, the updated FPL thresholds for Arizona Medicaid (AHCCCS) eligibility are 147% FPL for families with children under age one and 141% FPL for families with children aged one to five. The threshold for KidsCare, health care coverage for children under age 19 whose families are ineligible for Medicaid, was updated to 225% FPL. As of March 10th, 2025, the updated FPL threshold for WIC is 185% FPL. As of October 1, 2024, to qualify for TANF assistance, a family's income must not exceed 100% of the FPL - or 130% FPL if a non-parent relative is applying on behalf of a dependent child known as a "child-only" case. Additionally, as of October 1st, 2024, a family must meet both gross monthly income (130% FPL) and net monthly income (100% FPL) for their household size in order to qualify for SNAP benefits.

[i] Given the small population of young children in Graham County, percentages may fluctuate more dramatically from year to year compared to larger counties.



Source: U.S. Census Bureau. (2024). 2018 and 2023 American Community Survey five-year estimates, Table B17001

Note: Poverty rates are single-year estimates. While single-year ACS estimates for large geographies such as Arizona and the United States are more stable than for small areas, year-to-year differences may still reflect sampling variation as well as real change. Dark grey bars indicate decreasing child poverty rates while light bars reflect rising rates.

Public assistance programs that support low-income families aim to reduce the effects of financial hardship on child and family well-being.[164,165,166] The declining child poverty rate from 1993 to 2019 has been linked to the influence of participation in public assistance programs, including TANF,[j] SNAP[k] and WIC,[l] along with programs like KidsCare,[m] the National School Lunch Program, state Medicaid programs (AHCCCS), federal tax programs (like the Child Tax Credit), child care assistance and housing support.[167] In 2021, the Child Tax Credit was increased from $2,000 to $3,600 for children under age 6 through the American Rescue Plan Act (ARPA) - a policy decision credited with lifting an estimated one million young children out of poverty nationwide.[168] In 2022, the expansion expired, and the credit reverted to $2,000 per child.[169] In July 2025, the Child Tax Credit was increased to $2,200 per child, along with new rules requiring Social Security numbers for both parents and children, which may limit access for mixed-status and other family types.[170]

TANF is a cash assistance program aimed at helping low-income families pay for their basic needs, particularly families with little to no income. TANF participation among young children in Arizona has remained below 3% since state fiscal year 2019 (Figure 8). Arizona has particularly low TANF participation compared to other states. In 2022-23, for every 100 Arizona families with children in poverty, only five participated in TANF.[171] This low participation is due to a variety of factors, including strict eligibility requirements, shorter benefit periods compared to federal limits, smaller monthly benefits compared to most states and a lower funding allocation for direct family assistance as part of the overall TANF budget.[172,173,174,175]

[j] For more information see: https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf and https://des.az.gov/ca

[k] For more information see: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program and https://des.az.gov/na

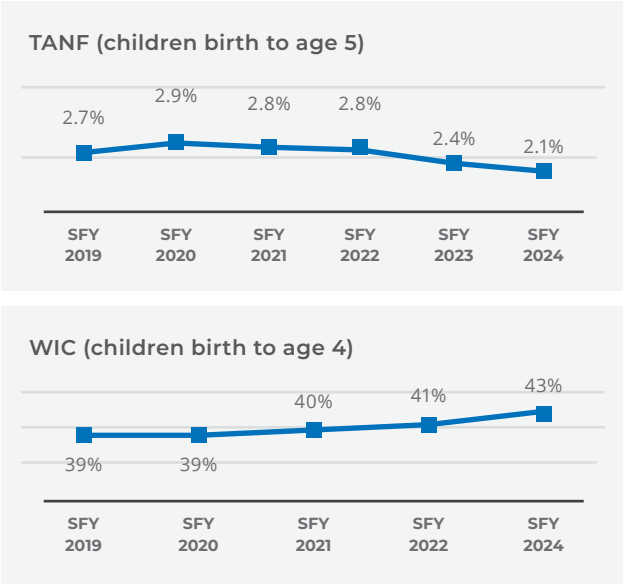
[l] For more information see: https://www.fns.usda.gov/wic and https://www.azdhs.gov/prevention/azwic/

[m] For more information see: https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html

SNAP provides food-purchasing financial assistance to low-income families. In 2023, 358,007 children under age 18 in Arizona benefitted from SNAP.[176] Since state fiscal year 2020, SNAP participation among children birth to age 5 in Arizona remained around 40-41% (Figure 8). The One Big Beautiful Bill (OBBB) is projected to reduce national SNAP spending by about $300 billion through 2034 and to change program rules, including expanding work requirements for able-bodied parents of children 14-17 years old, ending eligibility for certain humanitarian status immigrants, and permanently freezing the Thrifty Food Plan used to set benefit levels.[177] Recent research estimates that roughly 80,000 Arizona families with children under 18 would lose at least 25 dollars per month in SNAP benefits due to the program rules changes.[178] Given Arizona's 18% child food insecurity rate (Figure 9.) in 2023 and continued increases in the cost of living, particularly food, these policy shifts may increase food insecurity among families with young children.

WIC provides food assistance, breastfeeding support, nutrition education and referral to other health and community services for women and children, starting in pregnancy until children turn 5. In contrast to TANF and SNAP, WIC participation among young children in Arizona has steadily increased in recent years, from 39% in 2020 to 43% in 2024 (Figure 8). Some of this is likely due to recent federal and state policy changes intended to increase purchasing options, streamline the application process, improve outreach and enhance participant retention. In May 2024, pandemic-era increases to WIC benefit amounts were made permanent, and annual adjustments for inflation will be made at the beginning of each fiscal year.[179] Changes were also made to ensure families have greater flexibility in their food-purchasing options, allowing them to purchase more fruits and vegetables and make more individualized choices based on personal preferences and dietary needs.[180] Along with other states, Arizona has expanded options for attending WIC appointments remotely - an especially important feature for single-parent households and families in rural areas.[181,182] While the OBBB does not change WIC benefits or eligibility directly, changes to SNAP and Medicaid may indirectly lower WIC take-up by reducing the number of families deemed automatically eligible for WIC based on their enrollment in SNAP and Medicaid.[183,n] An estimated average of 8.25 million pregnant and postpartum women, infants and children nationwide qualify for WIC via adjunctive eligibility through Medicaid or SNAP each month in 2025 and could be affected by OBBB changes.[184]

Figure 8. Arizona trends in young child participation in TANF, SNAP, and WIC, 2019 to 2024



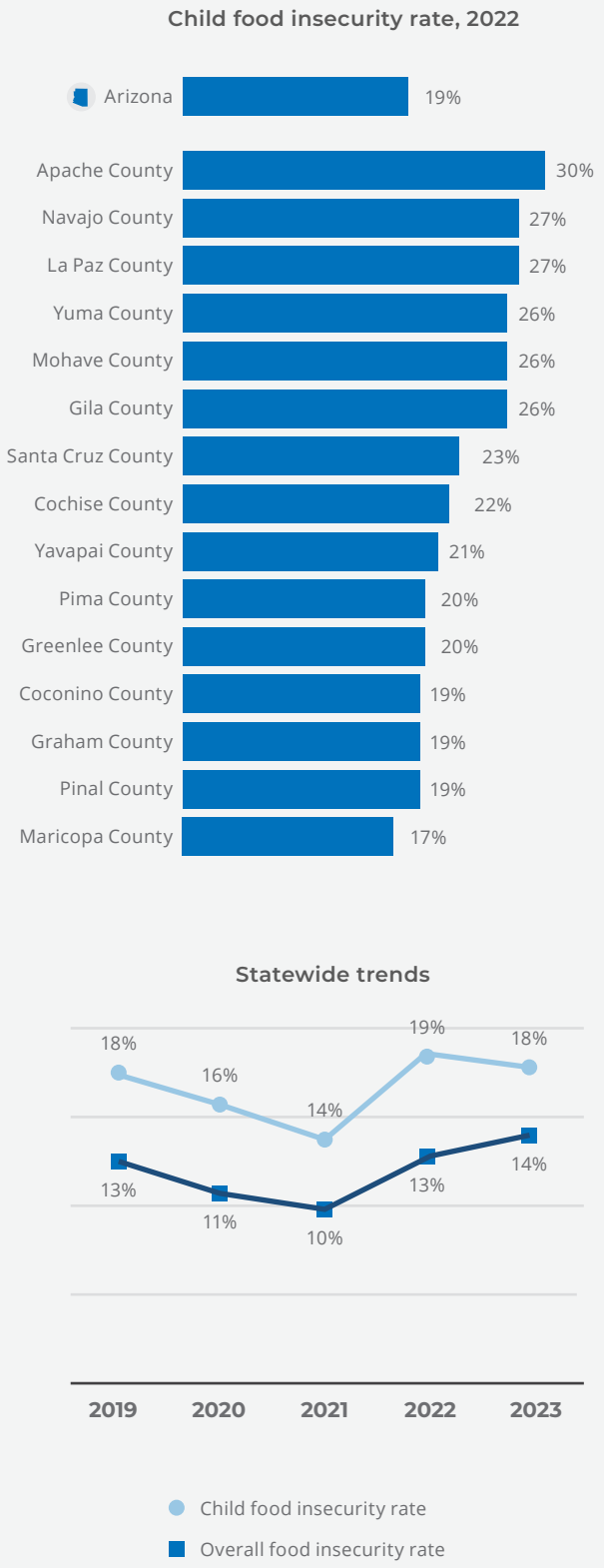
Source: ADES (2025). [Division of Benefits and Medical Eligibility dataset]. Unpublished data; ADHS (2025). [WIC Enrollments and Participation dataset]. Unpublished data; & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Tables HCT3 & P20.

[n] WIC accepts current enrollment in SNAP, TANF or AHCCCS as proof of income eligibility through a process called adjunctive eligibility. For more information, see https://www.fns.usda.gov/wic/applicant-participant/eligibility

These federal programs can be a key resource for low-income families to ensure they have access to affordable, nutritious food that promotes well-being. Food insecurity in young children can lead to emotional and physical challenges, including anxiety, depression, cognitive difficulties, disturbed sleep and disordered eating, all of which can hinder healthy development and well-being.[185] While child poverty rates across Arizona declined in recent years, child food insecurity increased, from a recent low of 14% in 2021 to 18% in 2023 (Figure 9). In 2022, child food insecurity rates in Arizona were highest in Apache (30%), Navajo (27%) and La Paz (27%) counties, highlighting the unique food security challenges present in many Tribal nations in Arizona.[186]

The Food Distribution Program on Indian Reservations (FDPIR) provides U.S. Department of Agriculture food packages to income-eligible American Indian households living on reservations or in nearby approved areas and is often something American Indian households participate in as an alternative to SNAP.[187] Since 2018, the number of participants in FDPIR decreased substantially across the U.S. In Arizona, participation declined by more than half from 2018 (11,100) to 2024 (4,946).[188] Nationally, FDPIR participation has also trended downward, from about 87,000 average monthly participants in 2018 to about 49,000 in 2023.[189] Studies indicate that when SNAP is easier to access or offers higher expected benefits, eligible households tend to choose SNAP, and households cannot participate in SNAP and FDPIR in the same month.[190] In Arizona, expansion of SNAP access, including online purchasing and a broad retailer network, may have shifted eligible households from FDPIR to SNAP.[191] Overall, longstanding program and geographic constraints, including distance to vendors, coordination challenges and the prohibition on dual participation between FDPIR and SNAP, influence which program is most practical for families at a given time.[192]

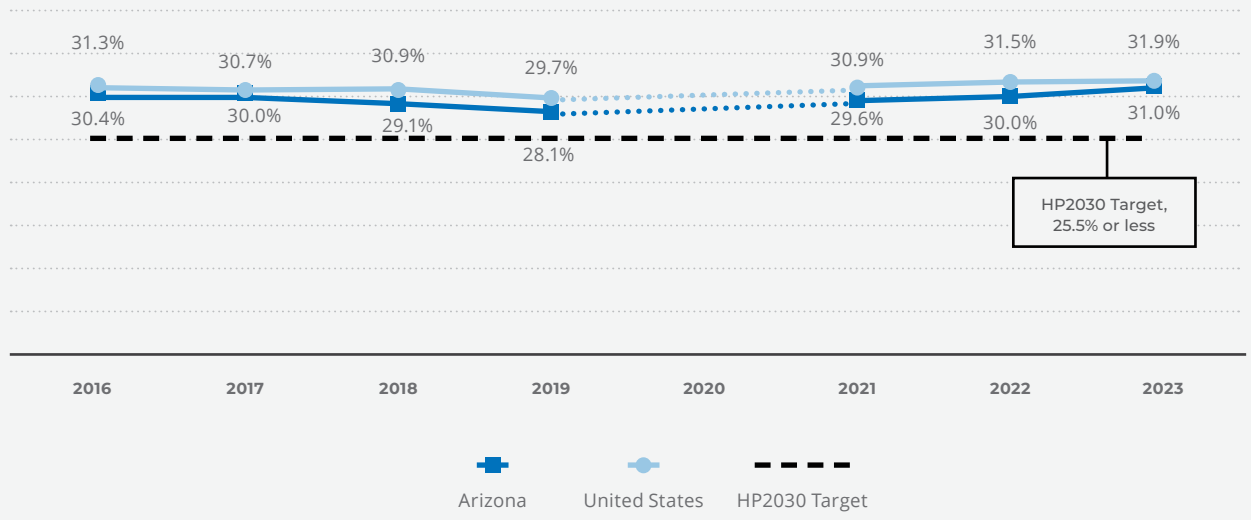
Figure 9. Population and child (birth to age 17) food insecurity rates, 2019 to 2023



Source: Feeding America (2024). Map the Meal Gap, 2019-2023 data. Data received by request

Families who spend a large share of their income on housing often struggle to afford essentials like nutritious food and health care, which can lead to higher stress, poorer mental health and greater risk of illness.[193] Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income.[194] Healthy People 2030 includes a target to reduce the proportion of households that spend more than 30% of their income on housing to no more than 25.5%. In recent years, the percent of households spending 30% or more of their income on housing has trended upwards in both Arizona and the United States. In 2023, an estimated 31% of families were considered housing-cost burdened in Arizona, compared to 31.9% in the U.S. (Figure 10). Positively, seven of 15 Arizona counties met the Healthy People 2030 target for housing affordability – Greenlee (8.3%), Apache (13.1%), Navajo (19.3%), La Paz (19.3%), Graham (21%), Cochise (24.9%) and Pinal (25.1%) (Figure 10 & Figure 11.).

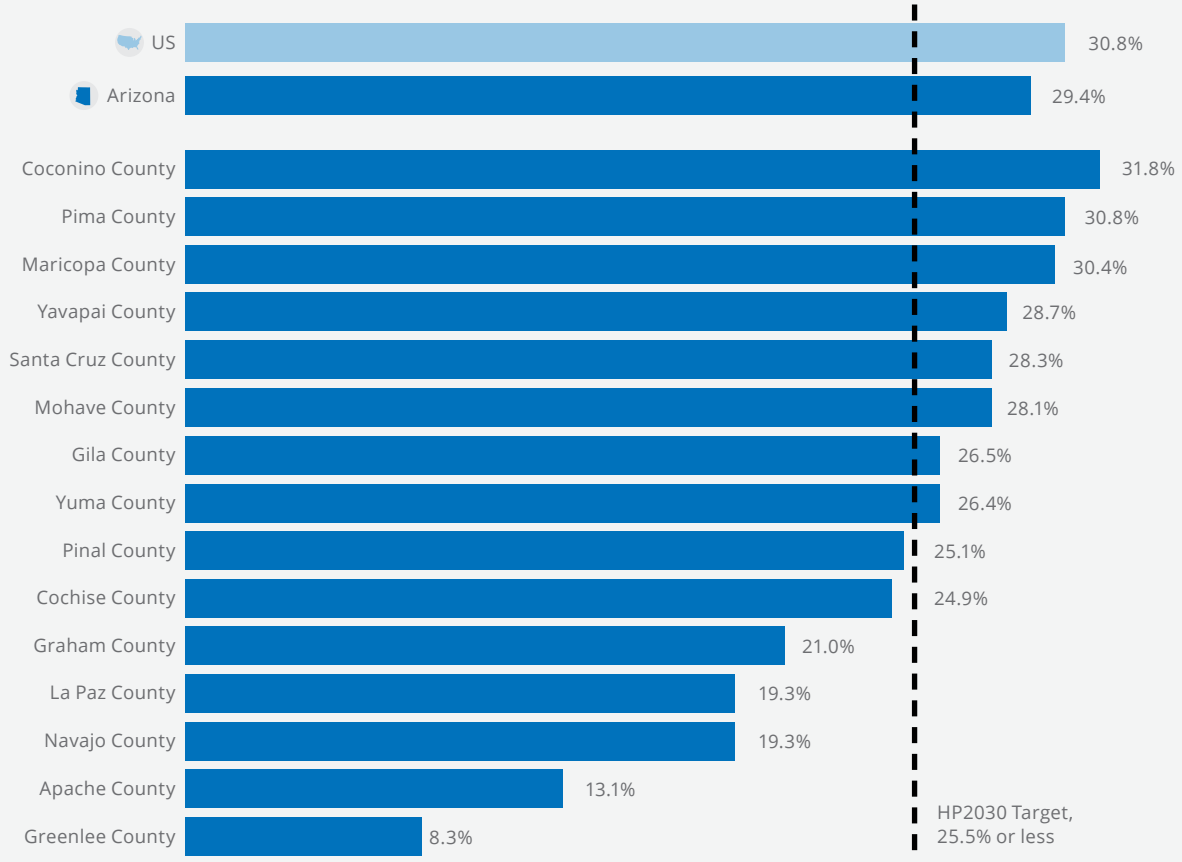
Figure 10. Percent of households paying 30% or more of income for housing, 2016 to 2023 ACS



Source: U.S. Census Bureau. (2024). 2019 to 2023 American Community Survey Single Year Estimates, Table B25106

Note: Due to the effects of the COVID-19 pandemic on data collection for the 2020 ACS, the 2020 single-year ACS estimate had particularly poor data quality, such that the U.S. Census Bureau deemed the data 'experimental.' Due to these data quality concerns, 2020 data are not presented here.

Figure 11. Percent of households paying 30% or more of income for housing, 2023 ACS

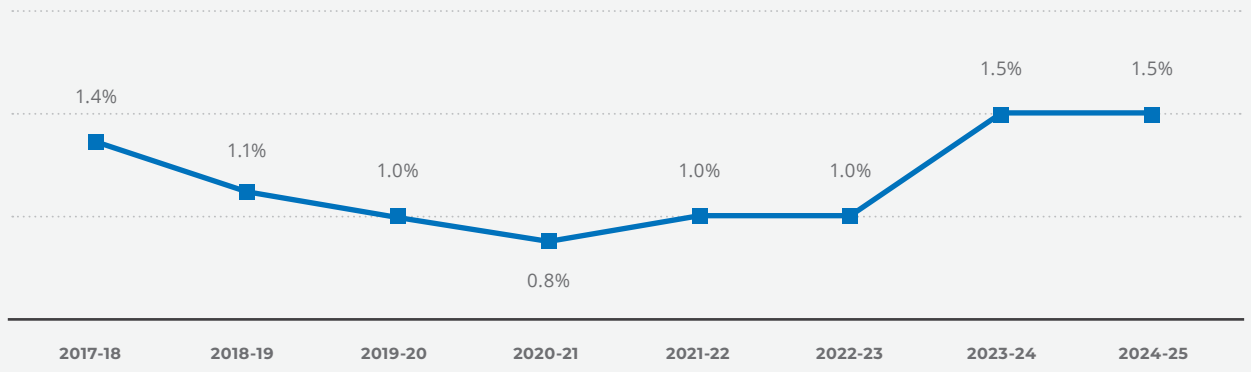


Source: U.S. Census Bureau. (2024). 2023 American Community Survey five-year estimates, Table B25106

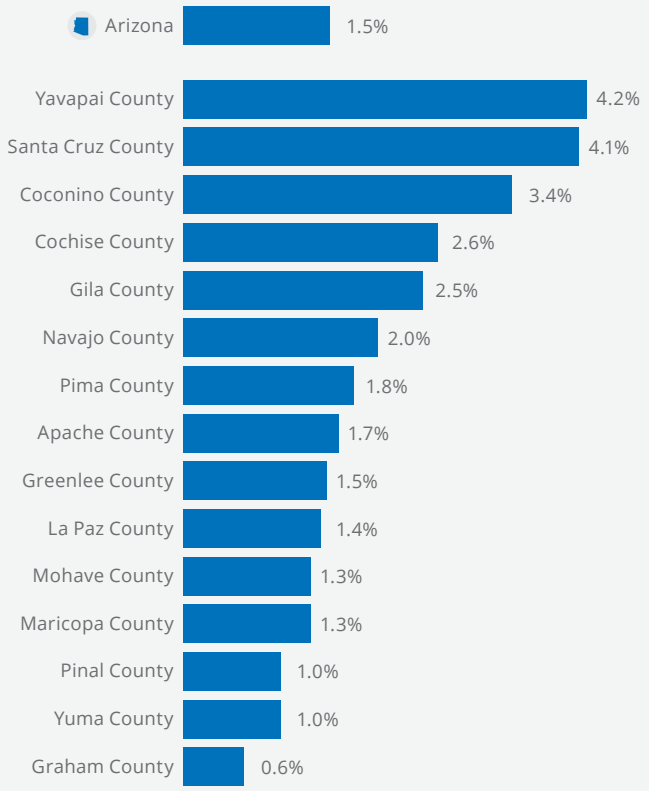
High housing costs have been identified as a key driver of homelessness in the United States.[195] Prior to the COVID-19 pandemic, the percentage of K-12 students experiencing homelessness was steadily declining. However, after the onset of the COVID-19 pandemic, K-12 student homelessness trended upward, with 1.5% of Arizona students experiencing homelessness in the 2024-25 school year (Figure 12). Student homelessness rates in 2024-25 were highest in Yavapai (4.2%), Santa Cruz (4.1%) and Coconino (3.4%) counties (Figure 12). Increases in student homelessness in Arizona align with national trends during the same time period - student homelessness nationwide increased by 25% between the 2020-21 and 2022-23 school years.[196] Although concerning, these increases also suggest that more students in these circumstances are being identified and connected to services.

Between 2022 and 2023, an estimated 5,731 infants and toddlers (birth to age 3) in Arizona experienced homelessness, representing 1.83% of infants and toddlers.[197] Only 9% were identified as enrolled in early childhood services, including home visitation, Early Head Start and school-based services, leaving 91% unserved by key programs that could support their families.[198] This highlights the need for increased referral systems to programs that can provide supports to families with infants and toddlers experiencing homelessness.

Figure 12. Percent of K-12 students experiencing homelessness in Arizona, 2017-18 to 2024-25



Percent of K-12 students experiencing homelessness in Arizona, 2024-25



Source: Arizona Department of Education (2025). Oct 1 Enrollment File, 2017-18 to 2024-2025. Retrieved from https://www.azed.gov/accountability-research/data

Note: Under the McKinney–Vento Homeless Assistance Act, student homelessness means lacking a fixed, regular, and adequate nighttime residence. This includes sharing housing due to loss of housing or economic hardship ("doubled-up"); living in shelters or motels/hotels; or, when no adequate alternatives exist, staying in cars, parks, campgrounds, abandoned buildings, trailer parks/mobile homes, or similar settings. Unaccompanied youth and migratory children in these circumstances are included. Long-term mobile-home housing that is fixed, regular, and adequate is not considered homelessness. (Source: 42 U.S.C. § 11434a.)

Family Stress & Mental Health

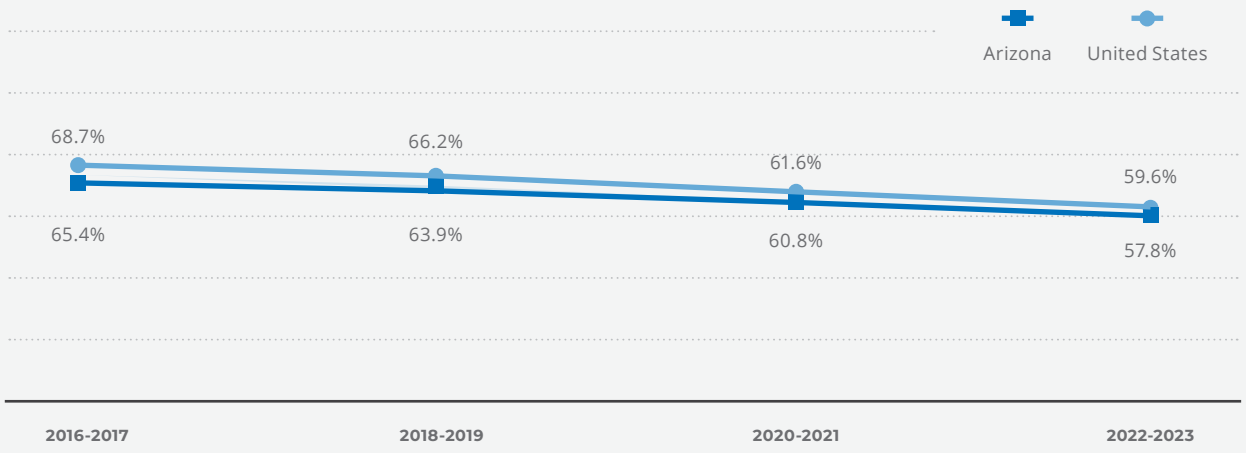
Parents and children influence each other's mental health and well-being in meaningful, bidirectional ways. Parental mental illness can have negative impacts on the long-term health outcomes of children, while childhood mental illness can in turn lead to greater stress, depression and anxiety among parents and caregivers.[199,200,201] These impacts are often amplified by the challenges families may face in meeting their basic needs – food, housing, utilities and child care – and the influence of other community-level factors, like poverty, lack of employment opportunities, unsafe neighborhoods and discrimination.[202,203] In the U.S., this has resulted in parents experiencing levels of stress that have drawn national attention, with the U.S. Surgeon General reporting on major stressors like financial stress related to the rising costs of child care and health care; challenges with the increasing demands of parenting; concerns about child health and safety and parental struggles with isolation and loneliness.[204]

Many mothers enter parenthood having already experienced mental health challenges. In 2022, more than one in six mothers in Arizona and the U.S. reported experiencing depression before or during pregnancy, and more than one in nine reported postpartum depressive symptoms.[205] Since 2016, the percentage of young children living with parents who are coping "very well" with the demands of parenthood in Arizona has been steadily declining, from 65.4% in 2016/2017 to 57.8% in 2022/2023, mirroring national trends (Figure 13). On the other end of the spectrum, the proportion of young children in Arizona and across the U.S. living with parents who often felt aggravation from parenting[o] increased in 2020/2021, with the onset of the COVID-19 pandemic, and remained above pre-pandemic levels in 2022/2023 (5.6% and 4.6%, respectively) (Figure 13). Nationally, parents have expressed greater levels of stress than other adults. Parents surveyed by the American Psychological Association were significantly more likely than other adults to say that most days their stress was completely overwhelming and most days they were so stressed they couldn't function.[206] This is particularly true for single mothers,[p] who have reported higher levels of psychological distress compared to married mothers,in part because they are more likely to be living in poverty.[207]

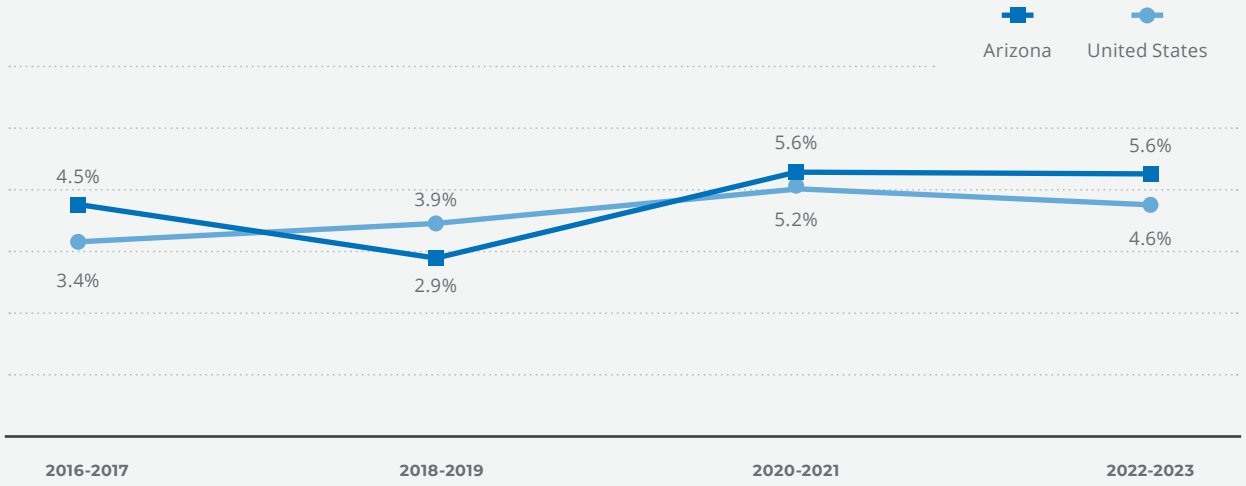
[o] Parents who "often feel aggravated" are defined as parents who reported that during the last month, on average, they usually or always felt their child was much harder to care for than other children, were usually or always bothered a lot by their child's behavior, and usually or always felt angry with their children.

[p] Single mothers were defined as mothers who were not married, regardless of whether they lived with a partner or not.

Figure 13. Percentage of young children (ages birth to 5) with parent coping "very well" with demands of parenthood, 2016/2017 to 2022/2023 NSCH



Percentage of young children (ages birth to 5) with parent "always/usually" experiencing parental aggravation, 2016/2017 to 2022/2023 NSCH

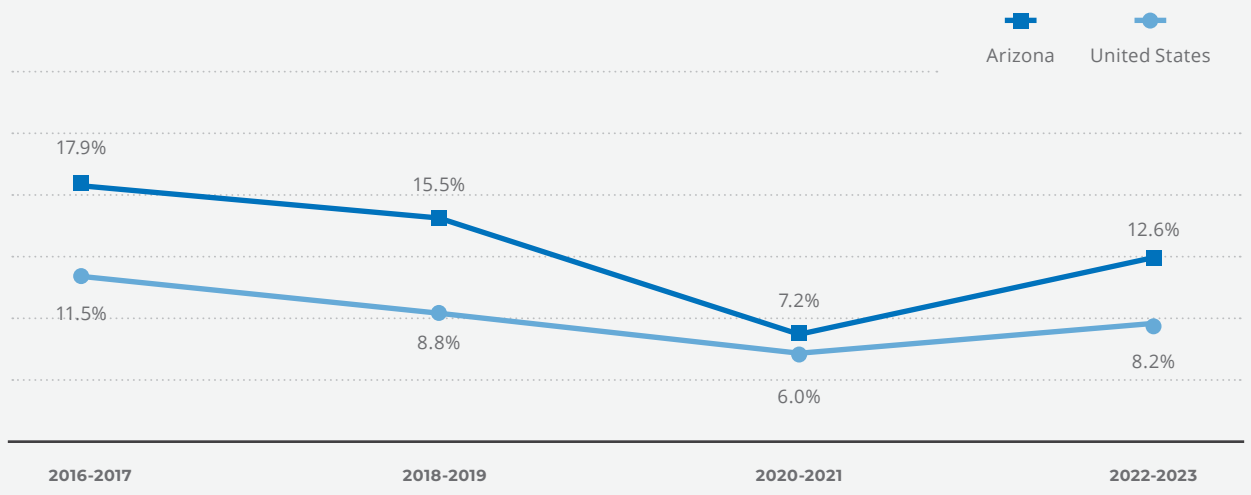


Source: Child and Adolescent Health Measurement Initiative (2024). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved on 28 Apr 2025 from www.childhealthdata.org

Note: Shaded areas represent 95% confidence intervals. Overlapping confidence intervals, portrayed as shading around the trend lines, suggest similar prevalence in both Arizona and the U.S.

Parental mental illness is one of eight categories of traumatic or stressful life events referred to as Adverse Childhood Events (ACEs).[q] Parental substance abuse is another ACE that has received significant attention in recent years; an estimated 25% of U.S. children have a parent with a substance use disorder and more than 320,000 U.S. children lost a parent due to a drug overdose between 2011 and 2021.[208,209] In 2021, 47.8% of removals of children under age 1 from their homes had parental alcohol or drug abuse as a contributing factor.[210] ACEs like parental mental illness, parental substance abuse and experiences of abuse or neglect can have lasting impacts on health and life trajectory beyond childhood, with risk increasing as an individual's ACE score increases.[211] From 2016/2017 to 2020/2021, the proportion of young children in Arizona who experienced two or more ACEs decreased, similar to declining trends seen across the U.S., though 2022/2023 saw a rebounding increase. Unfortunately, Arizona children were consistently more likely to experience two or more ACEs compared to children across the U.S. during this time, impacting 12.6% of Arizona children compared to 8.2% of children nationwide in 2022/2023 (Figure 14.).

Figure 14. Percent of young children with two or more adverse childhood experiences, 2016-2023



Source: Child and Adolescent Health Measurement Initiative (2024). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved on 28 Apr 2025 from www.childhealthdata.org

Note: Shaded areas represent 95% confidence intervals. Overlapping confidence intervals, portrayed as shading around the trend lines, suggest similar prevalence in both Arizona and the U.S. The National Survey of Child Health (NSCH) uses an adapted version of the ACE survey that can be validly reported by parents and caregivers. For this reason, questions about abuse and neglect are excluded.

[q] Adverse Childhood Experiences (ACEs) include eight categories of traumatic or stressful life events experienced before the age of 18 years. The eight ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member, and parental divorce or separation

In situations of abuse or neglect, the Arizona Department of Child Safety (DCS) is required to intervene to ensure the safety and well-being of the child. Since 2020, DCS has received a steadily increasing number of hotline referrals,[r] with 89,790 referrals in 2024.[212] Despite referrals increasing, the proportion of those referrals that were 'screened in,' meeting the statutory definition of a report and investigated for abuse and/or neglect, steadily declined during this time, from 57% in 2020 (45,142 reports) to 47% in 2024 (42,550 reports) (Figure 15). This decline in screened-in reports can be attributed, in part, to efforts by DCS and the Arizona legislature to develop stricter definitions of neglect, reducing the likelihood that children are removed from their homes simply because their families are living in poverty and instead connecting them with needed resources and supports.[213,214,215,216,217] This can be seen in the notable decline in reports of neglect during this same time period, from 30,049 in 2020 to 24,082 in 2024. In contrast, there was an overall increase in reports of physical abuse between 2020 and 2024, with a meaningful jump in cases from 2021 (13,292 reports) to 2022 (16,170 reports). This trend is likely influenced, at least in part, by reduced reporting of child maltreatment during the beginning of the COVID-19 pandemic, when social distancing policies and remote learning meant children had reduced interactions with mandated reporters like teachers and healthcare providers.[218] In fact, families were navigating significant stressors during the pandemic, like job insecurity, financial instability and school and child care closures, that have been shown to increase the risk of family violence.[219]

Figure 15. DCS total reports for children birth to 17, SFY 2020-2024

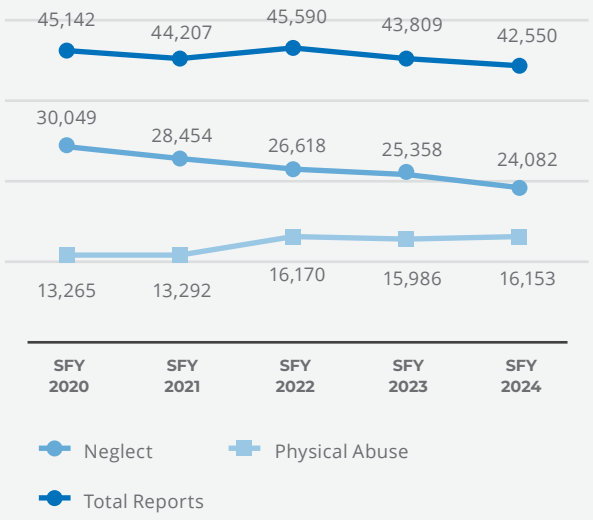
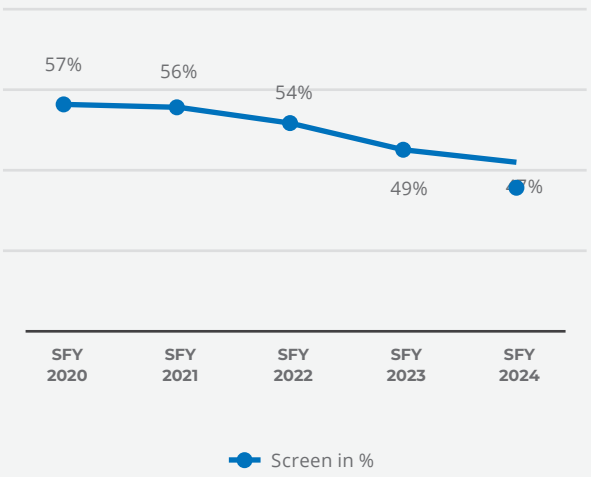


Figure 15. DCS hotline screen-in rates for children birth to 17, SFY 2020-2024

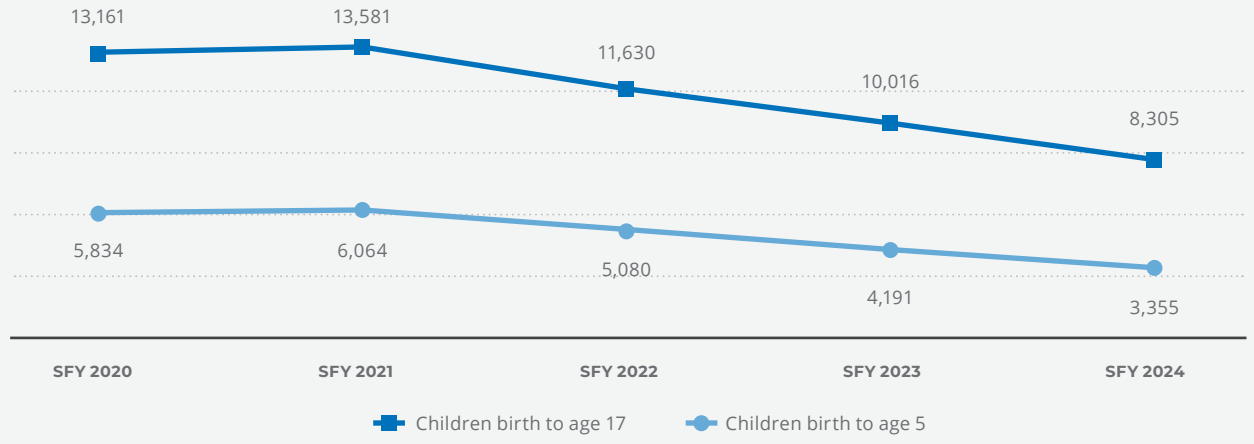


Source: Arizona Dept of Child Services (2025). Monthly Operational Outcomes Report, May 2025.

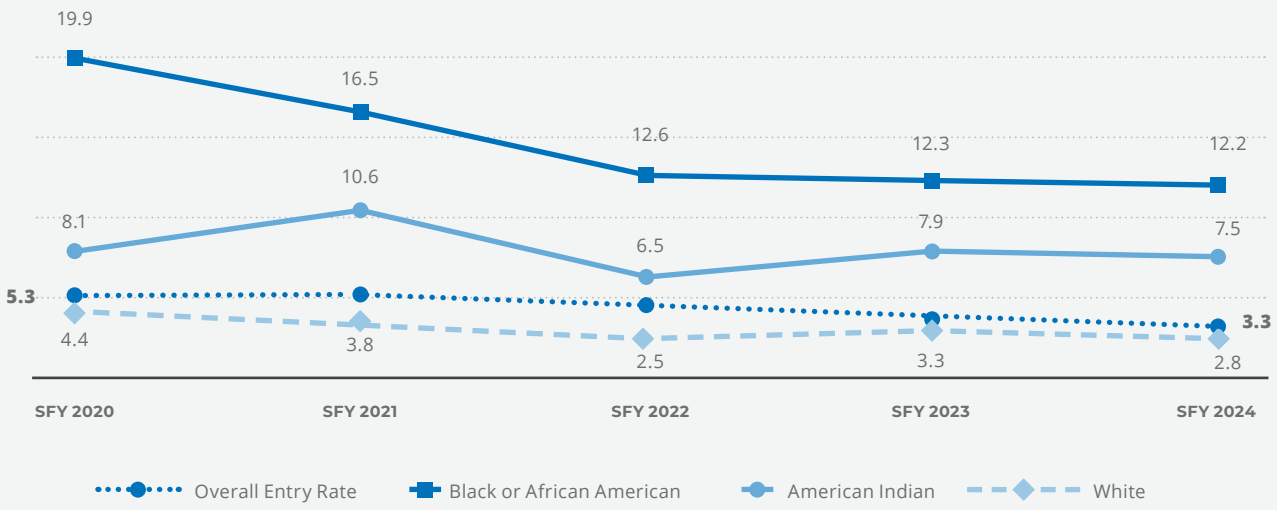
[r] Referrals include both communications that meet statutory report criteria for abuse or neglect and those that are screened out for not having met criteria.

In situations where the harm in remaining with their family is determined to be too great, a child may be removed from their home, either temporarily or permanently. DCS has an overarching goal of safely reducing the number of children removed and placed in out-of-home care; in line with this goal, the percentage of children reported to DCS who were removed from their homes showed a steady decline from 2020 (12%) to 2024 (8%).[220] For children birth to age 5, out-of-home placements decreased from 5,834 in 2020 to 3,355 in 2024 (Figure 16). Addressing racial disparities in out-of-home care placements is another area of targeted effort by DCS and in the child welfare system nationwide, with both African American and American Indian children continuing to be overrepresented in the out-of-home care population.[221,222] While the entry rates of African American and American Indian children (12.2 and 7.5, respectively) into out-of-home care in Arizona remain well above the rate for White children (2.8) in 2024, the entry rate for African American children, in particular, has shown a meaningful decrease since 2020 (19.9 to 12.2) (Figure 16).

Figure 16. DCS total children in out-of-home care placements, SFY 2020-2024



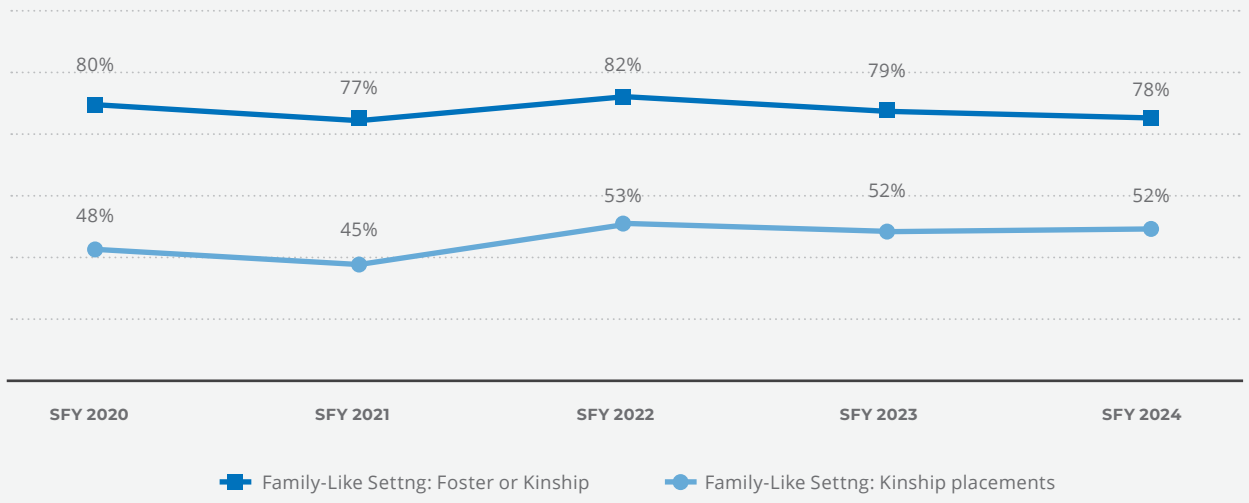
DCS children birth to age 17 in out-of-home care - entry rates by race/ethnicity, SFY 2020-2024



Source: Arizona Dept of Child Services (2025). Monthly Operational Outcomes Report, May 2025.

Kinship care – care of a child by a non-parental relative (such as a grandparent, aunt, uncle or sibling) or close family friend – has been identified as the ideal choice for children in out-of-home care. Kinship care often leads to greater placement stability than non-kin foster care and has been linked to several positive outcomes for children, including better physical health, emotional well-being and academic performance.[223] Beginning in 2024, DCS implemented a new Kinship Support Services (KSS) program, which works with contracted providers in every county in Arizona to provide assistance for kinship families across their entire experience with DCS – beginning the day DCS is contacted until reunification, adoption or guardianship.[s] KSS staff support kinship families with signing up for public assistance programs, enrolling children in school and accessing other community resources. They also provide a condensed kinship training program and an expedited licensing process, an option for kinship families that can offer additional financial assistance and other support services. Through this work, DCS aims to increase the number of children in kinship homes and subsequently reduce the number of children in group homes or congregate care, with a long-term target of 85% of children in out-of-home care placed in kinship care.[224] Since 2022, more than half of children in out-of-home care in Arizona were in a kinship care setting. Most recently, in 2024, 52% of children were in kinship care and an additional 26% of children were in a family-like foster home (78% total) (Figure 17).

Figure 17. DCS out-of-home placement setting, SFY 2020-2024



Source: Arizona Dept of Child Services (2025). Monthly Operational Outcomes Report, May 2025.

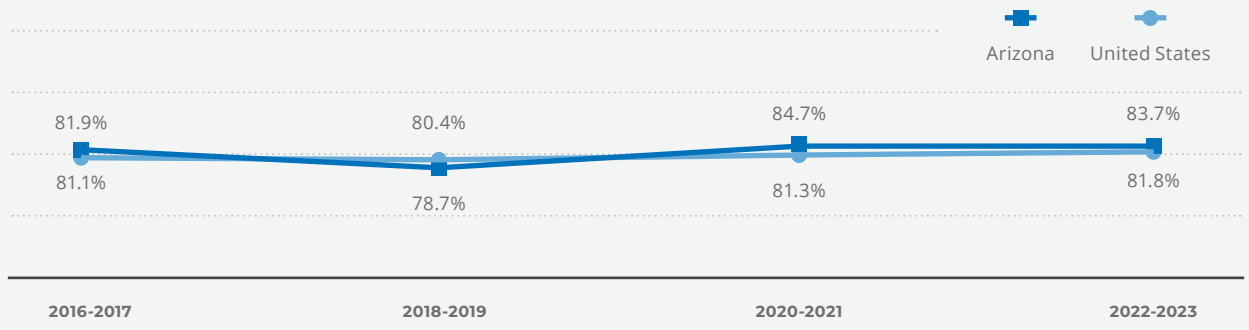
[s] For more information about DCS Kinship Support Services, see https://dcs.az.gov/foster/resources/kinship

While it is true that adverse childhood experiences can have lasting impacts on children and families, protective factors can mitigate the impacts of adverse experiences, reduce the risk of additional harm and promote the healthy development of children and the well-being of their families.[225] Protective factors offer a framework for state agencies, service providers and community partners to engage families in ways that emphasize their strengths and areas for growth, rather than simply focusing on harmful, negative risk factors.

At an individual level, protective factors include supports for parents to build parenting skills, manage stress and access resources, as well as supporting the resilience and well-being of children through positive childhood experiences (PCEs)[t] with their caregivers, peers, educational activities and cultural connections.[226,227] Even among children who have experienced multiple ACEs, PCEs have been associated with higher rates of child flourishing, characterized by curiosity about learning, resilience, healthy attachments with their parent and contentment with life.[228,229] In recent years, the proportion of young children in Arizona that met all four flourishing items[u] on the National Survey for Children's Health increased from 67.7% in 2016/2017 to 79.2% in 2022/2023, following a similar positive trend across the U.S. (64.7% to 78.3%).[230]

Positive parent-child relationships and relationships with others, including other parents and peers, also have a protective effect on children and families. As previously noted, parental isolation and loneliness is a key issue in the U.S. and can be harmful for both parents and their children.[231] Between 2016/2017 and 2022/2023, the majority of parents in Arizona and the U.S. agreed that there was someone they could turn to for day-to-day emotional support with parenting or raising children over the past year. While this was true for 83.7% of Arizona parents in 2022/2023, the reality that the remaining 16.3% did not have anyone to turn to for emotional support while parenting points to a real need for more programs and opportunities to connect parents with peers (Figure 18).

Figure 18. Percentage of young children (ages birth to 5) with a caregiver who receives emotional help with parenting



Source: Child and Adolescent Health Measurement Initiative (2024). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved on 28 Apr 2025 from www.childhealthdata.org

Note: Shaded areas represent 95% confidence intervals. Overlapping confidence intervals, portrayed as shading around the trend lines, suggest similar prevalence in both Arizona and the U.S.

[t] The PCEs score included seven items asking respondents to report how often or how much as a child they: (1) felt able to talk to their family about feelings; (2) felt their family stood by them during difficult times; (3) enjoyed participating in community traditions; (4) felt a sense of belonging in high school (not including those who did not attend school or were homeschooled); (5) felt supported by friends; (6) had at least two non-parent adults who took genuine interest in them; and (7) felt safe and protected by an adult in their home.

[u] For children age birth to 5 years, four questions were asked, "How often: (1) is this child affectionate and tender, (2) does this child bounce back quickly when things do not go their way, (3) does this child show interest and curiosity in learning new things, and (4) does this child smile and laugh? " A response of "Usually" or "Always" to the question indicates the child meets the flourishing item criteria.

This highlights the need for community-level protective factors that create a supportive environment for families to flourish, including through strengthening economic supports for families by subsidizing child care costs; expanding access to evidence-based programs shown to reduce the risk of child maltreatment, like early childhood home visitation and parent education programs; improving the quality of child care through licensing and accreditation; and shifting social norms through public engagement and education campaigns to promote a culture of shared responsibility for supporting children and families, including encouraging parents to seek help in parenting.[232,233]

Strong Families AZ is a network of free home visiting programs focused on pregnant women, expecting parents and families with children birth to age 5 in Arizona.[v] The network includes five different home visiting models, which all offer resources to support parent knowledge of age-appropriate child development, provide parenting strategies, refer families to other needed services and conduct developmental screenings, all with the goal of increasing family's protective factors and reducing family stresses to prevent and mitigate the effects of adverse early childhood experiences. Strong Families AZ has an Inter-agency Leadership Team (IALT)[w] that created a statewide integrated home visitation data system, making it possible to better understand the reach and impact of home visitation programs across the state of Arizona.[234] In State Fiscal Year 2025, this network of home visiting programs reached over 11,600 families in all 15 Arizona counties and 10 tribal communities.[x] The IALT is also tracking and measuring the intended outcomes of home visiting programs across the network, including improving parenting practices and family functioning, improving child health and development and reducing negative birth outcomes.[235]

Family resource centers (FRCs) are another key supportive resource for families in Arizona, providing a safe and dependable place they can rely on for ongoing support in parenting education, peer support and referral to community resources, like housing, employment and financial support.[y] FTF currently supports 50 FRCs across three counties (Maricopa, Pima and Santa Cruz) and one tribal region (San Carlos Apache Tribe) in Arizona. In 2025, 29,994 families connected with a FRC for support, visiting FRCs a collective 167,247 times.[236] A team of agencies—Prevent Child Abuse AZ, FTF, the DCS Office of Prevention, ADHS, DES, Casey Family Programs, the Arizona Family Resource Network and the National Family Support Network—as well as parents with lived experiences, has been working to build a robust system of FRCs across the state of Arizona that serve families with children birth to age 17 so that all families have what they need when they need it. These system partners are working to identify additional funding, resources, and supports needed to expand FRCs to more rural communities and to expand FRC services to families with children of all ages.

[v] For more information about Strong Families AZ, see https://strongfamiliesaz.com/ w Comprised of representation from First Things First, the Department of Health Services, the Department of Economic Security, the Department of Education, the Department of Child Safety, the Arizona Health Care Cost Containment System (Arizona's Medicaid program) and Head Start.

[x] The 10 tribal communities served included: Cocopah Tribe, Fort McDowell Yavapai Nation, Gila River Indian Community, Hopi Tribe, Havasupai Tribe, Hualapai Tribe, Navajo Nation, Pascua Yaqui Tribe, San Carlos Apache Tribe and Tohono O'odham Nation.

[y] For more information about family resource centers in Arizona, see https://www.firstthingsfirst.org/program-types/family-resource-centers/

Building a Strong Early Learning System: Addressing Access, Quality Child Care and Workforce Development

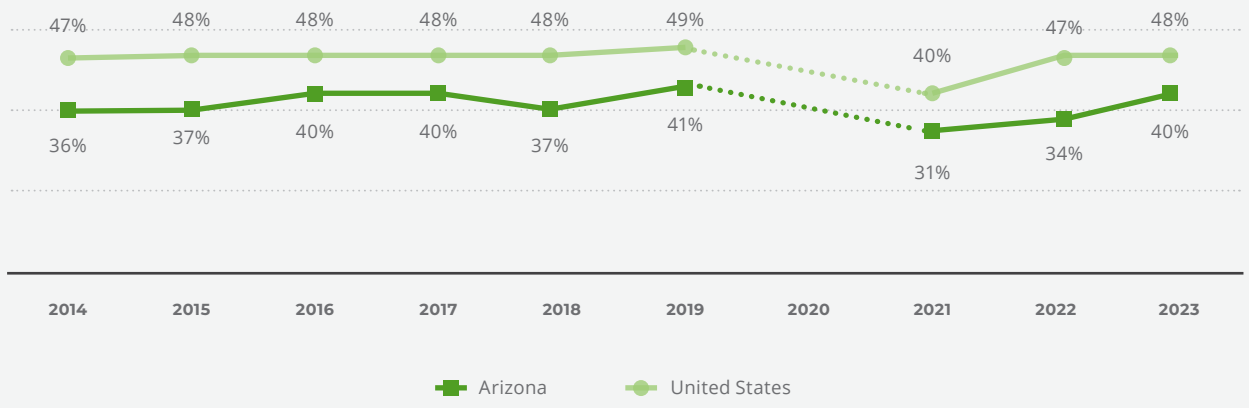
Access to Quality Early Care & Education

Early childhood is a pivotal time for building crucial physical, cognitive and social-emotional skills, and early experiences set the stage for healthy brain development and lifelong learning and well-being.[237,238,239,240] Environments that provide nurturing and positive interactions for young children support this key developmental stage and later learning.[241] The key ingredients in these early positive experiences are responsive relationships, development of core skills for navigating everyday life, minimal stress and appropriate nutrition – all things that quality early care and education can uniquely provide, particularly for children in especially challenging circumstances.[242,243] Access to these quality early care and learning environments can be a powerful protective factor for children.

School enrollment for 3- and 4-year-olds[z] in Arizona has tracked with but consistently lagged at least eight percentage points behind national rates (Figure 19). In Arizona, the percentage of 3- and 4-year-olds enrolled in school in 2023 (40%) was near the pre-pandemic level in 2019 (41%). However, county-level changes in enrollment across the state between the 2018 and 2023 American Community Survey (ACS) show a more variable picture. Increases in school enrollments for 3- and 4-year-olds occurred in less than half of Arizona counties, with the greatest increase in Gila County, which increased from 30% enrollment in 2018 to 49% enrollment in 2023. Both Gila and La Paz counties had 2023 enrollment rates (49% and 50%, respectively) greater than that seen across the U.S. as a whole (46%). Conversely, eight counties in Arizona saw declines in enrollment between 2018 and 2023, with double-digit decreases seen in Greenlee (61% to 11%), Santa Cruz (44% to 29%) and Navajo (42% to 29%) counties (Figure 20).

Participating in quality preschool programs can result in between one-third and a full year of additional early learning in language, reading and math skills, increasing the academic readiness of children when they enter kindergarten.[244] Children who begin their education in high-quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.[245] However, cost is a major barrier to accessing early education. Publicly-funded free or reduced-cost preschool programs can help families struggling to afford the high cost of care.

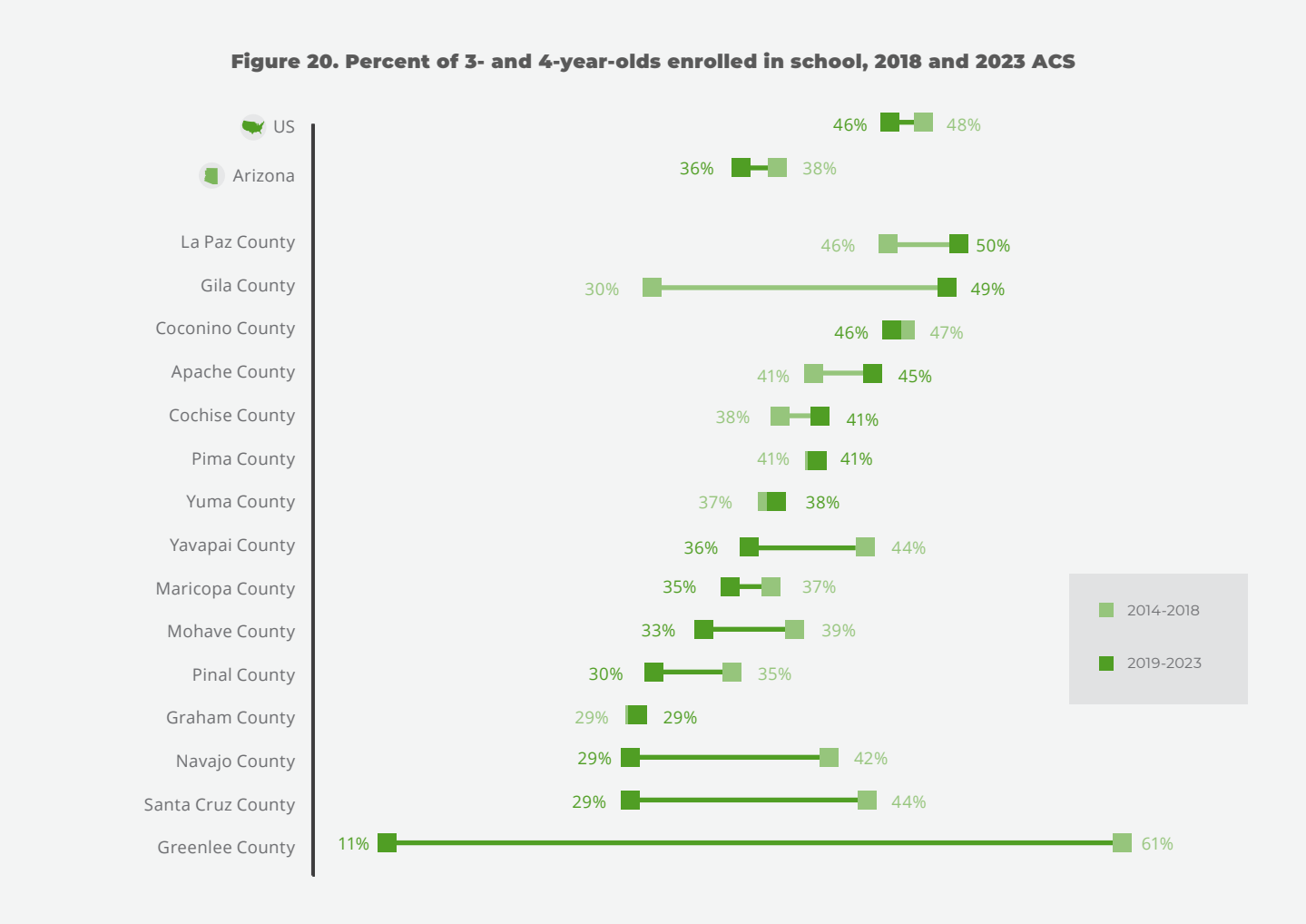
Figure 19. Children (ages 3-4) enrolled in school, 2014 to 2023



Source: U.S. Census Bureau. (2024). American Community Survey one-year estimates, 2014-2023, Table B14003

Note: Due to the effects of the COVID-19 pandemic on data collection for the 2020 ACS, the 2020 single-year ACS estimate had particularly poor data quality, such that the U.S. Census Bureau deemed the data 'experimental.' Due to these data quality concerns, 2020 data are not presented here.

[z] The U.S. Census asks families about enrollment in "preschool, nursery school, or kindergarten" for children ages 3-4.



Source: U.S. Census Bureau (2024). 2023 & 2018 American Community Survey five-year estimates, Table B14003

Note: In this table, "school" may include nursery school, preschool or kindergarten. Dark bars indicate areas where the percent of children enrolled in school declined between 2012-2016 and 2017-2021; light (green) bars indicate an increase in the percent of children enrolled.

The National Institute for Early Education Research (NIEER) tracks enrollment in state funded preschool programs, which in Arizona includes children receiving scholarships to attend Quality First (QF) center-based programs with a 3- to 5-star rating.[aa,246] When counting just these children to estimate preschool enrollment, in the 2023-24 school year, only 17% of 4-year-olds in Arizona were enrolled in publicly-funded free or reduced-cost preschool programs, compared to 44% nationally (Figure 21). Out of the 45 states with public preschool programs, Arizona is ranked 44th in access for 4-year-olds and 25th in access for 3-year-olds.[bb,247,248] Arizona also meets only three of 10 identified benchmarks for quality preschool, which puts it in the bottom 11% of all public preschool programs.[cc,249]

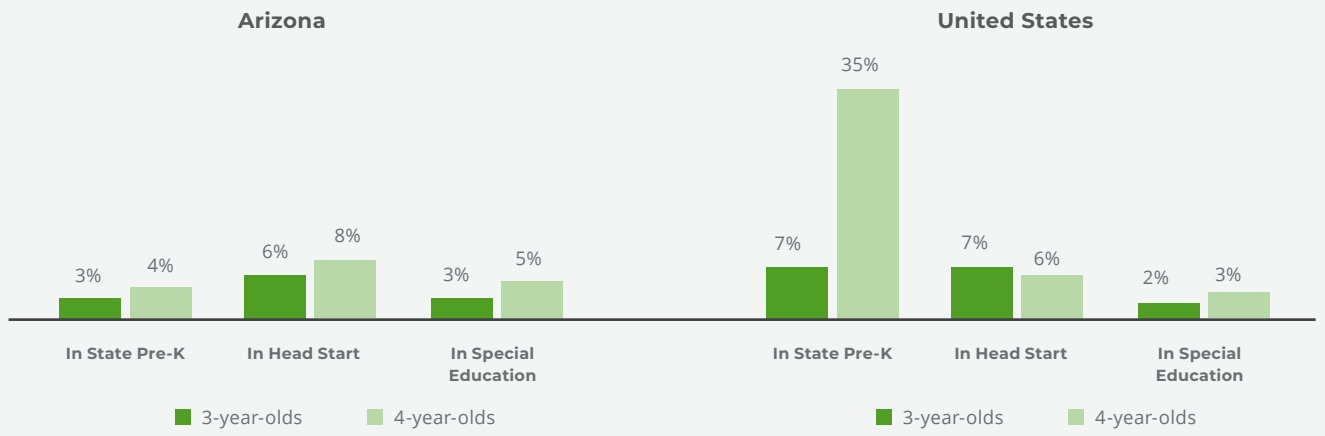
[aa] For more information, please see https://nieer.org/yearbook/2024/state-profiles/arizona

[bb] This is an underestimate of the percentage of 3- and 4-year-olds enrolled in preschool in Arizona, because of the narrow definition used by NIEER for inclusion in this data. Programs that meet the 3–5-star rating but do not receive Quality First (QF) Scholarships are not included. These programs include those that are located on Tribal lands, Head Start, those receiving CCDF and those located on public school campuses. These programs are implemented at the same quality levels as QF Scholarship recipients; however, the children being served in these programs who are not accessing QF Scholarships are not being counted in NIEER enrollment numbers. In addition, the children in programs that receive QF Scholarships but whose parents are paying for tuition through means other than QF Scholarships are also not being counted in the NIEER data. In summary, NIEER is undercounting the impact of QF since they are only counting QF Scholarship recipients, not all children attending a QF 3–5-star site (Source: Information provided by key informant, September 2025).

[cc] It should be noted that while Arizona doesn't meet seven of the 10 quality preschool benchmarks (as assessed by NIEER), Arizona does directly observe implementation of quality practices for every program that receives funding for Quality First Scholarships (Source: Information provided by key informant, September 2025).

Arizona spent just $3,933 per child in preschool in 2021, about half the national average of $7,011; only 10 states spent less per child enrolled in preschool than Arizona.[250] Funding did increase in the state to $7,972 per child in the 2023-24 school year due to the influx of federal recovery funding; however, the extent that this increase can be maintained following the end of this funding is yet to be seen.[251] First Thing's First's state Board did vote to raise reimbursement rates for QF child care providers beginning on July 1, 2024, continuing the increased reimbursement rates that were previously funded by federal pandemic relief funds.[252] One program that has already experienced a funding cliff is Head Start. The Department of Health and Human Services disbursed $825 million less to Head Start grant recipients between January 20 and April 15, 2025, than it had during the same period in 2024.[253]

Figure 21. Preschoolers ages 3-4 in public preschool programs, 2023-24



Source: National Institute for Early Education Research (2024). The state of preschool yearbook, 2024. Retrieved from https://nieer.org/yearbook/2024/state-profiles/arizona

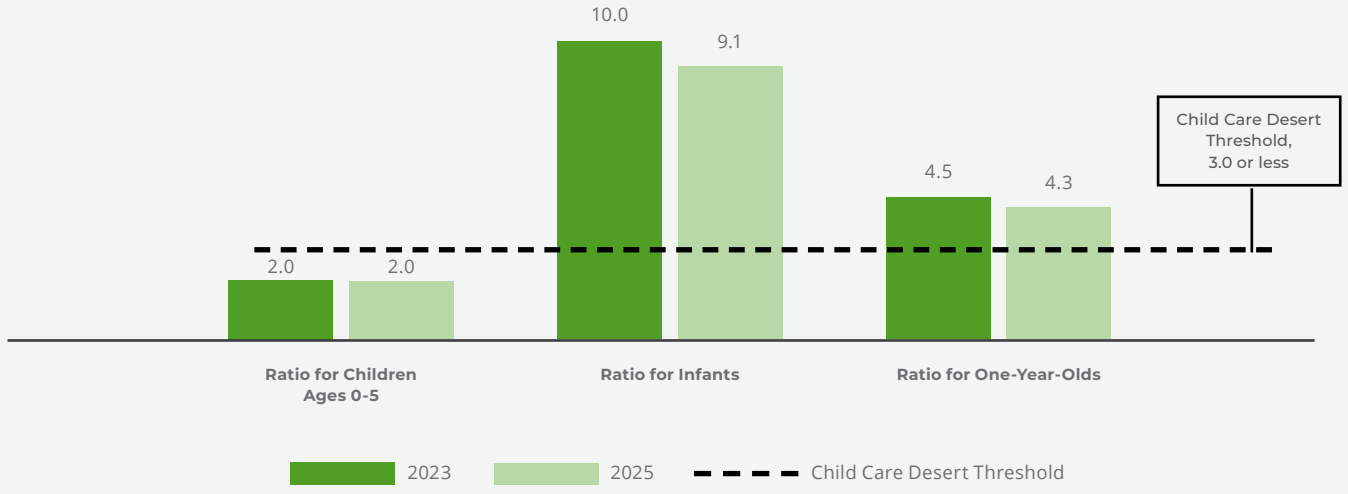
Note: "School" may include nursery school, preschool or kindergarten. Due to the effects of the COVID-19 pandemic on data collection for the 2020 ACS, the 2020 single-year ACS estimate had particularly poor data quality, such that the U.S. Census Bureau deemed the data 'experimental.' Due to these data quality concerns, 2020 data are not presented here.

The significant challenges for families, employers and the economy created by the lack of affordable, accessible and high-quality early care and education options constitute a child care crisis. The child care crisis in Arizona impacts parents, businesses and taxpayers to the tune of $4.7 billion annually.[254] Each year a child birth to age 5 is without sufficient child care, families lose an average of $6,320 per working parent in lost earnings and in time spent looking for work; businesses lose an average of $2,020 per working parent in revenue and extra hiring costs; and the public loses an average of $1,530 per working parent in income and sales tax revenue.[255] These strains impact some families in Arizona even more – 36% of Hispanic and African American parents and 37% of low-income parents reported quitting a job due to child care issues, compared to 28% of all parents surveyed.[256] Additionally, access to child care for the youngest children is particularly challenging, with infant care especially limited and expensive.[257] Increasing early care and education availability and affordability could lessen these financial deficits, increase families ability to meet basic needs (such as safe housing, nutritious food and timely and quality health care) and promote overall well-being.

Statewide, there are about two children for every slot in state-licensed child care facilities, a ratio that has been maintained since 2023 (Figure 22). This is below the threshold of a child care desert, defined as an area where there are at least three times as many children as there are child care slots indicating that the absence of accessible, affordable child care may be a barrier to employment.[258] Across the state of Arizona, the ratio of children under age 6 to child care slots does not meet this definition; however, for younger children, these ratios are much higher and well above this threshold, suggesting that the supply of infant and toddler care providers is not meeting demand. The ratio of infants to child care slots across Arizona decreased from a ratio of 10 children per slot in 2023 to 9.1 children per slot in 2025. Small improvements were also seen in the availability of child care for 1-year-olds, where the ratio of children to child care slots decreased from 4.5 in 2023 to 4.3 in 2025.

Child care access varies across Arizona counties. Graham County had the highest ratio, or lowest relative supply, in 2023, at 10.1 children per slot, but also experienced the largest decrease in this ratio, falling to 9.1 in 2025. Santa Cruz and Mohave counties also experienced decreases in the ratio of young children to child care slots during the same period, falling from 4.1 to 3.6 in Santa Cruz County and 2.9 to 2.6 in Mohave County, representing improved access to care for young children in these communities. The Child & Family Resources Child Care map estimates that five Arizona counties (Apache, Navajo, Gila, Graham and Santa Cruz) were child care deserts in 2025.[259] For some of these counties, the exclusion of the substantial number of Tribally-licensed child care providers, which were not included in the analyses, may make care look less available in some areas.[dd] However, the map does highlight the ongoing challenges that families in rural counties may face in finding available child care.

Figure 22. Ratio of Children to Slots in Licensed Child Care Facilities in Arizona



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14. ADHS (2025). [Child Care Licensing Database]. Received by request

[dd] Please note that the Arizona Child Care Desert map only reflects care availability in state-regulated child care providers and does not include Tribally-licensed providers. Due to this limitation, the child care map may underestimate the availability of child care in Native communities where many key early care and education providers are licensed and operated by Tribal governments. There are nearly 100 tribally-licensed child care providers in Arizona (with the largest numbers in Navajo and Apache counties) with a capacity to serve several thousand children across the state.

Families often turn to family, friend and neighbor (FFN) care, also known as kith and kin care, either due to a lack of available, affordable licensed child care slots or due to a preference for this type of care. FFN care is child care provided by someone other than parents or a licensed child care provider.[260] It is estimated that between one-third and one-half of all child care for children under age 5 in Arizona is provided by FFN care.[261,262] FFN providers offer families flexibility when it comes to child care, allowing caregivers to make choices based on availability (for example, care during non-traditional work hours), cultural needs or a preexisting relationship with the provider.[263] This type of child care is commonly utilized by low-income families, those living in rural areas and immigrant families.[264,265,266] FFN care typically has low child-to-caregiver ratios, is a less expensive option for child care and often provides consistent care for children that is characterized by positive caregiver-child interactions.[267,268]

On the flip side, FFN caregivers are less likely to take part in training and professional development to increase early education knowledge and skills and may focus less on school readiness activities.[269,270] However, studies have shown that FFN providers are frequently interested in education, particularly related to health and safety, and supporting child development.[271,272,273] Opportunities to improve the quality of FFN care include increasing outreach to FFN providers through multiple channels (e.g., public libraries, family resource centers and early childhood programs) in appropriate languages, offering educational opportunities through home visitation, establishing play and learn groups and more traditional education and training.[274,275,276,277] Ensuring adequate compensation for FFN providers has also been proposed as an avenue to improve the quality of this care.[278,279,280]

In some communities, access to formal and informal early care and education is even more limited. Transition to Kindergarten (T2K) activities aim to improve children's success in kindergarten. Nationally, the most common T2K activities include sending information about kindergarten to a child's home or conducting family visits in the year prior to the child's first school year, as well as hosting an orientation before the school year begins.[281] In rural communities in particular, T2K strategies may be even more beneficial, due to less access to early care settings, underfunded public schools with fewer resources and higher levels of poverty.[282] Given the limited availability of formal care and its rising costs and the prevalence of informal care, programs to support the transition to kindergarten and to increase the knowledge and skills of informal FFN caregivers can ensure that Arizona's young children thrive no matter who helps care for them.

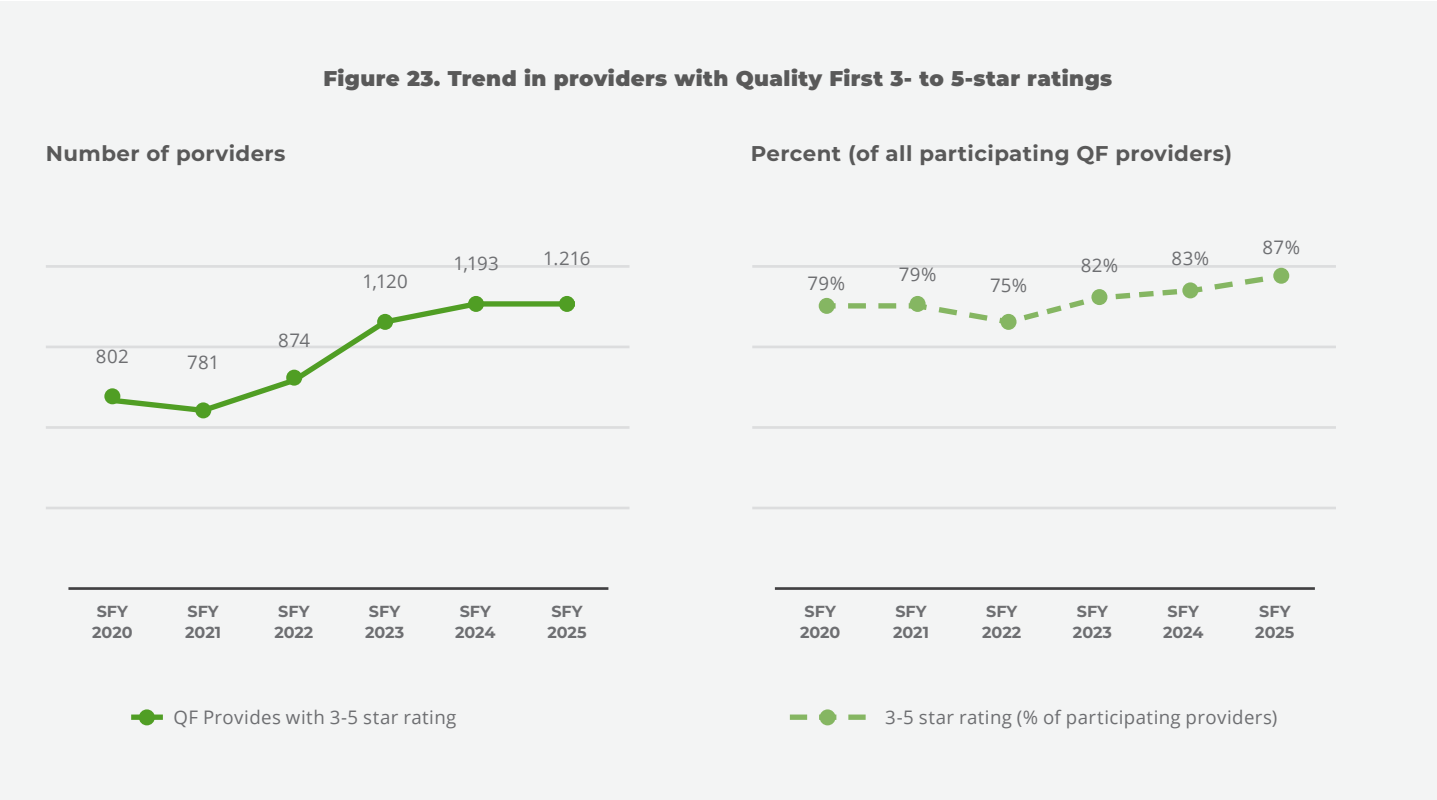
Increasing Access to Quality Early Care & Education

High-quality early learning experiences lay a strong foundation for children's success in kindergarten, elementary school and beyond.[283] One way that the quality of early child care and education is measured in Arizona is through the Quality First (QF) program.[284] The program offers coaching and funding for participating early childhood providers to improve and maintain the quality of the services they provide. In addition, the QF program rates the quality of child care providers and preschools on a scale from one to five stars, with providers considered high quality when they have received a 3-star rating or higher.[285] Arizona has seen a consistent increase in the number and percentage of QF providers with 3-5-star ratings since the inception of public ratings in 2013, when there were 215 providers with 3-5 star ratings representing 25% of QF providers.[286] More recently, the number of QF providers with high quality ratings has grown from 802 in 2020 to 1,212 in 2025, indicating more families have access to quality early care in Arizona (Figure 23).

These more recent gains were made possible, in part, through American Rescue Plan Act (ARPA) funding that allowed increased participation in the QF program and provided funding to child care providers to improve both their indoor and outdoor learning environments.[287,288] The ARPA funding prioritized providers located in underserved or low- to moderate-income communities, those serving children under age 3, children with disabilities, families receiving child care assistance, providers with waitlists and those open outside of regular business hours such as nights and weekends.[289]

The end of pandemic-era funding necessitated changes to the QF program to best support quality improvement with less resources. The QF Rating Only option is a streamlined option that allows early care and education providers to receive a QF star rating without participating in the full suite of quality improvement supports and can be utilized by providers while they wait for a slot in the full QF program. The QF Rating Only option includes a formal rating assessment, public display of 3- to 5-star ratings, continued eligibility for the Arizona Department of Economic Security (DES) enhanced reimbursement[ee] and access to information and resources provided by QF to other FTF-funded services. Ongoing coaching, Child Care Health Consultation and professional development incentives or funding for those participating in the full QF program are not included.[290]

[ee] For providers with 3-5-star ratings



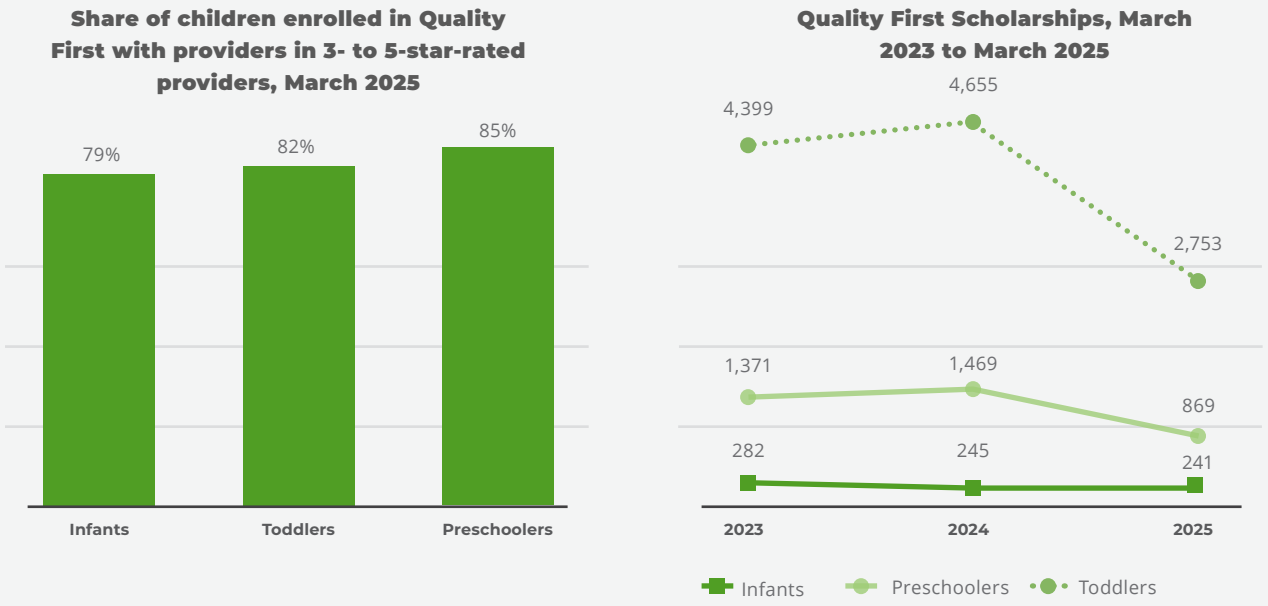
Source: First Things First (2025). [Quality First Dataset].

When looking at who is most likely to have access to QF providers with a quality rating of 3- to 5-stars, preschool-aged children are most likely to be enrolled with quality providers (85%), followed by toddlers (82%) and infants (79%) (Figure 24). In 2024, an estimated 80% of children birth to age 5 receiving DES child care assistance[ff] were enrolled in quality environments (i.e., providers with a 3- to-5-star rating or national accreditation).[291] Enrollment in quality environments was even higher among Arizona Department of Child Safety (DCS)-involved young children at 84%. This suggests that the majority of young children, especially those most in need, are receiving care in quality early care and education settings when they are able to access them. However, these data also highlight the need for greater access to quality care settings for infants and toddlers, as well as the challenges that families may face in accessing quality care as access to DES child care assistance decreases.

Child care providers enrolled in QF offer scholarships to eligible families to allow those children to access care and to reimburse providers for some of their extra expenses for providing quality care. These scholarships are allocated based on the child care provider's capacity and QF star rating.[292] However, due to the end of federal pandemic relief funds, statewide allocations for scholarships have decreased by over 3,000 slots from 2024 to 2025.[293] Between March 2023 and March 2025, the number of scholarships decreased slightly for infants (282 to 241), more for preschoolers (1,371 to 869) and the most for toddlers (4,399 to 2,753) (Figure 24).

[ff] Not including children involved with the Arizona Department of Child Safety (DCS)

Figure 24.



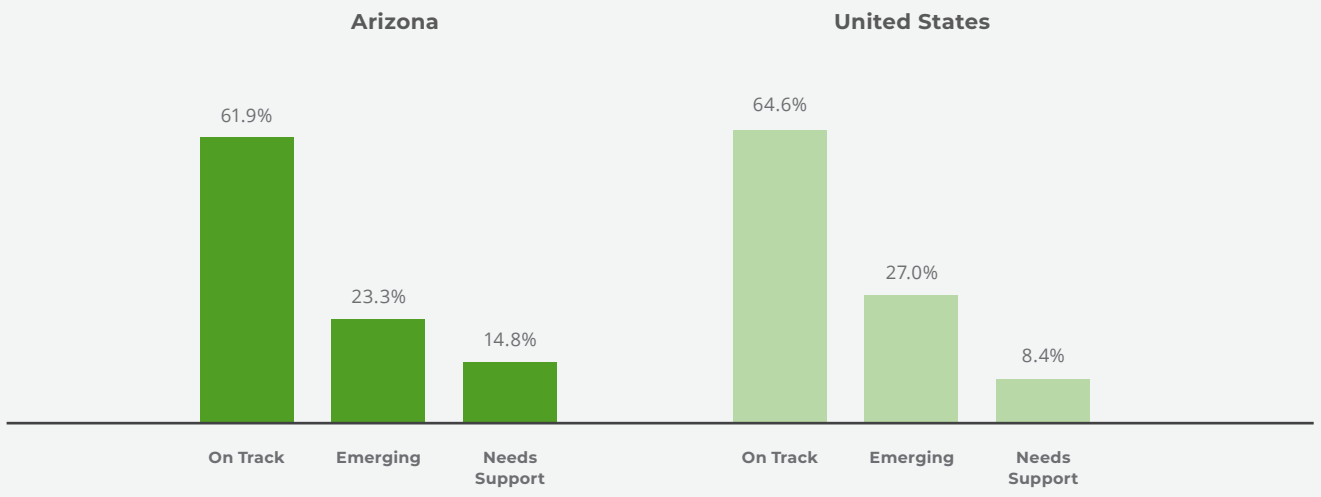
Source: First Things First (2025). [Quality First Dataset].

The changing funding environment has had a dramatic impact on the available support for families seeking quality care for their children. This is in addition to the return of the DES child care assistance waitlist (7,295 children on the waitlist as of August 29, 2025), reduced disbursement of funds to Head Start Programs in 2025 and extensive federal layoffs in the Office of Child Care, which oversees federal child care assistance and enforces safety standards.[294,295,296] Indigenous communities in Arizona have felt these cuts most acutely, as many Tribally-operated child care programs are funded through federal Head Start and Child Care Development Fund block grants.[297] These changes mean that the availability and accessibility of quality early care and education is likely to be further out of reach for many families in Arizona.

Difficult decisions surrounding the desire to increase livable wages for the early care workforce and reimbursing providers at the true cost of providing quality care, coupled with declining funding streams may make this access even more difficult for many. However, the rich funding environment between 2020 and 2024 built a solid foundation for enhanced collaboration between those in the early care and education system and those that care about its impacts, such as the business community.[298] In addition, the collection of data in many pandemic-era programs allowed for the measurement of the impact of those programs, a key element for success when seeking future program funding.

Quality early care and education environments not only support young children's healthy development and well-being, but they also lay the groundwork for academic success in school. Participation in early childhood programs, like preschool, support school readiness by building essential cognitive, social-emotional and motor skills. These benefits are particularly significant for low-income, Hispanic and Black children, whose participation in high-quality preschool has been shown to reduce disparities in kindergarten readiness.[299] The National Survey of Children's Health (NSCH) assesses school readiness across several skills and abilities, including physical well-being, motor development, social and emotional development and language acquisition.[300] According to the 2022/2023 NSCH, in Arizona, 61.9% of 3- to- 5-year-olds were "on track"[gg] for school readiness compared to 64.6% of 3-5-year-olds across the U.S. (Figure 25). As mentioned before, attending early education programs is a protective factor for children's school readiness, and has a substantial return on investment - every dollar invested in early childhood programs yields an estimated return of $7 to $13 in economic benefits long term.[301,302]

Figure 25. Young children ages 3-5 who meet school readiness criteria, 2022/2023 NSCH



Source: Child and Adolescent Health Measurement Initiative (2025). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org

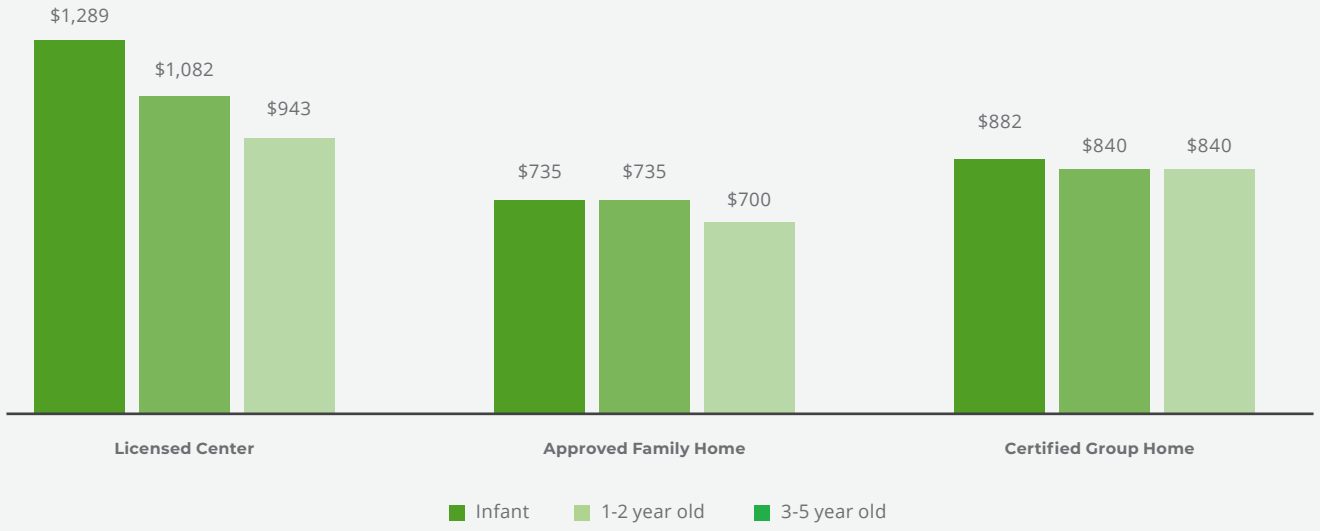
[gg] For more information on the National Survey of Children's Health School Readiness domain scoring, please see https://mchb.hrsa.gov/sites/default/files/mchb/data-research/2023-nsch-hrtl-brief-oct-2023.pdf

Affordability of Early Care & Education

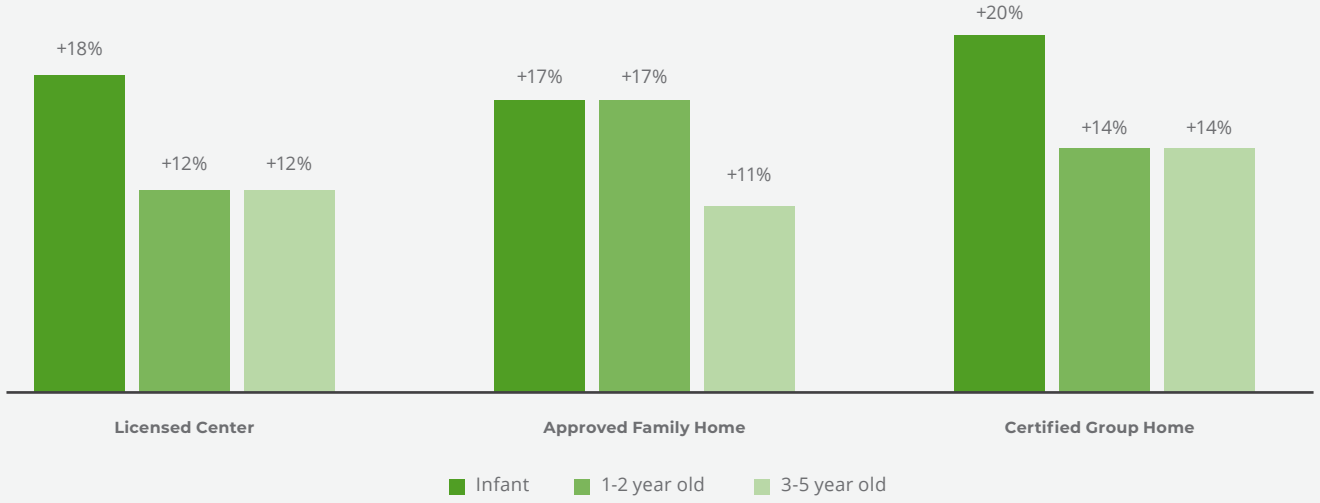
The high cost of early care and education can place formal care out of reach of many families. For child care to be affordable, a family should pay no more than 7% of their income on this care.[303] In Arizona, both married and single-parent families are estimated to spend well above the "affordable" share of their income on infant care. This is true for both center-based care, which on average costs 13% of the median income of married-parent families and 36% of the median income for single-parent families, and home-based care, which comes in at 9% of the median income for married couples and 25% of the median income for single parents.[304,305] Considering many families have more than one child, child care is often the largest household expense for families, and paying for this care can severely impact financial security and even push families into poverty.[306,307,308]

The average cost of care in Arizona varies by the type of provider and the age of the child, with licensed centers and care for infants the most expensive. Putting even more financial strain on families, child care costs have risen by more than 10% across all types of care since 2022, with the cost for infant care increasing the most, +18% for center-based care and +17% for approved family home-based care between 2022 and 2024 (Figure 26). The median cost of care for an infant in a licensed center in Arizona is $1,289 per month, varying by county from a high of $1,344 in Maricopa County to lows of $893 in La Paz, Mohave and Yuma counties (Figure 27). For comparison, these costs are comparable to the amount families pay in rent. For example, the median monthly rent in Maricopa County is $1,571 per month, just $277 more than the median cost of care for an infant in a licensed child care center.[309] Given these high costs, child care may be financially out of reach for many families. With both housing and child care costs on the rise, many families may be forced to make difficult choices between basic needs such as health care, housing and nutritious foods and employment and child care, including the quality of care they can afford.[310] The loss of COVID-19 pandemic-era funding that made quality child care more affordable, particularly for low-income families, will likely further compound these issues.[311,312,313]

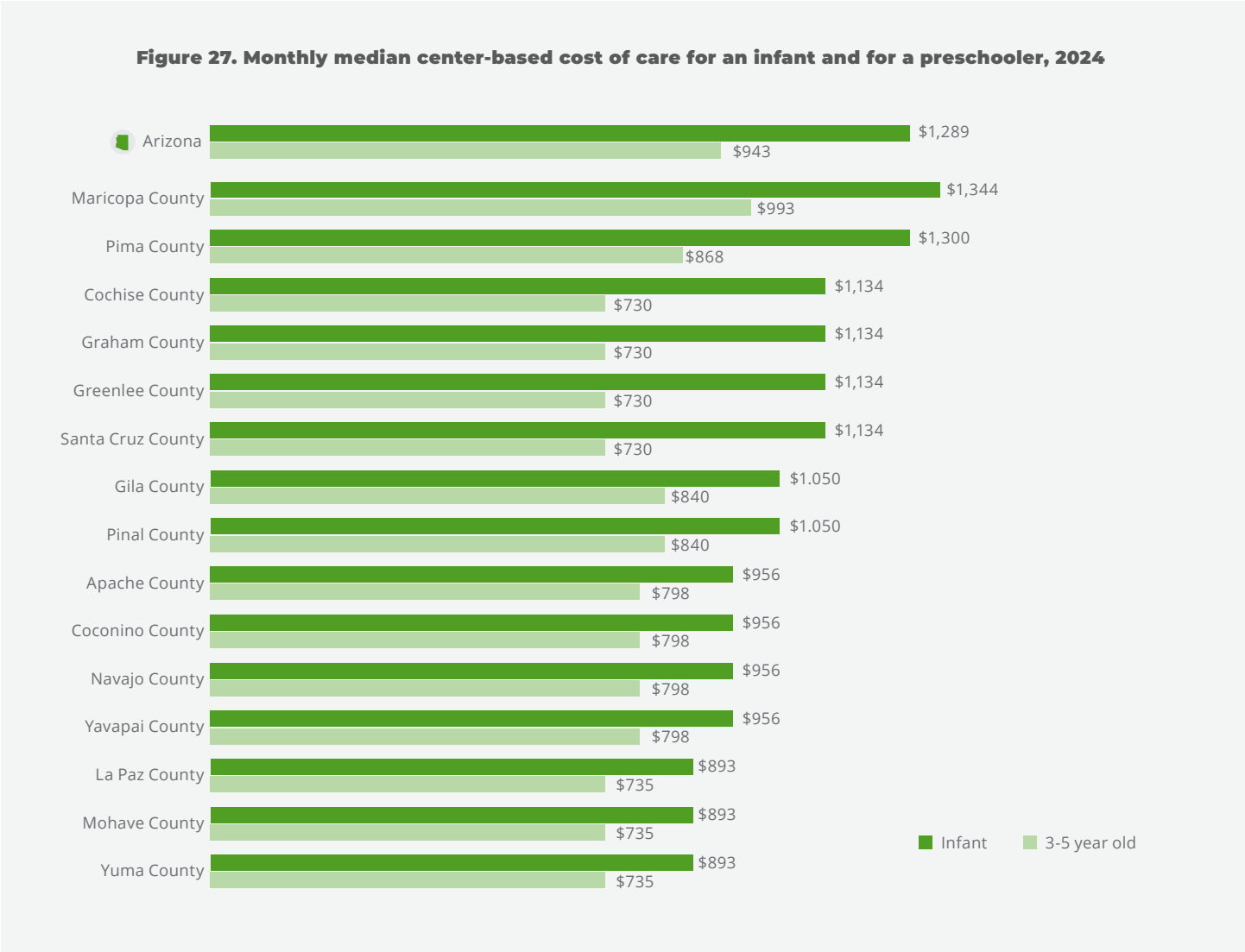
Figure 26. Cost of care by child age and provider type, Median monthly cost, 2024



Change in cost of care, 2022 to 2024



Source: Health Management Associates (2024). 2024 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2024-AZ-Child-Care-Market-Rate-Survey.pdf



Source: Health Management Associates (2024). 2024 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2024-AZ-Child-Care-Market-Rate-Survey.pdf

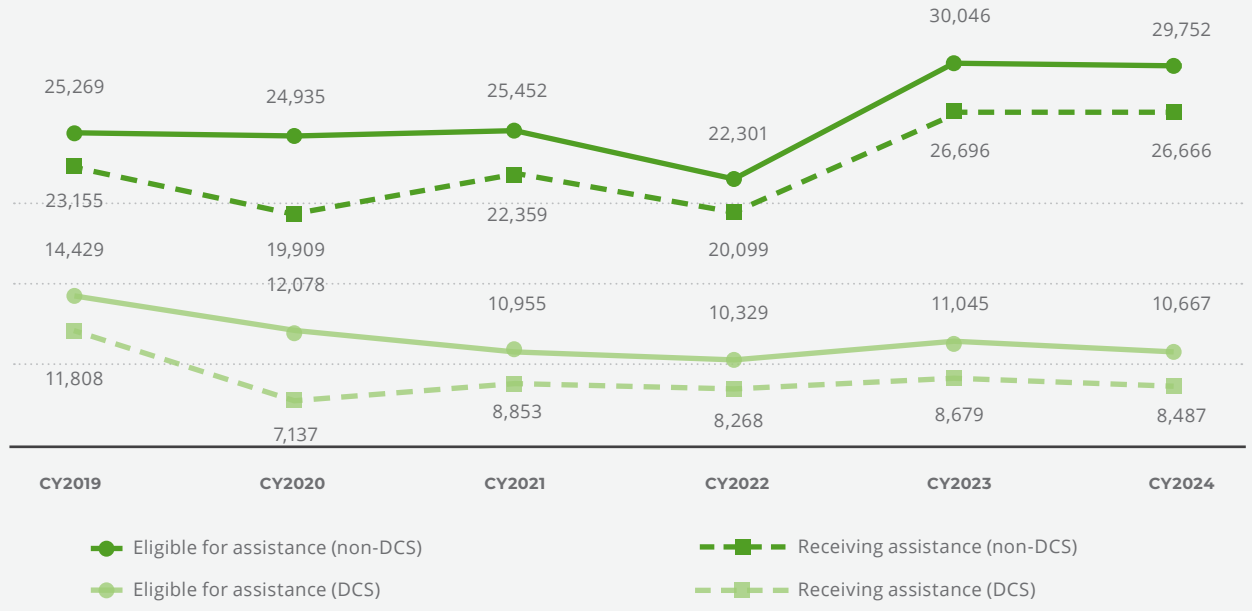
Investments in quality early care and education for young children have short- and long-term benefits for children and society, and the return on investment of these expenditures is high, particularly when directed at supporting very young children.[314,315] DES provides child care assistance to financially eligible families, including specific funding for families involved with DCS.[316] This assistance can make child care more accessible for families, and eligibility for and receipt of this assistance among non-DCS involved families recently reached record highs (Figure 28). In 2023 and 2024, roughly 30,000 non-DCS involved children were eligible[hh] for child care assistance each year and almost nine in 10 received this assistance. This increase is likely due to 2022-2024 funding supporting Arizona's Child Care Infrastructure Plan, which benefited from $1.3 billion in federal COVID-19 pandemic relief funding.[317] Efforts to expand access to child care included raising provider reimbursement rates, eliminating waitlists and offering scholarships and assistance to essential workers and parents earning less than $65,000.

[hh] Please note that "eligible children" only includes children whose families applied for child care assistance and were found to be eligible based on family income, employment status, or other qualifying criteria. Children who could be potentially eligible for child care assistance based on their family's income or other qualifying characteristics, but whose families have not applied for child care assistance, are not reflected in these data.

The ending of programs tied to this funding in 2024 will likely impact the availability and use of child care assistance in future years.[318,319] One example is the resumption of the child care assistance waitlist in August 2024. Fortunately, in July 2025 Arizona allocated an additional $125.9 million for child care assistance for eligible families as part of the Arizona Promise Budget.[320] However, this funding is estimated to support care for just 900 young children in 530 families in 2026, and as of August 29, 2025, there were already 7,295 children from 4,362 families on the child care assistance waitlist, indicating support will be available for about 12% of children and families needing this assistance.[321] About $12 million that DES received through the Arizona Promise Budget will be used to maintain base child care provider reimbursement rates, which in turn help to keep families' child care costs down, and also support providers' operational costs related to providing quality care.[322,323] However, updated federal calculations have reduced Arizona's FY 2025 Child Care and Development Fund discretionary award by 12 percent, or $24.3 million, compared with FY 2024.[324] Due to this reduction in federal funding, DES will reduce the enhanced reimbursement rate for quality providers from 50% to 40% above the base rate as of November 1, 2025.[325] DES has identified an ongoing General Fund need of $44.9 million to keep base provider rates at current levels, continue a 40 percent quality rate, and shift quality rate costs for Title IV E eligible children to the Department of Child Safety.[326] Without this support, DES anticipates reduced access to services, destabilization of the provider network, and negative impacts on families, employers, and the broader economy; federal and other funds are insufficient to meet the need.[327]

It should also be noted that the current child care assistance rates paid to providers are based on 2022 market rates, and many factors (e.g., inflation, COVID-19, increases in the minimum wage) have raised operating costs for child care providers since then.[328] The amount providers are reimbursed likely underestimates their actual costs, and decisions about whether to absorb these costs, pass them onto families or participate in the DES child care assistance program at all may affect the accessibility of child care for many families. Confounding matters further are estimates that the need for child care in Arizona could grow by as much as 32% over the next 10 years.[329]

Figure 28. Children birth to age 5 receiving child care assistance, 2019 to 2024



Source: Arizona Department of Economic Security (2025). [Child Care Assistance dataset]. Unpublished data

Pandemic-era funding supported numerous Arizona Child Care Stabilization programs that addressed these realities. Programs focused on child care providers and the child care workforce included the Arizona Child Care Assistance Provider Grant, Arizona Education Workforce Scholarship, Child Care Stabilization Grant and Child Care Workforce Retention and Recruitment Grant.[ii] Providers across all Arizona counties received Stabilization funding, and through June 30, 2023, on average, child care centers received $278,300 and family child care homes received $24,500.[330] The discontinuation of many of these programs will undoubtedly influence the early care and education landscape.

Positive impacts of this funding remain and may help ease some burdens for families and the child care workforce. DES is making technological improvements, such as moving from paper applications for families to online submissions and improving tracking and billing systems for child care providers to make the system work better for both families and child care providers.[331] In addition, partnerships created between early care and education organizations, institutes of higher education, local governments and community and advocacy organizations over the last five years have improved communication, collaboration and innovation to increase child care opportunities and resources for providers.[332] One example is the work of a professional development advisory committee formed amongst these partners which produced The Arizona Professional Development Roadmap for the Early Care and Education Workforce[jj] at the end of 2024, which has the goal of supporting a skilled, knowledgeable, and flourishing early care and education workforce.

Early Care & Education Workforce Development

Quality early care and education programs rely on a strong workforce, but factors like low pay make it difficult to recruit and retain these educators. The vast majority (97%) of all other U.S. jobs pay more than early education, and 43% of early educator families rely on public assistance programs like Medicaid and food assistance.[333,334] Pay disparities across early childhood educators can be seen by children's age and funding source,[kk] with those working as a home care provider, in a Head Start program or a public pre-K program getting paid varying amounts despite performing similar work. For example, the average kindergarten teacher's salary is about twice that of early childhood educators in Arizona.[335] Early childhood educators working outside of the public school system, also referred to as child care workers, frequently lack access to benefits such as health insurance and retirement plans, with one-quarter (25%) of these workers in Arizona covered by Medicaid in 2023.[336,337] In addition to low pay, turnover for child care workers was about 65% higher than turnover in other occupations in 2022, with about 50% of these early childhood educators leaving the labor force entirely, compared to 29% of preschool and kindergarten teachers.[338] Arizona's child care standards[ll] also do not meet national recommendations, allowing more children to be cared for by fewer adults compared with most other states' standards, which may create additional stress for child care providers in Arizona.[339]

[ii] For more information on these programs please see https://des.az.gov/services/child-and-family/child-care/stabilization

[jj] This Roadmap can be found at https://azearlychildhood.org/wp-content/uploads/2025/02/AZ-ECE-PD-Roadmap.pdf

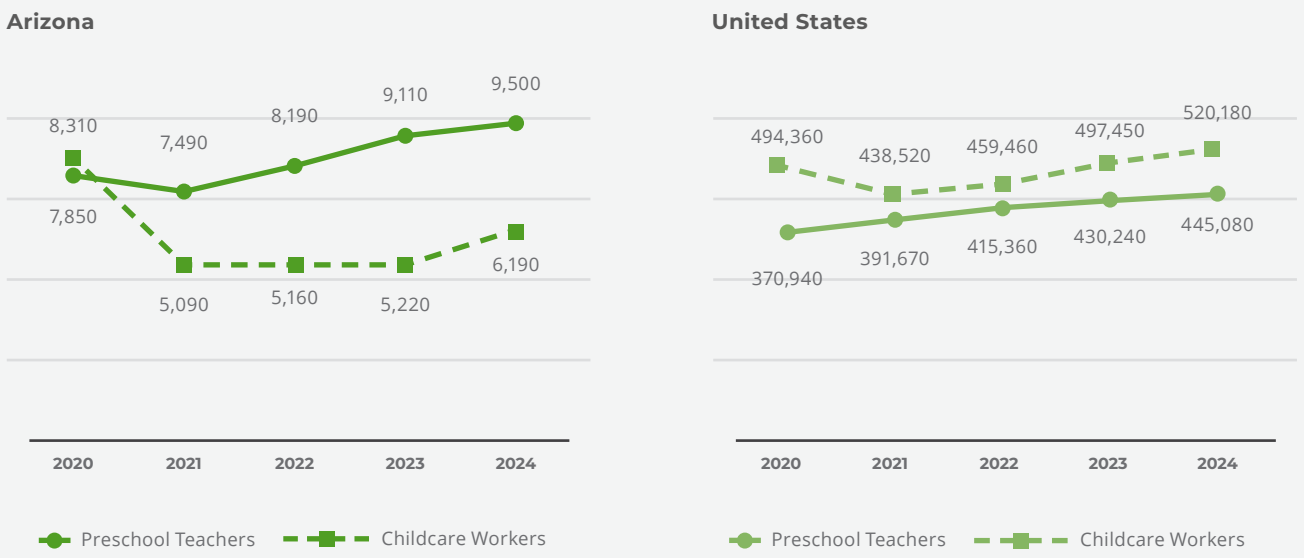
[kk] Programs such as Head Start and public pre-K programs receive federal funding supports that often allow for better wages and compensation in these settings compared to child care settings that don't receive these funds.

[ll] For more information, please see https://www.azdhs.gov/documents/licensing/childcare-facilities/rules/bccl-child-care-facility-rules.pdf

Nationally, since 2020, the number of child care workers has been consistently larger than the number of preschool teachers, with both steadily increasing between 2020 and 2024. A different picture is seen in Arizona, with the number of preschool teachers far exceeding that of child care workers since 2021. The number of preschool teachers grew consistently between 2021 and 2024, whereas the number of child care workers across the state only substantially grew between 2023 and 2024 and has yet to reach the numbers seen in 2020 (Figure 29).

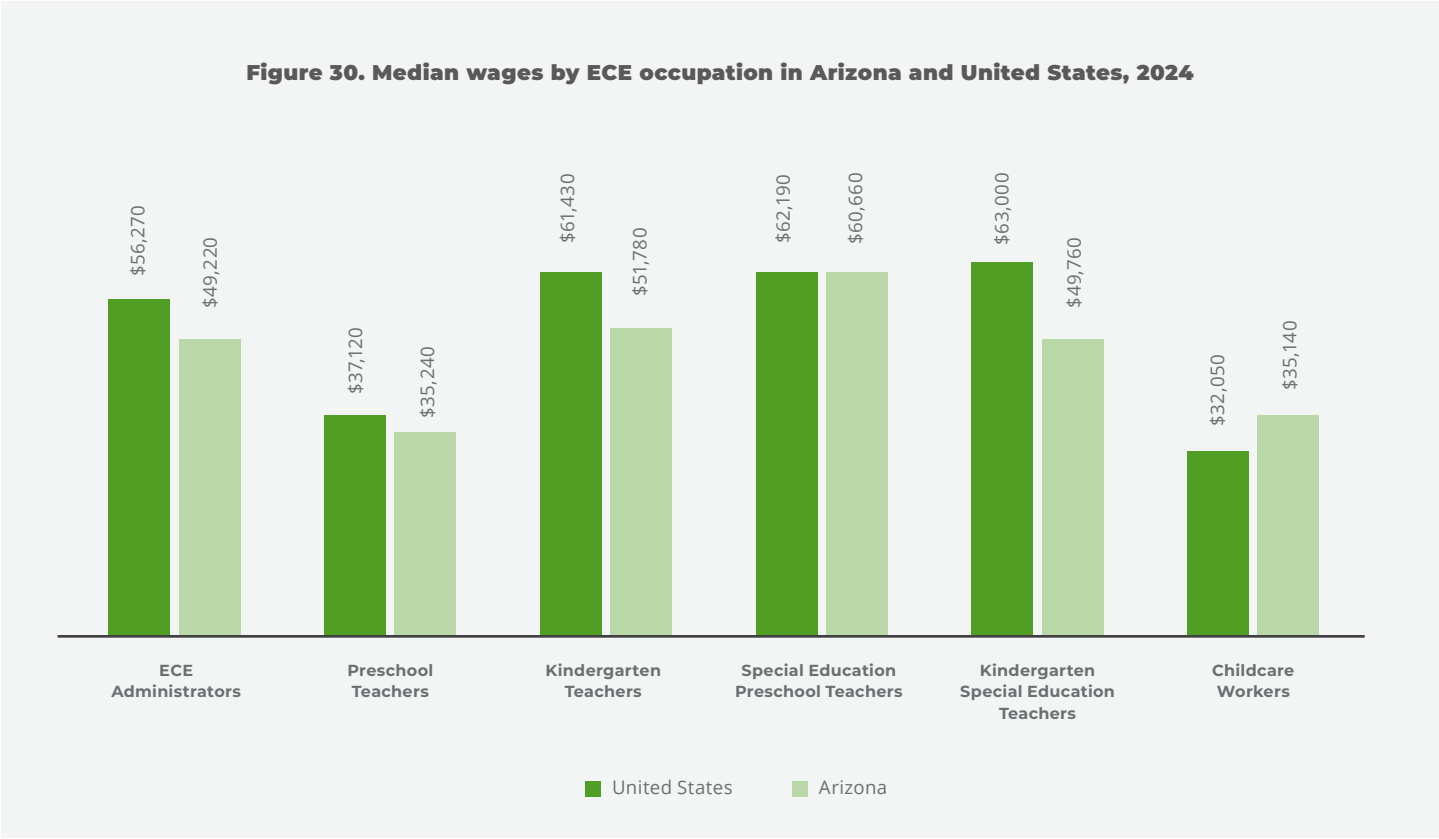
One issue that may disproportionately distress the early care and education workforce in Arizona surrounds recent changes in federal immigration policy. Immigrants comprised roughly 19% of the U.S. civilian workforce in 2023, and one in five early childhood education professionals.[340] Current federal policies limiting authorized and unauthorized immigration, and the ending of "Protected Areas" guidance which limited where enforcement actions could take place, including early care and education settings, could not only undermine the early childhood workforce, but also impact attendance and participation in early learning programs, with potential negative consequences for the well-being of children.[341]

Figure 29. Change in number of preschool teachers and child care workers, 2020 to 2024



Source: U.S. Bureau of Labor Statistics (2025). Occupational Employment and Wage Statistics Tables, May 2020 to May 2024.

Note: State Pre-K is defined by NIEER as preschool education programs where a program is "funded, controlled, and directed by the state," early childhood education is the primary goal of the program, serves a substantive number of 3- and 4-year-old children in the state, is not specifically targeted for children with disabilities, and is distinct from subsidized child care or federal head start programs.

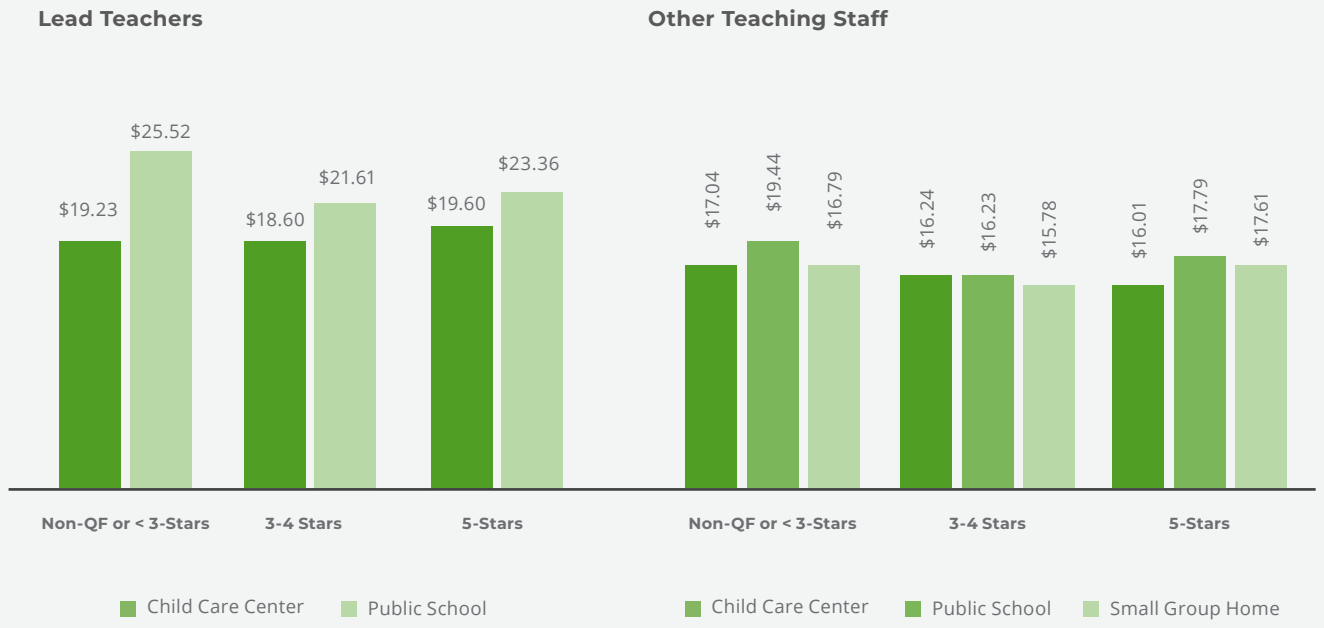


Source: U.S. Bureau of Labor Statistics (2025). Occupational Employment and Wage Statistics Tables, May 2024.

In positive news for Arizona, in 2024, child care workers in the state had a higher median annual wage compared to child care workers across the nation, likely a result of the increase in the minimum wage in Arizona (Figure 30).[342] Across provider types, however, child care workers still make the lowest wage compared to other early care and education teachers and administrators, and make notably less than other non-degreed workers in Arizona (e.g., Waiter/Waitress $47,660; Customer Service Rep $45,810; Transit Bus Driver $51,510).[343] Nationally, median wages for special education teachers are similar in preschool and kindergarten settings, but in Arizona, preschool special education teachers make over $10,000 more than those teaching kindergarten. Median wages in Arizona for kindergarten classroom teachers and kindergarten special education teachers are only about $2,000 apart, but in preschool settings the median pay for special education teachers is around $25,000 more than preschool classroom teachers.

Top-quality ratings seem to confer a bump in salaries across settings. However, the most notable difference is still between public school-based staff versus staff at other provider types. Across all Quality First (QF) ratings, the average wages for lead teachers are higher in public schools compared to child care centers (Figure 31). Regardless of type, 5-star rated facilities do tend to pay their teachers more than 3- or 4-star facilities. Since unrated facilities are combined with lower-rated facilities, it is hard to interpret the influence of ratings in that category, as some unrated facilities may meet all the high-quality criteria but not have gone through the optional rating process.

Figure 31. Average wages for staff in center-based early care and education settings, MRS 2024



Source: Health Management Associates (2024). 2024 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2024-AZ-Child-Care-Market-Rate-Survey.pdf

Low pay, high turnover and lack of access to common workplace benefits like health insurance can lead to worker burnout and stress. This may negatively impact the development of children in early care, as stress can influence the degree of positive and nurturing interactions between providers and children.[344] In addition, the view of early childhood educators as placeholders, rather than professionals integral to the healthy development of young children, leads the early childhood education field and workforce to be undervalued and under-resourced, increasing the difficulty in recruiting and retaining qualified staff. Changing this perception amongst families, employers and communities is key to moving the early care and education workforce forward.[345,346] Professional development is an avenue for increasing self-efficacy and skills, and professional development focused on supporting high-quality emotional and instructional interactions between providers and children can promote early learning and school readiness.[347] These effects are strongest when combined with individualized coaching or support.[348] Adopting paid planning and professional development time, and offering specialized training and resources to support provider's business skills are also mechanisms to address stressors experienced by the early care and education workforce.[349,350]

Directly addressing compensation through policy is also needed to support and expand this workforce. Specific recommendations include (1) the creation of a fund to pool resources from employers to support expansion of the child care supply, (2) adopting a cost-sharing program among employers, employees and a third party such as a government or philanthropic organization to support child care providers while requiring increased compensation to workers and (3) providing child care scholarships, stipends or tax credits for educators to increase incentives to remain in the workforce.[351,352,353] An example of this type of support in action in Arizona is Executives Partnering to Invest in Children (EPIC),[mm] a platform to support employers who want to explore and implement child care strategies.

Multiple professional development opportunities expanded or created through pandemic-era funding continue to exist and show demand. The Professional Career Pathways Project,[nn] expanded with pandemic-era funding, is a college scholarship program available statewide through local community colleges, that provides tuition for 24 credits per school year for approved courses and a textbook stipend of $50 per credit. First Things First College Scholarships,[oo] expanded with pandemic-era funding, provides the early childhood workforce working directly with or on behalf of young children birth through age 5, access to education to achieve degrees and credentials supporting tuition, college and course fees, books, and education achievement bonuses. The Arizona Early Childhood Apprenticeship Pathway,[pp] created with pandemic-era funding, is a 2-year program designed to provide job seekers and early learning professionals with a blend of college coursework, mentorship and on-the-job experience resulting in a more highly trained workforce and increased compensation for those who complete the program. The Child Care Education Institute,[qq] which provides high-quality, distance education certificates and child care training programs in an array of child care settings was expanded with pandemic-era funding through the creation of a new employee orientation pathway at the onset of the pandemic.[354]

Addressing shortages in the early care and education workforce will not be as simple as raising wages and passing those increases on to families, as we already know the affordability of child care is a large and increasing barrier to families accessing care. In addition, the true costs of care often fall below child care reimbursement rates.[355] For example, licensed infant care is estimated to be 40% more than the price families pay combined with what providers receive from child care assistance reimbursements.[356] However, continued investment in the child care workforce and providers—through scholarships, apprenticeships and training programs, enhanced reimbursement rates, facility and infrastructure investments and continued and novel collaborations between entities—can strengthen the quality and breadth of the early care and education system in Arizona.

[mm] For more information, see https://www.firstthingsfirst.org/epic/

[nn] For more information, see https://centralaz.edu/divisions-programs/education-division/early-childhood-education/professional-career-pathway-project/

[oo] For more information, see https://azearlychildhood.org/advance-your-career/scholarships-and-incentives/

[pp] For more information, see https://centralaz.edu/divisions-programs/azeceapprenticeship/

[qq] For more information, see https://www.cceionline.com/

The Continuum of Education and Employment beyond Early Childhood in AZ

K-12 Education

Despite the well-established benefits of early educational experiences, Arizona's preschool and kindergarten enrollment in public and charter schools has not fully recovered from the declines experienced during the COVID-19 pandemic.[357] Preschool enrollment in public and charter schools dropped to 14,494 students in the 2020-21 school year and has since climbed to 19,979 in the 2024-25 school year. However, this remains nearly 1,900 students below the 2019-20 school year pre-pandemic peak of 21,867.[358] Kindergarten enrollment has continued to decline. Enrollment dropped from 81,606 in the 2019-20 school year to 72,960 the following year, and still has not returned to pre-pandemic levels, with enrollment at 70,622 in the 2024-25 school year. In contrast, 3rd grade enrollment has shown steady recovery, rising from 80,280 in the 2020-21 school year to 81,896 in the most recent school year, although still about 1,100 students short of pre-pandemic levels.[359] These recovery patterns mirror national trends. Although student enrollment has rebounded modestly, it remains below pre-2020 levels across much of the U.S.[360,361] Looking ahead, national projections estimate a 5.5% decline in public school enrollment by 2031 which could lead to reduced funding and school closures.[362]

Multiple factors contribute to these enrollment declines. Arizona does not mandate enrollment in kindergarten, making it easy for families to opt out.[363] A shrinking school-age population and increased uptake of private and homeschool options through expanded access to the Arizona Empowerment Scholarship Accounts program have also played a role.[364,365] The long-term effects of the COVID-19 pandemic continue to impact enrollment, particularly in preschool and kindergarten, where many parents delayed school entry due to pandemic-related health concerns. Additionally, perceptions of early education's value have shifted in recent years, with some parents opting to delay school entry until first grade, assuming that early education losses can be gained back in first grade.[366] All of these factors make it even more essential to communicate the impact that high-quality early learning experiences can have on children's success in kindergarten, elementary school and beyond.[367]

High-quality early education supports the development of foundational skills that lead to stronger reading and mathematics performance in elementary school and beyond.[368] Early reading proficiency skills can predict children's future academic success, including high school graduation and college attendance.[369] In contrast, students with poor reading skills are six times more likely to drop out of high school compared to proficient readers.[370] Increased per-pupil spending has been linked to improved test scores, greater educational attainment, lower poverty rates and better intergenerational economic mobility.[371,372,373] Despite steady increases in per-student spending over time, Arizona continues to spend several thousand dollars less per public-school student than the national average. For instance, Arizona spent $5,229 less per-pupil than the U.S. in 2023.[374] Given the relevance of per-pupil spending on educational outcomes, this disparity is likely to play a role in the persistent performance gaps observed on statewide assessments.

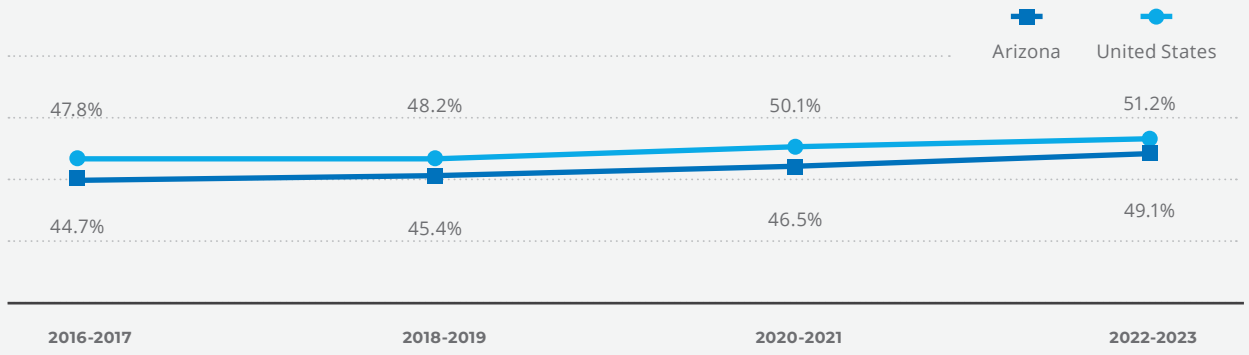
Nurturing relationships with adults during a child's first years play a vital role in shaping language and social development, which are closely linked to long-term academic and social outcomes.[375] Consistent positive caregiving (from any source, whether a parent or other care provider) and rich verbal interactions during the first three years of life are strongly associated with improved language development by age three, and better academic and social outcomes in kindergarten.[376] Key caregivers shape young children's early learning and development by engaging them in activities such as reading, storytelling and music. Young children's daily literacy exposure through family reading in Arizona increased slightly from 2018/2019 (35.0%) to 2022/2023 (35.9%) but failed to match the increase seen nationally (35.3% to 40.4%) (Figure 32). Importantly, the proportion of young children in Arizona exposed to daily literacy activities, like family storytelling and singing, reached 49.1% in 2022/2023, nearing the national average (51.2%) and showing marked improvement from previous years. Encouragingly, rates of early literacy exposure are substantially higher for children in families engaged in home visiting programs—79% of children in these programs in Arizona had daily exposure in 2024.[377]

All Arizona public schools, including district and charter schools, are required to administer state and federally mandated standardized assessments in reading and mathematics. The current statewide assessment is called Arizona's Academic Standards Assessment (AASA),[rr] and it is administered to students in Grades 3-8.[378] The Move on When Reading policy, enacted by the Arizona legislature in 2010, states that a 3rd grade student shall not be promoted to 4th grade if their reading score falls far below the 3rd grade level, as established by the State Board of Education.[ss] These policies are intended to help identify students who are struggling with reading and connect them with targeted literacy interventions.

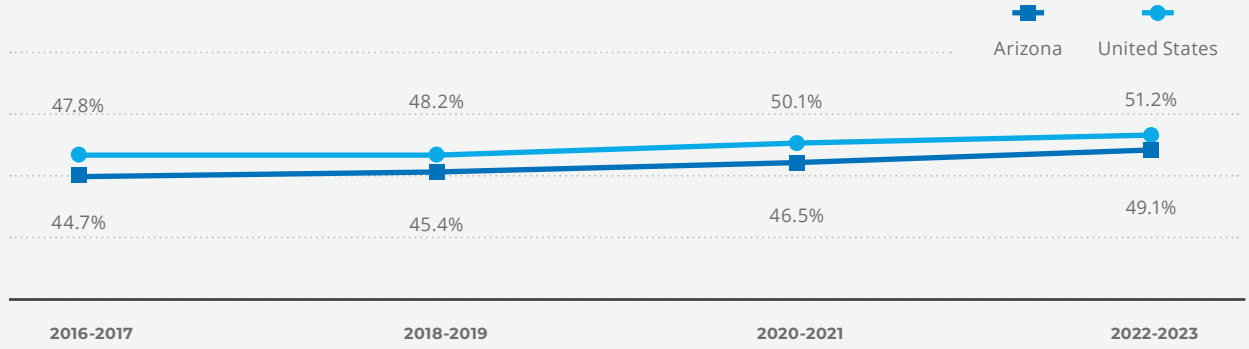
[rr] Arizona's Academic Standards Assessment (AASA) replaced the AZM2 (administered in 2021-2022), which had previously replaced the AzMERIT assessment (administered 2019 and prior).

[ss] Exceptions exist for students identified with or being evaluated for learning disabilities or reading impairments, English language learners and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education. Students who test in the 'far below' proficiency range can also be promoted to 4th grade if they complete summer school and then demonstrate reading at a proficient level. Given these exceptions, historically very few 3rd grade students (<1%) have been retained due to Move on When Reading.

Figure 32. Children birth to age 5 with daily literacy exposure through family story-telling and singing, 2016/2017 to 2022/2023 NSCH



Children birth to age 5 with daily literacy exposure through family story-telling and singing, 2016/2017 to 2022/2023 NSCH



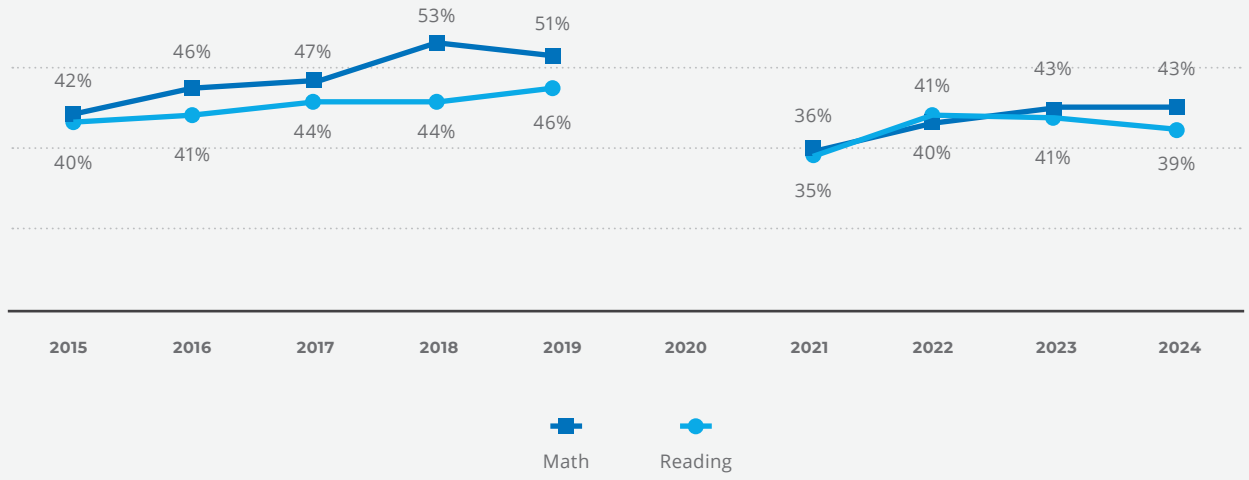
Source: Child and Adolescent Health Measurement Initiative (2024). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved on from www.childhealthdata.org

Note: Shaded areas represent 95% confidence intervals. Overlapping confidence intervals, portrayed as shading around the trend lines, suggest similar prevalence in both Arizona and the U.S.

In 2024, fewer than half of Arizona 3rd graders passed AASA reading (39%) and mathematics (43%) assessments (Figure 33). While math passing rates increased by 7% between 2021 and 2024, reading passing rates decreased by 3%. Statewide, 3rd grade passing rates were notably lower for certain student groups. These are groups with passing rates at least 10 percentage points lower than statewide passing rates (and that have more than 500 students tested statewide). These student groups include students with limited English proficiency (6% passing ELA; 15% passing Math); students with disabilities (16% passing ELA; 21% passing Math); students experiencing homelessness (16% passing ELA; 19% passing Math); American Indian or Alaska Native students (17% passing ELA; 21% passing Math); and Black or African American students (27% passing ELA; 30% passing Math).[379]

At the county-level, results reveal a similar pattern to overall statewide passing rates; in all but one county (Greenlee County), fewer than half of 3rd graders passed the statewide reading and math assessments (Figure 34). Reading passing rates ranged from just 23% in Gila County and 25% in La Paz County to slightly above the statewide rate in Maricopa (42%) and Greenlee (41%) counties. Math passing rates were highest in Greenlee (50%) and Graham (45%) counties, and lowest in Gila (24%), Santa Cruz (31%) and La Paz (31%) counties.

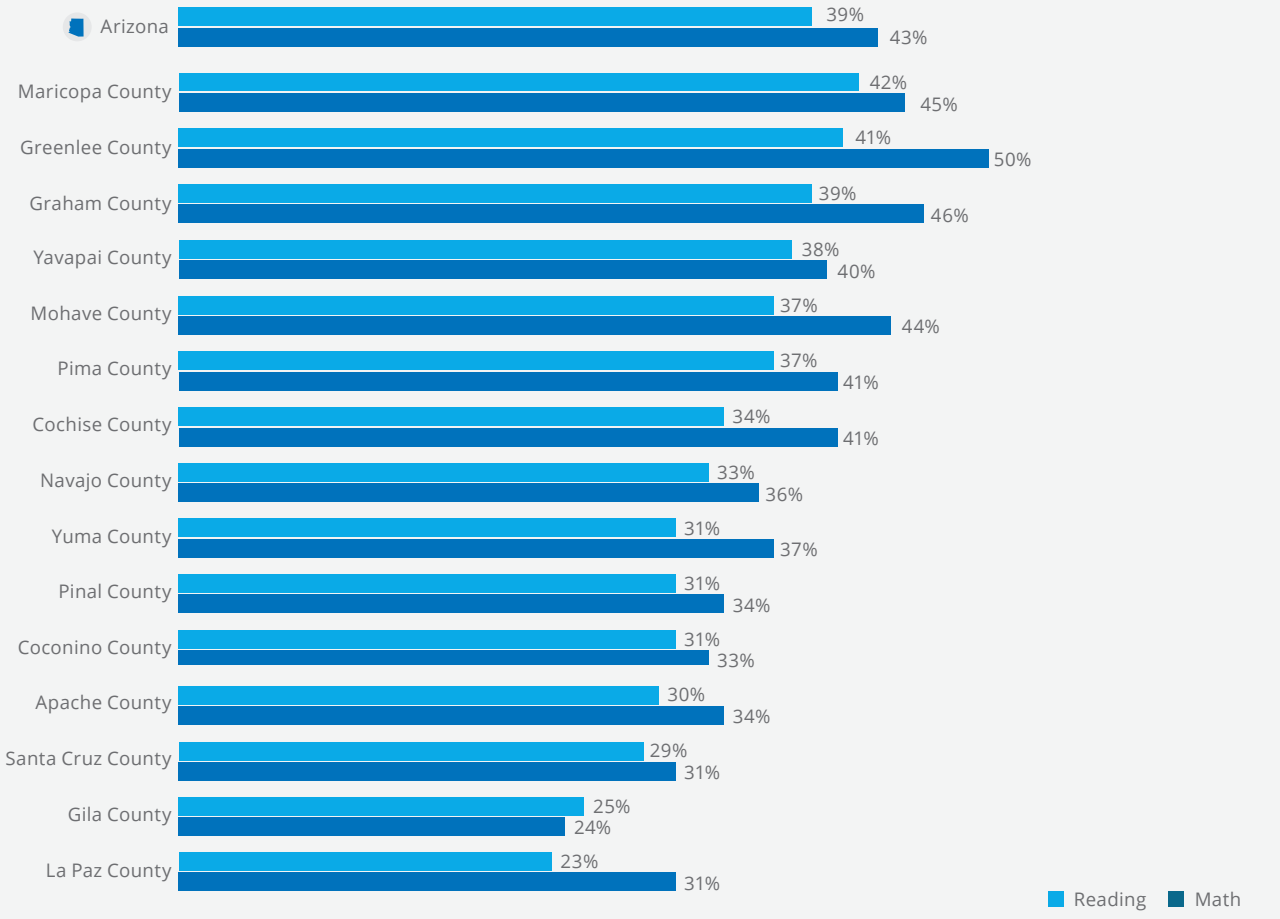
Figure 33. Percent of students passing state 3rd grade math and reading assessments in Arizona, 2015 to 2024



Source: ADE (2025). State Assessment Public Files. Retrieved from https://www.azed.gov/accountability-research/data

Note: Statewide assessments were cancelled in the 2019-20 school year due to the COVID-19 pandemic.

Figure 34. Percent of students passing 3rd grade AZM2 math and reading assessments by county, 2024



Source: ADE (2025). State Assessment Public Files. Retrieved from https://www.azed.gov/accountability-research/data

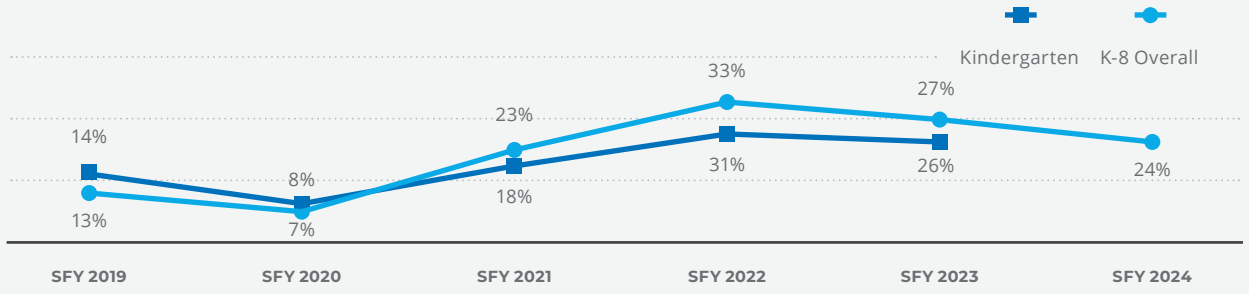
The National Assessment of Educational Progress (NAEP), a nationwide measure of educational achievement over time and across key demographic groups, provides additional context.[380] Since 2009, Arizona's 4th grade NAEP scores in math and reading have consistently trailed behind national rates.[381,382] Both Arizona and the U.S. experienced 5% drops in math proficiency between 2019 and 2022, and while scores have started to rebound at the national level, Arizona has not caught up to pre-pandemic levels: 39% of U.S. and 34% of Arizona 4th graders were proficient in math in 2024, compared to 40% and 37% in 2019, respectively. Although Arizona's 4th grade reading proficiency nearly matched the national rates in 2022 (31% vs. 32%), this fell to 26% in 2024, below the national average of 30%.

School attendance is an important factor in predicting the academic performance and future health of children. Chronic absenteeism, defined as missing 10% or more of school days in a school year—approximately 18 days per year—can significantly hinder a child's educational trajectory.[383] This is especially true between preschool and 2nd grade, a pivotal period for early learning and development. Students chronically absent during these years are less likely to read at grade level by 3rd grade, making them more likely to struggle academically and drop out of school.[384,385] Absenteeism also erodes students' sense of connectedness, decreasing their engagement with school, peers and caring adults.[386]

Chronic absenteeism has become a national issue, nearly doubling since before the COVID-19 pandemic.[387] Arizona currently ranks among the states with the highest rates.[388] As shown in Figure 35, chronic absenteeism among Arizona K-8th grade students rose from 7% in 2020 to 33% in 2022. Although rates are again trending downward, they remain elevated with nearly one in four Arizona students missing at least 10% of school days in 2023. Chronic absenteeism is particularly high among students with disabilities, English language learners, economically disadvantaged students, and Native American students.[389,390,391]

Recognizing the consequences of chronic absenteeism, Arizona leaders have begun working to identify and implement effective solutions. For example, the Arizona Chronic Absence Task Force was convened in 2023 to address this urgent issue, developing a resource guide detailing actionable strategies to reduce chronic absences to pre-pandemic levels by 2030.[392] Students are chronically absent for a wide range of reasons, including unstable housing, unreliable transportation (especially in rural areas), health-related issues, family challenges and a lack of meaningful connections with school staff.[393,394] Tackling the root causes of chronic absenteeism is no easy task, but initiatives across the country are starting to make a positive impact.[395] Even small gains in attendance can yield meaningful improvement: a 1% increase in school-level attendance is associated with a 1.5% increase in the number of students passing Arizona's 3rd grade assessments.[396]

Figure 35. Chronic absenteeism among K-8 graders in Arizona, SFY 2019 to SFY 2024



Source: Read On Arizona (2025). [MapLIT: Statewide Report, Chronic Absences]. Data accessed at https://geo.azmag.gov/maps/readonaz/reports on 21 Jun 2025

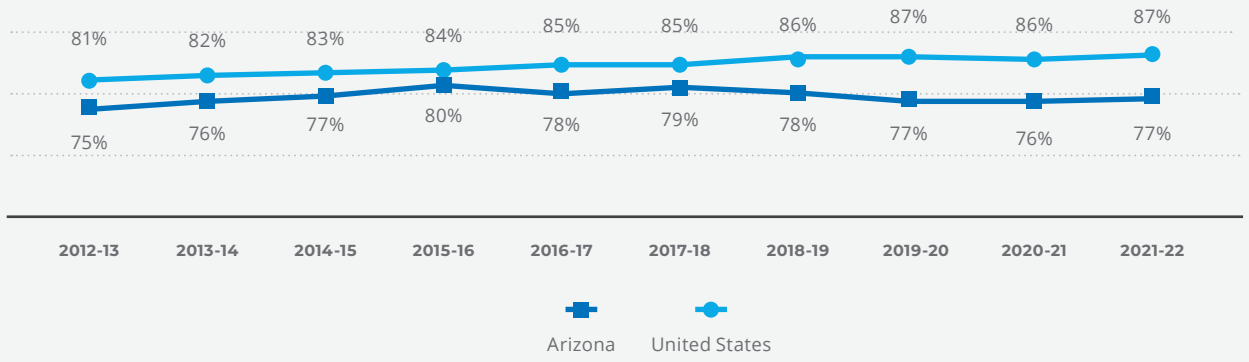
Note: Schools reported absences data very differently in state fiscal year 2020 due to the onset of the COVID-19 pandemic and the shift to remote learning. Chronic absences are defined as children missing 10% or more school days. Statewide absences data were not available for kindergarteners in SFY 2024.

Graduation & Educational Attainment

Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. In contrast to adults who dropped out of high school and even those that received a high school equivalency degree (GED), adults who graduated from high school have higher rates of employment, higher incomes and better overall health.[397] In recognition of this link between educational attainment and health, a new objective for high school graduation was added to the Healthy People 2030 national benchmarks,[tt] with a target of 90.7% of high school students graduating in four years by 2030.[398]

In contrast to steadily increasing graduation rates across the nation, Arizona's 4-year high school graduation rates have fluctuated over the past decade, declining slightly in most recent years. Between the 2012-13 and 2021-22 school years, the difference between Arizona and the U.S. graduation rates have been greatest in the most recent years, with Arizona rates consistently 10% lower than national rates. Notably, both Arizona and the U.S. graduation rates did not meet the Healthy People 2030 target of 90.7% (Figure 36).

Figure 36. Public high school 4-year adjusted cohort graduation rate, 2012-13 to 2021-22

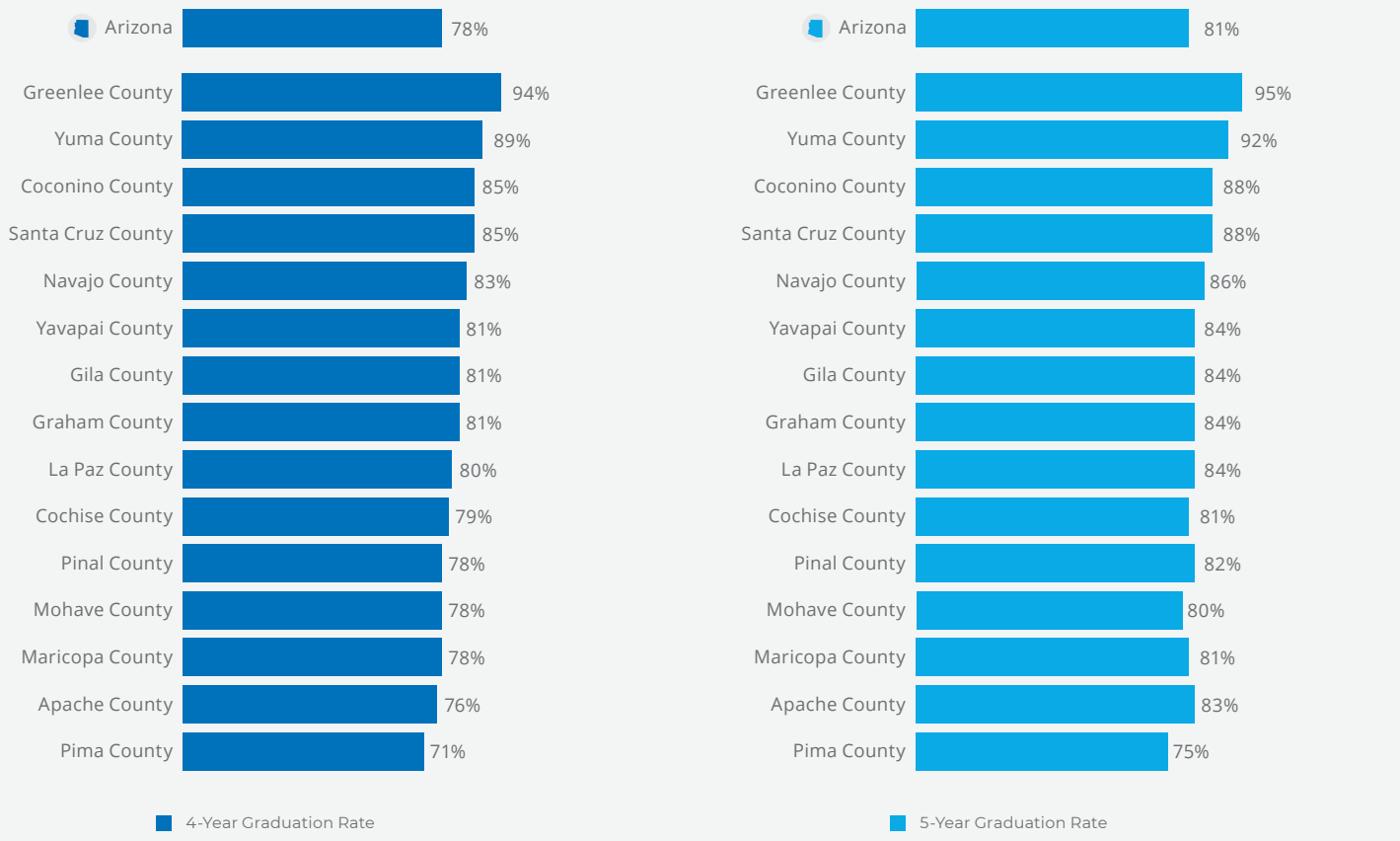


Source: National Center for Education Statistics (2022). Public high school 4-year adjusted cohort graduation rate (ACGR), by selected student characteristics and state: 2010-11 through 2019-20

As of 2023, data from the Arizona Department of Education reflect 4- and 5-year graduation rates of 78% and 81% respectively, with considerable variation by county (Figure 37). Pima County had the lowest graduation rates, with approximately three-quarters of students graduating in four (71%) or five (75%) years. In contrast, most students in Greenlee County graduated in four (94%) or five (95%) years in 2023, closely followed by Yuma County (4-year 89%; 5-year 92%). Statewide, 4-year high school graduation rates were notably lower for certain student groups. These are groups with 4-year graduation rates at least 10 percentage points lower than statewide rates. These student groups include students with limited English proficiency (66.7%); students experiencing homelessness (62.4%); and American Indian or Alaska Native students (68.4%).[399]

[tt] For more information on the Healthy People 2030 national benchmarks, please see https://odphp.health.gov/healthypeople

Figure 37. Four- and five-year graduation rates, 2023



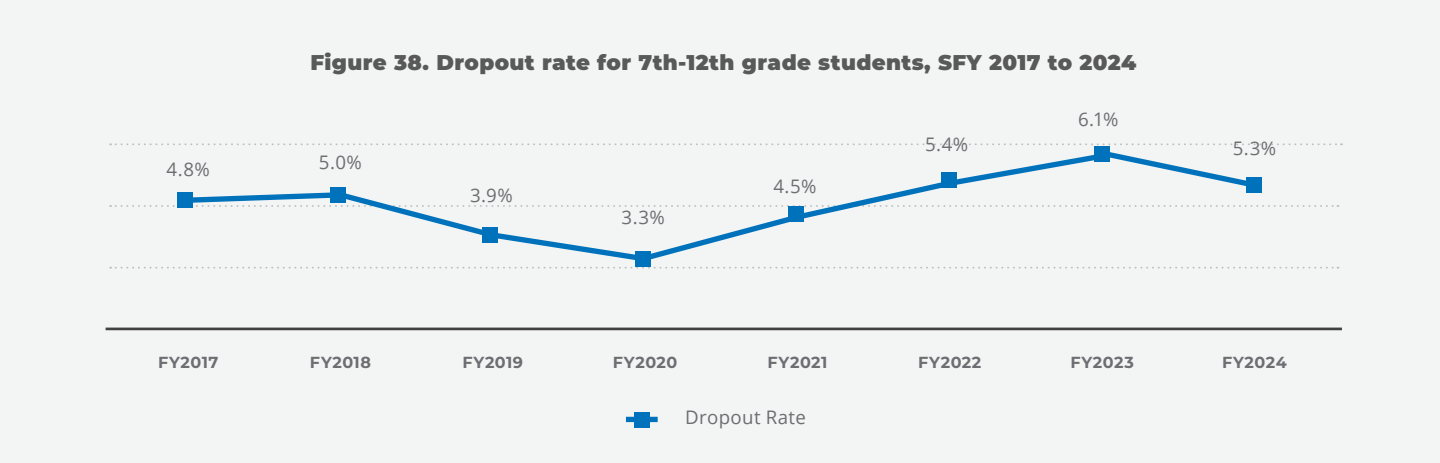
Source: Arizona Department of Education (2025). Cohort 2018 to 2023 Four Year Graduation Rate Data, Cohort 2018 to 2021 Five Year Graduation Rate Data. Retrieved from https://www.azed.gov/accountability-research/data/

Note: These rates are calculated as the percentage of students in a cohort (typically those who enter ninth grade together) who graduate within 4 or 5 years.

Compared to the U.S. as a whole, Arizona has a larger proportion of disconnected youth, defined as teenagers ages 16 to 19 who are neither attending school nor employed,[uu] which has been linked to negative physical and mental health outcomes and higher rates of unemployment.[400] Indigenous youth, both nationally and in Arizona, are disproportionately disconnected and therefore particularly vulnerable to these negative outcomes and may need additional support.[401] Although dropout rates for grades 7-12 were declining before the COVID-19 pandemic, they jumped from 3.3% in 2020 to 6.1% in 2023 (Figure 38). In 2024, rates began to decline (5.3%) but remained above pre-pandemic levels.

Education is a key mechanism for upward economic mobility. As educational attainment in a population increases, wages increase and rates of unemployment decrease.[402] Of U.S. adults working full time in 2021, median earnings for those with a bachelor's degree were $29,000 higher than those with a high school degree.[403] As of 2023, one-third (33%) of Arizona adults have a bachelor's degree or higher, a slightly lower proportion compared to the U.S. (35%).[404] Nearly a quarter (23%) of Arizona adults have a high school diploma or GED equivalent compared to 25% of U.S. adults. Around one in 10 (11%) adults have less than a high school degree in Arizona and across the nation.

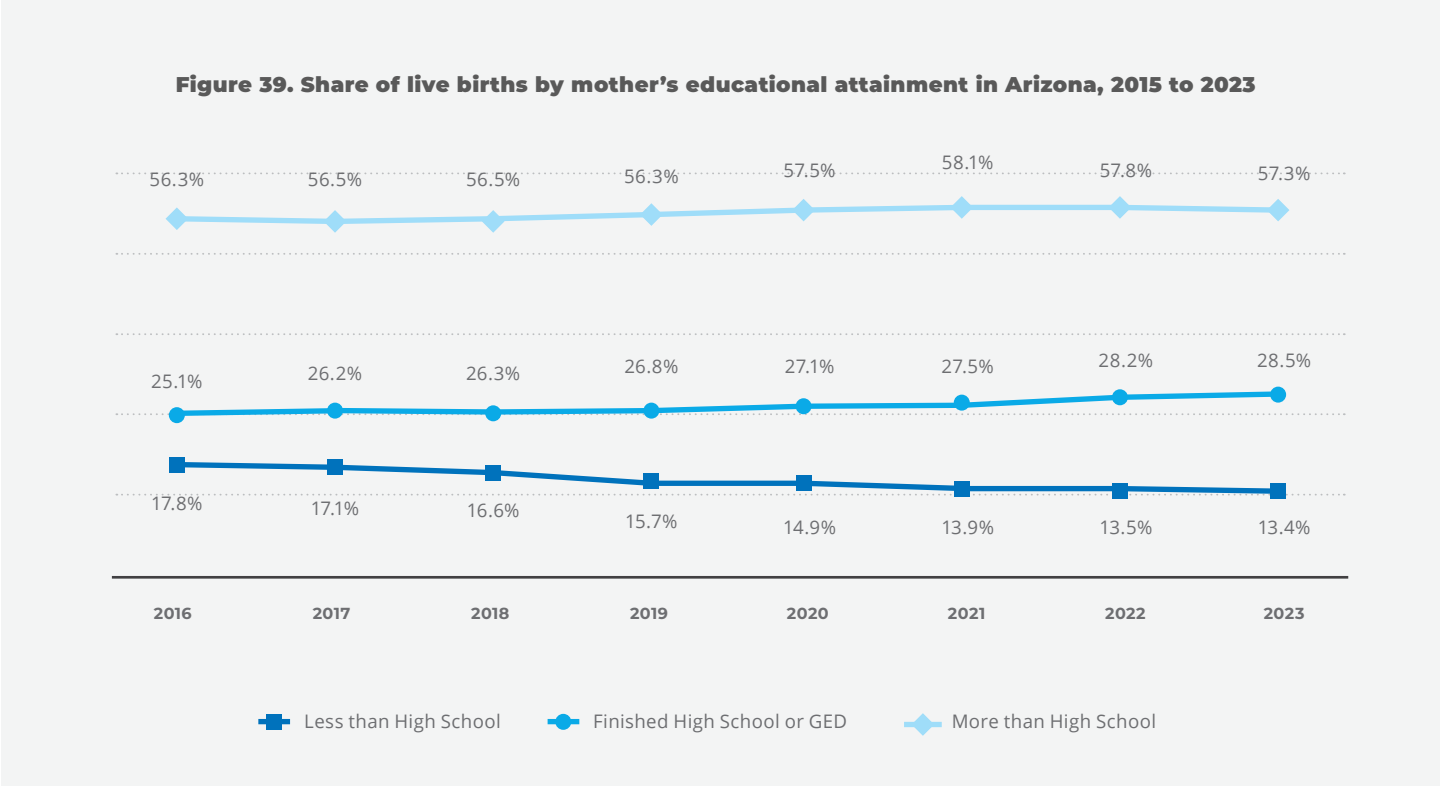
[uu] Age ranges for "disconnected youth" vary by source, with some estimates including both teenagers ages 16-19 and young adults ages 20-24 and others focusing on only teenagers or young adults.



Source: ADE (2025). Dropout Rates Public Files. Retrieved from https://www.azed.gov/accountability-research/data

Note: "Dropouts are defined as students who are enrolled in school at any time during the school year but are not enrolled at the end of the school year and did not transfer, graduate or die" [State of Arizona Department of Education Graduation, Dropout & Persistence Rate Technical Manual].

Parents' educational attainment, in particular, is associated with positive outcomes for children. Higher parental educational attainment is associated with lower rates of child poverty.[405] Children of parents who have at least a high school diploma or GED also score higher in reading, math and science in their first four years of school.[406,407] In 2023, 57.3% of births in Arizona were to mothers who had more than a high school education, a slight increase from 56.3% in 2016 (Figure 39). There have been notable declines in the percentage of births to mothers with less than high school education, dropping from 17.8% in 2016 to 13.4% in 2023. The reduction in the percentage of births to mothers with less than a high school education is consistent with nationwide declines in births to teen mothers, which have fallen 68% since 2007.[408]



ADHS (2025). [Vital Statistics Births dataset]. Unpublished data & Arizona Health Status and Vital Statistics, Tables 1B-21 and 5B-13.

Employment

Unemployment and underemployment[vv] can impact families in ways that affect children's health and well-being.[409] Unemployment can limit access to resources that support children's physical and mental health, like health insurance, and can also contribute to family stress, conflict, homelessness and child abuse.[410,411] Children with parents who have lost their jobs may also experience poorer school performance and behavioral issues, resulting in grade repetition, suspension or expulsion.[412] As of 2023, Arizona's labor force participation rate[ww] stood at 61%, slightly below the national average of 64%.[413]

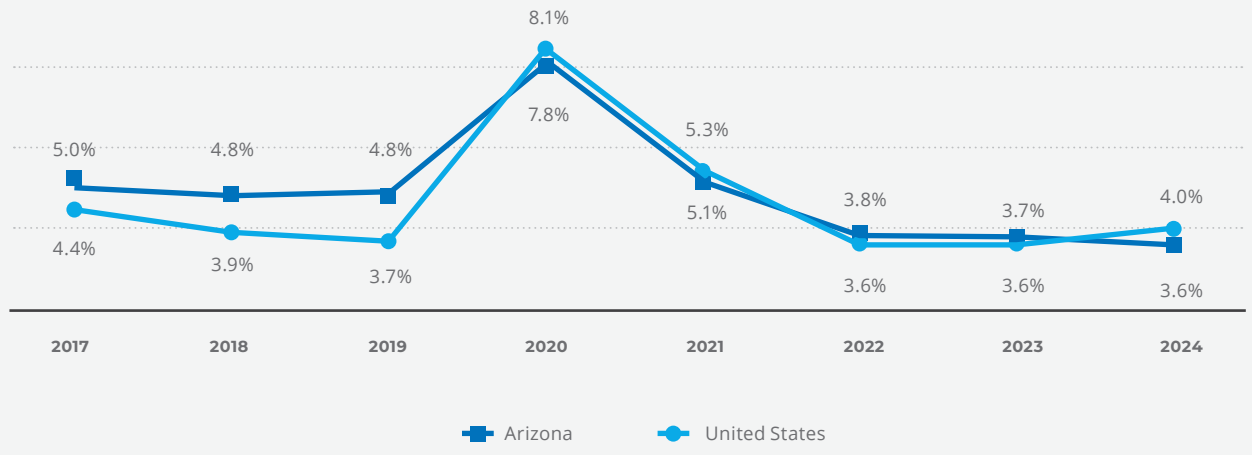
Unemployment has been on a steady decline nationwide since the Great Recession in 2009, with Arizona's unemployment rate trending slightly higher than the national rate through 2019. The onset of the COVID-19 pandemic led to sharp increases in unemployment across the U.S. (8.1%) and Arizona (7.8%) in 2020 (Figure 40). Since then, unemployment rates have trended downward, though recovery has been uneven across the country.[414] Notably, for the first time in years, in 2024 Arizona's unemployment rate was lower than the national rate, 3.6% and 4.0%, respectively. A recent analysis highlights job growth in Arizona and other Sun Belt states between 2019 and 2023, and fewer job losses in these regions during the pandemic, which have contributed to more substantial post-pandemic recovery than across the nation.[415]

Similar to what was seen across the state between 2020 and 2024, unemployment rates also declined across all Arizona counties. More than half of the state's counties in 2024 had unemployment rates below the national average (Figure 41). Apache, Coconino and Mohave counties saw the largest reductions in unemployment, decreasing by over five percentage points. Unemployment remains highest in Yuma (12.2%), Apache (6.9%) and Santa Cruz (6.1%) counties.

As unemployment decreases, access to affordable and high-quality child care has become increasingly important. The current shortage of child care is also projected to worsen, with a 20% increase in the gap between the number of young children needing child care and available care expected between 2024 and 2034.[416] This growing gap may reduce labor force participation, particularly among parents with young children. In fact, over half (55%) of Arizonans reported voluntarily leaving their jobs when their children were age two or younger, likely due to the increased costs associated with infant and toddler care.[417] As employment rates increase, ensuring access to affordable child care is essential for sustaining growth and supporting family well-being.

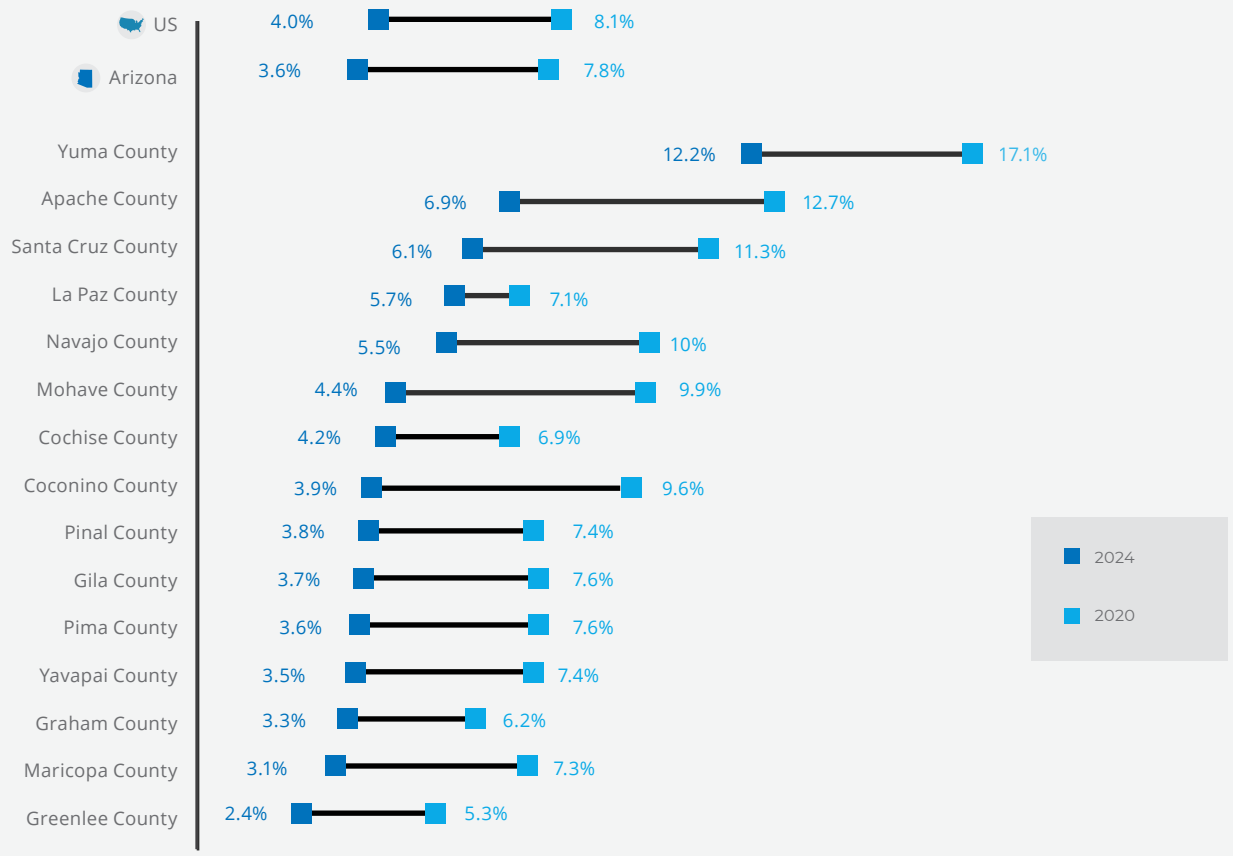
[vv] Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.
[ww] The labor participation rate includes the percentage of the population that are employed OR actively seeking employment. This value differentiates between (a) people unemployed and seeking a job and (b) people unemployed and not in the labor force because they are in school, retired, etc.

Figure 40. Annual average unemployment rates (not seasonally adjusted), 2017 to 2024



Source: Arizona Commerce Authority (2025). [Local Area Unemployment Statistics]. Retrieved from https://www.azcommerce.com/oeo/labor-market/unemployment/

Figure 41. Annual average unemployment rates (not seasonally adjusted), 2020 and 2024



Source: Arizona Commerce Authority (2025). [Local Area Unemployment Statistics]. Retrieved from https://www.azcommerce.com/oeo/labor-market/unemployment/

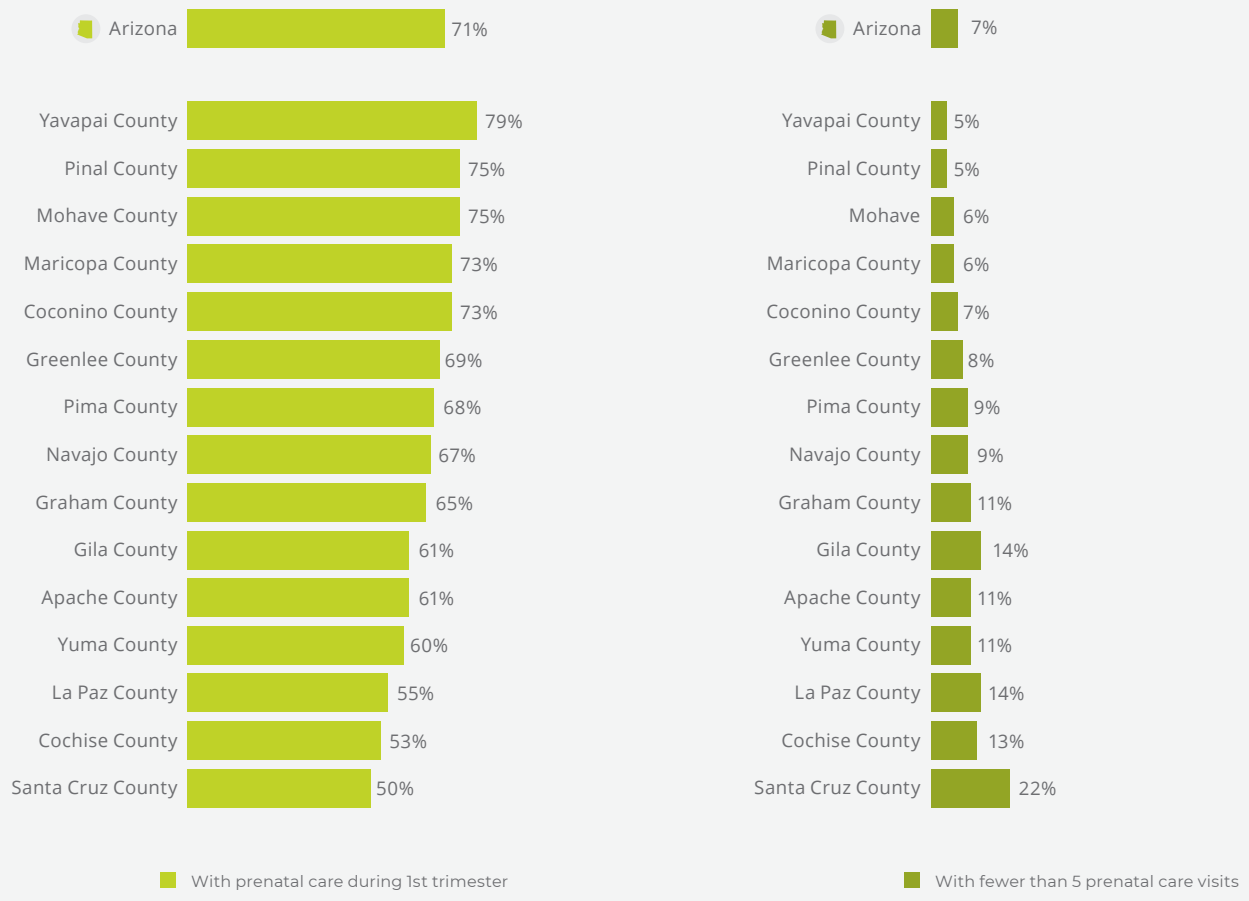
Maternal, Infant and Child Health: Building Blocks for Arizona Children

Maternal & Infant Health

Access to quality health care can promote positive health outcomes for mothers and infants.[418] Prenatal care is associated with reduced complications during pregnancy and birth, while also providing expectant parents with an opportunity to engage with health professionals.[419] Arizona ranks 44th in the U.S. for adequate prenatal care, with 71% of mothers beginning care in the first trimester in 2023 (Figure 42).[420] This is a slight decrease from 2021 (71.7%) and 9.5% below the Healthy People 2030 target of 80.5% of mothers, which no Arizona county met.[421] Yavapai County was closest to the Healthy People 2030 target at 79%, followed by Pinal (75%), Mohave (75%), Maricopa (73%) and Coconino (73%) counties.

Arizona's more rural and border counties had lower levels of mothers accessing prenatal care overall. In Santa Cruz and La Paz counties, just around half of mothers accessed prenatal care in the first trimester, and almost one in 10 had no prenatal care at all (Figure 42). Expectant parents in rural areas may experience both geographic and policy-based barriers to care. La Paz and Greenlee counties have no hospitals or birthing centers available, and three additional counties (Cochise, Santa Cruz and Graham) have only one hospital or birthing center.[422] Lack of reliable transportation, scheduling challenges with work, under-resourced local health facilities and lower availability of prenatal care providers in rural areas can make seeking care challenging for pregnant women.[423] In July 2025, the Personal Responsibility and Work Opportunity Reconciliation Act expanded its list of programs that are considered federal public benefits, limiting access to community health clinics – clinics located in underserved communities that provide care regardless of ability to pay – for both lawfully-present and undocumented immigrants.[424,425,426] This policy change makes it more challenging for women to access prenatal care which will only negatively impact the number of women accessing prenatal care.

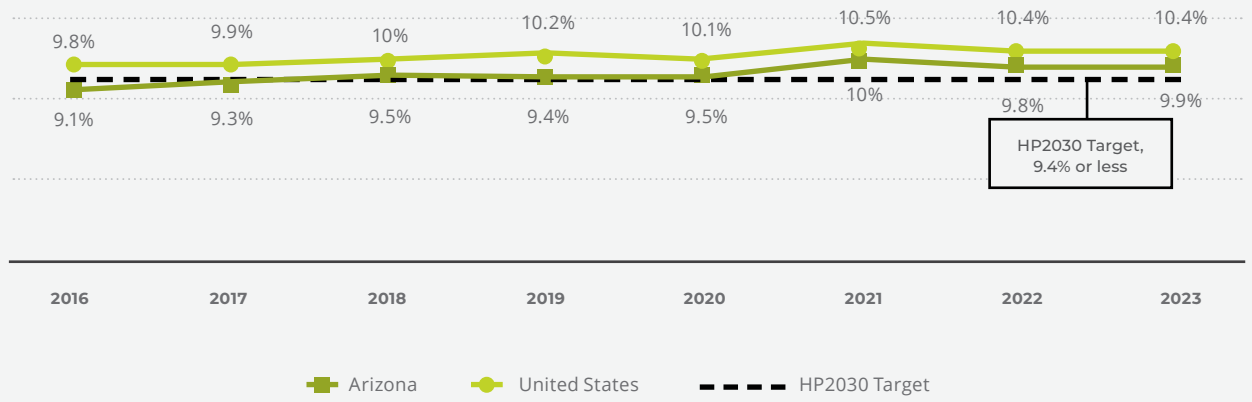
Figure 42. Prenatal care for mothers giving birth in Arizona, 2023



Source: Arizona Department of Health Services (2025). [Vital Statistics dataset]. Unpublished data received by request. Office of Disease Prevention and Health Promotion (2025). Healthy People 2030: Pregnancy & childbirth objectives, Indicator MICH-07.

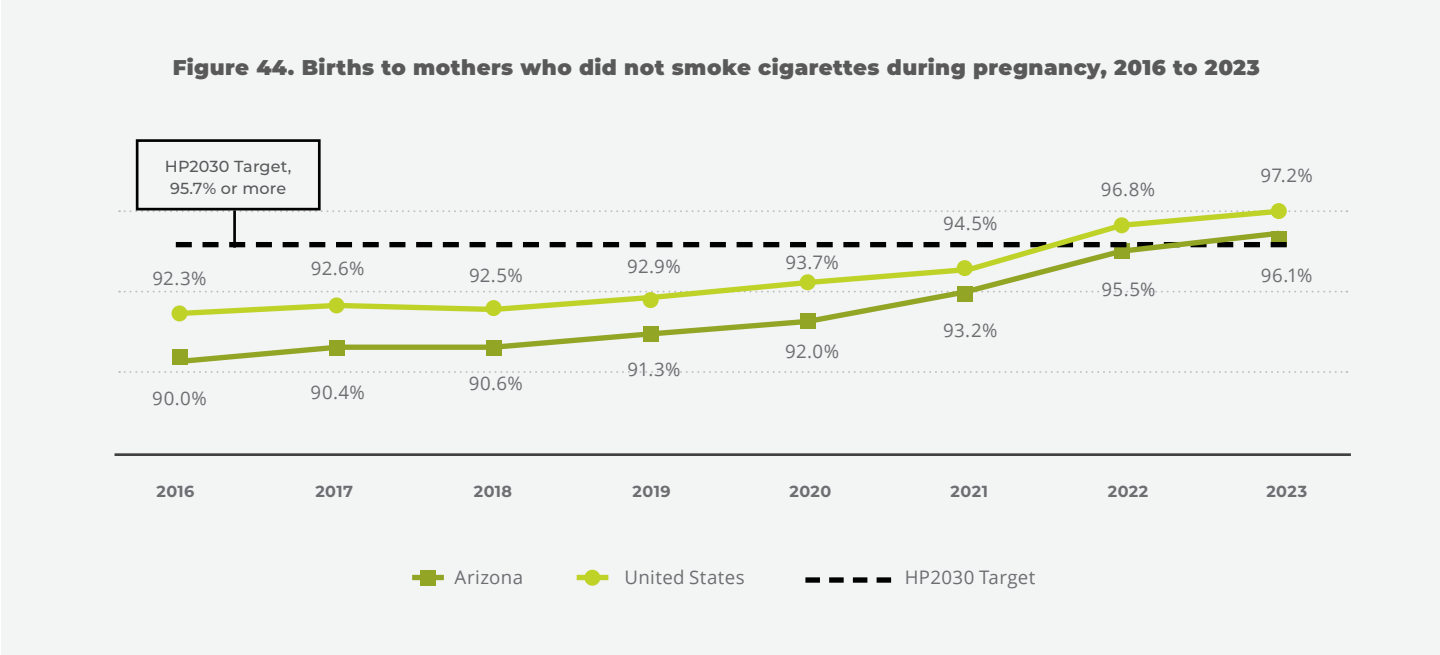
Preterm births (those delivered before 37 weeks of pregnancy) can result in cognitive, respiratory and gastrointestinal issues and are one of the largest drivers of infant mortality in the U.S.[427] Living in neighborhoods with the lowest rankings on the Child Opportunity Index, a tool utilized to measure resources and neighborhood conditions, has been linked to higher rates of preterm births, which may contribute to racial and ethnic disparities in birth outcomes.[428] In both Arizona and the United States, the percent of preterm births has slowly but steadily increased in recent years, though preterm birth rates have been consistently lower in Arizona than the nation as a whole by 0.4% to 1.2%. In Arizona, the rate of preterm births increased from 9.1% in 2016 to 9.9% in 2023, meaning that the state no longer meets the Healthy People 2030 target of 9.4% or less (Figure 43).

Figure 43. Preterm Births (37 weeks or earlier), 2016 to 2023



Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2025). [Natality 2016 - 2023 on CDC WONDER Online Database, released in 2025]. Accessed at https://wonder.cdc.gov/natality.htm

Mothers' health behaviors during pregnancy directly impact infant outcomes. Because nicotine and other chemicals can permeate through the placenta, smoking during pregnancy directly impacts fetal growth and brain development and even contributes to health outcomes like obesity and cardiovascular disease later in life.[429] While the number of children living with parents with substance abuse disorders has been increasing across the U.S., rates of tobacco use during pregnancy have been decreasing.[430] From 2016 to 2023, the proportion of mothers in Arizona who did not smoke during pregnancy increased by about 6% (from 90% to 96.1%), meeting the Healthy People 2030 target of 95.7% for the first time in that 7-year period (Figure 44). The proportion across the U.S. similarly rose from 92.3% in 2016 to 97.2% in 2023. This positive trend demonstrates an area of improvement for maternal and child health in Arizona that has the potential to directly contribute to decreasing child mortality rates. In Arizona, the Arizona Department of Health Services (ADHS) supports a variety of services aimed at helping pregnant and postpartum women stop using tobacco.[431]



Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2025). [Natality 2016 - 2023 on CDC WONDER Online Database, released in 2025]. Accessed at https://wonder.cdc.gov/natality.html

Note: The Healthy People 2030 target for maternal use of tobacco during pregnancy was decreased to 95.7% of females reporting abstaining from smoking cigarettes during pregnancy (from 98.6% for Healthy People 2020).

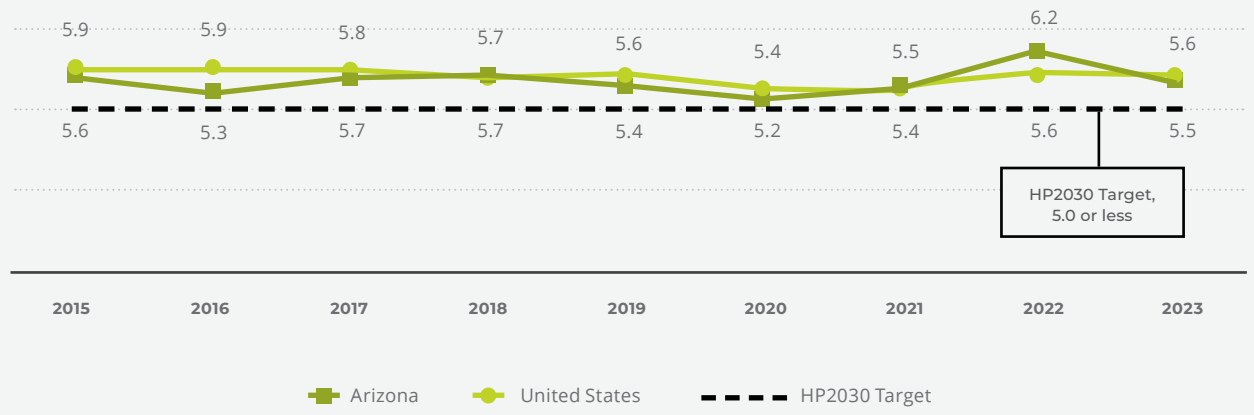
Infant & Child Mortality

Over the last century, public health and societal advancements have greatly improved infant and child health and mortality outcomes in the U.S.[432] While infant and child mortality rates have continued to decrease since the turn of the 21st century, the U.S. is faring worse than other countries. A recent study published in the Journal of the American Medical Association compared infant and child health and mortality rates in the U.S with 18 similar, high-income countries.[433] The results strikingly indicated that infants in the U.S. were 78% likelier to die, and children ages 1 to 19 were 80% likelier to die than their counterparts in similar countries. Specifically, infants in the U.S. had higher rates of premature birth, sudden unexpected infant death syndrome (SUIDS), congenital anomalies and respiratory infections leading to death.[434] U.S. child mortalities were linked to higher rates of firearm incidents, motor vehicle accidents, substance use and homicide.[435]

Healthy People 2030 set a target of no more than 5.0 infant deaths per 1,000 live births, which neither Arizona nor the U.S. met from 2015 to 2023 (Figure 45). Across the U.S., infant mortality rates decreased steadily from 5.9 in 2015 to 5.4 in 2021, however the rate then increased again to 5.6 in 2022 and 2023. Similarly, Arizona saw a decrease in infant mortality rates from 5.7 in 2017 to a low of 5.2 in 2020. While infant mortality spiked to 6.2 in 2022, it returned to a similar rate in 2023 (5.5). The timing of this increase suggests a link to the 2022 Supreme Court decision Dobbs v Jackson Women's Health Organization, which overturned the constitutional right to abortion; a similar increase was seen a year earlier in Texas when early-term abortions were banned in S.B. 8.[436] Reduced access to abortion care results in more infants born with terminal congenital anomalies and more births to mothers who experience higher rates of infant death.[437,438,439]

Infant mortality rates are more than twice as high for Black infants (11.3 per 1,000 live births) as non-Hispanic White infants (4.6), with Native Hawaiian or other Pacific Islander (9.3) and American Indian or Alaska Native (7.4) infants also having higher mortality rates. These disparities are understood to be related to structural racism, health care inequities, economic challenges and other societal factors that impact maternal and infant health.[440,441] Notably, U.S. infants born to Hispanic (particularly foreign-born) mothers have similar rates of infant mortality to non-Hispanic White infants and lower rates of SUIDS, even when more risk factors are present.[442] This suggests that cultural norms, such as high levels of familial involvement, as well as health norms, like lower rates of smoking, can greatly bolster infant health outcomes.[443,444,445] This is a particular asset in states like Arizona with large Hispanic or Latino populations (44% of children ages birth to 4) and children living with one or more foreign-born parents (23% of children ages birth to 5).[446,447]

Figure 45. Infant mortality rate (per 1,000 live births), 2015 to 2023



Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2025). [Linked Birth/Infant Death 2017-2023 records on CDC WONDER Online Database, released in 2025]. Accessed at http://wonder.cdc.gov/

Looking within Arizona's counties, the infant mortality rate was highest in Navajo County, where approximately one in every 111 infants (9.0) died in 2021 to 2023 combined (Figure 46). Coconino County had the second-highest infant mortality rate at 7.8, equaling about one in every 128 infants. On the other end of the spectrum, Pima County (3.8), Santa Cruz County (0.0) and Greenlee County (0.0) each had infant mortality rates that met the Healthy People 2030 target of no more than 5.0 per 1,000 live births.[xx]

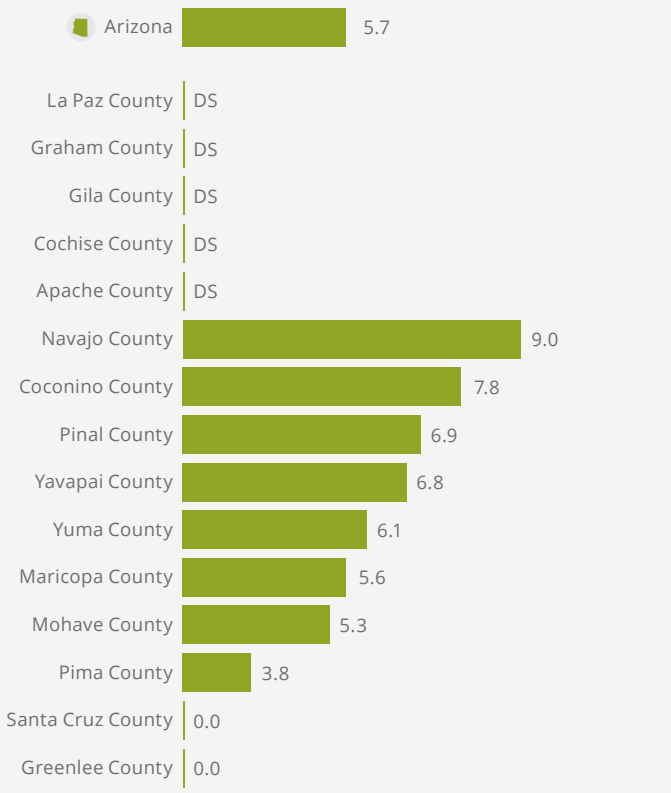
The U.S. approach to infant mortality has largely focused on public awareness and health care-based counseling about health decisions before and after birth and parenting practices.[448] Other community-based health care interventions, focused on cultural awareness and decreasing barriers to prenatal and newborn care, have demonstrated meaningful impacts on maternal and infant outcomes via community health workers, Federally Qualified Health Centers, mobile health clinics, and home visiting programs.[449] The recent increase in infant mortality suggests that Arizona—and the U.S. as a whole—could invest more in strategies like these.

[xx] Please note that the infant mortality rate of 0.0 recorded for both Santa Cruz County and Greenlee County can be related to their smaller overall and infant populations, making it more likely to capture years with no infant deaths. Data were also suppressed for La Paz County, Graham County, Gila County, Cochise County, and Apache County due to small numbers.

Most deaths of young children are caused by accidents.[450] In Arizona, the leading cause of death for children age 1 to 4 in 2022 and 2023 was drowning, followed by motor vehicle crashes in 2022 and blunt force trauma in 2023.[451,452] Young child mortality rates for children ages 1 to 4 were consistently higher in Arizona from 2016 to 2023 than across the U.S (Figure 47). Like infant mortality rates, young child mortality rates decreased across the country from 2016 to 2020 before rising steadily over the next several years. Within this timeframe, the young child mortality rate in Arizona was highest in 2016 (34.1 per 100,000 children) and lowest in 2019 (23.3), but the rate rose to near-peak levels again in 2021 and 2022 (32.5 and 33.2, respectively).

La Paz County had the highest young child mortality rate by nearly four times the state as a whole, at 119.0 (Figure 48). Apache (67.9) and Navajo (65.2) counties also had rates more than double Arizona's. These counties all have substantial populations of American Indian young children. American Indian children have disproportionately high mortality rates in Arizona and nationwide, particularly for accident-related deaths such as motor vehicle crashes.[453] This indicates ongoing needs for increased awareness and education for families of young children around water safety and appropriate use of car seats.[454,455]

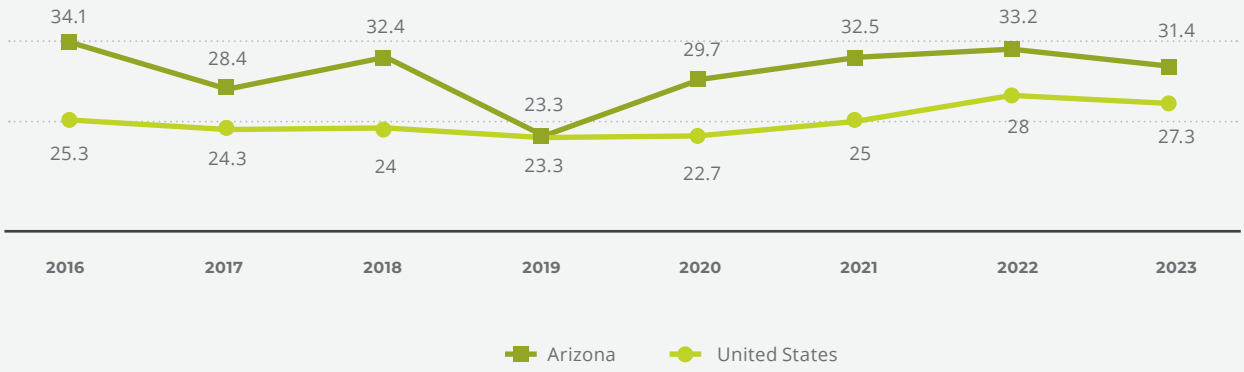
Figure 46. Infant mortality rate (within 1 year, per 1,000 live births) by county, 2021-2023 combined



Source: ADHS (2025). [Vital Statistics dataset]. Unpublished data received by request. Office of Disease Prevention and Health Promotion (2025). Healthy People 2030: Pregnancy & childbirth objectives, Indicator MICH-07.

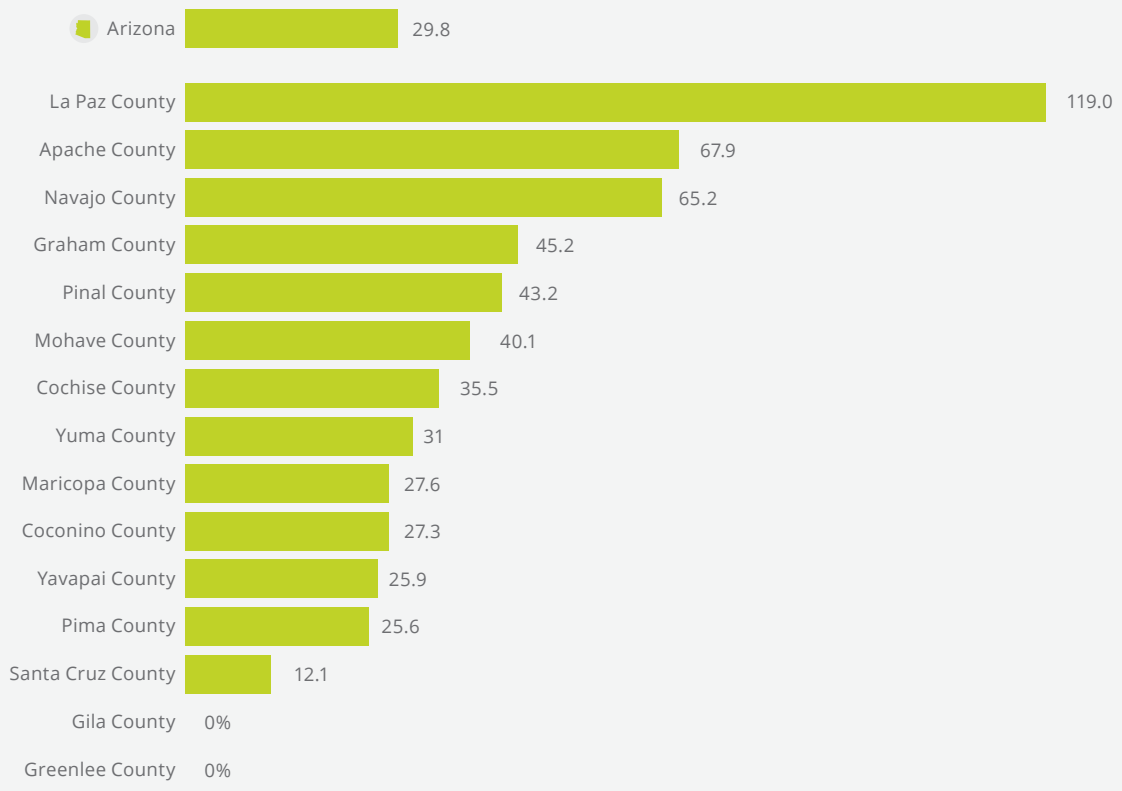
Note: Please note that the infant mortality rate of 0.0 recorded for both Santa Cruz County and Greenlee County can be related to their smaller overall and infant populations, making it more likely to capture years with no infant deaths. Data were also suppressed for La Paz County, Graham County, Gila County, Cochise County, and Apache County due to small numbers.

Figure 47. Young child mortality rate (deaths per 100,000 children ages 1-4), 2016-2023



Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2025). [Linked Birth/Infant Death 2016-2023 records on CDC WONDER Online Database, released in 2025]. Accessed at http://wonder.cdc.gov/

Figure 48. Young child mortality rate (ages 1-4, per 100,000 population) by county, 2021-2023 combined



Source: ADHS (2025). [Vital Statistics dataset]. Unpublished data received by request. Office of Disease Prevention and Health Promotion (2025). Healthy People 2030: Pregnancy & childbirth objectives, Indicator MICH-07.

Access to Health Care & Service Navigation

Investing in early childhood developmental, sensory (hearing and vision), oral health and behavior health screenings, along with timely well-child visits, immunization, and early intervention services, reduces long-term costs to the state's healthcare, education and social service systems. Identifying children's needs early and providing them with appropriate supports improves child outcomes while decreasing the need for costlier, intensive services later on. For policymakers, system partners and stakeholders, prioritizing early screening and intervention is a cost-effective strategy that strengthens Arizona's families and communities.

The U.S. health care system is complex and expensive. Health insurance coverage provides access to health services and can help reduce expenses; it can shift care from reactive to less expensive, pro-active care. Private health insurance, such as insurance offered through an employer, continues to be the primary source of coverage in the U.S., but public insurance offered through the government is now the source of coverage for more than one-third of Americans.[456] In Arizona, families with young children may be even more likely to have public health coverage. In 2020, almost half of births were paid for by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program.[457] Families who earn too much to enroll in AHCCCS may enroll their children in KidsCare, Arizona's Children's Health Insurance Program (CHIP).[yy] In recent years, Arizona has adopted policies to expand KidsCare benefits, including increasing the income limits, eliminating annual and lifetime caps and suspending monthly premiums.[458] Members of federally-recognized tribes without insurance can access health care services through the Indian Health Service (IHS).[zz] According to the 2023 American Community Survey, 3% of children ages birth to age 5 across the U.S. and 7% in Arizona did not have health insurance coverage.[459] Counties with notable uninsured rates for young children that do not include large populations of Tribal members include Santa Cruz (10%), Yavapai (10%) and Pinal (8%).[460]

Despite great strides toward increasing health insurance coverage, recent cuts to Medicaid and the Affordable Care Act (ACA) are likely to affect this progress. It's estimated that these cuts will cause 13.7 million Americans to lose their health care coverage over the next decade, which could lead to more families skipping preventive care visits or taking on debt for unexpected or unavoidable medical costs.[461] In Arizona, this would equate to 300,679 people losing insurance.[462,aaa] These cuts will also impact hospitals that rely on billing Medicaid and other insurers to cover salaries, equipment and services. Rural, Tribal and critical access hospitals are less-resourced, serve lower-income populations and are likely to be disproportionately affected by the funding cuts.[463] Researchers estimate that at least 300 rural hospitals will close nationwide within a short timeline, and many others will be forced to reduce staff and services, widening the health care quality and access gap for rural Americans.[464,465] Tribal communities are uniquely affected by federal funding and policy changes because most funding for health care comes from the Department of the Interior, which houses IHS, the Urban Indian Health program and other key public health programs. While current Fiscal Year 2026 budgets do not cut IHS or Urban Indian Health program funding, proposed funding levels are still far below the recommendations for fully funding IHS provided by the National Tribal Budget Formulation Workgroup.[466,467]

[yy] For more information on AHCCCS and KidsCare see: https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html

[zz] On reservations, the Indian Health Service (IHS) provides free health care to Native Americans through government funding, however tribal facilities benefit from billing Medicaid, Medicare or other third-party payors for services rendered so that IHS funds can be used for other operational needs.

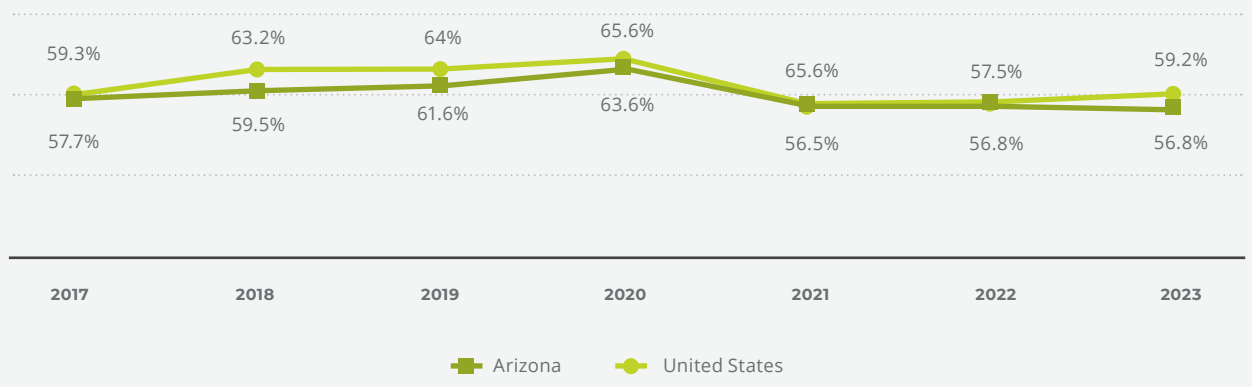
[aaa] This includes 109,686 losing ACA coverage, and 190,993 losing Medicaid coverage.

Well-child visits provide scheduled opportunities for pediatricians to monitor growth and development, administer immunizations, observe familial dynamics and provide guidance to caregivers on essential topics and emerging milestones.[468,469,470] Children who attend the recommended number of well visits are more likely to be up to date on vaccinations and have fewer visits to the emergency department.[471] Crucially, well-child visits can facilitate early detection of developmental delays or behavioral concerns, identifying children who may benefit from intervention services at the earliest stage possible to improve both short- and long-term outcomes.[472,473]

Across the U.S., the proportion of toddlers enrolled in Medicaid or CHIP who were meeting standards for well-child visits[bbb] increased from 59.3% in 2017 to almost two-thirds (65.6%) in 2020 (Figure 49). However, the onset of the COVID-19 pandemic set this rate back to 56.6% in 2021, and even with increases in 2022 and 2023, rates have not yet reached 2017 levels. Studies found substantial disruption to attendance at well-child visits as well as vaccine administration schedules for children and adolescents during the COVID-19 pandemic, particularly for the youngest age groups (birth to 2 years).[474,475] Existing disparities in well-child visit attendance rates also increased during this time; the difference between non-Hispanic White and non-Hispanic Black children widened from 9.6% in 2018-19 to 24.8% in 2020, while the difference between non-Hispanic White and Hispanic children widened from 14.8% to 26.3%.[476]

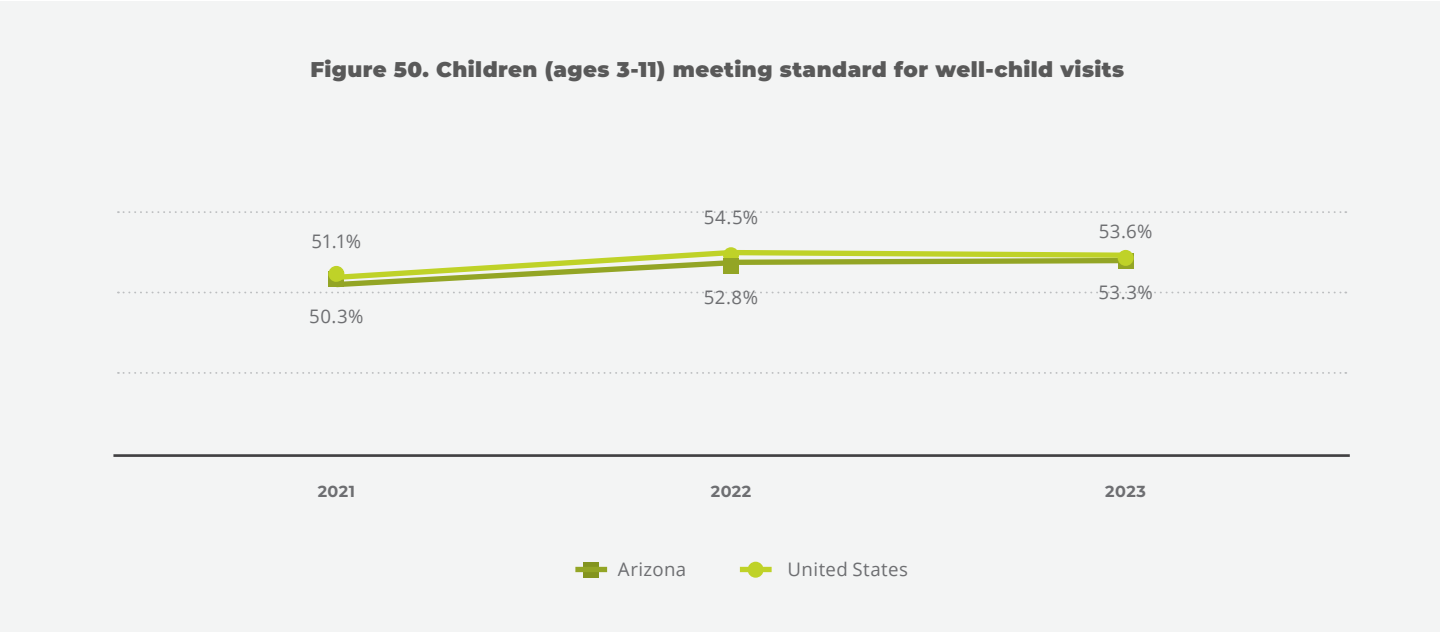
In Arizona from 2017 to 2023, the proportion of toddlers meeting standards for well-child visits was consistently lower than the U.S., by between 0.1% and 3.7% (Figure 49). Like the country overall during this time, the percent meeting standards has been lowest in the most recent years, with fewer than six toddlers in 10 having had the recommended number of pediatric visits in 2021 (56.5%) to 2023 (56.8%). The proportion of Arizona children ages 3 to 11 attending annual well-child visits was even lower during these years, increasing slightly from 50.3% in 2021 to 53.3% in 2023 (Figure 50). This means that almost half of children in the state are missing opportunities for physical and behavioral health screening, vaccination, and intervention. As more families lose access to affordable health care, these rates are likely to worsen.

Figure 49. Toddlers (turning 15 months old) meeting standard for well-child visits



Source: US Centers for Medicaid & Medicare Services (2021). Performance on the Child Core Set Measurements, FY 2016 to FY 2020. Retrieved from https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html

[bbb] The Centers for Medicare and Medicaid Services Child Core Set includes a measure which tracks whether children and adolescents receive recommended well-care visits. The standard suggests toddlers should be attending at least six well-child visits by 15 months of age. This aligns with the American Academy of Pediatrics Bright Futures preventive care schedule, which recommends well-child visits at 3-5 days, one month, two months, four months, six months, nine months, 12 months, and 15 months old. For older children, the standard decreases to one annual well-visit.



Source: US Centers for Medicaid & Medicare Services (2024). Performance on the Child Core Set Measurements, FY 2016 to FY 2020. Retrieved from https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html

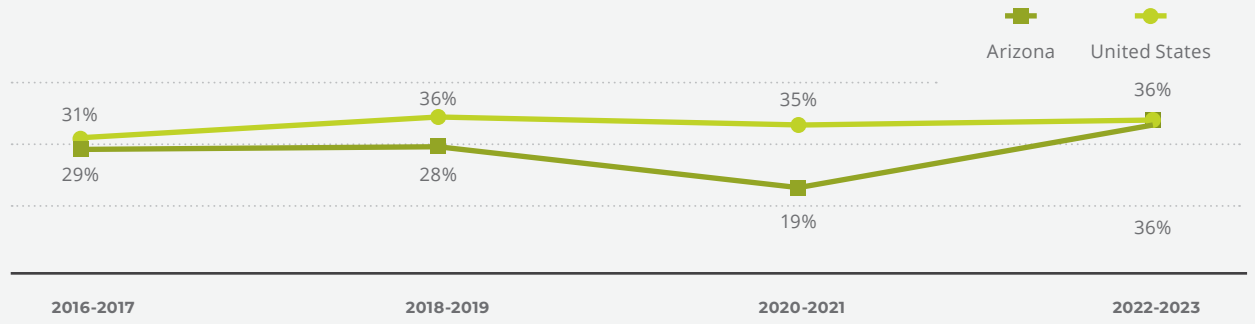
Low attendance at well-child visits can be related to a number of factors, including those that limit access to medical care more generally. Parents may face structural barriers such as transportation, limited provider access and other scheduling difficulties.[477,478] Like barriers to prenatal care access, these challenges are especially pronounced for residents in rural areas where services are fewer and further between.[479] Well-child care is exempted from cost sharing for Medicaid and CHIP recipients, but out-of-pocket costs can present another barrier for privately or uninsured families.[480] Moreover, many people report dissatisfaction with the length and value of preventive health care encounters, which may contribute to families not prioritizing these visits. Studies indicate that it can be difficult for providers to develop rapport with parents in the limited amount of time allotted for well-child visits, and that visits often skip screening steps and recommended caregiver guidance.[481]

The American Academy of Pediatrics recommends that providers ask parents about developmental concerns at all infant and well-child visits and ask parents to complete a standardized developmental screening at the 9-, 18- and 30-month appointments.[482] Based on 2019 data, 98.1% of pediatricians surveyed reported completing developmental surveillance or screenings, but only 59% used a standardized tool.[ccc,483] Pediatric care providers listed barriers to completing these screenings, including difficulty prioritizing time in short visits, issues with billing for the service, not having screening tools included in electronic health record systems, parental burden and lack of knowledge of referral options for positive screens.[484] According to the National Survey of Children's Health (NSCH) data, the percent of young children ages 9-35 months in Arizona who received a parent-completed developmental screening improved substantially from a low of 19% in 2020/2021 to matching national rates of 36% in 2022/2023 (Figure 51).[ddd] This suggests major progress in developmental screening in Arizona, but also suggests that there is still much improvement to be made, as two out of every three young children are not being appropriately screened in primary care settings.

[ccc] Developmental surveillance involves monitoring of developmental progress without using a standardized tool to identify risk for developmental delay.

[ddd] Please note that the shaded areas around the lines in the graph represent the 95% confidence intervals, which are much wider for Arizona than the US because of the sample size (~110 each year of the survey). Because the confidence intervals are overlapping for all years besides 2020-21, we cannot be sure that there was a true difference in the percent of children receiving parent-completed screenings.

Figure 51. Young children (ages 9-35 months) who received a developmental screening using a parent--completed screening tool in the past year, 2016-2023



Source: Child and Adolescent Health Measurement Initiative (2021). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org.

Note: Shaded areas represent 95% confidence intervals. Overlapping confidence intervals, portrayed as shading around the trend lines, suggest similar prevalence in both Arizona and the U.S.

Not all children have the same access to developmental screenings—disparities in screening rates for some racial and ethnic groups means that Black and Hispanic children with developmental concerns are 78% less likely to be identified for early intervention, and Black children are five times less likely to receive early intervention services than their White peers.[485] In Arizona in 2020-21, infants and toddlers identified as Black or African American, American Indian or Alaska Native, Asian or multi-racial were less likely than those in all other groups to receive early intervention.[486] A study of low-income parents of young children endorsed creative well-child care reforms, including utilizing more nonphysician providers, who were seen as more attentive to building connection with the families as well as to child developmental and behavioral issues, and expanding access via home and child care-based visits.[487] Nest Health is an example of a home-care model that has been implemented in Maricopa and Mohave Counties, available at no cost to families enrolled in AHCCCS.[eee]

In addition to health care settings, families of young children may learn about the importance of developmental screening and intervention from early care and education providers or other community-based family services, such as family resource centers (FRCs)[fff] and home visitation programs. The state also conducts outreach and public awareness activities to increase screenings and referrals for early intervention services via the Arizona Early Intervention and Child Find programs.[488] The process of evaluating children with developmental concerns and connecting families with important services can sometimes be disrupted by a "wait and see how it turns out" attitude among the community that leads them to put off assessment for early intervention services.[489] Family outreach can emphasize the importance of intervening on developmental concerns as early as possible to take advantage of brain plasticity, as well as help destigmatize screening and support services. In community-based settings, such as FRCs and home visiting programs, encouraging the use of parent-completed developmental screening tools like the Ages and Stages Questionnaire (ASQ-3) can ease the referral process.[490] A resource recently developed by Strong Families AZ helps parents navigate developmental monitoring, screening and resources.[ggg]

[eee] For more information, see: https://www.nesthealth.com/mohave-medicaid

[fff] For more information about First Things First-funded family resource centers, see: https://www.firstthingsfirst.org/program-types/family-resource-centers/

[ggg] For more information, see: https://strongfamiliesaz.com/wp-content/uploads/StrongFamiliesAZ_DevelopmentalScreeningBooklet.pdf

Children with Special Needs

National Survey of Children's Health (NSCH) data suggest that more than one-third of 3-year-olds in the U.S. are not on track to reach the developmental milestones that indicate success when transitioning to kindergarten.[491] Timely connection with early intervention services— such as speech, physical, occupational and behavioral therapy— can shape school readiness and the developmental trajectory of young children with medical conditions, developmental delays and even certain risk factors for delays.[492] Family-centered services can additionally give caregivers new skills for supporting their child's development at home and may impact family functioning and emotional well-being.[493]

Children with special needs or developmental concerns typically receive care and services through multiple complex systems, such as education, health and social services. Understanding and working through these various systems to find timely and appropriate care can be a daunting task for families who already report higher levels of caregiver burden due to the specialized needs of their children.[494] Family navigation services— which coordinate care across multiple systems, identify and address barriers to care and provide emotional support among other resources— have been used to improve timeliness of screening and service receipt for children with developmental concerns.[495,hhh] Families may be connected with navigation services through their pediatrician, screening programs, state early intervention services, community organizations, parent centers, child care or specialty navigation programs (funded through Medicaid, grants or research trials). While cost is a current barrier, research suggests that expanding access to navigation services can reduce cultural, linguistic and geographic disparities in children receiving services during important developmental stages; this suggests that overall medical and educational costs may be reduced in the long-run.[496]

The federal Individuals with Disabilities Education Act (IDEA) authorizes grants to the states to provide special education and early intervention services for children meeting qualifying criteria.[497] The largest part of the act, known as Part B, provides funds for "free and appropriate public education" for children with disabilities ages 3 to 21. Part C, which authorizes funding for early intervention services for infants and toddlers with disabilities and their families, is optional for states and included in annual Congressional appropriations. All states have opted into Part C since 1994.[498] In Arizona, Part C services for infants and toddlers with special needs are provided by the Arizona Department of Economic Security (DES), Arizona Early Intervention Program (AzEIP)[iii] and Division of Developmental Disabilities (DDD).[jjj,kkk]

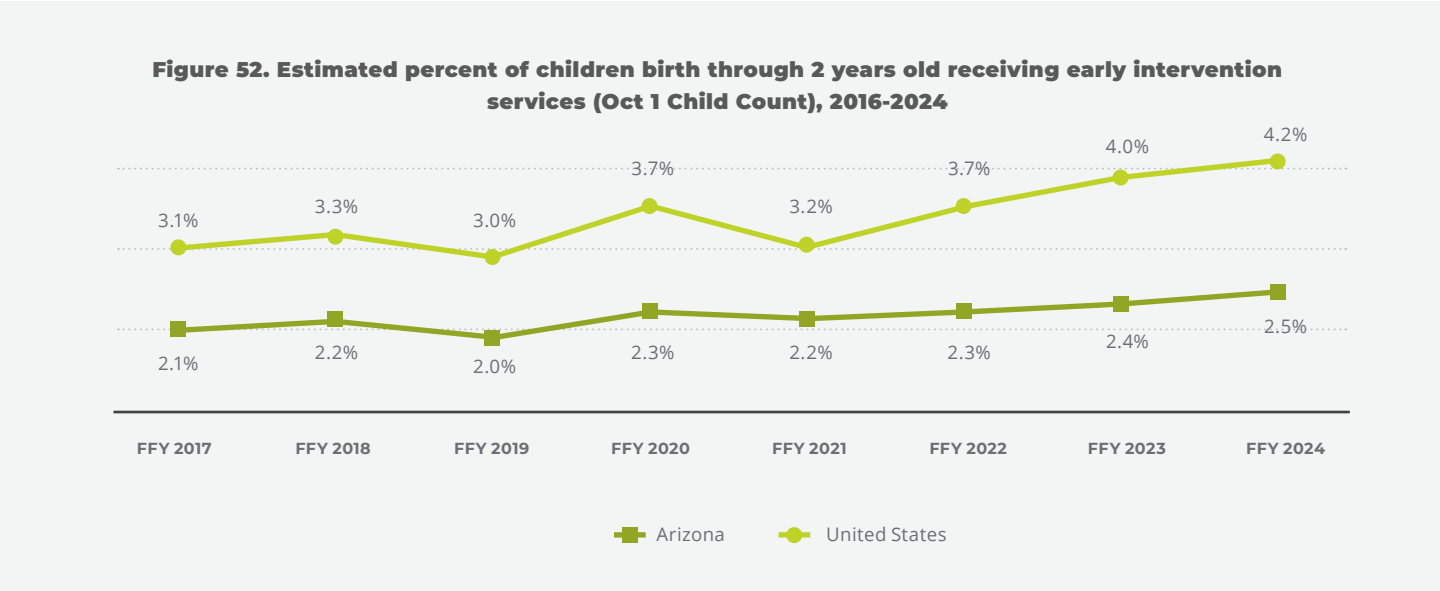
From 2017 to 2024, the proportion of children birth to 2 years old receiving early intervention services increased for both the state of Arizona and the U.S. as a whole (Figure 52). Based on single day active counts, the number of young children served by AzEIP fell from 5,980 in 2018 to 5,281 in 2021, a total reduction of 11.7%.[499] By 2023, the number of children receiving services rebounded to pre-pandemic levels with 5,946 or about 2.5% of Arizona's young children served in 2024. Comparatively, the number of children served by IDEA Part C across the U.S. recovered slightly faster, surpassing previous numbers in 2022 (441,515). While a higher proportion of young children were served across the U.S. (4.2%) than in Arizona in 2024, national research suggests that many more young children would benefit from early intervention than are receiving it.[500,501]

[hhh] For more information on the core components of family navigation services, see: Broder-Fingert, S., Stadnick, N. A., Hickey, E., Goupil, J., Diaz Lindhart, Y., & Feinberg, E. (2020). Defining the core components of family navigation for autism spectrum disorder. Autism, 24(2), 526-530.

[iii] For more information about AzEIP, see: https://des.az.gov/services/disabilities/early-intervention/about-early-intervention-arizona

[jjj] Each family referred to the state is assigned a service coordinator, who assists with setting up eligibility screenings, full evaluations and early intervention services with local, contracted agencies. The state mandates that the whole process, from referral to eligibility determination, be completed within 45 days. Since 2020, there has been no waitlist for services through AzEIP or DDD. Additionally supported by the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid program) and private health insurance as applicable, Part C services are guaranteed at no cost to eligible families in Arizona. For more information see A Family's Guide to Funding Early Intervention Services in Arizona

[kkk] For more information about DDD, see: https://des.az.gov/ddd



Source: U.S. Department of Education (2025). IDEA Section 618 Data Products Static Tables Part C, Table 1. Retrieved from https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c

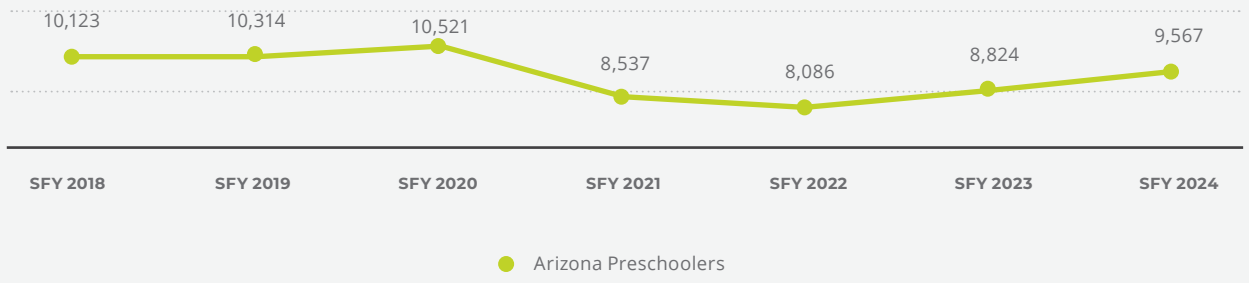
AzEIP staff interviewed for this report shared barriers to early intervention from their agency's perspective.[502] They noted that losing contact with families during the referral and eligibility process is common. Service coordinators are required to make a minimum of two follow-up phone calls and send a letter to the address on file; however, many more contact attempts are usually made. Difficulty with sharing information across systems was also noted as a challenge. Health records can provide information and background that is extremely useful in the evaluation process but accessing them often takes too long. Because Federal Education Rights and Privacy Act protections apply as soon as the child is referred, AzEIP cannot share information about the referral process back with the referring party without parental consent, so providers cannot be sure that children end up connected with services. However, AzEIP indicated that they have been working with community partners to give consent forms to parents at the time of referral to facilitate information sharing.

AzEIP and DDD have been operating within a challenging landscape of provider shortages, particularly in rural areas, and insufficient funding.[503] Nationally, federal funding has decreased from covering 40% of Part C services provided to about 15%.[504] In early 2025, DDD was predicted to reach a budget shortfall before the end of the federal fiscal year, at the same time more children are found eligible for services, wages increase and federal support is withdrawn from programs instituted during the pandemic, including Parents as Paid Caregivers.[505] A supplemental funding bill passed just in time to ensure services for the rest of 2026, however this highlights a problem that is likely to persist in the coming years.[506] Arizona is already considered to have stricter developmental delay eligibility criteria compared to other states and does not consider low birthweight, preterm birth or other at-risk criteria as automatic qualifiers for services as some other states do, per best practices.[507] While significant upfront costs are associated with expanding eligibility criteria, analyses have found that increased access to early intervention means more children are able to discontinue special education services at age 3, saving states between $7.6 million and $68.2 million per year.[508]

Strategies and programs aimed at reaching children with developmental concerns who are not found eligible for AzEIP, or who are less likely to connect with AzEIP for other reasons, could benefit many families in Arizona. For children who are "in the monitoring zone," meaning that they are not scored as typically developing but also do not score as needing further developmental assessment, providers and caregivers are recommended to 1) rescreen sooner than for a child with typical development, 2) incorporate activities targeted to the developmental needs in home and early care and education settings, and/or 3) continue with referring the child at that time for further assessment and services.[509]

Home visitation can be an effective tool for both young children meeting eligibility criteria and those in the monitoring zone.[510] Importantly, home visitation programs appear to bridge important care and knowledge gaps for more vulnerable and less-resourced families.[511] Many of these programs are voluntary and free for pregnant women and parents of newborns with any life stressors, including poverty, lower levels of education, lack of health insurance, single or teen parenthood, substance abuse, domestic violence, mental health issues and social isolation, in addition to low birthweight and developmental concerns or diagnoses. Research on home visiting programs shows that focusing on caregivers' ability to promote their child's development and tailoring programming to families' circumstances and needs are especially effective practices.[512] An analysis found that children participating in home visitation in Arizona had improved screening scores across all developmental domains of the ASQ-3 after participating for six months, with the largest improvements in gross and fine motor skills and problem solving.[513] Programs report a variety of other holistic impacts related to improved health behaviors and birth outcomes for pregnant participants; screenings and referrals of caregivers for mental health services; higher rates of 19-35-month-olds with full immunization; reduced domestic violence and child removals and improved familial functioning.[514,515,516]

Figure 53. Preschoolers ages 3-5 receiving special education services through local education authorities, fiscal year 2018 to 2024



Source: ADE (2025). [Exceptional Student Services data]. Unpublished dataset received by request; ADE (2025). Special Education Public Reporting Oct 1 Data. Retrieved from https://www.azed.gov/specialeducation/publicreporting

Before a child with special needs turns 3, they can be transferred from AzEIP to the Arizona Department of Education Early Childhood Special Education Program[lll] to receive services through their local education authority (LEA). In 2020-21, 51.7% of children exiting IDEA Part C services transitioned to Part B services, with the other half including children who were not screened for Part B eligibility (29.3%), found ineligible for Part B (12.2%) or continued services through Part C (6.7%).[517] Parents indicate that navigation services focused on this transition period could help ensure children who would benefit from continued services are able to receive them.[518] The number of preschoolers ages 3 to 5 in Arizona receiving special education services through LEAs dipped after the onset of the COVID-19 pandemic, but reached a four-year high in 2024 at 9,567 children (Figure 53). Based on 2020 Census population estimates,[519] this equates to about 4.4% of 3- to 5-year-olds in Arizona.[mmm]

Ideally, preschool-age children with special needs receive services and early education in a high quality and inclusive environment. A comprehensive body of research demonstrates that children with disabilities— even those with the highest specialized needs— experience greater developmental and educational gains in inclusive settings.[520,521,522,523,524,525,526] While IDEA stipulates that all children with special needs must be served in the least restrictive setting possible, preschoolers with disabilities have fewer options for child care and education, and more than half end up receiving services separately from their peers without a disability.[527,528,529,530] A national survey of early intervention and early childhood special education professionals identified the need for more professional development opportunities and more robust supports.[531] Many respondents reported too-high caseloads, low compensation, and concerning levels of stress, leading almost 40% to indicate that they are likely to leave the field in the next five years, adding to the challenge of turnover in the early education workforce.[532]

Local Head Start programs, which receive federal funding through the Department of Health and Human Services, provide a potential exemplar model of inclusive, high-quality early education for low-income families.[533] In Arizona in 2023, 9% of 3- to 5-year-old preschoolers with disabilities received their special education in a Head Start program.[534] Compared with Arizona's 29% inclusion rate, all children with disabilities in Head Start programs receive their services in the same setting as their peers without such disabilities.[535] The Head Start model also includes family navigation, with an advocate assigned to each family to help understand their child's diagnosis and needs, set functional goals and learn to advocate for their children based on their IDEA rights. Research has shown that children with disabilities who attended Head Start have better language, early literacy and math skills than their peers in other settings.[536]

However, major policy and funding changes are likely to affect families of children with special needs. In July 2025, the Department of Health and Human Services announced that Head Start enrollment criteria would be changing to include a check for citizenship or immigration status for the first time.[537] For border states, like Arizona, with large Hispanic and immigrant populations, this may have a chilling effect on Head Start participation rates. Additionally, the Medicaid cuts included in the recent federal bill are predicted to impact families with young children who access school-based health and developmental services.[538] School districts rely on Medicaid reimbursements for services provided to Medicaid-enrolled students and those with individualized education programs (IEPs) or 504 plans. A recent survey of school districts indicates that funding losses are likely to result in reductions in school health staff and personnel (and particularly specialized instructional support personnel), mental and behavioral health services and assistive equipment and technology for students with disabilities, among other losses.[539]

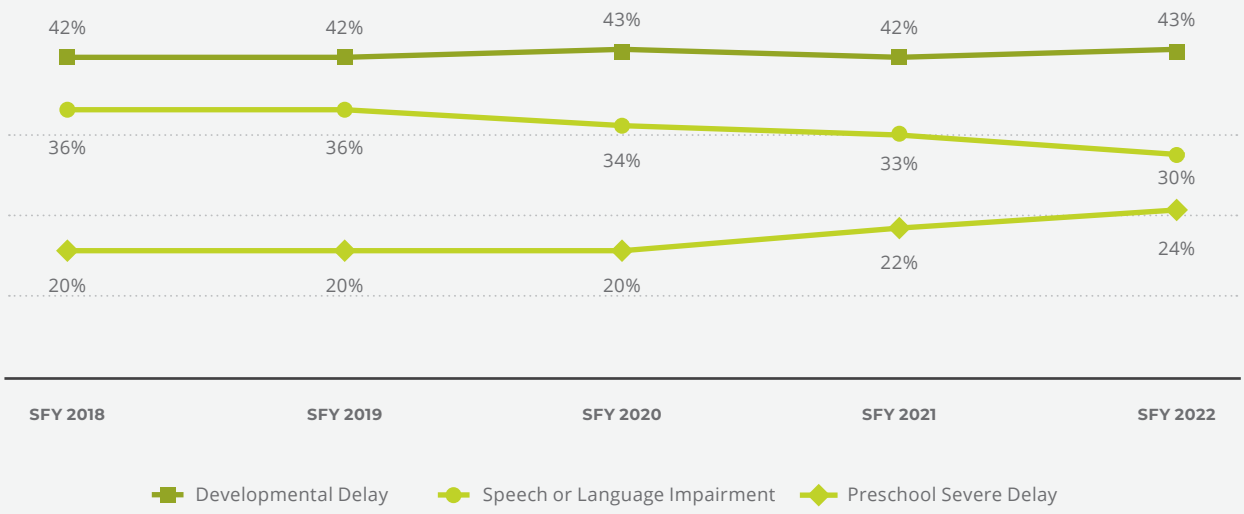
[lll] For more information about the Early Childhood Special Education Program, see: https://www.azed.gov/specialeducation/parent-resources-early-childhood-special-education

[mmm] This calculation used the number of infants under 1 year old in 2020 (72,415) to estimate the number of 3- to 5-year-olds in Arizona. Because the number of births has been decreasing by about 4% per year, this may be an overestimate of the number of children in this age group, and therefore an underestimate of the percent in Part B preschool services.

These potential funding losses come in the midst of an increase in the severity of delays for which preschoolers are receiving services. The most common disability type for preschoolers ages 3-5 receiving special education services in Arizona is developmental delay (42%-43%) (Figure 54). The proportion of preschoolers with a preschool severe delay has been steadily increasing, from 20% in 2019 to 24% in 2022, while the share of preschoolers with speech or language impairment has been decreasing, falling from 36% to 30% in the same period.

In Arizona, preschool severe delay is defined as performance on a norm-referenced assessment that is more than three standard deviations below the mean for typically developing children in the areas of cognitive, physical, communication, social-emotional or adaptive development.[540] The increase in preschool-age children with more severe delays directly follows the onset of the COVID-19 pandemic, when widespread closures of child care centers, preschools, and community programs disrupted access to peer interactions, structured routines and enriching activities for young children.[541,542] Additionally, pandemic-related economic instability, caregiver stress and mental health issues have been linked to more pronounced developmental delays because of their effects on children's home environment and experience of adverse events.[543,544] The negative impacts of early intervention disruptions, which were particularly pronounced for low-income, immigrant and minority families, accentuate the importance of timely screening and services and access to other family supports, such as home visitation and quality early education, to support infants and toddlers before they reach preschool-age.[545,546]

Figure 54. Trends in percentage of preschoolers ages 3-5 receiving special education services by primary disability type, SFY 2018 to 2022



Source: Arizona Department of Education (2023). [Exceptional Student Services dataset]. Unpublished data received by request

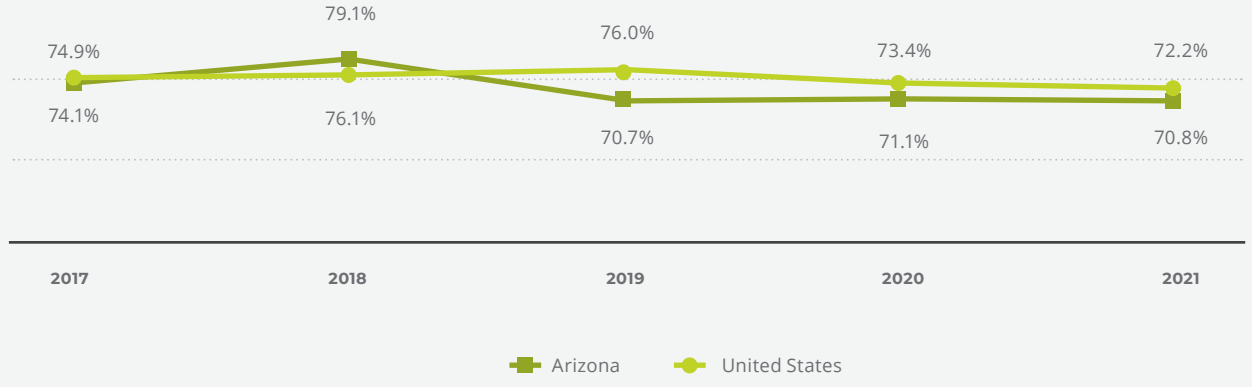
Immunizations

Immunization serves as the best method to prevent communicable childhood diseases in children and their communities. When enough children are immunized, the protection even extends to those who are unable or who choose not to be vaccinated.[547] In Arizona, children are required to be fully immunized or have a documented exemption for DTap; Hepatitis B; measles, mumps, and rubella (MMR); polio; varicella; meningococcal disease and influenza.[548] In Arizona, the percent of children aged birth to 35 months who received their 7-series vaccinations increased to a recent high of 79.1% in 2018 before decreasing steeply to 70.8% in 2021 (Figure 55). The U.S. also reached a five-year low in 2021 (72.2%). The decline seen from 2019 to 2021 nationwide has been ascribed to the impact of the COVID-19 pandemic, whether as result of increasing vaccine hesitancy or inability to access pediatric care.[549]

In March 2025, the Centers for Disease Control and Prevention cancelled funding for state and local health departments that had been used for essential purposes, including vaccination, virus monitoring and testing.[550] In Pima County, 20 vaccine clinics serving remote parts of the county were immediately closed with further concerns that public health education and community trust-building could eventually be at stake.[551]

A new measles outbreak beginning in Texas in early 2025 has already spread to 40 states, including Arizona, and resulted in three confirmed deaths nationwide.[552] The 2025 measles outbreak in Mohave County is the largest in Arizona in more than two decades.[553] Since 2019, childhood MMR immunization rates have decreased in 78% of counties in the U.S. The MMR vaccination rate among U.S. kindergarteners specifically, decreased to 92.7% in the 2023-24 school year, threatening the country's measles eradication status.[554,555] In Arizona, only two out of 15 counties, Santa Cruz (98%) and Yuma (95%),were at or above the herd immunity threshold for kindergartners in the 2024-25 school year, with the state well below this threshold (89%) (Figure 56).[556] For children in child care, Greenlee (99%), Santa Cruz (99%), Apache (98%), Yuma (97%), Pima (97%), Cochise (96%), Coconino (96%), Pinal (95%), and Navajo (95%) counties met the 95% threshold for herd immunity for MMR in the 2024-25 school year. Mohave County (85%) and Yavapai County (83%) had the lowest MMR immunization rates for children in child care in the 2024-25 school year.

Figure 55. Percent of children age 35-months with 7-series vaccinations, birth years 2017 to 2021

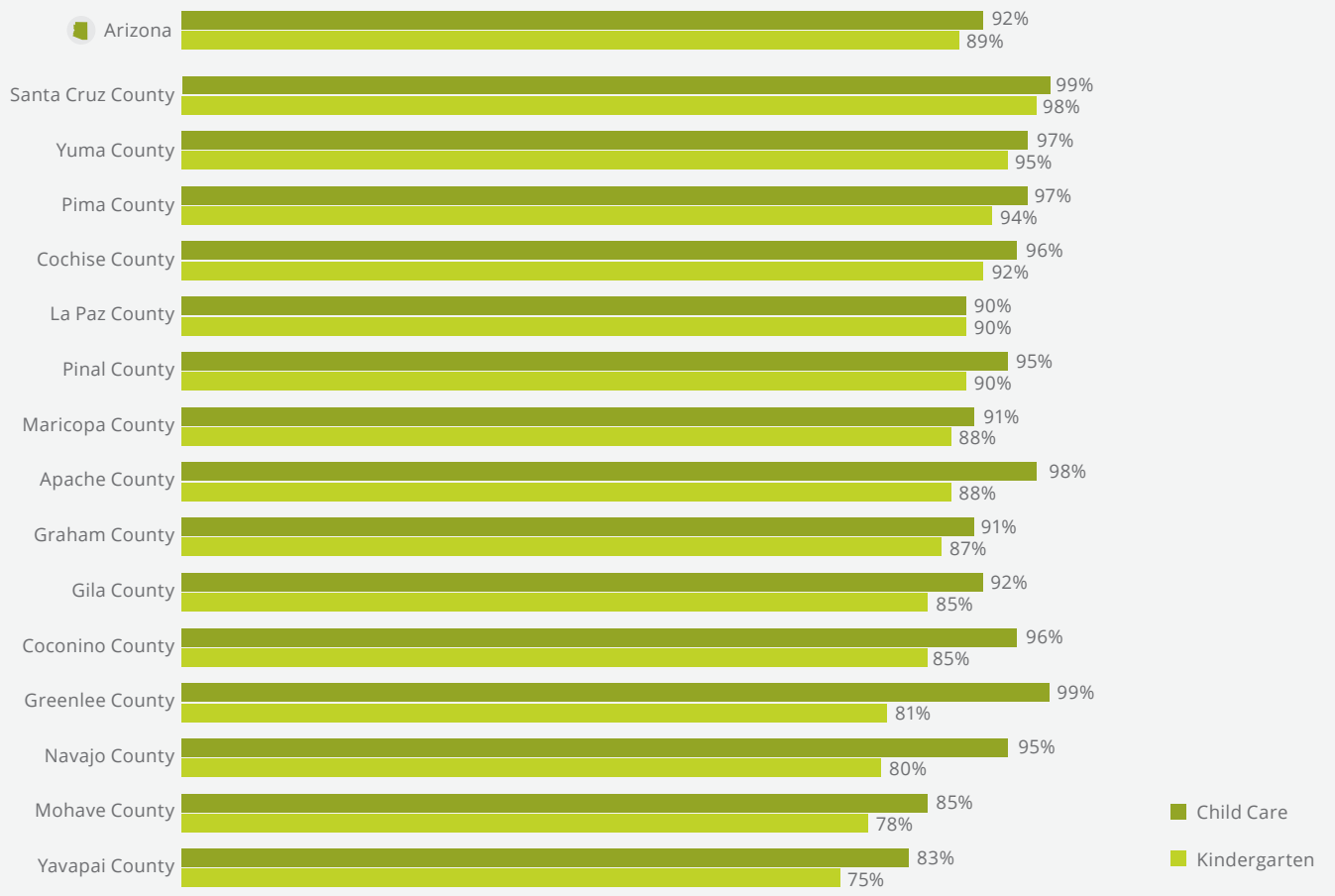


Source: U.S. Centers for Disease Control and Prevention (2021). ChildVaxView: Vaccination Coverage among young children (ages 0-35 months). Retrieved from https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/interactive-reports/index.html

Note: The Healthy People 2030 target for immunization rates of children in kindergarten for the MMR vaccine remains 95%.

Since the 2018-19 school year, both child care and kindergarten vaccine exemptions have increased across Arizona. Child care immunization exemptions rose from 3.0% in 2018-19 to 4.8% in 2024-25, and kindergarten immunization exemptions rose from 2.4% to 4.7%. Children may be exempted from vaccination based on medical restrictions, religious beliefs or personal beliefs. Medical exemptions can apply to students of all ages, whereas personal belief exemptions apply to K-12 students and religious belief exemptions apply to students in early care and education programs.[557] A study of Arizona children found that those with personal belief exemptions were more likely to be White, live in higher-income families and attend charter schools. Lower exemption rates were associated with enrollment in free or reduced lunch programs, which may be related to public health efforts to increase access to affordable vaccines through the Vaccines for Children program.[558,nnn]

Figure 56. MMR coverage rates in child care and kindergarten, 2024-25



Source: ADHS (2025). Child care and Kindergarten Immunization Coverage by County, 2024-2025 School Year. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

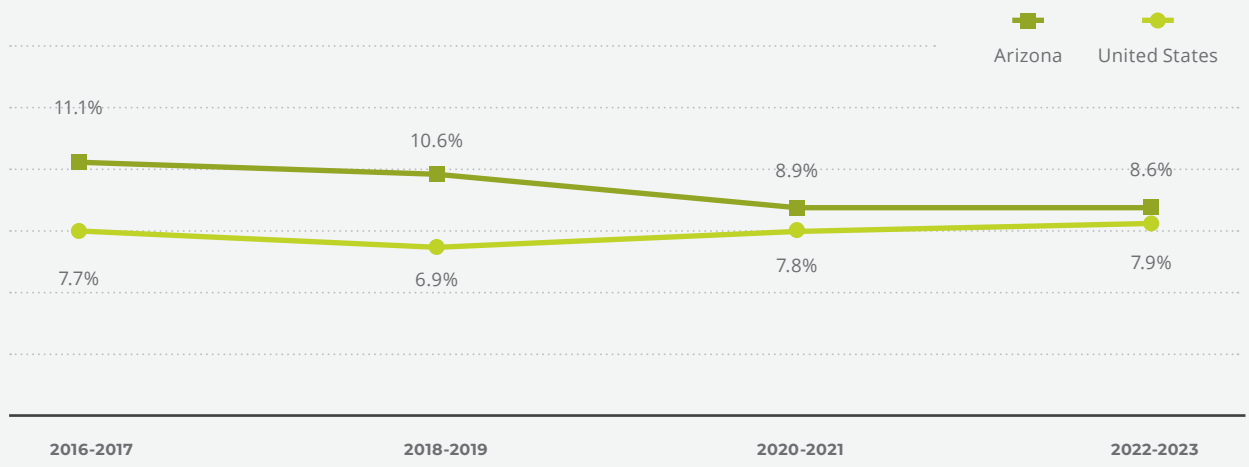
[nnn] For more information about Vaccines for Children, see: https://www.cdc.gov/vaccines-for-children/about/index.html

Oral Health

Oral health is a fundamental component of overall health, well-being and self-confidence. Children with dental pain and lower oral health-related quality of life have more school absences and worse academic performance.[559,560,561] Poor oral health and gum disease have also been linked to numerous health conditions, including adverse pregnancy outcomes, heart disease, pulmonary disease, diabetes, stroke, rheumatoid arthritis, systemic inflammation and infection.[562,563]

Between the 2016/2017 and 2022/2023 National Survey of Children's Health (NSCH), the percent of young children with tooth decay or cavities in Arizona decreased by 2.5%, while it increased by 0.2% across the U.S. (Figure 57). The overlapping confidence intervals, portrayed as shading around the trend lines, suggest that the prevalence of dental issues is similar in both geographies. While less than one in 10 children ages 1-5 had tooth decay or cavities (8.6% in 2022/2023), 50% of kindergarteners in Arizona had experienced tooth decay and 24% had decay that went untreated (2019-2024 average).[564] This compares most closely with data from 2017-20 on 5-year-olds across the U.S., who had much lower rates of both tooth decay (37%) and untreated decay (16%). In Arizona, children identified as American Indian or Alaska Native, children with AHCCCS insurance and children whose parents have a high school education or less were more likely to have untreated decay, while children who attended a dental appointment in the last year were less likely to have untreated decay.[565]

Figure 57. Percent of young children (ages 1-5) with tooth decay or cavities, 2016-2023



Source: Child and Adolescent Health Measurement Initiative (2025). National Survey of Children's Health 2022-2023. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved on 28 Apr 2025 from www.childhealthdata.org

Note: Shaded areas represent 95% confidence intervals. Overlapping confidence intervals, portrayed as shading around the trend lines, suggest similar prevalence in both Arizona and the U.S.

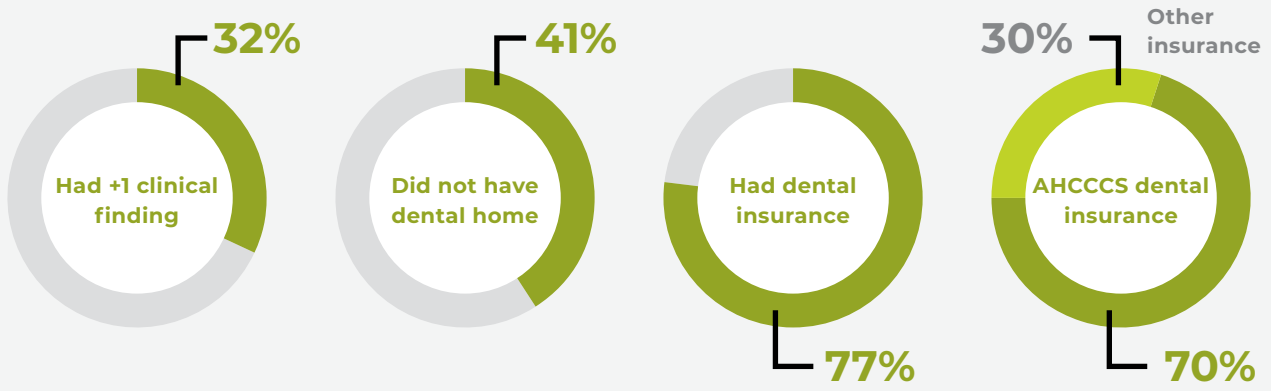
First Things First (FTF) collects oral health screening data on young children and expectant mothers through grantees in the Southeast Maricopa, Yuma, Navajo/Apache and Pinal regions.[566] Among children birth to age 5 in Arizona in 2024 screened by FTF oral health grantees, almost one-third had one or more oral clinical findings, such as treated or untreated tooth decay (Figure 58). These data also indicate that a large proportion of caregivers in Arizona refuse fluoride varnish for their children (45%). While fluoride is a proven way to protect against plaque build-up and tooth decay, some caregivers may be wary of the treatment based on evidence that ingesting higher concentrations can have detrimental health effects.[567,568,569] This reluctance can be addressed in preventative dental visits with open communication focusing on risk reduction.[570] Studies suggest that fluoride refusal is associated with vaccine hesitancy.[571]

Coverage for dental services usually requires specific dental insurance; however, children under 21 enrolled in AHCCCS are assigned a dental home covering both preventive and urgent services.[ooo] In 2024, over three quarters of young children screened by FTF grantees had dental insurance (77%); of these children, 70% of children had dental coverage provided through AHCCCS (Figure 58).

Additionally, 41% of children did not have a dental home, indicating that even those with public or private insurance are not always connected with dental care. Notably, at least part of every county in Arizona is classified as a dental care health professional shortage area.[572]

Increasing access to dental care for children is vital, as satisfactory oral health improves school engagement and overall health.[573] As previously discussed, there has been a large increase in chronic absenteeism from 2020 (8%) to 2024 (24%), with oral health issues being listed as one of the causes (see Figure 35). In Arizona, an estimated eight out of every 10 3rd grade students (77%) need protective dental sealants, indicating an ongoing need to ensure adequate oral health care for children.[574] FTF has focused their efforts in Oral Health toward building awareness of the importance of oral health care in early childhood and connecting families to oral health care providers, especially those families with children who have dental insurance through AHCCCS but may not be connected with dental care.[575,576] Improving oral health across Arizona can reduce absences created by dental appointments or tooth pain and improve self-esteem, all which improve overall health.

Figure 58. Oral health outcomes among children with oral health screenings in Arizona, FY 2024



Source: First Things First (2024). Oral Health Outcomes Fiscal Year 2024.

[ooo] For more information on AHCCCS dental coverage, see: https://www.azahcccs.gov/AHCCCS/Downloads/DentalCoverage.pdf

Methods & Data Sources

The data in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2020 Census, 2019 through 2023 American Community Survey (ACS) Single-Year Estimates for state and national data and the 2019-2023 ACS 5-Year Estimates for county-level data. The 2020 Census is a full enumeration of the population that attempts to count every person residing in the U.S. every 10 years. However, the 2020 Census faced unprecedented challenges in data collection, the foremost of which was the COVID-19 pandemic and its disruption of local institutions. Due to these challenges, the 2020 Census is widely known to have undercounted young children and particular populations such as American Indians residing on reservations.[577]

The ACS is a monthly survey conducted by the Census that collects much more detailed information on income, employment, school enrollment, demographics and much more from a smaller sample of U.S. households. ACS Single-Year Estimates represent the responses from all surveyed residents in a given year, weighted to represent the entire population, while data in ACS 5-year estimates summarize the responses from samples of residents across the five most recent years of data collection (e.g., between 2019 and 2023). Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. Estimates for smaller geographies, such as La Paz or Greenlee counties, are less accurate than estimates for larger geographies, such as the state or Maricopa County, because they are based on smaller sample sizes. All Census and ACS data for this report were accessed via the Census API using the tidycensus package in R.

This report also used nationally representative survey data from the National Survey of Children's Health (NSCH), which has been collecting information about the health and well-being of children in all 50 states every year since 2016. In this report, data are shown over time to reflect changes in the last decade for indicators of interest. However, because the data are based on a relatively small sample of children in each state (n = 300 to 5,000, depending on the year and the over-sampling plan), we have also included the 95% confidence intervals to reflect the uncertainty of these estimates. A confidence interval is a measure of the reliability of a particular method of estimation. For interpretation purposes, it is most helpful to think about these confidence intervals relative to each other—the tight intervals around the national estimates reflects that we are much more certain of that estimate due to the larger sample size compared to the state. In cases where the confidence intervals overlap, this indicates uncertainty that the true population estimate is different between the state and the nation, so any difference in the state and national estimates should be interpreted with caution.

Data were provided to FTF by state agencies including the Arizona Department of Health Services (ADHS) and the Arizona Department of Economic Security (DES). In most cases, the data in this report were calculated specifically for the Needs and Assets process and are more detailed than the data that are published by these agencies for the general public. This report also includes publicly available data for the state and counties to supplement data received through specific requests, including from state agencies such as the Arizona Office of Economic Opportunity (OEO), the Arizona Department of Education and the Arizona Department of Child Safety (DCS) through their Monthly Operational Outcomes Reports. First Things First provided select strategy data for inclusion in this report.

In addition to data analyzed by the research team for this report, the team also conducted a scan of current research and policy literature related to the indicators included in this report. Data from national-level research papers and policy documents were included as they were relevant to the topic of this report, available for the state of Arizona in comparison to the nation and helpful to provide context to the data presented in this report.

Finally, the research team conducted a series of key informant interviews with state agency staff at the Department of Economic Security, Child and Community Services Division and the Department of Child Safety to supplement data provided by these agencies and to better understand the context in which child care assistance, early intervention and kinship family support programs operate because there have been many changes to these programs in recent years. When information from these interviews is included in the report, it is attributed to state agency or specific program staff (e.g., AzEIP staff) if this information cannot be located in a publicly available report, and the inclusion of data from a key informant interview is also noted in the endnote source.

Child Care Capacity Calculations.

Lists of child care providers are maintained by multiple state agencies in Arizona, including the Arizona Department of Education, which licenses child care centers; the Arizona Department of Health Services (ADHS); Arizona Department of Economic Security (DES), which maintains the Child Care Resource and Referral (CCR&R) list; and First Things First (FTF), which administers the Quality First program. The ADHS child care licensing database was used as the primary source for child care capacity calculations in this report, as analyses of both statewide and county-level data showed that most child care slots in regulated providers in the region are provided by centers. Centers that only serve children ages 5-12 were removed from child care capacity calculations, as these are typically before- & after-school programs that only serve school-age children. Comparisons of child care capacity to the young child population are meant to provide a relative assessment of the abundance or scarcity of child care supply relative to potential demand. The child care tables in this report do not reflect the capacity of unlicensed, unregulated or informal child care providers in the state. The estimated supply may also over-estimate availability in regulated care as it did not account for child care providers that operate under licensed capacity by choice or children who enroll in multiple facilities (e.g., a child who attends part-day Head Start or school-based preschool in the morning and a child care center in the afternoon).

Change Calculations.

Unless otherwise specified, changes in counts of data over time (i.e., percent increase or decrease) are calculated by subtracting the earlier number (e.g., a 2010 count) from the later number (e.g. the 2020 count) and dividing the result by the earlier number (e.g. the 2010 count). This calculation provides the percent change between the most recent count and the prior count, relative to the prior count.

Data Availability.

State agency data in this report were provided to FTF by agency staff through a data request process initiated in February 2025 and extending to August 2025. Wherever possible, data were requested for multiple years to allow for the visualization of trends as well as for the most recent year available. However, due to both the constraints of agency staff and agency-maintained datasets as well as the timing of requests, not all data were available on the same time and geographic scales. This report attempts to include the most recent and complete data available, with notes indicating where data were not available for particular time periods or geographies.

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