

Year 3 Early Care & Education Report Summary

Arizona SPAN evaluated three early care and education (ECE) projects during the third year of its five-year program (September 30, 2025 - September 29, 2026):



[CLICK ICON
FOR RESULTS!](#)

STATEWIDE PHYSICAL ACTIVITY (PA) LEARNING COLLABORATIVE. In 2025, Arizona SPAN completed a new, statewide Go NAPSACC PA Learning Collaborative with 8 ECE providers—4 centers, 3 family child care homes (FCCHs), and 1 Head Start. Six trained Go NAPSACC Consultants were recruited—two as formal Learning Collaborative trainers and four as technical assistance providers. The Collaborative ran from 6/18/25 - 8/28/25. In Year 2, we reported baseline Go NAPSACC results. Here, our Year 3 analysis expands on those preliminary findings with pre-post changes in Go NAPSACC scores.



[CLICK ICON
FOR RESULTS!](#)

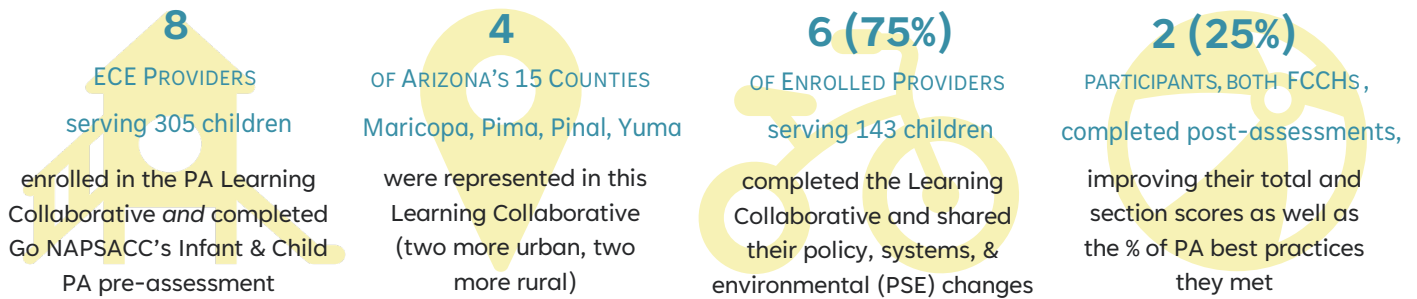
ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS) & FIRST THINGS FIRST PARTNERSHIP. From November 2024 - June 2026, Arizona SPAN partnered with First Things First Child Care Health Consultants (CCHCs) to achieve the shared goal of reaching underserved, primarily rural ECE providers with robust technical assistance for Empower and Go NAPSACC changemaking. ECE recruitment began in January 2025 and ran through June 2026. After that, the partnership was evaluated using mixed methods, including quantitative data from Go NAPSACC and focus group polls and qualitative data from focus groups with the CCHCs and ECE providers.



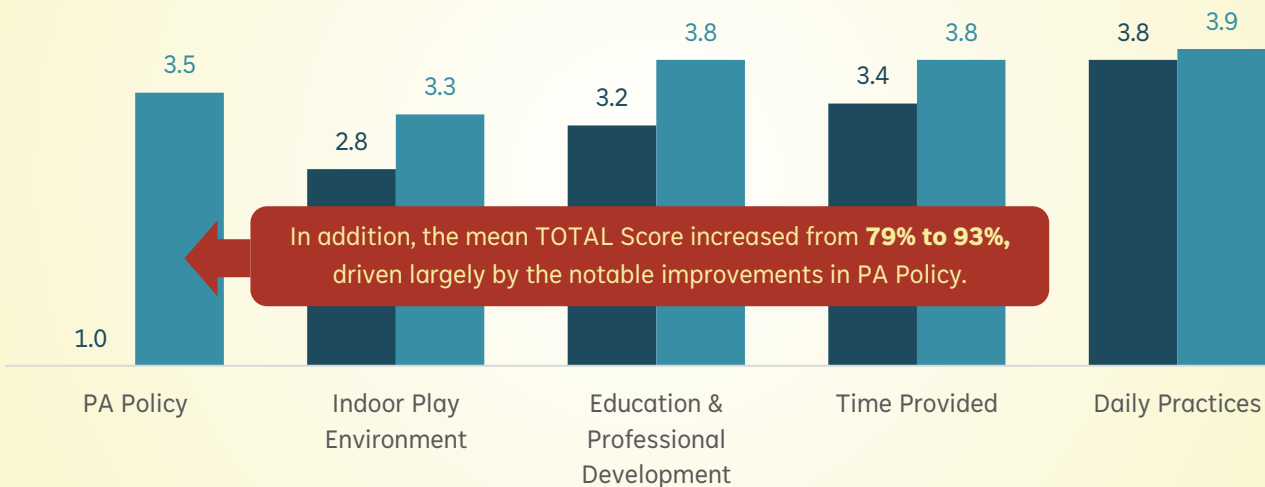
[CLICK ICON
FOR RESULTS!](#)

STATE-LEVEL EMPOWER PROJECT. In Year 3, Arizona SPAN responded to lessons learned from the ADHS and First Things First Partnership and changes to state-level funding by deepening its focus on the state's Empower program. These efforts included the development and launch of a Child Nutrition Learning Collaborative, new virtual microlearning trainings, three revised online training modules, and Spanish translations of those modules. Together, these activities are intended to reach ECE providers across the state with direct support, helping to create a more interconnected ECE network.

Statewide Physical Activity (PA) Learning Collaborative



All mean section scores for the two FCCHs who completed the Go NAPSACC improvement process increased from PRE to POST. Scores ranged from 1 (weakest) to 4 (best) practice.



Consultants reported over 20 hours of tailored virtual, in-person, and email support covering:



PROVIDERS' SUCCESSES

- ✓ Major improvements to indoor & outdoor play areas
- ✓ Communicating with families about PA in new ways
- ✓ New written PA policies to guide daily practices
- ✓ Incorporating more structured and unstructured PA into children's daily routines

"One of the changes we made was incorporating physical activity photos in outdoor and indoor areas, so children can model movements that enhance their gross motor skills." ~ Provider Participant

ADHS & First Things First Partnership

JAN 2025 – JUN 2026

CCHC CONSULTANTS RECRUITED ECE PROVIDERS

The CCHCs offered technical assistance for making Go NAPSACC and/or Empower changes at sites. Recruitment focused on underserved ECE sites in rural counties that did not participate in Quality First.

YEAR 3 HIGHLIGHTS *

12 ECE programs were newly registered in the Go NAPSACC online portal. Combined with Year 2 sites, 18 programs reported at least one action during the project period.

*EMPOWER DATA WAS NOT AVAILABLE AT THE TIME OF REPORTING, SO THE NUMBER OF ECE SITES THAT ELECTED TO PURSUE EMPOWER ARE NOT SHOWN.

MAY 2026 – AUGUST 2026

ARIZONA SPAN COMPLETED A MIXED-METHODS EVALUATION OF THE PROJECT

We conducted three focus groups to capture the unique perspectives of the CCHCs (n=5), the ECE PROVIDERS THAT ACCEPTED CCHC SUPPORT (n=1), and the ECE PROVIDERS THAT DID NOT ACCEPT CCHC SUPPORT (n=5). Questions centered on *engaging ECEs in health and wellness and sustaining that engagement*, and embedded polls collected additional quantitative information about challenges and elements of Empower. Key findings spanned three themes:

RECRUITMENT

ECEs deeply valued health & wellness, whether or not they participated. Acceptance was linked to *having a pre-existing relationship and meeting in person*.

"The health and wellness of our children really is going to decide our program...we want them to be well-rounded and healthy."

-Non-participating ECE provider

SUSTAINED ENGAGEMENT

Connectivity, not specific tools, was vital. Learning collaboratives, flexible LMS trainings, and incentives showed promise when paired with ongoing, direct communication.

"I would love to participate in [a collaborative] to see how other people are doing it [and] see how [instructors] explain different ways of implementing the standard."

-Participating ECE provider

PERSPECTIVES

ECE providers often expressed different views from CCHCs on *unmet needs, the types of supports most valued, and communication preferences*. For example:

YES, FAMILY INTEREST IS A CHALLENGE

100% of ECE Providers

vs

0% of CCHCs

HOW USEFUL ARE LMS TRAININGS?

(1=NOT USEFUL, 4=VERY USEFUL)



ECE Providers, 3.3 of 4



CCHCs, 1.8 of 4

These findings underscore the importance of clear, direct, and regular communication between state programs and ECE providers. Providers expressed strong interest in learning collaboratives, flexible online LMS trainings, and low-barrier opportunities to learn more about Empower—including how to access resources, implement standards, and engage in two-way communication. More data is needed directly from ECE providers to fully understand these needs.

Together, the results have already informed Arizona SPAN's direction, including the Year 3 decisions to discontinue Go NAPSACC and re-direct available time and resources to Empower, launching new efforts and making improvements to existing resources (next page).

State-Level Empower Project

RESPONDING TO CHANGES

In Year 3, Arizona SPAN has continued to build upon its Year 2 efforts to reinvigorate Empower with updated trainings, resources, and communications to bolster ECE providers' program understanding and engagement.

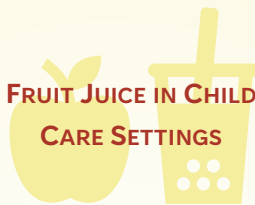
EMPOWER TRAINING UPDATES

Last year, Arizona SPAN reviewed and revised three [online Empower training modules](#) (Overview of the Empower Program, Physical Activity in Child Care Settings, and Family Style Meals in Child Care Settings). This year, an additional three modules were revised:

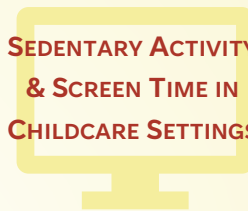
CREATING BREASTFEEDING-FRIENDLY CHILD CARE ENVIRONMENTS



FRUIT JUICE IN CHILD CARE SETTINGS



SEDENTARY ACTIVITY & SCREEN TIME IN CHILDCARE SETTINGS



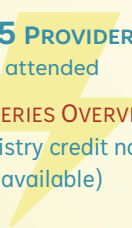
Arizona SPAN also **COMPLETED SPANISH TRANSLATIONS FOR FOUR MODULES**: the three revised in Year 2 and the Year 3 Breastfeeding module. Translations are currently underway for the two additional Year 3 trainings.

VIRTUAL LEARNING

To meet ECE providers' calls for accessible training and connectivity, Arizona SPAN launched two new virtual efforts. The highly attended **EMPOWER IN ACTION MICROLEARNING SERIES** has already resulted in tens of Workforce Registry credits, and new sites continue to complete the recorded trainings and request Registry credit.

115 PROVIDERS
attended

THE SERIES OVERVIEW
(registry credit not available)



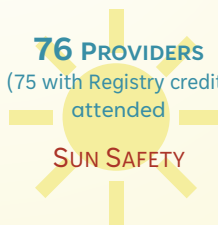
42 PROVIDERS
(28 with Registry credit)
attended

BREASTFEEDING-FRIENDLY ENVIRONMENTS



76 PROVIDERS
(75 with Registry credit)
attended

SUN SAFETY



79 PROVIDERS
(39 with Registry credit)
attended

PHYSICAL ACTIVITY, SCREEN TIME, & SEDENTARY TIME



The two-month **CHILD NUTRITION LEARNING COLLABORATIVE** reached **7 ECE SITES (3 CENTERS, 4 FCCHS)** across five counties, creating a peer community of support and a way for state leaders to connect directly with sites around policy and practice improvements. All participants received materials toolkits and Workforce Registry Credit.

STATEWIDE REACH

Broadly, the state activities summarized above reach all ECE sites enrolled in the Empower Program, as well as the children and families served by those sites.

According to the 2026 Empower registration report:

2,491
ECE SITES PARTICIPATE IN
EMPOWER, **UP 22% FROM 2025**
(2,204 centers, 249 FCCHs, 38 unknown)

246,538
CHILDREN SERVED
(reported as maximum
capacity per provider for the
2,453 sites with data)

