

First Things First Needs and Assets Report

Central Maricopa Regional Partnership Council

“Close-to-final” Draft Report for Regional Partnership Council Review

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Introductory Summary and Acknowledgments

First Things First Central Maricopa Regional Partnership Council

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Executive Summary

The Central Maricopa Regional Planning Council supports the needs of young children in the section of Maricopa County including the cities of Tempe and Chandler, the town of Guadalupe, the Ahwatukee neighborhood of Phoenix, and the unincorporated area of Sun Lakes. According to the 2010 US Census, the population of the region was 501,632, of whom 37,448 were young children under the age of six.

The number of children under six in the region decreased slightly from the 2000 Census to the 2010 Census. In Chandler, however, there were about 2,500 more children in 2010 than there were in 2000.

Although the majority (87%) of the young children in the region live with one or both parents, about 5,000 were living in households that did not include either parent.

In Guadalupe, about 38 percent of children under the age of six live in their grandparent's household. These households may be multi-generational, including grandparents, parents, and the young children; or they may be grandparents raising grandchildren without the parents present.

In Chandler and Tempe, more than three-quarters of all households have English as the language of the home. In Guadalupe, in contrast, only 20 percent of households use English at home. The majority of the Guadalupe households contains at least one adult who speaks English well, but some are linguistically isolated.

The Central Maricopa Region has a smaller proportion of Hispanic population than the state as a whole (20% versus 30%), and a greater proportion of Asian or Pacific Islander residents (7% versus 3%).

Although the region is generally better off economically than much of the state, there are low-income families, largely in Guadalupe, northern Tempe, and downtown Chandler. About 63 percent of the young children in Guadalupe—and 27 percent of those in Tempe—live in poverty. An estimated 24 percent of the children in the region are in the Supplemental Nutritional Assistance Program (SNAP). About 39 percent of all children under five participate in the Women, Infants and Children (WIC) program.

One indicator of school readiness or educational achievement is how well older children in the region perform on the Arizona Instrument to Measure Standards (AIMS) tests in the third grade. In the Tempe School District, the AIMS scores are close to the state averages in both reading and math. The scores are above the state averages in the Chandler and Kyrene districts. In Tempe, 5 percent of third-graders fell “far below standards” in reading; in the other districts, only 2 percent did so.

According to state surveys, there are 211 licensed childcare centers in the region, of which 11 are Head Start centers. In addition, there are 32 certified home-based locations and 61 registered (but unregulated) home providers. There are an estimated 40 centers participating in First Things First's Quality First program, most at the two-star level. Head Start enrollment in the East Valley (including the Southeast and Northeast FTF regions) is 1,276 three- and four-year olds; an additional 179 younger children are enrolled in Early Head Start.

Qualitative data suggest that many families rely on kith-and-kin care. Childcare is a major expense for many families, especially those who have low incomes but do not qualify for assistance.

Childcare staff in the region have a variety of options for professional development. Several campuses of the Maricopa Community Colleges offer associates degrees in early childhood studies. In addition, Central Arizona College offers a Child Development Associates (CDA) credential. The Central Maricopa Regional Planning Council funded 125 T.E.A.C.H. scholarships in the past year.

According to data collected by the Arizona Department of Health Services (ADHS), the birthrates in the region are close to the state average of 16 births per thousand residents. Birthrates are a bit higher in Guadalupe (23 per thousand) and lower in Ahwatukee (11 per thousand).

Expectant mothers in Chandler and Ahwatukee are very likely to receive prenatal care early in pregnancy. Guadalupe and Tempe, however, do not meet the national Healthy People 2020 target of 78 percent of mothers beginning care in the first trimester. Nearly ten percent of mothers in Guadalupe receive fewer than five prenatal-care visits. Infant mortality in Tempe is higher than the HP 2020 target.

Lack of insurance coverage can be a barrier to receiving health care. In the state and in Maricopa County, the number of children covered by KidsCare has declined sharply in the past three years. With the recent establishment of KidsCare II, the number covered is expected to rise.

Children with special needs receive services from the Arizona Early Intervention Program (AzEIP) and from the Division of Developmental Disabilities (DDD). In the Region, 422 children were served by AzEIP and 666 were served by DDD during 2010.

Immunization rates among preschool children in the Central Maricopa Region are lower than in the state as a whole.

Oral health services for young children seem to be available, even to low-income parents, through the family resource centers and through Chandler Regional Medical Center.

Home visitation programs are one way for parents to become better informed about the health and education needs of their young children, especially in locations where community-based services are less common.

The state Child Protective Services (CPS) reported that at least 290 children were removed from their homes in the region during 2010. Although local quantitative data are hard to obtain, domestic violence, parental incarceration, and homelessness are also challenges for some families in the Region.

Significant assets in the region include the network of family resource centers, home-visitiation programs, Head Start, nearby primary and specialist health-care providers, strong school districts, professional development opportunities, the Quality First initiative, and a strong sense of community in the towns that comprise the region.

Significant challenges identified in this report include low immunization rates, the expense of quality childcare, and problems associated with unemployment, incarceration, and other family crises. Qualitative data suggest that outreach to families in need could be improved, not only in Guadalupe but throughout the region.

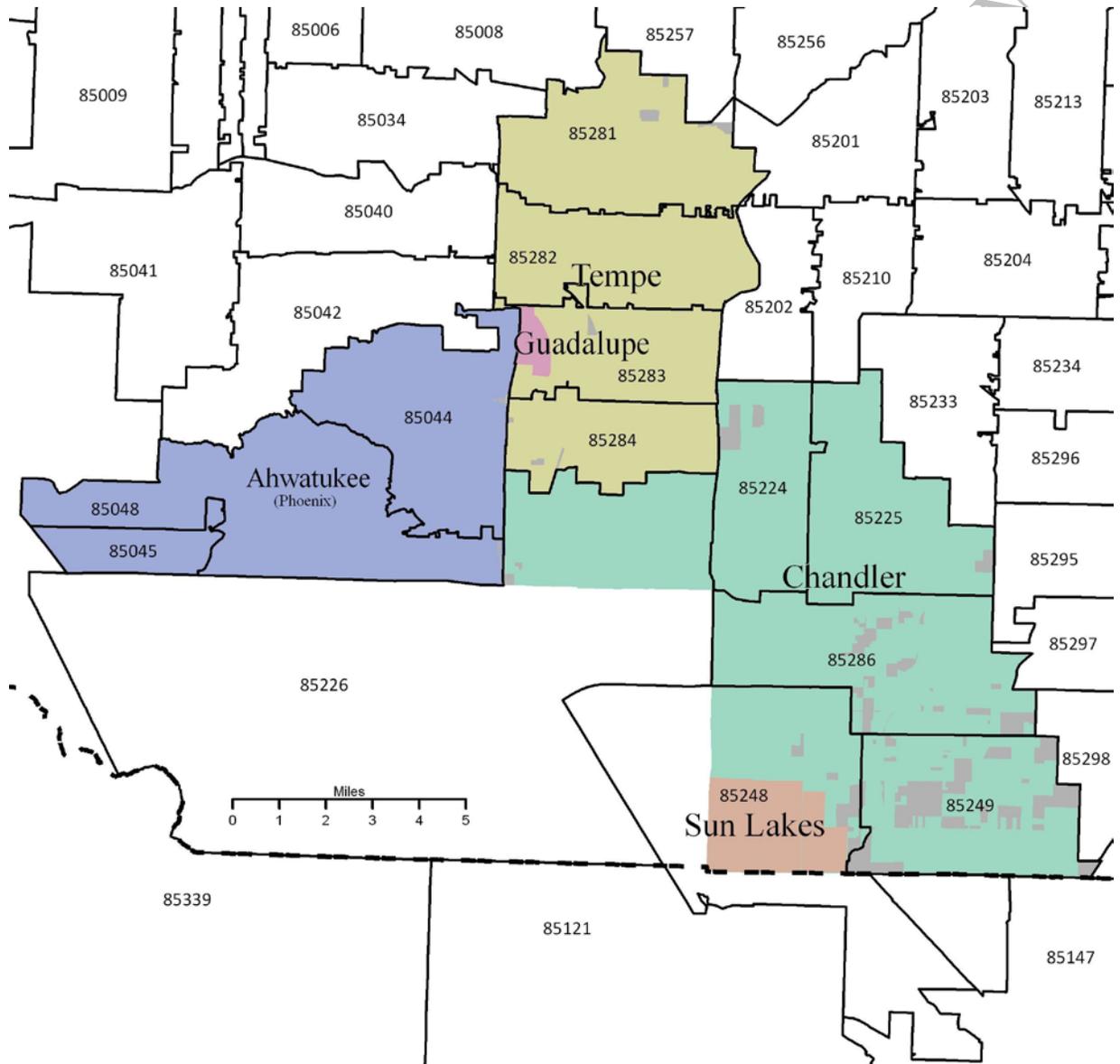
Who are the families and children living in the Central Maricopa Region?

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, and findings from additional data collection that was conducted specifically for this report. The Central Maricopa Regional Partnership Council expressed interest in obtaining additional information about the resources most needed by families in the community, the current availability of these resources, and barriers to service accessibility. Qualitative methods were deemed the most appropriate way to gather this information, and key informant interviews were conducted with directors and staff of family resource centers in the region in an effort to gather first-hand information about these issues. Additional qualitative data was collected at discussion groups organized at a Town Hall sponsored by the Regional Partnership Council. Appendices J and K provides more detailed information about these data collection methods and instruments.

General Population Trends

Geographically, the Central Maricopa Region consists of several communities within Maricopa County, including the cities of Chandler and Tempe, the growing town of Guadalupe, and the Ahwatukee neighborhood of Phoenix. The region also includes the Sun Lakes CDP (Census Designated Place), which is a retirement community. The map below shows the zip codes which comprise the Central Maricopa Region.

Figure 1. Geographical Area of the Central Maricopa Region by Zip Code



The zip codes shown in the figure above are the zip codes which were used for calculating regional data from data sources available at the zip code level.

According to 2010 U.S. Census data (U.S. census Bureau, P1, P14, & P20), the Central Maricopa Region had a population of 501,632 in 2010, of whom 37,448 (7%) were children under the age of six. **Table 1** lists the total population and number of households for the state, county, and Central Maricopa Region.

Table 1. Population and households by area in the Central Maricopa Region

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
				Count	Percentage
Arizona	6,392,017	546,609	2,380,990	384,441	16%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Central Maricopa Region	501,632	37,448	196,311	27,389	14%
Ahwatukee area	78,680	5,176	32,084	3,945	12%
Chandler area (including Sun Lakes)	255,641	22,034	96,908	16,083	17%
Guadalupe town	5,523	708	1,292	425	33%
Tempe area	161,788	9,530	66,027	6,936	11%

Source: U.S. Census 2010, Tables P1, P14, & P20

Note: The data for Chandler and Tempe include nearby unincorporated areas.

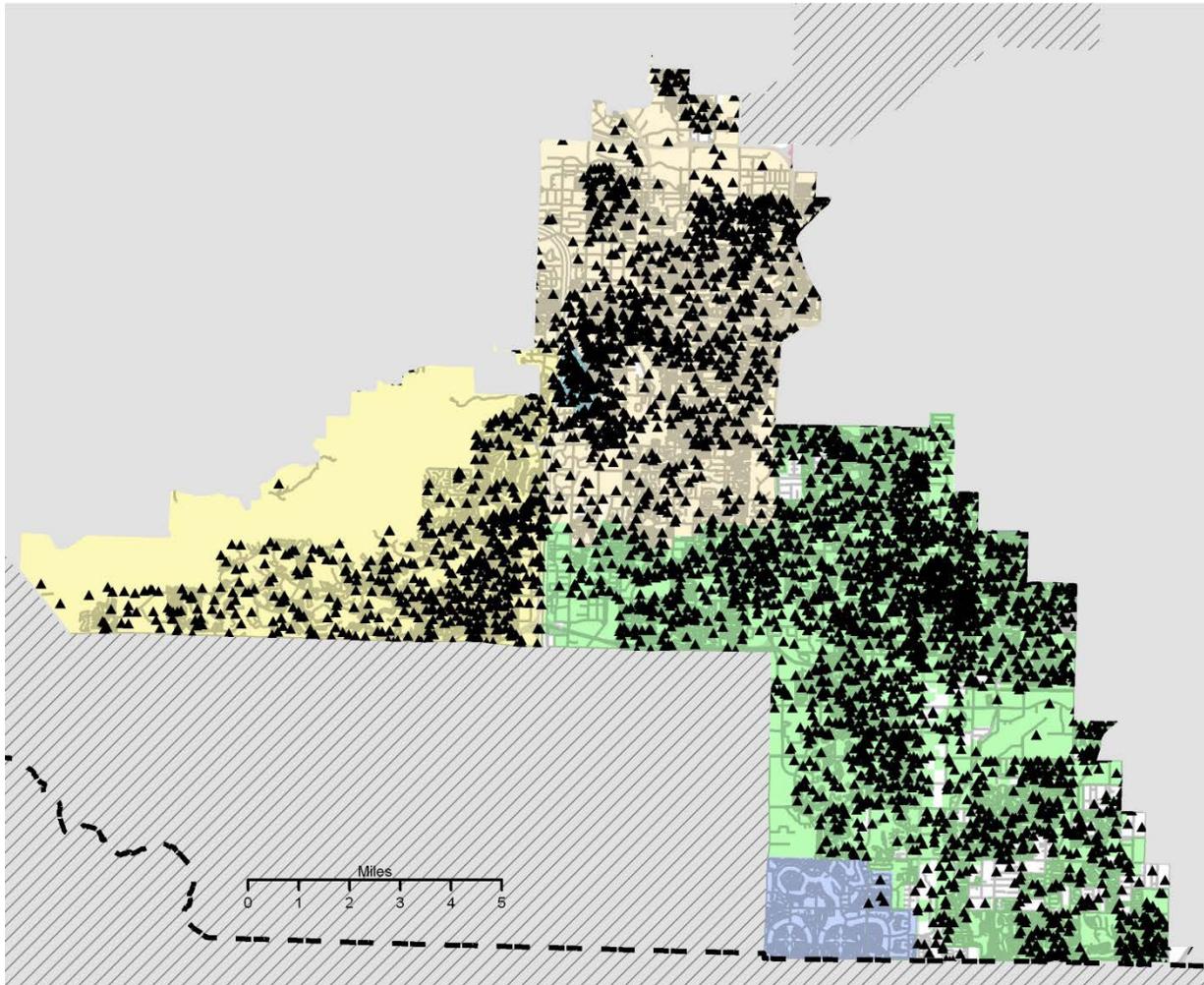
The proportion of households with young children in the Central Maricopa Region is slightly lower than the proportion of households with young children in Maricopa County and the state of Arizona. Guadalupe has the highest percentage of households with young children in the region. Population and household data by zip code tabulation area are available in Appendix A.

It should be noted that approximately 13 percent of the total population and 11 percent of all young children in Maricopa County are included in the Central Maricopa region. Therefore, although county-level estimates provide a useful context for regional data, county-level data cannot be assumed to be accurately representative of the Central Maricopa Region. This report uses region-specific data wherever it is available.

Figure 2 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents ten children. The triangles do not

pinpoint each child's location, but are placed generally in each census block in which a young child was reported in 2010.

Figure 2. Geographic distribution of children under six according to the 2010 Census (by Census block)



A comparison between censuses provides information about increases and decreases in population. **Table 2** shows changes in population between the 2000 Census and the 2010 Census.

Table 2. Comparison of U.S. Census 2000 and U.S. Census 2010

GEOGRAPHY	Total Population			Population of Children (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
Maricopa County	3,072,149	3,817,117	+ 24%	289,759	339,217	+ 17%
Central Maricopa Region	--	501,632	--	38,015	37,448	-1%
Chandler city	176,581	236,123	+ 34%	19,086	21,543	+ 13%
Tempe city	158,625	161,719	+ 2%	10,767	9,524	- 12%
Guadalupe town	5,228	5,523	+ 6%	644	708	+ 10%

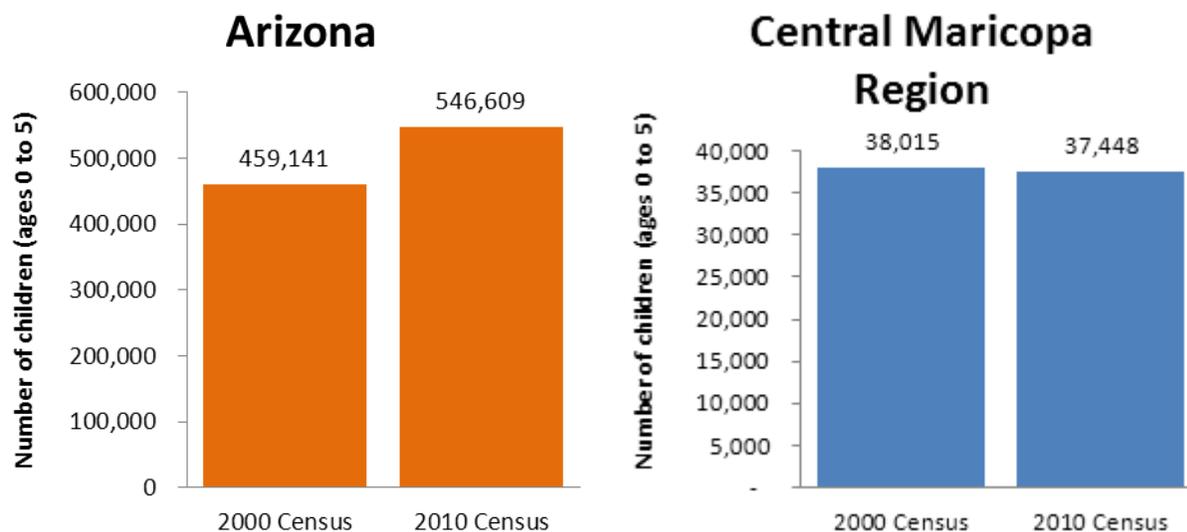
Sources: U.S. Census 2000 and 2010 (Tables P1 and P14), and FTF (FY 2012 Population Estimates used for Allocations)

Notes: The data for Chandler, Tempe, and Guadalupe include incorporated areas only. Residents of nearby unincorporated areas are, however, included in the Central Maricopa Region total. Ahwatukee is not included in this table because its population was not reported separately in the 2000 Census. The number of young children in the Region in 2000 (38,015) is based on the First Things First report.

Between censuses, the Central Maricopa Region experienced an overall population increase, but a slight decrease in the number of young children residing in the area. The city of Chandler experienced the greatest population increase, about 10 percent higher than that of the county and state, though the rate of population growth of young children was slightly lower. Tempe and Guadalupe both experienced much lower population increases, and the population of children aged 0-5 *decreased* in Tempe by 12 percent. Overall, a slightly decreasing proportion of the residents in the Central Maricopa region are under the age of six, though they are an increasing proportion of the population in Guadalupe.

Notably, the 2010 population recorded by the census is substantially lower than previously reported numbers. First Things First population estimates suggested a 40 percent increase statewide in the number of young children aged 0 to 5 from 2000 to 2009. Although the projected number of young children in Arizona was 643,783, the total number of young children (as measured by the census) was actually 546,609 in 2010. Differences between the 2009 projections and the 2010 census data were also seen in other First Things First regions. For example, the 0 to 5 population in the Southeast Maricopa Region was projected to increase by 43 percent, but actually increased only 22 percent.

Figure 3. Changes in the number of children 0 to 5 in the Central Maricopa Region, and in the state

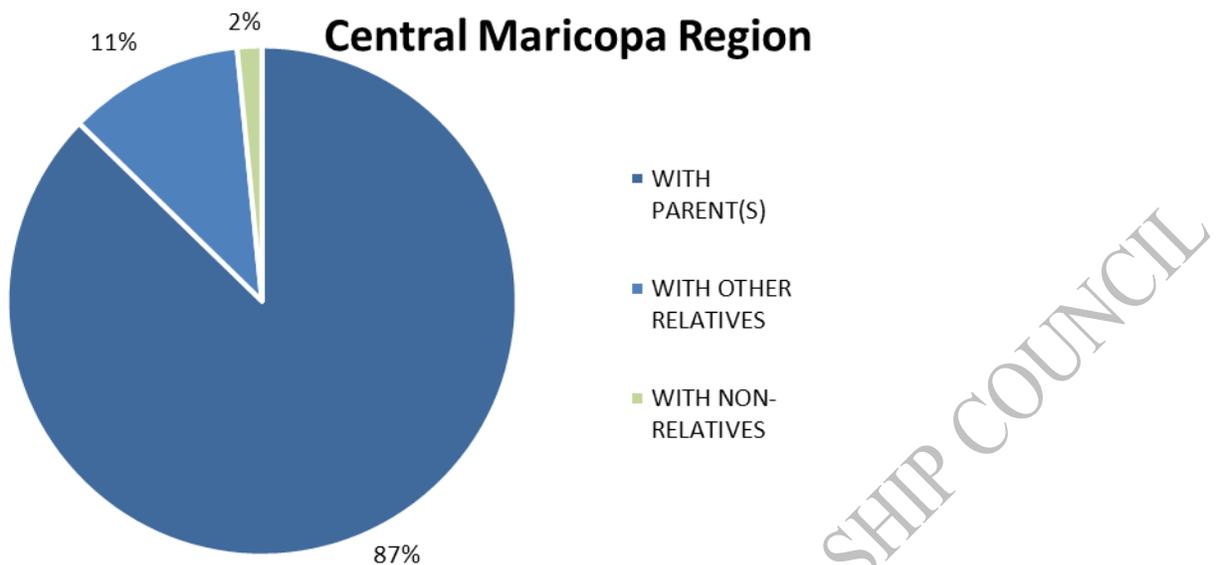


As the overall population has grown, there are increasing numbers of families in need of services and developmental opportunities in some areas of the Central Maricopa Region. This is particularly true of the city of Chandler which has grown at a more rapid rate than the rest of the region, and the town of Guadalupe, where the proportion of young children has increased.

Additional Population Characteristics

In the Central Maricopa Region, about 87 percent of children are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a higher proportion than the statewide percentage of 81 percent. The majority of the remaining 13 percent of children (11%) are living with relatives other than their parents (such as grandparents, uncles, or aunts). This distribution is very similar to that of the state as a whole.

Figure 4. Living arrangements for young children (0-5) in the Central Maricopa Region



Source: U.S. Census 2010; Tables P41 & PCT14

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent’s household. In Arizona, according to the 2010 Census, approximately 74,153 children aged 0-5 (14%) are living in a grandparent’s household. The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for their grandchildren have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty¹.

The percentage of grandparents caring for grandchildren varies substantially across Arizona. In Central Maricopa, about 3,341 children 0-5 (9%) are living in a grandparent’s household. This is slightly lower than the statewide rate (14%), and the county rate (12%), though there is notable variance in the region, as shown in **Table 3** below. Confirming the accuracy of the census data, key informants in Guadalupe noted that the concentration of grandparents raising grandchildren in this community is particularly high, and that supports for grandparents raising grandchildren are a key need in the Guadalupe community.

¹ Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

Table 3. Number of children living in a grandparent’s household by area in the Central Maricopa Region

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
		Count	Percentage		Count	Percentage
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
Maricopa County	339,217	40,250	12%	1,411,583	66,720	5%
Central Maricopa Region	37,448	3,341	9%	196,311	6,413	3%
Ahwatukee area	5,176	291	6%	32,084	702	2%
Chandler area	22,034	1,839	8%	96,908	3,662	4%
Guadalupe town	708	271	38%	1,292	291	23%
Tempe area	9,530	940	10%	66,027	1,758	3%

Source: U.S. Census 2010; Tables P41 & PCT14

Additional detailed information about multi-generational households and the number of children living in a grandparent’s household by zip code tabulation area is available in **Appendix B**.

Overall, 64 percent of the people living in the region identified themselves as White, not-Hispanic (Census 2010, Table QT-P4). Of the remaining 36 percent, most (20%) identified as Hispanic. As shown in **Table 4**, the Central Maricopa Region has a smaller proportion of individuals identifying as Hispanic than both the state and Maricopa County, and a larger proportion of individuals identifying as either White, not-Hispanic or Asian / Pacific Islander than both the state and Maricopa County. The proportion of individuals identifying as African American, American Indian or Other is otherwise similar to the state and county rates.

Table 4. Race and ethnicity of the Central Maricopa Region, Maricopa County, and Arizona

GEOGRAPHY	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
			WHITE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona	6,392,017	30%	58%	4%	4%	3%	2%
Maricopa County	3,817,117	30%	59%	5%	2%	4%	2%
Central Maricopa Region	501,632	20%	64%	5%	2%	7%	2%

Source: U.S. Census 2010; Table QT-P4

The racial and ethnic composition of the Central Maricopa Region varies, sometimes substantially, by community. Details by zip code tabulation area can be found in **Appendix C**. However, even zip code breakdown cannot fully capture the diversity within the region. For instance, the Town of Guadalupe refers to itself as a community “where three cultures flourish,” drawing on the Yaqui and Mexican heritage of many of its residents.

School enrollment data can help provide an additional perspective on the differences in ethnic breakdown among the youngest segment of the population in the region. For instance, in the Tempe zip code areas, where about one quarter of the population identifies as Hispanic, the Tempe School District (which includes schools within Guadalupe) reports that 51 percent of the students enrolled are Hispanic. The Tempe School District also reports that twelve percent of their students identify as African American and eight percent as American Indian, much higher percentages than the state, county or region overall. In addition, both the Chandler and Kyrene Elementary Districts report that just under 10 percent of their students identify as Asian American, again, higher than overall proportions.

Table 5. Racial Ethnicity by School District Enrollment

School District	TOTAL ENROLLMENT	HISPANIC	NOT HISPANIC				
			WHITE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Chandler Unified District	39,316	26%	57%	7%	4%	9%	0%
Kyrene Elementary District	18,006	20%	55%	11%	2%	8%	2%
Tempe School District	12,262	51%	23%	12%	2%	3%	2%

Source: Arizona Department of Education, 2011

Data about English speaking ability provides additional information about the characteristics of the population in the Central Maricopa Region. As shown in **Table 6** below, the majority of individuals in the Central Maricopa Region speak English at home.

Table 6. Languages Spoken and Linguistic Isolation

GEOGRAPHY	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	73%	21%	2%	2,326,468	27%	6%
Maricopa County	73%	21%	0%	1,382,002	25%	7%
Chandler city	78%	13%	0%	84,951	23%	4%
Tempe city	77%	13%	1%	64,227	24%	6%
Guadalupe town	30%	69%	1%	1,246	80%	13%

Source: American Communities Survey, 2006-2010, Tables 16001 & 16002

In Guadalupe, the majority of the population (80%) speaks a language other than English at home. Households are defined as linguistically isolated if none of the adults (14 and older) in the household speak English “very well.” Guadalupe’s rate of linguistic isolation (13%) is more than double the average rate of linguistic isolation for the state (6%) and is nearly double the average rate of linguistic isolation for Maricopa County (7%). Tempe and Chandler have

relatively low rates of linguistic isolation when compared with both the county and the state of Arizona overall.

Data from the elementary and unified school districts serving the region show that 16 percent of preschool and elementary children enrolled in the Tempe School District (which also serves town of Guadalupe) are considered English Language Learners, compared to 7 percent in the Chandler Unified District, and only two percent in the Kyrene Elementary District.

Population Characteristics Summary

Between the 2000 and 2010 censuses, the Central Maricopa Region experienced an increase in overall population, but a slight decrease in the population of children aged 0 to 5. This decrease was pronounced in the Tempe community, although the population of young children in both Chandler and Guadalupe continued to grow. The majority of residents in the Central Maricopa Region are white, non-Hispanic, and one fifth of the region's population identifies as Hispanic. Linguistic isolation is highest in Guadalupe, where it is more than double the statewide average, and nearly 70 percent of residents speak Spanish at home. The community of Guadalupe also has the highest percentage of children living in a grandparent's household, and Guadalupe key informants expressed that more supports for grandparents raising grandchildren in this community are needed.

Economic Circumstances

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Communities Survey, the percentage of people living in poverty in Maricopa County is about the same as the state as whole (14%; **Table 7**), and communities within the Central Maricopa Region show great variance in poverty rates. Although Chandler has a relatively low poverty rate for all ages (7%) and for children 0-5 (11%) when compared with the county and state, Guadalupe’s overall poverty rate (33%) is more than double the county and state rates, and Guadalupe’s poverty rate for children 0-5 (63%) is nearly triple the county and state rates. Tempe’s poverty rates are marginally higher than those of the county and the state (21% for all ages and 27% for children 0-5). Median family and median single family income data reflects this pattern; although the median family income in Tempe is similar to the state and county averages, Chandler families on average make substantially more, and earn nearly double the income of Guadalupe residents.

Table 7. Median family annual income, single parent annual income, and persons living below the U.S. Census poverty threshold level

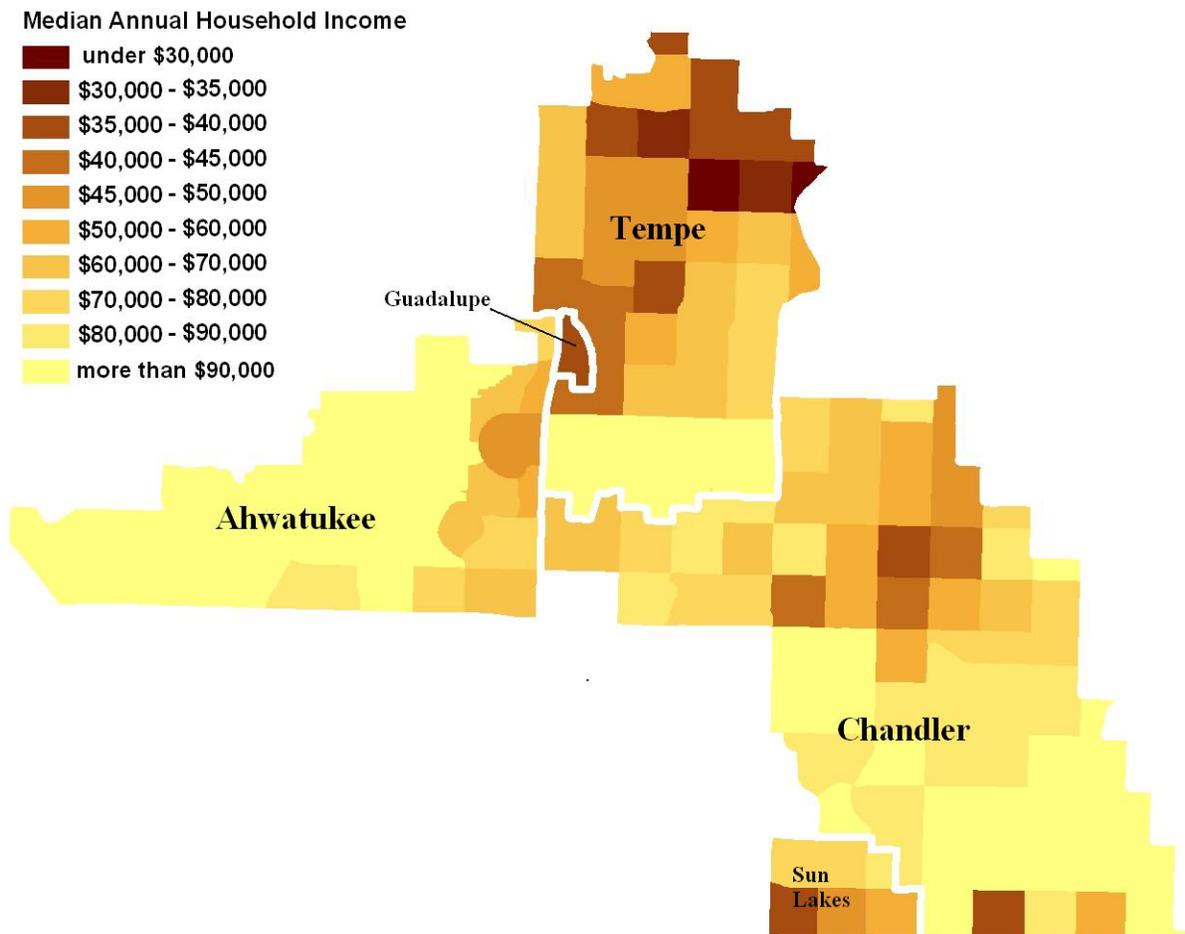
GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	MEDIAN INCOME, SINGLE FATHERS WITH OWN CHILDREN	MEDIAN INCOME, SINGLE MOTHERS WITH OWN CHILDREN	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$59,840	\$38,509	\$26,377	15%	24%
Maricopa County	\$65,438	\$41,227	\$29,390	14%	23%
Chandler city	\$80,004	\$58,377	\$37,248	7%	11%
Guadalupe town	\$45,946	XX	XX	33%	63%
Tempe city	\$63,670	\$36,626	\$28,602	21%	27%

Source: American Communities Survey 2006-2010; Tables B19126 & B17001

Although average income numbers provided by the Census provide general income information about communities, averages cannot capture variances in income distribution. The American Community Survey provides four-year household income estimates. The map of these estimates, **Figure 5**, shows that although the overall income in Chandler is very high, there are

pockets within this community where income is considerably lower, most notably in Chandler’s “downtown.”

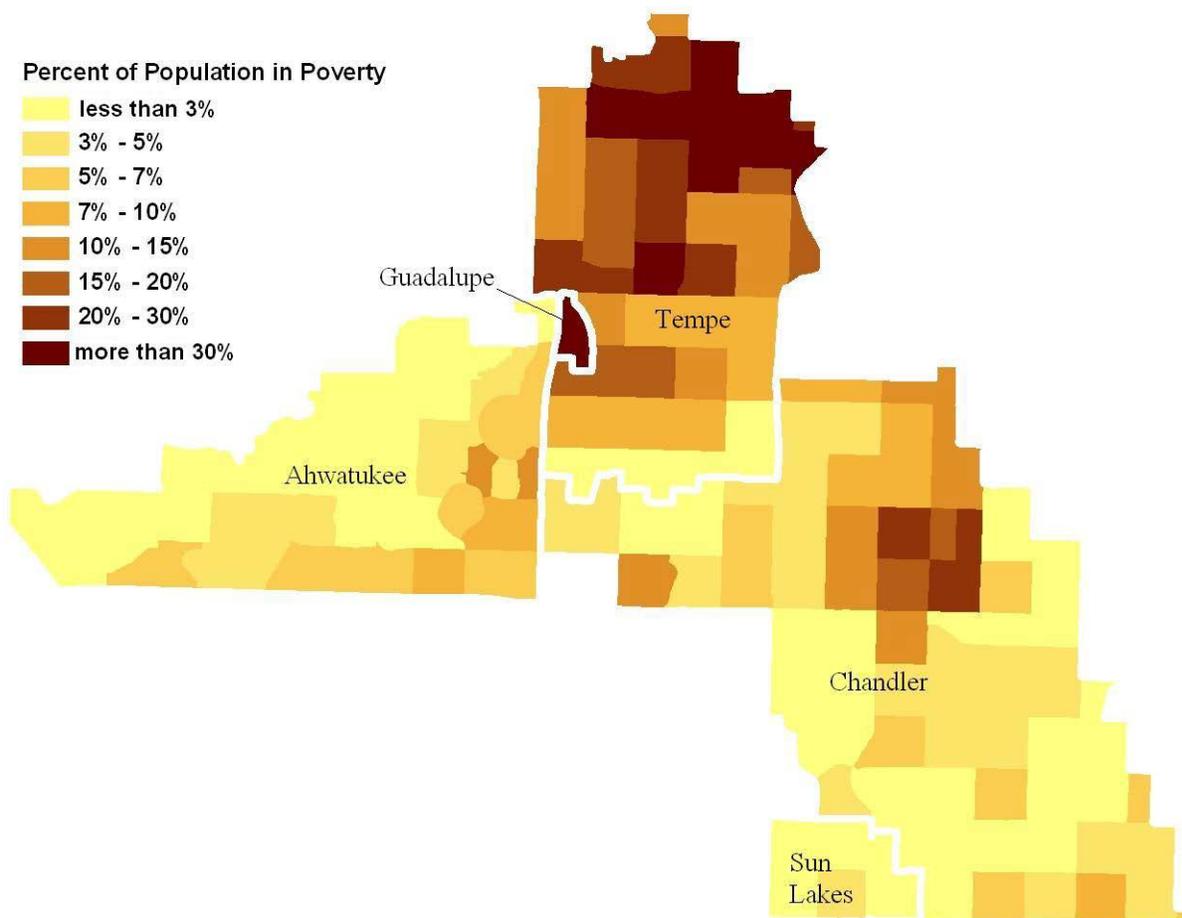
Figure 5. Household Income in the Central Maricopa Region



Source: American Community Survey, 2006-2010

As shown in **Figure 6** below, poverty rates in the Central Maricopa Region are highly variable. Poverty rates are highest overall in Tempe and Guadalupe. Though poverty rates are relatively low overall in Chandler, the map shows a pocket of high poverty rates concentrated in the downtown area of the community. Chandler key informants noted that because Chandler has a reputation for being an affluent community, this pocket of poverty is often forgotten, though it represents an area of serious need in the community.

Figure 6. Poverty Rates in the Central Maricopa Region



Source: American Community Survey, 2006-2010

It is important to note that US 2010 Census data do not include information on income. The data that are available at the more detailed level, and which are presented above, represent an average across five years, which include years (2006 and 2007) prior to the economic downturn. The U.S. Census Bureau does provide more recent estimates of poverty and median income as Small Area Income and Poverty Estimates at the state and county level. As shown in **Table 8**, the income levels and poverty rates estimated for 2010 represent lower incomes and higher poverty rates at the state and county levels than do the aggregated American Community Survey data. From that, we can anticipate that the illustrated income levels and poverty rates for the region are likely to be underestimates of the level of need currently in the region.

Table 8. 2010 Poverty and Median Income Estimates

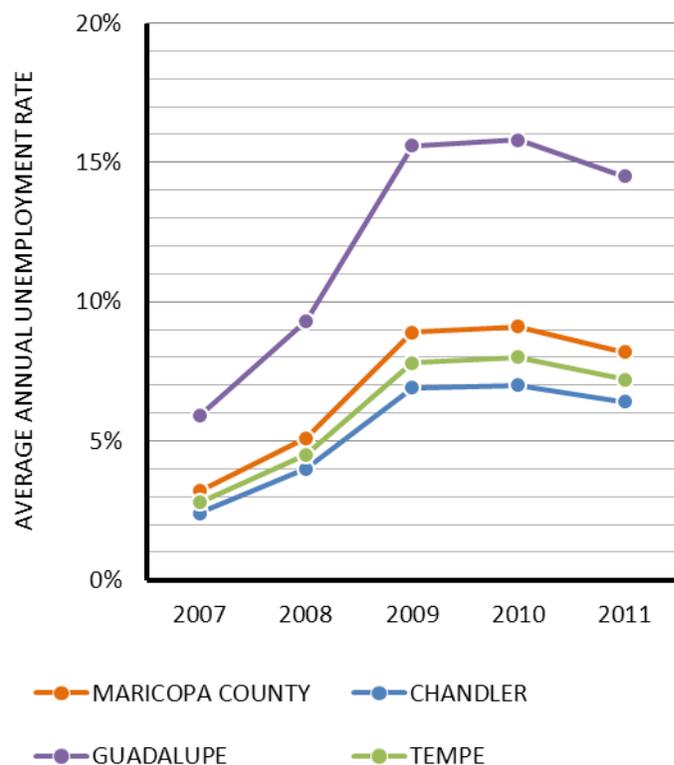
GEOGRAPHY	MEDIAN HOUSEHOLD INCOME	ESTIMATED NUMBER OF PERSONS IN POVERTY (ALL AGES)		ESTIMATED NUMBER OF CHILDREN IN POVERTY (0-17)	
Arizona	\$46,787	1,105,075	18%	401,664	25%
Maricopa County	\$50,424	625,090	17%	233,478	24%

Source: U.S. Census Bureau, Small Area Estimates Branch, 2010 Poverty and Median Income Estimates

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in Maricopa County in 2011 was 8.2 percent, slightly lower than the statewide average of 9.2 percent.

As shown in **Figure 7**, Chandler and Tempe have both had lower unemployment rates than Maricopa County for the past five years, while Guadalupe’s unemployment rate has been consistently and substantially higher. Key informants in Guadalupe, Tempe, and Chandler all expressed that supports for unemployed parents (such as resume workshops, employment readiness workshops, and job search assistance) are an important need in each of these communities.

Figure 7. Annual unemployment rates in Maricopa County and the Central Maricopa Region



Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Note: Because Ahwatukee is part of the city of Phoenix, its unemployment rate is not reported separately.

Although home foreclosures decreased somewhat in 2011, Arizona continues to be one of the top three states for foreclosure activity (along with California and Nevada).² In February 2012, one in every 312 housing units in Arizona received foreclosure filings in the month, about twice the national rate of 1 in every 637.

Despite having comparatively low unemployment and poverty rates, Chandler has the highest January 2012 foreclosure rate of all communities for which data is available in the region (1 in every 332). This rate is somewhat lower than both the county rate (1 in every 273) and the state rate (1 in every 325). The foreclosure rate in Tempe (1 in every 516) is low relative to both the county and state rates; however, all communities in the Region are classified as having a high foreclosure rate by national standards (higher than 1 in every 700 properties).³

² <http://www.realtytrac.com/content/foreclosure-market-report/q4-and-year-end-2011-us-foreclosure-sales-report-7060>

³ Data assembled by Robert Benincasa and Nelson Hsu of National Public Radio from US Bureau of Labor Statistics and Nielson Claritas. Available at:

Table 9. Foreclosures in the Central Maricopa Region

GEOGRAPHY	APPROXIMATE NUMBER OF PROPERTIES (JUNE 2012)	NUMBER OF FORECLOSED PROPERTIES (JUNE 2012)	FORECLOSURES PER THOUSAND PROPERTIES (JUNE 2012)	OWNER- OCCUPIED HOUSING UNITS (ACS 2006-10)
Arizona	2,846,000	9,393	3.3	67%
Maricopa County	1,640,000	5,773	3.5	66%
Ahwatukee	35,000	84	2.4	xx
Chandler & Sun Lakes	106,000	332	3.1	69%
Tempe & Guadalupe	75,000	161	2.2	47%

Sources: RealtyTrac, Inc. Retrieved from <http://www.realtytrac.com/trendcenter>. American Community Survey (2006-2010), Table B25003.

Participation in public assistance programs is an additional indicator of economic vitality. According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply. In 2009, 16.4 percent of Maricopa County residents' income came from government benefits, the lowest percentage for all counties in Arizona⁴. However, a survey conducted in January 2011 indicated a 27 percent increase in the number of families living on the street in Maricopa County between 2010 and 2011⁵, demonstrating a clear need for these programs. Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program, formerly known as food stamps), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children).

In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In Maricopa County, the

<http://www.npr.org/templates/story/story.php?storyId=111494514&sc=nl&cc=bh-20090807> Accessed April 6, 2012.

⁴ White, J., Gebeloff, R., Fessenden, F., Tse, A., & McLean, A. (2012). *The Geography of Government Benefits*. Retrieved from <http://www.nytimes.com/interactive/2012/02/12/us/entitlement-map.html?ref=us>.

⁵ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

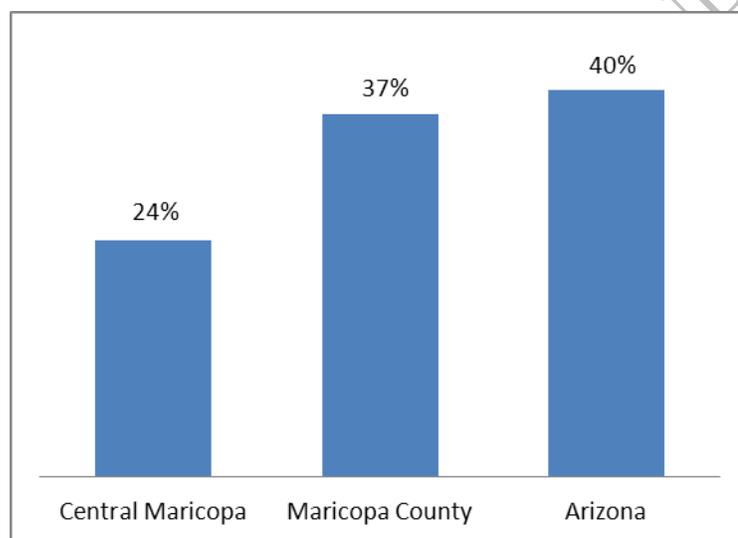
number of children on SNAP increased by 7 percent between June 2009 and July 2011. As illustrated in **Table 10**, in the Central Maricopa Region the number of children on SNAP increased by slightly over 9 percent. However, the percentage of children in the Central Maricopa Region receiving SNAP is still substantially lower than county and state percentages, as shown in **Figure 8**.

Table 10. Children Aged 0-5 Receiving SNAP (Supplemental Nutrition Assistance Program)

	Jan-07	Jun-07	Jan-09	Jun-09	Jan-10	Jul-10	Jan-11	Jul-11
Arizona	134,697	139,170	179,831	199,367	215,837	212,465	204,058	216,398
Maricopa County	76,565	79,706	106,325	118,829	129,566	125,840	118,639	127,036
Central Maricopa Region	5,070	5,240	7,237	8,381	9,360	9,330	8,786	9,154

Source: Arizona Department of Economic Security, 2011

Figure 8. Percentage of Children 0-5 Receiving SNAP in July 2011



Source: Arizona Department of Economic Security, 2011

In contrast to SNAP, the number of children receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been annually enforced by state lawmakers for the past three fiscal years. A new rule which takes grandparent income into account has accelerated the decline of child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years, and are estimated to adversely affect 3,500 families statewide, including 6,500 children, or

about half of all children on the program.⁶ Between June 2009 and July 2011, Arizona child TANF recipients decreased by 46 percent, Maricopa County child TANF recipients decreased by 45 percent, and Central Maricopa Region child TANF recipients decreased by 43 percent (see **Table 11**). In July 2011, about two percent of all children aged 0-5 years in the region were receiving TANF aid, which is the same as the county and statewide rates.

Table 11. Children Aged 0-5 Receiving TANF (Temporary Assistance to Needy Families)

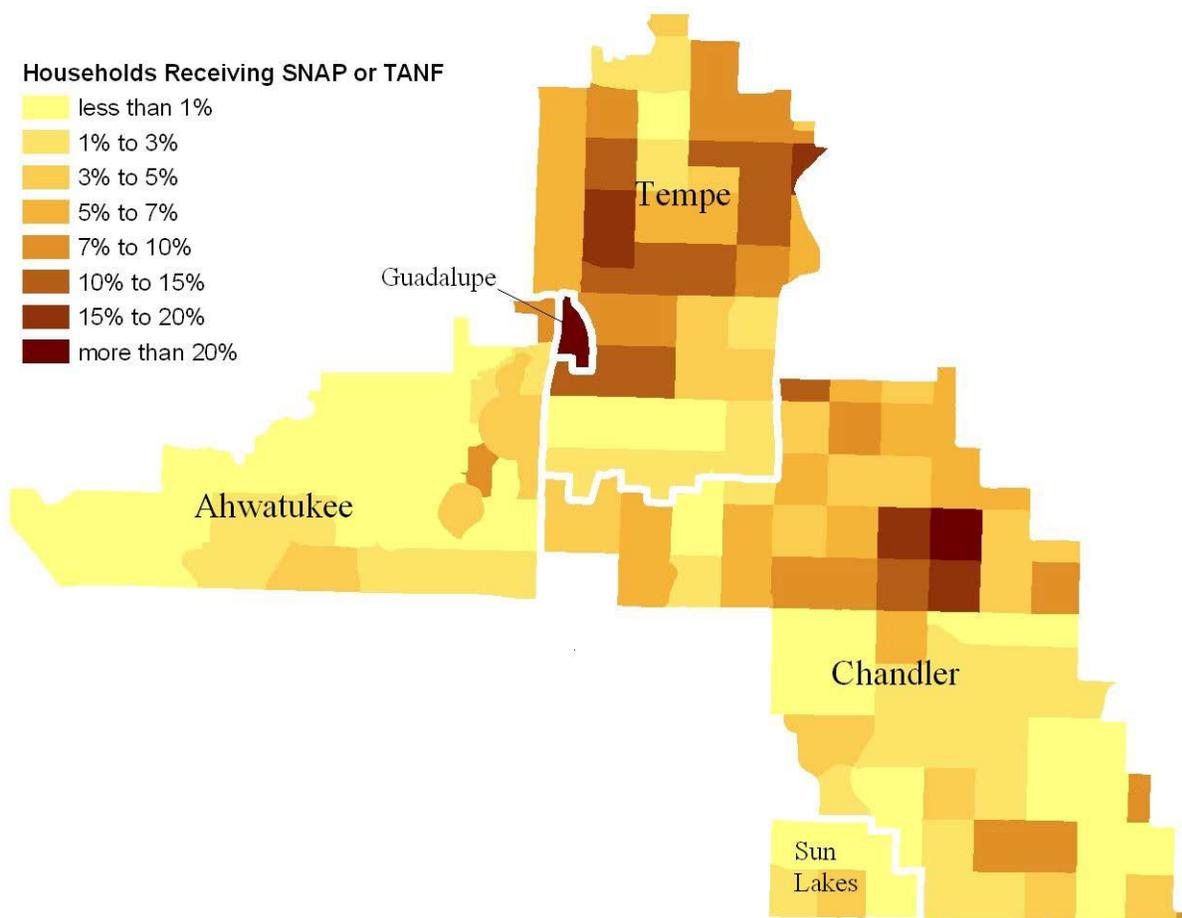
	Jan-07	Jun-07	Jan-09	Jun-09	Jan-10	Jul-10	Jan-11	Jul-11
Arizona	20,867	19,646	24,273	23,746	23,866	17,978	13,450	12,837
Maricopa County	11,784	11,082	15,083	15,091	15,452	11,368	8,723	8,278
Central Maricopa Region	781	746	961	992	998	753	616	567

Source: Arizona Department of Economic Security, 2011

The American Community Survey provides small-area estimates of the number of recipients of SNAP or TANF that allow for more detailed examination of the use of these resources, as shown in **Figure 9** below. In the Central Maricopa Region, the majority of SNAP or TANF recipients are concentrated in Guadalupe and Tempe. Chandler’s downtown district also has a higher percentage of SNAP or TANF recipients.

⁶ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

Figure 9. SNAP or TANF Recipients in the Central Maricopa Region



Source: American Community Survey, 2006-2010

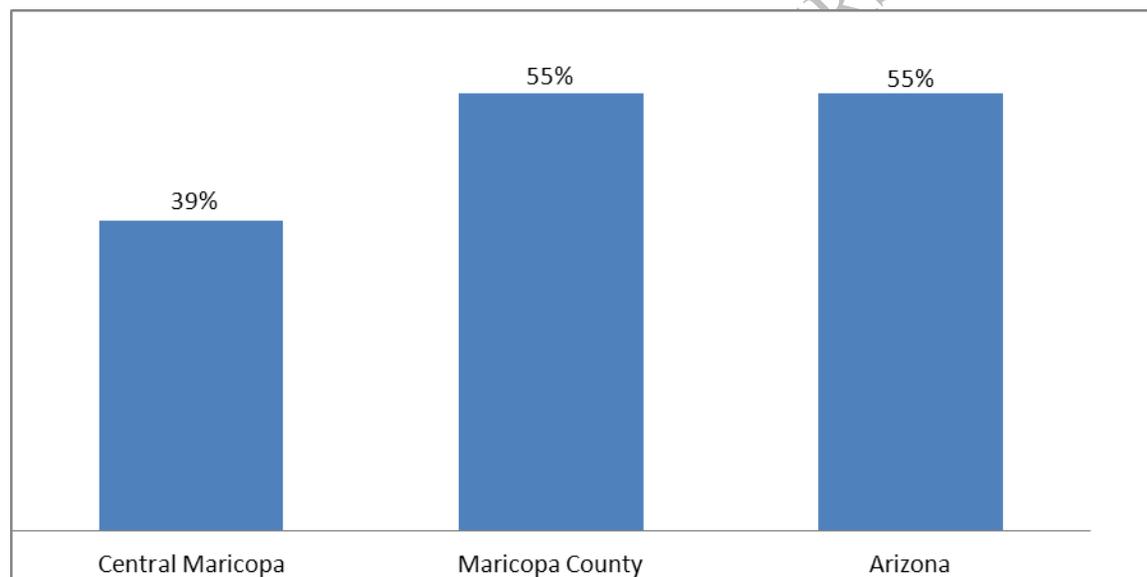
Arizona’s WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who are eligible for the program. Between 2010 and 2011, Arizona, Maricopa County, and the Central Maricopa Region all experienced slight decreases in WIC recipients. As shown in **Figure 10**, rates of WIC participation in the Central Maricopa Region have been lower than both the county and state rates.

Table 12. Children Aged 0-5 Receiving WIC (Women, Infants, and Children)

	WIC Participants, 2010			WIC Participants, 2011		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Central Maricopa	4,499	12,636	41%	4,387	12,187	39%
Maricopa County	56,195	163,897	58%	54,551	156,871	55%
Arizona	91,322	262,805	58%	88,512	251,531	55%

Source: Arizona Department of Economic Security, 2012

Figure 10. Percentage of Children 0-5 Receiving WIC, 2011



Source: Arizona Department of Economic Security, 2012

Economic Circumstances Summary

The Central Maricopa Region contains pockets of both affluence and poverty, and the economic circumstances of the region’s residents are highly variable. The Guadalupe community has the highest overall rate of poverty, and the percentage of children living in poverty in Guadalupe is more than double the statewide rate. Economic indicators suggest that Tempe residents are also struggling economically more than the average Arizona citizen. The most affluent community in the region is Chandler, which shows both a high median income and low rate of unemployment. However, Chandler’s downtown district is a pocket of poverty in this

community, and is an area of need which key informants say is often overlooked due to the affluence which encircles it.

DRAFT FOR REGIONAL PARTNERSHIP COUNCIL

Educational Indicators

A national report released in early 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s education attainment, based on 2007 data. This report noted that low levels of adult education are correlated with low levels of overall child well-being.⁷ Fewer than 26 percent of Arizonan adults ages 25 and older hold a Bachelor’s degree or higher level of education.⁸

Adult education levels are known to influence children’s school achievement, and so adult educational achievement is important contextual information for understanding the educational outcomes of younger children. Adults in Maricopa County show similar patterns on adult educational indicators when compared with state of Arizona, as shown in **Table 13**. A slightly higher percentage of adults in Maricopa County have a Bachelor’s degree or more when compared with the state.

Table 13. Adult Educational Indicators in the Central Maricopa Region

	Adults (ages 25+) without high school or GED	Percent of births to women with less than a high-school education, 2010	Adults (ages 25+) with bachelors degree or more	Percent of births to women with a bachelors degree or more, 2010
Arizona	15%	22%	26%	10%
Maricopa County	14%	22%	29%	11%
Chandler PCA*	6.6%	xx	30%	xx
Tempe PCA*	19%	xx	20%	xx
Ahwatukee PCA*	3%	xx	49%	xx
Guadalupe PCA*	41%	xx	3%	xx

Source: American Community Survey 2006-2010, Table B13014; Arizona Department of Health Services, 2012

*Percent of population 2005-2009

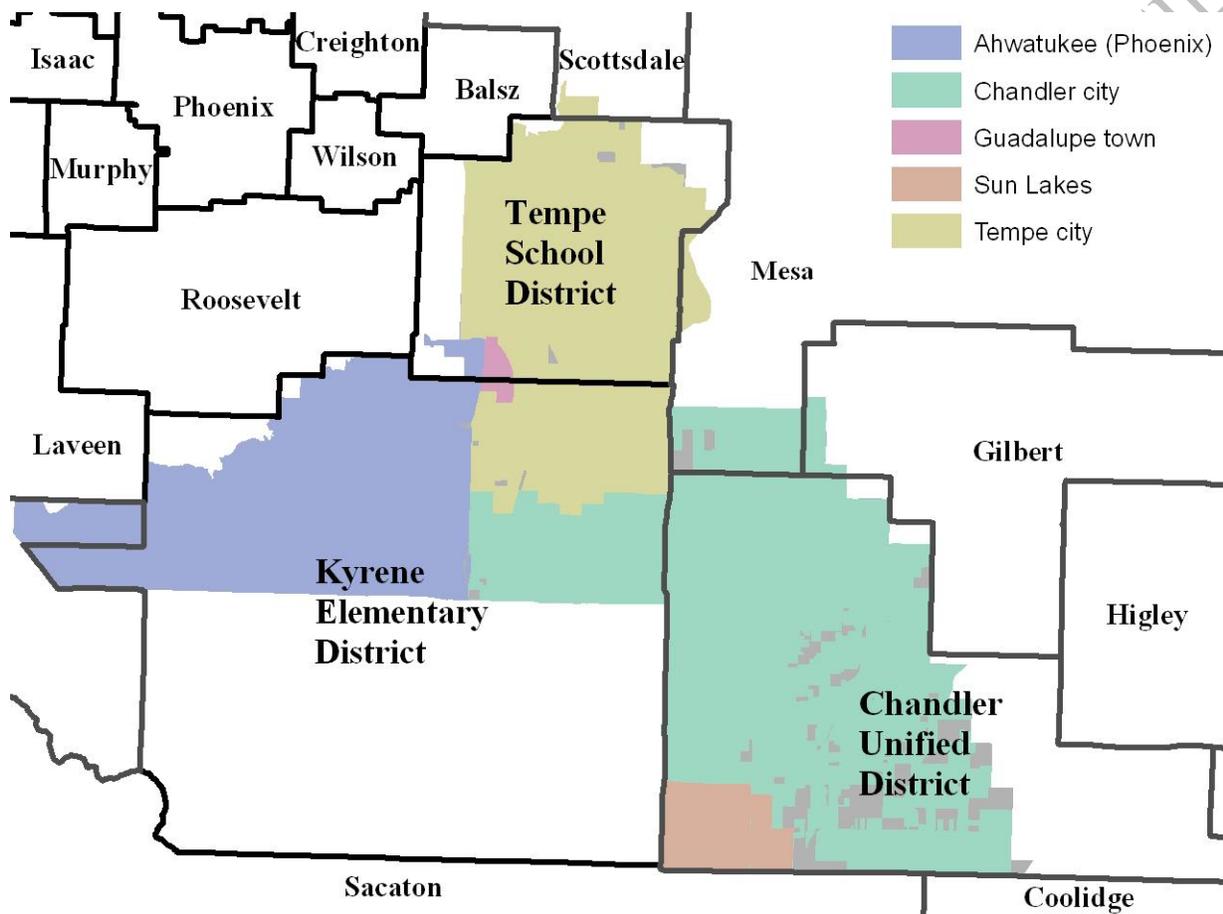
The majority of the Central Maricopa Region falls into one of three school districts: Tempe, Kyrene, or Chandler. Small parts of the region fall into the Scottsdale, Mesa, or Gilbert school

⁷ Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O’Hare, W., Mather, M., & Dupuis, G.

⁸ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

districts. The map below illustrates the boundaries of school districts in and near the Central Maricopa Region. The Central Maricopa Region is highlighted in color. (Note that the school-district boundaries are not identical to the municipal boundaries. For example, most of the city of Chandler is in the Chandler Unified District—but parts of the city are in the Gilbert, Mesa, and Kyrene districts.)

Figure 11. School Districts in the Central Maricopa Region



The primary in-school performance of current students in the public elementary schools in the region is measured by the Arizona Institute to Measure Standards (AIMS)⁹. The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute¹⁰ states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s

⁹ For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

¹⁰ A.R.S. §15-701

reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. Research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children to prepare them to succeed on later tests such as the AIMS.¹¹ Students must also pass the grade 10 AIMS exams in order to graduate from high school.

Arizona fourth-graders also take the National Assessment of Educational Progress (NAEP), a nationally administered measure of academic achievement that allows for comparisons to national benchmarks.¹²

Although 67% of fourth graders in Arizona “meet or exceed standards” on the AIMS (Arizona Instrument to Measure Standards) reading test, only 26% of Arizonan fourth graders scored “at or above proficient” on the NAEP (National Assessment of Education Progress) reading test.¹³ Arizona fourth graders made no significant gains in performance on the NAEP reading test between 2009 and 2011, and although significant gains on the NAEP mathematics test were made, Arizonan fourth graders still fall below national average.¹⁴ Arizona children continue to need more supports to achieve academic success.

Maricopa County 3rd graders performed about equally well in both math and reading when compared with 3rd graders statewide. A slightly higher percentage (2% more) of Maricopa County third graders met or exceeded standards in math, and three percent more of Maricopa County 3rd graders met or exceeded standards in reading when compared with statewide averages. **Tables 14 and 15** show a breakdown of AIMS scores by school district in the Central Maricopa Region, as well as AIMS scores for the county and state overall.

¹¹ First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

¹² The NAEP test is a product of U.S. Department of Education. For more information, visit: <http://nces.ed.gov/nationsreportcard/about/>

¹³ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

¹⁴ U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009-2011 Reading Assessments.

Table 14. Math 3rd grade AIMS results, 2011

SCHOOL DISTRICT	Math % Falls Far Below	Math % Approaches	Math % Meets	Math % Exceeds	Math % Passing
Arizona Schools	10	22	43	24	67
Maricopa County Schools	9	21	43	26	69
Chandler Unified District	6	16	44	34	78
Kyrene Elementary District	5	16	46	33	79
Tempe Elementary School District	11	26	43	19	63

Source: Arizona Department of Education, 2011

Table 15. Reading 3rd grade AIMS results, 2011

SCHOOL DISTRICT	Reading % Falls Far Below	Reading % Approaches	Reading % Meets	Reading % Exceeds	Reading % Passing
Arizona Schools	5	19	62	13	75
Maricopa County Schools	5	17	63	15	78
Chandler Unified District	2	14	65	19	84
Kyrene Elementary District	2	11	65	21	86
Tempe Elementary School District	5	20	65	10	75

Source: Arizona Department of Education, 2011

Students in both Chandler Unified and Kyrene Elementary Districts tend to show a higher-than-average pattern of achievement on the AIMS tests compared to the state and county, with a higher proportion of students passing the tests and a smaller proportion falling far below the standards. However, Tempe Elementary School District scores are more on par with the state and county schools in reading, and slightly lower than the state in math.

High school graduation rates are an additional important indicator of education in the region.¹⁵ The Arizona Department of Education reported that in the 2009-2010 school year (the most

¹⁵ The graduation rate of public high schools is a “cohort” measure of those who graduate in four-years. For example, those entering 9th grade in the 2005-06 school year comprise the cohort measured by the 2009 data (shown here). All schools are included in the county-level rates. However, charter schools, which operate independently of a district, are not included in district-level rates. High school dropout rates refer to the proportion of students who drop out of grades 7 through 12 during a single year. Dropouts include those who move to a school in another state without notifying the Arizona school; therefore areas with a more transitory population may display higher rates than other communities.

recent year for which data is available), 92 percent of students in both Chandler Unified School District and Tempe Union High School District graduated from high school, which is much higher than the state rate of 76 percent. The percentage of economically disadvantaged students who graduated from high school is almost as high (89% in Chandler Unified School District and 87% in Tempe Union High School District). However, the percentages of students who are reported to have limited English proficiency graduate at a much lower rate: only 49 percent of limited English proficient students in Chandler Unified School District and 44 percent of limited English proficient students in Tempe Union High School District graduate from high school within four years.

Educational Indicators Summary

The school districts in the Central Maricopa Region are strong. Chandler and Kyrene school districts show higher patterns of achievement on the AIMS test than the average Arizona school district, and Tempe schools show achievement patterns that are comparable to the state average. Additionally, high school graduation rates in the region are high when compared with statewide averages. Adult educational achievement is also typically higher in the Central Maricopa Region than it is on average across the state, with the exception of Guadalupe, where only 3 percent of adults ages 25 and older had a Bachelor's degree in 2006-2010.

The Early Childhood System: Detailed Descriptions of Assets and Needs

In the Central Maricopa Region, there are 211 DHS licensed child care centers, according to the Arizona Child Care Resource and Referral (CCR&R) report of December 2011. For family child care, there are also 14 DHS certified group homes, 18 DES certified homes, and 61 unregulated homes that are registered with CCR&R. The total licensed capacity for child care centers in the region was 26,490 as of March 2012. In theory, this demonstrates fairly high available capacity for the region's 27,389 children aged 0-5 (97%), and it should be recognized that there may be additional home providers in the region that are not registered with CCR&R and not included in this number. However, not all providers have the actual capacity to care for as many children as their license allows, and some of these slots represent care for children over five. In addition, slots may be taken by children who reside in other regions, but whose parents work or attend school in the Central Maricopa Region, and so who seek child care in the region for these reasons. Detailed data on each provider may be found in **Appendix D**.

Quality First

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.¹⁶ The table below describes the rating scale as defined by First Things First.

¹⁶ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

Table 16. Quality First Rating Scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

In the Central Maricopa Region, 40 centers were enrolled in the Quality First program as of June 2012. Of these centers, preliminary star ratings suggest that the majority of Quality First enrolled providers in the region hold a 2-star rating (approximately 88% of all regional centers enrolled). Of the remainder, approximately 8 percent hold a 1-star rating, and approximately 5 percent hold a 3-star rating¹⁷.

¹⁷ First Things First (2012). Unpublished data.

Head Start

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria. As of March 2012, eligibility criteria for the Head Start program include: being a resident of Arizona; being a parent or primary caregiver for a child who is too young for public school; meeting income requirements.¹⁸ Arizona residents not meeting these criteria may still be eligible for Head Start if: their income status is low or very low, they are under-employed, unemployed, or about to become unemployed, facing pregnancy, or under 19 years of age.¹⁹

Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Central Maricopa Region is served by Maricopa County Head Start, which offers a Head Start Program as well as an Early Head Start Program, which services low-income families with infants, toddlers, and pregnant women. Maricopa County Head Start has locations in Chandler, Gilbert, Guadalupe, Mesa, Queen Creek, Scottsdale, and Tempe.

According to 2010-2011 Head Start Program Information Report²⁰, the Maricopa Early Head Start Program offers an enrollment of 179, with a full day, five days per week option (80), and a home-based option (99). Ten classes are offered, which includes 61 children of less than one year old, 83 children that are one year of age, and 85 children that are two years of age. The Head Start Program offers an enrollment of 1,276, which includes a part-day, four days per week option (1,192) and a home-based option (84). Seventy classes are offered, which include 480 children three years of age and 1,011 children four years of age.

The map below (**Figure 12**) shows how child care providers are distributed throughout the Central Maricopa Region.

Figure 12. Child care providers in the Central Maricopa Region

This figure is in progress and will be included in the final draft.

¹⁸ Currently the income standards are: having a pre-tax household income of \$10,830 for a one-person household, of \$18,310 for a two-person household, \$22,050 for four-person household, of \$25,790 for a five-person household, of \$29,530 for a six-person household, of \$33,270 for a seven-person household, of \$37,010 for an eight-person household, and of \$40,750 for a household larger than eight person. \$3,740 may be added for each additional person in the home for larger households.

¹⁹ Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

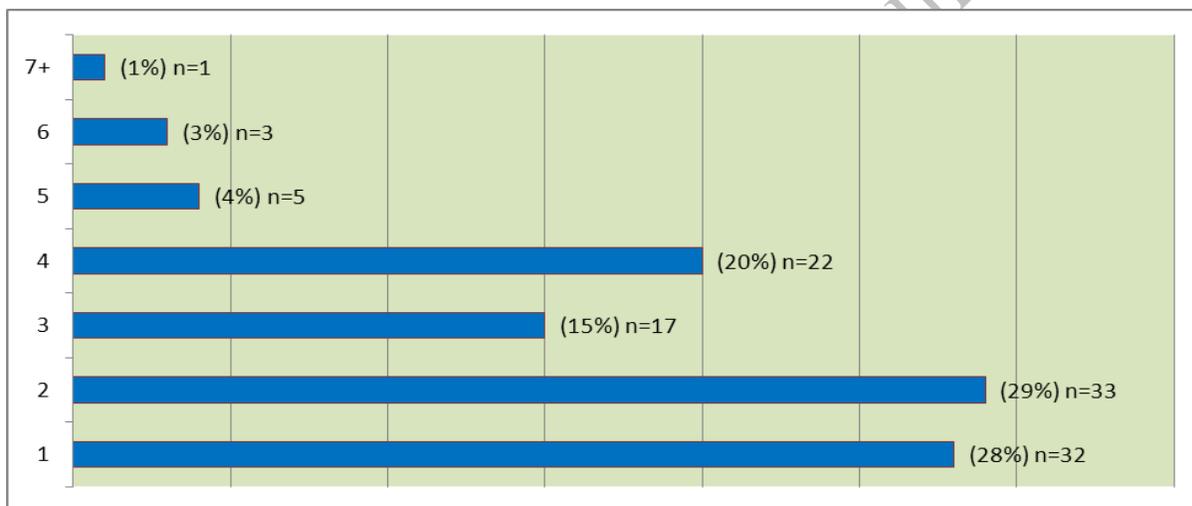
²⁰ Note that these figures represent all Maricopa County Head Start programs. Data are not available for the Region-specific programs

Arizona Child Care Demand Study

The Central Maricopa Regional Partnership Council participated in the Arizona Child Care Demand Study. The goal of the study was to learn more about the child care arrangements being utilized by parents in the region, the cost of care in the region, and the overall parent satisfaction with and demand for child care in the region. A total of 123 parents from the Central Maricopa Region participated in the study, and the participants in the study were demographically representative of the region (when compared to Census 2010 data).

As shown in **Figure 13**, most parents who participated in the study reported using between one and four different arrangements for child care. The majority of parents (72%) used more than one child care arrangement, and 8 percent of parents used five or more arrangements.

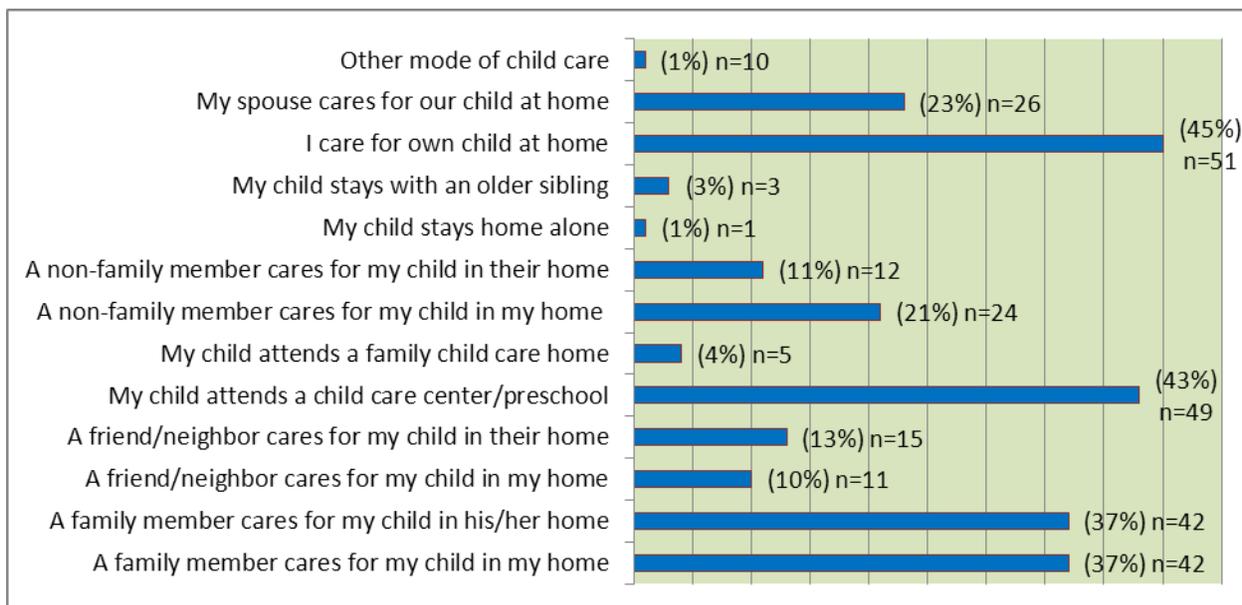
Figure 13. Results from Child Care Demand Study: Number of Child Care Arrangements Used



Source: Arizona Child Care Study, Presentation of Key Findings, October 2011

Family, friend and neighbor care (sometimes referred to as “kith and kin care”) was very common, as shown in **Figure 14**. Thirty-seven percent reported having a family member care for their child in the child’s home, and 37 percent reported having a family member care for their child in their own home – nearly as many who reported that their child attends a preschool or child care center (43%). Twenty-three percent reported using friend and neighbor care. Although 61 unregulated providers are registered with Arizona Child Care Resource and Referral (CCR&R), registration with CCR&R is not mandatory for unregulated child care providers. Taken together, these data suggest that there may be many more unregulated providers in the region than those documented by CCR&R. This point was raised by key informants, as well, who point out that more formal child care may be out of the financial reach of many families (see *Cost of Child care*, below), and that it is a preference for some families to keep their children with family members.

Figure 14. Results from Child Care Demand Study: Type of Child Care Arrangements Used



Source: Arizona Child Care Study, Presentation of Key Findings, October 2011; total sums to more than 100% because multiple types could be selected

Previous studies of “kith and kin care” and other types of unregulated, informal child care have consistently found that informal child care is lower in quality than regulated child care, and that this is particularly true for home-based unregulated programs. Research findings have also reported that kith and kin child care is less structured and has less of an educational focus than regulated child care does, which may impact school readiness. Other research findings have indicated that children in child care centers are more likely to interact with their peers than children in home-based care.²¹

Cost of Child Care

Key informants in the Central Maricopa Region reported cost of child care as being the primary barrier to child care access in the Central Maricopa Region. Key informants listed affordable, quality child care as one of the largest needs in the community, particularly for those families who do not qualify for need-based programs like Head Start but cannot afford child care due to other financial circumstance. Further qualitative data about this challenge was collected at a September 2011 town hall meeting in the region, which attracted both parents and service providers. Community members of Tempe, Chandler, and Ahwatukee all expressed a need for affordable child care for “gap families” who do not qualify for child care scholarships, but cannot afford child care in the absence of scholarship assistance. **Table 16** shows the average

²¹ Brown-Lyons, M., Robertson, A., & Layzer, J. (2011). *Kith and Kin – Informal Child Care: Highlights from Recent Research*. Columbia University, New York, NY. National Center for Children in Poverty.

estimated cost of child care in a child care center by percent of median income in the region. It should be noted that data about median income is available at the community level, but average cost of child care data is available at the state and county levels only. The calculations in **Table 17** and **Table 18** were therefore made with community-level median income data and county-level data about average cost of child care.

Table 17. Cost of full time child care in child care center by percent of median family income

GEOGRAPHY	CHILDREN UNDER 1	CHILDREN 1 TO 2 YEARS OLD	CHILDREN 3 TO 5 YEARS OLD
Arizona	16%	15%	13%
Maricopa County	16%	14%	12%
Chandler City, Arizona	13%	11%	10%
Guadalupe town, Arizona	22%	20%	17%
Tempe city, Arizona	16%	14%	13%

Source: American Community Survey 2006-2010; Child Care Market Rate Survey 2010

As **Table 17** shows, infant care is most costly to families, and subsumes between 13 and 22 percent of median family income. The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. However, to secure regulated center-based child care, half the families (those at median income or below) in each of the communities in the Central Maricopa Region would need to exceed this recommendation for nearly all age groups; Guadalupe families at the median would need to spend approximately double this percentage on child care.

It is important to note that the percentages above are reflective of families with only one young child in need of full-time child care. Families with more than one child under age five requiring child care would exceed the Department of Health and Human Services recommendation by a substantially higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a substantially lower median income in the Central Maricopa Region (see **Table 7**), resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families.

Unregulated homes are typically a less expensive child care option. **Table 18** shows the average estimated cost of full time child care in an unregulated home by percent of median family income. With the exception of the Chandler community, cost of child care in an unregulated

home still exceeds the Department of Health and Human Services recommendation in the region. For this reason, many families are likely to turn to kith and kin care that may be provided free of charge.

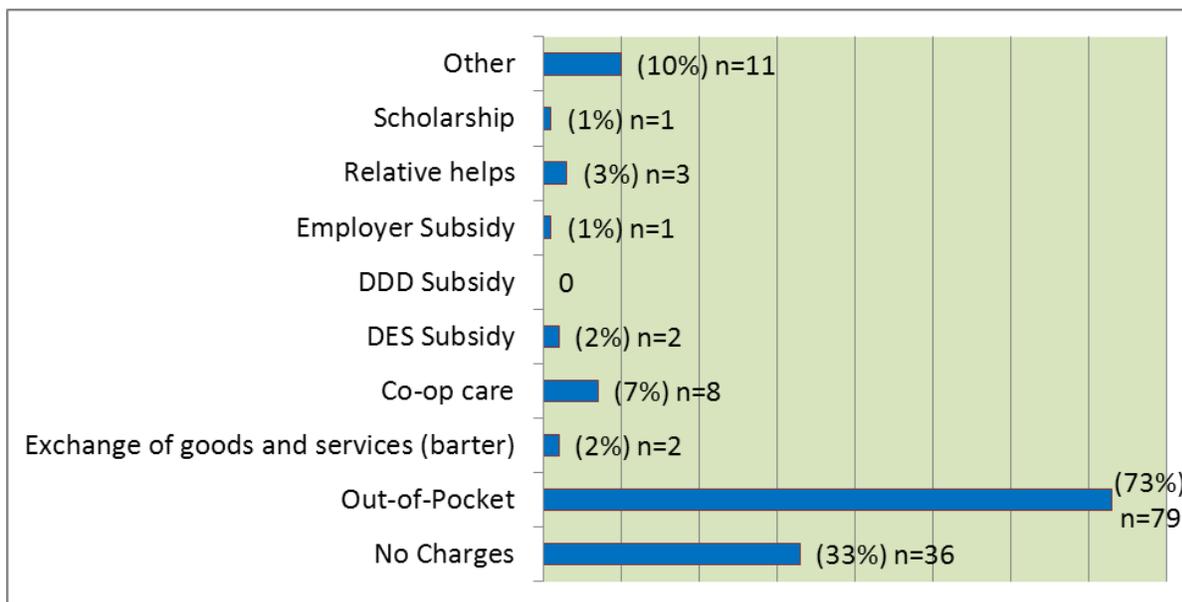
Table 18. Cost of full time child care in unregulated homes by percent of median family income

GEOGRAPHY	CHILDREN UNDER 1	CHILDREN 1 TO 2 YEARS OLD	CHILDREN 3 TO 5 YEARS OLD
Arizona	11%	11%	10%
Maricopa County	11%	11%	11%
Chandler city, Arizona	9%	9%	9%
Guadalupe town, Arizona	16%	16%	15%
Tempe city, Arizona	12%	11%	11%

Source: American Community Survey 2006-2010; Child Care Market Rate Survey 2010

The Child Care Demand study illustrates the fact that many parents turn to free care (see **Figure 155**). The majority of parents reported paying for child care either out-of-pocket, or receiving free child care. One key informant in the region perceived that many “stay-at-home-parents” choose to stay home with their children because the high cost of child care makes working a less economically advantageous option. For example, a parent who is only qualified to work a minimum wage job may not earn enough money to pay for the child care that full-time work requires, particularly if accepting a job results in the loss of eligibility for other assistance programs the parent is using, such as SNAP or TANF. Data from the child care demand study help corroborate that observation: Of the participants in the study who reported being “stay-at-home parents”, 15 percent reported that they could either not afford child care outside their home or could not find quality care.

Figure 15. Results from Child Care Demand Study: How Parents Pay for Child Care

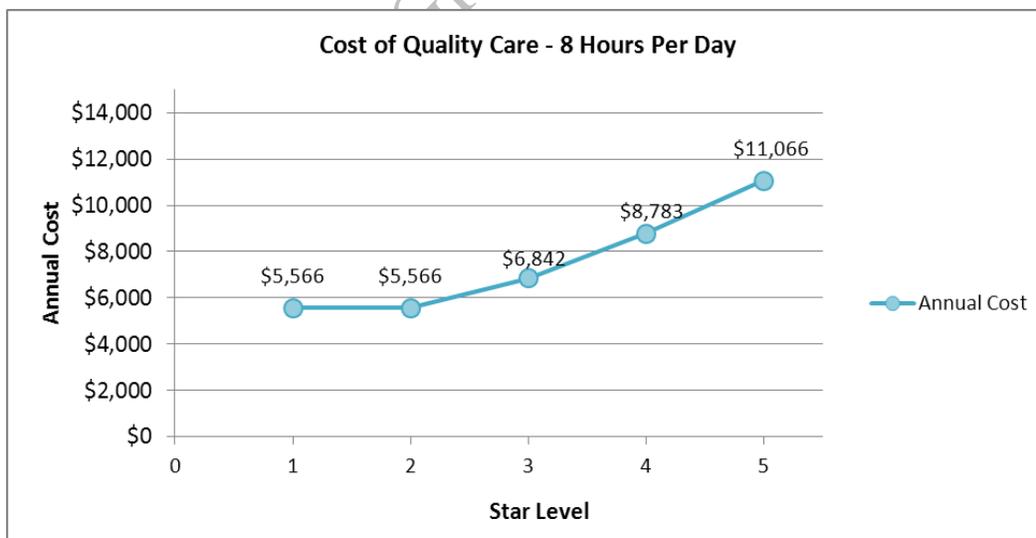


Source: Arizona Child Care Study, Presentation of Key Findings, October 2011

The Cost of Quality

Recent work conducted at the statewide level by First Things First suggests that the high cost of quality care is a statewide concern. As shown in **Figure 16**, the annual cost of an average 5-star Quality First Center is estimated to be nearly double the average annual cost of a 1 or 2-star Quality First Center.

Figure 16. Cost of Quality Care



Source: Arizona Cost of Quality in Early Education Study (First Things First), 2011

Note: These are estimated costs reflective of statewide level data for non-profit and for-profit center-based providers only.

Professional Development

Formal education attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assesses the education and pay of the early care and education workforce in Arizona (Arizona Children's Action Alliance, 2008). Results from the 2007 survey (the most recent year for which survey data is available) show that across the state of Arizona, 27 percent of employers required at least some college for teachers and 12 percent required the same for assistant teachers. The percentage of employers across the state requiring this level of education from teachers had decreased over the previous 10 years, from a high of 39 percent in 2009. The median salary for assistant teachers was \$9.00 per hour and the median salary for teachers was \$9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period.

For the Maricopa County Head Start programs, 94 percent of classroom teachers had a degree in ECE or a related field. This percentage is lower than the statewide average for Head Start programs, which is 99 percent. In Maricopa County Early Head Start programs, 100 percent of classroom teachers had a degree in ECE or a related field. This is higher than the statewide average for Early Head Start programs, which is 92 percent. Beginning September 30th, 2013, all Head Start teaching assistants must have a Child Development Associate (CDA) credential or must be enrolled in either a CDA program to be completed within two years, or be enrolled in an associate or baccalaureate degree program.

The teacher turnover rate for Head Start was lower in Maricopa County, (8% per year) than in the state as a whole (nearly 17% per year). Additionally, the teacher turnover rate for Early Head Start was lower in Maricopa County, (8.7% per year) than in the state as a whole (9.5% per year). About 27.5 percent of all Maricopa County Head Start staff are current or former parents and 20 percent of all Early Head Start staff are current or former parents.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential. A Bachelor's Degree model of the TEACH program is also currently being developed. In fiscal year 2012, 125 child care professionals in the Central Maricopa Region received TEACH scholarships to take coursework leading to an associate's degree. The 2013 funding plan for the Central Maricopa Region allocates for 128 TEACH scholarships to be given.

The First Things First Central Maricopa Regional Partnership Council also funds Professional Career Pathways Project (PCPP). Administered by Central Arizona College, the Region's PCPP program offers child care providers who desire to take early childhood education courses or are required by their employer to have a Childhood Develop Associate (CDA) credential financial assistance in coursework in order to apply for it. Family child care providers, family group home providers, and child care center employees are eligible for the program. The program covers tuition for up to twelve credits per school year, \$10 per credit enrolled per semester for use at the college bookstore, CDA assessment fees for the student, and a CDA mentor service to students in CDA programs²². In fiscal year 2012, 120 child care professionals in the Central Maricopa Region received PCPP scholarships.

Arizona State University no longer offers a Bachelor's degree in Early Childhood Education, although a degree in Special Education/Early Childhood is offered. Beginning in 2009, the University added an online program which enables teachers to receive an early childhood endorsement concurrently with an elementary education degree²³. Community colleges in the area offer other continuing education and professional development opportunities, as shown in **Table 19**. These community colleges participate in the T.E.A.C.H program, and offer two-year degrees in Early Childhood Education, as well as related Associate in Applied Science (AAS) degrees and Associate in Arts (AA) degrees.

²² Harrison, G. (2010). *Professional Career Pathway Project helping fund education for child care providers at Central Arizona College*. Retrieved from: [http://www.centralaz.edu/home/about_central/news_front/2010/news_indexarchive_-_jun_10/professional_career_pathway_project_\(ece\).htm](http://www.centralaz.edu/home/about_central/news_front/2010/news_indexarchive_-_jun_10/professional_career_pathway_project_(ece).htm)

²³ Arizona State University News, 2008

Table 19. Degrees Offered at Community Colleges Proximal to the Central Maricopa Region

COLLEGE	DEGREE OFFERED
Central Arizona College	AAS in Early Childhood Education CDA in Early Care and Education
Chandler Gilbert Community College	AAS in Early Learning and Development
Mesa Community College	AAS in Early Care and Education AA in Transfer Partnership: Early Childhood Teacher Ed AAS in Early Learning and Development
Phoenix College	AAS in Early Childhood Education and Administration
Rio Salado College	AAS in Early Childhood Education AA AAS in Early Childhood Administration AA in Transfer Partnership: Early Childhood Teacher Ed AAS in Early Learning and Development
South Mountain Community College	AAS in Early Childhood Education

Source: Association for Supportive Child Care, 2011

Key informants (family resource center staff) felt that overall, professional development opportunities in the region are adequate and accessible.

Early Childhood System Summary

The early childhood system in the Central Maricopa Region has many strengths, including the numerous providers enrolled in the Quality First program, demonstrating a commitment in the region to increasing the quality of available care. Additionally, a wide breadth of professional development opportunities and scholarships are available to early child care professionals in the region. Data indicate that the primary challenge the current system presents to families is the high cost of quality care, which subsumes a substantial percentage of the average family income, leading families to seek informal and unregulated child care that is low or free in cost. Informal child care is typically lower in quality, and the task of making regulated care affordable to the typical family continues to be a challenge in the Central Maricopa Region and statewide.

Health

Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care areas as geographically based areas in which most residents seek primary medical care within the same places.²⁴ The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density; each of the Primary Care Areas in the Central Maricopa Region are designated as Urban. (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

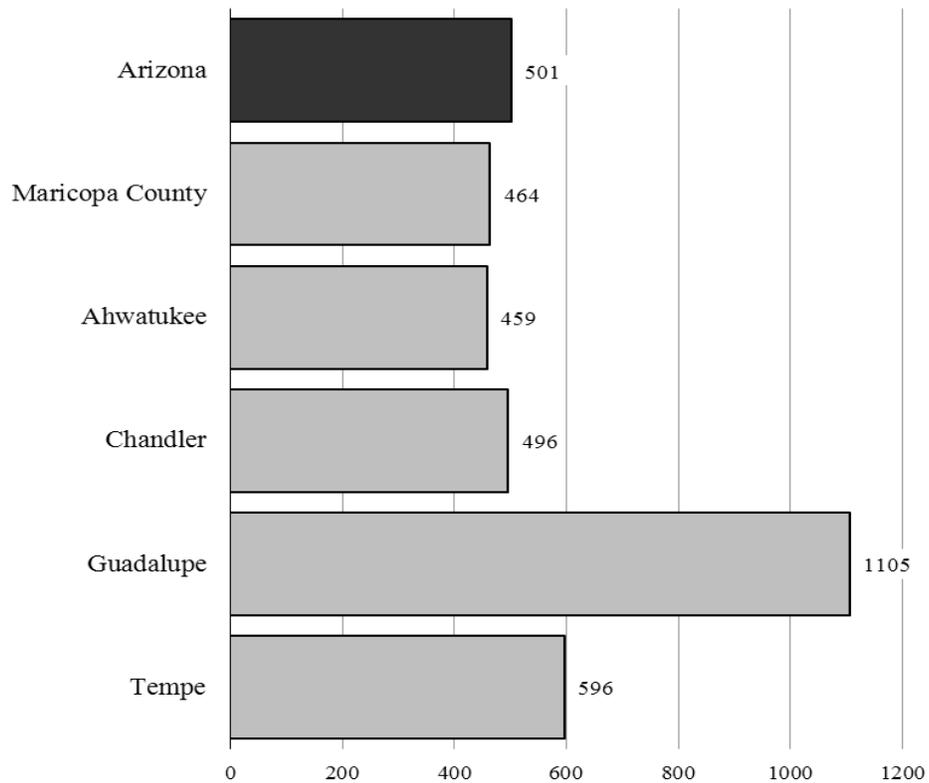
There are 4 Primary Care Areas within the Region: Chandler, Tempe, Guadalupe, and Ahwatukee. The communities included within each area of the Region are listed in **Appendix F**.

The Primary Care Area Program also designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. To make this designation, each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly, and unemployed. Primary Care Areas are also designed as medically underserved if they can be categorized as a Health Professional Shortage Area (HPSA). Guadalupe is designated as an AzMUA based on scores on these indicators. Tempe is designated as underserved because it contains Health Professional Shortage Areas.

Data about the ratio of population to primary care providers in the various Primary Care Areas is an indicator of the healthcare infrastructure within the Region. As shown in **Figure 17**, the ratio of population to primary care providers in the Central Maricopa Region is about equal to the average for the state of Arizona, with the exception of Guadalupe, which has a more than double the ratio of population to available providers than the state of Arizona overall. However, key informants expressed that the primary healthcare challenge in the region is not a shortage of providers, but rather the cost of care. One key informant said, “I can’t think of any [health services] that aren’t available – but that’s only if you can pay for it.”

²⁴ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

Figure 17. Ratio of Population to Primary Care Providers

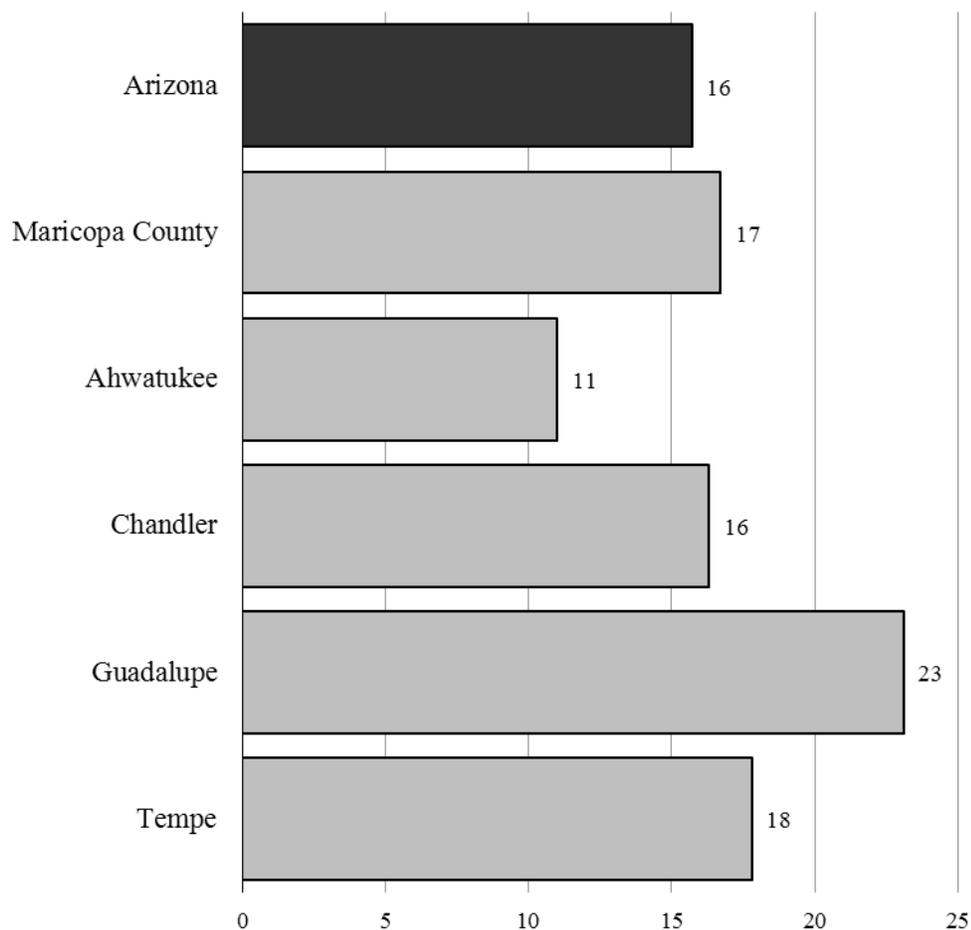


Source: Arizona Department of Health Services, January 2012

Pregnancies and Births

According to the Arizona Department of Health (ADHS) Vital Statistics, for the calendar year 2009 (the most recent year for which this data is available), there were a total of 92,616 live births in Arizona. More than half (57,663) of those births occurred in Maricopa County, and 9 percent (5,460) of Maricopa County births occurred in the Central Maricopa Region.

Figure 18. Birth Rate per 1,000 residents, 2000-2009



Source: Arizona Department of Health Services, January 2012

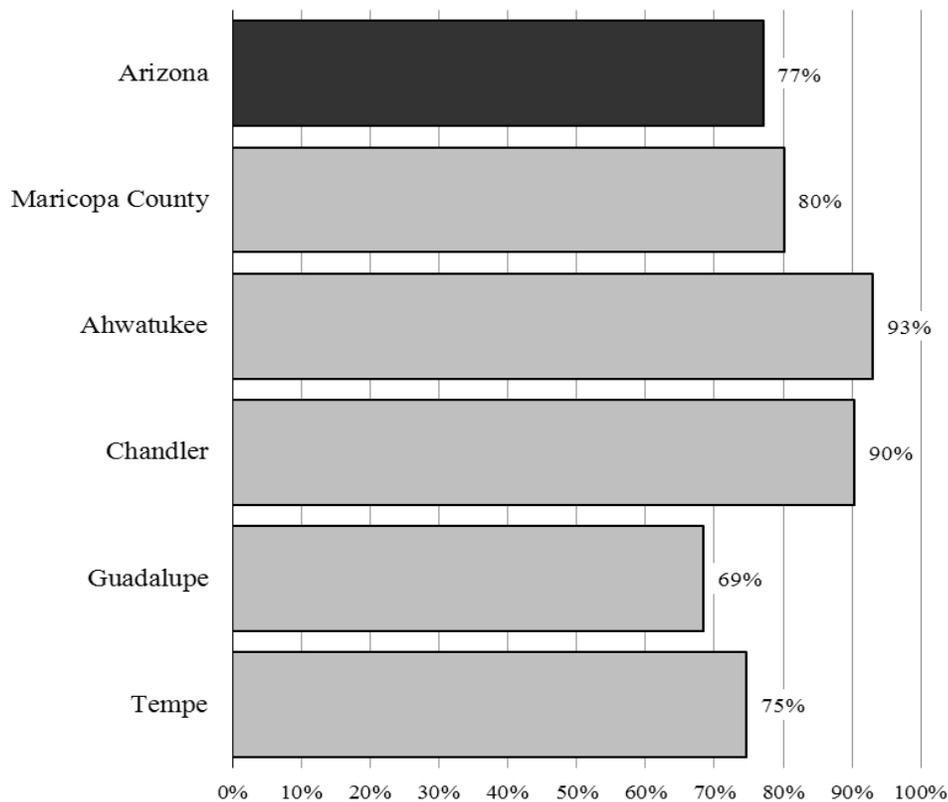
As shown in **Figure 18**, Chandler and Tempe have average birth rates similar to Maricopa County overall. The birth rate in Guadalupe is slightly higher, at 23 per 1,000, and the birth rate in Ahwatukee is slightly lower, at 11 per 1,000.

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births²⁵. Care should ideally begin in the first trimester, and the American College of Obstetrics and Gynecology (ACOG) recommends at least

²⁵ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number (ACOG, 2002).

Figure 19. Average Percent of Births with Prenatal Care Begun First Trimester, 2000-2009

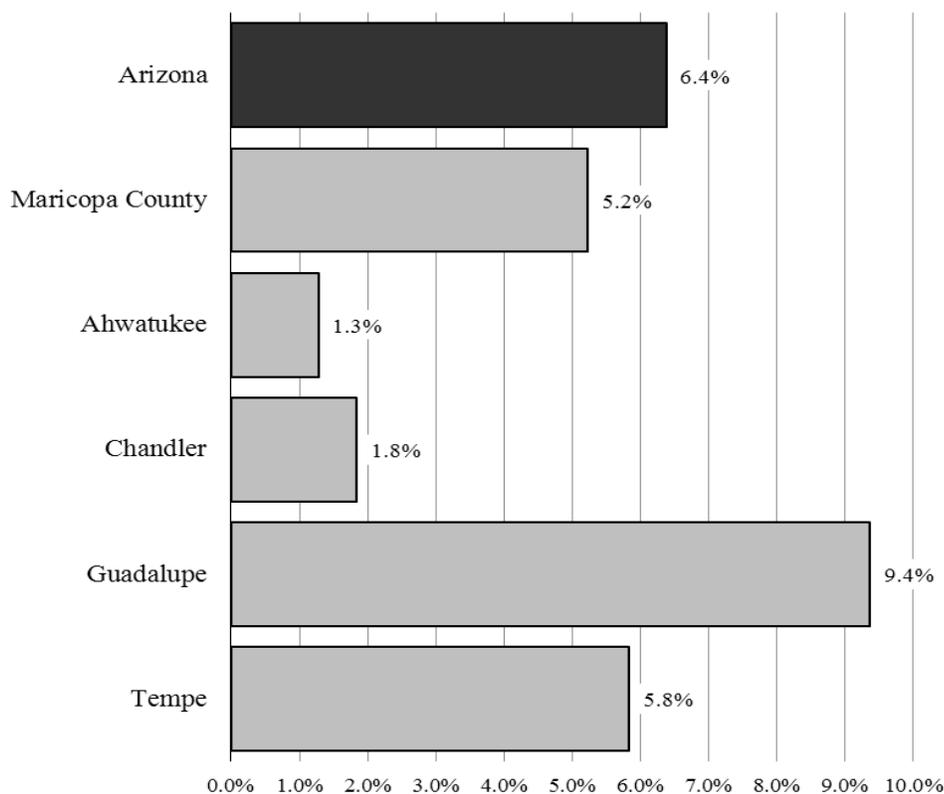


Source: Arizona Department of Health Services, January 2012

The Healthy People 2020 target for receiving prenatal care in the first trimester is 77.9 percent. Healthy People 2020 targets are produced by HealthyPeople.gov, a science-based initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement.

Although the state of Arizona is slightly below the Healthy People 2020 target, Chandler and Ahwatukee both exceed the target. Tempe falls slightly below the target, and Guadalupe misses the target by nearly nine percent. This pattern is reflected in overall prenatal care use in the region, as shown in **Figure 20**. Nearly six percent of Tempe mothers and nearly ten percent of Guadalupe mothers receive fewer than five prenatal visits. However, according to the Arizona Department of Health Services Community Vital Statistics, fewer than two percent of mothers receive no prenatal care at all in the Central Maricopa Region.

Figure 20. Average Percent of Births with Fewer Than Five Prenatal Care Visits, 2000-2009

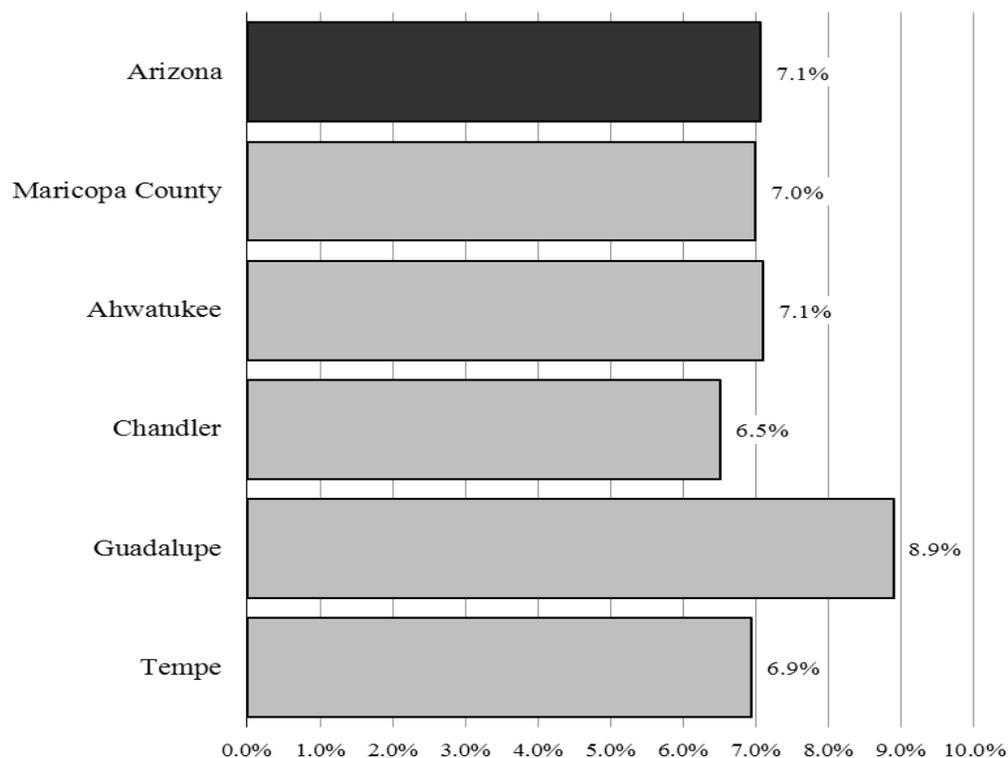


Source: Arizona Department of Health Services, January 2012

In the state of Arizona in 2009 (the most recent year for which this data is available), about 33.5% of the births were to women who had been diagnosed with some sort of medical risk factor during pregnancy, such as anemia, diabetes, or eclampsia. Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. The Healthy People 2020 target for reducing low birth weight is 7.8 percent.

As shown in **Figure 21**, most communities in Central Maricopa have had a similar proportion of low birth weight births as the state and county. Arizona as a whole, Maricopa County, and most communities in the Central Maricopa Region currently meet the Healthy People 2020 target. However, the number of low birth weight births in Guadalupe was substantially higher than the number of low birth weight births in the rest of the Central Maricopa Region, as well as the state and county averages. Guadalupe does not meet the Healthy People 2020 target.

Figure 21. Average Percent of Low Birth Weight Births (5 lbs, 8 oz or less), 2000-2009



Source: Arizona Department of Health Services, January 2012

Another factor related to low birth weight is birth to a teenage mother, particularly for teenage mothers under 18 years of age. Teenage parenthood is associated with a number of other negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

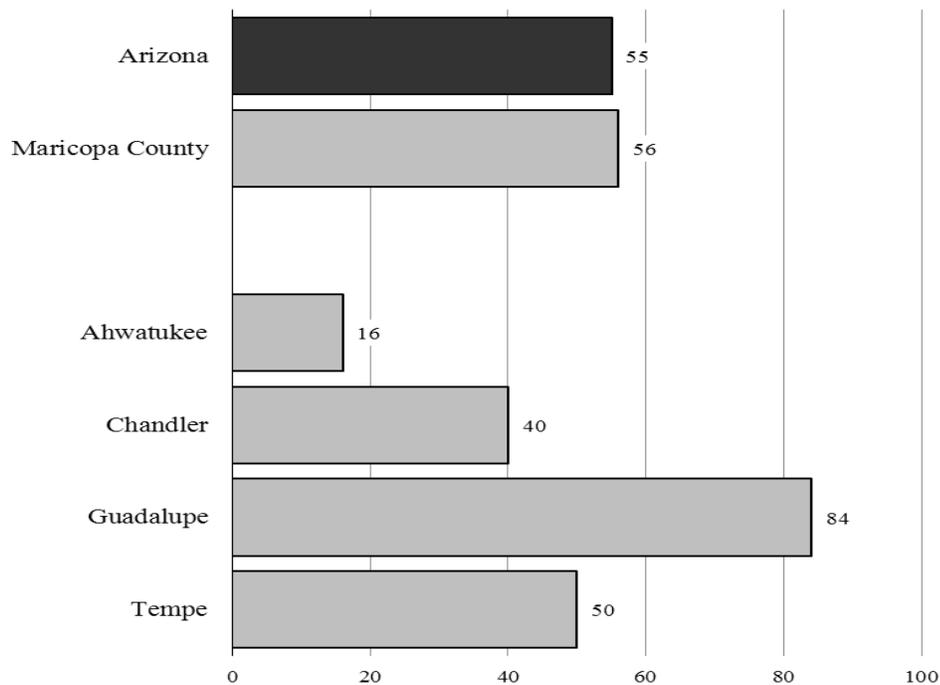
Teen pregnancy and birth continues to be a statewide issue in Arizona, with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17) (Guttmacher Institute, 2010). While the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 6th highest teen birth rate nationally²⁶. In 2009, nearly 12 percent of all births in Arizona were to mothers under the age of 19, and about nine percent of all births in the Central Maricopa Region are to teen mothers.²⁷ As shown in **Figure 22** below,

²⁶ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

²⁷ Arizona Department of Health Services Community Vital Statistics

the rate of teen births per 1,000 young women (14-19 years old) is variable throughout the Region, with Guadalupe reporting the highest proportion of births to teens, and Ahwatukee has a rate considerably lower than the state average.

Figure 22. Live births per 1,000 women aged 14-19 (2000-2009)



Source: Arizona Department of Health Services, January 2012

Because teen parenthood has so many far-reaching consequences for mother and baby alike, teen parenthood prevention education and services for teen parents may be important strategies to consider in order to improve the well-being of young children in the region. This is particularly true in Guadalupe, where rates of teen pregnancy are significantly higher.

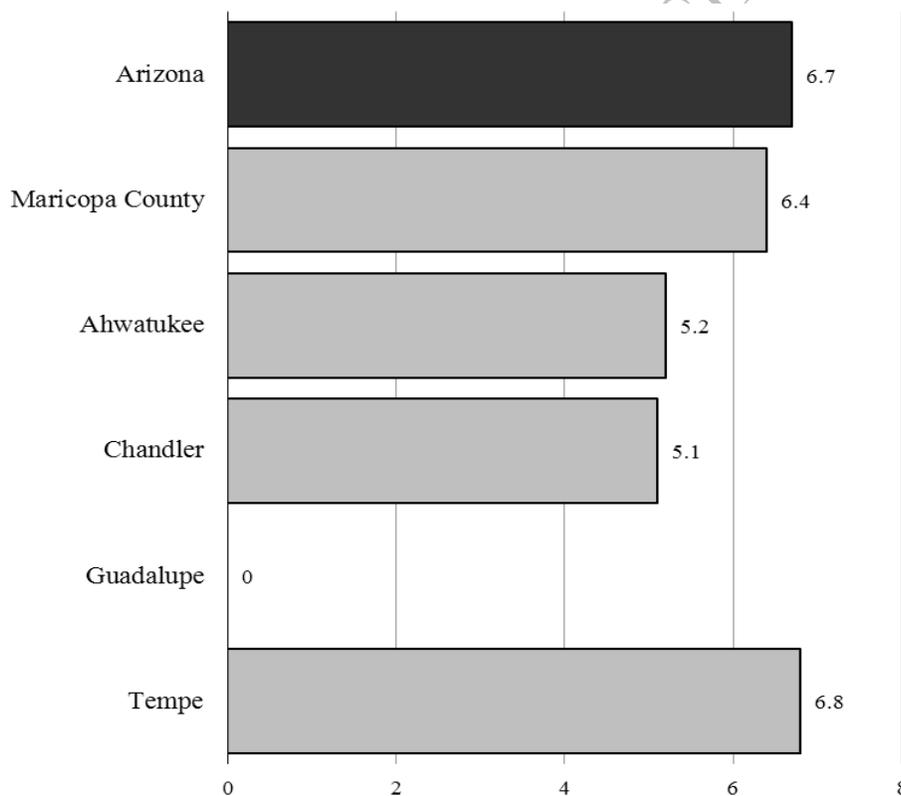
Tempe Union High School District has an Adolescent Pregnancy and Parenting Program at Compadre Academy, which attracts teen parents across and even outside of the Region. This drop-out prevention program offers specialized education for teen parents, as well as child care through Maricopa County Early Head Start, transportation, mentoring, healthcare monitoring, case management, support groups, and specialized counseling. Compadre Academy additionally offers an academic incentive and character education program through an on-site store, which provides diapers, formula, and other baby necessities in exchange for earned “baby bucks”²⁸. While this important program serves teenage parents across the region who choose to stay in school, it does not meet the needs of teen moms who choose not to finish

²⁸ For more information about Compadre Academy and the Adolescent Pregnancy and Parenting Program, please visit: <http://www.tuhd.k12.az.us/chs>

high school, which may frequently be the case in Guadalupe. One key informant felt that in the Guadalupe community, when teenage women become pregnant, they “lose direction and don’t know what to do next”. This key informant expressed a community need for holistic, comprehensive support for both teen mothers and their children, and said that by supporting teen mothers in establishing a plan for becoming self-reliant, child outcomes will also be improved.

One of the consequences that has been linked to high teen birth rates, among other factors, is high infant mortality. Among the communities for which information is available (see **Figure 23**), Tempe has the highest infant mortality rate in the Central Maricopa Region (data are not available at the community level in Guadalupe). Tempe also has the second highest teen birth rate in the region of all communities for which this data is available.

Figure 23. Average Infant Mortality Rate per 1,000 Live Births, 2000-2009



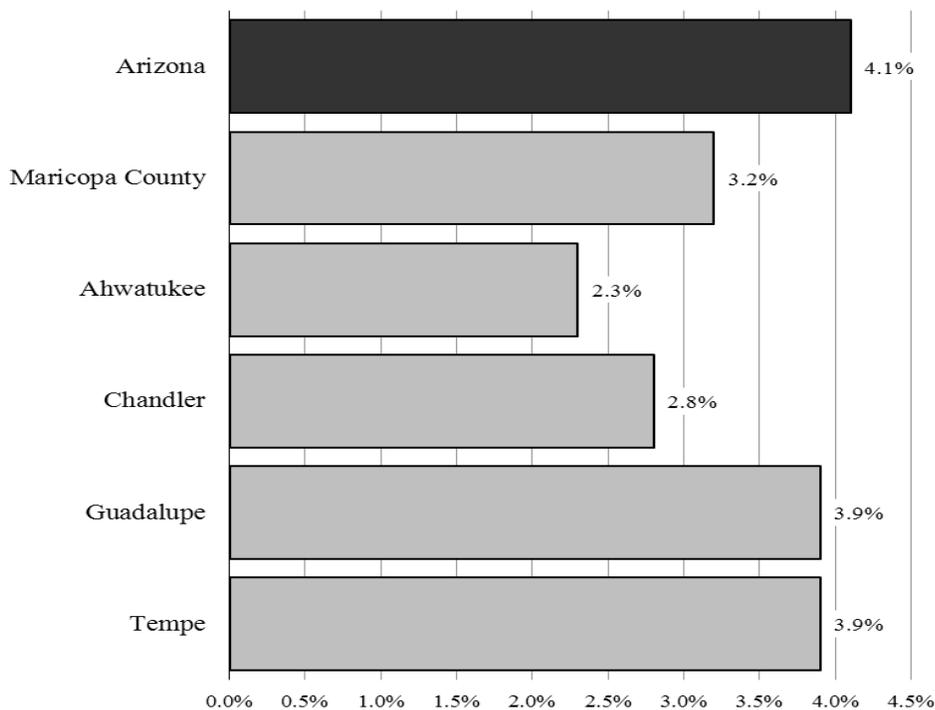
Source: Arizona Department of Health Services, January 2012

The Healthy People 2020 target for all infant deaths is 6.0 infant deaths per 1,000 live births. Chandler and Ahwatukee currently meet this target.

Statewide, about 55 percent of mothers used AHCCCS or IHS to pay birth expenses in 2009, according to the Arizona Department of Health Services Community Vital Statistics. In the Central Maricopa Region, this number is considerably lower, at 39 percent.

There was some variation in the number of uninsured births (defined as self-pay or “unknown” payee in the Vital Statistics birth record) in the region, as can be seen in **Figure 24**, with Ahwatukee and Chandler somewhat below the county average, and Guadalupe and Tempe somewhat above.

Figure 24. Average Percent of Uninsured Births, 2000-2009



Source: Arizona Department of Health Services, January 2012

AHCCCS Insurance Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100%-200% of the Federal Poverty Level. However, due to budget cuts at the state level, enrollment in the KidsCare Program has been frozen since January 1, 2010. When an application is submitted, the Department of Economic Security first verifies whether the child is eligible for AHCCCS Health Insurance. If the child is not eligible for AHCCCS Health Insurance, but he/she may be eligible for KidsCare and the family is willing to pay the monthly premium required by the program, the application is referred to the KidsCare

Office to be added to a waiting list. This waiting list was started because the enrollment freeze was put in place in the event that new applications could be accepted.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through December 31, 2013, for a limited number of eligible children. KidsCare II is the result of an agreement between AHCCCS, the Centers for Medicare and Medicaid Services (CMS) and three hospital systems in the state: UA Health Network, Phoenix Children's Hospital, and Maricopa Integrated Health Systems. The Safety Net Care Pool (SNCP) program provides hospitals with funds to cover the costs for providing uncompensated care to AHCCCS members or to the uninsured. CMS approval of the SNCP program was contingent on making a portion of the funding available to provide coverage to children in the KidsCare program. As the three hospital systems agreed, the KidsCare II program started to enroll children that had been placed in the KidsCare waiting list.

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it is only open to children in households with incomes from 100% to 175% of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare.²⁹ At the end of the KidsCare II coverage period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date.³⁰

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

As shown in **Table 20** below, the percentage of the population in Maricopa County currently enrolled in AHCCCS is slightly lower than the statewide average.

²⁹ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

³⁰ For more information, please visit: <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx>

Table 20. Enrollment in AHCCCS, including KidsCare

	AHCCCS Enrollment, December 2010	AHCCCS Enrollment, December 2011	Population (all ages)	Percent of population enrolled in AHCCCS	Population in poverty (all ages)	Percent of population in poverty
ARIZONA	1,347,614	1,336,141	6,110,304	22%	933,113	15%
Maricopa County	755,125	762,324	3,702,339	21%	515,030	14%

Source: AHCCCS (2012) and American Community Survey (2006-2010)

Table 21 shows the percentage of the population enrolled in AHCCCS and KidsCare in Arizona, Maricopa County, and the communities in the Central Maricopa Region. Enrollment percentages in the Central Maricopa Region are similar to those seen in the state and county, although enrollment percentages in Chandler are slightly lower.

Table 21. Percentages of population enrolled in AHCCCS and KidsCare, 2010

	PERCENT OF 2010 POPULATION ENROLLED IN AHCCCS	PERCENT OF 2010 POPULATION ENROLLED IN KIDSCARE
ARIZONA	22%	1.5%
Maricopa County	21%	1.5%
Ahwatukee	xx	xx
Tempe	22%	1.5%
Chandler	13%	1%
Guadalupe	20%	1%

Source: Arizona Department of Health Services, Division of Public Health Services, Primary Care Area Profiles

The American Community Survey creates three-year estimates for the number of uninsured individuals in each of the counties and larger communities in Arizona. As shown in **Table 22** below, Chandler and Tempe both have relatively low rates of un-insured children aged 0-5 when compared with the state and county rates. Chandler’s rate of uninsured residents of all ages is comparably low, while Tempe’s rate of uninsured residents of all ages is equal to both the state and county rate.

Table 22. Percent of Population Uninsured

GEOGRAPHY	POPULATION (ALL AGES)	PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	PERCENT OF POPULATION UNINSURED (0-5)
Arizona	6,240,052	17%	556,781	11%
Maricopa County	3,770,060	17%	349,081	11%
Chandler	233,618	12%	23,290	6%
Tempe	163,215	17%	10,579	8%

Source: American Community Survey, 2011

Key informants reported that access to affordable insurance remains a major challenge for a number of families, particularly those whose income levels only slightly disqualify them for AHCCCS or KidsCare.

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events.

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50% of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services,

nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

The primary AzEIP provider for the Central Maricopa Region is RISE Services, Inc., a non-profit organization specializing in children with developmental disabilities, mental health challenges, and other disabilities. RISE offers early intervention services, therapy for developmental disabilities, family services, and child/adult developmental homes³¹. Key informants also noted the Getz School, a Tempe School District preschool, as an important community resource for early screening and intervention. Getz School enrolls both special needs children and typically developing children in its preschool program. In 2009-2010, 422 children in Central Maricopa received services from AzEIP. This is a 13 percent decrease in the number who received services in 2008-2009 (485).

The Arizona Department of Economic Security's Division of Developmental Disabilities (DDD) also provides services and supports for families with children who have developmental disabilities. In 2010, 333 children between ages 0-2.9 in the region were receiving services from DDD, and 333 children between ages 3-5.9 were receiving services. This represents a slight increase from the year 2009 in both age brackets; in 2009, only 300 children aged 0-2.9 were receiving DDD services, and 302 children aged 3-5.9 were receiving services.

Immunizations

In the Central Maricopa Region, 65 percent of children (3,641) aged 12 to 24 months completed the recommended vaccine series. This is slightly lower than the statewide rate of 70 percent. Only 29 percent of children (2,461) aged 19 to 35 months completed the recommended vaccination series in the Central Maricopa Region. This is substantially lower than the statewide rate of 41 percent.

The Arizona Daily Star newspaper released a special investigative report about immunization in May 2012, which found that one in three schools in Arizona had low enough vaccination levels to be considered "unsafe". (In order to effectively prevent the spread of infection, vaccination rates must be 80 percent to 90 percent, depending on the disease). Although schools are instructed to suspend students that are not immunized or do not have an exemption, the investigative report raised concerns about the lack of consequences for schools that choose not to enforce immunization in their students. The report also cited lack of parent education about the purpose and importance of vaccination as a contributing factor to the decrease in

³¹ For more information about RISE Services, Inc., please visit: <http://www.riseservicesinc.org>

vaccination rates. Many parents fear that immunizing their children will have health repercussions, the report said³².

Behavioral Health.

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children³³. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."³⁴ A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.³⁵ Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities. Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development, including distractibility, abnormal patterns of emotion expression, disruptions in feeding and sleeping, and developmental delays in motor and language skills.³⁶

A continuum of services to address prevention and treatment in infant and toddler mental health has been proposed by a number of national organizations. These components would include 1) incorporating awareness of infant and toddler mental health issues in early childhood care and education programs, home visiting programs, and health-related programs to promote infant mental health and prevent mental health challenges; 2) providing focused interventions to children and families who may be more at risk for developing mental health problems (for example, families experiencing chronic illness, homelessness, high stress, abuse, substance use, or children with physical health problems); and 3) providing intensive services with mental health professionals for infants, toddlers and their families who face very challenging situations

³² O'dell, R. & Innes, S. (2012) *Kids skipping shots increases threat of dangerous outbreak*, The Arizona Daily Star. Retrieved from: http://azstarnet.com/news/science/health-med-fit/kids-skipping-shots-increases-threat-of-dangerous-outbreak/article_a9d00658-3365-5ba6-9cd8-0ea5e70d8d2b.html

³³ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

³⁴ Zero to Three Infant Mental Health Task force Steering Committee, 2001

³⁵ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

³⁶ Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

and experience traumatic events that lead to mental health concerns, in order to return them to positive developmental progress.

In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 64,277 (21.3%) of enrollees were children or adolescents; children aged 0-5 comprised 3.8 percent of all enrollees³⁷, or approximately 8,000 young children statewide. With about 546,600 children birth to 5 in Arizona, this means that about one percent of young children statewide are receiving care in the public behavioral health system³⁸. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. Better equipping healthcare and other service providers to meet infant mental health needs and to serve as effective sources of referral has been proposed as one strategy to help with this barrier to access to this level of care.³⁹

As shown in **Table 23** below, Maricopa County comprises nearly 52% of all public behavioral health system usage. However, Maricopa County comprises nearly 60% of the total population in Arizona, so this does not indicate that the demand for public behavioral health services is higher in Maricopa County than elsewhere.

³⁷ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

³⁸ Woodworth, R. (1994,). Grandparent-headed households and their grandchildren: A special report. Washington, DC: AARP Grandparent Information Center.

³⁹ U.S. Department of Health and Human Services. (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Author.

Table 23. Enrollment in Public Behavioral Health System

Counties	Regional Behavioral Health Authority / Tribal Regional Behavioral Health Authority	Number Enrolled	Percent of Clients Enrolled Statewide
Apache, Coconino, Mohave, Navajo, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)	27,819	13.20%
La Paz, Yuma, Cochise, Gila, Graham, Greenlee, Santa Cruz, Pinal	Cenpatico Behavioral Health System (CBHS)	22,980	11.20%
Pima	Community Partnership of Southern Arizona (CPSA)	44,223	21.50%
Maricopa	Magellan of Arizona	106,008	51.60%
Tribal Authority	Navajo Nation	1,937	0.90%
Tribal Authority	Gila River Indian Community	1,519	0.70%
Tribal Authority	Pascua Yaqui	1,158	0.60%
Tribal Authority	White Mountain Apache	295	0.10%

Source: Division of Behavioral Health Services, Arizona Department of Health Services, 2012

Oral Health.

Oral health is an essential component of a young child’s overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Pediatricians and dentists recommend that children should have their first dental visit by age one, but half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and a belief that their young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.⁴⁰

Key informants from family resource centers expressed that the oral health services available to young children in the Region are adequate, even to low income families. Dental clinics are available at a number of family resource centers in the area (including Chandler Christian

⁴⁰ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children.*

Community Center, Chandler Care Center, and through the Tempe/Kyrene Thrive to Five program), and are also sometimes available at elementary schools. In the First Things First 2009 Family and Community Survey, about 82 percent of parents in the Central Maricopa Region indicated that they “strongly agree” or “somewhat agree” with the statement, “My child/children age 5 and under have regular visits with the same dental provider.” The vast majority of parents (85%) indicated that they had access to pediatric dental services within 10 miles of their home.

The Chandler Regional Medical Center offers an Early Childhood Oral Health Prevention Program funded by First Things First. In addition to providing screenings and fluoride varnish treatments, the program includes community outreach and parent education efforts. In FY 2012, the program exceeded all of its targeted numbers for both service and outreach, demonstrating both success and growth in the program.

Table 24. Services provided by the Early Childhood Oral Health Prevention Program in the Central Maricopa Region in FY 2012

Service Provided	Target	Number Served	Percentage of target
Oral Health Screenings	1500	2203	147%
Fluoride Varnish	1500	1967	131%
Adult Education	1500	3770	251%
Professional Education	175	218	125%
Tooth Brushing Program	100	161	161%

Source: Chandler Regional Medical Center, Early Childhood Oral Health Prevention Program, Unpublished Data

Health Summary

A wide variety of both primary and specialty pediatric health providers are available in the Central Maricopa Region. This is an asset to the region, although obtaining and affording health insurance remains a challenge for many families, especially as budget cuts have affected AHCCCS and KidsCare programs. Prenatal care rates in the region are generally high, although Guadalupe mothers tend to receive fewer prenatal care visits than other mothers in the region and in the state overall, which could be a potential target for improvement among community stakeholders. Immunization rates in the Central Maricopa Region are substantially lower than statewide averages, representing another healthcare challenge in the community.

Family Support

Home Visitation Programs

The Central Maricopa Regional Partnership Council funds several home visitation programs in the Region provided by multiple agencies, including the Arizona Children Association, the Arizona Department of Economic Security, the Arizona Partnership for Children, and Southwest Human Development.

Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children⁴¹, and educating parents about the importance of engaging in activities with their children that are contributory to development has become an increasing focus. The table below contains survey data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, as described by the Arizona Health Survey. The Arizona Health Survey parses survey data into 5 different regions. The Central Maricopa Region falls into Region 5, and includes the rest of Maricopa County.

Table 25. Parental Involvement in Child’s Growth and Development

	READ OR TELL STORIES PER WEEK			PLAY MUSIC OR SING PER WEEK			GO TO PARK PER MONTH			GO TO THE LIBRARY PER MONTH		
	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less
State Totals	66%	24%	10%	71%	19%	10%	19%	25%	56%	58%	20%	22%
Region 5 (Maricopa County)	67%	23%	10%	72%	17%	11%	18%	24%	59%	55%	20%	25%

Source: Arizona Health Survey, 2010

This suggests that parental involvement in Maricopa County is about equal to parental involvement at the state level. In the Arizona Health Survey, poverty status and educational status emerged as important factors influencing parental involvement in this survey. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of education were generally associated with more frequent

⁴¹ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona’s Youngest Children*. Phoenix, AZ: St. Luke’s Health Initiatives and First Things First.

engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis.

There are numerous sites in the Central Maricopa Region offering parent education classes, including the Frank Elementary School Resource Center in Guadalupe, the Kyrene Elementary School Resource Center in Kyrene, the Chandler Christian Community Center and the Chandler Care Center. The Tempe Community Council has multiple sites offering parent education classes across Tempe, most of which are based out of elementary schools in the community. Family resource center staff reported that their parent education classes are usually full and have high retention rates. Some have waiting lists, which staff say is a new and exciting development for their programs. However, despite the availability of parent education classes, one Guadalupe key informant expressed concern that existing classes are not reaching Guadalupe families. This key informant noted that while parenting classes are offered in one district in Guadalupe (Tempe) they do not reach the numerous families in the community whose children go to elementary school in the Kyrene School District.

Child Abuse and Neglect

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that while infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services⁴².

The Arizona Department of Economic Security's Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency

⁴² Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors.

The table below shows the number of removals in each community in the region from 2007 to 2010. Removals in the Ahwatukee and Tempe/Guadalupe communities have remained relatively stable from 2007 to 2010, although removals in Chandler have increased.

Table 26. Number of Children Removed

	NUMBER OF CHILDREN (ALL AGES) REMOVED		
	CALENDAR YEAR 2007	CALENDAR YEAR 2009	CALENDAR YEAR 2010
ARIZONA	7,418	7,532	7,872
Ahwatukee	25	20	28
Chandler	103	162	156
Tempe + Guadalupe	128	83	106

Source: Arizona Department of Economic Security, Division of Children, Youth and Families, 2011

Child welfare numbers are difficult to interpret across years because they are influenced by numerous factors, including the availability of trained staff to investigate allegations of abuse and neglect, the services available to maintain children safely in their home, and the availability of out-of-home placements. The 2011 semi-annual report on child welfare in Arizona acknowledged that the Division of Children, Youth and Families has been impacted by vacancies in specialist positions, economic factors creating increasingly complex family situations, and a reduction in behavioral health services for both adults and children. The report also notes challenges in substantiating many allegations of abuse and neglect due to omissions in current state laws about many situations related to child sexual abuse or neglect⁴³.

In the state of Arizona overall, child abuse fatalities have risen in recent years, from 51 in 2008 to 70 in 2010. In 2010, drugs and/or alcohol were associated with the majority (69%) of child maltreatment fatalities. Children who have special needs are particularly vulnerable to maltreatment, and in 2010, 16 percent of children who were maltreated had special needs⁴⁴.

⁴³ Arizona Department of Economic Security, Division of Children, Youth and Families, Administration for Children, Youth and Families (2011). *Child Welfare Reporting Requirements Semi-Annual Report for the Period of October 1, 2010 through March 31, 2011*. Phoenix, Arizona.

⁴⁴ Arizona Department of Economic Security, Division of Children, Youth, and Families, Office of Prevention and Family Support. (2011). *Arizona Child Fatality Review Program Eighteenth Annual Report*. Phoenix, Arizona.

Data about child abuse fatalities is not readily available at the community level, due in part to the sensitive nature of this data. The Chandler police department reports 3 cases of child abuse fatalities in 2009, 1 child abuse fatality in 2010, and no child abuse fatalities in 2011 or 2012⁴⁵. Regional data about the number of child abuse fatalities was not available for other communities in the Central Maricopa Region.

The Central Maricopa Regional Partnership Council is a partner of the Child Abuse Prevention & Awareness Coalition, which aims to educate the community about how to understand, report, and prevent child abuse. The Central Maricopa Region's 2013 funding plan includes continued support of the Coalition, which will also begin a Child Abuse Awareness day held annually in the region.

Incarcerated Parents

In Arizona, 3 percent of youth under 18 are estimated to have one or more incarcerated parents. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents⁴⁶.

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.⁴⁷ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so⁴⁸, and the Arizona

⁴⁵ Chandler Police Department, Personal Communication, 20 June 2012

⁴⁶ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁴⁷ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

⁴⁸ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.⁴⁹

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. KARE, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

The closest resource for families coping with parental incarceration is the KARE Intergenerational Center in Phoenix, which specializes in supporting family members caring for non-biological children. There are few other direct supports for families coping with parental incarceration in the Central Maricopa Region. Key informants in Guadalupe felt that Guadalupe has a high number of incarcerated parents, relative to the surrounding communities. Family resource center staff expressed that it would be helpful to have more community supports specifically for young children with incarcerated parents.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children.

In 2011, 10,990 individuals in Maricopa County received services for domestic violence, with children representing nearly 50 percent of those served. This is slightly higher than the proportion for the entire state of Arizona, which was 47.6 percent. The average length of stay in Maricopa County ranged from 27-56 days. Shelters on the higher end of this range have much longer stays than the statewide average of 29 days. Domestic violence shelters in Maricopa County received 22,006 hotline and I&R calls, representing nearly 78 percent of the state's total 28,273.⁵⁰

⁴⁹ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁵⁰ Arizona Department of Economic Security. (2011). *Domestic Violence Shelter Fund Report for SFY 2011*. Phoenix, Arizona.

Table 27. Domestic Violence Shelters and Services Provided

Domestic Violence Shelters	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I&R Calls
ARIZONA	9,769	5,117	4,652	332,967	29	157,615	28,273
Autumn House - A New Leaf	220	133	87	6,547	28	2,185	1,348
Chrysalis	478	385	93	14,491	29	5,460	1,614
De Colores- Chicanos Por La Causa	336	114	222	18,536	55	4,567	1,003
Eve's Place	253	175	78	14,799	27	6,364	301
Elim House - Salvation Army	328	116	212	12,470	35	3,967	377
Faith House - A New Leaf	126	56	70	4,435	31	1,965	310
My Sisters Place Catholic Charities	252	107	145	8,107	30	1,968	841
New Life Center, Inc.	1,121	553	568	33,970	31	27,006	1,139
Sojourner Center	1,563	788	775	47,692	24	11,647	3,889
UMOM - Domestic Violence Shelter	818	342	476	26,765	56	816	181

Source: Department of Economic Security, Division of Aging and Adult Services: Domestic Violence Shelter Fund Report, SFY 2011.

Key informants in Guadalupe perceived a higher rate of domestic violence incidences in Guadalupe than in the surrounding communities, and expressed that awareness about domestic violence in the Guadalupe community is low. These key informants felt that the Guadalupe community would benefit from additional supports for women and children affected by domestic violence, particularly services that are accessible in Spanish.

Homelessness

In Arizona in 2011, 10,504 people were documented as homeless, designating a homelessness rate of 16 per 10,000. Of these people, 4,101 (39%) were part of families. The Maricopa Homeless Management Information System (HMIS), operated by Community Information and Referral Services (CIR) collects data about homelessness from emergency shelters, transitional housing programs, permanent supportive housing, food banks, and other faith-based providers. HMIS endeavors to produce an unduplicated count of homeless persons, with the intent that this information may be used to assess local service needs. The table below contains data collected by Maricopa HMIS from 2010 until June 2012 in Maricopa County, the Central

Maricopa Region, Ahwatukee, Chandler, Tempe, and Guadalupe. The Tempe and Guadalupe communities are necessarily combined because they share a zip code.

Table 28. Homelessness in the Central Maricopa Region

		Maricopa County	Central Maricopa Region	Ahwatukee	Chandler	Tempe + Guadalupe
2010	UNACCOMPANIED CHILDREN	220	9	0	3	6
	PERSONS IN FAMILY HOUSEHOLD	1485	135	4	105	26
	PERSONS IN NON-FAMILY HOUSEHOLDS	11	1	0	0	1
2011	UNACCOMPANIED CHILDREN	118	12	3	3	6
	PERSONS IN FAMILY HOUSEHOLD	851	72	8	41	23
	PERSONS IN NON-FAMILY HOUSEHOLDS	6	0	0	0	0
JAN-JUNE 2012	UNACCOMPANIED CHILDREN	72	3	0	2	1
	PERSONS IN FAMILY HOUSEHOLD	422	24	2	11	11
	PERSONS IN NON-FAMILY HOUSEHOLDS	14	0	0	0	0

Source: Community Information and Referral Services, Homeless Management Information System, Unpublished Data (2012)

School districts collect data on the number of economically disadvantaged and homeless students in their schools. Of the school districts in the Central Maricopa Region, the Tempe School District has the highest rate of economic disadvantage, at 70 percent. Kyrene Elementary District has the highest percentage of homeless students (2%), though the largest number of homeless students is in Chandler Unified District (470, or 1%).

Table 29. Homelessness in the Central Maricopa Region’s School Districts

	Number of Schools	Number of Students	Economic Disadvantage Students		Homeless Students	
Chandler Unified District	30	44,440	13,122	30%	470	1%
Kyrene Elementary District	26	13,684	3,521	26%	216	2%
Tempe School District	23	9,980	7,012	70%	136	1%

Source: Arizona Department of Education, Preschool and Elementary Needs, 2011

The Tempe community contains a charter school specifically for homeless and underprivileged children, the Children First Academy Tempe. Children First Academy attracts students from all over the East Valley, and provides services for students such as transportation, food and clothing, medical care, dental care, and referrals to social service agencies.

Family Support Services Funded by the Central Maricopa Regional Partnership Council

The Central Maricopa First Things First Regional Partnership Council funds numerous programs to support and educate families with children aged 0 to 5. These include Quality First child care and pre-kindergarten scholarships, home visitation programs, family resource centers, parent education community-based training, food banks, health services such as oral health outreach, mental health consultations, and care coordination providers. The Regional Partnership Council additionally funds professional development in the region through TEACH and PCPP scholarships, and funds community outreach and community awareness efforts. A complete list of strategies currently funded by the Central Maricopa Regional Partnership Council can be found in **Appendix I**.

Additional Qualitative Findings

The Central Maricopa Region has a rich network of family resource centers, including Tempe Community Council, which oversees 8 family resource centers in 8 elementary schools in the Tempe area; the Chandler Christian Community Center; and Chandler Care Center, which is linked to the Chandler Unified School District. Family resource centers in the region offer a variety of resources to families with young children, including food, clothes, hygiene supplies, school supplies, parent education classes, enrollment specialists (for AHCCCS, SNAP, and TANF), dental, immunization and other health services, and story-times in both English and Spanish.

When asked what they saw as the greatest needs of their communities, resource center staff gave relatively consistent answers across communities. Affordable child care, kith and kin care trainings, outreach to children with incarcerated parents, and employment help (employment readiness classes and job search assistance) all came up as areas of need in each community. Guadalupe resource center staff also mentioned supports for families in crisis (e.g., victims of domestic violence, families with an incarcerated parent), and improved outreach to families about existing resources as an additional need in their community. One resource center director expressed that she would find it helpful to have a compiled document from First Things First of “best practices for resource centers”, including strategies and programs that have been most effective over time, “so that good ideas for effective programming can be shared”.

Family Support Summary

A key asset to the Central Maricopa Region is its rich network of family resource centers, which aim to support and educate families in the region in a variety of ways. Resource centers are

popular among families in communities across the region, indicating that services are reaching those who are in need of them. Target areas suggested by key informants for further increasing the supports available to families include: supports specifically for children with incarcerated parents, supports for families affected by domestic violence, and increased outreach efforts about existing services for families residing in the Guadalupe community.

DRAFT FOR REGIONAL PARTNERSHIP COUNCIL

Public Information and Awareness

The primary quantitative data source for Public Awareness in the region is the First Things First Family and Community survey (FCS) (First Things First, 2009). Parents who participated in the survey were asked a general question concerning their understanding of early childhood.

Table 30. FCS: Impact of Frequent Changes in Child care Providers

How do frequent changes in Child care providers impact an infant’s development?

	Estimate	Cumulative	
Central Maricopa	Frequent changes are positive	7.7%	7.7%
	Frequent changes are negative	74.5%	82.3%
	Frequent changes have no impact	5.6%	87.8%
	Not sure	12.2%	100.0%
	Total	100.0%	100.0%

Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data

The majority of parents (74.5%) felt that frequent changes in child care providers are negative to an infant’s development, although nearly 20 percent either indicated that they were unsure or felt that frequent changes are positive. Family resource center staff report that their parent education classes are full and sometimes have waitlists, which suggests that the region’s need and appetite for parent education exceeds what services are currently able to offer. An increase in the number of classes and an expansion in the type of programming offered would address this, improving public awareness in the region.

Key informants noted a strong sense of community in the Central Maricopa Region, and described the people in their region as aware and conscientious. Although food banks in some parts of Arizona have struggled to stay open during the economic downturn, family resource center directors and staff reported sometimes receiving more food and clothes donations than they can process in a day. Family resource center staff also cited a large network of community service volunteers as an asset to their agencies, and said that while some volunteers are court-ordered, the majority of volunteers are retirees in the community or students at Arizona State University. Frank Elementary School Family Resource Center staff described a developing partnership with the University being led by student athletes, who are reaching out to Guadalupe elementary school students and their families about the importance of regular exercise. The strong sense of community is an asset to the Central Maricopa Region.

Family Resource Center directors all said that their classes are full and that they are very busy, an indication that people in the community are aware of the services offered, and are generally able to access them (although Tempe resource center staff said that due to transportation barriers, some families in the Tempe community are unable to access services). Resource

center staff mentioned that it is often a challenge to bring people into the center for the very first time, though the reason for this differs between communities. In Guadalupe, gaining the trust of the community is described as an obstacle because of perceived “police reactivity”. One key informant described an incident to which there was a high-profile police response, and said that recurrent events like this create a sense of anxiety in the community, rendering people fearful to ask for help in an environment that feels threatening. By contrast, in Kyrene, the primary obstacle is overcoming stigmatization and a community-wide ideal of self-reliance. One key informant said, “Kyrene has a stigma of not having families in need, and that’s just not true”. Outreach efforts designed with community-specific barriers in mind are important to ensuring that services are reaching those who need them most, key informants said.

System Coordination

Qualitative data collected from key informants indicate that the system coordination in the Central Maricopa Region is strong. Key informants described a non-competitive, collaborative environment rich with partnerships. One key informant said, “There is a spirit of cooperation...we work together to try to ensure that services aren’t being duplicated and that as many people as possible are reached.” Many family resource center directors and staff mentioned regularly attending community partners meetings to network with other providers and stay up-to-date on new services being offered in their area. Key informants attributed the region-wide attitude of collaboration to the First Things First Regional Partnership Council, which they said does a skillful job of fostering partnerships and cooperation. The Town of Guadalupe additionally sponsors monthly Guadalupe Community Partnership meetings, which are designed to bring providers and community stakeholders together to collaborate in building resources and programs that promote a healthy community. A key informant for the Partnership estimated that between 12 and 25 professional and community stakeholders attend each meeting to share ideas, strategies, and develop strategic objectives as a community of providers.

One key informant said that while providers are generally aware of other service providers in the region, “our agencies could still do a better job of referring parents to other agencies”. A stronger referral network in the region would bolster existing efforts towards service coordination.

Key informants additionally expressed a need for improved system coordination across neighboring Regional Partnership Councils. While key informants feel very aware of the resources available to families in their own communities, their awareness of resources available in neighboring regions (such as Southeast Maricopa and South Phoenix) is limited. Because family resource centers in Central Maricopa frequently receive phone calls or in-person visits from families outside of the Central Maricopa Region, they expressed that it would be helpful

to have an awareness of, and even partnerships with, resources in neighboring regions. This would additionally help them to better assist the families they work with when these families move away to neighboring regions, an occurrence which emerged as a key concern during the First Things First Regional Boundary Review. Central Maricopa grantees expressed that “families don’t understand why moving to the next town or zip code excludes them from services”⁵¹. Improving system coordination across neighboring Regions would assist in bridging the service gap that can occur when families move from one Region to another.

Public Awareness and System Coordination Summary

Family resource centers in the Central Maricopa Region report that their parent education classes are full and sometimes have waitlists, indicating a strong thirst for knowledge about early childhood development in the region. Challenges to public outreach vary across the region, and it may be helpful to consider the unique demographics of each community in the region when designing public outreach efforts. Providers in the region collaborate well with one another, and seem knowledgeable about other services that are offered in the region. Service coordination could be further improved by enhancing the referral network between providers, and by developing a framework for coordinating services with nearby regions.

⁵¹ FTF Regional Boundary Review (citation)

Summary and Conclusion

This needs and assets report is the third biennial assessment of early education, health and family support in the Central Maricopa Region.

Through examining assembled quantitative data, and through analysis of qualitative data collected from key informants in the region, it is clear that the region has substantial strengths. These include a strong network of family resource centers that offer numerous resources to families, including service enrollment specialists; accessible pediatric oral health services provided through resource centers and schools; a Head Start and Early Head Start Program; professional development opportunities available through TEACH and PCPP scholarships; a strong sense of community in the towns that comprise the region; and a “spirit of cooperation” among regional providers. A table containing a full summary of identified regional assets can be found in **Appendix G**.

However, there continue to be challenges to fully serving the needs of families with young children in the Central Maricopa Region. A table containing a full summary of identified regional challenges can be found in **Appendix H**. Many of these have been recognized as ongoing issues by the Central Maricopa Regional Partnership Council and are being addressed by current FTF-supported strategies in the region.

- **A lack of affordable, high quality child care** – In fiscal year 2013, the Central Maricopa Regional Partnership Council will service 35 center based and 5 home based providers through the Quality First program, with the goal of increasing the quality and affordability of child care in the region. Quality First Scholarships and Pre-Kindergarten Scholarships will also be funded in order to address the need for affordable early childhood education. The region will fund 265 Quality First Child Care Scholarships and will additionally fund 248 pre-kindergarten children. The region will also provide support to 7 pre-k sites.
- **High usage of “kith and kin” care, with few supports for adolescent parents or for grandparents raising their grandchildren** – The Central Maricopa Regional Partnership Council will continue to fund a home visitation strategy designed to educate new and at-risk families, and empower parents to support early learning by becoming their child’s first teacher. Importantly, the target population for FY 2013 includes grandparents raising their grandchildren as well as adolescent parents, two populations this report identified as needing increased supports. Families will also be recruited specifically from the Town of Guadalupe, and a modified program model may be used to meet the unique needs of Guadalupe’s families.
- **Concerns among providers that health and social services may not be reaching Town of Guadalupe residents** – The Central Maricopa Regional Partnership Council will

continue to fund a family resource center strategy in FY 2013, which will include continued support of a family resource center located in the Guadalupe community. The resource center is poised to reach families residing in the Town of Guadalupe, and will connect families with both FTF and non-FTF funded services that are available in this community.

- **Limited communication and collaboration with providers in neighboring regions; lack of service continuity for families who relocate to nearby communities** – The service coordination strategy funded for FY 2013 will include efforts to coordinate services across regions. Although this strategy was still under development at the time this report was written, it represents an important step by the Central Maricopa Regional Partnership Council towards advancing holistic care and service continuity for the families it serves.

A table of Central Maricopa Regional Partnership Council funded strategies for fiscal year 2012 is provided in **Appendix I**.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region.

- **Increased parent education about the facts and importance of immunization** – The Central Maricopa Region shows low immunization rates relative to state averages, and information gathered for this report suggests that increasing parent awareness about the importance of immunization may help increase immunization rates. Educational outreach about immunization could be promoted through existing regional strategies, such as family resource centers.
- **Increased supports for families in crisis (e.g., families affected by domestic violence, children with incarcerated parents)** – Key informants consulted for this report expressed concern about the paucity of supports available in the community for families in crisis. Highlighting this issue among collaborating service agencies may help identify additional services that could be referred to or developed to meet the needs of these vulnerable families.
- **Outreach in communities with large Hispanic populations** – Recent legislation and the perception of a current anti-immigrant climate have led to concerns within some Latino communities, and one effect of these concerns has been anxiety about accessing support services. This is a particular issue in the Guadalupe community. Outreach and collaboration with established local institutions perceived as trustworthy (such as schools and early child care providers) is likely to be important in reaching this population. Service access and parent involvement in early education may be improved through Spanish-speaking liaisons or other advocates.

- **Promote and facilitate networking opportunities among grandparents who are raising their grandchildren** – Grandparents raising their grandchildren face unique challenges, including feelings of overwhelm and social isolation. Targeted resources such as a newsletter or “meet-up group” could help grandparents locate nearby others in their situation and provide an easy medium for getting information about activities and opportunities for their children.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Central Maricopa Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Young families are drawn to Maricopa County for the numerous services and opportunities that are potentially available to its residents, and to the Central Maricopa Region for its strong sense of community. These cooperative efforts have the long-term potential to build upon the assets of this community in order to leverage its numerous opportunities to all children and families across the region.

Appendix A. Population and households by area in the Central Maricopa Regional Partnership Council

Geography	Place Name	Total Population	Population (ages 0-5)	Total Number of Households	Households with one or more children (ages 0-5)	
Arizona		6,392,017	546,609	2,380,990	384,441	16%
Maricopa County		3,817,117	339,217	1,411,583	238,955	17%
Central Maricopa Region		501,632	37,448	196,311	27,389	14%
ZCTA 85044	Ahwatukee	37,993	2,550	16,978	1,964	12%
ZCTA 85045	Ahwatukee	7,238	561	2,493	407	16%
ZCTA 85048	Ahwatukee	33,449	2,065	12,613	1,574	12%
ZCTA 85224	Chandler	42,796	3,165	17,436	2,392	14%
ZCTA 85225	Chandler	69,810	6,825	25,025	4,910	20%
ZCTA 85226	Chandler	37,376	2,733	14,624	2,061	14%
ZCTA 85248	Chandler, Sun Lakes	29,821	1,390	14,147	995	7%
ZCTA 85249	Chandler	36,908	3,726	12,281	2,666	22%
ZCTA 85281	Tempe	57,348	2,806	22,071	2,028	9%
ZCTA 85282	Tempe	48,671	2,990	21,121	2,175	10%
ZCTA 85283	Tempe, Guadalupe	44,813	3,554	17,965	2,508	14%
ZCTA 85284	Tempe	16,479	888	6,162	650	11%
ZCTA 85286	Chandler	38,930	4,195	13,395	3,059	23%

Source: U.S. Census 2010; Tables P1, P14, & P20

Appendix B. Households with three or more generations and children 0-5 living in a grandparent’s household

Geography	Place Name	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
Arizona		546,609	74,153	14%	2,380,990	115,549	5%
Maricopa County		339,217	40,250	12%	1,411,583	66,720	5%
Central Maricopa Region		37,448	3,341	9%	196,311	6,413	3%
ZCTA 85044	Ahwatukee	2,550	151	6%	16,978	324	2%
ZCTA 85045	Ahwatukee	561	26	5%	2,493	73	3%
ZCTA 85048	Ahwatukee	2,065	114	6%	12,613	305	2%
ZCTA 85224	Chandler	3,165	326	10%	17,436	640	4%
ZCTA 85225	Chandler	6,825	836	12%	25,025	1,357	5%
ZCTA 85226	Chandler	2,733	215	8%	14,624	472	3%
ZCTA 85248	Chandler, Sun Lakes	1,390	88	6%	14,147	178	1%
ZCTA 85249	Chandler	3,726	175	5%	12,281	494	4%
ZCTA 85281	Tempe	2,806	284	10%	22,071	475	2%
ZCTA 85282	Tempe	2,990	330	11%	21,121	630	3%
ZCTA 85283	Tempe, Guadalupe	3,554	540	15%	17,965	787	4%
ZCTA 85284	Tempe	888	57	6%	6,162	157	3%
ZCTA 85286	Chandler	4,195	199	5%	13,395	521	4%

Appendix C. Racial breakdown of the Central Maricopa Region

GEOGRAPHY		TOTAL POPULATION	HISPANIC	NOT HISPANIC				
				WHITE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	OTHE R
Arizona		6,392,017	30%	58%	4%	4%	3%	2%
Maricopa County		3,817,117	30%	59%	5%	2%	4%	2%
Central Maricopa Region		501,632	20%	64%	5%	2%	7%	2%
ZCTA 85044	Ahwatukee	37,993	14%	70%	6%	2%	5%	3%
ZCTA 85045	Ahwatukee	7,238	9%	77%	4%	0%	8%	2%
ZCTA 85048	Ahwatukee	33,449	11%	73%	4%	1%	7%	3%
ZCTA 85224	Chandler	42,796	20%	64%	4%	1%	7%	3%
ZCTA 85225	Chandler	69,810	38%	49%	5%	2%	5%	2%
ZCTA 85226	Chandler	37,376	15%	67%	4%	2%	10%	3%
ZCTA 85248	Chandler, Sun Lakes	29,821	6%	81%	3%	2%	6%	1%
ZCTA 85249	Chandler	36,908	12%	72%	4%	1%	9%	2%
ZCTA 85281	Tempe	57,348	25%	58%	5%	2%	7%	3%
ZCTA 85282	Tempe	48,671	21%	64%	6%	3%	4%	3%
ZCTA 85283	Tempe, Guadalupe	44,813	27%	53%	6%	6%	5%	2%
ZCTA 85284	Tempe	16,479	9%	79%	2%	1%	8%	2%
ZCTA 85286	Chandler	38,930	16%	64%	4%	1%	12%	3%

Source: U.S. Census 2010; Table QT-P4

Appendix D. Child Care Resource and Referral (CCR&R) Registered Providers, March 2012

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Triple R Child Care</u>	Phoenix	85044	154
<u>Kyrene Kids Club: de las Lomas</u>	Phoenix	85044	133
<u>Ahwatukee Preschool</u>	Phoenix	85044	92
<u>Tutor Time #6093</u>	Phoenix	85044	323
<u>Kyrene Kids Club: de la Esperanza</u>	Phoenix	85044	155
<u>Sunrise Preschool #113</u>	Phoenix	85044	156
<u>KinderCare Learning Center #477</u>	Phoenix	85044	90
<u>Desert Vista Early Learning Center</u>	Phoenix	85044	45
<u>Childtime #1414</u>	Phoenix	85044	116
<u>Mountain Pointe Early Learning Center</u>	Phoenix	85044	25
<u>Grace Garden Christian Preschool</u>	Phoenix	85044	186
<u>Inspire Kids Montessori</u>	Phoenix	85044	59
<u>Desert Garden Montessori</u>	Phoenix	85044	253
<u>Kyrene Kids Club: de la Colina</u>	Phoenix	85044	150
<u>Fowler Head Start</u>	Phoenix	85045	40
<u>St. John Bosco Before and After Care</u>	Phoenix	85048	185
<u>Primrose School of Ahwatukee</u>	Phoenix	85048	232
<u>Kyrene Kids Club: Los Lagos</u>	Phoenix	85048	66
<u>Keystone Montessori</u>	Phoenix	85048	289
<u>Family of Christ Child Care Center</u>	Phoenix	85048	125
<u>Teach N' Fun @ Ahwatukee</u>	Phoenix	85048	149
<u>The Summit School of Ahwatukee</u>	Phoenix	85048	72
<u>God's Garden Child Development Center</u>	Phoenix	85048	99

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Ahwatukee Foothills Montessori</u>	Phoenix	85048	125
<u>The Village Preschool</u>	Phoenix	85048	39
<u>A Step Ahead Child Care</u>	Phoenix	85048	109
<u>YMCA Ahwatukee Kyrene de Los Lagos</u>	Phoenix	85048	59
<u>Kyrene Kids Club: Sierra</u>	Phoenix	85048	72
<u>Montessori Educare Academy</u>	Phoenix	85048	180
<u>Horizon Community Learning Center</u>	Phoenix	85048	157
<u>Children of Hope Child Development Center</u>	Phoenix	85048	65
<u>Triple R Child Care</u>	Phoenix	85048	198
<u>Ahwatukee Foothills Family Y Kidz</u>	Phoenix	85048	59
<u>Kyrene Kids Club: de la Estrella</u>	Phoenix	85048	202
<u>Kyrene Kids Club: Monte Vista</u>	Phoenix	85048	150
<u>Kyrene Kids Club: de los Cerritos</u>	Phoenix	85048	150
<u>Kyrene Kids Club: del Mileno</u>	Phoenix	85048	169
<u>Start Right Preschool</u>	Mesa	85213	257
<u>CUSD #80 Lil Express Learning Center Chandler HS II</u>	Chandler	85224	33
<u>Sunrise Preschool #139</u>	Chandler	85224	154
<u>Mesa Kids Corner @ Summit</u>	Chandler	85224	75
<u>Chandler Scholastic Academy Extended Care</u>	Chandler	85224	60
<u>Barness Family East Valley Jewish Community Center</u>	Chandler	85224	373
<u>Childtime #1435</u>	Chandler	85224	176
<u>YMCA Chandler/Gilbert Preschool & School Age Program</u>	Chandler	85224	182
<u>Maricopa County Head Start @ Palm Lane</u>	Chandler	85224	43
<u>Kids Express @ Conley Elementary</u>	Chandler	85224	185
<u>Sunshine Preschool & Child care</u>	Chandler	85224	63

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Chandler Preschool @ San Marcos</u>	Chandler	85224	36
<u>Sunny Days Learning Center</u>	Chandler	85224	52
<u>A Plus Preschool & Child care</u>	Chandler	85224	100
<u>Kids Express @ Anderson Elementary School</u>	Chandler	85224	145
<u>Bright Horizons Family Center</u>	Chandler	85224	134
<u>The Goddard School</u>	Chandler	85224	140
<u>Montessori Day School - Lakeshore</u>	Chandler	85224	135
<u>Mesa Kids Corner @ Pomeroy</u>	Chandler	85224	75
<u>Chandler Christian School</u>	Chandler	85224	75
<u>Kids Express @ Chandler Traditional Academy Goodman Campus</u>	Chandler	85224	145
<u>Tutor Time #6080</u>	Chandler	85224	326
<u>Desert Sun Child Development Center</u>	Chandler	85224	80
<u>Sholom Preschool</u>	Chandler	85224	69
<u>Mesa Kids Corner @ Jordan</u>	Mesa	85224	75
<u>Bright Beginnings Preschool</u>	Chandler	85224	115
<u>Dobson Academy</u>	Chandler	85224	120
<u>Little Village Preschool, Chandler</u>	Chandler	85225	71
<u>New Vistas Academy</u>	Chandler	85225	75
<u>Kids Express @ Bologna Elementary School</u>	Chandler	85225	145
<u>Kids Express @ Knox Elementary</u>	Chandler	85225	59
<u>Kids Express @ Humphrey Elementary</u>	Chandler	85225	59
<u>Mesa Kids Corner @ Sitrine</u>	Chandler	85225	75
<u>Precious Treasures Child Care I</u>	Chandler	85225	60
<u>KinderCare Learning Center #1691</u>	Chandler	85225	179

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Cactus Child Care</u>	Chandler	85225	71
<u>Kids R Our Future Preschool / Child Care Center</u>	Chandler	85225	86
<u>Kids Express @ Shumway Elementary</u>	Chandler	85225	59
<u>Preschool @ Knox Elementary</u>	Chandler	85225	38
<u>Preschool @ Hartford Sylvia Encinas Elementary</u>	Chandler	85225	65
<u>Chandler Preschool @ Galveston Elementary</u>	Chandler	85225	20
<u>Ray of Light</u>	Chandler	85225	133
<u>CUSD #80 Lil Express Learning Center Chandler HS I</u>	Chandler	85225	59
<u>Kids Express @ Frye Elementary School</u>	Chandler	85225	145
<u>Kids Express @ Sanborn Elementary School</u>	Chandler	85225	145
<u>Kids Express @ Chandler Traditional Academy Liberty Campus</u>	Chandler	85225	145
<u>St. Mary Basha Catholic School Before/After School Program</u>	Chandler	85225	100
<u>Kids World Learning Center</u>	Chandler	85225	177
<u>Kyrene Kids Club: De La Mirada</u>	Chandler	85226	26
<u>Maxwell Preschool Academy - Chandler</u>	Chandler	85226	201
<u>Kyrene Kids Club: del Cielo</u>	Chandler	85226	150
<u>Precious Treasures Child Care II</u>	Chandler	85226	91
<u>Valley Child Care Learning Center #1007</u>	Chandler	85226	263
<u>Kyrene Kids Club: Paloma</u>	Chandler	85226	150
<u>Adobe Montessori School</u>	Chandler	85226	145
<u>Triple R Child Care</u>	Chandler	85226	165
<u>KinderCare Learning Center #156</u>	Chandler	85226	143
<u>Kyrene Kids Club: del Sureno</u>	Chandler	85226	150
<u>Kyrene Kids Club: de las Brisas</u>	Chandler	85226	185
<u>La Petite Academy #7179</u>	Chandler	85226	130

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Tutor Time #6096</u>	Chandler	85226	326
<u>Kids Express @ Jacobson Elementary School</u>	Chandler	85248	145
<u>CUSD #80 Lil Express Learning Center Hamilton HS III</u>	Chandler	85248	36
<u>Kids Express @ Ryan Elementary School</u>	Chandler	85248	145
<u>Priority Special Needs Preschool @ Fulton Elementary</u>	Chandler	85248	40
<u>Risen Savior Lutheran School</u>	Chandler	85248	392
<u>Carebear Daycare</u>	Chandler	85248	142
<u>CUSD #80 Lil Express Learning Center Hamilton HS II</u>	Chandler	85248	50
<u>Kids Express @ Basha Elementary School</u>	Chandler	85248	210
<u>Kids Incorporated Learning Centers Fulton Ranch</u>	Chandler	85248	152
<u>Kids Express @ Fulton Elementary</u>	Chandler	85248	329
<u>Kids Discovery Club Christian Preschool</u>	Chandler	85248	59
<u>CUSD #80 Lil Express Learning Center Hamilton HS I</u>	Chandler	85248	50
<u>KinderCare Learning Center #564</u>	Chandler	85248	165
<u>Mona's Country Day School</u>	Chandler	85248	59
<u>Kids Express @ Chandler Traditional Aca. Independence Campus</u>	Chandler	85248	145
<u>Hamilton Head Start- Maricopa County</u>	Chandler	85249	28
<u>Wee Blessings Preschool & Academy</u>	Chandler	85249	88
<u>CUSD #80 Basha High School Bear Care</u>	Chandler	85249	45
<u>Kids Express @ Hull Elementary School</u>	Chandler	85249	145
<u>Kids Express @ Navarrete Elementary School</u>	Chandler	85249	145
<u>Kids Express @ Santan Elementary School</u>	Chandler	85249	145
<u>Premier Learning Academy</u>	Chandler	85249	138
<u>Beautiful Savior Child Development Center</u>	Tempe	85281	45

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Brighter Angels Learning Center - Tempe</u>	Tempe	85281	88
<u>Avalon Children's Academy #2</u>	Tempe	85281	60
<u>Maricopa County Head Start @ North Tempe I & II</u>	Tempe	85281	40
<u>Love & Learn Preschool</u>	Tempe	85281	145
<u>Bright Horizons at Mill Avenue</u>	Tempe	85281	72
<u>Kid Zone: Holdeman Elementary</u>	Tempe	85281	105
<u>Kid Zone Enrichment Program @ Scales School</u>	Tempe	85281	105
<u>Maricopa County Head Start @ Westside Multi Generational</u>	Tempe	85281	54
<u>Tempe High Early Learning Center</u>	Tempe	85281	20
<u>Maricopa County Head Start @ Thew</u>	Tempe	85281	20
<u>Campus Children's Center</u>	Tempe	85281	77
<u>Kidz Kreationz Child Care</u>	Tempe	85282	51
<u>Little Footprints Child Care LLC</u>	Tempe	85282	49
<u>Tempe Christian School</u>	Tempe	85282	322
<u>King Of Glory Preschool</u>	Tempe	85282	59
<u>Imagine Elementary @ Tempe</u>	Tempe	85282	54
<u>Discovery Time Child Care</u>	Tempe	85282	110
<u>Mt. Carmel's Little Lambs Preschool</u>	Tempe	85282	59
<u>Grace Community Christian School / Preschool & B&A Program</u>	Tempe	85282	126
<u>Kid Zone: Aguilar Elementary School</u>	Tempe	85282	125
<u>Kid Zone: Broadmor Elementary School</u>	Tempe	85282	165
<u>Mill Avenue Preschool</u>	Tempe	85282	104
<u>Tots Unlimited #230</u>	Tempe	85282	173
<u>Kid Zone: Ward Elementary</u>	Tempe	85282	265

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>The French American School of Arizona</u>	Tempe	85282	59
<u>Kid Zone: Carminati Elementary School</u>	Tempe	85282	125
<u>Kinderland Preschool and Day Care</u>	Tempe	85282	52
<u>Bright Ideas Child care and Learning Center</u>	Tempe	85282	177
<u>Kid Zone: Arredondo Elementary School</u>	Tempe	85282	65
<u>Tempe Y Kidz @ Mt Carmel School</u>	Tempe	85282	64
<u>Next Horizons Child Development Center</u>	Tempe	85282	75
<u>Kid Zone: Hudson Elementary</u>	Tempe	85282	106
<u>McClintock High School Child Development Preschool</u>	Tempe	85282	25
<u>Tempe Carminati T.O.T.S. Preschool</u>	Tempe	85282	35
<u>Kid Zone: Curry Elementary School</u>	Tempe	85282	105
<u>Cactus Preschool #3</u>	Tempe	85282	233
<u>Sunrise Preschool #132</u>	Tempe	85282	188
<u>Bethany Learning Center</u>	Tempe	85283	280
<u>La Petite Academy #7181</u>	Tempe	85283	147
<u>Sun Tykes Center</u>	Tempe	85283	99
<u>Temple Emanuel Preschool</u>	Tempe	85283	59
<u>Tempe Marcos De Niza Early Learning Center</u>	Tempe	85283	25
<u>Imagination Station</u>	Tempe	85283	102
<u>Maricopa County Head Start - Guadalupe</u>	Tempe	85283	50
<u>Kid Zone: Norte Elementary</u>	Tempe	85283	225
<u>Maricopa County Head Start @ Guadalupe Hud</u>	Guadalupe	85283	43
<u>Kid Zone: Kyrene de Los Ninos</u>	Tempe	85283	216
<u>Maricopa County Head Start @ Getz</u>	Tempe	85283	34
<u>Bienvenidos: de los Ninos</u>	Tempe	85283	22

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Kid Zone: Rover Elementary</u>	Tempe	85283	185
<u>Y Child Care - Tempe Family YMCA</u>	Tempe	85283	120
<u>Kid Zone Enrichment Program @ Getz School</u>	Tempe	85283	125
<u>Tempe T.O.T.S. Preschool @ Frank Elementary School</u>	Guadalupe	85283	25
<u>Kid Zone: Fuller</u>	Tempe	85283	145
<u>Tempe Getz Elementary School</u>	Tempe	85283	325
<u>Bridges Preschool</u>	Tempe	85283	191
<u>ABC Preschool</u>	Tempe	85283	176
<u>Kid Zone: Wood Elementary</u>	Tempe	85283	197
<u>KinderCare Learning Center #1357</u>	Tempe	85283	154
<u>Bethany Christian School</u>	Tempe	85283	170
<u>Maricopa County Early Head Start @ Compadre High School</u>	Tempe	85283	24
<u>Gethsemane Lutheran Preschool</u>	Tempe	85283	309
<u>Kid Zone: Waggoner Elementary</u>	Tempe	85284	305
<u>St. James Preschool</u>	Tempe	85284	76
<u>Sunrise Preschool #123</u>	Tempe	85284	167
<u>Kid Zone: Manitas Elementary</u>	Tempe	85284	176
<u>Joyful Beginnings Academy</u>	Tempe	85284	59
<u>Fit 'n' Fun Educational Center</u>	Tempe	85284	168
<u>Kid Zone: Mariposa Elementary</u>	Tempe	85284	256
<u>Dayspring Preschool and Kindergarten</u>	Tempe	85284	133
<u>Tempe Corona Del Sol Early Learning Center</u>	Tempe	85284	25
<u>Kids Can Doodle</u>	Tempe	85284	251
<u>Bright Horizons Family Center</u>	Tempe	85284	216
<u>Phoenix Children's Academy Private Preschool #228</u>	Chandler	85286	209

BUSINESS NAME	CITY	ZIP	TOTAL LICENSED CAPACITY
<u>Kids Express @ Tarwater Elementary School</u>	Chandler	85286	145
<u>Braintree Kids</u>	Chandler	85286	59
<u>Faith Family Successcenter Child Care Center</u>	Chandler	85286	151
<u>Chandler Preschool @ Haley Elementary School</u>	Chandler	85286	40
<u>Time for Tots Preschool</u>	Chandler	85286	100
<u>Tutor Time #6067</u>	Chandler	85286	225
<u>La Petite Academy #7659</u>	Chandler	85286	215
<u>Kids Express @ Haley Elementary</u>	Chandler	85286	225
<u>Kids Incorporated Learning Center Watermark</u>	Chandler	85286	226
<u>KinderCare Learning Center #1721</u>	Chandler	85286	180
<u>Kids Express @ Hancock Elementary School</u>	Chandler	85286	145
<u>ASU Child Development Lab</u>	Tempe	85287	65
<u>ASU Mary Lou Fullton Teacher's College Preschool</u>	Tempe	85287	52
<u>ASU Child Study Lab</u>	Tempe	85287	56

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Appendix E. Quality First Providers in the Central Maricopa Region

Zip Code	Center Name
85283	
	A B C Preschool
	Alissa Thompson
	Director
	abcpreschool123@yahoo.com
	Regional Funded
85042	
	American Child Care Center
	Donnetta Paxton
	Center Director
	donnetta@americanChildcarecenters.com
	Regional Funded
85281	
	Avalon Children's Academy #2
	Maria De La Cruz
	Director
	avalon1604@aol.com
	Regional Funded
85283	
	Bethany Learning Center
	Pat Sullivan
	Director
	psullivan@bethanycc.com
	Regional Funded
85225	
	Cactus Child Care L.L.C.
	Melissa Trejos

AL PARTNERSHIP COUNCIL

	Director
	cactusChild care@ymail.com
	Regional Funded
85282	
	Cactus Preschool I I I
	Joy Bauer
	Director Of Operations
	jb8201@earthlink.net
	Statewide Funded
85224	
	Childtime Children's Center #1435
	Joyce Chadwell
	Director
	jchadwell@childtime.com
	Statewide Funded
85282	
	Discovery Time Child care
	Jessie Mcgrew Or Melissa Linton
	Director/Office Manager
	melissa.dtcc@yahoo.com
	Regional Funded
85224	
	East Valley Jewish Community Center
	Pam Morris
	Quality First Coordinator
	pam@evjcc.org
	Regional Funded
85282	
	Horizon Child Care Foundation
	Harveen Sethi
	Co-Director

PARTNERSHIP COUNCIL

	next_horizons@cox.net
	Regional Funded
85044	
	Grace Garden Christian Preschool
	Marie Gonzales
	Director
	gracegardenaz@aol.com
	Regional Funded
85283	
	Sun Tykes Center For Children
	Susan Sorby
	Director
	cheyna@msn.com
	Regional Funded
85225	
	Kids World Learning Center,Llc
	Vennila Ramadoss
	Child Care Adminsitrator
	vennila@cox.net
	Statewide Funded
85286	
	Kindercare Learning Center
	Shelly Hanes
	Director
	301721@klcorp.com
	Regional Funded
85225	
	Kinder Care Learning Center #1691
	Maria Rodriguez
	Center Director
	mrodriguez@klcorp.com

ARTNERSHIP COUNCIL

	Statewide Funded
85248	
	Kindercare Learning Center
	Shawna Barrett
	Director
	sbarrett@klcorp.com
	Regional Funded
85283	
	Kindercare Learning Center #1357
	Michelle Milona
	Director
	mmilona@klcorp.com
	Regional Funded
85226	
	Brisas Kids Club
	Marisa Vega
	Program Coordinator
	mvega@kyrene.org
	Regional Funded
85042	
	Tutor Time Child Care/ Learning Centers
	Kelley Adams
	Director
	6088@tutortime.com
	Regional Funded
85224	
	Tutor Time Child Care/ Learning Centers
	Heather Lofthouse
	Center Director
	hlofthouse@tutortime.com
	Statewide Funded

ARTNERSHIP COUNCIL

85226	
	Maxwell Preschool Academy: Chandler L L C
	Kristin Ostrander
	Director
	mpachandler@hotmail.com
	Regional Funded
85282	
	Mill Ave Preschool
	Shelly Martinez
	Director
	Shelly.M@lcbinc.com
	Statewide Funded
85048	
	Teach N Fun Ahwatukee
	Jacki Willis
	Director
	jewillis@asu.edu
	Statewide Funded
85248	
	Risen Savior Lutheran Church & School
	Linda Pauley
	Director
	pauley@rslcs.org
	Regional Funded
85284	
	Kids Can Doodle
	Homi Karrys
	Managing Member/ Director
	HKARRYS139@AOL.COM
	Regional Funded

ARTNERSHIP COUNCIL

85284	Sunrise Preschool #123
	Rachelle Harris
	Director
	sun123@sunrisepreschools.com
	Statewide Funded
85282	Sunrise Preschool #132
	Kelly Murphy
	Director
	sun132@sunrisepreschools.com
	Statewide Funded
85044	Sunrise Preschool #113
	Carrie Carter
	Director
	sun113@sunrisepreschools.com
	Statewide Funded
85224	Sunrise Preschool #139
	Tracy Cross/ Wendy Buhrmaster
	Operations Manager/ Director
	tcross@sunrisepreschools.com/ sun139@sunrisepreschools.com
	Statewide Funded
85282	Tempe Christian School
	Debra L Hallman
	Director
	pastordebbie@tempnazarene.org
	Regional Funded

ARTNERSHIP COUNCIL

85282

Tots Unlimited - Rural

Cheri Hanley

Director

totsunlimited30@totsunlimited.com

Statewide Funded

85044

Tutor Time

Tresa Olson

Director

Tolson@tutortime.com

Statewide Funded

85226

Tutor Time Child Care/ Learning Centers

Shannon Harrison

Director

sharrison@tutortime.com

Statewide Funded

85225

Generations Linked, Llc

Lauri Tupper

Owner

genlink1192@aol.com

Regional Funded

85042

Josie's Tots & Nots

Ernestine J. Evans

Owner/Operator

josie_totsnnots1@yahoo.com

Regional Funded

85226

ARTNERSHIP COUNCIL

	Rising S.T.A.R.S. Preschool & Child Care
	Sharnet Parker
	Owner
	sharentp@hotmail.com
	Regional Funded
85248	
	Sparkids Second Home/ S.S.H.
	Paulina Gonzalez
	Owner
	jopasodi@cox.net
	Regional Funded
85042	
	The Lerner's Place Daycare
	Lerner Morrison
	Day Care Provider/Owner
	lerner09@gmail.com
	Statewide Funded

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Appendix F. Communities in Primary Care Areas

Primary Care Area: Chandler

Other Places in Area: Bridgeport, Casa Linda, Chandler, Hamilton, Hamilton Corner, Keats Crossing, Legante Paseo, Ocotillo, Pozo, Rancho De Chandler, San Tan Mobile Village, Serape, Sun Lakes, Sun Tech, The Haciendas, The Home Place

Primary Care Area: Guadalupe

Other Places in Area: Guadalupe

Primary Care Area: Sun Lakes

Other Places in Area: Sun Lakes

Primary Care Area: Tempe

Other Places in Area: Kingsgate, Mesa, Parkview Mesa, Tempe, The Landings

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Appendix G. Table of Regional Assets

First Things First Central Maricopa Regional Assets

Strong network of family resource centers that offer numerous services for families, including parent education classes

Head Start and Early Head Start program

Hospitals, health clinics, and non-profit organizations which provide easily accessible health services throughout the region

Accessible pediatric oral health services provided through resource centers and schools

Professional development opportunities available through TEACH and PCPP scholarships at multiple community colleges proximal to the Region

Enrollment specialists available through family resource centers to help families access assistance programs such as SNAP and TANF

Adolescent Pregnancy and Parenting Program in Tempe Union High School District to assist teen parents in graduating from high school

Strong system coordination throughout the region, a “spirit of cooperation”

Sense of community within the towns that comprise the region; adequate donations and volunteers

Appendix H. Table of Regional Challenges

First Things First Central Maricopa Regional Challenges

Low immunization rates compared to statewide averages

Lack of affordable, high quality child care; high usage of “kith and kin” care throughout the region

Lack of supports for grandparents raising their grandchildren

Lack of supports for families in crisis (e.g., families affected by domestic violence, children with incarcerated parents)

Shortage of advocates/liaisons for monolingual Spanish-speaking families

Lack of programming or parent education geared specifically towards adolescent parents, outside of dropout prevention programming (specialty high schools)

Concerns among providers that health and social services (e.g., prenatal care, parent education) may not be reaching Guadalupe residents

Stigma of affluence in some communities rendering families in need “ashamed” to ask for help

Limited communication and collaboration with providers in neighboring regions; families face service continuity challenges when they relocate to nearby communities

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Appendix I. Table of Regional Strategies

Central Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2012		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First Child Care Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices. Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.
	Pre-Kindergarten Scholarships	Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepares them to succeed in kindergarten and beyond.
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	FTF Professional REWARD\$	Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.
Health	Physician Education & Outreach	Provides consultation and facilitate a self-assessment process for physician practices in order to provide preventive health care for young children using a medical home model and including

		necessary developmental screenings and referrals. Ensure that young children are receiving the required preventive health care from a consistent medical provider, including more consistent developmental screenings and referrals.
	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.
	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
	Care Coordination / Medical Home	Provides children and their families with effective case management, and connect them to appropriate, coordinated health care. Improves children's health care and future development by ensuring they have a regular source of care.
Family Support	Parent Education Community-Based Training	Provides classes on parenting, child development and problem-solving skills. Strengthens families with young children by providing voluntary classes in community-based settings.
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through

		in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.
	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
	Child Care Study	Study examines regional and statewide family demand for child care, and capacity of providers to meet the demand.
Community Awareness	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.

Appendix J. Qualitative Data Collection Methods

The Key Informant Interview Guide was developed based on input provided by the Director of the Central Maricopa Regional Partnership Council, as well as on literature reviews conducted by Norton School staff. The final draft of the Interview Guide was reviewed and approved by the Regional Director, and is included in **Appendix K**. Contacts for key informant interviews were provided by the Regional Director of the Central Maricopa Regional Partnership Council. Norton School staff conducted additional interviews with contacts provided by the key informants identified by the Regional Director. Interviews were conducted either in person, during Norton School staff travel to the region, or telephonically.

The Town Hall meeting mentioned throughout this report occurred on September 14th, 2011 at Chandler Center for the Arts. The Town Hall meeting was sponsored and advertised by the Central Maricopa First Things First Regional Partnership Council, and attracted both parents and providers. The qualitative data referenced in this report that was collected at this meeting is derived from notes taken by Norton School staff while present at the meeting, as well as notes provided by the Regional Director which were taken at the meeting by other note-takers present.

Appendix K. Qualitative Data Collection Methods: Key Informant Interview

Interviewer Script: *We are collaborating with the First Things First Central Maricopa Regional Partnership Council to produce their 2012 Needs and Assets Report. As part of our effort to better understand the needs and assets of families in Central Maricopa, we're inviting you to participate in a brief interview. You have been identified by the Regional Partnership Council as someone knowledgeable about resources needed by families with children ages 0-5. The information you provide will be kept confidential and the interview should take about 30 minutes to complete. Is now a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview?*_____

First I'd like to collect some information about you and the role you have with kids aged 0-5 years and their families.

Interviewee Name: _____

Ask if unknown: May I ask your occupation?

Occupation: _____

Ask if unknown: Do you represent an organization? If so, please provide the name and location.

Interviewee Organization and location:

*Ask if unknown: What services are provided to Children 0-5 by you/your organization?*_____

What communities does your organization serve?

Other than your work with (the organization above), do you represent any other organization?

Interviewee Other Organization and location:

Interview location if not by phone (name of facility, city, county):

Interviewer: _____ **Interview date:**

Interview language: Spanish English

INTERVIEWER'S COMMENTS ABOUT INTERVIEW (Respondent's willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.)

Next I'm going to begin with general questions about the needs of kids aged 0-5 in your community and then move to questions about specific services. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.

1. Based on your work with families, what do you think are the biggest challenges that parents of children 0-5 in your community are facing?
2. Do think that there are sufficient services for children aged 0-5 in your community? Why or why not?
3. Based on your work with families, what do you think are the biggest needs for parents of children 0-5 in your community?
4. Where do parents/families of kids 0-5 in your community go for support?
 - a. Are there programs available for families in crisis? Are parents aware of these services?
 - b. How about programs for families facing food insecurity? Are parents aware of these services?

5. For parent education: What types of parent education services are available in your community? How often are these types of services used, and which are used most often?
 - a. How would you rate the quality of these services?
 - b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
6. Do you think that there is sufficient training/education of early child care teachers and workers in your community? What types of training are you aware of?
7. For children's health: Where do kids 0-5 receive health care in your community? What type of care is available in your community? (pediatric/dental/vision/emergency/special needs)
 - a. What do you think of the quality of health services for kids 0-5 in your community?
 - b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
 - c. What about services for children with special health needs? Are these available and accessible? If not, what are barriers to access?
 - d. Are there health care services that are not available in your community that you think are needed?
8. Thinking of all the existing services for children 0-5 in your community, do you think the services currently available are reaching those who need them? If not, what are the barriers that prevent their use? How could these be overcome?
9. Can you name three important things that would improve the lives of kids 0-5 and their families in your community?

- 10.** What are the things that work well in your community for kids aged 0-5? What strengths can you identify in your community? What opportunities do you think are available for families with children 0-5?

- 11.** Of these things that work well, what could be leveraged to provide information, resources and/or support to kids aged 0-5 and their families?

- 12.** Those are all the questions I have for you. Would you like to add anything about the needs of children aged 0-5 and their families before we end?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated. We would be happy to email you a copy of the draft Needs and Assets Report once it is completed if you would like. Would you like to receive a copy? Please provide email address:

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