

# NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS FIRST**

**Santa Cruz**

Regional Partnership Council



## **Santa Cruz**

### **Regional Partnership Council**

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#### **2008 Needs and Assets Report**

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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## First Things First – A Statewide Overview

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**T**he mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State-level Board (twelve members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of 11 members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the State. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally responsive early childhood development and health system is put in place for children and families. This system will accomplish the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health



## The Santa Cruz Regional Partnership Council

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**T**he First Things First Santa Cruz Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.

To achieve this goal, the Santa Cruz Regional Partnership Council, with its community partners, will create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services available to children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.

In the fall of 2008, the Santa Cruz Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in the Santa Cruz Region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop a regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

Work has begun at the state level to improve data collection across Arizona. In the Fall of 2008 FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis.



## Executive Summary

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In January 2007 First Things First released the report *Building Bright Futures*, Arizona's first statewide needs and assets assessment of the current state of the first five years of life in Arizona. The report provided data on the need to improve early childhood education practice and capacity, highlighted existing resources or assets currently available to support early childhood efforts, and identified opportunities for creating a comprehensive early childhood improvement plan for the State of Arizona. As part of the First Things First initiative, 31 Regional Partnership Councils (Regional Council) were created to represent early childhood interests at the local level and among other responsibilities conduct a community-level needs and assets assessment every two years. Each 11-seat council is comprised of community stakeholders with vested interests in the process of early childhood education and its outcomes (i.e., educators, parents, business leaders, physicians, etc.). This report presents findings from the first needs and assets assessment completed in 2008 for the Santa Cruz Regional Council. Each assessment will be used to help guide strategic planning and funding decisions at the local level on behalf of the First Things First state initiative mandated by Proposition 203.

### Santa Cruz Region

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Santa Cruz County is Arizona's smallest county at 1,236 square miles. The County is named after the river that flows into Mexico from Arizona before winding back into Santa Cruz and Pima Counties. Santa Cruz consists of the communities of Nogales, Rio Rico, Patagonia, Elgin, Sonoita, Amado, Tubac, Tumacacori and Carmen. There are very strong cultural religious and commercial ties between Nogales, Arizona and Nogales, Sonora, Mexico which lies right across the border. Nogales and Rio Rico serve as one of the major gateways between U.S. and Mexico and is expected to grow in importance as NAFTA grows. Over 83 percent of the county's population and 92 percent of the Nogales residents report as Spanish-speaking households with little English spoken at home. Of these numbers, more than 38 percent live below the national poverty level.

The material in this summary contains highlights from the extensive research findings in the report. To gain an accurate and comprehensive picture of the current state and trends of early childhood care in the Santa Cruz Region, it is necessary to refer directly to the report and the sources it cites. Most of the areas referred to in this summary were chosen because they represent a significant deviance from state or national data. Some of the most pertinent highlights of greatest impact on the strategic planning process are:

**Ethnicity and Births:** The vast majority of children and families in Santa Cruz Region are Hispanic, which makes the region notably different from the state as a whole. When examining births by racial/ethnic group in Santa Cruz County in 2006, the majority of births were among Hispanic/Latino women (93 percent). The Santa Cruz Region has about 50 percent more births to Hispanic mothers than the state as a whole. Growth in the Hispanic population in this region is considerably outpacing that of the rest of the state.

**Maternal Education Levels:** The proportion of mothers without a high school degree was 30 percent for Santa Cruz County compared to 21 percent for Arizona. The high rate of mothers giving birth without a high school diploma and the low rate of mothers with a college degree indicate a significant area of concern for the Santa Cruz Region.

**Early Childhood Care Options:** The availability of early care and education programs is far lower than what one might expect given the region's population. A pressing concern of the Santa Cruz Regional Partnership Council is the preparation of its early childhood education teachers. Professional training and credentialing of professionals is lacking in the region.

**Population Growth:** Population growth from 2000 to 2006 for Santa Cruz was estimated to be 12 percent. This is about half the growth rate of Arizona as a whole, which was 23 percent. Nonetheless, the area's growth doubles the US population growth rate of 7 percent for the same period. The population growth rate of children ages birth through five was more than double that of the general population at 26 percent, compared to 30 percent for the state as a whole. The region currently has over 5,000 children ages birth through five years in need of early childhood development and health services.

**Immigration:** The 2000 US Census data reported that 38 percent of the population in this county was foreign-born. This is much higher than for Arizona as a whole, where 15 percent of the population was foreign born in 2000. In Santa Cruz County, 17 percent of the population was reported to be naturalized citizens and 20 percent were reported not to have citizenship. National studies suggest that many non-citizen parents with eligible citizen children are unaware or afraid of the consequence on their legal status and citizenship of participating in public programs.

**Language:** It is probable that the *majority* of children ages birth through five in Santa Cruz are being raised in households where Spanish is spoken at home. This has important implications for the region in terms of English language readiness for school and the role that early education centers play in that preparedness.

**Employment, Income and Poverty:** Unemployment in the county was 12.5 percent. The unemployment rate for Nogales in 2003 was listed as 16 percent. Median family income for Santa Cruz County in 2000 was \$32,057, or 67 percent of the median family income of the state as a whole, \$46,723. Similarly, per capita income was \$13,278 in Santa Cruz compared to \$20,275 for the state, or 65 percent of the state per capita income. Median household income, which includes households with one adult, was only \$29,710 compared to \$40,558 for the state. Incomes in Santa Cruz County are substantially lower than those for the state as a whole, which would have an impact on family and child well-being. Of the families with children under five years old, 30 percent in Santa Cruz County lived at or below the federal poverty level compared to 19 percent for the state as a whole. With high poverty rates, low educational attainment, and over 40 percent of residents not able to afford a home in Santa Cruz County, many of these families lack access to early childhood resources and are not able to nurture the emotional, physical, and intellectual development of their children.

**Teen Mothers:** Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children. Nogales (50 percent) and Rio Rico (37 percent) have the highest rates of unwed mothers for Santa Cruz County.

**Elementary Education Standards:** Nogales Unified School District shows the poorest performance with less than half of the students meeting or exceeding standards in reading and just over half meeting or exceeding the mathematics standards.

**Cost of Day Care:** The cost of care is often unaffordable for families, especially those at the lowest income levels. Family decisions around early care and education options are determined more by financial concerns, rather than concerns about quality.

**Regional Assets:** Historically, Santa Cruz County relies on a strong interagency collaboration within the community. Those inter-agency connections and networks provide a forum for problem solving and coordination of services. Within the boundaries of the county, there is recognition that relationship building is power. There exists a good sense of assets and capacities involving families and other stakeholders in decision-making.

**Regional Needs:** In the areas of early care and education, maternal health, compounded by a lack of community knowledge and a dearth of vital data. Only a small proportion of the birth through five population is currently enrolled in child care. The region needs more early care and education centers, and to ensure that a much greater proportion of the centers currently operating offer high-quality care.

With so many daunting deficits in the area, the challenge facing the Santa Cruz Regional Council is to determine the most critical areas and concentrate resources on them. In so doing, we will change a deficit into an asset and catalyze the transformation of the entire system.

The resources and the will are at hand.

Council representation includes 11 key stakeholders from the following groups:

*Chair, Maria Neuman, at large;*  
*Vice-chair, Lee Vellom, faith based;*  
*Anna Rosas, school administration;*  
*Andrea Lopez, philanthropy;*  
*Antoinette Giedzinska-Simons, parents;*  
*Danna Gallardo, at large;*  
*George Silva, at large;*  
*Lourdes Mendez, education;*  
*Margarita Elias, health services provision;*  
*Sasha Lewton, business;*  
*Vacant, care provider*



## Regional Child and Family Indicators – Young Children and Families in the Santa Cruz Region

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The well-being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide Needs and Assets report. Data in this report examine the following:

- Early childhood population – Race, ethnicity, language, and family composition
- Economic status of families – Employment, income, poverty and parents' educational attainment
- Trends in births
- Health insurance coverage and utilization
- Child safety – abuse neglect and child deaths
- Educational achievement – elementary school performance and high school graduation

Regional data is compared with state and national data for years wherever possible. Every attempt was made to collect data for multiple years at each level of reporting (regional through national). However, there are some items for which no reliable or comparable data currently exist.

The activities of the Santa Cruz Regional Partnership Council may not have a direct effect on these or other indicators. Nonetheless, they are important measures to track because they are indicators of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring.

### Summary of Regional Findings on Child and Family Indicators

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#### Regional Population

The overall population growth from 2000 to 2006 for the Santa Cruz Regional Council was estimated to be 12 percent according to data from the American Community Survey. This is about half the growth rate of Arizona as a whole, which was 23 percent. Nonetheless, the area's growth doubles the US population growth rate of 7 percent for the same period. The population growth rate of children ages birth through five was more than double that of the general population in Santa Cruz County at 26 percent, compared to 30 percent for the state as a whole. In terms of absolute numbers, the region currently has over 5000 children ages birth through five years in need of early childhood development and health services. If the Santa Cruz Region's population growth of children continues near or at this pace, the number of children needing services will continue to grow dramatically in coming years, challenging the region to effectively meet the needs of families with limited resources.

**Population Growth (all ages)**

	2000	2006	percent Change
<b>Santa Cruz Region</b>	38,381	43,080	+12
<b>Arizona</b>	5020782	6116505	22%
<b>U.S.</b>	273648273	301,621,157	9%

Source: US Census, PEP estimates.

**Population Growth for Children Ages Birth Through Five Years**

	2000	2007	% Change
<b>Santa Cruz Region</b>	4,3080	4,7129	9.4%
<b>Arizona</b>	381833	480491	26%
<b>U.S.</b>	19,137,974	20,724,125	+8%

Sources: US Census, PEP estimates

**Regional Race, Ethnicity and Language**

**Race and Ethnicity Characteristics**

The Santa Cruz Region reflects a different racial and ethnic profile than Arizona as a whole. According to the 2006 U.S. Census, Arizona’s racial make-up included 60 percent White, non-Hispanic, 4 percent Black/African American, 5 percent American Indian, 29 percent Hispanic Latino, and 2 percent Asian. Santa Cruz County in contrast, had 18 percent White non-Hispanic, less than 1 percent African American, American Indian , and Asian, and 81 percent identifying as ethnically Hispanic/ Latino, Mexican –American.

County	African American	American Indian	Asian American	Hispanic/Latino	White, not Hispanic
<b>Apache</b>	1%	74%	<1%	5%	20%
<b>Cochise</b>	4%	1%	2%	32%	60%
<b>Coconino</b>	1%	29%	1%	12%	56%
<b>Gila</b>	1%	14%	1%	16%	68%
<b>Graham</b>	2%	15%	1%	28%	55%
<b>Greenlee</b>	1%	2%	<1%	45%	51%
<b>La Paz</b>	1%	13%	1%	23%	64%
<b>Maricopa</b>	5%	2%	3%	30%	60%
<b>Mojave</b>	1%	2%	1%	13%	81%
<b>Navajo</b>	1%	46%	<1%	9%	43%
<b>Pima</b>	3%	3%	2%	33%	58%
<b>Pinal</b>	4%	6%	1%	30%	59%
<b>Santa Cruz</b>	1%	1%	1%	81%	18%
<b>Yavapai</b>	1%	2%	1%	12%	84%
<b>Yuma</b>	3%	2%	1%	56%	40%

Source: American Community Survey (2006)

## Immigration Status

Data reveals that the immigration status of Pima County and Tucson residents mirrors that of the rest of Arizona. Therefore one can extrapolate from Pima County statistics to Santa Cruz County. Statewide, 30 percent of all children have at least one parent born in another country, this percentage does not address whether or not the foreign-born parent is a citizen or legal resident. Despite the large numbers of immigrants to the state, Arizona does not rank in the top 10 for naturalizing citizens or providing permanent legal residency to individuals. Therefore, it is likely that many of the immigrants living in Arizona do not have legal status. Finding data to accurately describe the ethnic and language characteristics of these families is very difficult in the Central region, as well as the United States as a whole.

While the exact number of children born to immigrant families is unknown in Central Pima, those children themselves are likely to be citizens. Citizenship status allows children to qualify for public benefits such as publicly financed health insurance (AHCCCS or KidsCare) that are generally not available to children who are not citizens. Nonetheless, citizenship status does not *guarantee* that young children are able to access services. Even though more young children in the region are likely to be citizens, the citizenship status of their parents may affect their access to services. As a result of their immigration status, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status questioned, even if they are lawfully living in the United States. National studies suggest that many eligible citizen children with non-citizen parents are unaware of services or afraid of the consequences of participating in public programs because of their legal status and citizenship. There is some information available to help paint the picture. The Annie E. Casey Foundation estimated in 2004 that Arizona ranked 5<sup>th</sup> in the nation in births to mothers born outside of the United States (32 percent). Two years later, in 2006, the National Center for Children in Poverty projected that 78 percent of Arizona children born to low-income families had immigrant parents. The 2006 statistic is consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

### Regional Ethnicity and Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-US Citizens	Foreign-born
<b>Tucson</b>	(84%) 433,189	(4%) 23,119	(12%) 59,776	(16%) 82,895
<b>Pima County</b>	(87%) 821,683	(4%) 42,967	(9%) 81,712	(13%) 124,679
<b>Arizona</b>	(85%) 5,237,235	(4%) 273,700	(11%) 655,383	(15%) 929,083
<b>U.S.</b>	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050	(12%) 37,547,789

Source: American Community Survey (2006).

### Children in Immigrant Families (2006)

Tucson, AZ	Arizona	U.S.
30%	30%	22%

Source: Annie E. Casey Foundation. Kidscount. Children in Immigrant Families, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help support their children’s optimal growth and development. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three and four year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.

When examining births by racial/ethnic group in the Santa Cruz Region in 2006, the vast majority of births were among Hispanic/Latino women (93 percent). The Santa Cruz Region has about 50 percent more births to Hispanic mothers than the state as a whole. This indicates that growth in the Hispanic population in this region is considerably outpacing that of the rest of the state.

**Births by Mother’s Race/Ethnic Group (2006)**

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
<b>Santa Cruz County</b>	7% (54)	93% (697)	0% (0)	<1% (1)	<1% (1)	0% (0)
<b>Arizona</b>	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

Source: ADHS Vital Statistics, 2006.

**Regional Immigration Characteristics**

Official census data on the number of foreign born residents in Santa Cruz County are not available for years after 2000. The 2000 US Census data reported that 38 percent of the population in this county was foreign-born. This is much higher than for Arizona as a whole, where 15 percent of the population was foreign born in 2000. In Santa Cruz County, 17 percent of the population was reported to be naturalized citizens and 20 percent were reported not to have citizenship. Since the population in the region has grown about 21 percent since 2000, and the proportion of Hispanics has increased, it is possible that the foreign-born population has also increased, though to what extent is not known.

Statewide, in 2006 about 30 percent of all children were reported to have at least one foreign-born parent, though this percentage does not address whether or not the foreign-born parent is a citizen or legal resident. Data specific to the region is not available though the percentage is bound to be much higher than for Arizona as a whole given that the foreign born population was more than double that of the state in 2000. National studies suggest that many non-citizen parents with eligible citizen children are unaware or afraid of the consequence on their legal status and citizenship of participating in public programs.<sup>1</sup>

<sup>1</sup> Capps, R.Hagen, J. and Rodriquez, N. “Border Residents Manage the U.S. Immigration and Welfare Reforms.” In *Immigrants, Welfare Reform, and the poverty of Policy*. Westport, CT Praeger, 2004

Despite the large numbers of immigrants in the state, Arizona does not rank in the top 10 states for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona do not have legal status in the state. As a result, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status questioned, even if they do have legal status to be living in the United States. Consequently, finding data to accurately describe the ethnic and language characteristics of these families is very hard to obtain in the Santa Cruz Region, in Arizona or in the United States as a whole. The Annie E. Casey Foundation estimated in 2004 that Arizona ranked 5<sup>th</sup> in the nation for births to foreign-born mothers at 32 percent. In 2006, the National Center for Children in Poverty projected that 78 percent of Arizona children born to low-income families had immigrant parents. The 2006 statistic is consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to support their children's optimal growth and development. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.<sup>2</sup>

## Language Characteristics for Children

Language characteristics, in terms of language primacy or fluency, are generally not measured until children reach their 5<sup>th</sup> year. As a result, data on these characteristics is usually limited to children over the age of five. Data from the most recent 2008 Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English. The 2000 US Census reports that 18 percent of the population ages five and over in Arizona spoke a language other than English at home. This was true for 81 percent of the population ages five and over in Santa Cruz County (US Census 2000). Therefore, it is probable that the *majority* of children ages birth through five in Santa Cruz County are being raised in households where Spanish is spoken at home. This has important implications for the region in terms of English language readiness for school and the role that early education centers play in that preparedness.

### Language Use Among Individuals (ages five and older) Living in Santa Cruz County

	% Speak only English	% Speak Primarily Spanish	% Speak Primarily Other Languages
2000	20	40	<1
2006	N/A	N/A	N/A

Source: American Community Survey

<sup>2</sup> (Children's Action Alliance. "Going Beyond the Immigration Hype: Children and Our Shared Destiny" Fact Sheet, 2006).

## Family Composition

### Regional Caregiver and Family Patterns

There are no U.S. Census figures on the percentage of single-parent households for Santa Cruz County.

Arizona is right at the national average for this statistic and much better than many states, some where single parent households can approach the 50 percent mark (i.e., Washington, D.C.; Mississippi). One of the more reliable predictors of a child utilizing early care and education services is whether, or not, the child's mother is a single parent and needs to work to support the family. In 1991, 85 percent of working mothers of four-year olds used early childhood and education programs, with that figure jumping to 91 percent in 1999.

### Teen Parent Households

The percentage of births to teen mothers in Santa Cruz County has generally fluctuated about 3-4 percent points higher (15-16 percent) than the rate for the entire state (12-13 percent) between 2002 and 2006. In 2006, 16 percent of babies in Santa Cruz County were born to teen mothers, about one out of six children. It is very likely that these children require additional support and resources when compared to children born to older parents, especially to dual parent families. In 2008, Arizona ranked 41<sup>st</sup> out of the 50 states for the highest high school drop-out rate at 9 percent. Many of the drop-outs are teen mothers. Because they lack a high school diploma, they face challenges in the workforce and have difficulty providing for their children.

#### Percentage of Children Born to Teen\* Mothers

	2002	2003	2004	2005	2006
<b>Santa Cruz</b>	15%	13%	17%	15%	16%
<b>Arizona</b>	13%	12%	12%	12%	12%
<b>U.S.</b>	11%	10%	10%	10%	10%**

\*Teen defined 19 years of age and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics \*\*Preliminary Data for 2006, 12/5/2006.

Drop-out prevention studies consistently identify the need for high quality early childhood education to prevent the high school drop-out problem. Early childhood literature cites the lack of high-quality early childhood education as one reason why children of teen mothers often have poor early childhood outcomes themselves. Additionally, little progress has been made to reduce the prevalence of teen mothers giving birth to a second child, further exacerbating the challenges faced as a teen parent.<sup>3</sup>

### Grandparent Households

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.<sup>4</sup> According to the 2000 U.S. Census, out of the 11,809 households in Santa Cruz County, there were 1851 households in which grandparents were living with their grandchildren

<sup>3</sup> This rate jumped as high as 25 percent

<sup>4</sup> Grandparents Living with Grandchildren, 2000, census brief.

under 18 years old. Of those households, 39 percent (n=736) had grandparents who were responsible for their grandchildren. This is about the same proportion that was reported for the state as a whole in 2006 (41 percent). For many grandparent caregivers this responsibility is a long term commitment.<sup>5</sup>

### Percent of Households with Children Under 18 Led by Grandparents

	2006
<b>Santa Cruz *</b>	39%
<b>Arizona</b>	41%
<b>U.S.</b>	41%

\*Indicator not measured as grandparent as primary caregiver prior to 2006  
Source: AZ Department of Housing 2005

It is critical to note that grandparent caregivers are more likely to be poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.<sup>6</sup>

## Employment, Income and Poverty

### Unemployment

Joblessness for a family impacts the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. During the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Data are presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are static social indicators, which change less rapidly (i.e., gender, ethnicity, etc.). In the growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward both state and national averages.

According to the Arizona Department of Commerce, the unemployment rate in Santa Cruz County remained stable from May 2007 (5.1 percent) to April 2008 (5.2 percent). However, it increased in May 2008 to 5.8 percent. This results in a rate that is higher than for Arizona as a whole in May 2008, which was at 4.4 percent. According to the Arizona Department of Health Services Community Health Profile for 2003, unemployment in the county was 12.5 percent, which was much higher than the rate reported by the Department of Commerce. The unemployment rate for Nogales in 2003 was listed as 16 percent.<sup>7</sup>

Part of Santa Cruz County's economy depends on the produce industry as a source of employment, the seasonal work of the industry creates unemployment for three to five months out of the year. This seasonal employment creates a large unemployed force of mainly heads of households in Santa Cruz County.

5 Grandparents Living with Grandchildren, 2000, census brief.

6 Grandparents Living with Grandchildren, 2000, census brief.

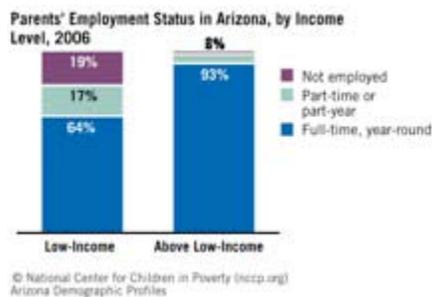
7 Arizona Department of Health Services Community Health Profile, 2003

## Unemployment Rates

	May 2007	April 2008	May 2008
<b>Santa Cruz County</b>	5.1%	5.2%	5.8%
<b>Arizona</b>	3.6%	3.9%	4.4%
<b>U.S.</b>	4.5%	5.0%	5.5%

Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

Even Arizona parents who are employed may be struggling to “make ends meet”, as some research indicates that almost 2/3 of these working families are living at or below the federal poverty line and are considered to be “low-income” families (see the National Center for Children in Poverty, [nccp.org](http://nccp.org)). The following graph shows the relationship between employment levels and categorization as low income or above low income in Arizona.



Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics a woman with less than a 9<sup>th</sup> grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor’s degree in 2004, women were reporting an income of \$41,000 per year.<sup>8</sup>

## Annual Income

Median family income for Santa Cruz County in 2000 was \$32,057, or 67 percent of the median family income of the state as a whole, \$46,723 (U.S. Census 2000). Similarly, per capita income was \$3,278 in Santa Cruz County compared to \$20,275 for the state, or 65 percent of the state per capita income. Median household income, which includes households with one adult was only \$29,710 in Santa Cruz County compared to \$40,558 for the state. If the comparisons between Santa Cruz County and the state as a whole have remained constant over time, incomes in Santa Cruz County are substantially lower than those for the state as a whole, which would have an impact on family and child well-being.

## Median<sup>9</sup> Annual Income (per year – pretax)

	2002	2003	2004	2005	2006
<b>Santa Cruz Regional Council</b>	N/A	N/A	N/A	N/A	N/A
<b>Arizona</b>	\$41,172	\$40,762	\$41,995	\$44,282	\$47,265
<b>U.S.</b>	\$43,057	\$43,564	\$44,694	\$46,242	\$48,451

Source: American Community Survey; Arizona Department of Commerce, Research Administration \*Data were not available for Santa Cruz.

## Families in Poverty

Santa Cruz County has high poverty rates, low educational attainment, and over 40 percent of residents are unable to afford a home. The average mortgage, according to the AZ Department of Housing in 2005, is between \$700-1,500 per month. Many of these families lack access to early childhood resources and are not able to nurture the emotional, physical, and intellectual development of their children.

As the tables below show, recent data on families and children living in poverty are not available for Santa Cruz County. Data from the 2000 Census showed that 21 percent of the families in Santa Cruz County lived at or below the federal poverty level compared to 10 percent of the families across the entire state. Of the families with children under five years old, 30 percent in Santa Cruz County lived at or below the federal poverty level compared to 19 percent for the state as a whole. In female heads of households with no husband present and children under five years old, 56 percent in Santa Cruz County lived below the poverty level compared to 44 percent across the state. There were 137 such households in Santa Cruz County in 2000 (U.S. Census 2000).

The Arizona Department of Health Services provides additional information about families in poverty. In their 2003 Community Health Profile, they reported that 25 percent of the population in Santa Cruz County has an income below the 100 percent federal poverty level. This was true for 34 percent of the population in Nogales. Both of these are much higher than reported for the state as a whole (14 percent) for the same year.

When considering what defines a livable wage and the required income it takes to meet a family's basic needs, many systems use the 200 percent of poverty as a significant marker. The *Quality Counts State Report Cards* discuss 200 percent of poverty as the point in which a child's chance for success in school and life become improved. In Santa Cruz County, during the year 2003, 54 percent of families earned an income of at least 200 percent of poverty. 64 percent were reported at 200 percent of poverty in Nogales, Arizona during the same year. These rates are substantially higher than those reported for children living at or below 200 percent of the federal poverty level in Arizona in 2006 (37 percent). Unfortunately, more recent data for Santa Cruz County are not available, nor are data available only for children living in poverty.

In May 2008, 7193 residents of Santa Cruz County received food stamps.<sup>10</sup> This was an increase over the number reported receiving food stamps in 2003, (N=5,826

<sup>9</sup> The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

<sup>10</sup> Arizona Department of Economic Security, Family Assistance Administration, Statistical Bulletin, May 2008.

residents) according to the 2003 Community Health Profile. The Department of Economic Security reported that 548 individuals in 256 families received TANF benefits in Santa Cruz County in May, 2008. 79 percent (436) of the individuals receiving benefits were children. The average payment per recipient was \$122.78.

### Families Living at or Below the Federal Poverty Level (2006)

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
<b>Santa Cruz County*</b>	N/A
<b>Arizona</b>	10
<b>US</b>	10

\* Data not available for this county. Source: American Community Survey (2006)

## Parent Educational Attainment

Studies have found consistent positive effects of educational attainment on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. A parent's education level can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.<sup>11</sup> Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life. Some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

In 2004, approximately 22 percent of births nationally were to mothers who did not possess a high school diploma or equivalent. According to data reported from 2002 to 2008, the percent is much higher in Santa Cruz County than the national average. About 30 percent of mothers who gave birth in Santa Cruz County had less than a high school diploma, about 10 percent higher than the state average over the same period of time. The state rate for births to mothers with no high school diploma has remained fixed at 20 percent for the past three years. The percentage has diminished slightly in recent years in Santa Cruz County from 32 percent to 30 percent. In 2006, the percentage of births to mothers with a high school diploma was higher in Santa Cruz County (38 percent) than for the state as a whole (27 percent), but fewer mothers had a college degree (27 percent versus 33 percent). The high rate of mothers giving birth without a high school diploma and the low rate of mothers with a college degree indicate a significant area of concern for the Santa Cruz Region. The Regional Council may want to consider programs that work with families holistically, raising both parent and child outcomes simultaneously.

<sup>11</sup> Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

**Percentage of Live Births By Educational Attainment of Mother**

		2002	2003	2004	2005	2006
<b>Santa Cruz County</b>	No H.S. Degree	32%	32%	32%	29%	30%
	H.S. Degree	38%	33%	35%	38%	38%
	1-4 years College	25%	31%	29%	29%	27%
<b>Arizona</b>	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
<b>U.S.</b>	No H.S. Degree	15%	22%	22%	Not avail	Not avail
	H.S. Degree	31%	Not avail	Not avail	Not avail	Not avail
	1-4 years College	21%	27%	27%	27%	27%

Source: Arizona Dept. of Health Services, Vital Statistics, American Community Survey

Numbers in the chart above do not add to 100 percent since any education beyond 17 years and unknowns were excluded.

## Healthy Births

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### Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.<sup>12</sup> In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.<sup>13</sup>

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.

Overall, pregnant women across Arizona often fail to receive early prenatal care which occurs during the first trimester. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona<sup>14</sup>. In 2006, there were very few mothers in Santa Cruz County who did not receive at least some prenatal care, but only about 68 percent received such care

<sup>12</sup> Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

<sup>13</sup> LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

<sup>14</sup> Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

during the first trimester. Data for each town are presented in the table below. A high proportion of births, 44 percent, occurred in unwed mothers.

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.<sup>15</sup> Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.<sup>16</sup>

### Selected Characteristics of Newborns and Mothers, Santa Cruz (2006)

Santa Cruz Community	Total Births	Teen Mother (<=19yr)	Prenatal Care 1 <sup>st</sup> Trimester	No Prenatal Care	Public \$	LBW<2500*	Unwed Mothers
Elgin	4	0	4	0	2	0	1
Nogales	391	67	247	12	258	24	197
Patagonia	10	2	5	1	7	3	5
Rio Rico	315	43	231	3	155	25	115
Sonoita	4	1	4	0	2	0	1
Tubac	4	1	4	0	1	0	1
Tumacacori	2	0	1	1	2	0	1
<b>Totals</b>	<b>730</b>	<b>114</b>	<b>496</b>	<b>17</b>	<b>427</b>	<b>52</b>	<b>321</b>

\* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for preterm births (<37 weeks). Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics.

### Low Birth-Weight Babies and Preterm Births

Low birth weight (5.5 lbs) and very low birth weight (less than 3 lbs, 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. The Santa Cruz Region has few babies born with low birth weights. The rates vary by community from 0 percent in five communities to 6 percent in Nogales and 8 percent in Rio Rico.

Although the Center for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth weight than is seen in other cities in the United States. For those women who do smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Pre-term births, (birth before 37 weeks gestation) account for nearly 50 percent of all congenital neurological defects such as cerebral palsy, and more than 66 percent of infant deaths.<sup>17</sup> Low birth weight has a direct link to the gestational age at which

<sup>15</sup> Arizona Department of Health Services, Health disparities report, 2005.

<sup>16</sup> <http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf>

<sup>17</sup> Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the stubborn challenge of preterm birth, Paediatric and Perinatal Epidemiology, Vol. 15.,2001

the child is born. Because birth weight and pre-term birth are closely linked, low birth weight can be considered as a proxy for pre-term births. The low number of low-weight births in Santa Cruz County, suggests that preterm births are low in this region and may not be a priority concern.

## Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year. Once a young woman becomes pregnant, the risk of a second pregnancy increases. About 1/3 of adolescent mothers have a repeat pregnancy within two years.<sup>18</sup> A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.<sup>19</sup> Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children. Nogales (50 percent) and Rio Rico (37 percent) have the highest rates of unwed mothers for Santa Cruz County. These single mothers are prime candidates for early childhood development and health services.

## Health Insurance Coverage and Utilization

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### Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance<sup>20</sup>:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school

When parents cannot access preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.<sup>21</sup> Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.<sup>22</sup>

18 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

19 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers*. Washington DC: Child Trends.

20 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

21 Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 128, 2002, 295-329.

22 National Education Goals Panel. *Reconsidering children's early developmental and learning: Toward common views and vocabulary*. Washington DC.

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their family's employer. In Arizona, 48 percent of children (ages birth-18) receive employer-based coverage, compared to 56 percent of children nationally.<sup>23</sup>

### Percentage of Children (birth through five years) without Health Insurance Coverage

	2001	2002	2003	2004	2005
<b>Arizona</b>	14%	13%	14%	15%	10%
<b>U.S.</b>	10%	10%	10%	10%	10%

Source: Kids Count

The chart below shows children enrolled in AHCCCS or Kids Care – Arizona's publicly funded, low cost health insurance programs for children in low income families. As the chart shows 1,333 children (birth through five) were enrolled in AHCCCS or Kids Care in Santa Cruz County in 2007. They represent 26 percent of the children, or one out of 4, in the county's birth through five population in 2007 (N=5,066).

### Children Under Six Enrolled in Kids Care or AHCCCS Health Coverage (2004-2007)

	AHCCCS				Kids Care				Total Children Under Six Enrolled In AHCCCS or Kids Care			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
<b>Santa Cruz County</b>	1,194	1,320	1,267	1,257	50	79	91	76	1,244	1,399	1,358	1,333
<b>Arizona</b>	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS., Enrollment data are for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or Kids Care. The child is counted under the last program in which the child was enrolled.

While many children receive public health coverage, many others who likely qualify do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or Kids Care in Arizona), but are not enrolled.<sup>24</sup> Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the Santa Cruz Region (54 percent according to the 2003 ADHS Community Health Profile) suggests that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.<sup>25</sup> This is of particular concern in Santa Cruz County where the joblessness is on the rise and the low median incomes suggest that employer based health coverage is either unavailable or unaffordable.

23 . Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

24 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

25 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services.

For the Santa Cruz Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the region. Although no specific evidence exists for the region, such evidence does exist statewide. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had no means of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.<sup>26</sup> Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.<sup>27</sup>

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.<sup>28</sup>

Health coverage plays an important role in ensuring that children get routine access to a doctor's or dentist's office. The chart below shows that for children under age five enrolled continuously in AHCCCS in Santa Cruz County, 87 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during 2007. This was higher than the rate for the state as a whole (78 percent).

### Percent of Children (ages one – five years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Santa Cruz County*	Arizona
2005	85%	78%
2006	81%	78%
2007	87%	78%

\*Data only available at the county level. Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007

### Oral Health Access and Utilization

Access to dental care is limited for young children in both the state and the region. As the chart below shows a widespread problem exists with untreated tooth decay among children six to eight years old. Data indicate that children in Nogales were in considerably poor oral health with 72 percent of six to eight year olds experiencing tooth decay. Of the 72 percent of the children with tooth decay, nearly half of them went untreated. Early and preventive oral health care among children in their first few years

26 Missing citation

27 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

28 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

could significantly impact oral health development in this region. The minimum recommendation is for children to receive at least one oral health screening by age one.

### Oral Health— Santa Cruz – Children Six to Eight Years Old (2003)

Santa Cruz Communities	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Nogales	44%	72%	4%	39%
Patagonia	N/A	N/A	N/A	N/A
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, Community Health Profile 2003.

Access to oral health care is even more challenging for families that have children with special needs. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The Provider Survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with ADA and ADHS to increase the number of providers who accept young children.<sup>29</sup>

## Child Safety

All children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well-nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools. This section provides information on child abuse and neglect and child fatalities in the Santa Cruz Region.

### Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement, lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.<sup>30</sup>

<sup>29</sup> Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers.

<sup>30</sup> References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect*, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and social adjustment of school children*. Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect*, 8, 39-53.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding child abuse and neglect*. Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. *The Future of children*, 9, 33-49.

The following data illustrate the problem of abuse and neglect in Santa Cruz County and the significant number of children that are placed at greater risk for: poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy. Child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report include county level data for children under age 18.

There are many cases where the specific allegation in the report cannot be proven but it is nonetheless determined that the child is at imminent risk of harm. In these instances, services and supports are put in place to keep the child safely at home or the child is removed.

The chart below provides a history of child abuse reports received and the outcome for Santa Cruz County.

### Child Abuse Reports, Substantiations, Removals, and Foster Care Placements for Santa Cruz County\*

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
<b>Number of reports received</b>	103	89	97	94	109	87	98	108
<b>Number of reports Substantiated</b>	NA	NA	NA	NA	9	10	8	6
<b>Substantiation rate</b>	NA	NA	NA	NA	8%	11%	8%	6%
<b>Number of new removals</b>	19	21	24	27	17	22	20	23

\*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for “number of reports substantiated” not available prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled “Number of Reports Responded to by Type of Maltreatment and County.”

In 2006, 60 percent of the 3.6 million referrals reported to Child Protective Service agencies across the country were determined to be “unsubstantiated” according to CPS criteria, and only 25 percent of cases resulted in a substantiated finding of neglect or abuse. However, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by a lack of resources to investigate all cases thoroughly, lack of training for CPS staff, where employee turnover rates remain high, and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

The table below provides a breakdown of reports received by each county in Arizona. Santa Cruz County accounts for less than 1 percent of all cases of abuse in Arizona with two reports of emotional abuse, 63 reports of neglect, 38 reports of physical abuse, five reports of sexual abuse.

**Number of Reports Received by Type of Maltreatment and County,  
April 1, 2007 – September 30, 2007**

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.5%
Cochise	6	312	154	22	494	2.7%
Coconino	3	248	124	27	402	2.2%
Gila	2	148	59	14	223	1.2%
Graham	1	61	36	12	110	0.6%
Greenlee	0	16	8	2	26	0.1%
La Paz	2	35	17	8	62	0.3%
Maricopa	117	6,098	3,424	645	10,284	57.0%
Mohave	4	417	197	34	652	3.6%
Navajo	3	234	101	9	347	1.9%
Pima	50	1,924	1,045	181	3,200	17.7%
Pinal	14	648	315	80	1,057	5.9%
Santa Cruz	2	63	38	5	108	0.6%
Yavapai	4	381	181	35	601	3.3%
Yuma	3	290	104	28	425	2.4%
<b>Statewide</b>	<b>212</b>	<b>10,922</b>	<b>5,836</b>	<b>1,108</b>	<b>18,078</b>	<b>100.0%</b>
<b>% of Total</b>	<b>1.2%</b>	<b>60.4%</b>	<b>32.3%</b>	<b>6.1%</b>	<b>100.0%</b>	

\*All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007.

The youngest children suffer from the highest rates of neglect and abuse:

- Birth to one year 24 incidents for every 1,000 children
- One to three years 14 incidents for every 1,000 children
- Four to seven years 14 incidents for every 1,000 children
- Eight to 11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36<sup>th</sup> out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

## Foster Care Placements

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. In Santa Cruz County there were 15 child placements in 2004 and

that number increased to 18 in 2005 (See chart below). The majority of children in out-of-home care across the state of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

### Child Placements in Foster Care

	2002	2003	2004	2005	2006
<b>Santa Cruz</b>	2004 Santa Cruz County: 15* 2005 Santa Cruz County: 18*				
<b>Arizona</b>	5,049**	6,208**	7,173**	7,546**	7,388**
<b>U.S.</b>	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

\*All children in out-of-home care (such as foster care)

\*\*Includes all children under the age of 18 years

\*\*\*Based on total number of children removed from the home ages birth through five years

Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care<sup>31</sup> (use of extended family members as foster care placements). The Department of Economic Security is working to embed the Casey Foundation's *Family to Family* initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

### Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.<sup>32</sup> Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.<sup>33</sup> In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or the lifestyle choices of the parent. Another area of concern includes factors such as

31 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

32 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.

33 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health*, 1993, 491-513.

injury – unfortunately, in many circumstances, preventable injury. The table below provides information on the total number of child deaths in the Santa Cruz Region.

### Child\* Deaths

	2003	2004	2005	2006
<b>Santa Cruz County</b>	1% (2)	5% (12)	2% (6)	2% (6)
<b>Arizona*</b>	2% (872)	2% (870)	2% (938)	2% (920)
<b>U.S.</b>	1% (32,990)	Not available	1% (33,196)	Not available

\*Data available for birth-14 years only. Sources: CDC; Arizona Department of Health Services

## Children's Educational Attainment

### School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early care and education programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.<sup>34</sup> Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.<sup>35</sup> Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.<sup>36</sup>

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem solve, demonstrate self-confidence, and the willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). DIBELS is used to identify children's reading skills upon entry to

34 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development*; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

35 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*, 37, 2001, 231-242

36 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

school and to measure their reading progress throughout the year. DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Nor is it a full measure of a child's readiness for school. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark (*benchmark* means the child is at low risk, *strategic* means the child is at some risk and *intensive* means the child is at high risk of not achieving at grade level) standard but at the end of the year significant progress was made.

### Basic Early Literacy as Measured by DIBELS

SY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
<b>AZ Reading First Schools</b>	52	35	13	10	12	78
<b>Santa Cruz – *Nogales Unified District</b>	53	33	14	4	3	93

\*From the DIBELS assessments available, there was one school district reporting within the Santa Cruz Region

### Elementary Education

Children who cannot read well by 4th grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation.

Data are available from three school districts for the Santa Cruz Region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in grades three through eight related to their achievement toward Arizona's Academic Standards in Writing, Reading and Mathematics.. This assessment provides each student's national percentile rankings in areas tested.

The table below shows the percent of students in 3rd grade that exceeded, met, approached, or fell far below the standards in reading, writing and math in the elementary school districts of Santa Cruz County in 2007. Nogales Unified School District shows the poorest performance with less than half the students meeting or exceeding standards in reading and just over half meeting or exceeding the mathematics standards. These poor scores may relate to the high incidence of English Language Learners in the area.

### Santa Cruz AIMS DPA 3<sup>rd</sup> Grade Achievement in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
	FFB*	A	M	E	FFB	A	M	E	FFB	A	M	E
<b>Nogales Unified #1</b>	7%	16%	58%	19%	3%	24%	62%	10%	3%	7%	74%	15%
<b>Santa Cruz Valley Unified #35</b>	9%	20%	60%	11%	5%	21%	70%	4%	2%	17%	69%	12%
<b>Santa Cruz Elementary #28</b>	0%	18%	68%	14%	0%	9%	68%	23%	0%	0%	64%	36%

Arizona Department of Education AIMS Spring 2007 Grade three Summary

\*FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

## Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.<sup>37</sup> As the chart on schools in the Santa Cruz Region shows, high school graduation rates vary by school and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. In 2006, Nogales High School's graduation rate (83 percent) was higher than that of Arizona as a whole (70 percent), while those of Patagonia Union High School and Rio Rico High School were lower. In 2005, the graduation rates of all three high schools were higher than that of the state as a whole. It is worth noting that the class of 2006 was the group that couldn't graduate without passing the AIMS.

### High School Graduation Rates 2006

Santa Cruz High Schools	Total # Graduates	Total # in Cohort	4-year Graduation Rate
<b>Nogales High School</b>	370	444	83%
<b>Rio Rico High School</b>	159	220	72%
<b>Patagonia Union High School</b>	11	19	58%
<b>Arizona*</b>	47,071	61,450	70%
<b>United States**</b>	N/A	N/A	N/A

### High School Graduation Rates 2005

Santa Cruz High Schools	Total # Graduates	Total # in Cohort	4-year Graduation Rate
<b>Nogales High School</b>	271	338	80%
<b>Rio Rico High School</b>	157	207	76%
<b>Patagonia Union High School</b>	20	23	87%
<b>Arizona*</b>	50,923	68,498	74%
<b>United States**</b>	2,799,250	3,747,323	75%

\* Arizona Department of Education

\*\* National Center for Education Statistics

# Current Regional Early Childhood Development and Health System

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## Summary of Regional Findings on Early Childhood System

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There is currently no single source or list identifying all of the various types of regulated and unregulated (neither licensed nor certified) early care and education options in the state, which makes counting the number and types of centers a challenge. Some of the categories of centers listed below overlap. There are 19 facilities licensed by the Arizona Department of Health Services in Santa Cruz County, including fee paying and non-fee paying: 10 private programs, four Head Start sites, four school district and extended care centers and one small group home. Additionally, there are 67 alternately approved family child care homes according to DES. They reported 792 enrollments in these centers in 2006.

Based on these numbers, the availability of early care and education programs is far lower than what one might expect demand to be given the region's population. The cost of care varies by setting type and age group, ranging from \$18.05 per day for infants in certified homes to \$15.00 per day for toddlers and preschoolers in in-home care and alternatively approved homes. Considering the low median income of the area, affordable, high-quality care can be challenging to locate and access.

## Quality

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A number of states have become increasingly involved in creating statewide systems for high-quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing. A majority of children ages birth to six years of age participate in regular, non-parental child care. Furthermore, 34 percent participated in some type of center-based program. Increasing maternal employment rates and policies from welfare reform have also increased demand. Research has also found that high-quality child care can be associated with many positive outcomes including language development and cognitive school readiness. Quality care is often associated with licensed care, with one study indicating that the single best indicator of quality care was the provider's regulatory status.

Although there is currently no commonly agreed upon or published set of indicators of quality for early care and education in Arizona. The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system called *Quality First!* This system will assist families and community members, as well as providers, in identifying what quality child care looks like and which providers offer quality care. This report presents for the Santa Cruz Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education. They are:

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)

- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)

\*National Association for Family Child Care (NAFCC)

### Accredited Early Child Care Centers

The tables below present the number of accredited early care and education centers in the region (8) by accrediting organization. In this first Needs and Assets Report for the Santa Cruz Region Partnership Council, some data related to centers were not available.

#### Santa Cruz County

#### Number of Accredited Early Care and Education Centers

	AMI/AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
<b>Number of Accredited Centers</b>		1		3			4*

Sources: NAEYC, AMI, AMS, ACSI , NAC, NECPA, NAFCC, lists of accredited providers.

AMI Recognition Schools List <http://www.montessori-ami.org/amiusa/schools.lasso>

AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>

ADHS Licensed Child Care List <http://www.azdhs.gov/als/childcare/>

ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&>

NAC Accredited Centers <http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=78>

[http://www.naeyc.org/academy/search/Search\\_Result.asp](http://www.naeyc.org/academy/search/Search_Result.asp)

NAFCC Accreditation. Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes>

NECPA <http://www.necpa.net/AccreditedPrograms.htm>

\*Source: Arizona Department of Health Services list of Licensed Child Care Centers

The ACSI accredited center is the Sunshine Christian Preschool and Kindergarten in Nogales. The three NAEYC accredited centers are St. Andrew’s Preschool and Child Care in Nogales, and Pena Blanca and San Cayetano Preschools in Rio Rico.

### Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios.

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
<b>Infants (0-15 months)</b>	1:3	1:4								
<b>Toddlers (12-28 months)</b>	1:3	1:4	1:4	1:4						
<b>Toddlers (21-36 months)</b>		1:4	1:5	1:6						
<b>Pre-school (2.5 to 3 years)</b>				1:6	1:7	1:8	1:9			
<b>Pre-school (4 years)</b>						1:8	1:9	1:10		
<b>Pre-school (5 years)</b>								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

## Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: the number of early care and education centers or homes that have the capacity to accommodate young learners; time that families have to wait for an available opening (waiting lists); ease of transportation to the care facility; and the affordability of the care. Data related to waiting lists are not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the Santa Cruz Region, available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care and education to families by type.

### Number of Early Care and Education Programs by Program Type

There are four types of providers designated in the various data collections: licensed centers, small group homes, alternately approved family child care homes, and unregulated providers who voluntarily register with the Child Care Resource and Referral Service. Licensed centers are regulated through the Arizona Department of Health Services and are monitored for basic health and safety standards. Small group homes are also licensed by ADHS and monitored for compliance with general health and safety standards. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CCAFP).

The Department of Economic Security’s 2006 Child Care Market Rate Survey provides information on a range of child care settings, including licensed centers that provide fee-paying child care, Head Start programs with fee-paying wraparound care, district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available child care. The DES source is particularly useful for understanding and identifying unregulated family child care.

#### Fee-Paying Centers

Licensed Centers	Small Group Homes	Approved family child care homes	Providers registered with the Child Care Resource and referral
10	1	67	0

Source: DES Child Care Market Rate Survey 2006

\*Licensed centers include only DHS licensed program providing fee-paying child care: full-day and part-day child care programs, Head Start centers with wraparound child care programs, and school district fee-based part- and full-day fee-paying care only. DHS licensed small group homes have a 10 child maximum; DES certified family child care homes, homes approved for the child care food program, and CCR&R registered homes have a four child maximum

The Santa Cruz Region’s fee paying child care facilities included 10 licensed centers in the area, one small group home, and 67 alternately approved family child care homes.

Santa Cruz County Fee Paying Centers 2006 Number of children enrolled in early care and education programs by Type					
	Licensed centers	Groups homes	Approved family child care homes	Providers registered with the Child Care Resource and referral	Total
Approved Capacity*	755	10	299	No data	1064
Average number served	496	1	287	No data	792

Source: DES Child Care Market Rate Survey 2006

\*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

The chart above provides the licensed capacity and number of children served in the fee paying centers in Santa Cruz County in 2006. Of particular note is that Arizona child care licensing standards have no limits on group sizes. Licensed capacity is simply determined by the availability of 25 square feet per child (for infants, 35 square feet per child). But providers may limit enrollment in classrooms for a variety of reasons such as cost of staffing or for reduced class sizes for increased quality.

Statewide data from the Market Rate Survey can be supplemented with data from Child Care Resource and Referral data. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database is most commonly related to Child Care Centers and Family Child Care Centers. Registration with Child Care Resource and Referral is voluntary; however, those Centers and Homes receiving Department of Economic Security subsidy or regulation are required to register.

### Arizona Department of Health Services Licensed Early Care and Education Facilities in Santa Cruz 2008.

Total	Licensed Centers and Preschools	Head Start sites	School District Preschools and Extended Care *	Small Group Homes
19	10	4	4	1

Source: DHS List of licensed child care facilities 8/2008

\*Some of these programs may be extended day programs for elementary school children.

### Costs of Care

The table below presents the average cost for families, by type, of early care and education. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children are lower the younger the age group. The cost of care is often unaffordable for families, especially those at the lowest income levels. This information begins to illustrate how family decisions around early care and education options are determined more by financial concerns, as well as the location of care (near work or home), rather than concerns about quality.

**Average Costs of Early Care and Education in Santa Cruz County**

Setting Type & Age Group	Santa Cruz County (2006)	Santa Cruz	U.S.
<b>Group Homes</b> Infant Toddler Preschooler	Data not available		
<b>Licensed Centers</b> Infant Toddler Preschooler	\$17.95 per day \$16.15 per day \$21.00 avg.		
<b>In-Home Care</b> Infant Toddler Preschooler	N/A \$15.00 per day \$15.00 per day		
<b>Certified Homes</b> Infant Toddler Preschooler	\$18.05 per day \$17.64 per day \$17.41 per day		
<b>Alternately Approved Homes</b> Infant Toddler Preschooler	\$16.00 per day \$15.00 per day \$15.00 per day		
<b>Unregulated Homes</b> Infant Toddler Preschooler	Data not available		
<b>Subsidized Settings (all ages)</b>	Data not available		

\*\*Assumes full-time enrollment

Sources: 2006 DES Market Rate Study; 2008 rates were obtained from SWI ECE Centers; survey results conducted with 48 randomly selected ECE centers in the region

Additional local information on costs and waiting lists was gathered on limited sites in the region, and are shown in the chart below.

Name of Center	Age of kids	Waiting list	Cost
<b>St. Andrew's Preschool and Child Care Center</b>	any age if potty trained to age 5 in preschool	No, did in previous years	5 days preschool \$300 per month Aftercare \$3 per hour preschool and \$5 per hour after school Both preschool and aftercare \$430/month
<b>NUSD Early Learning Center @ Lincoln School Nogales - ECBG</b>	4 year olds	Yes, 15 on list	No Cost, provided only to families with low income (qualify for free and reduced lunch rates)
<b>Head Start</b>	3-4 year olds	Yes, 100 on list	No Cost, provided only to families falling within Federal Poverty Guidelines
<b>Small Steps Preschool, private</b>	2 year olds -11 year olds	Yes, 5-10 preschool	\$65 per week part time \$95 per week full time
<b>Lourdes Catholic Elementary School Pre-K</b>	4-18 year olds	No	\$250 per child per month
<b>First Steps Day Care and Preschool - private</b>	2 year olds 4 year olds	No	2 year old : \$25 per day 3 and 4 year olds: \$23 per day

(no data received on centers for children with special needs)

## Health

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Children's good health is essential for the development of their learning and social adjustment. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well-being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services. These services should include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Previous sections of this report presented data on prenatal care, health insurance coverage, immunizations, and oral health for the Santa Cruz Region. This section focuses on screening as a means to early identification of developmental or special health care needs.

### Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics (AAP) recommends that all children receive a developmental screening at 9, 18, and 24 months using a valid and reliable screening instrument. Providing children with special needs supports and services early in life leads to better health, better outcomes in school, and greater opportunities for success and self-sufficiency into adulthood. Research has documented that early identification and subsequent intervention for children with special needs can lead to enhanced developmental outcomes and reduced developmental problems.<sup>38</sup>

Although recommended by the AAP, physicians do not all use a standardized instrument to routinely screen children for developmental delays. Limited use of developmental screening is of particular concern, especially considering nearly half of all parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)<sup>39</sup>. Parents' access to specialized services becomes a significant issue when children go unidentified. The opportunity to identify children early is further complicated when parents and other early care and education professionals lack the information and skills necessary to recognize children who may be experiencing delayed growth or development. Children who lack access to continuous, ongoing medical care face the additional challenge of not receiving well-child checks and therefore not receiving early screening. Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention (services to infants and toddlers, birth to age three), special education (services to children ages three-21), and related services. Infants and toddlers with disabilities and their families may receive early intervention services under IDEA Part C. Children

38 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Each intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.

39 Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

and youth (ages three-21) may receive special education and related services under IDEA Part B. In addition to educationally based interventions, children receive care for special health needs through the various health providers in Arizona.

In Arizona, the system that serves infants and toddlers with developmental disabilities is the Arizona Early Intervention Program (AzEIP). Eligible children are those who are 50 percent delayed in one or more of the following areas of development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Part B of IDEA outlines service delivery requirements for children ages three to 21. Educationally based intervention services for children in this age group are provided through a child’s local school district. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the Child Find process is.

When conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation (by AzEIP if birth – three; or school districts if three – five years) to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

The following chart shows the number of children ages birth-12 months and 13-36 months found eligible (in need of services) and served through AzEIP for Santa Cruz County.

**Children Birth to Three Years Receiving Developmental Screenings in the Santa Cruz Region**

Service Received According to Age Group	2005	2006
0-12 months	4 (0.50%)	2 (0.30%)
0-36 months	30 (1.35%)	40 (1.69%)

Source: Arizona Early Intervention Program, Arizona Department of Health Services

There are many challenges for Arizona’s families due to varying eligibility requirements within the agencies and systems, therapeutic specialist shortages, and lack of understanding how to navigate the complex system of care and intervention. Of particular concern are national shortages in Speech, Physical, and Occupational Therapists, especially those with specific knowledge in service delivery to young children and their families. Designing solutions to the varying challenges surrounding early intervention, special health care and special education will require the combined efforts of state and regional stakeholders.

Parents are key in creating change for the system. They can begin by being a primary advocate for their children to ensure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy

of Pediatrics. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention/special education systems and how they work, are parent support services that each region can provide. These measures, while not fully addressing the system, will give parents some of the resources they need to increase the odds for their child's receipt of timely screening, referrals, and services

## Insurance Coverage

The following chart compares the percent of children receiving no medical care for those insured all year versus those uninsured all or part of the year in Arizona and the U.S. As the chart shows, over 38% of children who are uninsured all or part of the year, are not receiving medical care compared to 15 percent of children who are insured throughout.

### Percent of Children\* Not Receiving Any Medical Care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
<b>Arizona</b>	14.8	171,303	38.1	134,259
<b>US</b>	12.3	7,635,605	25.6	2,787,711

\*Ages birth-17. Source: Robert Wood Johnson Foundation. *Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids*, August 2007.

While the actual number of children having access to medical care or well child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well child visits are limited. Insurance coverage is often associated with access to care and as described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to receive well child visits during the year, as are children who are enrolled in Head Start.

## Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to preventing early childhood illnesses and protecting children from life threatening diseases or disability. A *Healthy People 2010* goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

Although recent data were unavailable for this report, data from 2003 suggest that Santa Cruz County is similar to the state as a whole in percent of immunized two year olds.

### Percent of Immunized Two-Year-Olds

Santa Cruz Regional Council	2003
Nogales	77.0
Patagonia	48.1
Santa Cruz County	77.3
Arizona	79.8
US	80.3

Source: ADHS Community Health Profiles, 2003

## Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Much of the research on family support addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.<sup>40</sup> Strategies for promoting enhanced development often stress parent-child attachment during infancy and parenting skills.<sup>41</sup>

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Along with the general stressors affecting most families, new immigrant families face additional challenges in accessing family support services in the face of language and cultural barriers.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services, such as licensed child care providers, preschool programs, food programs, and recreational programs for families, Regional Partnership Councils will need to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

Regionally, the Council discussed what was working well and opportunities related to Family Support at their June 26<sup>th</sup>, 2008 meeting. The following is a summary of their discussion related to this topic.

### What Exists Now, What Is Working Well?

- Home Instruction for Parents of Preschool Youngsters (HIPPY) program
- Nogales Public Library has a reading program for kids, which is open to the whole county and is free.

40 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

41 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

- Safe, developmentally appropriate family playgrounds with equipment that is appropriate for special education students. There are some communities that have playground equipment on school sites that are open to the public.

### **Opportunities for Increasing Family Support:**

One major issue discussed by this council was the high number of teen pregnancies in Santa Cruz County. One council member stated that there is a trend among high school girls who plan and encourage each other to get pregnant.

- An opportunity for this council is to increase the availability of parent education and literacy around early childhood development and education.
- Make it a goal, under Family Support or Health to create a communications campaign about teen pregnancy prevention in Santa Cruz County.
- Coordinate and collaborate with the local high schools and health agencies already working on teen pregnancy prevention by making this one of the council's areas of priority for the first three years of funding.

Key informants in the region were asked about the greatest needs of children and families. One local doctor stated that awareness of the importance of early childhood education and development, access to good preschool education, healthcare, nutrition and poverty were primary concerns. These concerns were echoed by other medical providers participating in the forum as well.

Only one of the informants knew of any parent education classes in the community, namely HIPPI. Lack of knowledge related to area resources around family support and education services suggest that this is an area of great need for the Santa Cruz Region.

Lack of transportation to resources in the rural communities was also noted as a significant problem. When asked about parental access to educational materials and programs through schools, clinics and community organizations, the following were mentioned: activities sponsored by the Community Coalition of Eastern Santa Cruz County focusing on youth and family services, a parent handbook that is available through one agency (the name was not mentioned), and literacy programs available to parents through volunteer groups (names not mentioned). Comments about local professional development opportunities for early child care education providers were limited to Central Arizona College and Cochise County. The lack of a community college in the area was seen as a tremendous deficit.

## **Professional Development**

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### **Child Care Professionals' Certification and Education**

The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children. Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.<sup>42</sup> Furthermore, formal training has been related to

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<sup>42</sup> NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development*, 71, 960-980.

increased quality care. Research goes on to indicate that experience, without formal training, has not been found to be related to quality care.<sup>43</sup>

A pressing concern of the Santa Cruz Regional Council, and of many other areas around the state, is the preparation of its early childhood education teachers. Professional training and credentialing of professionals appears to be lacking in the region.

### Child Care Professionals' Educational Background

Degree Type	Santa Cruz 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	50%	87%	61%	82%	20%	12%
CDA	18%	10%	9%	7%	N/A	N/A
Associates	22%	6%	15%	8%	47%	45%
Bachelors	22%	6%	19%	7%	33%	43%
Masters	6%	0%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

\* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

\*\*U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree

### Professional Development Opportunities

There are no college level professional development opportunities in the Santa Cruz Region for early childhood education. The following information was acquired during the Santa Cruz Regional Council meeting on June 26<sup>th</sup>, 2008, when they discussed the Professional Development opportunities in the community.

### Professional Education Opportunities

- Santa Cruz County does not have a Community College. However, Central Arizona College in Santa Cruz County offers coursework to attain the Child Development Associate (CDA) 30 hours credential. Many of the participants have been from Pima County. Cost of the credential has been a barrier to attainment, however. After completion of the required coursework, there is a fee that accompanies the application for the credential. Sometimes people finish the coursework but do not seek the credential because of the fee.
- Cochise College offers some early childhood coursework, one of the Council members reported that these offerings at the present time were limited to three courses per semester and they do not lead to a degree.
- Northern Arizona University has one of four approved Early Childhood Education Certification programs in the state. Additionally, NAU is the university that provides the credentials in Early Intervention for service coordination and therapists.

43 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.

- There has been discussion of the possibility of the University of Arizona offering coursework that leads to a BA. The University of Arizona has just reinstated offerings in early childhood, though the early childhood teacher preparation program is not yet approved by the state, and is currently limited to 20 students.

### High School Vocational Programs

- Nogales High School has child development classes in the vocational education offerings for high school students. The teacher at the high school is interested in collaboration.
- Southeast Arizona Area Health Education Center (SEAHEC) offers programs for youth in the county that pertain to careers in health care. Research demonstrates that individuals who train in a particular locale tend to return to that same area to work. The program could be seen as a recruitment opportunity for health care professions.
- A work-study program previously operating at the Nogales High School appeared to be effective in encouraging students to enter the field of early childhood. Two of the teachers currently at St. Andrew’s Preschool and Child Care Center were participants in this program.

### Employee Retention

Research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.<sup>44</sup>As the data indicate, fewer than 33 percent of the teachers and teacher directors within Santa Cruz County had more than five years of experience. Additionally, more than 25 percent of the teachers and teacher assistants reported less than two years of employment in the field. This illustrates that those who are in direct contact with children are often poorly trained and have minimal experience, severely affecting the quality of care being provided in the region.

#### Percent of Centers Reporting Average Length of Teacher Employment Duration (2007)

	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	“Don’t Know/Refused”
<b>Teachers</b>	0%	3%	12%	21%	18%	15%	27%	3%	0%
<b>Assistant Teachers</b>	8%	15%	8%	15%	15%	8%	8%	23%	0%
<b>Teacher Directors</b>	0%	8%	0%	8%	0%	8%	31%	46%	0%
<b>Administrative Directors</b>	3%	3%	6%	6%	0%	9%	36%	33%	3%

Source: Compensation and Credentials Survey

44 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

## Compensation and Benefits

Higher compensation and benefits have also been associated with quality child care.<sup>45</sup> Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality care<sup>46</sup>. Higher quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.<sup>47</sup>

The chart below shows that teacher salaries decreased from 2007 to 2008 in the region and teacher/administrator salaries decreased drastically. For assistant teachers the salary increased 66 cents per hour from one year to the next.

### Average Wages and Benefits for Child Care Professionals in Santa Cruz

	2004	2007
<b>Teacher</b>	\$13.48	\$11.00
<b>Assistant Teacher</b>	\$8.03	\$8.69
<b>Teacher/ Director</b>	\$19.21	\$12.24
<b>Admin/ Director</b>	\$21.36	N/A

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey

### Average Wages for Child Care Professionals

	Santa Cruz Regional Council		Arizona		U.S.
	2004	2007	2004	2007	2006
<b>Assistant Teachers</b>	\$8.03/hr.	\$8.69/hr.	\$8.02/hr	\$9.00/hr.	\$9.05/hr.
<b>Teachers</b>	\$13.48/hr.	\$11.00/hr.	\$11.62/hr.	\$11.80/hr.	\$12.45/hr.
<b>Administrative Directors</b>	\$21.36/hr.	Not reported	\$19.03/hr.	Not reported	\$20.88/hr.
<b>Teacher Directors</b>	\$19.21/hr.	\$12.24/hr.	\$13.35/hr	\$14.84/hr.	Not reported

Sources: Arizona Compensation and Credentials Report (2007); U.S. Dept. of Labor (2008)

## Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families’ attention on the lasting impact that children’s environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts led by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have elevated the importance of early childhood issues in our state.

National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.<sup>48</sup>

45 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5<sup>th</sup> ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of each childhood development*. Washington DC: National Academy Press.

46 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

47 Ibid.

48 Halfon, Nel, et al. “Building Bridges: A Comprehensive System for Healthy Development and School Readiness.” National Center for

Families and caregivers also seek information on how to connect with and navigate the myriad of public and private programs that exist in their communities offering services and supports to young children and their families. Few connections exist between public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible by all who need it.

Locally, the Council discussed what was working well and opportunities related to Public Information and Awareness at their June 26<sup>th</sup>, 2008 meeting. The following is a summary of their discussion related to this topic.

### **What Presently Exists and is Working Well?**

- Based on the majority of families enrolled in a literacy program, it appears that cable television spots are an effective communication tool.
- Strong referral networks exist with health communities. Local clinics refer to programs, there are cross referrals, and flyers available at places where families receive services.
- The school system appears to play an integral role in communicating information to families through school-based and district newsletters.
- Paycheck stuffers, and stuffers for utility and water bills reach households across the county appear to be another effective way to reach families.
- Some schools used to have a welcome packet that would be delivered to families with newborns; these included a “Welcome to the Class of \_\_\_\_”, and included baby books. This worked well to encourage a connection with school, reading, and community. Lincoln Elementary School was mentioned as having done this.

### **Opportunities Identified**

- Utilize more cable television spots, payroll stuffers, inserts into water and utility bills with information about early education.
- Increase collaboration and communication between schools and families with newborns using a focus on school readiness.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community’s future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.<sup>49</sup>

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Infant and early Childhood Health Policy, January 2004.

49 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

## System Coordination

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Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

### **Parent and Community Awareness of Services, Resources or Support**

*Building Bright Futures*, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked “How well informed are you about children’s issues in Arizona?” more than one in three respondents say they are not informed. A 2007 survey of families conducted for Valley of the Sun United Way indicated that young parents rely heavily on the Internet as well as family and friends for information on resources and support services. Traditional models of the phone book, magazines, governmental or contract agencies were of low utility for parents.

There is a Community Networking group which meets once per month with presentations from different local agencies in health and human services. This group is working on creating an updated resource directory and analyzing data collected through funding from the Arizona Community Foundation, Arizona Early Education Funds.

A recently formed group working on interagency assessment and planning process is conducting a survey with a focus on youth development as it relates to teen parents.

#### **Other Future Data of Interest to the Santa Cruz Region Include:**

- Interest in locating unregulated child care providers – How to locate them without being threatening?
- Region school district procedures for screening of children
- Region school district policies on reimbursement of staff for further education, particularly teacher assistants
- Usage of programs sponsored by public libraries
- Solicitation of data from providers on what they need in order to do a better job
- Number of churches and church programs targeting young children
- Review of school district enrollment to note increase or decrease
- Regional data regarding environmental risks, social issues and violence



## Conclusion

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### Synthesis of Findings on Regional Child and Family Indicators and Early Childhood System.

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**A**ltogether, the Santa Cruz Region represents an area rich with opportunity and with a growing population that challenges the capacities of social service delivery for children and families. Providers recognize the need to better coordinate local resources. In doing so they can provide parents and families with a cohesive, collaborative, and comprehensive service array that will better meet their own and their children's needs. The region has only eight accredited child care settings for a population of more than 5,000 children ages birth through five years. Child care professionals, aside from assistants, report basically average salaries compared to the rest of the state. The consequence of this is that the region demonstrates less than optimal professional credentialing outcomes for child care professionals in the region.

The majority of Head Start children county-wide receive regular medical and oral health care assessments. Assessments and screenings could be increased to identify special needs, hearing, vision, and developmental challenges among children arriving to kindergarten.

Evidence from community-level health data supports the notion that the smaller, more rural areas of the region are typified by higher rates of teen pregnancy, publicly supported pregnancy health costs, lower utilization or access to prenatal care, and lower annual incomes that push up against federal poverty limits.

#### Identification of Greatest Regional Assets

The greatest regional assets for the Santa Cruz Region are the people who are deeply concerned and committed to early childhood education and health issues for children ages birth through five. Although only formed in 2007, the Santa Cruz Early Education Partnership has already initiated community discussion around early childhood education issues. Santa Cruz Region's child care professionals constitute an important pool of human capital. Other regional assets identified at this initial stage are the Mariposa Community Health Center in Nogales, the Healthy Families program, HIPPPY, and the Community Coalition of Eastern Santa Cruz County.

#### Identification of Greatest Regional Needs

The Santa Cruz Region's greatest needs are in the areas of early care and education, maternal health, compounded by a lack of community knowledge and a dearth of vital data. Only a small proportion of the birth through five population is currently enrolled in child care. The region needs more early care and education centers, and to ensure that a much greater proportion of the centers currently operating offer high-quality care.

High quality child care occurs when children are among high quality providers. Additional professional development efforts are needed in Santa Cruz County to help early education teachers and teacher's aides achieve higher levels of professional credentialing. The multitude of issues surrounding early childhood education also suggests the need for greater system level coordination of resources.

There is a clear need in the Santa Cruz Region to improve the status of child and

maternal health. About one in five children under six is enrolled in ACCCHS and Kids Care, but it is probable that many more children who qualify are not enrolled, given the proportion of families living at 200 percent of the federal poverty level. The high rate of teen mothers and unwed mothers in the region indicates a need to increase health education efforts aimed at teenagers. The region's proximity to the border is a unique geographical feature. The number of immigrant families and their legal status is unknown, and many in this population may be in need of early child care and other family services that they are unaware of or fear seeking.

Effectively responding to these needs will require careful consideration by the Santa Cruz Regional Council. Health and education indicators vary by area, sometimes requiring resources addressing a particular need to be allocated on a community-specific basis. An additional challenge in this respect is a lack of local and sometimes even regional level data to guide decision-making and track progress. More grassroots-level data are needed and already gathered information requires follow-up. That data gathering is a key need of the Santa Cruz Region. It is reinforced by the fact that many of the key informants' areas of concern match issues highlighted in this report: lack of immunization, high teen pregnancy rates, and lack of prenatal care for mothers.



# Appendices

## Chart of Regional Assets for Santa Cruz

Arizona Department of Health Services Licensed Child Care Programs List July 2008					
Child Care Center	Street	City	Zip	Phone	Capacity
<b>First Steps Daycare And Preschool Learning Center</b>	1200 E Patagonia Highway	Nogales	85621	(520) 287-2824	45
<b>Lourdes Catholic Elementary School</b>	555 East Patagonia Highway	Nogales	85621	(520) 287-5659	60
<b>Small Steps Preschool</b>	1080 Las Americas	Nogales	85621	(520) 287-9765	25
<b>Smart Kids</b>	939 North Perkins Avenue	Nogales	85621	(520) 287-7845	42
<b>Sonshine Christian Preschool</b>	1916 North Frank Reed Rd	Nogales	85621	(520) 281-1677	66
<b>St. Andrew's Preschool &amp; Child Care Center</b>	969 West Country Club Dr.	Nogales	85621	(520) 281-0133	37
<b>Sunshine Preschool</b>	870 North Perkins	Nogales	85621	(520) 287-2052	65
<b>Montessori De Santa Cruz</b>	18 Calle Baca	Tubac	85646	(520) 398-0536	105
<b>Dinobones Daycare</b>	353 Planta Court	Rio Rico	85648	(520) 281-8266	74
<b>Patagonia Montessori Emschool</b>	500 N. 3 <sup>rd</sup> Avenue	Patagonia	85624	(520)394-9530	65
Head Start					
<b>Nogales Head Start</b>	125 East Madison	Nogales	85621	(520) 287-2060	228
<b>Western Head Start</b>	686 North Western Avenue	Nogales	85621	(520) 287-3662	60
<b>Challenger Head Start</b>	901 East Calle Meyer	Nogales	85628	(520) 761-4331	64
<b>Rio Rico Head Start</b>	1412 West Frontage Road	Rio Rico	85648	(520) 761-8063	60
Public School					
<b>N.U.S.D.#1 - Early Learning Center at Lincoln School</b>	652 N Tyler Ave	Nogales	85621	(520) 287-0870	25
<b>P.E.S.D.#6 - Patagonia Elementary School</b>	100 School Street	Patagonia	85624	(520) 394-2972	36
<b>S.C.V.U.S.D.#35 - Peña Blanca Preschool</b>	131 Camino Maricopa	Rio Rico	85648	(520) 375-8365	27
<b>S.C.V.U.S.D.#35 - San Cayetano Preschool</b>	1374 West Frontage Road	Rio Rico	85648	(520) 375-8365	30
Small Group Home					
<b>Imagination and Knowledge</b>	589 N Linda Vista Dr	Nogales	85621	(520) 287-6877	10

## Local Consultant Information

This additional information was gathered by a local consultant.

Name of Center	DES Subsidy	Capacity	Adult to Child Ratio	Hours and Days of Operation
<b>St Andrew's Preschool and Child Care Center</b>	Yes	37	2yrs: 1:5 3+yrs: 1:8	Monday-Friday: 8-1 Aftercare until 5:30
<b>NUSD Early Learning Center @ Lincoln School Nogales - ECBG</b>	No	20	1:5	Mon-Thursday: 8-1pm Friday 8-11
<b>Head Start</b>	Yes		1:10 and a parent	8:30-12:30 12:30-3:30
<b>Small Steps Preschool, private</b>	Yes	25	1:7	Monday-Friday: 7:30-5:30
<b>Lourdes Catholic Elementary School Pre-K</b>	No	30	2:15	8-1 pm
<b>First Steps Day Care and Preschool - private</b>	Yes	45	<3yrs: 1:7 4 year 1:13	7-5:30

### Santa Cruz Regional Number of Head Start and Accredited Early Care and Education Centers

Name of Center	# of students	Enrollment 2000-2007	Accreditation
<b>St . Andrew's Preschool and Child Care Center</b>	32	37 - 2000-2007	Yes NAEYC
<b>NUSD Early Learning Center @ Lincoln School Nogales – ECBG</b>	17	18 - 2000-2007	No, will be June 09
<b>Head Starts - four locations Nogales, Rio Rico, Western, Challenger</b>	257, 40 EHS	Average of 257, with 40 in Early Head Start (EHS)	Expired, was accredited, too expensive to continue
<b>Small Steps Preschool, private</b>	25	25 from 2002	No
<b>Lourdes Catholic Elementary School Pre-K private</b>	15 Pre-K	Pre-K 36 in 2001 24 in 2003 27 in 2004 28 in 2005 13 in 2006 25 in 2007	No
<b>First Steps Day Care and Preschool - private</b>	12	12 in 07	No

Center	Benefits	Credentials of Teachers	Credentials of Teachers Aides	Length of employment
<b>St Andrew’s Preschool and Child Care Center</b>	Director gets retirement/medical	4 CDA 1 working toward CDA	None	Not provided
<b>NUSD Early Learning Center @ Lincoln School Nogales - ECBG</b>	Staff gets health, dental, retirement	AA	60 units or paraprofessional test	5-6 years for teachers
<b>Head Start</b>	Staff gets health, limited vision, vacation	None mentioned	2 CDA	8-10 years for teachers
<b>Small Steps Preschool, Private</b>	None mentioned	1 BA	2 CDA, 2 HSD	4-5 years for teachers
<b>Lourdes Catholic Elementary School Pre-K</b>	All benefits for all staff	2 BA	None mentioned	10-15 years for teachers
<b>First Steps Day Care and Preschool</b>	None mentioned	None mentioned	None mentioned	2 years for teachers

Agencies/Coalitions				
<b>Arizona Early Intervention Program – District VI</b>	999 E. Fry Blvd., #222	Sierra Vista	AZ	85365
<b>Borderland Food Bank</b>	1186 N. Hohokam Dr.	Nogales	AZ	85621
<b>Boys And Girls Club of Santa Cruz County</b>	590 N. Tyler Ave.	Nogales	AZ	85621
<b>Chicanos Por La Causa (CPLC)</b>	513 W. Valle Verde Place, #2	Nogales	AZ	85621
<b>Child And Family Resources, Inc. - Nogales</b>	1827 N. Mastick Way	Nogales	AZ	85621
<b>Nutrition Services of The Mariposa Community Health Center, Inc.</b>	1520 N. Hohokam Dr.	Nogales	AZ	85621
<b>Parents Anonymous of Arizona/ Family Lifeline</b>	1305 N. Grand, Box 443	Nogales	AZ	85621
<b>Santa Cruz County Medical Assistance Program</b>	2100 N. Congress Dr., #105	Nogales	AZ	85621
<b>Santa Cruz Family Guidance Center (SCFGC) / Southeastern Arizona Behavioral Health Services, Inc. (SEABHS)</b>	32 Boulevard Del Rey David	Nogales	AZ	85621
<b>Santa Cruz Valley Unified District #35</b>	1374 W. Frontage Rd.	Rio Rico	AZ	85648
<b>United Way of Santa Cruz County</b>	855 W. Bell Rd., Suite 700	Nogales	AZ	85621
<b>Women’s Infants Program – W.I.C.</b>	520 N. Hohokam Dr.	Nogales	AZ	85621

<b>Colleges</b>				
<b>No data given</b>				
<b>Hospitals/Clinics</b>				
<b>Carondelet Holy Cross Hospital and Health Center</b>	1171 W. Target Range Rd.	Nogales	AZ	85621
<b>Carondelet Home Health Services - Santa Cruz County</b>	857 W. Bell Rd.	Nogales	AZ	85621
<b>Tubac Regional Health Center</b>	2239 E. Frontage Rd.	Tubac	AZ	85646
<b>Nogales Clinic</b>	480 N. Morley Ave.	Nogales	AZ	85621
<b>Department of Economic Security Administration For Children, Youth, And Families - Santa Cruz County</b>	480 N. Grand Ave.	Nogales	AZ	85621
<b>Department of Economic Security Child Care Administration – Santa Cruz County</b>	480 N. Grand Ave.	Nogales	AZ	85621
<b>Department of Economic Security Division of Developmental Disabilities - Santa Cruz</b>	1843 N. State Dr.	Nogales	AZ	85621
<b>Department of Economic Security - Family Assistance Administration - Santa Cruz County</b>	1843 N. State Dr.	Nogales	AZ	85621
<b>District VI Advisory Council On Developmental Disabilities</b>	360 S. Ocotillo, #2	Benson	AZ	85602
<b>Mariposa Community Health Center, Inc.</b>	1852 N. Mastick Way	Nogales	AZ	85621
<b>New Turf Prevention / Southeastern Arizona Behavioral Health Services, Inc. (SEABHS)</b>	489 N. Arroyo Blvd.	Nogales	AZ	85621
<b>Nogales Clinic</b>	480 N. Morley Ave.	Nogales	AZ	85621
<b>Santa Cruz County Health Department</b>	2150 N. Congress Dr. (Courthouse)	Nogales	AZ	85621
<b>Schools</b>				
<b>Casa Loma Del Montessori School</b>	1220 Camino Lito Galindo	Nogales	AZ	85621
<b>San Cayetano School</b>	1374 W. Frontage Rd.	Rio Rico	AZ	85648
<b>Santa Cruz Elementary District #28</b>	Highway 82 and Duquesne Rd.	Nogales	AZ	85621
<b>Nogales Unified School District #1</b>	310 W. Plum St.	Nogales	AZ	85621
<b>Santa Cruz Valley Unified District #35</b>	1374 W. Frontage Rd.	Rio Rico	AZ	85648
<b>Robert Bracker Elementary School</b>	121 Camino Diez Mandamientos	Nogales	AZ	85621
<b>Challenger Elementary School</b>	901 E. Calle Mayer	Nogales	AZ	85621
<b>Francisco Vasquez De Coronado Elementary School</b>	2301 N. Al Harrison	Nogales	AZ	85621
<b>Lincoln Elementary School</b>	652 N. Tyler Ave.	Nogales	AZ	85621
<b>Mary L. Welty Elementary School</b>	1050 W. Cimarron	Nogales	AZ	85621
<b>Patagonia Elementary School District</b>	100 School St.	Patagonia	AZ	85624
<b>A.J. Mitchell Elementary School</b>	855 N. Bautista St.	Nogales	AZ	85621
<b>Mountain View Elementary</b>	580 Camino Lito Galindo	Rio Rico	AZ	85648
<b>Pena Blanca Elementary</b>	131 Camino Maricopa	Rio Rico	AZ	85648
<b>San Cayetano Elementary</b>	1412 W. Frontage Rd	Rio Rico	AZ	85648
<b>Community Centers</b>				
<b>No data given</b>				
<b>Libraries</b>				
<b>Nogales - Santa Cruz County Library</b>	518 N. Grand Ave.	Nogales	AZ	85621
<b>Rio Rico Public Library</b>	1060 Yavapai Dr.	Rio Rico	AZ	85648
<b>Faith-Based Organizations</b>				
<b>Crossroads Nogales Mission</b>	456 N. Morley Ave	Nogales	AZ	85621 Rio Rico-
<b>Santo Niño Sacred Heart Church</b>	272 N. Rodriguez	Nogales	AZ	85621

## Citations for Resources Used and Extant Data Referenced

- AHCCCS enrollment and utilization data excerpts, by county: 2007-08.
- American Association of Retired Persons: [http://www.grandfactsheets.org/state\\_fact\\_sheets.cfm](http://www.grandfactsheets.org/state_fact_sheets.cfm)
- American Community Survey (2003-2007) -U.S. Census: <http://factfinder.census.gov>
- American Montessori Society: [www.amshq.org](http://www.amshq.org)
- Annie E. Casey Foundation Kids Count Data Center <http://www.kidscount.org/datacenter/compare>
- Annie E. Casey Foundation. Kids Count. Children in immigrant families: [http://www.kidscount.org/datacenter/profile\\_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8](http://www.kidscount.org/datacenter/profile_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8)
- Annie E. Casey Foundation. Family to Family Tools for Rebuilding Foster Care. July 2001.
- Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003: <http://www.kidscount.org/datacenter/auxiliary/briefs/teenbirthrateupdated.pdf>
- Annual EPSDT Participation Report CMS, 2003.
- .Arizona Child Fatality Review Board
- Arizona Compensation and Credentials Report, 2007.
- Arizona Dental Sealant Program data from 2004-2005 school year
- Arizona Department of Commerce, Research Administration (June, 2008)
- Arizona Early Intervention Program (AZEIP) July 1, 2006 – June 30, 2007 report.
- Arizona Child Abuse and Neglect Prevention System: Action Plan for Reform of Arizona's Child Protective Services, 2004.
- Arizona Department of Economic Security, Child Care Market Rate Survey 2006.
- Arizona Department of Economic Security Child Welfare Reports: <https://egov.azdes.gov/CMSInternet/appreports.aspx?Category=57&subcategory=20>
- Arizona Department of Economic Security, Children's Bureau
- Arizona Department of Education: [www.asdhs.gov/hsd/chprofiles.htm](http://www.asdhs.gov/hsd/chprofiles.htm)
- Arizona Department of Education: SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools.
- Arizona Department of Education: AIMS Spring 2007 Grade 03 Summary.
- Arizona Department of Health Services, Community Health Profiles, 2003: <http://www.azdhs.gov/hsd/chpprofiles.htm>
- Arizona Department of Health Services, emergency room data for calendar year 2004.
- Arizona Department of Health Services, Health disparities report, 2005.
- Arizona Department of Health Services, AZ School Dental Survey 1999-2003. Children 6-8.
- Arizona Department of Health Services, 2006 Survey of AHCCCS Providers.
- Arizona Department of Health Services, National Immunization Survey, Comparison of 2007 to 2008 Results.
- Arizona Department of Health Services, Office of Women's and Children's Health Report, 2006: County Prenatal Block Grant Annual Evaluation, 2004-2005.
- Arizona Department of Health Services/Vital Statistics Division Community Profiles 2003-2006.
- Arizona Immunization Program Office, Assessment Unit: 2006-2007 School Year Immunization Coverage Levels in Arizona.
- Arizona Unemployment Statistics, Special Report, Sept. of Commerce, May 2008
- Ashford, J., LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole.
- ASIS Statistics Sheet, May 2008: <http://www.azdhs.gov/phs/asiis>
- Association of Christian Schools International (ASCI): [www.asci.org](http://www.asci.org)
- Augoustios, M. Developmental effects of child abuse: A number of recent findings. Child Abuse and Neglect, 11, 15-27.
- Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), The encyclopedia of adolescence (pp. 749-758) New York: Garland.
- Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., & Weikart, D. P., Changed Lives: The effects of the Perry Preschool Program on youths through age 19. Ypsilanti, MI: The High/Scope Press.
- Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. Children and Youth Services Review, 1994, 17, 251-276.
- Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. Developmental Psychology, 37, 2001, 231-242.
- Capps, R., Hagan, J. and Rodriguez. N. Border Residents Manage the U.S. Immigration and Welfare Reforms. In Immigrants, Welfare Reform, and the Poverty of Policy. Westport, CT: Praeger, 2004.
- Center for the Child Care Workforce: Compensation and Credentials report, Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.
- Centers for Disease Control: [www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf](http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf)
- Center for Disease Control, fact sheet, 2001.
- Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? Psychological Bulletin, 128, 2002, 295-329.
- Children's Action Alliance, Going Beyond the Immigration Hype: Children and Our Shared Destiny, Fact Sheet, 2006.
- Columbia University in the City of New York, Current Population Survey - March 2003.
- Center for the Child Care Workforce, 2002.
- Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.
- Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

- Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121.
- Eckenrode, J., Laird, M., & Doris, J. Maltreatment and social adjustment of school children. Washington DC, U. S. Department of Health and Human Services
- English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect*, 8, 39-53.
- Federal interagency forum on child and family statistics. America's children: Key national indicators of well-being, 2002. Washington DC.
- First Things First Allocation Chart (2007).
- Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.
- Foreign-Born Populations of the United States: Ferrell Secakuku, March 2005, Smithsonian Institution.
- Galinsky, E. C., Howes, S., & Shinn, M. The study of children in family care and relative care. (1994). New York: Families and Work Institute.
- Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). Early intervention for children with special needs and their families: Findings and recommendations. 1981, Westat Series Paper 11, University of Washington.
- Gennetian, L. A., & Miller, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children, 2000, New York: Manpower Demonstration Research Corporation
- Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends.
- Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.
- Head Start, Region IX Performance Reports 2007-08.
- Health Insurance in Arizona, Residents of Maricopa County: Johnson, etal, ASU, 2004.
- Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health Care*, 2000, 29, 1-17.
- Hernandez, D. 2006. Young Hispanic Children in the U.S.: A demographic portrait based on Census 2000. Report to the national Task Force on Early Childhood Education for Hispanics. Tempe, Arizona State University.
- Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.
- Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.
- Intergenerational Impacts of Early Childhood Education, Clive Belfield, Dept. of Economics, CUNY, 2004.
- Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. (2001). Overview: new perspectives on the stubborn challenges of preterm birth. *Paediatric and Perinatal Epidemiology* 15 (s2), 3-6.
- Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005.
- Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10.
- Kaplan, P. S., (2004) *Adolescence*. Boston, MA.
- Kenney, Genevieve. et al. Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve. Urban Institute, July 31, 2003.
- Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5<sup>th</sup> ed.), 1998, pp. 73-134. New York: Wiley & Sons.
- LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
- Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507.
- Lindsey, D. (2004) *The Welfare of Children*, New York, Oxford University Press.
- Long, Sharon K and John A. Graves. What Happens When Public Coverage is No Longer Available? Kaiser Commission on Medicaid and the Uninsured, January 2006.
- Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.
- Manlove, J., Mariner, C., & Romano, A. (1998). Positive Educational Outcomes Among School-Age Mothers. Washington DC: Child Trends
- Maisto, A. A., German, M. L. Variables Related to Progress in a Parent-Infant Training Program for High-Risk Infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.
- Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.
- Mayo Clinic. Premature births, November, 2006
- Miller, C., Knox, V., Gennetian, L. A., Doodoo, M., Hunter, J. A., & Redcross, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults, 2000, New York: Manpower Demonstration Research Corporation.
- National Association of Child Care Professionals (NACCP): <http://www.naccp.org>
- National Association for the Education of Young Children (NAEYC): [www.naeyc.org](http://www.naeyc.org)
- National Center for Children in Poverty: [http://www.nccp.org/profiles/AZ\\_profile\\_6.html](http://www.nccp.org/profiles/AZ_profile_6.html)
- National Center for Education Statistics: <http://nces.ed.gov>
- National Center for Health Statistics, 2007 Trendbook, CDC
- National Education Goals Panel. (1995). Reconsidering children's early developmental and learning: Toward common views and vocabulary. Washington, DC.
- National Research Council and Institute Medicine, From neurons to neighborhoods: The science of early childhood development
- National Research Council. Understanding child abuse and neglect. Washington DC: National Academy Press.

- NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, *Child Development*, 2000, 71, 960-980.
- Osofsky, J. D. The impact of violence on children. *The Future of Children*, 9, 33-49.
- Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al The children of the cost, quality, and outcomes study go to school: Technical report, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.
- Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. *Child and Youth Care Forum*, 20, 1991, 83-101.
- Preliminary births for 2005: Infant and Maternal Health National Center for Health Statistics.
- National Household Education Survey: 2005 Initial Results from National Survey on Parents and Early Childhood
- National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. *Educating children with autism*. Washington, DC: National Academy Press; 2001.
- National Task Force on Early Childhood Education for Hispanics. New York: Foundation for Child Development.
- New York Times: Pre-Term Births Linked with C-Sections: <http://www.nytimes.com/2008/05/28/> Release Date: March 20, 2008
- NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development*, 71, 960-980.
- Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395
- Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.
- Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.
- Robert Wood Johnson Foundation. *Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids*, August 2007.
- Russell, et al. ASU (2007). 2006 Survey of AHCCCS Providers, S\*CCEEDS professional development and training database excerpts: 2007-08.
- Schorr, Lisbeth B. *Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University*, June 2007.
- Sigelman, C. K., & Rider, E. A., *Life-span development*, 2003, Pacific Grove, CA: Wadsworth.
- Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.
- Southwest Institute SWIfT excerpts, 2008.
- Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.
- Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press.
- Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233.
- The Commonwealth Fund State Scorecard on Health System Performance (2007).
- The Foundation for Child Development: *Child and Youth Well-being Index: 2008 Special Focus Report: Trends in Infancy/ Early Childhood..*
- The Pew Internet and American Life Project: [http://www.pewinternet.org/PPF/r/117/report\\_display.asp](http://www.pewinternet.org/PPF/r/117/report_display.asp)
- Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.
- Urban Institute and Kaiser Commission on Medicaid and the Uninsured
- U.S. Census Bureau: Census 2000. [www.census.gov](http://www.census.gov)
- U.S. Census Bureau: Annual Estimates of the Population for Counties of Arizona: April 1, 2000 to July 1, 2007 (CO-EST2007-01-04).
- U.S. Census Bureau: American Community Survey 2000, 2006, 2007: <http://www.census.gov/acs/www/index.html>
- U.S. Census Bureau: Grandparents living with grandchildren: 2000. Census brief (October, 2003): <http://www.census.gov/prod/2003pubs/c2kbr-31.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families: AFCARS Reports: [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#cw](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#cw)
- U.S. Department of Health and Human Services, Child Fatality Report, 2006.
- U. S. Department of Health and Human Services, Health Research and Services: *Child Health USA 2003*.
- Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284.
- Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health*, 1993, 491-513.
- Web MD. Should you hesitate to vaccinate?: <http://my.webmd.com/content/article/3609.168>.
- Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.
- Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.
- Wood, M. W. Costs of intervention programs. In C. Garland (Ed.), *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington.
- Zaslow, M., Calkins, J., Halle, T., Zaff, J., & Margie, N. Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Washington DC: Child Trends.
- Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.
- [www.wikipedia.org](http://www.wikipedia.org)
- [www.zipcodestats.com](http://www.zipcodestats.com)

## Description of Methodologies Employed for Data Collection

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The needs and assets assessment commenced on May 1, 2008 and all data were collected by June 30, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited child care settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger Santa Cruz County region overall. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is also important to note that even when data are available for this population of children (birth through five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children ages birth through five years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis.

For Santa Cruz, data collection included key informant interviews conducted during May and June 2008, a telephone survey of child care centers, and discussion at the Santa Cruz Regional Council meetings. The Regional Coordinator conducted a telephone survey of child care centers in June, 2008. Data was received from a total of nine centers, one of the two accredited centers, and all four of the Head Start programs were surveyed.

Key Informant Interviews were conducted with a private child care administrator, a public administrator, the Executive Director of a nonprofit organization, a city employee, and the administrator of a health care provider knowledgeable about the County. These were done by two consultants. The Council discussed what was working well and opportunities at the June 26, 2008, Regional Council meeting.





**FIRST THINGS FIRST**

**Santa Cruz Regional Partnership Council**

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