NEEDS AND ASSETS REPORT

2008

FIRST THINGS FIRST

Southeast Maricopa

Regional Partnership Council

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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.

www.azftf.gov/southeastmaricopa

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Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential, gives families real choices, about their children's educational and developmental experiences, and includes every community through the thirty-one Regional Partnership Councils, in sharing the responsibility as well as the benefits of safe, healthy and productive citizens. The First Things First Southeast Maricopa Regional Partnership Council with its community partners will work to create a system that builds and sustains a coordinate network of early childhood programs and services for the young children of the region.

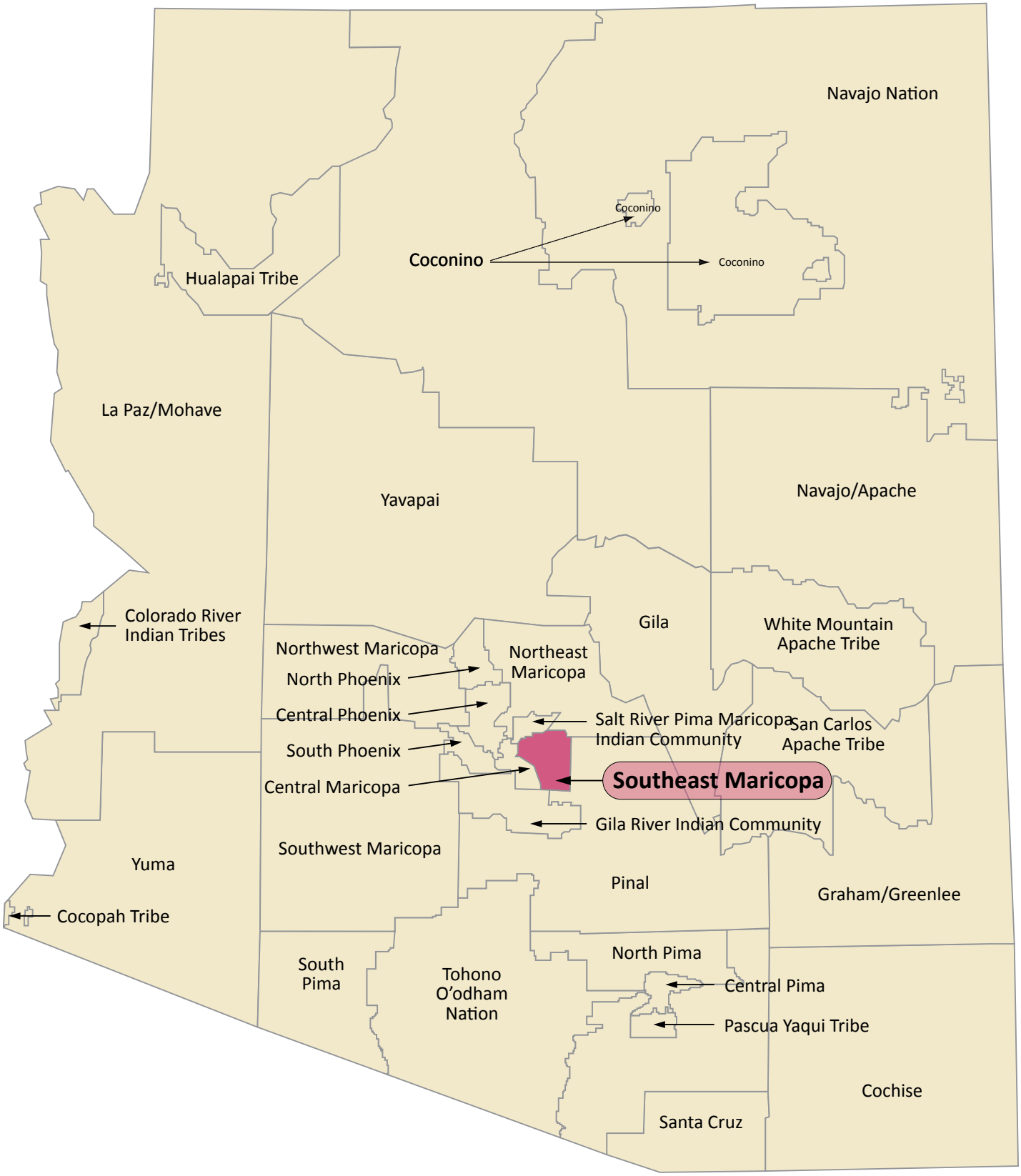
The Southeast Maricopa Region is composed of metropolitan, suburban and rural areas. It includes the City of Mesa, and the towns of Gilbert, and Queen Creek. Mesa is the third largest city in Arizona after Phoenix and Tucson. The following, towns and communities are not included in this region: Salt River Pima Maricopa Indian Community, the portion of Apache Junction in Maricopa County, the portion of Queen Creek in Pinal County, and the Gila River Indian Community in Maricopa Southeast. This region is served by four school districts: Mesa, Queen Creek, Gilbert Unified, and Higley Unified and 40 charter schools.

With 460,000 residents, Mesa is emerging as a leader; evolving higher standards of living and energizing the economy. It is proud to boast a young and highly educated workforce. The city is home to the largest school district, Mesa Unified School District, in the state and its school system with 10,000 employees. Mesa has sixteen schools of higher learning including Arizona State University's Polytech Campus, Arizona School of Health Sciences (medical center) and Arizona School of Health Sciences Dental School. Major industries include Banner Health System, Boeing, Williams Gateway Airport, TRW Safety Systems, and General Motors Desert Proving Grounds.

Right in the heart of the Southeast Valley, Gilbert is a rapidly growing community of 6,859 businesses and over 190,000 residents. Although one of the fastest growing communities in the nation, Gilbert is proud to still be considered one of Arizona's "small Towns". Family values and strong leadership, a balanced mix of the past and the present with a focus on the future, and outstanding educational opportunities truly make Gilbert a community of excellence. Gilbert is the second largest community in the Southeast Maricopa Region and was founded as a railroad town. It was agricultural and was formerly known as the "Hay Capital of the World" in the early 1900's. Now, Gilbert actively pursues new businesses and business professionals, and markets itself as family friendly with appealing and safe neighborhoods.[1]

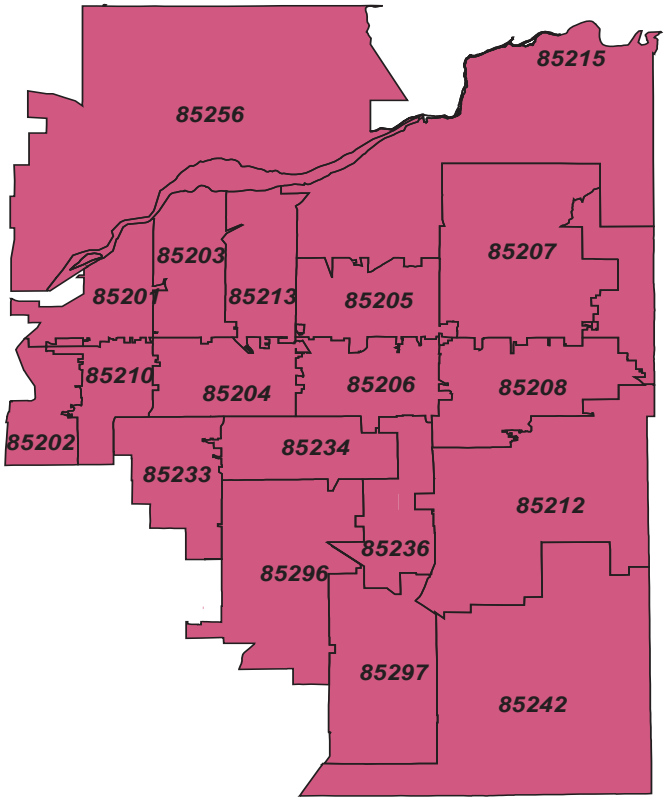
Located in the southeast corner of Maricopa County, Queen Creek is one of the East Valley's fastest growing towns with a population over 25,000. This beautiful family friendly community offers the comfort of the country with the convenience of the Phoenix metropolitan area. Since its incorporation in 1989, Queen Creek has worked to uphold its family friendly, small-town character. The General Plan which was created by Queen Creek's citizens outlines expansion of economic and recreation activities while maintaining the rural atmosphere in which residents take pride.

1 *http://www.ci.gilbert.az.us/*


Navajo Nation
Coconino
Coconino
Coconino
Coconino
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Colorado River
Indian Tribes
Gila
White Mountain
Apache Tribe
Northwest Maricopa
Northeast
Maricopa
North Phoenix
Central Phoenix
South Phoenix
Central Maricopa
Salt River Pima Maricopa
Indian Community
San Carlos
Apache Tribe
Southeast Maricopa
Gila River Indian Community
Southwest Maricopa
Yuma
Pinal
Graham/Greenlee
Cocopah Tribe
North Pima
South
Pima
Tohono
O'odham
Nation
Central Pima
Pascua Yaqui Tribe
Cochise
Santa Cruz

Queen Creek is also a major partner with Williams Gateway Airport and supports its development as an asset to the economic future of the East Valley.

The Southeast Maricopa Regional Council conducted its first Regional Needs and Assets report that highlights child and family indicators that illustrate children's health and readiness for school and life and provides an introductory assessment of the current early childhood development and health system. While providing a valid and complete baseline of data about young children and their families in the region was the ultimate goal, there were many challenges around the collection and analysis of data for the region. While numerous sources for data exist in the state, the information can be difficult to analyze and often is not available at the regional level. Many indicators that could effectively assess children's healthy growth and development are not consistently measured across the state and available at the local level. The Regional Council will focus its efforts and work in partnership with the FTF Board to improve data collection so that regionally specific data is available for the Regional Council to make the right decisions around services and programs for the children of the region.



The population of children and families in this region differs somewhat from the rest of the state and the nation. The region has grown more rapidly and is less ethnically diverse than the state. Since 2000, while the state has experienced sustained growth of approximately 20 percent, this region has grown by 29 percent. This growth has been fueled by proximity to Phoenix and availability of affordable housing. Racially, 57 percent of children born in this region are Caucasian, 3 percent are African American, 3 percent are Asian American, 3 percent American Indian, and 33 percent Latino compared to 44 percent in the rest of the State. About 15 percent of single parent households have children ages under 18 living in them. This rate is similar to the rates reported for Arizona and the nation. Birth rates for teen mothers in the Southeast Maricopa Region are about 9 percent and are similar to or slightly lower than Arizona's and the nation's.

The economic indicators for the Southeast Maricopa Region tend to be positive. The most recent unemployment estimates are lower than the overall state estimate of 4.4 percent, ranging from 1.9 percent for Gilbert to 3.1 percent for Mesa and 3.6 percent for Queen Creek. The median household incomes in this region are higher than the state norms, with some variation by community. Mesa has a median income of $47,810 which is comparable to the national median of $48, 451 and Arizona's median of $47,265. In contrast, Gilbert's median household income level is $76,376, and

Queen Creek's is $63,702. The median household income overall for the Southeast Maricopa Region is $52,521.

There are numerous child care organizations in the region. Only 7 percent of the center-based programs in the region are accredited. The thirty accredited programs include five Montessori schools, two NAC accredited preschool programs, one NECPA accredited program, and 22 NAEYC programs (two of which are Head Start). In addition, the region has a network of kindergarten classes and educational services for children with special needs across four school districts. Currently, the early childhood care and education system is almost at capacity (90 percent).

There are 74,802 children ages 0-5 estimated to live in the Southeast Maricopa Region and a growth in that population of 34 percent between 2000 and 2006, a 3 percent to 8 percent poverty rate for households, a large number of working families, and only 28,183 children (38 percent) in all types of regulated care. It appears there are not enough early care and education programs of any type for working parents and those who want or need a development program for their children. Further, the majority of care for working families still takes place in informal or unregulated settings.

The Southeast Maricopa Region has several hospitals and urgent care sites, documented community health centers and school based clinics, pediatric primary physicians, and specialty and dental practices. There are 5 documented behavioral resources in the region, but only 1 documented healthy mothers/babies program. Much of the health information reported for the region is reflective of the state in general, as reliable data is typically not available at the regional level as defined by each Regional

Partnership Council's geographic boundaries. As a result, the region (as a reflection of Arizona) rates poorly on many measures of child well-being including education, health care and child care. The category of child abuse and neglect remains a leading contributor to the state's poor ranking among other states in the U.S. The state also ranks poorly on measures of access to and quality of health care services, especially for behavioral health needs. Family ratings of satisfaction with services place Arizona last on measures of cultural competence, response to patient concerns, and respect.

Oral health continues to be among the more challenging health care needs for young children in Arizona. For example, in 2003, Queen Creek and Mesa had rates of 37 percent and 40 percent, respectively, of untreated tooth decay among 6-8 year olds.

Unfortunately, there is no systematic data that quantitatively reflects the developing network of support in the Southeast Maricopa Region. The Valley of the Sun United Way, through the Success by Six campaigns, has provided families in the region with greater access to a number of supports. And, due to its close proximity to Phoenix, and the strong infrastructure of services in Mesa, there are many resources available to Southeast Maricopa families. Those include pediatric medical facilities, programs for children with special needs, and multiple parent support groups, although families must have access to reliable transportation in order to use these assets. Queen Creek is rapidly enhancing its early childhood infrastructure through its growing school system, Family Resource Center, library, high school child care center and helpful district Web site. According to the SWIft Resource database, there are 2,795 resources available in and around the Southeast Maricopa Region to help support families and young children.

A pressing concern of the Southeast Maricopa Regional Partnership Council,

and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Among child care professionals in the Southeast Maricopa Region, 10 percent of teachers and 7 percent of assistants possess CDA credentials as compared to statewide rates of 9 percent for teachers and 7 percent for assistants. More recent data collected on 70 Early Childhood Education centers in this region reported a much lower rate of CDA credential possession for both teachers (6 percent) and assistant teachers (2 percent). For higher education credentials, 15 percent of teachers possess a Bachelor's degree, which is 4 percent lower than the statewide rate.

It is well documented that there are numerous organizations providing services within the Southeast Maricopa Region including health, child care, education, and social services. However, many of these services provide no information specifically pertinent to families with children ages 0-5 years. Even less frequently do service providers collaborate together to provide age-appropriate services along the entire spectrum of care for a family with young children. This early childhood system coordination problem is not only indicative of the Southeast Maricopa Region, but is one that has typified conditions across the state. Parents frequently have no other option but to assume the responsibility as conduits for gathering and connecting information they need between multiple service systems.

While there was general satisfaction among parents surveyed recently in the region regarding their child care providers, 20 percent of the parents were interested in alternative child care options

There are no reliable data sources available, locally, or nationally, to accurately measure what language is spoken at home by children five years or younger in this region. But, state-level data that annually estimates household language usage projects that up to 32 percent of Arizonans aged 18 years or younger may use a language other than English as their primary language spoken at home.[2] Additionally, city and town level data from the American Community Survey in 2006 reports that 24 percent of Queen Creek households, and 18.8 percent of Mesa households speak a language other than English in their home.

The overall population growth from 2000 to 2006 for the Southeast Maricopa Region increased by 27 percent from the 2000 to 2006 period according to data from the U.S. Census Population Estimates. With this overall increase in population, there was growth in the number of children aged 0-5 as the percentage of children under 5 in the region grew 30 percent as compared to 26 percent for the state as a whole. If the Southeast Maricopa Region's population continues near or at this pace, there will be significantly more children under age six in the region.

Southeast Maricopa Population Growth (all ages)

	2000	2006	% Change
Southeast Maricopa*	562,552	714,441	27%
Arizona	5,020,782	6,116,305	22%
U.S.	273,648,273	301,621,57	9%

* Data includes Gilbert, Mesa and Queen Creek. Source: American Community Survey (2000 & 2006)

2 This estimate includes an error rate of +/- 15% (American Community Survey, CLIKS: Annie Casey Foundation 2008).

Population Growth for Children Ages 0-5 Years

	2000	2007	% Change
Southeast Maricopa	47,764	62,093	30%
Arizona	381,833	480,491	26%
U.S.	19,137,974	20,724,125	+8%

Sources: First Things First Funding Allocation Chart (2007); American Community Survey (2007), U.S. Census (2000)

Regional Race, Ethnicity and Language

Race and Ethnicity Characteristics

According to the 2006 U.S. Census, Arizona's racial make-up included 29 percent Hispanic/Latino, 60 percent White, Non-Hispanic, 4 percent Black/African American, 5 percent American Indian, and 2 percent Asian.

Data about births in 2006 in Arizona reflects a changing demographic both statewide and in Southeast Maricopa. When examining births by the racial/ethnic group of the largest cities in the Southeast Maricopa Region, the largest percentage of births in 2006 are among White, Non-Hispanic families (57 percent), followed by births to Latinos (33 percent). The Southeast Maricopa Region has about 15 percent more births to White, non-Hispanic mothers than the state rate.

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
Southeast Maricopa	57% (7,465)	33% (4,359)	3% (382)	3% (358)	3% (451)	1% (75)
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	1% (803)

* This includes the cities of Gilbert, Mesa, and Queen Creek. Source: ADHS Vital Statistics, 2006.

Immigration Status

Data reveals that the immigration status of Maricopa County residents mirrors that of the rest of Arizona. For Southeast Maricopa, there may be fewer immigrant families given the high percentage of non-Hispanic white births (57 percent) in the region. Statewide, 30 percent of all children have at least one foreign-born parent. Although the number of children born to immigrant families is unknown in Southeast Maricopa, those children born to immigrant families are likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS and KidsCare (publicly financed health insurance for low-income children) which are generally off limits to non-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. 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. [3]

Regional Ethnicity and Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-US Citizens	Foreign-born
Maricopa County*	(83%) 3,111,817	(5%) 177,801	(13%) 478,505	(17%) 656,306
Arizona	(85%) 5,237,235	(4%) 273,700	(11%) 655,383	(15%) 929,083
U.S.	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050	(12%) 37,547,789

*Census data not available at the sub-county level. Only County level is provided. Source: American Community Survey (2006)

Children in Immigrant Families (2006)

Mesa, AZ	Arizona	U.S.
31%	30%	22%

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

Despite the large numbers of immigrants to the state, Arizona does not rank in the top ten 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 difficult in the Southeast Maricopa Region, as well as the United States as a whole.

There is some information available to help paint the picture: The Annie E. Casey Foundation estimated in 2004 that Arizona ranked 5th in the nation for births to foreign-born mothers at 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, consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

Children of immigrants face more challenges than children of native-born parents. 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 their children learn to read. 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.[4]

3 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.

4 (Children's Action Alliance. "Going Beyond the Immigration Hype: Children and Our Shared Destiny" Fact Sheet, 2006).

Language Characteristics for Children Ages 0-5 Years

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics is usually limited to children over the age of five. Data from the most recent *Kids Count* and American *Community Survey* estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English. Maricopa County data shows 12 percent of families speak primarily Spanish and may be isolated because of this. Many of the children who reside in linguistically isolated families enter school with limited English proficiency.

Language Use Among Individuals (5 years and older) Living in Maricopa County

	Percent Who Speak Only English	Percent Who Speak English Less Than "Very Well"
2000	76%	12%
2006	72%	12%

*Census tract data for the Region is not available for 2006. Sources: U.S. Census (2000); American Community Survey (2006)

Family Composition

In the Southeast Maricopa Region, the majority of young children live in a household with two parents. Since the year 2000, approximately one out of every three family households in Arizona has been headed by a single parent. Estimates indicate that many of the single parent households are led by mothers only, while a few are led by fathers only. While this number may seem high, Arizona is actually right at the national average for this statistic and much better than many states, where single parent households can approach the 50 percent mark. (i.e., Washington, D.C.; Mississippi).[5]

One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of 4-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

Teen Parent Households

The percentage of children born to teen mothers in Southeast Maricopa is lower than the state's average. The region's rate has held steady at nine percent from 2002 to 2006. The rate for Arizona has consistently been about 12 percent during this same time period.

5 Hernandez, D. (2006). Young Children in the U.S.: A Demographic portrait based on the Census 2000. Report to the national Task Force on Early Childhood Education for Hispanics. Tempe, Arizona State University.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
Southeast Maricopa* **	9%	9%	8%	9%	9%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10**

*Teen defined as 19 years and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics **Preliminary Data for 2006, 12/5/2006.
***Includes data on Gilbert, Mesa, and Queen Creek

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves. [6]

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made to reduce the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent of births to teen mothers were the mother's second child.[7] In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates, so many of these teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, drop-out prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school drop-out problem. This is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

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.[8] Of the grandparents who live with their grandchildren in Maricopa County, 34 percent report that they have primary caretaking responsibilities. Put another way, out of the 1,322,104 households in Maricopa County, there were 77,897 households with grandparents living with their own grandchildren under 18 years. Of those households, 34 percent (n=26,403) had grandparents that were responsible for their grandchildren. For many grandparent caregivers this responsibility is a long term commitment.[9]

6 Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003.
7 This rate jumped as high as 25% in 2003.
8 Annie E. Casey Foundation. Kids County Indicator Brief: Preventing Teen Births, 2003.
9 Grandparents Living With Grandparents, 2000 Census brief.

Percentage of Grandparents Responsible for Grandchildren

	2006
Maricopa County*	34%
Arizona	41%
U.S.	41%

*Percentage was calculated taking the total number of households in the county, dividing that by the total number of grandparents living with their grandchildren, then dividing that by the total number of grandparents responsible for their grandchildren. Indicator not measured as grandparent as primary caregiver prior to 2006. Source: American Community Survey.

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.[10]

Employment, Income and Poverty

Unemployment

Joblessness can impact 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. For 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 is presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are static social indicators (i.e., gender, ethnicity, etc.). In the growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to rise to the state and national averages.

The Southeast Maricopa region-specific unemployment estimates show rates that are lower than Arizona and the nation. For example, in May 2008 the rates for this region ranged from 1.9 percent (Gilbert) to 3.6 percent (Queen Creek). The region's rates are similar to Maricopa County, but are lower than the statewide rate of 4.4 percent and the U.S. rate of 5.5 percent for this period.

Average Unemployment Rates

	May 2007	April 2008	May 2008
Maricopa County	2.7%	3.1%	3.4%
Mesa	2.4%	2.9%	3.1%
Gilbert	1.5%	1.8%	1.9%
Queen Creek**	2.8%	3.3%	3.6%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

*Only includes part of Queen Creek that is in Maricopa County (rest in Pinal County)
Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

10 Grandparents Living with Grandchildren, 2000, census brief.

Annual Income

The median annual income for the Southeast Maricopa Region is higher than the median income estimated for Arizona and the U.S. This region's median income rates have been consistently higher than those of the state and the nation for the past five years (from 2002 to 2006).

Median[11] Annual Income (per year- pretax)

	2002	2003	2004	2005	2006
Maricopa County*	$45,776	$44,901	$46,111	$48,711	$52,521
Arizona	$41,172	$40,762	$41,995	$44,282	$47,265
U.S.	$43,057	$43,564	$44,694	$46,242	$48,451

*Data includes all of Maricopa County
Source: American Community Survey

The median household income data varies greatly by the city or towns within the Southeast Maricopa Region. In 2006, Mesa had the lowest median household income at $47,810 and Gilbert had the highest level of $76,376.

Southeast Maricopa Median Income by City and Town (2006)

Community	Median Household Income
Mesa	$47,810
Gilbert	$76,376
Queen Creek	$63,702

Source: American Community Survey, 2006

Families in Poverty

For a family of four, the Federal Poverty Level is $21,200 a year (for the 48 contiguous states and D.C.).[12] In 2006, Mesa and Gilbert had lower rates of families living at or below 100 percent of the federal poverty level than Arizona and the U.S. However, 38 percent of children in Mesa were reported to be living at or below 200 percent of the Federal Poverty Level in 2007. This rate was slightly less than to Arizona's rate for children of 45 percent.

11 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 reliable.

12 Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972. **Data available for Mesa and Gilbert at the city level. Source: US Census, American Community Survey*

**One percent of those families in Gilbert are single headed households with children under 18 yrs of age and 4% of those in Mesa are single headed households with children under 18 yrs of age.

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

	Percent of Households Living at or Below 100 Percent of the Federal Poverty Level
Gilbert*	3**
Mesa*	8**
Arizona	10
US	10

Children Under 18 Living at or Below 200% of the Federal Poverty Level (2007)

	50%	100%	Percent of children living at or below 200 percent of the Federal Poverty Level
Mesa*	6%	15%	38%
Arizona	9%	20%	45%
US	8%	18%	39%

*Data not available at the sub-county level **Children defined as less than 18 years. Source: American Community Survey (2006)

The chart below shows the numbers of food stamp and Children WIC recipients for the major cities and towns in the Southeast Maricopa Region.

Welfare Benefits–Southeast Maricopa

Benefits For Region	Gilbert	Mesa	Queen Creek
Food Stamps	2449	32,572	917
Children WIC Recipients	1,102	12,974	616

Source: Arizona Department of Health Services, Community

Health Profile, 2003.

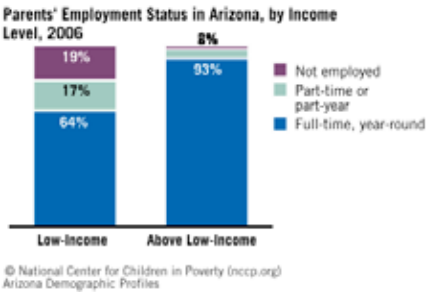
Additional data by city for 200 percent Federal Poverty Levels from 2003 reveal that Mesa and Queen Creek experience more poverty than other areas in the region.

Population Living at or Below 200% Federal Poverty Level

FPL Level For Region	Gilbert	Mesa	Queen Creek
200% FPL	10.6%	27.2%	26.2%

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

Even Arizona parents who are employed may be struggling to "make ends meet," as some research indicates that almost two-thirds of working families are living at or below the federal poverty line and are considered to be "low-income" families The following graph shows the relationship between employment levels and categorization as low income or above low income. 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 9th grade education could expect to earn less than $18,000 per year, but with a high school diploma that income rises to more than $26,000 per year. With a bachelor's degree in 2004, women were reporting an income of $41,000 per year.[13]

Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and child rearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.[14] Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life and 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.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. While data for the Southeast Maricopa Region is not available, in Maricopa County that percent is much higher than the national average. According to data reported from 2002 to 2006 almost 30 percent of mothers that gave birth in Maricopa County had less than a high school diploma which is almost 10 percent higher than the state average over the same period of time. The state rate of births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

Percentage of Live Births by Educational Attainment of Mother

		2002	2003	2004	2005	2006
Maricopa County	No H.S. Degree	30%	31%	31%	30%	30%
	H.S. Degree	27%	26%	29%	27%	28%
	1-4 yrs. College	33%	33%	33%	34%	34%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 yrs. College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	Data not available	Data not available
	H.S. Degree	31%	Data not available	Data not available	27%	27%
	1-4 yrs. College	21%	27%	27%	27%	27%

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

13 US Census Bureau, Income by education and sex". Retrieved on 2006-06-30.

14 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.

Healthy Births

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 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 a healthy birth. 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.[15] 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. [16]

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.

In the Southeast Maricopa cities approximately 83 percent of mothers with newborns in 2006 received prenatal care. Mesa had lower rates of prenatal care (77 percent and 71 percent respectively) than the other communities in this region.

The number of mothers receiving no prenatal care in this region is reported to be quite small. Overall, pregnant women in Arizona often fail to receive early prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona.[17]

One prominent factor in 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.[18] Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care. In particular, lack of health care, transportation, poverty, teenage motherhood, stress and domestic violence.[19]

15 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.
16 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
17 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.
18 Arizona Department of Health Services, Health disparities report, 2005.
19 *http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf*

Selected Characteristics of Newborns and Mothers, Southeast Maricopa (2006)

Community	Total	Teen Mother (</=19yr)	Prenatal Care 1st Trimester	No Prenatal Care	Public $	Low birth weight <2500 grams	Unwed Mothers
Mesa	8942	1019	6957	226	4670	582	3789
Gilbert	2954	119	2741	19	440	194	472
Queen Creek	1194	57	1097	9	255	73	229
Chandler Heights	7	1	5	1	4	0	6
Higley	307	9	294	0	45	18	38
TOTAL	**13404**	**1205**	**11094**	**255**	**5414**	**867**	**4534**

* 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

Low birth weight and very low birth weight defined as less than 3lbs; 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 Southeast Maricopa Region has low birth weight rates that range from about 6 percent to 6.5 percent depending on the city or town.

The Centers 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. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. For those women who do smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Preterm Births

Pre-term births defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.[20] In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born.

Overall the rates of premature birth have been rising in the U.S. over the past twenty years, with some studies pointing to advances in neonatal capabilities as well as a higher incidence of caesarian sections that are not medically necessary. The rate of pre-term births in the United States has increased 30 percent in the past two decades.[21] One-half of all pre-term births have no known cause. One factor to con-

20 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perpectives on the subborn
21 Mayo Clinic. Premature births, November, 2006.

sider is that since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be "late pre-term," meaning they were born after thirty-four to thirty-seven weeks of pregnancy as opposed to the typical thirty-eight to forty-two weeks.[22]

In the Southeast Maricopa Region, although the percentage of low birth weight newborns are similar across the region, a greater percentage of mothers in Mesa are 19 years old or younger and have a lower percentage of prenatal care in the 1st trimester. Also, Mesa and Queen Creek have the highest percentage of mothers utilizing public funds (52 percent, 57 percent and 21 percent, respectively).

Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 will become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.[23] About one-third of adolescent mothers have a repeat pregnancy within two years.[24] 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 child.[25] In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. 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.

According to data from 2006, the number of mothers age 19 years or younger, as well as the number of unwed mothers, is highest in Mesa. The overall percentage for teen mothers for the entire region is 9 percent, and the rate for unwed mothers is 34 percent or about 1 out of every 3 births in the region. A high number of births (40 percent) in the region are financed by public funds. Queen Creek was reported to have the highest percentage (57 percent) of births financed by public funds in this region.

Health Insurance Coverage and Utilization

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[26]:

22 Mayo Clinic, Preliminary births, November, 2006

23 Center for Disease Control, fact sheet, 2001.

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

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

26 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.

- 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 can't access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.[27] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[28]

From 2001 to 2005, Arizona has 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 families' employer. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.[29]

Percentage of Children (0-5 years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005
Arizona	14%	14%	13%	14%	15%
U.S.	10%	10%	10%	10%	10%

Source: Kids Count

The chart below shows children enrolled in *AHCCCS* or *KidsCare* , Arizona's publicly funded, low cost health insurance programs for children in low income families. As the chart shows, 66,791children (ages 0-5) were enrolled in *AHCCCS* or *KidsCare* in Maricopa County in 2007.

Children Under Six Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Maricopa County	54,083	63,590	59,097	59,850	3,996	4,963	6,016	6,941	58,079	68,553	65,113	66,791
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

While many children do receive public health coverage, many others likely qualify. In 2002, the Urban Institute's National Survey of America's Families estimated that one-

27 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.

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

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

half of uninsured children in the United States are eligible for publicly funded health insurance programs (like *AHCCCS* or *KidsCare* in Arizona), but are not enrolled.[30] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are likely to not live in families who have access to employer-based coverage.[31]

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.

While no specific evidence exists for the region, such evidence does exist statewide. Thirty-seven percent of 788 *AHCCCS* providers surveyed in 2005 (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. [32] Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cite lack of cultural competency as one contributing factor.[33]

Lack of health coverage and other factors combine to limit children's access to health services. 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.[34]

Access to Medical Care

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in *AHCCCS* in Maricopa County, 78 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 the year in 2007.

Percent of Children (ages 12-months – 5 years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Maricopa County	Arizona
2005	77%	78%
2006	78%	78%
2007	78%	78%

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

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

31 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.

32

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

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

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. As the chart below shows, in 2003, oral health varies among Southeast Maricopa cities and towns. For example, a widespread problem with untreated tooth decay among kindergartners ranges from a low of 20 percent in Gilbert to a high of 37 percent in Queen Creek, and 40 percent in Mesa.

Oral Health–Southeast Maricopa–Children 6-8 Years Old

Southeast Maricopa Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Gilbert	20%	43%	3%	48%
Mesa	40%	62%	12%	43%
Queen Creek	37%	55%	9%	33%
Arizona	40%	62%	9%	28%

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

Enrollment in Head Start also helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. In the Phoenix area, 94 percent of children enrolled in Head Start received a well child visit, and 96 percent received an oral health visit.[35]

Access to oral health care is even more challenging for families with special needs children. 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 Health Provider Survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with the Arizona Dental Association (ADA), and the Arizona Department of Health Services (ADHS) to increase the number of providers who accept young children.

Additional Indicators of interest under this priority

Community water fluoridation is an effective method for preventing tooth decay in both children and adults. The Southeast Maricopa Regional Partnership Council was interested to learn which communities in their region had fluoridation. In 2003, about 55 percent of Arizonans served by public water systems had access to optimally fluoridated drinking water. According to this report, Gilbert and Mesa adjust water fluoridation to optimal levels. No information was available for Queen Creek. The Office of Oral Health has numerous programs (i.e., Healthy Teeth, Healthy Families – an early childhood prevention program) to promote oral health, accessible to communities throughout the state.

35 Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers

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 Southeast Maricopa 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 including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes have also been documented such as low academic achievement, lower grades, test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.[36]

The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy as child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report includes state and county level data for children under age eighteen.

It is important to note that the child abuse report is not an indicator of risk and is not tied to the removal of a child. 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 and services and supports are put in place to keep the child safely at home, or the child is removed. The numbers of reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The chart below provides a history of child abuse reports and fatalities for 2005 and 2006 for Arizona and nationally.

36 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.

Child Abuse and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3M)	Reports	48* (3.6M)
	Fatalities	1.86** (1,460)	Fatalities	2.04** (1,530)

*Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses.
**Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses
Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance

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

Child Abuse Reports, Substantiations, Removals, and Placements for Maricopa 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
Number of reports received	11,877	11,303	10,823	10,576	10,019	9,622	9,573	10,284
Number of reports Substantiated	NA	NA	NA	NA	536	573	641	448
Substantiation rate	NA	NA	NA	NA	5%	6%	7%	4%
Number of new removals	1,847	1,947	1,888	2,080	1,954	2,013	2,013	1,988

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discreet data for "number of reports substantiated" not available in reports 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."

The table below provides a breakdown of reports received by each county in Arizona. Over half (57 percent) of the reports received were in Maricopa County. Of those reports made in Maricopa County, 6,098 were reports of neglect, followed by 3,424 reports of physical abuse, 645 reports of sexual abuse, and 117 reports of emotional abuse. Of the total reports, between 4-7 percent resulted in substantiation.

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%
Statewide	212	10,922	5,836	1,108	18,078	100.0%
%Of Total	1.2%	60.4%	32.3%	6.1%	100.0%	

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

In any given year, more than 3 million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS), involving more than 6 million children. While 60 percent of these referrals were determined to be "unsubstantiated," according to CPS criteria and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, 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 youngest children suffer from the highest rates of neglect and abuse as show below:

- Birth to 1 year 24 incidents for every 1,000 children
- 1-3 years 14 incidents for every 1,000 children
- 4-7 years 14 incidents for every 1,000 children
- 8-11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th 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 Maricopa County there were 4,454 child placements in 2004 and that number increased to almost 5,000 in 2005 (See chart below). The majority of children in out-of-home care across the state of Arizona are White (42 percent), Hispanic (35 percent), and African American (13 percent).

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.[37] The Arizona 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 Placements in Foster Care

	2002	2003	2004	2005	2006
Maricopa County	2004 Maricopa County: 4,454* 2005 Maricopa County: 4,939*				
Arizona	5,049**	6,208**	7,173**	7,546**	7,388**
U.S.	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 0-5 years
Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

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.[38] Furthermore,

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

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.[39] 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 even the lifestyle choices of the parent. Another area of concern includes factors such as injury – unfortunately, in many circumstances, preventable injury.

The table below provides information on the total number of child deaths in the Southeast Maricopa Region for children under the age of fourteen. From 2002 to 2006, the region had the same rates as those reported for Arizona (2 percent).

Child Deaths Among the 0-14 Years Population

	2003	2004	2005	2006
Southeast Maricopa*	2% (91)	2% (100)	2% (97)	2% (98)
Arizona*	2% (872)	2% (870)	2% (938)	2% (920)
U.S.	1% (32,721)	Not available	1% (33,196)	Not available

Leading Causes of Death Among Infants (n = 406) in Maricopa County During 2006

- Natural causes in the first thirty days following the birth (203-50 percent)
- Congenital Malformations (89-22 percent)
- Pre-term and Low birth-weight (64-16 percent)
- Sudden Infant Death Syndrome (21-5 percent)
- Homicide (4-1 percent)
- 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 intervention programs for low income children have found that participation in educational programs prior to

39 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 Healthy, 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. **Data includes Mesa, Gilbert, and Queen Creek. Sources: CDC; Arizona Department of Health Services*

kindergarten is related to improved school performance in the early years.[40] Furthermore, research indicates that when children are involved in early childhood programs over a long period of time with additional intervention in the early school years, better outcomes can emerge.[41] Long-term studies have documented early childhood programs with positive impact in the adolescent and adult years.[42] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[43]

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, self confidence, and 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. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards has not been validated nor have the standards been applied consistently throughout the state.

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). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The 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. 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 indicates that only a small percentage of children entering kindergarten in the region were meeting the benchmark standard but at the end of the year significant progress was made.

40 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, 495-507l; 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.

41 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology, 30*, 1994, 787-804.

42 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

43 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.

Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
AZ Reading First Schools	52	35	13	10	12	78
Southeast Maricopa*						
Mesa Public Schools	53	32	15	2	2	95

*From the DIBELS assessments available, there was one school district reporting within the Southeast Maricopa RPC.

Elementary Education

Children who cannot read well by fourth 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. Only fifty-six percent of Arizona's 4th graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona 4th graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's 4th graders still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the 4th grade. It is one of the earliest comprehensive assessments used with students all over the United States. It can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students and data at the regional level was not available to include at the time of printing this report.

Data is available for the Southeast Maricopa 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 3 through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades 4 and 8 are given a Science assessment.[44] The chart below shows a complex picture of how each school district in the Southeast Maricopa Region performs. For example, in 2007, 21 percent of Mesa Unified School District's students "Fell Far Below" (FFB in the table) the standards in 3rd grade math achievement, 19 percent "Fell Far Below" the standards in reading and 16 percent in writing.

44 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Southeast Maricopa AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing 2007

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Gilbert Unified	14%	25%	53%	8%	12%	38%	50%	1%	12%	18%	67%	3%
Mesa Unified	21%	34%	42%	3%	19%	46%	34%	1%	16%	30%	52%	2%
Queen Creek Unified	0	24%	65%	12%	0	24%	76%	0	0	0	83%	17%

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary
NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam.
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.[45] The chart on schools in the Southeast Maricopa Region show that the graduation rates in 2006 ranged from 80 percent to 89 percent. Graduation rates are likely to vary according to race, gender, and number of schools included in the rates. Compared with the state and national data, the schools in the Southeast Region tend to have higher graduation rates. However, this rate does not include the many alternative and charter high schools in the poorer areas of the region, where graduation rates are much lower and students take more than four years to graduate.

High school graduation rates 2006

Southeast Maricopa HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Gilbert Unified (N=6)	2244	2525	89%
Mesa Unified (N=12)	3632	4514	80%
Queen Creek Unified (N=1)	187	230	81%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2004

SE Maricopa HS Districts	Total # Graduates	Total # in Cohort	4-year Graduation Rate
Gilbert Unified (N=3)	1643	1673	98%
Mesa Unified (N=8)	2461	3016	82%
Queen Creek Unified (N=1)	124	154	81%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

* Arizona Department of Education
** National Center for Education Statistics

45 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003, Pacific Grove, CA: Wadsworth.*

Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

There are numerous accredited and non-accredited child care organizations in the region. Only 7 percent of the center-based programs in the region are accredited. The thirty accredited programs include five Montessori schools, two NAC accredited preschool programs, one NECPA accredited program, and 22 NAEYC programs (two of which are Head Start). In addition, the region has a network of kindergarten classes and educational services for children with special needs across four school districts.

With 74,802 children ages 0-5 estimated for the Southeast Maricopa Region and a growth in that population of 34 percent between 2000 and 2006, a 3 percent to 8 percent poverty rate for households, a large number of working families, and only 28,183 children (38 percent) in all types of care, it appears there are not enough early care and education programs of any type for working parents and those who want or need a development program for their children. Further, the majority of care for working families still takes place in informal or unregulated settings.

Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing because a majority of children ages 0-6 years of age participate in regular, non-parental child care. In one study, 61 percent of young children participated in some form of child care. Further, 34 percent participated in some type of center-based program.[46] Second, child care is a growing industry. Increasing maternal employment rates and policies from the welfare reform have increased demand. Third, research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.[47] Quality care is often associated with licensed care. While this is not always true, one study found that the single best indicator of quality care was the provider's regulatory status.[48]

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality.

- Until this Rating System is available statewide, this report presents for the Southeast Regional Partnership Council, an initial snapshot of quality in the region through the nationally accredited organizations approved by the Arizona State Board of Education.

46 Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being, 2002.* Washington DC.

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

48 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.

- 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)
- National Early Childhood Program Accreditation (NECPA)

Accredited Early Child Care Centers

The tables below present the number of accredited early care and education centers, and the number of children served in these accredited centers, along with a snapshot of staff to student ratios in the centers.

The Southeast Maricopa Region has 30 accredited early childhood programs. There are 5 AMI recognized Montessori Schools, two by NAC, one preschool program accredited by NECPA, and 22 NAEYC programs.

Southeast Maricopa
Number of Accredited Early Care and Education Centers

	AMI/ AMS	ASCI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
Number of Accredited Centers	5	-	2	20 (+ 2 Head Start)	1	-	19*

*18 Head Start programs were found in the licensing list, and one in the local data.
Sources: NAEYC, AMI, AMS, ASCI , NAC, NECPA, NAFCC, lists of accredited providers.
AMI Recognition Schools List
AMS Accredited Montessori Schools List *http://www.amshq.org/schoolExtras/accredited.htm*
ADHS Licensed Child Care List *http://.azdhs.gov/als/child care/*
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*
NAEYC *http://www.naeyc.org/academy/search/Search_Result.asp*

The National Association for the Education of Young Children (NAEYC) offers accreditation to centers throughout the U.S., including centers in Arizona. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart below.[49]

49 NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

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

Source: NAEYC Accreditation Criteria

The Southwest Institute conducted a telephone survey in June 2008 of the 30 accredited early childhood centers in the Southeast Maricopa Region. Of these centers, 28 surveys were completed or 93 percent of all accredited centers. Information was collected about enrollment and staff to child ratios. According to the NAEYC standards, the staff to child ratios among accredited providers in the Southeast Maricopa Region is greater than is recommended for the infant group. For the toddler and preschool groups, the local ratios are within the recommended range suggested by NAEYC, as shown in the following table.

Southwest Institute Survey of Accredited Centers in Southeast Maricopa

Regional Data for 2008	Accredited Centers
Number of Programs surveyed	28
Number of Children Enrolled (Avg. per program)	50
Infant-Toddler Staff to Child Ratio (Avg.)	1:5.6
Two –Three Year Olds	1:6.8
Three –Four Year Olds	1:9.8

Sources: Southwest Institute telephone survey with 1415 total children enrolled in 28 accredited centers, 2008.

Additional Indicators Included Under This Priority

Quality of early care and education services was identified as an important area for the Southeast Maricopa Regional Partnership Council. As there is no quality improvement rating system currently in use, Southwest Institute reviewed the number of citations issued to centers in the region. Out of 314 centers in Southeast Maricopa, 310 received citations in 2008 (99 percent). Two, or 13 percent of centers with citations, whichever was greater, were randomly selected from each zip code for a detailed report of citations. Fifteen citations for each center in the sample were analyzed. Citations were randomly selected when a center had more than fifteen citations.

Citation Summary for Cited Child Care Centers in Southeast Maricopa (2008)

Type of Sampled Centers	N	Total # of Citations	Sampled # of Citations	Range	Mean	Median
Child Care Center	26	381	232	2-121	14.65	8
Group Home	9	68	60	3-23	7.56	5
Child Care Center within Public School	6	54	54	4-15	9	10

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: 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 cost of the care. Data related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the Southeast Maricopa 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

There are numerous types of early care and education centers in the Southeast Maricopa Region. These numbers indicate that working parents have choices among types of care providers. However, these data do not indicate whether parents in Southeast Maricopa Region have *quality* choices for care for their children.

The following chart references data from the Department of Economic Security's (DES) 2006 Child Care Market survey. This survey provides information on a range of child care settings statewide. For this report, data were analyzed by zip code to identify which early care and education providers were accessible in each *First Things First* Region. Only providers in the geographical boundaries of the Southeast Maricopa Region are included. These data do not include all providers that are accessible to families in the Southeast Maricopa Region.

Southeast Maricopa region's fee-paying child care facilities included, in 2006, 213 licensed centers, 29 small group homes, 172 approved family child care homes, and 86 otherwise unregulated family child care providers listed with the resource and referral agency.

Southeast Maricopa County
Number of early care and education programs by type*

Licensed centers	Small group homes	Approved family child care homes	Providers registered with the Child Care Resource and referral
213	29	172	86

Source: Department of Economic Security 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 nave 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 4 child maximum.

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either

certified or regulated by the Arizona Department of Economic Security (DES) to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CACFP).

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, as well as basic first aid and CPR. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided only with national accreditation (see discussion in the section on Quality) and will be included in First Things First's forthcoming Quality Improvement and Rating System.

The Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying child care settings. These include licensed centers that provide fee-paying child care, Head Start programs and 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). Also, there are unregulated providers who register to be listed with the resource and referral agency as available child care. This source is particularly useful for understanding approved and unregulated family child care and child care for working parents. It does not, however, provide information about Head Start and district programs that do not charge fees.

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.

Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type in the Southeast Maricopa Region. These numbers do not account for children cared for in unregulated care, by kin, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

Southeast Maricopa County 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	26,569	316	919	379	28,183
Average daily reported number served	15,065	29	797	114	16,215

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 above reported numbers represent the *capacity* for care in the Southeast Maricopa Region. In June of 2008, Southwest Institute conducted a survey of all accredited centers and randomly sampled 15 percent of all other centers to determine percent of enrollment capacity. The percent of enrollment as of April 1, 2008 was:

- **100 percent** – Head Start,
- **74 percent** – Private and
- **96 percent** – ECBG.

With 74,802 children ages 0-5 estimated for the Southeast Maricopa Region and a growth in that population of 34 percent between 2000 and 2006, a 3 percent to 8 percent poverty rate for households, a large number of working families, and only 28,183 children (38 percent) in all types of care and education programs, it appears there are not enough early care and education programs of any type for working parents and those who wish or need a development program for their children. Further, the majority of care for working families still takes place in informal or unregulated settings.

Costs of Care

The tables below present the average cost for families, by type, of early care and education. The data was 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 should be lower for very young children and the care of very young children demands care provider skill sets that are unique. Clearly these costs present challenges for families, especially those at the lowest income levels. These costs begin to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality.

In the Southeast Maricopa Region, child care rates are most expensive for licensed centers when compared with other settings. Costs for infants show the greatest difference by type, at over $7.00 to $9.00 more per day for a licensed center compared with group or certified homes.

Costs of Early Care and Education Programs in Southeast Maricopa

	Average for Infant 2004	Average for Infant 2006	Average for Toddler 2004	Average for Toddler 2006	Average for Preschooler 2004	Average for Preschooler 2006
Group Homes	26.28	28.28	25.03	26.80	20.98	26.80
Licensed Centers	33.01	35.62	31.00	34.51	26.61	26.80
In-home Care	18.00	18.00	18.00	18.00	18.00	20.53
DES Certified Homes	23.69	25.19	22.85	24.00	23.69	23.10

Source: Market rate survey

In general, Arizona's yearly costs for full-time child care in licensed and certified settings is less than the national average for all age groups, although for preschool-aged children Arizona is almost at the national average rate in both care settings.

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. 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 that 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 Southeast Maricopa Region. This section focuses on developmental screening.

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 recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.[50] For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive,

50 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; 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.

social, and motor skills, as well as in their future educational placement.[51]

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.[52]

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent).[53] Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county health departments.

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) govern how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AZEIP). Eligible children have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. 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 for the effectiveness of the child find process. This is the first task in knowing whether or not a community's child find process, including screening, is working well.

Second, 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 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 AZEIP Screenings for children 0-12 months and for children 13-36 months for Maricopa County.

51 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.

52 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.

53 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.

Children 0-5 Years Receiving Developmental Screenings in the Maricopa County

Service Received According to Age Group*	2005	2006
AZEIP Screening 0-12 months	276 (0.46%)	311 (0.49%)
AZEIP Screening 13-36 months	2,501 (1.39%)	2,810 (1.49%)

*The AZEIP data is only available at the county level.
Source: Arizona Early Intervention Program, Arizona Department of Health Services

The next chart presents the number of preschool counts by type of disability. Mesa and Gilbert have the highest number of counts.

Preschool Count by Disability

School District	HI	PMD	PSD	PSL	VI	Total
Gilbert Unified School District	*	142	74	249	*	471
Mesa Public Schools	14	203	207	261	*	686
Queen Creek Unified School District		26	16	22		64

KEY: HI = Hearing Impaired **PMD** = Preschool Moderate Delay **PSD** = Preschool Severely Delay
PSL = Preschool Speech & Language Delay **VI** = Visually Impaired

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in some area of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. 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 system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Insurance Coverage

The following chart compares the percent of children who are not receiving medical care for those insured all year versus those uninsured all or part of the year. As the chart shows, over 38 percent of Arizona 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 the year.

Percent of Children (0-17) 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
Arizona	14.8	171,303	38.1	134,259
US	12.3	7,635,605	25.6	2,787,711

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

While the 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. 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 prevent early childhood diseases and protect children from life threatening diseases and 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 was unavailable for this report, data from 2003 suggest that Gilbert lags significantly behind the state and nation in percent of immunized two year olds. In 2003, only 30.7 percent of Gilbert two year olds were immunized according to the 4:3:1:3 immunization schedules. Mesa has the next lowest rate of 42.7 percent.

Percent of Immunized Two-Year-Olds

Southeast Maricopa	2003	2007	2008
Mesa	42.7	NA	NA
Gilbert	30.7	NA	NA
Queen Creek	72.1	NA	NA
Maricopa County	55.6	NA	NA
Arizona	79.8	78	81
US	80.3	82	82

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.

Many research studies have examined the relationship between parent-child

interactions, family support, and parenting skills.[54] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[55] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[56] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.[57] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.[58]

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. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration among parents, service providers, educators and policy makers to promote the health and well-being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging". Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want 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.

In the Mesa area, the Mesa United Way has developed an excellent array of education materials for families. School and library programs offer a wealth of resources for parent knowledge and education materials including classes, websites, handouts,

54 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; 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; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology, 51*, 1-27.

55 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.

56 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.

57 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; 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.

58 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; 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.

and brochures. Raising Special Kids, SAARC, United Cerebral Palsy of Central AZ, Inc., and Southwest Human Development all provide information and resources for families with children with special needs. Southwest Institute for Families and Children with Special Needs has developed SWIft® resources – a web-based listing of over 2795 resources for families in Maricopa County.

Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care[59]. Parents seem fairly perceptive of their need for more information. In 2007, the Valley of the Sun United Way conducted a survey with parents (N = 250) across Maricopa County. Results indicated that many of the parents surveyed (40 percent) felt knowledgeable about early childhood issues. Still, almost half of parents surveyed (40 percent) indicated they could use "a lot more" education about early childhood issues, with only 20 percent responding that they only wanted a little more information.

Family Literacy and Daily Reading to Children

Mesa Unified School District has family literacy programs. Mesa's *The Family Tree Project* is a family literacy program serving six elementary schools in low-income areas of the community. Parents and their preschoolers attend school together, participating in early childhood, adult education and parent education classes each day. This program has a national reputation for excellence with one of their teachers receiving the National Center for Family Literacy Toyota Teaching Award. Literacy Volunteers of Maricopa County provides one-to-one tutoring, preparation for the GED exam at the LEARN Center, computer literacy training at the Community Technology Center, Family Literacy (including basic education and parenting for parents of preschool and kindergarten children, and workplace education.) Libraries and school districts also offer programs to assist families with literacy. Reach Out and Read encourages family literacy during a child's visit to the physician/clinic. Children are given a book during each well-child check. Channel 8 PBS programming offers many opportunities for children and families to learn together using the Internet, television programming, and direct training. In the parent training component – Ready to Learn – – families meet with a trainer and are given books and techniques for reading to their children as well as strategies for watching television together.

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. This training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

59 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.

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[60] Furthermore, formal training is related to increased quality care; however, experience without formal training has not been found to be related to quality care.[61]

A pressing concern of the Southeast Maricopa Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region.

Child Care Professionals' Educational Background

Degree Type	Southeast Maricopa 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	65%	86%	61%	82%	20%	12%
CDA	10%	7%	9%	7%	N/A	N/A
Associates	11%	5%	15%	8%	47%	45%
Bachelors	15%	6%	19%	7%	33%	43%
Masters	7%	1%	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

Southwest Institute conducted surveys with 70 Early Childhood Education centers in the region during June 2008 and collected additional information regarding credentialing of professionals. Of the 532 teachers in the survey, 25 percent reported having an Associate's or Bachelor's Degree, but only 6 percent had a CDA. Of the 137 assistant teachers who participated, about 14 percent had either an Associate's or Bachelor's Degree, and only 2 percent had a CDA.

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or through the Maricopa Community College Programs. In the Phoenix area, Phoenix College provides a variety of education and certification programs designed to meet the needs of individuals interested in pursuing careers in early childhood education, or who are currently employed at preschools, child care centers, extended day programs, or other programs or agencies that focus on early childhood education and development. These varied pathways enable Phoenix College to address the needs of those students who wish to continue

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

61 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.

their education at the university level as well as those students who need the credentials of a two-year degree.

Aside from other online educational programs, Mesa Community College, Arizona State University – West, Northern Arizona University, and University of Arizona programs are available. Tracking of personnel training and qualifications is provided by the SUCCEEDS Program from the Association for Supportive Child Care.

Available Education and Certification Programs for Child Care Professionals

School	Degree/Certificates
Mesa Community College	• Certificate of Completion – Early Care Specialist
Rio Salado College	• Associate in Applied Science (AAS) for Early Childhood Education
Arizona State University – Polytechnic Campus	• B.A.E Early Childhood Education (Pre K-3)
Arizona State University – Tempe Campus	• B.A.E Early Childhood Education
Arizona State University – West	• B.A.E., Early Childhood Teaching and Leadership
Grand Canyon University	• Bachelor of Science in Elementary Education with an Emphasis in Early Childhood Education
Central Arizona College	• Early Childhood Education-Family Child Care (A.A.S.)
Phoenix College	• Associate in Applied Science (Career Program Specified)-Early Childhood Education and Administration • Child and Family Studies degree • Certificates in: early childhood and administration, early childhood classroom management, family development, family support, adolescent studies, and curriculum for young children
Northern Arizona University	• B.S. Ed. in the Early Childhood
Arizona Western College	• Early Childhood Education (Occupational Certificate)

Source: Phone Survey of IHEs conducted by SWI, 2008.

Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children.[62] More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.[63]

As the chart below shows, average length of employment has remained low with teachers employed more than 5 years at 28 percent and assistant teachers employed more than 5 years at 6 percent.

62 Raikes, H. Relationsip duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly, 8,* 309-325.

63 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; Whitebook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000.* Washington DC: Center for Child Care Workforce.

Average Length of Employment for Child Care Professionals in Southeast Maricopa (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"
Teachers	4%	2%	20%	22%	15%	5%	28%	4%	1%
Assistant Teachers	14%	9%	25%	11%	9%	6%	6%	21%	0%
Teacher Directors	5%	1%	7%	11%	7%	6%	18%	45%	0%
Administrative Directors	2%	1%	7%	11%	7%	5%	38%	29%	1%

Source: Compensation and Credentials Survey

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care.[64] Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.[65] Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[66]

As the chart below shows, small wage increases were implemented from 2004 to 2007 in the Southeast Maricopa Region. The wages for assistant teachers, increased 92 cents, and for lead teachers, 52 cents per hour.

Average Wages for Child Care Professionals in Southeast Maricopa

	2004	2007
Teacher	$11.02	$11.52
Assistant Teacher	$7.65	$8.57
Teacher/ Director	$13.01	$14.50
Admin/ Director	$17.00	N/A

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

In Southeast Maricopa, in 2008, the sample of centers surveyed reported a higher than average wage for teachers but the wage for teacher assistants was still below the national average for 2006.

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,

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

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

66 Ibid.

the Arizona Community Foundation, and the Arizona Early Education Funds, has elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. 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 minority children are even less likely to receive appropriate information.[67]

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such 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.

In the Southeast Maricopa Region, many organizations currently play a role in providing information on child development and family resources and supports to families. A listing of resources is included in the appendix. Across each community in Arizona the following resources provide important early childhood services:

School Districts – which disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, Parent Teacher Organization monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and Web site updates.

Public Libraries – many libraries offer parent workshops to families on how to raise young readers. Many of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.

Community Organizations – A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development.

Head Start – The Southeast Maricopa Region has 19 Head Start Programs to inform low income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children's health, and available community social services.

Additionally, a number of organizations, hospitals, and businesses collaborate to educate parents on child development by providing resources such as:

67 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.

The Virginia G. Piper Charitable Trust collaborates with the medical community to provide information to parents of newborns through area hospitals. The kits provided include the Arizona Parents Guide, which contains useful tips about child development, health and safety, quality child care, and school readiness. The kit also includes five high quality videos describing the importance of the early years of child development, parenting skills such as positive discipline, quality early care and education settings, and keeping a child well and healthy. A first book for baby is also included in the kit.

The Arizona Literacy and Learning Center provides Readiness kits for parents with young children that includes eighteen categories of objects that are appropriate for interactive play with infants and toddlers. *The Play to Learn* activity book included in the kit provides activities that nurture learning through multiple intelligences across four major learning domains. A special emphasis is put on language development and pre-math and pre-reading skills as well as the development of self-confidence, self-image, and imagination.

The Valley of the Sun United Way provides School Readiness Kits to parents and caregivers in Maricopa County. This comprehensive tool (offered in both English and Spanish) is divided into three sections including Early Learning & Development, Nurturing a Positive Attitude and The First Day of School. The kit fosters proper learning and social skill progress for children ages 0 – 5.

Back-to-School Information – Numerous organizations distribute information to families with young children as they prepare to enter or return to elementary school each year in July or August.

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.[68]

System Coordination

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.

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison

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

group that did not receive service coordination.[69] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

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.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers could be better connected to schools in the region. Services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Public programs that help low income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families of child development and family resources and services. Connections between early education and health providers could be forged.

In the 2007 Key Informant Survey conducted for the Valley of the Sun United Way, 80 of 100 service providers indicated a "high" degree of collaboration and coordination with other service providers to maximize resources and avoid duplication. Service coordination was rated as a high priority because schools and child care centers have limited resources.

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.

A review of comments regarding system coordination from the Regional Partnership/Community forums (regional program providers, parents, and community representatives) held in 2007 cited the local barriers to accessing early childhood development and health services in the Southeast Maricopa Region to include:

- lack of outreach efforts including creating an awareness of current services available
- language, cultural, and socio-economic (financial) barriers
- lack of health insurance for families
- immigration issues
- increased funding for current services
- transportation

69 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; Miller, C., Knox, V., Gennetian, L. A., Dodoo, 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.

Conclusion

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

Altogether, the Southeast Maricopa Region presents an area rich with opportunity and an ever-growing population that challenges the boundaries of social service capacity for children and families. Due to its close proximity to Phoenix, it is an area with an established early childhood education infrastructure, but transportation and traveling distances to access care for children are often barriers. Providers have recognized the need to better coordinate local resources to provide parents and families with a cohesive, collaborative, and comprehensive service array that will better meet both parents' and their children's needs. The region, though expansive, has little more than 30 accredited child care settings for a population of 74,802 children ages 0-5 years. While child care professionals, aside from assistants, report basically average child care salaries compared to the rest of the state, no child care providers surveyed for this assessment reported that they have an educational enrichment benefit available for their employees. The consequence of this is that the region demonstrates less than optimal professional credentialing outcomes for child care professionals in the region.

Although the majority of Head Start children county-wide receive regular medical and oral health care assessments, assessment and screening could be increased to identify special needs, hearing, vision, and developmental challenges among children arriving at kindergarten. High school students in the region, who are part of a four year graduation cohort, have had high levels of success in terms of graduation rates.

The region-level economic indicators are healthy, with high median level household incomes and low unemployment as compared to statewide estimates. However, upon closer examination, there are significant numbers of the population, particularly in Mesa and Queen Creek that show high rates of teen pregnancy, publicly supported pregnancy health costs, lower utilization or access to prenatal care, and incomes that are at or near the federal poverty limits.

Identification of greatest regional assets

The area boasts a wealth of elementary education resources that can provide children who are ready to learn with the opportunities needed to advance through high school and into post-secondary education environments. The Valley of the Sun United Way, Mesa United Way, the Child Crisis Center of East Valley, the Family Resource Center and other metropolitan Phoenix resources also present the Southeast Maricopa Region with additional choices to enrich early childhood education experiences and offer alternatives for care and support services. The region's unique partnership with local television media outlets also provides a critical vehicle for information sharing and knowledge-building that can help create conditions for a real learning community with parents, business, faith-based groups, educators, health care, and social service providers in regard to the health and development needs of young children.

Identification of greatest regional needs

As is so often the case, great strengths can also be the flip side of subtle challenges. The region's close proximity to Phoenix makes it an attractive place for the settling of new residents coming into the state who want to be close to a large metropolitan economy, yet live in more affordable and smaller communities outside of the city proper. Yet the infrastructure of these smaller communities may lag behind their dense population growth, leaving residents either dependent on traveling long distances to access services or simply unable to access the resources they need. The larger scope of Maricopa County itself also tends to make the smaller communities within the region somewhat invisible from a data point of view. Health, education, and child welfare statistics are often exaggerated (positively and negatively) by the large population dynamics of the county where these smaller communities reside. This is evident when looking at the median annual income of the region itself and finding the median is above the state average, yet some communities within the region show only about two-thirds the regional income amount. Finally, the lack of adequate child care options in the region cannot go unnoticed. With the estimate that the current system is at 90 percent of capacity, many more children are still in need of accessible, high-quality child care options.

Appendices

Chart of Regional Assets – Southeast Maricopa

This chart lists some of the regional assets.

Agencies/Coalitions				
Bridge to Independent Living (ABIL)	2150 S. Country Club Dr., Suite #10	Mesa	AZ	85210
Child Crisis Center – East Valley, Inc.	604 W. 9th St.	Mesa	AZ	85201
Community Action Network Inc. (MesaCAN) – Mesa	635 E. Broadway	Mesa	AZ	85204
Family Resource Center – Queen Creek S.D.	20435 S. Ellsworth Rd.	Queen Creek	AZ	85242
Gabriel's Angels Pet Therapy Program	220 S Mulberry St.	Mesa	AZ	85202
Jewish Family and Children Services	1930 S. Alma School #A104	Mesa	AZ	85210
Marc Center	924 N. Country Club Dr.	Mesa	AZ	85201
Mesa Partnership for Children w/Special Healthcare Needs	137 E. University Dr.	Mesa	AZ	85201
Mesa United Way	137 E. University Dr.	Mesa	AZ	85201
Metro Care Services, Inc	459 N. Gilbert Rd. #195A	Gilbert	AZ	85233
New Leaf – Mesa	1655 E. University, Suite 100	Mesa	AZ	85203
PreHAB of AZ – Mesa/ A New Leaf	1655 E. University, Suite 100	Mesa	AZ	85203
Red Mountain Respite, LLC – Mesa	3760 S. Opal	Mesa	AZ	85212
Red Mountain Respite, LLC – Mesa	1223 S. Clearwater Ave.	Mesa	AZ	85209
Red Mountain Respite, LLC – Mesa	7335 Linder Circle	Mesa	AZ	85208
Red Mountain Respite, LLC – Mesa	1024 N. Arvada St.	Mesa	AZ	85205
Red Mountain Respite, LLC – Mesa	8149 Posada Ave.	Mesa	AZ	85212
Red Mountain Respite, LLC – Mesa	8149 Posada Ave.	Mesa	AZ	85212
Red Mountain Respite, LLC – Mesa	6661 E. Hermosa Vista	Mesa	AZ	85215
Save the Family	450 W 4th Place	Mesa	AZ	85201
Sharing Down Syndrome AZ	745 N. Gilbert Rd., Suite 124	Gilbert	AZ	85234
Southwest Behavioral Health Services – Mesa	1255 W. Baseline	Mesa	AZ	85202
Colleges				
Chandler-Gilbert Community College – Williams Campus	7360 E Tahoe Ave.	Mesa	AZ	85212
Mesa Community College – Red Mountain Campus	7110 E. McKellips Rd.	Mesa	AZ	85207
Mesa Community College – Southern and Dobson	1833 W. Southern	Mesa	AZ	85202
Rio Salado College Online – Rio East Valley	1455 S. Stapley Dr., Suite 15	Mesa	AZ	85204
Scottsdale Community College	9000 E Chaparral Rd.	Scottsdale	AZ	85256
Hospitals/Clinics				
ABC Dentistry For Children	20261 E. Ocotillo Rd.	Queen Creek	AZ	85242
ABC Dentistry For Children	2363 E. Baseline Rd.	Gilbert	AZ	85234
Arizona Hearing & Balance Center	1425 W. Elliot Rd., Suite 204	Gilbert	AZ	85233
Arizona Hearing & Balance Center	1425 W. Elliot Rd., Suite 204	Gilbert	AZ	85233
Arizona Pediatric Dental Care	3011 S. Lindsay # 108	Gilbert	AZ	85296
Arizona Pediatric Dental Care	3011 S. Lindsay # 108	Gilbert	AZ	85296

Arizona School of Dentistry and Oral Health Care	5855 E. Still Circle, Suite 101	Mesa	AZ	85206
Arizona School of Dentistry and Oral Health Care	5855 E. Still Circle, Suite 101	Mesa	AZ	85206
Banner Baywood Hospital	6644 E. Baywood Dr.	Mesa	AZ	85206
Banner Baywood Hospital	6644 E. Baywood Dr.	Mesa	AZ	85206
Banner Children's Hospital	1400 S. Dobson Rd.	Mesa	AZ	85202
Banner Children's Hospital	1400 S. Dobson Rd.	Mesa	AZ	85202
Banner Desert Medical Center	1400 S. Dobson Rd.	Mesa	AZ	85202
Banner Gateway Medical Center	1900 N. Higley Rd.	Gilbert	AZ	85234
Care Partnership	466 S. Bellview	Mesa	AZ	85204
Children's Oasis Pediatrics	1425 W. Elliot Rd., Suite 204	Gilbert	AZ	85233
Community Bridges, Inc	560 S. Bellview	Mesa	AZ	85204
Cornerstone Pediatric Urgent Care	1430 W. Cooper Rd.	Gilbert	AZ	85233
Coronado Dental Clinic	218 W. Hampton Ave.	Mesa	AZ	85210
East Valley Pediatric Dentistry	428 S. Gilbert Rd., Suite 103	Gilbert	AZ	85296
Fremont Junior High – School Based Clinic	1001 N. Power Rd.	Mesa	AZ	85205
Gilbert Elementary – School Based Clinic	175 W. Elliot Rd.	Gilbert	AZ	85233
Gilbert Family & Cosmetic Dentistry	3611 E. Baseline #104	Gilbert	AZ	85234
Katherine Kreig MD FAAP	1425 W. Elliot Rd., Suite 204	Gilbert	AZ	85233
Kendra Hall MD	3921 E. Baseline Rd.	Gilbert	AZ	85234
Kimberly L. Sherill DDS	2550 E. Guadalupe Rd. Suite 101	Gilbert	AZ	85234
Mercy Gilbert Medical Center	3555 S. Val Vista Dr.	Gilbert	AZ	85297
Mesa Family Health Center Dental Clinic (MIHS)	59 S. Hibbert	Mesa	AZ	85210
Mesa General Hospital	515 N. Mesa Dr.	Mesa	AZ	85201
Mesa Senior Services Denture Program	247 N. Macdonald	Mesa	AZ	85201
Palo Verde Pediatrics PLLC	120 S. Val Vista Dr.	Gilbert	AZ	85296
Pediatric Dental Specialist	2550 E. Guadalupe Rd.	Gilbert	AZ	85234
Powell Junior High – School Based Clinic	855 W. 8th Ave.	Mesa	AZ	85210
Roberta Morehouse, PNP	1425 W. Elliot Rd., Suite 204	Gilbert	AZ	85233
Sharon Novy MD FAAP	1425 W. Elliot Rd., Suite 204	Gilbert	AZ	85233
Timber Falls Pediatric Dentistry	1534 E. Ray Rd. # 121	Gilbert	AZ	85296
Wendy Lorenzen MD	3921 E. Baseline Rd.	Gilbert	AZ	85234
Schools				
Arizona Connections Academy – Charter K-11	1017 S. Gilbert Rd., Suite 210	Mesa	AZ	85204
Ashland Ranch Elementary – Gilbert Public Schools	1945 S. Ashland Ranch	Gilbert	AZ	85296
Benjamin Franklin Charter School – Gilbert K-6	320 E. Warner Rd.	Gilbert	AZ	85296
Benjamin Franklin Charter School – Mesa K-6	2345 N. Horne	Mesa	AZ	85203
Benjamin Franklin Charter School – Power K-8	22951 S. Power Rd.	Gilbert	AZ	85297
Benjamin Franklin Charter School – Queen Creek – K-8	21151 Crimson Rd.	Queen Creek	AZ	85242
Burk Elementary – Gilbert Public Schools	545 N. Burk	Gilbert	AZ	85234
Burke Basic School – Charter K-8, UE	131 E. Southern Ave.	Mesa	AZ	85210

Cambridge Academy East – Charter K-6, UE	9412 E. Brown Rd.	Mesa	AZ	85207
Carol Rae Ranch Elementary – Gilbert Public Schools	3777 E. Houston	Gilbert	AZ	85296
Challenger Basic School – Charter K-6 UE	1315 N. Greenfield Rd.	Gilbert	AZ	85234
Chaparral Elementary – Highley S.D.	3880 E. Frye Rd.	Gilbert	AZ	85297
Coronado Elementary – Higley Unified School District	4333 S. De Anza Blvd.	Gilbert	AZ	85297
Cortina Elementary – Higley Unified School District	19680 S.188th St.	Queen Creek	AZ	85242
Desert Mountain Elementary School	22302 S. Hawes Rd.	Queen Creek	AZ	85242
Destiny Community School – Charter K-8	875 S. Cooper Rd.	Gilbert	AZ	85233
Eagles Aerie School – Charter K-12	17019 S. Greenfield Rd.	Gilbert	AZ	85297
East Valley Academy – Charter K-6 UE	1858 E. Brown Rd.	Mesa	AZ	85203
Finley Farms Elementary – Gilbert Public Schools	375 S. Columbus	Gilbert	AZ	85296
Frances-Brandon Pickett Elementary – Queen Creek S.D.	22074 E. Village Loop	Queen Creek	AZ	85242
Franklin Arts Academies – Gilbert Campus – Charter K-6	862 E. Elliot Rd.	Gilbert	AZ	85234
Franklin Arts Academies – Gold Campus – Charter K-8	2929 E McKellips Rd.	Mesa	AZ	85213
Franklin Arts Academies – Liberty Campus – Charter K-6	3015 S. Power Rd.	Mesa	AZ	85212
Franklin Arts Academy	862 E. Elliot Rd.	Gilbert	AZ	85234
Frances-Brandon Pickett Elementary – Queen Creek S.D.	22074 E. Village Loop	Queen Creek	AZ	85242
Gem Charter School – K-6	1704 N. Center St.	Mesa	AZ	85201
Gilbert B & G Head Start – Maricopa County Head Start	44 N. Oak St.	Gilbert	AZ	85233
Gilbert Elementary – Gilbert Public Schools	175 W. Elliot	Gilbert	AZ	85233
Gilbert Public Schools	140 S. Gilbert Rd.	Gilbert	AZ	85234
Greenfield Elementary – Gilbert Public Schools	2550 E. Elliot	Gilbert	AZ	85296
Gymboree – East Valley – Mesa and Gilbert	1959 S. Val Vista Dr. Suite 101	Mesa	AZ	85204
Highland Park Elementary – Gilbert Public Schools	230 N. Cole Dr.	Gilbert	AZ	85234
Higley Unified School District	2935 S. Recker Rd.	Gilbert	AZ	85297
Houston Elementary – Gilbert Public Schools	500 E. Houston	Gilbert	AZ	85234
Imagine Charter Elementary School	14919 S. Gilbert Rd.	Gilbert	AZ	85297
Imagine Charter School at East Mesa – K-6	9701 E. Southern Ave.	Mesa	AZ	85208
Imagine Charter School at West Gilbert – K-5	19419 S.Gilbert Rd.	Gilbert	AZ	85296
Islands Elementary – Gilbert Public Schools	245 S. McQueen	Gilbert	AZ	85233
Jack Barnes Elementary – Queen Creek S.D.	20750 S. 214th St.	Queen Creek	AZ	85242
Leading Edge Academy – Charter K-10 UE	459 N. Gilbert Road, D-165	Gilbert	AZ	85234
Leading Edge Academy – Queen Creek – Charter K-8	4815 W. Hunt Highway	Queen Creek	AZ	85242

Leading Edge Academy at East Mesa – Charter K-6	1010 S. Ellsworth Rd.	Mesa	AZ	85208
Learning Crossroads Basic Academy – Charter K-12	1460 S. Horne	Mesa	AZ	85204
Learning Foundation and Performing Arts Alta Mesa – Charter K-12	5761 E. Brown Rd.	Mesa	AZ	85205
Learning Foundation and Performing Arts Gilbert – Charter K-12	1120 S. Gilbert Rd.	Gilbert	AZ	85296
Learning Foundation and Performing Arts School – Charter K-12	851 N. Stapley Dr., Bldg. 6	Mesa	AZ	85203
Legacy Elementary School – Charter K-10, UE	7464 E. Main St.	Mesa	AZ	85207
Maricopa County Head Start Centers – Gilbert	44 N. Oak	Gilbert	AZ	85234
Maricopa County Head Start Centers – Mesa	various sites	Mesa	AZ	85202
Maricopa County Home based at ASU East	6110 W. Sagewood	Mesa	AZ	85212
Maricopa County Home based at Jefferson	120 S. Jefferson, Room 1	Mesa	AZ	85208
Maricopa County Home based at Stevenson	638 S. 96th St., Room 30	Mesa	AZ	85208
Maricopa County Home based at Washington Activity Center	44 E. 5th St.	Mesa	AZ	85201
Mesa Arts Academy – Charter K-8, UE	221 W. 6th Ave.	Mesa	AZ	85210
Mesquite Elementary – Gilbert Public Schools	1000 E. Mesquite Rd.	Gilbert	AZ	85296
Montessori Education Centre Charter School – Mesa K-9	2834 E. Southern Ave.	Mesa	AZ	85204
Montessori Education Centre Charter School – North Campus K-8	815 N. Gilbert Rd.	Mesa	AZ	85203
Montessori House Charter School – K-6	2415 N. Terrace Circle	Mesa	AZ	85203
Neely Traditional Academy – Chandler P.S.	321 W. Juniper	Gilbert	AZ	85233
New Horizon School for the Performing Arts – Charter K-6	446 E. Broadway	Mesa	AZ	85204
New World Education Center – Mesa – Charter K-12	4710 E. Baseline Rd.	Mesa	AZ	85206
Noah Webster Basic School – Charter K-6	7301 E. Baseline Rd.	Mesa	AZ	85209
Oak Tree Elementary – Gilbert Public Schools	505 W. Houston Ave.	Gilbert	AZ	85296
Pathfinder Academy – Charter K-12 UE US	2542 N. 76th Place	Mesa	AZ	85207
Patriot Academy – Charter K-8	19011 E. San Tan Blvd. Suite 101	Queen Creek	AZ	85242
Patterson Elementary – Gilbert Public Schools	1211 E. Guadalupe Rd.	Gilbert	AZ	85234
Pioneer Elementary – Gilbert Public Schools	1535 N. Greenfield	Gilbert	AZ	85234
Playa Del Rey Elementary – Gilbert Public Schools	550 N. Horne	Gilbert	AZ	85233
Power Ranch Elementary – Higley Unified School District	4351 S. Power Ranch Parkway	Gilbert	AZ	85297
Power Ranch Elementary – Higley Unified School District	4351 S. Ranch House Parkway	Gilbert	AZ	85297
Quartz Hill Elementary – Gilbert S.D.	3680 S. Quartz St.	Gilbert	AZ	85297
Queen Creek Elementary School – Queen Creek S.D.	23636 S. 204th St.	Queen Creek	AZ	85242
Queen Creek High School Child Development Center	22149 E. Ocotillo	Queen Creek	AZ	85242

Queen Creek Unified School District	20740 S. Ellsworth Rd.	Queen Creek	AZ	85242
Riggs Elementary – Chandler S.D.	6930 S. Seville	Gilbert	AZ	85296
San Tan Elementary – Higley Unified School District	3443 E. Calistoga Dr.	Gilbert	AZ	85297
Scottsdale Community College Child Enrichment	9000 E. Chaparral Rd.	Scottsdale	AZ	85256
Self Development Charter School – K-8	1709 N. Greenfield	Mesa	AZ	85205
Sequoia Charter Elementary School K-6	1460 S. Horne	Mesa	AZ	85204
Sequoia Choice School Arizona Distance Learning School – Charter K-12	1460 S. Horne	Mesa	AZ	85204
Sequoia Family Learning – Charter K-12	1460 S. Horne	Mesa	AZ	85204
Sequoia School for the Deaf and Hard of Hearing – Charter K-12	1460 S. Horne	Mesa	AZ	85204
Settler's Point Elementary – Gilbert Public Schools	423 E. Settler's Point Dr.	Gilbert	AZ	85296
Sonoma Ranch Elementary – Gilbert Public Schools	601 N. Key Biscayne Dr.	Gilbert	AZ	85234
Spectrum Elementary – Gilbert Public Schools	2846 S. Spectrum Way	Gilbert	AZ	85296
Towne Meadows Elementary – Gilbert S.D.	1101 N. Recker Rd.	Gilbert	AZ	85234
Val Vista Lakes Elementary – Gilbert Public Schools	1030 N. Blue Grotto Rd.	Gilbert	AZ	85234
Y Kidz – Copper Basin Elementary School	28689 N. Main St.	Queen Creek	AZ	85242
Y Kidz – Jack W. Harmon	39315 N. Cortona Dr.	Queen Creek	AZ	85242
Y Kidz – Simonton Elementary School	40300 N. Simonton Blvd.	Queen Creek	AZ	85242
Y Kidz – Skyline Elementary	1084 W. San Tan Hills	Queen Creek	AZ	85242
Y Kidz – Walker Butte School	29697 N. Desert Willow Blvd.	Queen Creek	AZ	85242
Community Centers				
No data given				
Libraries				
Dobson Ranch Branch Library	2425 S. Dobson Rd.	Mesa	AZ	85202
East Mesa Red Mountain Branch Library	635 N. Power Rd.	Mesa	AZ	85205
Mesa (city of) Library	64 E. 1st St.	Mesa	AZ	85201
Perry Branch Library	1965 E. Queen Creek Rd.	Gilbert	AZ	85297
Queen Creek Branch Library	22407 S. Ellsworth Rd.	Queen Creek	AZ	85242
Salt River Tribal Library	1880 N. Longmore Rd.	Mesa	AZ	85202
Southeast Regional Library	775 N. Greenfield Rd.	Gilbert	AZ	85234
Faith-Based Organizations				
No data given				

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Description of Methodologies Employed for Data Collection

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. For the Southeast Region, this rapid needs and assets assessment approach consisted of consultants working with the Regional Partnership Council to create a survey to collect information on early care and education centers in the region (SWI ECE Centers Survey). Sixteen questions were included in the survey and questions were created in collaboration with the Regional Partnership Coordinator to address issues important for future regional planning efforts. The survey was conducted by phone, and all accredited, and 42 randomly selected licensed (non-accredited) early care and education centers, were called. Twenty-eight (28) of the 30 accredited centers and 42 of the 213 licensed centers successfully completed the survey. Data collected from the centers were analyzed using Microsoft Excel. Results are reported as sums, averages, and percentages as applicable to each question for which survey data were supplied.

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 was 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 Maricopa County Region overall. In particular, data for children 0-5 years were especially difficult to find and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that is reported which does pertain to children under the age of five years; however, this data also represents all Head Start children receiving services in the County and do not zero in on those children residing only within the geographic boundaries of the Southeast Maricopa Region. Compounding this problem are additional barriers that limits 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 is available for this population of children (0-5 years), or even the adult population of caregivers or professionals, there are multiple manners in which data is collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data is 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 0-5 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.

FIRST THINGS FIRST

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