



2012

NEEDS AND ASSETS REPORT

Southeast Maricopa Regional Partnership Council



FIRST THINGS FIRST

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FIRST THINGS FIRST

Message from the Chair:

The past four years have been rewarding for the First Things First Southeast Maricopa Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by increasing access to quality child care, healthcare, and family support services.

Last September, the Southeast Maricopa Regional Partnership Council, hosted a successful community town hall in our region for the purpose of hearing the needs of families with children ages 0-5 in Gilbert, Mesa and Queen Creek. We were touched to hear the stories of two teenage mothers who were able to defy odds and affect positive change for their children. The town hall event served as a platform for these young parents to beautifully articulate to a crowd of more than 100 people, the story of how unbelievably improved their lives are now and what they are accomplishing for their children through the services being provided by one of our funded community partners. They brought with them, their beautiful children, and shared that their children are now exceeding developmental milestones, they also commented on their parental successes in learning how to read to their children, and repeatedly said, "thank you for the help....we would not be here without First Things First."

The words of a single father, who held his beautiful infant son in his arms, echoed the story of how he was able to keep his son and family intact, away from Child Protective Services. He was extremely grateful for the program, also funded regionally by First Things First. This reminds us why we are here...for our most precious assets, our children.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Southeast Maricopa Region in 2008, 2010 and the new 2012 report. The Needs and Assets reports, community surveys and community anecdotes are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Southeast Maricopa Regional Council would like to thank our Needs and Assets vendor The University of Arizona, Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Southeast Maricopa Region. The new report will help guide our decisions as we move forward for young children and their families within the Southeast Maricopa Region.

Going forward, the First Things First Southeast Maricopa Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens.

Thank you for your continued support.

Sincerely,

Denise D. Tamminen, Chair
Southeast Maricopa Regional Partnership Council

Southeast Maricopa Regional Partnership Council

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Erica Alexander

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Julie Sallquist

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Rev. David Wade

Introductory Summary and Acknowledgments

First Things First Southeast Maricopa Regional Partnership Council

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and, in turn, is fundamental to all aspects of wellbeing of our communities, society, and the State of Arizona.

This Needs and Assets Report for the Southeast Maricopa Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The Southeast Maricopa Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Council's decisions and funding allocations, while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Southeast Maricopa Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Southeast Maricopa Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Maricopa Homeless Management Information System, and the Arizona Health Care Cost Containment System for their contribution of data for this report.

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Executive Summary

The Southeast Maricopa Regional Planning Council supports the needs of young children in the section of Maricopa County which includes Mesa and Gilbert. The region also includes parts of Queen Creek and Apache Junction. According to the 2010 US Census, the population of the Region was 726,523, of whom 68,524 were young children under the age of six. The Southeast Maricopa Region is home to about one-eighth of Arizona's preschool-age children.

From 2000 to 2010, the number of children under six in the region increased by more than 12,000. Most of the growth was in Gilbert and Queen Creek.

Although the majority (86%) of the young children in the region live with one or both parents, nearly 10,000 were living in households that did not include either parent.

A language other than English is spoken in about 20 percent of the households in the region. Most of these households contain at least one adult who speaks English well, but some are linguistically isolated.

Although the region is generally better off economically than much of the state, there are low-income families, largely in neighborhoods in west Mesa and along East Main Street. About 20 percent of the young children in Mesa live in poverty, compared to 6 to 7 percent in Gilbert and Queen Creek. An estimated 30 percent of the children in the region are in the Supplemental Nutritional Assistance Program (SNAP). About half of all children under five participate in the Women, Infants and Children (WIC) program.

One indicator of school readiness or educational achievement is how well older children in the region perform on the Arizona Instrument to Measure Standards (AIMS) tests in the third grade. In the Mesa School District, the AIMS scores are very close to the state averages in both reading and math. The scores are above the state averages in the Gilbert, Higley, and Queen Creek districts. In Mesa, 5 percent of third-graders fell "far below standards" in reading; in the other districts, only 2 to 3 percent did so.

According to state surveys, there are 255 licensed childcare centers in the region, of which 17 are Head Start centers. In addition, there are 37 certified home-based locations and 80 registered (but unregulated) home providers. There are an estimated 53 centers participating in First Things First's Quality First program, most at the two-star level. Head Start enrollment is 1,276 three- and four-year olds; an additional 179 younger children are enrolled in Early Head Start.

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

Childcare staff in the region have a variety of options for professional development. Several campuses of the Maricopa Community Colleges offer associates degrees in early childhood studies. In addition, Central Arizona College offers a Child Development Associates (CDA) credential. The Southeast Maricopa Regional Planning Council funded 112 T.E.A.C.H. scholarships in the past year.

According to data collected by the Arizona Department of Health Services (ADHS), the birthrates in the region are close to the state average, except in Queen Creek. Over the past decade, Queen Creek has averaged 51 births per thousand residents per year, which is more than three times the state average (16 per thousand).

Expectant mothers in the region are likely to receive prenatal care early in pregnancy, at rates somewhat higher than the state as a whole, and exceeding the national Healthy People 2020 target of 78 percent of mothers beginning care in the first trimester. Few mothers in the region have fewer than five prenatal visits. Infant mortality in the region is also lower than the HP 2020 target.

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

Children with special needs receive services from the Arizona Early Intervention Program (AzEIP) and from the Division of Developmental Disabilities (DDD). In the region, 756 children were served by AzEIP and 1,328 were served by DDD during 2010. Qualitative data indicate that more children might receive services if parents and health-care providers were more aware of the services available, and the importance of early intervention.

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

Qualitative data on oral health services for young children suggest that there are few pediatric providers, and that many parents do not understand the importance of early oral health care.

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

The state Child Protective Services (CPS) reported that about 630 children were removed from their homes in the region during 2010. Although local quantitative data are hard to obtain, domestic violence, parental incarceration, and homelessness are also challenges for some families in the region.

Significant assets in the region include home-visitation programs, Head Start, numerous primary and specialist health-care providers, strong school districts, professional development opportunities, the Quality First initiative, and motivation among providers and stakeholders to improve coordination of services.

Significant challenges identified in this report include shortages of pediatric psychiatrists and pediatric dentists, a lack of awareness by health-care providers of the services available for developmental delays, low immunization rates, the expense of quality childcare, a shortage of childcare and other services for linguistically isolated Spanish-speaking families, a need for parental education about supportive services, and problems in communication among regional providers.

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

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, and findings from additional data collection that was conducted specifically for this report. The Southeast Maricopa Regional Partnership Council expressed interest in obtaining detailed information about the services and programs being utilized by families, the level of awareness of these services, and barriers to service accessibility. Qualitative methods were deemed the most appropriate way to gather this information. Parent passerby interviews were conducted at United Food Bank in Mesa and at Desert Mountain Elementary School in Queen Creek, in an effort to gather first-hand information from parents in the region about service utilization, awareness, and accessibility. Additional data was gathered through discussion groups and surveys distributed at a town hall organized by the Regional Partnership Council. Key informant interviews were also conducted to gather additional information about these targeted areas. **Appendix I** through **Appendix O** provide more detailed information about these data collection methods and instruments.

General Population Trends

Geographically, the Southeast Maricopa Region is comprised of several communities within Maricopa County, including Mesa and Gilbert, as well as the parts of Queen Creek and Apache Junction which lie in Maricopa County. The First Things First Regions neighboring the Southeast Maricopa Region are Pinal, Gila River Indian Community, Central Maricopa, Salt River Pima Maricopa Indian Community, and Northeast Maricopa.

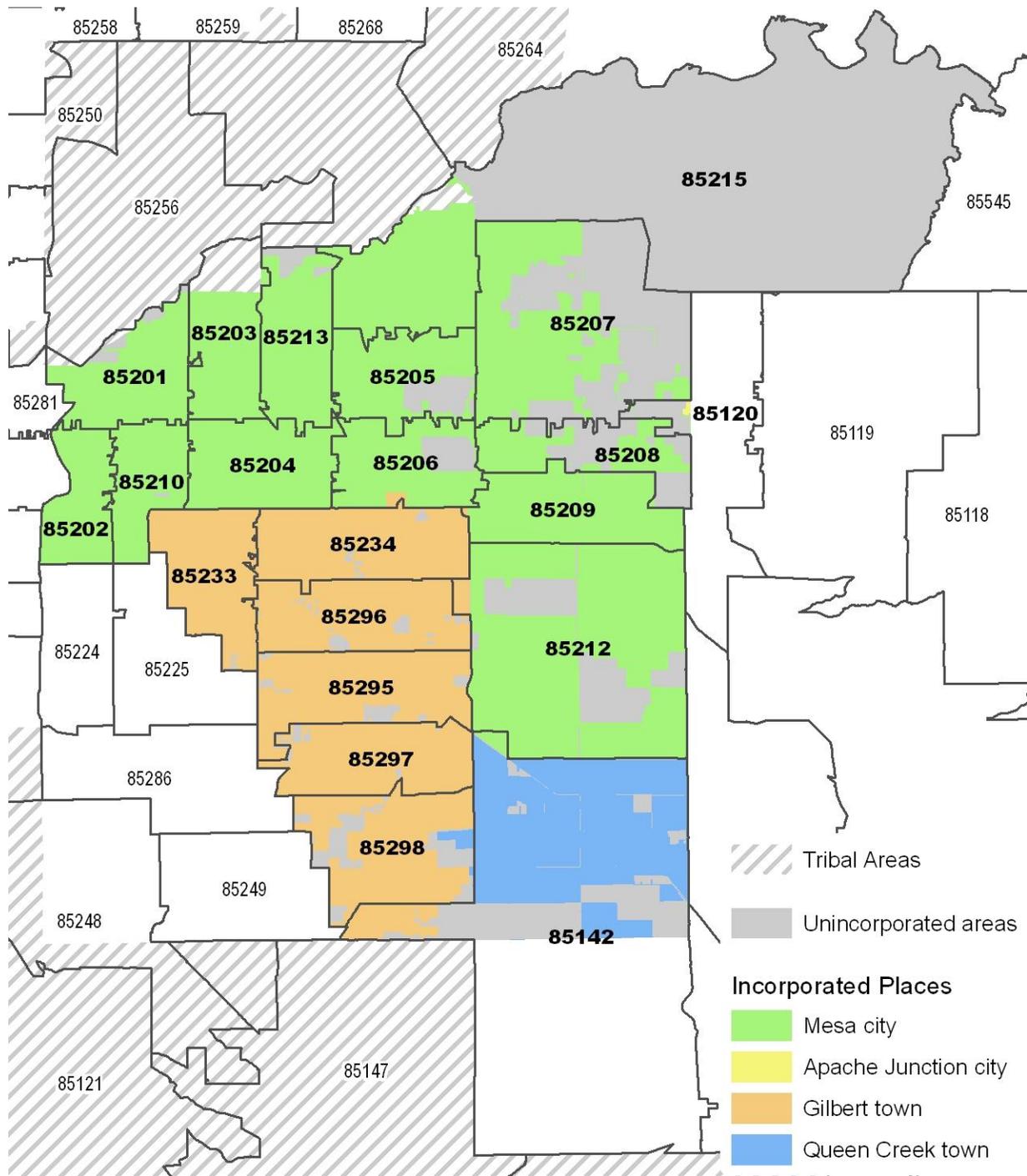
The map below (**Figure 1**) shows zip codes that comprise the Southeast Maricopa Region.

The Southeast Maricopa Region, as defined by First Things First, includes 13 zip codes in the Mesa area (85201 to 85210, 85212, 85213, and 85215) and six in the Gilbert area (85233, 85234, 85295, 85296, 85297, and 85298).

There are two zip codes which cross the border between Maricopa and Pinal counties: 85120 and 85142. First Things First determined that both of these zip codes would be split between the Southeast Maricopa and Pinal regions. The majority of zip code 85142 (the Queen Creek area) lies in Maricopa County, but the southern section (south of Empire Boulevard) lies in Pinal County. The majority of zip code 85120 (the Apache Junction area) lies in Pinal County, but a small area to the west of Meridian Road, along Apache Trail, lies in Maricopa County.

In addition to the zip codes listed above, there are other zip codes assigned to the Southeast Maricopa Region which have no geographical boundaries, such as 85211 and 85299. These zip codes are used for post office boxes and other non-geographical addresses, and do not appear on the maps in this document.

Figure 1. The Southeast Maricopa Region by Zip Code Tabulation Area



[Note: The zip codes highlighted in the figure above are the zip codes that were used for calculating regional data from data sources available at the zip code level.]

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Southeast Maricopa Region had a population of 726,523 in 2010, of whom 68,524 were children under the age of six. **Table 1** lists the total population and number of households for the state, county, and Southeast Maricopa Region. The *Mesa area* is defined as the 13 zip code tabulation areas shown in the map in **Figure 1**, which includes the incorporated city of Mesa plus neighboring unincorporated sections. The *Gilbert area* is the six zip code tabulation areas which include most of the town of Gilbert, plus neighboring unincorporated areas. The *Queen Creek area* is the part of the 85142 zip code tabulation area which falls in Maricopa County. The *Apache Junction area* is the Maricopa County part of the 85120 zip code tabulation area.

Table 1. Population and households by area in the Southeast Maricopa Regional Partnership Council

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Southeast Maricopa Region	726,523	68,524	264,560	47,595	18%
Mesa area	478,404	42,583	182,732	29,443	16%
Gilbert area	211,167	21,817	70,090	15,346	22%
Queen Creek area	32,379	3,935	9,455	2,671	28%
Apache Junction area	4,573	189	2,283	135	6%

Source: US Census 2010, Tables P1, P14 & P20

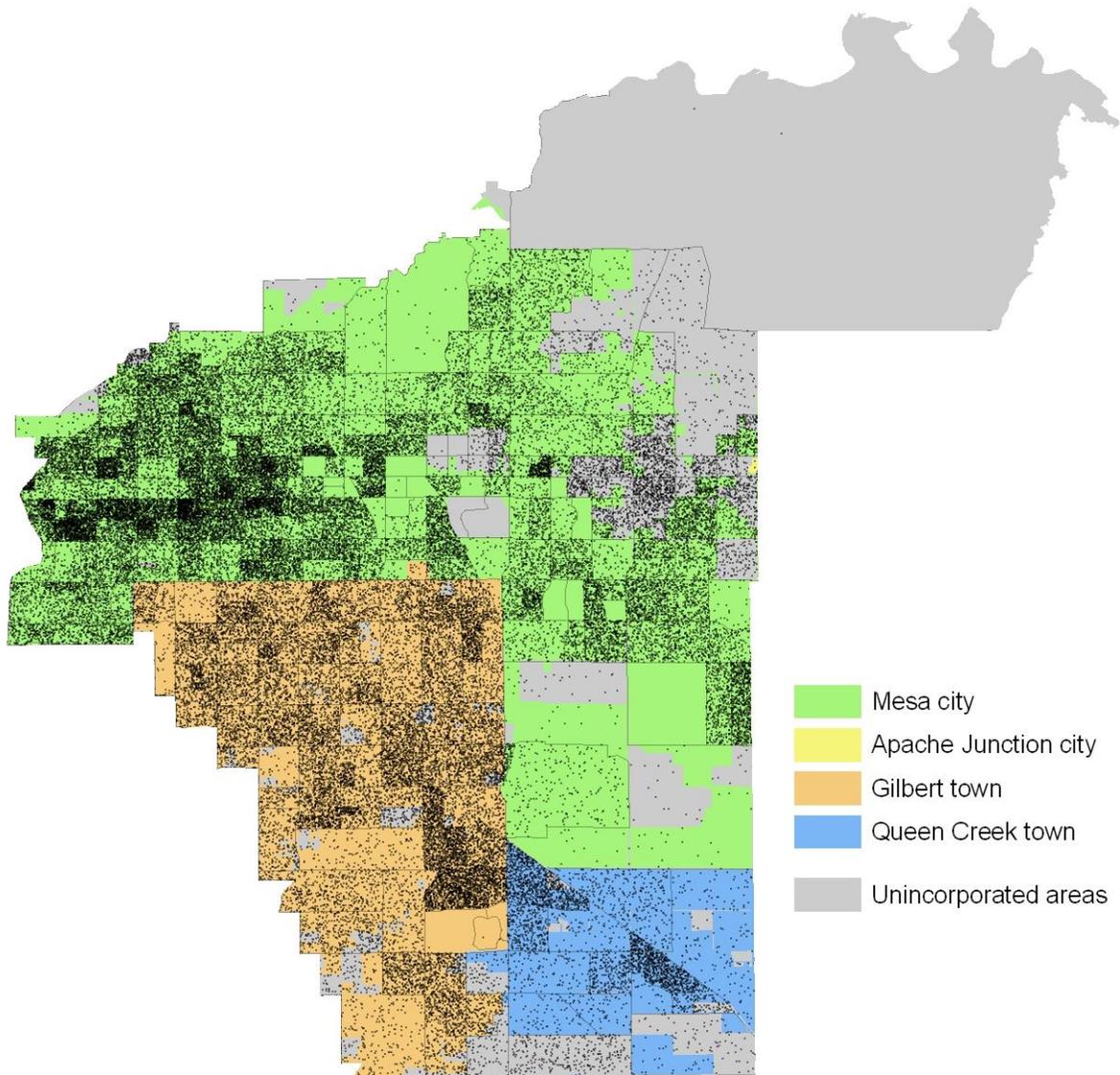
Note: In this table, only the Maricopa County parts of Queen Creek and Apache Junction are included.

The communities of Gilbert and Queen Creek have a high proportion of households with young children, relative to the rest of the Southeast Maricopa Region, as well as Maricopa County and the state. Population and household data by individual zip code tabulation area are available in **Appendix A**.

It should be noted that the children and families of the Southeast Maricopa Region represent only about one-fifth of Maricopa County. Therefore, although county-level estimates provide a useful context for regional data, county-level data cannot be assumed to be accurately representative of the Southeast Maricopa Region. This report uses region-specific data wherever it is available.

Figure 2 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. One dot in the map represents the approximate location of one child under the age of six. The dots do not pinpoint each child’s location, but are placed generally in each census block in which a young child was living in 2010. Gray areas are unincorporated in the Southeast Maricopa Region.

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



[Note: Green indicates the city of Mesa, tan indicates the town of Gilbert, and blue indicates the Maricopa County part of Queen Creek. Gray areas are unincorporated.]

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

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

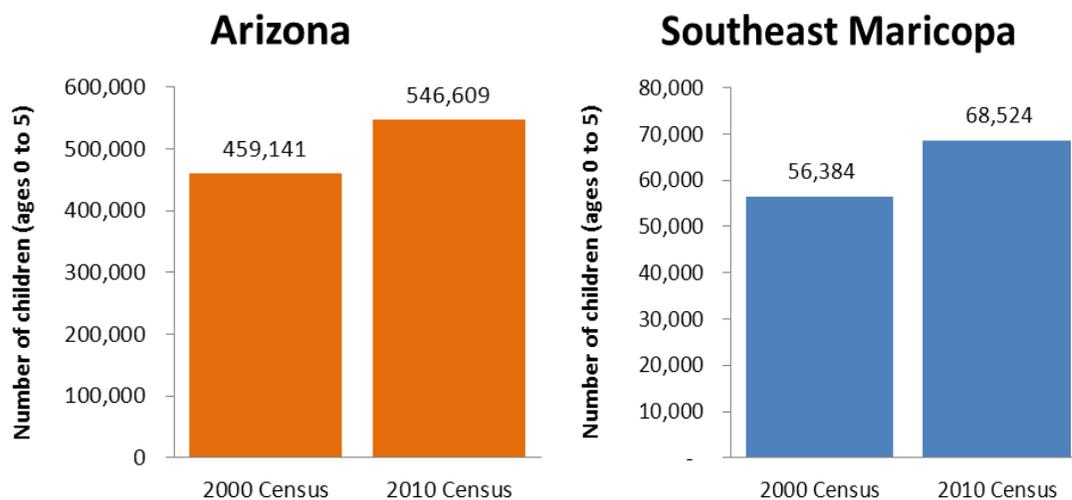
GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
Maricopa County	3,072,149	3,817,117	+ 24%	289,759	339,217	+ 17%
Southeast Maricopa Region	--	726,523	--	56,384 ¹	68,524	+ 22%
City of Mesa	396,375	439,041	+ 11%	38,745	40,300	+ 4%
Town of Gilbert	109,697	208,453	+ 90%	13,538	21,592	+ 59%
Town of Queen Creek	4,316	26,361	+ 511%	470	3,339	+ 610%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

Note: In this table, the entire town of Queen Creek (both Maricopa and Pinal parts) is included.

The Southeast Maricopa Region experienced an overall population increase as well as an increase in the population of children aged 0-5. The degree of increase varied dramatically by community; while the city of Mesa experienced population increases that were low relative to state and county rates, the town of Queen Creek grew dramatically, increasing its overall population by 511 percent and the population of young children by 610 percent. These data suggest that while city growth has slowed in the past decade, suburban communities in the region are growing quickly and have a rapidly increasing number of families with young children.

Figure 3. Increases in the Number of Children 0 to 5 in the Southeast Maricopa Region and in the State



¹ Based on First Things First 2000 population estimates for children under six in the Region. Corresponding total population estimates are not currently available.

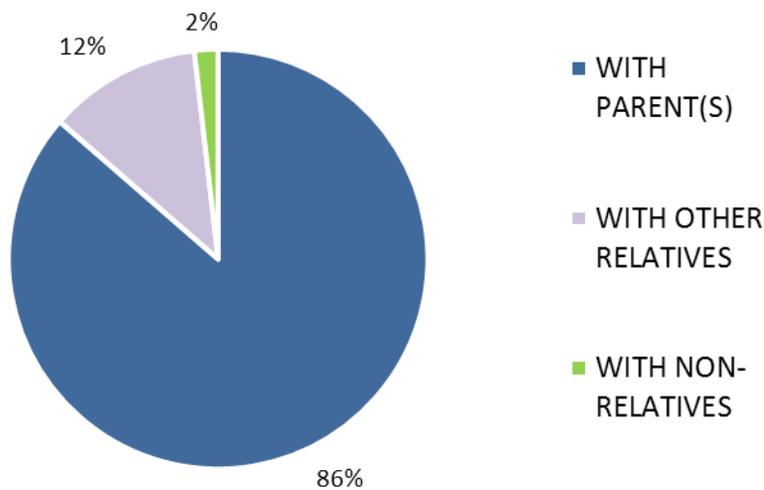
As the population has grown, there are increasing numbers of young children in need of services and developmental opportunities in the Southeast Maricopa Region. This is particularly true of the smaller suburban communities such as Gilbert and Queen Creek, which have grown at a substantially more rapid rate than the rest of the region.

Additional Population Characteristics

In the Southeast Maricopa Region, about 86 percent of children are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a slightly higher proportion than the statewide percentage, 81 percent. The majority of the remaining children (12%) are living with relatives other than their parents (such as grandparents, uncles, or aunts). This distribution is very similar to that of the state as a whole.

Figure 4. Relationship to Head of Household for Children in the Southeast Maricopa Region

Southeast Maricopa Region



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

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent’s household. In Arizona, according to the 2010 Census, approximately 74,153 children aged 0-5 (14%) are living in a grandparent’s household. The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for their grandchildren have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.²

The percentage of grandparents caring for grandchildren varies across Arizona. In the Southeast Maricopa Region, 6,416 children aged 0-5 (9%) are living in a grandparent’s household. This is a slightly lower percentage than both the statewide rate (14%) and the county rate (12%), though variance within the region, as shown in **Table 3** below, should be noted. One fifth of all children aged 0-5 in Apache Junction are living in a grandparent’s household, which is more than double

² Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/granfamilies%20fact%20sheet%20pic%20background.pdf>.

the average for the region. The proportion of households with three or more generations in the Southeast Maricopa Region (3%) is very similar to the statewide proportion (5%) and the Maricopa County proportion (5%).

Table 3. Number of Children Living in a Grandparent's Household by Area

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
		Count	Percentage		Count	Percentage
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
Maricopa County	339,217	40,250	12%	1,411,583	66,720	5%
Southeast Maricopa Region	68,524	6,416	9%	264,560	11,225	4%
Apache Junction area	189	38	20%	2,283	55	2%
Queen Creek area	3,935	324	8%	9,455	572	6%
Mesa area	42,583	4,815	11%	182,732	7,682	4%
Gilbert area	21,817	1,239	6%	70,090	2,916	4%

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

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

Overall, 68 percent of the people living in the region identified themselves as White, not-Hispanic (Census 2010, Table QT-P4). Of the remainder, most (22%) identified as Hispanic. As shown in **Table 4**, the Southeast Maricopa Region has a smaller proportion of individuals identifying as Hispanic than both the state and Maricopa County, and a larger proportion of individuals identifying as White, not-Hispanic than both the state and Maricopa County. The proportion of individuals identifying as African American, American Indian, Asian or Pacific Islander, or Other is otherwise similar to the state and county rates.

Table 4. Race and Ethnicity in the Southeast Maricopa Region, Maricopa County and Arizona

GEOGRAPHY	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
			WHITE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona	6,392,017	30%	58%	4%	4%	3%	2%
Maricopa County	3,817,117	30%	59%	5%	2%	4%	2%
Southeast Maricopa Region	726,523	22%	68%	3%	1%	3%	2%
Chandler Unified District	40,109	26%	57%	6%	2%	8%	1%
Gilbert Unified District	37,240	18%	70%	4%	1%	5%	1%
Higley Unified District	10,532	19%	68%	5%	1%	5%	2%
Mesa Unified District	65,662	38%	50%	4%	4%	2%	1%
Queen Creek Unified District	5,296	23%	70%	3%	1%	2%	1%

Source: U.S. Census 2010; Table QT-P4; Arizona Department of Education, 2011

The racial breakdown in the Southeast Maricopa Region varies by community, most notably in Mesa, where the proportion of individuals identifying as Hispanic ranges from 8 percent to 48 percent, and the proportion of individuals identifying as White, not-Hispanic ranges from 41 percent to 87 percent, depending on the zip code. A detailed racial breakdown of the Southeast Maricopa Region by zip code tabulation area can be found in **Appendix C**.

School enrollment data can help provide an additional perspective on the differences in ethnic breakdown among the youngest segment of the population in the region. The majority of the students in the Southeast Maricopa Region are white. Mesa Unified School District has the highest percentage of both Hispanic students (38%) and American Indian students (4%).

Data about English speaking ability provide additional information about the characteristics of the population in the Southeast Maricopa Region. As shown in **Table 5** below, the majority of families in the Southeast Maricopa Region speak English at home.

Table 5. English Speaking Ability in the Southeast Maricopa Region

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	5,783,756	73%	21%	2%	2,326,468	27%	6%
Maricopa County	3,458,296	73%	21%	0%	1,382,002	25%	7%
City of Mesa	406,226	78%	18%	0%	165,910	22%	7%
Town of Gilbert	177,212	85%	8%	0%	64,297	20%	2%
Town of Queen Creek	20,087	86%	10%	--	6,483	18%	1%

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

Though approximately one-fifth of the households in the region speak a language other than English, linguistic isolation in the region is relatively low. Households are defined as linguistically isolated if none of the adults (14 and older) in the household speak English “very well”. Linguistic isolation is highest in Mesa, which also has the highest percentage of the population who speak Spanish at home (18%).

Economic Circumstances

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Community Survey, the percentage of people living in poverty in Maricopa County was about the same as the state as a whole (14%; **Table 6**) and communities within the Southeast Maricopa Region showed lower overall poverty rates when compared with both Maricopa County and the state. A similar pattern can be observed in the population of children under the age of six. The city of Mesa has the highest poverty rate in the region for both children 0-5 (20%) and all ages (12%), compared with very low poverty rates in the surrounding suburban communities. Median family and single family income data from the American Communities Survey reflects this pattern; while the median family income in Mesa is similar to the state and county averages, Gilbert and Queen Creek both have substantially higher median family incomes.

Table 6. Median Family Annual Income (2010 dollars) and Persons Living below U.S. Census Poverty Threshold

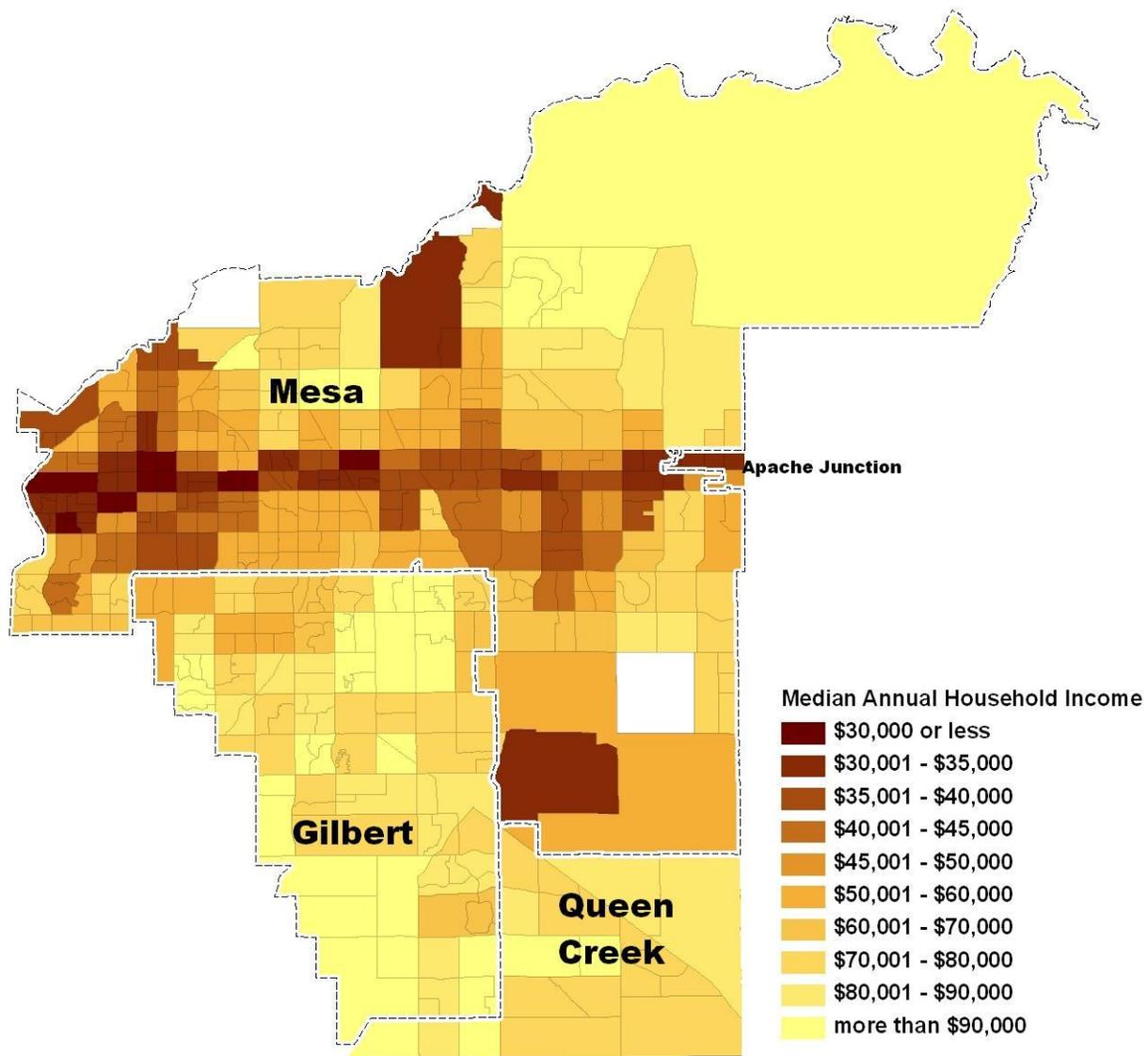
GEOGRAPHY	MEDIAN INCOME, MARRIED COUPLE FAMILIES WITH OWN CHILDREN	MEDIAN INCOME, SINGLE FATHERS WITH OWN CHILDREN	MEDIAN INCOME, SINGLE MOTHERS WITH OWN CHILDREN	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$72,316	\$38,509	\$26,377	15%	24%
Maricopa County	\$78,241	\$41,227	\$29,390	14%	23%
Town of Gilbert	\$97,879	\$60,442	\$41,927	5%	7%
City of Mesa	\$72,672	\$37,296	\$29,347	12%	20%
Town of Queen Creek	\$89,755	\$49,375	\$33,958	5%	6%

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

That the city of Mesa has a higher poverty rate than the surrounding suburban communities can be seen as reflective of a national trend. In the United States, metropolitan areas have been hardest hit by the economic downturn. Most metropolitan regions in the United States ended the 2000-2010 decade with lower median incomes than they began with, despite rising costs of living. Cities continue to have markedly higher rates of poverty than suburbs, though cities and city suburbs suffered increased overall poverty rates by roughly equivalent degrees.³ The map in **Figure 5** illustrates how this trend plays out in the region.

³ Berube, A. & Kneebone, E. (2011). *Parsing U.S. Poverty at the Metropolitan Level*. Retrieved from http://www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx

Figure 5. Household Income in the Southeast Maricopa Region



Source: American Communities Survey

The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly. In 2010, the bottom 60 percent of Arizonans (as measured by median household income) earned only 28 percent of the state’s income, while the top 20 percent earned 49 percent.⁴ The U.S. Census Bureau provides estimates of poverty and median income as Small Area Income and Poverty Estimates at the state and county level. As shown in **Table 7**, Maricopa County has poverty rates and income levels that are very similar to those of the state.

⁴ The Arizona Children’s Action Alliance *Income Disparity in Arizona*. Newsletter received October 26th, 2011. <http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

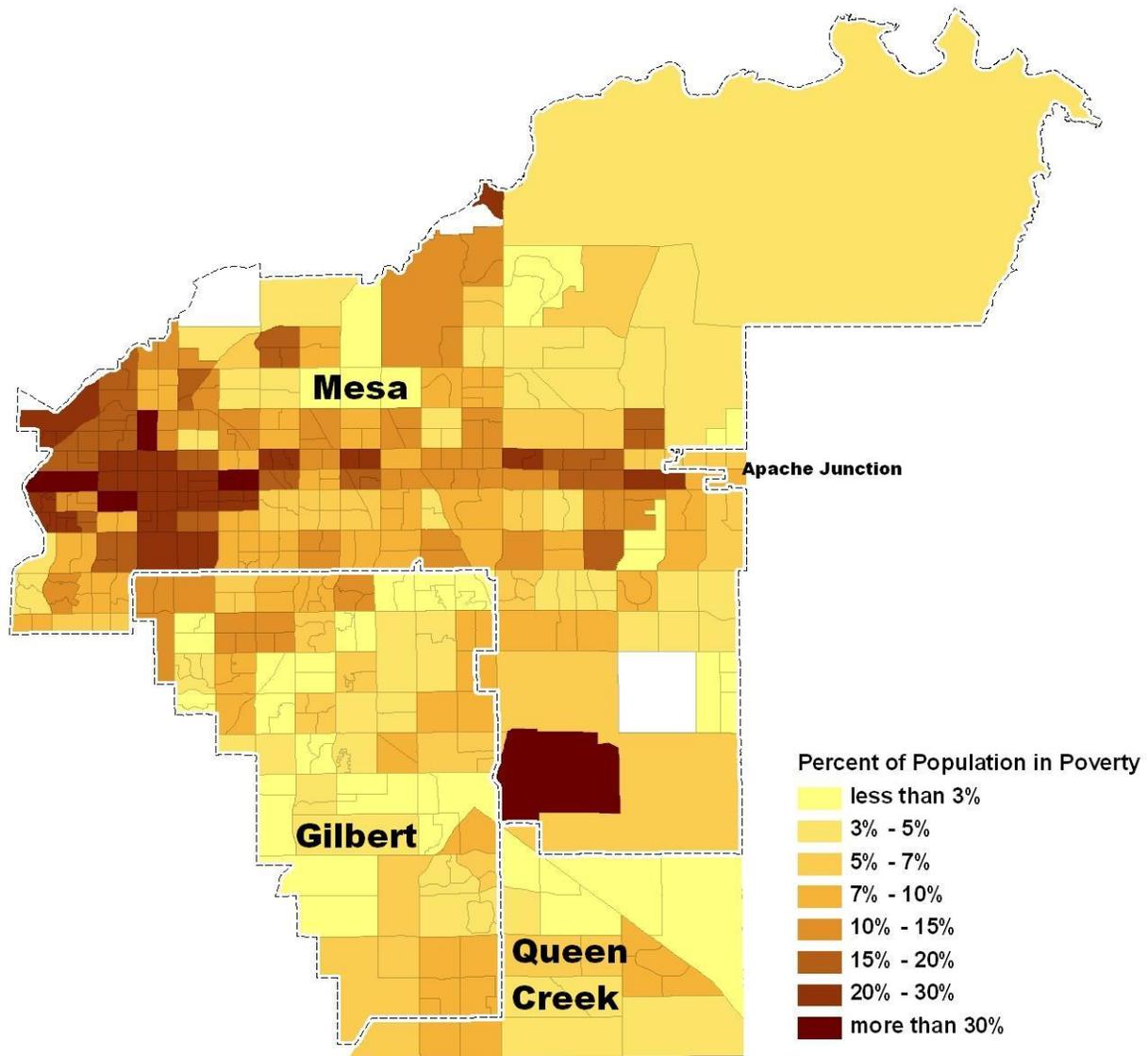
Table 7. 2010 Poverty and Median Income Estimates

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

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

Poverty rates within the Southeast Maricopa show similar patterns as those shown for median household income, with the highest poverty rates concentrated in metropolitan Mesa. The community surrounding Arizona State University’s Polytechnic campus, north of Queen Creek, also has a comparatively high poverty rate. This community contains a high concentration of student housing, and is populated largely by graduate students, who may have more limited employment opportunities.

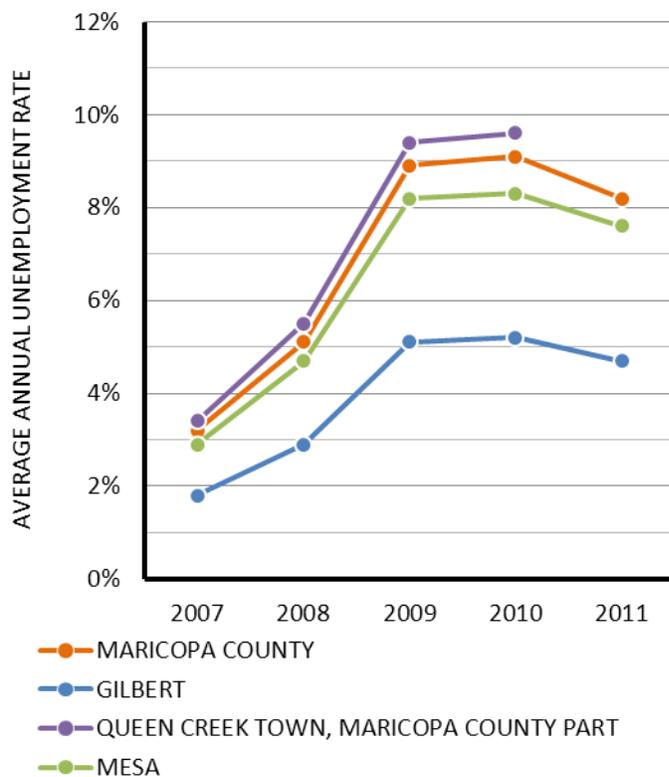
Figure 6. Poverty Rate in the Southeast Maricopa Region



Source: American Community Survey, 2006-2010

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in Maricopa County in 2011 was 8.2 percent, slightly lower than the statewide average of 9.2 percent. As shown in **Figure 7**, the lowest rate of unemployment in the region is in Gilbert, and the highest rate of unemployment is in Queen Creek.

Figure 7. Annual Unemployment Rates in Maricopa County and the Southeast Maricopa Region



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

In contrast to having the highest median household income, Queen Creek also has the highest rate of unemployment of all communities in the region.

Foreclosure rates are also seen as indicative of economic health. As of June 2012, the average rate of foreclosure in the Southeast Maricopa Region was 3.2 homes per thousand properties, reaching as high as 5.0 homes per thousand in the suburban community of Gilbert. **Table 8** shows the foreclosure rate for the region in June 2012. Note that data were unavailable for Mesa zip code 85209 and for Gilbert zip codes 85295, 85297, and 85298.

Table 8. Foreclosures in the Southeast Maricopa Region, June 2012

ZIP CODE	GEOGRAPHY	APPROXIMATE NUMBER OF PROPERTIES (JUNE 2012)	NUMBER OF FORECLOSED PROPERTIES (JUNE 2012)	FORECLOSURES PER THOUSAND PROPERTIES (JUNE 2012)
85296	Gilbert	12,928	64	5.0
85212	Mesa	8,100	36	4.4
85234	Gilbert	17,390	74	4.3
85208	Mesa	18,675	75	4.0
85203	Mesa	13,621	53	3.9
85142	Queen Creek	17,615	65	3.7
85207	Mesa	20,424	69	3.4
85210	Mesa	15,096	51	3.4
85233	Gilbert	14,496	48	3.3
85201	Mesa	21,513	71	3.3
85204	Mesa	22,578	71	3.1
85202	Mesa	17,664	48	2.7
85215	Mesa	9,135	21	2.3
85206	Mesa	18,840	40	2.1
85205	Mesa	22,673	41	1.8
85213	Mesa	14,586	22	1.5
TOTAL		265,334	849	3.2

Source: RealtyTrac, Inc. Retrieved from <http://www.realtytrac.com/trendcenter> (16 July, 2012)

Participation in public assistance programs is an important indicator of economic vitality. According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply. In 2009, about 16 percent of Maricopa County residents' income came from government benefits, the lowest percentage for all counties in Arizona.⁵ However, a survey conducted in January 2011 indicated a 27 percent increase in the number of families living on the street in Maricopa County between 2010 and

⁵ White, J., Gebeloff, R., Fessenden, F., Tse, A., & McLean, A. (2012). *The Geography of Government Benefits*. Retrieved from <http://www.nytimes.com/interactive/2012/02/12/us/entitlement-map.html?ref=us>.

2011⁶, demonstrating a clear need for these programs. Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children).

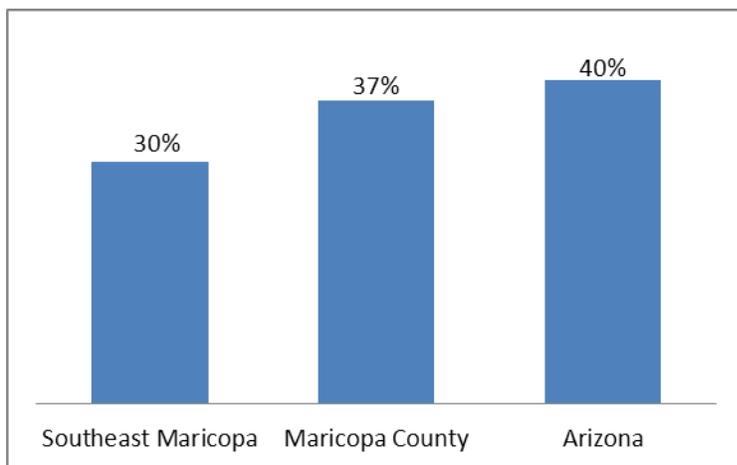
In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In Maricopa County, the number of children on SNAP increased by 7 percent between June 2009 and July 2011. As illustrated in **Table 9** in the Southeast Maricopa Region, the number of children on SNAP increased by over 20 percent. However, the percentage of children in the Southeast Maricopa Region receiving SNAP is still lower than county and state percentages, as shown in **Figure 8**.

Table 9. Children 0-5 Receiving SNAP (Supplemental Nutritional Assistance Program)

GEOGRAPHY	JAN 2007	JUNE 2007	JAN 2009	JUNE 2009	JAN 2010	JULY 2010	JAN 2011	JULY 2011
Arizona	134,697	139,170	179,831	199,367	215,837	212,465	204,058	216,398
Maricopa County	76,565	79,706	106,325	118,829	129,566	125,840	118,639	127,036
Southeast Maricopa	10,994	11,248	14,831	16,965	19,439	19,816	18,679	20,431

Source: Arizona Department of Economic Security, 2011

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



Source: Arizona Department of Economic Security, 2011

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

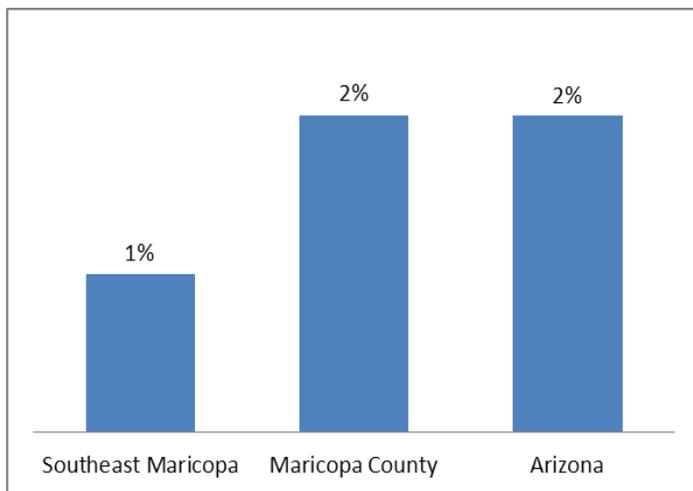
In contrast to SNAP, the number of children receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been annually enforced by state lawmakers for the past three fiscal years. A new rule which takes grandparent income into account has increased the decline of child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years, and are estimated to adversely affect 3,500 families, including 6,500 children.⁷ Between June 2009 and July 2011, Arizona child TANF recipients decreased by 46 percent, Maricopa County child TANF recipients decreased by 45 percent, and Southeast Maricopa Region child TANF recipients decreased by 46 percent (see **Table 10**). As shown in **Figure 9**, the percentage of children in the Southeast Maricopa Region receiving TANF aid is slightly lower than the county and statewide rates.

Table 10. Children 0-5 Receiving TANF (Temporary Assistance for Needy Families)

GEOGRAPHY	JAN 2007	JUNE 2007	JAN 2009	JUNE 2009	JAN 2010	JULY 2010	JAN 2011	JULY 2011
Arizona	20,867	19,646	24,273	23,746	23,866	17,978	13,450	12,837
Maricopa County	11,784	11,082	15,083	15,091	15,452	11,368	8,723	8,278
Southeast Maricopa	1,608	1,542	1,753	1,780	1,844	1,379	993	957

Source: Arizona Department of Economic Security, 2011

Figure 9. Percentage of Children Receiving TANF in July 2011

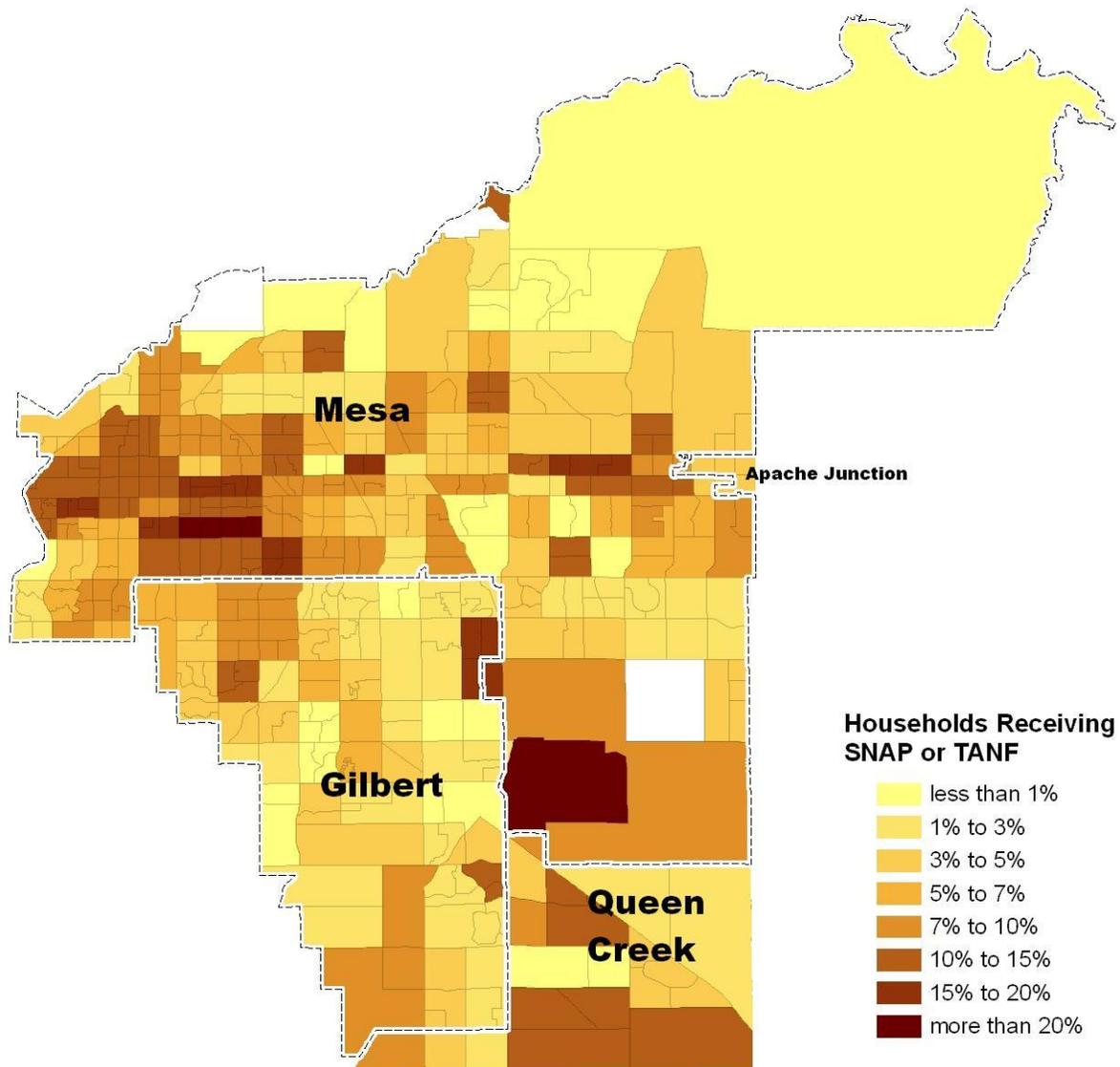


Source: Arizona Department of Economic Security, 2011

⁷ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

The American Community Survey provides estimates of the number of recipients of SNAP or TANF across a four year period. In the Southeast Maricopa Region, SNAP or TANF recipients are mostly concentrated in Mesa. Of the suburban communities, a substantially higher percentage of Queen Creek residents receive SNAP or TANF than Gilbert residents. A high percentage of SNAP or TANF recipients are also concentrated near Arizona State University's Polytechnic campus, north of Queen Creek.

Figure 10. SNAP or TANF recipients in the Southeast Maricopa Region



Source: American Community Survey, 2006-2010

Arizona's WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who are eligible for the program. Between 2010 and 2011, Arizona, Maricopa County, and the Southeast Maricopa Region all experienced slight decreases in WIC recipients. As shown in

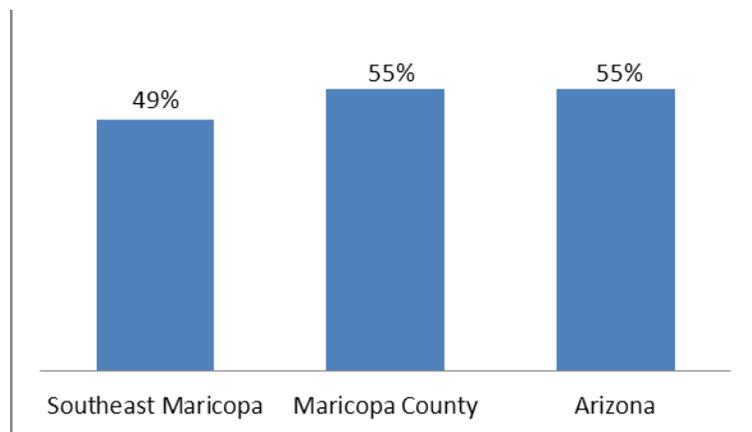
Table 11 and **Figure 11**, rates of WIC participation in the Southeast Maricopa Region are slightly lower than both the county and state rates.

Table 11. Children 0-5 Receiving WIC (Women, Infants and Children)

GEOGRAPHY	WIC PARTICIPANTS, 2010			WIC PARTICIPANTS, 2011		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Southeast Maricopa	10,062	28,883	51%	9810	28,011	49%
Maricopa County	56,195	163,897	58%	54,551	156,871	55%
Arizona	91,322	262,805	58%	88,512	251,531	55%

Source: Arizona Department of Economic Security, 2012

Figure 11. Percentage of Children 0-5 Receiving WIC in June 2011



Source: Arizona Department of Economic Security, 2011

Key informants consulted for this report cited financial circumstances and a shortage of jobs as the biggest challenges facing families in the Southeast Maricopa Region’s communities. Key informants felt that families faced challenges in meeting basic needs (such as paying for rent, gas for vehicles, food, and clothing), and suggested that services for families should be designed with these widespread challenges in mind.

Educational Indicators

A national report released in early 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s education attainment, although it should be noted that this study cited data collected in 2007. This report noted that low levels of adult education are correlated with low levels of overall child well-being.⁸ Less than 26% of Arizonan adults ages 25 and older hold a Bachelor’s degree or higher level of education.⁹

Adult education levels are known to influence children’s school achievement, and so adult educational achievement is important contextual information for understanding the educational outcomes of younger children. Adults in Maricopa County show similar patterns on adult educational indicators when compared with the state of Arizona, as shown in **Table 12**. A slightly higher percentage of adults in Maricopa County have a Bachelor’s degree or more when compared with the state. In the Southeast Maricopa Region, Mesa adults have the lowest levels of academic achievement, relative to the other communities in the region.

Table 12. Adult Educational Indicators in Maricopa County

GEOGRAPHY	ADULTS (AGES 25+) WITHOUT HIGH SCHOOL OR GED	PERCENT OF BIRTHS TO WOMEN WITH LESS THAN A HIGH-SCHOOL EDUCATION, 2010	ADULTS (AGES 25+) WITH BACHELORS DEGREE OR MORE	PERCENT OF BIRTHS TO WOMEN WITH A BACHELORS DEGREE OR MORE, 2010
Arizona	15%	22%	26%	10%
Maricopa County	14%	22%	29%	11%
Mesa PCA*	7%	xx	22%	xx
Gilbert PCA*	3%	xx	29%	xx
Queen Creek PCA*	3%	xx	26%	xx

Source: American Community Survey 2006-2010, TableB13014; Arizona Department of Health Services, 2012

NOTE: Entries of “xx” indicate estimates which are not available.

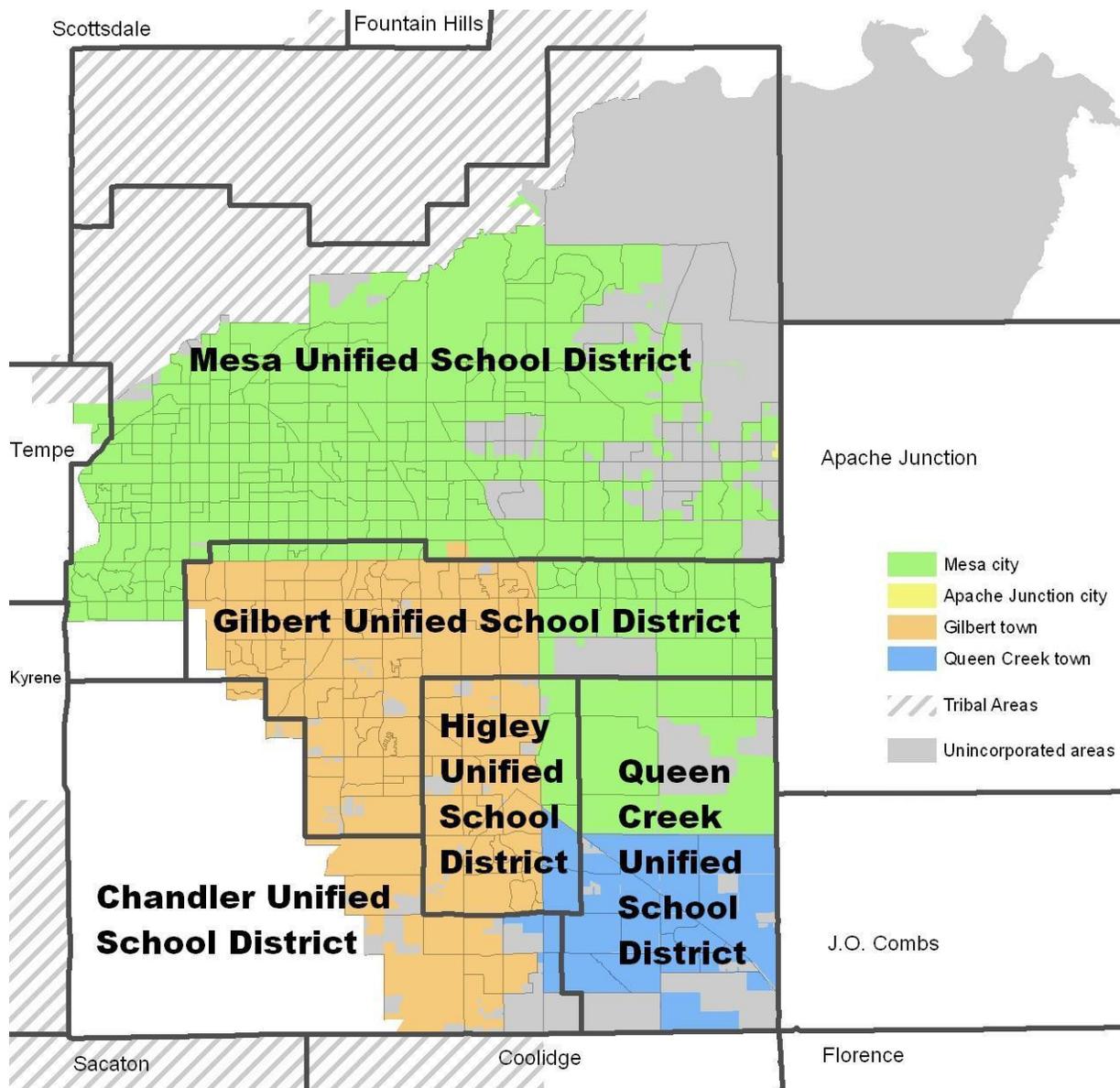
*Percent of population 2005-2009

The majority of the Southeast Maricopa Region falls into one of five school districts: Mesa, Gilbert, Higley, Chandler, or Queen Creek. A small portion of the region falls in the Tempe district. The map below illustrates the boundaries of school districts in and proximal to the Southeast Maricopa Region.

⁸ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

⁹ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Figure 12. School Districts in the Southeast Maricopa Region



The primary in-school performance of current students in the public elementary schools in the region is measured by the Arizona Institute to Measure Standards (AIMS)¹⁰. The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute¹¹ states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning

¹⁰ For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

¹¹ A.R.S. §15-701

disabilities, English language learners, and those with reading deficiencies. Research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children to prepare them to succeed on later tests such as the AIMS.¹²

Arizona fourth-graders also take the National Assessment of Educational Progress (NAEP), a nationally administered measure of academic achievement that allows for comparisons to national benchmarks.¹³

Although 67 percent of fourth graders in Arizona “meet or exceed standards” on the AIMS (Arizona Instrument to Measure Standards) reading test, only 26 percent of Arizonan fourth graders scored “at or above proficient” on the NAEP test.¹⁴ Arizona fourth graders made no significant gains in performance on the NAEP reading test between 2009 and 2011, and although significant gains on the NAEP mathematics test were made, Arizonan fourth graders still fall below national average.¹⁵

Maricopa County third graders performed about equally well in both math and reading when compared with third graders statewide. A slightly higher percentage (2% more) of Maricopa County third graders met or exceeded standards in math, and three percent more of Maricopa County third graders met or exceeded standards in reading when compared with statewide averages. **Table 13** and **Table 14** show a breakdown of AIMS scores by school district in the Southeast Maricopa Region, as well as AIMS scores for the county and state overall.

Table 13. Math 3rd Grade AIMS Results, 2011

SCHOOL DISTRICT NAME	FALLS FAR BELOW STANDARDS	APPROACHES STANDARDS	MEETS STANDARDS	EXCEEDS STANDARDS	PASSING RATE FOR MATH
Arizona Schools	10%	22%	43%	24%	67%
Maricopa County Schools	9%	21%	43%	26%	69%
Gilbert Unified District	6%	19%	46%	30%	75%
Higley Unified District	4%	15%	47%	34%	81%
Mesa Unified District	10%	23%	44%	24%	67%
Queen Creek Unified District	4%	15%	51%	30%	81%

Source: Arizona Department of Education, 2011

¹² First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

¹³ The NAEP test is a product of U.S. Department of Education. For more information, visit: <http://nces.ed.gov/nationsreportcard/about/>

¹⁴ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

¹⁵ U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009-2011 Reading Assessments.

Table 14. Reading 3rd Grade AIMS Results, 2011

SCHOOL DISTRICT NAME	FALLS FAR BELOW STANDARDS	APPROACHES STANDARDS	MEETS STANDARDS	EXCEEDS STANDARDS	PASSING RATE FOR READING
Arizona Schools	5%	19%	62%	13%	75%
Maricopa County Schools	5%	17%	63%	15%	78%
Gilbert Unified District	3%	13%	64%	20%	84%
Higley Unified District	2%	9%	67%	22%	89%
Mesa Unified District	5%	20%	60%	14%	74%
Queen Creek Unified District	2%	12%	70%	17%	86%

Source: Arizona Department of Education, 2011

Students in Queen Creek, Higley, and Gilbert Unified Districts tend to show a higher-than-average pattern of achievement on the AIMS test compared to the state and county, with a higher proportion of students passing the tests and a small proportion falling far below the standards. However, Mesa Unified School District scores are more on par with the state and county schools in reading, and slightly lower than state and county schools in math.

High school graduation rates are an additional important indicator of education in the region.¹⁶ The Arizona Department of Education reported that in the 2009-2010 school year (the most recent year for which data are available), 92 percent of students in the Chandler Unified School District graduated from high school, and 90 percent of students in both Queen Creek Unified District and Gilbert Unified District graduated from high school. These percentages are substantially higher than the state rate of 76 percent. Higley Unified District graduated 87 percent of students, and Mesa Unified District graduated 78 percent of students, rates which are also higher than the statewide rate.

Data from the Arizona Department of Education show that Mesa Unified School District has a number of high school students who are Limited English Proficient. Only 59 of these students (30%) graduated high school in 2011. Data about Limited English Proficient students are not available for Gilbert, Higley, or Queen Creek Unified Districts.

¹⁶ The graduation rate of public high schools is a “cohort” measure of those who graduate in four-years. For example, those entering 9th grade in the 2005-06 school year comprise the cohort measured by the 2009 data (shown here). All schools are included in the county-level rates. However, charter schools, which operate independently of a district, are not included in district-level rates. High school dropout rates refer to the proportion of students who drop out of grades 7 through 12 during a single year. Dropouts include those who move to a school in another state without notifying the Arizona school; therefore areas with a more transitory population may display higher rates than other communities.

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

In the Southeast Maricopa Region, there are 255 DHS licensed child care centers, according to the Arizona Child Care Resource and Referral (CCR&R) report of December 2011. For family child care, there are also 26 DHS certified group homes, 11 DES certified homes, and 80 unregulated homes that are registered with CCR&R. The total licensed capacity for child care centers in the region was 26,791 as of March 2012. This represents only about 39 percent of the 68,000 children aged 0-5 in the region. Additionally, it should be noted that not all providers have the actual capacity to care for as many children as their license allows, and that some of these slots represent care for children over five. Detailed data on each provider are found in **Appendix D**.

Quality First

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

Quality First provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.¹⁷ The table below describes the rating scale as defined by First Things First.

¹⁷ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

Table 15. Quality First Rating Scale

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

Source: First Things First, 2012

In the Southeast Maricopa Region, 53 centers were enrolled in the Quality First program as of June 2012. Of these centers, preliminary star ratings suggest that the majority of Quality First enrolled providers in the Region hold a 2-star rating (approximately 85% of all regional centers enrolled). Of the remainder, approximately 11 percent hold a 1-star rating, and approximately 4 percent hold a 3-star rating.¹⁸

Head Start

Head Start is a comprehensive early childhood education program for children of pre-school age whose families meet income eligibility criteria. As of March 2012, eligibility criteria for the Head Start program include: being a resident of Arizona; being a parent or primary caregiver for a child who is too young for public school; having an eligible pre-tax household income.¹⁹ Arizona residents not meeting these criteria may still be eligible for Head Start if: their income

¹⁸ First Things First (2012). Unpublished data.

¹⁹ Current eligible incomes are \$10,830 for a one-person household; \$18,310 for a two-person household; \$22,050 for four-person household; \$25,790 for a five-person household; \$29,530 for a six-person household; \$33,270 for a seven-person household; \$37,010 for an eight-person household, and \$40,750 for a household larger than eight person. \$3,740 may be added for each additional person in the home for larger households.

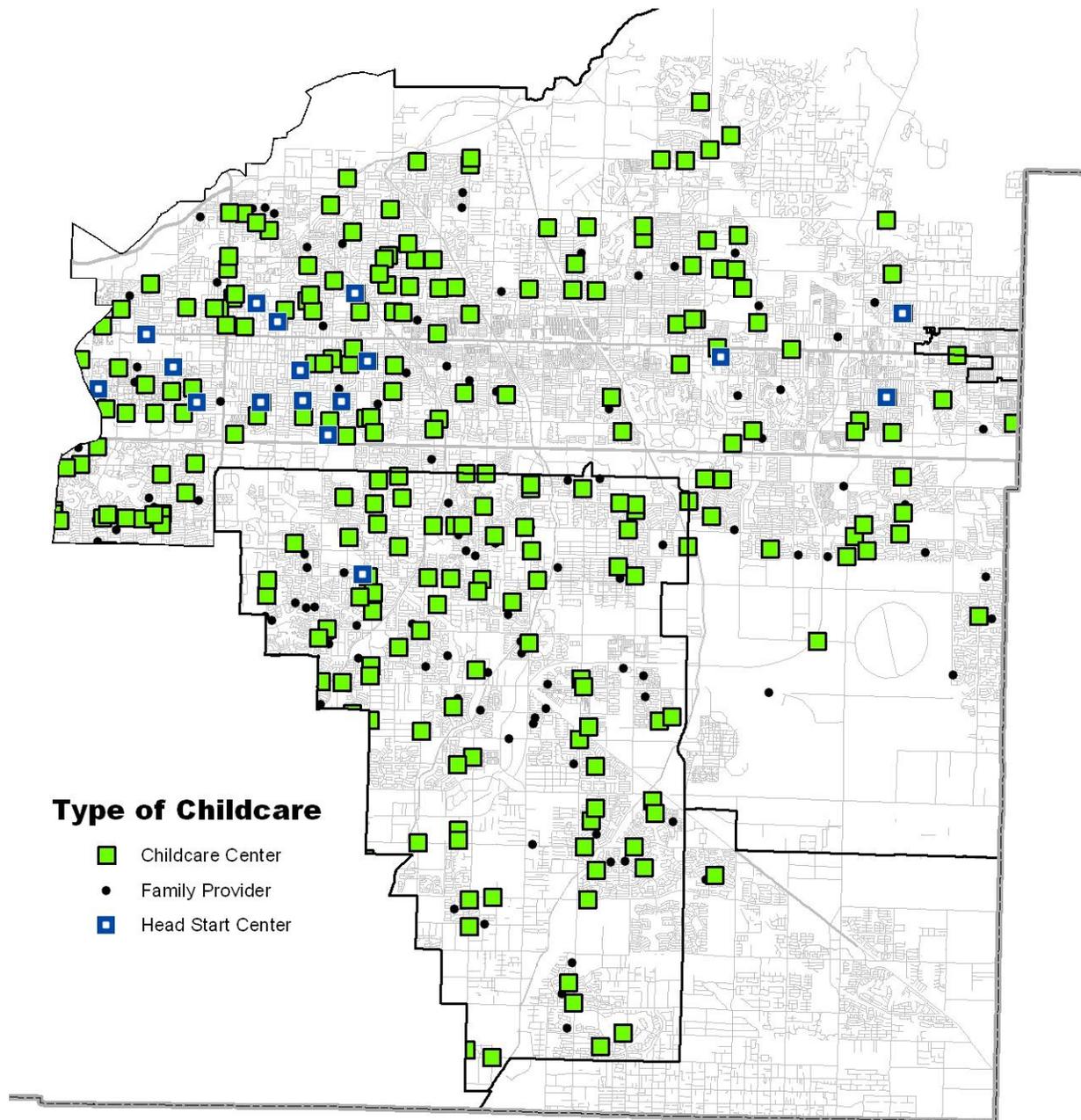
status is low or very low, they are under-employed, unemployed, or about to become unemployed, facing pregnancy, or under 19 years of age.²⁰

Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Southeast Maricopa Region is served by Maricopa County Head Start, which offers a Head Start Program and an Early Head Start Program, which services low-income families with infants, toddlers, and pregnant women. According to 2010-2011 Head Start Program Information Report, the Early Head Start Program offers an enrollment of 179, with both a full day, 5 days per week option (80) and a home-based option (99). Ten classes are offered, which includes 61 children of less than 1 year old, 83 children that are 1 year of age, and 85 children that are two years of age. The Head Start Program offers an enrollment of 1,276, which includes a part-day, 4 days per week option (1,192) and a home-based option (84). Seventy classes are offered, which include 480 children 3 years of age and 1,011 children 4 years of age.

The map in **Figure 13** shows how child care providers are distributed throughout the Southeast Maricopa Region. Each black dot indicates the approximate location of a child care center in the Southeast Maricopa Region.

²⁰ Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

Figure 13. Child care providers in the Southeast Maricopa Region



Cost of Child Care

Part of the qualitative data collection conducted for this report included attending a Southeast Maricopa Regional Town Hall, hosted in Gilbert, AZ by the Southeast Maricopa Regional Partnership Council. This town hall meeting attracted a mixture of parents and providers, and several meeting participants identified the cost of child care as a major barrier to child care access in the community. Child care assistance for single parents, teen parents, and very young children with special needs (e.g., autism) were identified as the greatest areas of need in the community. Providers present at the meeting reported that many families who do not qualify for scholarships under the current regulations are unable to afford child care without financial

assistance. A shortage of Spanish-speaking resources was also noted in the region, which is a child care barrier for Spanish-speaking families. **Table 16** shows the average estimated cost of child care in a child care center by percent of median income in the region. It should be noted that data about median income is available at the community level, but average cost of child care data are available at the state and county levels only. The calculations in **Table 16** and **Table 17** were therefore made with community-level median income data and county-level data about average cost of child care.

Table 16. Cost of Full Time Child Care in a Regulated Child Care Center by Percent of Median Family Income

GEOGRAPHY	CHILDREN UNDER 1 YEAR OLD	CHILDREN 1 - 2 YEARS OLD	CHILDREN 3 - 5 YEARS OLD
Arizona	16%	15%	13%
Maricopa County	16%	14%	12%
Mesa city	17%	15%	13%
Gilbert town	12%	10%	9%
Queen Creek town	12%	11%	10%

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

As **Table 16** shows, infant care is most costly to families, and subsumes between 12 and 17 percent of median family income in the region. The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. However, to secure regulated center-based child care, more than half the families (those at median income or below) in each of the communities in the Southeast Maricopa Region would need to exceed this recommendation for nearly all age groups.

It is important to note that the percentages above are reflective of families with only one young child in need of full-time child care. Families with more than one child under age five requiring child care would exceed the Department of Health and Human Services recommendation by a substantially higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a substantially lower median income in the Southeast Maricopa Region (see **Table 6**) resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families.

Participants at the Town Hall’s Spanish-speaking table reported using home child care and “kith and kin” care for their children, though it was not specified whether this is because of language barriers, cost barriers, or other barriers.

Unregulated homes are typically a less expensive child care option. **Table 17** shows the average estimated cost of full time child care in an unregulated home by percent of median family

income. Although unregulated home care is within the Department of Health and Human Services recommendation for the average family in Gilbert and Queen Creek, cost of child care in an unregulated home still exceeds this recommendation in all categories in Mesa. This may explain why many families in the region are likely to turn to kith and kin care, which is often provided free of charge.

Table 17. Cost of Full Time Child Care in Unregulated Homes by Percent of Median Family Income

GEOGRAPHY	CHILDREN UNDER 1 YEAR OLD	CHILDREN 1 - 2 YEARS OLD	CHILDREN 3 -5 YEARS OLD
Arizona	11%	11%	10%
Maricopa County	11%	11%	11%
Mesa city	12%	12%	12%
Gilbert town	9%	8%	8%
Queen Creek town	9%	9%	8%

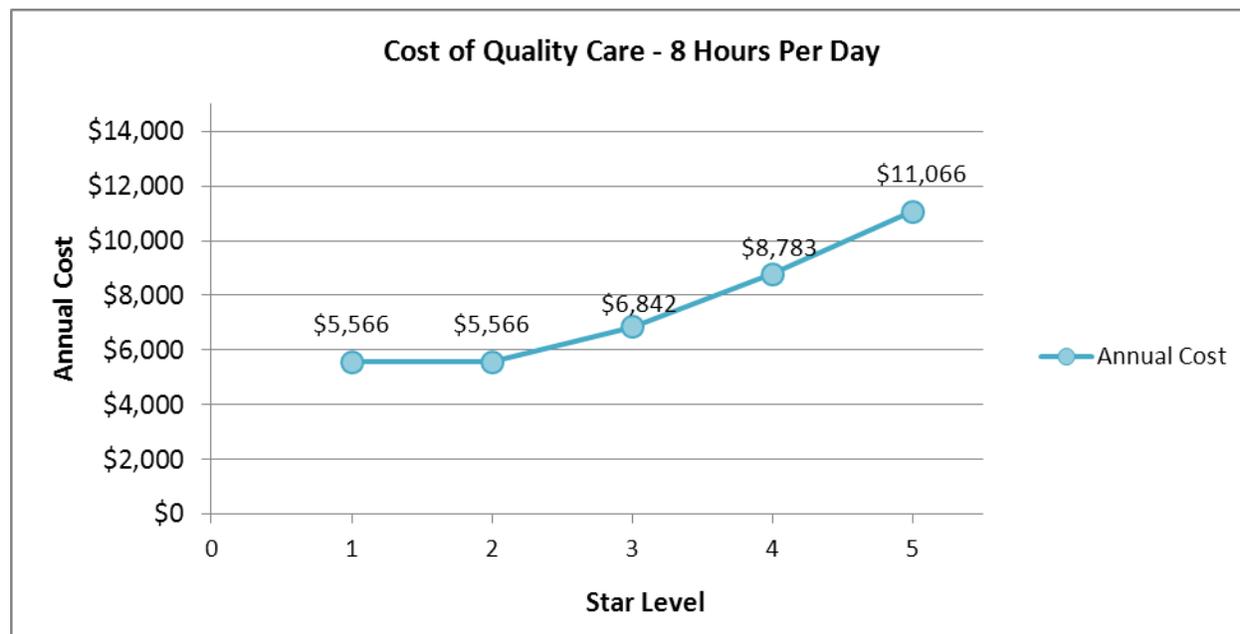
Source: American Community Survey 2006-2010; Child Care Market Rate Survey 2010

Qualitative data collected from both parents and providers in the Southeast Maricopa Region indicates a clear need for affordable child care for more families, and child care options that address specific needs in the community, such as Spanish-speaking child care providers and child care providers able to cater to special needs children.

The Cost of Quality

One key informant consulted for this report expressed concern that regulated child care centers are out of reach for many families in the community, particularly families with multiple children. Recent work conducted at the statewide level by First Things First suggests that the high cost of quality care is a statewide concern. As shown in **Figure 14**, the annual cost of an average 5-star Quality First Center is estimated to be nearly double the average annual cost of a 1 or 2-star Quality First Center.

Figure 14. Cost of Quality Care



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

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

Child Care Arrangements in Southeast Maricopa Region

During the Gilbert Town Hall meeting, participants were asked to respond to a survey about service awareness and accessibility, described in detail in the Public Awareness and System Coordination section of this report. In this survey, parents were also asked to describe where their children are cared for, and who is taking care of them.

Table 18. Town Hall Survey Results: Child Care Arrangements

CHILD CARE ARRANGEMENT	RESPONDENTS REPORTING THIS TYPE OF CARE
Parents in the home	10
Grandparents in the home	8
Licensed caregiver in the home	1
Unlicensed caregiver in the home	3
Licensed caregiver outside the home	1
Licensed group care outside the home	1
Child care center	5
Other (child at work with parent)	1

The results of this survey suggest that many parents in the region are turning to free, in-home care by family members. Previous studies of “kith and kin care” and other types of unregulated, informal child care have consistently found that informal child care is lower in quality than

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

Respondents to this survey indicated grandparents as the sole family members other than parents responsible for caring for children. On average, respondents reported that their children spend 3.5 days outside of the care of their parents each week.

Professional Development

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

For the Maricopa County Head Start programs, 94 percent of classroom teachers had a degree in ECE or a related field. This percentage is lower than the statewide average for Head Start programs, which is 99 percent. In Maricopa County Early Head Start programs, 100 percent of classroom teachers had a degree in ECE or a related field. This is higher than the statewide average for Early Head Start programs, which is 91.58 percent.

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

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associate) credential. A Bachelor's Degree model of the TEACH program is also currently being developed.

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

In fiscal year 2012, the Southeast Maricopa Regional Partnership Council set a target of 120 TEACH scholarship awards. Of the targeted scholarships, 112 (93%) have been awarded.

Arizona State University no longer offers a Bachelor’s degree in Early Childhood Education, although a degree in Special Education/Early Childhood is offered. Beginning in 2009, the University added an online program which enables teachers to receive an early childhood endorsement concurrently with their elementary education degree.²² Other community colleges in the area offer continuing education and professional development opportunities, as shown in **Table 19**. These community colleges additionally participate in the T.E.A.C.H program.

Table 19. Degrees offered at community colleges in or near the Southeast Maricopa Region

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

Source: Association for Supportive Child care, 2011

One key informant consulted for this report felt that while there are numerous professional development opportunities available in the community, the awareness of these opportunities is low, and they are most commonly used by employees of larger providers who require professional development of their staff. This key informant felt that services would be utilized more widely if awareness of both professional development opportunities and scholarships were more broadly advertised.

Another key informant expressed concern that although numerous Associate’s degree professional development opportunities are available in the region, there is a shortage of professional development resources for providers who want to get training in evidence-based practices. This key informant felt that the addition of evidence-based professional development opportunities for specialized service providers would strengthen the quality of services in the region.

²² Arizona State University News, 2008

Health

Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas, which are geographically based areas in which most residents seek primary medical care within the same places.²³ The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density; each of the Primary Care Areas in the Southeast Maricopa Region are designated as Urban. (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

There are 3 Primary Care Areas within the Region:

1. Mesa Primary Care Area
2. Gilbert Primary Care Area
3. Queen Creek Primary Care Area

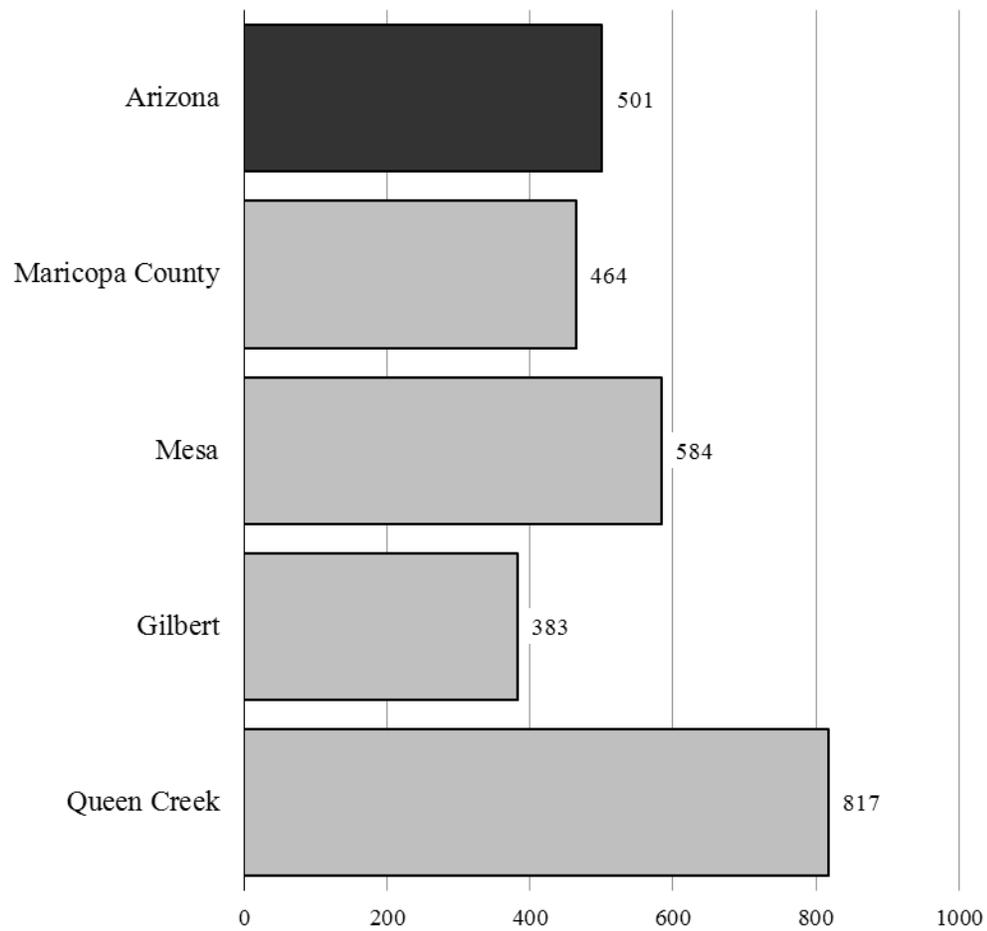
The communities included within each area of the Region are listed in **Appendix P**.

The Primary Care Area Program also designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. To make this designation, each Primary Care Area is given a score based on 14 weighted items including: points given for ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly, and unemployed. Primary Care Areas are also designed as medically underserved if they can be categorized as a Health Professional Shortage Area (HPSA). Mesa is designated as an AzMUA, as is Tempe, because it contains HPSAs. Gilbert and Queen Creek are not AzMUA's.

Data about the ratio of population to primary care providers in the various Primary Care Areas is a clear indicator of the healthcare infrastructure within the region. As shown in **Figure 15**, the ratio of population to primary care providers in the Southeast Maricopa Region is slightly lower than the average for the state of Arizona, with the exception of Queen Creek, which has a comparatively higher ratio of population to available providers. Providers and parents at the Gilbert town hall meeting expressed that while healthcare providers are plentiful, many families do not know where to go, especially for specialty services.

²³ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

Figure 15. Ratio of Population to Primary Care Providers



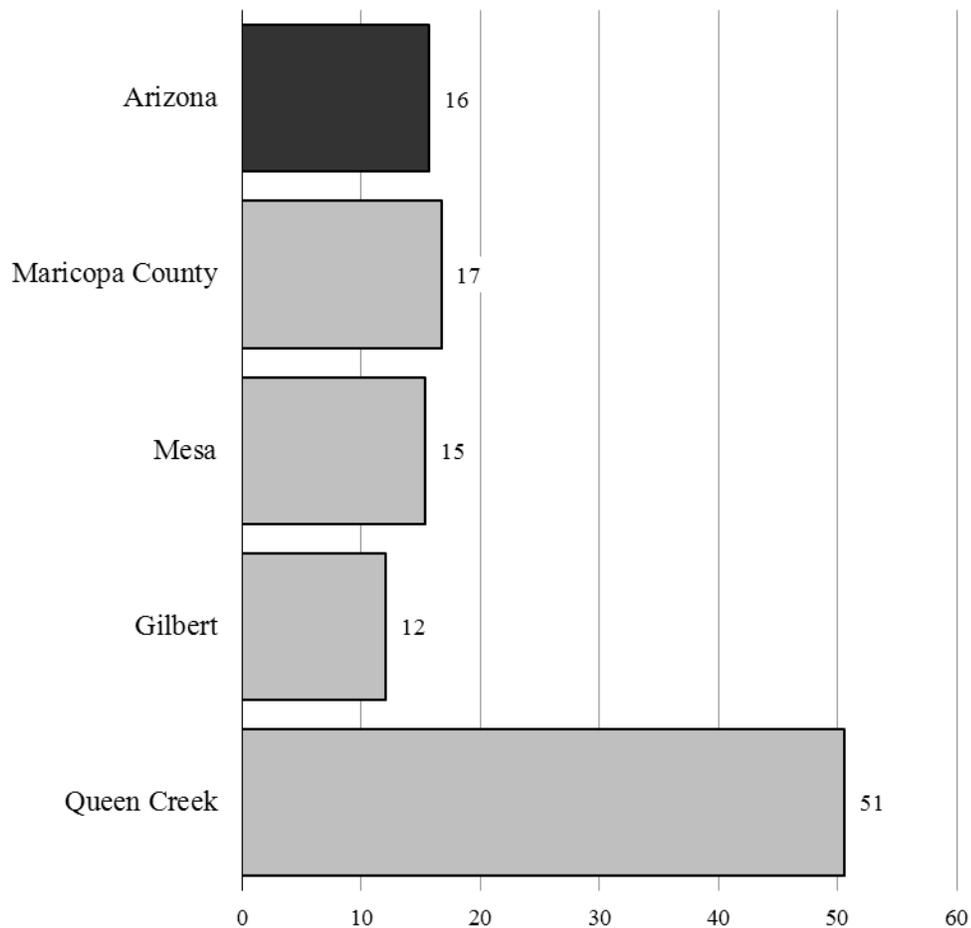
Source: Arizona Department of Health Services, January 2012)

One key informant consulted for this report expressed concern that the quality of pediatric services in the Southeast Maricopa Region varies widely, particularly in regards to the quality of developmental screenings. This key informant felt that while some pediatric providers are knowledgeable of the latest empirically-based recommendations about early screenings and signs of developmental delays, others are not as knowledgeable, and fail to conduct early screenings altogether. “Some of our pediatric providers seem to ignore delays and tell our parents that their kid will grow out of it,” the key informant said. “Delays are going undiagnosed, and it’s of huge detriment to the kids and their families.”

Pregnancies and Births

According to the Arizona Department of Health (ADHS) Vital Statistics, for the calendar year 2009 (the most recent year for which these data are available), there were a total of 92,616 live births in Arizona. 57,663 births occurred in Maricopa County, and nearly 20 percent (11,347) of all Maricopa County births occurred in the Southeast Maricopa Region.

Figure 16. Birth Rate per 1000 residents, 2000-2009



Source: Arizona Department of Health Services, January 2012

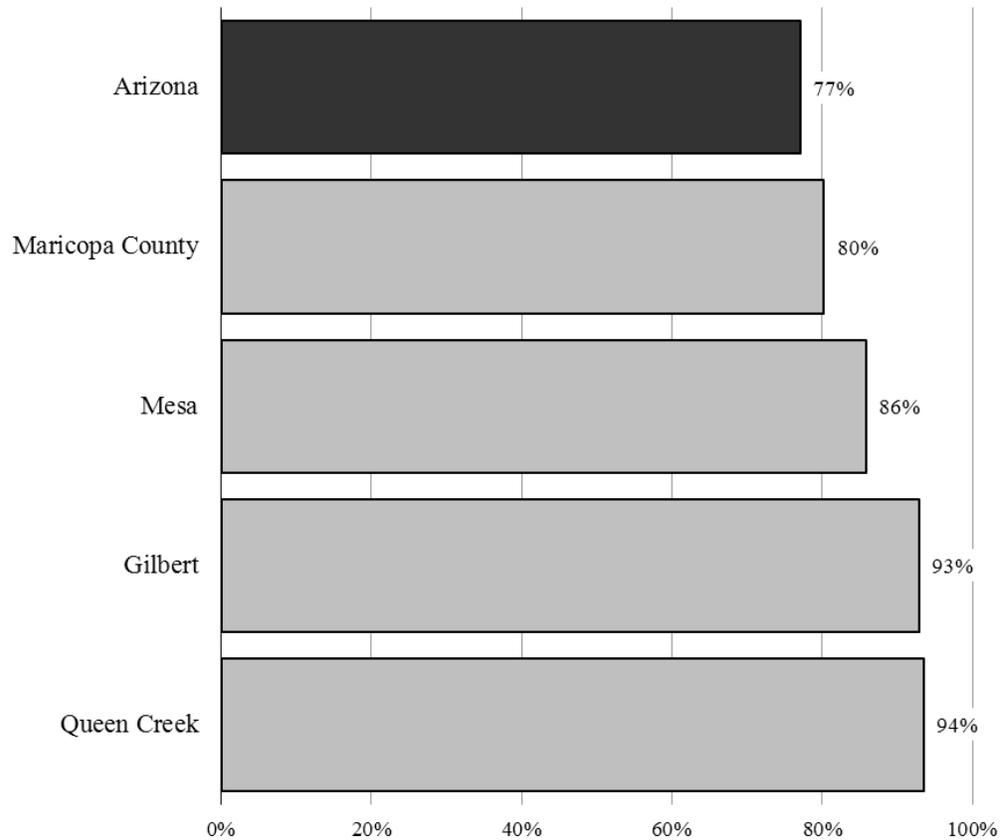
As shown in **Figure 16**, Mesa shows a birth rate similar to that of Maricopa County and the state of Arizona overall. Gilbert has a relatively low birth rate, and the birth rate in Queen Creek is dramatically higher than birth rates in the rest of the region, as well as the county and statewide average. This indicates that Queen Creek is a rapidly growing young community in the Southeast Maricopa Region.

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.²⁴ Care should ideally begin in the first

²⁴ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

trimester, and the American College of Obstetrics and Gynecology (ACOG) recommends at least thirteen prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number (ACOG, 2002).

Figure 17. Average Percent of Births with Prenatal Care Begun First Trimester

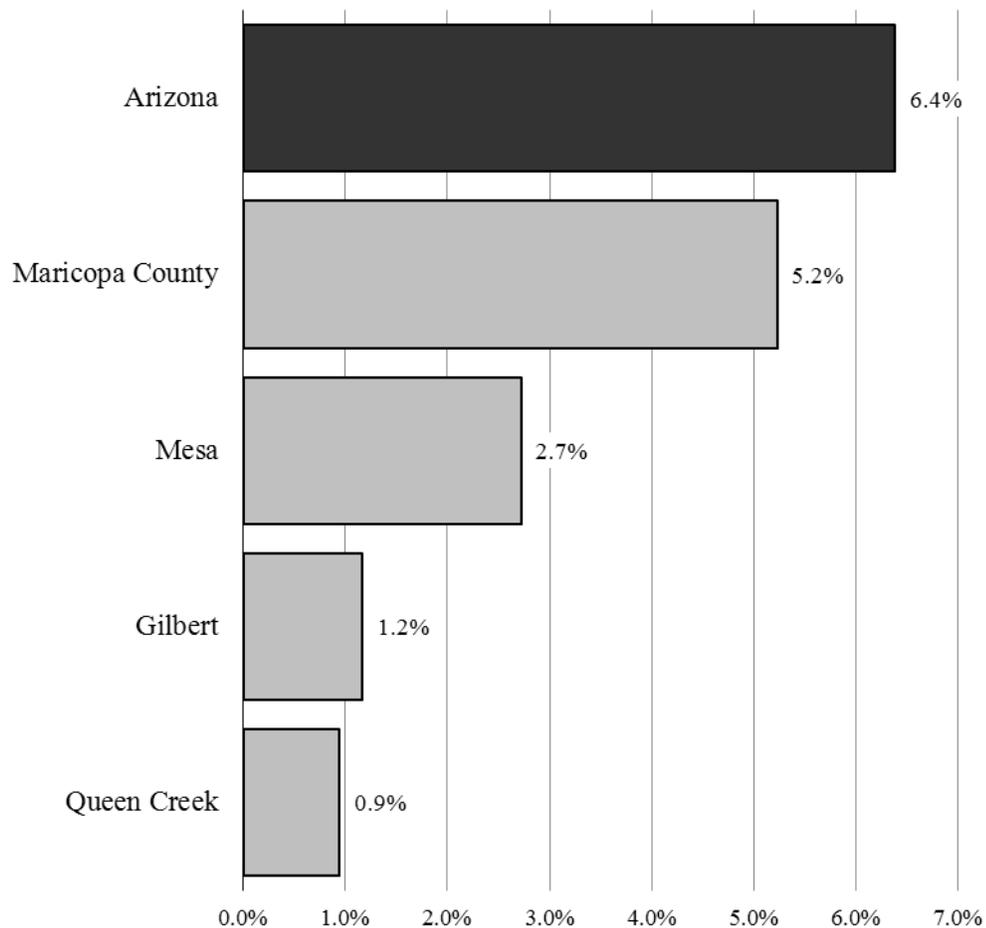


Source: Arizona Department of Health Services, January 2012

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

Although the state of Arizona is slightly below the Healthy People 2020 target, Mesa, Gilbert, and Queen Creek all exceed the target. As shown in **Figure 18**, more mothers receive five or more prenatal care visits in the Southeast Maricopa Region than they do in Maricopa County and in the state of Arizona overall. Mesa mothers are less likely to have received at least five prenatal care visits than are mothers in other communities in the region.

Figure 18. Average Percent of Births with Fewer Than Five Prenatal Care Visits

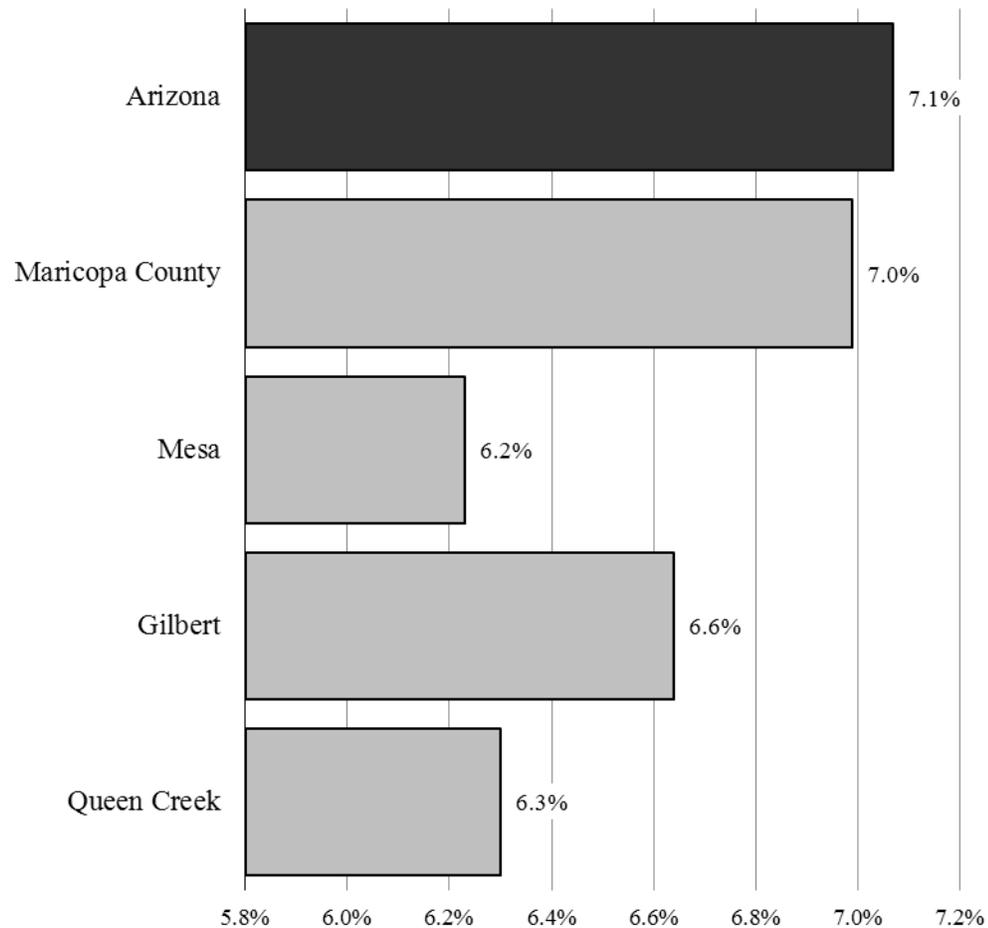


Source: Arizona Department of Health Services, January 2012

In the state of Arizona in 2009 (the most recent year for which these data are available), about 33.5 percent of the births were to women who had been diagnosed with some sort of medical risk factor during pregnancy, such as anemia, diabetes, or eclampsia.

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. As shown in **Figure 19**, communities in Southeast Maricopa have had a lower number of low birth weight births than were recorded in Arizona and Maricopa County. The highest proportion of low birth weight births in the region occurred in Gilbert. The Healthy People 2020 target for low birth weight is 7.8 percent or fewer. Arizona as a whole, Maricopa County, and the Southeast Maricopa Region all currently meet the Healthy People 2020 target.

Figure 19. Average Percent of Low Birth Weight (5 lbs, 8 oz or less) Births, 2000-2009



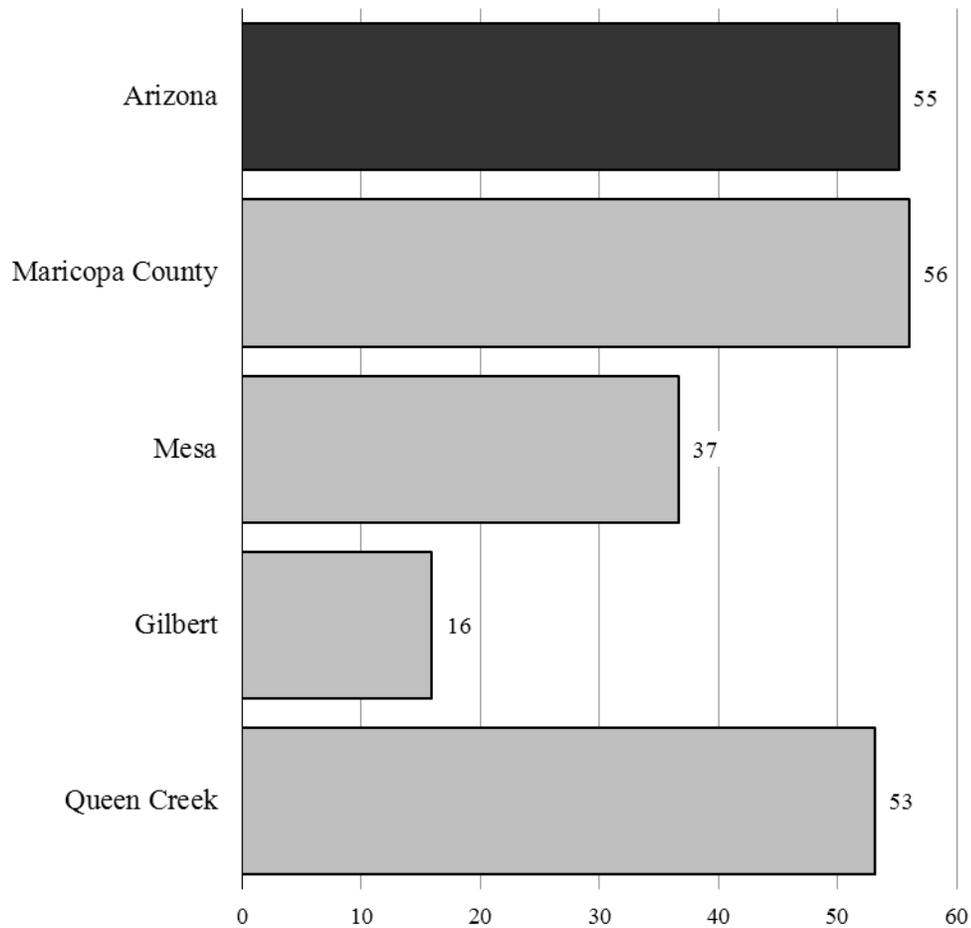
Source: Arizona Department of Health Services, January 2012

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

Teen pregnancy and birth continues to be a statewide issue in Arizona, which ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the sixth 6th

highest teen birth rate nationally.²⁵ In 2009, nearly 12 percent of all births in Arizona were to mothers under the age of 19. As shown in **Figure 20** below, the rate of teen births is variable throughout the region, with Queen Creek reporting the most teen births per thousand young women, though it is still lower than the rate of teen births in the county. According to the Arizona Department of Health Services Community Vital Statistics, 8 percent of all births in the Southeast Maricopa Region are to teen mothers.

Figure 20. Average Number of Teen Births per 1,000 Females 14-19 years old



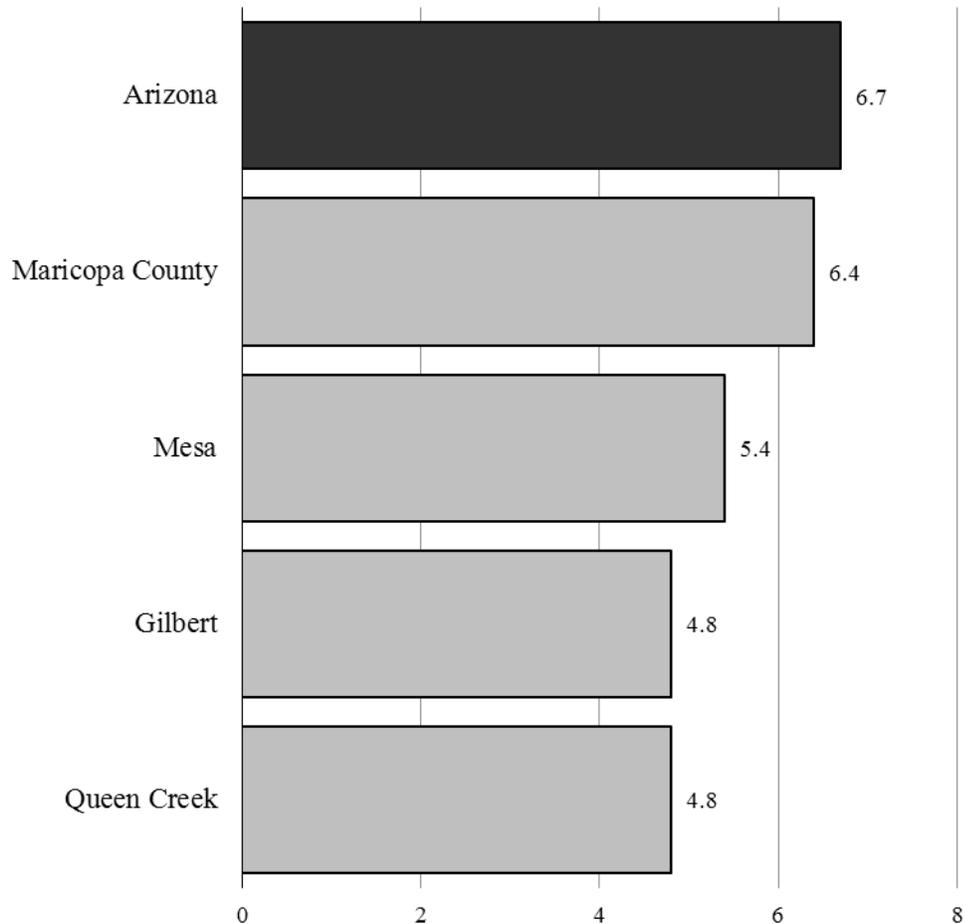
Source: Arizona Department of Health Services, January 2012

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

²⁵ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

One of the consequences that has been linked to high teen birth rates, among other factors, is high infant mortality. However, infant mortality in Queen Creek is very low, despite having a high rate of teen births; this may be attributable to the high rate of prenatal care also seen in this community. Overall, the Southeast Maricopa Region has a low infant mortality rate, relative to Maricopa County and Arizona overall. The highest infant mortality rate in the region is in Mesa. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. Mesa, Gilbert, and Queen Creek all currently meet this goal.

Figure 21. Average Infant Mortality Rate per 1,000 Live Births

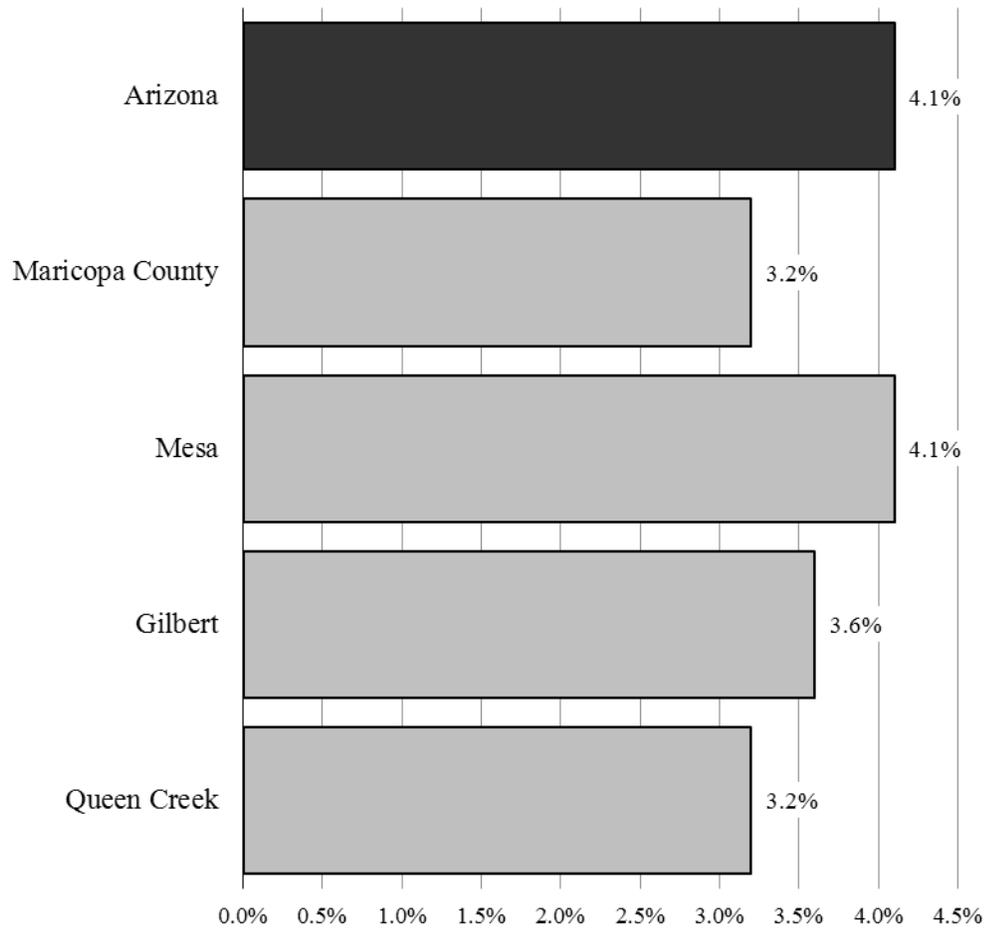


Source: Arizona Department of Health Services, January 2012

Statewide, about 55 percent of mothers used AHCCCS or IHS to pay birth expenses in 2009. In Southeast Maricopa, this proportion is lower, at 43 percent.

There was minimal variation in the number of uninsured births (defined as self-pay or “unknown” payee in the Vital Statistics birth record) in the region, as can be seen in **Figure 22**. All communities in Southeast Maricopa had similar percentages of uninsured births when compared with Maricopa County and Arizona overall.

Figure 22. Average Percent of Uninsured Births



Source: Arizona Department of Health Services, January 2012

AHCCCS Insurance Coverage

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

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

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

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it is only open to children in households with incomes from 100% to 175% of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare.²⁶ At the end of the KidsCare II coverage period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date.²⁷

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

Table 20. Enrollment in AHCCS, including KidsCare

GEOGRAPHY	AHCCCS ENROLLMENT, DECEMBER 2010	AHCCCS ENROLLMENT, DECEMBER 2011	POPULATION (ALL AGES)	PERCENT OF POPULATION ENROLLED IN AHCCCS	POPULATION IN POVERTY (ALL AGES)	PERCENT OF POPULATION IN POVERTY
Arizona	1,347,614	1,336,141	6,110,304	22%	933,113	15%
Maricopa County	755,125	762,324	3,702,339	21%	515,030	14%

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

Table 21 shows the enrollment in KidsCare by county in Maricopa County and for the state as a whole. The steep decline in enrollment reflects the freeze that was put in place in January of 2010. Enrollment decreased from 2010-2011 by approximately the same rate in Maricopa County and in the state. The percentage of Maricopa County children enrolled in KidsCare is the same as the percent of children enrolled in KidsCare statewide.

²⁶ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

²⁷ For more information, please visit: <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx>

Table 21. Enrollment in Arizona's KidsCare Program

	ARIZONA	MARICOPA COUNTY
KidsCare enrollment, November 2009	46,750	29,068
KidsCare enrollment, November 2010	25,086	15,518
KidsCare enrollment, November 2011	14,225	8,931
Decrease from November 2009 to November 2011	-70%	-69%
Population of children (0-17)	1,586,990	989,161
Percent of children (0-17) enrolled in KidsCare	0.90%	0.90%
Number of children (0-17) in poverty	342,607	195,805
Percent of children (0-17) in poverty	22%	20%

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

The American Community Survey creates three-year estimates for the number of uninsured individuals in each of the counties and larger communities in Arizona. As shown in

Table 22 below, Queen Creek has a relatively low rate of uninsured children aged 0-5 when compared with the state and county rates. Gilbert and Mesa have uninsured rates that are approximately equal to the state and county rate.

Table 22. Percent of Population Uninsured

GEOGRAPHY	POPULATION (ALL AGES)	PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	PERCENT OF POPULATION UNINSURED (0-5)
Arizona	6,240,052	17%	556,781	11%
Maricopa County	3,770,060	17%	349,081	11%
Mesa	439,036	17%	38,825	11%
Gilbert	202,584	10%	21,341	9%
Queen Creek	24,791	7%	3,677	2%

Source: American Community Survey, 2007-2010

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

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

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make referrals to other appropriate

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

AzEIP providers can offer, where available, an array of services to eligible children and their families, including: assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

The primary AzEIP provider for the Southeast Maricopa Region is RISE Services, Inc., a non-profit organization specializing in children with developmental disabilities, mental health challenges, and other disabilities. RISE offers early intervention services, therapy for developmental disabilities, family services, and child/adult developmental homes.²⁸ Mesa Public Schools offers a screening program for young children, as well as a special education preschool for qualifying preschoolers.²⁹ The Queen Creek School District offers the Little Coyotes Preschool for qualifying children with special needs.³⁰ Gilbert Public Schools' Amanecer Preschool enrolls students both with and without special needs.³¹ In 2009-2010, 756 children in the Southeast Maricopa Region received services from AzEIP. This is a 26 percent decrease in the number of children receiving services in 2008-2009 (949).

The Arizona Department of Economic Security's Division of Developmental Disabilities (DDD) also provides services and supports for families with children who have developmental disabilities. In 2010, 678 children between ages 0-2.9 were receiving services from DDD in the Southeast Maricopa Region, and 650 children between ages 3-5.9 were receiving services. This represents a moderate increase from the year 2009 in both age brackets; in 2009, only 591 children aged 0-2.9 were receiving DDD services, and 464 children aged 3-5.9 were receiving services.

Immunizations

In the Southeast Maricopa Region, 66 percent of children (6,607) aged 12 to 24 months completed the recommended series. This is slightly lower than the statewide rate of 70

²⁸ For more information about RISE Services, Inc., please visit: <http://www.riseservicesinc.org>

²⁹ For more information about Mesa Public Schools Special Education Preschool, please visit: http://www.mpsaz.org/special_ed/spec_ed_programs/prek_pgm_desc/

³⁰ For more information about the Little Coyotes Preschool, please visit: <http://www.qcusd.org/index.cfm?PID=3552>

³¹ For more information about Amanecer Preschool, please visit: <https://secure.gilbert.k12.az.us/programs/amanecer.php>

percent. Only 32 percent of children (4,837) aged 19 to 35 months completed the recommended vaccination series in the Southeast Maricopa Region. This is lower than the statewide rate of 41 percent.

The Arizona Daily Star newspaper released a special investigative report about immunization in May 2012, which found that one in three schools in Arizona had low enough vaccination levels to be considered “unsafe” (in order to effectively prevent the spread of infection, vaccination rates must be 80 percent to 90 percent, depending on the disease). Although schools are instructed to suspend students that are not immunized or do not have an exemption, the investigative report raised concerns about the lack of consequences for schools that choose not to enforce immunization in their students. The report also cited lack of parent education about the purpose and importance about vaccination as a contributing factor to the decrease in vaccination rates. Many parents fear that immunizing their children will have health repercussions, the report said.³²

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.³³ Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”³⁴ A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.³⁵ Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities.³⁵ Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development, including distractibility, abnormal patterns of emotional expression, disruptions in feeding and sleeping, and developmental delays in motor and language skills.³⁶

A continuum of services to address prevention and treatment in infant and toddler mental health has been proposed by a number of national organizations. These components would include 1) incorporating awareness of infant and toddler mental health issues in early childhood care and education programs, home visiting programs, and health-related programs to promote

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

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

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

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

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

infant mental health and prevent mental health challenges; 2) providing focused interventions to children and families who may be more at risk for developing mental health problems (for example, families experiencing chronic illness, homelessness, high stress, abuse, substance use, or children with physical health problems); and 3) providing intensive services with mental health professionals for infants, toddlers and their families who face very challenging situations and experience traumatic events that lead to mental health concerns, in order to return them to positive developmental progress.³⁵

In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 64,277 (21.3%) of enrollees were children or adolescents; children aged 0-5 comprised 3.8 percent of all enrollees³⁷, or approximately 8,000 young children statewide. With about 546,600 children aged 0 to 5 in Arizona, this means that about one percent of young children statewide are receiving care in the public behavioral health system³⁸. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. Better equipping healthcare and other service providers to meet infant mental health needs and to serve as effective sources of referral has been proposed as one strategy to help with this barrier to access to this level of care.³⁹ One key informant consulted for this report said that while pediatric psychiatrists are available in the region, the demand for pediatric psychiatric care exceeds the number of providers. The result is wait lists of 4 to 6 months long for an initial appointment in evaluation, which the key informant said is “too long for a child who is suffering and families who are severely stressed because they don’t how to handle their child’s problematic behaviors.”

Drug Use

A 2009 Arizona Statewide Substance Abuse Epidemiology Profile provides data about youth illicit drug consumption by Community Health Analysis Area (CHAA). In the Southeast Maricopa Region, students in the Gilbert and Mesa communities reported a relatively low rate of any drug use in the past 30 days (14.77% - 17.81%; between 1.5 and .50 standard deviations below the mean for the state). However, Queen Creek community students reported a substantially higher rate of past 30 day drug use than in surrounding communities and the state overall (23.92 – 26.96%; between 1.5 and 2.5 standard deviations above the mean for the state).

One key informant consulted for this report expressed concerns about the high rate of drug use in the Queen Creek community, and the interrelatedness between themes of drug use, teenage pregnancy, and young children with special needs. This key informant suggested that family programming in Queen Creek should be designed with this community challenge in mind.

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

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

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

Oral Health

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

At the Gilbert Town Hall meeting, participants described a lack of accessible and affordable pediatric dental care and screenings as a need in their community. Participants stated that there are too few providers in the region, and that they are not conveniently located for families who do not have easy access to personal transportation. The primary pediatric dental provider for the region is ABC Dentistry for Children, which has an office in Queen Creek, Gilbert, and East Mesa. Mountain View Family Dentistry additionally services the Mesa area.

In the First Things First Family and Community Survey, the majority of parents (about 66%) said that they “strongly agree” or “somewhat agree” with the statement, “My child/children age 5 and under have regular visits with the same dental provider.” Nearly 16 percent of parents who participated in the survey said that there were no pediatric dental providers in their area. One key informant consulted for this report said that while there are numerous dental providers in the Region, very few will see children as young as is recommended by the ADHS Office of Oral Health. This key informant said that this creates a parent education challenge, as parents are disinclined to believe these recommendations when their family dentist provides contradicting advice.

Family Support

Home Visitation Programs

The Southeast Maricopa Regional Partnership Council funds several home visitation programs in the region provided by multiple agencies, including Teen Outreach Pregnancy Services, Arizona Department of Economic Security, Arizona Partnership for Children, Banner Health, Chicanos Por La Causa, Child Crisis Center, and Southwest Human Development.

The My Child’s Ready Program offered by the Child Crisis Center provides in-home support to participating families approximately 1 to 2 times each month. The program is available to all families expecting a child or with a child aged 0 to 5, regardless of the child’s developmental abilities. There are no income limits to participation in the program, which is provided at no cost.

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

One key informant consulted for this report felt that home visitation was a very effective strategy in the region, particularly in the Queen Creek and Gilbert communities, where community-based services are limited and transportation is a common barrier to service access. This key informant felt that increasing the availability of home visitation programs in these communities would be an effective strategy for implementing early screenings and increasing overall parent education.

Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children⁴¹, and educating parents about the importance of engaging in activities with their children that are contributory to development has become an increasing focus. The table below (**Table 23**) contains survey data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, as described by the Arizona Health Survey. The Arizona Health Survey parses survey data into 5 different regions. The Southeast Maricopa Region falls into Region 5, and includes the rest of Maricopa County.

Table 23. Parental Involvement in Child's Growth and Development

	READ OR TELL STORIES PER WEEK (%)			PLAY MUSIC OR SING PER WEEK (%)			GO TO PARK PER MONTH (%)			GO TO THE LIBRARY PER MONTH (%)	
	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days
Arizona	65.60	24.00	10.40	71.10	18.60	10.30	19.40	24.90	55.70	57.50	20.10
Maricopa County (Region 5)	66.70	23.10	10.20	71.90	16.80	11.30	17.70	23.50	58.80	54.80	20.40

Source: Arizona Health Survey, 2010

This suggests that parents report roughly the same levels of parental involvement in Maricopa County as do parents across the state as a whole. In the Arizona Health Survey, poverty status and educational status emerged as important factors influencing parental involvement in this survey. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of education were generally associated with more frequent engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis.

One key informant consulted for this report felt that parents in the community have difficulty accessing the available parent education classes due to transportation barriers and the need to find child care in order to attend classes. This key informant felt that in-home parent education (such as what is provided with the My Child’s Ready program) better addresses the challenges

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

of Southeast Maricopa families, and that increasing available in-home parent education would enable parent education services to reach more families in the community.

Child Abuse and Neglect

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that while infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.⁴²

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

Data on the number of children removed from their homes by CPS is available by zip code (Arizona Department of Economic Security, Division of Children, Youth and Families, 2011). The following table shows the number of removals by each zip code in the region from 2007 to 2010.

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

Table 24. Number of Children Removed

GEOGRAPHY	NUMBER OF CHILDREN (ALL AGES) REMOVED		
	CALENDAR YEAR 2007	CALENDAR YEAR 2009	CALENDAR YEAR 2010
Arizona	7,418	7,532	7,872
Apache Junction	18	8	4
Queen Creek	xx	14	34
Mesa	474	478	509
Gilbert + Higley	97	93	84

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

Incarcerated Parents

In Arizona, 3 percent of youth under 18 are estimated to have one or more incarcerated parents. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.⁴³

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.⁴⁴ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so⁴⁵, and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.⁴⁶

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. KARE, an Arizona Children’s Association initiative, offers online informational brochures such Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children

⁴³ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁴⁴ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

⁴⁵ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

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

of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

The closest resource for families coping with parental incarceration is the KARE Intergenerational Center in Phoenix, which specializes in supporting family members caring for non-biological children. There are few other direct supports for families coping with parental incarceration in the Southeast Maricopa Region.

Domestic Violence

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

In 2011, 10,990 individuals in Maricopa County received services for domestic violence, with children representing nearly 50 percent of those served. This is slightly higher than the proportion for the entire state of Arizona, which was about 48 percent. The average length of stay in Maricopa County ranged from 27-56 days. Shelters on the higher end of this range have much longer stays than the statewide average of 29 days. Domestic violence shelters in Maricopa County received 22,006 hotline and I&R calls, representing nearly 78 percent of the state's total 28,273.⁴⁷

⁴⁷ Arizona Department of Economic Security. (2011). *Domestic Violence Shelter Fund Report for SFY 2011*. Phoenix, Arizona.

Table 25. Domestic Violence Shelters and Services Provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	TOTAL SERVED	ADULTS	CHILDREN	BED NIGHTS	AVERAGE LENGTH OF STAY (IN DAYS)	HOURS OF SUPPORT SERVICES	HOTLINE AND I&R CALLS
Arizona	9,769	5,117	4,652	332,967	29	157,615	28,273
Autumn House - A New Leaf	220	133	87	6,547	28	2,185	1,348
Chrysalis	478	385	93	14,491	29	5,460	1,614
De Colores- Chicanos Por La Causa	336	114	222	18,536	55	4,567	1,003
Eve's Place	253	175	78	14,799	27	6,364	301
Elim House - Salvation Army	328	116	212	12,470	35	3,967	377
Faith House - A New Leaf	126	56	70	4,435	31	1,965	310
My Sisters Place Catholic Charities	252	107	145	8,107	30	1,968	841
New Life Center, Inc.	1,121	553	568	33,970	31	27,006	1,139
Sojourner Center	1,563	788	775	47,692	24	11,647	3,889
UMOM - Domestic Violence Shelter	818	342	476	26,765	56	816	181

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

Homelessness

The Maricopa Homeless Management Information System (HMIS), operated by Community Information and Referral Services (CIR) collects data about homelessness from emergency shelters, transitional housing programs, permanent supportive housing, food banks, and other faith-based providers. HMIS endeavors to produce an unduplicated count of homeless persons, with the intent that this information may be used to assess local service needs. **Table 26** contains data collected about homelessness by Maricopa HMIS from 2010 until June 2012 in Maricopa County, the Southeast Maricopa Region, Mesa, and Gilbert. Data specific to the Queen Creek community is not available.

Table 26. Homelessness in the Southeast Maricopa Region

		MARICOPA COUNTY	SOUTHEAST MARICOPA REGION	MESA	GILBERT
2010	Unaccompanied children	220	22	21	1
	Persons in family household	1485	271	254	17
	Persons in non-family households	11	0	0	0
2011	Unaccompanied children	118	22	22	0
	Persons in family household	851	144	127	17
	Persons in non-family households	6	0	0	0
JAN- JUNE 2012	Unaccompanied children	72	5	5	0
	Persons in family household	422	49	48	1
	Persons in non-family households	14	0	0	0

Source: Maricopa Homelessness Management Information System, 2012

School districts collect data on the number of economically disadvantaged and homeless students in their schools. Of the school districts in the Southeast Maricopa Region, Mesa Unified District has the highest rate of economic disadvantage, at 59 percent. Mesa Unified District also has the highest percentage of homeless students (2%).

Table 27. Homelessness in the Southeast Maricopa Region's School Districts

	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMIC DISADVANTAGE STUDENTS		HOMELESS STUDENTS	
Chandler Unified District	30	44,440	13,122	30%	470	1%
Gilbert Unified District	27	19,142	5,595	29%	-	
Higley Unified School District	8	5,849	1,251	21%	54	1%
Mesa Unified District	64	37,025	21,925	59%	645	2%
Queen Creek Unified District	6	2,982	714	24%	4	0%

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

Additional Qualitative Findings

To collect additional information about the family support needs of parents, “parent passerby” interviews were conducted with parents or grandparents of children aged 0-5 in the Southeast Maricopa Region. Interviews were conducted at the United Food Bank in Mesa and at the playground attached to Desert Mountain Elementary School in Queen Creek. More information about these interviews may be found in **Appendix I** and **Appendix M**.

The parents interviewed were consistently concerned with the affordability and accessibility of services, and most cited economic circumstances as their primary barrier to service access. Many parents reported relying on church programming and playgroups for child care and early education, as these groups are low cost and often free. Two thirds of the parents we spoke

with had never heard of First Things First, and many parents cited the internet or an older child's elementary school as a primary resource for discovering early learning opportunities for younger children. Further, the majority of parents who indicated that they had heard of First Things First also reported that they had never participated in any First Things First programs. This indicates that awareness of services is not always translating into the access and utilization of services, even among those that may be most in need of services (food bank clientele). The majority of parents indicated that access to a) affordable, high quality child care; b) early learning opportunities; and c) general activities for children such as playgroups would be particularly beneficial for families with young children in their respective communities.

There was a noticeable contrast between interviews conducted at United Food Bank and interviews conducted at Desert Mountain Elementary School. Although United Food Bank interviewees were primarily concerned with being able to access and afford services, Queen Creek residents mentioned the quality of services and the educational level of early childhood providers as focus areas for improvement. This is reflective of the differences in economic circumstance between the Mesa and Queen Creek communities, which were also noted in the 2010 Needs and Assets report. This difference was particularly noticeable when contrasting Spanish speaking interviewees at the United Food Bank, who were primarily concerned with being able to afford basic necessities such as food and diapers. When asked about what they liked about their community, a couple of Spanish speaking interviewees indicated that they felt there was a lot of support for families, and pointed to the Food Bank itself as an example. However, this was mostly said in comparison to the very few support services they had available at their own countries of origin.

A more detailed list of responses to the parent passerby surveys can be found in **Appendix N**.

Public Awareness and System Coordination

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

Table 28. Impact of Frequent Changes in Child Care Providers

<i>How do frequent changes in child care providers impact an infant's development?</i>		ESTIMATE	CUMULATIVE
SOUTHEAST MARICOPA	Frequent changes are positive	11.9%	11.9%
	Frequent changes are negative	73.4%	85.4%
	Frequent changes have no impact	5.9%	91.3%
	Not sure	8.7%	100.0%
	Total	100.0%	100.0%

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

The majority of parents (73.4%) felt that frequent changes in child care providers are negative to an infant's development, although nearly 20 percent either indicated that they were unsure or felt that frequent changes are positive.

Participants at the Gilbert Town Hall Meeting filled out a survey regarding service awareness and access. Fifty-eight participants completed the survey, 90 percent of whom were female. Nineteen participants (33%) reported currently having a child under the age of five. Most participants (76%) identified as Caucasian, and the largest proportion of the rest either identified as Latino (10%) or African American (7%). When asked to describe themselves, 17 said they identified as parents of young children, 7 as child educators, 6 as child care providers, 15 as child services providers and 13 as "other" (e.g., concerned citizen, grandparent, grantee).

Survey participants were provided with a list of regional services and were asked to indicate whether or not they had heard of the service. Only five of the fifteen programs elicited more responses of "YES" than combined responses of "NO" and "not sure what they do". These programs were: United Food Bank, Child Crisis Center, Southwest Human Development, Banner Cardon Children's Medical Center, and Quality First. It is important to note that as the survey respondents were all parents who had heard about and chose to attend the town hall, they represent individuals who are more likely to be connected to services. A complete list of these survey responses can be found in **Appendix K**.

Survey participants were also asked to answer questions about their judgments of service accessibility. Overall, parents' responses indicated that they felt their needs were being met. When parents indicated that their needs were not being met, it was often because they did not think they qualified for the services they were trying to obtain. This suggests that increasing awareness of services as well as awareness about qualifications for services would help more families have their needs met through existing services. A complete list of responses to this question about service accessibility can be found in **Appendix L**.

The results of the parent passerby interviews, described above, further reflect these findings. When parents who were interviewed were asked if they had heard of First Things First, 18 interviewees said no, and 9 interviewees said yes. However, most parents who had heard of First Things First had not actually attempted to access services. Parents described feelings of helplessness and “not knowing where to start”, anxieties about qualifications, and fears that services would be more expensive than they could afford.

One key informant consulted for this report perceived that parents in the region are often hesitant to seek out services because “they aren’t sure what they’re getting themselves into -- either what it will require from them or what they can expect to get out of [the services]”. This key informant suggested that publicity efforts targeted at clearly and explicitly answering these questions for parents would aid in gaining the trust of families who need help but feel anxious about requesting assistance, thereby increasing the utilization of services.

Another key informant consulted for this report described coordination of services as a substantial challenge in the region. “I think there are a lot of great services in place”, this informant said, “but we don’t always do a good job of figuring out what another provider is already working on so that we don’t confuse the family or the kids”. When asked to describe challenges to successful system coordination, this key informant said that with no existing framework for service coordination, coordination with other agencies takes a lot of time and effort, given the large number of agencies and providers in the region. Regularly scheduled and structured discussions which allow agencies and providers to come together would be helpful to improving service coordination in the region, the key informant said.

Summary and Conclusion

This Needs and Assets Report is the third biennial assessment of early education and health services in the Southeast Maricopa Region. Through assembly of quantitative data, and through analysis of qualitative data collected from parents and providers in the region, it is clear that the region has substantial strengths. These include a wide variety of health and social services available throughout the region; high rates of prenatal care; a variety of funded home visitation and in-home parent education programs available throughout the region; school districts that serve as resources for the identification of and referral of services; the availability of scholarships to early child care professionals in order to improve their education; and Head Start and Early Head Start programs that provide high quality care and early education opportunities for young children and access to support and education for their parents. A table containing a full summary of identified regional assets can be found in **Appendix G**.

However, there continue to be substantial challenges to fully serving the needs of families with young children throughout the region. A table containing a full summary of identified regional challenges can be found in **Appendix H**. Many of these have been recognized as ongoing issues by the Southeast Maricopa Regional Council and are being addressed by current FTF-supported strategies in the region. Some of these needs, and the strategies proposed to address them, are highlighted below. A table of Southeast Maricopa Regional Partnership Council planned strategies for fiscal year 2012 and fiscal year 2013 is provided in **Appendix F**.

- **A lack of awareness among families about where they can go for supportive resources, what services they are eligible for, and the benefits of investing in early childhood development** – The Southeast Maricopa Regional Partnership Council is employing a Family Resource Center strategy for the first time beginning in fiscal year 2013, in order to increase access to and awareness of existing strategies and services, including those that are not FTF-funded. The Family Resource Center strategy will include parent education services, family programming, and Health Insurance Enrollment assistance. Additionally, the Community Awareness and Community Outreach strategy includes funding for a Community Outreach Coordinator; funding for branded materials, media, sponsorships; participation in community events that support the mission of First Things First; and a Parent Leadership Symposium, which will educate and connect 100 families with resources and activities that promote school readiness and healthy development.
- **A lack of accessible pediatric dental providers in the region, and a shortage of pediatric dentists who will see children by one year of age** – The oral health strategy being implemented in the region will provide oral health screenings and fluoride varnish in several community-based settings, and will additionally provide educational outreach to dentists in the region to encourage them to provide dental services for children by age one.
- **A need to address the economic circumstances of families in the region, many of whom are struggling financially to meet basic family needs such as adequate food and nutrition** -- The Southeast Maricopa Regional Partnership Council's Food Security

strategy will distribute 2,800 food boxes in fiscal year 2013, which provide a three-day supply of food, and may serve a family until a more permanent solution is found.

- **A lack of affordable, high quality, and accessible child care** – In fiscal year 2013, the Southeast Maricopa Region will service 44 center-based providers and 9 home-based providers through the Quality First program, with the goal of increasing the quality and affordability of child care in the region. Quality First Scholarships and Pre-Kindergarten Scholarships will also be funded in order to address the need for affordable early childhood education. The region will fund 248 pre-kindergarten scholarships in fiscal year 2013, and will provide support to 15 pre-kindergarten sites.
- **Barriers to service access preventing families from being able to use available services** -- Analysis of the qualitative data collected for this report revealed that among families who are aware of the services available in the region, the most common barriers to service access are transportation, time, and lack of child care. The family resource strategy funded by the Southeast Maricopa Region endeavors to address these barriers in order to improve service accessibility; for instance, one of the family resource centers funded by the region is mobile, in order to prevent transportation from being a barrier in accessing this service.

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

- **Outreach in communities with large Hispanic populations** – Outreach and collaboration with local institutions (such as schools and early child care providers) where stakeholders see themselves as advocates of the Hispanic population is important to reaching this population. Recent legislation and the perception of a current anti-immigrant climate have led to distrust among the Hispanic population, and one effect of this distrust has been anxiety about accessing support services. Moreover, a lack of Spanish-speaking child care providers was cited as a barrier to child care access during qualitative work done for this report. Service access and parent involvement in early education may be improved through Spanish-speaking liaisons or other advocates.
- **Connect families to organizations in the region that provide assistance for families who are struggling to meet basic childhood needs, such as clothing and diapers** – Quantitative and qualitative data analyzed for this report illustrate the adverse financial impact the economic downturn has had on families in the region, particularly those living in metropolitan areas. Families who are preoccupied with being able to afford diapers and clothing for their children may lack the resources to be concerned with issues such as early literacy and healthy development. Linking families to organizations in the region that provide assistance with basic early childhood needs such as diapers, clothing, and toiletries (perhaps via family resource centers or local schools) would enable more of the families most in need of FTF-funded programming to access these programs.
- **Parent education and other programming targeted at adolescent parents and their children** – Some communities in the region, most notably Queen Creek, have a high rate of teenage parenting. Adolescent parents and their children face unique

challenges, and programming that aims specifically to reach, assist, and educate this population is crucial to ameliorating the negative outcomes that may be associated with adolescent parenting.

- **Enhance communication and collaboration among regional providers in order to maximize efficiency and provide families with holistic and well-coordinated services** – A notable strength of the Southeast Maricopa Region is the high number of providers and wide variety of specialty services available throughout the region. However, data collected for this report echoed the findings in the 2010 Needs and Assets report that communication and collaboration between these providers is minimal, and that this may be resulting in confusion for families and duplication of services. At the time this report was written, the Southeast Maricopa Regional Partnership Council’s system coordination strategy for fiscal year 2013 was still under development. Providing a structured forum (e.g., monthly meeting, biannual conference) in which representatives from agencies and services are incentivized to come together to develop goals and strategies as a community of providers may be one way to improve both awareness among providers and collaboration of services.

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

Appendix A. Population and Households by Area in the Southeast Maricopa Regional Partnership Council

GEOGRAPHY	PLACE NAME	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Arizona		6,392,017	546,609	2,380,990	384,441	16%
Maricopa County		3,817,117	339,217	1,411,583	238,955	17%
Southeast Maricopa Region		726,523	68,524	264,560	47,595	18%
ZCTA 85120 (Maricopa County part)	Apache Junction	4,573	189	2,283	135	6%
ZCTA 85142 (Maricopa County part)	Queen Creek	32,379	3,935	9,455	2,671	28%
ZCTA 85201	Mesa	46,092	4,923	17,915	3,362	19%
ZCTA 85202	Mesa	37,275	3,264	15,628	2,378	15%
ZCTA 85203	Mesa	35,541	3,829	12,172	2,558	21%
ZCTA 85204	Mesa	60,885	6,849	20,016	4,632	23%
ZCTA 85205	Mesa	39,858	2,463	17,271	1,703	10%
ZCTA 85206	Mesa	33,154	2,247	15,249	1,573	10%
ZCTA 85207	Mesa	44,744	3,473	16,738	2,468	15%
ZCTA 85208	Mesa	34,762	2,593	14,074	1,841	13%
ZCTA 85209	Mesa	37,377	2,820	15,044	1,987	13%
ZCTA 85210	Mesa	36,464	4,076	12,853	2,782	22%
ZCTA 85212	Mesa	24,492	2,892	7,267	1,999	28%
ZCTA 85213	Mesa	31,797	2,424	11,443	1,663	15%
ZCTA 85215	Mesa	15,963	730	7,062	497	7%
ZCTA 85233	Gilbert	37,564	2,984	13,674	2,192	16%
ZCTA 85234	Gilbert	50,014	4,497	16,345	3,110	19%
ZCTA 85295	Gilbert	38,332	4,578	12,721	3,257	26%
ZCTA 85296	Gilbert	36,799	3,648	12,044	2,617	22%
ZCTA 85297	Gilbert	26,979	3,716	8,120	2,530	31%
ZCTA 85298	Gilbert	21,479	2,394	7,186	1,640	23%

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

Appendix B. Households with Three or More Generations and Children 0-5 Living in a Grandparent’s Household

GEOGRAPHY	PLACE NAME	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
			Count	Percentage		Count	Percentage
Arizona		546,609	74,153	14%	2,380,990	115,549	5%
Maricopa County		339,217	40,250	12%	1,411,583	66,720	5%
Southeast Maricopa Region		68,524	6,416	9%	264,560	11,225	4%
ZCTA 85120 (Maricopa County part)	Apache Junction	189	38	20%	2,283	55	2%
ZCTA 85142 (Maricopa County part)	Queen Creek	3,935	324	8%	9,455	572	6%
ZCTA 85201	Mesa	4,923	593	12%	17,915	870	5%
ZCTA 85202	Mesa	3,264	343	11%	15,628	585	4%
ZCTA 85203	Mesa	3,829	454	12%	12,172	666	5%
ZCTA 85204	Mesa	6,849	910	13%	20,016	1,312	7%
ZCTA 85205	Mesa	2,463	286	12%	17,271	521	3%
ZCTA 85206	Mesa	2,247	217	10%	15,249	357	2%
ZCTA 85207	Mesa	3,473	384	11%	16,738	670	4%
ZCTA 85208	Mesa	2,593	339	13%	14,074	549	4%
ZCTA 85209	Mesa	2,820	202	7%	15,044	438	3%
ZCTA 85210	Mesa	4,076	504	12%	12,853	723	6%
ZCTA 85212	Mesa	2,892	207	7%	7,267	393	5%
ZCTA 85213	Mesa	2,424	295	12%	11,443	454	4%
ZCTA 85215	Mesa	730	81	11%	7,062	144	2%
ZCTA 85233	Gilbert	2,984	230	8%	13,674	531	4%
ZCTA 85234	Gilbert	4,497	365	8%	16,345	747	5%
ZCTA 85295	Gilbert	4,578	190	4%	12,721	507	4%
ZCTA 85296	Gilbert	3,648	233	6%	12,044	531	4%
ZCTA 85297	Gilbert	3,716	142	4%	8,120	349	4%
ZCTA 85298	Gilbert	2,394	79	3%	7,186	251	3%

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

Appendix C. Racial Breakdown of the Southeast Maricopa Region

GEOGRAPHY	PLACE NAME	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
				WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona		6,392,017	30%	58%	4%	4%	3%	2%
Maricopa County		3,817,117	30%	59%	5%	2%	4%	2%
Southeast Maricopa Region		726,523	22%	68%	3%	1%	3%	2%
ZCTA 85120 (Maricopa County part)	Apache Junction	4,573	10%	85%	1%	1%	1%	2%
ZCTA 85142 (Maricopa County part)	Queen Creek	32,379	19%	73%	3%	1%	3%	2%
ZCTA 85201	Mesa	46,092	39%	47%	5%	5%	2%	2%
ZCTA 85202	Mesa	37,275	27%	56%	6%	4%	4%	2%
ZCTA 85203	Mesa	35,541	30%	60%	3%	4%	1%	2%
ZCTA 85204	Mesa	60,885	45%	47%	2%	1%	2%	2%
ZCTA 85205	Mesa	39,858	13%	81%	2%	1%	2%	2%
ZCTA 85206	Mesa	33,154	14%	79%	3%	1%	2%	2%
ZCTA 85207	Mesa	44,744	14%	80%	2%	1%	2%	2%
ZCTA 85208	Mesa	34,762	19%	75%	2%	1%	2%	2%
ZCTA 85209	Mesa	37,377	15%	77%	3%	1%	3%	2%
ZCTA 85210	Mesa	36,464	48%	41%	4%	3%	2%	2%
ZCTA 85212	Mesa	24,492	18%	71%	4%	1%	4%	2%
ZCTA 85213	Mesa	31,797	14%	79%	2%	1%	2%	2%
ZCTA 85215	Mesa	15,963	8%	87%	1%	1%	2%	1%
ZCTA 85233	Gilbert	37,564	17%	69%	3%	1%	7%	2%
ZCTA 85234	Gilbert	50,014	14%	76%	2%	1%	4%	2%
ZCTA 85295	Gilbert	38,332	14%	71%	4%	1%	8%	3%
ZCTA 85296	Gilbert	36,799	15%	73%	3%	1%	5%	3%
ZCTA 85297	Gilbert	26,979	16%	72%	3%	1%	5%	3%
ZCTA 85298	Gilbert	21,479	11%	77%	3%	0%	7%	2%

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

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

BUSINESS NAME	ZIP CODE	TOTAL LICENSED CAPACITY
<u>Angel Babies Group Home</u>	85142	10
<u>Federico Family Child Care</u>	85201	4
<u>Acosta Family Child Care</u>	85201	4
<u>Petite Blessings</u>	85201	4
<u>My Kids Group Home</u>	85201	10
<u>Stanfill Family Child Care</u>	85201	4
<u>Chavitos Daycare Group Home</u>	85201	10
<u>Linda's Family Child Care</u>	85201	4
<u>The Budding Tree Family Child Care</u>	85202	4
<u>Leanna's Family Child Care</u>	85202	4
<u>Langzettel Family Child Care</u>	85202	4
<u>Ohlund Family Child Care</u>	85202	4
<u>Ace ChildCare</u>	85202	4
<u>Mother Care Group Home</u>	85202	10
<u>Ramona's Family Child Care</u>	85202	4
<u>Tessa's Playtime Daycare</u>	85202	4
<u>Playhouse Group Home</u>	85202	10
<u>Jennings Family Child Care</u>	85202	4
<u>Paulette's Day Care</u>	85203	4
<u>DeGross Family Child Care</u>	85203	4
<u>Aspiring Children Child Care & Preschool Group Home</u>	85203	10
<u>Little Steps</u>	85204	4
<u>Happy Hearts Daycare Group Home</u>	85204	10
<u>Katrina's Family Child Care</u>	85204	4
<u>Rodriguez Family Child Care</u>	85204	4
<u>Pooh's Corner Group Home</u>	85204	10

<u>Edna's Group Home</u>	85204	10
<u>Harvey Family Child Care</u>	85204	4
<u>Barbara's Family Child Care</u>	85205	4
<u>Nurture & Grow Home Child Care</u>	85205	4
<u>Herod Family Child Care</u>	85205	4
<u>Kids...Way Day Care</u>	85205	4
<u>My Bambinos Group Home</u>	85206	10
<u>Estes Family Child Care Group Home</u>	85206	10
<u>Townsend Family Child Care</u>	85206	4
<u>Balmer Family Child Care</u>	85207	4
<u>Valerie's Day Care</u>	85207	4
<u>Alvarado Family Child Care</u>	85207	4
<u>Playtime Pals & Gals</u>	85207	4
<u>Tammy's Family Child Care</u>	85208	4
<u>Mine, Yours, Ours</u>	85208	4
<u>Trisha's Family Child Care</u>	85208	4
<u>Gordon Family Child Care</u>	85209	4
<u>Denise's Safe Haven Group Home</u>	85209	5
<u>Walder Family Child Care</u>	85209	4
<u>La Casita Child Care Group Home</u>	85210	10
<u>Judie's Home Preschool</u>	85210	4
<u>Posselt Family Child Care</u>	85212	4
<u>Bower Family Child Care</u>	85212	4
<u>Leap Ahead Preschool</u>	85212	4
<u>Espinosa Family Child Care</u>	85212	4
<u>Hall Family Child Care</u>	85212	4
<u>Elva's Family Child Care</u>	85212	4
<u>McBride Family Child Care</u>	85212	4
<u>Amanda's Family Child Care</u>	85213	4
<u>Denise's Family Daycare</u>	85213	4

<u>McDonald In-Home Child Care</u>	85213	4
<u>Yubeta Family Child Care</u>	85233	4
<u>Abushandi Family Child Care</u>	85233	4
<u>Fisher Family Child Care</u>	85233	4
<u>Sugar Britches</u>	85233	4
<u>At Home With Abby</u>	85233	4
<u>Harb Family Child Care</u>	85233	4
<u>Country Care Child Care Group Home</u>	85233	10
<u>Lorette's Family Child Care Group Home</u>	85233	10
<u>Meh Meh's Munchkins, LLC</u>	85233	4
<u>The Reading Corner, LLC</u>	85233	4
<u>My Nanna's House</u>	85233	4
<u>Dewitt Family Child Care</u>	85233	4
<u>Moore Family Child Care</u>	85233	4
<u>Peace of Mind Home Child Care</u>	85234	4
<u>Amey's Family Child Care</u>	85234	4
<u>Miss Molly's Preschool Group Home</u>	85234	10
<u>Pickard Family Child Care</u>	85234	4
<u>Little Ones Home Care</u>	85234	4
<u>Rivera Family Child Care</u>	85234	4
<u>Jasmeet's Family Child Care</u>	85234	4
<u>Joyful Family Day Care LLC Group Home</u>	85234	10
<u>Happy Times Day Care</u>	85234	4
<u>Ali's Family Darcare</u>	85234	4
<u>Busy Bees In Home Day Care</u>	85234	4
<u>Tami's Little Tykes Day Care</u>	85234	4
<u>Claudia's Family Child Care</u>	85281	4
<u>Maredith Schroeder Child Care Group Home</u>	85295	10
<u>Tyra's Family Preschool & Child Care</u>	85295	4
<u>Meg-nificent Kids</u>	85295	4

<u>Allison Vanderwall Group Home</u>	85295	10
<u>Cindy's Nanny House</u>	85295	4
<u>Eman's Family Child Care</u>	85295	4
<u>Sugar Bear Day Care Group Home</u>	85295	10
<u>Gee Wiz Family Child Care Group Home</u>	85295	10
<u>Ellison Family Child Care</u>	85296	4
<u>Virginia's Family Child Care</u>	85296	4
<u>LaFrance Family Child Care</u>	85296	4
<u>Stacy's Daycare</u>	85296	4
<u>Amanda's Kids Day Care</u>	85296	4
<u>Stephanie's Family Child Care</u>	85296	4
<u>Rosa's Family Child Care</u>	85296	4
<u>Graham Family Child Care</u>	85296	4
<u>From Beginning to End Group Home</u>	85296	5
<u>Ladybug Home Daycare</u>	85296	4
<u>Pre-K Corral</u>	85297	4
<u>Panda Bear Kiddie Camp</u>	85297	2
<u>Isabel's Day Care</u>	85297	4
<u>Anne's Daycare Group Home</u>	85297	10
<u>Campa Family Child Care</u>	85297	4
<u>Toddler Prep School Seville Daycare Group Home</u>	85298	10
<u>Helpful Hands Day Care Center</u>	85298	4
<u>Ruckus Kids Group Home</u>	85298	10
<u>Roseberry Family Childcare</u>	85298	4
<u>Mai Sunshine Daycare</u>	85298	4

Appendix E. Quality First Providers in the Southeast Maricopa Region

ZIP CODE	CENTER NAME
85204	A Shining Star Preschool Inc.
	Jenell Jones
	Owner
	izjenell@yahoo.com
	Statewide Funded
85201	All Star Preschool
	Elizabeth Christensen
	Owner
	echriste@baldwin-telecom.net
	Regional Funded
85202	All Together Now Preschool And Child care
	Harolyn Tussing
	Owner/Administrator
	ALLTOGETHERNOW516@MSN.COM
	Statewide Funded
85204	Bright Futures
	Rebecca Hackl (Becky)
	Owner/ Director
	beck2300@cox.net
	Regional Funded
85204	Active Learning Center # 2
	Krysten Adase
	Director
	activelearningcenter_2@hotmail.com
	Regional Funded
85203	Cambridge Preschool Academy
	Leah Gross
	Director/Owner
	Leahmgross@gmail.com
	Regional Funded

85207	New Life Preschool
	Martha Gustafson
	Director
	bernal_love356@yahoo.com
	Statewide Funded
85201	First Presbyterian Preschool Of Mesa
	Nicki Mcinelly
	Director
	preschool@fpcmesa.org
	Regional Funded
85201	5th Place Community Child care
	Brenda Ware
	Director
	brenda.5thplace@gmail.com
	Regional Funded
85204	Teach & Care
	Anu Rai, Bill Rai
	Director / Owners
	teachandcare@hotmail.com
	Regional Funded
85202	Kid's Corner Preschool & Child care
	Bianca Bertoldo
	Director
	kidscorneraz@hotmail.com
	Regional Funded
85210	Our Home Inc.
	Homi Karrys
	Director/Owner
	HKARRYS139@AOL.COM
	Regional Funded
85209	Kids Incorporated
	Robin Sanders
	Director

	Southernkids@cox.net
	Regional Funded
85208	Kidz World Child care & Learning Center
	Michelle Low
	Director
	michelleglow@aol.com
	Statewide Funded
85203	Kindercare Learning Center
	Laura Pingatore
	Center Director
	lpingatore@klcorp.com
	Statewide Funded
85204	Kindercare Learning Center
	Megan Bacio
	School Director
	mbacio@klcorp.com
	Regional Funded
85209	Kindercare Learning Center - Baseline
	Megan Buckley
	Center Director
	mbuckley@klcorp.com
	Regional Funded
85234	Kindercare Learning Center - Parkway
	Darci Murphey
	Center Director
	dmurphey@klcorp.com
	Regional Funded
85205	Childtime
	Pam Hausenfluck
	Director
	phausenfluck@childtime.com
	Regional Funded

85202	Maxwell Preschool Academy
	Robin Payne
	Director
	mpamesa@hotmail.com
	Regional Funded
85204	Maxwell Preschool Academy
	Tonya Sevilla
	Director
	maxwellpreschoolacademy@gmail.com
	Regional Funded
85201	La Mesita Child & Youth Development Center
	Alana Helapitage
	Program Supervisor
	ahelapitage@turnanewleaf.org
	Statewide Funded
85142-6045	Shining Stars Learning Center
	Victoria Diforte
	Director
	vdiforte@shiningstarsaz.com
	Regional Funded
85213	Start Right Preschool
	Ziba Hashemi
	Director/Owner
	ziba@starrightprescool.com
	Statewide Funded
85234	Kid's Corner Preschool And Child care
	Karen Curtis
	Owner/Member
	suntykesaz@hotmail.com
	Regional Funded
85213	Sunrise Preschools, Inc
	Dawn Butler/ Lisa Schlachter

	Operations Manager/ Director
	sun134@sunrisepreschools.com
	Statewide Funded
85234	Sunrise Preschool #111
	Dawn Butler/ Ginger O'gaffney
	Operations Manager/ Director
	dbutler@sunrisepreschools.com/ sun111@sunrisepreschools.com
	Statewide Funded
85201	Tiny Tots
	Kamal Kharbanda/Peggy Ramon
	Owner/Director
	kamalaz@aol.com
	Statewide Funded
85201	Tiny Tots West
	Kamal Kharbanda
	Director/Owner
	kamalaz55@gmail.com
	Statewide Funded
85204	Tots Unlimited - Southern
	Dawn Butler
	Operations Manager/Center Director
	dbutler@borghold.com
	Statewide Funded
85210	Tots Unlimited - Alma School
	Lashanda Daviss
	Director
	totsunlimited15@totsunlimited.com
	Regional Funded
85210	Tots Unlimited - Guadalupe
	Jen Long
	Director
	totsunlimited22@totsunlimited.com

	Statewide Funded
85220	Tots Unlimited - Signal Butte
	Dee Clark
	Director
	totsunlimited16@totsunlimited.com
	Statewide Funded
85234	Tots Unlimited - Gilbert
	Katie Cloyd
	Director
	totsunlimited18@borghold.com
	Statewide Funded
85142	Queen Creek Toy Box
	Grace Peterson
	Director
	gpeterson@qcusd.org
	Regional Funded
85234	Tutor Time Child Care/ Learning Centers
	Yvonne Berkhoff
	Center Director
	6066@tutortime.com
	Statewide Funded
85203	Tutor Time Child Care/ Learning Centers
	Genesis Murello
	Director
	gmurello@tutortime.com
	Statewide Funded
85142	Tutor Time Child Care/ Learning Centers
	Michelle Colbert
	Director
	mcolbert@tutortime.com
	Regional Funded

85142	Youngster U
	Claudia G. Alder
	Director/Owner
	Claudia@youngsteru.com
	Regional Funded
85201	Chavitos Day Care
	Guadalupe Chavez
	Owner
	qualityfirst@azftf.gov
	Regional Funded
85296	From Beginning To End
	Tyrina Jordan-Griffin
	Owner
	ty@fromb2e.com
	Statewide Funded
85210	La Casita Daycare
	Consuelo Aramburo
	Owner
	conniearamburo1@yahoo.com
	Regional Funded
85209	Kimberly G. Freestone Learning Safari Group Home
	Kim Freestone
	Group Home Provider
	mskim22@msn.com
	Regional Funded
85202	Nancy Gonzalez
	Nancy Gonzalez
	Owner, Provider
	nancitabonita@hotmail.com
	Regional Funded
85204	Pooh's Corner
	Jayme Schultes

	Owner
	schultess@msn.com
	Statewide Funded
85297	Ruckus Kids
	Kristin Cederstrom
	Owner / Provider
	skcederstrom@hotmail.com
	Statewide Funded
85142-4587	Small Wonders, Llc
	Lauri Tupper
	Owner
	smallwonders1192@aol.com
	Regional Funded
85298	Toddler Prep School And Seville Daycare
	Carolyn Mowery
	Owner
	phoenixarea@ q.com
	Regional Funded

Appendix F. Tables of Regional Strategies

SOUTHEAST MARICOPA REGIONAL PARTNERSHIP COUNCIL FIRST THINGS FIRST PLANNED STRATEGIES FOR FISCAL YEAR 2012		
GOAL AREA	STRATEGY	STRATEGY DESCRIPTION
QUALITY AND ACCESS	Quality First Child Care Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices. Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.
	Pre-Kindergarten Scholarships	Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepares them to succeed in kindergarten and beyond.
PROFESSIONAL DEVELOPMENT	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	FTF Professional REWARD\$	Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.
HEALTH	Physician Education & Outreach	Provides consultation and facilitate a self-assessment process for physician practices in order to provide preventive health care for young children using a medical home model and including

		necessary developmental screenings and referrals. Ensure that young children are receiving the required preventive health care from a consistent medical provider, including more consistent developmental screenings and referrals.
	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.
	Health Insurance Enrollment	Assists families in application for or renewal of public health insurance. Increases children's access to preventive health care and builds community awareness of the availability of public health insurance options.
	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
	Care Coordination/Medical Home	Provides children and their families with effective case management, and connect them to appropriate, coordinated health care. Improves children's health care and future development by ensuring they have a regular source of care.
	FAMILY SUPPORT	Parent Education Community-Based Training
Home Visitation		Provides voluntary in-home services for infants, children and their families, focusing on parenting

		skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child’s health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child’s health and early learning.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.
EVALUATION	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
	Child Care Study	Study examines regional and statewide family demand for child care, and capacity of providers to meet the demand.
COMMUNITY AWARENESS	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.

SOUTHEAST MARICOPA REGIONAL PARTNERSHIP COUNCIL FIRST THINGS FIRST PLANNED STRATEGIES FOR FISCAL YEAR 2013

GOAL AREA	STRATEGY	STRATEGY DESCRIPTION
<p>QUALITY AND ACCESS</p>	<p>Quality First Child Care Scholarships</p>	<p>Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.</p>
	<p>Quality First</p>	<p>Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices. Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.</p>
	<p>Pre-Kindergarten Scholarships</p>	<p>Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepares them to succeed in kindergarten and beyond.</p>
<p>PROFESSIONAL DEVELOPMENT</p>	<p>Scholarships TEACH</p>	<p>Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.</p>
	<p>FTF Professional REWARD\$</p>	<p>Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.</p>
<p>HEALTH</p>	<p>Physician Education & Outreach</p>	<p>Provides consultation and facilitate a self-assessment process for physician practices in order to provide preventive health care for young children using a medical home model and including necessary developmental screenings and referrals.</p>

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

		parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning.
	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.
EVALUATION	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
COMMUNITY AWARENESS	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Service Coordination	Thorough coordination and collaboration efforts improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families.

Appendix G. Table of Regional Assets

FIRST THINGS FIRST SOUTHEAST MARICOPA REGIONAL ASSETS

- Variety of FTF-funded home visitation programs and in-home parent education opportunities available to communities throughout the Region
- Head Start and Early Head Start program
- Numerous specialists, hospitals, health clinics, and non-profit organizations which provide a wide variety of services within the Region
- Strong school districts that serve as resources for the identification and referral of services
- Professional development opportunities through TEACH scholarships at multiple community colleges proximal to the Region
- High rate of prenatal care; numerous available prenatal care providers
- Numerous (53) child care centers enrolled in Quality First, demonstrating a commitment to continuing to elevate the quality of child care available in the Region
- Motivation expressed among providers to improve service coordination throughout the Region

Appendix H. Table of Regional Challenges

FIRST THINGS FIRST SOUTHEAST MARICOPA REGIONAL CHALLENGES

- Lack of accessible pediatric dental providers in the Region, and a shortage of pediatric dentists who will see children by one year of age
- Lack of affordable, high quality, and accessible child care; high usage of “kith and kin” care throughout the Region
- Financial challenges for families, many of whom are struggling to meet basic family needs such as food, clothing, diapers, and toiletries
- Shortage of pediatric psychiatrists resulting in wait lists of up to 6 months for an initial appointment
- Lack of awareness in some pediatricians about current research on the diagnosis and treatment of developmental delays and disabilities
- High teen birth rate, limited programming specifically targeting adolescent parents
- Shortage of Spanish-speaking child care providers and other advocates/liaisons for monolingual Spanish-speaking families
- A lack of awareness among families about where they can go for supportive resources, what services they are eligible for, where they can receive specialty services, and what First Things First is
- Limited communication and collaboration among Regional providers; lack of holistic care

Appendix I. Qualitative Data Collection Methods

The qualitative work conducted for this report was comprised of three separate components:

- 1) Information collected from a town hall meeting hosted by the Southeast Maricopa Regional Partnership Council in September 2011, which attracted parents and providers from Mesa, Gilbert, and Queen Creek communities. Data was collected at this meeting from focus groups facilitated by the Southeast Maricopa Regional Partnership Council, and from a written survey distributed by the Southeast Maricopa Regional Partnership Council at the meeting.
- 2) In-person parent passerby interviews conducted in February 2012 at United Food Bank in Mesa, AZ and the Desert Mountain Elementary School Playground in Queen Creek, AZ.
- 3) Key informant interviews conducted telephonically in May 2012 with contacts suggested by the Regional Director of the Southeast Maricopa Regional Partnership Council. These key informants included contacts from the Child Crisis Center and RISE Services, Inc.

The town hall meeting described above was not exclusively a data collection effort for this report; however, in collaboration with the Southeast Maricopa Regional Partnership Council and Regional Director, the event yielded data that was determined to be informative to this report. Parent passerby interviews and key informant interviews described above were conducted explicitly for the purposes of data collection for this report.

All data collection methods and instruments were approved by the Regional Director of the Southeast Maricopa Regional Partnership Council prior to their use and implementation. Norton School staff developed the instruments that were used for the parent passerby interviews and the key informant interviews, and the survey that was distributed at the town hall meeting was developed by the Southeast Maricopa Regional Partnership Council. Copies of the data collection instruments used for this report are included in the appendices which follow.

Appendix J. Town Hall Meeting Survey

FIRST THINGS FIRST SOUTHEAST MARICOPA REGIONAL PARTNERSHIP COUNCIL TOWN HALL SURVEY

1. Are you male or female?

- Male
- Female

2. Which category below includes your age?

- Under 20
- 21-25
- 26-29
- 30-35
- Over 36

3. Which of the following best describes your racial/ethnic background? (fill in one)

- Asian. Indicate ethnicity (e.g., Korean): _____
- Black/African American. Indicate ethnicity, if not African American: _____
- Latino/Hispanic. Indicate ethnicity (e.g., Mexican, Puerto Rican): _____
- Native American. Indicate ethnicity (e.g., tribe): _____
- Pacific Islander. Indicate ethnicity (e.g., Maori): _____
- White/Caucasian/European American. Indicate ethnicity, if not Caucasian: _____
- Other. Please describe: _____

4. What is your approximate annual household income?

- | | | |
|--|--|--|
| <input type="checkbox"/> Below \$20,000 | <input type="checkbox"/> \$50,000-\$59,000 | <input type="checkbox"/> \$90,000-\$99,000 |
| <input type="checkbox"/> \$20,000-\$29,000 | <input type="checkbox"/> \$60,000-\$69,000 | <input type="checkbox"/> \$100,000 of more |

- \$30,000-\$39,000
- \$40,000-\$49,000
- \$70,000-\$79,000
- \$80,000-\$89,000

5. Are you the primary caregiver of a child under age 6?

- Yes
 - No
- If yes, how many children total? _____
- How many specifically under age 6? _____

6. Statement that describes you:

- Parent of young child
- Child Educator
- Child Care Provider
- Child Services Provider (please specify): _____
- Other (please specify): _____

7. If parent of child under age 6, please tell us about your child's care. If you do not have a child under age 6, please skip to Page 9: Current Awareness of Services.

Child 1:

Age of child: _____

How would you describe your child's care setting? Check all that apply.

- At home with a parent
- At home with another family member. Please tell us who:
 - Grandparent
 - Aunt/Uncle
 - Sibling Over 18
 - Sibling Under Age 18
 - Other
- At home with a licensed caregiver
- At home with an unlicensed caregiver
- Outside of the home with another family member. Please tell us who:
 - Grandparent
 - Aunt/Uncle
 - Sibling Over 18
 - Sibling Under Age 18
 - Other
- Outside of the home in a group-care home setting with a licensed caregiver
- Outside of the home in a group-care setting with a licensed caregiver

- caregiver
- Outside of the home with a licensed caregiver
 - Outside of the home with an unlicensed caregiver
 - Outside of the home in a child care center
 - Other (please specify): _____

How many days does someone other than you care for your child?

- 0 1 2 3 4 5 6 7

Child 2:

Age of child: _____

How would you describe your child's care setting? Check all that apply.

- At home with a parent
- At home with another family member. Please tell us who:
 - Grandparent
 - Aunt/Uncle
 - Sibling Over 18
 - Sibling Under Age 18
 - Other
- Outside of the home with another family member. Please tell us who:
 - Grandparent
 - Aunt/Uncle
 - Sibling Over 18
 - Sibling Under Age 18
 - Other
- At home with a licensed caregiver
- At home with an unlicensed caregiver
- Outside of the home with a licensed caregiver
- Outside of the home with an unlicensed caregiver
- Outside of the home in a group-care home setting with a licensed caregiver
- Outside of the home in a group-care setting with a licensed caregiver
- Outside of the home in a child care center
- Other (please specify): _____

How many days does someone other than you care for your child?

- 0 1 2 3 4 5 6 7

Child 3:

Age of child: _____

How would you describe your child's care setting? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> At home with a parent | <input type="checkbox"/> Outside of the home with another family member. |
| <input type="checkbox"/> At home with another family member. Please tell us who: | Please tell us who: |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Aunt/Uncle |
| <input type="checkbox"/> Sibling Over 18 | <input type="checkbox"/> Sibling Over 18 |
| <input type="checkbox"/> Sibling Under Age 18 | <input type="checkbox"/> Sibling Under Age 18 |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> At home with a licensed caregiver | <input type="checkbox"/> Outside of the home in a group-care home setting with a licensed caregiver |
| <input type="checkbox"/> At home with an unlicensed caregiver | <input type="checkbox"/> Outside of the home in a group-care setting with a licensed caregiver |
| <input type="checkbox"/> Outside of the home with a licensed caregiver | <input type="checkbox"/> Outside of the home in a child care center |
| <input type="checkbox"/> Outside of the home with an unlicensed caregiver | <input type="checkbox"/> Other (please specify): _____ |

How many days does someone other than you care for your child?

- 0 1 2 3 4 5 6 7

Child 4:

Age of child: _____

How would you describe your child's care setting? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> At home with a parent | <input type="checkbox"/> Outside of the home with another family member. |
| <input type="checkbox"/> At home with another family member. Please tell us who: | Please tell us who: |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Aunt/Uncle |
| | <input type="checkbox"/> Sibling Over 18 |

- Sibling Over 18
- Sibling Under Age 18
- Other
- At home with a licensed caregiver
- At home with an unlicensed caregiver
- Outside of the home with a licensed caregiver
- Outside of the home with an unlicensed caregiver
- Sibling Under Age 18
- Other
- Outside of the home in a group-care home setting with a licensed caregiver
- Outside of the home in a group-care setting with a licensed caregiver
- Outside of the home in a child care center
- Other (please specify): _____

How many days does someone other than you care for your child?

- 0 1 2 3 4 5 6 7

8. Accessibility. If you have a child under the age of 6, please tell us more about your family.

a. For your child, have you needed a pediatrician? Please mark all that apply.

- No
- Yes, and we got what we needed
- Yes, but we did not get what we needed because:
 - needed transportation
 - did not have time
 - did not have money
 - did not think we qualified for assistance
 - told not eligible
 - hours of service did not work
 - location was too far
 - another reason. Please tell us the reason: _____

b. For your child, have you needed a dentist? Please mark all that apply.

- No
- Yes, and we got what we needed
- Yes, but we did not get what we needed because:
 - needed transportation*
 - did not have time*
 - did not have money*
 - did not think we qualified for assistance*
 - told not eligible*
 - hours of service did not work*
 - location was too far*
 - another reason. Please tell us the reason: _____*

c. For your child, have you needed another health provider? Please indicate:

Speech and hearing _____ **Physical or Occupational Therapy** _____
Eye doctor _____ **Other (please specify)** _____

Please mark all that apply.

- No
- Yes, and we got what we needed
- Yes, but we did not get what we needed because:
 - needed transportation*
 - did not have time*
 - did not have money*
 - did not think we qualified for assistance*
 - told not eligible*
 - hours of service did not work*
 - location was too far*
 - another reason. Please tell us the reason: _____*

d. Have you needed prenatal care? Please mark all that apply.

- No
- Yes, and we got what we needed

Yes, but we did not get what we needed because:

needed transportation

did not have time

did not have money

did not think we qualified for assistance

told not eligible

hours of service did not work

location was too far

another reason. Please tell us the reason: _____

e. For your child, have you needed support in parenting techniques? Please indicate:

Inside the home _____ Outside the home _____

Please mark all that apply.

No

Yes, and we got what we needed

Yes, but we did not get what we needed because:

needed transportation

did not have time

did not have money

did not think we qualified for assistance

told not eligible

hours of service did not work

location was too far

another reason. Please tell us the reason: _____

f. For your child, have you needed food? Please mark all that apply.

No

Yes, and we got what we needed

Yes, but we did not get what we needed because:

- needed transportation*
- did not have time*
- did not have money*
- did not think we qualified for assistance*
- told not eligible*
- hours of service did not work*
- location was too far*
- another reason. Please tell us the reason: _____*

g. For your child, have you needed clothing? Please mark all that apply.

- No
- Yes, and we got what we needed
- Yes, but we did not get what we needed because:
 - needed transportation*
 - did not have time*
 - did not have money*
 - did not think we qualified for assistance*
 - told not eligible*
 - hours of service did not work*
 - location was too far*
 - another reason. Please tell us the reason: _____*

h. For your child, have you needed child care? Please mark all that apply.

- No
- Yes, and we got what we needed
- Yes, but we did not get what we needed because:
 - needed transportation*
 - did not have time*
 - did not have money*
 - did not think we qualified for assistance*
 - told not eligible*

- hours of service did not work*
- location was too far*
- another reason. Please tell us the reason: _____*

i. For your child, have you needed any other services? Please specify what services you needed:

Please mark all that apply.

- No
- Yes, and we got what we needed
- Yes, but we did not get what we needed because:
 - needed transportation*
 - did not have time*
 - did not have money*
 - did not think we qualified for assistance*
 - told not eligible*
 - hours of service did not work*
 - location was too far*
 - another reason. Please tell us the reason: _____*

9. Current awareness of services. Are you familiar with the following?

	No	Know the name but not sure what they do	Yes
United Food Bank (food voucher program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Arizona (home visitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Arizona (parent education classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Crisis Center (home visitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Outreach Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Know the name but not sure what they do	Yes
Services			
Children's Action Alliance (health insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Healthcare West Foundation - East Valley (dental services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southwest Human Development (home visitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banner Cardon Children's Medical Center (pregnancy, parenting and play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arizona Partnership for Children (home visitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-K Education Scholarships (for children 3-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Association for Supportive Child care (scholarships for early childhood teachers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality First (child care improvements/scholarships for families 0-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valley of the Sun United Way (for teachers in early childhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southwest Human Development (Smart Start program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What other programs for families in Mesa, Gilbert or Queen Creek are you aware of?

Please list.

THANK YOU FOR COMPLETING THIS SURVEY!

Appendix K. Town Hall Survey Responses: Awareness of Services

SERVICE NAME	NO	KNOW THE NAME BUT NOT SURE WHAT THEY DO	YES
United Food Bank (food voucher program)	8/1	7/4	40/13
Parenting Arizona (home visitation)*	17/7	10/7	28/4
Parenting Arizona (parent education classes)*	16/7	7/4	32/7
Child Crisis Center (home visitation)	4/1	7/4	44/13
Teen Outreach Pregnancy Services*	13/7	11/3	31/8
Children's Action Alliance (health insurance)*	20/10	7/2	28/6
Catholic Healthcare West Foundation - East Valley (dental services)*	21/7	11/6	23/5
Southwest Human Development (home visitation)	13/4	4/4	38/10
Banner Cardon Children's Medical Center (pregnancy, parenting and play)	7/1	12/6	36/11
Arizona Partnership for Children (home visitation)*	25/10	8/3	22/5
Pre-K Education Scholarships (for children 3-5)*	20/9	6/3	29/6
Association for Supportive Child care (scholarships for early childhood teachers)*	20/8	6/3	29/7
Quality First (child care improvements/scholarships for families 0-5)	14/7	5/2	36/9
Valley of the Sun United Way (for teachers in early childhood)*	10/3	13/9	32/6
Southwest Human Development (Smart Start program)*	12/5	8/5	35/8

*Indicates a program which elicited fewer responses of "yes" than combined "no" and "not sure" responses.

Appendix L. Town Hall Survey Results: Accessibility

WHAT NEEDED	NOT NEEDED	YES AND GOT IT	YES BUT DID NOT GET	REASON NEED NOT MET
Pediatrician	3	18		
Dentist	8	12		
Speech and hearing	18	1		
Physical or Occupational Therapy	18	1		
Eye	18	1		
Other:	17	2 (cardiologist; endocrine- ologist)		Transportation (person selected "no" for initial response)
Prenatal	8	10		
Parenting inside home	12	7	1	Didn't think qualified for asst.
Parenting outside home	16	2	1	Didn't think qualified for asst.
Food	12	7		
Clothing	15	3	1	Money
Child care	8	8	3	Didn't think qualified for asst; working with CPS; not find daycare that fit.
Other:	17	2 (behavioral intervention; other, not specified)		

Appendix M. Parent Passerby Survey

Southeast Maricopa RPC Parent Passerby Interviews Parents/Grandparents with Children 5 or Younger

Interview language:
Spanish English

Interviewee:
Male Female

In what community do you live? _____

Do you know your zip code? _____

I'd like to ask you some questions about being a parent of a young child in this area. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.

- 1) What do you like best about raising young children in this area (your town, your community)?
- 2) What are the hardest things about raising young children in this area?
- 3) What early learning opportunities are available for your child in your community (such as story times and reading programs, recreation classes, play groups, summer programs)?
How do you usually learn about these activities?
Note: Probe for what parent has actually used
- 4) Where do you as a parent of a young child go for information and support? Are there classes or other resources available for you to become a better parent of a young child?
How do you usually learn about these activities?
Probes: What classes have you attended? What resources have you used? Do these require travel? Costs related to child care, etc?
- 5) What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?

That's the last question I have for you. Is there anything you'd like to add before we end?

Interview location (facility, city, county): _____

Interviewer: _____

Interview date: _____

Interviewer notes:

Appendix N. Responses to Parent Passerby Survey

Common responses are highlighted in yellow.

1) What do you like best about raising children in this area?

- Clean and Safe
- Lots of programs
- Cheap rent
- Lots of schools
- Parks
- Museums are free on the 1st Sunday of every month
- Libraries
- Family activities/community activities
- Mesa arts festival
- Programs at Tempe art Museum
- Don't know
- Food banks
- Vaccinations at the county health department
- The Y

2) What are the hardest things about raising young children in this area?

- Affordability
- Accessibility
- Low employment
- Language barrier
- Transportation
- Drugs/crime/guns
- Not knowing good and bad child care providers/health care providers
- Not enough programs
- Information not accessible
- Special needs schools keep shutting down
- Expensive programs, sports, schooling, child care, health care

3) What early learning opportunities are available here? How do you learn about them?

- Playgroup through church
 - Find out through Church
 - School sends information home sometimes
- AZEIP
- Preschools
 - United way
- Library programs
- Child care

- Museums
 - Internet
- Classes at the rec center
 - Break time magazine
 - Hears about things all the time but cannot afford services
 - Word of mouth
- Bookman's reading time
- Season pass to the PODS?
- YMCA
- Cougar club at school
 - Parenting AZ
 - Sojoiner
 - La Macita
 - FTF contacts line
- Haven't found anything
- Familias saludables
 - Tempe hospital
- Home visitation program
 - St. Lukas
- Community activities that include learning and fun
 - Flyers from Queen Creek Park and Rec

4) Where do you as a parent of a young child go for information and support? Are there classes or other resources available for you to become a better parent of a young child? How do you learn about the activities?

- Elementary school
- Pediatrician
- Don't know many resources
- United way
- Salvation army
- Word of mouth
- Library
- Internet
- School flyers
- Church parents
- Heard about parenting classes but either too expensive or clashes with schedules
- Parenting AZ
- Sojoiner
- Older kids have more resources and many resources found not useful
- Mesa art center
- Family

5) What do you think are the two most important things that should happen to improve the lives of kids and their families?

- Affordability of children's with disabilities support
- More structure programs
- Employment opportunities
- Free afterschool programs
- Public and free pre-k
- Awareness of services
- Playgroups so parents and children can interact
- Should have one database for all information about activities daily/monthly
- Locations for newer family support
- More programs
- Health
- Food/clothing/diaper help
- Making services easier to qualify for
- CPS is a bad system, need to get it right
- More parent groups
- Improved education system
- Pay teachers more

Appendix O. Key Informant Interview

Key Informant Interview Draft -- Southeast Maricopa Regional Partnership Council

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

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

Interviewee Name: _____

Ask if unknown: May I ask your occupation?

Occupation: _____

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

Interviewee Organization and location:

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

What communities does your organization serve?

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

Interviewee Other Organization and location:

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

Interviewer: _____ **Interview date:**

Interview language: Spanish English

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

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

1. Based on your work with families, what do you think are the biggest challenges that parents of children 0-5 in your community are facing?
2. Do think that there are sufficient services for children aged 0-5 in your community? Why or why not?
3. Based on your work with families, what do you think are the biggest needs for parents of children 0-5 in your community?
4. For child care/day care/early education: What types of child care are available in your community? (e.g., family/friends, day care centers, home-based day care) Which of these types of child care is used most often?
 - a. How would you rate the quality of these programs?
 - b. Please discuss the costs of these programs. Do you think they are affordable? Are some types of care more affordable than others? Does this impact quality?
 - c. Are these programs easily accessible to families with children 0-5? If not, what are the barriers to access?
 - d. To what extent do these programs integrate early learning opportunities?
5. For children's health: Where do kids 0-5 receive health care in your community? What type of care is available in your community? (pediatric/dental/vision/emergency/special needs)
 - a. What do you think of the quality of health services for kids 0-5 in your community?

- b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
 - c. Are there health care services that are not available in your community that you think are needed?
- 6.** For Special Needs: Are there sufficient services for children aged 0-5 with special needs in your community?
- a. For children aged 0-5 with special physical needs?
 - b. For children aged 0-5 with special developmental needs?
 - c. For children aged 0-5 with special mental health needs?
 - d. Are the services available reaching those who need them? If not, what are the barriers that prevent their use? How much of an issue is cost? How could these be overcome?
 - e. Is there public awareness of these services?
 - f. What additional services or resources are needed in your community for children aged 0-5 with special needs?
- 7.** Thinking of all the existing services for children 0-5 in your community, do you think that the services currently available coordinate well together? If not, what are barriers to service coordination? How could these be overcome?
- 8.** Can you name three important things that would improve the lives of kids 0-5 and their families in your community?
- 9.** What are the things that work well in you community for kids aged 0-5? What strengths can you can identify in your community? What opportunities do you think are available for families with children 0-5?
- 10.** Those are all the questions I have for you. Would you like to add anything about the needs of children aged 0-5 and their families before we end?

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

[Note: List of individuals wishing to receive a copy of the Needs and Assets report will be provided to Terri Duhart, Southeast Maricopa Regional Director.]

Appendix P. Communities in Primary Care Areas

Primary Care Area: Mesa

Other Places in Area: Falcon Substation, Fountain Of The Sun, Homestead, Las Alegres, Lehi, Leisure World, Lemontree, Meadowvale, Rancho De Arboleda, Summer Mesa, Summerplace Green, Suncrest Villas Mesa, Sunshine Acres, Suntree, Woodland Heights, Woodside

Primary Care Area: Gilbert

Other Places in Area: Gilbert, Surview, Tremaine, Vista Alegre

Primary Care Area: Queen Creek

Other Places in Area: Boys Ranch, Chandler Heights, Germann, Higley, Queen Creek, Rittenhouse

Source: Arizona Department of Health Services (2012). *Arizona Primary Care Area Statistical Profiles*. Retrieved from: <http://www.azdhs.gov/hsd/profiles/index.html>

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