

Pinal Gila

COMMUNITY

CHILD SERVICES, INC.

Community Assessment 2014



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AGENCY OVERVIEW

Pinal Gila Community Child Services, Inc. (PGCCS) is a family centered, community based, not-for-profit organization that provides opportunities for pre-school children and promotes self-sufficiency for families, in order to build stronger, healthier communities. Headquartered in Coolidge, Arizona, PGCCS is the Head Start and Early Head Start grantee in Pinal and Gila Counties, an area comprised of nearly 10,000 square miles. We serve pregnant women, infants, toddlers and preschoolers from birth to age 5 in a comprehensive school readiness and family engagement program that improves their self-sufficiency.

The philosophy of PGCCS includes a belief that:

- The potential for learning is greatest during the early years of a child's life; therefore, every possible learning opportunity should be provided to children at the earliest age possible.
- Programs must make a place where children and families can grow together by providing a safe and healthy environment.
- Family Support to parents includes connections to the resources they need to succeed at the most important job there is—raising healthy, responsible, productive, and joyous children.
- The whole family must be involved with the child in the program.
- Programs must support the parent's role as the principle influence on their child's development and education.
- Providing opportunities to help children develop physically and mentally incorporates a broad range of services.
- Quality programs increase children's competence in language, literacy, mathematics, science, creative arts, learning strategies, physical health, and social/emotional development.
- Validating the distinct personality and learning style of each child is critical.
- Programs must create an environment of trust, respect, diversity, acceptance, and inclusion.

Once every three years, we complete a Community Assessment that is guided by the requirements set forth in the Head Start Performance Standards (45 CFR 1305.3(c)). The Community Assessment is informed by Federal, state, and local data that describes the needs and assets of the communities that we serve. Ultimately the Assessment informs our decision-making about needs and expectations for school readiness; the types of program services we provide; the location of our program services; and opportunities to improve strategic relationships with stakeholders in our communities.

SECTION 1: DEMOGRAPHIC MAKE-UP OF HEAD START ELIGIBLE CHILDREN AND FAMILIES, INCLUDING THEIR ESTIMATED NUMBER, GEOGRAPHIC LOCATION, AND RACIAL AND ETHNIC COMPOSITION

1a. Estimated number of Early Head Start and Head Start eligible children and families

The American Communities Survey (ACS) is an ongoing survey conducted by the US Census Bureau whereby addresses are randomly sampled to gather data about a variety of demographic interests. The most recent five-year (2008 -2012) ACS data released in December 2013 provides an estimate of the number of children under 5 years living in poverty in our two county service area. According to these estimates:¹

- ***Gila County is home to approximately 1,275 children under the age of five years living in poverty (the margin of error is +/- 305 children).*** Nearly 28 percent of families with children under 18 years, and nearly 36 percent of families with children only under 5 years are living in poverty. These poverty rates increase dramatically for single-parent female-lead households (44 percent and 56 percent, respectively).
- ***Pinal County is home to approximately 5,701 children under the age of five years living in poverty (the margin of error is +/- 1,016 children).*** Nearly 17 percent of families with children under 18 years, and 14 percent of families with children only under 5 years are living in poverty. These poverty rates increase dramatically for single-parent female-lead households (30 percent and 37 percent, respectively).

Specific estimates of the number of children living in poverty in each of the incorporated towns in our service area can be found in Section 1d.

1b. Children and families experiencing homelessness

According the Arizona Department of Economic Security (DES), “Homelessness is a complex social and economic issue that can affect anyone. Structural issues such as poverty, disability, and lack of safe and affordable housing increase the prevalence of homelessness within our nation and state. Loss of a job, mortgage foreclosure, a health crisis, domestic violence, the loss of family support and a myriad of other events can trigger a downward spiral resulting in homelessness. Homelessness affects people of all ages and ethnic groups.”² The Arizona Department of Economic Security’s most recent report on the state of homelessness is dated December 2010. At that time, the most recent point-in-time shelter count (which generally involves a count of all individuals residing in a shelter on a particular day or during a particular

¹ U.S. Census Bureau, 2008-2012 American Community Survey

² Arizona Department of Economic Security. *Homelessness in Arizona: Efforts to Prevent and Alleviate Homelessness 2010 Annual Report*. December 31, 2010.

week) found that 26 children in Gila County and 62 children in Pinal County were residing in emergency shelters or transitional housing (according the DES, permanent supportive housing residents are not considered homeless).

Table 1: Point-in-Time Shelter Count, 2010

Region	Emergency Shelters			Transitional Housing			Permanent Supportive Housing		
	Children in Families	Total Persons	% Total Persons	Children in Families	Total Persons	% Total Persons	Children in Families	Total Persons	% Total Persons
Gila	19	37	51%	7	9	78%	0	0	N/A
Pinal	24	55	44%	38	66	58%	0	12	0%

Source: *Homelessness in Arizona: Efforts to Prevent and Alleviate Homelessness 2010 Annual Report*, Arizona Department of Economic Security, December 31, 2010, pages 95-96

Table 2: Street Count Data Reported, January 2009

Region	Number of Children in Families	Total Unsheltered Homeless Persons	% Total Unsheltered Homeless Persons
Gila	1	87	1%
Pinal	22	136	16%

Source: *Homelessness in Arizona: Efforts to Prevent and Alleviate Homelessness 2010 Annual Report*, Arizona Department of Economic Security, December 31, 2010, page 117

In accordance with the Head Start Act of 2007, the PGCCS Head Start program uses the education subtitle of the McKinney-Vento Act³ in order to identify children who are categorically eligible for enrollment:

“The term homeless children and youth means individuals who lack a fixed, regular, and adequate nighttime residence and includes (1) children and youths who are sharing the housing of other persons due to the loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or are awaiting foster care placement; (2) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (3) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and (4) migratory children who qualify as homeless because the children are living in the aforementioned circumstances.”

³ McKinney-Vento Homeless Assistance Act of 1987, as amended, Title VII, Subtitle B; 42 U.S.C. 11431-11435. Available online <http://www2.ed.gov/programs/homeless/legislation.html>

During the 2012 – 2013 program year, 36 enrolled Early Head Start and Head Start families were experiencing homelessness. Of these 36 families, 9 located housing during their enrollment in the program.⁴

In 2010 approximately 623 students in Gila County and 1177 students in Pinal County were eligible for McKinney-Vento services. Given that there are approximately 45 Gila County children and 84 Pinal County children each school year who qualify for McKinney-Vento services, we estimated that approximately 225 Gila County and 420 Pinal County children age birth to 5 years may qualify for McKinney-Vento services.

Table 3: Number of McKinney-Vento Eligible Students by Grade and County, 2010

County	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Gila	6	78	93	78	34	39	40	37	36	23	39	36	40	44	623
Pinal	18	102	83	102	89	78	87	68	77	88	68	82	81	154	1177

Source: *Homelessness in Arizona: Efforts to Prevent and Alleviate Homelessness 2010 Annual Report*, Arizona Department of Economic Security, December 31, 2010, page 116

Note: Data reported by ADE State Coordinator for Homeless Education

1c. Children in the child welfare system

According to the Child Welfare Information Gateway, child welfare is, “a continuum of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully.”⁵ And while not all children in the child welfare system are categorically eligible, many of these children are also experiencing chronic poverty. Children who are in foster care are categorically eligible for Head Start and Early Head Start services. During the 2012 – 2013 program year, 49 foster children were served in PGCCS’s Early Head Start and Head Start programs. Of these children, 30 were referred to PGCCS by the foster care agency.⁶

A review of the most recent child welfare data (October 1, 2012 – March 31, 2013) found that Gila and Pinal Counties accounted for approximately 9 percent of all reports that were opened in Arizona for child maltreatment.⁷ This represents a slight increase over a six month period in mid-2012 (April 1, 2012 – September 30, 2012) when the two counties accounted for approximately 8 percent of all reports. Generally, the reports were for neglect and physical abuse as noted in Table 4. It is notable that 27 percent of Gila County reports and nearly 15 percent of Pinal County reports were substantiated.

⁴ 2012 – 2013 Program Information Report

⁵ Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. *Child Welfare Information Gateway. What Is Child Welfare? A Guide for Educators.* August 2012. Available online https://www.childwelfare.gov/pubs/cw_educators.pdf

⁶ 2012 – 2013 Program Information Report

⁷ Arizona Department of Economic Security, Division of Children, Youth and Families. *Child Welfare Reporting Requirements Semi-Annual Report for the Period of October 1, 2012 Through March 31, 2013.* Available online https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf

Table 4: Reports by Type of Maltreatment, April 1, 2012 – March 31, 2013

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total
Gila	0	84	30	4	118
Pinal	10	702	257	49	1,018

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

Table 5: Substantiated Reports by Type of Maltreatment, April 1, 2012 – March 31, 2013

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total
Gila	0	22	9	1	32
Pinal	0	119	23	8	150

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

During the 12 month period noted above, a total of 113 Gila County children and 567 Pinal County children were removed from their home. Of these children, 13 Gila County children (12 percent) and 45 Pinal County children (8 percent) had also been removed from their home in the prior 12 months. The Arizona Department of Economic Security (DES) does not provide county-level data for type of out-of-home placement, but options for children birth through five years include relative care, foster care, and group homes, and residential treatment (which also includes shelter or hospital placement). A review of the state-wide data for children age birth to 17 years found that the majority of children are placed in either relative care or foster family care. State-wide data for the six month period ended March 31, 2013 also reveal that approximately 38 percent of children exiting DES custody were Caucasian, 36 percent were Hispanic, 14 percent were African American and 8 percent with American Indian.

1d. Geographic Location of Eligible Children and Families

As was noted in Section 1a, the ACS five-year estimates indicate that approximately 1,275 children in Gila County and 5,701 children in Pinal County under the age of five years are living in poverty. We further examined the number of children who reside in the major incorporated towns in each of these counties in order to determine where income eligible children reside.

The ACS does not provide a more detailed breakdown of the number of Early Head Start eligible children (birth to 3 years) and Head Start eligible children (3 to 5 years) in each of the towns in our geographic service area. By utilizing the estimated number of children residing in each town, and applying the poverty rate for families with children under five years, we have developed an estimate of the number of children living in poverty for two subsets of our eligible population: children age birth to two years and children age three to four years. It is important to note that our estimates reflect the merging of multiple ACS reports in an attempt to provide the level of detail that is necessary to plan for service delivery.

Table 8: Estimated EHS vs. Head Start Eligible Population, Gila County

Town	Estimated Number of Children Birth – 2 Years	Estimated Number of Children 3 – 4 Years	Poverty Rate for Families with Children Under 5 Years	Estimated Number of Children in Poverty Birth – 2 Years (EHS)	Estimated Number of Children in Poverty 3 – 4 Years (HS)
Globe	248	148	43.8%	109	65
Miami	18	81	0.0%*	0	0
Payson	583	279	24.9%	145	69
Winkelman	14	32	27.8%	4	9

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Note: The estimated number of children in poverty was calculated by applying the poverty rate to the estimated number of children in each age group. The number of estimated children in poverty was rounded to the nearest whole child. * Miami's poverty rate for children families with children under 5 years of age has a margin of error of 73.6% due to the small population of this community.

Table 9: Estimated EHS vs. Head Start Eligible Population, Pinal County

Town	Estimated Number of Children Birth – 2 Years	Estimated Number of Children 3 – 4 Years	Poverty Rate for Families with Children Under 5 Years	Estimated Number of Children in Poverty Birth – 2 Years (EHS)	Estimated Number of Children in Poverty 3 – 4 Years (HS)
Apache Junction	641	696	31.5%	202	219
Casa Grande	2250	1447	27.8%	626	402
Coolidge	564	545	8.0%	45	44
Eloy	943	740	23.9%	225	177
Florence	436	386	6.1%	27	24
Mammoth	26	23	46.3%	12	11
Maricopa/ Stanfield	2620	2050	7.0%	183	144
San Tan Valley	4712	3532	5.7%	269	201
Stanfield	*	*	*	*	*
Superior	51	13	60.0%	31	8

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Note: The estimated number of children in poverty was calculated by applying the poverty rate to the estimated number of children in each age group. The number of estimated children in poverty was rounded to the nearest whole child. * indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

Alternative estimates of the number and location of eligible children can be derived using the Free and Reduced Price Lunch data for each of the communities in our service area and identifying the total kindergarten enrollment. Table 10 (below) depicts the difference between using the ACS and school district specific data.

Table 10: ACS Estimated Number of Eligible Children vs. Current School District Enrollment Estimates

Community/Site	ACS 2008-2012 Estimated Number of Children 3-4 Years	Current Kindergarten Enrollment Free/Reduced x 2
Apache Junction	219	573
Casa Grande	402	1440
Coolidge	44	790
Eloy	177	274
Toltec	w/ Eloy	292
Florence	24	621
Globe	65	222
Mammoth	11	126
Maricopa	144	880
Stanfield	w/Maricopa	106
Miami	0	122
Payson	69	289
San Tan Valley	201	433
Superior	8	40
Winkelman	9	33

1e. Racial and ethnic composition of eligible families

It is estimated that in Gila County, 28% of families with children under age 18 years are living in poverty. In Pinal County, 17% of families with children under age 18 years are living in poverty. These families self-identify with a variety of racial and ethnic groups, as evidenced by the American Community Survey data. In our two county service area, American Indian/Alaskan Native and Hispanic families are disproportionality more likely to live in poverty as is noted below.

Table 11: Race and Hispanic Origin of Families in Poverty, Gila and Pinal Counties

Families with householder who is...	Description	Gila County	Pinal County
One Race		12.9	10.6
	White	10.2	9.2
	Black or African American	0.0	7.2
	American Indian and Alaska Native	36.0	37.4
	Asian	0.0	7.2
	Native Hawaiian and Pacific Islander	*	0.0
	Some Other Race	22.2	15.7
Two or More Races		29.2	7.0
Hispanic or Latino Origin		16.5	18.9
White Alone, Not Hispanic or Latino		9.9	6.7

Source: U.S. Census Bureau, 2008-2012 American Community Survey

The majority of families in Gila and Pinal Counties are either English or Spanish speaking as is noted in the tables below. Understanding the predominant language in individual communities is important, as it can be used to inform the staffing and translation needs of individual centers. It is notable that in select towns – Winkelman and Mammoth – more than half of the population over five years of age speaks Spanish.

Table 12: Select Language Characteristics of All Persons Over Five Years, Gila County

Town	Percent of Individuals Over Age 5 Who Speak Only English At Home	Percent of Individuals Over Age 5 Who Speak Spanish At Home	Percent of Individuals Who Are Native Born
Globe	78.2%	19.0%	93.9%
Miami	63.9%	35.2%	89.8%
Payson	93.8%	4.5%	96.5%
Winkelman	48.6%	51.4%	94.0%

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Table 13: Select Language Characteristics of All Persons Over Five Years, Pinal County

Town	Percent of Individuals Over Age 5 Who Speak Only English At Home	Percent of Individuals Over Age 5 Who Speak Spanish At Home	Percent of Individuals Who Are Native Born
Apache Junction	86.6%	11.0%	93.0%
Casa Grande	74.7%	21.3%	88.5%
Coolidge	76.1%	21.9%	92.0%
Eloy	58.5%	38.7%	84.0%
Florence	66.8%	28.9%	79.5%
Mammoth	48.3%	51.7%	86.0%
Maricopa	80.4%	13.9%	89.5%
San Tam Valley	83.1%	13.4%	93.0%
Stanfield	54.3%	45.7%	92.5%
Superior	62.1%	37.0%	95.4%

Source: U.S. Census Bureau, 2008-2012 American Community Survey

1f. Other Demographics

Self-Sufficiency Standard: The “self-sufficiency” measure is an indication of how much income a family needs to meet their basic needs, without any government subsidies. Because the Self-Sufficiency Standard assumes adult household members work full-time, the Standard includes all major expenses associated with employment (taxes, transportation, and child care). The Standard has been used across the country to inform a variety of public policy initiatives including programs and services for working parents, child care needs (including early care and education and after school), welfare to work policies, etc. At the University of Washington’s School of Social Work, the Center for Women’s Welfare’s “The Self-Sufficiency Standard” project established the Standard for individual Arizona counties in 2012.

Below is a depiction of the 2012 Self-Sufficiency Standard in Gila and Pinal Counties for three types of families: one adult/one preschooler; one adult/one preschooler/one school age; and two adults/one preschooler/one school age. What is most striking is how limited the application is of the Federal poverty level in terms of identifying “need.” There is significant disparity between the income eligibility for the Federal Head Start/Early Head Start programs and the actual working wage a family needs to earn in order to reach the expected “self-sufficiency” outcome.

Table 14: Self-Sufficiency Standard in Gila and Pinal County, 2012

County	One Adult, One Preschooler		One Adult, One Preschooler, One School Age		Two Adults, One Preschooler, One School Age	
	Annual Self-Sufficiency Standard	Self-Sufficiency as a Percentage of 2012 Federal Poverty	Annual Self-Sufficiency Standard	Self-Sufficiency as a Percentage of 2012 Federal Poverty	Annual Self-Sufficiency Standard	Self-Sufficiency as a Percentage of 2012 Federal Poverty
Gila	\$40,417	267%	\$47,973	251%	\$55,128	239%
Pinal	\$42,106	278%	\$49,839	261%	\$57,373	249%

Source: Pierce, D. *How Much Is Enough In Your County? The Self-Sufficiency Standard for Arizona.* Center for Women’s Welfare, University of Washington School of Social Work. (2012).

As the authors of the report note, over the past ten years, “the largest increase (50%) occurred in Gila County where the Standard increased from \$36,799 in 2002 to \$55,128 in 2012 for a family with two adults, one preschooler, and one school-age child. The Standard for Greenlee and Pinal counties increased by 40% and 41% over the past decade.” Families in our service area have been disproportionately impacted by the rising costs of living when compared to other grantees in the State.

Family self-sufficiency characteristics: In considering the location of eligible children and families, it is important to evaluate the economic self-sufficiency of households and families. Indicators of self-sufficiency include income, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program benefits (SNAP). The communities with the highest poverty rates (greater than 30 percent) are Globe and Winkelman in Gila County, and Apache Junction, Mammoth, and Superior in Pinal Counties.

Table 15: Household and Family Self-Sufficiency Measures, Gila County

Town	Median Household Income	Median Family Income	Households with SSI Income	Households with Cash Public Assistance	Households with SNAP benefits	Poverty rate for families (children under 18 years)	Poverty rate for families (children under 5 years only)
Globe	\$36,992	\$53,889	230	40	468	24.4%	43.8%
Miami	\$38,534	\$47,188	22	26	130	16.8%	0.0%*
Payson	\$40,781	\$49,819	530	257	1,061	16.8%	24.9%
Winkelman	\$39,375	\$44,583	30	13	52	31.4%	27.8%

Source: U.S. Census Bureau, 2008-2012 American Community Survey

* Miami's poverty rate for children families with children under 5 years of age has a margin of error of 73.6% due to the small population of this community.

Table 16: Household and Family Self-Sufficiency Measures, Pinal County

Town	Median Household Income	Median Family Income	Households with SSI Income	Households with Cash Public Assistance	Households with SNAP benefits	Poverty rate for families (children under 18 years)	Poverty rate for families (children under 5 years only)
Apache Jct.	\$38,393	\$46,653	794	338	2,034	29.7%	31.5%
Casa Grande	\$45,198	\$50,461	893	703	2,710	22.7%	27.8%
Coolidge	\$44,141	\$49,836	389	165	2,648	27.0%	8.0%
Eloy	\$39,408	\$43,662	209	398	5,204	28.2%	23.9%
Florence	\$48,318	\$53,640	170	76	417	15.5%	6.1%
Mammoth	\$38,487	\$45,096	19	0	111	38.9%	46.3%
Maricopa/ Stanfield	\$60,526	\$64,672	507	541	1,442	9.2%	7.0%
San Tan Valley	\$58,590	\$60,244	547	454	2,682	11.3%	5.7%
Stanfield	\$4,589	\$53,301	0	0	0	*	*
Superior	\$38,722	\$55,250	81	34	271	33.9%	60.0%

Source: U.S. Census Bureau, 2008-2012 American Community Survey

* indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

Parents in the workforce: In both Gila and Pinal Counties, nearly 49 percent of children under the age of six live in families where both parents are in the labor force. Only 3.6 percent of Gila County children and 2.4 percent of Pinal County children who live with two parents have no parent in the labor force.

In single parent families, it is notable that 75 percent of single-fathers and 64.7 percent of single-mothers in Gila County are in the workforce. In Pinal County, 71.7 of single-fathers and 70.3 percent of single-mothers are in the workforce. These statistics underscore the need for child care for working families, and especially for the working poor and supports the need for home base option to reach families with one or both parents in the home.

Table 17: Parents in the Workforce, Gila and Pinal Counties

Characteristic	Description	Gila County	Pinal County
Children under age 6	TOTAL	3,662	33,064
Children under age 6 living with 2 parents	TOTAL	1,814	22,043
	Both parents in labor force	883	10,756
	Father only	778	10,243
	Mother only	87	512
	Neither in the labor force	66	532
Children under age 6 living with 1 parent	TOTAL	1,848	11,021
	Living with Father	366	2,891
	Father in labor force	275	2,073
	Father not in labor force	91	818
	Living with Mother	1,482	8,130
	Mother in labor force	959	5,723
	Mother not in labor force	523	2,407

Source: U.S. Census Bureau, 2008-2012 American Community Survey

SECTION 2: OTHER CHILD DEVELOPMENT AND CHILD CARE PROGRAMS

2a. Active child care providers

A review of active child care providers (October 31, 2013) found that there are 80 center and home-based providers in Pinal and Gila Counties with the capacity to serve 4,916 children annually. It is important to note that this data includes providers who serve children from birth through school age. While we cannot determine the number of children birth to 5 years who are served in each of these locations from the data available, it does provide us with a measurement of the relative child care needs within individual communities.

Table 18: Active Child Care Providers in Service Area

Location	County	Number of Active Providers (as of 4/14)	Number of Licensed Slots	Number of children enrolled as of April, 2014
Apache Junction	Pinal	8	743	
Casa Grande	Pinal	15	1206	
Coolidge	Pinal	10	350	
Eloy	Pinal	5	206	
Florence	Pinal	4	205	
Globe	Gila	3	142	
Mammoth	Pinal	2	91	
Maricopa	Pinal	11	1,113	
Miami	Gila	2	98	
Payson	Gila	7	238	
San Tan Valley	Pinal	8	328	
Stanfield	Pinal	2	52	
Superior	Pinal	2	84	
Winkelman	Pinal	1	60	
Total		80	4,916	

Source: DES Report, 6/14; phone survey of licensed providers, 4/14.

These child care providers are full day / full year centers. These numbers do not include children enrolled in Head Start or attending public school preschools.

In April 2014, PGCCS staff contacted individual Licensed Group Homes and Licensed Child Care Centers to determine the age range of children served and the number of children birth to five years who are currently enrolled in each location. Our data collection was limited by providers not responding to our request for information and/or telephone numbers not being accurate for providers.

2b. Access and affordability

In 2012, the Arizona Department of Economic Security embarked on their Child Care Market Rate Survey,⁸ which is conducted every two years. The survey combined data for Pinal and Gila Counties, which are collectively defined by DES as “District 5.” According to the 2012 Survey, there was a 5 percent decline in the number of child care centers state-wide from 2010 to 2012. A review of the survey data found that in Pinal and Gila Counties, 19 centers provided full time (6 hour or more) care for children under 1 year; 26 centers provided full time care for children age 1 – 2 years; and 43 centers provided full time care for children age 3 – 5 years. The median cost of accessing full time care was \$40.00 per day for children under age 1 year; \$36.80 per day for children age 1 – 2 years; and \$30.00 per day for children age 3 – 5 years. In contrast, the median cost associated with accessing part-time care (less than 6 hours) was \$35.00 per day for children under 1 year; \$30.00 per day for children age 1 – 2 years; and \$19.80 per day for children age 3 – 5 years. Only 5 centers in Pinal and Gila Counties indicated that they provided extended day care, defined as 12 hours or more.

A significant number of children receive care through approved family homes. These homes are either DES certified or Arizona Department of Education (ADE) Alternative Approval Homes that participate in the Child and Adult Care Food Program (CACFP). According to the 2012 DES Child Care Market Rate Survey, there was a 20 percent decline in the number of approved family homes from 2010 to 2012. Within Pinal and Gila Counties, 91 homes provided full time care for children under 1 year; 102 homes provided full time care for children age 1 – 2 years; and 107 homes provided full time care for children age 3 – 5 years. The median cost of accessing in-home full time care was \$25.00 per day for children up to 5 years. In contrast, the median cost associated with accessing part-time care (less than 6 hours) was \$15.00 - \$18.00 per day. Twenty-one (21) family homes indicated that they provided extended day care, defined as 12 hours or more.

The Department of Economic Security’s Child Care Administration Office assists families with accessing financial assistance for child care. Families qualify for assistance due to their income and situation (for example, assistance is available to families who are in child protective services, receiving TANF cash aid, or a family is participating in a Department of Economic Security job training program, among other situations). According to First Things First, in Pinal County, 97 percent of eligible families received financial assistance in 2010 (1065 of 1095 families). However, these numbers were in sharp decline in 2011 with only 82 percent of eligible families receiving financial assistance (544 of 660 families).⁹

⁸ Arizona Department of Economic Security, Division of Employment and Rehabilitation Services, Child Care Administration. *Child Care Market Rate Survey 2012*. Available online at <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

⁹ First Things First, Pinal County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Pinal_Needs_and_Assets_Report_2012.pdf

2c. Home visitation programs

Strong Families AZ is a network of home visiting programs that helps families raise healthy children ready to succeed in school and in life. The Strong Families website lists these program descriptions for home visitation programs in Pinal County. www.strongfamiliesaz.com

- Healthy Families Arizona helps mothers and fathers become the best parents they can be. A Home Visitor connects the parent with services based on their specific situation. The Home Visitor will work with parents as needed throughout the first five years of their child's life. Our goal is to build parenting skills and support to make families stronger. Healthy Families links families with community resources, health care, childcare, and housing; helps parents obtain education and employment; provides child development, nutrition and safety education; teaches and supports positive parent-child interaction; provides developmental screenings to infants and referrals to resources if developmental delays are identified; and provides emotional support and encouragement to parents. According to Pauline Haus-Vaughn, Healthy Families in April, 2014 is serving 101 families residing in the PGCCS service area.
- Nurse Family Partnership is a community healthcare program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child. Our goal is to help you become confident and assured in your parenting skills, so you and your child can look forward to a better future. Nurse-Family Partnerships is an evidence-based program proven to work that provides families with a variety of free educational resources and builds on existing parenting skills to help families become self-reliant.
- Parents as Teachers recognizes that children have so much potential. And parents have a unique opportunity to be their first teacher. Parents As Teachers shows parents how to be your child's first teacher. Home Visitors provide resources appropriate for each child's stage of development. Through Parents as Teachers, parents develop a stronger relationship with their child and prepare them for academic success. PAT is a program is evidence-based and proven to work, catches possible developmental challenges early on; connects families with a variety of community resources; and provides fun activities that deepen the parent-child relationship. According to Aimee Kempton, Parents as Teachers in April, 2014 is serving 40 families residing in the PGCCS service area

These home visitation programs do not have income guidelines for enrollment and they do not have a minimum home visit requirement; instead, families determine frequency and length of the home visits.

SECTION 3: ESTIMATED NUMBER OF CHILDREN WITH DISABILITIES 4 YEARS OR YOUNGER

3a. Services for children birth to 3 years (IDEA Part C)

The Arizona Early Intervention Program (AzEIP) is Arizona’s statewide, interagency system of supports and services for infants and toddlers with developmental delays or disabilities and their families. In order to be eligible for services under AzEIP, a child must be between the ages of birth and 36 months of age, and have either a developmental delay or an established condition that has a high probability of resulting in a developmental delay. According to AzEIP.:¹⁰

A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains: physical: fine and/or gross motor and sensory (includes vision and hearing); cognitive; language/communication; social or emotional; or adaptive (self-help).

Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; metabolic disorders; hydrocephalus; neural tube defects (e.g., spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; significant auditory impairment; significant visual impairment; failure to thrive; severe attachment disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

The state’s definition of “eligible child” does not include children who are at risk of having developmental delays if early intervention services are not provided.

Once a child is referred to AzEIP for assessment, with parent permission, the child is screened and evaluated. According to AzEIP, the process for evaluating children with suspected special needs is as follows:

1. Administer an evaluation instrument;
2. Take the child’s history (including interviewing the parent);
3. Identify the child’s level of functioning in each of the developmental areas (cognitive, physical, including vision and hearing, communication, social or emotional, and adaptive development);
4. Gather information from other sources such as family members, other caregivers, medical providers, social workers and educators, if necessary , to understand the full scope of the child’s unique strengths and needs;
5. Review medical, educational, or other records.

Once the child is evaluated, his/her eligibility for services is determined. If the child is eligible, AzEIP will identify family priorities, resources and interests, and will move forward with the development of an Individualized Family Services Plan (IFSP). The State agencies that provide early intervention services to

¹⁰ Definitions are available online <https://www.azdes.gov/print.aspx?id=2362>

children and their families include the Arizona State Schools for the Deaf and Blind, Arizona Department of Economic Security/Division of Developmental Disabilities, and Department of Economic Security/Arizona Early Intervention Program. Services may include occupational, physical or speech therapy, developmental special instruction, social work or psychological services.

Children can remain in AzEIP until they are three (3) years old, at which point the child will be referred to his/her next placement. The referral may be to a school district, local child care center, or a Head Start provider.

3b. Services for children 3 to 5 years (IDEA Part B)

In Arizona, the process of referring a child for special education is referred to as “Child Find.” Under this process, school personnel who come into contact with students are responsible for identifying suspected special needs. According to the Arizona evaluation and eligibility process:

Once a student is identified as having difficulty in progressing or achieving in any areas of expected growth or learning (academic, social/emotional, behavioral, cognitive, language, or motor skills), the student should be referred for intervention. This intervention {will} be in the form of... a systemic method for providing early intervening services to assist the student in attaining expected learning or behavioral growth. This initial process is called prereferral intervention.”¹¹

It is the school district that is responsible for the screening and evaluation of individual children. The initial screening is required to take place within 45 days of the referral, and the school district is required to advise parents of any identified concerns within 10 days of the screening. When a child is evaluated with parent permission, multiple pieces of information are utilized including:

- Feedback from parents on the child’s current and historical medical, developmental, and functional status
- Results of any prior evaluations
- Current assessments including language proficiency
- Classroom based observations and interventions
- Observations and input by teachers and providers

Under state law, the following disabilities make a child eligible for special education: Autism (A), Developmental Delay (DD), Emotional Disability (ED), Hearing Impairment (HI), Mild Intellectual Disability (MIID), Moderate Intellectual Disability (MOID), Multiple Disabilities (MD), Multiple Disabilities with Severe Sensory Impairment (MDSSI), Orthopedic Impairment (OI), Other Health Impairments (OHI), Preschool Severe Delay (PSD), Severe Intellectual Disability (SID), Specific Learning Disability (SLD), Speech/Language Impairment (SLI), Traumatic Brain Injury (TBI), and Visual Impairment (VI). If a child is determined to have any of these conditions, the family will be invited to develop an Individual Education Plan (IEP).

¹¹ Arizona Department of Education, Exceptional Student Services. *Evaluation and Eligibility. Processes and Procedures From Referral to Determination of Eligibility.* January 2012

Raising Special Kids, Arizona's Parent Training and Information Center, communicates the purpose of the IEP as follows:

- The IEP describes current academic achievement and functional performance.
- It also describes the measurable academic and functional goals for one year.
- The IEP describes the special education needs
- It serves as a commitment from the school to provide listed special education services and
- It's a monitoring and compliance tool to ensure State and Federal requirements are met.¹²

Children may receive a variety of special services while on an IEP. Services can include (but are not limited to) speech therapy, physical therapy, occupational therapy, audiology services, orientation/mobility training, Braille, interpreter for hearing-impaired students, specialized transportation, and/or school-based health services.¹³ Services are provided in the least restrictive environment possible, meaning that children with disabilities are integrated into classrooms with children without disabilities.

3c. Supports for families of children with disabilities

Raising Special Kids is Arizona's Parent Training and Information (PTI) Center. These centers are established under the Individuals with Disabilities Education Act (IDEA) under a grant from the United States Department of Education. According to their website, Raising Special kids helps parents to obtain appropriate education and services for their children with disabilities; work to improve education results for all children; resolve problems between families and schools or other agencies; and connect families to community resources that address their needs. Raising Special Kids also provides workshops that help parents with the entire special education process (from evaluation to implementation of the plan, and including dispute resolution and transition issues). In 2008 – 2009, 82 percent of Pinal and Gila County infants and toddlers received evaluation/assessment within 45 days of referral. On July 1, 2013, Raising Special Kids and the Arizona Department of Education Parent Information Network (PIN) merged their parent training activities. This created a, "one-stop shop' for parents to increase their knowledge and skills for participation and decision-making in special education. The resources formerly provided by the PIN, including documents, trainings, and the lending library, are now available through Raising Special Kids."¹⁴

¹² Available online http://www.raisingpecialkids.org/_media/uploaded/2/0e2300909_1374101944_2013-traveling-the-special-education-highwayweb.pdf

¹³ Available online http://www.raisingpecialkids.org/_media/uploaded/2/0e2300909_1374101944_2013-traveling-the-special-education-highwayweb.pdf

¹⁴ Arizona Department of Education <http://www.azed.gov/special-education/deputy-associate-superintendent/parent-information-network/>

3d. Number of Eligible Children and Predominant Disabilities

The Technical Assistance and Dissemination Network (TA&D Network) is a network of centers funded by the US Department of Education's Office of Special Education Programs (OSEP). The table below depicts the eligibility by County.

Table 19: Number of Part B and Part C Eligible Children in Service Area

Age of Child	Gila Estimates	Pinal Estimates
Birth to 1	4	41
1 to 2 Years	10	98
2 to 3 Years	17	177
<i>Ages Birth through 2 (up to 3) Years - TOTAL PART C ELIGIBLE</i>	<i>31</i>	<i>316</i>
3 Years	23	235
4 Years	36	366
<i>Age 3 to 4 Years - TOTAL PART B ELIGIBLE</i>	<i>59</i>	<i>601</i>

Source: Technical Assistance and Dissemination Network, 2011

AzEIP was able to provide PGCCS with the number of children served on an Individual Family Service Plan (IFSP) by October 1 of each year over a six year period. In Gila County, the number of children served has increased since 2009. In Pinal County, the pattern is more difficult to define, the number of children served has fluctuated from 2009 to 2012.

Table 20: AzEIP Children Served, Gila County 2009 - 2012

Age of Child	Number of Children Served			
	2009	2010	2011	2012
0 – 1 Year	4	7	6	5
1 – 2 Years	10	12	18	15
2 – 3 Years	18	23	24	31
Total	32	42	48	51

Source: AzEIP, Received by Special Request of PGCCS, 2012 - 2013

Table 21: AzEIP Children Served, Pinal County 2009 - 2012

Age of Child	Number of Children Served			
	2009	2010	2011	2012
0 – 1 Year	46	39	46	52
1 – 2 Years	125	115	125	112
2 – 3 Years	228	216	182	198
Total	399	370	353	362

Source: AzEIP, Received by Special Request of PGCCS, 2012 - 2013

The Arizona Department of Education was able to provide the number of children age 3 to 5 years served, and the specific disabilities that these children were diagnosed with. In Gila County, the predominant disabilities reported include Developmental Delay and Speech and Language Impairment from 2012 - 2013. In Pinal County, the predominant disabilities reported include Autism, Developmental Delay, Preschool Severe Delay, and Speech/Language Impairment from 2012 – 2013.

Table 22: Arizona Department of Education IEP Children Served, Gila County 2012-2013

Diagnosed Disability	Age of Child on IEP					
	3 Years		4 Years		5 Years	
	2012	2013	2012	2013	2012	2013
Autism						*
Developmental Delay	19	20	33	29	24	29
Preschool Severe Delay	*	*	*	11	*	*
Speech/Language Impairment	11	16	24	18	23	18
Visual Impairment		*	*			

Source: Arizona Department of Education, Received by Special Request of PGCCS, 2012 - 2013

Note: Per AZDE, cells with a * represent fewer than 10 children. The * is used to protect personally identifiable information.

Table 23: Arizona Department of Education IEP Children Served, Pinal County 2012-2013

Diagnosed Disability	Age of Child on IEP					
	3 Years		4 Years		5 Years	
	2012	2013	2012	2013	2012	2013
Autism					22	29
Developmental Delay	85	80	129	154	119	101
Emotional Disabled					*	*
Hearing Impaired	*	*	*	*	*	
Preschool Severe Delay	53	41	61	43	*	12
Speech/Language Impairment	77	81	128	123	137	162
Visual Impaired		*				*

Source: Arizona Department of Education, Received by Special Request of PGCCS, 2012 - 2013

Note: Per AZDE, cells with a * represent fewer than 10 children. The * is used to protect personally identifiable information.

PGCCS Early Head Start Disabilities Data: During the 2012 – 2013 program year, 22 Early Head Start children with special needs were enrolled in the program. Of these children, 11 enrolled in Early Head Start with an existing IFSP. An additional 11 children were identified through PGCCS’s screening process as having potential special needs, were with parental permission, subsequently referred to the appropriate entity. With parent permission, an assessment followed and an IFSP resulted.

PGCCS Head Start Disabilities Data: During the 2012 – 2013 program year, 116 Head Start children with special needs were enrolled in the program. Of these children, 33 enrolled in Head Start with an existing IEP. An additional 83 children were identified through PGCCS’s screening process as having potential special needs, and were subsequently referred to the appropriate entity. With parent permission, an assessment and IEP resulted. The predominant identified disabilities were non-categorical developmental delay (61 children) and speech (53 children).

SECTION 4: DATA REGARDING THE EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF HEAD START ELIGIBLE CHILDREN AND FAMILIES AS DEFINED BY FAMILIES AND INSTITUTIONS IN THE COMMUNITY

4a. Early Education and Family Engagement

School Readiness: According to the Office of Head Start, school readiness means that, “children are ready for school, families are ready to support children’s learning, and schools are ready for children.”

The basic tenants for School Readiness in a Head Start program are:

- Children’s comprehensive/holistic needs are addressed (including their physical health, mental health, oral health, social-emotional development, and early education needs)
- Parent and families are engaged in the long-term, life-long success of their child and are supported in identifying and implementing strategies towards these goals
- Staff and parents work in partnership to meet the school readiness needs of individual children
- Staff and Management work in partnership to promote school readiness within the community, including ensuring a successful transition to kindergarten

It is well understood that a number of factors influence a child’s school readiness, including health outcomes, parent/family engagement, and a child’s language proficiency. The Head Start Early Learning Frameworks articulate the expectations for Head Start and Early Head Start grantees as it relates to school readiness for children.

Kindergarten readiness is a strong predictor of a child’s performance in third grade. Third grade is a critical milestone, as children who read at grade level at this point in their education career are more likely to graduate from high school.

There are several distinct populations whose needs schools must meet in order to ensure a successful kindergarten transition, and later elementary and secondary school milestones. These populations include special needs children (see Section 3 of this Assessment), children who are experiencing homelessness and/or placement in the child welfare system (see Section 1 of this Assessment), and dual language learners (see Section 1 of this Assessment).

In summary, the data suggests that there is ample room to improve life-long outcomes for children, beginning with improving a child’s early education experience and ultimate transition to kindergarten.

Dual Language Learners: Dual language learners are children learning two (or more) languages at the same time, including those children who are learning a second language while continuing to develop their home language. Typically, this category of learners is inclusive of young children who speak a language other than English in their home, and then are introduced to English once in school. Head Start programs are required to support children in the development of both their home language and

English, while also providing culturally competent services to the child and family. According to the Office of Head Start:¹⁵

Research also unequivocally shows the importance of intentionally supporting the acquisition of English and the home language in young children. Knowledge of the home language facilitates learning a second language. Children who know two languages often have higher levels of cognitive achievement than monolingual children and almost certainly will have a broader array of social and economic opportunities available to them as they become adults. Through their home language and culture, families share a sense of identity and belonging. Children learn how to relate to and communicate with others. Loss of home language can interfere with these important aspects of a child's life, disrupting family communication, inhibiting relationship development, leading to the loss of intergenerational wisdom, negatively affecting a child's self-concept, and potentially interrupting thinking and reasoning skills.

The majority of children who enroll at PGCCS speak one of two languages at home: English or Spanish. This aligns with the community needs assessment data included in Section 1. The home languages spoken by our children during the 2012 – 2013 and 2013 – 2014 program years are as follows:

Table 28: PGCCS Early Head Start Home Languages Spoken, 2012 – 2014

Program Year & Program Type	Language	Number	Percent of Children Served
2012 – 2013 Early Head Start	English	158	73.4%
	Spanish	50	23.2%
	Other	7	3.3%
2013 – 2014 Early Head Start*	English	158	77.8%
	Spanish	44	21.7%
	Other	1	.5%

Source: PGCCS 2012 – 2013 and 2013 – 2014 Program Information Reports

* Note: The 2013 – 2014 program year was still in progress at the time of publication

Table 29: PGCCS Head Start Home Languages Spoken, 2012 – 2014

Program Year & Program Type	Language	Number	Percent of Children Served
2012 – 2013 Head Start	English	843	79.8%
	Spanish	202	19.1%
	Other	12	1.2%
2013 – 2014 Head Start*	English	805	81.8%
	Spanish	165	16.8%
	Other	14	1.4%

Source: PGCCS 2012 – 2013 and 2013 – 2014 Program Information Reports

* Note: The 2013 – 2014 program year was still in progress at the time of publication

¹⁵ Office of Head Start, *Dual Language Learning: What Does It Take?* <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/dual%20language%20learners%20and%20their%20families/learning%20in%20two%20languages/duallanguagelea.htm>

Dual Language Learners who participate in the PGCCS Head Start programs make significant gains in their competency in both their home language and English, as noted by our School Readiness data for the past two program years. In our Early Head Start, our goal is to provide a program that supports the child’s home language and is culturally and linguistically appropriate for each individual child.

Table 31: PGCCS Head Start Dual Language Learner Progress, 2012 – 2014

Program Year & Program Type	Baseline	End Point
Goal: 95% of dual language learners will progress in understanding English		
2012 – 2013 Head Start Meeting expectations increase	81%	Final (assessment #3) 95%
2013 – 2014 Head Start* Meeting expectations increase	76%	Mid-point (assessment #2) 92%
Goal: 90% of dual language learner will progress in Speaking English		
2012 – 2013 Head Start Meeting expectations increase	51%	Final (assessment #3) 88%
2013 – 2014 Head Start* Meeting expectations increase	66%	Mid-point (assessment #2) 86%

Source: PGCCS 2012 – 2013 and 2013 – 2014 Program Information Reports

* Note: The 2013 – 2014 program year was still in progress at the time of publication

Preschool enrollment: The ACS provides an estimated number of children living in poverty who are enrolled in preschool by community; however, as has been noted elsewhere in this Community Assessment, the community specific data has a very high margin of error due to the size of the population. It is also important to note that the ACS does not indicate the age of the child as part of their preschool enrollment estimate, so these number are inclusive of all children (regardless of age) and their enrollment in preschool. These figures must be compared to the related estimated number of preschool age children in each community in order to determine which communities are potentially underserved.

Table 33: Children in Poverty Enrolled in Preschool/Nursery School, Gila County

Town	Estimated Number of Children Living in Poverty Enrolled in Preschool	Margin of Error (+/-)	Maximum Number of Children Living in Poverty Enrolled in Preschool
Globe	10	16	26
Miami	28	32	60
Payson	122	96	218
Winkelman	0	13	13

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Table 34: Children in Poverty Enrolled in Preschool/Nursery School, Pinal County

Town	Estimated Number of Children Living in Poverty Enrolled in Preschool	Margin of Error (+/-)	Maximum Number of Children Living in Poverty Enrolled in Preschool
Apache Junction	41	41	82
Casa Grande	142	113	255
Coolidge	88	81	169
Eloy	116	106	222
Florence	77	123	200
Mammoth	13	16	29
Maricopa/Stanfield	44	34	78
San Tam Valley	474	376	850
Stanfield	0	13	13
Superior	22	24	46

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Parent Education Level: Educational attainment is a major contributor to the cycle of poverty. Children who grow up in poverty are less likely to graduate high school, and in turn, they continue the cycle of poverty as adults. Adult educational attainment is strongly correlated to future income earnings and employment status; it also impacts individual health outcomes. The Centers for Disease Control and Prevention (CDC) has stated that, “persons with low levels of education and income generally experience increased rates of mortality, morbidity, and risk-taking behaviors and decreased access to and quality of health care.”¹⁶

The education level of a child’s mother has been documented as the single biggest predictor of a child’s success. An article in the Washington Post in 2010 summarizing international research on the role of mother’s education on child outcomes stated: “Half the reduction in child mortality over the past 40 years can be attributed to the better education of women, according to the analysis published in the journal Lancet. For every one-year increase in the average education of reproductive-age women, a country experienced a 9.5 percent decrease in the child deaths.”¹⁷ The article also summarizes research that supports that better-educated women are more likely to understand disease-prevention measures, more likely to take a sick child to a clinic early and to follow treatment instructions, and more likely to understand germ theory. In terms of mental health outcomes, a study at McGill University in 2013 found that children of women who did not finish high school were twice as likely to experience a major episode of depression in early adulthood as children whose mothers obtained a high school diploma.¹⁸

The question of what aspect of a mother’s education is most likely to impact her children’s academic achievement has been studied intensively over the past decade. Researches are collectively coming to a

¹⁶ Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (*MMWR*). November 22, 2013. Available online <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a3.htm>

¹⁷ Brown, David. A Mother’s Education Has A Huge Effect On A Child’s Health. Washington Post, September 16, 2010.

¹⁸ Report from Science Daily <http://www.sciencedaily.com/releases/2013/05/130531114637.htm>

single conclusion – that a mother’s literacy level is the difference. In 2010, the National Institutes of Health concluded that, “programs to boost the academic achievement of children from low income neighborhoods might be more successful if they also provided adult literacy education to parents.” This was based on the finding that, “a mother's reading skill is the greatest determinant of her children’s future academic success, outweighing other factors, such as neighborhood and family income.”¹⁹

In 2008 (the most recent data available from the US Census), 74 percent of Gila County and 69.4 percent of Pinal County persons over 25 years with a high school diploma or less lived in poverty during the prior 12 months.

Table 35: Poverty Status by Educational Attainment, Gila and Pinal Counties

Education Degree Level	Gila County Number of Persons	Gila County % of Persons Living in Poverty	Pinal County Number of Persons	Pinal County % of Persons Living in Poverty
Less than high school diploma	1,805	34.4%	7104	38.7%
High school graduate, GED, or alt.	2,075	39.6%	5627	30.7%
Some college or associate's degree	1,017	19.4%	4489	24.4%
Bachelor's degree	225	4.2%	707	3.8%
Graduate or professional degree	123	2.3	426	2.3%

Source: U.S. Census Bureau, 2006-2008 American Community Survey. The percentages above are based on the number of persons 25 years of age and older whose income in the prior 12 months were below the poverty level (n = 5,245 persons in Gila County and 18,353 persons in Pinal County).

During the 2012 – 2013 program year, of the 1,202 families enrolled in PGCCS Early Head Start and Head Start programs, 808 families (67 percent) reported that the highest degree obtained was a high school diploma/GED or less. An additional 343 families (nearly 29 percent) reported having an associate’s degree or some college. Just 51 families (4 percent) held an advanced degree.

Parent Knowledge of Child Development: an important factor in selecting a child development program is a parent’s own understanding of child development. A 2008 statewide survey found that Pinal County parents correctly answered 15 of 22 questions at a higher rate than the statewide results.²⁰ For example:

- When asked, “At what age do you think an infant or young child begins to really take in and react to the world around them?” 51 percent responded correctly with, “up to one month.”
- When asked, “At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by his parents’ mood?” 69 percent responded correctly with, “up to two months.”
- When asked to indicate whether the following statement was true or false, “In terms of learning about language, children get an equal benefit from hearing someone talk on TV versus hearing a person in the same room talking,” 60 percent responded that the statement was “definitely false.”

¹⁹ National Institutes of Health <http://www.nih.gov/news/health/oct2010/nichd-25.htm>

²⁰ First Things First, Pinal County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Pinal_Needs_and_Assets_Report_2012.pdf

A report using data from the 2010 Arizona Health Survey also provides a glimpse into the home practices that parents engage in that support early childhood development. For the purpose of this report, the authors grouped Pinal and Gila Counties with Graham, Greenlee, Cochise, and Santa Cruz Counties, and collectively termed the grouping “Region 3.” The report states that 61 percent of parents read or tell stories to their children every day; nearly 72 percent sing or play music every day; nearly 50 percent of parents go to the park with their children more than four times a month; and 15 percent of parents visit the library with their children three times a month. Of the indicators, the most striking was that 67 percent of parents do not visit the library with their children.²¹

Parent Satisfaction with Accessing Services in Pinal County: The 2008 First Things First Needs and Assets Survey found that 39 percent of Pinal County parents were “dissatisfied” with how agencies that serve young children work together and communicate. Unsurprisingly, the dissatisfaction appears to be related to the processes that parents must go through in order to access services. For example, 63 percent of survey respondents indicated that the paperwork needed to access services was repetitive. However there were also more content oriented concerns; 40 percent of survey respondents indicated that there was a lack in preventative services. And 50 percent responded that services meet some of the family’s needs, but not the entire family needs.

4b. Health, Nutrition, Mental Health, and Oral Health

Access and Insurance: Insurance for young children has been a major state-wide issue for the past several years. The KidsCare program, part of the Arizona Health Care Cost Containment System (AHCCCS), is for children whose household income is between 100 – 200 percent of the Federal poverty level. A blistering 2010 state budget cut resulted in a “freeze” on enrollment into the KidsCare program.

- Pinal County enrollment in KidsCare in Pinal County declined 77 percent from 2008 to 2012. This is in keeping with the state-wide decline of more than 80 percent (as of February 2012 there were more than 136,000 children state-wide on the waiting list for KidsCare). In the absence of KidsCare and the subsequent KidsCare II bridge program (which ended January 31, 2014), access to public health clinics is exceedingly important for low income families. As of January 2012, there were 12 public health clinics in Pinal County providing a range of services including immunizations, well women checks, cervical and breast cancer screenings, reproductive health services and testing, flu shots, and WIC services.
- In 2009, 14 percent of children and youth (under 19 years of age) in Gila County²² were uninsured; it is anticipated that the number of uninsured youth is higher today due to the cuts noted above. Access to public insurance has declined for all individuals in Gila County; in May of 2012, the Arizona Health Care Cost Containment System (AHCCCS) provided health insurance

²¹ *The Healthy Development of Arizona’s Youngest Children. A 21st Century Profile of Opportunity and Challenge.* (December 2010). Available online <http://www.azftf.gov/WhoWeAre/Board/Documents/ahs-2010-HealthyDevelopmentChildren-Dec10.pdf>

²² First Things First, Gila County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Gila_Needs_and_Assets_Report_2012.pdf

coverage to 14,412 people in Gila County, a decrease from 15,896 people in August of 2011. Gila County has select resources including Gila County Health Department's Health Start Program (services include home visits, immunizations, nutrition, child development, and health and safety), New Beginnings (parent education and support to teen parents in Payson), and The New Mom's Program and Pregnancy Center (for pregnant women and new mothers in Hayden-Winkelman). In 2010, the ratio of primary care providers to the population was 1 in 755. In 2011, the ratio of dental providers to the population was 1 in 3,153. This far exceeds the state ratio, and it is especially notable that in 2008, 64 percent of Gila County partners reported that they drove more than 20 miles to access dental care for their child(ren).

Prenatal Care and Birth Weight: Access to prenatal care is associated with positive birth outcomes for mothers and positive long-term health outcomes for mothers and their babies. According to the National Institutes for Health, prenatal care can help reduce the risk of pregnancy complications; help mothers to better manage pre-existing conditions; and reduce complications for the infant due to tobacco and alcohol use or a mother's lack of nutrition.²³

- In Pinal County in 2010,²⁴ an estimated 5 percent of mothers received no prenatal care. One of the biggest risk factors resulting from lack of prenatal care is low birth weight of the infant. In 2010, 6.6 percent of babies born in Pinal County were low birth weight and 10 percent of babies were pre-term deliveries (less than 37 weeks gestational age). Nearly a quarter (24 percent) of all births involved complications, and 9 percent of births had abnormal conditions reported. Additionally, a total of 299 babies were admitted to the neonatal intensive care unit of which 183 were preterm babies. Tobacco and alcohol were used in 6 percent and .3 percent of pregnancies, respectively. First Things First notes that between 3 – 33 percent of 2010 births in Pinal County were to teen mothers depending on the community, and that on average 58 percent of women who gave birth in Pinal County were not married.
- In Gila County in 2010,²⁵ an estimated 30 percent of women did not receive prenatal care in their first trimester (compared to 18 percent in Arizona). An estimated one percent of women did not receive any prenatal care. In 2011, eight percent of babies born in Gila County were low birth weight and 11 percent of births were pre-term deliveries. Thirty-five percent of births involved complications. The percentage of births with medical risk was 30 percent.

At PGCCS, pregnant women who enroll in the Early Head Start program receive a variety of prenatal and postpartum services including prenatal education, mental health and substance abuse assistance, information on the benefits of breastfeeding, and assistance with accessing health insurance. During

²³ National Institutes for Health

<https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/pages/prenatal-care.aspx>

²⁴ First Things First, Pinal County Regional Partnership Needs and Assets Report, July 2012. Available online

http://www.azftf.gov/RPCCouncilPublicationsCenter/Pinal_Needs_and_Assets_Report_2012.pdf

²⁵ First Things First, Gila County Regional Partnership Needs and Assets Report, July 2012. Available online

http://www.azftf.gov/RPCCouncilPublicationsCenter/Gila_Needs_and_Assets_Report_2012.pdf

the 2012 -2013 program year, PGCCS served 12 pregnant women, of whom 11 had insurance. Of the 12 women who enrolled in the program, 8 (75 percent) enrolled in the third trimester.²⁶

Substance Abuse During Pregnancy: The frequency with which pregnant women use tobacco, alcohol, and other drugs during pregnancy within our service area is a significant public health concern. In their report, First Things First Gila Regional Partnership describe the frequency and significance of substance abuse during pregnancy in Gila County:

“Data from 2008-2010 showed women receiving WIC services through the Gila County WIC agencies showed much higher percentages of smoking both prior, during, and post pregnancy when compared to the state. Twenty percent of Gila County WIC mothers reported smoking in the household during the prenatal period, compared to just 6% of WIC mothers in Arizona as a whole. Similar differences were seen in post-partum. Data showed that the percentage of Gila WIC mothers who smoked in the 3 months prior to pregnancy compared to those who smoked in the last 3 months of pregnancy decreased by about 50%. While this was similar to state data, the percentage of women who reported smoking in Gila started and ended much higher than in the state overall, with 11% of Gila mothers smoking in the last 3 months of their pregnancy.

According to a Globe WIC representative, they see many children with special needs, which the representative attributes to drug use, specifically methamphetamines. While there is no data to back this statement, it speaks to the representatives concern for children born to mothers who use substances during pregnancy and in the children’s presence after birth.”²⁷

Breastfeeding: There is limited data on the rate of breastfeeding in our service area. First Things First Gila Regional Partnership’s report²⁸ states that Gila County WIC offices reported higher percentages of breastfeeding mothers than the State (68 percent vs. 64 percent) and that the rate of breastfeeding for three months was nearly double that of the Arizona overall. However, the rate of women who breastfed for six months was lower than the state average (24 percent vs. 27 percent). First Things First Pinal Regional Partnership did not examine rates of breastfeeding as part of their assets and needs report.

The Centers for Disease Control and Prevention 2013 Breastfeeding Report Card reported that in 2011, 83.2 percent of Arizona mother’s “ever” breastfed, one of the highest rates of “ever” breastfeeding in the nation. And nearly 50 percent of mothers were still breastfeeding at six months.²⁹

²⁶ 2012 – 2013 Program Information Report

²⁷ First Things First, Gila County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Gila_Needs_and_Assets_Report_2012.pdf

²⁸ First Things First, Gila County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Gila_Needs_and_Assets_Report_2012.pdf

²⁹ Centers for Disease Control and Prevention. *Breastfeeding Report Card 2013*. Available online <http://www.cdc.gov/breastfeeding/pdf/2013breastfeedingreportcard.pdf>

Immunizations: One of the priorities of the Head Start program is to assist families with securing their child’s immunizations and helping families to be “ready for school” by having completed the immunization schedule. Immunizations protect both children and adults from disease and infection that may have life-long consequences or even result in death. Immunizations may be administered through the care of a child’s primary care physician or through a community clinic.

- In Gila County, the Health Department in Globe and Payson offer free immunization clinics for all children under the age of 18, and through the Hayden/Winkelman Unified and Young Elementary School Districts. In Gila County in 2011, 60 percent of children ages 19 to 35 months had completed the 19 – 35 month immunization schedule, exceeding the state average of 56 percent.³⁰
- In the majority of zip codes in Pinal County, 60 to 80 percent of children to 24 months had received a complete vaccination series in 2010. Additionally, in the majority of zip codes, just 50 percent of children 19 – 35 months had received the complete vaccination series.³¹

During the 2012 – 2013 program year, of the 1,279 children served in the PGCCS Early Head Start and Head Start programs, 1,215 were “up-to-date” on all possible immunizations, and an additional 36 had receive all immunizations possible at the time of reporting and/or had an exemption from immunizations. Of those children who were “up-to-date,” the program assisted 55 children with becoming “up-to-date” (1,160 children were “up-to-date” at the time of enrollment, but 1,215 were “up-to-date” at the time of reporting).

Nutrition Assistance: Access to nutrition services, including food subsidies, nutrition counseling, and budgeting assistance, are all components of ensuring a strong and coordinated community approach to supporting healthy nutrition. Below is a snapshot of nutrition subsidy programs in our service area.

- **WIC:** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. In Gila County, the number of women and children served by WIC had remained stable between 2010 and 2011. “Smaller communities in the region are not being served by WIC unless they go into town for services. For mothers who live far from town, WIC can give them benefits for multiple months so they do not have to come to town as often, according to a Globe community representative.”³² In Pinal County, WIC enrollment during a one year period (2010 – 2011) was

³⁰ First Things First, Gila County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Gila_Needs_and_Assets_Report_2012.pdf

³¹ First Things First, Pinal County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Pinal_Needs_and_Assets_Report_2012.pdf

³² First Things First, Gila County Regional Partnership Needs and Assets Report, July 2012. Available online http://www.azftf.gov/RPCCouncilPublicationsCenter/Gila_Needs_and_Assets_Report_2012.pdf

2,900 infants (0 – 11 months), 3,187 toddlers age 12 – 23 months, 1,770 toddlers age 24 – 35 months, and 1,628 preschoolers age 36 to 47 months.

- **SNAP:** The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance low-income children and families (formerly, SNAP was referred to as the “food stamps” program). The number of families with children age birth through five in Gila County receiving Supplemental Nutrition Assistance Program (SNAP) benefits has increased steadily since 2007. Nearly 1,500 families were receiving benefits in 2011. In Pinal County, SNAP enrollment for children (0 to 5 years) increased from 3,737 in January 2007 to 10,751 in July 2011. However since the First Things First data was published there have been significant nation-wide cuts in SNAP benefits, as the Federal stimulus dollars that expanded SNAP benefits expired.
- **Free and Reduced Lunch Program:** This Federally funded program supports students in public and nonprofit private schools with providing nutritionally appropriate, low-cost or free lunches every school day. In Gila county (2011), between 41% (Payson Unified School District) and 84% (Tonto Basin Elementary District) of students were eligible for Free or Reduced Meals. In Pinal County, almost all school districts had more than half of the students participating in the Free and Reduced Lunch Program in 2011. Participation ranges from less than 1 percent (Red Rock Elementary District) to 99 percent (Stanfield Elementary School District).

Child Nutrition Needs: During the 2012 – 2013 program year, 37 Early Head Start and Head Start children (nearly 3 percent) were underweight and 335 (26 percent) were overweight or obese. Overweight is defined as having a Body Mass Index (BMI) in the 85th to 95th percentile; obesity is defined as having a BMI at or above the 95th percentile for age. From 2000 – 2009, low-income children in Arizona reported a significant increase in childhood obesity. For example, Hispanic/Latino children saw a 19.9 percent increase in obesity and White/Non-Hispanic children saw a 16.7 percent increase in obesity.³³

Mental Health: According to the Office of Head Start, “Early childhood mental health is a child's (birth to 5 years) growing ability to experience, regulate, and express emotions. They learn to develop close, secure relationships with peers and caring adults. Children begin to explore and learn from their surroundings, pay attention, and follow directions. Early childhood mental health is the same as social-emotional development. Head Start and Early Head Start programs partner with local professionals and other programs to ensure children, families, and staff have access to prevention and intervention services.”³⁴ During the 2012 – 2013 program year, 211 children enrolled in the Early Head Start and Head Start programs received a mental health consultation.³⁵

³³ <http://www.azdhs.gov/phs/owch/pdf/issues/ChildObesityAZ2010.pdf>

³⁴ Office of Head Start National Center on Health <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/mental-health>

³⁵ 2012 – 2013 Program Information Report

Oral Health: According to the Office of Head Start, “Effective oral health practices vary depending on the developmental skills of each child. Tooth decay is the most common childhood disease. It is caused by bacteria that can be shared from person to person. Brushing twice daily is one of the most effective ways to prevent tooth decay and promote good oral health. When children have a healthy mouth, they can speak more clearly, eat healthy foods, and feel good about themselves. A healthy mouth also means children can better focus and learn, have a pain-free mouth, and incur fewer dental costs.”³⁶ All Early Head Start and Head Start programs are required to work with the parents/guardians of enrolled children to establish an ongoing source of preventive and primary oral health care; this is typically referred to as a “dental home.” Programs assist with preventative measures and help families to access treatment. During the 2012 – 2013 program year, 1,234 Early Head Start and Head Start children (96 percent) had a dental home at the end of their enrollment in the program.

4c. Social Services

Families Experiencing Homelessness: Estimates of the number of children experiencing homelessness in our service area can be found in Section 1 of this Assessment. It is important to note that there are no shelters in Pinal and Gila County for our families; shelters are concentrated in Phoenix and Maricopa County. Experiencing homelessness has a profound effect on children. According to the National Center on Family Homelessness,³⁷ homeless children are:

- Sick four times more often than other children; they have four times as many respiratory infections, twice as many ear infections, five times more gastrointestinal problems, and four times more likely to have asthma.
- Hungry at twice the rate of other children, and have high rates of obesity due to nutritional deficiencies.
- Three times more likely to have emotional and behavioral problems compared to non-homeless children.
- Four times more likely to show delayed development and they have twice the rate of learning disabilities as non-homeless children. Long-term effects of homelessness include low proficiency scores in math and reading.

By age twelve, 83% of homeless children had been exposed to at least one serious violent event and almost 25% have witnessed acts of violence within their families. Children who witness violence are more likely than those who have not to exhibit frequent aggressive and antisocial behavior, increased fearfulness, higher levels of depression and anxiety, and have a greater acceptance of violence as a means of resolving conflict.

³⁶ Office of Head Start National Center on Health <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/oral-health>

³⁷ American Institutes for Research, The National Center on Family Homelessness. *The Characteristics and Needs of Families Experiencing Homelessness*.

Families in the Child Welfare System: Estimates of the number of children who are in the child welfare system can be found in Section 1 of this Assessment. In our Counties, there are a number of child welfare resources including TANF cash assistance, foster care, and nutrition assistance and WIC. PGCCS has executed collaborative agreements with these agencies recognizing that wide-range of long-term impacts are associated with child maltreatment and neglect including physical injuries, low self-esteem, attention disorders, poor peer relationships, violent behavior, and even death. According to the Child Welfare Information Gateway, *“maltreatment during infancy and early childhood has been shown to negatively affect early brain development and can have repercussions into adolescence and adulthood. The immediate emotional effects of abuse and neglect – isolation, fear, and an inability to trust – can translate into lifelong consequences.... Research suggests that adults who were maltreated as children show higher rates of many health problems not typically associated with abuse and neglect, such as heart disease, cancer, chronic lung disease and liver disease. The link between maltreatment and these diseases may be depression, which can influence the immune system and may lead to high-risk behaviors such as smoking, substance abuse, overeating, and sexual risk-taking.”*³⁸

Children of Incarcerated Parents: In 2007, it was estimated that 22 percent of incarcerated parents had children who were four years or younger. In Gila County, it was estimated that there were 70 children under the age of four with incarcerated parents; this number jumps to 387 in Pinal County.³⁹ Currently, “Arizona leads the Western states in rate of incarceration. This has resulted in close to 100,000 minor children with imprisoned parents on any given day. Tens of thousands more currently have a parent on probation.”⁴⁰ A 2008 Urban Institute Report⁴¹ qualitative (focus group) study with children’s mentors found several key themes applied to all of the focus group children:

- A mother’s incarceration is a greater disruption in a child’s life than a father’s incarceration.
- Children with incarcerated parents often face difficult living situations.
- Maintaining a relationship with a parent during incarceration is challenging.
- The process of release and reintegration is a particularly stressful time.
- Parental incarceration is associated with a variety of negative behavioral outcomes.
- Shame and stigma distinguish incarceration from other forms of parental absence.
- Demographic variation among children impacts their reaction to the incarceration of a parent.
- Children with incarcerated parents need a variety of supports.

4d. Results of PGCCS Community-Wide Needs Survey

³⁸ Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Child Welfare Information Gateway. *Long-Term Consequences of Abuse and Neglect*. Available online <https://www.childwelfare.gov/can/impact/longterm/health.cfm>

³⁹ Arizona Children of Incarcerated Parents Bill of Rights Project. (2007).

⁴⁰ Arizona START <http://starsmp.org/pages/incarcerated.php>

⁴¹ The Urban Institute. Understanding the Experience and Needs of Children of Incarcerated Parents. (2008). <http://www.aecf.org/~media/Pubs/Topics/Child%20Welfare%20Permanence/Permanence/UnderstandingtheExperiencesandNeedsofChildren/Understanding%20the%20Experiences%20Incarcerated%20parents.pdf>

Needs of Head Start/Early Head Start Families - Identified by Current Enrolled Parents: In the fall of 2013, Pinal Gila Community Child Services, Inc. conducted a program-wide survey of parents in order to assess community and family needs. These surveys were completed by hand, and distributed at each of our sites and home-based options. A total of 670 parent surveys were received and tallied. When asked to select, “the six (6) challenges that concern you most in your community,” 80 percent of survey respondents stated “not having enough jobs.” Other challenges that concern parents included: needing affordable housing (42 percent), the cost of utilities (39 percent), schools and education for children (35 percent), roads and street repairs (34 percent), food for low income people (32 percent), crime/violence/drug abuse (31 percent), and safety in schools (30 percent).

The top three areas of concern were all specific to family economics/finances. The challenges that concerned parents the least (less than 10 percent of parents indicated it was a concern) included: the condition of school buildings/facilities, food for the elderly, available mental health care, access to library/bookmobile, services for adults with disabilities, and use of title/payday loans. When asked to select, “the six (6) items that are most important to your family,” 89 percent of survey respondents responded “employment.” Other items of importance included: paying necessary bills (65 percent), food (51 percent), transportation/gasoline cost (43 percent), affordable housing (39 percent), managing finances/budgeting (35 percent), and building or restoring good credit (31 percent). All of the top responses related to family economics/finances.

Needs of Head Start/Early Head Start Families - Identified by Staff: In the fall of 2013, Pinal Gila Community Child Services, Inc. also conducted a program-wide survey of site-based staff with 160 staff persons completing the survey. The purpose of the survey was to assess challenges facing the community and challenges facing Head Start families. As was true of our parents, staff also reported that not having enough jobs is the primary challenge facing their community (116 survey respondents). Other concerns that staff identified include needing affordable housing (82 respondents), crime/violence/drug abuse (60 respondents), lack of affordable transportation (58 respondents), availability quality health care (43 respondents), lack of quality child care (43 respondents), cost of utilities (42 respondents), lack of shelter for homeless families (40 respondents), and food for low-income people (40 respondents). Not surprisingly, when asked what the primary concern was for the families that they serve, staff indicated that employment was the biggest issue (120 respondents) followed by paying necessary bills (85 respondents) and affordable housing (83 respondents).

Needs of Head Start/Early Head Start Families – Identified by Community Partners: In the fall of 2013, we also surveyed community partners in both Pinal and Gila Counties. These 217 community partners represent organizations that either work directly with or provide support services to low income individuals and families. *Overwhelmingly, our partners told us that not having enough jobs is the primary issue for the clients they serve (118 survey respondents).* This concern aligns with the challenges identified by both parents and staff. Other items of concern identified by community partners included: lack of affordable transportation (77 respondents), crime/violence/drug abuse (68 respondents), needing affordable housing (56 respondents), teen pregnancy (53 respondents), schools/education for children (52 respondents), need more job training (48 respondents), lack of quality child care (48 respondents), availability of quality health care (47 respondents), roads and street repair (46), lack of shelter for homeless families (45 respondents), child abuse and neglect (43 respondents), and cost of utilities (42 respondents).

SECTION 5: RESOURCES IN THE COMMUNITY THAT COULD BE USED TO ADDRESS THE NEEDS OF HEAD START ELIGIBLE CHILDREN AND FAMILIES, INCLUDING ASSESSMENTS OF THEIR AVAILABILITY AND ACCESSIBILITY

In a service area that encompasses two counties, the assessment of availability and accessibility of resources in individual communities is critical to PGCCS’s ability to link families to other resource safety nets. PGCCS Site Managers are our experts in the services available in their communities. Site Managers forge individual relationships with other providers to promote the timely referral of families for services.

Annually, Site Managers update a list of community resources available to enrolled families that articulates the resource available and the driving time to the resource. Access can be greatly limited by longer driving times and the impacts of this can be felt in specific communities (for example, in Mammoth and Stanfield, very little is available to families within a 5 minute drive). Below is a table detailing these resources and travel time as of completion of this year 1 Community Assessment.

Table 36: Community Resources

Community Resources and Services, Distance in Miles to Closest Provider.	Apache Junction (Gold Canyon)	Casa Grande	Coolidge	Eloy (Pleachto)	Florence	Globe	Mammoth	Maricopa
Family and Health Services								
Teen Pregnancy Program	<5	<5	<5	10 to 25	<5	<5	10 to 25	<5
Shelter: Domestic Violence	<5	<5	10 to 25	10 to 25	>25	<5	>25	10 to 25
Shelter: Drug Alcohol Abuse	<5	<5	>25	10 to 25	>25	5 to 9	>25	10 to 25
Shelter: Homeless	10 to 25	<5	>25	10 to 25	>25	>25	>25	10 to 25
Pre Natal Care	<5	<5	<5	<5	<5	<5	10 to 25	<5
Youth Organizations	<5	<5	<5	<5	<5	<5	10 to 25	10 to 25
Parenting Classes	10 to 25	<5	<5	<5	10 to 25	<5	10 to 25	<5
Abuse Programs (AA, NA, etc.)	<5	<5	>25	<5	10 to 25	<5	10 to 25	NA
Mental Health Counseling/Family Counseling	<5	<5	<5	<5	10 to 25	<5	10 to 25	<5
Faith Based Services (church)	<5	5 to 9	<5	<5	<5	<5	<5	<5
Service Groups (Rotary, Kiwanis, etc.)	<5	<5	<5	<5	<5	<5	10 to 25	<5
Community Resource Center	<5	<5	>25	<5	>25	<5	10 to 25	<5
Clothing Bank	NA	<5	<5	<5	<5	<5	<5	<5
Food Bank	<5	<5	<5	<5	<5	<5	<5	<5
Hospital (full service)	<5	5 to 9	10 to 25	10 to 25	<5	<5	>25	10 to 25
Health Care/Urgent Care Clinic	<5	<5	10 to 25	10 to 25	<5	>25	>25	<5
Dental Clinic/Dentist	<5	<5	<5	<5	<5	<5	10 to 25	<5
Health Department/WIC Clinic	<5	<5	<5	<5	10 to 25	<5	<5	<5
Ambulance Service	<5	5 to 9	<5	<5	<5	<5	10 to 25	<5

Safety								
Police Department	<5	<5	<5	<5	<5	<5	<5	<5
Fire Department	<5	<5	<5	<5	<5	<5	<5	<5
Educational								
Elementary School	<5	5 to 9	<5	<5	<5	<5	<5	<5
High School	<5	<5	<5	<5	<5	<5	10 to 25	<5
Adult Ed. (trade schools, community college)	<5	<5	10 to 25	<5	<5	<5	10 to 25	<5
Life Skills	<5	<5	10 to 25	<5	>25	>25	10 to 25	<5
Family Literacy	<5	<5	<5	<5	<5	<5	5 to 9	<5
GED Services	<5	<5	10 to 25	<5	<5	<5	10 to 25	<5
ESL Services	<5	<5	<5	<5	<5	<5	10 to 25	<5
Alternative High School	<5	<5	5 to 9	5 to 9	<5	<5	>25	<5
Charter Schools	<5	<5	<5	NA	<5	<5	10 to 25	<5
Public Library	<5	<5	<5	<5	<5	<5	<5	<5
Shopping								
Full Service Grocery	<5	<5	<5	10 to 25	10 to 25	<5	>25	<5
Small Grocery	<5	<5	<5	<5	<5	<5	10 to 25	<5
Discount Store	<5	<5	10 to 25	<5	<5	<5	10 to 25	<5
Vehicle Maintenance/gas	<5	<5	<5	<5	<5	<5	<5	<5
Pharmacy	<5	<5	<5	10 to 25	10 to 25	<5	10 to 25	<5
Other								
Public Internet Access	<5	<5	<5	<5	<5	<5	<5	<5
Affordable Housing	<5	NA	<5	10 to 25	<5	<5	<5	<5
Housing Repair Assistance	<5	<5	<5	<5	>25	<5	>25	10 to 25
Employment Opportunities	10 to 25	<5	10 to 25	<5	<5	<5	>25	10 to 25
Banking Services	<5	<5	<5	<5	<5	<5	10 to 25	<5
Licensed Child Care Center	<5	5 to 9	<5	<5	<5	<5	>25	<5
Licensed Child Care Homes	<5	5 to 9	10 to 25	<5	<5	<5	>25	<5
Grandparent Support	on-line	10 to 25	10 to 25	<5	10 to 25	>25	<5	<5
Unemployment Office/Disability Support	10 to 25	<5	<5	10 to 25	10 to 25	<5	>25	<5
Public/Affordable Transportation	5 to 9	NA	<5	10 to 25	<5	<5	10 to 25	10 to 25

Source: Site Manger report

Community Resources and Services, Distance in Miles to Closest Provider.	Miami, (Claypool)	Payson Valley (Star)	San Manuel, (Oracle)	San Tan Valley	Stanfield	Superior	Toltec (Arizona City)	Winkelman, (Kearny, Hayden)
Family and Health Services								
Teen Pregnancy Program	<5	<5	10 to 25	10 to 25	10 to 25	>25	10 to 25	<5
Shelter: Domestic Violence	<5	<5	>25	>25	10 to 25	>25	10 to 25	>25
Shelter: Drug Alcohol Abuse	5 to 9	<5	<5	>25	10 to 25	>25	10 to 25	>25
Shelter: Homeless	<5	<5	>25	>25	10 to 25	>25	10 to 25	>25
Pre Natal Care	<5	<5	<5	<5	10 to 25	<5	10 to 25	>25
Youth Organizations	<5	<5	<5	5 to 9	10 to 25	<5	5 to 9	10 to 25
Parenting Classes	NA	<5	<5	10 to 25	10 to 25	>25	5 to 9	10 to 25
Abuse Programs (AA, NA, etc.)	<5	<5	<5	5 to 9	10 to 25	>25	5 to 9	>25
Mental Health Counseling/Family Counseling	<5	<5	<5	10 to 25	10 to 25	<5	5 to 9	10 to 25
Faith Based Services (church)	<5	<5	<5	5 to 9	10 to 25	<5	<5	5 to 9
Service Groups (Rotary, Kiwanis, etc.)	5 to 9	<5	<5	10 to 25	10 to 25	<5	10 to 25	10 to 25
Community Resource Center	<5	<5	>25	5 to 9	10 to 25	>25	5 to 9	>25
Clothing Bank	5 to 9	<5	10 to 25	<5	10 to 25	>25	5 to 9	>25
Food Bank	<5	<5	10 to 25	<5	10 to 25	<5	5 to 9	>25
Hospital (full service)	<5	<5	<5	<5	10 to 25	>25	10 to 25	>25
Health Care/Urgent Care Clinic	>25	<5	<5	<5	10 to 25	>25	10 to 25	>25
Dental Clinic/Dentist	10 to 25	<5	10 to 25	<5	10 to 25	<5	<5	10 to 25
Health Department/WIC Clinic	<5	<5	10 to 25	10 to 25	<5	<5	5 to 9	10 to 25
Ambulance Service	<5	<5	<5	5 to 9	10 to 25	<5	<5	10 to 25
Safety								
Police Department	<5	<5	<5	<5	<5	<5	5 to 9	5 to 9
Fire Department	<5	<5	<5	5 to 9	<5	<5	<5	5 to 9
Educational								
Elementary School	5 to 9	<5	<5	<5	<5	<5	<5	<5
High School	5 to 9	<5	<5	<5	10 to 25	<5	5 to 9	<5
Adult Ed. (trade schools, community college)	10 to 25	<5	10 to 25	5 to 9	>25	>25	10 to 25	10 to 25
Life Skills	<5	<5	10 to 25	NA	10 to 25	>25	10 to 25	>25
Family Literacy	<5	<5	10 to 25	5 to 9	10 to 25	>25	5 to 9	10 to 25
GED Services	10 to 25	<5	<5	5 to 9	10 to 25	<5	5 to 9	10 to 25
ESL Services	10 to 25	<5	10 to 25	5 to 9	10 to 25	>25	5 to 9	10 to 25
Alternative High School	10 to 25	<5	>25	5 to 9	10 to 25	>25	<5	>25
Charter Schools	10 to 25	<5	10 to 25	<5	10 to 25	>25	10 to 25	>25
Public Library	<5	<5	<5	<5	10 to 25	<5	5 to 9	5 to 9
Shopping								
Full Service Grocery	<5	<5	>25	<5	10 to 25	>25	10 to 25	>25
Small Grocery	<5	<5	<5	<5	<5	<5	5 to 9	10 to 25
Discount Store	5 to 9	<5	<5	<5	10 to 25	<5	5 to 9	10 to 25
Vehicle Maintenance/gas	<5	<5	<5	<5	<5	<5	<5	10 to 25
Pharmacy	<5	<5	<5	<5	10 to 25	<5	10 to 25	10 to 25

Other								
Public Internet Access	<5	<5	<5	5 to 9	10 to 25	<5	5 to 9	5 to 9
Affordable Housing	<5	<5	<5	5 to 9	10 to 25	<5	5 to 9	10 to 25
Housing Repair Assistance	<5	<5	>25	10 to 25	10 to 25	>25	5 to 9	>25
Employment Opportunities	10 to 25	<5	>25	<5	10 to 25	<5	10 to 25	>25
Banking Services	5 to 9	<5	<5	<5	10 to 25	<5	5 to 9	10 to 25
Licensed Child Care Center	<5	<5	>25	<5	10 to 25	>25	5 to 9	>25
Licensed Child Care Homes	10 to 25	<5	10 to 25	<5	5 to 9	>25	<5	>25
Grandparent Support	NA	<5	10 to 25	5 to 9	10 to 25	>25	10 to 25	10 to 25
Unemployment Office/Disability Support	<5	<5	>25	10 to 25	10 to 25	<5	10 to 25	>25
Public/Affordable Transportation	<5	<5	10 to 25	NA	10 to 25	>25	10 to 25	>25

Source: Site Manger report

Executive Summary

Significant Changes

- San Tan Valley and Maricopa continue to see significant growth.
- Families continue to struggle with limited resources and transportation barriers.
- New Home Visitation program seek to serve the same population as Head Start.
- A significant number of public schools have revised their enrollment date to serve children turning five by December 31st. This impacts the children and families enrolling in Preschool Head Start.
- Early Intervention Program providers have increased.
- Agency continues to move towards a full Birth to Five program and service delivery.

Updated Decisions

- Increase enrollment to replace child enrollment reduced through sequestration.
- Increase collaboration with all Arizona Early Intervention providers.
- Continue collaboration with other home base programs.
- Change age determination date to align with majority of public schools.
- Continue to serve all communities in Pinal and Gila counties.
- Work with medical and dental providers to assure collaborative services.