

Chaffee County Early Childhood Community Assessment

April 3, 2008

For many years, Chaffee County has benefitted from the many high quality programs serving young children and their families. The Chaffee County Early Childhood Council grew out of a community initiative launched by many of these high-quality programs. The purpose of the council is to work collaboratively to develop a sustainable comprehensive early childhood system that builds on our community assets, while addressing unmet community needs. The Council currently has thirty-one active participants from a wide variety of stakeholder groups that include the school districts, libraries, parents, child care providers, elected officials, local government, and business owners.

As a first step, the Council worked with community members and representatives from the Colorado Department of Education to conduct an Early Childhood Community Assessment. This assessment covers young children and their families, prenatal through age five. The assessment addresses the four domains and eight systems goals that are considered essential to building an effective early childhood system. It is important to realize the four domains are interdependent and that actions and practices in any domain impact all of the other domains.

The four domains or areas of work are:

- Early Care and Education
- Health
- Mental Health
- Parent Information and Family Support

The eight systems goals are:

- Quality and Standards
- Program Availability
- Parent and Family Engagement
- Professional & Workforce Development
- Public Engagement
- Accountability
- Systems Oversight

- Funding and Finance

These domains and goal areas were developed through many years of research and practical application. They form the foundation of the Smart Start Colorado early childhood systems building work, of which the Chaffee County Early Childhood Council is a partner.

The Chaffee County Early Childhood Council, through its Assessment and Strategic Planning Working Group, consulted with program providers and subject matter experts in each of the four domains to determine the scope of the assessment, as well as the key indicators and data sources, and evidence-based practices that would form the assessment for each domain. In many cases, Colorado School Readiness Indicators (2004) were used to assess the domains, as were a variety of economic and health related indicators. Additional information and perceptions were gathered through a parent survey and interviews with parents and a wide variety of community leaders and stakeholders. A survey provided by Smart Start Colorado was used to measure perceptions about current levels of systems collaboration within the county.

Early Care and Learning

One third of Colorado's children start school *unready* to learn. Most children who get off to a poor start, stay behind throughout their school years (Children's Campaign, 2003). This is especially true for children in low-income families. Although quality child care programs are highly correlated with improved school readiness and 68% of Colorado's young children are enrolled in child care, there is little Colorado data available on the adequacy, quality, and affordability of these early care

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programs.

Much of the evidence-based information in this portion of the assessment was provided by the Boulder County Early Childhood Council and was gathered from numerous sources. These included the RAND Study, well-regarded Early Childhood Education organizations such as National Association for the Education of Young Children (NAEYC) and National Institute for Early Education Research (NIEER) and information specific to Colorado.

Characteristics of Quality Early Care and Education Services

While high-quality child care plays a significant role in helping children to be school ready, it is also known that poor quality care can be harmful to children (Bruner, 2003). The following are key characteristics associated with quality care cited by multiple sources:

- Well educated staff specifically trained in the child development area and related fields
- Consistency of staff over time, often promoted by adequate salaries and benefits, reasonable workloads, and pleasant and supportive working conditions
- Low child-staff ratios and small group sizes
- Supportive and regular supervision of staff
- Ongoing training opportunities to support professionals in a rapidly developing and changing field, and time and resources to allow them to reflect on and improve their teaching practice
- Comprehensive educational and social services available or by referral, with multidisciplinary coordination
- Sufficient extent and program intensity (intensity is described in several ways including number of contact hours, work with parents, and extension into the school-age years)
- Involvement of parents
- Systematic program planning, clear goal setting, monitoring and evaluation

A recent policy paper released by the National Institute for Early Education Research recommended “minimum requirements for publicly funded preschool programs should include: teachers with a bachelor’s degree and specialized training in early childhood education, class sizes no larger than 20, and staff-child ratios no larger than 1:10.” The following actions were described in multiple studies as essential and effective caregiver interactions with infants and young children:

- Encourage exploration
- Mentor in basic skills
- Celebrate developmental advances
- Rehearse and extend new skills
- Protect from inappropriate disapproval, teasing and punishment
- Communicate richly and responsively
- Guide and limit behavior

Evidence-Based Practices Associated with Quality Programs for all Children

The following are proven practices associated with quality child care programs cited by multiple sources:

- Periodic Assessment: Since infancy and early childhood are times of such rapid growth and development, and a child’s development can progress faster or slower from day to day or week to week, assessments and screenings should be conducted at regular intervals rather than at only one point in time.

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- Interventions focused on the whole child: Recognizing that school readiness is multidimensional, evidence-based interventions focus on intellectual, social, emotional and physical growth and well-being.
- Effective transitions: Research indicates that children who experience effective transitions (particularly from Early Childhood programs to kindergarten) are less likely to struggle academically and socially in school. Professional consensus indicates several characteristics associated with effective transitions:
 - Program continuity
 - Ongoing communication and cooperation between teachers and administrators at the different programs
 - Preparation of children for the transition
 - Parent involvement in the transition

Evidence-Based Practices with Specific Populations

Many of the evidence-based practices identified for specific populations apply to all children and vice versa. While recognizing that specific populations are comprised of very heterogeneous groups of children and families, there are evidence-based practices that appear to benefit specific populations, including children in poverty and children with special needs.

Children Living in Poverty

Children living in poverty are at greater risk for health problems, poor school performance, behavior problems, and disabilities. Research suggests that early intervention programs for children living in poverty are effective when tailored to the individual needs of children and families and services should be offered in non-stigmatizing normative environments. In addition, they should be continued into elementary school for children at risk of delay due to poverty.

Children with Special Needs

It is estimated that at least one-third of children in the United States with biological disabilities are also economically disadvantaged. Studies show that these lower income families are less likely to receive timely and adequate services for their children, than are their higher income counterparts. Thus, studies conclude these low income families need better access to services, as well as services that fit their specific circumstances.

Disabilities can disturb a child's ability to read cues from an adult and/or to provide cues to an adult. Successful interventions recognized that the core issue in parent-child interaction for children with disabilities is readability of cues. Research suggests that children with disabilities should be included with typically developing peers in educational and care settings, and personnel staffing these sites should receive adequate training and support.

The program for infants and toddlers with special needs (Part C of IDEA, the Individuals with Disabilities Education Act) is a federal program that assists states in operating a system of early intervention supports and services for infants and toddlers with special needs, birth to three years, and their families. In Colorado the Part C initiative is called Early Childhood Connections. As the lead agency, the Colorado Department of Education is charged with implementing Early Childhood Connections (ECC), the statewide, comprehensive, coordinated system of supports and services for infants and toddlers with developmental delays and their families. As articulated in Part C of IDEA, one of the primary purposes of early intervention is to enhance the capacity of families to support their children's well-being, development, learning, and full participation in

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their communities. It is the belief and policy of Early Childhood Connections that: supports and services are most effective when they are provided in families' everyday routines, activities, and places. Where and when supports and services are provided are essential elements of quality. Equally important to quality are the elements of what and how services are delivered. Services provided in everyday routines, activities, and places must also be developmentally appropriate and relevant to families' lives. This position is derived from many sources, including what families tell us about their experiences, research findings, advances in practice, and legislative policy.

Children with Special Needs in Chaffee County

The program for infants and toddlers with special needs (Part C of IDEA, the Individuals with Disabilities Education Act) is a federal program that assists states in operating a system of early intervention supports and services for infants and toddlers with special needs, birth to three years, and their families. In Colorado the Part C initiative is called Early Childhood Connections. As the lead agency, the Colorado Department of Education is charged with implementing Early Childhood Connections (ECC), the statewide, comprehensive, coordinated system of supports and services for infants and toddlers with developmental delays and their families. As articulated in Part C of IDEA, one of the primary purposes of early intervention is to enhance the capacity of families to support their children's well-being, development, learning, and full participation in their communities. It is the belief and policy of Early Childhood Connections that: supports and services are most effective when they are provided in families' everyday routines, activities, and places. Where and when supports and services are provided are essential elements of quality. Equally important to quality are the elements of what and how services are delivered. Services provided in everyday routines, activities, and places must also be developmentally appropriate and relevant to families' lives. This position is derived from many sources, including what families tell us about their experiences, research findings, advances in practice, and legislative policy.

In Chaffee County, the Early Childhood Connection services are offered by Starpoint. The Starpoint team consists of a Service Coordinator, an Occupational Therapist, a Speech Therapist and an Early Childhood Special Educator; additional therapists are contracted with when necessary to meet a child or family's needs.

The program for children with special needs in Chaffee County crosses all four of the early childhood domains. We are able to offer therapies in a family's home, and school as well as a family support program that addresses the additional financial burdens faced by special needs.

Starpoint receives referrals from individual families, preschools, daycare providers, ChildFind and health care providers. After a referral is received, using multiple methods and assessment procedures, the team establishes the child's current levels of functioning in cognitive development, physical development, including vision and hearing, communication development, social/emotional development, and adaptive development. Using information from the evaluation and assessment procedures, a determination is made as to whether the delay is significant enough to make the child eligible for early intervention services, and if eligible, to develop an individualized plan.

On average in Chaffee County, 12 children and families with special needs are served in the 0-2 early intervention age range and 16 children are served in the 3-5 preschool special education sector. The national average for families receiving early intervention services is 3%; Colorado's

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average is 2.3% (the state is under a corrective plan to identify and serve more children) and the Chaffee County average is at 2.5%. Although we are above the state average, the county is not yet up to the acceptable national average. State research suggests that the challenge lies in identifying children through reliable screenings and getting referrals from the appropriate sources.

Chaffee County data for Colorado School Readiness Indicators

Colorado has identified five school readiness indicators associated with effective early care and learning. The following is a list of the indicators and the data associated with them (as available) for Chaffee County:

- 1. Capacity of licensed child care programs:** Approximately 68% of Colorado children (infants to age five) participate in some form of early care and education. With 62% of Chaffee County families having both parents work outside the home (Census, 2000) it is estimated that county figures are currently at least as high as the state average.

To examine capacity trends, parent survey responses from May 1999 (Chaffee County Child Care Steering Committee Child Care Needs Assessment) were compared with parent survey responses gathered in 2008. The following were listed as significant capacity issues in both surveys:

- Shortages of infant and toddler care
- Lack of care in nontraditional hours while parents are working (evenings, weekends, holidays)
- Shortages of quality care
- High cost of care compared to the family income of those seeking care
- Shortage of comprehensive, full day/year round care for 3-5 year olds

Chaffee County Demographic Trends: Children by Age These are forecasts provided by the State Demographers Office through the Colorado Department of Local Affairs.

Year	Age 1	Age 2	Age 3	Age 4	Age 5
2004	.9% 148	.9% 156	.9% 159	1% 165	1% 166
2005	.9% 149	.9% 154	1% 163	1% 166	1% 172
2006	.9% 149	.9% 157	.9% 163	1% 172	1% 175
2007	.8% 149	.9% 158	.9% 166	1% 171	1% 181
2008	.8% 153	.9% 157	.9% 167	1% 175	1% 180

Chaffee County Licensed Child Care Slots Source: Qualistar Early Learning
 Year Number of Licensed Slots

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2004	477
2005	NA
2006	468

As of this writing, Chaffee County has 26 licensed providers. Capacity information is provided in a table below. Please note that the desired capacity column reflects the number of children a provider is willing to take. This provides a more accurate count of available slots. Of the licensed providers, six are not licensed to care for children under 12 months of age. Additionally, four sites do not desire to care for children less than 12 months of age.

Type of Licensed Providers in Chaffee County	
Total Records: 26 Licensed Providers	
Type	Count
3 children under 2 FCCH	0
Center License	4
Experienced FCCH	0
Infant Toddler FCCH	0
Large FCCH	6
Preschool License	3
SACC License	0
Standard FCCH	13
FCCH= Family Child Care Home	

Vacancy and Capacity Analysis by Age Group for Chaffee County Licensed Providers		
Age Group: 0 - 12 Months		
Field Name	Providers	Total Slots
Desired Capacity	16	12
Licensed Capacity	20	20
Age Group: 1 - 2 Years		
Field Name	Providers	Total Slots
Desired Capacity	16	14
Licensed Capacity	20	20
Age Group: 2 - 5 Years		
Field Name	Providers	Total Slots
Desired Capacity	19	181
Licensed Capacity	26	302
Age Group: 5 - 6 Years		
Field Name	Providers	Total Slots
Desired Capacity	18	48
Licensed Capacity	24	79
Age Group: 6+ Years (Full Day Care)		
Field Name	Providers	Total Slots
Desired Capacity	17	36
Licensed Capacity	21	41

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Assessments conducted by the Salida and Buena Vista Build A Generation organizations and Head Start, define Chaffee County as one where many families experience extreme economic hardship. The following table shows the range of weekly fees charged by providers by age of the child. Parent survey responses reveal that affordability is a significant issue for many working parents.

2007 Weekly Full Time Child Care Rates for Chaffee County licensed providers

Source: Colorado Resource and Referral Agency

Age Group	Providers	Min. \$	Max. \$	Avg. \$
0 - 12 Months	12	\$90.00	\$150.00	\$115.83
1 - 2 Years	18	\$90.00	\$150.00	\$115.28
2 - 5 Years	25	\$50.00	\$200.00	\$113.61
5 - 6 Years	22	\$50.00	\$200.00	\$111.33
6+ Years (Full Day Care)	19	\$50.00	\$135.00	\$104.63
6+ Years (B/A School)	3	\$50.00	\$100.00	\$75.00

- 2. Child care subsidy enrollment rate:** Without financial assistance such as that provided by the Colorado Child Care Assistance Program (CCAP), lower income working families are often unable to find affordable quality child care. In 2003, only 28% of Colorado's eligible families (those earning under 130% of the federal poverty level) received assistance under the Colorado Child Care Assistance Program (CCAP). As of this writing, Chaffee County data for this indicator is not available.

Each County is given a CCAP "allocation" based on a formula derived from the state. It's a three legged formula based on 1) 0-10 population, 2) Number of Food Stamp cases in the county, 3) type of county; i.e. urban, rural resort, rural. Chaffee County has an allocation for this state fiscal year of \$200,904.00. Out of this allocation, the County is responsible for \$19,729, which is called their Maintenance of Effort (MOE).

Counties are required to support Child Care for families up to 140% of the federal poverty guideline. Counties are allowed to help families as high as 225% of poverty. In Chaffee families are currently helped up to 165% of the poverty guideline. For example, a family of two that makes \$2,361 per month is at 165% of the poverty guideline. Each family has a formula based required co-pay for child care.

- 3. Percent of high-quality childcare programs:** High-quality child care programs are defined as those that go beyond the minimum licensing requirements and are rated in various ways. The Qualistar rating system is currently being promoted in Colorado for measuring quality in childcare centers and homes. Three centers in Chaffee County have started the Qualistar rating process. The National Association for the Education of Young Children (NAEYC) sets standards for accreditation at a national level, currently there are no programs in Chaffee County accredited by NAEYC. Child Care Licensing is another form of quality and is the minimal standard required for most homes and centers. Various Centers may use a teaching philosophy as their measure of quality, such as Montessori or Waldorf.

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4. **Capacity rate of publicly funded preschool programs:** All publicly funded preschool programs in the county are operating at full capacity. Buena Vista School District provides Head Start, Colorado Preschool Program, Special Needs and a Sliding Fee private pay option at Avery Parson Elementary School. The Salida School District offers Head Start, Colorado Preschool Program, and Special Needs at their Early Childhood Center. The Salida School District contracts with the Strawberry Door Preschool for Colorado Preschool Program and services for some Special Needs children. Salida School District also contracts with Creative Playhouse to provide some Special Needs children with preschool.
5. **Number of credentialed (Childhood Professional Credential) caregivers with formal early childhood education and specialized training resulting in specific knowledge and competencies.** Colorado has only recently begun to collect data related to credentialing. Since 2006, the Smart Start Colorado Office of Professional Development (SSCOPD) has been working with providers and Early Childhood Councils around the state to gather data, identify education and training needs and work collaboratively to implement high-quality, easily accessible and cost effective degree programs and trainings for early childhood providers. As an emerging council, the Chaffee County Early Childhood Council is required to create a communitywide Professional Development Plan.

Community Perceptions

The following perceptions associated with early care and learning were provided by members of the council at their January 10, 2008 meeting and by community leaders and stakeholders in one-on-one meetings with the council coordinator from September 2007 through February 2008.

- Parents have a number of choices for preschool
- There are quality programs for ages 2-5
- There are some opportunities for local training of providers
- Day care providers seem to network well and there is little perceived competition among the child care centers
- No one in the county provides pre-licensing services
- Some families fall through the gaps. They make too much to qualify for Child Care Assistance Program (CCAP) and not enough to afford what providers charge. They would like to see some help for these families, as they can't get services they need.
- Current CCAP reimbursement rates are low for child care providers. As a result some child care providers don't participate.
- More extensive and consistent outreach with parents, health care providers and child care providers for early identification and appropriate referral of infants and young children with developmental delays. When children with developmental delays are identified, they receive timely and appropriate referral to services.
- Child care centers need business advice and financial support to get started
- State does not pay for child care when single parents/moms go to school. Some help is available in some cases from the Colorado Work Force Center, but more is needed.
- Need more capacity for quality child care programs, especially infant to 2. Waiting lists for Head Start and quality child care centers and providers
- Providers needed for after hours, weekends, and holidays
- Shortage of good quality substitutes. When a provider has to cancel care, there is often no

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- backup and the parent misses work.
- Parents' variable weekly schedules and shift work creates instability for children and families as they have difficulty accessing child care.
- Shortage of transportation to and from service appointments, to pre-school and from ½ day morning programs to afternoon programs
- Shortage of quality reliable substitutes to cover when providers are ill

Early Childhood Health

Every parent wants a healthy child. Not every parent is that fortunate. The challenges faced by low birth weight and preterm infants and their families can last for many years. Compared to their healthier counterparts, these infants are much more likely to experience developmental delays, require special education services, exhibit behavioral difficulties, and develop serious chronic diseases. In addition to health and behavioral risks for children born at low birth weight, there are costs to society in the form of increased medical and educational needs, and decreased lifetime job achievement. The United States spends approximately \$26 billion dollars annually on low birth weight and pre-term infants.

Fortunately, recent advances in preventive care make it possible to greatly reduce the numbers of children who are born with significant health problems.

Prevention through perinatal care

- Prenatal care starting in the first trimester
 - Adequate prenatal care increases early identification and timely treatment of treatment of high-risk conditions. This includes addressing behavioral factors, such as smoking and drinking alcohol, that contribute to poor birth outcomes.
- Health insurance:
 - Prevents long term negative health affects through timely diagnosis and treatment
- Adequate nutrition
 - Promotes healthy brain and physical development needed for cognitive and motor development

Definitions for table abbreviations

N/A	Not available
CCC-KC	Colorado Children's Campaign-Kids Count Report
CCPH	Chaffee County Public Health
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health and Environment
COCASA	Comprehensive Clinic Assessment Software Application
COHID	Colorado Health Information Dataset
DOLA	Colorado Department of Local Affairs
HCPF	Healthcare Policy and Finance
HP 2010	Healthy People 2010, the national public health framework that sets goals and objectives for indicators having a significant health impact
MCH	Maternal Child Health
PRAMS	Pregnancy Risk Assessment Monitoring System survey data

Areas underlined below indicate where Chaffee County falls significantly below national goals

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or established standards of care.

Perinatal Health

Indicator	County	State	CO 2010	National	HP 2010 Goal	Data Source	Comment
Births to single women	<u>30.7%</u>	27.1%				Colorado Children's Campaign Kids Count (CDPHE)	In Chaffee County, most of these births are to women over age 19
Three Risk Factor Births	<u>12.4%</u>	8.1%				Colorado Children's Campaign Kids Count (CDPHE)	Births to unmarried women <25 years of age with less than 12 years education per live births
Pregnant women covered by Medicaid	<u>47.4%</u>					CDPHE, COHID	2000-2005 combined.
Smoking during 3 months before pregnancy	<u>35%</u>	20.3%			N/A		Average of 31 rural counties 2000-20004.
Smoking during pregnancy	<u>13.9%</u>	7.5%				CCC-KC	2005
Teen fertility rates 15-17	13.3	24.4	21	8	43.0?	CDPHE, DOLA	Births/1,000 teens
Unintended Births	38.4%	39.7%			30.0%	CDPHE, COHID	2000-2005 combined.
1 st trimester prenatal care	78.5%	80.1%	90.0%	18%?	90.0%	CDPHE	
Inadequate weight gain during pregnancy	26.6%	23.8%	18%		N/A	CDPHE, COHID	2000-2005 combined

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Pregnant women using ETOH or other drugs during pregnancy	1.2%					CDPHE, COHID	2000-2005 combined.
Breast feeding initiation	92%	85.6			75.0	CDPHE, COHID	2000-2005 combined.
Perinatal mortality	7.0	6.5			4.5	CDPHE	Deaths from 28 weeks gestation to 7 days of age/1,000 births 2001-2005

Raising Healthy Children

Arriving at school *ready to learn* is a key indicator of a child's future success in school and life. Physically healthy children are significantly more likely to arrive *ready to learn*. For this reason, the Colorado School Readiness program, along with the Colorado Department of Public Health and Environment are emphasizing indicators associated with prevention of illness, along with early identification and treatment of health conditions.

Healthy Child Indicators

- Well child care
 - Periodic developmental screenings accompanied by physical exams provides an opportunity for anticipatory guidance to parents and early detection of growth and developmental problems. Early interventions can be planned to minimize long term negative impacts on learning.
- Immunizations:
 - Guards against preventable diseases that can cause long-term disabilities
- Early and periodic screenings for hearing, vision, and developmental benchmarks
 - Ensures children receive appropriate and timely services that can reduce the long term effects of developmental delays and the need for special education services
 - Early, periodic, screening, diagnosis, and treatment (EPSDT) screenings are comprehensive check-ups consistent with the American Academy of Pediatrics (AAP) guidelines. They are recommended at 2-4 days after birth, by 1month, at 2, 4, 6, 9, 12, 15, and 18 months, and yearly for ages two through twenty.
- Environmental screenings for toxins such as lead
 - Exposure to lead, frequently through paint in older homes, may cause irreversible neurological damage as well as renal disease, cardiovascular effects, and reproductive toxicity.
 - It is recommended that children receive blood lead toxicity tests at ages 12 and 24 months and at anytime through age 6 if not previously tested.
- Safety from injury
- Safety from abuse and neglect
- Dental care

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- Establishing healthy habits early
 - Eating a healthy balanced diet
 - Eating at least three meals together weekly as a family
 - Regular exercise
 - Establish healthy sleep habits

Infant Health

Indicator	County	State	CO 2010	National	HP 2010 Goal	Data Source	Comment
Low birth weight	8.2%	9.1%			5.0%	CDPHE Health Statistics and Vital Records	Under 2500 grams (5 lbs 8 oz.) 2003-2005
Very low birth weight	0.7%	1.3%			0.9%	CDPHE Health Statistics and Vital Records	Under 1500 grams (3 lbs. 4 0z.)
Preterm births (<37 weeks)	9.6% (68)	9.8%				CDPHE, COHID	2002-2006 combined
Newborn hearing screening	98.5%	97.5%		98%	N/A	CDPHE Prevention Services Division	% screenings completed before hospital discharge

Evidence Based Practices

Studies conducted over many years have begun to identify the programs and practices that are most likely to achieve positive health outcomes for infants and children. Thus, communities now have the opportunity to access and implement programs with a proven track record to address their unique health circumstances. Some of these practices are:

- Comprehensive services that address multiple health issues and family needs
- Collaboration between parents, diverse community stakeholders and service providers
- Two- generation formats that simultaneously work with children and with their parents
- Community awareness and parent education on health issues and developmental milestones
- Home visitor programs that provide consistent proven services, such as the Nurse Family Partnership Program
- Child Health Care Consultation for child care providers and others serving young children
- Medical home or regular place of care
- Health education for early care and education professionals

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- Interventions with first time parents

Chaffee County: Early Childhood Health Assets and Limitations

Because approximately half of the children born in our county are born to first time parents, our community has a unique opportunity to make a significant difference in the lives of its youngest members. Research shows that health prevention and intervention programs frequently achieve the most significant outcomes with first time parents. And these outcomes last a lifetime. For example, a twenty year study of children served by the Nurse Family Partnership revealed these children were more likely to succeed in school, get an advanced degree, own a home, abstain from drug and alcohol abuse, and have higher annual incomes over their lifetimes than children from similar circumstances who were not served by the program.

Areas underlined below indicate where Chaffee County falls significantly below national goals or established standards of care.

Child Health

Indicator	County	State	CO 2010	National	HP 2010 Goal	Data Source	Comment
Immunization Rates	<u>77% Salida</u> <u>55% BV</u> (Public Health Office Rates only)	75.9 %		77%		CDPHE COCASA	Age 24-35 mos. DTAP (4), IPV (3), MMR (1), HIB (3), Hep B (3), Varicella (1)
Injury Hospitalizations 0-14	<u>231.4</u>	198.3	150		N/A	CDPHE Injury Epidemiology	2000-2005
Child Abuse	6.4	9.2			10.3	CDHS, DOLA	# of substantiated case/1,000 kids in 2005
Obesity Rates	N/A	14.5			5.0	CDPHE Child Health Survey	% ages 2-14 with BMI at or above 85% of normal for wt for ht
Kids 0-18 enrolled in Medicaid	717						
Kids enrolled in CHP+	254 (81.1% of children eligible)					HCPF Annual Report	2007 enrollment rates

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HCP Caseload	13					CCPH	Health Care Program for Children with Special Needs
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Access to medical care and specialized services

Our county is fortunate to have multiple family medical practices, all of whom accept Medicaid, a new People’s Clinic providing free and reduced cost services in both Buena Vista and Salida, a gynecologist, a new Hospital with three birthing rooms, numerous family dental practices and vision specialists.

However, like many rural counties some medical specialists are missing. These include obstetricians, and pediatricians. Those requiring these specialized services may need to travel from 60 to 185 miles depending on the extent of the treatment needed. The limited availability of public transportation connecting to these services can make it difficult for families, especially working families to access specialized care.

Six of the county’s seven licensed child care centers report using child care health consultants. The consultant is a physician or nurse who provides monthly support on health and safety issues. In addition to the centers, child care providers report consulting with public health and school nurses on an as needed basis. These practices enhance childhood disease prevention and early identification and treatment of disease.

Nutrition assistance

Given the economic hardships in our county, nutrition assistance programs provide needed support to families with young children. The Women Infants and Children (WIC) program provides prenatal, infant and children to age 5 nutrition information and assistance. While WIC serves 24% of children under five in the county, the program has both the desire and the capacity to increase its client base. In addition to WIC, Buena Vista and Salida have food pantry programs. The county also has programs providing commodities, food stamps, and emergency assistance funds.

Dental Care

Every child, starting at 1 year of age, should have an established dental home and a dental evaluation encompassing comprehensive preventive care at least twice a year. Evaluations should include an oral health/risk assessment, counseling, and preventive treatment. Preventive treatment includes optimal fluoride intake and placement of sealants after the first eruption of permanent molars, around age 6.

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Oral Health

Indicator	County	State	CO 2010	National	HP 2010 Goal	Data Source	Comment
Caries Experience	<u>55.8%</u>	57.0%			42.0%	CDPHE Oral Health Program	Est. grade 3, 2004, not county specific
Medicaid Dental Services	<u>28.7%</u>	31.1%			57.0%	CDPHE MCH Datasets	2004 regional data
Untreated decay	<u>28.4%</u>	26.0%			21.0%	CDPHE MCH Datasets	
Fluoridation	<u>14.2%</u>	75.4% (2002)		67.3% (2002)		CO. Health Institute	%public water system population receiving fluoridated water
Dental sealants	36.7%	35%			50.0	CDPHE MCH Datasets	Est. grade 3, 2004, not county specific

The following is a description of some of the health services currently available to children and families in the county:

- All family practice physicians accept Medicaid. All four family practices participate in the state “Vaccine for Children” program which provides vaccines at a free or reduced cost. Two of the four family practices participate in the Colorado Immunization Information System (CIIS), a statewide computerized database providing lifetime access to immunization records to participating providers in the state. It includes a recall system. Currently 35% of children in the county are enrolled. When 75% of county physicians and children participate, schools will have access to the CIIS data base.
- Two pregnancy Centers, one in Buena Vista and one in Salida, offer education, counseling, mentoring and support to pregnant women and new parents.
- In Salida, Rocky Mountain Planned Parenthood provides birth control, education, counseling, exams and testing on a sliding fee scale.
- Medicaid families have limited access to dentists and an optometrist.
- The Chaffee People’s Clinic provides acute and chronic medical care, low cost prescription drugs and lab work to uninsured persons who live or work in Chaffee County. All children who present at the clinic are referred for Medicaid or CHP+ screening.

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- Chaffee County Public Health provides a number of services including: Medicaid presumptive eligibility (pregnancy testing and a temporary Medicaid card allowing for timely prenatal medical care), “Baby and Me” smoke-free program providing incentives to moms who stop smoking, immunizations, prenatal and newborn home visitation, case management for children with special health care needs, health education for the community, resource and referrals, and communicable disease investigations.

Community Perceptions

The following perceptions associated with prenatal and early childhood health were provided by members of the council at their January 10, 2008 meeting and by community leaders and stakeholders in one-on-one meetings with the council coordinator from September 2007 through February 2008:

- Immunizations are available to children whose families choose to have them immunized
- The community is seen as having a healthy living lifestyle
- New hospital
- High percentage of women receive prenatal care
- Smoking among pregnant women is decreasing
- There is an active public health service that is engaged with the community
- Chaffee People’s Clinic provides needed free and low cost services
- Buena Vista and Salida have pregnancy centers providing needed services
- All family practice physicians in the county accept Medicaid
- There are no pediatricians in the county
- No in-home pediatric health care
- Limited access to health insurance for families not qualifying for CHP
- A need for more pediatric preventative care and dental care
- Funding for child find
- Resource guide need for families that covers ChildFind and children’s services

Early Childhood Mental Health

Critical to the well-being of children is their ability to successfully regulate their emotions and manage their social interactions in ways that are acceptable to themselves and others. There are numerous evidenced based tools available to assess the social and emotional well being of infants and young children. Some of the more common tools used in Colorado are *Ages and Stages Questionnaires: Social-Emotional* and the Devereux Early Childhood Assessment Program (DECA).

Mental health problems are more common in children than many people realize. When left untreated, a child’s mental health problems can lead to tragic consequences for the child, their family and their community. For the purposes of this assessment, children’s mental health problems are defined as the range of all diagnosable emotional, behavioral, and mental disorders in children. These include depression, attention- deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders.

Mental health problems in children have biological and environmental causes. Biological causes include genetics, chemical imbalances in the body, or damage to the central nervous system. Environmental factors include:

- Exposure to environmental toxins, including lead

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- Exposure to violence, including witnessing or being the victim of abuse
- Stress related to chronic poverty, discrimination, or other serious hardships
- Poor nutrition
- Parents with untreated mental health problems

Healthy Brain Development: The first three years last a lifetime

Recent advances in brain research indicate that 90% of brain growth happens in the first three years of life. During this time, healthy brain development depends upon a highly dynamic and continuous interaction between the child's genetic predisposition and their life experiences. Genetics determine the timetable for development, while experience shapes the actual construction of brain circuitry. The brain is built in a "hierarchical way". Basic circuits are established first and form the foundation for all future and more complex brain circuitry. This is called brain architecture

Prevention

Recent brain research has identified simple, yet significant positive infant experiences that are likely to have a profound impact on a child's future success in school and in life. For example, in early infancy a child naturally reaches out for interaction through such behaviors as babbling, making facial expressions, and uttering words. Studies have shown that when an infant's attempts at interaction are ignored, stress is likely to result almost instantly. Over time, this type of stress can adversely impact brain architecture.

The infant brain is likely to develop best when caring adults respond to an infant's attempts at interaction in warm, individualized, and stimulating ways. In addition, the development of a healthy brain is influenced by:

- Adequate prenatal and early childhood medical care
- Adequate prenatal and early childhood nutrition
- Nurturing touch
- A safe, loving, and predictable environment

The impact of stress during the early years

There are different types of stress. Everyday stress can occur when a child is told "no" or has apprehension, such as might occur when going to the doctor's office for a vaccination. Researchers refer to this as *healthy stress* and view learning to cope with this type of stress as a normal and necessary part of growing up. Another type of stress, *tolerable stress* may occur during a serious illness or from the loss of a loved one and can be damaging to a child. However, if the child has nurturing relationship and is helped to cope with the stress, there is not likely to be any lasting harm to the child. *Toxic stress* occurs when infants or young children face extreme poverty, abuse or neglect, or exposure to family violence and they lack nurturing and supportive relationships with adults. These circumstances can produce persistent elevated levels of stress hormones that can have a toxic effect on the developing brain. Toxic stress is known to disrupt the learning process and to be associated with some types of antisocial behavior.

Best practices: Early interventions make a difference

Four decades of program evaluation research reviewed by the Center for the Developing Child at Harvard University point to several program "effectiveness factors" that can enhance healthy brain development in the first five years of life:

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- Access to prenatal care and medical care for children can help prevent threats to healthy brain development, as well as provide early diagnosis and appropriate management when problems emerge.
- For vulnerable families who are expecting a first child, early and intensive support by skilled home visitors can produce significant benefits for both the child and the parents.
- For young children from low-income families, participation in very high-quality, center-based, early education programs has been demonstrated to enhance child cognitive and social development.
- For young children from families experiencing significant adversity, two-generation programs that simultaneously provide direct support for parents and high-quality, center-based care and education for the children can have positive impacts on both.
- For young children experiencing toxic stress from recurrent child abuse or neglect, severe maternal depression, parental substance abuse, or family violence, interventions that provide intensive services matched to the problems they are designed to address can prevent the disruption of brain architecture and promote better developmental outcomes.

Research suggests that no single program approach or mode of service delivery has been shown to be a magic bullet. The key is to select strategies that have documented effectiveness, assure that they are well implemented, and recognize the critical importance of a strong commitment to continuous program improvement. Successful large-scale programs typically have organizations that provide rigorous assessment and periodic monitoring of the quality of individual implementation sites, as well as training and technical assistance for continuous quality improvement.

Early Childhood Mental Health in Chaffee County

The following indicators are included in Colorado's School Readiness report (2004). They have been shown to have a significant impact on a child's ability to succeed in school and life.

Indicator	Chaffee County	Colorado	United States
Percent of children living in poverty (2004)	16.5%	12.8 %	16%
Foster children under 8 in experiencing more than one out of home placement per year (2004)		41%	NA
Percent of infants born to high risk mothers (poverty, under age 25, unmarried, less than a high school diploma)	12.1%	8.1%	NA
Parents with poor mental health		NA	

Chaffee County has multiple evidence-based programs serving as assets for families experiencing multiple stress factors. These programs include the 1451 Wrap Around, Head Start, Nurturing Parenting Program, and parent education programs. In addition, the county has mental health services provided by West Central Mental Health and private providers serving families and young children. The county does not have a child psychiatrist, though one can be accessed for consultation through West Central Mental Health.

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Community Perceptions

The following perceptions associated with the mental health domain were provided by members of the council at their January 10, 2008 meeting and by community leaders and stakeholders in one-on-one meetings with the council coordinator from September 2007 through February 2008.

- Increased knowledge, interaction, and understanding of how to make referrals between stakeholders and appropriate mental health service providers. Stakeholders given as examples included child care providers, school districts and health care providers.
- Stigma associated with seeking and utilizing mental health services, especially in a small community
- Services are available within the county for offenders, but not for victims of abuse.
- There is a lack of awareness of available mental health resources.
- Abuse reporting mechanisms: Child care and other service providers reporting abuse do not have access to follow-up information. Thus, they do not know whether the “ball was dropped” or the child and family received appropriate interventions.
- Mental health is perceived by some as "not playing well with others"
- Need a mental health hot line so those in crisis can receive immediate help
- West Central Mental Health intake system results in delays in access to service. This is perceived to be especially problematic for those “in crisis” who call for help
- No detoxification facility in the county
- Absence of dual services for addressing substance abuse and mental health issues at the same time. Substance abuse problems must be resolved before mental health services can be provided. This is perceived to be ineffective as the two are viewed as inseparable.
- Mental health services that are affordable
- Need parent education on healthy brain development, and mental health and developmental issues for infants and young children
- Need health care provider information on healthy brain development, and mental health and developmental issues for infants and young children, as well as programs and referral options in the county

Family Support and Parent Information

There are many programs offering valuable services for parents and families in the county. These include the school districts, Boys and Girls Club, Nurturing Parenting Program, DADs program, Chaffee County Mentors, faith-based organizations, the pregnancy centers, Head Start, Family and Youth Initiatives, Buena Vista and Salida Build A Generation, Public Health, libraries, Women Infants and Children (WIC), Alliance Against Domestic Abuse, service clubs and organizations, private providers, child care providers, parent education programs like *Parenting with Love and Logic* and the *Bullying* program, the Buena Vista Family Resource Faire and many others.

Demographic Information

Chaffee County has a total population of approximately 16,619, with Salida accounting for 5,500, Buena Vista 2,200 and Poncha Springs 474. The age distribution in the county follows:

0-5 = 4.4%	18-24 = 5.6%	45-64 = 27.5%
6-17 = 17.4%	25-44 = 28.0%	65 or over = 17.1%

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The ethnic distribution in the county follows:

Caucasian: 88.2%	American Indian: 1.1%	Hispanic: 8.6%
African-American: 1.6%	Asian & Pacific: 0.4%	Other: 0.1%

Economic Information

At the January 10, 2008 council meeting, members requested the assessment include economic information and trends that are impacting families. This economic data follows:

Economic Comparisons*

Data	Colorado	Chaffee	Custer	Fremont	Lake
Population 2006	4,813,536	16,919	4,000	48,117	8,054
Median Household Income (2004)	\$50,105	\$37,226	\$40,332	\$35,129	\$36,033
Per Capita Income (2005)	\$39,186	\$25,166	\$26,309	\$21,231	\$22,793
Unemployment Rate (2006)	4.3%	4.4%	4.3%	5.6%	4.2%
Adults HS diploma or higher (2000)	86.9%	88.5%	90.3%	80.5%	79.5%
Avg. Home Price per sq.ft. (2004)	Denver \$184/sf	\$115.84/sf	\$85.82/sf	\$89.22/sf	\$107/sf
Free & reduced Lunch (2005)	33.7%	30.3%	25.7%	42.5%	60.4%
Children In Poverty (2004)	12.8%	16.5%	17.3%	17.1%	14.3%
Children in Poverty School Age (2004)	11.4%	13.9%	15.8%	14.7%	14.9%
Children under 5 receiving WIC (2005)	18.0%	23.6%	13.7%	36.2%	33.8%
Births to Single Women (2005)	27.1%	30.7%	25%	43.1%	38.3%
Teen Births (rate/1000 15-17 yrs.old) (2005)	23.8%	16.8%	Low #	30.2%	48.5%
Children uninsured (2000)	12.9%%	13.5%	18%	15%	15.3%
Square miles	103,718	1,013	739	1,523	377
Homeownership rate (2000)	75.9%	70.9%	73.9%	72.9%	64.4%
Cost Burdened Households % (2000)	28.6%	24.5%	29.4%	27.9%	23.4%
Substandard Units (2000)	1%	1.7%	13.2%	1.2%	2%
Heat with something other than gas or electricity (2000)	9%	35.5%	90.4%	21%	25.8%
Homes built before 1939	10.3%	21.6%	16.1%	18.6%	34.8%

*Information provided by the UAACOG from the following sources:

- 2007 Kids Count – Colorado
- 2000 Census
- Department of Local Affairs Demographers Office
- Department of Local Affairs Division of Housing
- Department of Labor, Labor Market Information Division

Economic assessments conducted in Chaffee County by a variety of organizations, including Chaffee County Head Start, and the Salida and Buena Vista Build a Generation organizations define the county as experiencing *severe economic deprivation*. The assessments note the need for year round full time livable wage jobs, affordable housing, and accessible and affordable

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child care. Information associated with these economic indicators follows.

Employment

The following industries provide employment in Chaffee County

- Educational, health and social services (15.7%)
- Arts, entertainment, recreation, accommodation and food services (15.2%)
- Construction (12.6%)
- Retail trade (12.2%)
- Public administration (10.2%).

The following are the major employers in the county:

- Correctional Facility: 390
- Monarch Ski Area: 342
- Wal-Mart: 250
- Heart of the Rockies Regional Medical Center: 240
- Salida Schools: 196
- Buena Vista Schools: 130
- Columbine Manor: 104
- Chaffee County Government: 100
- GIGI: 63
- Safeway: 52

Comparing Chaffee County Income with Housing Costs

Preliminary findings of a housing study sponsored by the Chaffee County office of economic development and conducted by Economic and Planning Systems, Inc., were presented in December of 2006. The study reports 60 percent of new arrivals to the county during the past three years list retirement pensions, investments or Social Security as their primary source of income. The average household income for these newcomers is \$65,000, which is approximately \$40,000 more than the average annual wage received by workers in the county.

The second home and retiree influx and the pressure it puts on housing prices is a trend other Colorado mountain communities have experienced. While the average annual wage went from \$19,600 to \$25,200, an increase of thirty percent, from 1998 to 2005, during that same time period the average home price jumped from \$127,000 to approximately \$232,000. By 2006, the average home price in the county was \$267,000, with the average being \$300,000 in Salida, \$238,000 in Buena Vista and \$246,000 in Poncha Springs.

Parent Information and Education

The Early Childhood Council sees parent involvement in all aspects of early childhood as essential to the well being of children, their families, and the community. Thus, an effective early childhood system involves parents as active and equal partners and makes it easy for parents to access and participate in the system. Effective parent involvement (Harvard Family Research Project, 2006) is achieved when there is a match between:

- A child's developmental needs
- Their parents' or caregivers' attitudes and practices
- Early childhood programs' and services' expectations of and support for the parents and the child).

Evidence-based Practices in Parent Involvement

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Both the National Parent Teacher Association (PTA) and Head Start have established standards for institutions serving children and their parents and families. While initially aimed at a school or center environment, these standards are applicable in other settings. The standards are as follows:

- Communication between home and agency is regular, two-way, and meaningful
- Parenting skills are promoted and supported
- Parents play an integral role in assisting with their child's learning and development
- Parents are welcome and their support and assistance are sought
- Parents are full partners in the decisions that affect children and their families
- Parents are involved in program decision-making and governance
- Programs are open to parents at any time and involve parents in service development, as well as provide parents with the opportunity to volunteer or become staff
- Community resources are used to strengthen children, their families, and programs
- Families are helped to establish and work toward their goals
- Families are linked to appropriate services

Parent Survey

In order to better understand the needs and concerns of parents, the Assessment Working Group developed a parent survey. It was distributed through members, child care home providers, libraries, child care centers and other venues throughout the county.

Community Perceptions

As noted earlier, there are many respected programs and services that offer support for parents and families. The following perceptions associated areas of early care and learning were provided by members of the council at their January 10, 2008 meeting and by community leaders and stakeholders in one-on-one meetings with the council coordinator from September 2007 through February 2008:

- Parents network well and share resources
- Countywide parent information and education efforts are needed
- Parents need more information about resources and services
- Parents need knowledge & information about child development & health issues
- Childcare providers and schools want to be more connected with community services
- An updated licensed childcare central register that is easily accessible to families is needed

Parent Survey Results

Parents received the parent/guardian survey in March 2008. Respondents were not randomly selected, so results are not necessarily statistically valid. However, respondents appeared to have provided thoughtful responses and written comments. Surveys were distributed and collected at parenting classes, libraries, Head Start, child care centers, licensed child care homes, and preschools. Ninety-three responses were received and are included in this initial summary. The geographic distribution of respondents follows:

- Buena Vista = 26
- Nathrop = 1
- Poncha Springs = 13
- Salida = 50
- West Fremont = 1

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- Unknown = 2

All respondents had at least one child age five or under. Of those responding:

- 11 were male and 82 female
- 52 reported being married and 18 single, 1 guardian, 1 grandparent, 10 are living together
- The majority had two children or less, 11 had three children, 2 had four children and 1 had six
- 25 had lived in the area for five years or less, while 21 had lived here nine years or more

Early care and learning:

Do you think there is enough easily accessible high-quality child care available in your area?

For infants

- 16 yes
- 58 no (all BV respondents answered “no” or “don’t know”)

For ages 1-2:

- 15 yes
- 38 no (all BV respondents answered “no” or “don’t know”)

For ages 3-5

- 43 yes
- 28 no

Don’t Know

- 7 (because they don’t use child care and/or are new to the community)

Please explain: The most common written responses reflected that parents found it very difficult to find quality care that is affordable, and that there is a strong need for infant to two care, as existing slots are few and fill up fast. One parent responded that more sites needed that offer financial aid.

Do you use/need child care?

No = 8 (six are stay at home parents and two work different shift than spouse as they can’t afford child care

If yes, why? Please check all that apply:

- 45 = I work
- 33 = To have a stimulating environment for my child
- 23 = To have a break

How satisfied are you with your current child care?

- 27 = Very Satisfied (over 25% of respondents)
- 11 = Somewhat Satisfied
- 5 = Neutral
- 2 = Somewhat Unsatisfied
- 4 = Very Unsatisfied

What would make it better?

Responses included;

- One full time place to have my child
- More affordable, accessible, and reliable with flexible hours and a sliding pay scale
- Change curriculum every year and more art programs

Who provides your child’s care?

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- 5 = an individual comes to our home
- 14 = licensed home care provider
- 20 = center or preschool
- 28 = family or friend

Which of the following do you look for when choosing a child care provider? Check all that apply

- 73 = nurturing and caring
- 70 = clean and safe
- 64 = affordable
- 63 = available the hours I need
- 63 = stimulating learning environment
- 61 = recommended by someone I trust
- 60 = experience and education
- 59 = understands my child's needs
- 56 = developmentally appropriate activities
- 55 = works with me to meet my child's needs
- 42 = close to where I work
- 36 = philosophy or mission
- 2 = other, reliable

Health:

Does your child have health insurance?

- 76 = Yes
- 14 = No

Please check all that apply

- 11 = My child does not regularly see a doctor or health care provider

If your child sees a doctor or health care provider, does he/she talk with you about your child's?

- 64 = immunizations
- 63 = developmental milestones
- 56 = well child care
- 55 = nutrition
- 46 = vision and hearing
- 12 = community resources available to parents and young children

Parent information and family support:

What, if any, aspects of parenting young children would you like to learn more about?

Please check all that apply

- 48 = responding to challenging behavior
- 43 = communication techniques for guiding young children toward self-direction
- 40 = community resources available to families with young children
- 32 = social and emotional needs of young children
- 27 = health: recommended screenings, exams, and immunizations
- 21 = nutritional needs of infants and young children
- 14 = safety

Initial Summary

Chaffee County Early Childhood Parent/Guardian Survey

- 14 = what to expect: infants and toddlers stages of growth and development

How would you like to receive this information? Check all that apply

- 43 = pamphlet
- 31 = class
- 26 = web site
- 18 = video
- 16 = one on one

How would you describe your family's finances?

- 40 = our basic needs are met
- 27 = difficult to meet our basic needs
- 13 = we cover more than the basics
- 8 = very comfortable

As a parent of a young child, what are your most pressing needs? Check all that apply

- 46 = affordable housing
- 44 = stable/adequate year round income
- 39 = affordable quality child care
- 38 = health insurance
- 38 = more quality time with my child
- 19 = a play group for my child
- 18 = extended hours for child care [swing shift, evenings or weekends]
- 17 = a regular weekly schedule, not shift work that changes from week to week
- 16 = list of services available for young families Information
- 15 = specialized services or medical care

Are you planning to stay in our community? Why or why not?

- 67 = yes
- 7 = no
- 2 = undecided

The majority of positive written comments mentioned the community as a great place to raise children, preferring a small town environment, having family here and good schools.

The most common written concerns were related to the high cost of living, low paying jobs, and difficulty finding care for special needs children.

The information presented in this assessment will be used to create an early childhood system that meets the needs of our community.