

ESD 123 Infant Toddler Regional Assessment

**Submitted by Larry Bush
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1. **INTRODUCTION & REGIONAL OVERVIEW.**

1a) Narrative Describing the Regional Overview (1-3 paragraphs):

The ESD 123 region is located in southeastern Washington and includes both cities and rural remote communities, encompassing 7 counties and 23 school districts. The largest region of population is the area known as the Tri-Cities, encompassing the cities of Pasco, Kennewick, and Richland, with a combined population of approximately 242,000. These cities reside in Benton and Franklin counties, and many services to infants/toddlers and their families are coordinated across this bi-county region to its residents. Additional population “centers” reside in the small cities of Walla Walla in Walla Walla county, with a population of approximately 30,000, Clarkston, with a population of 7,337 located in Asotin county, and Othello, in rural Adams county with a population of about 6,495. The remainder of the communities can be considered rural and remote, with the local school district an important “hub” for community services.

The economy of the region is predominantly agricultural, supporting many farms, orchards, vineyards, wineries, and food processing plants. Family farms and large food processing facilities dot the region, many employing unskilled laborers during peak harvest and processing times. Families engaged in farm labor often scramble to get their basic needs met, and significantly impact available community resources. Spanish is the primary language for many of the families throughout the ESD 123 region, with bilingual services provided in most areas. Particularly impacted by this Spanish speaking population are Benton, Franklin, Adams, and Walla Walla counties. In several school districts within these counties, there is a majority minority population, predominantly Hispanic.

At the opposite end of the spectrum, employees who work on the Hanford Reservation or Pacific Northwest National Laboratory in Benton County, are families of means, and are generally well educated. WSU-Tri-Cities is located in the city of Richland, and the Columbia Basin College serves the region through its campus in Pasco. Additionally, the city of Walla Walla boasts two 4 year universities and Walla Walla Community College with several branch campuses throughout the county.

In the southeastern part of the ESD region, including Garfield, Columbia and Asotin counties, the demographics are changing with many new families engaged in minimum wage work, or unemployed. Ethnic diversity is not as evident in this part of the region, but many families find themselves in economic hardship. In some the smaller communities such as Waitsburg (WW county) or Pomeroy (Garfield county), the school district is one of the largest employers. Services to young families in the more rural areas are sparse or non-existent, and in many cases, families must travel to the larger cities for needed services.

The region also houses both a minimum security prison called Coyote Ridge, located in rural north Franklin County that has significantly impacted the school district and the state penitentiary in Walla Walla.

1b) Narrative Describing Regional Strengths and Assets (2-3 paragraphs):

The ESD 123 region has a variety of strengths and assets which support infants and toddlers and their families. Two early learning coalitions are active in the larger communities, working collaboratively to

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strengthen family support systems and facilitate children's school success. These coalitions are in Walla Walla and the Tri-Cities, respectively, providing information and education to the families of young children through community wide activities and coordinated service delivery.

The United Way of Benton and Franklin Counties began "Community Solutions" in 2006. This was a community wide planning and implementation process engaging over 200 community leaders from all sectors in identifying needs and supports for families in all walks of life. One of the initiatives generated from that process called "Our Babies Can't Wait", is a public engagement effort to ensure that parents and caregivers provide a caring, nurturing and enriching environment for babies to grow up healthy. "Our Babies Can't Wait" also focused some direct intervention for low income families in the Tri-Cities with parenting support with staff from public health, early learning and community mental health agencies.

School districts and ESIT have a long standing relationship of collaboration and support for infants and toddlers with disabilities. Districts effectively draw down dollars from special education to support services and, when possible, provide these services to families themselves. A special project called "Linked Early Intervention Program" is available in Benton and Franklin counties to offer training to child care providers in recognizing and serving children with special needs. This is a new collaboration between the ESIT Lead Agency and CCR&R.

A unique partnership between WSU Extension, Columbia Basin College, and CCR&R is in its third year. This collaboration called "Pathways" builds the literacy skills of monolingual Spanish providers by supporting them in their first language while providing focused ESL training to improve the quality of their child care facilities. Many of these providers had literacy levels of less than 6th grade in their native language and were unable to access ECE curriculum. The intent is that, as their English skills grow, they will gain access to the early childhood education classes provided by Columbia Basin College. This program enrolled 56 students in year 1 with 18 completing CDA credentials. In year 2, 47 were enrolled with 15 completed CDA, and as year three comes to a close, 39 students are enrolled. The partnership was funded through a Gates Foundation grant which ends in March 2011. Sustainable funds are being sought.

In the smaller communities, school district administrators or public health often take the reign of leadership to help in identifying and problem solving in a collaborative way. Recent efforts in Asotin county brought a needed health care clinic to Lewiston and a new dental clinic within Clarkston for low income families. Public Health nurses are often key leaders in providing training to licensed child care providers.

School readiness begins at birth, and many of our districts are using or have used Kennewick's *READY! for Kindergarten* program. This program offers training and age appropriate materials to parents of children Birth-5 to facilitate school readiness. These materials have been translated into Spanish to facilitate understanding for the region's parents. This program has been recognized state wide and nationally for its approach to school readiness.

1c) Narrative Describing the Process for Completing the Context & Data Summary (1-2 paragraphs):

Completion of the Context and Data Summary was very much a collaborative effort engaging regional partners. A Steering Committee of 14 representing key leaders from the region met at the ESD in August. This committee identified strengths and gaps in their counties as well as key contacts for information. These Steering Committee members further agreed to facilitate a focus group within their

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own county during this data collection phase. The Steering Committee members identified the importance of communicating directly with key leaders in rural communities *within* the county, as their needs were different than the population centers.

As all focus groups were scheduled, ESD 123 sent each county's published data to the county partners for their review and correction. This resulted in some additions or changes to the overall data picture. Focus groups were convened in Walla Walla and Benton/Franklin counties in conjunction with the Walla Walla Valley Early Learning Coalition and the Benton Franklin Early Learning Alliance, respectively. The Asotin county focus group was facilitated through the County Interagency Coordinating Council. A unique focus group by conference call was convened at Garfield County Health and included parent representation. Individual phone interviews were conducted with an Early Head Start Administrator, a DEL Family Child Care Licensor, 2 public health nurses who provided STARS training, and a School Superintendent. Regional partners were forthcoming with information which helped us paint a picture of our communities. The CCR&R staff from both Walla Walla and Benton Franklin Counties submitted reports and offered consultation about what the data did and did not tell us.

2a) CHILD & FAMILY PROFILE – KEY MEASURES BASED ON SECONDARY AND INSTITUTIONAL DATA

Summarize data for each measure. Wherever possible, aggregate (total) the data for the entire region. In order to provide meaningful data, or based on the availability of data, you may also want or need to provide data by specific communities (e.g., county, school district). For each measure, note the data source and date, as well as any other important information about the data (e.g., its alignment with the ESD boundaries).

Community Demographics:

1) #/% of young children, toddlers and infants
 Specify # and % of all children by:

- Under 5 yrs (see HSPC)
- Ages 0-23 months (indicated by “1” in DOH population estimates)
- Ages 24-35 months (indicated by “2” in DOH population estimates)
- Ages 36-47 months (indicated by “3” in DOH population estimates)

Data Source(s) and Notes: HSPC/School District Population Estimates 2009

Data: 26, 882 children under 5
10,969 children aged 0-23 months (41%)
7848 children aged 24-35 months (29%)
5179 children aged 36-47 months (19%)

Estimated # of infants birth-1 year	402.13	281.16	2495.62	27.36	1643.16	23.42	665.74
Estimated # of toddlers 1-2 years	326.68	283.49	2523.72	46.4	1496.56	19.96	733.65
Estimated # of toddlers 2-3 years	319.96	282.9	2504.48	45.4	1369.94	25.81	744.31
Estimated # of toddlers 3-4 years	291.9	295.75	2472.33	39.48	1330.54	13.76	735.66
Sum of estimates for children ages birth-4	1340.67	1143.3	9996.15	158.64	5840.2	82.95	2879.36

2) #/% of households with children under 18 by:
 Specify #/% by:

- married couples
- single female head of household
- single male head of household

Data Source and Notes: HSPC 3 year estimate 2006-2008

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Data: No available data for Adams, Columbia or Garfield Counties

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Wall
# of households with children under 18-married couples	na	2927	30184	na	16063	na	8735
# of households with children under 18-single female headed household	na	1300	7708	na	4639	na	3400
# of households with children under 18-single male headed household	na	515	3946	na	2208	na	619
% of households with children under 18-married couples	na	60.9	71.5	na	69.27	na	67.65
% of households with children under 18-single female headed household	na	27.1	18.26	na	20	na	26.33
% of households with children under 18-single male headed household	na	10.7	9.34	na	9.52	na	4.79

3) #/% of children under five by race/ethnicity
 Specify #/% for:

- White (non-Hispanic)
- Black (non-Hispanic)
- American Indian & Alaska Native (non-Hispanic)
- Asian/Pacific Islander (non-Hispanic)
- Two or more race groups (non-Hispanic)
- Hispanic

Data Source and Notes: HSPC 2008

Data: Numbers too small to be included in Adams, Asotin, Columbia, and Garfield counties

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Wall
# of children under 5-Non Hispanic White	335	1219	7388	168	859	90	1915
# of children under 5-Non Hispanic Black	s	s	124	s	31	s	26
# children under 5-Non Hispanic American Indian and Alaska Native	s	23	75	s	11	s	19
# of children under 5 -Non Hispanic Asian and Pacific Islander	s	s	245	s	31	s	36
# of children under 5-Non Hispanic Two or More Race Groups	22	46	410	s	113	s	99
# of children under 5- Hispanic	1272	102	3966	26	5875	s	1459
Total # of children under 5	1642	1401	12210	208	6920	101	3555

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Wall
% of children under 5-Non Hispanic White	20.37	87.05	60.51	80.62	12.41	89.1	53.86
# of children under 5-Non Hispanic Black	s	s	1.01	s	0.44	s	0.73
%children under 5-Non Hispanic American Indian and Alaska Native	s	1.61	0.61	s	0.16	s	0.54
% of children under 5 -Non Hispanic Asian and Pacific Islander	s	s	2.01	s	0.44	s	1.02
%of children under 5-Non Hispanic Two or More Race Groups	1.36	3.27	3.36	s	1.63	s	2.79
% of children under 5- Hispanic	77.45	7.3	32.48	12.63	84.9	s	41.04

4) Median income level (\$)

Data Source and Notes: HSPC 2008

Data: No data available for Adams, Columbia and Garfield counties (% of children under 5 in poverty)

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Wall
Median household income	35273.91	42749.58	56682.68	40070.73	44800.37	40302.61	44911.59
% of children under 5 in poverty	na	39.4	29	na	33	na	30

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5) Parental employment

Specify:

- # of children in Care Zone¹ (CCR&R Network)
- % of children under 6 with all parents in the workforce (HSPC)

Data Source and Notes: CCRR 2008

County	Ages 0-12	CARE ZONE %	CARE ZONE #
Adams	4,122	59.6%	2,456
Asotin	3,519	71.9%	2,530
Benton	32,763	64.0%	20,959
Columbia	596	60.3%	359
Franklin	17,180	55.5%	9,540
Garfield	330	70.7%	233
Walla Walla	9,366	68.2%	6,392

6) #/% of children of immigrant and refugee families

Data Source and Notes: HSPC 3 year Average 2006-2008

Data: No data available for Adams, Asotin, Columbia, or Garfield counties

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of foreign born children	na	na	1974	na	2116	na	430
# of native children	na	na	38198	na	19703	na	11593
% of foreign born children	na	na	4.9	na	9.69	na	3.57
% of native children	na	na	95	na	90.3	na	96.42

7) #/% of children eligible for free or reduced-price meals

Data Source and Notes: HSPC 2009

County Level data: 36,212 children eligible for free or reduced lunch (57%)

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Walla
# of children receiving free/reduced lunch	3256	1633	14629	255	11482	175	4782
% of children receiving free/reduced lunch	74.59	51.48	45.31	50.69	69.52	52.23	53.85

Note: See Attached Measures of School Success for district level breakouts of free/reduced lunch as of May 2010

¹ Care Zone is defined by R&R Network as the number of children who live in a single-parent or two-parent home where the parent or both parents are working.

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8) #/% of population who speak a language other than English at home
 (List other languages spoken at home and note % of population)

Data Source and Notes: Census Fact Finder, City Data.com

Data: No data available for Adams, Asotin, Columbia or Garfield counties

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Walla
% of population who speak a language other than English at home	na	na	17.1	na	47.8	na	18
% who speak Spanish	na	na	12.8	na	44	na	15.2

9) % of population high school graduate or higher level of education

Data Source and Notes: City Data.com 2009

Data: No data available for Adams, Columbia or Garfield counties

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Walla
% of population-high school graduate or higher	na	89.7	87.2	na	68.8	na	86.7

Measures of Vulnerable Families.²

10) #/% of poor and low-income children*
 Specify #/% for:
 - children under 5 living in poverty (\leq 100% FPL)
 - children living in low-income households (\leq 200% FPL)

Data Source and Notes: HSPC, 2006-2008

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of children under 5 living in poverty	na	534	3204	na	2467	na	1057
% of children under 5 living in poverty	na	39.4	29	na	33	na	30

11) #/% mothers who are teens*

Data Source and Notes: HSPC Data for 2008

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of teen mothers- age 15- 19	59	20	274	4	150	2	70
% of teen mothers- age 15-19	31.35	18	29.3	s	21.8	s	22.94

12) #/% of mothers who are single*

Data Source and Notes: HSPC 3yr avg. 2006-2008

No data available for Adams, Columbia or Garfield counties

		Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
HSPC 3 yr avg. 2006-2008	% of parents who are single	na	37.8	27.6	na	29.52	na	31.12
	# of parents who are single	na	1815	11654	na	6847	na	4019
HSPC 3 yr avg. 2006-2008	% of children under 5 in poverty-married parents	na	5.6	6.5	na	13.3	na	8.9
	% of children under 5 in poverty-other family types	na	16.7	12.3	na	15.9	na	16.9

13) #/% of babies born with low birth weight

Data Source and Notes: Washington State Department of Health 2007 Report

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Valla Walla
% of babies born with low birth weight	6.1	s	7.4	s	5.7	s	6.6
# of babies born with low birth weight	26	6	182	0	95	2	49

Incomplete data available for Asotin, Columbia and Garfield counties

Measures of School Success:

14) % meeting or exceeding 3rd grade math and reading standards*

Specify by race/ethnic group

Data Source and Notes: OSPI Report Card 2009-2010

See Attached Measures of School Success for district level breakouts

15) On-time graduation rate

Specify by race/ethnic group

Data Source and Notes: OSPI Report Card 2009-2010

See Attached Measures of School Success for district level breakouts

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16) % of students identified as Migrant

Data Source and Notes: OSPI Report Card 2009-2010

See Attached Measures of School Success for district level breakouts

17) % of students identified as Transitional Bilingual

Data Source and Notes: OSPI Report Card 2009-2010

See Attached Measures of School Success for district level breakouts

18) % of students identified as being in Foster Care

Data Source and Notes:

See Attached Measures of School Success for district level breakouts

19) Children With Special Health Care Needs Client Report, DOH

Data Source and Notes: 2009 Children with Special Health Care Needs Client Report, DOH

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of children with special health care needs served	96	15	280	1	115	2	43
# of these children less than 200% of poverty	93	15	277	1	115	2	41

2b) CHILD & FAMILY PROFILE – REGIONAL STAKEHOLDER PERSPECTIVE.

2b. i) Brief Description of Data Collection (1 paragraph):

Who participated in compiling the data?

How many interviews or focus groups did you conduct? With whom?

ESD 123 hired an early childhood consultant who worked with their staff to compile the regional data. They utilized a comprehensive process to engage as many community partners as possible in both interviews and focus groups. Focus groups were held in the communities of Walla Walla, Tri-Cities, Clarkston and Pomeroy. The Walla Walla Valley Early Learning Coalition and the Benton Franklin Early Learning Alliance brought their members together to give input on open ended questions about the needs and supports to infants and toddlers. These community coalitions represented partners from social services, education, health, and child care, and were clear evidence of strong collaborative partnerships. In Asotin County, the County Interagency Coordinating Council facilitated a focus group with its membership, including school district, children’s services, and ESIT staff. In Pomeroy, a conference call was held including public health, child care, and a parent representative. Before these focus groups were held, ESD staff forwarded draft questions and county specific data to all participants for review and correction. This facilitated conversations and opened other avenues for discussion. Phone or in-person interviews were conducted with key program administrators in Clarkston, and Waitsburg, along with email follow up from public health nurses in several counties regarding children with special health care needs and the nurse consultation program. Phone interviews were also completed with two CCR& R Directors, an Early Head Start administrator, and one DEL Child Care Licensor serving monolingual and bilingual Spanish providers.

2b. ii) Narrative Describing Regional Perspective of Stakeholders (2 pages or less):

What did regional stakeholders have to say about the infants and toddlers and their families in your region that added to or expanded on the secondary data already reported?

ESD 123 is a region supported mainly through agricultural work. Many of the communities within Benton, Franklin, Adams and Walla Walla counties have large Hispanic populations, with many of these families monolingual Spanish speakers. Often the wage earners are engaged in farm labor or the food processing industry and work is seasonal and low paying. With this seasonal employment, community services are stretched as families struggle for survival. In counties such as Franklin and Adams, this is a significant proportion of the population. This is in contrast to the higher income, professional families of Benton, Franklin and Walla Walla counties, often employed on the Hanford Nuclear Reservation or by the Pacific Northwest National Laboratory.

Families in the more rural counties including Garfield, Columbia, Asotin, and parts of WW county are predominantly Caucasian and English speakers. In these counties, there are older, established families, professional families, and a great many young families in poverty. This poverty has existed in counties like Asotin for generations, but families continue to move into all parts of the region, generally to access

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better housing, social and health services. This group is more transitory in than in years past, and family often move because of job gain or loss.

Unemployment is high in many parts of the regions, especially the more rural areas. In several counties, the school district is one of the largest employers in the community. Affordable housing is scarce, and waiting lists for Section 8 housing are long. When families do find housing, it may be unsafe or of poor quality. Families are doubling up with others and more families are homeless than in previous years. Recent published information indicated that the occupancy rate for apartments in the Tri-Cities area was above 95%. These shortages have been echoed in the smaller communities as well.

The population of students receiving free and reduced lunch represents the needs of the area. There are 23 school districts within ESD 123. Four of these have less than 100 students. Of the 19 remaining school districts in the region with more than 100 students, 16 of those districts have free/reduced lunch populations over 45%. In 8 of those, 60% or more of students receive free/reduced lunch. The highest percentage of students is in the Prescott school district (Walla Walla county), with 86.5% of students enrolled in the free/reduced lunch program. These students are also predominantly Hispanic and many have English as a second language. Throughout the ESD region, more grandparents are raising children, and teen pregnancy is high in many areas.

Substance abuse is a significant issue, especially in Asotin County. Families under stress turn to these substances in times of crisis. However, families in poverty are often in crisis, and the ability to parent effectively is impacted. Lack of structure in the home negatively impacts the child's ability to be successful in school. This lack of structure and nurturance is evident in the parents' interactions with their children.

Access to health and dental care remains an ongoing issue. Families with medical coupons may access services, if there are health care providers in town and families can get there. Transportation systems for the rural areas may be available to transport parents to medical appointments, but parents may not always know that the resources exist or how to access them. WIC is in all communities, and is seen as a resource to low income families.

There has been an increase in referrals to the CSHCN program in 2010. Public health nurses have described a greater number of premature babies and more complex medical referrals being made. These preemies are younger and have many more extensive problems than in years past. Families are stretched to find child care and appropriate medical services throughout the region. This is especially true of rural areas. Families from bordering states like Idaho and Oregon may move to Washington because of the high quality of health care services available in the state.

2c) CHILD & FAMILY PROFILE – “TELLING THE STORY”

2c) “Telling the Story”: Regional Children and Family Profile (1 page or less)

Summarize the data from all sources (primary and secondary data) to “tell the story” of systems and services for infants and toddlers and their families in your region.

The data and local perspectives paint a picture of increasing poverty and family stress. Jobs are scarce, housing is difficult, if not impossible, to find and families are under stress. Families move frequently to seek employment or to avoid eviction, and may need to move in with other families to keep a roof over their heads. The economy is based on agriculture, with many low paying and seasonal jobs. Workers who take these jobs are often Hispanic and Spanish speaking. During off-season, community services are inundated with families trying simply to survive. Approximately 1/3 of the children under 5 live in poverty in the 4 largest counties in the region.

Access to medical and dental care is an issue. Families may not know about services, may not be eligible, or appropriate services may not be available in their local community. Especially for families in poverty, lack of transportation or money for gas can be a barrier to quality care. Although communities try hard to meet the needs of families through interpreters, language barriers still impact care. The health departments in each community are a key link for low income families, providing WIC, Maternal/Child Health Services, support to teen mothers, services to children with special health care needs and information and referrals to community agencies. They are a trusted resource in the community.

The region’s story is one of “haves” and “have nots”. The difference in average income for the richest and poorest county in the region, Benton and Adams respectively, was 62% in 2008 dollars. Hispanic families are over-represented in the numbers of poor families in the region, but do not live in all counties. Substance abuse significantly impacts many counties as does teen pregnancy. Children continue to be born with more complex medical issues or may develop delays as they are raised in homes where families are under a great deal of stress.

3. SERVICES, SYSTEMS & SUPPORTS

3a) SERVICES, SYSTEMS & SUPPORTS - Services and Supports Inventory

Summarize the existing secondary and institutional data as for each of the following services and supports in your region. See the prior table for suggested data to use. Wherever possible, aggregate (total) the data for the entire region. In order to provide meaningful data, or based on the availability of data, you may also want or need to provide data by specific communities (e.g., counties).

a. Child Care Subsidies

infants and toddlers (B-3) served with child care subsidies

Data Source and Notes: DEL Subsidy Report

Data: 1045 infants and toddlers served with child care subsidies

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of infants served with child care subsidies	93	42	357	6	434	0	113
# of toddlers served with child care subsidies	213	166	955	15	1057	8	267

% of licensed child care providers serving children using subsidies

Data Source and Notes: DEL Subsidy Report

Data:

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
% of licensed child care providers serving children using subsidies	92.59	92.3	77.82	66.6	88.41	100	79.71

b. Child Care Arrangements

#/% of families by type of childcare arrangement (parental, center-based, family, FFN)

Data Source and Notes: CCR&R

No data available for FFN care

c. Child Care Availability (licensed)

licensed center-based provider sites

Data Source and Notes: DEL Data Report

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Data: 95 licensed center-based provider sites

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# licensed center based provider sites	4	10	39	0	24	1	17

of licensed center-based provider slots

- Total
- By age: school age, pre-school, toddler, infant

Data Source and Notes: DEL data report 2009

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of infant/toddler slots (# if increase or decrease)	194 (-19)	70 (-30)	797 (100)	12 (6)	792(4)	24 (0)	258 (0)
# of preschool slots	495 (-21)	387 (56)	2548 (51)	48 (18)	2,410 (10)	24(0)	994 (173)

licensed family child care provider sites

Data Source and Notes: DEL Data Report,

Data: 480 licensed family child care provider sites

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# family child care provider sites	44	2	167	7	210	0	50

See table below for additional information about language of providers

<i>Language of Family Child Care Providers</i>			
County	Adams	Benton	Franklin
# of English speaking providers	8	99	33
# of monolingual Spanish providers	10	46	130
# who self identify as bilingual (Eng/Sp)	32	28	56
Total # of family child care providers in county	50	173	219

Note: Number of providers has remained fairly constant, but the language has changed.

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Data Source and Notes: Local data from CCR&R (Adams, Benton , Franklin Counties, October

licensed family child care provider slots

- Total
- By age: school age, pre-school, toddler, infant

Data Source and Notes: CCR&R Infant Toddler Report 2009

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# infant/toddler slots-all licensed care	194	70	797	12	792	24	258
# preschool slots-all licensed care	495	387	2548	48	2410	24	994

d. Child Care Health & Safety

of valid complaints regarding administrative practices and unsafe/unhealthy environments (as defined by DEL's licensed child care information system)

Data Source and Notes:

Data: DELETED ITEM

e. Child Care Referrals

% of all child care referrals that were for infants and toddlers

- for infants
- for toddlers

Data Source and Notes: CCR&R

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of all child care referrals that were for infants (unduplicated)	3	0	179	2	85	0	64
%of all child care referrals that were for infants	13.6	0	17	16.7	14.8	na	23
# of all child care referrals that were for toddlers (unduplicated)	6	2	337	12	573	0	278
%of all child care referrals that were for toddlers	27.3	40	32	50	30	na	34.5

f. Child Care Cost

Median cost of care

- For infant care
- For toddler care

Data Source and Notes: CCR&R Child Care rate , 2008

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
Median cost for care of infants	650	589	715	na	691	na	813
Median cost for care of toddlers	607	546	628	na	563	446	609

% of median household income

- For infant care
- For toddler care

Data Source and Notes: CCR&R Data reports, 2008

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
% of median household income for infant care	14-19	15-16	11-14	17	15-21	na	14-21
% of median household income for toddler care	12-17	15-17	11-13	17	15	na	14-16
	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla

g. Early Intervention Services

Average # of children eligible for Early Intervention services

Data Source and Notes: ESIT data tables

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of children with disabilities eligible for Early Intervention Services	39	34	181	0	81	0	50

h. ECEAP

enrolled (3 years old)

Data Source and Notes: ECEAP data from DEL

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of 3 year olds enrolled	9	49	27	4	21	na	53

slots (by age)

Data Source and Notes: ECEAP data from DEL

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
Total # of ECEAP slots	70	75	257	18	150	na	124

ECEAP sites

Data Source and Notes: ECEAP data from DEL

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of sites	4	3	7	1	4	na	3

on ECEAP waitlist (by age)

Data Source and Notes: ECEAP data from DEL

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
total # on waitlist	7	9	35	3	24	na	39

i. Early Head Start (EHS)

Data sources: Benton Franklin Head Start PIR 2010, ESD Administrator-Lewiston/Clarkston-interview, Oct. 2010

	Adams	Asotin	Benton Franklin	Columbia	Garfield	Walla Walla	
# of children Birth -1 year enrolled during year			19				
# of children 1-2 years enrolled during year			24				
# of children 2-3 years enrolled during year			41				
# of slots		38	60				
# of sites		2	1				
# on waitlist		24	29				

Note: Incomplete data available

j. Evidence-Based Home Visiting Programs

Nurse Family Partnership (NFP)

- # of programs
- # of families served

Data Source and Notes: DOH Home visit needs assessment Draft 8/30/10

Data: no programs in region

Parents as Teachers (PAT)

- # of programs
- # of families served

Data Source and Notes: DOH Home visit needs assessment Draft 8/30/10

Data: no programs in region

Parent Child Home Program (PCHP)

- # of programs
- # of families served

Data Source and Notes: DOH Home visit needs assessment Draft 8/30/10

Data: no programs in region

k. Child Welfare

20) Children in the child welfare system*
 Specify:
 - # served by CPS (e.g., case management)
 - # in foster care placement

Data Source: HSPC 2007 data

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# served by CPS	118	277	1649	64	824	13	745
# in foster placement	27	55	314	15	121	7	124

l. TANF

individuals receiving TANF support (all ages)

Data Source and Notes: DSHS client data report 2007

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of individuals receiving TANF support	5718	7861	41525	1055	22139	400	14198
	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla

% use rate for TANF

Data Source and Notes: DSHS client data report 2007

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
% use rate	32.5	36.9	25.5	25.7	32.8	17	24.4

m. Women, Infant & Children (WIC)

Infants and children served by WIC
 - # of infants and children under five served by WIC
 - % of infants born served by WIC

Data Source and Notes: WIC data tables, DOH

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of children under 5 served by WIC	2832	831	6134	146	7345	74	2363
% of infants born served by WIC	84	62	58	68	71	56	67

n. Prenatal Care

% of pregnant women receiving first trimester prenatal care

Data Source and Notes: HSPC2008

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of pregnant women receiving first trimester prenatal care	302	148	1484	32	914	15	555
% of pregnant women receiving first trimester prenatal care	71	63	61	74	55	63	75

% of pregnant women who received late or no prenatal care

Data Source and Notes: HSPC 2008

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# of pregnant women receiving late or no prenatal care	29	2	339	2	292	0	40
% of pregnant women receiving late or no prenatal care	7 s		14 s		18 s		5

o. Children's Health Care and Insurance

% children under 18 who are uninsured

Data Source and Notes: HSPC 2008

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	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
% of children under 18 who are uninsured	na	na	8.9	na	30	na	na

enrolled in the Children’s Medical Program (Apple Health)

Data Source and Notes: DSHS Apple Health data

	Adams	Asotin	Benton	Columbia	Franklin	Garfield	Walla Walla
# children Birth-3 yrs 11 mo. enrolled in Apple Health	1048	322	3728	64	3022	23	1079

In the following table, list and describe any additional programs or services for infants and toddlers and their families (birth to three) in your region not captured above. Add rows as necessary, but include only those services most relevant to this population. Consider, for example:

- Prenatal and child birth supports
- Early childhood care and education programs
- Parent, family and caregiver support programs (e.g., family support centers, classes, support groups, Play and Learn groups, Community Cafes, promotoras)
- Early intervention services

Service or Support (& description)	Target Population	Relevant Data
Our Babies Can’t Wait- Screenings, Parent workshops, parent engagement services community café, printed materials	First time parents in high poverty area of Kennewick	<p>Measure: # of parents served</p> <p>Data Source: United Way of Benton and Franklin Counties, Community Solutions</p> <p>Data:</p> <ul style="list-style-type: none"> • Public health nurse screening 191 • Public health nurse home visit 120 • Workshop for parents 89 • Family connection services 82 • Community Cafes 52 • “What to Do When Your Child is Sick” book 200
Parent Cooperative Programs.	Parents and their	<p>Measure : number of parents enrolled</p> <p>Data Source: Columbia Basin College, 2010, Parenting and</p>

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<p>Programs for infants and toddlers and their parents emphasizing parent education and support.</p>	<p>infants/toddlers</p>	<p>Early Learning Dept. Walla Walla Community College, 2010- WWVELC Director</p> <p>Data: 140 families served throughout 2009-2010 school year at Columbia Basin College</p> <p>Approximately 70 families served at Walla Walla Community College</p>
<p>Safe Harbor Crisis Nursery Behavioral intervention program for children who have had traumatic stress in their lives.</p>	<p>Children 18 months-12 years and their parents</p>	<p>Data Source: Executive Director, Safe Harbor Crisis Nursery, Kennewick, WA</p> <ul style="list-style-type: none"> • 55 kids for first 6 months of 2010 • 930 hours of intervention for children 18 months-5years • 158 hours of intervention for children 6-12 years • 148 hours of parenting classes representing 128 parents

3b) SERVICES, SYSTEMS & SUPPORTS – Regional Stakeholder Perspective

3b. i) Brief Description of Data Collection (1 paragraph):

Who participated in compiling the data?

How many interviews or focus groups did you conduct? With whom?

ESD 123 hired an early childhood consultant who worked with their staff to compile the regional data. They utilized a comprehensive process to engage as many community partners as possible in both interviews and focus groups. Focus groups were held in the communities of Walla Walla, Tri-Cities, Clarkston and Pomeroy. The Walla Walla Valley Early Learning Coalition and the Benton Franklin Early Learning Alliance brought their members together to give input on open ended questions about the needs and supports to infants and toddlers. These community coalitions represented partners from social services, education, health, and child care, and were clear evidence of strong collaborative partnerships. In Asotin County, the County Interagency Coordinating Council facilitated a focus group with its membership, including school district, children’s services, and ESIT staff. In Pomeroy, a conference call was held including public health, child care, and a parent representative. Before these focus groups were held, ESD staff forwarded draft questions and county specific data to all participants for review and correction. This facilitated conversations and opened other avenues for discussion. Phone or in-person interviews were conducted with key program administrators in Clarkston, and Waitsburg, along with email follow up from public health nurses in several counties regarding children with special health care needs and the nurse consultation program. Phone interviews were also completed with two CCR& R Directors, an Early Head Start administrator, and one DEL Child Care Licensor serving monolingual and bilingual Spanish providers.

3b. ii) Narrative Describing Regional Perspective of Stakeholders (2 pages or less):

What did regional stakeholders have to say about systems and services for infants and toddlers and their families in your region.

Families gain information about their child’s development from a variety of sources including health departments, clinics, private health care providers and child care providers. Printed materials are made available to families from a variety of sources, and generally in Spanish and English, but there is concern that the material may not be understood. Access to information may be piecemeal, with no specific system in place for a parent to gain information, even in the larger counties. ESIT services are readily available, but families don’t always read the public awareness materials available throughout the communities. In smaller communities, word of mouth or WIC are key resources for child development information.

Affordable child care is difficult to find, especially for infants. For families with sufficient financial resources, there are already limited slots. For families in poverty, the choices are more limited. When a family is in search of care, they do not always take the time to explore the quality of care available. They simply ask the provider about an opening, the cost, and whether or not the provider takes subsidies. Families have begun to be impacted by the change in subsidy qualifications. The “working poor” who are already strapped financially, may no longer qualify for subsidies, forcing an unbearable choice.

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Access to care for infants may be limited by other factors, such as the language of the provider. This is especially true in Benton and Franklin counties. Although the numbers of family child care providers has remained largely constant, the number of English speaking providers that take infants is dropping off and being replaced by Spanish speaking providers. Additionally, many of the slots identified as infant or toddler slots are in programs such as Early Head Start, WSMC or employer sponsored care, limiting access to only certain types of parents.

Most communities acknowledged the presence of many infants and toddlers in family, friend and neighbor care. Although no specific numbers were available, counties spoke of many children in unlicensed care. Most of the reason was, indeed, financial. Families who may have had children in licensed care lose or change jobs, resulting in a change in household income. Often relatives, friends, or “friends of friends” are sought to care for children, sometimes finding these young children in poor environments. Nowhere in the region was there a successful method identified for connecting with and educating those informal child care systems.

Child care for medically involved children or those with behavior issues are difficult to find. Children with disabilities are served in licensed care on a case-by-case basis, depending on the child’s unique needs and staffing within the program. Often the parent must simply stay home with the child, or place him/her with a family member who can meet the child’s needs. One county reported that children with challenging behaviors are particularly difficult to place in licensed care, especially if they have been asked to leave another program, and may end up with friends or family members. This “child care hop” is a well known phenomenon for these families, and impacts the child’s social emotional well being.

The two formal early learning coalitions within the region (Benton Franklin and Walla Walla) continue to strengthen their partnerships with child care providers through training and collaborative activities. In some rural parts of Walla Walla county, providers may be hesitant to engage with what they perceive to be “government” entities, so have not been as involved with the coalition member agencies as they might be. Targeted efforts are being made to build these relationships. Less formalized collaborations exist in the rural areas, with specific agencies taking leadership.

The Washington State Migrant Council has a significant presence in Adams, Benton, Franklin and Walla Walla counties, serving children in seasonal child care, Migrant and Region X Head Start and Early Head Start. Often these are the key resources for monolingual Spanish speaking families in the communities served, assisting families with a variety of social service, health, and education needs.

Training and support for child care providers is an important conversation heard throughout the region. Toddler environments, nutrition, children with disabilities, and positive guidance, are topics most often requested by both family child care providers and center administrators. Qualified Spanish language trainers are difficult to find throughout the region. For many of these monolingual providers, English literacy hinders access to the many early childhood classes available through the community college system. In the smaller counties, the Health Departments have taken on a key role in educating the licensed providers by offering STARS approved training on a variety of health and safety topics as well as child development and child guidance at little or no cost to providers. In these rural areas, training available from the CCR&R may require travel on rural roads to the larger

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population centers such as Tri-Cities or Walla Walla. Recent cuts in funding for training through the health departments has begun to affect their ability to provide training.

One key support available to child care centers serving infants/toddlers is state funding received by the Health departments to provide on-site nurse consultation in infant rooms. Additionally, these nurses provide developmental screenings for these babies, review immunization records, do health and safety plan reviews, give individual health care plan assistance such as food allergies, and support providers who serve children with special developmental needs. Funding for these services will end in December of 2010 and will leave a tremendous gap in services for our most vulnerable children. Centers will have to pay out of pocket for these required services and may or may not be able to find nurses with expertise in serving infants and toddlers who have a solid understanding of the WACs.

3c) SERVICES, SYSTEMS & SUPPORTS – “Telling the Story”

3c) “Telling the Story”: Regional Services, Systems & Supports (1 page or less)

Summarize the data from all sources (primary and secondary data) to “tell the story” of systems and services for infants and toddlers and their families in your region.

When a baby is born in the region, his parent begins to look for resources to help him become a strong, healthy individual. His parent might seek information from a health clinic, family physician, health department, child care provider, or WIC clinic. The parent may or may not find the information she seeks, depending on who and how she asks. There is no coordinated system of child development information and referral. If the parent has English as a second language, or the child has a special health or developmental need, the search may be more difficult. Early intervention, in its broadest sense, is available to families but many support services are needed, especially for a family in poverty.

Availability of licensed child care for infants is difficult to find. Many families turn to unlicensed care because of cost and availability. Subsidized child care is critical to children’s enrollment in licensed care in many counties. In small rural areas, there simply are no licensed facilities caring for infants. Family, friend and neighbor care, is difficult to gauge in number and more difficult still to gauge in quality. Parents desperate to place their children in care so they can go to work don’t always have a choice of quality placements. This is especially true of those already in poverty, or if the family has a child who is medically involved or has challenging behavior.

Training for child care providers is an important link to quality. Delivery of training exists through a variety of sources including CCR&R, community colleges, health departments and other education agencies. In rural and remote communities, the health department often takes the lead role in training. Finding training for monolingual Spanish providers continues to be a struggle across the region along with training to serve children with special needs or behavior challenges. Many of the innovative projects that presently exist are grant funded and are struggling to find sustainable funding.

Good collaborations exist between community partners serving young children and their families. Formal and informal coalitions exist, spearheaded by community colleges, health departments, school districts or early childhood educators from a variety of settings. These collaborations are critical to improving quality for all young children.

4) STRENGTHS, ASSETS & CONTEXT

	High Level Observations about Your Data To Help Guide Your Planning	What Data Support this Observation?
1.	Public health is a critical player in services to young families and training of child care providers. Smaller counties are particularly dependent upon public health.	Focus groups, CSHCN data, WIC data, children's health data,
2.	High rates of poverty and unemployment put families under stress and inhibit their ability to effectively nurture their children.	Household income, parental employment, Free/reduced lunch data, children in poverty, focus groups
3.	Many children in our communities are in unlicensed and Family, Friend and Neighbor care. We currently do not have a system of identifying or impacting the quality of unlicensed and Family, Friend, and Neighbor care.	# of licensed providers, # of children in care zone, focus groups
4.	Parents with children with special developmental needs or with challenging behaviors often cannot find licensed care or resources to address their children's needs.	ESIT data, CCR&R interviews, focus groups
5.	Training for licensed providers is delivered through a variety of systems and services and is often dependent on state funds.	Focus groups,