

ABSTRACT

This Community Assessment is a tool to make program decisions, to determine the types of services most needed by families and children, to locate resources available to meet those needs, and to set long- and short-term program objectives. Head Start leadership staff studies most important changes in the community and counties on a regular basis, however, the Community Assessment is the formal and far-reaching process performed every three years and updated annually.

2016 HEAD START COMMUNITY ASSESSMENT UPDATE

Orange County, FL



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**HEAD START**An Office of the Administration for Children and Families
Early Childhood Learning & Knowledge Center (ECLKC)

EXECUTIVE SUMMARY

The **Orange County Head Start Program** is funded to serve 1,536 preschool age children across 20 sites. Last year during the 2014-15 program year, the program served 1,801 children.

This Community Assessment is a tool to make program decisions, to determine the types of services most needed by families and children, to locate resources available to meet those needs, and to set long- and short-term program objectives. Head Start leadership staff study most important changes in the communities and county on a regular basis, however, the Community Assessment is the formal and far-reaching process performed every three years and updated annually.

2016 COMMUNITY ASSESSMENT DATA HIGHLIGHTS

Population. Orange County's population grew 12.4 percent from 2010 to 2015, reaching a population of more than 1.2 million residents; the population change was mostly due to net migration, 68 percent. Orange County's population remains predominantly white, 69 percent, has an African American population of 22.2 percent, and a Hispanic/Latino population of 29.2 percent. The Hispanic/Latino population is 49 percent Puerto Rican, followed by 16 percent South American, and 12 percent Mexican.

The median age of county residents is 34.2 years; 6.4 percent of the population is below the age of 5. Of the 423,609 households in the county, 18.5 percent are married-couple families with children under the age of 18, 2.1 percent are families with a male householder (no wife present) with children under age 18, and 8.7 percent are families with a female householder (no husband present) with children under age 18. In Orange County more than 10,000 children under age 6 live with a grandparent householder.

Head Start promotes the school readiness of young children from low-income families through agencies in their local community. The Head Start program is authorized by the Improving Head Start for School Readiness Act of 2007. Head Start and Early Head Start programs support the mental, social, and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social, and other services. Head Start services are responsive to each child and family's ethnic, cultural, and linguistic heritage.

Head Start encourages the role of parents as their child's first and most important teachers. Programs build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and community. Head Start began as a program for preschoolers. Three- and 4-year-olds made up over 80 percent of the children served by Head Start last year.

Early Head Start serves pregnant women, infants, and toddlers. Early Head Start programs are available to the family until the child turns 3 years old and is ready to transition into Head Start or another pre-K program. Early Head Start helps families care for their infants and toddlers through early, continuous, intensive, and comprehensive services.

Local services are delivered by about 1,700 public and private nonprofit and for-profit agencies. These agencies receive grants from the U.S. Department of Health and Human Services (HHS). Head Start agencies design services for children and families that meet the needs of their local community and the Head Start Program Performance Standards. Some cities, states, and federal programs offer funding to expand Head Start and Early Head Start to include more children within their communities.

Both Head Start and Early Head Start programs offer a variety of service models, depending on the needs of the local community. Programs may be based in centers, schools, or family child care homes. Early Head Start services are provided for at least six hours per day, whereas Head Start preschool services may be half-day (four hours) or full-day. Another program option is home-based services, in which a staff person visits children once a week in their own home and works with the parent as the child's primary teacher. Children and families who receive home-based services meet twice monthly with other enrolled families for a group learning experience facilitated by Head Start staff.

<https://eclkc.ohs.acf.hhs.gov/hslc/hs/about>

Socioeconomic Status. In Orange County 87.3 percent of the adult population over age 25 has a high school degree or higher and 30.6 percent have a bachelor's degree or higher. The graduation rate for students from Orange County schools is 77.6 percent; black or African American students graduate at a rate of 66.1 percent.

The county unemployment rate is 4.2 percent, and approximately one-third of the labor force is employed in management, business, science and art occupations. The mean household income is \$67,285, while the mean family income is \$78,274.

More than 222,000 residents live in poverty in Orange County, a rate of 18.2 percent, and almost 72,000 children under the age of 18 are living in poverty, a rate of 25.4 percent. Twenty-two and 23 percent of the black or African American and Hispanic/Latino populations, respectively, live in poverty. Approximately 9 out of 10 families (91.5 percent) led by a female householder with five or more children and no husband present in the county live in poverty. Finally, more than 20,800 children, ages 0-4, in Orange County live in poverty.

According to the Institute for Economic Competitiveness, the Orlando-Kissimmee area is expected to show moderate growth in most of the economic indicators. Personal income growth is expected to average 5.8 percent annually, the third highest of the 12 Metropolitan Statistical Areas (MSAs). The real per capita income level is expected to average \$37,500. Average annual wage growth will be 3.5 percent.

Cultural and Linguistic Characteristics. Florida is a melting pot as well as an international crossroad to the U.S. Florida's public education system has identified more than 200 languages other than English spoken in the homes of students. One recent phenomenon influencing the cultural changes in the state of Florida is the number of Hispanics of Puerto Rican origin living in Florida. The Puerto Rican population has surpassed 1 million for the first time, more than doubling the state's Puerto Rican population over the past 14 years.

Housing and Homelessness. In Orange County, more than one in three households are renters (43 percent). Rent affordable by a household classified as "extremely low income" is \$437 per month, approximately \$560 less than the fair market value of a two-bedroom home, which is \$997. For those working a full-time job, earning minimum wage, affordable rent is not more than \$419, less than half of the fair market rental value of a two-bedroom home. Between December 2014 and March 2016 there were 572 individuals in Orange County residing in public housing, of which 84 were children under age 5; the average annual income of households living in public housing in Orange County is \$12,724.

Almost 1,400 homeless persons were counted in Orange County during the Point-in-Time count in January 2015, and more than 6,700 homeless students were reported in Orange County public schools.

Disabilities. U.S. Census reports that Orange County is home to 328 children under age 5 with a disability, however Early Intervention Services reports that 1,976 preschool children received and/or are receiving exceptional student education services during the 2015-16 school year.

Health and Wellness. A Health Professional Shortage Area (HPSA) is a geographic region, a population group or health care facility that has received a designation by the Federal government as having a shortage of health professionals. Orange County has nine designated Primary Care HPSAs, 10 designated Dental Health HPSAs and five designated Mental Health HPSAs. Medically Underserved Areas/Populations (MUAs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Orange County has four MUA designations, plus three additional MUAs that are designated by a Governor's Exception.

Orange County ranked 21st out of 67 Florida counties in terms of overall health outcomes, with a premature death rate of 6,100 (the years of potential life lost before age 75 per 100,000 residents). More than one in five county residents lack health insurance, and more than one in ten children under age six lacks health insurance.

Nutrition. More than one in three students in Orange County schools receive free or reduced price lunches. More than 63,000 children in the county experience food insecurity, which is defined as "consistent access to adequate food is limited by a lack of money and other resources at times during the year."

Child Care. In Orange County there were 543 School Readiness providers, of which 428 (79 percent) were VPK providers. During the 2015-16 school year the county served almost 13,000 infants, toddlers, preschool, and school aged children.

IDENTIFICATION OF ISSUES AND RECOMMENDATIONS

After reviewing 2016 primary and secondary data sources, the implications and recommendations identified in the 2015 Comprehensive Assessment are all highly relevant and required consideration. The following is a summary of those recommendations, as well as additional support and conclusions based on the new county data analyzed and recent input received from parents and county experts:

- A. Due to the fast and steady growth of new culturally diverse residents in the county, particularly Hispanics, there is a need for early childhood education programming to assist in the acculturation process and success of new families. These new parents need support, orientation from longtime successful residents, and tutoring about the education, health, and legal systems. Newcomers need help building leadership skills in order to successfully help their children in a new environment.

- B. There is a need to develop a practical and customized program to assist single parents in the program, particularly women, that are not currently enrolled in job training or need to continue with their education. Statistics show that the county is relying on new economic opportunities to attract companies and jobs that require highly skilled, highly educated talent. In order for Head Start parents to become more independent and successful in their role as first teachers, a lifelong learning culture and job skills focus must be fostered. Adult education connections for Head Start parents are needed based on the parents' low levels of educational attainment.

Parent Survey results from those collected this year indicate that the most significant need for the majority of Orange County Head Start parents is the need for steady and good paying jobs. It is obvious that the economy for many of the HS parents presents a huge challenge. The skilled economy developed in Florida's Central Region is not welcoming for those without a good education and for residents with lower skill levels. This is a long-term process for most parents, but the development of a life-long learning culture is necessary to break with cycles of unemployment and poverty. Based on the parent survey results, most parents (over 60 percent of the respondents) seem to have a job, but the pay is not enough to address housing costs and other expenses.

- C. There is also a need to adopt or establish a comprehensive financial education program to help Head Start parents facing credit and financial challenges, particularly affordable housing and the cost of living in Orange county. The cost of housing and the housing conditions/situation in the county is challenging and critically important, and the results of the parent survey showed that it is essential for parents to find advocates and public assistance. Many expressed having difficulty paying rent, and many also confessed to having challenges finding affordable housing due to high rental rates.

- D. Finally, key informants offered some outstanding feedback that becomes important based on the research completed for this Community Assessment: working with parents regarding transitioning children into Head Start. One of the key informants stated that: "parents do not need to be frustrated

and run into barriers.” Another important recommendation is for the Orange County Head Start program to become active as an advocate at state and federal levels to support the benefits and importance of Early Childhood Education. According to key informants, the professional field of ECE needs to work on translating ECE language to the language of business. ECE is an economic development benefit.

STATE OF THE GRANTEE

Orange County Head Start present the 2016 Community Assessment Head Start update on behalf of the Governing Board & Policy Council of Orange County Head Start. The document will be used for the purposes stated in the Head Start Performance Standards in section 1305.3, which states (a) Each Early Head Start grantee and Head Start grantee must identify its proposed service area in its Head Start grant application and define it by county or sub-county area, such as a municipality, town or census tract or a federally-recognized Indian reservation.

The 2016 Community Assessment includes the following information as described in section 1305.3 (1) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition; (2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each; (3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies; (4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families; (5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children; (6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.

Orange County Board of County Commissioners is the grantee for Orange County Head Start. The Board is comprised of a Mayor and six county commissioners representing the six districts of Orange County. The program dates back to 1966, serving children and families around Orange County. The funded enrollment for Orange County Head Start is 1,536 children, ages 3 to 5, in a traditional program. In addition, 780 children of the total funded enrollment will receive full-day, full-year services. Since more than 50 percent of Head Start families are employed, the center based option is most appropriate to meet the needs of children and families in Orange County. Orange County Head Start facilities are geographically located throughout Orange County in 20 sites, which are county facilities, Orange County Public School campuses, Faith-based organizations and city municipalities. The program currently serves the 1,536 children in 85 classrooms.

We have a wonderful program, filled with many exciting and innovative tools and workshops for our children and their families, as well as a caring and creative staff. I take special pride in the commitment of our professional staff selected for their knowledge of early education and child development, their strong interpersonal skills and their commitment to sharing the love of learning through playtime activities with your children. We also benefit from the support of Orange County Government with the County being the non-federal entity for Orange County Head Start.

Orange County Head Start celebrates many accomplishments: The program was recognized both regionally and nationally by Region IV Head Start Association and National Head Start Association for the Edward Ziegler Innovative award for the Asthma Friendly centers. Orange County Head Start entered into a partnership with Nemours, and representatives from each center was trained in Nemours Early Care Education Learning Collaborative (ECELC). The ECELC, led by Nemours Children's Health System and funded by the Centers for Disease Control and Prevention, promotes healthy environments, policies, and practices in early care and education settings to address childhood obesity. Through knowledge gained participating in the ECELC, each Head Start site in Orange County installed a permanent garden. With assistance from Nemours, each site will obtain seasonal seeds from the Orange County Extension Service Office for two planting seasons. Additionally, a Master Gardener will be matched with each site to encourage ongoing gardening and fresh vegetable planting. Additionally, the children outcomes in school readiness continue to be above children across the nation utilizing the same program.

Although the program has some challenges overall, the state of Orange County Head Start is strong. The relationship of the Head Start staff, Policy Council, and Governing Board is strong, with ongoing communication. The program continues to put great emphasis on professional development with numerous hours of training provided yearly. Orange county Head Start continues to strive to be a program of excellence and a leader in the state, region, and nation.

--- Sonya Hill, Head Start Director

METHODOLOGY

This community assessment offers detailed information about numerous topics, as well as an examination of the Head Start service area's strengths and barriers relative to early childhood development. This is a comprehensive collection and analysis of key indicators to evaluate the needs and characteristics of eligible Orange County Head Start children and families. This report not only fulfills Orange County Head Start's federal requirement, but it becomes an integral part of the program's planning, implementation, and evaluation process.

Every three years the program conducts a comprehensive collection and analysis of key indicators to evaluate the needs and characteristics of eligible Head Start children and families. Every year after the comprehensive analysis, a follow-up assessment becomes the latest baseline to identify current community needs, design new plans, choose additional community partners, develop strategic collaborations, evaluate progress of past interventions, and make relevant decisions about program improvement changes expeditiously.

The community assessment methodology focuses on different levels of analysis. The following components of the community assessment represent key methods utilized to complete this report:

(1) Review of most recent secondary data on indicators that have an impact on the program and its service delivery model(s). (Below we offer a rationale and brief description for the use of Census Data: American Community Survey 5-year Estimates).

The community assessment includes all the necessary and required topics established by the [Office of Head Start](#). Data collection and analysis may include, but is not limited to, the Program Information Report (PIR) data, family partnership agreements, child/family application data, child screening and outcomes data, census data, local and state planning department reports, state department data, local interagency committee reports, data from local school districts, child care resource and referral agencies, agencies serving children with disabilities, health care providers, and social service providers.

(2) Development and utilization of additional assessments, to include data observed or collected directly from first-hand experience using such methods as attitude / perception surveys, key informant interviews, community forums and/or focus group interviews.

The Head Start program staff identifies and puts into action other methods to collect data from different sources and service areas. These include written parent needs assessment surveys, interviews with key informants, and other telephone interviews with experts and individuals. The *Parent Community Needs*

Survey is administered to identify needs and strengths of eligible Head Start families in the service area (see *Appendix A: Parent Community Needs Survey*). The Head Start program staff also identifies and provides names of key informants to participate in interviews that will provide additional support to secondary data analysis findings. These key informant interviews support data findings, generate important implications and connections to program needs, and serve to generate strategic discussions in relation to program improvement based on empirical data (see *Appendix B: Key Informant Questions*).

This year's community assessment enhances and updates recent program assessment efforts that collected and reached groups of selected county and community experts and organizations. A consulting team, [Nolo Consulting](#), facilitated the community assessment process, which focused on promoting the effective participation of all Head Start staff members, as well as helping in the identification and organization of the best data sources to comply with [Head Start Performance Standards](#). Prior to the collection and analysis of the required data, consultants and the Head Start director agreed to strategic priorities on data collection and analysis that are relevant to current issues and program priorities.

After completion of the data collection and analysis, leadership team members received a draft community assessment report. This provided an opportunity to ask questions, clarify information presented if needed, and allow for staff input regarding data findings. A final version of the community assessment was presented to Orange County Head Start. Finally, Policy Council members must review and approve the final version of the community assessment.

Census Data: American Community Survey 5-year estimate. A predominant data source (for population and poverty statistics) used for this report is the [U.S. Census Bureau's](#) 2014 American Community Survey, 5-year estimate. *"The American Community Survey (ACS) is an ongoing survey that provides data every year -- giving communities the current information they need to plan investments and services. Information from the survey generates data that help determine how more than \$450 billion in federal and state funds are distributed each year."*¹

In order to support local governments, communities, and federal programs, data was collected on the following topics:

- age and sex
- race and ethnicity
- family and relationships
- income and benefits
- health insurance
- education
- veteran status
- disabilities
- where you work and how you get there
- where you live and how much you pay for some essentials

Figure 1 is a chart describing the difference between 1-year, 3-year and 5-year estimates. Although the 5-year estimate is the “least current” data set, it is the *most reliable* and it allows for comparison and analysis of all counties, townships, or census tracts, which are geographic levels necessary when conducting an analysis of various populations, and/or other needs and indicators for Head Start programs.

Distinguishing features of ACS 1-year, 3-year, and 5-year estimates		
1-year estimates	3-year estimates	5-year estimates
12 months of collected data	36 months of collected data	60 months of collected data
Data for areas with populations of 65,000+	Data for areas with populations of 20,000+	Data for all areas
Smallest sample size	Larger sample size than 1-year	Largest sample size
Less reliable than 3-year or 5-year	More reliable than 1-year; less reliable than 5-year	Most reliable
Most current data	Less current than 1-year estimates; more current than 5-year	Least current
Best used when	Best used when	Best used when
Currency is more important than precision	More precise than 1-year, more current than 5-year	Precision is more important than currency
Analyzing large populations	Analyzing smaller populations	Analyzing very small populations
	Examining smaller geographies because 1-year estimates are not available	Examining tracts and other smaller geographies because 1-year estimates are not available

Figure 1: U.S. Census Data: ACS 1-year, 3-year, 5-year Estimate Features

SERVICE AREA DATA

GEOGRAPHY

Florida is located in the Southeastern region of the United States, bordered by Alabama, Georgia, the Atlantic Ocean, and the Gulf of Mexico. The state has the longest coastline in the contiguous United States.

Florida has a total area of 65,755 square miles, which makes it the 22nd largest state, and with a population of more than 19 million, Florida is the 8th most densely populated state in the country. The state is divided into 67 counties; the state capital is Tallahassee; the largest city by population and area is Jacksonville, located 165 miles west of Tallahassee.



Figure 2: Florida

ORANGE COUNTY

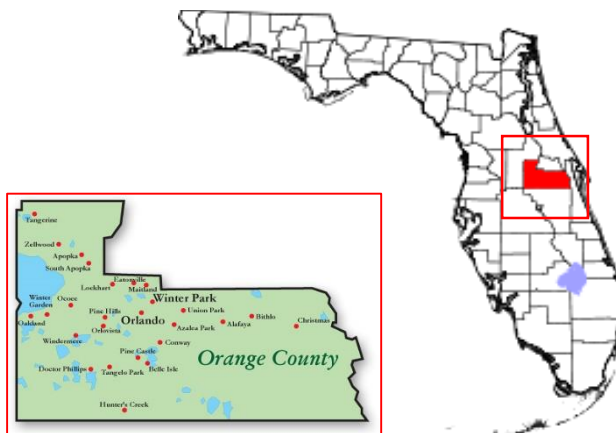


Figure 3: Orange County, FL

Orange County is located geographically in the center of Florida, midway between Jacksonville and Miami. Orange County, located in the heart of Central Florida, encompasses 1,003 square miles and includes thirteen (13) municipalities: Apopka, Bay Lake, Belle Isle, Eatonville, Edgewood, Lake Buena Vista, Maitland, Oakland, Ocoee, Orlando, Windermere, Winter Garden, and Winter Park.ⁱⁱ

The City of Orlando is the largest of these municipalities and is the County seat. The county is bordered on the north by Seminole County, on the east by Brevard County, on the south by Osceola County, and on the west by Lake County. The Orange County Head Start Division serves children and families residing within the boundaries of Orange County.

POPULATION AND DEMOGRAPHIC DATA

POPULATION GROWTH AND CHANGE

Based on the 2010 Census, the total population of Florida was 18,801,310 – up 17.6 percent from 15,982,378 in 2000. Census estimates from 2015 indicate that Florida’s population grew by an additional 7.8 percent (compared to 4.1 percent for the U.S. as a whole) from 2010 to 2015, reaching more than 20.2 million residents. Orange County’s population grew

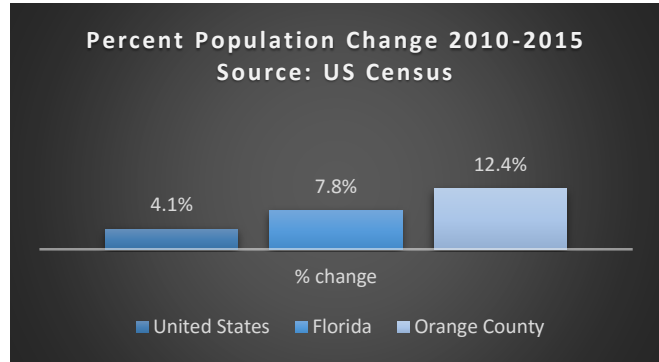


Figure 4: Percent Population Change 2010-2015 (US Census)

12.4 percent from 2010 to 2015, reaching a population of more than 1.2 million residents (Table 1, Fig 4).

Population Change 2010-2015	United States	Florida	Orange County
Total Population (2010 Census)	308,745,609	18,801,310	1,145,956
Population Estimate 2015 (July 1)	321,418,820	20,271,272	1,288,126
% change	4.1%	7.8%	12.4%

Table 1: Population Change 2010-2015 (US Census)

The four-year population change in the United States was mostly due to a natural increase (births minus deaths) of 58 percent. In Florida and Orange County the four-year population change was mostly due to net migration, 86 percent and 68 percent, respectively (Fig 5).

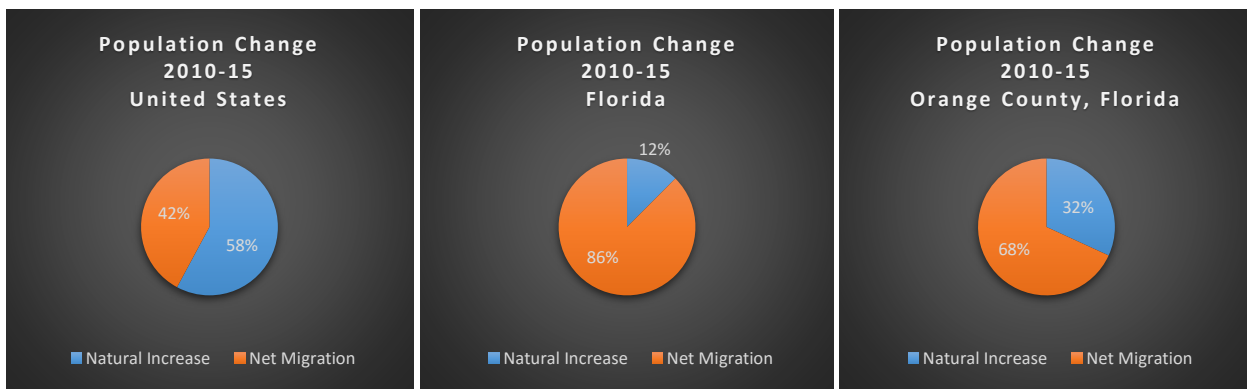


Figure 5: Natural Increase vs. Net Migration 2010-2015

In demographics, the rate of **natural increase** is the crude birth rate minus the crude death rate of a population

Net migration rate is the difference of immigrants and emigrants of an area in a period of time, divided (usually) per 1,000 inhabitants (considered on midterm population). A positive value represents more people entering the area than leaving it, while a negative value means more people leaving than entering it.

Approximately half of all persons who migrated into Florida moved from another state within the contiguous United States; the other half emigrated from Puerto Rico or a country outside of the U.S. International migration into Orange County accounted for a greater proportion of total net migration, 58 percent, while domestic migration accounted for 42 percent (Figure 6).

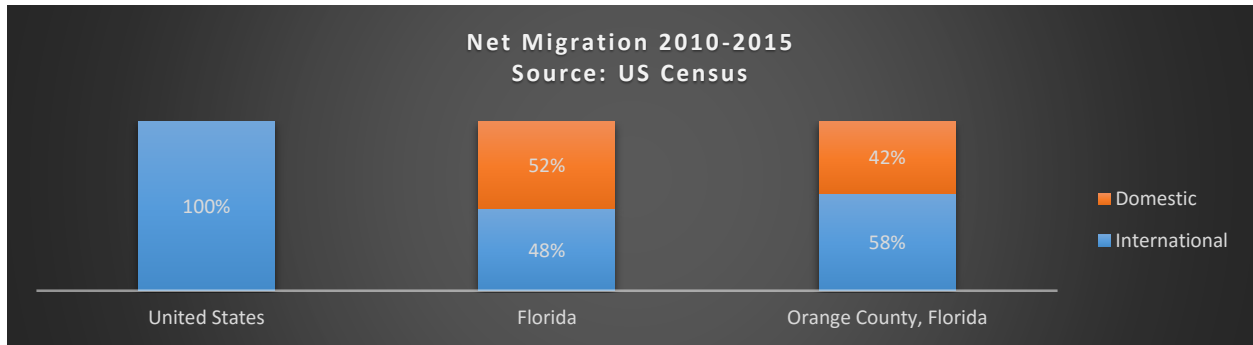


Figure 6: Net Migration 2010-2015

RACIAL AND ETHNIC CHARACTERISTICS

Although the population of Florida increased by 17.6 percent from 2000 to 2010, the Hispanic/Latino population increased by 57.4 percent and the Asian population by 70.1 percent.ⁱⁱⁱ Figure 7 offers a visual graphic of the remarkable population growth of Hispanic/Latino residents in Florida from 2000 to 2010.

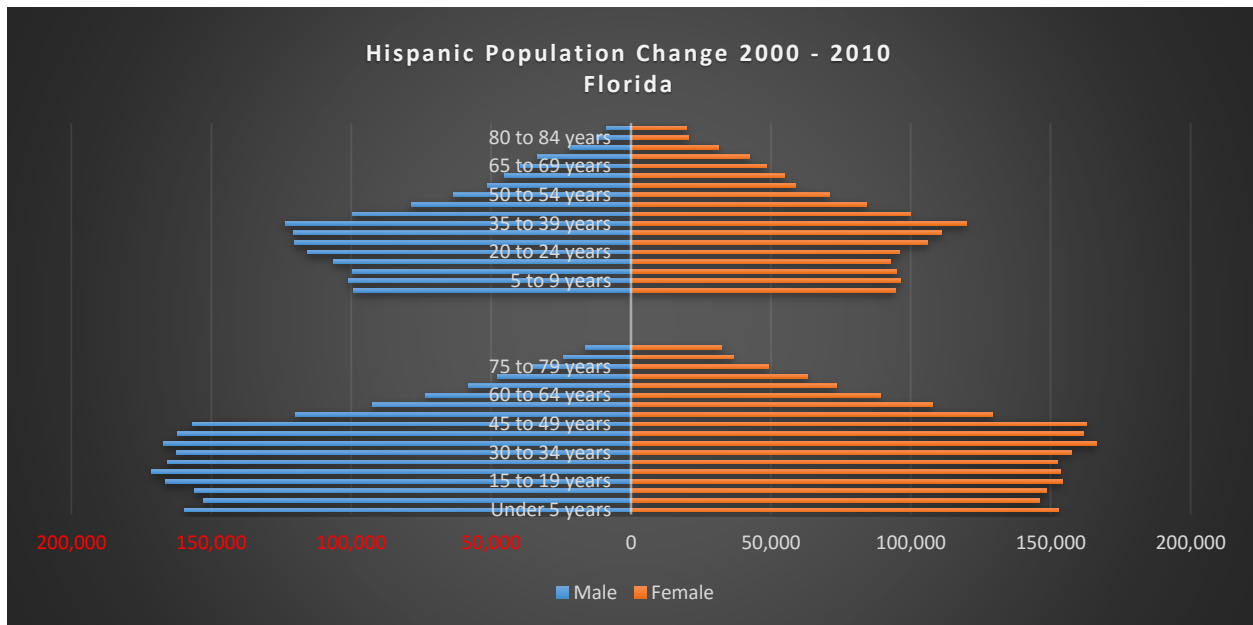


Figure 7: Hispanic/Latino Population Growth 2000-2010

Based on 2014 population estimates, almost one in four residents in Florida (24.1 percent) are Hispanic/Latino. This far exceeds the Hispanic/Latino population in the United States (17.4 percent); Orange County has an even higher percentage Hispanic/Latino resident (29.2 percent). Florida continues to be predominantly white (77.8 percent). Though it has a larger black or African American population than the U.S. (16.8 vs. 13.2 percent). Orange County is also predominantly white (69.0 percent), with an even larger black or African American population (22.2 percent) (Fig 8-9).

“White” refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

“Black or African American” refers to a person having origins in any of the Black racial groups of Africa.

“American Indian or Alaska Native” refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

“Asian” refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

“Native Hawaiian or Other Pacific Islander” refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

“Some Other Race” includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above. Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic or Latino group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category.

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

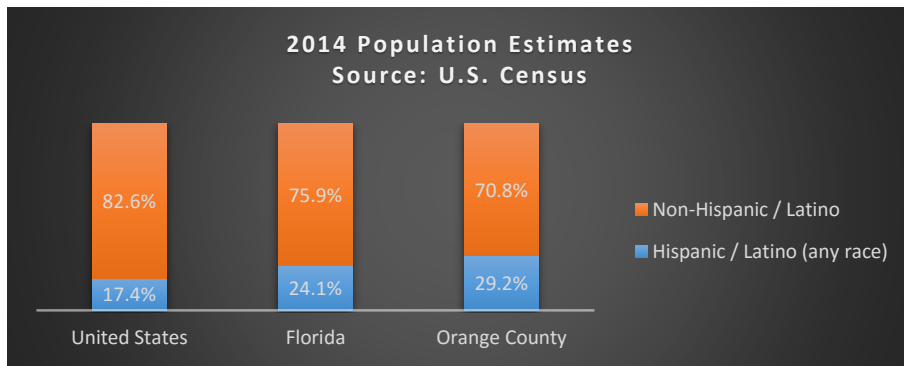


Figure 8: 2014 Population Estimate by Ethnicity

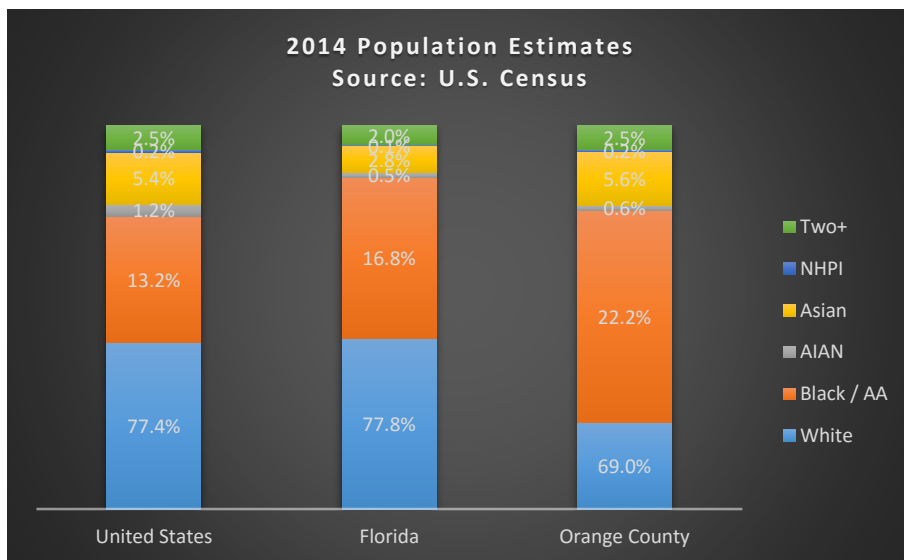


Figure 9: 2013 Population Estimate by Race

Not only is Orange County’s Hispanic/Latino population considerably larger than the Hispanic/Latino population in the United States, 29.2 percent vs 17.4 percent, the makeup of the Hispanic/Latino population in the county is

significantly different. While 64 percent of the United States' Hispanic/Latino population is of Mexican origin, in Orange County only 12 percent is of Mexican origin. The majority of the Hispanic/Latino population in Orange County is Puerto Rican (49 percent), followed by South American (16 percent), and Mexican (12 percent) (Fig 10).

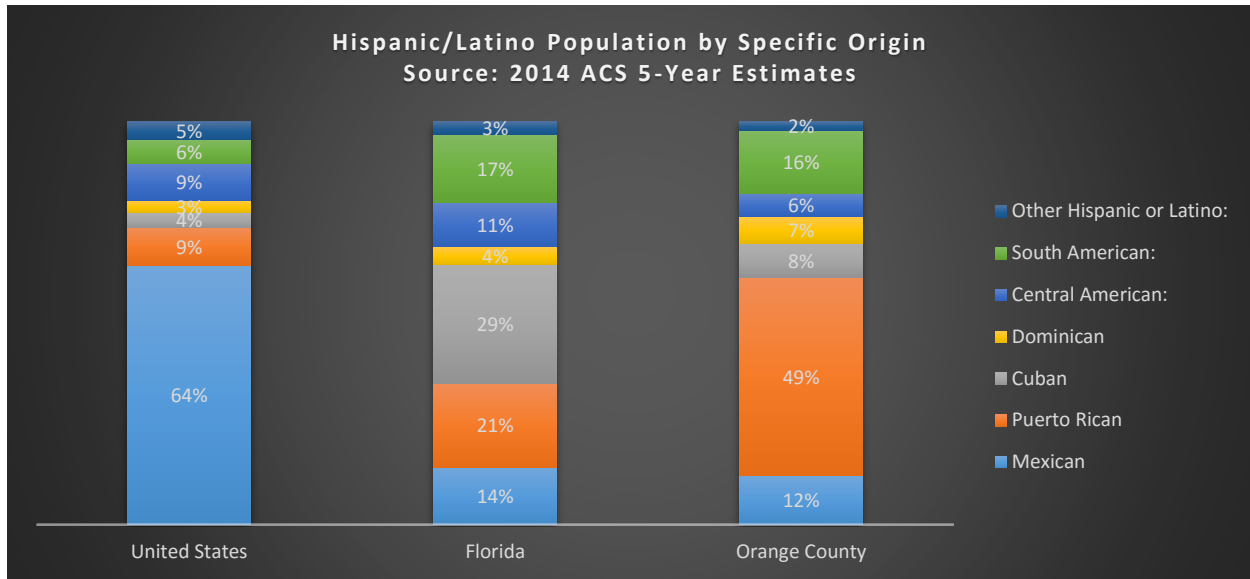


Figure 10: Hispanic/Latino Population by Specific Origin

SEX AND AGE

U.S. Census data indicate that approximately 49.2 percent of the U.S. population is male, and 50.8 percent is female; this is not significantly different for Florida and Orange County. The youngest residents, those below age 5, make up 6.4 percent of the U.S. population, 5.6 percent of the population in Florida, and 6.3 percent of the population in Orange County. The median age in Florida is higher than for the U.S. overall, 41.2, compared to 37.4 years. The median age in Orange County is significantly lower than the median age in the state of Florida, 34.2 compared with 41.2 (Table 2).

The "mean" is the "average" (when one adds all of the values and then divides by the number of values).

The "median" is the "middle" value in a list of numbers (found after the list of numbers is sorted in order).

	United States	Florida	Orange County
Male	49.2%	48.9%	49.2%
Female	50.8%	51.1%	50.8%
Under 5 years	6.4%	5.6%	6.3%
Median age (years)	37.4	41.2	34.2

Table 2: Population by Sex and Age (2014 ACS 5-Year Estimates)

HOUSEHOLDS

On average, approximately two out of three households (more than 64 percent) in the United States, Florida, and Orange County are family households (Table 3).

	United States	Florida	Orange County
Total households	116,211,092	7,217,508	423,609
Family households (families)	66.2%	64.40%	64.3%
Nonfamily households	33.8%	35.60%	35.7%

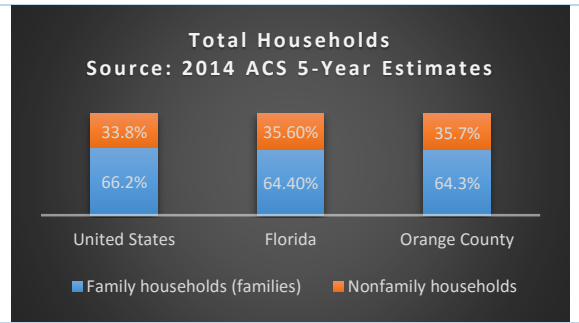


Table 3: Total Households (2014 ACS 5-Year Estimates)

Of the 423,609 households in Orange County, 18.5 percent are married-couple families with children under the age of 18, 2.1 percent are families with a male householder (no wife present) with children under age 18, and 8.7 percent are families with a female householder (no husband present) with children under age 18 (Fig 11).

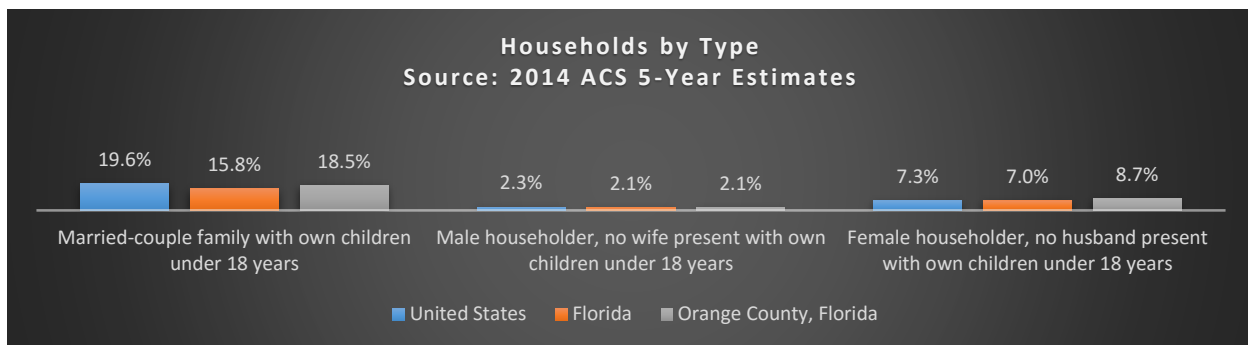


Figure 11: Households by Type (2014 ACS 5-Year Estimates)

A **family** is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. The number of families is equal to the number of family households. However, the count of family members differs from the count of family household members because family household members include any non-relatives living in the household.

A **family household** is a household maintained by a householder who is in a family (as defined above), and includes any unrelated people (unrelated subfamily members and/or secondary individuals) who may be residing there. The number of family households is equal to the number of families. The count of family household members differs from the count of family members, however, in that the family household members include all people living in the household, whereas family members include only the householder and his/her relatives. See the definition of family.

A **nonfamily household** consists of a householder living alone (a one-person household) or where the householder shares the home exclusively with people to whom he/she is not related.

GRANDPARENTS

An increasing number of children in the United States live in households headed by a grandparent. This trend is due to: increasing numbers of single parent families, the high rate of divorce, teenage pregnancies, incarcerations of parents, substance abuse by parents, illness, disability or death of parents, parental abuse or neglect. In many of these homes, neither of the child's biological parents is present. In most cases, children taken care of by grandparents move in with them as infants or preschoolers and remain with them for five years or more. These grandparents are a diverse group ranging in ages from their thirties to their seventies. Many grandparents are ready to simplify their lives and slow down. Giving that up and taking over the responsibilities of being a primary caregiver again can stir up many feelings including grief, anger, loss, resentment and possibly guilt. The transition can be very stressful and the emotional and financial burdens can be significant. Culture shock at having to deal with children and adolescents of a different generation can be great. Grandparent-headed households have a significantly higher poverty rate than other kinds of family units.

--- American Academy of Child and Adolescent Psychiatry

In Orange County more than 28,000 grandparents live with their grandchildren (under age 18), of which 34.5 percent are responsible for the care of their grandchildren. The majority, 12.7 percent, have been responsible for their grandchildren for more than 5 years (Table 4).

	United States	Florida	Orange County
Grandparents living with own grandchildren < 18 years	7,138,514	467,007	28,011
Responsible for grandchildren	38.0%	34.7%	34.5%
Years responsible for grandchildren			
Less than 1 year	8.0%	7.5%	8.8%
1 or 2 years	8.8%	8.1%	6.2%
3 or 4 years	6.3%	5.6%	6.8%
5 or more years	14.9%	13.6%	12.7%

Table 4: Grandparents Living With and Responsible for Own Grandchildren (2014 ACS 5-Year Estimates)

The number of grandchildren under the age of 18 living with a grandparent householder in Orange County exceeds 20,000. Half of those children are under the age of 6; 28 percent are between the ages of 6 and 11, and 22 percent are between 12 and 17 (Table 5).

	United States	Florida	Orange County
Total	5,541,300	331,759	20,664
Under 6 years	2,627,932	157,186	10,273
6 to 11 years	1,667,841	102,090	5,835
12 to 17 years	1,245,527	72,483	4,556

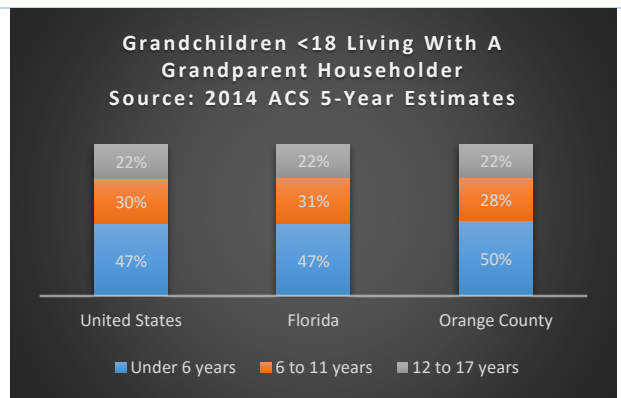


Table 5: Grandchildren <18 Living With a Grandparent Householder by Age of Grandchild

SOCIOECONOMIC STATUS

EDUCATION

EDUCATIONAL ATTAINMENT (ADULTS)

In the United States and Florida approximately 86 percent of the adult population over age 25 is at minimum a high school graduate; in Orange County 87.3 percent of the adult population over age 25 has a high school degree or higher. The proportion of those with a bachelor's degree or higher is slightly greater in Orange County compared to the U.S. and Florida, 30.6 vs. 29.3 and 26.8 percent, respectively (Table 6).

	Percent high school graduate or higher	Percent bachelor's degree or higher
United States	86.3%	29.3%
Florida	86.5%	26.8%
Orange County	87.3%	30.6%

Table 6: Educational Attainment Population 25 years + (2014 ACS 5-Year Estimates)

Figure 12 illustrates the educational attainment of adults in more detail; in Orange County the proportion of adults with at least an associate's degree is also higher when compared with the U.S. and Florida. In a globally competing market, regions and cities with high concentrations of well-educated populations are far more equipped to attract both local and foreign businesses. These businesses assist in lowering unemployment rates, increase median household incomes, and reduce the number of families living in poverty.

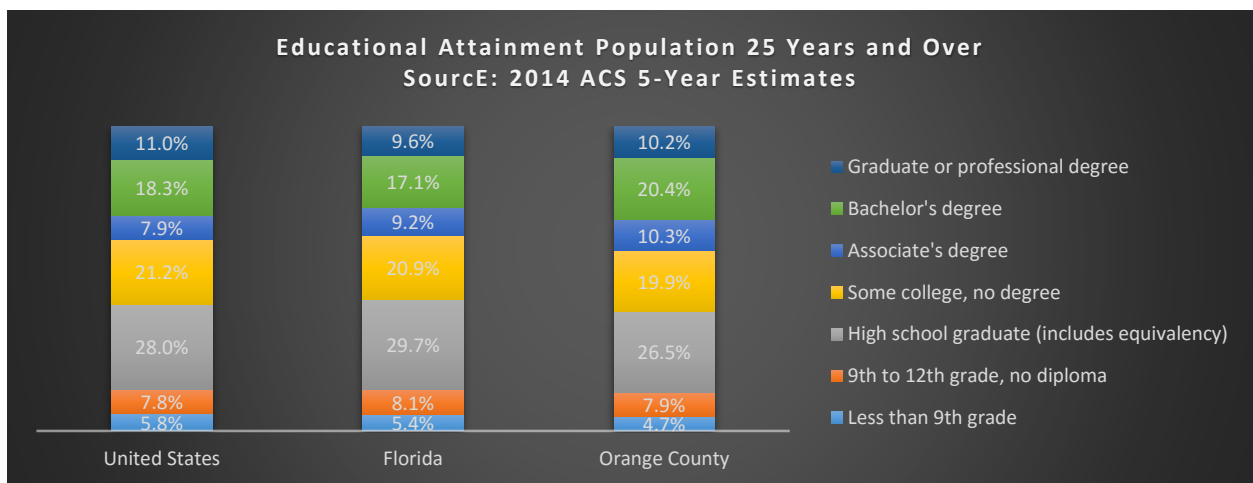


Figure 12: Educational Attainment Population 25 years + (2014 ACS 5-Year Estimates)

FLORIDA DEPARTMENT OF EDUCATION

As of the 2015-16 school year, there are 75 school districts with 4,024 public schools in Florida, of which 245 public schools are located in Orange County. Florida’s total student membership, reported in December of 2015, reached almost 2.8 million students; Orange County schools reported a student membership of more than 196,000 (Table 7).^{iv} Approximately 40 percent of students enrolled in Florida’s public schools are white, 31.6 percent are Hispanic/Latino, and 22.5 percent are black or African American. The majority of students in Orange County schools are Hispanic/Latino, 38.4 percent, followed by white, 27.8 percent, and black or African American, 26.5 percent (Fig 13).

STUDENT MEMBERSHIP PK-12 NUMBER AND PERCENT BY RACIAL/ETHNIC CATEGORY SCHOOL YEAR 2015-16, SURVEY 2 as of 12/21/15								
	White	Black / AA	Hispanic / Latino	Asian	NHPI	AIAN	Two +	Total
FLORIDA	1,101,574	628,560	880,660	73,709	4,138	8,931	93,672	2,791,244
ORANGE	54,731	52,263	75,611	8,785	559	551	4,353	196,853

Table 7: FL and Orange County Student Membership (2015-16)

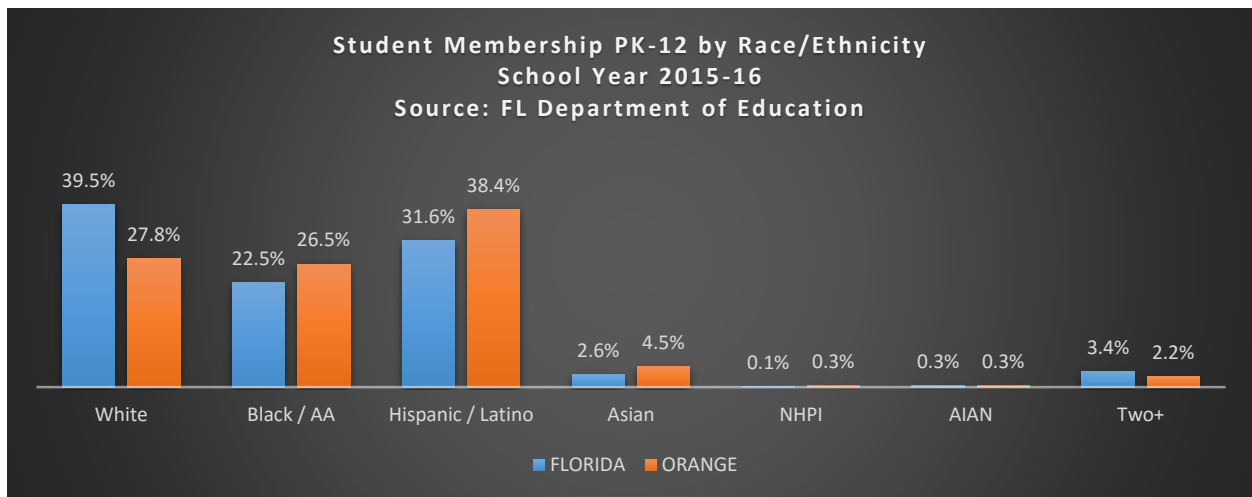


Figure 13: FL and Orange County Student Membership (2015-16)

ENGLISH LANGUAGE LEARNERS (ELL)

Florida Statutes define an English Language Learner (ELL) as *"an individual who was not born in the United States and whose native language is a language other than English; an individual who comes from a home environment where a language other than English is spoken in the home; or an individual who is an American Indian or Alaskan native and who comes from an environment where a language other than English has had a significant impact on his or her level of English language proficiency; and who, by reason*

thereof, has sufficient difficulty speaking, reading, writing, or listening to the English language to deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English" (section 1003.56(2)).

In Florida public schools 273,605 students enrolled during the 2015-16 school-year are English Language Learners (9.8 percent of the total student body); in Orange County, 27,986 students during the 2015-16 school year are English Language Learners (14.2 percent of the total student body) (Table 8).

ENGLISH LANGUAGE LEARNERS (CODE LY) SCHOOL YEAR 2015-16, SURVEY 2 as of 12/21/15								
	White	Black / AA	Hispanic / Latino	Asian	NHPI	AIAN	Two+	Total
FLORIDA	16,662	28,943	214,928	10,632	373	900	1,167	273,605
ORANGE	1,635	3,889	21,053	1,291	40	21	57	27,986

Table 8: FL and Orange County ELL (2015-16)

GRADUATION RATES

At the end of the 2014-15 school year in Florida 77.8 percent of students entering as ninth graders graduated from high school within four years; the graduation rate for the same cohort in Orange County schools was 77.6 percent.^v Black or African American students had the lowest graduation rate in Florida schools as well as Orange County schools, 67.9 and 66.1 percent, respectively (Table 9).

Graduation Rates by Race/Ethnicity 2014-15		
	Florida	Orange County
White	82.7%	86.9%
Black / AA	67.9%	66.1%
Hispanic/Latino	76.7%	75.7%
Asian	90.8%	91.2%
AIAN	75.7%	88.7%
Two +	81.5%	86.4%
NHPI	72.6%	85.0%
Total	77.8%	77.6%

Table 9: 2014-15 State and District Graduation Rates

EMPLOYMENT STATUS AND INCOME

According to the U.S. Department of Labor, Bureau of Labor Statistics, the unemployment rate in Florida (not seasonally adjusted) in February 2016 was 4.7 percent; the unemployment rate for Orange County was lower, at 4.2 percent (Fig 14). The lowest unemployment rate in Florida was measured in

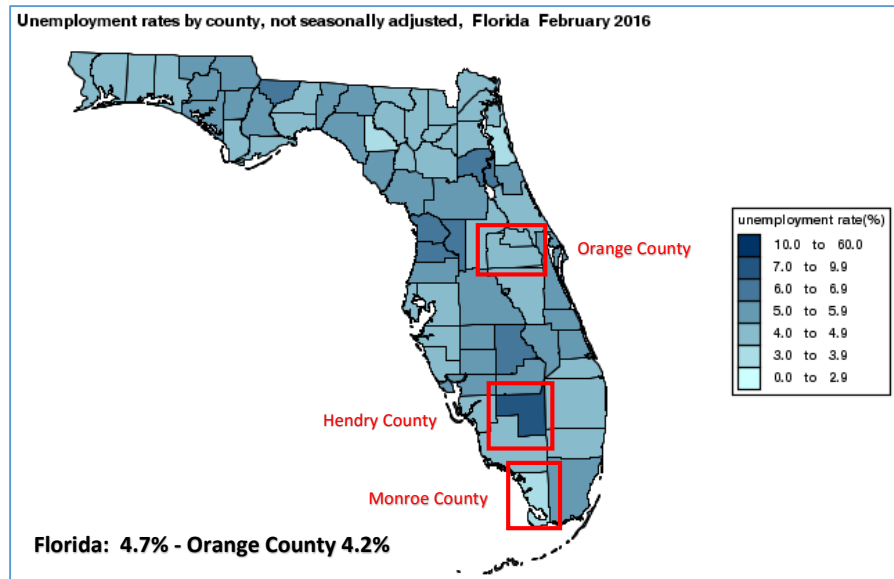


Figure 14: Unemployment Rates by County (not seasonally adjusted), February 2016

Monroe County, at 3.1 percent, while the highest unemployment rate was measured in Hendry County at 7.8 percent.^{vi}

Similar to the U.S. and Florida, approximately one third, or 34.8 percent, of the civilian employed population, age 16+, in Orange County is employed in management, business, science and arts occupations. One in five persons is employed in service occupations, 21.8 percent, and 27.6 percent are employed in sales and office occupations (Fig 15).

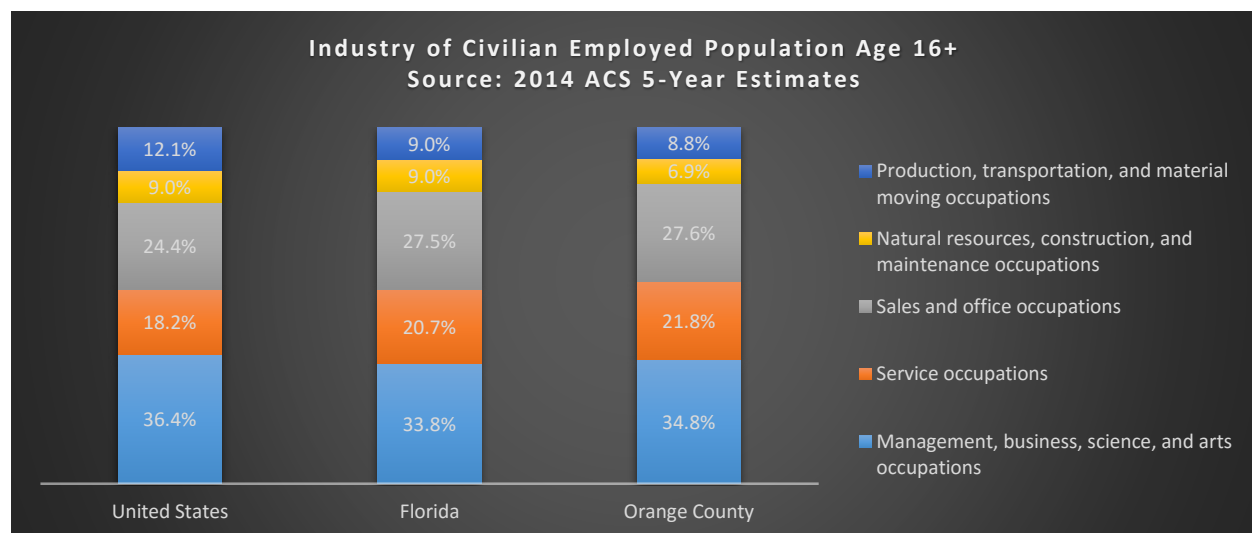


Figure 15: Occupation of Civilian Employed Population Age 16+ (2014 ACS 5-Year Estimates)

Figure 16 illustrates the industries in which the civilian employed population, age 16 and over, are employed. In Orange County the majority are employed in arts, entertainment, and recreation and accommodation, and food services (19.2 percent), followed by educational services, health care and social assistance (18.6 percent).

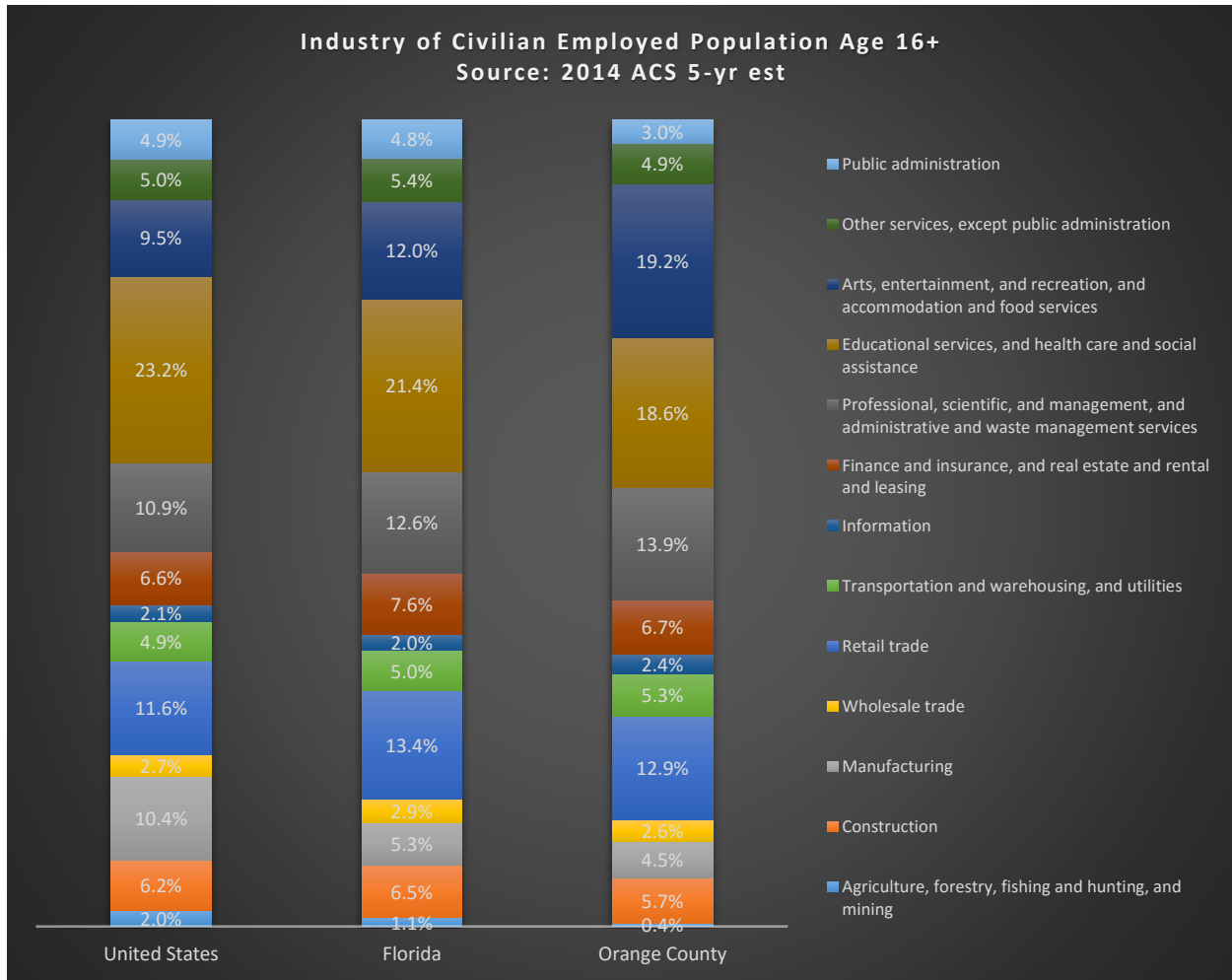


Figure 16: Industry of Civilian Employed Population Age 16+ (2014 ACS 5-Year Estimates)

Orange County’s median household income of \$47,556 is higher than that of the state of Florida, which is \$47,2121, but lower than the U.S. median household income of \$53,482. Median and mean household incomes are included to ensure that comparisons are not misleading. Using the mean household income alone, for example, will ignore extreme values if the data is not symmetrically distributed. It is a fact that more people earn low salaries than high ones, because a fairly large proportion of the population works part-time, so the data will not be symmetrically distributed. Therefore, the mean is not the best 'average' to use in this case when comparing income across the state.

The county’s per capita income, which measures the average income earned per person in a given area (city, region, country, etc.) in a specified year - calculated by dividing the area's total income by its total population, is lower than the per capita income in Florida and the U.S., see Table 10.

	United States	Florida	Orange County
Median household income (dollars)	\$53,482.00	\$47,212.00	\$47,556.00
Mean household income (dollars)	\$74,596.00	\$67,143.00	\$67,285.00
Median family income (dollars)	\$65,443.00	\$57,176.00	\$56,203.00
Mean family income (dollars)	\$86,963.00	\$78,507.00	\$78,274.00
Per capita income (dollars)	\$28,555.00	\$26,499.00	\$25,052.00

Table 10: Household, Family and Per Capita Income (2014 ACS 5-Year Estimates)

POVERTY

The [U.S. Department of Health and Human Services](#) issues the Federal Poverty Guidelines in the [Federal Register](#) annually. The Poverty Guidelines for a family of four in 2016 is \$24,300. Research suggests that a family of four requires at least double that amount to make ends meet.^{vii} The measurement only accounts for the family’s annual gross income; it does not include other aspects of economic status such as housing, debt, assets, or property. The calculation used today was originally developed in the 1960s based on the amount of money spent by families on food. The poverty

Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890
For families/households with more than 8 persons, add \$4,160 for each additional person.	

Figure 17: 2016 Poverty Guidelines

level was reached by multiplying that dollar amount (money spent by families on food) times three. Today, families not only spend approximately one-seventh of their annual income on food, but the cost of childcare, transportation, and health care have increased drastically over the past 50 years.^{viii}

Poverty in Florida. Based on 2014 Small Area Income and Poverty Estimates (SAIPE), Florida’s poverty rate dropped down to 16.6 percent, down from 17.1 percent in 2013. Poverty rates for children are, in most cases, higher than the rate for Florida residents overall; 24.2 percent of Florida’s children below the age of 18 live in poverty. At a poverty rate of 16.6, Florida’s population living at or below the poverty guidelines continues to be more than 3.2 million in 2014. Forty of Florida’s 67 counties have poverty rates above the state average. The county with the highest poverty rate in 2014 was Hamilton County (31.7 percent), while St. John’s County has the lowest poverty rate (8.2 percent).

Orange County has more than 222,000 residents living in poverty, a rate of 18.2 percent, and almost 72,000 children under the age of 18 living in poverty, a rate of 25.4 percent (Fig 18).

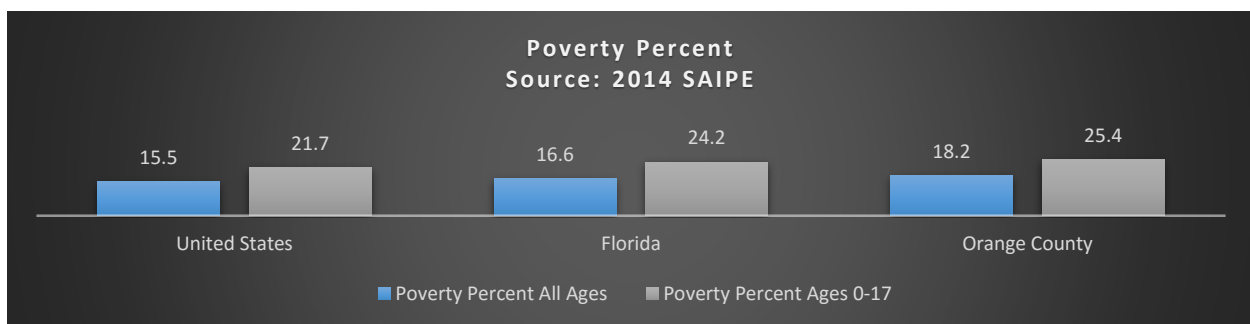


Figure 18: Poverty (2014 SAIPE)

POVERTY BY RACE OR ETHNICITY

Although the overall poverty rate (for all ages) in Orange County is 18.2 percent, the poverty rate for black or African Americans (who make up 22 percent of the population in the county) is 27 percent. The poverty rate for Hispanic/Latino residents in the county (who make up 29 percent of the population in the county) is 23 percent (Fig 19).

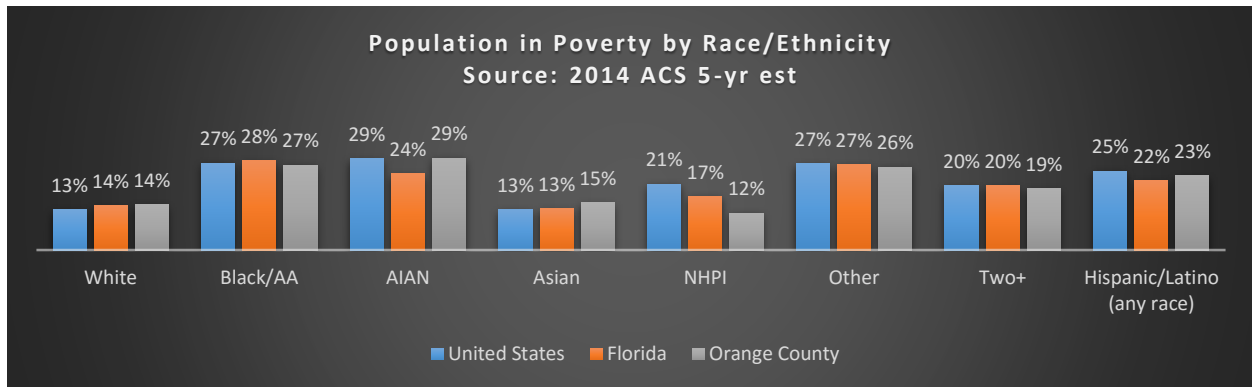


Figure 19: Poverty by Race/Ethnicity (2014 ACS 5-Year Estimates)

POVERTY BY EMPLOYMENT STATUS

Poverty for the civilian labor force, age 16 and older, in Orange County is 12 percent. A significant difference is seen in poverty rates between employed and unemployed males and females in the U.S., Florida and Orange County. Unemployed males in Orange County live in poverty at a rate of 32 percent and unemployed females live in poverty at a rate of 36 percent (Fig 20).

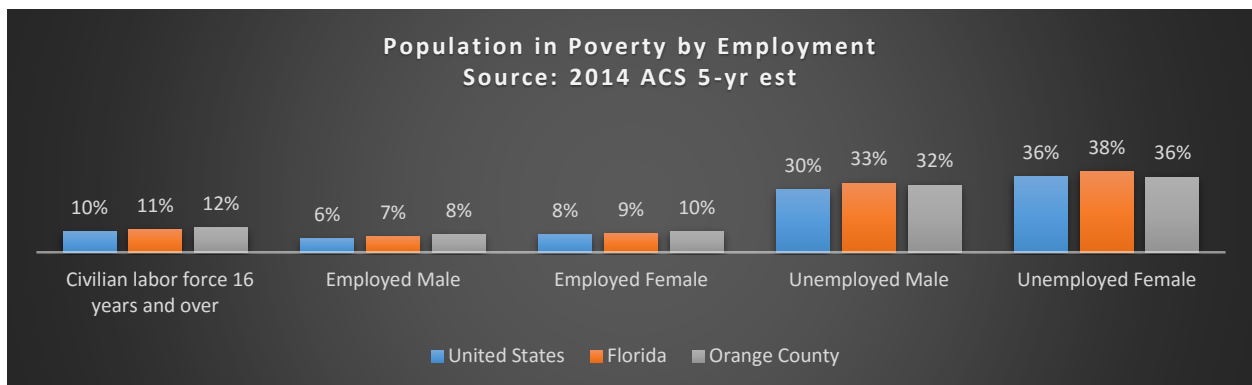


Figure 20: Poverty by Employment (2014 ACS 5-Year Estimates)

FAMILY POVERTY

In the United States more than 11 percent of all families live in poverty and more than 30 percent of all families led by a single female (no husband present) live in poverty. Poverty rates for families with related children under the age of 18 are significantly higher. In the U.S., Florida, and Orange County families with children under the age of 18 live in poverty at rates of 18.1, 19.9, and 20.7 percent, respectively. Families led by single females with children under the age of 18 live in poverty at rates of 40.5, 38.6, and 39.2 percent.

In the United States, Florida, and Orange County, the poverty rate for single female householders (no husband present) with five or more children under the age of 18 exceeds all other aforementioned poverty rates, 76.5, 79.7, and 91.5 percent, respectively (Table 11).

Subject	United States		Florida		Orange County	
	All families	Female householder, no husband present	All families	Female householder, no husband present	All families	Female householder, no husband present
Families	11.5%	30.9%	12.2%	29.2%	13.4%	30.6%
With related children <18	18.1%	40.5%	19.9%	38.6%	20.7%	39.2%
NUMBER OF RELATED CHILDREN UNDER 18 YEARS						
No child	5.2%	12.5%	6.3%	13.3%	6.0%	13.0%
1 or 2 children	15.3%	35.3%	17.1%	33.7%	17.6%	34.8%
3 or 4 children	27.5%	60.7%	31.0%	59.8%	33.0%	55.1%
5 or more children	45.8%	76.5%	55.6%	79.7%	68.7%	91.5%
NUMBER OF PEOPLE IN FAMILY						
2 people	8.7%	23.5%	9.2%	22.2%	9.9%	22.9%
3 or 4 people	12.1%	35.1%	13.7%	33.4%	14.2%	35.0%
5 or 6 people	17.6%	47.3%	19.6%	45.6%	21.9%	45.8%
7 or more people	26.1%	48.8%	30.4%	52.1%	33.1%	49.4%

Table 11: Poverty for Select Family Characteristics (2014 ACS 5-Year Estimates)

CHILD POVERTY

According to 2014 Small Area Income and Poverty Estimates (SAIPE) from the U.S. Census bureau, Florida is home to approximately 280,898 children, ages 0-4, in poverty; SAIPE estimates for children in poverty, ages 0 to 4, are not provided for individual counties, townships, or census tracts. In order to estimate children in poverty in Orange County, poverty data from the 2014 ACS 5-year estimate (B17001) are used. *These estimates use data from 2010 to 2014, and reflect a 1.7 percent lower number of children in poverty: 280,898 vs. 285,748.* The economy, job market, unemployment, cost of housing, and health care all contribute to the increase in poverty statistics, causing an aggregate estimate of five years (2010-14) to

be lower than the estimates for 2014 alone. Table 12 provides information on child poverty for the United States, Florida, and Orange County by race as well as ethnicity.

Children in Poverty (Age 0-4)	United States	Florida	Orange County		United States	Florida	Orange County
Total	4,892,716	285,748	20,806	Hispanic	1,780,728	100,812	9,481
White	2,609,515	149,862	8,578	Non-Hispanic	3,111,988	184,936	11,325
Black	1,225,144	100,152	8,253				
AIAN	76,678	997	117				
Asian	110,546	2,990	343				
NHPI	11,931	151	-				
Other	503,499	14,558	2,213				
Two+	355,403	17,038	1,302				

Table 12: Number of Children (0-4) in Poverty by Race and Ethnicity (2014 ACS 5-Year Estimates)

As previously stated, 16.8 percent of Florida’s population is black or African American, yet 35.0 percent of children, ages 0-4, in poverty are black or African American. In Orange County the discrepancy for black or African American children is even greater, while 22.2 percent black or African American residents call Orange County home, 39.7 percent of all children in poverty in the county are black or African American.

The discrepancy between the general population and the proportion of children, ages 0-4, in poverty is also seen for Hispanic residents. In Florida 35.3 percent of children ages 0-4 in poverty is Hispanic (while the overall Hispanic population is 24.1); in Orange County 45.6 percent of children, ages 0-4, in poverty is Hispanic, while 29.2 percent of the population overall is Hispanic in the county (Fig 21).

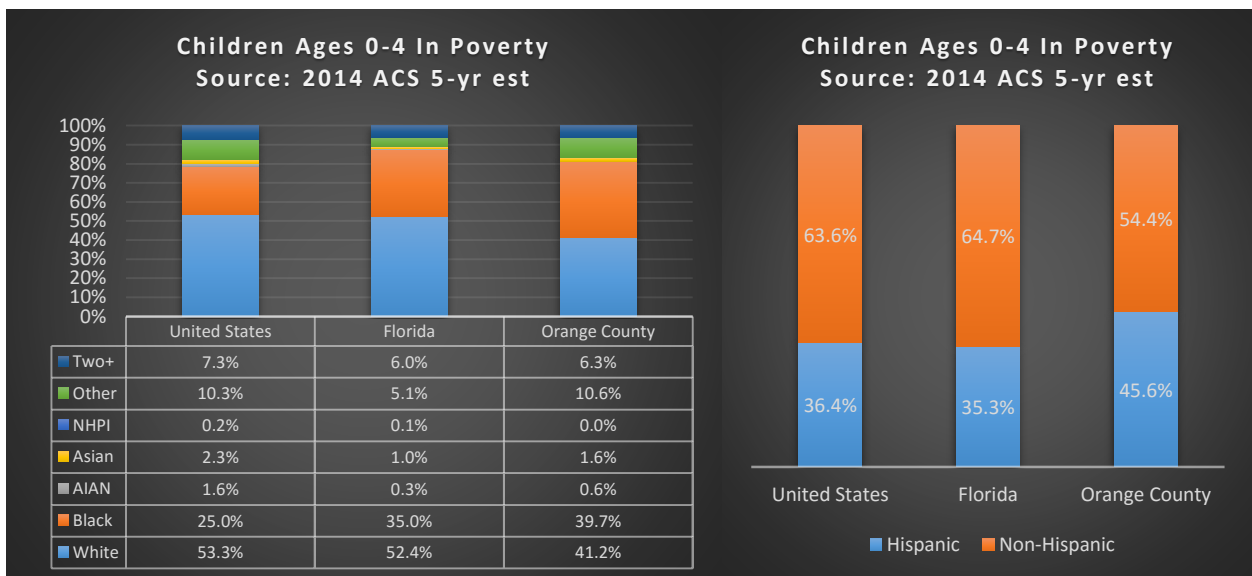


Figure 21: Race of Children (ages 0-4) in Poverty (2014 ACS 5-Year Estimates)

FEDERAL ASSISTANCE BENEFITS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Temporary Assistance for Needy Families (TANF) provides temporary cash assistance and employment-related services to enable families with children to become self-supporting. In Florida, in order to qualify for the program, one must be a resident of Florida, either pregnant or responsible for a child under 19 years of age, a U.S. national, citizen, legal alien, or permanent resident, have low or very low income, and be either under-employed (working for very low wages), unemployed, or about to become unemployed.^{ix} The Economic Self-Sufficiency program office in the Florida Department of Children and Families administers the TANF Temporary Cash Assistance program.

As of March 2016, 47,643 families in Florida received TANF benefits, of which 2,379 families were in Orange County. Florida's total number of families receiving TANF benefits reflected a 1.3 percent reduction when compared to the number of families who received the benefit during the month of March 2015, 48,264. However, the number of families receiving TANF benefits in Orange County increased by 1.4 percent, or 2,346, when compared to March 2015.^x

SUPPLEMENTAL SECURITY INCOME (SSI)

Supplemental Security Income, or SSI, provides monthly financial payments to low-income adults that are blind, disabled, or age 65 and older. Disabled or blind children are also eligible to received SSI benefits. Families receiving SSI are categorically eligible for Head Start services, providing the family an additional benefit and supportive resource. In 2014, 107,287 children under age 18 received SSI benefits in Florida, of which 9,435 were in Orange County (Table 13).^{xi}

Number of SSI Recipients by Age - December 2014 (released October 2015)				
	Total	Age		
		<18	18-64	65+
Florida	561,125	107,287	268,648	185,190
Orange County	34,358	9,435	16,984	7,939

Location	Age <18	Age 18-64	Age 65+
Florida	19%	48%	33%
Orange County	27%	49%	23%

Table 13: Number of SSI Recipients by Age - December 2014 (released October 2015)

ECONOMIC FEATURES AND TRENDS

Orange County is included in the Orlando-Kissimmee Florida Metropolitan Statistical Area (MSA.) The Orlando-Kissimmee MSA has numerous tourist attractions such as Walt Disney World, Universal Studios, and Sea World. It is also home to the Orlando Magic and the Orlando City Soccer Club. Orlando hosts many conventions in some of the biggest hotels in the country and it is considered America's second largest convention center. The University of Central Florida is the second largest university with more than 59,000 students, and there are also other higher education institutions in the Orlando-Kissimmee MSA.^{xii}

According to the Institute for Economic Competitiveness, the Orlando-Kissimmee area is expected to show moderate growth in most of the economic indicators. Personal income growth is expected to average 5.8 percent annually, the third highest of the 12 Metropolitan Statistical Areas (MSAs). The real per capita income level is expected to average \$37,500. Average annual wage growth will be 3.5 percent. The average annual wage will be at a level of \$51,700. The Orlando MSA will see an average population growth of 2.1 percent, the second highest of the MSAs studied in Florida. Gross Metro Product is expected to average at 126,273.380 million dollars, the third highest of the MSAs studied.

Employment growth is forecasted to average 2.5 percent annually, the second highest of the MSAs.

In the Orlando area, the fastest growing sector is expected to be the Construction and Mining sector, with an average annual growth rate of 6.0 percent. This will be followed by the Professional and Business Services sector, with an average annual growth rate of 4.1 percent, and the Leisure sector at 2.9 percent. None of the sectors are expected to decline.

Orlando's retail sector is strong, and fueling the sale of shopping centers and changing the tenant mix. The Orlando market is outpacing other cities in the Southeast because tourism continues to grow, and the area continues to add new residents.

Top Orange County Florida Employers are^{xiii}:

- Walt Disney World Resort
- Orange County Public Schools
- Florida Hospital (Adventist Health)
- Universal Orlando (Comcast)
- Orlando Health
- Wal-Mart Stores Inc.
- Orlando Regional Healthcare Systems
- Kaiser Foundation Hospital
- University of Central Florida
- Orange County Government
- Darden Restaurants, Inc.
- SeaWorld Parks & Entertainment
- Lockheed Martin Corporation

CULTURE

The cultural identity of many regions in the state of Florida is influenced by changes in the population, particularly the growth of new residents moving in search of economic opportunities and family reunification. Florida is a melting pot as well as an international crossroad to the U.S. Florida's public education system has identified more than 200 languages other than English spoken in the homes of students. As one of the Southern states, Florida has long been influenced by Southern culture, although South Florida and the urban Central Florida regions have largely lost Southern accents, Southern food and Southern culture.

One recent phenomenon influencing the cultural changes in the state of Florida is the number of Hispanics of Puerto Rican origin living in Florida. The Puerto Rican population has surpassed 1 million for the first time, more than doubling the state's Puerto Rican population over the past 14 years.^{xiv} The most recent analysis of data from 2014 finds that the number of Puerto Ricans in Florida has increased 110 percent since 2000, when their population was 479,000. This outpaces the state's total population growth rate (24 percent), as well as that of Hispanics overall (78 percent) during this period.

The trend comes as the island's economic recession has led many residents of the U.S. territory to look for opportunities on the U.S. mainland, and as more Puerto Ricans move to Florida from other states. The population shift also marks an important change in where Puerto Ricans choose to live. New York has long had the nation's biggest Puerto Rican population on the mainland. However, Florida's population of Puerto Ricans has quickly risen since 2000, while the group's population in the Empire State has stayed relatively flat. What's more, from 2005, a year before the island's recession began, to 2013, New York saw a net loss of Puerto Ricans to other states that was larger than Florida's corresponding net gain. As a result, about as many Puerto Ricans live in Florida today as in New York.

These changes could help shape the outcome of the 2016 presidential election. Florida is again expected to be a battleground state, and its growing Hispanic population could be more important than ever in determining which candidate wins the state. Puerto Ricans have primarily settled in Florida's largest metro areas, with Orlando leading the way. In 2013 the Orlando-Kissimmee-Sanford metro region had the highest number of Puerto Ricans in the state, at 314,000. That figure was up by 41,000 (15 percent) over the previous year, the largest increase in number for any Florida metro area.

RELIGION

Based on the 2010 Association of Religious Data Archives (ARDA), Orange County's full members, their children, and others who regularly attended services for all religious groups was 482,253 accounting for 42.1 percent of the population. Of all respondents to the survey the largest religious body (in term of adherents) was Evangelical Protestant with 216,980, followed by Catholics with 145,082 (Fig 22).^{xv}

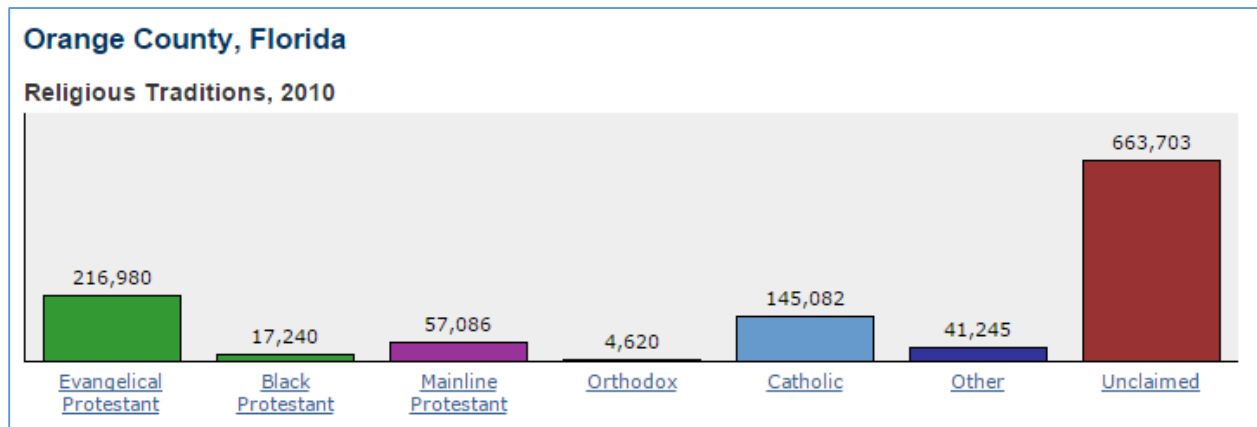


Figure 22: Orange County Religious Traditions (2010)

In the United States 236 groups reported a total of 344,894 congregations with 150,686,156 adherents (full members, their children, and others who regularly attend services), comprising 48.8 percent of the total U.S. population of 308,745,538 in 2010. When compared to others states, Florida ranks 40th in the percentage of the total population that belongs to a denomination. Utah has the highest ratio of adherents among all states with 79.1 percent of the population. The adherent totals in Orange County of all the religious groups (482,253) included 42.1 percent of the total population of the county in 2010. The rate of adherence per 1,000 population in Orange County was 402 people, the 29th highest as compared to other counties in the state in 2000 (latest estimates).^{xvi} The county with the highest rate of adherence per 1,000 population in Florida was Hardee County, with 692 people.

LANGUAGE

In the United States, more than one in four persons between the ages of 5 and 17 and one in five persons ages 18+ living in poverty speak Spanish as their primary language (26.7 and 19.6 percent, respectively). In the state of Florida, as well as in Orange County, a higher proportion of the population in poverty speaks Spanish. In Orange County one in three children, ages 5 to 17, and adults over the age of 18 in poverty speak Spanish (Fig 23).

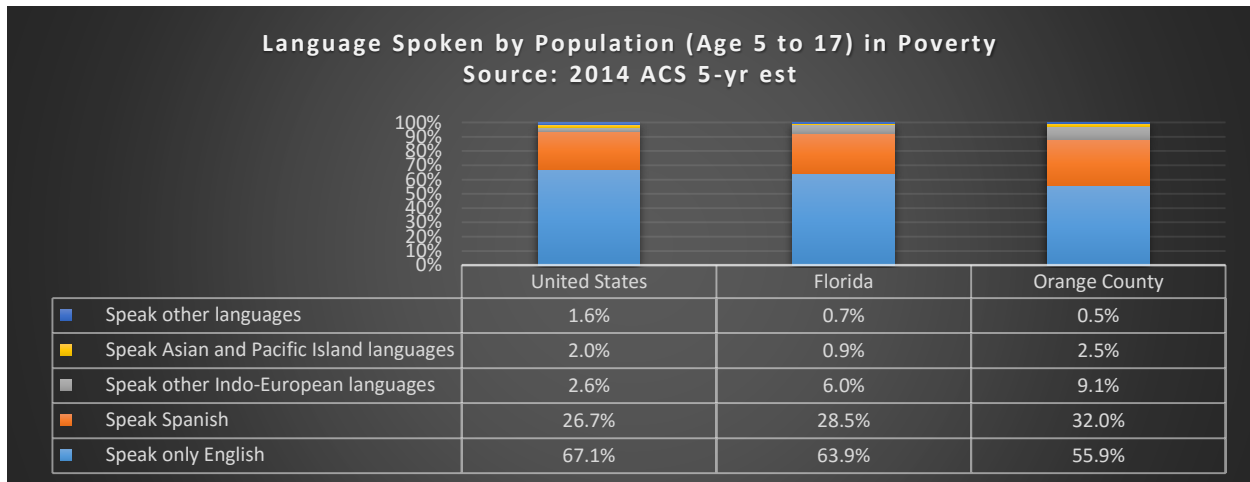


Figure 23: Languages Spoken by Population (ages 5-17) in Poverty (2014 ACS 5-Year Estimates)

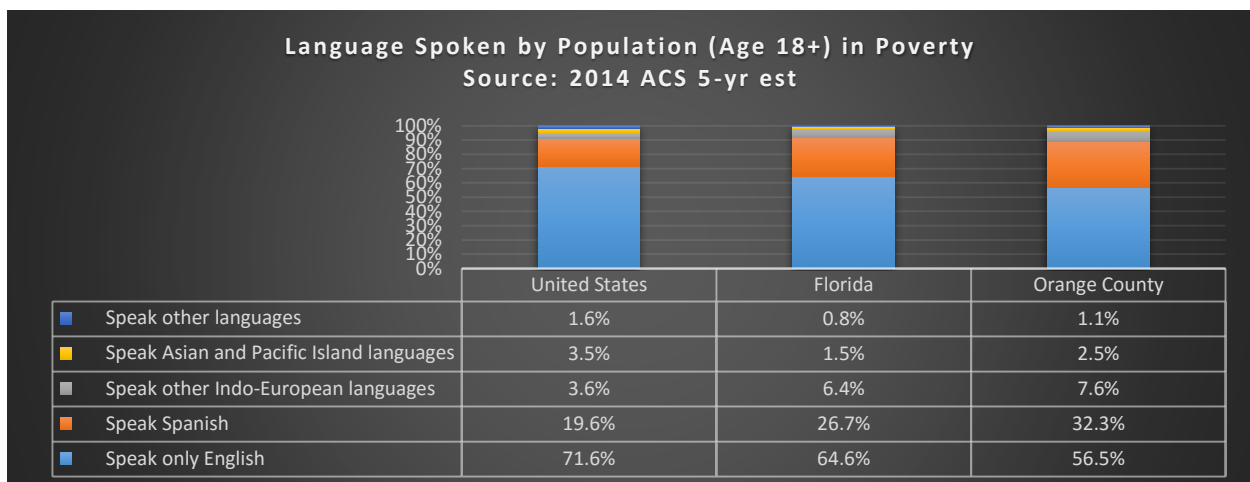


Figure 24: Languages Spoken by Population (ages 18+) in Poverty (2014 ACS 5-Year Estimates)

*Increased linguistic diversity contributes to the United States' global competitiveness and our ability to integrate culturally and economically. Speaking a parent's native language other than English at home can have a positive effect on children's English literacy development, and bilingual language skills can positively affect children's educational achievement. The Census Bureau's report, however, highlights a sobering statistic: millions of residents of the United States are not proficient in the English language. In fact, [the Census Bureau](#) classifies **five percent of US households as linguistically-isolated**. A linguistically-isolated household is one where no one in the home above the age of 14 speaks English only or speaks a second language and speaks English well.*

HOUSING AND HOMELESSNESS

FAIR MARKET RENT

According to the National Low Income Housing Coalition (NLIHC) in 2015, 33 percent of Florida’s households were renters; the Fair Market Rent (FMR) for a two-bedroom home in Florida is \$1,012/month. In order to be able to rent a two-bedroom home, without exceeding 30 percent of one’s income, a renter must earn \$40,488/year, yet the median income for a renter in Florida is \$33,537.^{xvii} With a median income of \$33,537 a renter is able to afford \$838 for a home, \$174 dollars *less* than the fair market rental value of a two-bedroom home.

In Orange County one must earn \$39,880 to afford the rent of a 2-bedroom home...this is **more** than the Poverty Guidelines for a family of seven which is \$36,730!

It is critical to point out that Head Start families do not earn wages typical of an average renter in the state. The NLIHC considers those who earn 30 percent of the annual median income (AMI) to have “extremely low income.” For Florida this amount is \$17,482, which is approximately \$1,400 more than the poverty guideline level for family of two. The rent that someone with “extremely low income” can afford is only \$437 per month, \$575 *less* than the fair market value of a two-bedroom home (Table 14).

	Florida	Orange County
% of total households that are renters	33%	43%
Two bedroom FMR	\$1,012	\$997
Income needed to afford 2 bdrm FMR	\$40,488	\$39,880
Estimated renter median income	\$33,537	\$34,377
Rent affordable at renter median income	\$838	\$859
30% of AMI (Extremely Low Income)	\$17,482	\$17,490
Rent affordable at 30% of AMI	\$437	\$437
Rent affordable with full-time job paying min wage	\$419	\$419
Work hrs/wk at minimum wage needed to afford 2 bdrm FMR	97	95

Table 14: 2015 Out of Reach – Fair Market Rental Value vs. Income

In Orange County, more than one in three households are renters (43 percent). Rent affordable by a household classified as “extremely low income” is also \$437 per month, approximately \$560 less than the fair market value of a two-bedroom home, which is \$997. For those working a full-time job, earning minimum wage, affordable rent is not more than \$419, less than half of the fair market rental value of a two-bedroom home (Fig 25). The high cost of home ownership and rental units continues to make it difficult for low-income families to access affordable housing. In Orange County those earning minimum wage (\$8.55/hour) have to work more than two full-time jobs, or more than 95 hours per week, to afford a two-bedroom home at fair market rental value.

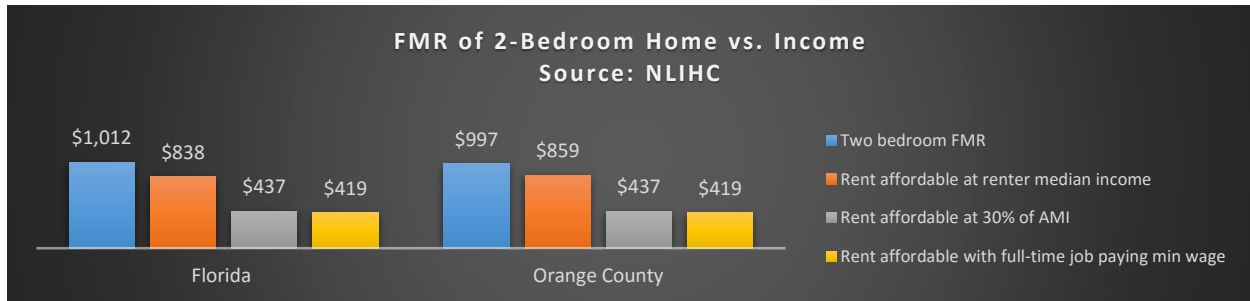


Figure 25: 2015 Out of Reach

Housing expenditures that exceed 30 percent of household income have historically been viewed as an indicator of a housing affordability problem. The conventional 30 percent of household income that a household can devote to housing costs before the household is said to be “burdened” evolved from the United States National Housing Act of 1937. The thirty percent rule was considered a rule of thumb for the amount of income that a family could spend and still have enough left over for other non-discretionary spending, it made its way to owner-occupied housing too. - <http://www.census.gov/housing/census/publications/who-can-afford.pdf>

PUBLIC HOUSING

According to the March 2016 Resident Characteristic Report, issued by the [U.S. Department of Housing and Urban Development \(HUD\)](#), between December 2014 and March 2016 there were almost 30,000 households in Florida that reside in public housing, of which 255 households with a total of 572 individuals live in Orange County. The average annual income of households living in public housing in Orange County is \$12,724. The majority of households living in public housing in the state of Florida and Orange County are black or African American, 60 and 62 percent, respectively (Table 15). An estimated 10,723 children below age 5 live in public housing in Florida, of which 84 live in Orange County.^{xviii}

Public Housing - Resident Characteristics Report (RCR)

	Household Members	Households	Ave. Annual Income	White	Black / African American	Hispanic or Latino	Under Age 5
Florida	67,775	29,902	\$12,207	39	60	28	10,723
Orange County	572	255	\$12,724	36	62	25	84

Table 15: Public Housing Resident Characteristics Report (2016)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

The [Low Income Home Energy Assistance Program \(LIHEAP\)](#) helps keep families safe and healthy through initiatives that assist families with energy costs. The federally funded program provides assistance in managing costs associated with home energy bills, energy crises, weatherization and energy-related minor home repairs. According to the LIHEAP in Orange County, a total of 7,907 applications were received during FY2014, of which 7,485 (or 95 percent) were approved. The majority of applications came from the 32808 zip code area (1,372 applications).

HOMELESSNESS

POINT-IN-TIME COUNT

Based on the 2015 Point-in-Time count, homelessness declined in 33 states. Florida experienced the greatest drop of homeless persons counted; in Florida, the January 2015 Point-In-Time count of the homeless population was 35,900, a drop of 5,642 individuals from the 2014 count of 41,542. The change in homeless population from 2014 to 2015 accounts for a 13.6 percent drop; only three states in the U.S. experienced a higher percent drop, Texas, Georgia and Michigan (Fig 26).

The *Point-in-Time (PIT)* count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that *Continuums of Care* conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd-numbered years). Each count is planned, coordinated, and carried out locally. The *Housing Inventory Count (HIC)* is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.

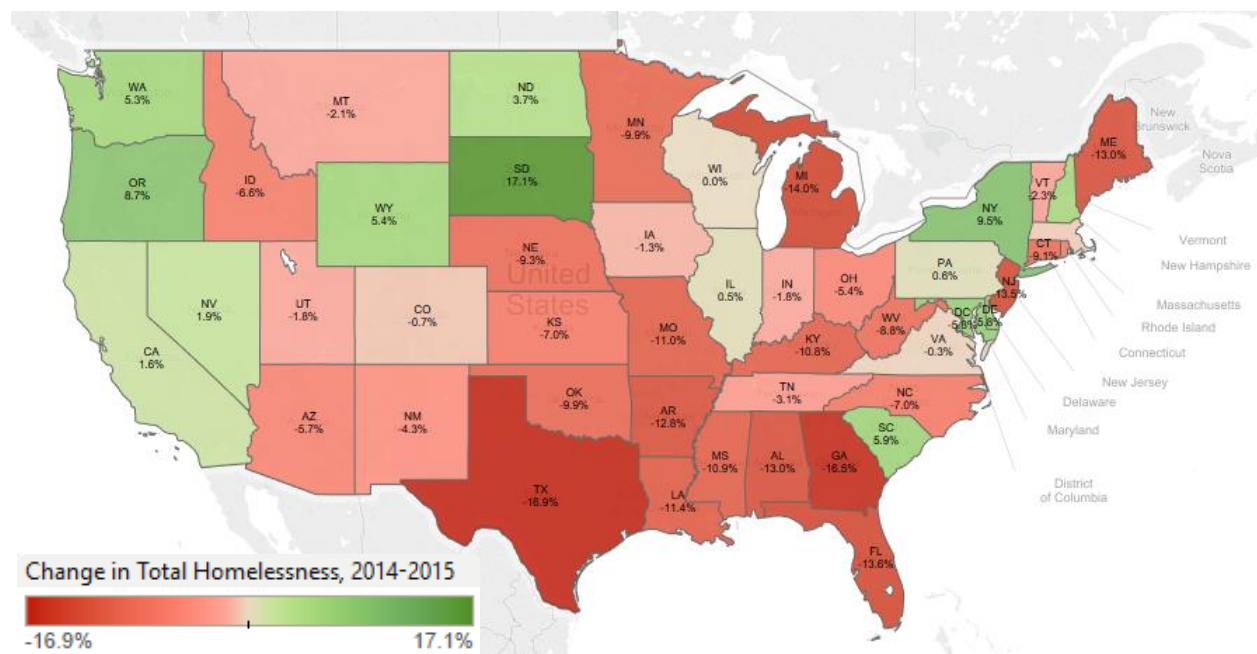


Figure 26: Point-in-Time County: Homeless Population Change (2014-15)

The greatest change in the Florida homeless population was seen in the number homeless people in families; 3,237 fewer homeless persons in families were counted in 2015 compared to 2014, a drop of 25.3 percent. The number of chronically homeless persons dropped by 18.1 percent. Although Florida did experience a significant drop in homeless persons counted, the state's homeless population accounts for 6 percent of all homeless persons in the United States (Table 16).

	2015	2014	Percent Change 2014-15
Total Homeless	35,900 (6% of U.S. total)	41,542	-13.6%
Homeless Individuals	26,325 (7% of U.S. total)	28,730	-8.4%
Homeless People in Families	9,575 (5% of U.S. total)	12,812	-25.3%
Chronically Homeless	6,540 (7% of U.S. total)	7,989	-18.1%

Table 16: Florida Homeless Point-In-Time Count (2015 vs 2014)

During the January 2015 count, almost 2,400 homeless unaccompanied youth under the age of 25 were counted in Florida. The majority of homeless unaccompanied youth are young adults between the ages of 18 and 24; in Florida this group accounts for 1,778 of the homeless count. (Tables 17).

In 2015 HUD added a new reporting category for parenting youth – someone who is under age 25 identifying as the parent or legal guardian of one or more children, present with or sleeping in the same place as that youth parent, and who is not in the company of someone over 24.^{xix} Of the 9,901 parenting youth experiencing homelessness on a single night in the United States in January 2015, 315 were in the state of Florida. A total of 449 homeless children of parenting youth were counted in Florida (Table 17).

	2015
Homeless Unaccompanied Youth (Under 25), 2015	2,371
Homeless Unaccompanied Children (Under 18), 2015	593
Homeless Unaccompanied Young Adults (Age 18-24), 2015	1,778
Parenting Youth (Under 25), 2015	315
Parenting Youth Under 18, 2015	10
Parenting Youth Age 18-24, 2015	305
Children of Parenting Youth, 2015	449

Table 17: Florida Homeless Point-In-Time Count (2015)

FL-507 - ORLANDO/ORANGE, OSCEOLA, SEMINOLE COUNTIES COC

The **Continuum of Care (CoC)** Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. <https://www.hudexchange.info>

According to data collected by the Continuum of Care (CoC) covering Orange County, a total of 2,112 homeless persons were counted during the Point-in-Time count in January 2015 in the Orange, Osceola and Seminole County areas, accounting for 5.9 percent of all homeless persons counted in the state of Florida.

Although the CoC reports a smaller proportion of homeless persons in families (5.3 percent of the state total), the proportion of parenting youth counted in the Orange, Osceola and Seminole County areas is

significantly higher. Of the 315 parenting youth counted in Florida, 13 percent, or 41, parenting youth were counted in the Orange County CoC. Additionally, almost 12 percent of children of parenting youth in Florida were counted in the Orange County CoC (Table 18).

	Florida	CoC 507: Orlando/Orange, Osceola, Seminole Counties CoC	
Total Homeless, 2015	35,900	2,112	5.9%
Homeless Individuals, 2015	26,325	1,392	9.6%
Homeless People in Families, 2015	9,575	720	5.3%
Sheltered Homeless, 2015	18,883	1,820	7.5%
Chronically Homeless Individuals, 2015	6,021	172	2.9%
Homeless Unaccompanied Youth (Under 25), 2015	2,371	119	5.0%
Homeless Unaccompanied Children (Under 18), 2015	593	0	0.0%
Homeless Unaccompanied Young Adults (Age 18-24), 2015	1,778	119	6.7%
Parenting Youth (Under 25), 2015	315	41	13.0%
Parenting Youth Under 18, 2015	10	0	0.0%
Parenting Youth Age 18-24, 2015	305	41	13.4%
Children of Parenting Youth, 2015	449	53	11.8%

Table 18: Orange County CoC Homeless Point-In-Time Count (2015)

Based on the Council of Homelessness 2015 Annual Report , of the 2,112 homeless persons counted 1,396 were located in Orange County, 372 in Osceola County, and 344 in Seminole County.^{xx}

MCKINNEY-VENTO ACT

McKinney-Vento is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness in U.S. public schools. It was reauthorized as Title X, Part C, of the No Child Left Behind Act in January 2002.

The McKinney-Vento program is designed to address the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school. Under this program, State Educational Agencies (SEAs) must ensure that each homeless child and youth has equal access to the same free, appropriate public education, including a public preschool education, as other children and youth. In addition, homeless students may not be separated from the mainstream school environment.^{xxi}

The McKinney-Vento Act defines “homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes –

- Children and youth who are:
 - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*);

- living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
- living in emergency or transitional shelters;
- abandoned in hospitals; or
- awaiting foster care placement;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are living in circumstances described above.

FLORIDA HOMELESS EDUCATION PROGRAM



The Florida Department of Education reports that almost 71,500 homeless students were served in LEAs during the 2013-14 school year, of which 6,737, or 6.3 percent, were served in Orange County schools (Fig 27-28).^{xxii}

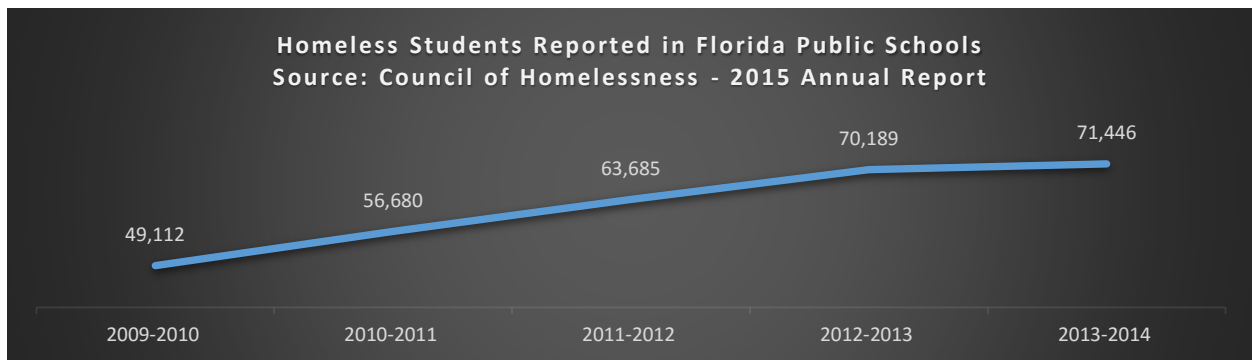


Figure 27: Homeless Students in FL Public Schools

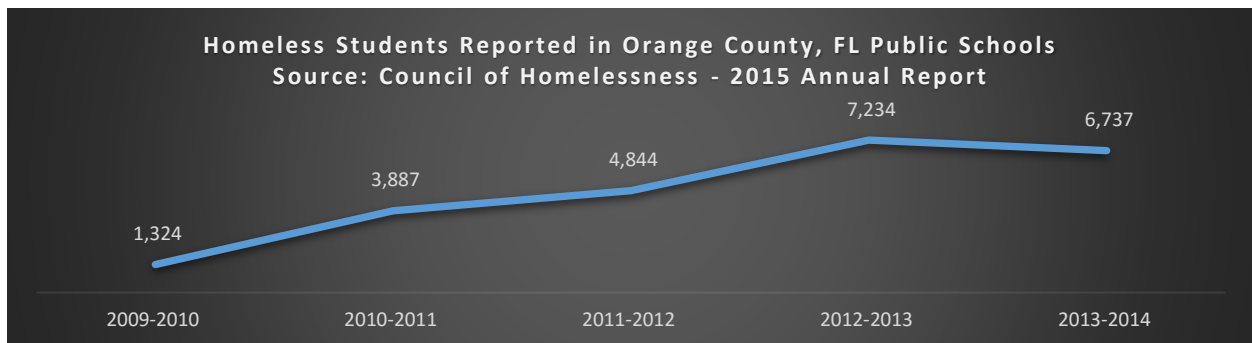
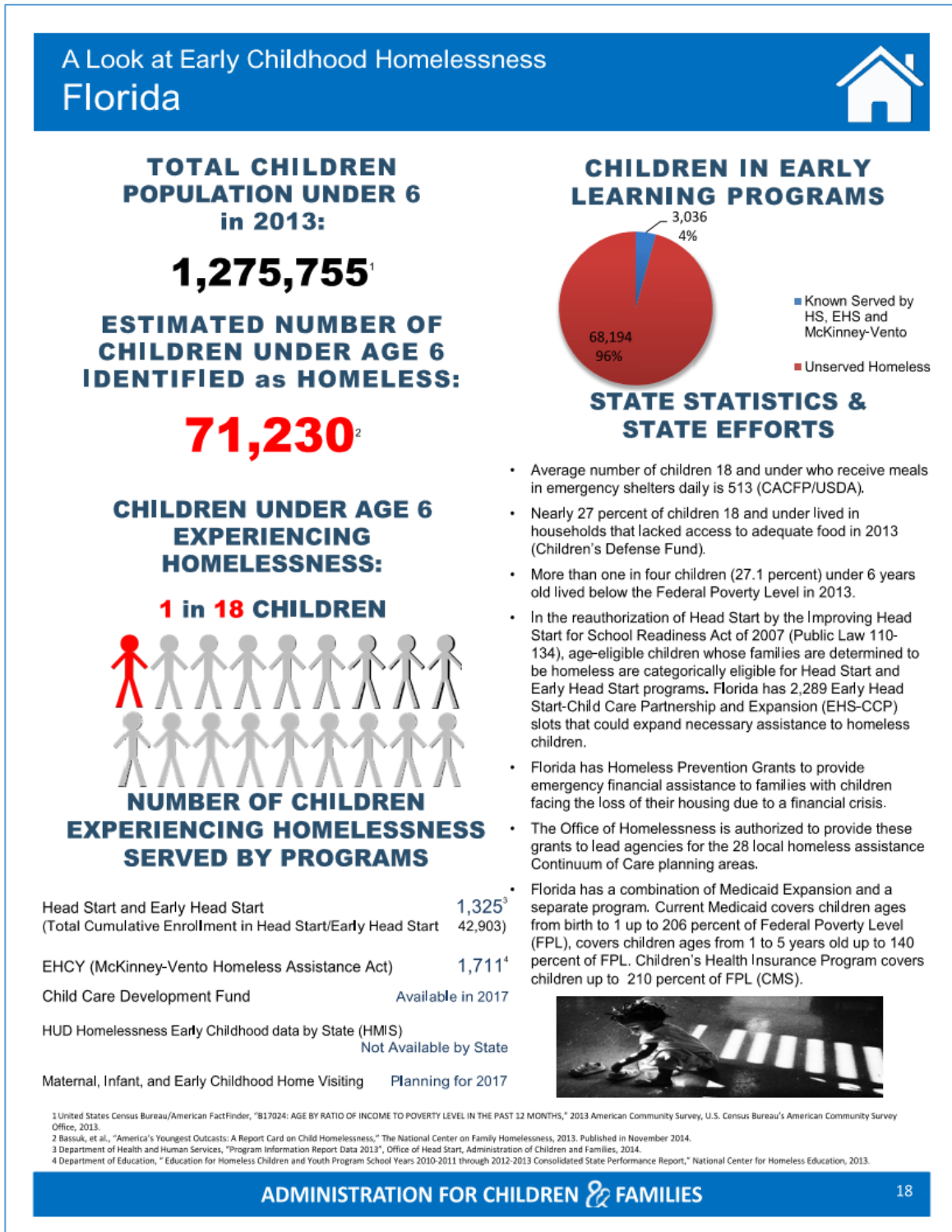


Figure 28: Homeless Students in Orange County, FL Public Schools

The figure below offers an infographic from the [Early Childhood Homelessness in the United States: 50-State Profile](#) report issued by the Administration of Children and Families. The report indicates that in Florida more than 71,000 children under the age of 6 have been identified as homeless.



DISABILITIES

U.S. CENSUS

Data from the U.S. Census Bureau indicate that 12.1 percent of the civilian non-institutionalized population in the United States and 12.9 percent in Florida, have a disability. The rate in Orange County is lower than the U.S. and Florida, 9.9 percent. The proportion of the population under age 5 with a disability in the county is also lower than in the U.S. or Florida, 0.4 percent compared to 0.8 percent and 0.7 percent, respectively (Table 19).

	United States		Florida		Orange County	
Total civilian noninstitutionalized population	37,874,571	12.3%	2,492,469	13.1%	117,427	9.9%
Population under 5 years	161,265	0.8%	7,823	0.7%	328	0.4%
Population 5 to 17 years	2,830,108	5.3%	154,679	5.3%	11,378	5.7%
Population 18 to 64 years	19,703,061	10.2%	1,159,319	10.0%	63,229	8.0%
Population 65 years and over	15,180,137	36.3%	1,170,648	33.9%	42,492	35.6%

Table 19: Disability Characteristics (2014 ACS 5-Year Estimates)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The nation’s special education law is called the Individuals with Disabilities Education Act, or IDEA. IDEA defines the term “child with a disability” in order to make special education and related services available to children with disabilities in public schools and Head Start programs. That definition includes specific disability terms, which are also defined by IDEA.^{xxiii}

According to the IDEA Data Center, in 2014 (most recently available data) more than 38,000 children, ages 3 to 5, received special education assistance in Florida. The majority of children received special education for a developmental delay (48 percent), followed by a speech or language impairment (37 percent), and autism (9 percent) (Table 20). More than 13,600 infants and toddlers, ages 0 to 3, were served by Early Intervention programs, of which those ages 2 to 3 make up almost 60 percent.^{xxiv}

IDEA Part B: Assistance for Education of All Children with Disabilities						IDEA Part C: Early Intervention		
All Disabilities	38,158		Multiple disabilities	-	0%	Total	13,615	
Autism	3,469	9%	Orthopedic impairment	305	1%	Birth to 1	1,505	11%
Deaf-blindness	10	0%	Other health impairment	732	2%	1 to 2	3,972	29%
Developmental delay	18,292	48%	Specific learning disability	96	0%	2 to 3	8,138	60%
Emotional disturbance	67	0%	Speech/language impairment	13,942	37%			
Hearing impairment	446	1%	Traumatic brain injury	28	0%			
Intellectual disability	651	2%	Visual impairment	120	0%			

Table 20: 2014 IDEA Part B Child Count [Ages 3-5] and Part C Child County [Ages 0-3]

FLORIDA DEPARTMENT OF EDUCATION

According to the Florida Department of Education, during the 2015-16 school year, more than 366,000 children were enrolled in Programs for Exceptional Students (excluding gifted

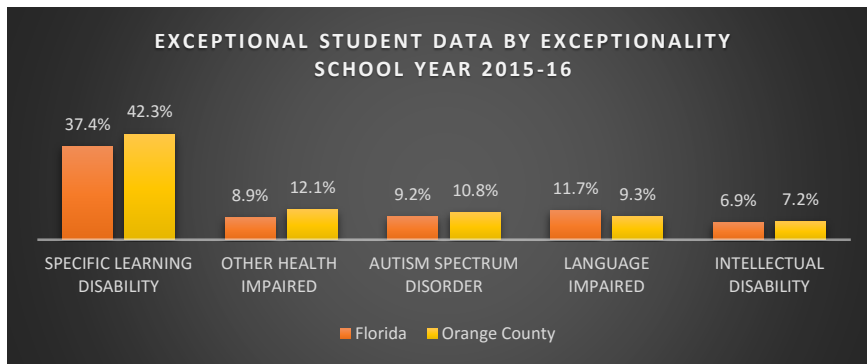


Figure 29: Exceptional Student Data (2015-16)

than 21,000 were enrolled in Orange County schools (Table 21). The majority of children were diagnosed with a specific learning disability, followed by other health impaired, autism spectrum disorder, language impaired, and intellectual disability (Fig 29).^{xxv}

EXCEPTIONAL STUDENT DATA BY EXCEPTIONALITY SCHOOL YEAR 2015-16, SURVEY 2 as of 11/13/15	Florida		Orange County	
AUTISM SPECTRUM DISORDER	33,777	9.2%	2,317	10.8%
DEAF OR HARD OF HEARING	4,332	1.2%	251	1.2%
DEVELOPMENTALLY DELAYED	19,715	5.4%	1,481	6.9%
DUAL-SENSORY IMPAIRED	82	0.0%	*	0.0%
EMOTIONAL/BEHAVIORAL DISABILITY	15,865	4.3%	615	2.9%
ESTABLISHED CONDITIONS	214	0.1%	*	0.0%
HOSPITAL/HOMEBOUND	2,426	0.7%	84	0.4%
INTELLECTUAL DISABILITY	25,373	6.9%	1,541	7.2%
LANGUAGE IMPAIRED	42,660	11.7%	1,990	9.3%
ORTHOPEDECALLY IMPAIRED	2,818	0.8%	257	1.2%
OTHER HEALTH IMPAIRED	32,502	8.9%	2,584	12.1%
SPECIFIC LEARNING DISABILITY	137,114	37.4%	9,046	42.3%
SPEECH IMPAIRED	47,343	12.9%	1,151	5.4%
TRAUMATIC BRAIN INJURED	548	0.1%	36	0.2%
VISUALLY IMPAIRED	1,404	0.4%	34	0.2%
TOTAL	366,173		21,390	

Table 21: Exceptional Student Data (2015-16)

Orange County Public Schools – Early Intervention Services

Based on data received from Janice Lemp, MS, CCC SLP - Program Specialist, ESE Specialized Services 1,976 preschool children received and/or are receiving exceptional student education services in OCPS during the 2015-16 school year.

During the 2014-15 school year 1,440 preschool children were screened, 1,263 warranted further evaluation and 930 were eligible for exceptional student education services

HEALTH AND WELLNESS

HEALTH DISPARITIES PROFILE

According to data gathered by the Office on Women’s Health, Florida has relatively low death rates due to stroke and diabetes, ranking 9th and 4th in the United States, respectively. However, death rates due to diabetes are almost twice as high for black residents than for white residents. The state ranks among the middle of the range of states with respect to heart disease and lung cancer (Table 22).^{xxvi}

The **2015 Health Disparities Profiles** examines key health indicators at the state level for different racial and ethnic populations in each of the 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands.

	White	Black	Hispanic	AIAN	Asian/PI	State Total	State Rank
All cause	694.3	788.9	525.8	270	313.9	669.9	9
Heart disease	155.4	185.4	126.6	62.9	66.1	153	20
Coronary heart disease	114.2	133.3	91.5	46.7	50	111.8	29
Total cancer	167.7	169.2	120.7	49.6	79	158.7	16
Colorectal cancer	13.6	18.5	12.7	*	9.9	13.8	16
Lung cancer	50.6	36.7	24	*	16.2	44.5	27
Stroke	29.4	50	25.2	*	22.1	30.7	9
COPD	121	63.4	64.8	*	23.6	106.4	17
Diabetes-related	44.3	87.6	40.9	31.3	26.7	47.3	4

Table 22: 2014 Health Disparities Profile: Death Rates Per 100,000 Population

HEALTH PROFESSIONAL SHORTAGE AREAS

A [Health Professional Shortage Area \(HPSA\)](#) is a geographic region, a population group or health care facility that has received a designation by the Federal government as having a shortage of health professionals. HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

In the United States as of June 19, 2014, there are 6,100 designated Primary Care HPSAs, 4,900 Dental HPSAs and 4,000 Mental Health HPSAs. A Primary Care HPSA is based on a physician-to-population ratio of 1:3,500, a Dental HPSA is based on a dentist-to-population ratio of 1:5,000, and a Mental Health HPSA is based on a psychiatrist-to-population ratio of 1: 30,000.^{xxvii}

Orange County has nine designated Primary Care HPSAs, 10 designated Dental Health HPSAs and five designated Mental Health HPSAs (Table 23).

HPSA Name	HPSA Discipline Class	Designation Type	HPSA Designation Last Update Date
Community Health Centers, Inc.	Primary Care	Comprehensive Health Center	11/14/2003
Health Care Center for the Homeless, Inc.	Primary Care	Comprehensive Health Center	10/26/2002
Low Income - Apopka/Winter Garden	Primary Care	HPSA Population	12/16/2011
Low Income - Azalea Park	Primary Care	HPSA Population	5/10/2012
Low Income - North Winter Park	Primary Care	HPSA Population	12/16/2011
Low Income - Oak Ridge - Orange	Primary Care	HPSA Population	3/24/2014

HPSA Name	HPSA Discipline Class	Designation Type	HPSA Designation Last Update Date
Low Income - Parramore	Primary Care	HPSA Population	10/23/2012
Low Income - Pine Hills	Primary Care	HPSA Population	3/7/2016
Low Income - Alafaya	Primary Care	HPSA Population	3/7/2016
Community Health Centers, Inc.	Dental Health	Comprehensive Health Center	11/14/2003
Low Income - Alafaya	Dental Health	HPSA Population	3/18/2014
Low Income - Apopka	Dental Health	HPSA Population	10/29/2013
Low Income - Hoffner	Dental Health	HPSA Population	10/24/2013
Low Income - North Winter Park	Dental Health	HPSA Population	10/25/2013
Low Income - Parramore	Dental Health	HPSA Population	10/24/2013
Low Income - Pine Hills	Dental Health	HPSA Population	10/30/2013
Low Income - South Winter Park	Dental Health	HPSA Population	12/2/2013
Low Income - Southwest Orange	Dental Health	HPSA Population	12/2/2013
Low Income - Winter Garden/Ocoee	Dental Health	HPSA Population	10/24/2013
Central Florida Reception Center	Mental Health	Correctional Facility	7/11/2013
Community Health Centers, Inc.	Mental Health	Comprehensive Health Center	11/14/2003
Health Care Center for the Homeless, Inc.	Mental Health	Comprehensive Health Center	10/26/2002
Low Income-Orange County	Mental Health	HPSA Population	4/19/2016
Orange	Mental Health	Single County	4/19/2016

Table 23: Orange County Designated HPSAs

MEDICALLY UNDERSERVED AREAS

[Medically Underserved Areas/Populations](#) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. **The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved.** Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

Based on data collected from the U.S. Department of Health and Human Services - Health Resources and Services Administration, Orange County has four Medically Underserved Area designations, with scores between 54.2 and 61.7. The county also has three Medically Underserved Areas that are designated by a Governor's Exception (these are designated based on a state plan approved by the Health Resources and Services Administration which allows clinics to become certified as Rural Health Clinics) (Table 24).^{xxviii}

Service Area Name	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date
Low Income - Parramore	Medically Underserved Population	61.70	6/29/2001
Low Income - South Winter Park	Medically Underserved Population	61.50	6/29/2001
Low Income - North Winter Park	Medically Underserved Population	58.50	6/29/2001
Low Income - Pine Hills	Medically Underserved Population	54.20	6/29/2001
Low Income - Alafaya Service Area	Medically Underserved Area – Governor's Exception	0.00	8/26/2002
Low Income - Hoffner Service Area	Medically Underserved Area – Governor's Exception	0.00	8/26/2002
Low Income - Apopka/ Winter Garden Area	Medically Underserved Area – Governor's Exception	0.00	8/26/2002

Table 24: Orange County Designated MUAs

COUNTY HEALTH RANKINGS

The [County Health Rankings](#) is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that measures the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically informed weights.

The County Health Rankings are based on a model that focuses on the factors [which if improved] can make communities healthier places to live. Its health outcomes measure mortality and morbidity, or the length of time people live and the way people feel when they are alive. Health factors, which affect health outcomes, are measured on the following: health behaviors, clinical care, social and economic factors, and physical environment.^{xxix}

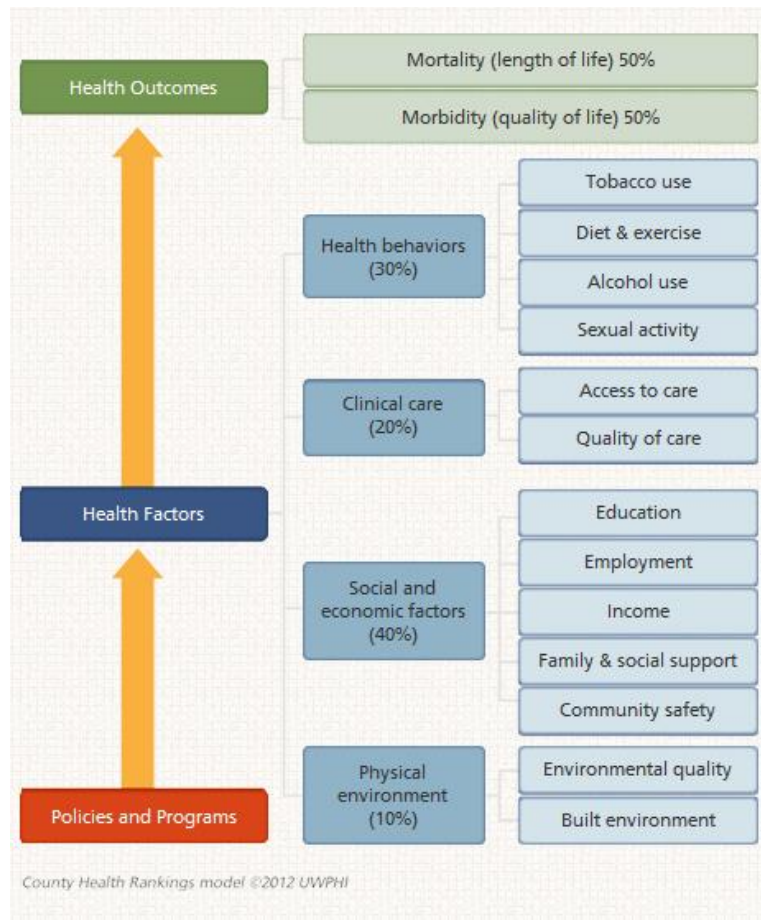


Figure 30: County Health Rankings and Roadmap

Orange County ranked 21st out of 67 Florida counties in terms of overall health outcomes with a premature death rate of 6,100 (the years of potential life lost before 75 per 100,000 residents). Florida’s premature death rate was measured to be 6,800. Of the 67 counties, St. John’s County ranked 1st with the best health outcomes (a premature death rate of 5,300) while Gadsden County ranked 67th with the worst health outcomes (a premature death rate of 10,500).

Table 25 provides information on health outcomes and health factors for both Orange County and Florida as a whole. Each item is hyperlinked to the original source for additional explanation and data source.

	Orange County	Florida	Rank (of 67)
Health Outcomes			21
Length of Life			7
Premature death	6,100	6,800	

	Orange County	Florida	Rank (of 67)
Quality of Life			43
Poor or fair health**	18%	18%	
Poor physical health days**	3.9	3.9	
Poor mental health days**	3.8	3.9	
Low birthweight	9%	9%	
Health Factors			21
Health Behaviors			18
Adult smoking**	16%	18%	
Adult obesity	24%	25%	
Food environment index	7	7.1	
Physical inactivity	23%	24%	
Access to exercise opportunities	98%	92%	
Excessive drinking**	20%	17%	
Alcohol-impaired driving deaths	28%	29%	
Sexually transmitted infections	565.9	415.1	
Teen births	32	34	
Clinical Care			31
Uninsured	24%	24%	
Primary care physicians	1,230:1	1,390:1	
Dentists	2,210:1	1,820:1	
Mental health providers	540:01:00	690:01:00	
Preventable hospital stays	62	55	
Diabetic monitoring	84%	85%	
Mammography screening	62%	68%	
Physical Environment			53
Air pollution - particulate matter	10.9	11.4	
Drinking water violations	Yes		
Severe housing problems	25%	23%	
Driving alone to work	80%	80%	
Long commute - driving alone	39%	38%	

Table 25: 2015 County Health Rankings

HEALTH INSURANCE

Based on U.S. Census data, approximately 14 percent of the U.S. civilian non-institutionalized population lacks health insurance. Florida and Orange County's uninsured population is significantly higher

	United States	Florida	Orange County
With health insurance coverage	85.8%	80.4%	78.4%
With private health insurance	65.8%	58.2%	59.9%
With public coverage	31.1%	34.2%	25.4%
No health insurance coverage	14.2%	19.6%	21.6%

Table 26: Health Insurance Coverage (2014 ACS 5-Year Estimates)

at 19.6 and 21.6 percent, respectively. Of those with health insurance in Florida and Orange County, approximately 34.2 percent and 25.4 percent, respectively, receive public coverage (Table 26).

In the United States 5.7 percent of children under age 6 lack health insurance coverage; the rates in Florida and Orange County are significantly higher. In Florida and Orange County 8.3 and 10.3 percent of children under age 6 lack health insurance coverage (Table 27, Fig 31).^{xxx}

	United States	Florida	Orange County
Under 6 years:	24,084,425	1,298,502	91,558
With health insurance coverage	94.3%	91.7%	89.7%
No health insurance coverage	5.7%	8.3%	10.3%
6 to 17 years:	49,552,131	2,713,166	184,689
With health insurance coverage	92.2%	87.4%	86.3%
No health insurance coverage	7.8%	12.6%	13.7%

Table 27: Child Health Insurance Coverage (2014 ACS 5-Year Estimates)

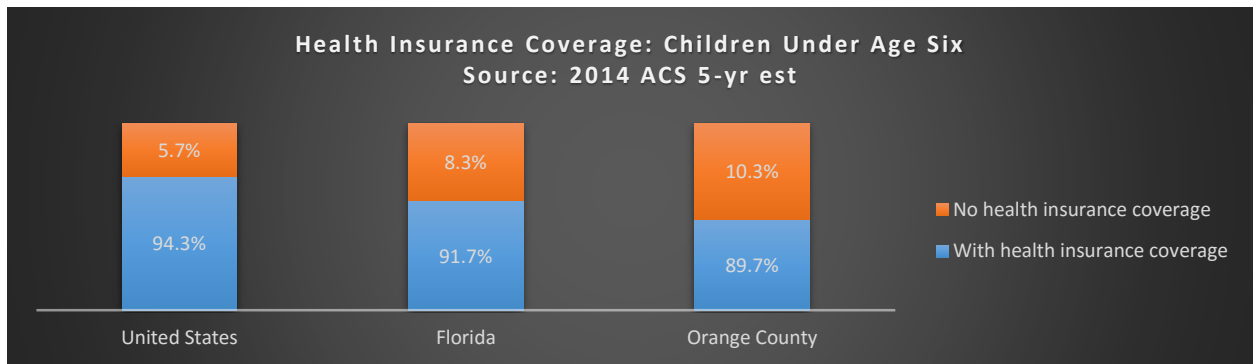


Figure 31: Child Health Insurance Coverage (2014 ACS 5-Year Estimates)

ORAL HEALTH

Dental disease is the most common chronic illness for children in the United States. Poor oral health in children and adults can lead to many health problems ranging from tooth loss and gum disease to digestion problems and inflammation of major organs due to infection. Dental disease, decayed teeth, and/or missing teeth also affect self-esteem.

According to the Centers for Disease Control and Prevention (CDC), more than one-quarter of children have tooth decay in baby teeth before entering kindergarten. By age 19, 68 percent of youth have experienced tooth decay in permanent teeth. Childhood tooth decay disproportionately affects low-income families and racial or ethnic minorities. The rate of untreated dental caries in children from families with incomes below the poverty level is double that of non-poor children.^{xxxix} Access to affordable dental care is often the number one obstacle for low-income families.

Based on data provided by the Florida Department of Health, Public Health Dental Program, 23.1 percent of low income persons in Orange County (compared to 24.9 percent statewide) have access to dental care.^{xxxii}

OBESITY

According to *The State of Obesity: Better Policies for a Healthier America 2015*, Florida has the 44th highest adult obesity rate in the nation, 26.2 percent. Although the percent of adult obesity did not change significantly from the 2014 (26.4 percent), the state's ranking changed from 37th to 44th place in the United States.^{xxxiii} Highest rates of obesity continue to be seen for those ages 45-64 (30.8 percent) among black or African American residents (35.0 percent) (Fig 32).

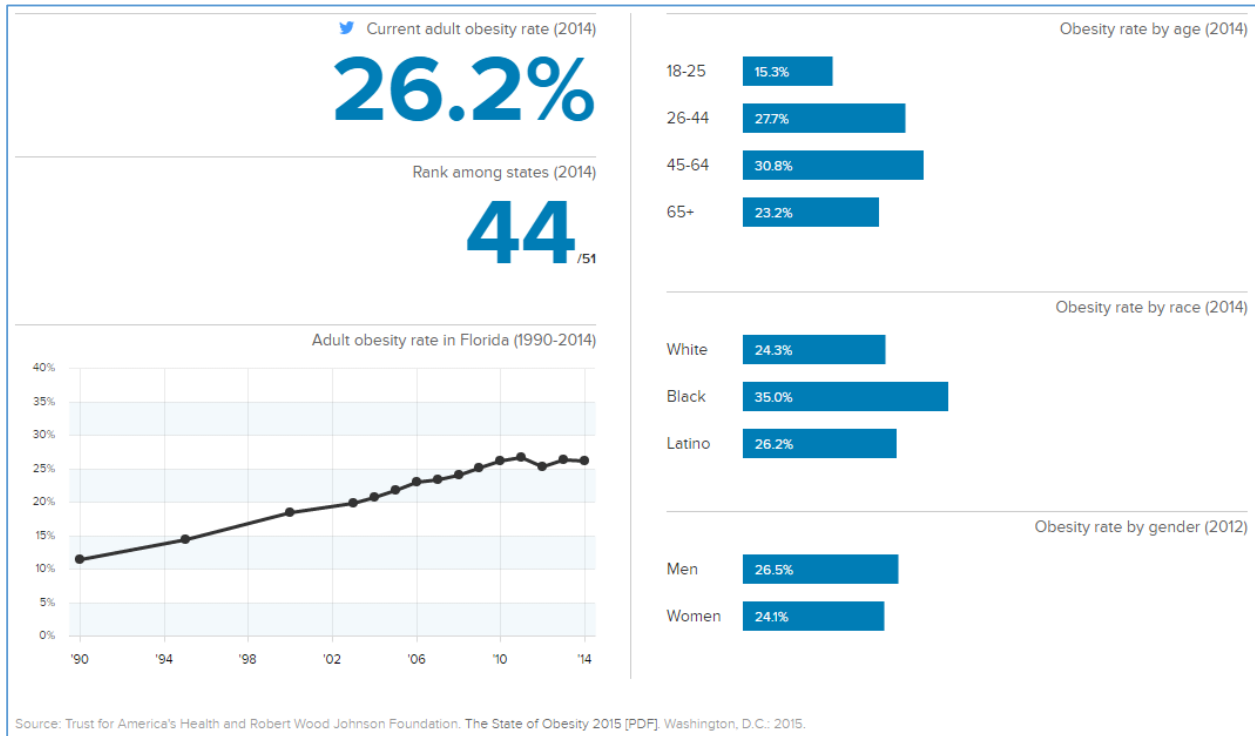


Figure 32: State of Obesity, 2015 Report

The report also found that in 2011 13.4 percent of Florida's 10- to 17-year-olds were obese, which ranked Florida 38th in the nation, and 13.1 percent of 2- to 4-year-olds from low-income families were obese, ranking the state 27th in the nation.

NUTRITION

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SNAP is the largest program in the domestic hunger safety net. As of March 2016 Florida is home to more than 1.9 million households (3.56 million individuals) that receive food stamps, of which 126,725 households (244,132 individuals) reside in Orange County.^{xxxiv}

WOMEN, INFANTS, AND CHILDREN (WIC)

The special supplemental nutrition program for [Women, Infants, and Children \(WIC\)](#) is a federal program providing support to low-income pregnant, nursing and non-nursing postpartum women and children, ages 0 to 5. The program is designed to provide supplemental foods, nutrition education, and referrals for health care services. The April 2016 report indicates that average monthly WIC participation in Florida in 2015 reached 480,513.^{xxxv} Approximately half of WIC recipients in Florida are children (244,231), and one quarter each is women (117,483) and infants (118,800).

NATIONAL SCHOOL LUNCH PROGRAM

The Florida School System's Free and Reduced Lunch program provides meals to low-income children while attending public school. During the 2014-15 school year 47.2 and 33.5 percent of students in Florida and Orange County schools were eligible for free or reduced priced meals (Table 28).^{xxxvi}

National School Lunch Program Free and Reduced Price Eligibility Report (2014-15)				
District & School	Total Members	#Free	#Reduced Priced	Percent Free/Reduced
FLORIDA	2,794,975	1,207,289	112,511	47.2%
Orange County	197,400	59,402	6,677	33.5%

Table 28: 2014-15 National School Lunch Program Report

The [Food and Nutrition Service \(FNS\)](#) is an agency of the United States Department of Agriculture established in 1969. FNS works to end hunger and obesity through the administration of 15 federal nutrition assistance programs including WIC, Supplemental Nutrition Assistance Program (SNAP), and school meals. The program's mission is to increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet and nutrition education in a way that supports American agriculture and inspires public confidence. No American should have to go hungry.

The [Supplemental Nutrition Assistance Program \(SNAP\)](#) (formerly known as the Food Stamp Program) is designed to alleviate hunger and malnutrition by increasing the purchasing power of low-income households. SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.

The [National School Lunch Program](#) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

FOOD INSECURITY

Food deprivation and its measure are often referred to as *Food Insecurity*. The USDA defines food insecurity as meaning “consistent access to adequate food is limited by a lack of money and other resources at times during the year.” In the U.S., more than one in five children live in a household in which they do not always know where they will find their next meal. An estimated 15.3 million children under the age of 18 in the U.S. live in homes that are unable to consistently access enough and nutritious foods, a rate of 20.9 percent.^{xxxvii}



In Florida 16.2 percent of the total population lives without access to enough and nutritious foods. The food insecurity rate for children is even higher, 24.9 percent, or more than 1 million children. In Orange County the overall food insecurity rate is 16.0 percent and the child food insecurity rate is 22.9 percent; this accounts for more than 63,000 children who are food insecure in the Head Start service area of Orange County (Fig 33).

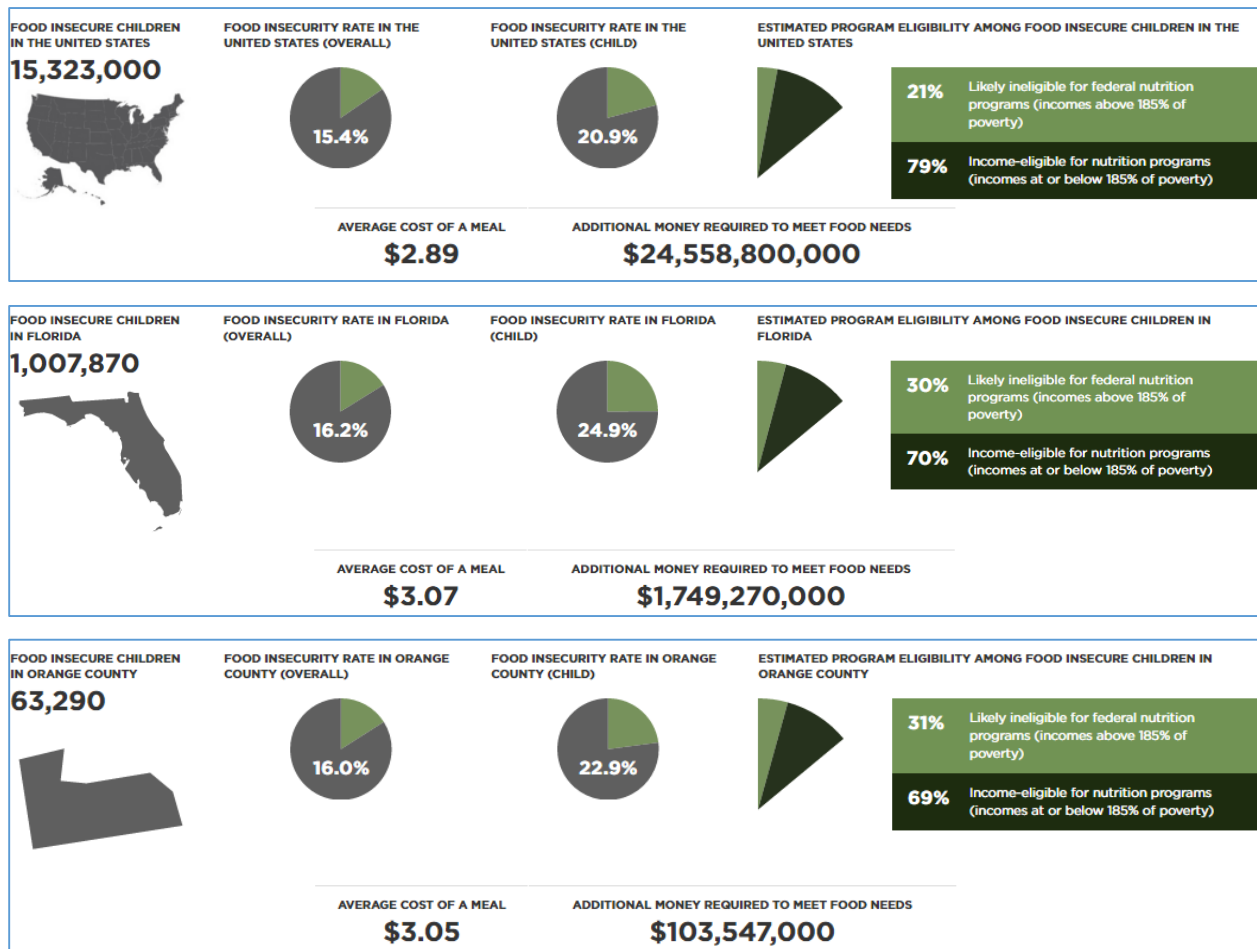



Figure 33: Food Insecurity

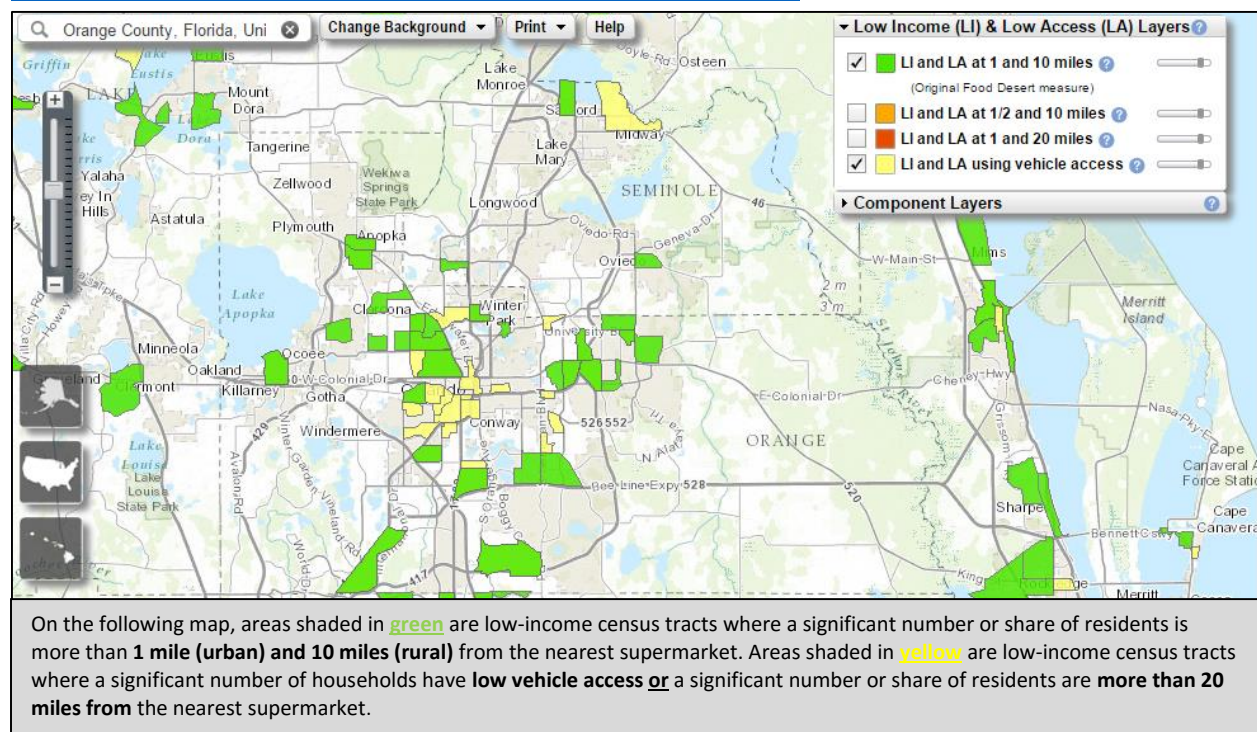
FOOD DESERTS

Food deserts are defined as “urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options.” A 1-mile marker is used in densely populated urban areas, while a 10-mile marker is used in more sparsely populated rural areas. In the United States it is estimated that 23.5 million people live in food deserts, of which 13.5 million are low-income families.^{xxxviii}

 The USDA, Treasury, and HHS have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or healthy, affordable food retail outlet. Census tracts qualify as food deserts if they meet low-income and low-access thresholds^{xxxix}:

1. They qualify as "**low-income communities**," based on having: a) a poverty rate of 20 percent or greater, OR b) a median family income at or below 80 percent of the area median family income; AND
2. They qualify as "**low-access communities**," based on the determination that at least 500 persons and/or at least 33 percent of the census tract's population live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).

FOOD ACCESS RESEARCH ATLAS [\(click on title for interactive map\)](#)



CHILD WELFARE

[Fostering Court Improvement](#) is a non-profit organization dedicated to the philosophy that "*anything worth doing is worth measuring.*" The organization works with existing data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data Systems (NCANDS) to create reports covering child maltreatment and foster care in order to facilitate discussions among local decision makers and organizations.

Florida is one of eight states that make data accessible to the general public. Data is available by judicial district, county and child welfare regions. Based on data collected, from October 2014 to September 2015, 22,506 children in Orange County were subject to maltreatment reports; 16,420 of those reports were investigated. During that time, there were 2,529 victim reports in the county; 43 percent were victims of neglect, approximately 9 percent were victims of physical abuse, 6 percent were victims of sexual abuse, and approximately 41 percent were victims of other abuse (Table 29).^{xi}

Orange County Children Subject of Maltreatment Reports During October 2014 through September 2015	Count	Rate	State Rate	Rank (high=1 to low=67)
Children Subject of Maltreatment Reports	22,506	62.9 per 10K	57.1 per 10K	41
Children Subject of Maltreatment Investigations	16,420	45.6 per 10K	43.8 per 10K	50
Victim Reports	2,529	7.0 per 10K	7.8 per 10K	49.5
Victim Reports of Neglect	1,104	3.1 per 10K	3.7 per 10K	49
Victim Reports of Physical Abuse	231	0.6 per 10K	0.6 per 10K	32
Victim Reports of Sexual Abuse	158	0.4 per 10K	0.4 per 10K	45
Victim Reports of Other Abuse	1,036	2.9 per 10K	3.0 per 10K	39

Table 29: Orange County Children Subject of Maltreatment Reports

Children in foster care are categorically eligible for Head Start services, regardless of the foster families' income. As of September 2015 there were 1,000 children in foster care in Orange County, up from 851 only a year earlier (Table 30). According to the Kids Count Data Center, roughly 40 percent of children in foster care are between the ages of 1 and 5. Applying the same estimate, we can approximate that of the 400 children, ages 1-5, in foster care in Orange County, roughly 160 would be Head Start age-eligible.

Orange County Children in Foster Care During October 2014 - September 2015	Count	Rate	State Rate	Rank (high=1 to low=67)
Children in Care on September 30 2014	851	25.0 per 10K	40.0 per 10K	54.5
Children in Care on September 30 2015	1,000	28.0 per 10K	43.0 per 10K	52
Average Daily Children in Care	959	26.7 per 10K	41.6 per 10K	58
Total Children Served in Foster Care During October 2014 - September 2015	1,612	n/a	n/a	7

Table 30: Orange County Children in Foster Care

CHILD CARE (OTHER PROGRAMS)

The average cost of childcare in Florida for an infant in a center is \$8,694 per year (only \$2,000 shy of the average annual tuition for a public four-year college). The cost for care of a 4-year-old in a child care center is \$7,668 annually. According to ChildCare Aware America, the price tag of infant care in Florida accounts for 12 percent of the income of married couples and 34 percent of the income for single mothers (Fig 34).^{xli}

How expensive is child care? ³	Florida	United States
Average annual fees for full-time care in a center		
Infant	\$8,694	\$4,822 – \$17,062
4-year-old child	\$7,668	\$3,997 – \$12,781
School-age child (before-/after-school care)	\$3,962	\$1,104 – \$8,919
Average annual fees for full-time care in a family child care home		
Infant	\$9,718	\$3,972 – \$10,666
4-year-old child	\$8,853	\$3,675 – \$10,030
School-age child (before-/after-school care)	\$4,227	\$1,846 – \$8,346
Compare with:		
Average annual tuition and fees for public four-year college (in-state) ⁴	\$6,350.97	\$8,980
Affordability (cost of full-time child care as percent of median family income):		
Infant in center, percent of income for MARRIED COUPLES	12%	7% - 15%
Infant in center, percent of income for SINGLE MOTHERS	34%	24% - 63%

Figure 34: 2015 ChildCare Aware Report

The 2015 Parents and the High Cost of Child Care Report indicates that as of 2014, the average cost of having an infant in childcare in Florida would consume 43.3 percent of the income of a family of three living in poverty, and 38.2 percent of the income if care was needed for a 4-year-old child.^{xlii}

FLORIDA OFFICE OF EARLY LEARNING



Based on data collected from Florida's Office of Early Learning (OEL), Florida had 8,688 School Readiness providers during the 2015-16 fiscal year, of which 6,232 (72 percent) were Voluntary Prekindergarten (VPK) providers. In Orange County, there were 543 School Readiness providers, of which 428 (79 percent) were VPK providers (Table 31).

School Readiness & VPK Providers (2015-2016 State Fiscal Year Report Current as of 03/2016)			
	School Readiness Providers	VPK Providers	
Florida	8,688	6,232	72%
Orange	543	428	79%

Table 31: Florida School Readiness & VPK Providers (2015-16)

DEFINITION: Florida was one of the first states in the country to offer free prekindergarten for all 4-year-olds regardless of family income. The **Voluntary Prekindergarten (VPK) Education Program** prepares early learners for success in kindergarten and beyond. Children must live in Florida and be 4 years old on or before September 1 of the current school year to be eligible. The program helps build a strong foundation for school using educational materials that are geared to various stages in a child's development. Parents can choose from different educational settings and various program options. Private child care centers, public schools and specialized instructional services providers offer VPK.

More than 190,000 infants, toddlers, and school aged children were served by Florida’s School Readiness providers during the 2015-16 fiscal year, of which almost 13,000 were served in Orange County. Orange County providers served approximately 7 percent of all children in the state of Florida. Proportionately the county served a higher number of five-year-olds (approximately 11 percent), but a much lower number of children with special needs (3 percent) (Fig 35).

School Readiness Enrollments by Age (2015-2016 State Fiscal Year Report Current as of 03/2016)									
	Infant	Toddler	2 Yr	3 Yr	4 Yr	5 Yr	School Age	Special Needs*	Total ¹
Florida	9,701	21,468	27,410	29,693	28,322	16,492	57,619	648	191,359
Orange	616	1,499	1,933	2,136	2,240	1,803	2,696	21	12,944

*The sum of county data does not equal the statewide total. Children may be served by more than one county.
¹Special Needs is a distinct enrollment category. The Special Needs enrollment count is not included in the Enrollments by Age counts.

Table 32: Florida School Readiness Enrollment by Age

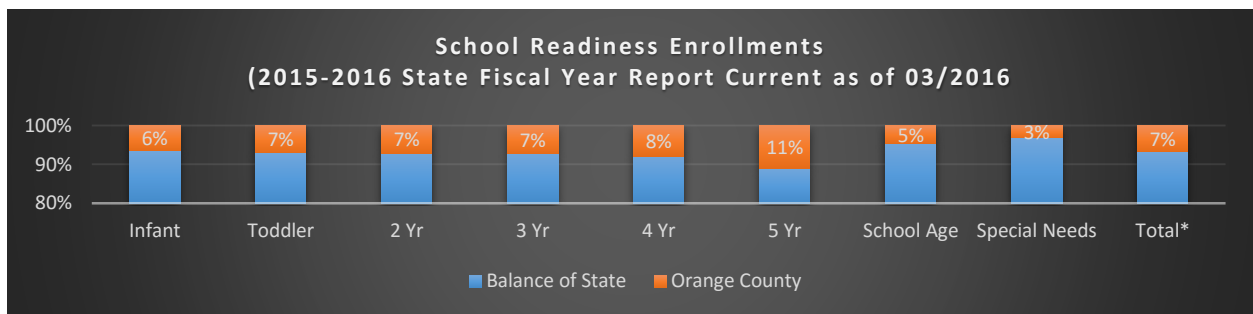


Figure 35: Orange County, Florida School Readiness Enrollment

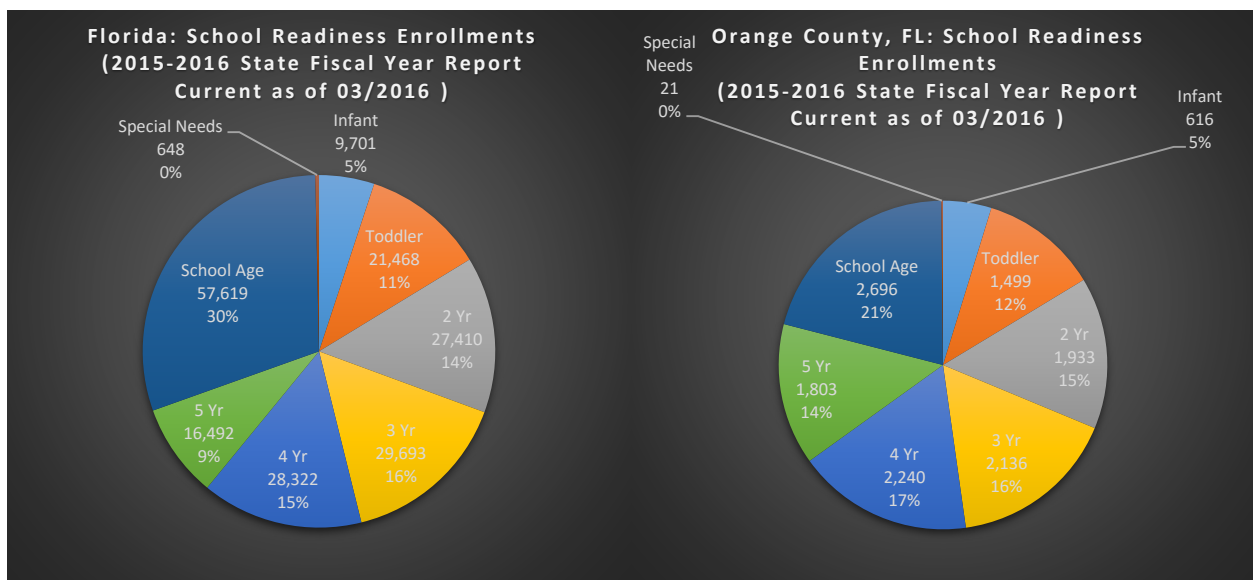


Figure 36: School Readiness Enrollments (2015-16)

GEOGRAPHIC LOCATION OF HEAD START ELIGIBLE CHILDREN/FAMILIES

Using 2014 American Community Survey (5-year estimate), there are approximately 285,748 children, ages 0-4, living in poverty in Florida, up from the 2013 estimate of 282,407 children. In Orange County 20,806 children, ages 0-4, are said to live in poverty, a 7.7 percent increase over the 19,318 estimate in 2013 (Table 33). Based on this data, one can estimate that there are more than 8,300 Head Start eligible children, ages 3 and 4, living in poverty in Orange County.

	Child Poverty (Age 0-4)			0-2 (Estimate)	3-4 (Estimate)
	2014 ACS 5-yr est	2013 ACS 5-yr est	% Change	2014 ACS 5-yr est	2014 ACS 5-yr est
United States	4,892,716	4,881,767	0.2%	2,935,630	1,957,086
Florida	285,748	282,407	1.2%	171,449	114,299
Orange County	20,806	19,318	7.7%	12,484	8,322

Table 33: Child Poverty (age 0-4)

Per the 2013 ACS 5-year estimates, Orange County had five zip code tabulation areas (ZCTAs) with more than 1,000 children, ages 0-4, in poverty; based on the 2014 ACS 5-year estimates, the number of ZCTAs with 1,000+ children, ages 0-4, in poverty increased to eight. Also significant is the 128 percent increase from 2013 to 2014 in the 32824 ZCTA which is Southwest of the Orlando International airport (Table 34).

ZIP Code Tabulation Areas (ZCTAs)
are generalized areal representations of United States Postal Service (USPS) ZIP Code service areas. The USPS ZIP Codes identify the individual post office or metropolitan area delivery station associated with mailing addresses. USPS ZIP Codes are not areal features but a collection of mail delivery routes. – US Census Bureau

ZCTA	Children Ages 0-4 in Poverty			0-2 (est)	3-4 (est)
	2014	2013	% Change	2014	2014
32839	1,822	1,849	-1.5%	1093	729
32808	1,746	1,725	1.2%	1048	698
32703	1,525	1,406	8.5%	915	610
32822	1,399	1,330	5.2%	839	560
32811	1,214	1,110	9.4%	728	486
32805	1,212	870	39.3%	727	485
32810	1,193	936	27.5%	716	477
32818	1,161	866	34.1%	697	464
32807	971	647	50.1%	583	388
32809	905	985	-8.1%	543	362
32825	761	754	0.9%	457	304
32828	631	575	9.7%	379	252
32812	628	640	-1.9%	377	251
32792	588	603	-2.5%	353	235
32824	555	243	128.4%	333	222
32712	550	600	-8.3%	330	220
34787	491	563	-12.8%	295	196
32757	475	368	29.1%	285	190
32806	411	413	-0.5%	247	164
32829	398	299	33.1%	239	159
32837	356	398	-10.6%	214	142

ZCTA	Children Ages 0-4 in Poverty			0-2 (est)	3-4 (est)
	2014	2013	% Change	2014	2014
32826	355	382	-7.1%	213	142
32835	239	356	-32.9%	143	96
32804	178	176	1.1%	107	71
32819	166	151	9.9%	100	66
32817	155	187	-17.1%	93	62
32836	129	101	27.7%	77	52
32789	128	163	-21.5%	77	51
32751	126	86	46.5%	76	50
32821	112	79	41.8%	67	45
34786	109	141	-22.7%	65	44
32832	79	77	2.6%	47	32
32801	75	30	150.0%	45	30
32833	51	128	-60.2%	31	20
32820	46	50	-8.0%	28	18
32803	32	58	-44.8%	19	13
34760	27	51	-47.1%	16	11
34734	17	13	30.8%	10	7
32814	0	21	-100.0%	0	0
32709, 32798, 32827, 32830, 32831	- 0				

Table 34: Child Poverty (age 0-4) by ZCTAs

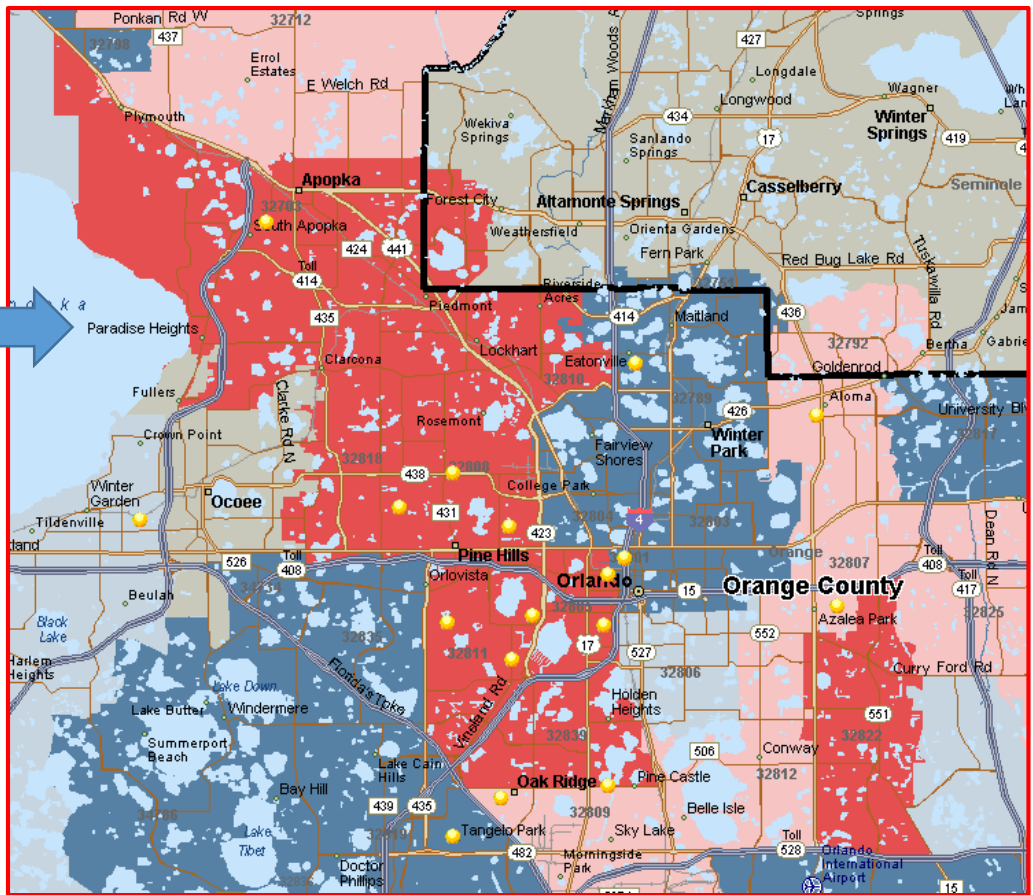
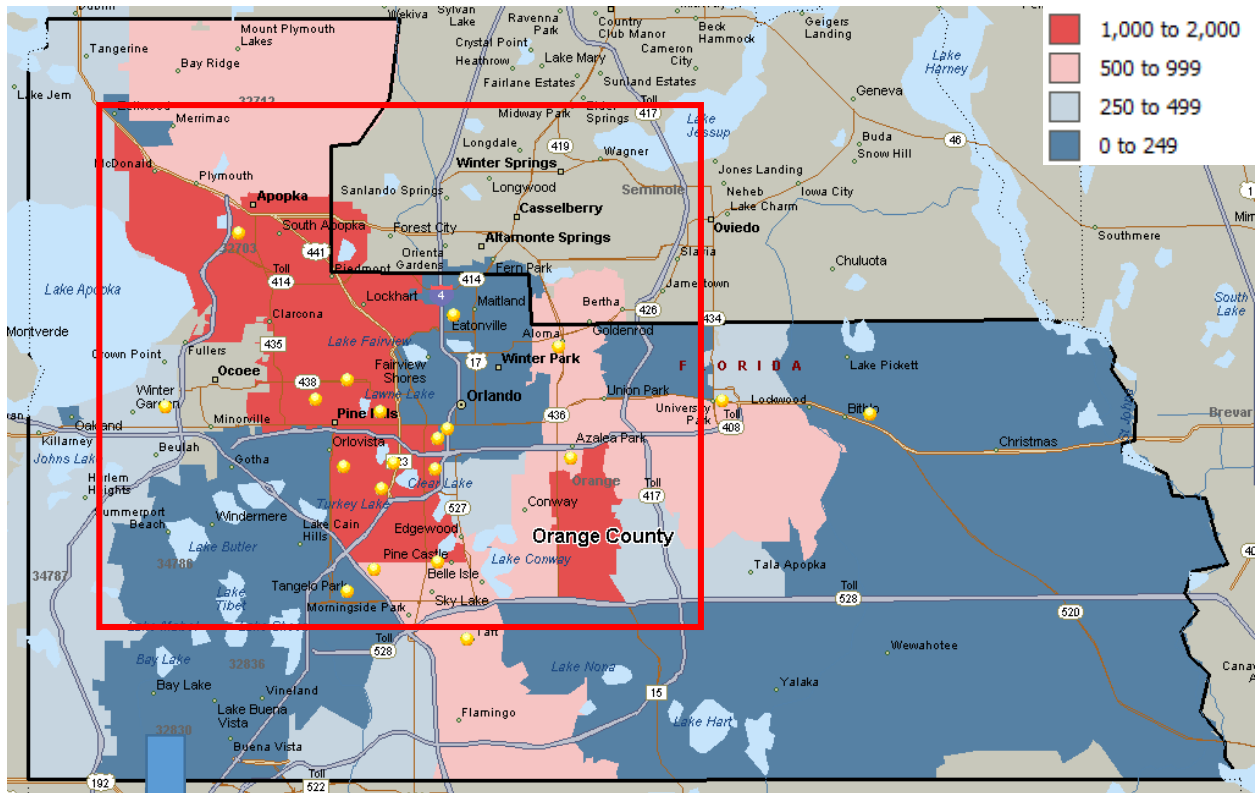


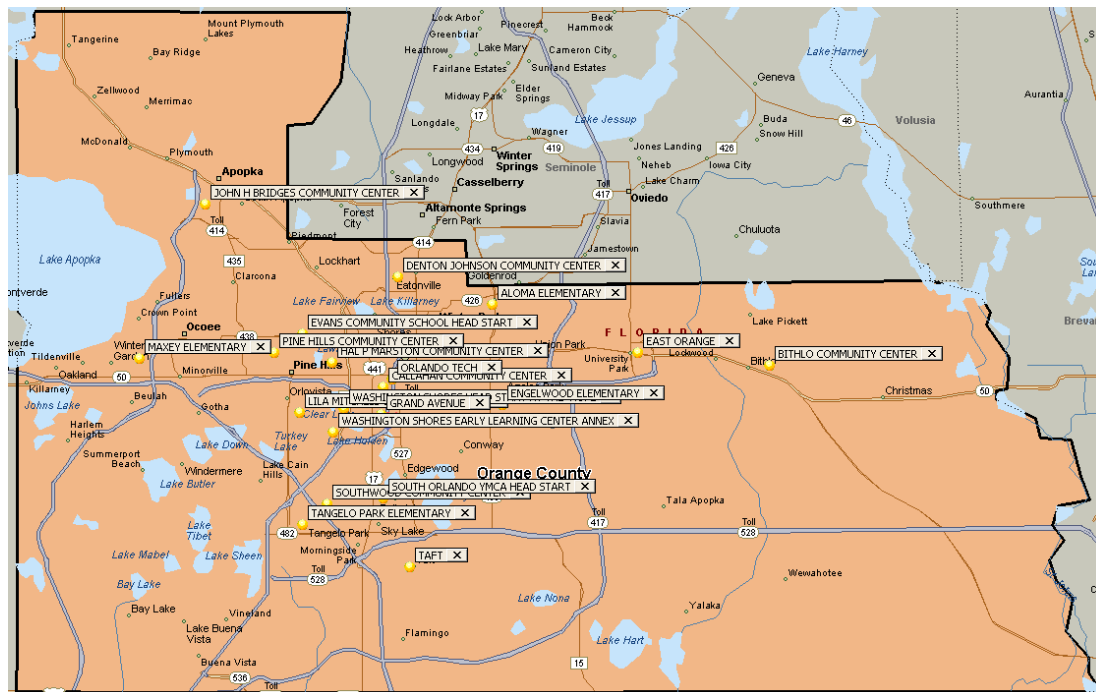
Figure 37: Child Poverty (age 0-4) by ZCTAs

CHARACTERISTICS OF HEAD START CHILDREN AND FAMILIES

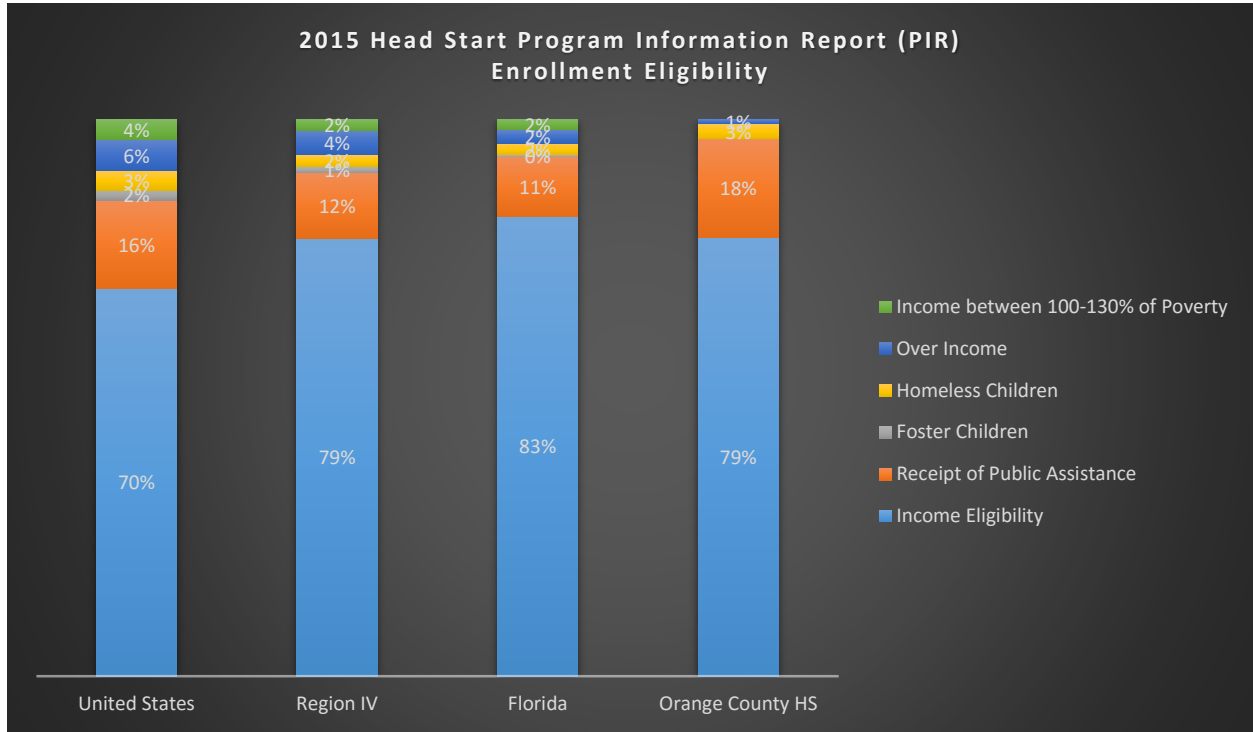
During the 2014-2015 program year Orange County Head Start was funded to serve 1,536 children and operated a total of 85 classrooms. The actual number of children served reached 1,801. The following pages provide an illustration of select indicators from the 2014-15 Program Information Report (PIR), comparing national, state, and Orange County-specific Head Start data.

Name	Address	City	State	Zip Code
ALOMA ELEMENTARY	2949 Scarlet Rd	Winter Park	FL	32792
BITHLO COMMUNITY CENTER	18501 Washington Ave	Orlando	FL	32820
CALLAHAN COMMUNITY CENTER	101 N Parramore Ave	Orlando	FL	32805
DENTON JOHNSON COMMUNITY CENTER	400 Ruffle St	Eatonville	FL	32751
EAST ORANGE	12050 E Colonial Dr	Orlando	FL	32826
ENGELWOOD ELEMENTARY	900 Engel Dr	Orlando	FL	32807
EVANS COMMUNITY SCHOOL HEAD START	4949 Silver Star Rd	Orlando	FL	32808
GRAND AVE	800 Grand Ave	Orlando	FL	32805
HAL P MARSTON COMMUNITY CENTER	3933 Wd Judge Dr	Orlando	FL	32808
JOHN H BRIDGES COMMUNITY CENTER	445 W 13th St	Apopka	FL	32703
LILA MITCHELL COMMUNITY CENTER	5151 Raleigh St	Orlando	FL	32811
MAXEY ELEMENTARY	1100 E Maple St	Winter Garden	FL	34787
ORLANDO TECH	301 W Amelia St	Orlando	FL	32801
PINE HILLS COMMUNITY CENTER	6408 Jennings Rd	Orlando	FL	32808
SOUTH ORLANDO YMCA HEAD START	814 W Oak Ridge Rd	Orlando	FL	32809
SOUTHWOOD COMMUNITY CENTER	6225 Brookgreen Ave	Orlando	FL	32839
TAFT	9504 S Orange Ave	Orlando	FL	32824
TANGELO PARK ELEMENTARY	5115 Anzio St	Orlando	FL	32819
WASHINGTON SHORES EARLY LEARNING CENTER ANNEX	2500 Bruton Blvd	Orlando	FL	32805
WASHINGTON SHORES HEAD START AT THE HOPE	1001 S Goldwyn Ave	Orlando	FL	32805

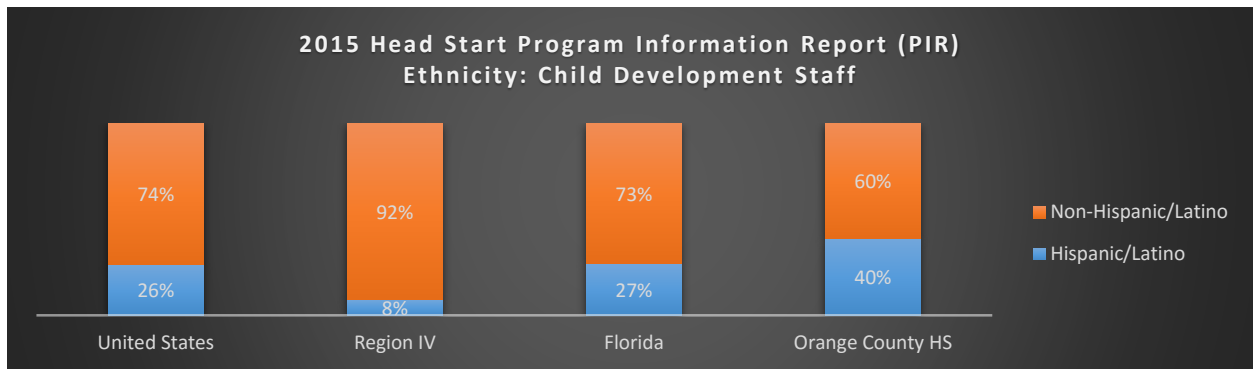
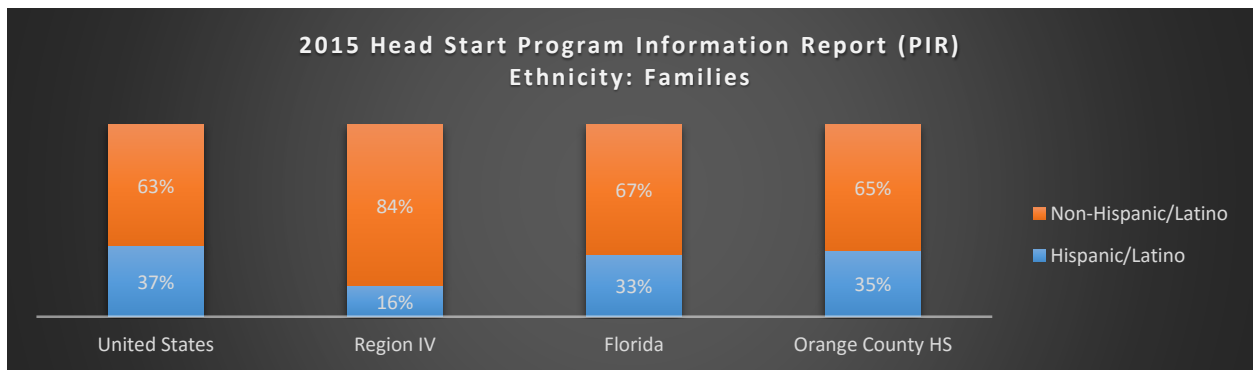
Table 35: Orange County Head Start Centers



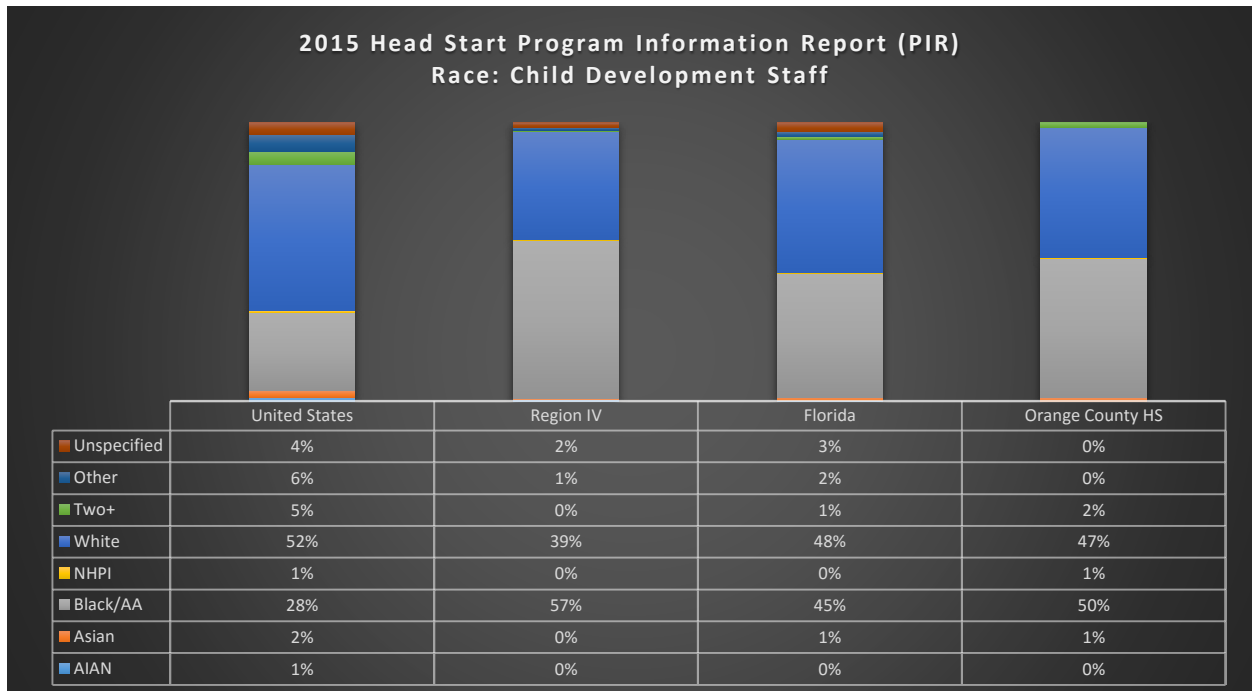
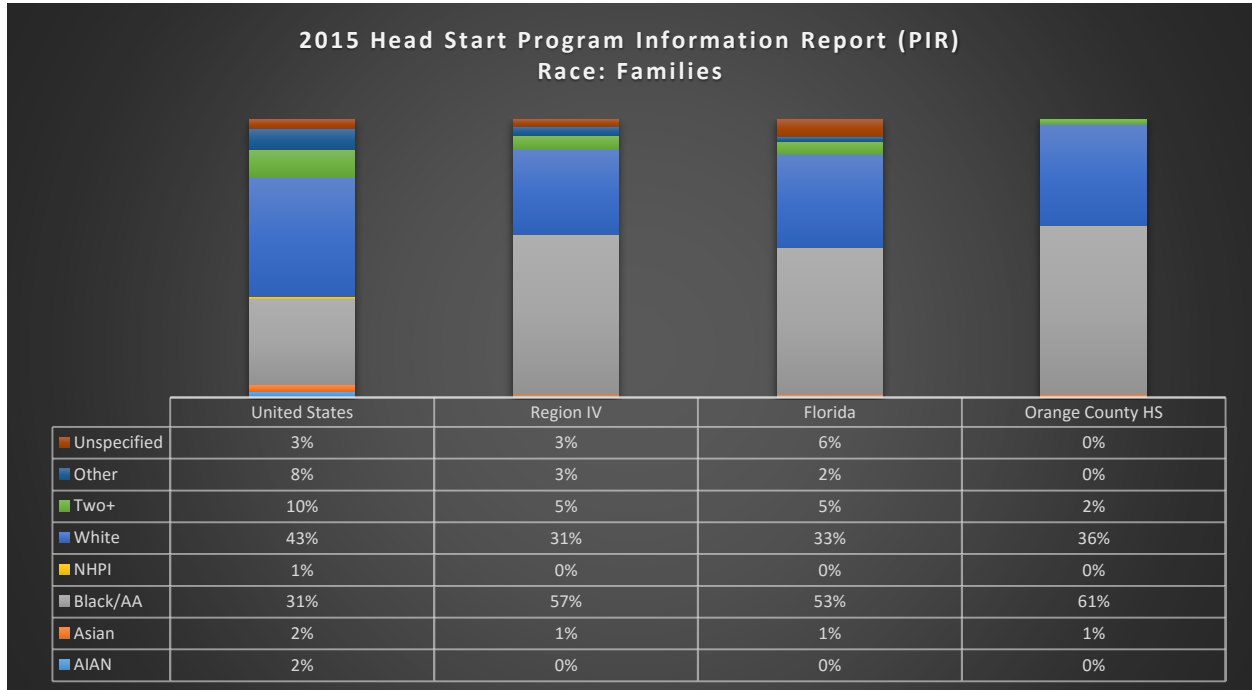
ENROLLMENT ELIGIBILITY



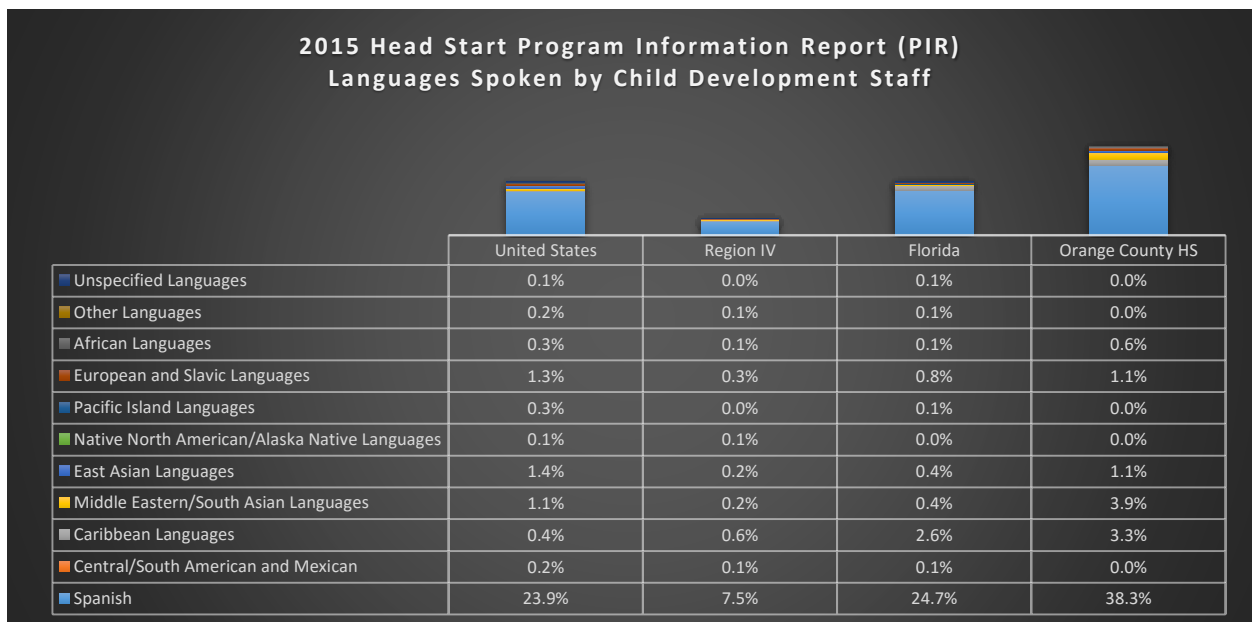
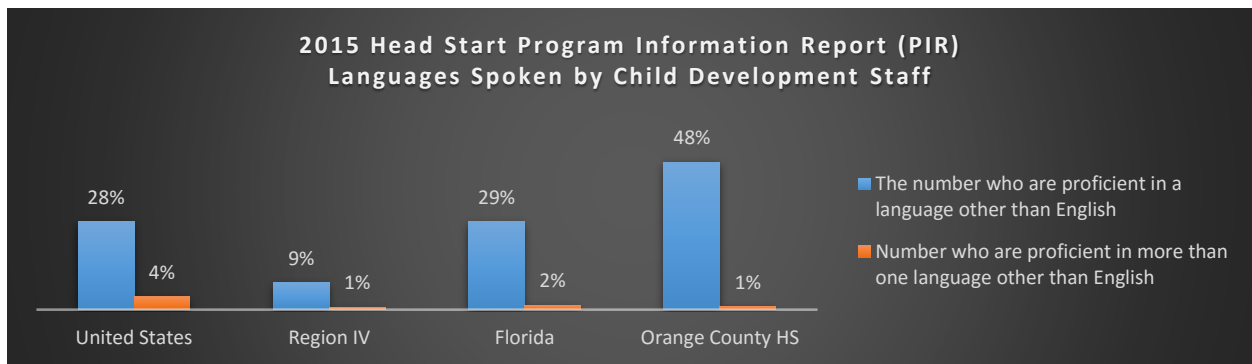
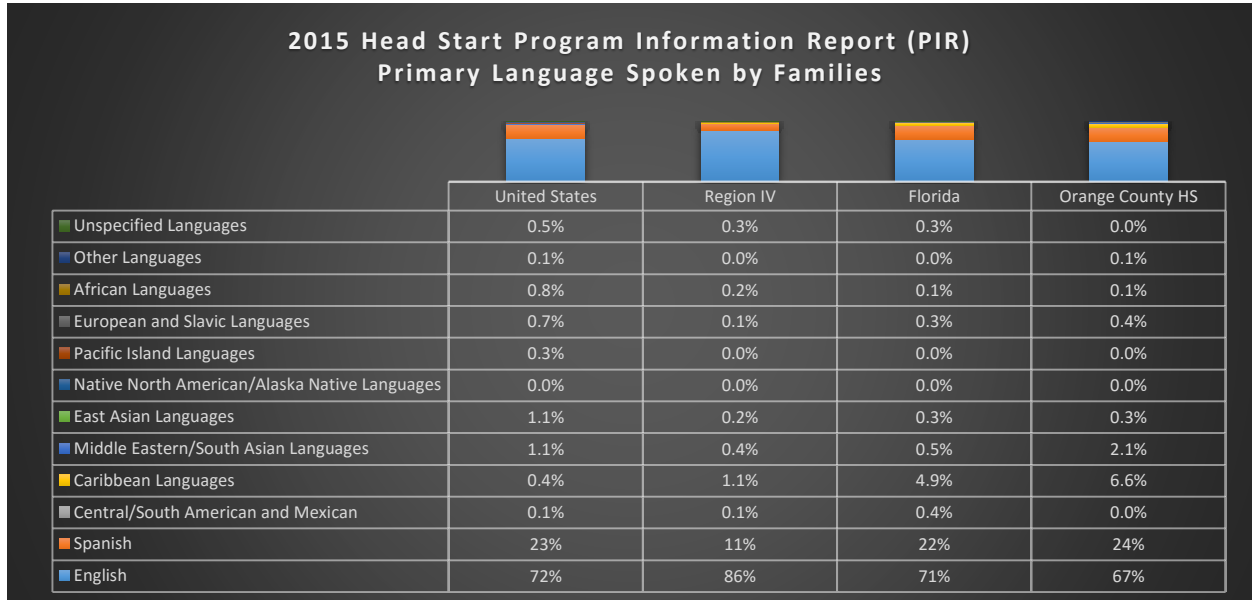
ETHNICITY (FAMILIES AND CHILD DEVELOPMENT STAFF)



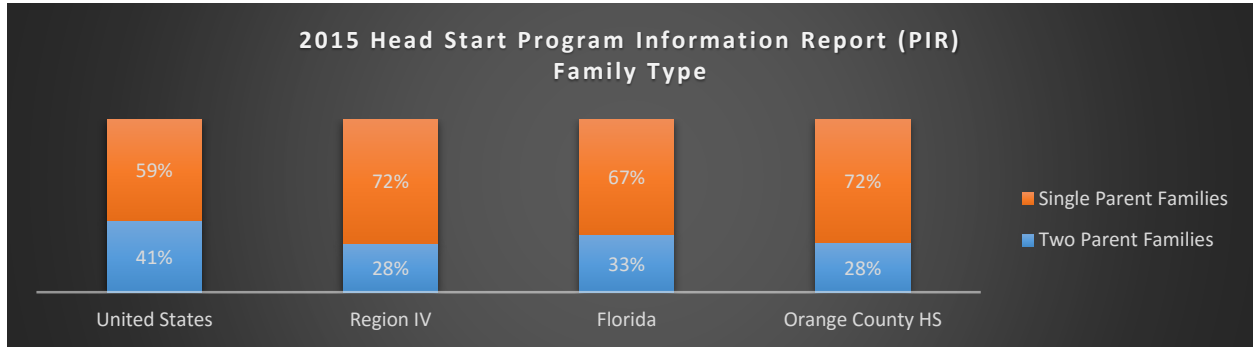
RACE (FAMILIES AND STAFF)



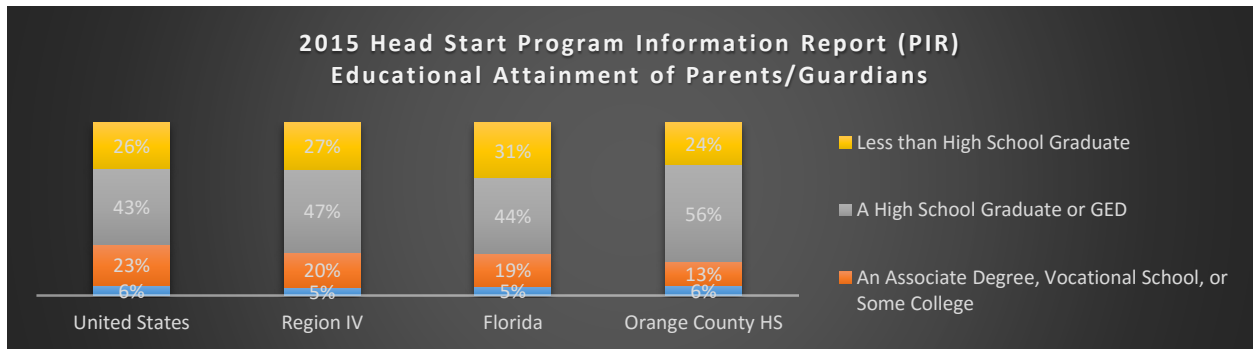
LANGUAGE



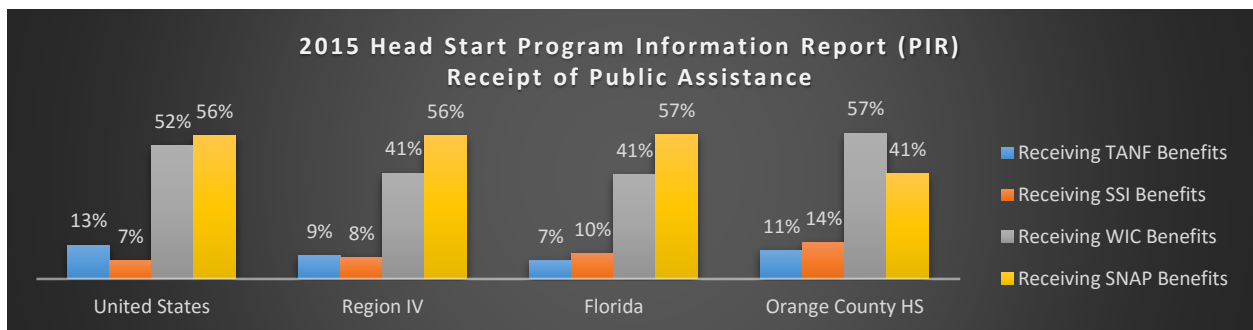
FAMILY TYPE



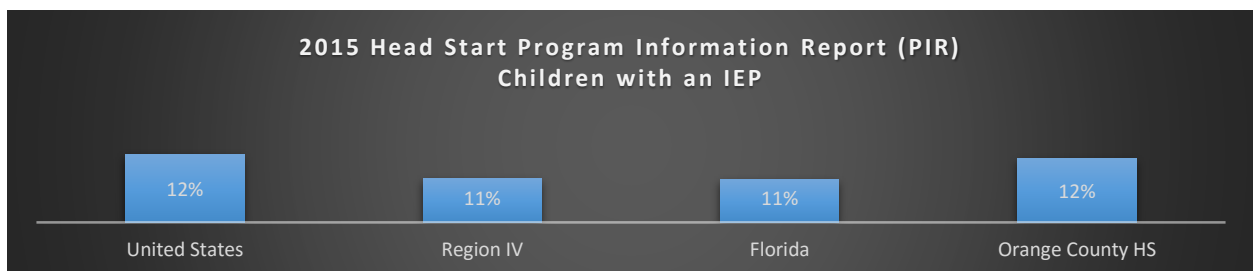
EDUCATIONAL ATTAINMENT



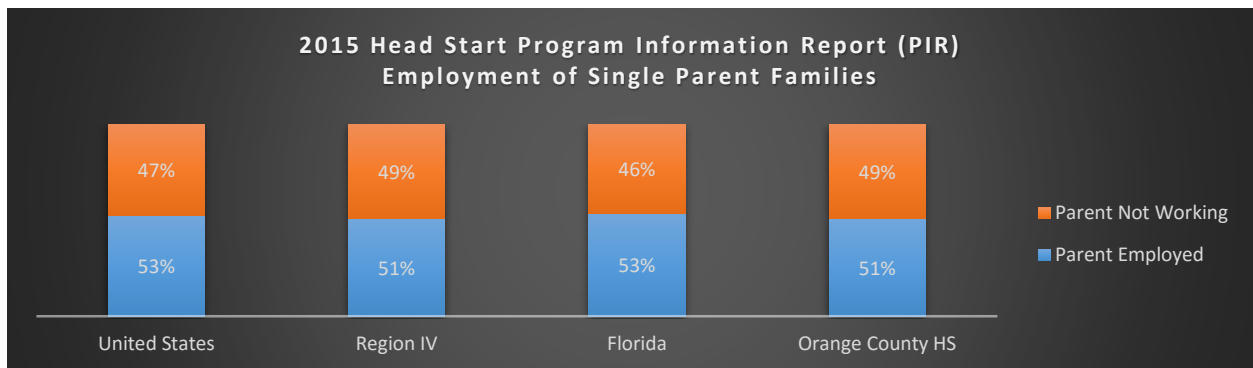
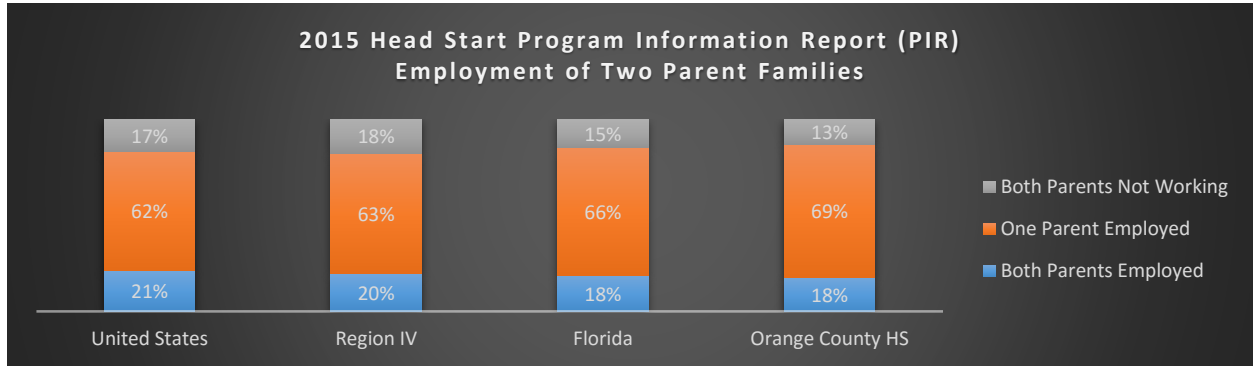
PUBLIC ASSISTANCE



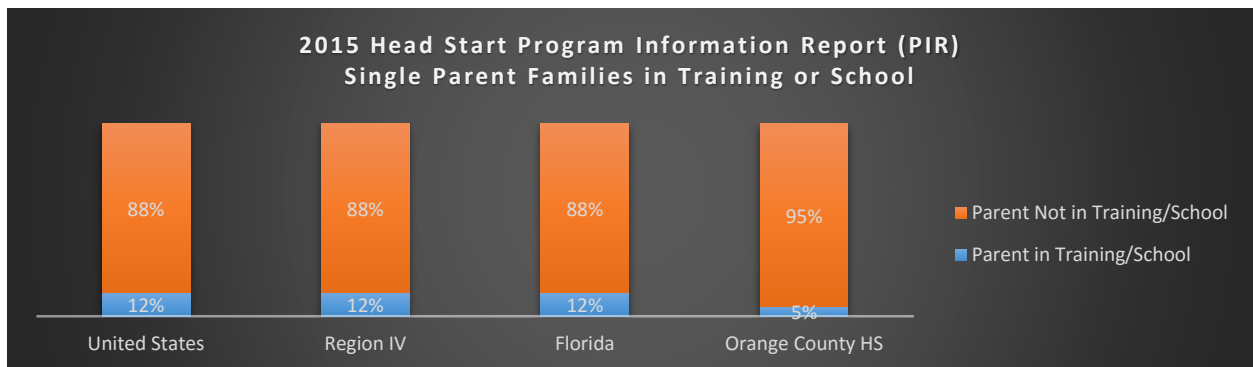
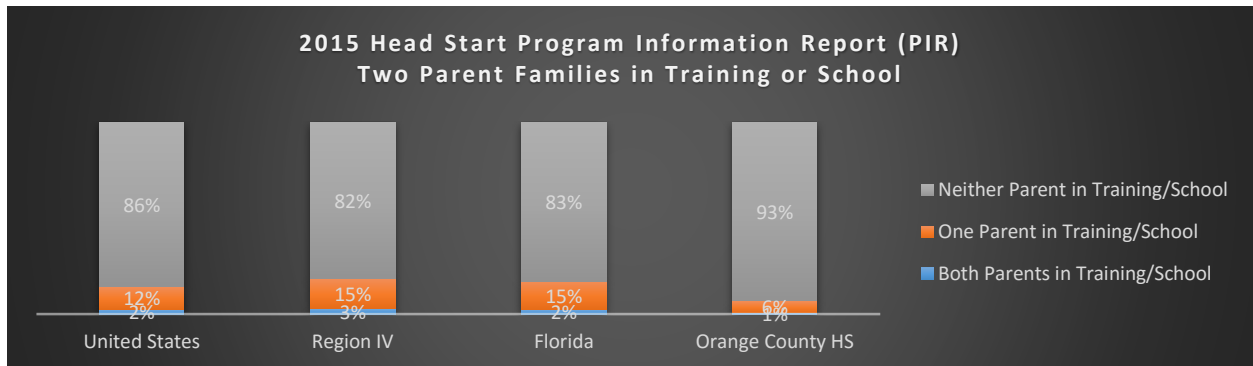
DISABILITY SERVICES



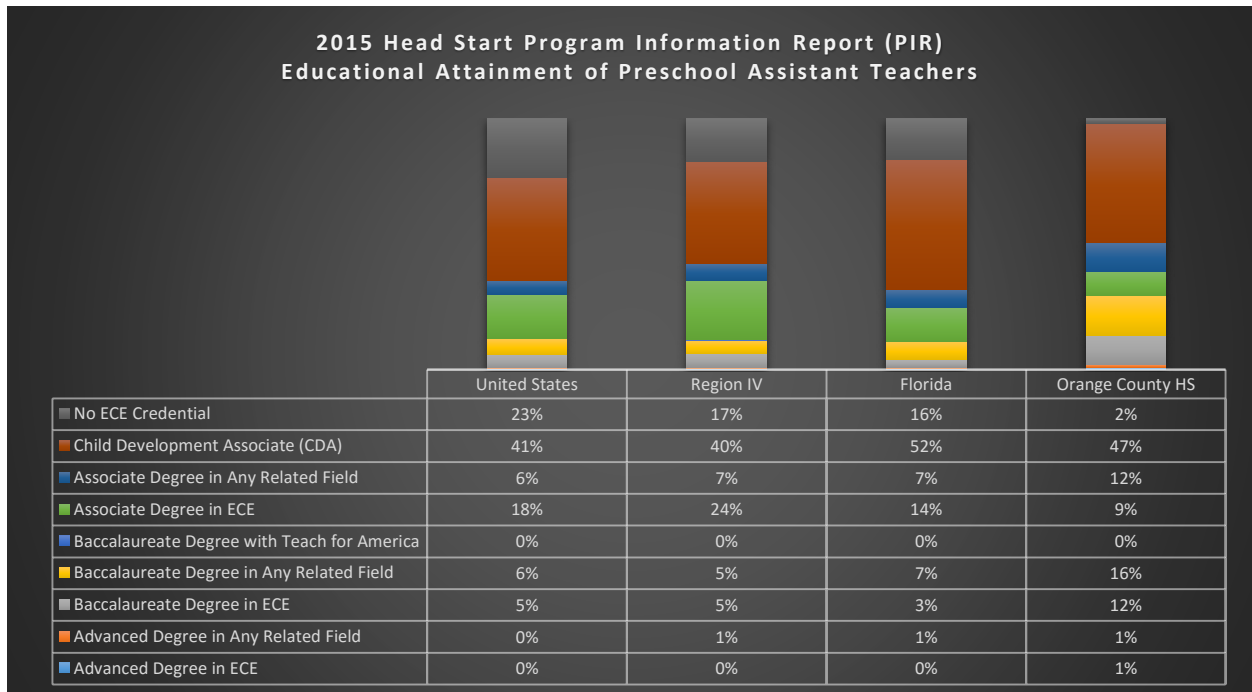
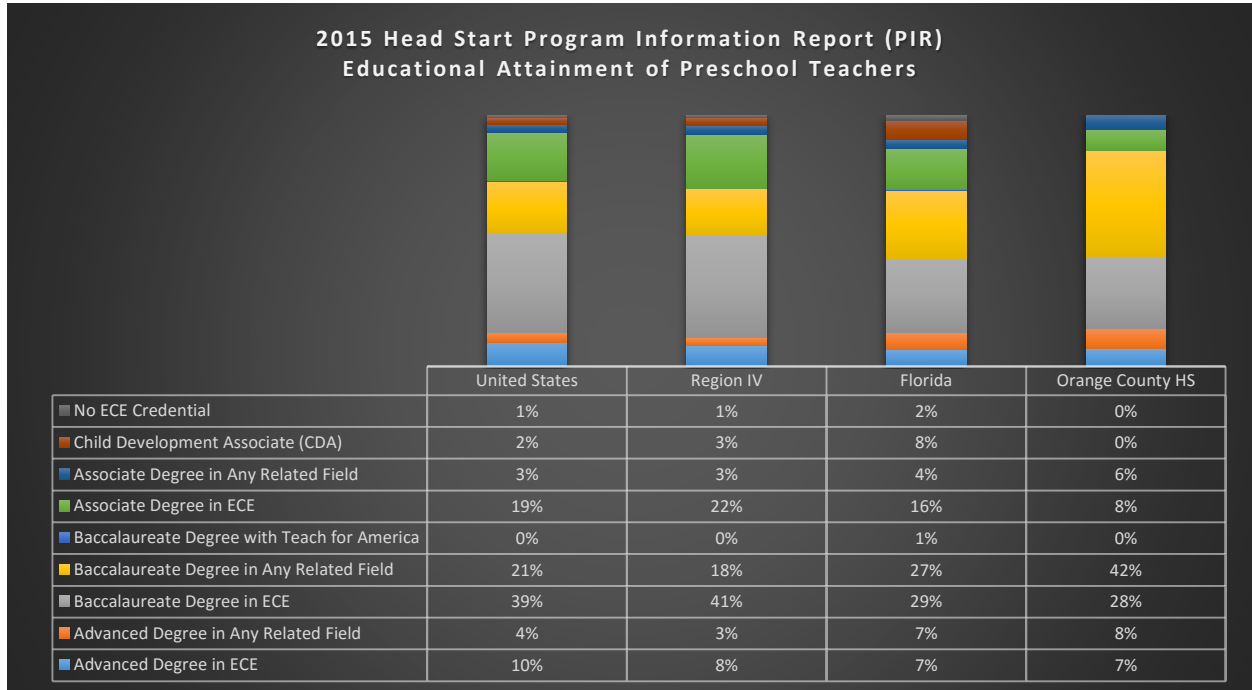
EMPLOYMENT



TRAINING OR SCHOOL



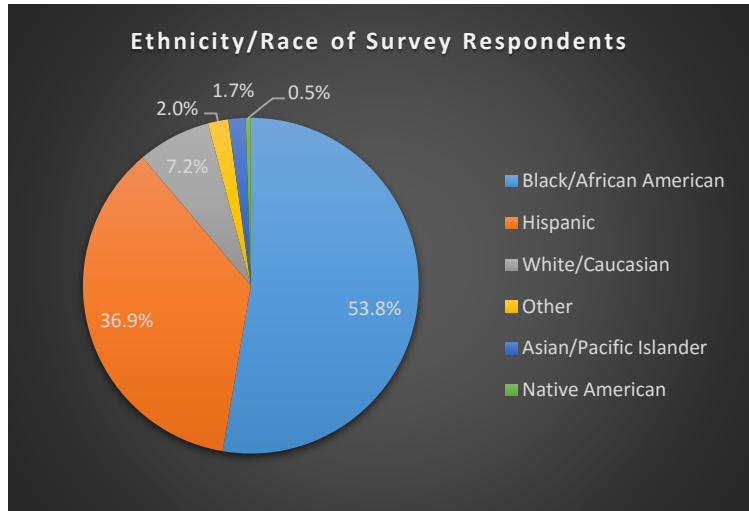
HEAD START TEACHER QUALIFICATION



PARENT COMMUNITY NEEDS SURVEYS RESULTS

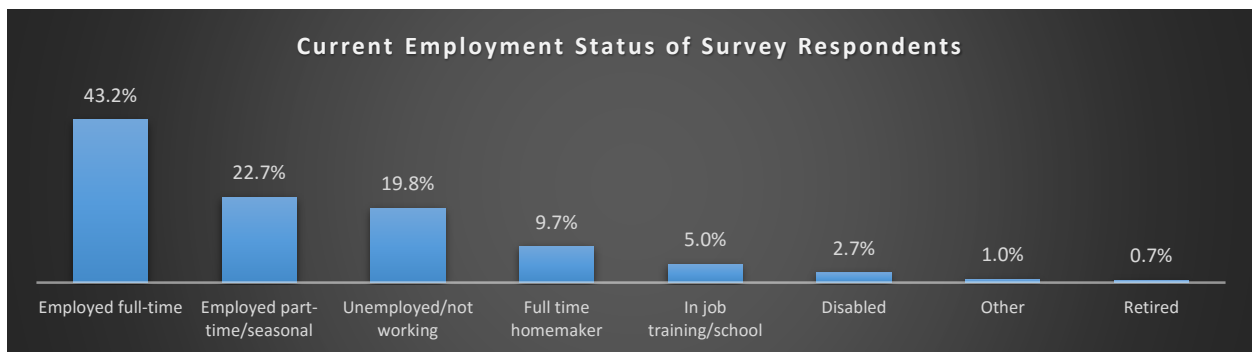
CHARACTERISTICS

In order to collect primary data from Head Start parents and guardians, a Parent Community Needs Survey was distributed in English and Spanish to all families enrolled at the time of the Community Assessment (see Appendix A for a copy of the survey in English). A total of 985 surveys were completed and returned. Of those who responded to the survey, 53.8 percent indicated their



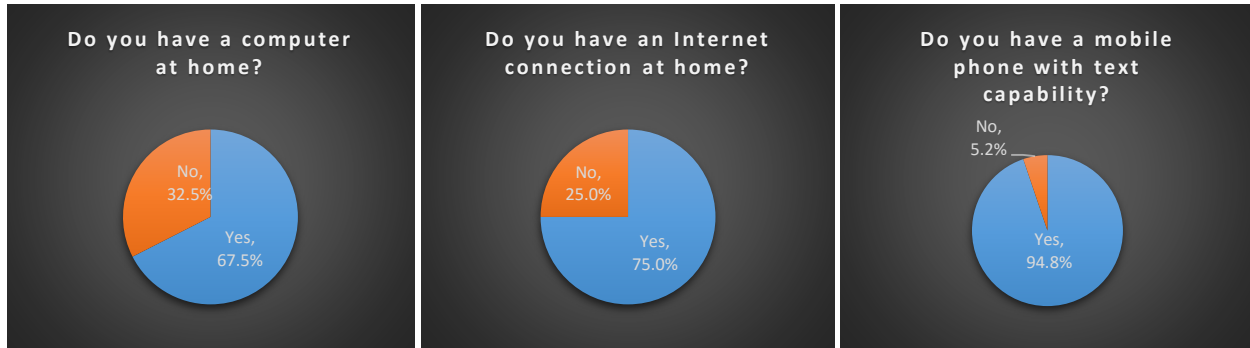
race/ethnicity to be African American, 36.9 percent Hispanic or Latino, and 7.2 percent white. The remaining 4.2 percent was split among those selecting 'other,' Asia/Pacific Islander, and Native American.

Approximately 43.2 percent of respondents were employed full-time at the time of the survey, 22.7 percent were employed on a part-time or seasonal basis, and 19.8 percent were unemployed or not working. Almost 10 percent of respondents were full-time homemakers, and 5 percent were in job training and school.



Although more than 66 percent of respondents indicated having a checking or savings account, **approximately 1 out of 3 parents/guardians do not have a checking or savings account.**

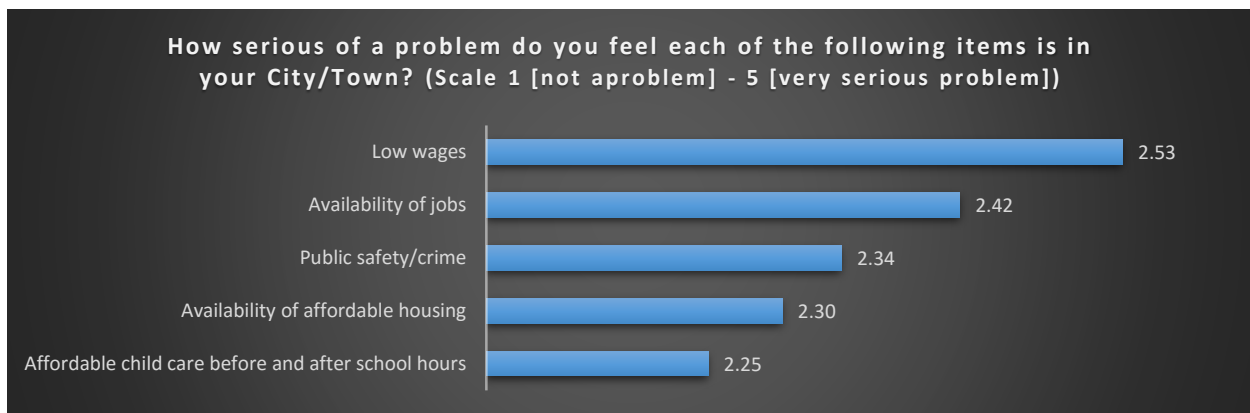
More than 30 percent of respondents indicated *not* having a computer at home, and one in four does not have an internet connection. **However more than nine out of ten Head Start parents or guardians do have a mobile phone with text capability.**



PERCEPTION OF PROBLEMS IN THE COMMUNITY

Survey takers were given a list of 20 items and asked to rate each on a scale of 1 to 5 to indicate how serious of a problem they found each item to be in their city or town. The scale provided was as follows: (1) Not a Problem (2) Somewhat (3) Problem (4) Serious Problem (5) Very Serious Problem.

According to those who responded to the survey **low wages** and **availability of jobs** were the most significant problems in their community, rating each a 2.53 and 2.42, respectively. Public safety/crime, availability of affordable housing, and affordable child care before and after school hours were among the top five issues for survey respondents.



Note: Incidence of low wages was rated a 5 (very serious problem) by one out of five respondents (20 percent), and availability of jobs was rated a 5 (very serious problem) by 16 percent of respondents.

How serious of a problem do you feel each of the following items is in your City/Town?

Scale:(1) Not a Problem (2) Somewhat (3) Problem (4) Serious Problem (5) Very Serious Problem

Answer Options	Rating Average	Percent Who Rated Item a 5 "Very Serious Problem"
Low wages	2.53	20.6%
Availability of jobs	2.42	16.1%
Public safety/crime	2.34	15.4%
Availability of affordable housing	2.30	14.0%
Affordable child care before and after school hours	2.25	13.0%
Incidence of drug and alcohol abuse	2.18	13.6%
Gang activity	2.17	11.9%
Domestic Violence	2.15	13.0%
Utility costs (heating, electricity, water)	2.12	10.7%
Child abuse and neglect	2.11	12.6%
Child health issues (obesity, exposure to lead, asthma)	2.09	10.4%
Incarceration of parents	2.08	11.9%
Availability and access to public transportation	2.01	9.7%
Availability of job training	1.96	7.2%
Services for disabled children	1.94	8.4%
Availability of adult education (GED, ESL, etc.)	1.90	7.0%
Quality of public education in your city or town	1.89	7.1%
Access to health care	1.86	8.3%
Access to public assistance (WIC, Food Stamps, Medicaid, Work First)	1.85	7.2%
Availability of recreation for families (parks, church programs, membership organizations)	1.74	4.5%

Poverty. The top three reasons for poverty in the community according to survey respondents were low wages, high housing costs, and insufficient jobs.

Please select the top THREE reasons you feel are the primary causes of poverty in your City/Town.

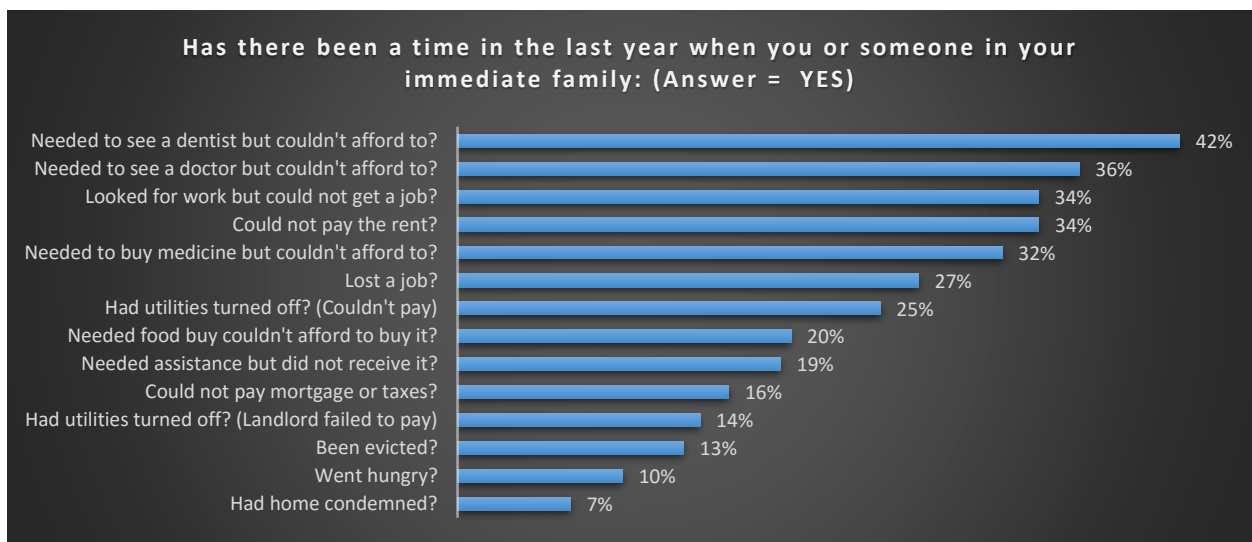
Answer Options	Response Percent
Wages are too low	59.6%
Housing costs are too high	43.7%
Not enough jobs	41.8%
Lack of education/training	23.6%
People don't want to work	22.8%
Health care costs are too high	22.3%
Lack of child care	21.9%
Lack of job skills	17.8%
Utility costs are too high	17.2%
Lack of transportation	13.9%

FAMILY NEEDS

The majority of survey takers (930 out of 985) responded to the question asking if they or someone in their immediate family experienced a time in the past year where they needed a particular service or experienced particular situations related to inadequate income (see chart below). Approximately 42

percent indicated that they or someone in their family had at one point within the last year **needed to see a dentist but could not afford to**; 36 percent within the last year **needed to see a doctor but could not afford to**; 34 percent stated that they or someone in their family had **looked for work but could not get a job and could not pay rent**, and 32 percent **needed to buy medicine but could not afford to**.

More than one-quarter stated they had **lost a job and had utilities cut off**. One out of five respondents stated they **needed to buy food** but could not afford to do so, and one out of ten **went hungry**. Additionally, even though “only” 13 percent of survey respondents indicated that they or someone in their immediate family had been evicted in the past year, this translates to 107 persons.



What are the 2 or 3 most important things that you believe will improve your household’s quality of life? The overwhelming majority of responses (from 451 respondents) were related to employment, wages, and housing. One in three answers (38 percent) given by survey respondents were that they needed **employment, better employment, higher wages, or money** in general. The third top-ranked response was the need for **better education** (10 percent). The table below lists the top 10 answers provided by survey respondents, accounting for approximately 65 percent of all responses.

What are the 2 or 3 most important things that you believe will improve your household’s quality of life?
Employment (or a better job if employed)
Higher wages/more money
Education
Affordable and/or better housing/utilities
More time

What are the 2 or 3 most important things that you believe will improve your household’s quality of life?
Additional/after-hours/after school child care
Faith/prayer/God/church family
Transportation
Affordable health care/health insurance

COMMUNICATION AND KINDERGARTEN REGISTRATION

The overwhelming majority of respondents, 96.1 percent, indicated they are satisfied with the communication between themselves and their child’s teacher. Two percent of survey respondents stated they were not satisfied with the communication, citing reasons such as: *the teacher is not very forthcoming with relaying my child's progress until I express a concern; before and after school we cannot communicate because the teacher is gone; the teacher is impatient; the teacher does not take concerns seriously.*

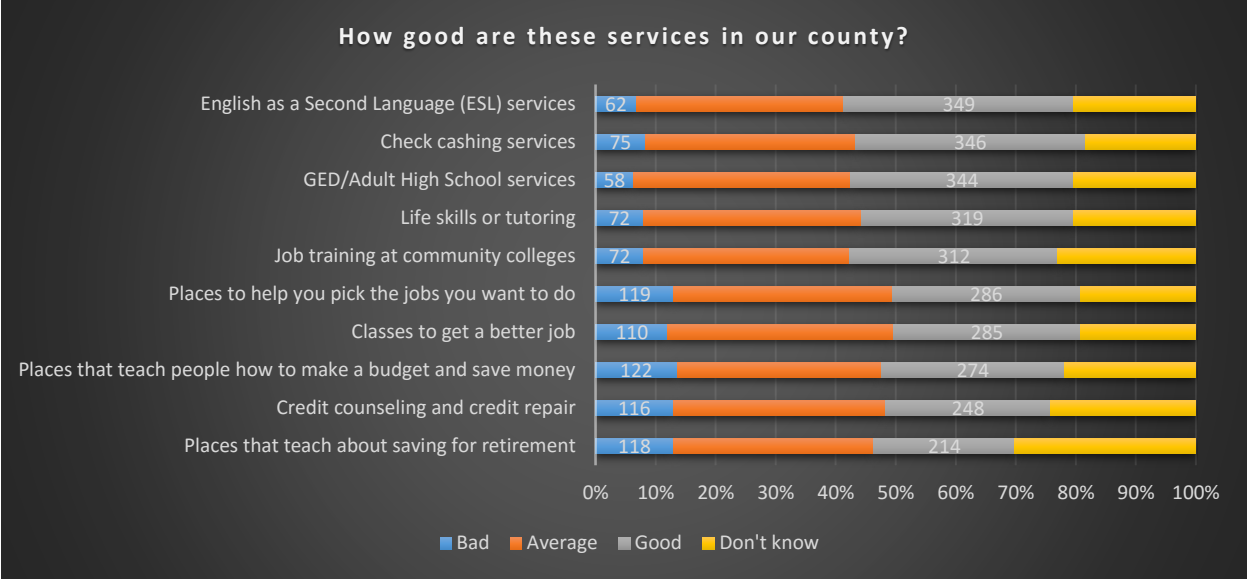
Are you satisfied with the communication between you and your child's teacher?	
Answer Options	Response Percent
Yes	96.1%
No, because...My teacher does not speak my preferred language	1.5%
No, because...I do not have time	1.6%
No, because...The teacher does not have time	0.7%
No, because...Other (please specify)	2.0%

Ninety-one percent (a total of 897 respondents) answered the question regarding kindergarten registration. Almost two-thirds, 65.1 percent, feel they are very knowledgeable and do not need help with the process; 29.7 percent are knowledgeable but do not know where to start with kindergarten registration, and 5.2 percent have no knowledge of the process at all.



SERVICES IN THE COMMUNITY

Survey takers were asked to rate community services in their county and/or to state “don’t know” if they did not use the service or had no knowledge of the service. The best rated services in the county were English as a Second Language (ESL) services, while the most poorly rated services were places that teach about saving for retirement.



Other Programs Used the Most. When asked, besides Head Start, what other agencies are used most often, the majority of respondents indicated the Department of Children and Families (DCF), followed by day care services, Community Action, and Career Source.

KEY INFORMANTS

As a strategic step to supplement secondary data findings, the Orange County Head Start Program staff identified a group of key informants and invited them to offer answers to questions that provide additional insight into the families served by the Head Start Program in the county. Key Informants, leaders and experts who responded to the community assessment included the following: Health Specialists, Academics in the field of Early Childhood Education, Head Start Program Directors, Professional Development Specialists, and Non-Profit Administrators. The questions and summary of responses follow:

1. What do you see as the top priority issues affecting early childhood development (0-4-year-old children) during the next four years in your county and/or state?
 - a) Children in the county should have guaranteed access to affordable, high quality early learning services.
 - b) Provide Early Childhood Education teachers access to curricular materials that are cutting edge/innovative.
 - c) Offer activities for Family/Parent education.
 - d) Highly qualified early childhood professionals must be in classrooms with young children (minimum of a Bachelor's degree in early childhood/development, preferred Graduate degree in early childhood/development).
 - e) Early Childhood Education Teachers should receive ongoing professional development.
 - f) The county needs more home visiting programs, particularly services for children with diagnosed and suspected disabilities and educational services for children who do not attend a center-based program.
2. What do you see as the top priority issues affecting education for adults during the next four years in your county and/or state?
 - a) Increase access to quality services for parents to address the social, emotional, developmental, and curricular needs of their children.
 - b) The county needs to focus on better access to high quality job training/re-training services that are adaptable to family and employment schedules.
 - c) Many key informants stressed the essential and vital need for programs and institutions in the county to do a better job promoting and making parents aware of the services that are available. (Program at the Callahan Center called Muffins with Moms is one of those that need to be promoted better.)

- d) Addressing and considering “family structural” (family support systems) barriers than are hindering adults in continuing with education, skills training.
- e) Many adults in the county have limited resources and face challenges affording opportunities to further their education.

3. What do you perceive to be the number one priority issue or concern for the county and/or state leaders during the next four years? (i.e. environmental, economic, health, and social) Please explain.

- a) Equal access to services for the underserved communities/sections of town.
- b) Many families in the county are unable to achieve financial stability to support their own families. Low-income families face minimal or no assistance.
- c) Educating families on the importance of children's social emotional development, in addition to academics, as well as how it impacts their future survival in school, and ultimately the work force, i.e., if they can't get along, they can't work together.
- d) Many county leaders' lack of understanding of the communities in which “*they move in to help.*” A lack of respect for the stakeholders, which leads to disempowerment. A school system, which wields power and control over the city and community, but lacks the willingness to advocate for children on critical issues (physical activity/recess, implementing tests which are neither valid nor reliable, lack of respect for teachers' professional knowledge, etc.).
- e) Other major issues that are matters of concern for the county leaders include (1) the county's economy: employment (increase full time jobs w/ benefits), (2) housing (the cost of housing is “ridiculous”), (3) medical insurance (families cannot afford co-pays, are being turned away from physicians, and do not understand the system), (4) transportation (families cannot afford to purchase vehicles or maintain them) and, (5) water and infrastructure expansion/maintenance.

4. In your opinion, what are the top two to three strengths of your county and/or state? Informants offered several answers to this question:

- a) The county offers accessible and diverse services, activities, and facilities: public library, parks, UCF, Florida A&A University, mass transit, Dr. Phillips Center for the Performing Arts, soccer facilities, Orlando Science Center – science museum, Orlando Museum of Art, and a multitude of other activities for local families to engage in, many at no charge, if you are aware of them.
- b) The variety of community providers and leaders are willing to work together, generally look for long-term solutions, and have a growing understanding of what must be done differently to diversify the county's economy. There are examples of instances where agencies have come

together to bridge the gaps as in the case of Florida's *Baby Court*¹—a centralized intake and referral. In some cases, we have seen funding support from high profile agencies; Orlando Magic, Disney.

5. What is the status (reputation) of early childhood education (ECE) and services in your city and/or community? Please explain.

- a) Some key information stated that the overall reputation of ECE is positive. Based on frequent visits to centers, one of the respondents stated that ELC, Head Start, and those centers affiliated with the School District operate quality programs; “they seem to utilize a variety of programs and are building a very strong system of accountability.”
- b) Another source said that as compared to smaller areas, the reputation of ECE is positive in Orange County (and Central Florida). There are many providers and options for families (though not enough for low-income families), and a focus on strengthening the quality of services and collaboration.
- c) However, a few informants stated that the quality varies widely, from very good to very poor. For some the reason is cost and availability of services. “Better programs generally charge more and have more qualified staff unless the programs are federally funded.” One key informant argued the number of children served by federally supported programs should be increased. One key informant argued that services provided for children under age 4 are still seen as “baby sitting.” Services for 4-year-olds (pre-school/VPK) are seen a bit differently, but still not as “real school”.
- d) There is a need for longitudinal data on VPK to justify additional funding for early childhood education. The data is needed to justify or support expansion of Early Head Start to areas of the county with poorer neighborhoods having fewer quality options, and to help recruit qualified early childhood education teachers.
- e) One key informant talked about the lack of “true commitment” to serving the developmental needs of the young children in the city/community. “Rather than advocating for high quality environments, the early childhood community has “bought in” to the idea that school readiness means academic, rather than social-emotional development. “Academic” is not a developmental domain; cognitive is the domain, which means creative and critical thinking skills, not letters,

¹ Safe Babies Court Teams train professionals, provide resources, encourage collaboration between existing community service providers in Court Team sites, and increase parent-child contact, mental health capacity and placement stability in Court Team communities.

numbers, etc. The reputation is that early childhood educators embrace the rhetoric about rigor being earlier, rather than deep exploration.”

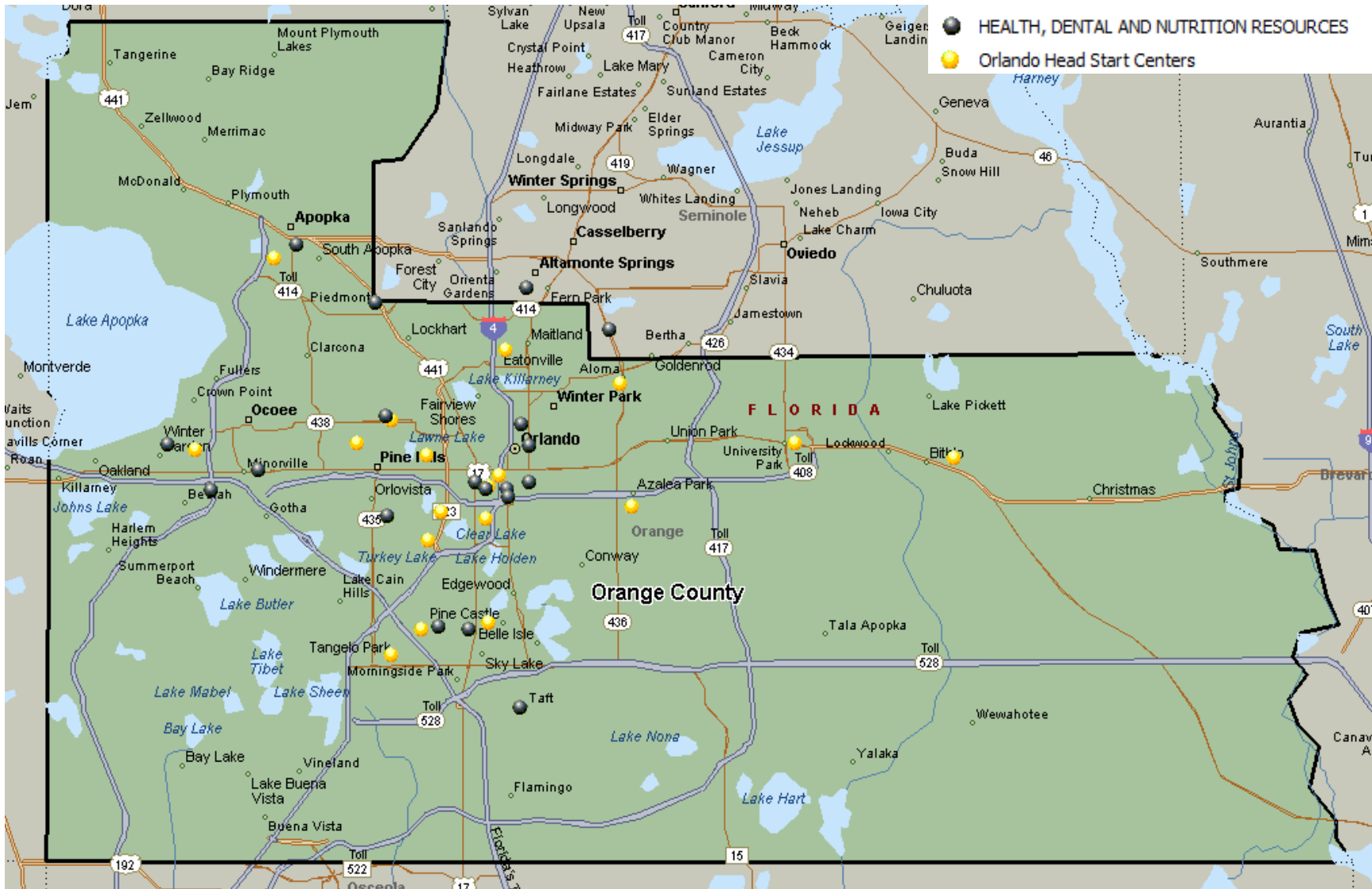
6. Can you offer any advice to the Head Start Leadership in your county and/or state regarding community partnership and involvement? Here is complete list of recommendations:

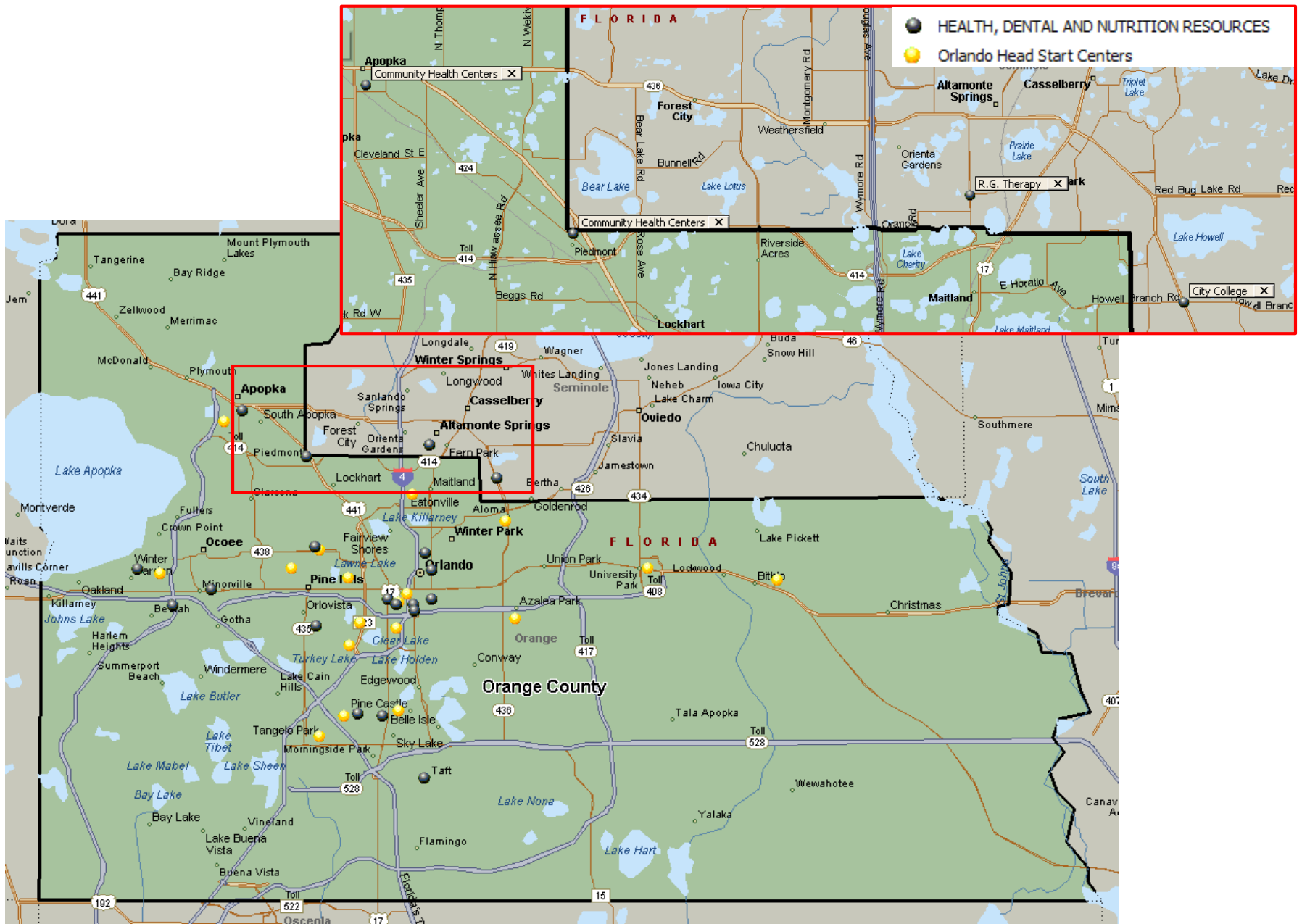
- a) Continue to provide training to your staff. Continue to look for innovative programs.
- b) One key source offered the following advice: “I hope the Head Start Leadership is committed to raising the level of teacher knowledge of development and understanding of the population they serve. I hope the Head Start Leadership remains true to the intent of Head Start (50 years ago) and includes/requires family involvement.”
- c) Work better, together, regarding transitioning children into Head Start. Parents do not need to be frustrated and run into barriers.
- d) Stronger and more active advocacy at state and federal levels is needed on behalf of ECE. The professional field of ECE needs to work on translating our language to the language of business. The work of the Central Florida Partnership regarding the talent pipeline has the potential to allow conversation about the role of early learning in the development of the future workforce.
- e) One key informant recommended that the Head Start leadership “work more closely with 4C and Early Head Start.”

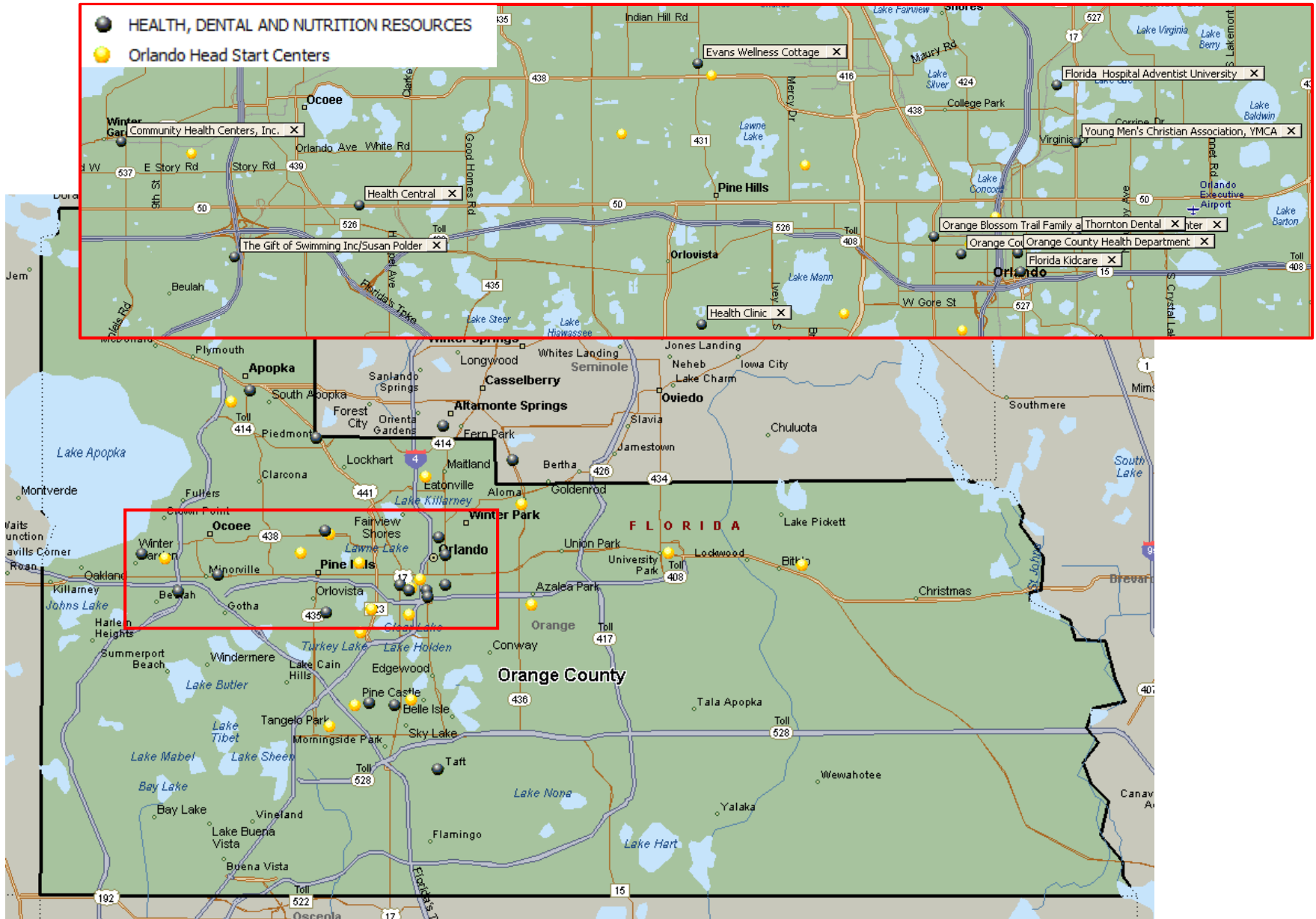
RESOURCES, COLLABORATIVE/FORMAL AGREEMENTS & PARTNERSHIPS

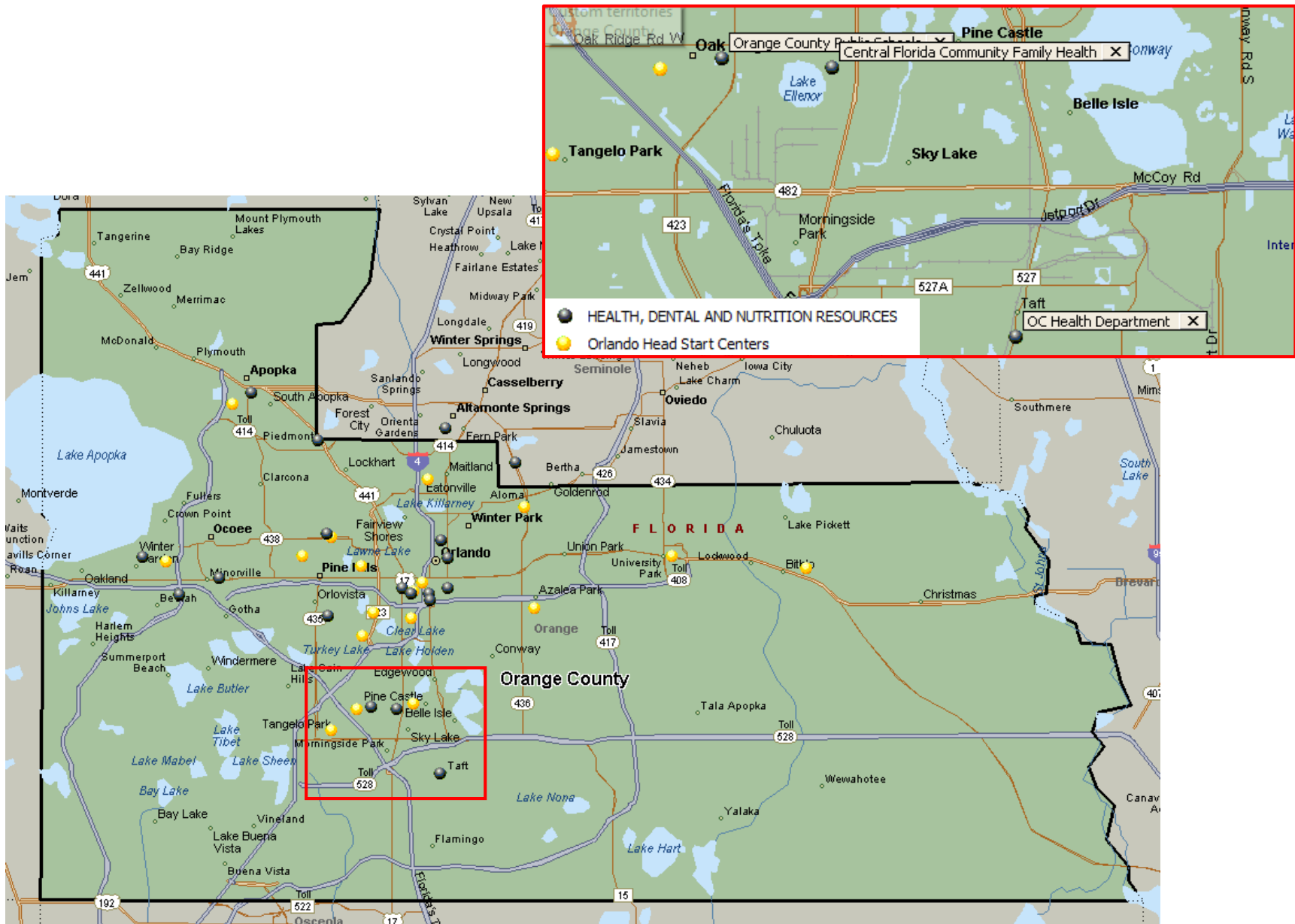
HEALTH, DENTAL AND NUTRITION RESOURCES

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
Central Florida Community Family Health	6101 Lake Ellenor Dr.	Orlando	FL	32839	407 905-8827	Provides health and dental services to our children and their families.	Informal
City College	853 Semoran Blvd.	Casselberry	FL	32707	407-831-9816	Nurse and Early Education student interns	Other
Community Health Centers	225 E. Seventh St.	Apopka	FL	32703	407-905-8827	Family, OB & Dental Care	Informal
Community Health Centers	618 Forest Ave	Apopka	FL	32703	407-905-8827	Pediatrics- Immunizations/Physicals/Blood Lead	Informal
Community Health Centers, Inc.	110 S. Woodland St.	Orlando	FL	34787	407-905-8827	Dental services for HS children	Contract
Evans Wellness Cottage	2804 Belco Dr.	Orlando	FL	32808	407-322- 8645	Health Services (medical, dental, mental health)	Formal
Florida Hospital Adventist University	800 Lake Estelle Dr.	Orlando	FL	32803	407-303-7747	Nurse student interns	Other
Florida Kidcare	www.floridakidcare.org	Orlando	FL		888-540-5437	Medical Insurance for children age 1-18	Informal
G.A. Foods Service, Inc.	12200 32nd Court, N	St. Petersburg	FL	33716	800-852-2211	Catered meals and snacks to Head Start	Contract
Health Central	10000 W. Colonial Dr.	Ocoee	FL	34761	407/296-1000	Medical	Informal
Health Clinic	5151 Raleigh St Ste B	Orlando	FL	32811	407- 858-1487	Pregnant women care	Informal
OC Health Department	9500 S Orange Ave	Orlando	FL	32824	407-254-1967	Shots for children, physicals at beginning of school year	Formal
Orange Blossom Trail Family and Health Services Center	232 North Orange Blossom Trail	Orlando	FL	32805	407.428.1672	Health, Dental and Nutrition Services for Children and Families	Contract
Orange County Department of Health	832 W. Central Blvd.	Orlando	FL	32805	407-836-2600	Immunization, Newborn Screening, men & women reproductive health	Formal
Orange County Health Department	65 E Central Blvd	Orlando	FL	32801	407.836.8500	Health and Nutrition Services for Children and Families	Informal
Orange County Public Schools	6501 Magic Way, Bldg. 500	Orlando	FL	32809	407-317-3700	Catered meals and snacks to HS children at school sites	Contract
R.G. Therapy	630 N. Maitland Ave	Maitland	FL	32751	407-312-7834	Physical/Occupational Therapy	Contract
The Gift of Swimming Inc./Susan Polder	205 Windermere Rd	Winter Garden	FL	34787	407-905-2815	Offers swimming classes for our children at no cost to the parents.	MOU
Thornton Dental	630 N. Thornton Ave	Orlando	FL	32801	407 648-0000	Dental services accepting most Medicaid options.	Informal
Young Men's Christian Association, YMCA	433 North Mills Ave	Orlando	FL	32803	407-896-9220	Swim lessons at S. Orlando YMCA HS and lease land for HS classrooms	MOU





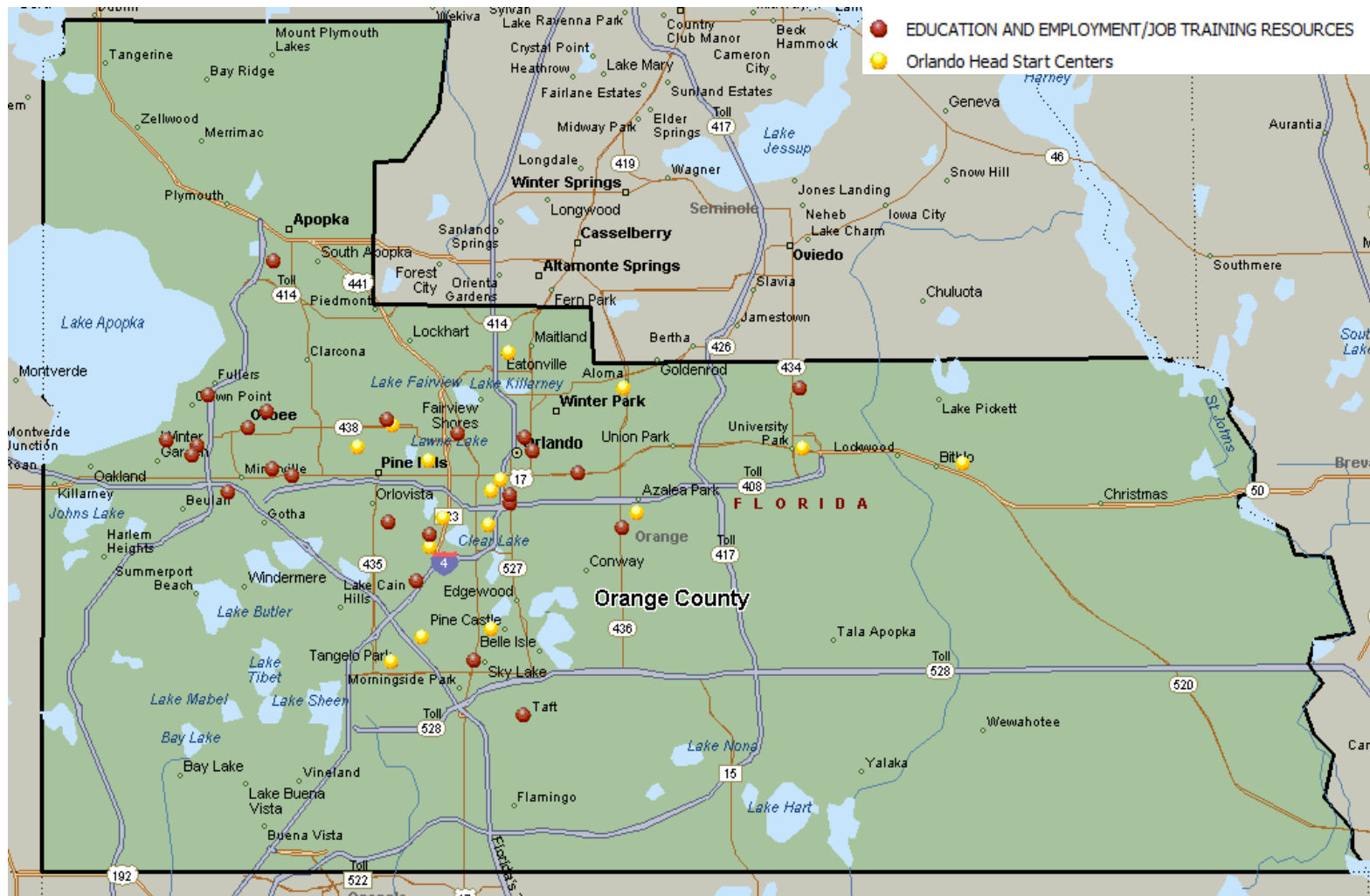


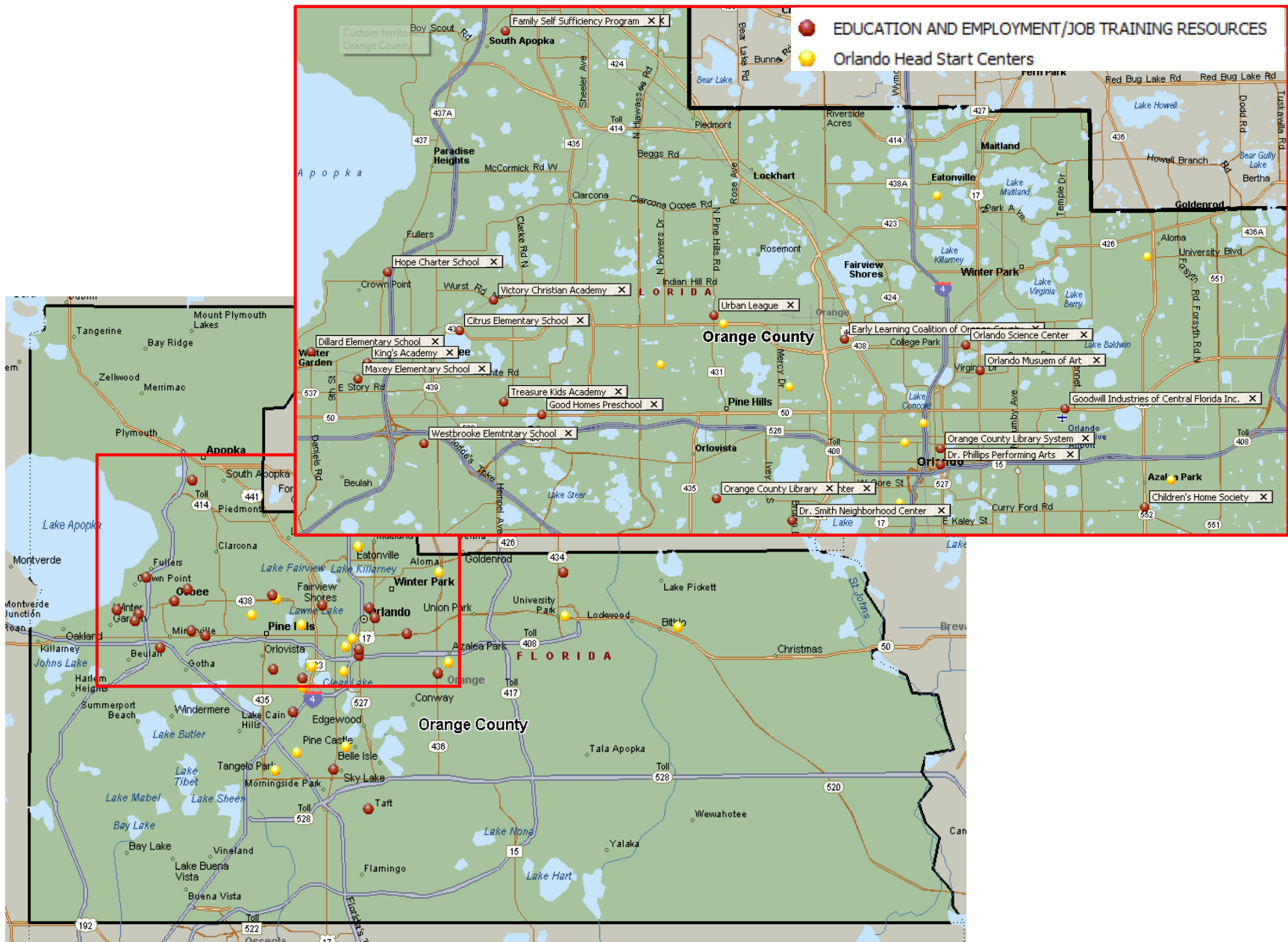


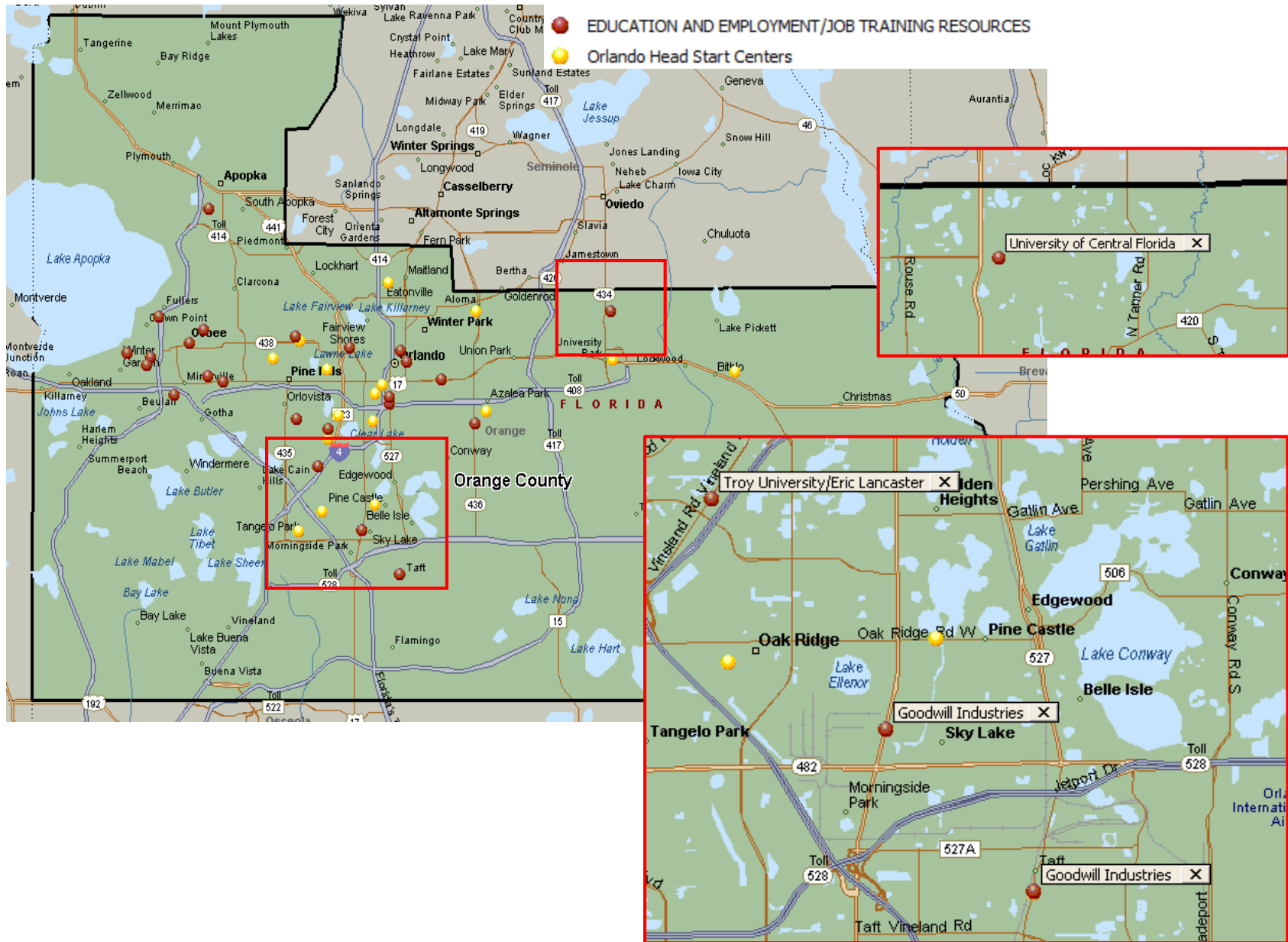
EDUCATION AND EMPLOYMENT/JOB TRAINING RESOURCES

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
Adult Literacy League	345 West Michigan S-100	Orlando	FL	32806	407-422-1540	Reading and literacy instruction for HS adults GED services and tutoring	MOU
Children's Home Society	1485 S. Semoran Blvd. S1448	Orlando	FL	32792	321-397-3007	Transition from Early HS to Head Start	MOU
Citrus Elementary School	87 N. Charke Rd.	Ocoee	FL	34761	407-445-5475	School	Informal
Community Action	9501 S Orange Ave	Orlando	FL	32824	407-254-1968/1951	Assist with returning to school, job training, ESOL classes, computer lab	Informal
Dillard Elementary School	311 N. Dillard St.	Wintergarden	FL	34787	407-877-5000	School	Informal
Dr. Phillips Performing Arts	445 S. Magnolia Ave	Orlando	FL	32801	844-513-2014	STEAM	Formal
Dr. Smith Neighborhood Center	1723 Bruton Blvd	Orlando	FL	32805	407-246-4477	Community Outreach	Informal
Early Learning Coalition of Orange County	1940 Traylor Blvd.	Orlando	FL	32854	407-841-6607	VPK Program for children and coordinate early learning programs	Contract
Family Self Sufficiency Program	445 W. 13th St.	Apopka	FL	32703	407-254-9414	Job Search, Financial Aid, Edu & Training	Formal
Good Homes Preschool	8956 W. Colonial Dr.	Ocoee	FL	34761	407/299-4861	School	Informal
Goodwill Industries	7531 S. Orange Blossom Trail	Orlando	FL	32809	407-466-3642	Job training skills workshops for adults	MOU
Goodwill Industries	9500 S Orange Ave	Orlando	FL	32824	407-254-1965	Resumes, interview skills, job search	Formal
Goodwill Industries	445 W. 13th St.	Apopka	FL	32703	407-254-9449	Employability Skills Training/Job Search	Informal
Goodwill Industries of Central Florida Inc.	3911 East Colonial Dr.	Orlando	FL	32803	407-872-0770	Provide Job placement, Resume Writing, and Job skills training.	Informal
Hope Charter School	1550 E. Crown Point Rd	Ocoee	FL	34761	407/656-4673	School	Informal
Ivey Lane Neighborhood Center	5151 Raleigh St	Orlando	FL	32811	407 254-9495	Employment, Counseling, Parents Support	Informal
King's Academy	1302 Edgeway Dr.	Wintergarden	FL	34787	407/656-5665	School	Informal
Maxey Elementary School	1100 E. Maple Street	Wintergarden	FL	34787	407/656-5329	School	Informal
OCPS-Westside Tech (GED Class)	445 W. 13th St.	Apopka	FL	32703	407-254-9449	GED & ESOL Class	Informal
Orange County Library	5151 Raleigh St Suite A	Orlando	FL	32811	407-835-7323	Computer classes, Book Rental	Formal
Orange County Library System	101 East Central Blvd.	Orlando	FL	32801	407-835-7323	Library services, literacy training	MOU
Orlando Museum of Art	2416 North Mills Ave	Orlando	FL	32803	407-896-4231	Museum tours, field trips, and training	MOU
Orlando Science Center	777 E. Princeton St	Orlando	FL	32803	407-514-2000	STEAM	Formal
Primrose School of Ocoee	860 Tomym Blvd	Ocoee	FL	34761	407/877-3332	School	Informal
Step Up for Students	www.stepupforstudents.org	Jacksonville	FL	32245	877-735-7837	Income Based Scholarships Gr K-12	Informal
Treasure Kids Academy	1025 S. Clarke Road	Ocoee	FL	34761	407/522-5750	School	Informal
Troy University/Eric Lancaster	4525 Vineland Rd, Ste 204	Orlando	FL	32811	407-219-5994	Parents counseling re: college education.	Informal
University of Central Florida	4000 Central Florida Blvd.	Orlando	FL	32817	407-823-2114	Nurse and Social Work student interns	Contract

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
Urban League	2804 Belco Dr.	Orlando	FL	32808	407-841-7654	Young professional services, Job training, economic services, workforce dev.	Formal
Victory Christian Academy	1601 A.D. Mims Rd.	Ocoee	FL	34761	407/656-1295	School	Informal
Westbrook Elementary School	500 Tomin Blvd	Ocoee	FL	34761	407/656-6228	School	Informal

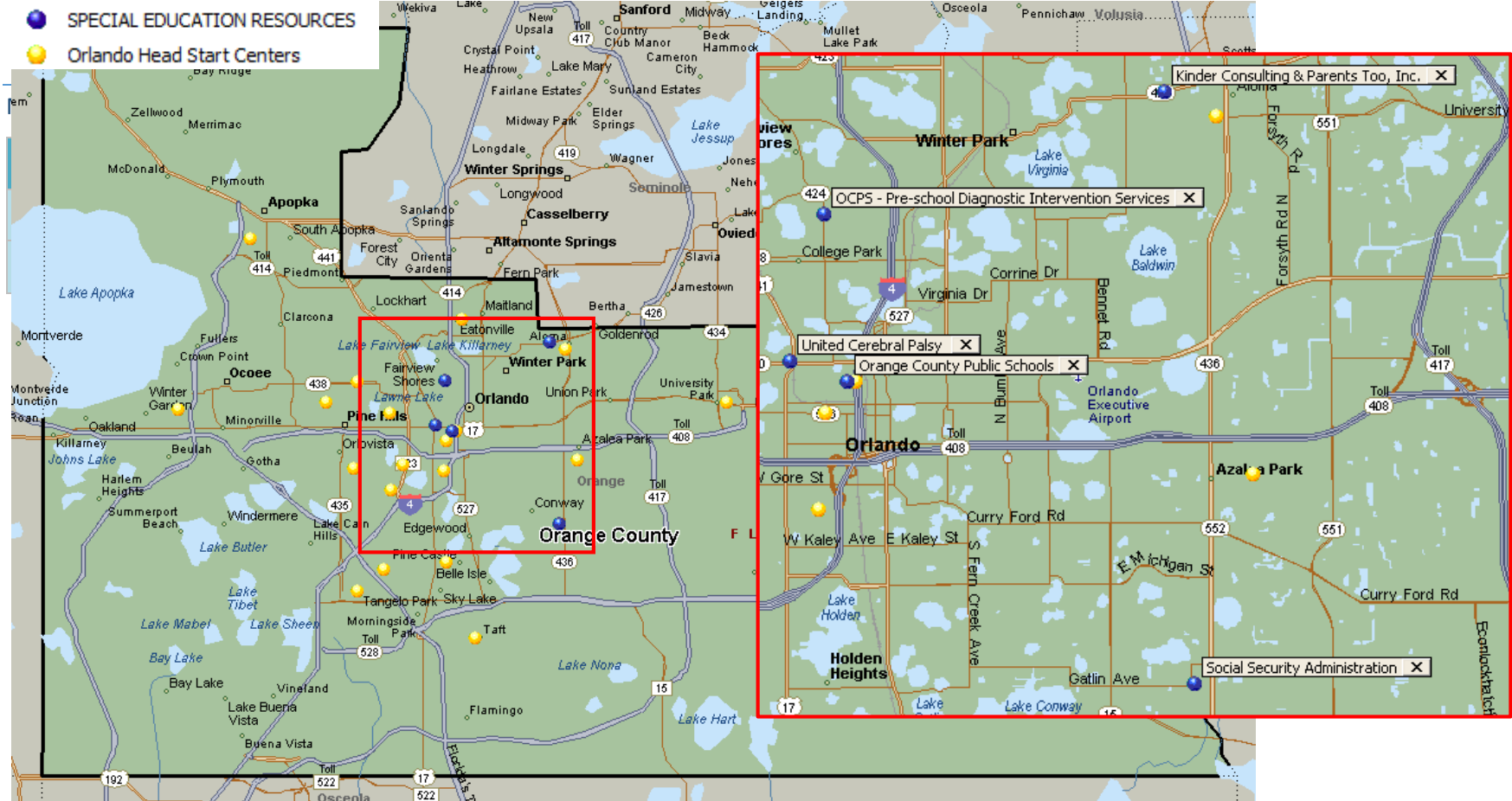






SPECIAL EDUCATION RESOURCES

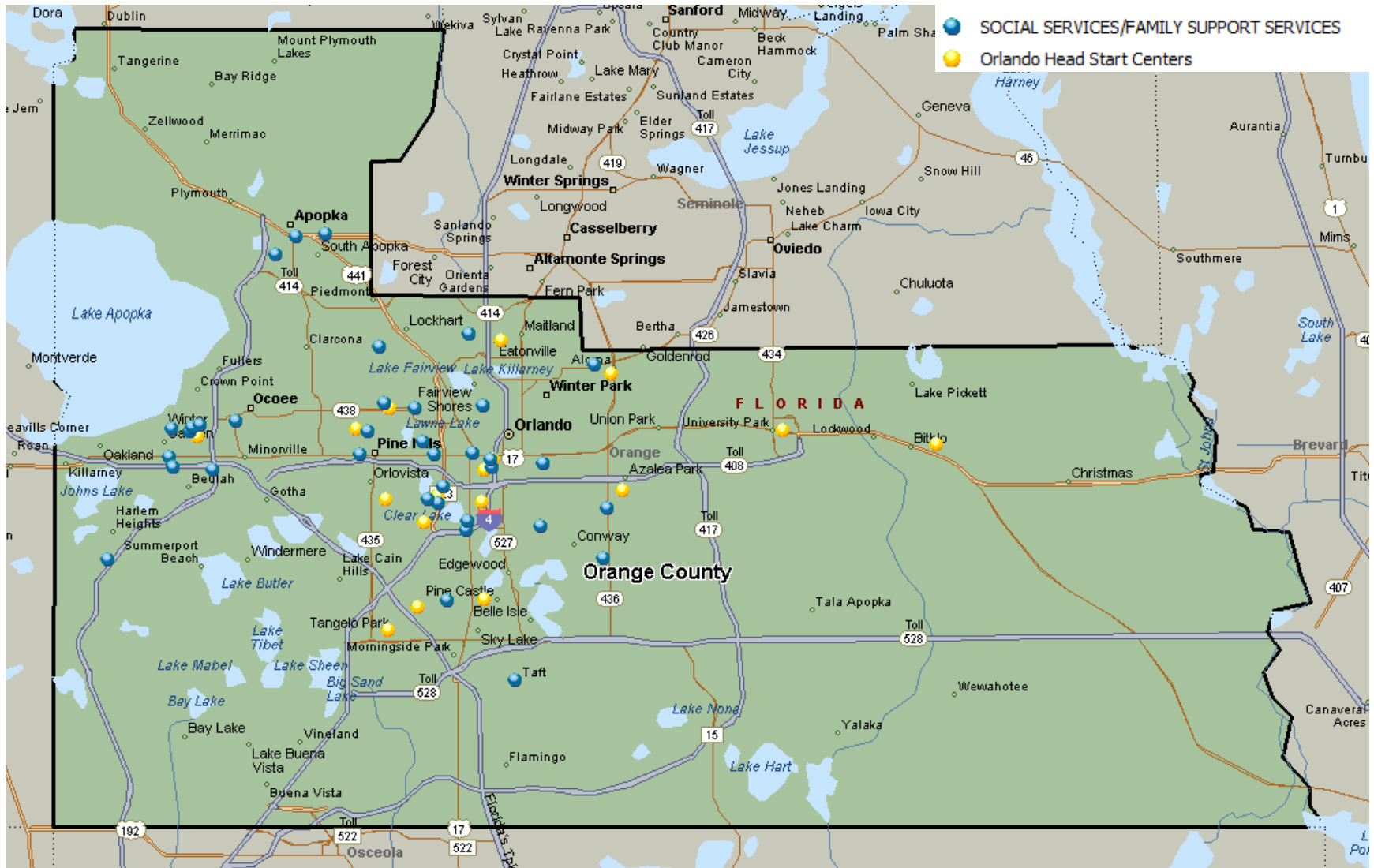
Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
Kinder Consulting & Parents Too, Inc.	2479 Aloma Ave	Winter Park	FL	32792	407-657-6692	Behavior, speech, occupational therapy	Formal
OCPS - Pre-school Diagnostic Intervention Services	3130 Edgewater Dr.	Orlando	FL	32804	407-317-3503	Evaluation for Disabilities / Developmental	Informal
Orange County Public Schools	445 West Amelia St.	Orlando	FL	32801	407-317-3200	Evaluations of children with disabilities	MOU
Social Security Administration	5520 Gatlin Ave	Orlando	FL	32812	866-964-6146	SSI, SSD, SSA	Formal
United Cerebral Palsy	1221 W Colonial Dr.	Orlando	FL	32804	407-852-3303	Speech/language therapy	Contract

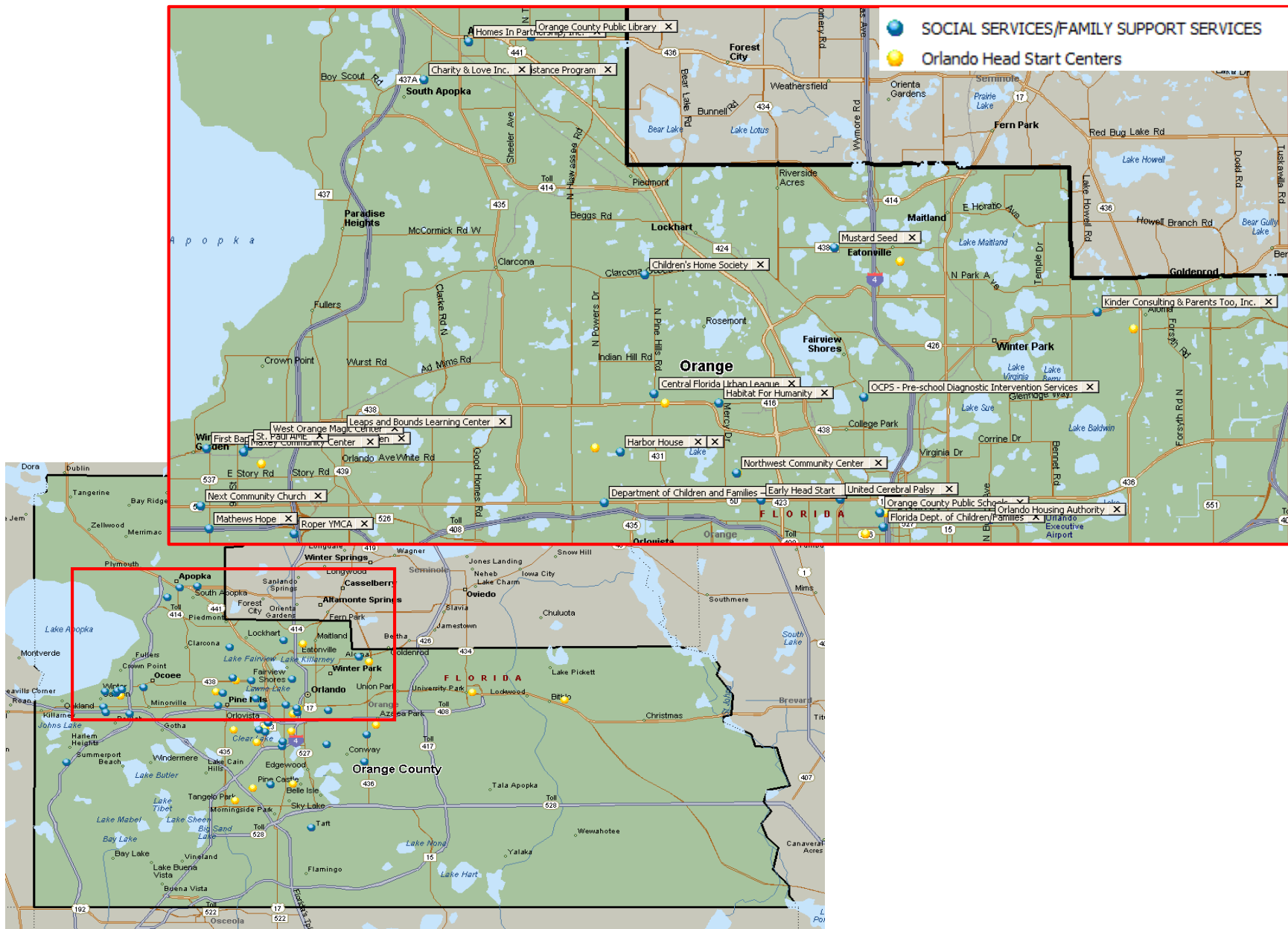


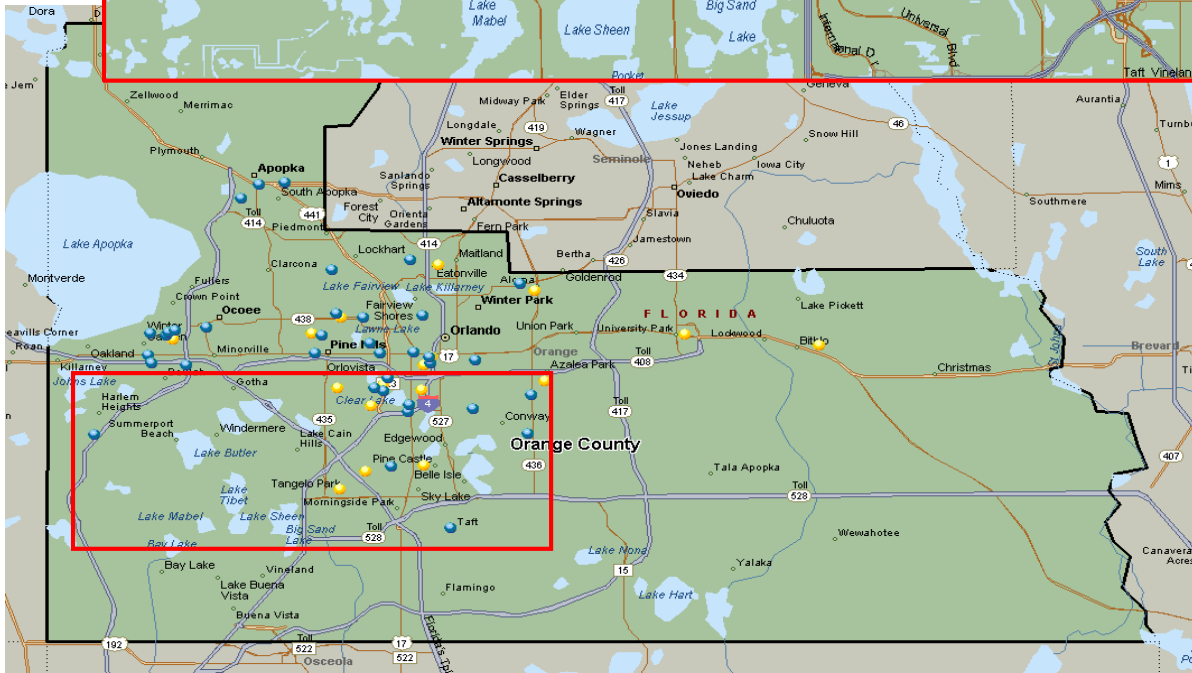
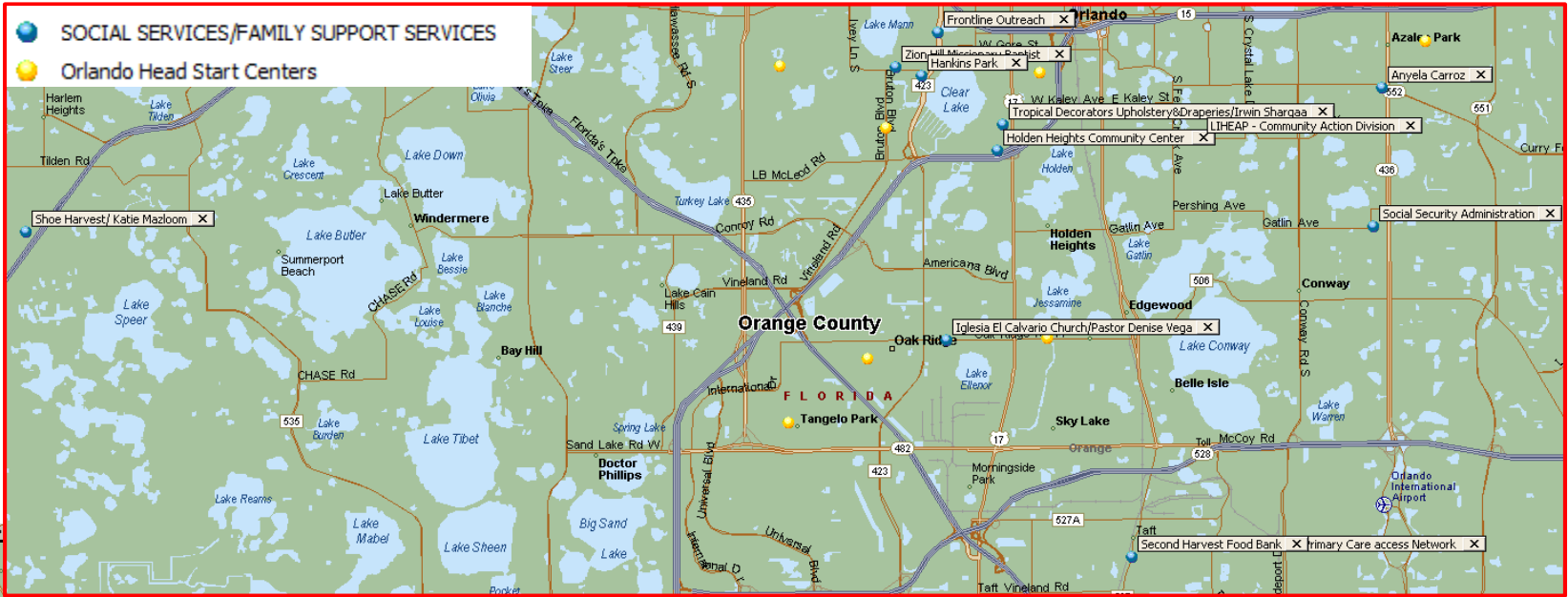
SOCIAL SERVICES/FAMILY SUPPORT SERVICES

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
4C -Early Learning Coalition	3500 W. Colonial Dr.	Orlando	FL	32808	407-522-2252	Income Based Childcare Services, VPK, Financial Assistance	Informal
Anyela Carroz	1730 Woolco Way	Orlando	FL	32822	407-272-3772	Financial and insurance advice for families	Informal
Bethelham Baptist	915 E. Plant Street	Wintergarden	FL	34787	407/656-7200	Church	Informal
Central Florida Urban League	2804 Belco Dr.	Orlando	FL	32808	407-841-7654	Budget & Credit Counseling, Home Buying, Child Sexual Abuse Prevention	Informal
Charity & Love Inc.	445 W. 13th St.	Apopka	FL	32703	407-254-9449	Application Assistance/Referral Services	Informal
Children's Home Society	5616 Claracona Ocoee Rd.	Orlando	FL	32810	407-522-2288	Prevention of Child Abuse, Child Advocacy	Informal
Community Action	6408 Jennings Rd Bldg B	Orlando	FL	32808	407-254-9108	Self-sufficient programs, ending hunger program, healthy communities, family resources center, energy services	Formal
Department of Children and Families –Access Center	6218 W. Colonial Dr. Ste 240	Orlando	FL	32808	407-445-5437	Help with online application for Medicaid, Food Stamps, etc.; Assists with faxing information; Computer and phone access	Informal
Dr. JB Callahan Neighborhood Center	101 North Parramore Street	Orlando	FL	32805	407.246.4442	House our Head Start Program. Provide access to Community Events and Resources.	MOU
Early Head Start	3500 W. Colonial Dr	Orlando	FL	32808	321-287-3472	Community Outreach	Informal
First Baptist Church of West Winter Garden	125 E. Plant Street	Wintergarden	FL	34787	407/656-2352	Church/food and Shelter	Informal
Florida Dept. of Children/Families	400 W. Robinson St.	Orlando	FL	32801	866-762-2237	TANF Cash/SNAP, and Medicaid Insurance, Child Abuse Prevention	Informal
Frontline Outreach	3000 C.R Smith St.	Orlando	FL	32805	407-293-3000	Community Outreach	Informal
Habitat for Humanity	4116 Silver Star Rd	Orlando	FL	32808	407-648-4567	Home Ownership/Credit Counseling	Informal
Hankins Park	1340 Lake Park Ct	Orlando	FL	32805	407-246-4455	Community Outreach	Informal
Harbor House	6408 Jennings Rd Bldg. B	Orlando	FL	32808	407-254-9109	Support groups, help with relocation, counseling, outreach for domestic violence	Informal
Health Insurance Market Place/Primary Care Access Network	9504 S Orange Ave	Orlando	FL	32824	321-246-5278	Help families sign up for Health Insurance through the government insurance program	Informal
Holden Heights Community Center	1416 LB McLeod Rd	Orlando	FL	32805	407-317-7636	Community Outreach	Informal
Homes in Partnership, Inc.	235 E. 5th St.	Apopka	FL	32703	407-886-2451	HUD Approved Housing Assistance Programs	Informal
Iglesia El Calvario Church/Pastor Denise Vega	2500 Oak Ridge Rd	Orlando	FL	32809	407-351-4151	Provides toys during holidays and their preschool children perform for HS children.	Informal
Kinder Consulting & Parents Too, Inc.	2479 Aloma Ave	Winter Park	FL	32792	407-657-6692	Therapy Services for Children including Behavior / Speech / Occupational Therapy	Formal

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
Leaps and Bounds Learning Center	1 west Oakland Ave	Ocoee	FL	34761	407/877-3332	Childcare	Informal
Legal Aid Society	445 W. 13th St.	Apopka	FL	32703	407-254-9446	Legal Issues - Family Law/Custody/Bankruptcy	Informal
LHEAP Home Energy Assistance Program	445 W. 13th St.	Apopka	FL	32703	407-836-7429	Financial Assistance for heating/cooling of home	Informal
LIHEAP - Community Action Division	2100 East Michigan St	Orlando	FL	32806	407-836-7429	Community Outreach	Formal
Macnovev Community Services	750 S. OBT Ste 119	Orlando	FL	32805	407-558-5058	Mental health Case Management Services	Informal
Mathews Hope	1460 Daniels Rd.	Wintergarden	FL	34787	407/905-9500	Church	Informal
Maxey Community Center	830 Klonike Street	Wintergarden	FL	34787	407/254-1070	LHEP/Head Start Office	Informal
Mustard Seed	12 Mustard Seed Ln	Orlando	FL	32810	407-875-2040	Furniture and clothing assistance	Formal
Next Community Church	13640 W. Colonial Dr.	Wintergarden	FL	34787	407/654-9661	church/food and Shelter	Informal
Northwest Community Center	3955 Wd Judge Dr.	Orlando	FL	32808	407-246-4465	Community Outreach	Informal
OCPS - Pre-school Diagnostic Intervention Services	3130 Edgewater Dr.	Orlando	FL	32804	407-317-3503	Evaluation for Disabilities/Developmental	Informal
Orange County Public Library	1211 Semoran Blvd	Apopka	FL	32703	407-814-6150	Free Computer Classes, Free Library Card & Library Services, Reading/ Learning Activities	Informal
Orange County Public Schools	445 West Amelia St., 9th FL	Orlando	FL	32801	407-317-3200	Evaluations of children with disabilities	MOU
Orlando Housing Authority	390 N. Bumby Ave	Orlando	FL	32826	407-895-3300	HUD Housing, Rental Assistance, Section 8	Informal
Roper YMCA	108 Windermere Rd	Wintergarden	FL	34787	407/656-6430	Recreational Facility	Informal
Second Harvest Food Bank	9503 S Orange Ave	Orlando	FL	32824	407-254-1969	Assist families with signing up for food stamps and Medicaid.	Informal
Shoe Harvest/ Katie Mazloom		Winter Garden	FL	34787		Provides one pair of shoes to all of the children in the center.	Informal
Social Security Administration	5520 Gatlin Ave	Orlando	FL	32812	866-964-6146	SSI, SSD, SSA	Formal
St. Paul AME	330 Center Street	Wintergarden	FL	34787	407/347-7980	Church	Informal
The Orlando Margarita Society	215 Donegan Ave	Kissimmee	FL	34741	407-892-3885	Provides toys for our children during the holidays.	Informal
Tropical Decorators Upholstery & Draperies / Irwin Shargaa	2551 South Nashville Street	Orlando	FL	32805	407-425-2280	Provides turkeys for Thanksgiving and toys for Christmas	Informal
United Cerebral Palsy	1221 W Colonial Dr.	Orlando	FL	32804	407-852-3303	Speech/language therapy	Contract
West Orange Magic Center	309 S. W Crown Pnt	Wintergarden	FL	34787	407-254-9245	Social services and recreational facility	Informal
Zion Hill Missionary Baptist	1110 Drew Ave	Orlando	FL	32805	407-295-9700	Community Outreach	Informal

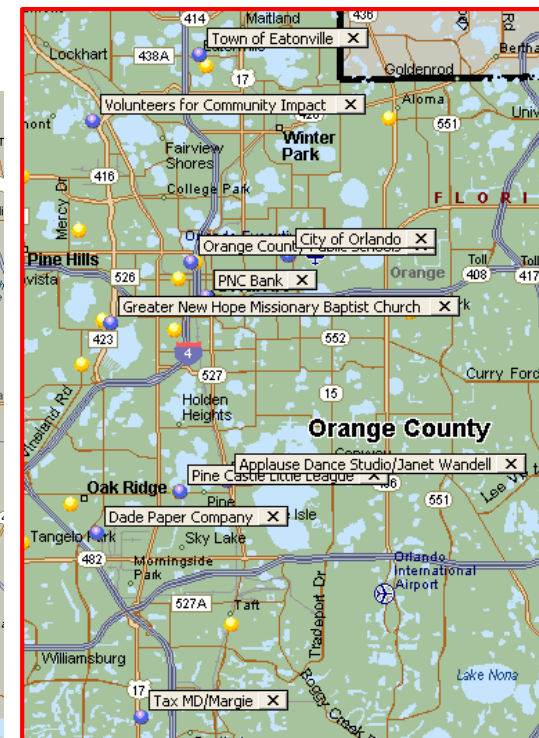
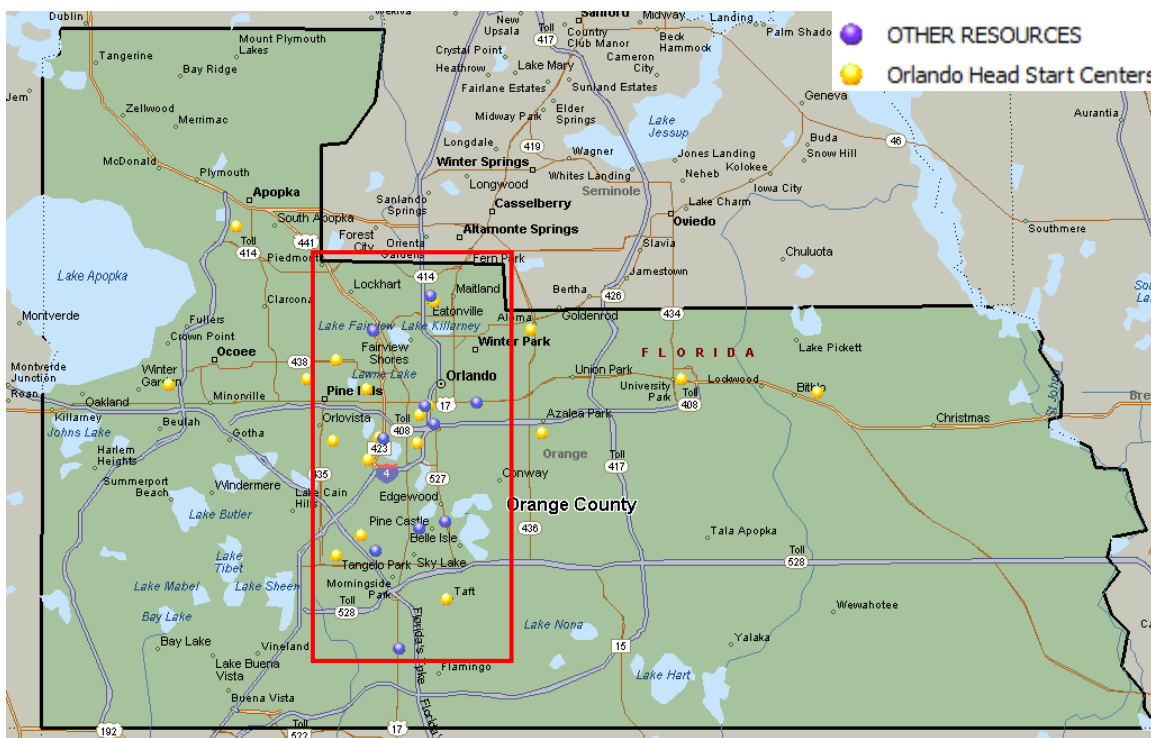






OTHER

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program	Type of Collaboration
Applause Dance Studio	6100 S. Orange Ave	Orlando	FL	32809		Provides dancing classes to HS children	Informal
City of Orlando	595 N. Primrose Dr.	Orlando	FL	32803	407-246-4305	Lease space for HS classrooms	Contract
Dade Paper Company	2675 Director's Row	Orlando	FL	32809	407-888-6212	Paper products (for meals to children)	Contract
Greater New Hope Missionary Baptist Church	3032 Monte Carlo Trail	Orlando	FL	32805	407-291-4673	Space for HS classrooms and meeting space	Contract
Orange County Public Schools	445 West Amelia St., 9th FL	Orlando	FL	32801	407-317-3200	Lease land for HS classrooms at school campuses, ECE student interns	Contract
Pine Castle Little League	806 W. Oakridge Road	Orlando	FL	32809	407-851-8320	Share water at S. Orlando YMCA HS	Formal
PNC Bank	420 S. Orange Ave	Orlando	FL	32801	407-428-3400	PNC Grow Up Great Volunteers	Formal
Tax MD/Margie	2013 Wellfleet Ct #2	Orlando	FL	32837	407-401-9459	Free tax preparation and audit assistance	Informal
Town of Eatonville	307 E. Kennedy Blvd.	Orlando	FL	32751	407-623-8900	Lease space for HS classrooms	Formal
Volunteers for Community Impact	3545 Lake Breeze Dr.	Orlando	FL	32808	407-298-4180	Grandparent volunteers in classrooms	Contract



IDENTIFICATION OF ISSUES AND RECOMMENDATIONS

After reviewing 2016 primary and secondary data sources, the implications and recommendations identified in the 2015 Comprehensive Assessment are all highly relevant and required consideration. The following is a summary of those recommendations, as well as additional support and conclusions based on the new county data analyzed and recent input received from parents and county experts:

- E. Due to the fast and steady growth of new culturally diverse residents in the county, particularly Hispanics, there is a need for early childhood education programming to assist in the acculturation process and success of new families. These new parents need support, orientation from longtime successful residents, and tutoring about the education, health, and legal systems. Newcomers need help building leadership skills in order to successfully help their children in a new environment.

- F. There is a need to develop a practical and customized program to assist single parents in the program, particularly women, that are not currently enrolled in job training or need to continue with their education. Statistics show that the county is relying on new economic opportunities to attract companies and jobs that require highly skilled, highly educated talent. In order for Head Start parents to become more independent and successful in their role as first teachers, a lifelong learning culture and job skills focus must be fostered. Adult education connections for Head Start parents are needed based on the parents' low levels of educational attainment.

Parent Survey results from those collected this year indicate that the most significant need for the majority of Orange County Head Start parents is the need for steady and good paying jobs. It is obvious that the economy for many of the HS parents presents a huge challenge. The skilled economy developed in Florida's Central Region is not welcoming for those without a good education and for residents with lower skill levels. This is a long-term process for most parents, but the development of a life-long learning culture is necessary to break with cycles of unemployment and poverty. Based on the parent survey results, most parents (over 60 percent of the respondents) seem to have a job, but the pay is not enough to address housing costs and other expenses.

- G. There is also a need to adopt or establish a comprehensive financial education program to help Head Start parents facing credit and financial challenges, particularly affordable housing and the cost of living in Orange county. The cost of housing and the housing conditions/situation in the county is challenging and critically important, and the results of the parent survey showed that it is essential

for parents to find advocates and public assistance. Many expressed having difficulty paying rent, and many also confessed to having challenges finding affordable housing due to high rental rates.

- H. Finally, key informants offered some outstanding feedback that becomes important based on the research completed for this Community Assessment: working with parents regarding transitioning children into Head Start. One of the key informants stated that: “parents do not need to be frustrated and run into barriers.” Another important recommendation is for the Orange County Head Start program to become active as an advocate at state and federal levels to support the benefits and importance of Early Childhood Education. According to key informants, the professional field of ECE needs to work on translating ECE language to the language of business. ECE is an economic development benefit.

The following is a list of 2015 implications and recommendations that continue to be pertinent to the program:

ORANGE COUNTY POPULATION CHANGE, GROWTH, AND UNIQUE TRANSFORMATION

Situation. Census estimates indicate that Florida’s population grew at a faster rate than the United States as a whole from 2010 to 2014. Orange County’s population grew even faster, reaching a population of more than 1.2 million residents. The population change in the United States was mostly due to a natural increase (births minus deaths), but in Florida and Orange County the population change was mostly due to net migration. International and domestic migration into Orange County accounts for this significant and transformational total net migration in the county.

A strong and steadfast increase of net migration is due to the growth in Orange County’s Hispanic/Latino population. This population is considerably larger, proportionally, than the Hispanic/Latino population in the United States, and the makeup of the Hispanic/Latino population in the county is also significantly different. The majority of the Hispanic/Latino population in Orange County is Puerto Rican (50 percent), followed by South American (16 percent), and 13 percent are of Mexican descent. Orange County is one of the most popular relocation destinations for professionals from Puerto Rico due to the island’s inflation, unemployment, and limited job opportunities. Many social scientists estimate that this wave of emigration could rival the 1950s Puerto Rican exodus to New York. According to demographers, many departing the island are highly educated professionals seeking a safety valve for the growing unemployment in Puerto Rico. The government of Puerto Rico estimates that about 65,000 are leaving the island each year.

Puerto Ricans, as well as other Hispanics, moving or settling in the county are younger than the average U.S. population. This recent trend contributes to two other county transformations: families are younger, and the growth of minority populations in the school system is noteworthy. Orange County schools reported a student membership of more than 191,000. Forty percent of students enrolled in Florida’s

public schools are white, 31 percent are Hispanic/Latino, and 23 percent are black or African American. However, in Orange County schools, the majority of students are Hispanic/Latino (37 percent), followed by white students (29 percent), and black or African American students (27 percent). While the median age in Florida is higher than for the U.S. overall, 41.0 years of age compared to 37.3 years of age, the median age in Orange County is significantly lower than the median age in the state of Florida and the United States.

This transformational growth of the Orange County population is long-term, and reflected in the growth of Orange County children from 2000-10, which was 20 percent overall. From 2000 to 2010 the growth of white children was a *negative* 12 percent; 23 percent for black or African American children, 65 percent for Asian children, and 71 percent for Hispanic/Latino children. The number of children of Hispanic descent is growing faster than that of other races and ethnicities in Orange County.

Recommendation. Based on the need to assist in the acculturation process and success of new families moving to the county, including the growth of younger single parent families making child development decisions, it is essential to help parents with pre-school children to improve the outcomes of children by strengthening the capacity of parents to be informed and become confident leaders in the lives of their children. There are evidence-based curriculums and programs that strengthen the leadership and advocacy skills of parents with children, ages 0 to 5. Some of these curriculums are based on popular education and draw from the real life experiences of participants (*“Abriendo Puertas/Opening Doors”* is one example, and it may be considered by the Program as another tool to increase parent engagement and eventually enhance and support school readiness goals). These are also "train-the-trainer" programs that embrace the use of local community leaders, childcare staff, and parents to become facilitators in delivering the program to parents in their own neighborhood. Mentor/coaching driven programs are an ideal follow-up to strengthen and complement outreach efforts that started with Orange County Head Start Program staff teams conducting windshield surveys in order to identify felt needs at the local level and around service centers.

An important outcome under this effort is to change one of the greatest challenges identified by the Head Start staff when collaborating with parents in and/or out of the classroom: lack of parent involvement. The goal or aim to address this challenge should be greater and enduring; in other words, focus on developing parent as leaders.

TARGET SUPPORT FOR THE EMPLOYMENT, DEVELOPMENT AND LEADERSHIP OF SINGLE PARENT FEMALES

Situation. A significant trend identified in the analysis of secondary data is that Orange County has a higher percentage of single parent family households led by a female with no husband present when compared to Florida or the United States. Additionally, almost three out of four Head Start families in the program are single parent families. These indicators connect to a number of significant challenges that require Head Start providers to develop proactive and continuous interventions.

In Orange County the poverty rate for single female householders (no husband present) with five or more children under the age of 18 surpasses 80 percent. Unemployed females in the county live in poverty at a

rate of 33.4 percent, more than three times the poverty rate for employed females, which is 9.5 percent. Orange County has almost 218,000 residents living in poverty, and many reside in single female households.

Recommendation. The program should develop an aggressive and targeted program to identify and assist single parents in the program, particularly women, to develop and implement a personal plan to work, enroll in a jobtraining program, or enroll in school. Based on the PIR, almost half of the single parents in the program are not employed. Ninety percent of the single parents are not in training or in school. Employment challenges in a high-skill economy are increasing for many young parents, and the minimum educational attainment of years past does not guarantee the type of employment opportunities that older generations once enjoyed.

Also, Head Start Family Services staff must strengthen support to families that may have jobs but not do not earn a living wage. Strengthen partnerships with Community Colleges, particularly with Valencia College, to identify the most competitive job skills where adults can find targeted training for jobs that pay better salaries and provide opportunities for growth and job security. Although many of the parents may need remedial courses, the information and connection with these targeted programs and colleges may help guide those needing to align their future educational goals with the economic reality of the region.

It is crucial to encourage parents to complete high school and/or higher education courses through intensive family partnership and family engagement activities. Developing strong collaborative agreements with colleges and universities and setting up grant writing and fundraising partnerships to support parents' education is a good way to measure results of collaboration and establish accountability. The program could also collect additional data on parents' adult education and work training needs before implementing a partnership with an adult education and job training college or program. Many parents in the Head Start Program would benefit from developing a written education, job training, or career development plan by the end of the school year.

ACCESSIBLE HOUSING CHALLENGES AND THE NEED FOR FINANCIAL EDUCATION

Situation. In Orange County, more than one in three households are renters (42 percent). The rent that a household classified as "extremely low income" could afford is no more than \$411 per month. That is approximately \$570 less than the fair market value of a two-bedroom home in Orange County. It is also true that mortgage financing remains difficult at this time for many that would be homebuyers in the central region of the state.

Even when some of the Head Start families enjoy full-time employment, if the job they have is only paying minimum wage, one salary would make it hard to afford a small home or apartment at fair market rental value. The cost of homeownership and rental units makes it difficult for lower income families, particularly single parents with children, to access affordable housing. Affordable housing is often rated among the top problems and challenges faced by Head Start parents. This reality presents an opportunity for Head Start Programs to establish wide-ranging goals to help parents in a number of financial education areas: financial literacy, to establish financial relationships with banks or credit unions and improve credit scores

in order to reach financial independence and eventually access better housing conditions for the whole family.

Recommendation. The program should fully support the establishment of a comprehensive financial education program that helps parents provide additional information about the challenges they face with housing, credit, and financial independence. Often one in four or one in five Head Start parents do not have a bank account or an established credit history with any lending institution.^{xliii} Programs could set outcome measures to enhance parents' knowledge of financial basics, how to improve credit, look for ways to budget, and establish relationships with financial institutions that focus on helping low income households attain education and highly needed services. Some may want to set a target of 60-70 percent of the families having a bank or credit union relationship by the end of the school year.

ORANGE COUNTY HEALTH INSURANCE LIMITATIONS FOR LOW INCOME RESIDENTS

Situation. Florida and Orange County's uninsured population is significantly high, at 20.4 and 22.2 percent, respectively. Of those with health insurance in Florida and Orange County approximately 33 percent and 24.3 percent receive public coverage, respectively. One of the major coverage provisions of the 2010 Affordable Care Act (ACA) was the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty (\$27,724 for a family of three). The expansion fills long-term gaps in Medicaid eligibility for adults, and was envisioned as the vehicle for extending insurance coverage to low-income individuals. While the Medicaid expansion was intended to be a national mandate, a 2012 Supreme Court ruling made it optional for states to expand. As of March 2015, 22 states were not expanding their programs, including Florida.

Medicaid eligibility for adults in states not expanding their programs is quite limited. Further, because the ACA envisioned low-income people receiving coverage through Medicaid, it does not provide financial assistance to people below poverty for other coverage options. As a result, in states that do not expand Medicaid, many adults will fall into a "coverage gap" of having incomes above Medicaid eligibility limits but below the lower limit for Marketplace premium tax credits. The characteristics of the population that falls into the coverage gap largely mirror those of poor uninsured adults. For example, because racial/ethnic minorities are more likely than white non-Hispanics to lack insurance coverage, and are more likely to live in families with low incomes, they are disproportionately represented among poor uninsured adults and among people in the coverage gap. As a result, state decisions about whether to expand Medicaid have implications for efforts to address disparities in health coverage, access, and outcomes among people of color.

Recommendations. Head Start programs need to stay informed about health insurance opportunities and challenges, and work with state agencies and the Health Insurance Marketplace to get current, reliable information for families on health coverage eligibility. This information will assist parents in applying to various programs. Head Start centers are an ideal place to have information about health insurance opportunities for incoming and returning families as well. The program could also connect families with the right contact at the state's Health Insurance Marketplace Call Center to get questions answered and for help with completing applications.

In addition, parent meetings are a good platform to focus on health coverage opportunities, by bringing in experts to assist the family in how to apply or enroll. They could also share updates on new health coverage opportunities and , and how to find the right health insurance plan. The program should invite speakers who can answer questions about eligibility, benefits, access to providers, and other pressing health concerns.

APPENDICES

A: Parent Community Needs Survey

B: Key Informant Questionnaire

APPENDIX A: PARENT COMMUNITY NEEDS SURVEY

The local Head Start Program is interested in your opinion about programs and services for families in the county. Your ideas and experience help us serve families better. This survey will take about 20 minutes to complete. **This survey is confidential**, all of your answers will be grouped together. We will use this information to understand top problems facing families serviced by the Head Start Program.

Part A: (1) How serious of a problem do you feel each of the following items is in our county? (Please circle your response.)

Scale: (1) **Not a Problem** (2) **Somewhat** (3) **Problem** (4) **Serious Problem** (5) **Very Serious Problem**

ITEM	RATING	Circle ONE				
		1	2	3	4	5
1.	Access to health care	1	2	3	4	5
2.	Availability of Affordable housing	1	2	3	4	5
3.	Affordable child care during before and after school hours	1	2	3	4	5
4.	Availability of recreation for families (parks, church programs, membership organizations)	1	2	3	4	5
5.	Quality of public education in our county	1	2	3	4	5
6.	Availability of adult education (GED, ESL, etc.)	1	2	3	4	5
7.	Availability of job training	1	2	3	4	5
8.	Utility costs (heating, electricity, water)	1	2	3	4	5
9.	Services for disabled children	1	2	3	4	5
10.	Low wages	1	2	3	4	5
11.	Availability of jobs	1	2	3	4	5
12.	Public safety/crime	1	2	3	4	5
13.	Availability and access to public transportation	1	2	3	4	5
14.	Incidence of drug and alcohol abuse	1	2	3	4	5
15.	Gang activity	1	2	3	4	5
16.	Child health issues (obesity, exposure to lead, asthma)	1	2	3	4	5
17.	Incarceration of parents	1	2	3	4	5
18.	Access to public assistance (WIC, Food Stamps, Medicaid, Work First, TEA & Work Pays)	1	2	3	4	5
19.	Domestic violence	1	2	3	4	5
20.	Child abuse and neglect	1	2	3	4	5

(2) Please mark (X) the top **THREE** reasons you feel are the primary causes of poverty in our county.

X	Reason	X	Reason
	1. Not enough jobs		10. Low social security/SSI payments
	2. Wages are too low		11. Unemployment benefits are too low
	3. Lack of job skills		12. Housing costs are too high
	4. Lack of education/training		13. Health care costs are too high
	5. Lack of child care		14. Utility costs are too high
	6. Lack of transportation		15. Non-payment of child support
	7. People can't work (too old, ill, disabled)		16. Immigration status
	8. People don't want to work		17. Other (specify)
	9. Lack of public assistance payments		

(3) Has there been a time in the last year when you or someone in your immediate family: (Mark X to answer: Y / N)

Y	N	Y	N				
				1. Needed to see a dentist but couldn't afford to?			8. Had utilities turned off? (Landlord failed to pay)
				2. Needed to see a doctor but couldn't afford to?			9. Could not pay mortgage or taxes?
				3. Needed to buy medicine but couldn't afford to?			10. Been evicted?
				4. Needed food but couldn't afford to buy it?			11. Had home condemned?
				5. Went hungry?			12. Looked for work but could not get a job?
				6. Could not pay the rent?			13. Lost a job?
				7. Had utilities turned off? (Couldn't pay)			14. Needed assistance but did not receive it?
							If yes, what type of assistance: _____

(4) How good are these services in our county?	Bad	Average	Good	Don't know
GED/Adult High School services				
English as a Second Language (ESL) services				
Life skills or tutoring				
Job training at community colleges				
Places to help you pick the jobs you want to do				
Classes to get a better job				
Places that teach people how to make a budget and save money				
Credit counseling and credit repair				
Check cashing services				
Places that teach about saving for retirement				

(5) With regards to Kindergarten registration, are you:

<input type="checkbox"/>	Very knowledgeable (do not need help with the process)
<input type="checkbox"/>	Knowledgeable (you know that registration needs to happen but do not know how to start)
<input type="checkbox"/>	Not knowledgeable (need/interested in a workshop on registration needs and processes)

(6) Are you satisfied with the communication between you and your child's teacher?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (if no, why?)
<input type="checkbox"/>	My teacher does not speak my preferred language
<input type="checkbox"/>	I do not have time
<input type="checkbox"/>	The teacher does not have time
<input type="checkbox"/>	Other reason(s) (please specify):

(7) Besides the Head Start, list the top 2 service agencies that you or your neighbors use the most?

_____ / _____

(8) What are the 2 or 3 most important things that you believe will improve your household's quality of life?

Part B: We would like to know some general information. Your identity and answers will be **CONFIDENTIAL** and we are not asking for your name. *(Mark your answers with X)*

Ethnicity/Race: (Check all that apply)
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native American
<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic

What is your current employment status? (Check all that apply)
<input type="checkbox"/> Employed full-time
<input type="checkbox"/> Unemployed/not working
<input type="checkbox"/> Employed part-time/seasonal
<input type="checkbox"/> Disabled
<input type="checkbox"/> Retired
<input type="checkbox"/> Full time homemaker
<input type="checkbox"/> In job training/school
<input type="checkbox"/> Other:

	Y	N
Do you have a bank/credit union account (checking or savings)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a computer at home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an Internet connection at home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a mobile phone with text capability	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey!

APPENDIX B: KEY INFORMANT INTERVIEW QUESTIONNAIRE

Key informants from the following areas/subject matter expertise are needed: education, health and nutrition, mental health, childcare, social services, transportation, communication, housing and disability services.

1. What do you see as the top priority issues affecting early childhood development (0-4 year old children) during the next four years in your city and/or community?

2. What do you see as the top priority issues affecting education for adults during the next four years in your city and/or community?

3. What do you perceive to be the number one priority issue or concern for the city and/or community leaders during the next four years? (i.e. environmental, economic, health, and social) Please explain.

4. In your opinion, what are the top two to three strengths of your city and/or community?

5. What is the status of early childhood education and services in your city and/or community? Please explain.

6. Can you offer any advice to the Head Start Leadership in your city and/or community regarding community partnership and involvement?

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- ⁱ https://www.census.gov/acs/www/about_the_survey/american_community_survey/
- ⁱⁱ Florida Statistical Abstract (2006), University of Florida, Bureau of Economic and Business Research, Warrington College of Business Administration, Table 1.25, pg.20.
- ⁱⁱⁱ <http://censuscope.org/2010Census/states.php?state=FL&name=Florida>
- ^{iv} <http://www.fldoe.org>
- ^v <http://www.fldoe.org>
- ^{vi} <http://data.bls.gov/map/MapToolServlet>
- ^{vii} The National Center for Children in Poverty <http://nccp.org/>
- ^{viii} Ibid
- ^{ix} <http://www.benefits.gov/benefits/benefit-details/1657>
- ^x <http://www.dcf.state.fl.us/programs/access/StandardDataReports.asp>
- ^{xi} http://www.socialsecurity.gov/policy/docs/statcomps/ssi_sc/2014/
- ^{xii} "UCF Current Enrollment Facts", University of Central Florida, 2014-06-26
- ^{xiii} Source: Metro Orlando Economic Development Commission
- ^{xiv} Pew Research Center analysis of Census Bureau
- ^{xv} http://www.thearda.com/rcms2010/r/c/12/rcms2010_12009_county_name_2010.asp
- ^{xvi} The Association of Religion Data Archives, Department of Sociology, The Pennsylvania State University, (<http://www.thearda.com/>)
- ^{xvii} [HTTP://NLHRC.ORG/OOR/2015/FL](http://nlhrc.org/oor/2015/FL)
- ^{xviii} http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/50058/rcr
- ^{xix} <https://www.hudexchange.info/>
- ^{xx} <http://www.dcf.state.fl.us/programs/homelessness/docs/Council-on-Homelessness-2015%20-Report.pdf>
- ^{xxi} U.S. Department of Education Guidance: Education for Homeless Children and Youth Program
- ^{xxii} <http://www.dcf.state.fl.us/programs/homelessness/docs/Council-on-Homelessness-2015%20-Report.pdf>
- ^{xxiii} <http://nichcy.org/disability/categories>
- ^{xxiv} <https://www.ideadata.org/>
- ^{xxv} <http://www.fldoe.org>
- ^{xxvi} http://www.healthstatus2020.com/disparities/ChartBookData_search.asp
- ^{xxvii} <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>
- ^{xxviii} <http://muafind.hrsa.gov/index.aspx>
- ^{xxix} <http://www.countyhealthrankings.org/our-approach>
- ^{xxx} U.S. Census: 2014 ACS 5-yr estimate
- ^{xxxi} <http://www.ncsl.org/research/health/childrens-oral-health-policy-issues-overview.aspx>
- ^{xxxii} <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0266>
- ^{xxxiii} <http://stateofobesity.org/resources/>
- ^{xxxiv} <http://www.dcf.state.fl.us/programs/access/StandardDataReports.asp>
- ^{xxxv} <http://www.fns.usda.gov/pd/wicmain.htm>
- ^{xxxvi} <http://www.fldoe.org>
- ^{xxxvii} <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>
- ^{xxxviii} <http://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx>
- ^{xxxix} <http://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx>
- ^{xl} <http://fosteringcourtimprovement.org/fl/>
- ^{xli} <http://usa.childcareaware.org/>
- ^{xlii} <http://www.usa.childcareaware.org/>
- ^{xliii} Parent Surveys conducted by Nolo Consulting with HS parents in FL, NC, TN, AR, GA