

Head Start and Early Head Start Program



LETTER FROM THE DIRECTOR

Dear Friends:

The Federal grant for Head
Start/Early Head Start requires the
program to conduct a thorough
community assessment every five
years. The information from this
Community Assessment includes
strengths, needs, and resources
around the county and is used for
program planning as well as for
developing short-term and long-term
goals.



On February 17, 2017, the Fairfax County Head Start/Early Head Start program conducted a Community Focus Forum. There were thirty community partners and stakeholders -- leaders from various local departments and community agencies -- who participated in the dialogue and contributed to the review



and analysis of the data collected. The community forum discussions echoed the data from the community assessment which indicated jobs, housing, transportation, language/cultural barriers, and food insecurity are concerns for families with low income. Recently, another concern was identified regarding the increasing number of families who need services but are reluctant to apply because of immigration status.

It is our hope that these efforts will lead to new opportunities for children and families in Fairfax County who can benefit from the support of Head Start and Early Head Start's comprehensive services through stronger systemic partnerships.

Gennifer Branch, Head Start and Early Head Start Director

COMMUNITY ASSESSMENT 2017

FAIRFAX COUNTY OFFICE FOR CHILDREN HEAD START/EARLY HEAD START PROGRAM

Table of Contents

	Introduction	1	
II.	Methodology		
	Fairfax County Office for Children Head Start		
	Office for Children Grantee Program		
	Greater Mount Vernon Community Head Start		
	Family Child Care		
	Higher Horizons Head Start		
	Fairfax County Public Schools Head Start		
IV.	Demographics		
	Employment		
	Public Assistance		
	Housing		
	Food Security		
	Transportation		
	Adult Literacy		
	Other Child Development and Child Care Programs		
	Child Care Assistance and Referral		
	Virginia Preschool Initiative		
	School Age Child Care		
VI.	Children with Disabilities		
	.Needs of Head Start-Eligible Children and Their Families Health		
	Nutrition		
	Maternal Health		
	Behavioral Health		
	Community Resources		
	I. Summary		
	•		
Ap	pendix A: Sources	A	١
	pendix A: Sourcespendix B: Program Map		
Ap	pendix B: Program Map		
Ap _i	bles and Figures	E	3
Ta 1.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17	E	3
7 <i>a</i> 1. 2.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17	E	3
Ta 1.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17	E	3
7a 1. 2. 3.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17.	E	3
7a 1. 2. 3. 4. 5. 6.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17	4 4 5 5	3
7 Apple 7 Appl	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17	E	3
7a 1. 2. 3. 4. 5. 6. 7. 8.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015 Fairfax County Residents by Race, Select Years	4 4 5 5 5	3
Ta 1. 2. 3. 4. 5. 6. 7. 8. 9.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015 Fairfax County Residents by Race, Select Years Fairfax County Residents of Hispanic Ethnicity, Select Years	E	3
Ta 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Dendix B: Program Map	E	3
7a 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015 Fairfax County Residents by Race, Select Years Fairfax County Residents of Hispanic Ethnicity, Select Years Race/Ethnicity of People Living in Poverty 2015 Monthly Expenditures 2016	E	3
Ta 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015 Fairfax County Residents by Race, Select Years Fairfax County Residents of Hispanic Ethnicity, Select Years Race/Ethnicity of People Living in Poverty 2015 Monthly Expenditures 2016 Number of Unduplicated Benefit Program Clients - Medicaid, SNAP, and TANF	E	3
Ta 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Beendix B: Program Map	E	3
7a 1. 2. 3. 4. 5. 6. 7. 8. 9. 11. 12. 13. 14.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015 Fairfax County Residents by Race, Select Years Fairfax County Residents of Hispanic Ethnicity, Select Years Race/Ethnicity of People Living in Poverty 2015 Monthly Expenditures 2016 Number of Unduplicated Benefit Program Clients - Medicaid, SNAP, and TANF	E	3
7 a 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17 Race/Ethnicity of Higher Horizons Children 2016-17 Race/Ethnicity of Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015 Fairfax County Residents by Race, Select Years Fairfax County Residents of Hispanic Ethnicity, Select Years Race/Ethnicity of People Living in Poverty 2015 Monthly Expenditures 2016 Number of Unduplicated Benefit Program Clients - Medicaid, SNAP, and TANF Housing Choice Voucher Program CCAR Eligibility Chart Effective 10/1/2016 2016 Weekly Child Care Rates School Age Child Care Monthly Fee Schedule 2016-2017	E 4 4 5 5 5 6 7 8 9 10 13 13 14	3
7 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17.	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17. Race/Ethnicity of Higher Horizons Children 2016-17. Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17. Primary Language of Family FCPS HS/EHS Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015. Fairfax County Residents by Race, Select Years. Fairfax County Residents of Hispanic Ethnicity, Select Years Race/Ethnicity of People Living in Poverty 2015 Monthly Expenditures 2016. Number of Unduplicated Benefit Program Clients - Medicaid, SNAP, and TANF Housing Choice Voucher Program CCAR Eligibility Chart Effective 10/1/2016. 2016 Weekly Child Care Rates School Age Child Care Monthly Fee Schedule 2016-2017. Children with Disabilities in Head Start and Early Head Start.	E 4 4 5 5 6 7 8 9 10 13 14 15	3
7a 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18.	Beendix B: Program Map	E 4 4 5 5 5 6 7 7 8 8 9 10 13 14 15 16	3
7a 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19	bles and Figures Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016-17 Primary Language of Family OFC HS/EHS Children 2016-17. Race/Ethnicity of Higher Horizons Children 2016-17. Primary Language of Family Higher Horizons HS/EHS Children 2016-17 Race/Ethnicity of FCPS Head Start Children 2016-17. Primary Language of Family FCPS HS/EHS Children 2016-17 Primary Language of Family FCPS HS/EHS Children 2016-17 Fairfax County Race/Ethnic Trends 1990–2015. Fairfax County Residents by Race, Select Years. Fairfax County Residents of Hispanic Ethnicity, Select Years Race/Ethnicity of People Living in Poverty 2015 Monthly Expenditures 2016. Number of Unduplicated Benefit Program Clients - Medicaid, SNAP, and TANF Housing Choice Voucher Program CCAR Eligibility Chart Effective 10/1/2016. 2016 Weekly Child Care Rates School Age Child Care Monthly Fee Schedule 2016-2017. Children with Disabilities in Head Start and Early Head Start.	E 4 4 5 5 5 6 7 7 8 9 10 13 14 15 16 17	3

I. INTRODUCTION

The Fairfax County Office for Children Head Start and Early Head Start Program provides early care and education and comprehensive family services to income eligible families. Early Head Start serves infants, toddlers and expectant parents; Head Start serves children ages three to five years.

The federal Head Start and Early Head Start grants are awarded to the Fairfax County Board of Supervisors. Fairfax County Public Schools and Higher Horizons are delegates that manage and operate programs. Services are provided in families' homes, family child care provider homes and in classrooms.

Head Start services include education, health, parent engagement and social services. The promotion of school readiness is the primary focus for all children enrolled in the program. Services are designed to meet the needs of the children and families within the cultural context of their family, school and community. This cultural context is an important factor in the development of critical life skills vital to children's readiness for kindergarten, success in school and lifelong well-being.

To meet the goals of the program service areas, as established by the federal government, Head Start Program Performance Standards and the Head Start Act outline the programmatic requirements which all Head Start Programs must meet.

II. METHODOLOGY

In accordance with the federal Head Start Program Performance Standards and Head Start Act, the Fairfax County Office for Children Head Start/Early Head Start program conducted a Community Assessment in 2017 which provided the following information:

- Demographic make-up of the population of Head Start-eligible children and their families, including the estimated number, geographic location, and racial, ethnic, and linguistic composition.
- 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.
- The estimated number of children with disabilities birth to age five, including the types of disabilities and relevant services and resources provided to these children by community agencies.
- Data regarding the education, health, nutrition and social service needs of Head Start-eligible children and their families.
- 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.

Publications and reports were examined and information analyzed for the trends that are important for future Head Start and Early Head Start program planning. Program staff:

- Identified trends in reports from ChildPlus, Head Start's data management system, and the 2015-16 Program Information Report.
- Created program maps using a Geographic Information System (see Appendix B).
- Hosted a Community Focus Forum with stakeholders from local non-profits and other county departments to discuss local concerns, challenges, and bright spots.

Some points of discussion from the Community Focus Forum are as follows:

- Employment and Income: Although the overall unemployment rate in Fairfax County is low (3.6 percent), disparities exist by race and ethnicity; and there are higher rates of income inequality. For example, many low wage positions such as cashiers are being replaced by automated kiosks; and with federal government jobs decreasing in this area, this creates a ripple effect on service sector businesses. There is also less upward mobility and fewer opportunities for individuals to move out of poverty.
- Housing and Homelessness: The housing situation in our county is dire. In Fairfax County, the lack of
 affordable housing and increasing rates of already high rental costs make it difficult for families to achieve selfsufficiency. The Fairfax County Human Services Needs Assessment indicated that African Americans
 disproportionately experience homelessness. This was echoed at the Community Forum by staff

representatives from the community shelters, reporting that 60 percent of families in the shelters are African-American.

- Enrollment: In terms of the geographic area of need, the three areas in the county have historically had lower income populations (Richmond Highway/Rte 1 Corridor, Bailey's Crossroads, and Herndon) remain high need areas. In recent years, areas including Centreville and Lorton have increasing populations of families on TANF and children eligible for free and reduced lunch.
- While learning more about the population receiving TANF, it appears that not many families on TANF are
 enrolled in Head Start or Early Head Start. There are more than 1,000 children in the 2015-16 cohort who
 were under age five receiving TANF, and only 110 are enrolled. The program will do more in-depth analysis as
 to why this would be and come up with strategies to address it.
- The number of Early Head Start children on the waitlist is particularly high, which is concerning because there
 are limited available spaces each year. The program will continue to research the need for and availability of
 infant/toddler programs.
- Language/Culture: Language translation services for many of the commonly spoken languages are available, but there are still many languages for which the county cannot offer those services.
- Health and Wellness: Dental offices that serve families with low-income are becoming increasingly available in our community. One challenge is ensuring that parents and children are aware of the importance of treatment as well as regular check-ups and cleanings.
- Additionally, on the topic of health, while there are transportation services for individuals on Medicaid to get to
 and from appointments, these options are not optimal. They require ample advance notification and
 reservation codes for each one-way trip, which causes confusion, and could be enhanced to better serve
 families.
- Food Insecurity: The Fairfax Food Council reports that some in our community do not have access to healthy food. The council has identified some existing barriers to achieving this human right. Even though 91 percent of respondents believe that what they eat makes a difference to their health, many with incomes less than \$50K do not eat the recommended servings for key food groups. The cost of nutritious food (fresh fruits and vegetables in particular) is a major barrier to healthy eating among those struggling with poverty and food insecurity. The needs assessment indicated that parents feel fortunate that their children receive food at school. As mentioned by stakeholders, parents are focused on making sure that their children eat more at school for breakfast and lunch to offset limited food for dinner.
- Immigration Status: Increasingly, people whose immigration status is not secure do not want to become known to agencies. Coordinated Service Planning (CSP), the county's "front door" to the human service system, confirms that some clients are not willing to share information and apply for programs because of this fear. Many representatives at the Community Forum shared the impact of clients' fears, for instance children are not receiving early intervention services, WIC, and other program benefits.
- Strengths: The stakeholders agreed that the Successful Children and Youth Policy Team (SCYPT) is an
 identified strength in our community. First convened in May 2013, the SCYPT is comprised of leaders from
 multiple sectors within Fairfax County including representatives from Fairfax County Government, Fairfax
 County Public Schools and other community agencies and non-profit organizations. The team's role is to set
 community-wide goals and priorities for public policy as it relates to children, youth and families. Head Start
 staff and parents continue to be involved with this group that promotes data-driven decision-making and
 resource allocations based on need.

In addition, "The Path Toward Tomorrow: 2016 Fairfax County Human Services Needs Assessment" was recently published by the Fairfax County Human Services System, which also reflected the contributions of many community stakeholders.

III. FAIRFAX COUNTY OFFICE FOR CHILDREN HEAD START

The Fairfax County Office for Children Head Start/Early Head Start (HS/EHS) Program provides services at Greater Mount Vernon Community Head Start in Alexandria, Higher Horizons Day Care Center, Inc. in Bailey's Crossroads, Fairfax County Public Schools and family child care homes throughout the county.

The program is funded with federal, state and local dollars for 2,276 children in program options that include center based (children are in a classroom setting), home-based (services are provided by a home visitor in the family's home), and family child care (children are cared for by a county-permitted and/or state-licensed provider in the provider's home). Children in Fairfax County Public Schools' Head Start program attend a school year program. All other options are year-round.

The enrollment composition is as follows:

Greater Mount Vernon Community Head Start and Family Child Care (31 family child care providers)

- 200 Early Head Start (152 in family child care, 48 in center-based).
- 158 Head Start.

Higher Horizons Day Care Center, Inc.

- 52 Early Head Start (16 center-based and 36 home-based).
- 172 Head Start.

Fairfax County Public Schools

- 48 Early Head Start (center-based).
- 1,646 Head Start/Pre-K.

(See Appendix B for a map of Fairfax County Office for Children Head Start/Early Head Start programs.)

OFFICE FOR CHILDREN GRANTEE PROGRAM

The Fairfax County Office for Children operates the grantee program, which includes the center-based Greater Mount Vernon Community Head Start (GMVCHS), as well as EHS Family Child Care. The total funded enrollment for Office for Children GMVCHS and FCC option is shown below, and includes the Early Head Start Child Care Partnership and Expansion Grant, with a funded enrollment of 56 infants and toddlers (40 in family child care and 16 in center-based.)

Early Head Start: Pregnant women and children birth to 3 years old (federally funded)	200
Head Start: three to five years old (federally funded)	104
Head Start: three to five years old (Fairfax County locally funded)	54

Greater Mount Vernon Community Head Start

Greater Mount Vernon Community Head Start is located in the southern part of Fairfax County at two sites: Gum Springs Children's Center and Gum Springs Glen. Head Start and Early Head Start families in this program live along U.S. Route 1 in the Mount Vernon and Lee governmental districts. The Gum Springs area in southern Fairfax County is a historically African American community. The land was originally purchased by a former slave of George Washington's nephew who lived at Mount Vernon.

Over the past 10 years, the demographics of the families living in the Greater Mount Vernon area have undergone dramatic changes. The community demographics now include families who have immigrated from Pakistan, Korea, Vietnam, Ghana, Nigeria, Liberia, El Salvador, Honduras and Guatemala. As **Tables 1** and **2** illustrate, families are diverse and speak many languages.

GMVCHS delivers quality, comprehensive center-based services to Head Start/Early Head Start children and their families. GMVCHS provides full-day (7:30 a.m. to 5:30 p.m.) and full-year services. The Gum Springs Children's Center

offers Head Start services for three to five year-olds, and Gum Springs Glen offers Early Head Start for newborns to three year-olds. Forty-nine staff provide services at the two sites.

Family Child Care

The Family Child Care (FCC) option serves 152 children and their families throughout Fairfax County. There are 31 family child care providers and nine child care specialists who provide quality programming to children, pregnant women and families. Family Child Care is a full-year and full-day option with flexible hours for families who require non-traditional hours due to work and school schedules.

The family child care option is a collaborative effort among family child care providers, and staff in several Office for Children programs including the Child Care Assistance and Referral, Community Education and Provider Services, the USDA Child and Adult Care Food Program, and Early Head Start.

Table 1

Table I					
Race/Ethnicity of OFC (GMVCHS and FCC) Children 2016–17					
Race	#	percentage			
White	167	36%			
Black	174	38%			
Asian/Pacific Islander	15	3%			
More than one race	24	5%			
Other/Unspecified	81	18%			
Ethnicity	#	percent			
Hispanic/Latino	224	49%			
Non-Hispanic/Latino	223	51%			

Table 2

Primary Language of Family OFC (GMVCHS and FCC) Children 2016-17			
Top 5 Most Common Languages	#	percentage	
Spanish	191	41%	
English	183	40%	
Urdu	19	4%	
Twi-Akan-Ashanti	18	4%	
Arabic	6	1%	
Other	44	10%	

HIGHER HORIZONS HEAD START

Higher Horizons Day Care Center, a private, non-profit delegate agency, is located in the former Lillian Carey Elementary School in central Fairfax County and serves families in the Mason and Providence governmental districts and the City of Falls Church. Higher Horizons is in the area known as Bailey's Crossroads.

Higher Horizons operates a full-day, full-year program, and offers center-based and home-based options. Sixteen Early Head Start children are served in two center-based classes, and 36 children are served in the home-based option. Eighty-eight Head Start children are served in center-based classrooms.

A staff of 53 is employed to provide quality, comprehensive services. Higher Horizons is funded to serve 224 children from birth to five years old as follows:

Early Head Start: Pregnant women and children birth to 3 years old (federally funded)	52
Head Start: three to five years old (federally funded)	88
Head Start: three to five years old (Fairfax County locally funded)	84

The racial and linguistic composition of the group of children enrolled in Higher Horizons has changed over the past 15 years. When the Head Start program was opened at this site, African American families were the majority. Over the years, the demographics have shifted, and now most families are from Central and South America, the Middle East and Africa.

Table 3

	i able 3				
Race/Ethnicity of Higher Horizons HS/EHS Children 2016-17					
Race	#	percentage			
White	66	25%			
Black	99	38%			
Asian/Pacific Islander	6	2%			
More than one race	2	1%			
Other/Unspecified	90	34%			
Ethnicity	#	percent			
Hispanic/Latino	118	45%			
Non-Hispanic/Latino	145	55%			

Table 4

Primary Language of Family Higher Horizons HS/EHS Children 2016-1				
Top 5 Most Common Languages	#	percentage		
Spanish	112	42%		
Arabic	59	22%		
Amharic	42	16%		
English	23	9%		
Somali	10	4%		
Other	19	7%		

FAIRFAX COUNTY PUBLIC SCHOOLS HEAD START

The Fairfax County Public School system is the 10th largest school district in the country, with 186,000 students (www.fcps.edu). Twenty-eight percent of the children enrolled are eligible for free and reduced-price lunch. Fairfax County Public Schools, a delegate agency, serves a total of 1,694 children in the following composition:

Early Head Start: Pregnant women and children birth to 3 years old (federally funded)	48
Head Start: three to five years old (federally funded)	242
Pre-K: three to five years old (Local/State/Title I funded)	1404

The program is located in 66 Fairfax County Public Schools, with a total of 100 Head Start/Pre-K classrooms and six Early Head Start classrooms. Early Head Start serves children and pregnant women in the center-based option. The three to five year-old preschool program offers programs in the following models:

- Full-day school year.
- Dual programming for children who spend a half-day in Head Start and a half-day in a preschool special education classroom.
- Inclusion, where FCPS Head Start and preschool special education children are integrated in the same classroom.

Table 5

Race/Ethnicity of FCPS EHS/HS Children 2016-17				
Race	#	percentage		
White	1220	65%		
Black	352	19%		
Asian/Pacific Islander	235	13%		
More than one race	26	1%		
Other/Unspecified	32	2%		
Ethnicity	#	percentage		
Hispanic/Latino	1120	60%		
Non-Hispanic/Latino	745	40%		

Table 6

Table 0				
Primary Language of Family FCPS HS/EHS Children 2016-17				
Top 5 Most Common Languages	#	percentage		
Spanish	981	53%		
English	391	21%		
Arabic	153	8%		
Urdu	75	4%		
Amharic	53	3%		
Other (<40 each)	212	11%		

IV. DEMOGRAPHICS

Fairfax County, Virginia is located just outside Washington, D.C., and at 407 square miles is the largest county in the Commonwealth of Virginia. According to U.S. Census data, between 1980 and 2010, Fairfax County's population almost doubled. As of 2016 the estimated population is 1,131,900 and it continues to grow. Fairfax County's population exceeds that of eight states and the District of Columbia. As the population continues to grow, Fairfax County is experiencing unprecedented demographic changes in population and ethnic diversity. It is widely known that Fairfax County has ample job opportunities and economic growth, but the paradox of the regional economic prosperity is that there are still many living in poverty.

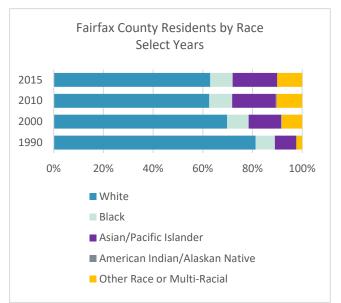
Fairfax County's poverty rate of 6.1 percent is relatively low; however, due to its large population, it has more residents living in poverty than any other single jurisdiction in Virginia. For example, the City of Richmond has a poverty rate of 25.5 percent, but has 51,828 residents living in poverty compared to Fairfax County's 71,932. (2015 ACS)

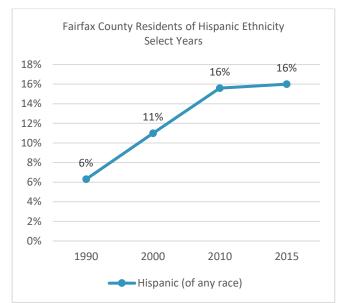
During this past recession, Fairfax County has seen a significant rise in joblessness and increased requests for assistance from programs, including Temporary Assistance to Needy Families (TANF), Medicaid, and the Supplemental Nutrition Assistance Program (SNAP). All of the programs within the Department of Family Services, including Head Start, are critical to the county's effort to help residents impacted by the weak economy. Economic decline increases stressors on families that can lead to substance abuse, mental health issues, child abuse and neglect, and family violence. Calls to Coordinated Services Planning (CSP), a program that links residents to community resources for assistance with basic needs, highlight the impact of a changing economy in Fairfax County. The majority of calls to CSP from July 1, 2015 – June 30, 2016 were due to a loss of employment or wages, followed by calls where individuals were not able to meet their basic needs due to low- or fixed-income levels. (Trends in Community Needs, CSP 2016 report)

Fairfax County is one of the most culturally diverse communities in the Washington, D.C. metropolitan area. The diversity of cultures, languages, and support networks has strengthened local communities, which have experienced a shift in demographics. The population of Asian residents, and residents indicating they are two or more races has increased, while the proportion of white residents has decreased. In addition, there has been an increase in the percentage of residents identifying as Hispanic or Latino (of any race). When compared to the county overall, youth are the most racially and ethnically diverse. **Table 7** shows the racial/ethnic origin composition trend changes for Fairfax County from 1990 to 2015.

Table 7

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Race/Ethnic Trends, 1990-2015					
Race/Ethnic Origin	1990	2000	2015		
White	81%	70%	63%		
Black	8%	9%	9%		
Asian/Pacific Islander	9%	13%	18%		
American Indian/AK Native	<1%	<1%	<1%		
Other Race or Multi-Racial	2%	8%	10%		
Hispanic (of any race)	6%	11%	16%		
Sources: U.S. Census Bureau. 1990, 2000 Decennial Census and 2015 American Community Survey					





Sources: U.S. Census Bureau. 1990, 2000 Decennial Census and 2015 American Community Survey

Fairfax County's diverse population has enriched the county with a variety of languages. The number of households in which English is not the first language has increased over the past decade. Approximately 38 percent of county residents who are five and older speak a language other than English at home. The percentage of county households considered linguistically isolated (meaning no one over the age of 14 speaks English "very well") stands at seven percent (26,389 households) (US Census, 2015 American Community Survey).

Fairfax County students come from all over the U.S. and the world, bringing with them a wide range of backgrounds, experiences, and knowledge. Fairfax County Public School (FCPS) students speak more than 160 languages and come from more than 200 countries. Limited English Proficiency among Fairfax County Public Schools (FCPS) students is increasing. The English for Speakers of Other Languages (ESOL) program provides learning assistance to students whose first language is not English. The ESOL program currently supports more than 28,000 students at all education levels.

Individuals with limited English proficiency are often precluded from fully participating in the labor market, with written and oral communication skills a key component to workplace success. When examining those individuals who were living in poverty, from 2005 to 2014 more than half of all individuals spoke a language other than English at home. Although these individuals may not necessarily be linguistically isolated, there is a strong connection between limited English proficiency and poverty.

EMPLOYMENT

The recession that began in 2007, and whose effects reached into 2010, had a profound effect throughout the county. Although Fairfax County weathered the economic downturn better than other jurisdictions due to the composition of the job market, its effects can still be seen. The overall unemployment rate has not returned to pre-recession rates. The recovery of jobs since the recession has been unequal among low-, middle-, and high-wage professions. Job loss during the recession affected lower-wage occupations more than higher wage jobs. Most of these lower-wage jobs have been recovered since the recession; however, they are generally paying lower wages than the past.

In 2016, there were over 56,684 job-seeker visits to the SkillSource employment centers. (Numbers include multiple visits by individual jobseekers.) Prior to the downturn, the unemployment rate was 2.2 percent in 2007 and 2.9 percent in 2008. In 2016, it was 3.3 percent.

While many Fairfax County residents benefit from a strong employment picture, the income of many Head Start-eligible families and working families with low incomes are far below levels to meet basic needs. In 2015, the federal poverty limit for a family of four was a yearly income of less than \$24,250. The poverty rate for Fairfax County was 6.1 percent of the population, or 71,932 people (www.fairfaxcounty.gov).

In Fairfax County, children are more likely to live in poverty than adults. Almost 6,000 children under five years old, 7.6 percent of all children under the age of 18, and 4 percent of families are living in poverty in Fairfax County. **Table 10** shows the race/ethnicity of people living in poverty.

Table 10

Race/Ethnicity of People Living in Poverty 2015 Fairfax County, VA					
Race/Ethnic Origin	Total	Percentage			
African American	8,839	107,593	8.2 %		
Hispanic	16,637	186,118	8.9 %		
Non-Hispanic Whites 25,859 581,140 4					

Table 10-Source: U.S. Census Bureau 2013 American Community Survey, table S1701

As indicated by the U.S. Census, in 2015, of families with children with a female head of household and no husband present, 22.1 percent live in poverty. In 2015, 200 percent of the federal poverty guideline was an income of \$48,500 per year for a family of four; 11.4 percent of households had incomes less than this. According to the Massachusetts Institute of Technology's (MIT) "Living Wage Calculator," the amount of income needed by a family of four living in Fairfax County was more than \$58,203 per year. The proportion of monthly expenses for a family of four (working parent and three children) is shown in **Table 11**.

Table 11

Monthly Expen	Annual	
Housing	Housing \$1,951	
Child Care	\$1,013	\$12,164
Food \$736		\$8,834
Transportation	\$941	\$11,299
Health Care	\$566	\$6,788
Taxes	\$972	\$11,669

Table 11-Source: http://livingwage.mit.edu/counties/51059

Many parents eligible for Head Start work in low-paying jobs within the service industry as housekeepers, taxi drivers, cashiers, and wait staff. In 2016, the average annual salary for many of these professions was below or near the current poverty level for a family of four (May 2016 National, State, Metropolitan, and Nonmetropolitan Area Occupational Employment and Wage Estimates).

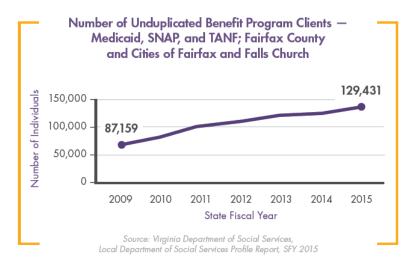
For example:

 Housekeeper 	\$25,840
 Cashier 	\$22,300
 Food Prep Worker 	\$20,800
 Custodian 	\$27,210

PUBLIC ASSISTANCE

Another indicator of the level of need in Fairfax is the number of people living in households with incomes below 200 percent of the poverty level, which more closely approximates the level below which people have difficulty meeting their needs without some kind of assistance. In Fairfax County, approximately one in every six residents live in a household earning less than 200 percent of the poverty level.

With the slow economic recovery and subsequent economic pressures on middle and lower-income households, many more individuals than in the past have sought some type of financial assistance to make ends meet. From 2009-2015, there was a 48 percent increase in the number of individuals receiving Medicaid, Supplemental Nutrition Assistance Program (SNAP) benefits, or Temporary Assistance for Needy Families (TANF) cash assistance benefits. This percentage reflects unduplicated counts. This increase equals approximately 42,000 more residents receiving some type of assistance through these programs.



As of FY 2015, overall public assistance (e.g., SNAP, TANF, Medicaid) caseloads rose to over 92,608 cases per month. The demand for public assistance has been increasing steadily since 2001. During FY 2015, the highest caseload increase was in the Medicaid program, while reflecting small reductions in SNAP and TANF. Nationwide there has been a steady reduction in the number of families receiving TANF since the implementation of the Welfare Reform Act of 1996.

The maximum amount a participating TANF family can receive ranges from \$242 per month for one person to \$570 for six or more people. Currently, a family of three receives less than \$3,840 per year, only a fifth of the federal poverty level. The average monthly TANF grant is \$328 (www.fairfaxcounty.gov).

The Virginia Initiative for Employment Not Welfare program is the mandatory employment program for able-to-work parents receiving TANF who have children twelve months or older. There was a modest increase in the average monthly wage for VIEW in FY 2015 to \$1,367 from \$1,321 in FY 2014. In FY 2015, 1,883 clients were served by VIEW.

Fairfax County VIEW participants benefit from an array of employment, training and social services to support their transition to successful employment and independence. These include vocational and educational assessment and training, intensive job readiness workshops, customized job search guidance, English classes and screening and evaluation for hidden disabilities. Frequently used support services include transportation, child care assistance, emergency services, clothing and equipment needed for the workplace, and medical services not covered by Medicaid. Families become ineligible for TANF and VIEW at the 24-month limit for the program or when wages from employment combined with other available income reach 100 percent of the poverty level.

The Supplemental Nutrition Assistance Program (SNAP) program helps people with low or no income buy nutritious food by providing an electronic debit card that is accepted at most grocery stores. The average monthly caseload in FY 2015 was 24,031. In order to be eligible for SNAP benefits, households have to qualify according to both monthly gross income and monthly net income. However, households in which all members are receiving Social Security or TANF are considered to be eligible based on income. Other households with one or more elderly or disabled members only have to meet the net income test.

HOUSING

Many factors can influence the ability of an individual or family to be housed, including financial stability; financial literacy; accessibility modifications; housing options that meet the physical, behavioral, and cognitive needs of individuals and family members; access to resources that promote housing permanency; and housing that complies with fair housing laws. Although all of these factors are critical to ensuring that everyone has a home, community members identified several housing issues as key needs in our community: housing affordability, housing accessibility, and support services that help individuals live safely in their choice of residence.

While the median market value of owned homes increased slowly from 2005 to 2016, the average monthly rent in the county increased at a faster rate during this same period. The median market value as of 2016 for a single detached home was \$617,111 (Source: Fairfax County Department of Neighborhood and Community Services, 2016). The fair market rent for a one-bedroom apartment in the Fairfax County is \$1,402 and for a two-bedroom apartment is \$1,623 per month. To afford this, a single parent working full-time would need to earn \$31.21 per hour (or \$64,920 annually). A

minimum wage earner would have to work four full-time jobs to afford a two-bedroom unit at the HUD Fair Market Rent (FMR) in Fairfax County.

In Fairfax County, the lack of affordable housing and increasing rates of already high rental costs make it difficult for Head Start families to achieve self-sufficiency. There are substantial shortages in the number of rental units in Fairfax County that are affordable for low- and moderate-income households. Overall, there is a shortage of approximately 31,630 rental units affordable to households earning \$68,000 or less.

A 2014 report commissioned by the Community Foundation for the National Capital Region and prepared by the Urban Institute and the Metropolitan Washington Council of Governments revealed an under-reported fact about why it is so hard for the region's poorest to find a place to live; that is, there is a considerable lack of affordable housing for the middle class too, and these residents are occupying many of the units that would otherwise go to people with lower income. The recent housing crisis forced many households out of homeownership and strained an already overstretched rental sector in the region. Furthermore, as older garden-style apartments and high-rises are torn down to make room for new condominiums, particularly in the Mt. Vernon area, the competition for housing worsens. Residents are resorting to sharing housing with other families. There is a rise in the spread of over-crowded housing, situations in which families unable to cover their rent double and sometimes triple the number of occupants in apartments and large single family residences.

Public housing is available in communities where Head Start families live, but the supply is not adequate to meet the need. In FY 2015, the Fairfax County Redevelopment and Housing Authority (FCRHA) served 17,690 people through the federal Public Housing and Housing Choice Voucher programs and local Fairfax County rental programs. The average income of households served across these three programs was "extremely low income" (see **Table 13**).

The Fairfax County Redevelopment and Housing Authority (FCRHA) operates 1,060 units of Public Housing. Public Housing units are managed and maintained by the Fairfax County Department of Housing and Community Development (HCD). The units were built or acquired using federal public housing funds. Units include townhouses, garden apartments and condominium units, and are located throughout the county. The program generally serves households with incomes up to 50 percent of median income. Tenants pay 30 percent of their income for rent. HCD screens applicants to determine that they meet the qualifications for the Public Housing Program by confirming information provided on the application form, including checking credit records, rental references, and police records. Applicants must also qualify by income, based on household size. The wait list for this program is currently closed.

HCD also administers the Federal Housing Choice Voucher rental subsidy program (formerly known as Section 8 program) for Fairfax County, the city of Falls Church, the city of Fairfax, and the town of Herndon which serves 9,500 individuals. Due to the high cost of rental units, the gap has widened dramatically between rental costs and what households with low-income, disabled and elderly residents can afford. Participants in the Housing Choice Voucher program receive assistance to rent privately-owned housing units in apartment complexes, condominiums, townhouses or single-family homes. Households with incomes at or below 30 percent of the median income for the Washington D.C. Metropolitan statistical area receive priority (see **Table 13** for federal income limits). The waitlist for this program has been closed since March 2007.

Table 13

Housing Choice Voucher Program 2016						
Household Size	Maximum Household Income Limits Extremely Low (30%)	Maximum Household Income Limits Very Low (50%)	Maximum Household Income Limits Low (80%)			
1	\$22,850	\$38,050	\$49,150			
2	\$26,100	\$43,450	\$56,150			
3	\$29,350	\$48,900	\$63,150			
4	\$32,600	\$54,300	\$70,150			
5	\$35,250	\$58,650	\$75,800			
6	\$37,850	\$63,000	\$81,400			
7	\$40,450	\$67,350	\$87,000			
8	\$43,050	\$71,700	\$92,600			

Table 13 - Source: Housing Choice Voucher and Public Housing Income limits for the Washington D.C. Metropolitan Statistical Area are as published by HUD; low-income limit is based on national median family income.

NOTE: In the Housing Choice Voucher (HCV) Program, at least 75 percent of new admissions must be below 30 percent MSA (Extremely Low). Only families that meet one of the following criteria can be admitted with incomes between 50 percent MSA (Very Low) and 80 percent MSA (Low)

Fairfax County funds the operation of six emergency shelters, all of which are managed by nonprofit contractors. Four of these – Katherine K. Hanley Family Shelter (Fairfax), Embry Rucker Community Shelter (Reston), Next Steps (Richmond Highway Alexandria), and Patrick Henry Family Shelter (Falls Church) – serve families with children and combined can serve more than 50 families. There are two additional shelters who serve only adults without children. The shelters have additional capacity during winter months to take in people overnight who are at risk of hypothermia. The 2016 Fairfax County Human Services Needs Assessment indicated that African Americans disproportionately experience homelessness. This was echoed at the 2017 Community Forum by staff representatives from community shelters, reporting that 60 percent of families in the shelters are African-American.

In January 2016, there were 1,059 people who were homeless, 482 single individuals, 577 people in families. According to the Office to Prevent and End Homelessness, the number of people who were homeless declined by 12 percent (145 people) from the number counted in January 2015. Children under the age of 18 account for 32 percent of all persons who were homeless, including 160 children under the age of six. The count only includes those who are in shelters, in transitional housing or unsheltered living on the street.

In February 2009, the Fairfax County Board of Supervisors established the Office to Prevent and End Homelessness (OPEH). The OPEH manages, coordinates and monitors day-to-day implementation of the Plan to Prevent and End Homelessness in the Fairfax-Falls Church community. The mission of the agency is to end homelessness in 10 years. "This commitment requires that no later than December 31, 2018, every person who is homeless or at-risk of being homeless in the Fairfax-Falls Church community will be able to access appropriate affordable housing and the services needed to keep them in their homes" (www.fairfaxcounty.gov).

FOOD SECURITY

In 2015, a Community Food Assessment (CFA) was coordinated by the Partnership for a Healthier Fairfax, Healthy Eating Team and funded by a Kaiser Permanente of the Mid-Atlantic States Community Benefit grant. It was intended to examine the status of access to healthy food and identify barriers to achieving this human right. It focused on three specific areas of Fairfax County in terms of food insecurity and availability - Bailey's Crossroads, Reston/Herndon, and Mount Vernon. These areas are considered pockets within the county where there is need for assistance in addressing food access and insecurity. Below are a few of the relevant findings:

- Rent or mortgage payments, followed by price of food and utilities, are the biggest factors among those making \$50K or less in terms of impacting respondents' ability to buy needed food. This is in significant contrast to those making over \$50K.
- CFA survey data shows almost 45 percent of those in the \$50K or less category ate less than they should have because there was not enough money for food compared to five percent of those making more than \$50K.
- Parents feel fortunate that their children receive food at school. As mentioned by stakeholders, parents are focused on making sure that their children eat more at school for breakfast and lunch to offset limited food for dinner.
- Even though 91 percent of respondents believe what they eat makes a difference to their health, many in the \$50K or less category do not eat the recommended servings of key food groups. The cost of nutritious food is a major barrier to healthy eating among those struggling with poverty and food insecurity.
- A consistent theme that emerged from stakeholder interviews was the importance of food pantries and food
 programs in each of these targeted areas. Individuals struggling often visit multiple pantries and faith-based
 organizations to obtain food throughout the week. Unfortunately, the need for food assistance has not waned in
 these areas, but has grown. Interviews reiterated that food pantries are not solutions to ending food insecurity,
 but rather a temporary support.

The Capital Area Food Bank's (2015) <u>Hunger Heat Map</u> (https://cafb.maps.arcgis.com/home/gallery.html) helps illustrate the need through an interactive map which highlights the gaps in unmet food pounds needed in food insecure areas of the community.

TRANSPORTATION

Regardless of the transport mode, transportation within the county is costly. Research from the Massachusetts Institute of Technology estimates that transportation costs for Fairfax County residents are approximately \$11,000 per year for a family with two working adults and three children. Public transportation, particularly Metrorail (the Metro), is expensive, with fare prices based on distance traveled instead of flat rates.

According to U.S. Census data, residents below 150 percent of the federal poverty level are more likely to access public transportation or carpool rather than drive to work compared with residents above poverty. However, some households

do not have easy access to bus routes or Metro stations, which can lead to increased time and money spent getting to transportation hubs. For Fairfax County residents using public transportation, specifically those who are low-income earners, the additional time and money spent on commuting and transferring across systems results in less take-home pay and less time spent with family. This is particularly true for individuals who do not live near their jobs or who have to work multiple jobs to make ends meet.

Reliable transportation is a key component for securing and maintaining employment for Head Start families. Families who do not own personal vehicles often cannot find suitable transportation to and from home, work and other destinations. While Fairfax County has public bus and other transportation systems, these services are not currently able to meet the diverse transportation needs of many Head Start families. For example, many bus routes are only available during peak rush hours, leaving many working families with low incomes who work non-traditional hours (evenings, weekends) without viable transportation services.

ADULT LITERACY

According to the Literacy Council of Northern Virginia, more than 129,000 adults in Northern Virginia function at the lowest literacy levels. Of all Virginians on welfare, 72 percent have not completed high school (Virginia Department of Education). As stated previously, more than one-third of the residents in Fairfax County speak a language other than English at home (U.S. Census). Of those individuals, 37 percent reported they did not speak English very well. Fairfax County Public Schools Adult and Community Education program, Northern Virginia Community College, the Literacy Council of Northern Virginia, and ESLIM (English as a Second Language and Immigrant Ministries) provide classes throughout the county. The Literacy Council of Northern Virginia reported providing literacy classes for more than 1,458 students in program year 2016. ESLIM enrolls more than 1,000 students a year.

V. OTHER CHILD DEVELOPMENT AND CHILD CARE PROGRAMS

While there are many quality child care options in the county, the Washington D.C. area as a whole has a demand that surpasses the availability. Specifically, there is a lack of infant and toddler care for working families. The search for affordable, convenient, quality child care is a struggle in the Washington region. The five-part series by the local news channel WTOP entitled "Child Care Crisis" looked at the difficulty in finding care, and why costs are surpassing college tuition rates. The reports also examine the emotional toll the lack of child care takes on families. (WTOP.com, February 13, 2017). The author notes that only a quarter of two-parent American families have a dad who works full-time and a mom who stays home, down from nearly half of all families in the 1970s, according to the Pew Research Center. That makes child care in higher demand than ever before. There is a severe lack of enrollment spots for babies, and for parents who secure care, the next hurdle is affordability.

The Fairfax County Office for Children provides services to support the care, education and healthy development of children from birth through elementary school. The Office for Children helps families find and pay for child care, issues the County Home Child Care Facility permit for home child care providers offering child care for up to four children in their homes, and offers professional development for early care and education providers. The Office for Children also provides services to children and their families through the Virginia Preschool Initiative program and the School Age Child Care program.

Since 1975, a variety of child care options have been offered to serve families.

- The Office for Children receives state funds through the Child Care Development Block Grant to provide child care
 assistance for eligible children and families in Fairfax County. The Child Care Assistance and Referral (CCAR)
 program provides financial assistance for child care to Fairfax County families with low and moderate income who
 are working or in education/training programs.
- In 1979, the Office for Children established the School Age Child Care (SACC) program to provide professional child care services for working families during non-school hours. SACC centers are located in most elementary schools throughout Fairfax County, as well as in centers that offer services for children with disabilities. For residents of Fairfax County, the program is offered on a sliding scale based on income.

CHILD CARE ASSISTANCE AND REFERRAL

In Fairfax County, housing and child care expenses for a family with young children can comprise the largest share of the family's budget. In some cases the cost of child care for one child exceeds the average tuition and fees at a public college. In Fairfax County, tuition at a child care center for one infant ranges from approximately \$16,640 to \$18,824 and above per year, while the average tuition and fees at a public college in Virginia is approximately \$11,000 per year. These costs can be untenable for families in CCAR, whose median yearly income is \$27,888.

The Child Care Assistance and Referral program provides financial assistance for child care on a sliding fee scale to income eligible families who are working or in training. CCAR provides county families with information about child care programs and supports them in finding and choosing care. Child care subsidies make it possible for families to enter and remain in the workforce, to progress toward and achieve self-sufficiency goals, and to access safe and reliable child care.

CCAR provides child care subsidies for approximately 5,000 children ages birth through 12 years each month. CCAR subsidizes child care costs based upon family eligibility. Eligible families can choose to place their child in any regulated child care center, preschool or family child care home. CCAR works with approximately 900 child care programs/vendors.

Families are eligible for child care assistance if they meet the following guidelines:

- Have low or moderate income and who work or are in training (see **Table 14**).
- Receive Temporary Assistance for Needy Families.
- Participate in the Virginia Initiative for Employment Not Welfare program.
- Care for Fairfax County children who are in foster care.
- Are involved with the Child Protective Services system.
- Are caring for children with special needs.
- · Are homeless and living in a shelter.

Table 14

CCAR Eligibility Chart Effective 10/1/2016				
Family Size	Yearly Income Up To			
2	\$44,064			
3	\$55,440			
4	\$66,828			
5 \$78,216				
6 \$89,604				

Table 14 - Source: Child Care Assistance and Referral, 2016

The Office for Children maintains a database of legally operating child care programs which families can search online. As of January 2017, there were 585 licensed child care centers and 1,814 county-permitted or state-licensed family child care homes in the county.

The cost of full-time child care for children ages 6 weeks to five years in Fairfax County in 2016 ranged from \$9,100 to \$21,528 per year (see **Table 15**).

Table 15

2016 Weekly Child Care Rates						
Age	Family Child Care	Child Care Center				
Infants	\$200 - \$275	\$325 - \$414				
Toddlers	\$200 - \$260	\$300 - \$397				
Preschoolers	\$175 - \$250	\$260 - \$349				
School-Age (full time)	\$150 - \$200	\$216 - \$313				
Before and After School	\$100 - \$175	\$109 - \$199				

Table 15 – Source: Office for Children Community Education and Provider Services, based on data reported by local child care programs

VIRGINIA PRESCHOOL INITIATIVE

In 1995, the Virginia General Assembly created the Virginia Preschool Initiative (VPI), a preschool program for at-risk 4-year-olds not being served by federal programs such as Head Start and Title I. The purpose of VPI is to reduce disparities among young children upon formal school entry, and to reduce or eliminate those risk factors that lead to early academic failure.

Currently, 1,613 children are served in the VPI program throughout the county. Fairfax County public schools has 1,348 students enrolled in VPI; 265 are in community-based child care centers.

Each program must comply with VPI standards, including the implementation of appropriate curriculum, defined group size and child-to-staff ratios, qualified staff trained on early childhood development, in-service training for all staff, home-program communication, child assessment, program assessment, and family visits. Comprehensive health services are required for all children enrolled in VPI, as well as social services as needed.

SCHOOL AGE CHILD CARE

SACC began caring for children in 1974 and supports approximately 11,000 working families by providing before-school and after-school, holiday, and summer programs to approximately 14,000 children each year. SACC centers are located throughout the County in 139 Sites, including Fairfax County Public Schools, one community center and one recreation center. SACC's partnership with Fairfax County Public Schools helps provide families and children with a continuum of educational experiences. SACC staff implements a daily program of activities that supports children's healthy development in partnership with families.

Hallmarks of the program include SACC's educational programming and subsidized child care for income eligible families and children with special needs. Fees are collected from parents as payment for child care services. A sliding fee scale is available to ensure that families earning low and moderate incomes have access to quality, affordable school age child care services. Nearly 20 percent of the families served meet the income eligibility to pay for services on the sliding fee scale. Children in kindergarten through sixth grade with special needs are fully included throughout the program. Children and youth ages 5-21 with multiple disabilities are served at SACC centers located at Key and Kilmer middle schools.

Table 16 illustrates the current fees (on a sliding fee scale) charged per month based on the child care arrangement. Reduced rates are applicable for families with two or more children enrolled. The reduction for the second child is 10 percent; the third child and each additional child receive a 20 percent discount.

Table 16

School Year 2016-2017 SACC Monthly Fee Schedule						
Adjusted Household Income	Before School (One Child)	After School (One Child)				
\$83,000 and above	\$179	\$394				
\$76,000 - \$82,999	163	364				
\$69,000 - \$75,999	149	329				
\$62,000 - \$68,999	134	297				
\$55,000 - \$61,999	118	263				
\$48,000 - \$54,999	103	230				
\$41,000 - \$47,999	89	197				
\$34,000 - \$40,999	72	162				
\$27,000 - \$33,999	58	129				
\$20,000 - \$26,999	43	96				
\$16,000 - \$19,999	28	60				
\$12,000 - \$15,999	11	25				
\$11,999 and below	7	15				

Table 16 - Source: School Age Child Care, 2016

VI. CHILDREN WITH DISABILITIES

Young children and infants with disabilities and their families receive services through Infant & Toddler Connection of Fairfax-Falls Church, and Fairfax County Public Schools Early Childhood Special Education. ITC provides services for infants and toddlers, birth through age three, and ECSE provides services to children from two to five years of age. Special education services are delivered through a continuum of services depending on the child's level of need. Both agencies work with children and families in the least restrictive environment (i.e., home, family child care, classroom).

Families who have a child under the age of three, live in Fairfax County or the cities of Fairfax or Falls Church, and who have a concern about their child's development may self-refer or be referred by their pediatrician or by other Fairfax County agencies to ITC. Eligible children have an assessment for service planning which leads to the development of

an Individualized Family Service Plan (IFSP) designed to meet the needs of the child and family. Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology (e.g., hearing aids, adaptive toys, and mobility aids); family counseling and support; and service coordination. In addition to therapeutic services, ITC specialists integrate family goals and provide educational services to parents and caregivers. The ITC Director reports that Fairfax-Falls Church Infant & Toddler Connection served 3,559 children in FY 2016, its highest number served to date.

FCPS Early Childhood Identification & Services (ECID&S) provides specialized instruction and related services to all children ages two to five years, who qualify under the Individuals with Disabilities Education Act (IDEA, Part B, Section 619). The ECID&S program ensures the provision of a Free and Appropriate Public Education FAPE in the Least Restrictive Environment LRE to all children who are found eligible. The Child Find screening and evaluation process determines if a child is eligible for services and an Individual Education Program (IEP) is written to identify the parameters of the services the child will receive. Child Find also provides education for the community about child development and the importance of early intervention. Child Find screenings are offered at no cost to residents of Fairfax County whose child is two to five years old.

ITC and ECSE staff assist Head Start and Early Head Start teachers with supporting a child with a disability and incorporating either the IFSP or IEP goals into the daily learning activities and experiences. Head Start maintains active partnership agreements with both ITC and ECSE to ensure that Early Head Start and Head Start children with disabilities receive services in natural settings with typically developing peers. The partnerships include ongoing joint recruitment and referrals. This ensures at least 10 percent of Head Start/Early Head Start enrollment slots provided are for children with identified disabilities as required by the Head Start Program Performance Standards.

The groups of children most served by early intervention and special education in the Head Start/Early Head Start program are those with non-categorical/developmental delays and speech/language delays (**Table 17**). Other identified disabilities include autism, hearing impairment, orthopedic impairment, and visual impairment.

Tuble 17					
Children with Disabilities in Head Start and Early Head Start by Disability Type 2016-17					
Disability Type Children					
	#	percentage			
Non-categorical/Development Delay	178	91.8%			
Speech/Language Impairment	5	2.6%			
Autism	7	3.6%			
Other (orthopedic impairment, traumatic brain injury)	4	2.0%			

Table 17 Source: ChildPlus Feb 2017

ITC operating agency is the Fairfax-Falls Church Community Services Board, which is reporting an upward trend in demand for services and it is anticipated that ITC will continue to grow at an average rate of six to eight percent annually. As the benefits of early intervention have become more widely known, the average monthly number of children in need of and receiving ITC services has increased significantly, from 909 per month in FY 2010 to 1,553 in FY 2016.

VII. NEEDS OF HEAD START-ELIGIBLE CHILDREN AND THEIR FAMILIES HEALTH

Children living in families with low incomes are susceptible to a wide array of health issues, including but not limited to anemia, early childhood dental cavities, obesity and asthma. So far in the 2016-17 program year (as of January 2017), 10 children in Fairfax County Office for Children Head Start/Early Head Start Program were classified as anemic, 32 were diagnosed with asthma or reactive airway disease, 48 have vision problems, 33 have hearing difficulties, and five with high lead levels. There are 90 children with food allergies and intolerances and 85 children with non-food allergies.

Many Head Start-eligible children in Fairfax County continue to benefit from improved access to comprehensive health care. The Virginia Medicaid program, Families' Access to Medical Insurance Security Plus (FAMIS Plus) and the FAMIS program (Virginia CHIP) provide medical and health care benefits for eligible children ages 0-21. Centralized enrollment for both programs is available in each of four county governmental centers.

For children who are not eligible for FAMIS Plus or FAMIS, health services are available through the INOVA Health System's Partnership for Healthier Kids, which includes coverage from a variety of sources, including the Fairfax County

Department of Family Services Medical Care for Children Partnership and the Kaiser Permanente Bridge Program. Specialty care for children with chronic health conditions is available through the Care Connection for Children. The Fairfax County Health Department offers a range of services to all county residents, including immunizations, infant development services, and environmental health services. Services for maternity care are offered on a sliding scale to uninsured women who are not eligible for Medicaid.

Comprehensive dental services for children enrolled in FAMIS Plus or FAMIS are provided through the Smiles for Children program. There is a single telephone number across the state for access to participating dentists, and assistance is provided to families not only in locating a dental professional, but also in making appointments. Families do not pay fees or co-payments for this program. The Smiles for Children program is managed by DentaQuest. In addition, the Fairfax County Health Department operates three dental clinics for routine dental care to children eligible for Head Start, 4 years of age and older, who are not eligible for FAMIS Plus or FAMIS. Dental offices that serve families with low income are becoming increasingly available in our community. One of the biggest challenges is ensuring that parents and children are aware of the importance of treatment as well as regular check-ups and cleanings.

There is still much work to be done in assisting families in navigating the options for the new, more affordable health insurance plans which became available since the passing of the Affordable Care Act. Although these services and free clinics are available, there are still barriers for some families in accessing them. Two common obstacles are language barriers and misinformation about programs considering immigration status. In addition, obtaining transportation to appointments can also sometimes be a concern. To address this, Neighborhood HealthVA provides health services in several full-service and mobile clinics to those with any type of insurance, including Medicaid, and a sliding scale fee for uninsured families. At the Head Start Community Forum, it was noted that access to prescription medications is critical in addressing chronic illnesses, however, medications are becoming increasingly more expensive and each year, the list of prescription drugs being excluded from coverage is also increasing. NOVAScriptsCentral is a nonprofit collaborative pharmacy which exists to provide quality pharmaceutical care as an integral component of health care for the uninsured working poor (below 200 percent of Federal Poverty Level) residents of Northern Virginia and their children.

NUTRITION

This year, 23 percent of Head Start children were "obese," defined as having a body mass index at or above the 95th percentile for age and gender. Childhood obesity increases the risk for a variety of severe health issues, including bone and joint issues, sleep apnea, cardiovascular disease, and low self-esteem. Misinformation, as well as personal behaviors, including poor nutritional, environmental, or exercise choices, play a large role in causing people to be overweight and obese.

The Community Food Assessment (mentioned previously) indicates that most adults in our community understand which foods are nutritious; however, it was found that the biggest barrier is affordability and access to fresh fruits and vegetables.

WIC is a special supplemental short-term nutrition program to improve nutritional status and promote healthy behaviors among families earning low incomes. The Fairfax WIC Program was established in 1976 and provides the following services: 1) educating pregnant women and new mothers about nutrition with personalized assessments, counseling and support; 2) providing supplemental nutritious foods to women, infants, and children up to age five; 3) giving women the support they need to successfully breastfeed their babies; and 4) offering referrals to additional social services and healthcare resources. WIC participants include children up to five years of age, and pregnant, postpartum, and breastfeeding women. Services are provided by nutritionists and nutrition assistants across nine WIC service delivery sites throughout the county. In FY 2015 the number of participants enrolled in WIC was 17,129. Services are offered Monday-Friday from 8 a.m. to 4:30 p.m. and during extended hours. **Table 18** shows locations in Fairfax County where families receive WIC services. Community Forum participants noted that misinformation surrounding WIC makes families hesitant to apply.

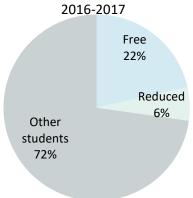
Table 18 WIC Services by Office Locations, December 2016

	Fort Belvoir	Falls Church	Herndon/ Reston	Annan- dale	Herndon Health Works	Spring- field	Centre- ville	Mount Vernon	Joseph Willard	Total
Women*	81	390	617	971	214	503	232	860	208	4076
Children	178	942	1037	1525	619	1065	601	1635	435	8037
Infants	85	428	527	825	226	454	274	771	203	3793

^{*}Pregnant, breastfeeding, post-partum women.

WIC and free- and reduced-lunch eligibility numbers are used as an indicator of poverty in communities. The graph below shows the number of students receiving free and reduced lunch in Fairfax County Public Schools as of October 31, 2016. (Total free/reduced is 50,668 students.)

Students Eligible for Free and Reduced Lunch



Graph 19 Source: Fairfax County Public Schools

There were 141 elementary schools in the FCPS system in 2016-17. In 33 of these elementary schools, more than half of the students received free- or reduced-price meals. In five elementary schools, where Head Start classrooms are located, approximately three-quarters or more of the children received free- or reduced-price meals: Hybla Valley – 86 percent, Lynbrook – 78 percent, Mount Vernon Woods – 78 percent, Weyanoke – 76 percent, and Graham Road – 78 percent.

MATERNAL HEALTH

Early prenatal care is available through the Fairfax County Health Department. The Maternal Health Program provides services to pregnant women with low income in an effort to improve pregnancy outcomes and reduce infant morbidity and mortality. Public health nurses provide clinical services that include pregnancy testing for a flat fee and follow-up education on a walk-in or an appointment basis at all five district offices. Services are offered Monday to Friday from 8 a.m. to 4:30 p.m. and during weekly extended clinic hours. Pregnant women are then provided a free public health assessment which identifies tuberculosis risk, immunizations, and risk factors that may negatively impact pregnancy outcomes. In FY 2015, there were 3,240 pregnant women who received a PHA. Family Assistance Workers assess client eligibility for a number of programs, assist with finding a medical home, and connect clients to appropriate services.

In 2013, the Virginia Department of Health reported a total of 432 teen pregnancies (down from 759 in 2009) and 3,252 births to unmarried women residing in Fairfax County (down from 3,747). **Table 20** provides additional statistics from 2009 to 2013. (2013 is the latest year of data available at vdh.virginia.gov)

Table 20

Fairfax County Selected Birth Statistics							
Year	2009	2010	2011	2012	2013		
Live Births to Teens	503	394	397	370	312		
Percent of Live Births are by Unmarried Women	23%	22%	22%	22%	21%		
Low Birth Weight	7%	7%	7%	7%	7%		

Table 19 Source - VA Dept. of Health, Health Statistics (2015) Fairfax Co.

There are a number of programs in Fairfax County that provide services to teenagers and/or single mothers in addition to Head Start and Early Head Start. Resource Mothers and Healthy Families Fairfax are prevention programs that have been successful in assisting families with prenatal care. Resource Mothers provides services to pregnant teenagers who are 18 years of age or younger, and assists them with keeping medical appointments and attending parenting classes. Healthy Families Fairfax is a Department of Family Services, Child Abuse and Neglect Prevention Services program that

is administered in partnership with the Fairfax County Health Department and three nonprofit agencies: Northern Virginia Family Services, United Community Ministries Community Solutions, and Cornerstones. The program provides educational, therapeutic and supportive services to first-time parents who are at high risk for child abuse and neglect, from the prenatal period to the child's fifth birthday.

In FY 2013, the Health Department was awarded a grant from the Virginia Department of Health funded by the federal Maternal, Infant, and Early Childhood Home Visiting Program established by the Affordable Care Act to support the implementation of a Nurse Family Partnership Program in Fairfax County. In this program, public health nurses provide home visits to pregnant women and new moms to ensure a healthy pregnancy, support child health and development and set goals toward self-sufficiency. Research shows the program results in a reduction in child abuse and neglect, fewer childhood injuries, improved school readiness, and a reduction in behavioral and intellectual problems in early childhood. The start-up phase began in January 2013 with the hiring of two Maternal and Child Health Field Supervisors and four nurse home visitors. The program serves 100 new mothers in the Bailey's Crossroads/ Annandale and Mount Vernon areas. The percent of high risk pregnant women who received home visiting services decreased in FY 2015 by 5 percent. The Health Department's nurse home visiting had a slight decrease in staffing, which reduced the ability to reach as many clients via a home visit as the previous fiscal year. The percent of high risk pregnant women receiving home visiting services is anticipated to increase in the next fiscal year due to stabilization in staffing.

BEHAVIORAL HEALTH

Early childhood education programs across the county have expressed concerns regarding an increase in behavioral issues among the children they serve and have noted interactions between parents and children that are potentially harmful to the child's developing social-emotional skills. Head Start and Early Head Start programs are providing parent education and information regarding supporting their children's healthy pro-social development.

Various types of behavioral health prevention and treatment services are available throughout the county through both public and private entities; these include the faith community; the Fairfax County Public Schools system; and various human services agencies that include the Fairfax–Falls Church Community Services Board (CSB), Department of Family Services, Health Department, and Office for Women and Domestic and Sexual Violence Services.

The CSB provides a safety net of vital services for individuals with developmental delays, intellectual disabilities, serious emotional disturbances, mental illness, or substance use disorders. As the single point of entry into publicly funded behavioral health care services, the CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers. While all residents can access CSB's acute care, emergency, referral and wellness, as well as health promotion and prevention services, most other non-emergency CSB services are targeted primarily to people whose conditions seriously affect their daily functioning. As of February 1, 2017, the CSB is now offering same day, in-person screening for mental health/and or substance use concerns to youth and adults. Individuals of any age seeking help for a mental health and/or substance use concern may walk in, without appointment, to the CSB's Merrifield Center and speak with a staff member face-to-face rather than initiating contact over the phone. If the individual appears to qualify for CSB services, they may be able to receive a more indepth assessment for services that same day. Each CSB assessment clinician is trained to assess for substance use disorders as well as mental health and co-occurring disorders.

Behavioral health services are critical in order to help children and youth stay in their homes, reduce the need for residential treatment services, and successfully reach their academic goals. The FCPS system provides a wide range of assessment and counseling services for children, youth, and their families predominantly related to needs associated with school-based issues. However, children and youth who require intensive care coordination or case management services on a long-term basis are often unable to receive services from FCPS personnel and must seek treatment in the community. Input from community members illustrates the difficulty that some families have when trying to obtain the appropriate type and level of services to address behavioral health needs for their child. Families face challenges related to language and cultural issues, overall affordability and accessibility of providers, and access to trauma-informed providers. Importantly, the complexity of the system along with a lack of coordinated care and services among families, school personnel, and providers of behavioral health services are barriers in the community.

Through a memorandum of agreement, the Early Childhood Program (EC) provides services to Head Start and Early Head Start children and families in the grantee program at GMVCHS and FCC. The EC clinical team conducts meetings on a regular basis to focus explicitly on early childhood issues. The program has therapists on staff to provide services for behavioral, emotional and/or developmental concerns that affect the children's daily functioning at home and school. The Higher Horizons program contracts with a private mental health consultant and makes referrals

to other community mental health agencies or professionals, as needed, for their Head Start and Early Head Start children. The FCPS Head Start/Early Head Start has developed a strength-based, proactive and child- and family-centered approach to mental health. The model includes screening all children using the Devereux Early Childhood Assessment (DECA), tracking and providing support to children who show a lack of protective factors, and providing individualized professional development for staff on how to support children who are at risk for developing social and emotional concerns. In addition, FCPS has two Mental Health Specialists on staff to provide individualized onsite modeling and coaching as necessary to classroom teachers.

Families with children who have serious emotional or behavioral problems are also eligible to receive services provided under the Comprehensive Services Act. In Fairfax County, the first step to accessing home-based services involves the coordination of a Child-Specific Team. Family members then meet with representatives from various county and community agencies for assistance in identifying services and developing a family service plan.

COMMUNITY RESOURCES

Fairfax County, through its local government structure, administers a variety of human service agencies and linkages to community organizations. Residents of Fairfax County can access a wide variety of services and resources through regional governmental centers within each planning district. As evident in the preceding pages of this report, Fairfax County Head Start/Early Head Start has partnered with and utilized many of them in its efforts to assist families. An annual "Quick Guide: An Index of Public and Private Agencies Offering a Wide Variety of Services to Northern Virginians" is provided as a resource to families (www.novaregion.org/161/Quick-Guide).

VIII. SUMMARY

Fairfax County is a demographically diverse county with many resources and supports for families. However, even with a wealth of resources, there are several community issues which impact families with low incomes, including: the need for quality affordable child care and dental services for children age birth to five, an increase in families who need social services (e.g., TANF, SNAP), affordable housing, additional transportation services and resources, and an increased number of families needing English for Speakers of Other Language services.

The Head Start program is a vital service for the community. With more than 6,000 children age birth to five living in poverty in Fairfax County, the Head Start program has developed program goals and strategies to meet the changing and diverse needs of families with low income in Fairfax County (**Appendix D**; Fairfax County Department of Family Services Strategic Plan)

APPENDIX A. SOURCES

2016 Point-in-Time Count of Homeless Persons

Fairfax-Falls Church Community Service Board https://www.fairfaxcounty.gov/homeless/point-in-time/pit-2016.htm

Advisory Social Services Board Annual Report 2015

http://www.fairfaxcounty.gov/dfs/pdf/assb.pdf

American Community Survey, 2015

www.census.gov

Fairfax County Community Education and Provider Services

https://www.fairfaxcounty.gov/ofc/community-education-andprovider-services/

Fairfax County Economic Development Authority

www.fairfaxcountyeda.org

Fairfax County Department of Family Services

www.fairfaxcounty.gov/dfs

Fairfax County Redevelopment and Housing Authority

www.fairfaxcounty.gov/rha

Fairfax County Government

www.fairfaxcounty.gov

Fairfax County Health Department

www.fairfaxcounty.gov/hd

Fairfax County Infant and Toddler Connection

www.fairfaxcounty.gov/csb/ITC

Fairfax County Office for Children Child Care Assistance and Referral Program

https://www.fairfaxcounty.gov/ofc/child-care-assistance-andreferral/

Fairfax County Public Schools

www.fcps.edu

Fairfax County School Age Child Care

https://www.fairfaxcounty.gov/ofc/school-age-child-care/

Fairfax Food Council 2015 Community Food **Assessment**

http://www.fairfaxcounty.gov/livehealthy/pdfs/cfa_reportfinal.pdf

Fair Market Rate 2016 Geography Summary for Fairfax County, Virginia

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018_c ode/select_Geography.odn

Fairfax Department of Neighborhood and Community Services

www.fairfaxcounty.gov/ncs

Homelessness in Our Community

www.fairfaxcounty.gov/homeless

Housing Security in the Washington Region

http://www.urban.org/sites/default/files/alfresco/publicationpdfs/413161-Housing-Security-in-the-Washington-Region.PDF

Hunger Heat Map - Capital Area Food Bank

http://cafb.maps.arcgis.com/apps/MapJournal/index.html?ap pid=b4906ac11bf74cd781c5567124be9364

Literacy Council of Northern Virginia

www.lcnv.org

Neighborhood Health VA

http://www.neighborhoodhealthva.org/

NOVA ScriptsCentral

http://www.novascriptscentral.org/

Parenting Resources and Assistance

www.fairfaxcounty.gov/dfs

Percent of Elementary Students Eligible for Free and **Reduced Price Lunches**

http://doe.virginia.gov/support/nutrition/statistics/free_reduce d_eligibility/2016-2017/divisions/frpe_div_report_sy2016-17.pdf

National Low Income Housing Coalition, Out of Reach

http://nlihc.org/sites/default/files/oor/OOR_2016.pdf

SkillSource Annual Report, 2016

http://www.myskillsource.org/page/id/17/annual-report

The Path Toward Tomorrow -The 2016 Fairfax Count **Human Services Needs Assessment**

http://www.fairfaxcounty.gov/living/healthhuman/needsassessment/needsassessment-final.pdf

Trends and Emerging Needs Impacting the Fairfax **County Human Services System**

http://www.fairfaxcounty.gov/hscouncil/pdf/trends_emergingn eeds_jan15.pdf

Trends in Community Needs, CSP 2016 report

http://www.fairfaxcounty.gov/ncs/csp/data and trends/report s/csptrends.pdf

US Department of Labor, Bureau of Labor Statistics

www.bls.gov/oes/current/oes 47894.htm

Virginia Dept. of Education

www.doe.virginia.gov

http://doe.virginia.gov/support/nutrition/statistics/index.shtml

Virginia Department of Social Services, TANF Reports

www.dss.virginia.gov

Virginia Department of Social Services

www.dss.virginia.gov/facility/search/cc.cgi

Virginia Employment Commission

www.vec.virginia.gov

WTOP.com

http://wtop.com/parenting/2017/02/child-care-shortage-babyboom-operating-costs-lead-to-waiting-lists/

http://wtop.com/parenting/2017/02/child-care-in-dc-region-itreally-isnt-working-for-anybody/

APPENDIX B. FAIRFAX COUNTY OFFICE FOR CHILDREN HEAD START/EARLY HEAD START PROGRAM MAP

