MONROE COUNTY SCHOOL DISTRICT HEAD START PROGRAM

2020 COMMUNITY ASSESSMENT

TABLE OF CONTENTS

List of Tables

List of Figures

INTRODUCTION

The Monroe County School District offers Head Start services to 180 preschool-age children in Monroe County, Florida. The program offers center-based services in four separate locations, operating nine classrooms.

This Community Assessment is a tool to make better program decisions, to determine the types of services most needed by families and children, and to help set long- and short-term program objectives. Head Start leadership staff studies the most important changes in the communities and counties they serve on a regular basis. However, the Community Assessment is the formal and far-reaching process performed every five years and updated annually.

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, providing 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.

Migrant and Seasonal Head Start Collaboration Office. The Migrant and Seasonal Head Start Collaboration Office (MSHSCO) promotes high quality, direct service delivery through collaboration, coordination, and alignment of high-quality services for all MSHS grantees and delegate agencies. The MSHSCO serves a vital role in facilitating opportunities for and fostering new partnerships to build a sustainable, comprehensive early learning system for MSHS children, families, and communities.

MSHS children and their families are represented in key policies in all 38 states where MSHS programs are located, including at national, state, and local levels. Policy areas include school transitions; child care and early learning systems; professional development; and Regional Office priorities. Regional priorities include, but are not limited to, family and community partnerships; health, mental health, and oral health; and disabilities.

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

Head Start Performance Standards
1302.11 Determining community strengths, needs, and resources.

(b) Community-wide strategic planning and needs assessment (community assessment). (1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool-age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

(B) Children in foster care; and

(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

(2) A program must annually review and update the community assessment to reflect any significant changes, including increased availability of publicly-funded pre-kindergarten (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.

STATE OF THE GRANTEE

The [Monroe County School District](#) (MCSD) has been a Head Start grantee since 1992. The United States Department of Health and Human Services, Administration for Children and Families, Office of Head Start division awards, monitors and regulates the grant. During the 2018-2019 fiscal year, MCSD HS completed year five of a five-year continuation grant. The program is currently in year 1 of a 5-year continuation cycle.

"Head Start was designed to help break the cycle of poverty, providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional and psychological needs." (Early Childhood Learning and Knowledge Center). The Act of 2007 reauthorized the law, to focus on quality in the classroom and Head Start Early Learning Outcomes Framework domains to be delivered through research-based instruction. Furthermore, we understand the need for an inquiry-based/exploratory and fun/playful learning environment. While our classrooms have some technology, the heart of learning is through inquiry.

Vision Statement
Monroe County School District prekindergarten programs (VPK, Head Start, and ESE) vision is to continually improve and ignite innovation in 'school readiness' for all Pre-K students by educating all stakeholders and engaging families and community members, which will facilitate lifelong learning, health and wellness.

Our staff comprises nine instructional teams, five site coordinators/family liaisons, one social worker, one ERSEA (Eligibility, Recruitment, Selection, Enrollment, and Attendance)/family manager, one nurse/safety manager, one education/disabilities manager, one fiscal manager, and an Early Childhood Coordinator/Supervisor. In addition, we contract with a nutritionist, dentist, CLASS coach and a behavior analyst for services. Our staff works with some of the neediest families in the Florida Keys. Teachers conduct two home visits a year and two parent conferences. The site coordinators and social worker assist families with a myriad of services. The education/disabilities manager supervises the teachers and facilitates professional development. The CLASS coach ensures high quality instruction by observing teacher/student interactions and providing feedback. Other managers and the supervisors create and monitor the goals, compliance and outcomes of the program.

MCSD HS is a public, nonprofit organization whose board consists of local elected officials. One Head Start parent is chosen from each school/center to serve on the policy council, along with other community members.

As a program, we ensure transparency in reporting to the Monroe County School Board (MCSB) and the policy council. We train members as necessary on everything from governance roles to how to read reports as needed and/or required. There is a process, outlined below, which shows how program information is received and how the shared decision-making process is ensured. MCSD is the grantee; therefore, there are no delegate-level committees, but there are parent committees at the center level.

Since our board comprises elected officials, we are exempt from 64(C)(D)2 of the Act. The MCSD Head Start program, in conjunction with the MCSB Finance Department, Monroe County School Board Members, Superintendent, and the Executive Director of Teaching and Learning, has the responsibility for administering and overseeing the Head Start program, including the safeguarding of Federal funds.

> **Our mission** is excellence in Prekindergarten; to provide a high-quality program in which ALL children and families can develop to their maximum potential.

The Head Start program has the responsibility to involve the following members of the organization: The MCSD Head Start, The MCSB Executive Leadership and Head Start Management to select the service areas for the schools. The Governing Body (MCSB Members) and Policy Council establish procedures and criteria for recruitment, selection and enrollment of children. The Governing Body (MCSB Members and Policy Council) review all applications for funding and amendments to applications for funding. The Monroe County School Board Members and Policy Council receive governance training when there is a new member.

Motto

"Excellence in Education"

Staff, parents, and community member stakeholders are involved as well. There are monthly staff meetings to ensure communication. Parents receive information from the policy council at monthly parent center meetings. Two-way communication between the parent center meeting and the policy council is practiced. Community members are involved as members of the policy council and are involved when staff attend regularly scheduled inter-agency meetings.

The geographic nature of the Keys makes meeting in person challenging, and this challenge has been overcome with technology. As a grantee, we use web-based video conferencing to close the communication gap.

Core Values

Educate

Support

Collaborate

Engage

Program Location. The grantee serves only one county and operates under the auspices of the public school system. Monroe County School District is the grantee. Monroe County is made up of 822 islands, although only about 30 of them are actually inhabited. The western half or Everglades National Park and the southern tip of Big Cypress National Preserve are largely uninhabited. The highest point in the Keys, only 18 feet above sea level, lies on Windley Key. Because the Keys are islands of rock, sandy beaches are not common and are mostly restricted to the Atlantic side of the larger islands.

The Keys are connected by U.S. Highway 1, locally known as the Overseas Highway, built by the state utilizing 42 defunct railroad bridges between Key Largo mile marker (MM) 106 and Key West (MM) 0. The original bridges have been replaced; in many cases, the old bridges still run parallel to the new, and some are used as fishing bridges. This highway contains 19.3 miles of bridge spans. The Keys are divided into three main regions of Upper, Middle and Lower Keys. Each region has its own special flavor, historic places, regional cuisine, uncommon flora and fauna, distinct diving and fishing locations and local idiosyncrasies.

Horace O'Bryant is a pre-K through eighth grade school, which is one of our centers located in Key West, near mile marker 0. Just outside of the island is Gerald Adams Elementary School, located by mile marker

5 in Stock Island. In the Middle Keys at mile marker 48, is Stanley Switlik Elementary in Marathon. Key Largo School is also a pre-K through eighth grade school in the Upper Keys closest to the mainland at mile maker 105.

The grant is funded for 180 slots/students and MCSD Head Start is a part-time, center-based program. The higher concentration of the population is served in the Lower Keys. The 3- and 4-year-old students we serve in our program are truly receiving a "Head Start!"   The following is the current capacity for enrollment at each school:

Monroe County School District Head Start Centers			
Center Name	**Address**	**Capacity for Enrollment**	**Number of Head Start Classrooms**
Gerald Adams School	5855 College Rd Key West, FL 33040	40	2
Horace O'Bryant School	1105 Leon St Key West, FL 33040	60	3
Key Largo	104801 Overseas Hwy Key Largo, FL 33037	40	2
Switlik School	3400 Overseas Hwy Marathon, FL 33050	40	2
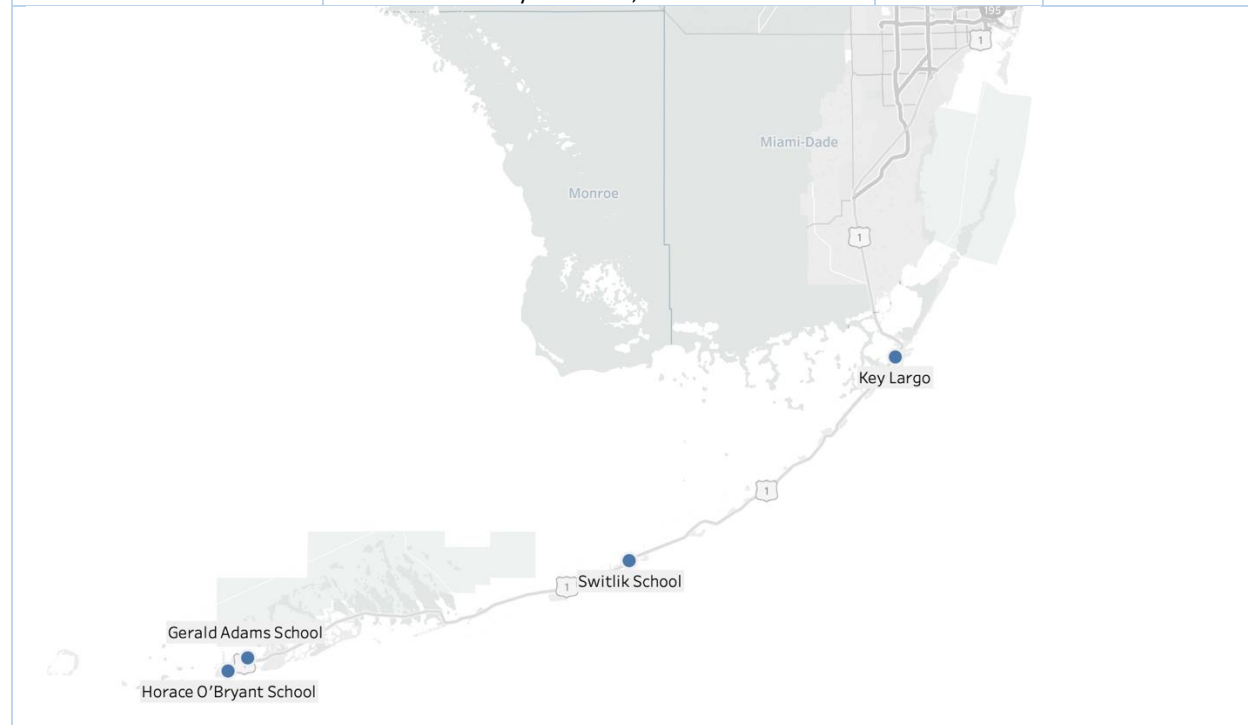
Table 1: Monroe County School District Head Start Centers

There are nine Head Start classrooms housed within four of the Elementary schools in the Florida Keys. There are no delegate agencies.

To recruit for the program, we seek assistance from community partners. The program uses a rubric/point system ("selection criteria"), which is shared for input with governing bodies annually to accept the neediest families. However, we do accept over-income families, depending upon the pool of applicants and the selection criteria during recruitment.   All families are encouraged to apply year-round; the population we serve is usually made-up of income-eligible families and students with disabilities. Head

Start requires the program to keep an active waitlist to enroll children when openings occur during the school year.

Program Goals & Objectives

Wellness & Safety - In our program, we will foster wellness (physically, mentally, and environmentally) and grow as an organization by promoting staff wellness, family well-being, and safe environments.

> ***Objective No. 1:***
> *Increase wellness efforts and practices for staff, students, and families as evidenced by correspondence, meetings, and other activities and communications.*

> ***Objective No. 2:***
> *Our program will include a Multi-tiered System of Support (MTSS) Pre-K Contract with interventions for students demonstrating an area of need or concern. Referrals, interventions, and services for parents/student evaluation will be processed and monitored according to State/Local and Federal Guidelines; referrals to outside agencies will be monitored monthly.*

Governance/Engagement - As a program, we will ensure positive relationships with teachers, staff, and stakeholders to improve climate and culture through internal and external communication.

> ***Objective No. 1:***
> *Increase and document Head Start participation district-wide.*

> ***Objective No. 2:***
> *Collaborate and inform interagency groups (such as Healthy Start, Child Find, and Transition Project) with regard to early intervention and program information as evidenced by participation.*

> ***Objective No. 3:***
> *Improve Program Morale as evidenced by documenting targeted improvements.*

> ***Objective No. 4:***
> *During 5-year continuation cycle, apply to become an accredited program of Excellence with Head Start.*

Fiscal - The program will responsibly manage funds and continually ensure fiscal transparency, while supporting effective programing.

> ***Objective No. 1:***
> *Maintain accurate and timely fiscal information and make accurate projections; share these with Policy Council, leadership, and the public as by fiscal reporting.*

Professional Growth/Education - As a program we will adopt research-based, appropriate practices as it relates to "school readiness" in classrooms, workshops, trainings, professional development, and other areas.

> ***Objective No. 1:***
> *Continue to train instructional staff in the use of the state adopted curriculum, monitoring tools, and the Head Start Early Learning Outcomes Framework. Offer families opportunities to participate in curriculum training and encourage input into lessons and activities as well as offer families parenting curriculum workshops as measured by offerings and participation.*

Objective No. 2:
Update technology and retrofit as necessary; results documented through district collaboration/support and purchases.

Objective No. 3:
Teachers in our program will continue to use home visits and parent conferences to share and receive information and data as it pertains to students.

Objective No. 4:
Teachers will meet the National Average in each domain of the CLASS Observation as set forth annually by the Office of Head Start.

Objective No. 5:
Create Professional Learning Communities to enhance all service areas at a minimum of twice a school year.

School Readiness

The program's goals and objectives assist us with our overarching focus, which is "school readiness." In addition to our broad program goals, there are several school readiness goals, which align with the Head Start Early Learning Outcomes Framework: Ages Birth to 5 (HSELOF).   HSELOF is comprised of five domains: approaches to learning, social and emotional development, language literacy, cognition, and perceptual, motor, and physical development. We have one goal for each research-based domain of development from HSELOF, followed by measurable objectives; teachers use instructional strategies from research-based curriculums to deliver instruction. Student outcomes are progress-monitored and used for targeted instruction.

Parent, Family, & Community Engagement (PFCE)

At MCSD HS, we realize parents are children's first teachers, and making the home/school connection and truly engaging the students and families makes our PFCE goal work. We work to continually build relationships and help empower all families. There is an ongoing effort to support school readiness, by engaging families, staff, and community partners.   We continually facilitate strong parent-child relationships, ongoing learning, and strive to be a nurturing resource for children and their families Helping to empower all families to reach their own potential is a focus that is embedded in the program.   We have a range of direct services to help support this goal.

Range of Direct Services/Community Involvement

Head Start children and families receive many services from MCSD at no cost to the grant such as transportation, psychologists, therapists, counselors, special education, instructional technology, cafeteria, facility, nurses, administrative, curriculum specialists, and many more.

In addition, Head Start programs support a wide variety of social and educational programs to facilitate children's growth and development in a safe learning environment, which include, but are not limited to:

Early Learning: School readiness is achieved through a myriad of learning experiences, which include positive relationships with adults and children. There is play, planned and spontaneous instruction. Teaching practices are aligned with the Head Start Early Learning Outcomes Framework (ELOF). The framework reflects research on what young children should know and be able to do in the following

domains: ▪ Approaches to Learning ▪ Social and Emotional Development ▪ Language and Literacy ▪ Cognition ▪ Perceptual, Motor, and Physical Development.

Dual Language Learners (DLL): Teachers who are native speakers are required for dual-language learners when 11 or more of the students in a class of 20 speak another language. DLL students are held to high expectations. Individualized developmental and learning supports are provided to enable all students to succeed.

Health: All Head Start students (both 3 and 4 years of age) receive health and developmental screenings, nutritious meals, oral health and mental health support.

Social Services: The program connects families with medical, dental, and mental health services to ensure that children are receiving the services they need.

Family Well-being: Unique to Head Start, parents and families are supported in achieving their own goals, such as housing stability, continued education, and financial security. Programs support and strengthen parent-child relationships and engage families around children's learning and development.

Parent Curriculum: Parents also receive education about child rearing, as well as job training. Each family is different, so depending on individual needs, parents and other family members may also be referred to medical, social welfare or employment specialists for services.

Adult Education: Many parents who enroll their children in Head Start are offered educational services themselves. We facilitate many of our parents in obtaining their GEDs and/or English as a Second Language class, which are offered by the school district's adult education program.

MCSD HS works in collaboration with education, community institutions and other service agencies across the state to provide a comprehensive network of opportunities to improve the quality of life for Monroe County income-eligible children:

- Early Learning Coalition of Miami/Dade and Monroe County School District
- Childhood, Regional Steering Committee – Technical Assistance and Training System
- Early Steps
- Healthy Families
- Children's Group
- Children's Forum
- Area Health Education Centers (AHEC)
- Care Center
- Region IV Head Start Association
- National Association for the Education of Young Children
- Office of Early Learning
- Student Health Advisory Committee (SHAC)

Commitment to High Standards

Monroe County Schools are committed to high standards. A few of the highlights describe our rigor, facilities, and well-being of our families.

The MCSD HS program is a part of the Florida Department of Education's "A"-rated school district/organization. The school district is AdvancEd accredited, which is part of the SACS CASI accreditation system. The district met a set of rigorous research-based standards and evidence-based criteria to be accredited.

All Head Start classrooms benefited from new construction and district renovations. Our schools are state-of-the-art and located in brand new buildings.

There are district-wide behavior expectations for all students in Monroe County School District. An "iBelieve," campaign continues to proliferate in our schools, along with social/emotional curriculums from Pre-K to high school.

The school district collaborates with Keys Area Health Education Center to provide a School Medical Clinic at our four Head Start sites. AHEC offers basic primary care services that include school and sport physicals, management of chronic illness and prescriptions. All of these services are provided to children enrolled in Monroe County Public Schools at no cost. There are no fees or co-pays; however, Keys AHEC may bill insurance companies, where applicable.

The Office of Head Start has awarded our program funding for extended hours, and this funding has helped increase student hours from a part-time/center-based program to a program that offers 1,020 hours annually to all of our students.

Reviews/Audits
2014-2019

The CLASS observation tool is used to coach instructional teams to ensure high quality student teacher interactions. CLASS observations were conducted as part of a Federal monitoring event, and the scores from each class observation were averaged across all grantee entities to result in grantee-level scores. The national threshold was met.

- During the ERSEA review event, the team used a sampling of child files to collect information, and no areas of noncompliance were found.
- The Fiscal review had no findings.
- The Environmental Health and Safety review had no areas of noncompliance.
- The Head Start Program was chosen by State of Florida Auditor General's Office for audits in 2017 and 2018 fiscal years, and no material weaknesses were found.

METHODOLOGY: THE COMMUNITY ASSESSMENT PROCESS

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 Monroe County Head Start children and families. This report not only fulfills Monroe County Head Start's federal requirement, but it becomes an integral part of the program's planning, implementation, and evaluation process.

Every five 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 firsthand 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 family needs assessment surveys and key informant surveys. The *Parent Community Needs Survey* is administered to identify needs and strengths of eligible Head Start families in the service area (*see Appendix A: Family Needs Survey*). The Head Start program staff also identifies and provides names of key informants to participate in surveys that will provide additional support to secondary data analysis findings. These key informant surveys 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 for staff of the Monroe County Head Start program to ask questions, clarify information presented, and offer additional feedback. 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 used for this report is the U.S. Census Bureau's 2018 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. 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, and where you live and how much you pay for some essentials.* "[i]

Table 2 is a chart describing the difference between 1-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.

1-year Estimates	5-year Estimates
12 months of collected data	60 months of collected data
Data for areas with populations of 65,000+	Data for all areas
Smallest sample size	Largest sample size
Less reliable than 3-year or 5-year	Most reliable
Most current data	Least current
Annually released: 2005-present	Annually released: 2009-present
Best used when	**Best used when**
Currency is more important than precision Analyzing large populations	Precision is more important than currency; Analyzing very small populations; Examining tracts and other smaller geographies because 1-year estimates are not available

Table 2: U.S. Census Data: ACS 1-year and 5-year Estimate Features

NOTE: Several reports refer to the *number or percent of women who had a birth in the past 12 months*. The ACS 5-year Estimates data set used in this Community Assessment provides an average of women who had a birth in the past 12 months from 2014 to 2018.

SERVICE AREA DATA

Geography

Florida is 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. With a population of more than 21 million, Florida is the 3rd most populated state in the country. The state is divided into 67 counties, the state capital is Tallahassee, and the largest city by population and area is Jacksonville, located 165 miles east of Tallahassee (Table 3).

Geographic
- Nearly 75 percent water
- Largest county in Florida by total area; most of the mainland is part of the Everglades and uninhabited
- Over 99 percent of the population lives on the Florida Keys

Natural Resources
- Everglades National Park-largest tropical wilderness of any kind east of the Mississippi River, largest mangrove ecosystem in the Western Hemisphere
- Big Cypress National Preserve-on the Atlantic coastal plain, tropical savannah climate, highly biologically diverse, dominated by wet cypress forest

Weather
- Annual rainfall – 40 in.
- Annual high temperature – 82 degrees
- Annual low temperature – 73 degrees
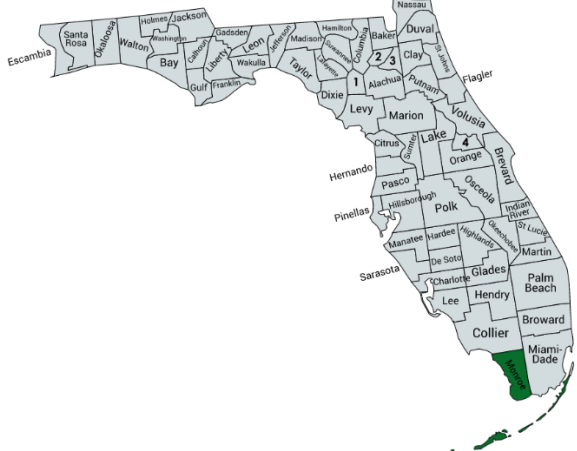
County	County Seat	Area	Bordering Counties	Cities / Municipalities	
Monroe	Key West	3,738 sq mi	Collier, Miami-Dade	Key West, Marathon, Key Colony Beach, Layton	

Table 3: Monroe County School District Head Start Service Area

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 2018 indicate that Florida's population grew by an additional 13.3 percent (compared with 6 percent for the United States from 2010 to 2018), reaching more than 21.2 million residents. During that time, the population in Monroe County grew by 2.7 percent (Table 4).

Percent Population Change (2010-18) Source: U.S. Census	Total Population (2010 Census)	Population Estimate (Jul 1, 2018)	Percent Change
United States	308,745,538	327,167,434	6.0%
Florida	18,801,310	21,299,325	13.3%
Monroe County	73,090	75,027	2.7%

Table 4: Population Change (2010-18)

Figure 1: Natural Increase vs. Net Migration (2010-18)
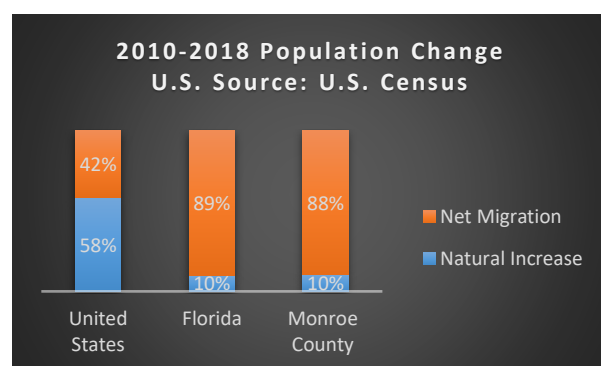
The eight-year population change in the United States was mostly due to a natural increase (births minus deaths), 58 percent. The population change in Florida and Monroe County was mainly due to net migration, 89 percent and 88 percent, respectively.

NOTE: *The percentages of natural increase and net migration do not add up to 100 for Florida and Monroe County due to data reported by the U.S. Census Bureau.*

In Monroe County, net migration into the county from 2010 to 2018 was due to sizable international arrivals (from locations outside of the U.S. mainland, including Puerto Rico), resulting in 3,348 new inhabitants. However, during this time period, more than 1,600 individuals left Monroe County to move to a different county or state within the United States (Table 5).

Cumulative Estimates of the Components of Population Change (April 1, 2010 – July 1, 2018) Source: U.S. Census	Total Population Change	Natural Increase	Vital Events		Net Migration		
			Births	Deaths	Total	International	Domestic
United States	18,409,329	10,714,959	32,514,580	21,799,621	7,694,370	7,694,370	(X)
Florida	2,494,745	252,109	1,801,326	1,549,217	2,232,735	1,072,348	1,160,387
Monroe County	1,937	198	5,981	5,783	1,712	3,348	-1,636

Table 5: Cumulative Estimates of the Components of Population Change (2010-18)

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.

Population Growth by Race/Ethnicity

Although the overall population increased by 6 percent in the United States from 2010 to 2018, there are significant differences in the percentage increases for different races and ethnicities. For example, in the United States from 2010 to 2018, the white population increased by only 3.4 percent, and the black/African American population increased by 8.8 percent. The Asian and biracial (two or more) populations increased by 27.5 and 28.1 percent, correspondingly (Fig 2).

In Florida and Monroe County, the white population increased by 11.2 and 0.7 percent, respectively; the black/African American population grew by 17 and 20.6 percent, respectively. Significant population increases were seen for all other minority races (see Figure 2); however, the overall size and proportion of non-whites and non-blacks/African Americans in Florida and Monroe County is low; see the following section: Racial and Ethnic Characteristics.

	United States	Florida	Monroe County
Total	6.0%	13.3%	2.7%
White	3.4%	11.2%	0.7%
Black /AA	8.8%	17.0%	20.6%
AIAN	10.9%	20.0%	25.2%
Asian	27.5%	33.2%	31.1%
NHPI	18.5%	29.6%	2.7%
Two+	28.1%	39.6%	27.3%
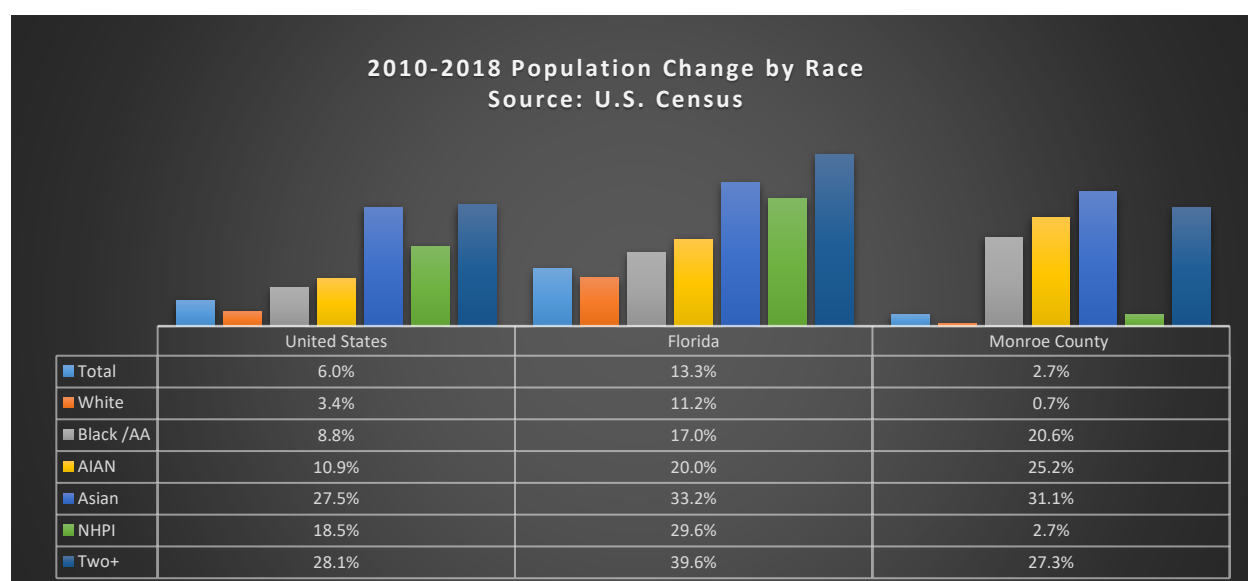
Figure 2: Percent Population Change by Race (2010-18)

In the United States, the non-Hispanic/Latino population grew by 3.5 percent over the eight-year period, and the Hispanic/Latino population increased by 18.6 percent (Fig 3). In Florida and Monroe County, the Hispanic/Latino population grew by 31.7 and 24.2 percent, respectively. The non-Hispanic/Latino population grew by 8 percent in Florida; in Monroe County, the non-Hispanic/Latino population decreased by 2.9 percent.
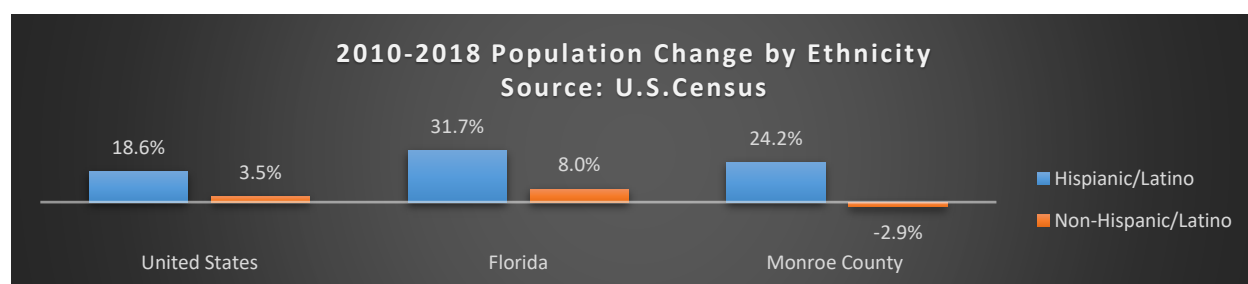
Figure 3: Percent Population Change by Ethnicity (2010-18)

Inbound and Outbound Migration Flows

Figure 4 illustrates the domestic inbound and outbound migration flows for Monroe County. Based on 2013-17 data, inbound migration to Monroe County was primarily from Miami-Dade and Seminole Counties, Florida and San Diego County, California. Outbound migration from Monroe County was predominantly to Miami-Dade and Leon Counties, Florida and Saginaw County, Michigan. The following data source allows for deeper analysis or exploration of the migration patterns: https://flowsmapper.geo.census.gov.

County Statistics (2013-2017)
Monroe County, Florida
Population (1 yr and over): **76,134**
Movers from a different state: **3,897**
Movers to a different state: **3,250**
Movers from a different county, same state: **2,455**
Movers to a different county, same state: **3,165**
Movers from abroad: **1,011**
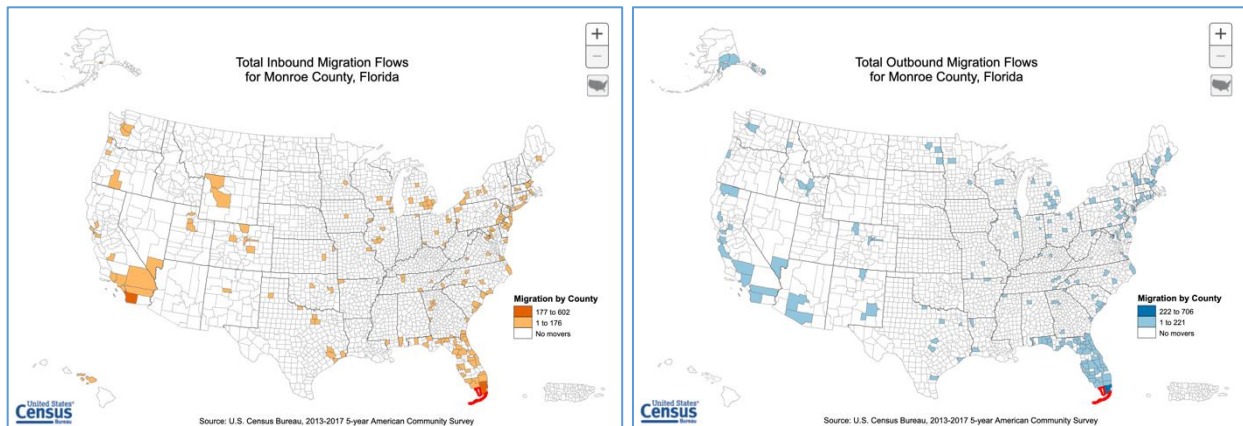
Figure 4: Inbound/Outbound Migration Flows: Monroe County (2017 ACS 5-Year Estimates)

Racial and Ethnic Characteristics

In the United States, approximately three out of four residents are white (76.5 percent), 13.4 percent are black/African American, 5.9 percent are Asian, and 2.7 percent identify as having two or more races.

In Florida and Monroe County, 77.3 and 89.3 percent of the population, respectively, is white, and 16.9 and 6.9 percent is black/African American, correspondingly.

In the United States, Florida, and Monroe County, 18.3, 26.1, and 24.9 percent of the population, in the order mentioned above, is Hispanic/Latino (Fig 5).

The U.S. Census Bureau considers race and ethnicity to be two separate and distinct concepts.

What is race?
The Census Bureau defines race as a person's self-identification with one or more social groups. An individual can report as White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or some other race. Survey respondents may report multiple races.

What is ethnicity?
Ethnicity determines whether a person is of Hispanic origin or not. For this reason, ethnicity is broken out in two categories, Hispanic or Latino and Not Hispanic or Latino. Hispanics may report as any race.

2018 Population Estimates by Race
Source: U.S. Census

	United States	Florida	Monroe County
■ Two+	2.7%	2.2%	1.8%
■ NHPI	0.2%	0.1%	0.1%
■ Asian	5.9%	3.0%	1.4%
■ AIAN	1.3%	0.5%	0.5%
■ Black /AA	13.4%	16.9%	6.9%
■ White	76.5%	77.3%	89.3%

2018 Population Estimates by Ethnicity - Hispanic/Latino
Source: U.S. Census

	United States	Florida	Monroe County
Non-Hispanic/Latino	81.7%	73.9%	75.1%
Hispanic/Latino	18.3%	26.1%	24.9%
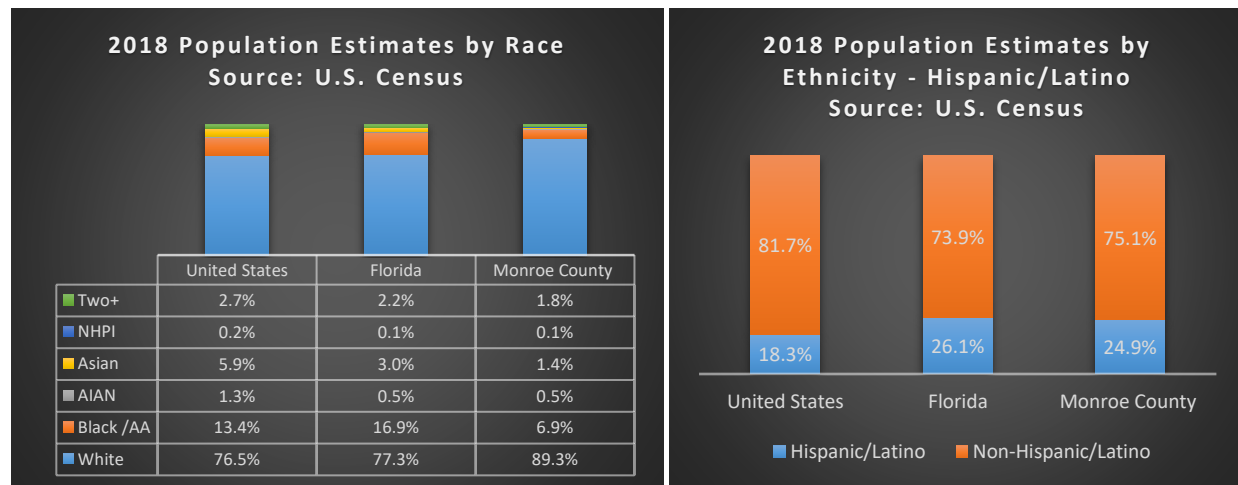
Figure 5: Population Estimates by Race (2018)

"**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.

Diversity in Hispanic/Latino Population

As mentioned before, the Hispanic/Latino population in Florida is 26.1 percent, and is 24.9 percent in Monroe County. Of the Hispanic/Latino population, 62.8 percent in the United States is of Mexican origin. In Florida and Monroe County, the Hispanic/Latino population of Mexican origin is 13.8 and 12.9 percent, respectively.

In the United States, the Hispanic/Latino population of Cuban origin is 3.9 percent. The percentage of the Hispanic/Latino population of Cuban origin is significantly higher in Florida, at 28.7 percent. This percentage is even higher in Monroe County, where at least half of the Hispanic/Latino population, or 51.4 percent, is of Cuban origin.

Puerto Ricans make up 21.3 percent of the Hispanic/Latino population in Florida, while in Monroe County they account for 9.1 percent of the Hispanic/Latino population (Fig 6).
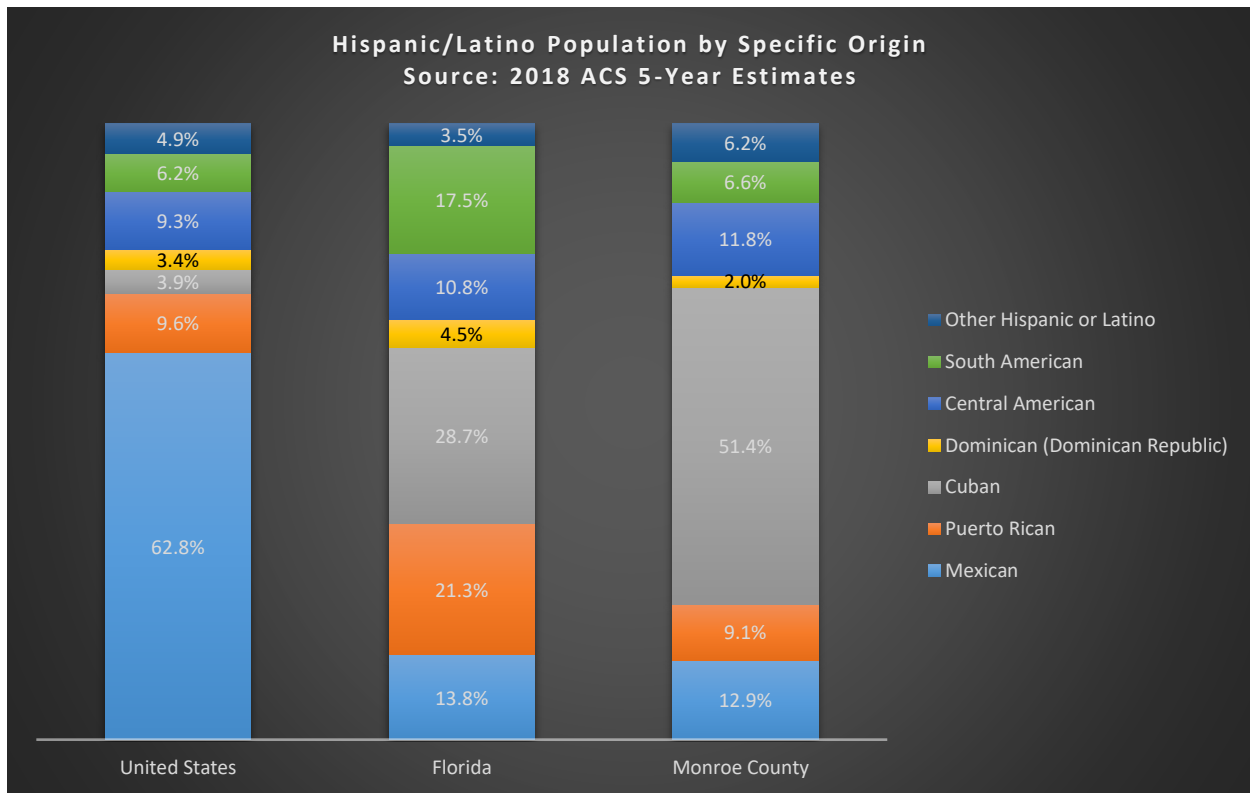
Figure 6: Hispanic/Latino Population by Origin (2018 ACS 5-Year Estimates)

Immigrants and Refugees

The United States plans to admit a maximum of 18,000 refugees in the upcoming fiscal year, down from a cap of 30,000 this year, under a new refugee admissions ceiling set by the current administration.[ii] This would be the lowest number of refugees resettled by the U.S. in a single year since 1980, when Congress created the nation's refugee resettlement program. Even before the administration's announcement, refugee resettlement in the U.S. had dropped to historic lows, according to a Pew Research Center analysis of State Department data. As a result, the U.S. is no longer the world's top country for refugee admissions. It had previously led the world on this measure for decades, admitting more refugees each year than all other countries combined. The decline in U.S. refugee admissions comes at a time when the number of refugees worldwide has reached the highest levels since World War II.

According to the Florida Department of Children and Families (DCF), Florida historically housed the largest refugee population in the nation. During the 2019 federal fiscal year (Oct 2018-Sept 2019), 15,322 individuals arrived and/or became eligible for Refugee Services in Florida, up from FY 2017-18 (8,029), however still significantly lower than FY 2016-17 (33,279) and FY 2915-16 (62,223).

Of the more than 15,000 new arrivals, 2.9 percent were children, ages 0-5, representing a total of 444 children.[iii] Monroe County received 77 new arrivals during FY 2018-19, 0.5 percent of all refugees that entered the state.

> **Asylee**. A person granted asylum in the United States and, if applicable, his/her derivative family member(s) that accompanied or followed-to-join. Asylees are eligible to adjust to lawful permanent resident status after one year of continuous presence in the United States.
>
> **Immigrant**. The immigration and Nationality Act defines an immigrant as any alien who is not a nonimmigrant. Generally, an immigrant intends to permanently reside in the U.S. in lawful or unlawful presence.
>
> **Refugee**. Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Refugees are exempt from numerical limitations (though worldwide ceilings by geographic area are set annually by the President) and are eligible to adjust to lawful permanent residence after one year of continuous presence in the United States. Refugee Services (RS) and providers sometimes use the term to refer to all RS-eligible populations.

For the last three years, the U.S. Congress has struggled, unsuccessfully, to pass an immigration reform bill. The debate has put nearly every category of immigration on the table, from smaller, targeted programs such as Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS) and the Diversity Immigrant Visa, to big pillars of the immigration system like work-related and family-based migration.

The executive branch of government has called for a shift in the American immigration system. The new policy focus favors a visa system based on employability, with a preference for those who are highly skilled, like doctors, engineers or entrepreneurs. On Feb. 24, 2020, the U.S. Citizenship and Immigration Services (USCIS) implemented the "Inadmissibility on Public Charge Grounds" final rule nationwide, rejecting application or petition, keeping immigrants from settling in the U.S., or keeping them from extending their stays, if their families have used any of a broad variety of local, state, or federal social services to which they are legally entitled. This includes enrolling their U.S.-born children in Head Start or

the Children's Health Insurance Program (CHIP). In a nation where one in four children under age 6 has a foreign-born parent (and 96 percent of those children are themselves U.S. citizens), the policy has the potential to affect a significant percentage of the nearly 1 million U.S. children enrolled in Head Start.[iv]

The new regulation, entitled "*Inadmissibility on Public Charge Grounds*" makes it possible for the government to deny visas and green cards to immigrants who have used public services that are open to everyone regardless of immigration status.[v] In other words, the regulation forces them to choose between taking advantage of available social services and their family's future ability to stay in the United States permanently. The regulation vastly expands the federal government's power to bar an immigrant from entering the United States by labeling the immigrant a likely "public charge."

Previously, the government could only consider the use of cash benefits, like Temporary Assistance for Needy Families, in "public charge" determinations. Under the new rule, federal officials have the power to look at the use of other benefits as well, including:

- Some "educational benefits," including use of Head Start for children
- Children's Health Insurance Program (CHIP)
- Use of any subsidies, or purchase of subsidized insurance, under the Affordable Care Act
- Food stamps
- Women, Infants, and Children (WIC) assistance
- Housing benefits, like Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- Transit vouchers

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-plus, <u>living in poverty,</u> speak Spanish as their primary language (26.6 and 18.7 percent, respectively). In the state of Florida, a higher proportion of the population in poverty speaks Spanish – 30.4 percent of those ages 5 to 17, and 27.6 percent of those ages 18 and older.

In Monroe County, the proportion of those in poverty between the ages of 5 and 17 that speak Spanish is even higher 45 percent (Table 6). Similar to the state of Florida, in Monroe County approximately one-quarter of the population, age 18-plus, in poverty speaks Spanish as their primary language, 24.6 percent (Table 7).

Languages Spoken by Population Ages 5-17 in Poverty Source: 2018 ACS 5-Year Estimates						
	Income in the past 12 months below poverty level:	5 to 17 years:	Only English	Speak Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages
United States	40,063,981	9,923,016	66.8%	26.6%	2.6%	1.9%	2.0%
Florida	2,724,088	610,742	62.7%	30.4%	5.2%	0.9%	0.8%
Monroe County	8,365	1,471	45.8%	45.0%	6.3%	2.9%	0.0%

Table 6: Languages Spoken by Population Ages 5-17 in Poverty (2018)

Languages Spoken by Population Age 18+ in Poverty Source: 2018 ACS 5-Year Estimates						
	Income in the past 12 months below poverty level:	18 years and over:	Only English	Speak Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages
United States	40,063,981	30,140,965	72.0%	18.7%	3.7%	3.8%	1.9%
Florida	2,724,088	2,113,346	63.6%	27.6%	6.2%	1.7%	1.0%
Monroe County	8,365	6,894	66.8%	24.6%	5.2%	2.8%	0.7%

Table 7: Languages Spoken by Population Age 18+ in Poverty (2018)

Linguistic Isolation

Based on U.S. census data, in Florida, 6.9 percent of all households (both natives and the foreign-born) were linguistically isolated, meaning that all persons, age 14 and over, in the household were LEP (having limited English proficiency). Of Spanish-speaking households, however, 26.9 percent were linguistically isolated. Linguistic isolation is also greatest for households that speak Spanish in Monroe County, 25.6 percent (Table 8).

Percent Limited English-Speaking Households Source: 2018 ACS 5-Year Estimates					
	All households	Households speaking --			
		Spanish	Indo-European languages	Asian and Pacific Island languages	Other
United States	4.5%	22.3%	15.4%	25.7%	17.2%
Florida	6.9%	26.9%	17.6%	20.7%	14.2%
Monroe County	5.0%	25.6%	9.5%	7.4%	21.1%

Table 8: Linguistic Isolation (2018 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 4.5 percent of U.S. 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.

Religion

Mississippi, Alabama and other Southern states are among the most highly religious states in the nation, while New Hampshire, Massachusetts, Vermont and Maine in New England are among the least devout, according to some of the key measures used to determine levels of religiosity in the Pew Research Center's most recent Religious Landscape Study.

Worship attendance, prayer frequency, belief in God and the self-described importance of religion in one's life were the four measures of religious observance used by Pew to determine the rankings. Sixty-four percent of people in Florida say they believe in God with absolute certainty, and 56 percent say they pray daily. Florida is the 22nd most

Figure 7: Overall Religiosity by State (2014)

religious state overall in the nation. Regarding religions in Florida, the overwhelming majority are Christians (70 percent). Of the religious denominations in the state, Evangelical Protestants are the largest group (24 percent).

Religious composition of adults in Florida

Christian	70%	Non-Christian Faiths	6%
▶ Evangelical Protestant	24%	Jewish	3%
▶ Mainline Protestant	14%	Muslim	< 1%
▶ Historically Black Protestant	8%	Buddhist	< 1%
Catholic	21%	Hindu	< 1%
▶ Mormon	1%	Other World Religions	< 1%
▶ Orthodox Christian	< 1%	▶ Other Faiths	2%
Jehovah's Witness	1%	Unaffiliated (religious "nones")	24%
▶ Other Christian	1%	Atheist	3%
		Agnostic	4%
		▶ Nothing in particular	17%
		Don't know	< 1%

Figure 8: Religious Composition of Adults in Florida (2014)

According to the study, the U.S. public is becoming less religious in modest overall rates of belief and practice, but religiously affiliated Americans are as observant as in years past. There is a great deal of stability in the U.S. religious landscape. The recent decrease in religious beliefs and behaviors is attributable to the growing minority of Americans, particularly in the Millennial generation, who say they do not belong to any organized faith. Among the three-quarters of U.S. adults who claim a religion, there has been no discernible drop in most measures of religious commitment. Indeed, by some conventional measures, religiously affiliated Americans are more devout than they were a few years ago.

Sex and Age

U.S. Census data indicate that approximately 49.2 percent of the United States population is male, and 50.8 percent is female; this is not significantly different for the state of Florida; in Monroe County 52.2 percent of the population is male (Table 9). The youngest residents, those below age 5, make up 6.3 percent of the United States population, 5.5 percent in Florida, and 3.9 percent in Monroe County. The median age in Florida is higher than for the United States overall, 41.9 years, compared with 37.9 years; the median age in Monroe County is even higher, at 47.3 years.

Population by Sex and Age Source: 2018 ACS 5-Year Estimates				
	Male	**Female**	**Under 5 years**	**Median age (years)**
United States	49.2%	50.8%	6.3%	37.9
Florida	48.9%	51.1%	5.5%	41.9
Monroe County	52.2%	47.8%	3.9%	47.3

Table 9: Population by Sex and Age (2018 ACS 5-Year Estimates)

Households

On average, approximately two out of three households in the United States and Florida are family households, 65.7 and 64.5 percent, respectively. In Monroe County, 58.3 percent of households are family households (Table 10). In the United States, more than 33 million family households have children under the age of 18, of which more than 1.8 million families are in Florida.

Total Households Source: 2018 ACS 5-Year Estimates					
	Total households	**Family households (families)**		**Nonfamily households**		**Total Family Households with Children < Age 18**
United States	119,730,128	78,697,103	65.7%	41,033,025	34.3%	33,435,099
Florida	7,621,760	4,917,841	64.5%	2,703,919	35.5%	1,820,936
Monroe County	30,982	18,053	58.3%	12,929	41.7%	5,509

Table 10: Total Households (2018 ACS 5-Year Estimates)

Of the 7,621,760 households in Florida and 30,982 in Monroe County, 15.3 and 11.1 percent, respectively, are married-couple families with children under the age of 18; 2.1 and 2.3 percent, correspondingly, are families with a male householder (no wife present) with children under age 18; and 6.4 and 4.4 percent, respectively, are families with a female householder (no husband present) with children under age 18 (Fig 9).
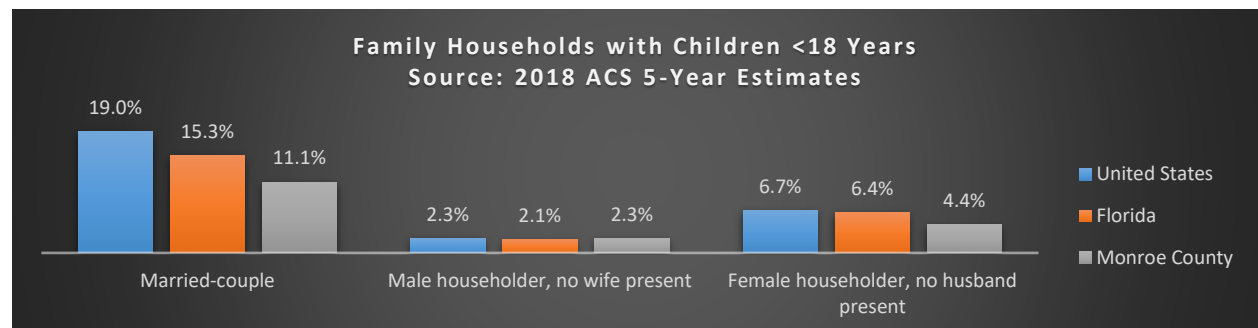
Figure 9: Households with Children Under Age 18 (2018 ACS 5-Year Estimates)

Grandparents and Grandchildren

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, incarceration 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 age from their 30s to their 70s. 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 Florida, more than 492,000 grandparents live with their grandchildren (under age 18), of which 30.4 percent are responsible for the care of their grandchildren, more than 149,000 grandparents. In Monroe County, 765 grandparents live with their grandchildren (under age 18), and 186 grandparents are responsible for the care of their grandchildren (Table 11).

Grandparents Living with and Responsible for Own Grandchildren Source: 2018 ACS 5-Year Estimates			
	Grandparents living with own grandchildren under 18 years	Grandparents responsible for grandchildren	
United States	7,249,122	2,520,926	34.8%
Florida	492,913	149,817	30.4%
Monroe County	765	186	24.3%

Table 11: Grandparents Living with and Responsible for Own Grandchildren (2018 ACS 5-Year Estimates)

The number of grandchildren under the age of 18 living with a grandparent householder in Florida exceeds 360,000, accounting for 8.8 percent of the total children under 18. Approximately 43.3 percent of those children are under the age of 6; 32.9 percent are between the ages of 6 and 11, and 23.8 percent are between 12 and 17 (Table 12). In Monroe County, there are 11,243 children under the age of 18, of which 443 (3.8 percent) live with a grandparent householder. As in the state of Florida, in Monroe County, 43.3 percent of children living with a grandparent householder are below age 6.

Grandchildren <18 Living with a Grandparent Householder Source: 2018 ACS 5-Year Estimates					
	Total Children < 18	Total Grandchildren Living with Grandparent Householder	Grandchildren Living with Grandparent by Age		
			< 6 years	6 to 11 years	12 to 17 years
United States	73,352,242	5,815,473 (7.9%)	2,559,623	1,878,897	1,376,953
Florida	4,227,875	366,905 (8.8%)	158,952	120,730	87,223
Monroe County	11,243	443 (3.8%)	192	96	155

Age of Grandchildren Living with Grandparent Householder
Source: 2018 ACS 5-Year Estimates

	United States	Florida	Monroe County
12 to 17 years	23.7%	23.8%	35.0%
6 to 11 years	32.3%	32.9%	21.7%
< 6 years	44.0%	43.3%	43.3%
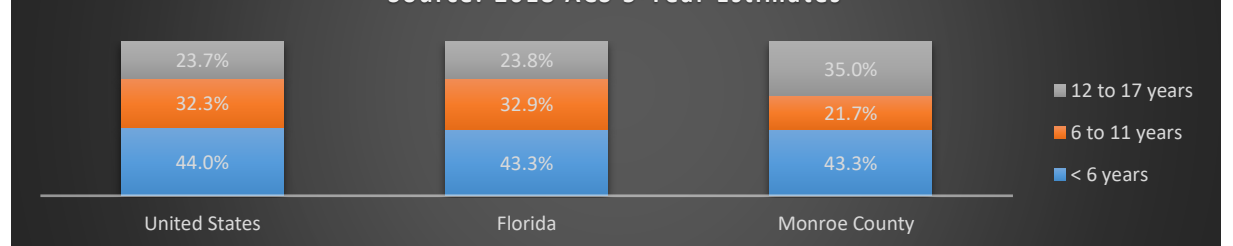
Table 12: Age of Grandchildren Living with Grandparent Householder (2018 ACS 5-Year Estimates)

Socioeconomic Status

Education

Educational Attainment (Adults)

In the United States and Florida, 87.7 and 88 percent of the adult population over age 25, respectively, is, at minimum, a high school graduate; in Monroe County, it is higher, 91.3 percent (Table 13). The percentages of the adult population with a bachelor's degree in the United States and Florida are 31.5 and 29.2 percent, respectively, compared with 33.3 percent in Monroe County. In the United States and Monroe County, the proportion of women with a bachelor's degree or higher is slightly greater than their male counterparts, while in Florida the proportion of men with a bachelor's degree or higher is greater.

Educational Attainment Population Age 25+ Source: 2018 ACS 5-Year Estimates		
	High school graduate or higher	Bachelor's degree or higher
United States	87.7%	31.5%
Florida	88.0%	29.2%
Monroe County	91.3%	33.3%
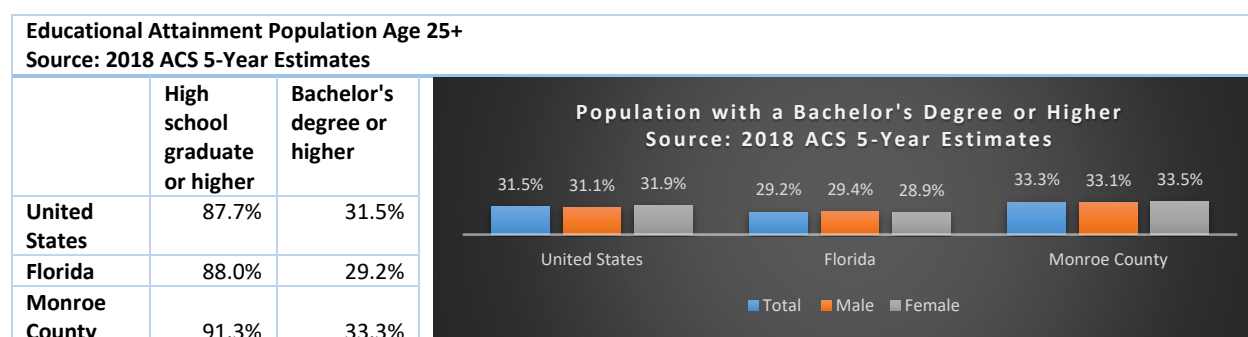
Table 13: Educational Attainment Population Age 25+ (2018 ACS 5-Year Estimates)

Mother's Education Significant to Children's Academic Success

A mother knows best—and the amount of education she attains can predict her children's success in reading and math. In fact, that success is greater if she had her child later in life, according to a new University of Michigan study.

Sandra Tang, a U-M psychology research fellow and the study's lead author, said children of mothers 19 and older usually enter kindergarten with higher levels of achievement. These kids continue to excel in math and reading at higher levels through eighth grade than children of mothers 18 and younger.

https://news.umich.edu/mothers-education-significant-to-children-s-academic-success/

Based on a study conducted using data from the Early Childhood Longitudinal Study-Kindergarten Cohort, a parent's education (especially the mother's) has a tremendous impact on the child's future academic success.[vi] In the Unites States and Florida, 12.6 and 9.8 percent of women who had a birth in the past 12 months, correspondingly, have a graduate or professional degree (Fig 10). In Monroe County, the percentage of women with a graduate or professional degree who had a birth in the past 12 months was higher than Florida, at 10.9 percent.
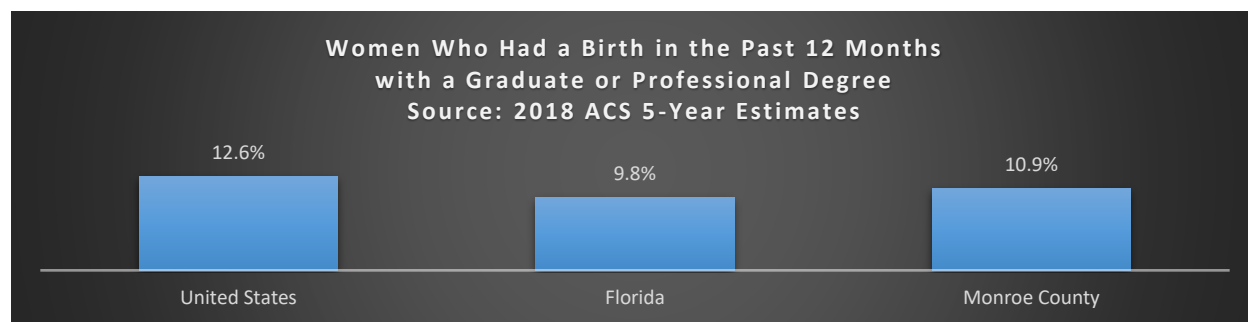
Figure 10: Educational Attainment of Women Who Had a Birth in the Past 12 Months (2018 ACS 5-Year Estimates)

Florida School System

Florida's reported total student membership in public schools during the 2019-20 program year reached more than 2.8 million students, of which 8,708 students were in Monroe County schools (Table 14).[vii] Approximately 36.9 percent of students enrolled in Florida's public schools are white, 34.5 percent are Hispanic/Latino, and 21.6 percent are black/African American (Fig 11). In Monroe County, 45 percent of the students enrolled are white, 40.1 percent are Hispanic/Latino, and 11 percent are black/African American.

Public School Student Membership by Race/Ethnicity (2019-20) Source: Florida Department of Education							
	White	**Black/ AA**	**Hispanic/ Latino**	**Two+**	**Asian**	**AIAN**	**NHPI**	**Total**
Florida	1,054,650	618,792	986,891	106,463	79,522	7,769	4,862	2,858,949
Monroe County	3,917	958	3,489	320	24	0	0	8,708

Table 14: Public School Student Membership by Race/Ethnicity (2019-20)
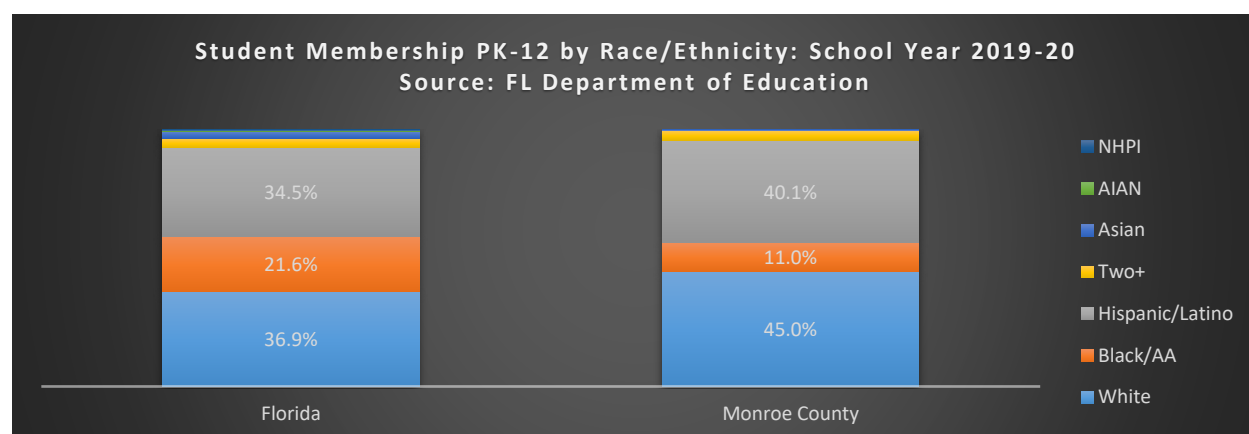
Figure 11: Public School Student Membership by Race/Ethnicity (2019-20)

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's public schools, 288,624 students enrolled during the 2019-20 school year were English Language Learners (10.1 percent of the total student body). In Monroe County, 904 students were English Language Learners (10.3 percent of the total student body) (Table 15).

English Language Learners (2019-20) Source: Florida Department of Education		
	English Language Learners	**Percent of Total Student Body**
Florida	288,624	10.1%
Monroe County	904	10.3%

Table 15: Public School ELL Student Membership (2019-20)

Graduation Rates

At the end of the 2018-19 school year in Florida, 86.9 percent of students who entered 9th grade graduated from high school within four years; the graduation rates for the same cohort in Monroe County was 86 percent.[viii] Table 16 provides graduation rates for students based on race/ethnicity, for English language learners, and economically disadvantaged status.

Graduation Rates by Race/Ethnicity 2018-19 Source: Florida Department of Education		
	Florida	**Monroe County**
Total	86.9%	86.0%
White	90.2%	92.4%
Hispanic / Latino	85.9%	77.3%
Black/AA	81.5%	82.6%
Two+	88.2%	100.0%
Asian	95.6%	**.*
AIAN	77.5%	**.*
NHPI	86.7%	**.*
ELL	75.0%	60.0%
Economically Disadvantaged	86.9%	81.3%
**.* No students are reported in this category.		

Table 16: Graduation Rates (2018-19)

Employment Status and Income

Unemployment

Per the U.S. Department of Labor, Bureau of Labor Statistics, the unemployment rate in Florida (not seasonally adjusted) in November 2019 was 2.7 percent; the unemployment rate in Monroe County was 1.8 percent.
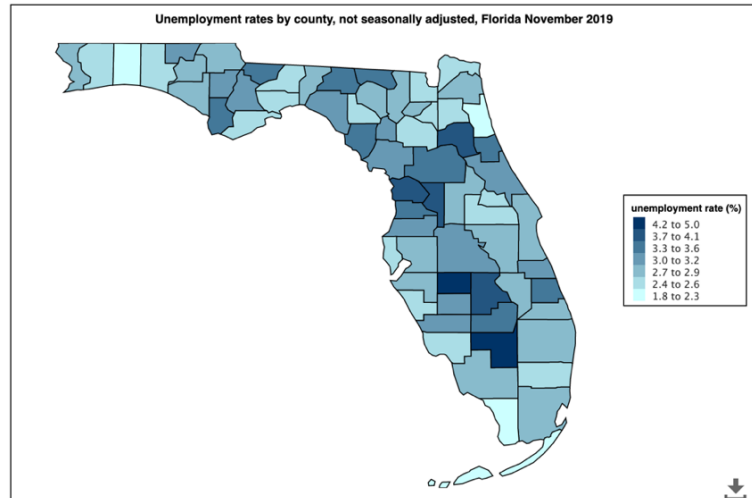
Figure 12: Unemployment Rates, Not Seasonally Adjusted, November 2019

Median Household Income

Florida's median household income of $53,267 is lower than that of the United States, which is $60,293; the median income for Monroe County is higher than United States, at $67,023 (Table 17). The per capita income in the United States is more than $32,000, while the per capita income in Florida is $30,197. At $43,477, the per capita income in Monroe County is higher than the United States.

Household Income Source: 2018 ACS 5-Year Estimates					
	Median household income	**Mean household income**	**Median family income**	**Mean family income**	**Per capita income**
United States	$60,293	$84,938	$73,965	$99,436	$32,621
Florida	$53,267	$76,652	$64,312	$89,399	$30,197
Monroe County	$67,023	$99,583	$78,076	$114,834	$43,477

Table 17: Household, Family and Per Capita Income (2018 ACS 5-Year Estimates)

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 "**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).

Per capita income measures the average income earned per person in a given area (city, region, country, etc.) in a specified year. It is calculated by dividing the area's total income by its total population.

For more information and to see a list of U.S. states by median household income visit the following: http://worldpopulationreview.com/states/median-household-income-by-state/.

Average Salary by Sector

According to the U.S. Bureau of Labor Statistics (2018 data), the total average salary of all sectors combined in the United States is $57,198, compared with $49,475 in Florida. Statewide, with the exception of Leisure and Hospitality, and Education and Health Services, annual state wages for each sector are lower than the United States (Fig 13).
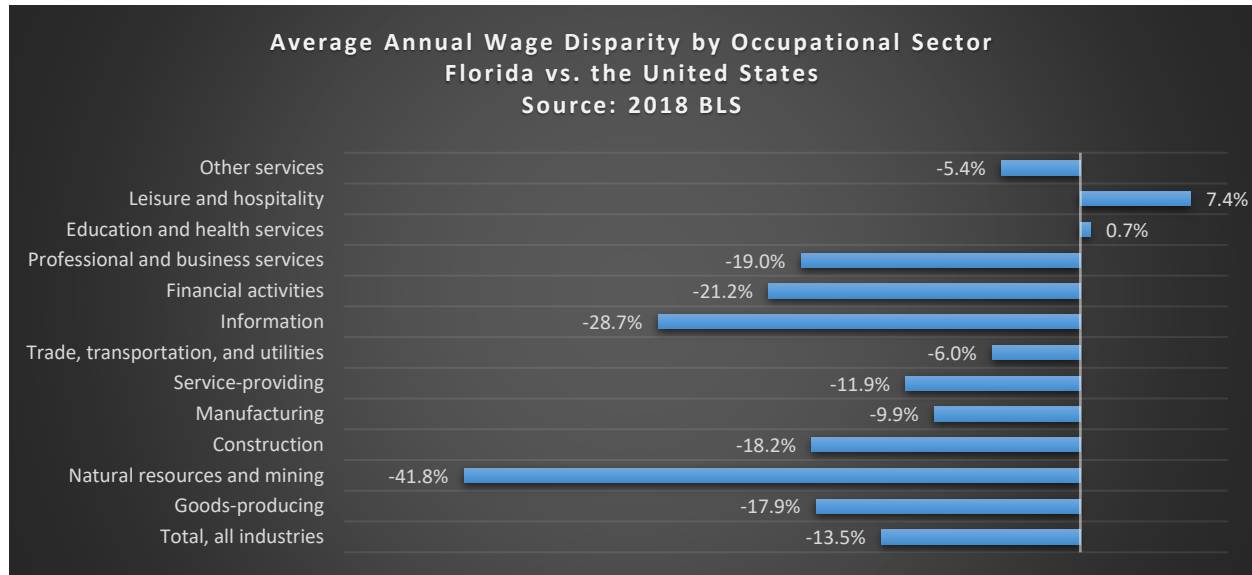
Figure 13: Average Annual Wage Disparity: Florida vs. U.S. (2018)

Table 18 provides the average annual wages for all private occupational sectors in the United States, Florida, and Monroe County. Compared with Florida, in Monroe County the annual wages for Information sector jobs are much lower, but they are much higher for Goods-producing, Construction, Manufacturing, and Leisure and Hospitality jobs.

Average Annual Wages: Private Ownership Establishment (2018) Source: Bureau of Labor Statistics			
	United States	**Florida**	**Monroe County**
Total, all industries	$57,198	$49,475	$49,420
Goods-producing	$65,814	$54,007	$63,160
Natural resources and mining	$59,628	$34,681	$33,803
Construction	$62,727	$51,286	$59,444
Manufacturing	$68,525	$61,740	$70,558
Service-providing	$55,369	$48,803	$47,840
Trade, transportation, and utilities	$47,607	$44,766	$43,689
Information	$113,781	$81,168	$73,901
Financial activities	$95,561	$75,337	$72,794
Professional and business services	$75,169	$60,914	$62,082
Education and health services	$50,444	$50,781	$56,580
Leisure and hospitality	$24,087	$25,881	$30,276
Other services	$38,464	$36,402	$35,194

Table 18: Average Annual Wages: Private Ownership Establishments (2018)

Living Wage

Dr. Amy K. Glasmeier from MIT developed the [Living Wage Calculator](#) to determine an individual's ability to live within a certain standard of living. Based on the Living Wage Calculator methodology, considering real cost expenses, income and payroll taxes to determine the minimum employment earnings necessary to meet basic family needs and maintain self-sufficiency, families earning minimum wage in the service area not able to survive without a safety net and government assistance.

In Florida the hourly living wage in 2018 for a single parent with two children was $29.21; the hourly living wage for a two-parent household (where one adult is working) with two children was $26.13. The poverty wage for those two types of families was $9.99 and $12.07 per hour, respectively. The minimum wage in Florida was $8.25/hour.* Table 19 provides information on annual expenses by state and county for needs including food, child care, medical, housing, and transportation. The annual living wage income required to meet the basic needs of a single-parent family with two children before taxes in Florida is $60,757; the annual earnings required to meet the needs of a two-parent family (one working) with two children is $53,342. The Federal Poverty Level for a family of three is $21,720, and the Federal Poverty Level for a family of four is $26,200.

Compared with the state average, the living wage for a single-parent family with two children is higher in Monroe County. The same disparity applies to a two-parent family (one adult working) and two children (Table 19).

Living Wage (2018) Source: http://livingwage.mit.edu/	Florida	Monroe County
Hourly Wages	1 adult 2 children	
Living Wage	$29.21	$31.90
Poverty Wage	$9.99	$9.99
Minimum Wage	$8.25*	$8.25*
Annual Expenses		
Food	$6,644	$6,644
Child Care	$10,280	$10,280
Medical	$8,132	$8,132
Housing	$13,259	$18,168
Transportation	$9,905	$9,905
Other	$5,099	$5,099
Required annual income before taxes	$60,757	$66,351
Hourly Wages	2 adults (1 working) 2 children	
Living Wage	$26.13	$228.82
Poverty Wage	$12.07	$12.07
Minimum Wage	$8.25*	$8.25*
Annual Expenses		
Food	$8,822	$8,822
Child Care	$0	$0
Medical	$8,822	$8,214
Housing	$13,259	$18,168
Transportation	$11,459	$11,459
Other	$5,935	$5,935
Required annual income before taxes	$54,342	$59,936
Current minimum wage in Florida, as of Jan 2020 is $8.56		

Table 19: Living Wages (2018)

The living wage for a single parent family with two children in Florida is 2.5 times the federal poverty level for a family of three, which is $21,720!

The living wage model is an alternative measure of basic needs. It is a market-based approach that draws upon geographically specific expenditure data related to a family's likely minimum food, child care, health insurance, housing, transportation, and other basic necessities (e.g. clothing, personal care items, etc.) costs. The living wage draws on these cost elements and the rough effects of income and payroll taxes to determine the minimum employment earnings necessary to meet a family's basic needs while also maintaining self-sufficiency.

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 2020 is $26,200. Research suggests that a family of four requires at least double that amount to make ends meet.[ix] The measurement only accounts for the family's annual 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 level was reached by multiplying that dollar amount (money spent by families on food) times three. Nowadays, families not only spend approximately one-seventh of their annual income on food, but the cost of child care, transportation, and health care have increased drastically over the past 50 years.[x]

2020 Poverty Guidelines for the 48 Contigious States and the District of Columbia	
Persons in Family/Household	Poverty Guidelines
1	$12,760
2	$17,240
3	$21,720
4	$26,200
5	$30,680
6	$35,160
7	$39,640
8	$44,120
For families/households with more than 8 persons, add $4,480 for each additional	

Figure 14: Poverty Guidelines (2020)

Poverty in Florida. Per the 2018 Small Area Income and Poverty Estimates (SAIPE), 13.7 percent of the population in Florida lives in poverty (nearly 2.9 million individuals), and 20 percent of children, ages 0-17, live in poverty (more than 830,000 children) (Table 20, Fig 15). More than 242,000 Head Start- and Early Head Start-eligible children, ages 0 to 4, live in poverty in Florida. In Monroe County, 12 percent of the overall population live in poverty; of the children between 0 and 17 years, 19.2 percent live in poverty.

Poverty 2018 Source: SAIPE	Poverty Estimate, All Ages	Poverty Percent, All Ages	Poverty Estimate, Age 0-17	Poverty Percent, Age 0-17	Poverty Estimate, Age 0-4	Poverty Percent, Age 0-4
United States	41,852,315	13.1	12,997,532	18.0	3,758,704	19.5
Florida	2,854,438	13.7	831,420	20.0	242,357	21.8
Monroe County	8,859	12.0	2,146	19.2	.	.
*The SAIPE does not estimate the number of children, ages 0-4, in poverty by county; 2018 ACS 5-year Estimates from the U.S. Census Bureau are used in subsequent sections of this report.						

Table 20: Poverty (2018)
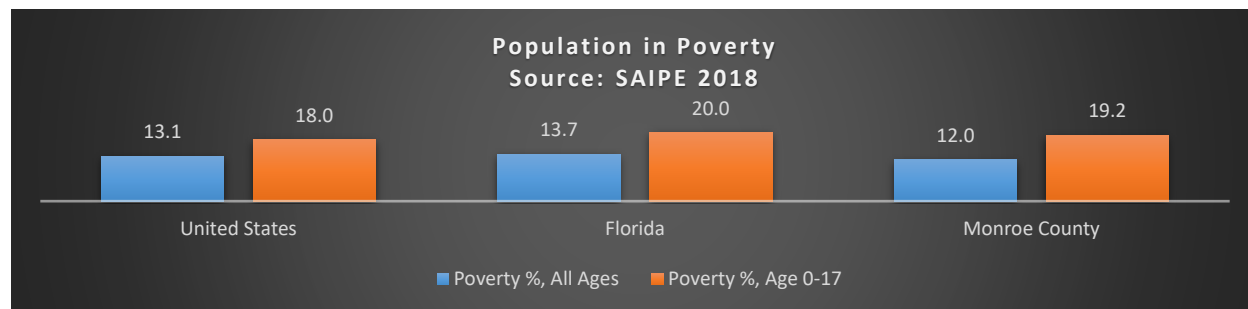
Figure 15: Poverty (2018)

Poverty by Race/Ethnicity

Although the overall poverty rate (for all ages) in Florida is 13.7 percent, the poverty rate for blacks/African Americans, who make up 17 percent of the population in the state, is 23.5 percent. The poverty rate for Hispanic/Latino residents in the state, who make up 26.1 percent of the state's population, is 18.9 percent (Fig 16). In Monroe County 25.4 percent of black/African American residents live in poverty and 15.4 percent of Hispanic/Latino residents live in poverty.

Percent of Population in Poverty by Race/Ethnicity
Source: 2018 ACS 5-Year Estimates

	United States	Florida	Monroe County
White	11.6%	12.7%	10.2%
Black/AA	24.2%	23.5%	25.4%
Asian	11.5%	12.5%	20.6%
Two+	17.5%	16.7%	7.6%
Hispanic/Latino	21.0%	18.9%	15.4%
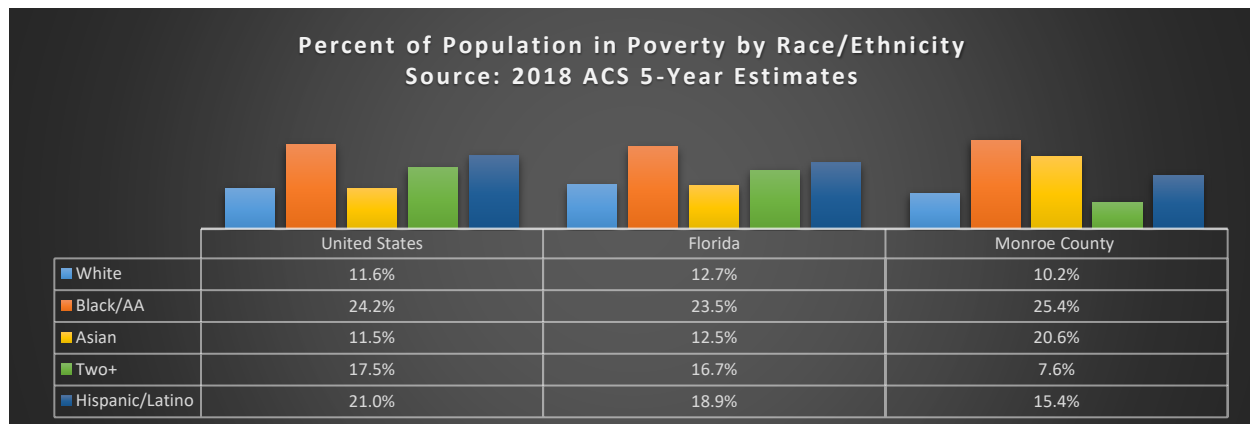
Figure 16: Poverty by Race/Ethnicity (2018 ACS 5-Year Estimates)

NOTE: Poverty rates for the Native Hawaiian or Other Pacific Islander (NHPI) and American Indian or Alaska Native (AIAN) populations are not included in the above figure because both races make up only a small proportion of the overall population.

Poverty by Educational Attainment

Obtaining a higher level of education significantly impacts poverty rate. In Florida 26 percent of the population with less than a high school degree lives in poverty, while 5.9 percent of the population with a bachelor's degree or higher lives in poverty. In Monroe County, 24.8 percent of the population with less than a high school degree lives in poverty, and 5.3 percent of the population with a bachelor's degree or higher lives in poverty (Fig 17).

Percent of Population in Poverty by Educational Attainment
Source: 2018 ACS 5-Year Estimates

	United States	Florida	Monroe County
Less than high school graduate	25.8%	26.0%	24.8%
High school graduate (includes equivalency)	13.9%	15.1%	13.3%
Some college, associate's degree	9.9%	10.3%	9.1%
Bachelor's degree or higher	4.4%	5.9%	5.3%
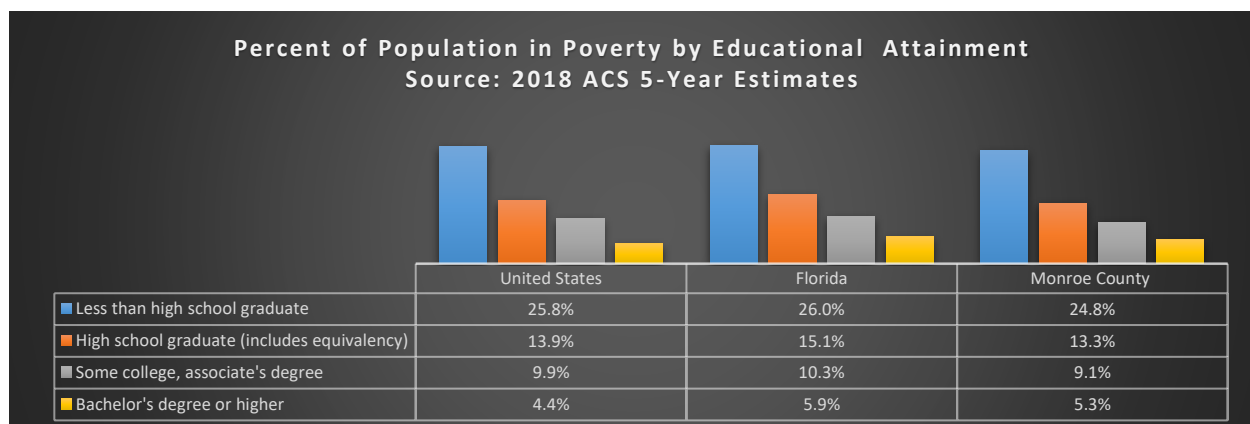
Figure 17: Poverty by Educational Attainment (2018 ACS 5-Year Estimates)

Poverty by Employment Status

Like educational attainment, a significant difference is seen in poverty rates between employed and unemployed individuals. In the U.S. and Florida, employed and unemployed females live in poverty at higher rates than employed and unemployed males, whereas in Monroe County, unemployed males live in poverty at higher rates than unemployed females, 26.4 vs. 16.8 percent (Fig 18).
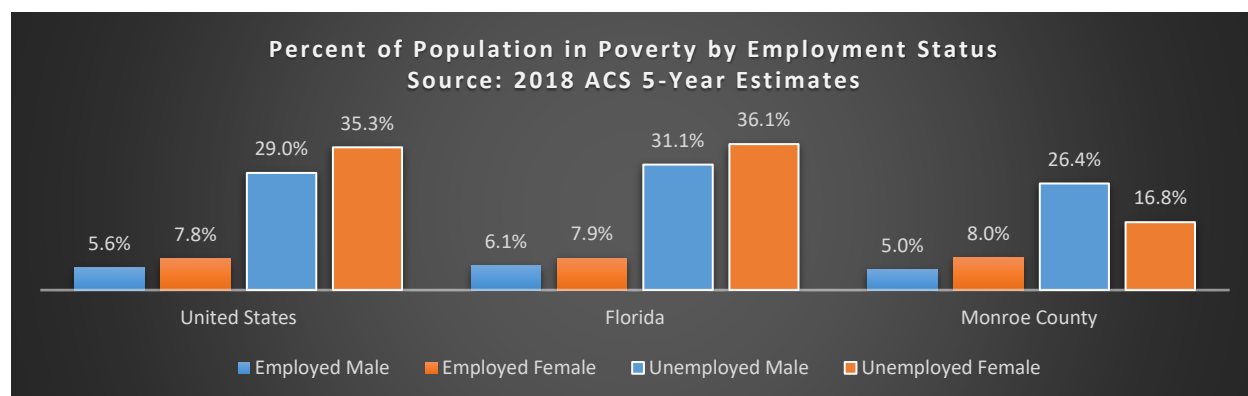
Figure 18: Population in Poverty by Employment Rates (2018 ACS 5-Year Estimates)

Births to Women in Poverty

Of the nearly 4 million women between the ages 15 and 50 who had a birth in the United Sates in the past 12 months (2018 5-year Estimates), nearly 1 million, or 24.1 percent, were living in poverty (Table 21). In Florida more than 220,000, or 26.2 percent, of all women who had a birth gave birth in poverty. In Monroe County, 166 women gave birth in poverty, 23.3 percent of all women, ages 15 to 50, who gave birth.

Women Who Had a Birth in Poverty Source: 2018 ACS 5-Year Estimates			
	Women who had a birth in the past 12 months	Women who had a birth in poverty	
United States	3,983,068	961,481	24.1%
Florida	220,783	57,868	26.2%
Monroe County	713	166	23.3%

Table 21: Women Who Had a Birth in Poverty (2018 ACS 5-Year Estimates)

NOTE: Census estimates report on the number of women who gave birth in the past 12 months, while the 2018 ACS 5-Year Estimates report on the average of five years from 2013 to 2017.

Note: In the Fertility/Birth Rates section of this CA, U.S. Census data reflects a slightly higher number of women who gave birth in the past 12 months. The data discrepancy is due to the fact that Census data includes some women for whom poverty status was undetermined, whereas this data includes the subset of just those women for whom poverty status was determined.

Families in Poverty

In the United States, 10.1 percent of all families live in poverty, 5 percent of married-couple families live in poverty, and 27.8 percent of families led by a single female live in poverty. In Florida and Monroe County, 10.6 and 7.4 percent of all families, respectively, live in poverty, 6 and 4.6 percent of married-couple families, correspondingly, live in poverty, and 25.8 and 23.4 percent of single female householder families, respectively, live in poverty (Fig 19).

Poverty for Select Family Characteristics
Source: 2018 ACS 5-Year Estimates

	United States			Florida			Monroe County		
All families	10.1%			10.6%			7.4%		
Married-couple families		5.0%			6.0%			4.6%	
Female householder, no husband present			27.8%			25.8%			23.4%
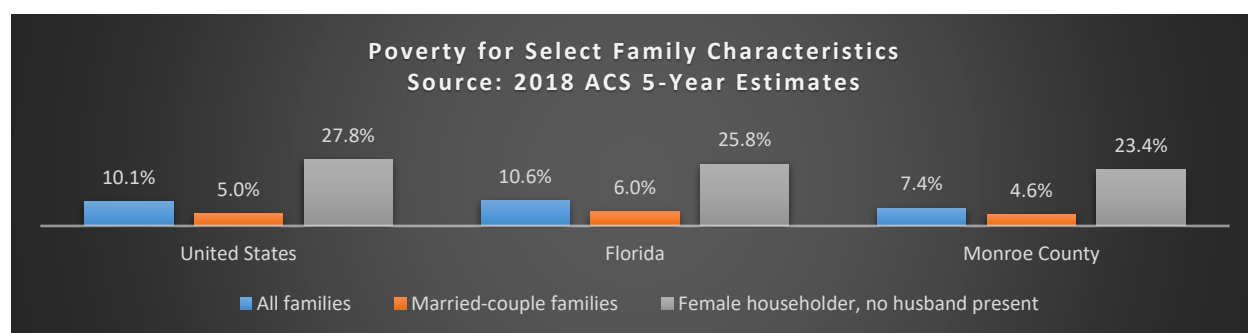
Figure 19: Poverty for Select Family Characteristics (2018 ACS 5-Year Estimates)

Families with Children Under Age 5 in Poverty

Of families with related children under the age of 5 in the United States and Florida, 15.3 and 16.1 percent live in poverty, respectively. In Monroe County, 9 percent of families with related children under the age of 5 live in poverty. Single female householders with children under the age of 5 have the highest rates of poverty: in the United States, Florida, and Monroe County 42.2, 38.1, and 27.9 percent, respectively.

Poverty for Select Family Characteristics with Children Under 5 Years
Source: 2018 ACS 5-Year Estimates

	United States			Florida			Monroe County		
All families	15.3%			16.1%			9.0%		
Married-couple families		5.5%			6.7%			7.8%	
Female householder, no husband present			42.2%			38.1%			27.9%
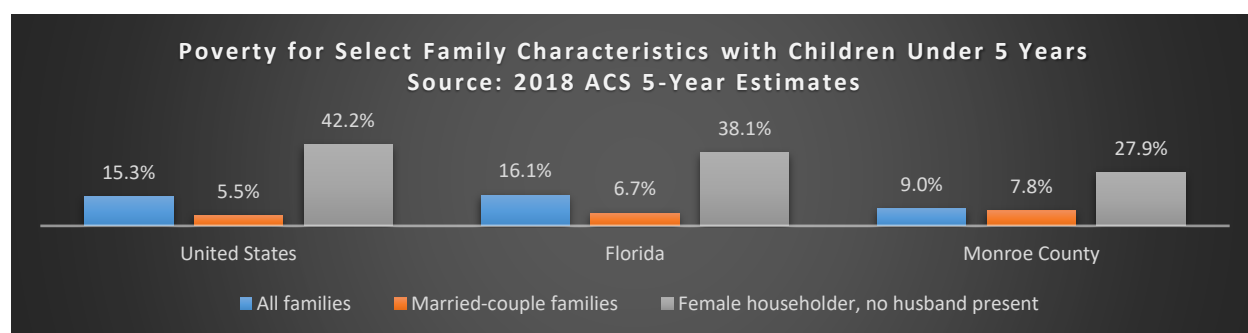
Figure 20: Poverty for Select Family Characteristics with Children Under Age 5 (2018 ACS 5-Year Estimates)

Children in Poverty

Children Ages 0-4: Percent in Poverty

As previously stated, according to 2018 Small Area Income and Poverty Estimates (SAIPE) from the U.S. Census Bureau, in Florida 21.8 percent of children, ages 0-4, or 242,357 children, live in poverty. SAIPE estimates for children, ages 0-4, in poverty, are not provided for individual counties, townships, or census tracts.

In order to estimate children in poverty in Monroe County, poverty data from the 2018 ACS 5-year Estimates are used. These estimates use data from 2014 to 2018 and reflect a 6.5 percent higher number of children in poverty in Florida: 259,763 versus 242,357. 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 (2014-18) to be higher than the estimates for 2018 alone. Based on the 5-year Estimates, 23.3 percent of children ages 0-4 live in poverty in Florida. In Monroe County 490 children, ages 0-4, live in poverty, accounting for 13.8 percent of all children, ages 0-4 (Table 22).

Children Ages 0-4 in Poverty Source: 2018 ACS 5-Year Estimates	Total Children Ages 0-4	Children Ages 0-4 in Poverty	
United States	19,835,607	4,193,998	21.1%
Florida	1,117,227	259,763	23.3%
Monroe County	3,550	490	13.8%

Table 22: Children Ages 0-4 in Poverty (2018 ACS 5-Year Estimates)

Racial/Ethnic Proportion of Children Ages 0-4 In Poverty

As previously stated, in Florida and Monroe County, 16.9 and 6.9 percent, respectively, of the population is black/African American; however, 33.8 and 49.8 percent of children in poverty, ages 0-4, respectively, are black/African American (Table 23).

Racial Proportion of Children Ages 0-4 in Poverty Source: 2018 ACS 5-Year Estimates	United States	Florida	Monroe County
Total	4,193,998	259,763	490
White	2,224,281	139,820	223
Black/AA	1,057,191	87,760	244
AIAN	70,441	787	-
Asian	102,722	3,058	-
NHPI	10,666	138	-
Other	411,000	12,389	23
Two+	317,697	15,811	-
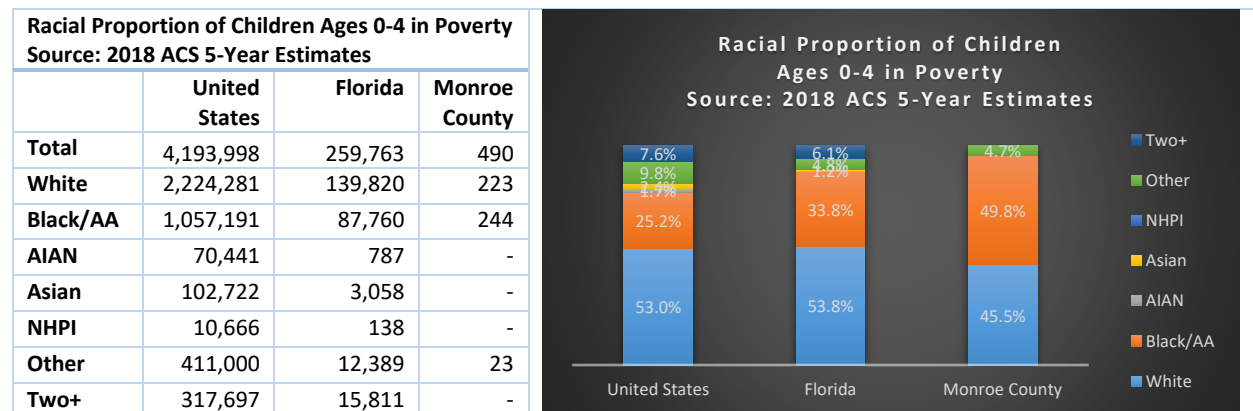
Table 23: Racial Proportion of Children Ages 0-4 in Poverty (2018 ACS 5-Year Estimates)

In Florida and Monroe County, 26.1 and 24.9 percent of the population, respectively, is Hispanic/Latino; of the total children, ages 0-4, living in poverty, 36.9 and 26.3 percent are Hispanic/Latino (Table 24).
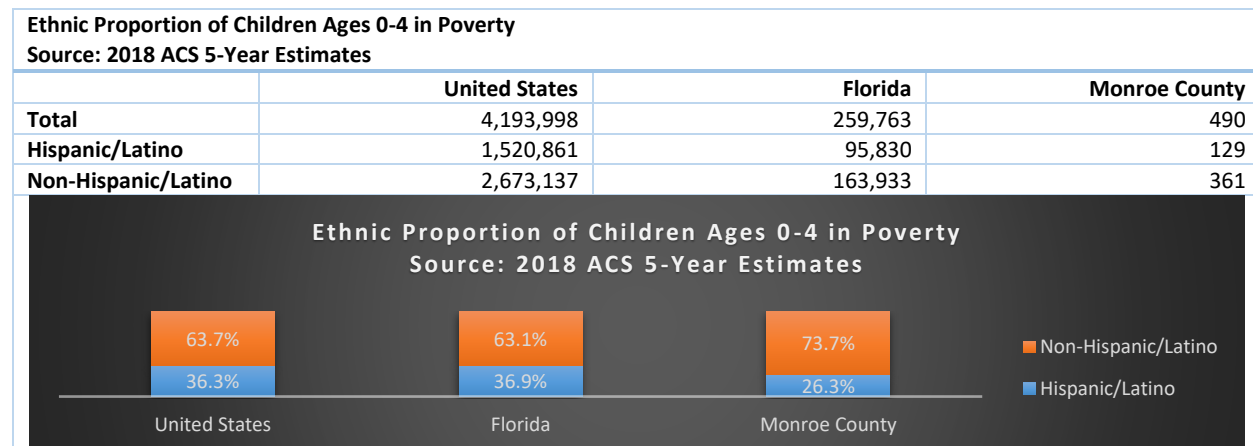
Ethnic Proportion of Children Ages 0-4 in Poverty Source: 2018 ACS 5-Year Estimates	United States	Florida	Monroe County
Total	4,193,998	259,763	490
Hispanic/Latino	1,520,861	95,830	129
Non-Hispanic/Latino	2,673,137	163,933	361

Table 24: Ethnic Proportion of Children Ages 0-4 in Poverty (2018 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 to qualify for the program, one must be a resident of the state, either be 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 underemployed (working for very low wages), unemployed, or about to become unemployed.[xi] The Economic Self-Sufficiency program office in the Florida Department of Children and Families administers the TANF Temporary Cash Assistance program.

As of January 2020, 38,091 families in Florida received TANF benefits, of which 53 families were in Monroe County. Florida's total number of families receiving TANF benefits reflects a 9.4 percent reduction from the 42,036 families who received the benefit during the month of January 2019.[xii]

Supplemental Security Income (SSI)

Supplemental Security Income, or SSI, provides monthly financial payments to low-income adults who are blind, disabled, or age 65 and older. Disabled or blind children are also eligible to receive SSI benefits. Families receiving SSI are categorically eligible for Head Start services, providing the family an additional benefit and supportive resource. In 2018, 97,871 children under age 18 received SSI benefits in Florida, of which 1,288 were in Monroe County (Table 25). [xiii]

Number of SSI Recipients by Age (December 2018) (Released June 2019) Source: www.ssa.gov			
	Under 18	**18–64**	**65 or older**
United States	8,128,652	1,148,038	4,714,234
Florida	97,871	266,487	212,017
Monroe County	1,288	102	621

Percentage of SSI Recipients by Age
Source: www.ssa.gov

	United States	Florida	Monroe County
65+	27.9%	36.8%	43.9%
18–64	58.0%	46.2%	48.2%
< 18	14.1%	17.0%	7.9%
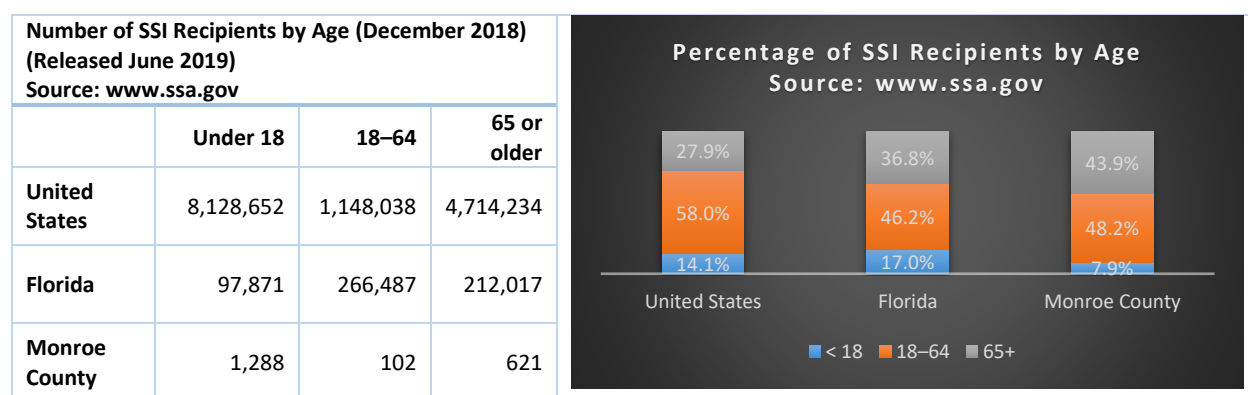
Table 25: Number of SSI Recipients by Age - December 2018 (released June 2019)

NOTE: Data regarding WIC and SNAP participation is located in the Nutrition section of this Community Assessment.

Temporary Assistance for Needy Families (TANF)

The **Temporary Assistance for Needy Families (TANF)** block grant is designed to provide temporary financial assistance to poor families, primarily those with no other means to meet basic needs. But since TANF's creation in 1996, its reach has declined dramatically. In 2018, for every 100 families in poverty, only 22 received direct financial assistance from TANF — down from 68 families in 1996. This "TANF-to-poverty ratio" (TPR) reached its lowest point in 2014 and has remained there.

States' broad flexibility in TANF has led to wide variation among state TPRs, which range from 68 in California down to just 4 in Louisiana. In a growing number of states — now up to 16 — the ratio is 10 or less, meaning that for every 100 families living in poverty, 10 or fewer receive TANF cash assistance. In 2006, the last time TANF was reauthorized, only two states had a ratio that low; in 1996, none did.

TANF's Reach Declined Significantly Over Time
Number of families receiving AFDC/TANF benefits for every 100 families with children in poverty

1979: 82
1996: 68
AFDC families
TANF families
2018: 22

Note: TANF = Temporary Assistance for Needy Families, AFDC = Aid to Families with Dependent Children.
Source: CBPP analysis of poverty data from the Census' Current Population Survey and AFDC/TANF caseload data from Department of Health and Human Services and (since September 2006) caseload data collected by CBPP from state agencies.

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TANF Should Reach Many More Families in Florida

In 2017-18, for every 100 families living in poverty in Florida, only 12 received TANF. This "TANF-to-poverty ratio" has fallen 43 points since 1995-96. If TANF reached the same share of families in poverty that its predecessor AFDC did in 1996, 166,300 more families in Florida would be helped by TANF now.

Number of Families in Florida Receiving AFDC/TANF Cash Assistance for Every 100 Families with Children in Poverty
AFDC families
TANF families
1979: 40
1996: 55
2018: 12
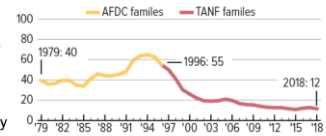
TANF-to-poverty ratio	1995/96	2017/18
Florida	55	12
National	68	22

When this ratio falls, it means TANF is less responsive to need than in previous years. The TPR can fall because: (1) the number of families receiving cash assistance from TANF falls without a corresponding drop in the number of families living in poverty; or (2) the number of poor families rises without a corresponding increase in the number of families receiving TANF benefits.

The TPR has both strengths and limitations. Its strengths include: (1) it provides a measure of access to TANF benefits that is consistent over time and across states; and (2) it uses readily available data, making it transparent and relatively current. Two key limitations are: (1) it is less reliable in small states because of sample size limitations in the Current Population Survey (CPS); and (2) the underreporting of income from public benefit programs in the CPS has worsened over time, making the official poverty estimates less accurate than they once were.

The TANF participation rate, which the U.S. Department of Health and Human Services produces, provides an explicit measure of the share of eligible families receiving TANF benefits; however, it generally lags two years behind the TPR and is not available at the state level. The TANF participation rate uses the Transfer Income Model's (TRIM) microsimulations of the CPS data to adjust for underreporting and to identify eligible families more precisely. Though the TPR and the participation rates use different methodologies to measure access to TANF cash assistance, they produce quite similar results, and they have had the same downward trajectory since before welfare reform.

https://www.cbpp.org/research/family-income-support/tanf-reaching-few-poor-families

Economic Features and Trends

Florida has experience strong, broad-based economic gains for much of the last year. Based on the most recent Wells Fargo Securities Economics Group Economic Forecast, on a year-over-year basis, nonfarm employment is up by 2.5 percent in the state, which reflects a net gain of 217,400 jobs (Fig 21). However, economists predict the start of a significant slowdown in hiring, particularly at retailers and restaurants.

Florida's economy has consistently outpaced the nation since the early years of this expansion. Nonfarm employment growth has exceeded the nation every month since 2012, except September 2017, when Hurricane Irma caused employment to pull back sharply across the state. Florida is benefitting from increased in-migration from other states, as well as increased immigration from overseas. Inflows from other states have been bolstered by tax reform, which has made Florida's low tax status an even greater comparative advantage. Inflows of retirees have increased, particularly from high-tax states in the Northeast and Midwest, bolstering retirement communities like The Villages, Fort Myers and Naples.
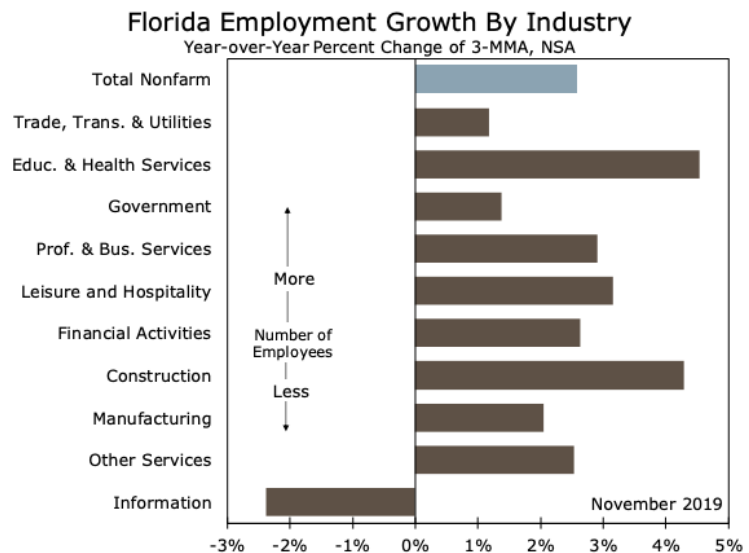
Figure 21: Florida Employment Growth by Industry (Nov 2019)

Inflows of businesses and prime working-age individuals have also increased, bolstering the state's major metropolitan areas. The Orlando Area has added the most jobs over the past year (+36,700), followed by Tampa (+30,800), Miami-Dade (+24,700), Jacksonville (+24,400), Fort Lauderdale (+11,200), and Fort Myers (+9,200). All 23 of Florida's metropolitan areas and metropolitan divisions have added jobs over the past year.[xiv]
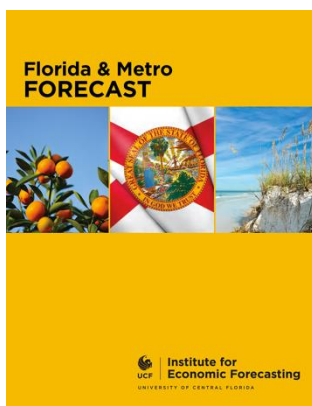
According to a recently released forecast from the University of Central Florida, The Institute for Economic Competitiveness, Florida's economy will grow in 2020, inspired by a strong, post-recession job market recovery, salary growth and increased retail spending. Florida's economy is expected to outperform the national forecast for four straight years, but the state will experience growing pains from a lack of housing and a weak transportation network. The same forecast stated that Florida's equivalent of gross domestic product -- the value of all goods and services -- will grow by 2.8 percent in 2020 and 2021, but it will slow down to 2.4 percent in 2022; the labor force growth in Florida will average 1.6 percent annually over the next three years, and Florida's unemployment rate would drop to 3 percent this year.

In Florida, not all the residents of the state benefit equally from the economic reports cited earlier. A study from the University of Florida shows that even though household income has increased across the state, it was distributed unevenly, with the wealthiest possibly aided by a tax cut passed by Congress in 2017. Dr. Hector Sandoval, an economist at the University of Florida, argued that the top income earners received even larger increases in their income, and one of the reasons for that might well be the tax cut.[xv] According to a report from the National Low Income Housing Coalition, the very little affordable housing that is available in Florida is also very expensive for people on fixed incomes or those working full-time earning Florida's minimum wage of $8.56.[xvi]

Monroe County

In Monroe County, tourism supplies 54 percent of all island jobs and fuels a $2.7 billion economy, which includes the Keys and a significant portion of Everglades National Park. Three-and-a-half million people visit the Keys each year — nearly 47 for each of the area's 75,000 full-time residents. More specifically, the Florida Keys National Marine Sanctuary has contributed about $4.4 billion dollars to Florida's economy. Florida Keys tourism supported about 26,500 jobs for residents throughout Monroe County when accounting for direct, indirect and other downstream jobs. This represents about 44 percent of all Monroe County jobs. Tourism is far and away the largest employer in the county. When measuring tourism employment as a percentage of total employment against major tourism counties throughout the state, Monroe County ranks number two in its share of direct employment and number one in its share of total employment.[xvii]

Based on [DataUSA](), from 2016 to 2017, employment in Monroe County grew at a rate of 0.608 percent, from 39,600 employees to 39,900 employees. The most common job groups in Monroe County, by the number of people employed, are Sales & Related Occupations (5,262 people), Office & Administrative Support Occupations (5,111 people), and Management Occupations (4,481 people).

Compared with other counties, Monroe County has an unusually high number of residents working in Farming, Fishing, & Forestry Occupations (3.12 times higher than expected), Food Preparation & Serving Related Occupations (1.9 times higher) and Building & Grounds Cleaning & Maintenance Occupations (1.46 times higher). The highest paid jobs held by residents of Monroe County, by median earnings, are Computer & Mathematical Occupations ($78,594), Computer, Engineering, & Science Occupations ($74,375), and Architecture & Engineering Occupations ($73,472).
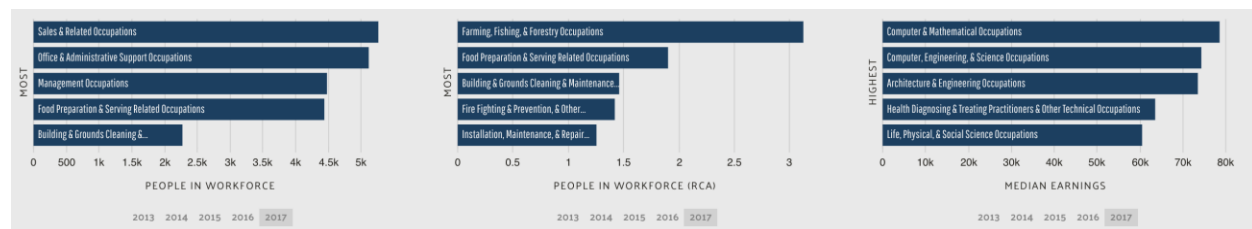
Figure 22: Monroe County: People in Workforce (2018)

The table below lists Monroe County's top employers based on the number of employees for the public and private sectors.

Monroe County Top Employers (January 2019) Source: Key West Chamber of Commerce			
Public Sector	**# Employees**	**Private Sector**	**# Employees**
U.S. Armed Services (Incl. Civilians Supports & Contractors)	2,190	**Ocean Reef Club**	1,124
Monroe County Schools	1,391	**Publix Stores**	650
Monroe County Government	570	**Keys Medical Center**	477
Monroe County Sheriff's Office	538	**Key West Casa Marina / Reach Resort**	356
City of Key West (incl. police, fire & EMS)	507	**Spottswood Properties**	302
Florida Keys Aqueduct Authority	270	**Margaritaville Resort & Marina / Sunset Key**	492
Keys Energy Service	130	**Historic Tours of America**	390
Florida Keys Electric Cooperative Association	114	**Fogarty's/Red Fish Blue Fish/Caroline's / Jack Flats / Waterfront Brewery**	280
Florida Keys Community College	98	**Cheeca Lodge**	280
		Fury Water Adventures	187
		First State Bank of the Keys	192

Table 26: Top Employers in Monroe County, Florida (2019)

Housing and Homelessness

Fair Market Rent

According to the National Low-Income Housing Coalition (NLIHC), in 2019, 35 percent of Florida's households were renters. The Fair Market Rent (FMR) for a two-bedroom home in Florida is $1,189/month. To be able to rent a two-bedroom home, without exceeding 30 percent of one's income, a renter must earn $47,542 annually. Yet, the median income for a renter in Florida is $37,819.[xviii] With a median income of $37,819, a renter is able to afford $945 for a home, $244 dollars less than the fair market rental value of a two-bedroom home.

It is critical to point out that Head Start families do not earn wages typical of an average renter in the state. The NLIHC defines extremely low-income households as those with income at or below the Poverty Guideline or 30% of AMI (median family income for the area of residence), whichever is higher. For Florida this amount is $19,620, which is $1,650 less than the Poverty Guidelines level for a family of three (which is $21,270). The rent that someone with "extremely low income" can afford is only $491 per month, $698 *less* than the fair market value of a two-bedroom home (Table 27).

> In Florida, to afford the Fair Market Rent of a two-bedroom home, one must earn $47,542– $3,422 more than the Federal Poverty Level for a family of 8, which is $44,120!

Out of Reach – Fair Market Rental Value vs. Income Source: NLIHC		
	Florida	**Monroe County**
% of total households that are renters (2013-2017)	35	41
Two-bedroom FMR	$1,189	$1,640
Income needed to afford two-bedroom FMR	$47,542	$65,600
Estimated median renter household income	$37,819	$51,231
Rent affordable at median renter household income	$945	$1,281
30% of AMI ("extremely low income")	$19,620	$24,900
Rent affordable at 30% of AMI	$491	$623
Rent affordable with full-time job paying min. wage	$440	$440
Work hrs./week at min. wage needed to afford two-bdrm. FMR	108	149

Table 27: Out of Reach – Fair Market Rental Value vs. Income (2019)

In Monroe County, 41 percent of total households are renters. Rent affordable by a household classified as "extremely low income" is $623 per month, $1,017 less than the fair market value of a two-bedroom home. For those working a full-time job, earning minimum wage, affordable rent is not more than $440, or $1,200 less than the fair market rental value of a two-bedroom home (Fig 23). The high cost of home ownership and rental units continues to make it difficult for low-income families to access affordable housing. **In Monroe County, those earning minimum wage ($8.56/hour) must work <u>149 hours per week</u> to afford a two-bedroom home at fair market rental value.**
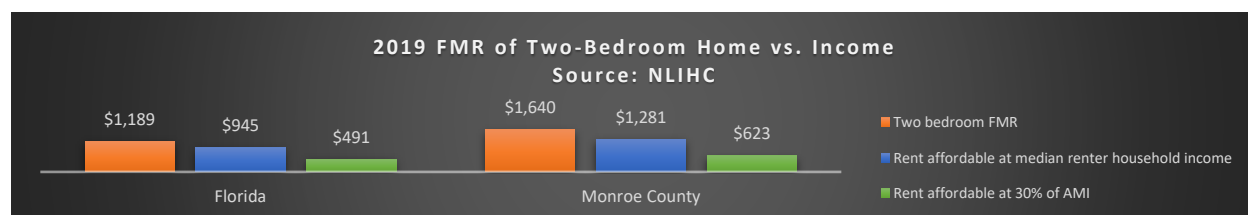
Figure 23: Out of Reach – Fair Market Rental Value vs. Income (2019)

> 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 30-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

Based on data gathered from the Office of Public Policy Development and Research (PD&R), under the Department of Housing and Urban Development (HUD), in 2019 there were a total of 197,960 housing units available in Florida within all HUD Programs. Of those housing units, 92 percent were occupied with more than 407,135 people. Average family expenditure for rent per month was $358, and the average HUD expenditure per month was $777. The average household income of those living in public housing programs in Florida is $14,181. Approximately one-third of households, or 36 percent, had a female head of household with children; 82 percent of residents were minorities, of which 52 percent were black/African American, and 30 percent Hispanic/Latino (Table 28).[xix]

In Monroe County, there were 1,373 units available, with an occupancy rate of 98 percent. More than 2,000 residents lived in public housing, with an average family expenditure of $538; the average HUD expenditure per month was $714. The household incomes for public housing residents in the county was $22,343. Similar to the state, approximately 26 percent of residents are female heads of household with children, and 74 percent of residents are minorities (Table 28).

HUD Programs 2019 Source: Department of Housing and Urban Development		
	Florida	**Monroe County**
Total Units	197,960	1,373
% Occupied	92	98
Total People	407,135	2,617
Average Family Expenditure per month	$358	$538
Average HUD Expenditure per month	$777	$714
Household Income per year	$14,181	$22,343
% Female Head with children	36	26
% Minority	82	74
% Black (non-Hispanic)	52	20
% Hispanic	30	53

Table 28: HUD Programs (2019)

Note: HUD Programs reported include: Public Housing, Housing Choice Vouchers, Project Based Section 8, 202/PRAC, and 811/PRAC.

Homelessness

Point-In-Time Count

The Point-In-Time Count, required each year by the <u>U.S. Department of Housing and Urban Development</u>, is done to assist federal and state governments in determining how to allocate funding for housing, substance abuse, and mental health programs. The 2019 count reflected that in January there were 28,328 homeless persons in Florida, of which more than one in four are unsheltered (44 percent). Of the homeless counted, 7,063 were people in families with children, and 1,450 were unaccompanied youth (Fig 24).
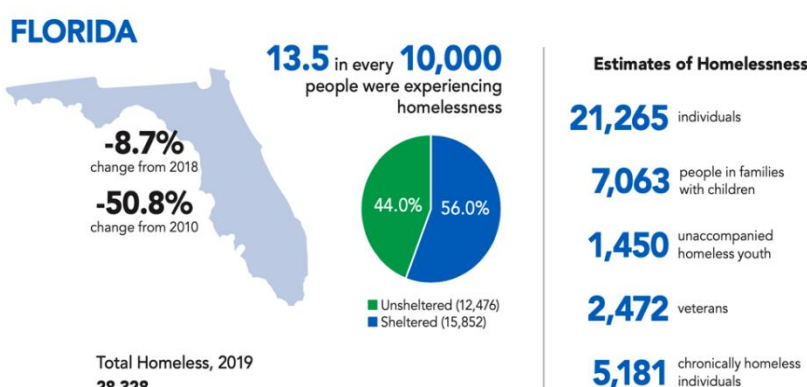
The Point-In-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums 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 24: Point-In-Time Count (2019)

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 age 24.[xx] In January 2019, there were 1,450 homeless unaccompanied youth under age 25 counted in the state of Florida, a decrease of 23.4 percent compared with 2018. That same year, 253 homeless parenting youth under the age of 25 were counted in the state of Florida, a decrease of 15.9 percent compared with the previous year (Table 29).

Florida Point-In-Time Count (2018-19) Source: Source: HUD Exchange			
	2018	**2019**	**Percent Change**
Overall Homeless Unaccompanied Youth (Under 25)	1,892	1,450	-23.4%
Overall Homeless Unaccompanied Youth Under 18	441	256	-42.0%
Overall Homeless Unaccompanied Youth Age 18-2	1,451	1,194	-17.7%
Overall Homeless Parenting Youth (Under 25)	301	253	-15.9%
Overall Homeless Parenting Youth Under 18	4	0	
Overall Homeless Parenting Youth Age 18-24	297	253	-14.8%
Overall Homeless Children of Parenting Youth	448	419	-6.5%

Table 29: Florida Homeless Point-In-Time Count (2018-19)

The **HUD definition of homelessness** is narrower than those used by the Departments of Education (ED), Health and Human Services (HHS), Labor, Justice, and Agriculture. HUD focuses primarily on homeless people on the streets, in shelters, in vehicles, or in other places not meant for human habitation. The PIT count offers an important snapshot of homelessness on a given night at one point in the year, with a particular focus on individuals. However, it does not adequately estimate the number of individuals and family members who experience homelessness through the course of a year— especially children.

McKinney-Vento

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 Institute for Children, Poverty & Homelessness (ICPH) is a New York City based policy research organization that focuses on family homelessness throughout the United States and provides, amongst other resources, data on the number of homeless students by state and county. According to the ICPH, during the school year of 2016-17, there were 75,106 homeless students in Florida, of which 360 were in Monroe County schools (Table 30).[xxii]

Homeless Students (2016-17) Source: Institute for Children, Poverty and Homelessness		
	Homeless Students	
	Total SY 2016-17	Change SY 2013-14 to SY 2016-17
Florida	75,106 (2.7%)	11.4%
Monroe County	360	-5.8%

Table 30: Homeless Students in Florida and Monroe County (2016-17)

Figure 25, on the following page, is a screenshot of the interactive map providing information on the number and percentage change of homeless students by county in Florida.
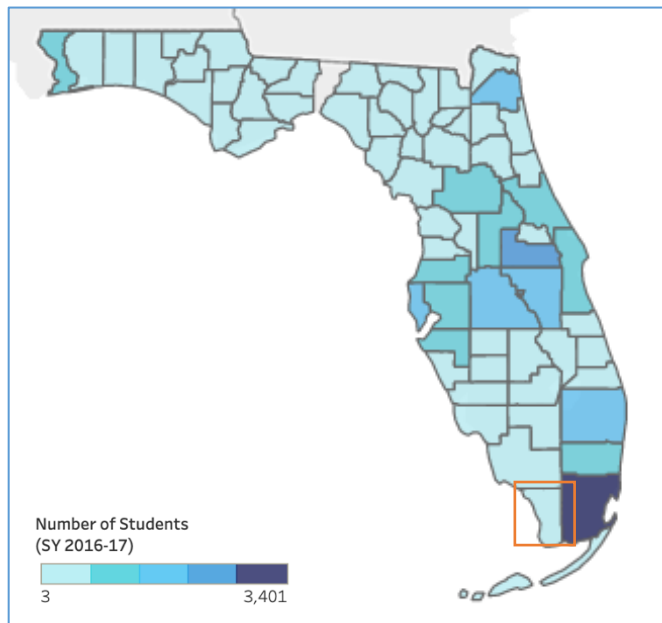
Figure 25: Number of Homeless Students by School District in Florida (2016-2017)

According to ICPH, between the school years of 2013-14 and 2016-17, the total percentage of homeless students increased in Florida by 11.4 percent; biggest increases were seen for homeless students with limited English proficiency (35.8 percent) and unsheltered homeless (32.8 percent).
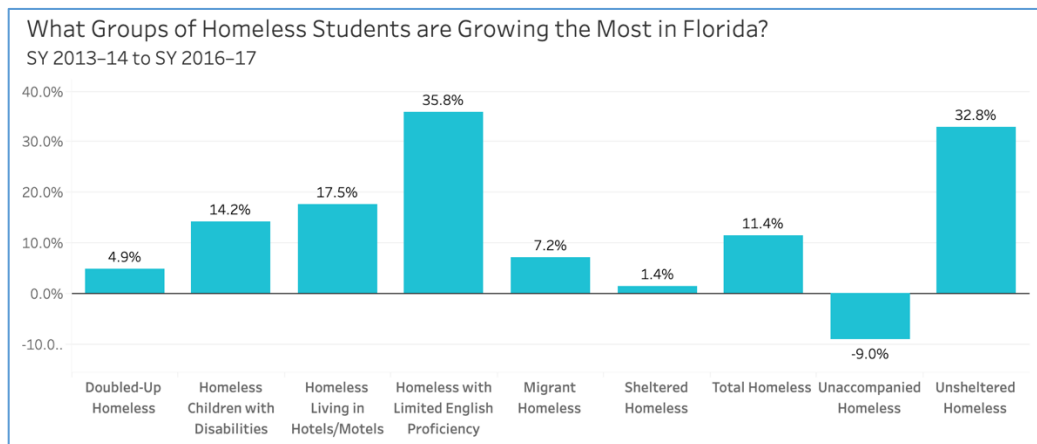
Figure 26: Growth of Homeless Students by Type of Homelessness in Florida (SY 2013-14 to SY 2016-17)

Based on the Council of Homelessness 2019 Annual Report, during the 2017-18 school year, 95,960 homeless students were served in Florida schools, of which 696 were in Monroe County schools.[xxiii]

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 in December 2019, using 2016-17 U.S. Department of Education Data. The report indicates that in Florida more than 72,000 children under the age of 6 were identified as homeless.

Early Childhood Homelessness: Florida   (2016-2017)

Early childhood experiences with homelessness have long lasting impacts on a child's well-being. Access to educational services can help mitigate some of these negative effects.[1]

Early Childhood Homelessness

Children under age 6

Total population[2]

1,366,671

Estimated number experiencing homelessness[3]

72,740

or

1 in **19** children

Early Childhood Education
for Children Experiencing Homelessness

Children under age 6
experiencing homelessness

4% served by Head Start/Early Head Start or McKinney-Vento funded ECE programs in 2017[5]

Florida

1,556   1,617

69,567

- Head Start/Early Head Start
- McKinney-Vento
- Unserved

Related Factors

Families experiencing homelessness, whether chronic or episodic, often face other barriers to affordable housing. By understanding these related challenges, states can create sustainable and proactive policy solutions that better address homelessness in their communities.

39% of families with children under 18 have a high housing cost burden[4]

31% of children under age six in low-income working families[4]

For detailed information on indicator definitions, data sources, and methodology, please see Appendix III.

Notes:
1. McCoy-Roth, M., Mackintosh, B.B., & Murphey, D. (2013). When the bough breaks: The effects of homelessness on young children. Early Childhood Highlights, 3.
2. U.S. Census Bureau, Population Division. (June 2017). SC-EST2017-AGESEX-CIV: Annual Estimates of the Civilian Population by Single Year of Age and Sex for the United States and States: April 1, 2010 to July 1, 2017.
3. Calculations by authors using methodology established by Bassuk, et al. (2014) and 2017 data from U.S. Department of Education and U.S. Department of Housing and Urban Development.
4. Data from the Annie E. Casey Foundation KIDS COUNT data center.
5. Data from U.S. Department of Education. (2017). *Consolidated State Performance Reports, Part I* and U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved April 6, 2018. (2017). *The 2017 Head Start Program Information Report.* Data on children under age 6 experiencing homelessness served through federally funded child care & home visiting programs will be collected for the first time in 2017.

U.S. Department of Education, **Policy and Program Studies Service**   **18**

Communication and Transportation

Access to Internet and Computer Devices

Broadband

Based on data collected from [Broadbandnow](#), there are 221 broadband providers in Florida; however, 6 percent of the population in Florida is underserved, without adequate access to broadband internet. Throughout the state, **464,000** people lack access to a wired connection capable of 25mbps download speeds, and **280,000** people statewide do not have any wired internet providers available where they live.[xxiv] Within the Monroe County School District Head Start service area, the access rate is 97%.
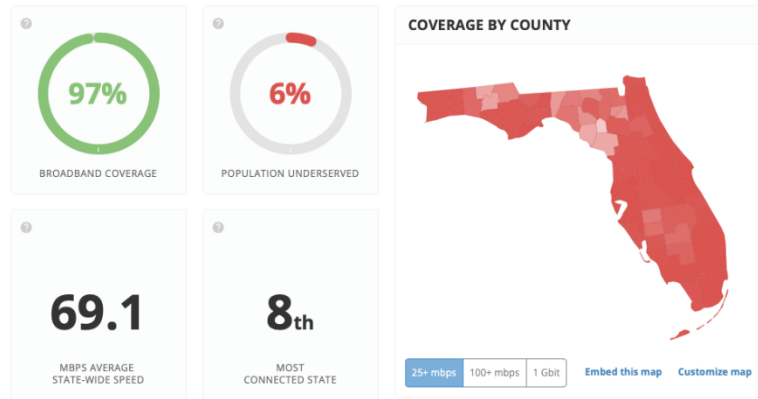
Figure 27: Broadband Coverage in Florida (2017)

Note: The darker red color on the map in Fig 27 denotes counties where a higher proportion of the population has access to 25+ mbps coverage.

Internet Subscription

According to census data, in Florida and Monroe County, 7.8 and 5.8 percent of households, respectively, have a cellular data plan, but no other internet access, and 18.8 and 18.6 percent of all households, correspondingly, do not have an internet subscription (Fig 28).
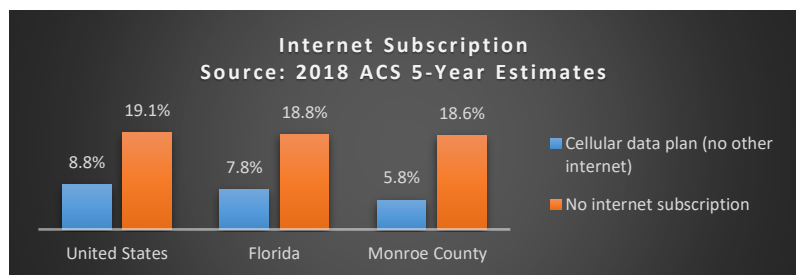
Figure 28: Internet Subscription (2018 ACS 5-Year Estimates)

Computer Device Ownership

Census data indicate that in the United States, Florida, and Monroe County, 11.2, 10.2, and 8.5 percent of households, in the order already mentioned, do not own a computer device.
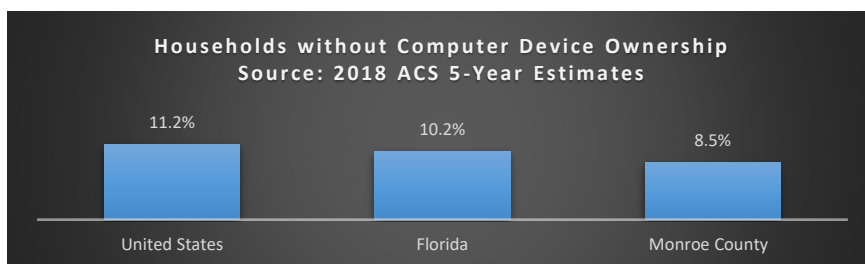
Figure 29: Households without Computer Device Ownership (2018 ACS 5-Year Estimates)

Vehicle Ownership

Based on census data, of the more than 7.6 million households in occupied housing units in Florida, 493,915, or 6.5 percent do not own a vehicle. In Monroe County, 7.1 percent of the households in occupied housing units do not own a vehicle. Table 31 shows the number of households and vehicle availability.

Household in Occupied Housing Units: Vehicle Access Source: 2018 ACS 5-Year Estimates						
	Total	**No vehicle**	**1 vehicle**	**2 vehicles**	**3 vehicles**	**4 or more vehicles**
United States	119,730,128	10,424,934	39,465,263	44,675,769	17,226,039	7,938,123
Florida	7,621,760	493,915	3,063,582	2,921,330	851,072	291,861
Monroe County	30,982	2,192	13,604	11,577	2,645	964

Households without Vehicle Ownership
Source: 2018 ACS 5-Year Estimates

United States 8.7% · Florida 6.5% · Monroe County 7.1%

Table 31: Households Vehicle Ownership (2018 ACS 5-Year Estimates)

Public Transportation

The following is a list of public transportation resources in the United States and Monroe County:

The search engine US Bus Station provides information about bus routes, bus stops and bus companies per state and county.

The American Transportation Association offers information on *Larger Transit Agencies, All Transit Agencies & Local Links (by County & City), Rail, Ferry, Statewide, Intercity & Regional.*

Transportation is available to the public, but predominantly to seniors and individuals with special needs for medical appointments. The Florida Senior Safety Resource Center offers information about different types of available transportation for the public and others.

Monroe County Transportation operates a network of transportation within the county for the elderly, disabled and transportation-disadvantaged citizens.

Local Key West Transportation

Disabilities

Florida Department of Education

According to the Florida Department of Education, during the 2018-19 school year, more than 400,000 children were enrolled in Programs for Exceptional Students (excluding gifted students), of which 1,465 students were in Monroe County (Table 32).[xxv] In both Florida and Monroe County, the majority of students, 37.5 percent and 49 percent, have a specific learning disability.

Exceptional Student Data by Exceptionality School Year 2018-19 Source: Florida Department of Education				
	Florida		**Monroe County**	
Total Disabilities	401,213	14.1%	1,465	16.8%
SPECIFIC LEARNING DISABILITY	150,568	37.5%	718	49.0%
SPEECH IMPAIRED	48,087	12.0%	135	9.2%
AUTISM SPECTRUM DISORDER	43,573	10.9%	137	9.4%
LANGUAGE IMPAIRED	42,972	10.7%	35	2.4%
OTHER HEALTH IMPAIRED	42,635	10.6%	135	9.2%
INTELLECTUAL DISABILITY	25,002	6.2%	80	5.5%
DEVELOPMENTALLY DELAYED	22,757	5.7%	113	7.7%
EMOTIONAL/BEHAVIORAL DISABILITY	14,152	3.5%	87	5.9%
DEAF OR HARD OF HEARING	4,307	1.1%	15	1.0%
HOSPITAL/HOMEBOUND	2,651	0.7%	*	
ORTHOPEDICALLY IMPAIRED	2,394	0.6%	*	
VISUALLY IMPAIRED	1,329	0.3%	*	
TRAUMATIC BRAIN INJURED	500	0.1%		
DUAL-SENSORY IMPAIRED	92	0.0%		
ESTABLISHED CONDITIONS	194	0.0%		
* Data is not disclosed when number of students is less than 10.				

Table 32: Special Education (2018-19)

Exceptional Student Education: Preschool Data

The Monroe County School District provides a comprehensive and interactive data tool, allowing users to examine the number of children receiving Exceptional Student Education by school and grade.

Of the 519 students enrolled in pre-kindergarten in nine schools, 156 students receive Exceptional Student Education (Fig 30).
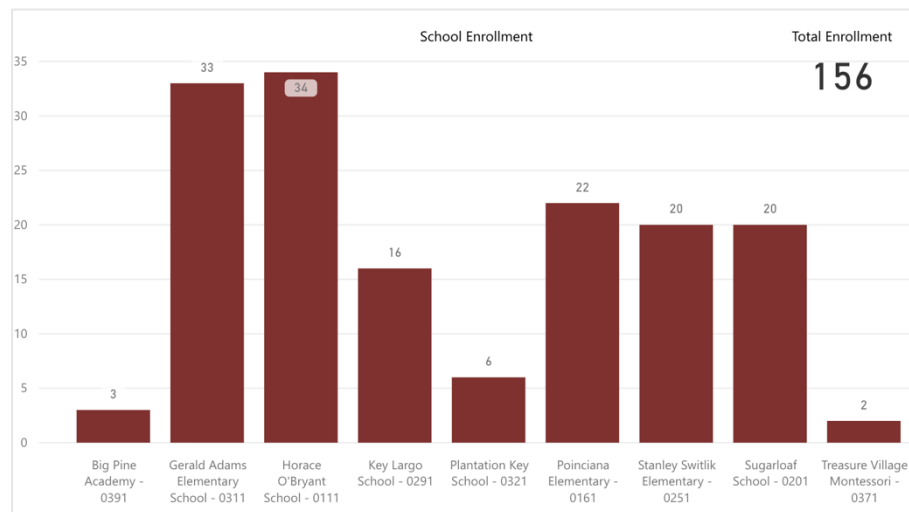
Figure 30: Pre-K Children Enrolled in ESE in Monroe County Schools (2019-20)

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.[xxvi] Based on data collected from the IDEA Data Center, more than a 15,600 infants and toddlers, ages 0 to 3, were served by early intervention programs in Florida, accounting for 2.3 percent of the birth through age 2 population. In the U.S. and outlying areas, 3.3 percent of the population, ages 0 through 2, is served under IDEA, Part C programs (Table 33).[xxvii]

IDEA Part C: Early Intervention, Ages 0-2 (2017-18) Source: IDEA					
	Birth to 1 year	1 to 2 years	2 to 3 years	Total served birth through 2 years	Percentage of population,[1] birth through 2 years (%)
U.S. and Outlying Areas	49,307	120,876	218,511	388,694	3.3
Florida	1,557	4,468	9,591	15,616	2.3
1 Percentage of population = Number of infants and toddlers, birth through age 2, served under IDEA, Part C, divided by the estimated U.S. resident population, birth through age 2, multiplied by 100.					

Table 33: IDEA Part C: Early Intervention, Ages 0-2 (2017-18)

As reported by the IDEA Data Center, during the 2017-2018 school year, more than 39,000 children, ages 3 to 5, received special education assistance in Florida. The majority of children received special education for a speech or language impairment, followed by developmental delay and autism (Table 34).

IDEA Part B: Assistance for All Children with Disabilities, Ages 3-5 (2017-18) Source: IDEA		
	U.S., Outlying Areas	**Florida**
All disabilities	773,595	39,862
Autism	83,307	3,737
Deaf-blindness	187	13
Developmental delay	287,486	21,100
Emotional disturbance	2,644	63
Hearing impairments	8,525	427
Intellectual disabilities	13,450	528
Multiple disabilities	7,580	-
Orthopedic impairments	5,141	208
Other health impairments	24,807	696
Specific learning disabilities	8,675	81
Speech or language impairments	328,051	12,874
Traumatic brain injury	1,114	26
Visual impairments	2,628	109

Table 34: IDEA Part B: Assistance for Children with Disabilities, Ages 3-5 (2017-18)

The **Individuals with Disabilities Education Act (IDEA)** is a law that makes available a free, appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.

Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under **IDEA Part C.** Children and youth, ages 3 through 21, receive special education and related services under **IDEA Part B**.

https://sites.ed.gov/idea/about-idea/

Lastly, of the more than 6 million children ages 6-21 receiving special education in the United States and outlying areas, 349,764 are served in Florida's public schools (Table 35).

IDEA Part B: Assistance for All Children with Disabilities (Ages 6-21) Source: IDEA	
	All disabilities
U.S., Outlying Areas, and Freely Associated States	6,130,637
Florida	349,764

Table 35: IDEA Part B: Assistance for All Children with Disabilities, Ages 6-21 (2017-18)

Health and Wellness

Leading Causes of Death

According to data gathered from the Department of Health: Florida Health Charts, Florida's death rate for all causes in 2018 was 679.4 per 100,000 residents; in Monroe County the death rate for all causes was lower, 625.5. Compared with Florida, Monroe County had higher rates for external causes and digestive diseases (Table 36). The top two leading causes of death in Florida and Monroe County were cardiovascular diseases and cancer.[xxviii]

	Florida	Monroe County
Total Deaths	679.4	625.5
Cardiovascular Diseases	204.4	187.9
Malignant Neoplasm (Cancer)	146.2	126.1
External Causes	77.3	88.5
Other Causes (Residual)	75.5	73.2
Respiratory Diseases	60.7	42.9
Nervous System Diseases	28.4	28.8
Nutritional and Metabolic Diseases	22.2	15.1
Infectious Diseases	15.5	10.8
Digestive Diseases	14	29.8
Symptoms, Signs & Abnormal Findings	10.6	6.9

Table 36: Selected and Leading Causes of Death by Rate per 100,000 Residents (2018)

Health Insurance

Based on U.S. Census data, 9.4 percent of the United States civilian noninstitutionalized population lacks health insurance. Florida and Monroe County report an even higher percentage of the population that lacks health insurance, between 13.5 and 17.8 percent, respectively (Fig 31).

In Florida and Monroe County, 5.6 and 6.6 percent of the children under the age of 6, correspondingly, and 7.6 and 10.2 percent of children under the age of 19, respectively, lack health insurance.
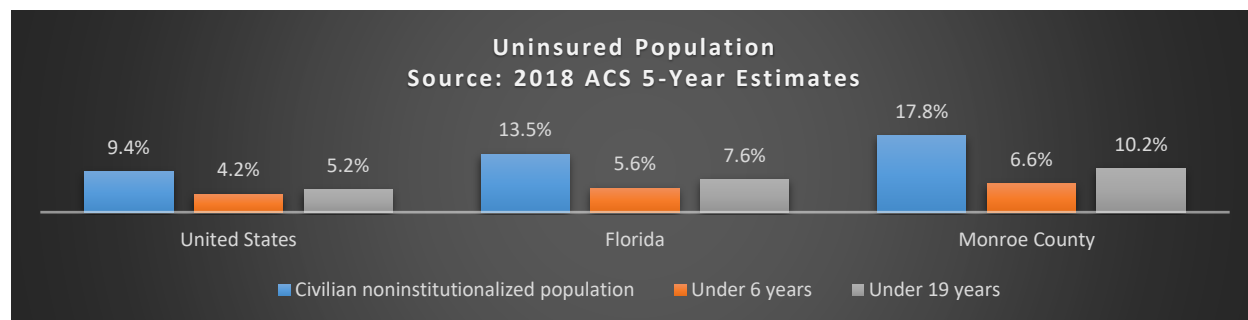
Figure 31: Health Insurance Coverage (2018 ACS 5-Year Estimates)

County Health Rankings

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]

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 ranks 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.

Florida's premature death rate (the years of potential life lost before age 75 per 100,000 residents) is 5,400. Of the 67 counties in Florida, Monroe County ranks 8th in Health Outcomes with a premature death rate of 8,200. Table 37 provides information on select health outcomes and health factors for Monroe County and Florida. Each item is hyperlinked to the original source for additional explanation and data source.

County Health Rankings (2019) Source: https://www.countyhealthrankings.org/	Florida	Monroe County
Health Outcomes		8
Premature death	5,400	8,200
Poor or fair health	12%	14%
Poor physical health days	3	3.8
Poor mental health days	3.1	3.7
Low birthweight	6%	7%
Health Factors		11
Health Behaviors		12
Adult smoking	14%	16%
Adult obesity	26%	22%
Food environment index	8.7	7.9
Physical inactivity	19%	22%
Access to exercise opportunities	91%	100%
Excessive drinking	13%	26%
Alcohol-impaired driving deaths	13%	27%
Sexually transmitted infections	152.8	282.6
Teen births	14	19
Clinical Care		35
Uninsured	6%	20%
Primary care physicians	1,050:1	1,340:1
Dentists	1,260:1	1,750:1
Mental health providers	310:01:00	500:01:00
Preventable hospital stays	2,765	4,138
Mammography screening	49%	36%
Flu vaccinations	52%	34%
Physical Environment		7
Air pollution - particulate matter	6.1	8
Drinking water violations		No
Severe housing problems	9%	26%
Driving alone to work	72%	69%
Long commute - driving alone	15%	18%

Table 37: County Health Rankings (2019)

Obesity

According to *The State of Obesity: Better Policies for a Healthier America 2018,* Florida has the 27th highest adult obesity rate in the nation, at 30.7 percent.[xxx] Highest rates of obesity were seen for those ages 45-64 (36.2 percent), particularly among black/African American residents (36.3 percent).

The report also found that in 2017, 10.9 percent of Florida's high school students were obese or overweight, which ranks Florida 8th in the nation. Per the 2019 report, in 2014, 12.7 percent of 2- to 4-year-olds from low-income families were obese, ranking the state 34th in the nation, and in 2017-18, 17.8 percent of children, ages 10 to 17, were obese, ranking Florida 8th in the nation.

A different source, the Florida Department of Health, Division of Public Health Statistics and Performance Management, reports that in 2018, 27.1 percent of WIC children, age 2 and older, in Florida, are overweight or obese. In Monroe County, 25.9 percent of WIC children, age 2 and older, are overweight or obese.[xxxi]

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. As of 2017, 84.9 percent of children, ages 2 to 17, visited the dentist in the past year, approximately 64 percent of adults, ages 18 to 64, and 65.6 percent of adults 65 and over, visited a dentist in the past year.[xxxii]

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 nonpoor children. [xxxiii]

According to the Dental Service Profile provided by the Medicaid Data Analytics Data Science Unit of the [Agency for Health Care Administration – MyFlorida](), during the fiscal year July 2017 through June 2018, in Florida more than 1.5 million children, ages 2 to 21, who are Florida Medicaid recipients were eligible for dental services. Of this eligible population, 3,053 were in Monroe County. In Florida and Monroe County 755,818 (49 percent) and 918 (30 percent) recipients, respectively, received at least one dental visit (Table 38).[xxxiv]

Florida Medicaid: Data Visualization Series Program Profiles: Managed Care - Dental Services (Children Ages 2 - 21) for SFY July 2017 - June 2018			
Source: Agency for Health Care Administration - MyFlorida			
		Population receiving services	
	Eligible population		Dental visits
Florida	1,551,734	49%	755,818
Monroe County	3,053	30%	918

Table 38: Dental Services (Children Ages 2 - 21) (June 2018)

Maternal and Infant Health Data

Fertility/Birth Rates

According to U.S. Census data, almost 4 million women, ages 15 to 50, gave birth in the United States in the past 12 months (2018 5-year Estimates), a birth rate of 52 per 1,000 women. In Florida and Monroe County, more than 220,000 and 713 women, ages 15 to 50, respectively, gave birth in the past 12 months, birth rates of 48 and 46, correspondingly (Table 39).

Birth Rate per 1,000 Women by Age Source: 2018 ACS 5-Year Estimates					
	Women with births in the past 12 months	Ages 15-50	Ages 15-19	Ages 20-34	Ages 35-50
United States	3,995,512	52	14	90	27
Florida	221,761	48	12	83	26
Monroe County	713	46	26	90	15
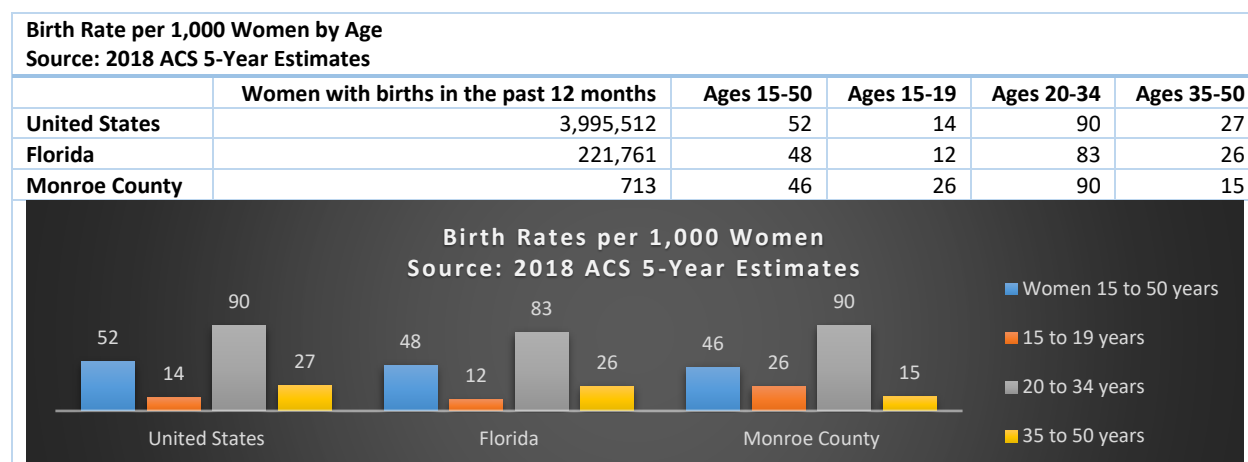
Table 39: Birth Rates per 1,000 Women (2018 ACS 5-Year Estimates)

NOTE: Census estimates report on the number of women who gave birth in the past 12 months, while the 2018 ACS 5-Year Estimates report on the average of five years from 2013 to 2017.

Teen Pregnancy

According to the Department of Health State of Florida (Florida Health Charts), Florida's teen birth rate for girls, ages 14-19, in 2018 was 16.7 (per 1,000 teens) and the rate was 11.5 in Monroe County, both down slightly from the rates in 2017 (Table 40).

Births by Mothers' Age, Ages 14-19 Source: FLHealthCharts.com				
	2018		**2017**	
	Count	Rate	Count	Rate
Florida	9,828	16.7	10,709	18.5
Monroe County	20	11.5	20	11.8

Table 40: Teen Births (2017-18)

Prenatal Health Care

Based on data retrieved from the Department of Health State of Florida (Florida Health Charts), in Florida and Monroe County, 2.3 and 2.4 percent of women who gave birth in 2018, respectively, did not receive prenatal health care (Table 41).

Prenatal Health Care, 2018 Source: FLHealthCharts.com				
	Florida		**Monroe County**	
	Count	Percent	Count	Percent
None	4,492	2.3	17	2.4
Unknown	22,018	9.9	20	2.8

Prenatal Health Care, 2018 Source: FLHealthCharts.com				
	Florida		Monroe County	
	Count	Percent	Count	Percent
First	152,514	76.5	553	79
Second	32,800	16.4	115	16.4
Third	9,684	4.9	15	2.1

Table 41: Prenatal Health Care (2018)

Low Birthweight Babies

According to data obtained through the Department of Health State of Florida (Florida Health Charts), of the 221,508 live births in 2018 in Florida, more than 19,000 were born with a low birthweight (8.7 percent) and more 3,500 with a very low birthweight (1.6 percent). In Monroe County, 52 infants were born with a low birthweight, and 7 infants were born with a very low birthweight (Table 42).

Low birthweight is defined as less than 2500 grams or 5 1/2 pounds. It is also common to classify low birthweight births into **moderately low birthweight** (1500-2499 grams) and **very low birthweight** (less than 1500 grams or 3 1/3 pounds). These classifications are useful because they often correspond to clinical characteristics - increasing morbidities or illnesses with decreasing birthweight. Babies born too small are often born too soon. While the causes of low birthweight and preterm birth may be different in some cases, there is significant overlap within these populations of infants. https://www.marchofdimes.org/peristats/Peristats.aspx

Live Underweight Births, 2018 Source: FLHealthCharts.com					
	Total births	Low (- 2500 grams / 5.5 pounds)		Very low (- 1500 grams / 3.3 pounds)	
		Number	Rate (per 1,000 infants)	Number	Rate (per 1,000 infants)
Florida	221,508	19,271	8.7	3,537	1.6
Monroe County	720	52	7.2	7	1

Table 42: Babies with Low Birthweight (2018)

Prenatal Substance Exposure

According to Florida Health 1,503 infants were born with neonatal abstinence syndrome (NAS) in 2017, a rate of 67.22 per 10,000 births (Table 43). [xxxv] There were no births with NAS reported for Monroe County, as less than five births are not reported to prevent possible identification.

Births of Infants with Neonatal Abstinence Syndrome (2017) Source: FloridaHealth.gov		
	Number	Rate/10,000 Live Births
Florida	1,503	67.22
Monroe County	*	*

Neonatal Abstinence Syndrome (NAS): A group of conditions caused when a baby withdraws from certain drugs he's exposed to in the womb before birth.

Neonatal Abstinence Syndrome (NAS) Counts and Rates, by County, 2014-2017, Florida

NAS Counts
(State Count = 5,954)
- 5 - 49
- 50 - 136
- 137 - 334
- 335 - 572

NAS Rate (per 10,000 live births)
(State Rate = 66.7)
- 3.6 - 44.7
- 44.8 - 80.2
- 80.3 - 132.0
- 132.1 - 310.0
- *Less than 5 cases
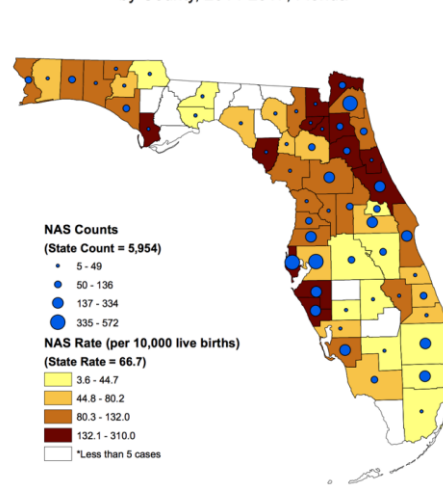
* Counts and rates suppressed for counties with fewer than 5 cases to prevent possible identification of cases
Table 43: Infants Born with NAS (2017)

Infant Mortality

According to data obtained from the Department of Health State of Florida (Florida Health Charts), in 2018 there were 1,334 infant deaths (a rate of 6 infants per 1,000 live births), of which 892 were neonatal and 442 were post-neonatal infant deaths (Table 44). The infant mortality rate in Monroe County was 4.2 per 1,000 live births, accounting for 3 infant deaths.

Infant Mortality, 2018
Source: FLHealthCharts.com

		Infant	Neonatal	Post neonatal
Florida	**Count**	1,334	892	442
	Rate	6.0	4	2
Monroe County	**Count**	3	1	2
	Rate	4.2	1.4	2.8

Table 44: Infant Mortality Count and Rate per 1,000 Live Births (2018)

Infant Mortality is the death of a live-born baby before the 1st birthday.

Neonatal Mortality is the death of a live-born baby before the 28th day of life.

Post-Neonatal Mortality is the death of a live-born baby from the 28th day of life to the 1st birthday.

Nutrition

Supplemental Nutrition Assistance Program (SNAP)

As of January 2020, Florida was home to nearly 1.5 million households (2.7 million individuals) that receive food stamps, of which 3,354 households (5,184 individuals), reside in Monroe County (Table 45).[xxxvi]

Food Stamp Clients (January 2020) Source: Florida Department of Children and Families		
	Households	**Individuals**
Florida	1,489,407	2,718,772
Monroe County	3,354	5,184

Table 45: Food Stamp Clients (January 2020)

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. As of October 2019, average monthly WIC participation in Florida reached 407,764. Approximately one-half of WIC recipients in Florida are children (206,418), and one-quarter each are women (98,020) and infants (103,326).[xxxvii]

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 2018-19 school year, 39.3 percent of students in Florida and 57 percent of students in Monroe County schools, were eligible for free or reduced-price meals (Table 46).[xxxviii]

National School Lunch Program Free and Reduced-Price Eligibility Report (2018-19) Source: fldoe.org				
	Total Members	**#Free**	**#Reduced-Price**	**Percent Free / Reduced**
Florida	2,846,857	973,768	145,142	39.3%
Monroe County	8,579	4,762	126	57.0%

Table 46: National School Lunch Program Report (2018-19)

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 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 *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., nearly one in five children live in a household in which they do not always know where they will find their next meal.

An estimated 12.5 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 17 percent (Fig 32).[xxxix] In Florida 13.4 percent of the total population lives without access to enough and nutritious foods. The food insecurity rate for children is even higher, 20.4 percent, which accounts for 854,880 children (Fig 33).
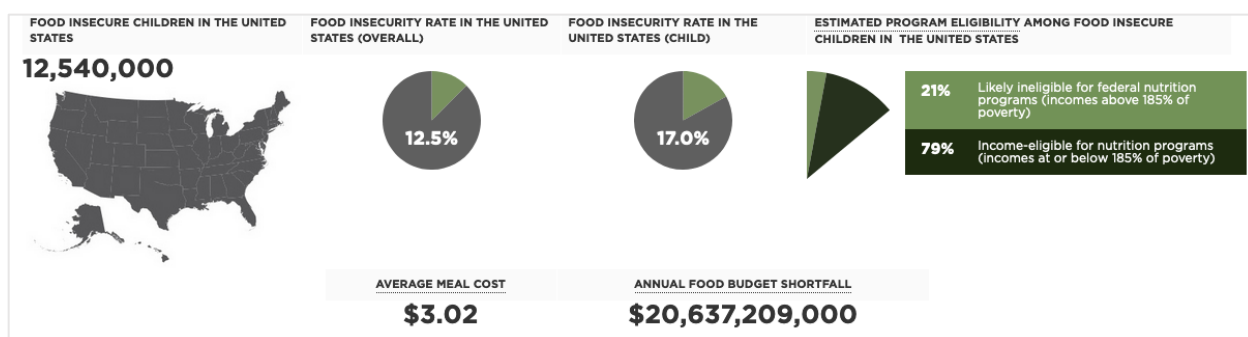
Figure 32: Food Insecurity in United States (2017)
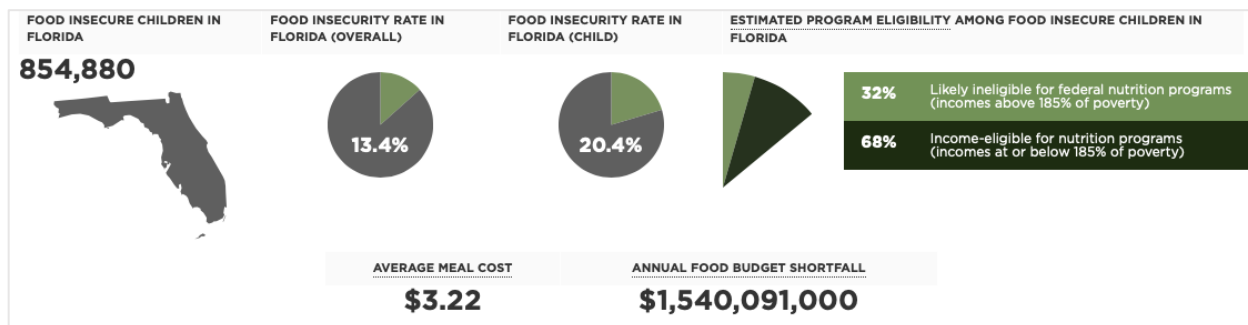
Figure 33: Food Insecurity in Florida (2017)

The overall food insecurity rate in Monroe County is 11.4 percent, and the child food insecurity rate is 17.9 percent. The estimated number of food-insecure children in Monroe County is 2,080 (Table 47). [xl]

AVERAGE MEAL COST: The national average dollar amount food-secure people report spending per week on food, as estimated in the Current Population Survey (CPS), divided by 21 (assuming three meals eaten per day). This number is then adjusted by the cost-of-food index.

	Food insecurity rate (full pop)	Child food insecurity rate	Estimated number of food insecure children
Florida	13.4%	20.4%	854,880
Monroe County	11.4%	17.9%	2,080

Table 47: Food Insecurity in Monroe County (2017)

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.[xli]

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:

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)
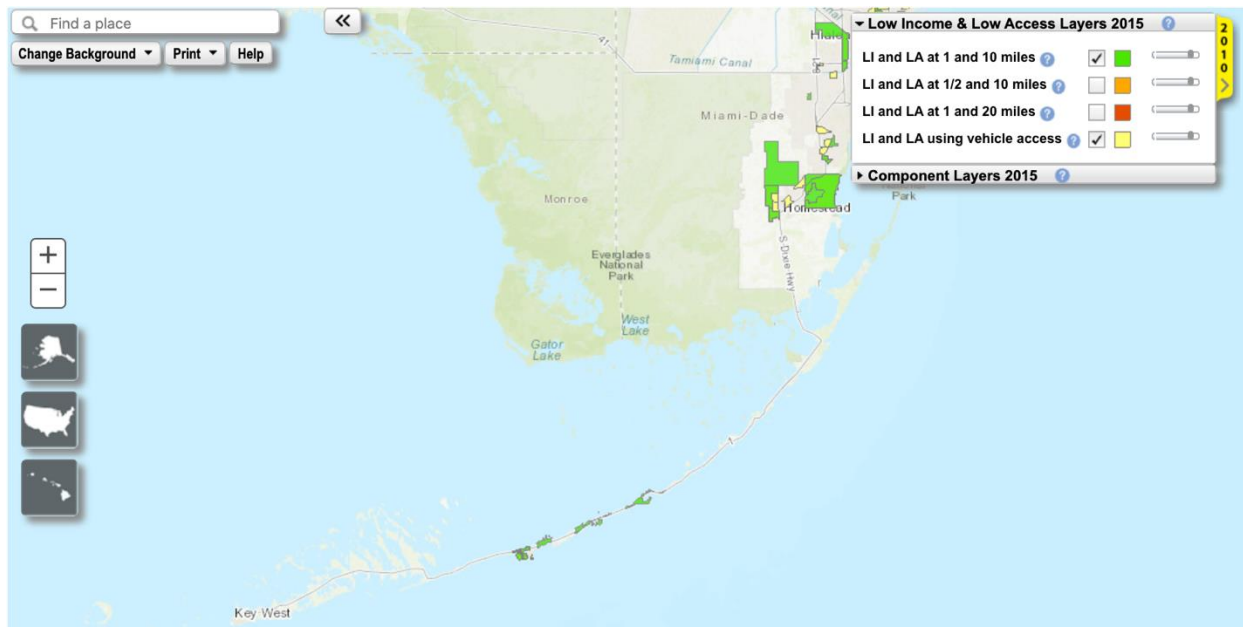
On the following map, areas shaded in **green** are low-income census tracts where a significant number or share of residents is more than **1 mile (urban) and 10 miles (rural)** from the nearest supermarket.

Areas shaded in **yellow** are low-income census tracts where a significant number of households have **low vehicle access or** a significant number or share of residents are **more than 20 miles from** the nearest supermarket.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are a significant risk factor for substance use disorders and can impact prevention efforts. Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse. (https://www.samhsa.gov/)

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
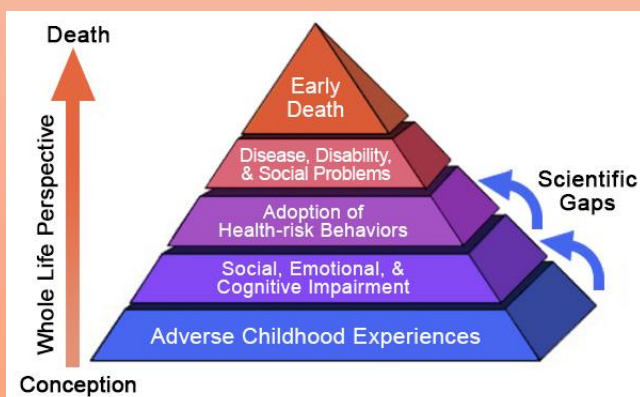
Safety and Crime

According to the Florida Department of Law Enforcement, in 2018 there were 567,166 crimes in Florida, of which 1,925 were in Monroe County (Table 48). In Florida and Monroe County, larceny was the most committed crime, followed by burglary (Fig 34).[xlii]

Reported Crimes by Type of Crime 2018 Source: Florida Department of Law Enforcement							
	Total Index Crimes	**Murder**	**Rape**	**Robbery**	**Aggravated Assault**	**Burglary**	**Larceny**	**Motor Vehicle Theft**
Florida	567,166	1,107	8,436	16,862	55,491	71,801	372,350	41,119
Monroe County	1,925	2	29	23	210	187	1,350	124

Table 48: Number of Reported Crimes by Type of Crime (2018)
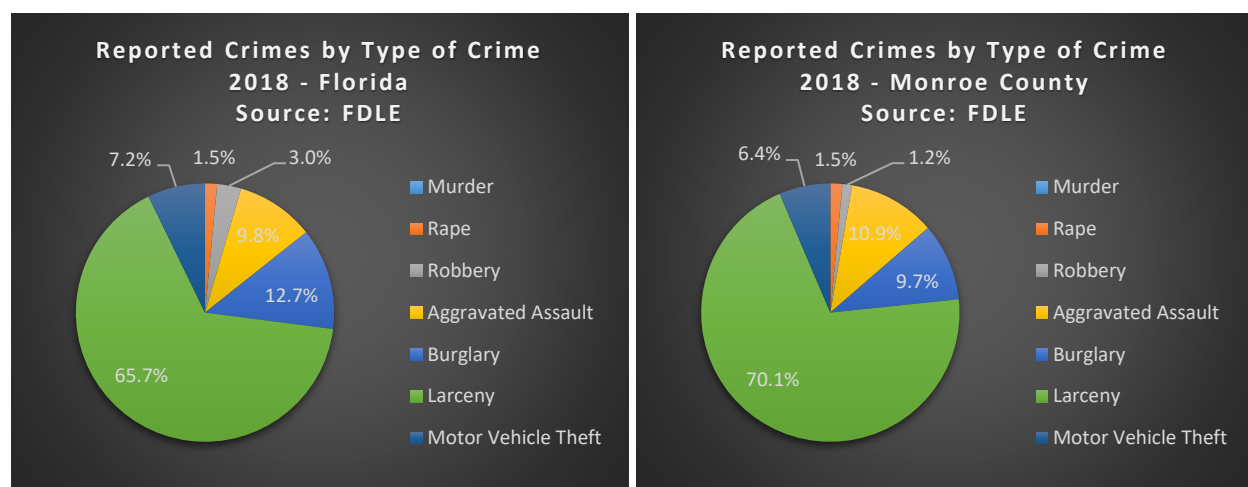
Figure 34: Reported Crimes by Type of Crime (2018)

Prevalence of Drug and/or Alcohol Abuse

Drug and alcohol related deaths data from CDC Wonder, a system for disseminating Public Health data and information, documented 4,925 drug-induced deaths in Florida in 2018, of which 14 were in Monroe County. Additionally, in Florida there were 2,861 alcohol-induced deaths, of which 36 were in Monroe County. [xliii]

Opioid Epidemic

According to data gathered from the Centers for Disease Control and Prevention (CDC), the rate of retail opioid prescriptions dispensed per 100 persons in 2017 in Florida was 60.9; the rate in Monroe County was higher, 74.3 prescriptions per 100 persons (Fig 35).[xliv]

Figure 35: Opioid Prescription Rates (2017)

Figure 36: Opioid Overdose Death Rate (2017)

According to the Florida Drug-Related Outcomes Surveillance and Tracking System (FROST), the number of opioid-caused deaths in Florida in 2017 was 3,245, of which synthetic opioids, other than methadone, caused 2,126 deaths. [xlv] Deaths caused by synthetic opioids (other than methadone) sharply increased between 2015 and 2016 (Fig 36).

The Florida Drug-Related Outcomes Surveillance and Tracking System (FROST*)* is a diverse multidisciplinary group of health outcomes researchers, epidemiologists, forensic toxicologists, pharmacists, physicians, data analysts and demographers, whose goal is to advance the scientific knowledge necessary to promote population health and combat the misuse, abuse and diversion of prescription drugs in Florida.

The *[Washington Post](#)* has gained access to the *database maintained by the Drug Enforcement Administration that tracks the path of every single pain pill sold in the United States, by manufacturers and distributors to pharmacies in every town and city*. Based on the data of the DEA, the *Washington Post* has created public access to the aforementioned data. According to the data retrieved from the *Washington Post* dashboard, from 2006 to 2012, more than 6.8 billion pills were supplied to residents in the state of Florida, of which more than 36 million were supplied in Monroe County, enough for 55 pills per person, per year. The map to the right shows the 2006-12 yearly averages of the number of pills distributed per person, per year, by county (Fig 37).

Number of pills distributed per person, per year
Average yearly total, by county, 2006 through 2012

0   75   150+ pills
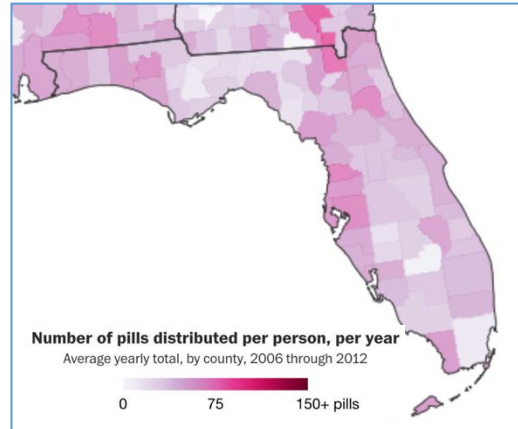
Figure 37: Number of Pills Distributed per Person (2006-12)

The largest distributor of pain pills in Florida and Monroe County was Walgreen Co., and the top manufacturer of pills was Actavis Pharma, Inc. The figure below also shows the pharmacies for Florida and Monroe County with the highest distribution of pain pills.

Distributors
Top five, from 2006 to 2012, in Florida.
Walgreen Co — 1,431,749,690 pills
Cardinal Health — 917,616,775
McKesson Corporation — 709,962,680
CVS — 509,856,900
AmerisourceBergen Drug — 389,120,625
Download distributor data for Florida
Get chart as image

Manufacturers
Top five, from 2006 to 2012, in Florida.
Actavis Pharma, Inc. — 2,253,414,770 pills
SpecGx LLC — 2,019,105,288
Par Pharmaceutical — 565,270,436
Amneal Pharmaceuticals LLC — 173,007,705
Purdue Pharma LP — 172,558,847
Download manufacturer data for Florida
Get chart as image

Pharmacies
Top five, from 2006 to 2012, in Florida.
WALGREENS MAIL SERVICE, INC., ORLANDO — 62,926,800 pills
PMSI, LLC, TAMPA — 26,253,800
AETNA RX HOME DELIVERY LLC, PLANTATION — 20,518,060
J & H STORES INC, FT LAUDERDALE — 17,513,180
MEDIPHARM-RX, INC, TAMPA — 15,598,680
Download pharmacy data for Florida
Get chart as image

Distributors
Top five, from 2006 to 2014, in Monroe County, Florida.
Walgreen Co — 9,800,040 pills
Cardinal Health — 8,651,650
McKesson Corporation — 7,271,080
CVS — 5,842,700
Publix Super Markets, Inc. — 2,195,530
Download distributor data for Monroe County, Florida
Get chart as image

Manufacturers
Top five, from 2006 to 2014, in Monroe County, Florida.
Actavis Pharma, Inc. — 12,881,650 pills
SpecGx LLC — 12,052,400
Par Pharmaceutical — 5,679,040
Amneal Pharmaceuticals LLC — 1,688,000
Purdue Pharma LP — 1,201,120
Download manufacturer data for Monroe County, Florida
Get chart as image

Pharmacies
Top five, from 2006 to 2014, in Monroe County, Florida.
WALGREEN CO., KEY WEST — 4,275,540 pills
WALGREEN CO., MARATHON — 3,565,120
DNCA, KEY WEST — 2,609,110
HOLIDAY CVS, L.L.C., KEY WEST — 2,602,500
HOLIDAY CVS, L.L.C., BIG PINE KEY — 2,461,100
Download pharmacy data for Monroe County, Florida
Get chart as image

Figure 38: Florida and Monroe County: Prescribed Pain Pills by Distributors, Manufacturers, and Pharmacies (2006-2012)

Child Abuse and Neglect

Fostering Court Improvement is a nonprofit 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 to facilitate discussions among local decision makers and organizations.

Florida is one of 11 states that make their child welfare data accessible to the general public. Based on data collected, from October 2017 to September 2018, in Florida more than 314,000 children were subjects of maltreatment reports, of which 75.9 percent were subjects of maltreatment investigations. During this period, more than 33,000 victim reports were documented. In Monroe County, 802 children were subjects of maltreatment reports, of which 79.6 percent were subjects of maltreatment investigations, resulting in 89 victim reports (Table 49).[xlvi]

Children Subjects of Maltreatment Reports (duplicated) (October 2017 - September 2018) Source: http://fosteringcourtimprovement.org/							
	Maltreatment		**Victim Reports**				
	Reports	**Investigations**	**Total**	**Neglect**	**Physical Abuse**	**Sexual Abuse**	**Other Abuse**
Florida	314,137	238,509 (75.9%)	33,059	17,260	2,168	2,261	11,370
Monroe County	802	638 (79.6%)	89	54	8	5	22

Table 49: Children Subjects of Maltreatment Reports (2017-18)

Foster Care

Children in foster care are categorically eligible for Head Start services, regardless of the foster families' incomes. Between April 2018 and March 2019, a total of 40,462 children were served in Florida, of which 152 were in Monroe County. The average daily number of children in foster care in Florida and Monroe County, was 24,364 and 91, respectively (Table 50).

Children Served in Foster Care (April 2018 - March 2019) Source: http://fosteringcourtimprovement.org/			
	Total Children Served	**Average Daily Children in Care**	**Rank**
Florida	40,462	24,364	N/A
Monroe County	152	91	24

Table 50: Children in Foster Care (4/2018-3/2019)

Child Removal: Victims of Maltreatment

Of the aforementioned 314,137 children who were subjects of maltreatment reports in Florida, 33,059 were classified as victims of maltreatment. Of those 33,059 victims of maltreatment, 12,291 (37.2 percent) were removed to foster care (Table 51). In Monroe County, 46.1 percent of all victims of maltreatment were removed to foster care.

Victim Reports in Foster Care October 2017 - September 2018 Source: http://fosteringcourtimprovement.org/						
	Victims Removed to Foster Care			**Victims Not Removed to Foster Care**		
	Number	**Percent**	**Rank**	**Number**	**Percent**	**Rank**
Florida	12,291/33,059	37.2	n/a	20,768/33,059	62.8	n/a
Monroe County	'41/89	46.1	16	'48/89	53.9	52

Table 51: Victim Reports in Foster Care (10/2017-11/2018)

Out-of-Home-Care

The Florida Department of Children and Families designed an interactive Children and Young Adults in Out-of-Home Care Dashboard, providing and up to date count of children in out-of-home care, including data on the gender, race and placement type.

Based on this data, as of February 2020, there were 67 children in out-of-home care, of which 59.7 percent were white. Two out of three were placed with a licensed foster care home (64.2 percent, and 22.4 percent were placed with an approved relative.
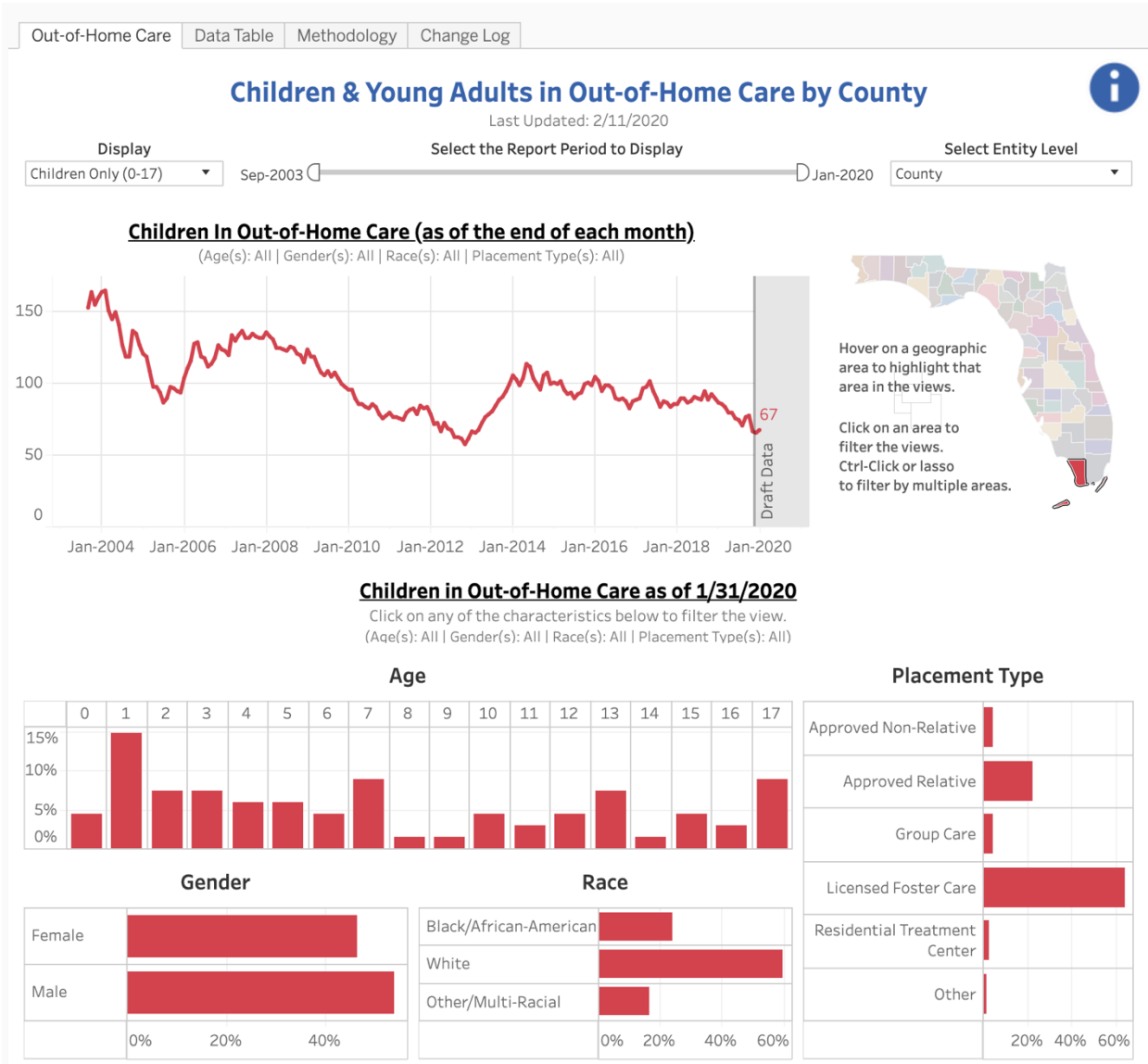
Figure 39: Children & Young Adults in Out-of-Home Care (2020)

Early Childhood Education Programs

Federal and/or State Funded Preschool Programs

Based on the 2018 State of Preschool report, issued by the National Institution for Early Education Research (NIEER), in the United States approximately 33 percent of 4-year-olds, and 5.7 percent of 3-year-olds are served in state-funded preschool programs in 2017-18.

From the Executive Summary: *The District of Columbia ranks first in access for both 3- and 4-year-olds, serving 73 percent of 3-year-olds and 85 percent of 4-year-olds. Three other states (Florida, Vermont, and Oklahoma) served more than 70 percent of 4-year-olds. And another six states served about half of all the state's 4-year-olds (Wisconsin, West Virginia, Iowa, Georgia, New York, and Texas). Conversely, 11 states enrolled less than 10 percent of 4-year-olds (Minnesota, North Dakota, Washington, Delaware, Nevada, Mississippi, Arizona, Alaska, Missouri, Montana, and Hawaii).*
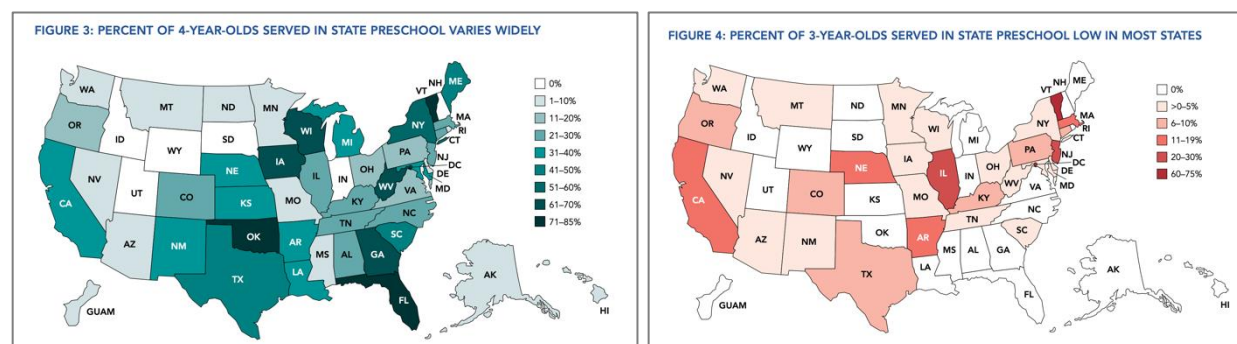
From the Executive Summary: *Alabama, Michigan, and Rhode Island met all 10 of NIEER's quality standards benchmarks. Six other states met nine benchmarks (Louisiana Maine, Mississippi, New Mexico, Oklahoma, and West Virginia). Twelve states met less than half of the quality standards benchmarks: Kansas (two programs), Pennsylvania, and Texas met four; Alaska, Arizona, District of Columbia, Pennsylvania, and Wisconsin met three; and California, Florida, and North Dakota met two. The District of Columbia falls short because charter schools serving a substantial part of the population (more than 50 percent) are not required to meet the district's preschool standards.*

FIGURE 5: CURRENT AND FORMER QUALITY STANDARDS BENCHMARKS

CURRENT STANDARD	CHANGE	FORMER STANDARD
Comprehensive Early Learning and Development Standards that are horizontally and vertically aligned, supported, and culturally sensitive	Enhanced	Comprehensive Early Learning Standards
Supports for Curriculum Implementation	New	None
Lead Teacher Degree (BA)	No change	Lead Teacher Degree (BA)
Lead Teacher Specialized Training in ECE/CD	No change	Lead Teacher Specialized Training in ECE/CD
Assistant Teacher Degree (CDA)	No change	Assistant Teacher Degree (CDA)
15 hours/year of professional development, annual individualized plans professional development plans, and coaching for lead and assistant teachers	Enhanced	Teacher-in-Service (15 hours/year)
Maximum Class Size (20)	No change	Maximum Class Size (20)
Staff-Child Ratio (1:10)	No change	Staff-Child Ratio (1:10)
Screenings & Referrals	Slight Change	Screenings & Referrals & 1 Support Service
None	Discontinued	Meals (At least 1)
Continuous Quality Improvement System	Enhanced	Monitoring (Site Visits at least once every five years)

Florida State Overview

Florida ranks 2nd for access and enrollment of 4-year-olds but does not serve any 3-year-olds. During the 2017-18 school year, programs enrolled 77 percent of all 4-year-old children. The state, however, is 41st in state spending, with per-child spending of only $2,177 and has met **only 2 of the current 10 quality standards benchmarks**. During the 2017-18 program year, 174,574 children were enrolled in pre-K programs, 21,749 in special education programs, and 32,888 in federally funded Head Start programs. Total state funding for the Florida Voluntary Prekindergarten program was $379,969,502.

Click for full size Florida State Profile
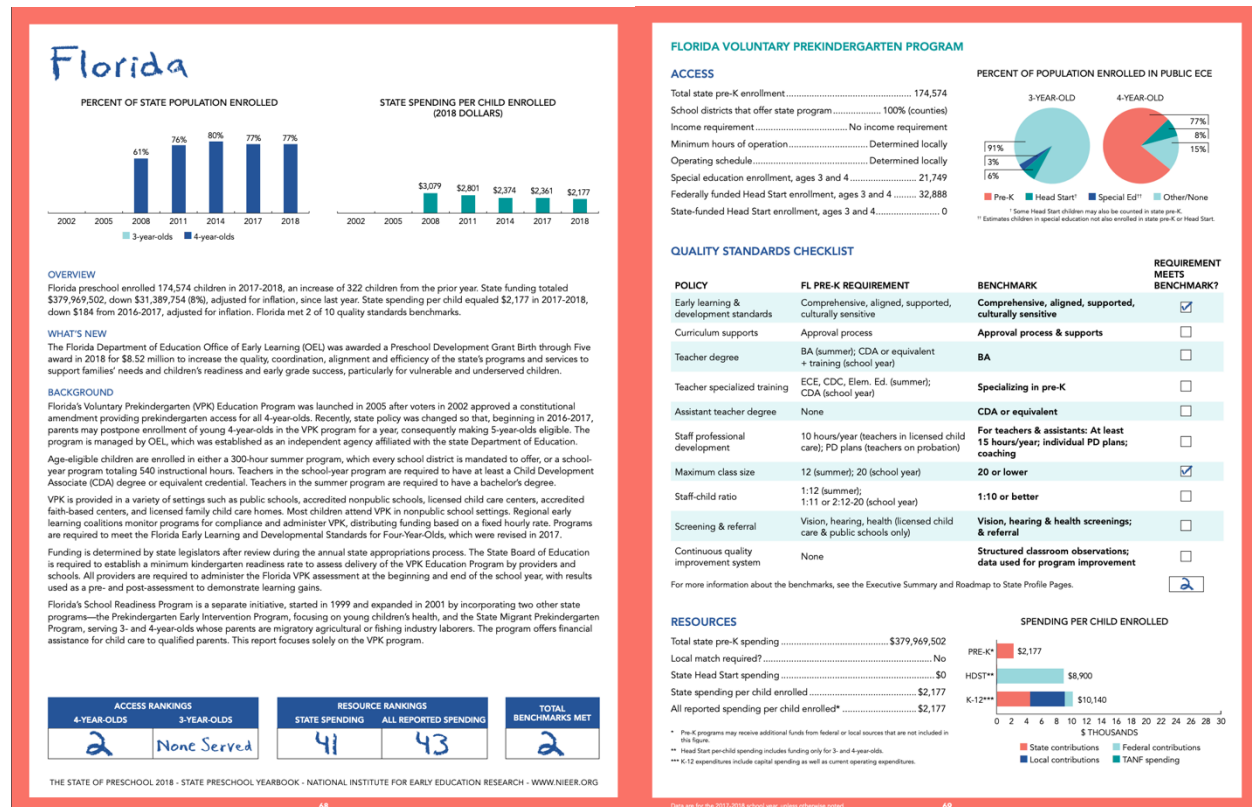
Voluntary Prekindergarten Education Program (VPK)

Based on data collected from Florida's Office of Early Learning (OEL), as of June 2018, Florida enrolled a total of 169,206 children in its Voluntary Prekindergarten (VPK) Education Program during the 2017-18 program year (*most recent data available as of January 2020*). Of the more than 169,000 children enrolled, 495 children were enrolled in Monroe County.[xlvii]

VPK Eligibility and Enrollment Data - 2017-2018 Program Year as of 06/2018 Source: Florida Office of Early Learning				
	Unpaid*	Paid*	Total Enrollments	Eligible Not Enrolled
Florida	130	169,067	169,206	7,262
Monroe County	0	495	495	29
Note: The "unpaid and paid enrollment" in Table 53 refers to whether the child care provider has received payment for the services or not. The program is free to all 4-year-olds, regardless of family income.				

Table 52: VPK Eligibility and Enrollment Data (2017-18)

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.

In Florida, the majority of children served in the VPK program are served by private centers, representing more than 132,000 children, followed by public schools, serving more than 35,000 children. In Monroe County, 211 VPK children were served in private centers and 295 in public schools (Table 53).

VPK Children Served by Provider Type - 2017-2018 Program Year as of 06/2018
Source: Florida Office of Early Learning

	Faith-Based Providers	Family Child Care Providers	Private Centers	Private Schools	Public Schools	Total Children Served
Florida	30,109	572	132,474	1,973	35,508	169,076
Monroe County	74	0	211	0	295	495

Table 53: VPK Children Served by Provider Type (2017-18)

Based on data provided in March 2020 by the Early Learning Coalition of Miami-Dade and Monroe Counties to program staff within the Monroe County School District Head Start Program, there are 24 private providers in Monroe County with a total VPK capacity of 659 slots (Table 54). As of August 20, 2019, a combined 472 VPK students were enrolled.

VPK Capacity and Enrollment: Private Providers in Monroe County (August 2020)
Source: Early Learning Coalition of Miami Dade and Monroe Counties

School	Address	VPK Capacity	Enrollment as of 8/20
Inez Martin Child Care Center	1100 VARELA ST, KEY WEST, FL 33040	20	20
Horace O'Bryant Elementary	1105 LEON STREET, KEY WEST, FL 33040	40	35
Sunbeam Christian School	1311 5TH ST, KEY WEST, FL 33040	20	6
Key West Preschool Cooperative, Inc.	2610 FLAGLER AVE, KEY WEST, FL 33040	20	11
Grace Lutheran School	2713 FLAGLER AVE, KEY WEST, FL 33040	40	16
Poinciana Elementary School	1407 KENNEDY DR, KEY WEST, FL 33040	40	60
NAS Child Development Center	V4187 ARTHUR SAWYER RD, KEY WEST, FL 33040	40	39
Gerald Adams Elementary	5855 COLLEGE RD, KEY WEST, FL 33040	100	46
Sugarloaf Elementary	255 CRANE BLVD, SUGARLOAF KEY, FL 33042	20	26
Banana Cabanna	22673 PIECES OF EIGHT RD, CUDJOE KEY, FL 33042	11	9
Big Pine Academy Early Learning Center	30070 POND LANE, BIG PINE KEY, FL 33043	20	25
Stanley Switlik Elementary	3400 OVERSEAS HWY, MARATHON, FL 33050	51	22
Grace Jones Community Center, Inc.	230 41ST ST GULF, MARATHON, FL 33050	11	8
Kreative Kids Christian Academy	4711 OVERSEAS HWY, MARATHON, FL 33050	11	13
Marathon Lutheran School	325 122ND ST. MARATHON, FL 33050	20	0
Treasure Village Montessori Charter	86731 OVERSEAS HWY, ISLAMORADA, FL 33036	20	18
St. James Children's Center	87500 OVERSEAS HWY, ISLAMORADA, FL 33036	22	21
Burton Memorial CDC	93001 OVERSEAS HWY, TAVERNIER, FL 33070	20	16
Dolphin Montessori Children's Inc, South	735 GROUPER LN, KEY LARGO, FL 33037	20	5
First Baptist Church Jack Hill Child Care	99001 OVERSEAS HWY, KEY LARGO, FL 33037	11	7
Montessori Academy of the Upper Keys	5 TRANSYLVANIA AVE, KEY LARGO, FL 33037	11	10
Key Largo School	104801 OVERSEAS HWY, KEY LARGO, FL 33037	60	43
Dolphin Montessori Children's House, Inc.	104960 OVERSEAS HWY, KEY LARGO, FL 33037	20	10
St. Justin's Martyr Preschool	105500 OVERSEAS HWY, KEY LARGO, FL 33037	11	6

Table 54: VPK Capacity and Enrollment: Private Providers in Monroe County (August 2020)

Florida Licensed Child Care Programs
Data from 2019 State Factsheet, which reflects 2018 calendar year data.

2019 State Child Care Facts in the State of: Florida

CHILD CARE NEED[1]

POPULATION	FLORIDA	UNITED STATES
Total residents	20,278,447	321,004,407
Children age birth to 4 years	1,104,729	19,839,997
Children age birth to 4 years living in poverty	267,394	4,390,252
Children age 5 to 11	1,587,467	28,709,244
Total families with children	1,814,365	33,469,709
Single parent families	657,775	10,802,250
Families in poverty	539,921	8,253,388

CHILDREN UNDER AGE 6 POTENTIALLY IN NEED OF CHILD CARE	FLORIDA	UNITED STATES
Children in two-parent families, both parents in labor force	437,223	8,708,721
Children in single-parent families, parent in the labor force	409,488	6,248,816
Total children under age 6 potentially needing child care	846,711	14,957,537

NUMBER OF WORKING MOTHERS	FLORIDA	UNITED STATES
With infants under one year	138,007	2,502,585
With children under age 6 only	301,150	5,538,989
With children age 6 to 17 only	860,968	14,854,271
With both children under age 6 AND children age 6 to 17	238,774	4,406,577
Married working mothers	808,993	15,867,548
Single working mothers	416,314	6,664,103

AVAILABILITY OF CHILD CARE[2]

SPACES IN CHILD CARE PROGRAMS	FLORIDA
Total spaces/slots	929,301
Percent of spaces in child care center programs*	78%
Percent of total spaces in licensed FCC homes	3%
Percent of total spaces in school-age care programs	4%
Percent of total spaces in other programs	15%
Percentage spaces/slots of licensed programs	
Percent of licensed spaces for infants	NR
Percent of licensed spaces for toddlers	NR
Percent of licensed spaces for preschool-aged children	NR
Percent of licensed spaces for school-aged children	NR

*Does not include school-aged programs

TYPES OF AVAILABLE CHILD CARE

TYPES OF CHILD CARE	FLORIDA
Number of center-based child care programs	7,382
Percent of centers nationally accredited	21%
Do faith-based programs need to be regulated?	Yes
Number of regulated faith-based programs	1,549
Number of family child care (FCC) homes	3,707
Percent of FCC homes nationally accredited	4%
Number of school-aged care programs	9,512
Percent of licensed programs with slots for school-aged children	74%
Percent of licensed programs with slots for ONLY school-aged children	4%
Number of other regulated child care centers	1,368
Number of other regulated FCC homes	1

CHILD CARE WORKFORCE

NUMBERS, INCOME, AND SUPPORT OF THE CHILD CARE WORKFORCE[3]	FLORIDA	UNITED STATES
Child care workers (in centers)	30,070	564,630
Average annual income of child care workers	$23,590	$24,610
Total paid early childhood workforce[4]	NA	2.2 million

FOR FURTHER INFORMATION

CCR&R CONTACTS	URL
Florida CCR&R State Network	www.floridaearlylearning.com
Child Care Aware® of America	http://usa.childcareaware.org www.childcareaware.org

NOTES

- **NA:** Not Applicable
- **NR:** Data Not Reported or Not Available

2019 Child Care Affordability in the State of: Florida
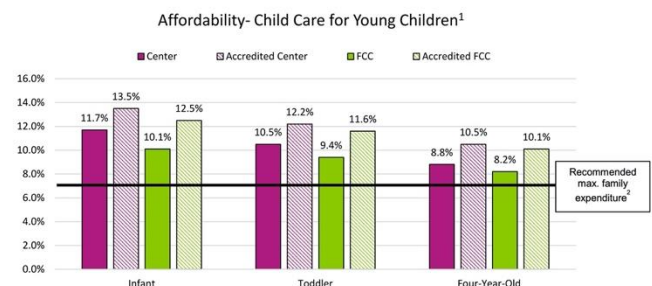
Affordability- Child Care for Young Children[1]

Children Potentially Needing Child Care

Based on U.S. Census data, in Florida there are 854,849 children under the age of 6 (66.6 percent) who live in single- or dual-parent households, where one or both parent(s) are in the labor force, indicating that this group potentially needs child care, of all children under age six. Of those 854,849 children, almost 3,000 reside in Monroe County (Table 55). In Monroe County, approximately one in three (74.3 percent) of children under the age of 6 potentially need child care.

Children Under Age 6, Parent(s) in Labor Force	
Source: 2018 ACS 5-Year Estimates	
United States	14,994,766 (65.6%)
Florida	854,849 (66.6%)
Monroe County	2,993 (74.3%)

Table 55: Children Under Age 6, Parent(s) in Labor Force (2018 ACS 5-Year Estimates)

Cost of Child Care

Based on Child Care Aware® of America, the annual cost of infant child care in a center-based program is 9,312 (compared with public college tuition, which is $6,360). The cost of care for an infant and a 4-year-old is $16,314 per year. Single parents who make Florida's standard living wage pay 34.7 percent of their income for infant center care, and married parents of two children living at the poverty line pay 65 percent of their household income for center-based child care.[xlviii]

Child Care Assistance: Florida's School Readiness Program

Florida's School Readiness Program offers financial assistance to low-income families for early childhood education. During the 2017-18 state fiscal year, there were 7,668 School Readiness providers in the state of Florida, of which 44 were in Monroe County.

During the same fiscal year, a total of 201,474 children were served by School Readiness programs in the state of Florida, of which 57,143 were EHS-eligible infants, toddlers, and 2-year-olds, and 61,703 were HS-eligible preschool-age children (Table 56).[xlix] In Monroe County, 170 infants, toddlers and 2-year-olds, and 205 3- and 4-year-olds were served in the school readiness program.

School Readiness Enrollments - 2017-2018 Fiscal Year as of 06/2018									
Source: Florida Office of Early Learning									
	Infant	Toddler	2 Yrs.	3 Yrs.	4 Yrs.	5 Yrs.	School Age	Special Needs	Total*
Florida	8,772	20,613	27,758	31,039	30,664	21,504	60,587	504	201,474
Monroe County	38	51	81	103	102	68	229	0	672
***The sum of county data does not equal the statewide total, as children may be served by more than one county.**									

Table 56: School Readiness Enrollments (2017-18)

Families with low incomes in Florida who are trying to work or get training to work may be eligible for school readiness help. The School Readiness Program offers financial assistance to low-income families for early child education and care so families can become financially self-sufficient and their young children can be successful in school in the future. Services vary based on individual need and range from extended day to extended year and school-age care in some instances. The program takes into account a child's physical, social, emotional and intellectual development; involves parents as their child's first teacher; prepares children to be ready for school; and gives parents information about child development and other topics of interest. School readiness programs provide developmental screenings for children and referrals to health and educational specialists, and work in cooperation with other programs for young children such as Head Start, Early Head Start and the VPK program.

Child Care Facilities

Based on the Florida Department of Children and Families, there are 19 child care facilities in Monroe County providing care to children, birth to school-age, which as of January 2020, have an active School Readiness Status.[l] Table 57 lists each (non-Head Start) child care facility (excluding family daycare homes), as well as its child care capacity, and whether the provider is a VPK site.

Provider Name	Physical Address	Capacity	Is VPK
Banana Cabanna Academy Inc	22673 Pieces of Eight Rd, Cudjoe Key FL 33042	57	Yes
Burton Memorial Child Development Center	93001 Overseas Hwy, Tavernier FL 33070	87	Yes
Community Cooperative Preschool Inc	550 122nd St, Marathon FL 33050	74	
Dolphin Montessori Children's House Inc	104960 Overseas Hwy, Key Largo FL 33037	40	Yes
Dolphin Montessori Children's House Inc South	735 Grouper Ln, Key Largo FL 33037	53	Yes
First Baptist Church of Key Largo Inc	99001 Overseas Hwy, Key Largo FL 33037	54	Yes
Grace Jones Community Center, Inc	230 41st Street Gulf, Marathon FL 33050	73	Yes
Grace Lutheran School	2713 Flagler Ave, Key West FL 33040	235	Yes
Inez Martin Child Care Center	1100 Varela St, Key West FL 33040	157	Yes
Islamorada Child Care LLC	82681 Overseas Hwy, Islamorada FL, 33036	33	
Kreative Kids Christian Academy	4711 Overseas Hwy, Marathon FL 33050	75	Yes
Lighthouse Christian Academy Inc	5580 Macdonald Ave, Key West FL 33040	119	
Marathon Lutheran School	325 122nd Street Gulf, Marathon FL 33050	45	Yes
Montessori Academy of the Upper Keys	5 Transylvania Ave, Key Largo FL 33037	63	Yes
Montessori Children's School of Key West Inc	1221 Varela St, Key West FL 33040	216	
St James Children's Center	87500 Overseas Hwy, Islamorada FL 33036	50	Yes
St Justin Martyr Pre-School	105500 Overseas Hwy, Key Largo FL 33037	93	Yes
Temple Christian Pre-School	5727 2nd Ave, Key West FL 33040	45	
The Learning Center of Key West Inc.	201 Truman Ave, Key West FL, 33040	40	

Table 57: Monroe County: Child Care Facilities with an Active School Readiness Status

GEOGRAPHIC LOCATION OF ELIGIBLE CHILDREN AND FAMILIES

Based on the 2018 American Community Survey (5-year Estimates), there are approximately 260,000 children, ages 0-4, living in poverty in Florida, of which 490 are in Monroe County. Of 490 children, ages 0-4, in poverty, almost 300 are Early Head Start-eligible infants and toddlers, and almost 200 are Head Start-eligible preschool-age children. Table 58 provides the estimated number of EHS- and HS-age-eligible children living in poverty by geographic region.

Children Ages 0-4 in Poverty Source: 2018 ACS 5-Year Estimates			
	Children Ages 0-4 in Poverty	Est 0-2	Est 3-4
United States	4,193,998	2,516,399	1,677,599
Florida	259,763	155,858	103,905
Monroe County	490	294	196
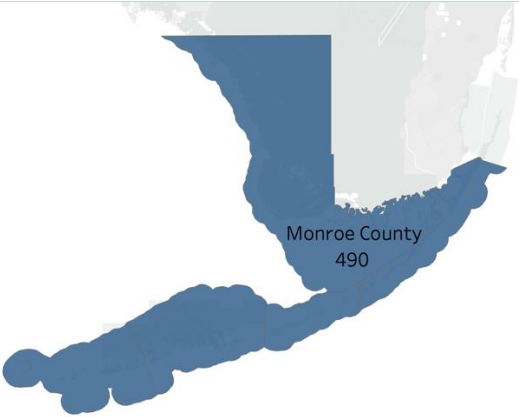
Table 58: Children Ages 0-4 in Poverty (2018 ACS 5-Year Estimates)

Census County Divisions (CCDs)

Florida is one of 20 states in which each county is divided into census county divisions (CCDs). In order to better estimate the geographic location of eligible children and families, the number of children, ages 0-4, in poverty was studies by CCDs. Key West CCD, located in the southern tip of the county, is home to a total of 276 children, ages 0-4, in poverty. Middle Keys CCD, located in the middle of the county, reportedly is home to a total of 102 children, ages 0-4, in poverty (Table 59).

Monroe County: Children Ages 0-4 in Poverty Source: 2018 ACS 5-Year Estimates	
County Subdivision	Total
Key West CCD	276
Middle Keys CCD	102
Upper Keys CCD	67
Lower Keys CCD	45
Cape Sable CCD	0
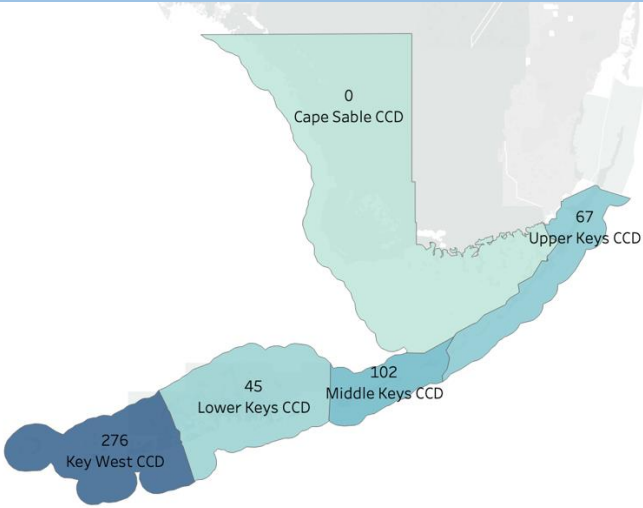
Table 59: Monroe County: Children Ages 0-4 in Poverty by CCD (2018 ACS 5-Year Estimates)

CHARACTERISTICS OF HEAD START FAMILIES (2019 PIR)

The following graphs illustrate select 2019 Program Information Report (PIR) data, comparing Monroe County School District Head Start data with data for programs in Florida and the United States.

Note: All data was collected from the HSES Enterprise System; some discrepancies are noted between the PDF reports released and the Excel Zip File Download. Data reflected in this section of the CA is collected from the 2019 excel Zip File Download.

	United States	Florida	MCSD
Total ACF Funded Enrollment	652,422	31,661	180
Cumulative Enrollment	755,709	35,942	197

Table 60: Head Start Enrollment (2019)

Enrollment Eligibility and Children with Disabilities

	US	FL	MCSD
Income btw 100-130% of Poverty	6.9%	3.6%	8.6%
Over Income	6.9%	3.1%	7.1%
Homeless Children	4.4%	3.6%	6.1%
Foster Children	2.4%	0.9%	0.5%
Receipt of Public Assistance	9.8%	6.6%	0.0%
Income Eligibility	69.6%	82.3%	77.7%

2019 Head Start PIR Data — Source: Head Start Enterprise System — Children with an IEP: US 13%, FL 12%, MCSD 15%
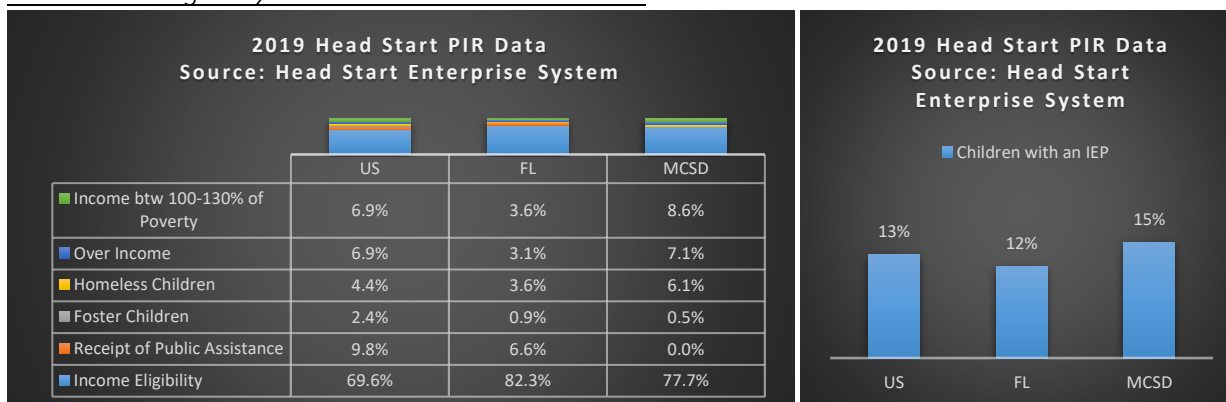
Ethnicity and Race of Children and Families

Hispanic/Latino vs Non-Hispanic/Latino: US 36.1% / 63.9%, FL 34.4% / 65.6%, MCSD 59.4% / 40.6%

	US	FL	MCSD
NHPI	0.5%	0.1%	0.5%
Unidentified Race	0.2%	0.2%	0.0%
AIAN	1.0%	0.1%	0.0%
Other Race	0.5%	0.4%	0.0%
Asian	2.3%	0.6%	1.5%
Biracial	4.9%	3.4%	4.6%
Black	30.5%	50.2%	23.9%
White	24.1%	10.7%	10.2%

Languages Spoken by Children and Families
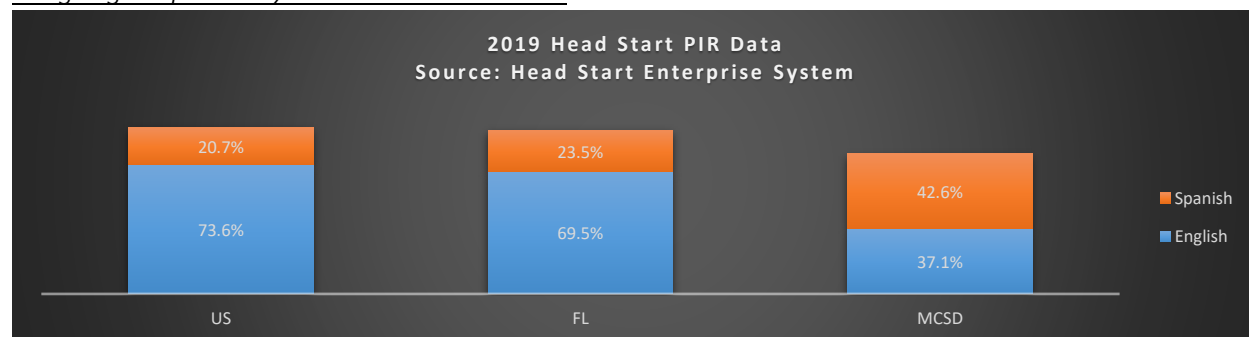
Families
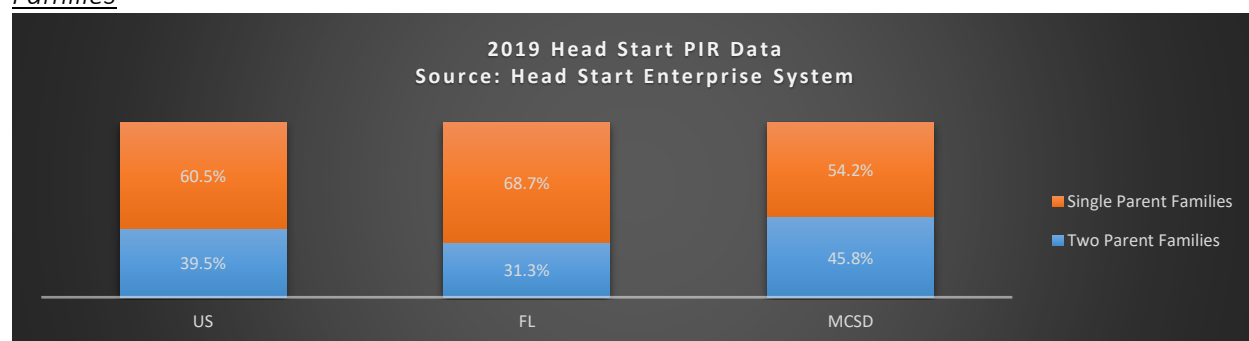
Of the number of two-parent families, the number in which the parent/guardian figures are best described as:
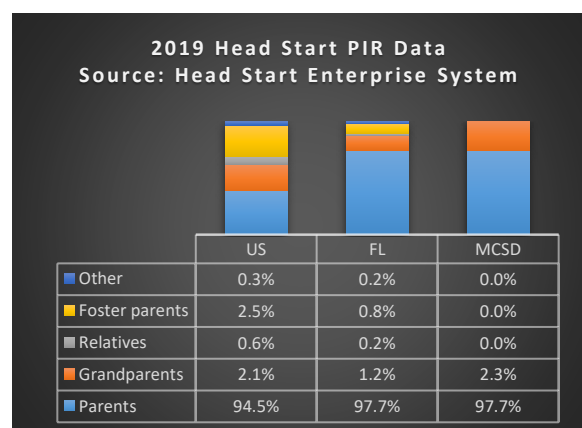
Of the number of single-parent families, the number in which the parent/guardian figures are best described as:

	US	FL	MCSD
Other	0.3%	0.2%	0.0%
Foster parents	2.5%	0.8%	0.0%
Relatives	0.6%	0.2%	0.0%
Grandparents	2.1%	1.2%	2.3%
Parents	94.5%	97.7%	97.7%

	US	FL	MCSD
Other	0.3%	0.2%	0.0%
Foster parent	1.1%	0.6%	0.0%
Relative	0.7%	0.5%	0.0%
Grandparent	2.2%	1.4%	0.0%
Father	4.5%	4.4%	10.7%
Mother	91.1%	92.9%	89.3%

Employment

2019 Head Start PIR Data Source: Head Start Enterprise System			
	US	FL	MCSD
Parent Unemployed	41.5%	38.2%	30.1%
Parent Employed	58.4%	61.8%	69.9%

2019 Head Start PIR Data Source: Head Start Enterprise System			
	US	FL	MCSD
Both Parents Unemployed	13.6%	11.8%	4.6%
One Parent Employed	62.3%	66.2%	67.8%
Both Parents Employed	24.1%	21.9%	27.6%

In Training/School

2019 Head Start PIR Data Source: Head Start Enterprise System			
	US	FL	MCSD
Parent Not in Training/School	85.9%	87.1%	99.0%
Parent in Training/School	14.0%	12.9%	1.0%

2019 Head Start PIR Data Source: Head Start Enterprise System			
	US	FL	MCSD
Neither Parent in Training/School	82.6%	80.5%	97.7%
One Parent in Training/School	14.2%	16.7%	2.3%
Both Parents in Training/School	3.2%	2.8%	0.0%

Educational Attainment

2019 Head Start PIR Data
Source: Head Start Enterprise System

	US	FL	MCSD
<HS	21.8%	28.7%	20.5%
HS/GED	46.9%	48.2%	57.9%
AA	22.1%	16.7%	13.7%
BA/MA	7.5%	6.2%	7.4%

Of the total number of all families, the number in which one or more parent/guardian completed:

2019 Head Start PIR Data
Source: Head Start Enterprise System

	US	FL	MCSD
Grade level in school	3.9%	4.2%	0.0%
HS/GED	5.4%	6.1%	0.0%
AA	1.5%	1.3%	0.5%
BA/MA	0.9%	0.9%	0.0%
Job training, professional certificate, license	2.3%	2.1%	1.1%

Public Assistance

	Receiving SNAP Benefits - % of families at end of enrollment year	Receiving SNAP Benefits - % of families at enrollment	Receiving SSI Benefits - % of families at end of enrollment year	Receiving SSI Benefits - % of families at enrollment	Receiving TANF Benefits - % of families at end of enrollment year	Receiving TANF Benefits - % of families at enrollment	Receiving WIC Benefits - % of families at end of enrollment year	Receiving WIC Benefits - % of families at enrollment
US	45.7%	49.5%	6.8%	6.8%	7.4%	7.5%	43.3%	46.7%
FL	43.7%	52.4%	8.4%	8.5%	3.6%	3.4%	36.1%	42.3%
MCSD	22.6%	29.5%	2.6%	2.6%	45.3%	43.2%	18.9%	25.8%

Family Services Received During Program Year
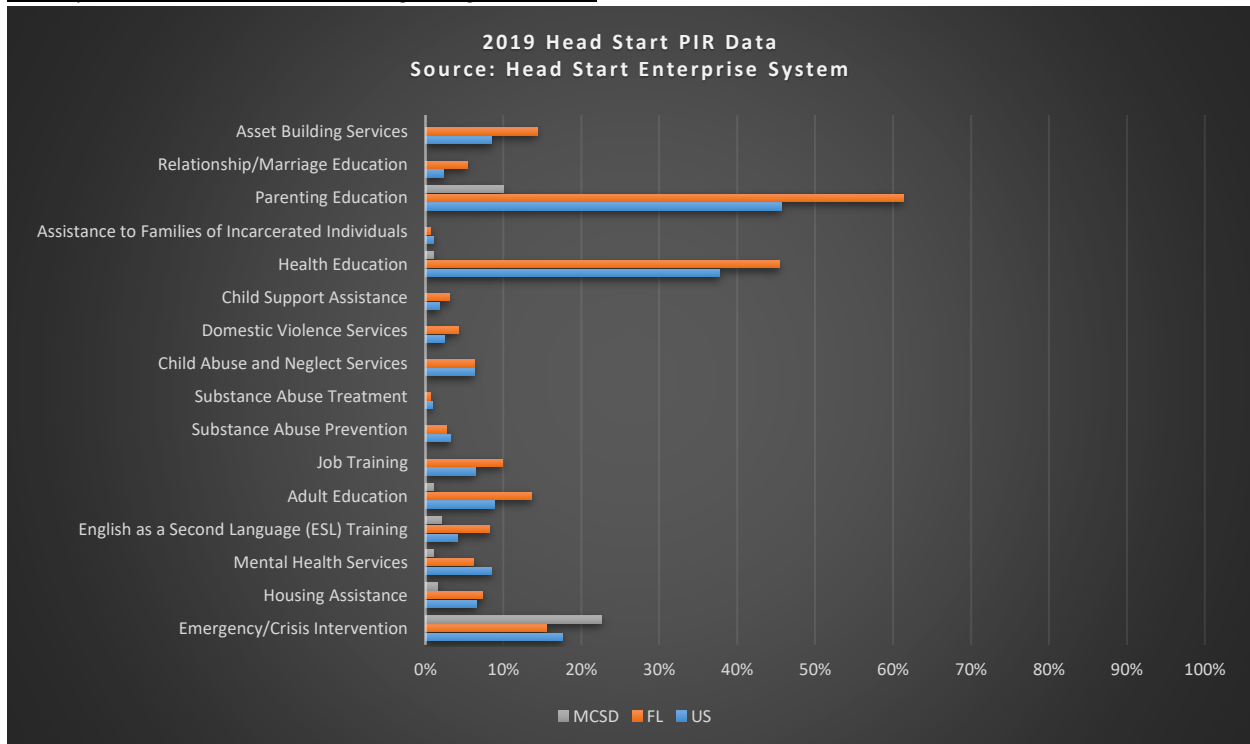
STRENGTHS AND NEEDS OF ELIGIBLE CHILDREN AND FAMILIES

Parent Survey Responses

Characteristics

In order to collect primary data from Head Start and Early Head Start parents and guardians, a Family Needs Survey was distributed in English, Spanish and Creole 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 125 surveys were completed and returned, representing 69 percent of the program's total funded enrollment.

Q15. Ethnicity/Race (check all that apply)
n=113

- Hispanic — 56.6%
- White/Caucasian — 27.4%
- Black/African American — 26.6%
- Asian/Pacific Islander — 1.8%
- Other — 0.9%
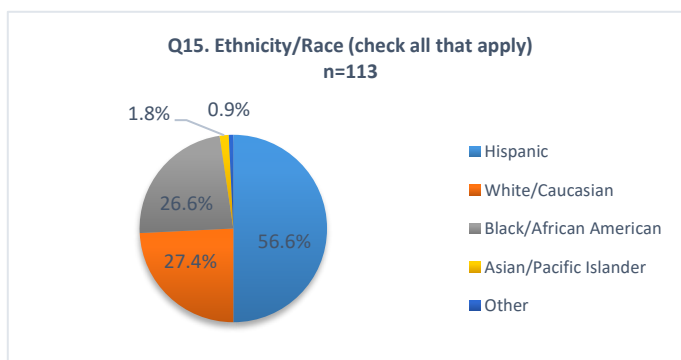
Of those who responded to the survey, 56.6 percent indicated their race/ethnicity to be Hispanic, 27.4 percent white/Caucasian, and 26.6 percent black/African American. The remaining 2.7 percent was split among those selecting Asian/Pacific Islander and "other."

Approximately 66.1 percent of respondents were employed full-time, 21.4 percent were employed part-time/seasonal, 8 percent were full-time homemakers, 7.1 percent were unemployed/not working, and the remaining 4.5 percent were split among retired, disabled and "other" at the time of the survey.

Q16. What is your current employment status. (check all that apply)
n=112

Employed full-time	Employed part-time/seasonal	Full time homemaker	Unemployed/not working	Retired	Disabled	Other
66.1%	21.4%	8.0%	7.1%	2.7%	0.9%	0.9%
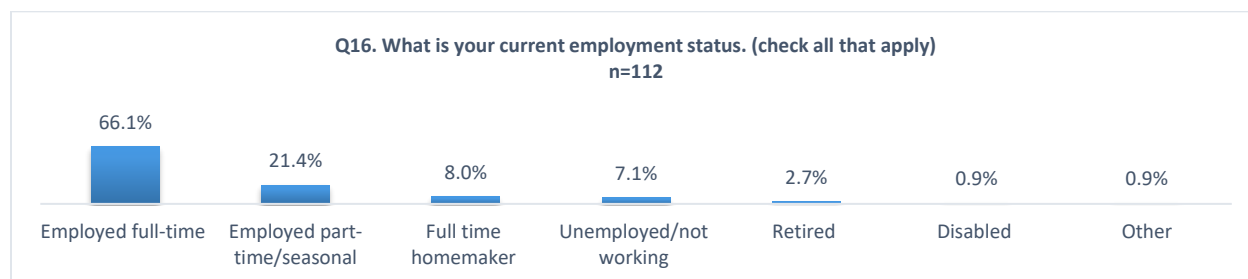
Eighty-five percent of respondents indicated having a checking or savings account, while 15 percent of parents/guardians did not have a checking or savings account.

More than one-third of respondents indicated *not* having a computer at home (36 percent); however, nearly eight in ten have an internet connection (84 percent). **Additionally, more than nine out of 10 Head Start parents or guardians do have a mobile phone with text capability, 97 percent**.
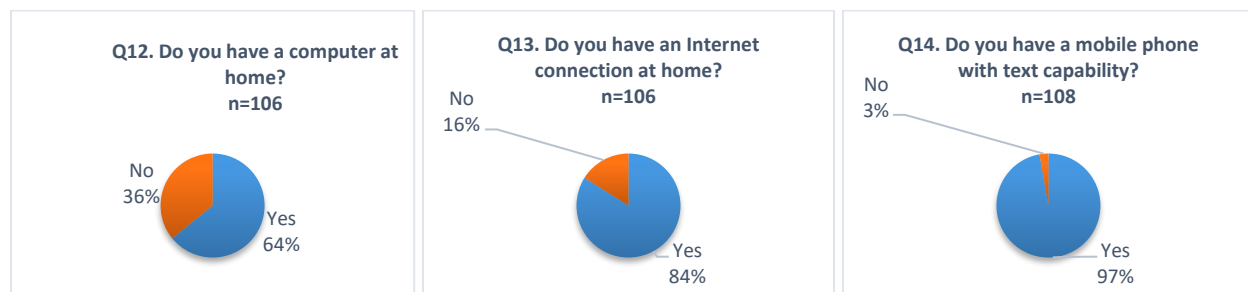
Q12. Do you have a computer at home?
n=106
- No 36%
- Yes 64%

Q13. Do you have an Internet connection at home?
n=106
- No 16%
- Yes 84%

Q14. Do you have a mobile phone with text capability?
n=108
- No 3%
- Yes 97%

Perception of Problems in the Community

Survey takers were given a list of 21 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, **availability of affordable housing** and **utility costs (heating, electricity, water)** were the most significant problems in their community, rating each a 2.92 and 2.87, respectively. Low wages, incidence of drug and alcohol abuse and affordable child care before and after school hours were among the top five issues for survey respondents.

Q2. How serious of a problem do you feel each of the following items is in your City/Town? (Please check your response.) Scale:(1) Not a Problem (2) Somewhat (3) Problem (4) Serious Problem (5) Very Serious Problem n=122

Item	Rating
Availability of affordable housing	2.92
Utility costs (heating, electricity, water)	2.87
Low wages	2.55
Incidence of drug and alcohol abuse	2.44
Affordable child care before and after school hours	2.32

Note: Availability of affordable housing and utility costs (heating, electricity, water) were rated a 5 (very serious problem) by 29.1 and 19.7 percent of respondents, respectively. The problem of low wages was rated a 5 by 12.9 percent of respondents; incidence of drug and alcohol abuse was rated a 5 by 15.7 percent of respondents; and affordable child care before and after school hours was rated a 5 by 7.7 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	Percent Who Rated Item a 5 *"Very Serious Problem"*	Rating
Availability of affordable housing	29.1%	2.92
Utility costs (heating, electricity, water)	19.7%	2.87
Low wages	12.9%	2.55
Incidence of drug and alcohol abuse	15.7%	2.44
Affordable child care before and after school hours	7.7%	2.32
Addiction to opioids	13.8%	2.2
Access to health care	6.7%	2.1
Child abuse and neglect	8.7%	2.02
Availability of jobs	4.2%	1.94
Availability of recreation for families (parks, church programs, membership organizations)	5.9%	1.92
Services for children with disabilities	6.1%	1.92
Domestic Violence	7.8%	1.92
Availability of adult education (GED, ESL, etc.)	4.3%	1.91
Child health issues (obesity, exposure to lead, asthma)	3.6%	1.88
Availability of job training	5.9%	1.87
Incarceration of parents	1.8%	1.77
Public safety/crime	5.0%	1.76
Gang activity	6.1%	1.74
Availability and access to public transportation	4.3%	1.72
Access to public assistance (WIC, Food Stamps - SNAP, TANF)	4.3%	1.69
Quality of public education in your city or town	2.5%	1.53

Perception of Poverty

The top three reasons for poverty in the community according to survey respondents were **housing costs are too high**, **wages are too low** and **health care costs are too high**.

Q3. Please select the top THREE reasons you feel are the primary causes of poverty in your City/Town.		
Answer Choices	Responses	
Housing costs are too high	84.3%	102
Wages are too low	49.6%	60
Health care costs are too high	43.0%	52
People don't want to work	30.6%	37
Utility costs are too high	29.8%	36
Immigration status	22.3%	27
Lack of child care	17.4%	21
Lack of education/training	12.4%	15
Lack of job skills	9.1%	11
Unemployment benefits are too low	8.3%	10

Q3. Please select the top THREE reasons you feel are the primary causes of poverty in your City/Town.
n=121

- Housing costs are too high: 84.3%
- Wages are too low: 49.6%
- Health care costs are too high: 43.0%

Family Needs

All survey takers 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 figure below). Fifty-four 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**; 46 percent **needed to see a doctor but could not afford to**; 34.4 percent **could not pay the rent**; 25.6 percent **needed to buy medicine but could not afford to** and 14.4 percent **needed food but couldn't afford to buy it.**

Approximately 13 percent **looked for work but could not get a job;** 12.2 percent of respondents stated they had **lost a job**, and 11.5 percent **needed assistance but did not receive it**.
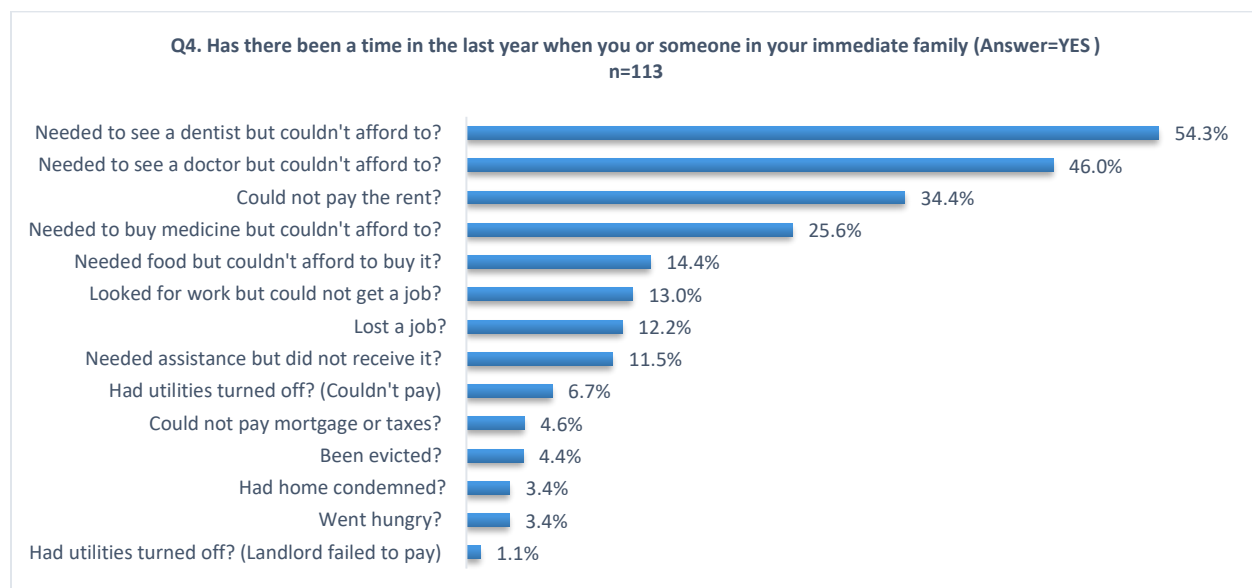
Q4. Has there been a time in the last year when you or someone in your immediate family (Answer=YES)
n=113

- Needed to see a dentist but couldn't afford to? 54.3%
- Needed to see a doctor but couldn't afford to? 46.0%
- Could not pay the rent? 34.4%
- Needed to buy medicine but couldn't afford to? 25.6%
- Needed food but couldn't afford to buy it? 14.4%
- Looked for work but could not get a job? 13.0%
- Lost a job? 12.2%
- Needed assistance but did not receive it? 11.5%
- Had utilities turned off? (Couldn't pay) 6.7%
- Could not pay mortgage or taxes? 4.6%
- Been evicted? 4.4%
- Had home condemned? 3.4%
- Went hungry? 3.4%
- Had utilities turned off? (Landlord failed to pay) 1.1%

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

Only one in four, 26 percent, of respondents answered the question *"What are the 2 or 3 most important things that you believe will improve your household's quality of life?"* with 142 individual answers. One in four responses, 28 percent, related to personal or family goals; 22 percent of respondents indicated a need for a higher wage/income or a better job; 18 percent of responses related to the need for better housing and lower utility costs, 12 percent needed affordable health care and/or better general health and 11 percent of responses related to issues regarding education and child care. The balance of answers included statements such as: smile at each other, loyalty, immigration status, good communication skills, more grocery money and credit repair.

Broad Category	Selection of Respondent Answers	
Personal/Family Goals	28%	Respect Family time Love Less stress
Employment/Income	22%	Better pay Increase in finances More money Work stability
Housing/Utilities	18%	Affordable housing Lower rent Reduced utility costs Better internet
Health care/Lifestyle	12%	Health Health benefits Health care affordability Therapy
Education	11%	Education Child care English as a Second Language Affordable child care

Communication and Kindergarten Registration

The majority of respondents, 99 percent, indicated they are satisfied with the communication between themselves and their child's teacher. The remaining 3.6 percent of respondents indicated they are not satisfied with the communication between themselves and their child's teacher because their teacher does not speak their preferred language; they do not have time for communication, or their teacher does not have time for communication.

Seventy-six percent (a total of 95 respondents) answered the question regarding kindergarten registration. Approximately 41.1 percent feel they are very knowledgeable and do not need help with the process; 26.3
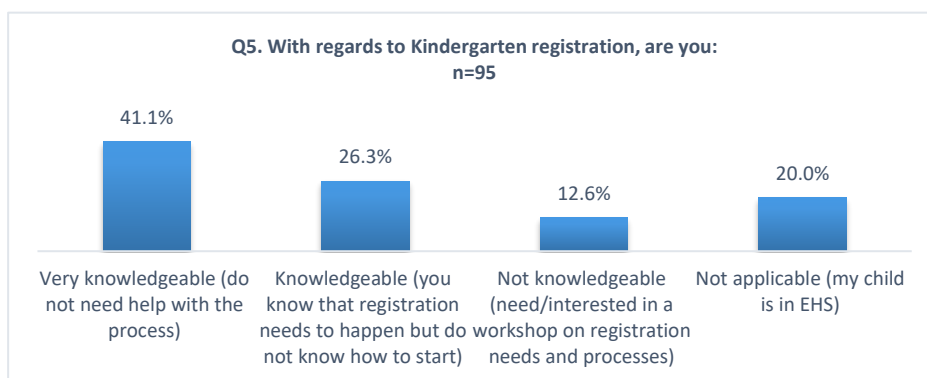
Q5. With regards to Kindergarten registration, are you: n=95

41.1%	26.3%	12.6%	20.0%
Very knowledgeable (do not need help with the process)	Knowledgeable (you know that registration needs to happen but do not know how to start)	Not knowledgeable (need/interested in a workshop on registration needs and processes)	Not applicable (my child is in EHS)

percent are knowledgeable but do not know where to start with kindergarten registration; 12.6 percent have no knowledge of the process at all, and 20 percent indicated "not applicable," as their child is in Early Head Start.

Use of Services in the Community
More than 3 out of 4 survey takers, 78 percent, responded to the question regarding use of services. While the majority of respondents answered "no" to using these services in the community, of those who answered "yes", **English as a Second Language (ESL) services**, **classes to get a better job**, and **credit counseling and credit repair** were in the top three.

Q10. Are you currently using the following services? (Answers = Yes)
n=97

Service	Percentage
English as a Second Language (ESL) services	23.2%
Classes to get a better job	14.1%
Credit counseling and credit repair	12.2%
GED/Adult High School services	11.8%
Life skills or tutoring	11.1%
Check cashing services	11.0%
Places that teach people how to make a budget and save money	9.9%
Places that teach about saving for retirement	9.0%
Places to help you pick the jobs you want to do	8.0%
Job training at community colleges	7.8%

Other Programs Used the Most. When asked which programs are used the most, survey takers indicated they use social services, WIC, Medicaid and Head Start/Early Head Start the most. Additional agencies used include the Boys and Girls Club, public school, daycare, library and public housing.

Grandparent Caregivers
The majority of respondents, 93 percent, indicated "no" to the question regarding whether they were a grandparent caring for a grandchild or grandchildren. Only 9 of the 125 respondents identified themselves as grandparents, with the majority, 62.5 percent, indicating "maternal grandmothers."

Q17. Are you a grandparent caring for your grandchild or grandchildren?
n=125

Yes 7%
No 93%

Q18. If you are a grandparent, what is your family position as the caregiver?		
Answer Choices	**Responses**	
Maternal grandmother	62.5%	5
Paternal step-grandfather	25.0%	2
Paternal grandmother	12.5%	1
Maternal grandfather	0.0%	0
Maternal step-grandmother	0.0%	0
Maternal step-grandfather	0.0%	0
Paternal grandfather	0.0%	0
Paternal step-grandmother	0.0%	0
Other relative	0.0%	0

Of the 7 grandparents who answered the question regarding their greatest concerns raising grandchildren, 57 percent indicated finances as the greatest concern. Forty-three percent indicated legal issues, followed by grandchild's physical health (42.9 percent), grandchild's emotional health (42.9 percent), your physical health (14.3 percent) and emotional support for yourself (14.3 percent) as their greatest concerns.

Q19. As a grandparent, what are the greatest concerns you have in raising grandchildren?		
Answer Choices	Responses	
Finances	57.1%	4
Legal Issues	42.9%	3
Grandchild's physical health	42.9%	3
Grandchild's emotional health	42.9%	3
Your physical health	14.3%	1
Emotional Support for Yourself	14.3%	1

Typical work, school, and training schedules of parents with eligible children
HS Performance Standard: 1302.11(b)(iii)

To determine the typical work, school and training schedules of parents with HS/EHS eligible children, parents were asked to select the hours during the week that they spend at work, school or job-related training. Seventy-five percent of respondents answered the question; results show that the majority of parents are working, in school or in job-related training between the hours of 8 a.m. and 3 p.m.

Q9. Please mark the WEEKDAY (Mon-Fri) hours you spend **working, in school or job related training**
n=94

Q9. Please mark the WEEKDAY (Mon-Fri) hours you spend **working** n=94

Q9. Please mark the WEEKDAY (Mon-Fri) hours you spend **in job related training** n=94

Q9. Please mark the WEEKDAY (Mon-Fri) hours you spend **in school** n=94
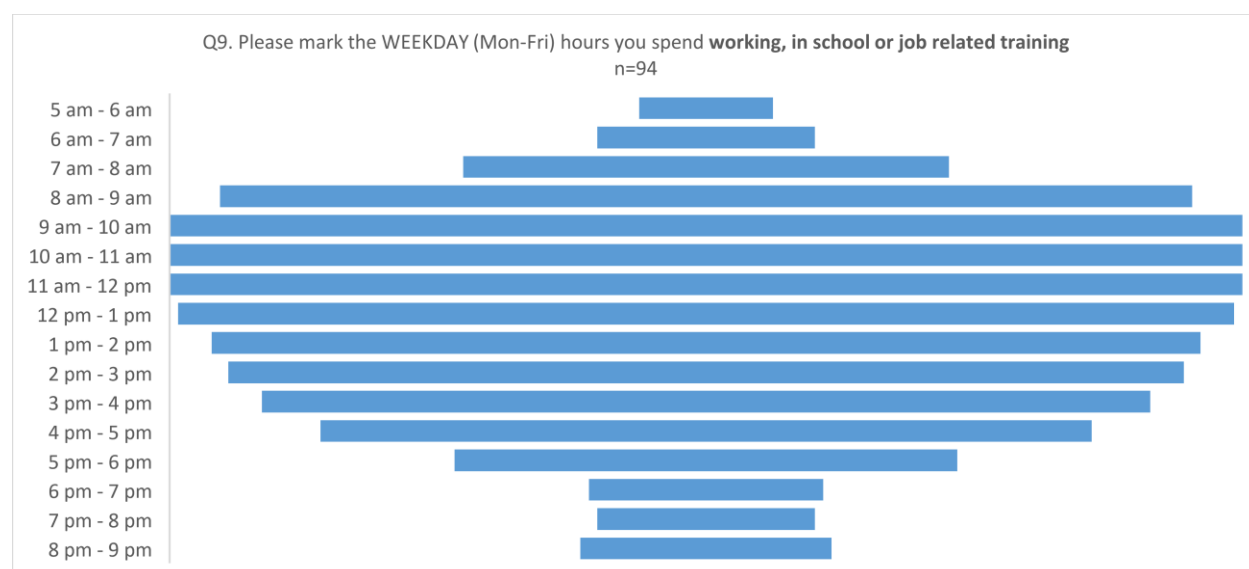
Key Informant Responses and Analysis

As a strategic step to supplement secondary data findings, the Monroe County School District Head Start Program staff identified a group of key informants and invited them to offer answers to questions that provide additional insight into the communities and families served by the agency in their service area.

Among the key Informants, leaders and experts who responded to the community assessment were School Board members, a School Board Chair, an Executive Director of Teaching and Learning, School Social Worker, a Budget Manager, an ESE Parent Liaison/Secondary Transition Specialist, Monroe County Supervisor, RN/Health Manager, an Education Manager, a Family Service/ERSEA Manager, a Public Health Services Manager, Nonprofit Leader and Philanthropist, a Nonprofit CEO, and an Elementary School Principal. County and community agencies invited by the program to participate in the study included: Monroe County School Board, Monroe County School District Head Start Program, Monroe County School District, Early Learning Coalition of Miami-Dade/Monroe, Florida Department of Health in Monroe-Private Charitable Foundation, and the Wesley House Family Services.

The questions and summary of responses collected 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 city and/or county?**

Key informants offered a diverse list of priorities. Some that were mentioned several times include financial challenges faced by parents living in poverty (housing costs and access to affordable rent, child care costs, transportation), need to retain staff, recruitment of early childhood education staff, and challenges associated with socio-emotional development of preschoolers.

The following is a list of key informants' feedback, listed in no particular order:

- Allowing learning through play.
- Ability to retain qualified staff.
- Housing uncertainty is the issue effecting our entire county.
- Social-emotional learning is definitely an issue. Students are entering programs without the basics in this area.
- Social-emotional regulation.
- A big challenge is the fact that both parents often work more than one job, with variable hours, and cannot spend as much time at home with their young children. A living wage would help.
- The issues that affect early childhood development include the need for parents to work multiple jobs to have sufficient income, increased use of technology in day-to-day life, and opportunities to interact with peers in a meaningful way.
- Insufficient capacity to serve children, 0-4 (lack of providers), high cost of living and child care costs parents face is a continuous issue for Monroe County families.
- Mental health care in the county is often difficult to access for parents, access and transportation to prenatal care, the use of health care resources; having to go to the mainland for specialty services is a hardship.
- Teacher retention, which could ultimately affect the social and emotional learning and development of the children.
- Retention of teachers and staff - consistency is key in an early childhood classroom; continuous turnover hinders overall child development for children participating in pre-K

- Number of students entering pre-school with significant social/emotional concerns and access to mental health care, as well as other health care resources.
- Qualify Staff and parents working to survive and not having time to engage in their children's development.
- Preschool preparation- locations and staff.
- Community health policy for nutrition.
- Set higher expectations, including teacher pay and quality, and harmonize school times and locations for parental or other transport options.
- Vertical teaming with K schools.
- Lack of transportation to VPK sites.
- More options for their families to have safe, stable and affordable housing.
- Providing programming for students with special needs.

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

Cost and access of higher education and/or technical programs were mentioned several times as the key priorities impacting education of adults. Many key informants identified financial and income-related challenges as having a direct and negative effect on the ability of adults to continue their education.

The following is a list of key informants' feedback, listed in no particular order:

- High cost of higher education.
- Providing relevant opportunities that will be needed for the community.
- Affordable housing for full-time residents.
- Before-school and after-school care.
- Rising costs of the basic necessities put many families at risk.
- Training on meeting the social emotional needs of students.
- No opinion.
- The cost of living impacts the ability of adults to engage in educational activities.
- Accessibility to technical schools. The local college also does not offer a certification in Early childhood that many preschool teachers could benefit from.
- Money is a major factor in attending school for additional education. Cost of living is high, and people have more than one job which would be a barrier in attending school.
- Many adults do not have the time or money to further their education while working to support their families.
- Cost.
- The need for more accessible schools/training facilitates and or colleges that is affordable.
- Alcohol and opioid use prevention and treatment community resources.
- Better alignment with correct education for high wage/high demand jobs.
- limited access to college.
- Housing affects all aspects. Without stable, safe and affordable housing, education is not a priority.
- Availability of mental health providers.

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

According to key informants, by far, the most significant priority issues that are of concern to county leaders are the high cost of living and affordability and access to housing.

The following is a list of key informants' feedback, listed in no particular order:

- Health care costs and accessibility.
- Dealing with the cost of living, especially the housing component.
- Housing.
- Education.
- Florida Bay.
- Affordable housing is persistently an issue in Monroe County.
- Affordable, economic and housing resources for families.
- Over-development.
- The impact of major road construction and traffic will be a major impact over the next 2-3 years.
- Limited resources for disabled children, as well as lack of pediatricians and dentists that accept Medicaid.
- Transportation to area with resources (Marathon and Miami) is difficult for some families.
- The high cost of housing is pushing more people out of the area.
- Economically, cost of living continues to rise.
- Cost of housing.
- Lack of professional services (pediatrician, speech pathologist etc.).
- The cost of living in our community is expensive, which makes it hard for people to stay.
- Public transportation deficits.
- High cost of living for lower wage earners--retain our workforce.
- Reasonably priced housing.
- Affordable housing.
- Affordable and accessible health care. Monroe County lacks a sufficient number of health care providers.
- Agencies to provide a wide spectrum of needs for mental health.
- Housing that is affordable for working class families.

4. **Regarding the opioid epidemic, what is the biggest impact on young children (ages 0-4) in your community?**

The following is a list of key informants' feedback, listed in no particular order:

- Detached parents.
- Damage to the family unit.
- Addicted parents aren't meeting their children's needs and in some cases being removed from their homes.
- Parents are unable to provide their children with the basics.
- Trauma exposure.
- Incarceration of parents, or inability of parents to work because of their habit.

- The use of prescription medication by adult caregivers creates a need for the community to maintain consistency in the environment for young children.
- Parents becoming addicted, diminishing their parenting skills.
- Possibility of incarceration or death.
- Lack of support for the child and/or family, emotional and mental health issues. Child developmental delays.
- Children exposed to the opioid epidemic in any fashion often exhibit trauma-related behaviors.
- Lack of support.
- Lack of treatment access and facilities to provide stigma-free life management.
- Parent addiction.
- Child care.
- Lack of knowledge about the impact of opioid addiction on the development of the child.
- Homelessness.

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

Small size of the service area, relationship among leaders and agencies and commitment from many to support each other were major strengths mentioned by several key informants.

The following is a list of key informants' feedback, listed in no particular order:

- We help one another.
- Relatively tolerant.
- Community comradery and quality in elected officials.
- Our community is incredibly giving of time and money, and we have a number of charitable organizations helping feed our hungry children.
- People are accepted for who they are.
- There is a family approach to meeting needs.
- People are committed to the environment.
- Community partnerships.
- There are many opportunities for exposure to art and culture in our community.
- Our community seems to be a relatively safe place for children.
- Close-knit and organizations and agencies attempt coordination of services.
- Sense of community, resiliency.
- We are a small town with a big heart!
- Being a small community, relationships in the community and between the school system and families.
- Many community organizations for children and families.
- We have a very diverse population.
- Relationships between school, families, and community organizations.
- Diverse population.
- Head Start and VPK classes throughout the county.
- Community ties; we are a small community, so everybody knows everybody (support, family atmosphere).
- Resources.

- Strong private business partners.
- Strong community health presence.
- Strong community and volunteer involvement.
- Close community.
- Newly available urgent care clinics.
- As a community, we have decent communication and agreements on the issues. Some issues, such as affordable housing, are mostly out of our control.
- Great public schools. Solid city infrastructure.
- Economic opportunity and growth.

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

For the most part the "reputation" is good, and in some cases key informants say it is superior. However, there are a few comments that suggest the school preparedness of children could be better. Some talked about the image of preschool as one viewed by many as a daycare service.

The following is a list of key informants' feedback, listed in no particular order:

- Providers are good but in short supply.
- We have a good mix of School District and Private service providers that have proven positive results.
- Our early childhood education and services are phenomenal.
- Excellent reputation for providing for students with caring and professionalism.
- Early childhood is regarded fairly well in the community. Parents and community partners provide regular positive feedback.
- No comment - I cannot be considered non-biased.
- We have limited resources, but those involved in early childhood education attempt to coordinate services and supports.
- We have 24 VPK programs in the County and only one during the Summer. With daycares there are only 5 family day care homes and 19 centers that are contracted with the ELC to accept subsidized children. We need to have more spots available to start as early as possible with their education. Collaboration with preschool programs (private or school-based) and the school district is vital for the smooth transition of students. Transportation needs to be available for children attending a child care program after VPK to help the parents who work.
- We have Head Start program and VPK program throughout the county and encourage families to have their children in the program to begin school readiness and acquire skills for kindergarten. We promote pre-K for all, but often times, pre-K is viewed as a daycare service.
- Early childhood education is often still considered under the guise of daycare. In private child care settings and in VPK, teachers are not required to have a degree beyond a Child Development Associate (CDA) and teachers in a Head Start program are not required to have state certification. Therefore, those not versed in early childhood education requirements and what occurs in the classroom often have a pretense that educators in these classrooms are simply "babysitting."
- Our reputation is that we have an excellent program that truly helps both the children and families in our community. Parents are happy with the services we offer and would recommend our program to others. Parents and Community partners help recruit.

- Unknown- which is assessment work that is needed.
- Standards are too low; 45 percent of incoming kindergartners are not kindergarten-ready.
- Good. Most students, from most centers, enter K ready to learn.
- Overall, very good. The School System is accessible and works well with the private providers. Referrals for special needs are being handled in a much more timely way.
- Stanley Switlik Elementary Head Start VPK programs have been at capacity for years. SSE is now poised to expand VPK by 100 percent.

7. **Please offer any additional advice regarding community partnership and involvement that could be beneficial to the Head Start Leadership in your city and/or community.**

The following list includes all the exact comments and recommendations from key informants:

- We need more full day providers of preschool.
- Continue along the same path.
- I believe we are currently doing everything in our power to make the partnership the best it can be.
- More coordination of services is necessary.
- No opinion.
- I believe the collaboration between ELC and the school district is productive and beneficial, and hopefully, will continue forward for many years.
- Continue to partner with and work in conjunction with the community partnerships we have, such as with Healthy Families, Children's Group, SHAC.
- Continued education for the community at-large regarding early childhood opportunities and services.
- The partnership that we have with our community agencies is excellent. Through these partnerships we are able to help the families in our community that are in need of assistance.
- We need stronger communication between individual agencies.
- Give Early Learning Coalition (ELC) more power to enforce higher standards and close low-performing schools.
- Continue efforts to share resources with each other.

RESOURCES, COLLABORATIVE/FORMAL AGREEMENTS AND PARTNERSHIPS

Name of Program/Partner	Address	City	State	Zip	Phone Number	Services Provided by Partner to Program
MOUs and Partnership						
Disabilities						
Childhood, Regional Steering Committee - Technical Assistance and Training System	Key West, FL 33040	South / Southwest Region	FL		239-745-9332	ESE State TATS (Technical Assistance Training Supports) Pre-Kindergarten connection
Education						
Early Learning Coalition	1111 12 Street, Suite 206				305-296-5557	VPK and School Readiness
Health						
Florida Keys Healthy Start Coalition	3132 Northside Dr, Suite 102	Key West	FL	33040	305-293-8424	Attend Inter-agency meetings & Referrals
School Health Advisory Council (SHAC)	5800 Overseas Highway Keys AHEC Unit 36	Marathon	FL	33050	305-676-3974	Monroe County School District Health Advisory Committee
Social Services/Family Support Services						
Healthy Families - Wesley House	1304 Truman Ave.	Key West	FL	33040	305-809-5000	Attend Inter-agency meetings & Referrals
Children's Group	2796 Overseas Hwy	Marathon	FL	33050	866-762-2237	Head Start Health Advisory Committee
Contracts						
Education						
Early Learning Coalition of Miami/Dade & Monroe	Lower Keys Service Center, 1111 12th St.	Key West	FL	33040	305-296-5557	Serve on Board as MCSD & HS representative
CLASS Coach - Dr. Rita Fabal					305-587-8422	CLASS Observations & Coaching w/ Instructional Teams
Health						
Nutritionist - Mrs. Hannah Padget	290 Woods Ave.	Tavernier	FL	33070	305-240-1065	Services for children and families
Dental - Dr. Guzman	2758 N. Roosevelt Blvd.	Key West	FL	33040	305-294-9914	Services for children and families
Mental Health						
Behavior Analyst	158 Dickie Way	Tavernier	FL	33070	305-304-5367	Services for children and families

CONSULTANT OBSERVATIONS AND CONCLUSIONS

Compared with Florida's other 65 counties, Monroe (the Florida Keys) and Miami-Dade Counties tied for the lowest unemployment rate at 1.8 percent, rates that represent historical lows. Florida's economy has consistently outpaced the nation, particularly areas in the state where inflows of retirees, businesses and prime working-age individuals have increased. However, not all the residents of Monroe County benefit equally from recent positive economic performance. Even as household income has increased across the state, the distribution is not parallel, and many residents continue to experience significant challenges – limited access to affordable housing and high cost of health care, dental and mental health services. These are challenges mentioned by key informants and Head Start parents in the program as the leading problems.

The high cost in Monroe County of homeownership and rental units, for example, continues to make it difficult for low-income families to access affordable housing. Those earning minimum wage ($8.56/hour) must work 149 hours per week to afford a two-bedroom home at a fair market rental value. The household incomes for public housing residents in the county were $22,343. Similar to the state, approximately 26 percent of residents are female heads of household with children, and 74 percent of public housing residents are minorities.

It is clear that young families receiving Monroe County School District Head Start Program services have a significant advantage over others. The program offers comprehensive educational, developmental and health referral services, and the positive reputation is valued by parents and community representatives that participated in the community assessment survey. Several key informants praised Head Start quality and contributions to early childhood education in the county, and parents expressed satisfaction with the program staff's communication and services. Important feedback from key informants described the status of early childhood programs and partnership as follows:

- Excellent reputation for providing for students with caring and professionalism. Early childhood is regarded fairly well in the community.
- Parents and community partners provide regular positive feedback. The partnership that we have with our community agencies is excellent.
- Through these partnerships, we are able to help the families in our community that are in need of assistance.

Early childhood education programs are critical as the most comprehensive initial approach to helping young families adjust to a fast-changing economy, and to foster educational and economic independence. For many families in the program and agency partners, Head Start is the most powerful advocate for quality early care and education through its array of supportive services for young children and their families.

APPENDICES

Appendix A: Parent Community Needs Survey

Appendix B: Key Informant Questions

Appendix A: Family Needs Survey

The local Head Start/Early 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 answers will be grouped together. We will use this information to understand top problems facing families serviced by the program.

(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. Access to health care	1	2	3	4	5
2. Availability of affordable housing	1	2	3	4	5
3. Affordable child care 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. High cost of utilities (heating, electricity, water)	1	2	3	4	5
9. Services for children with disabilities	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)	1	2	3	4	5
19. Domestic violence	1	2	3	4	5
20. Child abuse and neglect	1	2	3	4	5
21. Addiction to opioids	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) With regards to Kindergarten registration, are you:

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

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

	Yes	
	No (if no, why?)	
	My teacher does not speak my preferred language	The teacher does not have time
	I do not have time	Other reason(s) (please specify):

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

_____/_____

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

_____/_____/_____

8. During the week, what hours do you/are you in? (Mark with an X):				9. Are you currently using the following services? (Mark with an X):	YES	NO
	Work	**Go to School**	**Job Related Training**			
5 - 6 am				GED/Adult High School services		
6 - 7 am				English as a Second Language (ESL) services		
7 - 8 am				Life skills or tutoring		
8 - 9 am				Job training at community colleges		
9 - 10 am				Places to help you pick the jobs you want to do		
10 - 11 am				Classes to get a better job		
11 - 12 pm				Places that teach people how to make a budget and save money		
12 - 1 pm				Credit counseling and credit repair		
1 - 2 pm				Check cashing services		
2 - 3 pm				Places that teach about saving for retirement		
3 - 4 pm						
4 - 5 pm						
5 - 6 pm				10. **Do you have a bank/credit union account (checking or savings)?**		
6 - 7 pm				11. **Do you have a computer at home?**		
7 - 8 pm				12. **Do you have an Internet connection at home?**		
8 - 9 pm				13. **Do you have a mobile phone with text capability**		
Other:				14.		

14. Ethnicity/Race: *(Check all that apply)*	
Asian/Pacific Islander	
Black/African American	
Native American	
White/Caucasian	
Other	
Hispanic/Latino	

15. What is your current employment status? *(Check all that apply)*	
Employed full-time	Retired
Unemployed/not working	Full time homemaker
Employed part-time/seasonal	In job training/school
Disabled	Other:

16. Are you a grandparent caring for your grandchild or grandchildren? (Please circle)	Yes / No

17. If you are a grandparent, what is your family position as the caregiver?	
Maternal grandmother	Paternal grandmother
Maternal grandfather	Paternal grandfather
Maternal step-grandmother	Paternal step-grandmother
Maternal step-grandfather	Paternal step-grandfather
Other relative:	

Thank you for completing this survey!

18. As a grandparent, what are the greatest concerns you have in raising grandchildren?	
Finances	Grandchild's physical health
Legal Issues	Grandchild's emotional health
Your physical health	Other:
Emotional Support for Yourself	

Appendix B: Key Informant Questions
Key informants from the following areas/subject matter expertise are needed: education, health and nutrition, mental health, child care, social services, transportation, communication, housing and disability services.

Key Informant Interview Questionnaire

As a leader and expert in your county and state, we value your input and feedback to the following open-ended questions. Your answers are confidential and will be added to the answers of other key informants. Our objective is to study and use your input in order to design a more relevant plan that assist low income families. This survey will take you between 20-30 minutes to complete. Thank you for taking time to share your knowledge with us!

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

2. What do you see as the top priority issues impacting 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, social, and others) Please explain.

4. Regarding the opioid epidemic, what is the biggest impact on young children (ages 0-4) in your community?

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

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

7. Please offer any additional advice regarding community partnership and involvement that could be beneficial to the Head Start Leadership in your city and/or community.

8. Please indicate your current position/title.

9. Please indicate your agency name.

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