

**SNAPSHOT OF STATUS OF YOUNG CHILDREN  
SUFFOLK, VIRGINIA  
Population, 2006 = 81,071**

**READY CHILDREN**

CATEGORY	AVAILABLE DATA
Number of children by age (Census, 2006) <i>Trends show not only an increase in the number of children 0-4 between 2001 and 2005 but that this age group became a slightly greater percentage of those 0-17 during these years.</i>	<ul style="list-style-type: none"> <li>☐ 0-4 = 5,784 (7.1% of population)</li> <li>☐ 5-9 = 5,691 (7.0%)</li> <li>☐ 10-14 = 5,624 (6.9%)</li> <li>☐ 15-19 = 6,138 (7.6%)</li> </ul>
General population, by race (Census, 2005) <i>Trends indicate that between 2001 and 2005 there was a net increase in numbers among every group except Native Americans. In terms of percentages, by 2005 there were higher percentages of whites, Asian-Americans, and Hispanics, with slightly decreased percentages of African-Americans and Native-Americans.</i> <i>*Note: Hispanic may be any race and are included in other races, as well as shown separately.</i>	<ul style="list-style-type: none"> <li>☐ White: 42,036 (53.9%)</li> <li>☐ African-American: 32,683 (41.9%)</li> <li>☐ Native American: 340 (0.4%)</li> <li>☐ Asian-American: 1,137 (1.5%)</li> <li>☐ Hawaiian/PI: 0</li> <li>☐ Other: 890 (1.1%)</li> <li>☐ 2+ races: 836 (1.1%)</li> <li>☐ Hispanic*: 1,516 (1.9%)</li> </ul>
Poverty status of children (2000 census) <i>Note: economic vulnerability of children. Trends indicate that poverty rates among 0-17 have remained fairly constant since 2002.</i>	<b>Below poverty:</b> <ul style="list-style-type: none"> <li>☐ <b>Under 5:</b> 820 (18.0%)</li> <li>☐ <b>Age 5:</b> 124 (14.5%)</li> <li>☐ <b>Ages 6-11:</b> 1,257 (20.4%)</li> <li>☐ <b>Ages 12-14:</b> 498 (16.3%)</li> <li>☐ <b>Age 15:</b> 188 (18.4%)</li> <li>☐ <b>Ages 16-17:</b> 356 (20.6%)</li> <li>☐ <b>Total under 18:</b> 3,243 (18.6%)</li> </ul>
Poverty status of children by family group and age (2000 census) <i>Note: The most economically vulnerable group is young children living with a single mother; with young children living with single fathers also struggling to a somewhat lesser degree, and children living with married couples being the least likely to fall below poverty. The rates of single-parent families falling below poverty significantly exceeds their proportion of all families.</i>	In 2000 there were 17,319 families with children under 18. Of these, 3,158 (18.2%) were living below poverty, grouped in the categories shown below: <b>Married couple families:</b> 496 (4.4%) <ul style="list-style-type: none"> <li>☐ Under age 5: 156 (5.1%)</li> <li>☐ Age 5: 12 (2.1%)</li> <li>☐ Ages 6-17: 328 (4.3%)</li> </ul> <b>Single-mother families:</b> 2,595 (49.8 %) <ul style="list-style-type: none"> <li>☐ Under age 5: 653 (51.7%)</li> <li>☐ Age 5: 112 (41.5%)</li> <li>☐ Ages 6-17: 1,830 (49.7%)</li> </ul> <b>Single father families:</b> 67 (7.5%) <ul style="list-style-type: none"> <li>☐ Under age 5: 11 (5.1%)</li> <li>☐ Age 5: 0</li> <li>☐ Ages 6-17: 56 (8.3%)</li> </ul>
Children living in high poverty neighborhoods (2000)	28.5% of children under 18
Infant mortality rates (2005)	10.2/1,000, as compared to 7.4 for the state. <i>(The 5 year average rate = 10.1/1000)</i>
Low birth weight rates (2005 and 2006)	118 (10.0%) (as compared with state's 8.4%) In 2006, the rate was 10.5%
Elevated lead levels (2004)	14 children of 644 tested (2004 testing rate = 99/1000, VA's rate = 113/1000) By 2005, 14.9% (VA = 11.4%)
Children 5-15 with one or more disabilities	687 (6.1%)

**READY FAMILIES**

CATEGORY	AVAILABLE DATA
Births to adolescent women (2005)	119 (20.8/1,000, as compared to 16/1,000 for VA)
Births to women with less than a 12 <sup>th</sup> grade education (2004 and 2005)	2004: 184 (16%) 2005: 14% (Virginia = 15%)
Non-marital births (2006)	37% (Virginia = 31%)

Children living with a single mother	3.2% (Virginia = 2.6%)
Parental work status (2000 census)	Among parents of children under six, families in which all parents are in the labor force: 3,527 (67.3%)
Levels of educational attainment (2000) <i>Trend data indicates that the graduation rate between 2004 and 2006 has ranged from 64% to 72%--significant percentages of youngsters are not graduating.</i>	<p><b>Ages 18-24:</b></p> <ul style="list-style-type: none"> <li>□ Teens 16-19 high school dropouts: 323 (10.1%)</li> <li>□ No high school diploma: 1,385 (31.9%)</li> <li>□ High school diploma/GED: 1,531 (35.3%)</li> <li>□ Some college, no degree: 1,099 (25.3%)</li> <li>□ Associate or BA degree: 288 (6.6%)</li> </ul> <p><b>Ages 25+:</b></p> <ul style="list-style-type: none"> <li>□ Less than 9<sup>th</sup> grade: 3,796 (9.1%)</li> <li>□ 9<sup>th</sup>-12<sup>th</sup>, no diploma: 5,856 (14.1%)</li> <li>□ High school diploma/GED: 12,338 (29.6%)</li> <li>□ Some college, no degree: 9,569 (23.0%)</li> <li>□ Associate degree: 2,893 (6.9%)</li> <li>□ Bachelor's degree: 4,872 (11.7%)</li> <li>□ Graduate/professional degree: 2,338 (5.6%)</li> </ul>
Language other than English spoken at home	4.0% (for children over 5 in 2000)
Substantiated cases of child abuse (2004/05)	<ul style="list-style-type: none"> <li>□ 25 substantiated reports</li> <li>□ 33 victims (1.6/1000— as compared with state rate of 3.9)</li> <li>□ <i>By 2006 this rate increased to 3.0/1000</i></li> </ul>
Juvenile arrest rate for violent crime	An increase from 5 in 2002 to 8 in 2006
Children in foster care (1/1/06)	10 (2.5/1000)
Grandparents responsible for grandchildren (2000)	605
Travel time to work	27.3 minutes
Living in same house in 1995 and 2000 (ages 5+)	53.4%
Home ownership rate (2006)	72.1%/monthly costs = \$1,603
Rental rate (2006)	27.9%/monthly costs = \$775

*Also needed: Data on primary programs and services supporting parents with young children (parent education, home visitation, family support, literacy programs, recreation programs)*

*Suffolk data*

**READY SERVICES—EARLY CARE AND EDUCATION**

CATEGORY	AVAILABLE DATA
<b>Availability</b> in SHR in 2005	<ul style="list-style-type: none"> <li>q 1,002 registered facilities</li> <li>q Capacity to serve 42,000 children</li> <li>q 52,000 children in families in which all parents work</li> <li>q Lowest percentage of programs serving infants and toddlers</li> </ul>
Regulated Child Care Capacity Rate (for every 100 children ages 0-12)	19% (Virginia = 26%)
<b>Availability</b> by duration of care in Suffolk	<ul style="list-style-type: none"> <li>q 87% of programs offer full week care</li> <li>q 71% of programs offer year-round care</li> <li>q Low vacancy rate of 3% for the above; supply greater than demand for part-day programs</li> </ul>
Young children enrolled in school (2000 census)	<ul style="list-style-type: none"> <li>q Preschool: 1,196</li> <li>q Kindergarten: 972</li> </ul>
Children in public pre-kindergarten (VPI) in 2004 and 2007	<ul style="list-style-type: none"> <li>q 193 of 931 4-year olds (including 302 at risk)</li> <li>q By 2007, 198 were being served</li> </ul>
Children in Head Start in SHR in 2004-05	1,501 (In 2008 15% were from Suffolk.)
Cost: of full-time child care in Suffolk <i>Note: all rates are significantly higher than state subsidy reimbursement rate.</i>	<b>FCCH                  CENTERS</b>
	<ul style="list-style-type: none"> <li>q Infants:                  \$338/month      \$515/month</li> <li>q Preschoolers: \$320/month      \$461/month</li> <li>q School age:      \$325/month      \$401/month</li> </ul>
Children receiving child care subsidy (2004)	2004: 776, with 52 children on waiting list 2005: 928; 2006: 835; 2007: 728
Programs accepting subsidy <i>(74% of programs in SHR accepting subsidy had a waiting list)</i>	68% of Centers and 34% of Family Child Care Homes
Education of Child Care Staff: (% with AA degree or higher)	<ul style="list-style-type: none"> <li>q Center-based teachers: 37%</li> <li>q Center-based directors: 76%</li> <li>q Family Child Care Providers: 29%</li> </ul>
Experience of Child Care Staff: ( % with 5 or more years)	<ul style="list-style-type: none"> <li>q Center-based teachers: 31%</li> <li>q Center-based Directors: 47%</li> <li>q Family Child Care Providers: 49%</li> </ul>
Annual turnover rate	15%
Hourly Compensation of Child Care Staff	<ul style="list-style-type: none"> <li>q Center based teachers: \$8.25</li> <li>q Center-based directors: \$15.00</li> <li>q Family Child Care Providers: \$3.01</li> </ul>
Nationally accredited programs	1 center and 1 FCC Home
Unlicensed child care programs	63.24% of child care programs in Suffolk were unlicensed as of January, 2008, compared with 31.63% across the state

*Suffolk data*

## READY SCHOOLS

CATEGORY	AVAILABLE DATA
Number of students enrolled in school, ages 3- grade 12 <i>Total: 90.8% enrolled</i>	<ul style="list-style-type: none"> <li>□ Public school: 12,272 (84.2%)</li> <li>□ Private school: 2,296 (15.8%)</li> </ul>
Students with limited English proficiency	.9%
Assessment of school readiness (2004 and 2006)	2004: 13.9% identified as needing additional intervention 2006: 13.2%, as compared with 17.1% in Virginia
Standards of Learning, 3 <sup>rd</sup> grade Proficiency, 2006 <i>Note: These have increased every year since 2002, but have consistently remained below state averages, with the exception of the 2006 rate on History, equal to the average in the state.</i>	<ul style="list-style-type: none"> <li>□ English: 77</li> <li>□ Math: 84</li> <li>□ History: 91</li> <li>□ Science: 85</li> </ul>
K-3 grade retention rates	94.4% of students were promoted in 2006.
Graduation/completion rates (2006)	65.6%
Students receiving special education (2006)	About 10% each year
Special education students under 6 (2006)	2.0% (Virginia = 3.0%)
Students receiving free lunch in 2006	4,270 (30.55%)
Students receiving reduced lunch in 2006	1,009 (7.22%)

*Additional data needed:*

- Early intervention to children >3.
- Class size in kindergarten
- ECE to kindergarten transition activities

## READY SERVICES—FAMILY SUPPORT AND HEALTH

CATEGORY	AVAILABLE DATA
Women receiving early prenatal care (2005)	1,075 (91.1%) <i>In 2006 this rate dropped to 89.2%</i>
Early Intervention (2004)	<ul style="list-style-type: none"> <li>□ &lt; age 1: 14</li> <li>□ Age 1: 40</li> <li>□ Age 2: 71</li> </ul>
Home Visiting Programs	□ 218 families receive home visiting services in Suffolk in 2008 ( <i>however, there are over 4,000 families with children under 5</i> )
Eligible children enrolled in public health insurance (MEDICAID/FAMIS) (2005)	<ul style="list-style-type: none"> <li>□ Medicaid: 4,620</li> <li>□ FAMIS: 826</li> <li>□ Remaining eligible not served: 794 (13%)</li> </ul>
Food Stamps (2006)	7,655 individuals (About 9.4%% of population, the 2000 census reported over 13% of population below poverty)
TANF (2006)	46/1,000 children in Suffolk receive TANF

*Suffolk data*

## SOURCES FOR ABOVE DATA

- US Census, 2000
- Kids Count
- Census, American Community Survey, 2005 and 2006
- Virginia's "Indicators of School Readiness"
- "Who's Caring for Our Children," Child Care Workforce Study in South Hampton Roads, 2005
- Local interviews and focus groups

## ISSUES/GAPS EMERGING FROM REVIEW OF SUFFOLK DATA, INTERVIEWS AND FOCUS GROUPS

### General observations:

- q Children ages 0-4 constitute 7.1% of the population—a significant proportion.
- q 67.3% of families that have children under six have both parents working and may need child care.
- q The highest rates of poverty are among children in single-mother families, who clearly have difficulty making ends meet.
- q Given the fact that children of parents not completing high school are five times more likely to drop out of school than children of parents completing high school, Suffolk should continue working to entice back into education/training the 23.2% of adults over 25 without a high school diploma, particularly those women with less than a 12<sup>th</sup> grade education who give birth (16% of births in 2004.)
- q According to the 2000 census 4.0% of children in Suffolk lived in homes where languages other than English were spoken at home.

### Visible assets on which to build include, but are not limited to...

- q There has been a decline in the number of children needing additional intervention before kindergarten (as measured by the PALS-K), with current rates superior to state averages.
- q There have also been small, but steady increases in number of children served by VPI, which may have contributed to the above improvements. Continuing to expand the number of children served by VPI and placing such classrooms in community programs offers both benefits to participating children and an avenue for improving quality in participating child care programs.
- q There was a trend for improvements in rate of early prenatal care, with a setback in 2006. Efforts to renew these improved rates should be mounted.
- q Suffolk has high rates of testing for lead among children under 6
- q There are low rates of substantiated child abuse/neglect in the city.
- q There are promising indicators for improving child care quality, including very low turnover rates among child care providers and higher rates of pay for center-based teachers and directors than other cities in region.

### Significant challenges include the following:

- q The capacity of regulated child care is lower than state averages
- q Proficiency rates on SOL are improving, but still lower than statewide averages, except on History.
- q In spite of early prenatal care, there are issues related to birth outcomes, as listed below. Given the complexity of factors contributing to birth outcomes, the formation of an Infant Mortality Reduction Coalition could be beneficial in exploring and targeting a variety of issues related to these concerns.
  - o High rates of teen births
  - o High rates of infant mortality and low birthweight babies
- q Enrollment of eligible children in Medicaid and FAMIS is still lower than the statewide average. A focused effort to expand such enrollment could be joined with several other efforts, such as early developmental and dental screening; application of fluoride varnish; immunizations; and enrollment in medical homes.
- q The rates of child poverty are somewhat higher than state averages.
- q Graduation/completion rates are lower than state averages, and dropout rates are also higher. Nearly a quarter of adults in Suffolk do not have high school diplomas, according to the census. As a result, Suffolk may want to link adult education and early childhood education services, perhaps through an Even Start grant or similar programs.

### Specific comments related to gaps/issues:

- q Availability of child care and early education:
  - o The number of spaces for full-day, full year early care and education in SHR is insufficient for the demand. The most pressing need is to expand the availability of infant/toddler child care. For example, in Suffolk, child care capacity has consistently been about 18-19% (for children 0-12.) Parents also indicated a need for more evening child care.
  - o There is a long waiting list for service in Eary Head Start.

- There were 119 teen births in 2005. Focus groups indicate a need for child care for teen parents, in order to encourage these moms to remain in school.
  - In FY2007 193 children in Suffolk were served full time in the VPI program, with 302 four year olds considered at risk. There should be an exploration to explore ways both to expand the number of children receiving public pre-K and to offer such classes in child care settings, using this as a vehicle to further improve quality.
  - Parents also expressed a need for additional educational options for young children, such as play groups.
- q Cost of child care:
- The cost of child care in Suffolk significantly exceeds the reimbursement rate offered by the state, and is burdensome for most private-pay parents. Perhaps one result of this fact is that only 34% of Family Child Care Homes and 68% of Centers in Suffolk accept child care subsidy in payment for their services. Therefore, it will be important to
    - § First, create a local fund to supplement the subsidy reimbursement rate and entice additional providers to accept subsidy, thus increasing access to care (and hopefully, higher quality care.)
    - § Advocate with the state to increase subsidy reimbursement rates and to require a higher level of quality for children receiving child care subsidies, in order to avoid having children already disadvantaged by low income be further disadvantaged by poor quality child care.
  - In 2004, there were 52 children on a waiting list for child care subsidy. (Since that time, the number of children receiving subsidies has increased, but data was not available as to whether a waiting list is still in place. If there is, a task force should explore ways to reduce the number of children/families waiting for child care subsidies, as well as to identify/address the difficulties faced by low-income working families not qualifying for child care subsidies, but for whom child care costs are prohibitive.)
- q Quality of care:
- Only 37% of child care teachers and 29% of Family Child Care Providers have Associates degrees or higher. Given the research that finds a correlation between the educational levels of providers and outcomes for the children they serve, there should be incentives and supports to encourage providers to continue their education.
  - Only 31% of center-based teachers, 47% of Directors in child care programs, and 49% if Family Child Care Home providers have more than 5 years experience. On the other hand, Suffolk is to be commended on its low annual turnover rate of 15%. Factors contributing to the limited years of experience should be identified and addressed.
  - Compensation for those working in child care is low, especially as compared with costs of living in the area.
  - There are only 2 accredited early childhood education programs in Suffolk (one center and one FCC Home). An effort providing technical assistance and incentives for programs to pursue either accreditation and/or to participate in a pilot Quality Improvement Rating System would be important.
  - Focus groups also noted the need for early education programs to offer a curriculum that is well-aligned with expectations of public schools.
  - *All of the above facts underscore the importance of developing incentives and support designed to increase both the educational levels and compensation rates of those providing early care and education.*
- q School readiness:
- In 2003, 13.9% of students entering kindergarten in Suffolk were assessed as needing additional intervention. This was the best rate in the region.
  - On the other hand, although proficiency rates on 3<sup>rd</sup> grade testing have improved each year, these scores remain lower than the statewide averages. There were still 23% of students less than proficient in English/Reading at 3<sup>rd</sup> grade-- falling behind in the essential skills of language use. It will be important both to identify and assist young children likely to fall in this group and to provide additional remediation to those students falling behind prior to 3<sup>rd</sup> grade.
  - Likewise, about 6% of children are not promoted each year, at a considerable cost to taxpayers. Additionally, the graduation rate of 65.6% in 2006 continues to be of concern.
- q Family support:
- The rates of substantiated child abuse in 2004/05 in Suffolk are significantly lower than the statewide averages, but have increased recently. Efforts should be increased to identify and serve families at risk for possible abuse; and a task force should explore factors in the city that may contribute to increased rates.
  - Given the correlation between a mother's education and a child's educational success, the fact that 184 babies in 2004 were born to women with less than high school should be a

focus of efforts. Could these women be targeted at the time of birth and offered a route to return to school?

- What services are needed to support the 605 grandparents responsible for their grandchildren?
- Housing costs are high in Suffolk (\$1,603/month per unit with mortgage and \$775 gross rent—with 3,594 renters expending  $\geq$  30% of their household income on rent.) These facts may also contribute to the fact that 46.6% of the population moved between 1995 and 2000. Does Suffolk have a strong IDA program or something similar to support increased home ownership?
- Even without data available on the extent of parenting support services in the area as compared to the population of parents with young children, it would be advisable for a task force to explore ways to provide effective and on-going information and support to parents, as a way of ensuring both effective parenting skills, knowledge of child development, and understanding of available services in the community. Many parents in this area expressed the lack of extended family support, given the mobility of families in the area.
- Parents stress the need for education and support for fathers, particularly teen parents.
- Parents also cite the need for more summer activities for families.

q Health:

- Suffolk is to be commended on the fact that there was an increase from 85.6 % to 91.1% of women receiving early prenatal care from 2002 to 2005, a higher rate than other cities in the region; however, that rate dipped again in 2006. It would be wise to continue efforts to increase these rates and to monitor closely any factors that may contribute to any additional slippage.
- Likewise, Suffolk has seen a steady decrease in the rate of teen births, from 29/1000 in 2002 to 20/1000 in 2005. :
  - § How might that birth rate continue to be decreased?
  - § How can high quality care be provided to these infants, simultaneously allowing these teens to remain in school and offering a nurturing start in life to their infants? (In other words, what is a comprehensive approach to serving this population?)
- The rate of low birth weight babies in Suffolk is higher than the statewide averages, as are infant mortality rates. Obviously, given the good rates of early prenatal care, reducing rates of infant mortality and low birth weight involves many factors and can be complicated. Factors contributing to these concerns should be explored and addressed.
- It appears that rates of children served with early intervention would be considerably lower than the 6.1% of children 5-15 years with one or more disabilities. These facts would support efforts to expand the availability of such services.
- Suffolk is to be commended on the significant and steady increase in the percentages of those being tested for lead, bringing the local rate past that of the statewide averages.
- 794 (13%) children eligible for either Medicaid or FAMIS are not yet enrolled in either—and health providers note that children without insurance do not receive the services they need.
- Focus groups indicate the need for additional services in the following areas:
  - § Screening for young children
  - § Services to address postpartum depression
  - § Greater physical activity to improve motor skills among young children
  - § Mental health services to address challenging behaviors.
- It appears that less than those eligible receive food stamps.

- q Transportation: Focus groups expressed concern about transportation difficulties and the need for improved transportation services.

**Additional suggestion from groups:**

q Training:

- Train first responders (police, fire, etc) in areas related to domestic abuse and possible referrals.
- Provide training to hairdressers and barbers in areas related to abuse, child development, and health—since clients offer discuss these issues with them.
- Expand training opportunities for child care staff, including opportunities for child care staff to shadow kindergarten teachers.
- Provide copies of the kindergarten curriculum to early education teachers.

q Home-school:

- Provide meetings between parents and public school teachers at least a year before kindergarten to discuss expectations.
- q On-site services:
  - Consider offering immunizations for young children at local schools.
  - Encourage expanded employer-sponsored child care.
- q Family activities: Involve neighboring cities in providing a variety of family activities on a rotating basis.