



Child Care
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2023

COMMUNITY NEEDS ASSESSMENT UPDATE



Completed by the Non-Profit
Connection, LLC

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EXECUTIVE SUMMARY

PURPOSE STATEMENT

The community assessment describes the context of how Head Start and Early Head Start programs operate and ensures the correct services are provided to the appropriate population. The assessment paints a picture of the community and describes the diverse needs of families who may receive services.

Subpart A 1302.11(b)(2) of the Head Start Program Performance Standards requires programs to review and update the community assessment annually to reflect any significant changes, including increased availability of publicly-funded pre-kindergarten (and 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 full school day), rates of family and child experiencing homelessness, and significant shift in community demographics and resources.

In the presentation of the President's FY 2024 budget, it was stated that it would make multi-year funding available for research and evaluation to align funding timelines with evaluation timelines better.

Gather data

When conducting an update of a community needs assessment (CNA) from the original report submitted only 18 months before (September 2021), it is predicted that the sources used to inform the changes, adaptations, and updates from the original CNA may encounter barriers in the research for updated data collection, as most data sources timeline is usually every 5 to 10 years, and may have already be used for the original CNA (for example, US census data is available once every ten years). A program's ability to effectively manage data impacts the quality of a community assessment. Since most data sources do not offer updated data, the report will focus on the data sources who had updated their data, allowing for comparison and analysis. The information would include data sources that offered an estimated timeline of data, such as the US Census, which was the catalyst for the original CNA when reporting demographic data. Additionally, the Administration of Children and Families (ACF) proposed including the President's Budget Report, which, based

on data, represented the 2024 budget for the upcoming year.

Analyze and make decisions

During the updated community assessment process, data is used to identify ongoing changes in the community and plan accordingly; based on the analyzed data, identifying trends, and making data-informed decisions are crucial steps.

Communicate and incorporate

The Office of Head Start requires grant recipients to conduct an updated community assessment report on an annual basis to help staff and stakeholders understand key findings to take into consideration when working on the program's strategic plans. These reports should consider making the data accessible, relevant, and engaging.

ASSESSMENT PROCESSES AND METHODS

The Non-Profit Connection uses a variety of research and evaluation methods that are rigorous, relevant, transparent, independent, and ethical, including:

Data collection

Data collection is the procedure of collecting, measuring, and analyzing accurate insights for research using standard validated techniques. The CNA update will first refer to the listing of all websites used during 2021 data collection, offering a precise data comparison, which analysis will help identify any improvement, growth, or lack thereof, as demonstrated by comparing data reports. All websites used to complete the original CNA were checked, identifying the ones that offer up-to-date information.

Focus groups or interviews.

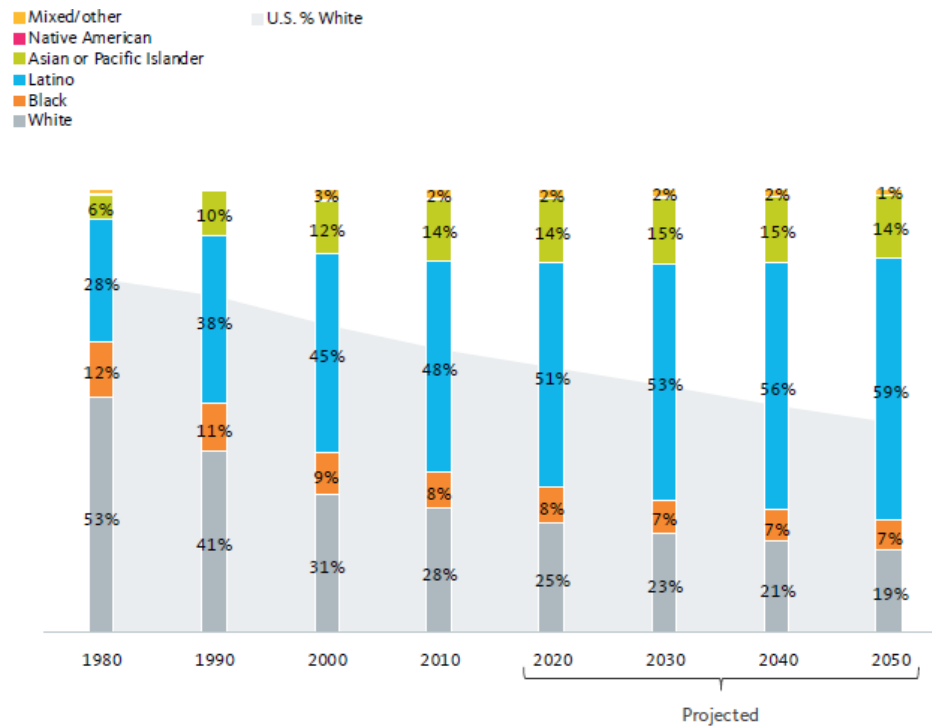
For any update of community assessment data, it is recommended, if conducting interviews or focus groups, to have the participation of the same individuals who participated in the previous assessment to be able to compare and analyze data on any changes in opinions, feelings, impact, and feedback, since the original CNA. OHS does not require focus groups or interviews for a CNA Update.

Who should participate in the focus groups? (Parents, community, or staff)

If the grant recipient chooses to conduct focus groups, the OHS encourages grant recipients to include participants based on the makeup of the geographical location. For example, San Fernando Valley's demographics reported that most residents are Hispanics (57 percent), followed by White Caucasians (13 percent) and Blacks (9 percent). Based on this data, a focus group of 10 participants should include 5 Hispanics, 3 White Caucasians, and 2 Black individuals participating in that focus group. For a CNA Update, the data collected from focus groups may be conducted through a survey of parents and community members.

COMMUNITY DEFINITION

When conducting an Update of a Community Needs Assessment (CNA), sometimes the need for updated data becomes a barrier; however, some of these agencies/organizations offer data on expected data based on previous reports, which have been included in this report. For example, The US Census Bureau, where most of the demographic data is taken from, is conducted every ten years, offering predictions every ten years. The chart below shows the forecasts for California and Los Angeles County Region. As you can see, since 1990, the region’s population has grown by over 1 million residents. This growth is most notable in Lancaster, Palmdale, Santa Clarita, and the San Fernando and San Gabriel Valleys. The Latino and Asian or Pacific Islander (API) populations have been the fastest-growing groups in the region overall. Their increasing numbers are seen in many parts of the area. Substantial increases in the Latino population are seen throughout the whole for coastal cities, such as Santa Monica and Redondo Beach, as well as the western portion of South Los Angeles in places that are still primarily African American, such as the City of Inglewood, and the Baldwin Hills. The API population has increased most noticeably in the San Gabriel Valley and the southeast portion of the County near Anaheim, including the suburban cities of Lakewood and Cerritos. The US Census Bureau offers a projected chart, reporting no significant changes in the demographic data for Los Angeles County, projecting the Latino population is highest for years to



Sources: U.S. Census Bureau; Woods & Poole Economics, Inc.

come.

The 2023 demographic data indicated that Los Angeles County, officially the County of Los Angeles (Spanish: Condado de Los Ángeles), sometimes abbreviated as L.A. County, is the most populous county in the United States, with 9,861,224 residents in 2021. The 2023 demographics analysis of Los Angeles County reported a growth rate of 0.19 percent, with a current population of 10,072,626. They are a diverse county with more than 140 cultures and as many as 224 languages. The CCRC Head Start service area is in northern Los Angeles County, California, specifically Antelope Valley and San Fernando Valley.

Los Angeles County, California Population 2023

10,072,629



2023 Growth Rate	0.19% (19,540)
County Website	Los Angeles County
State	California
County Seat	Los Angeles
Lat./Long.	(34.000, -118.000)
2010 Population	9,818,605
Growth Since 2010	2.59% (254,024)

Year	Population	Growth	Growth Rate
2019	9,994,465	19,540	0.2%
2020	10,014,009	19,544	0.2%
2021	10,033,549	19,540	0.2%
2022	10,053,089	19,540	0.19%
2023	10,072,629	19,540	0.19%

Antelope Valley (AV) is in Northern Los Angeles County. Kern County borders it to the north, the San Gabriel Mountains, Santa Clarita, and San Bernardino County to the east, and Ventura County to the west.

Most CCRC Head Start services are offered to Hispanics/Latinos (San Fernando Valley - 57 percent, Antelope Valley 44.8 percent). African Americans are more significant in Antelope Valley, at nearly twice the County and three times the state rates. Within the CCRC Head Start service area, Pacoima, San Fernando, and Sunland communities are more than three-quarters Hispanic/Latino.

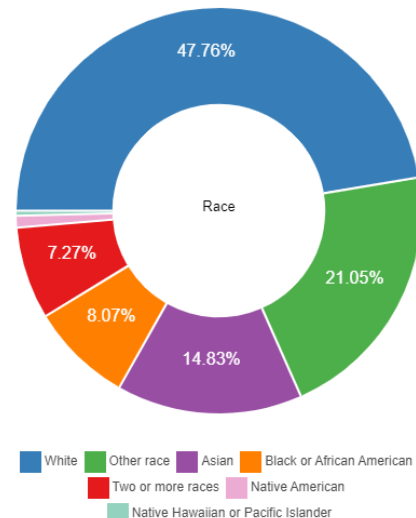
Although most of Los Angeles County’s language spoken is English 45.94 percent, Spanish follows closely by 44.27 percent. This data showed a 0.8 percent growth in Spanish-spoken individuals since 2021.

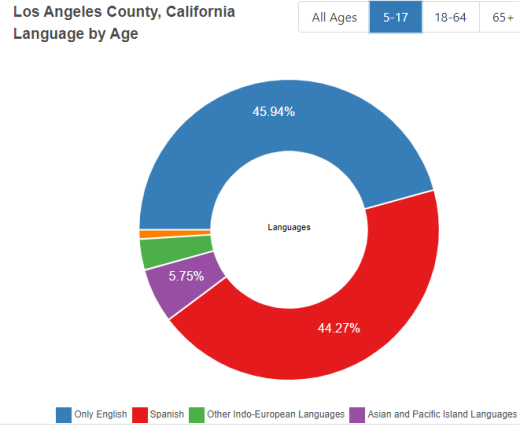
Population by Race

All Hispanic NonHispanic

± CSV ± JSON

Race	Population	Percentage (of total)
White	4,795,186	47.76%
Other race	2,113,852	21.05%
Asian	1,488,626	14.83%
Black or African American	810,286	8.07%
Two or more races	729,532	7.27%
Native American	78,132	0.78%
Native Hawaiian or Pacific Islander	25,068	0.25%





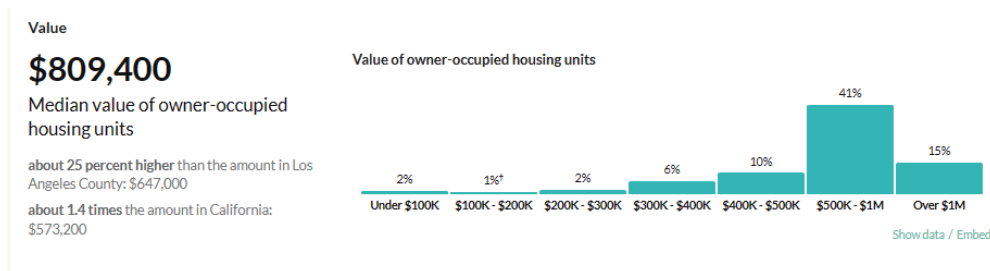
THE ADDED VALUE OF BASIC FAMILY BUDGETS

Basic family budget calculations constitute the income required to afford a safe and decent standard of living for one of six family types residing in any of 400 specific U.S. communities. These budgets are calculated for six different family types (one or two parents with one to three children) and incorporate regional, state, or local price variations (depending on the item). Therefore, cost-of-living differences are built into the budget calculations. The basic budgets are relative measures of what incomes are necessary to attain a specific standard of living. The budget items included in the primary family budgets are housing, food, childcare, transportation, health care, other necessities, and taxes.

The following is a brief description of each budget item and the restrictions.:

Housing.

Housing costs are based on the Department of Housing and Urban Development’s fair market rents (FMRs). FMRs represent the 40th percentile of rents (shelter rent plus utilities) for privately owned decent, structurally safe, and sanitary rental housing of a modest (non-luxury) design with convenient amenities. Rents for two-bedroom apartments were used for families with one or two children, and rents for three-bedroom apartments were used for families with three children (these assumptions were based on HUD guidelines). The cost of purchasing a home in Los Angeles County has steadily increased yearly, reporting a medium value of ownership of \$809,400 for 2022.



Food.

Food costs are based on the “low-cost plan” from the Department of Agriculture’s report, “Official USDA Food Plans: Cost of Food at Home at Four Levels.” The USDA food plans represent the amount families need to spend to achieve nutritionally adequate diets.

Transportation.

Transportation expenses are based on the costs of owning and operating a car for work and other necessary trips. The 2023 data shows only an increase in Los Angeles County of 0.04 percent of residents prefer driving alone.

Education.

The latest data found (FY2022) indicated the majority of Los Angeles County residents (77.8 percent) had attained a High School diploma, or a General Education Development (GED)

Educational attainment

77.8%

High school grad or higher

a little less than the rate in Los Angeles County: 80%

about 90 percent of the rate in California: 84.2%

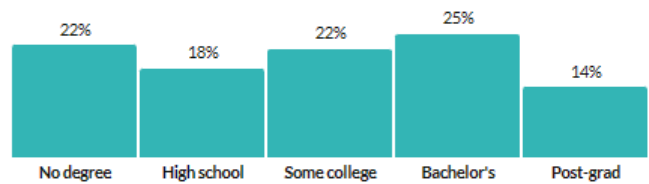
38.5%

Bachelor's degree or higher

about 10 percent higher than the rate in Los Angeles County: 34%

about 10 percent higher than the rate in California: 35.3%

Population by highest level of education



* Universe: Population 25 years and over

[Show data / Embed](#)

Health care.

Research suggests that many disparities in overall health and well-being are rooted in early childhood. Stressors in early childhood can disrupt neurologic, metabolic, and immunologic systems, leading to poorer developmental outcomes. Healthcare expenses are based on an amount recognizing that not all families receive employer-provided health care. Although the health, social service, and education systems that serve young children and their families and communities provide opportunities to support responsive relationships and environments, efforts by these systems are often fragmented because of restrictions that limit the age groups they can serve and the types of services they can provide. Integrating relationship-based prevention and intervention services for children early in life, when the brain is developing rapidly, can optimize developmental trajectories. Public health can play a critical role in identifying at-risk children and integrating systems that can support healthy development by promoting collaboration and data-driven intervention activities.

Other necessities.

The cost of other conditions includes clothing, personal care expenses, household supplies, reading materials, school supplies, and other miscellaneous items of need from the Consumer Expenditure Survey.

State Rates for Contract Providers.

Even though contract-based providers in California must meet more program standards than voucher-based providers, the payment rate is lower than the RMR ceiling in many counties, illustrating a fundamental problem with the state's bifurcated rate system. To correct this, policymakers included a provision in the 2021-22 budget agreement to reimburse contract-based providers with either the Standard Reimbursement Rate (SRR) or the rate for voucher-based providers, whichever is higher.

The 2024 Budget of the U.S. Government Joe Biden – President of the United States of America

PROVIDING FAMILIES MORE BREATHING ROOM AND ECONOMIC SECURITY

As the economy transitions from a historically strong recovery to stable, steady growth, the President has focused on his top economic priority: lowering costs for working families and giving the American people more breathing room. While more work remains—and the Nation could see setbacks along the way—there are unmistakable signs that the President’s economic strategy is working: annual inflation has fallen over the past six months, even as the labor market remains solid and real wages are rising.

Last summer, the President signed into law the Inflation Reduction Act (Public Law 117-169), historic legislation to lower costs for families, build a clean energy economy and combat the climate crisis, reduce the deficit, and finally ask the largest corporations to begin to pay their fair share— all while ensuring that no one making less than \$400,000 per year would pay a penny more in taxes. The Inflation Reduction Act lowered prescription drug costs by capping out-of-pocket expenses for seniors at \$2,000 per year and finally letting Medicare negotiate prices. It reduces healthcare costs by ensuring millions of Americans continue to save hundreds per year on health insurance premiums. Child poverty also fell to a historic low in 2021, and the President has taken action to lift one million children out of poverty by modernizing their benefits.

The President also addressed the need for expanding Access to Affordable, High-Quality Early Care and Education. The Budget advances the President’s goal of ensuring that all families can access affordable, high-quality childcare and free, high-quality preschool, helping children learn, giving families breathing room, and growing the economy. The President’s plan enables childcare to increase childcare options for more than 16 million young children and lower costs so that parents can afford to send the high-quality childcare program of their choice, allowing them to go to work or pursue training with the peace of mind that their children are being set up for a lifetime of success. The Budget also funds a Federal-State partnership that provides high-quality, universal, free preschool offered in the setting of a parent’s choice—from public schools to childcare providers to Head Start—to support healthy child development and ensure children enter kindergarten ready to succeed. The proposal enables States to increase preschool access and quality by providing high-quality preschool to the nation’s approximately four million children. It allows states to expand preschool to three-year-olds after preschool is available to all four-year-olds. The estimated cost of these investments is \$600 billion over ten years. In addition, the Budget provides \$22.5 billion in discretionary funds for existing early care and education programs, an increase of \$2.1 billion over the 2023 enacted level. This includes \$9 billion for the Childcare and Development Block Grant, an increase of nearly \$1 billion over the 2023 enacted level, to expand access to quality, affordable childcare for families across the Nation. The Budget also helps young children enter kindergarten ready to learn by providing \$13.1 billion for Head Start, an increase of \$1.1 billion over the 2023 enacted level. In addition, the Budget helps States improve their early childhood systems by building on existing Federal, State, and local early care and learning investments by funding the Preschool Development Grants program at \$360 million, an increase of \$45 million over the 2023 enacted level.

CHILDREN AND FAMILIES' DEMOGRAPHIC TRENDS

County of Los Angeles Department of Children and Family Services CHILD WELFARE SERVICES DATA MONTHLY FACT SHEET February – 2023

Child and family demographic trends help project potential needs for education, childcare, health care, and other services. Demographic projections point to an overall shortage of children relative to older populations, leading to workforce and taxpayer shortages in the coming decades. This means each child is more important to the future of California and the U.S. than ever before. It also means that leaders need to invest in programs and policies that nurture children and help them reach their potential, and they need to align service systems with shifting demographics.

Demographic factors also matter because the circumstances in which children are born and grow up are more significant structural forces, such as economics, institutions, and policies that strongly influence their health and well-being.

LA COUNTY 2021 CHILD CHARACTERISTICS REPORT

AGE	BIRTH – 2	4,910	18.3 percent
	3 – 4	3,357	12.5 percent
	5 – 9	6,634	24.8 percent
	10 – 13	4,501	16.8 percent
	14 – 15	2,341	8.7 percent
	16 – 17	2,457	9.2 percent
	18 years and older	2,564	9.6 percent
	TOTAL	26,754	100 percent
	ETHNICITY	WHITE	2,897
HISPANIC		16,247	60.7 percent
BLACK		6,329	23.6 percent
ASIAN/PACIFIC ISLANDER		495	1.8 percent
AIAN		59	0.2 percent
OTHER		737	2.8 percent
TOTAL		26,764	100 percent
SEX ASSIGNED AT BIRTH	MALE	13,257	49.5 percent
	FEMALE	13,496	50.4 percent
	INTERSEX	0	0.0 percent
	UNKNOWN	10	0.0 percent
	TOTAL	26,764	100 percent

The chart above shows the 2021 LA County report, indicating that when adding BIRTH – 2 and 3 – 4 totals below, told that children from 0 – 4 represent the highest percentage of the LA County population (30.8 percent)

2020 LOS ANGELES COUNTY TOTAL CHILDREN (from 2020 census data)

18.2 percent of all people in LA County live under the poverty level, including 26.6 percent of children. This is higher than the State average.

TOTAL CHILDREN 0 – 5 LIVING IN POVERTY – CALIFORNIA/LOS ANGELES

	California	Los Angeles
2010		
Children 0-5 living in poverty	760,003	219,717
2020		
Children 0-5 living in poverty	499,726	141,063

There has been a 21 percent the state, and 20 percent for Los Angeles County, decrease in the number of children 0-5 living in poverty in California from years 2010 to 2020 (no updated data found).

IDENTIFYING VULNERABLE CHILDREN AND INFORMING ACTION

Screening, early identification, and linkage to services can prevent vulnerable children (i.e., children at risk for or with a developmental delay) from progressing to higher risk levels. Early intervention can yield the most significant social and economic returns for disadvantaged groups by offering these services to the identified clients.

THE STATE OF EARLY CARE AND EDUCATION IN LOS ANGELES COUNTY

A child’s early years are a critical period in a person’s development. The foundation built through a child’s participation in quality early childhood education sets them on a path to positive economic and social impacts lasting well into adulthood, from higher educational attainment and less chance of involvement in criminal activity to higher-status employment and higher education earnings. And education benefits the children and families who participate and yield long-lasting benefits for society. Nobel Laureate in economics, James Heckman, found that the long-term economic return on investment in high-quality early care and education programs can yield up to a 13 percent return.

	California	Los Angeles
Under 2 years	941,215	232,426
2 years	489,567	121,085
3 years	503,509	126,556
4 years	503,657	127,025
5 years	506,494	127,969
6-10 years	2,576,958	638,387
11-12 years	1,057,076	256,530

As reported in the table above, there are over 700,000 children under 5 in Los Angeles County. Yet, licensed centers and family childcare homes only serve 13 percent of working parents with infants and toddlers. In stark contrast, there are 12 percent more licensed preschool spaces than preschool-age children of working parents. The primary concerns identified by recent data include:

- Parents with two children earning the County’s median family income would need to spend almost half of their income (45 percent) on child care. For families below the poverty line, the situation is even direr.
- Teaching infants, toddlers, and preschool-age children require the equivalent level of skills and knowledge as teaching older children. Yet, the pay for the early care and education workforce is less than half of what kindergarten teachers make. The Los Angeles Unified School District 2022-2023 PREPARATION SALARY TABLE reported that Pre-K requirements for a teacher are a minimum of a BS Degree, with a salary similar to Kindergarten teachers; however, Los Angeles County early care and education staff working on subsidized childcare or in the private sector, with minimal credential requirements, make an average of between \$11.73 and \$14.75 per hour.
- In Los Angeles County, low-income families (excluding Welfare-to-Work parents) qualify for an alternative Payment Initiative (API) voucher program. In Los Angeles County, the total number of children on the waiting list or the API program has not been reported to be lower than 40,000.
- As reported by Childcare Aware 2022 data, the concern is that L.A. County needs more than 60,000 full-time staff – or an additional 30,000 workers- to supplement the estimated 28 existing ECE workers and meet the needs of 440,000 children ages zero to five.

In 2018, California was ranked the nation's least affordable state for center-based infant care. Subsidized early care and education programs help low-income working parents become financially stable. Yet only 15 percent of eligible infants and toddlers are served, compared to 41 percent of eligible preschoolers and 53 percent of eligible school-age children. With the extreme gap between the number of working families with infants and toddlers and the capacity of licensed early care and education providers to care for infants and toddlers.

STATE OF CALIFORNIA CHILD CARE RESOURCE AND REFERRAL

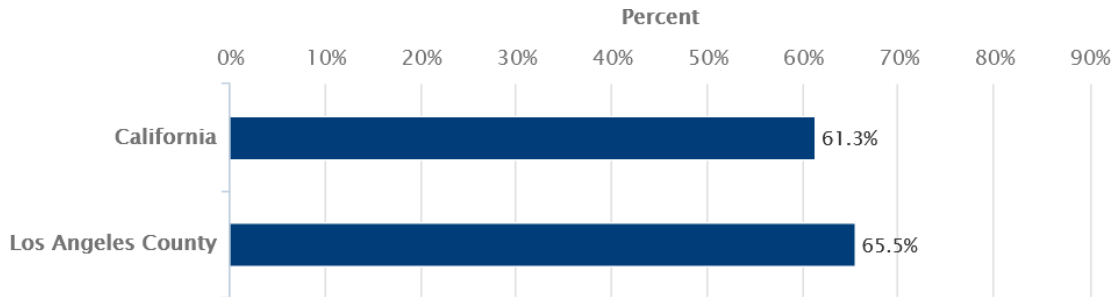
The 2021 California Childcare Portfolio, the 13th edition of a biennial report released to the public in March 2022, presents a unique portrait of childcare supply, demand, and cost statewide and county by county and data regarding employment, poverty, and childcare budgets. The childcare data in this report was gathered with childcare -resources referral programs (R&Rs). R&Rs work daily to help parents find childcare that best suits their family and economic needs. They also work on the delivery del delivery high-quality childcare services in diverse settings throughout the state.

The chart below shows a decrease in the population of children below the age of 5 years old in the State of California, however; the need for access to childcare for the low-income community is still higher for the State of California.

PEOPLE ¹	STATE		
	2018	2021	CHANGE
Total number of residents	39,864,538	39,142,991	-2%
Number of children 0-12	6,578,476	6,288,604	-4%
Under 2 years	941,215	876,608	-7%
2 years	489,567	443,635	-9%
3 years	503,509	457,604	-9%
4 years	503,657	481,746	-4%
5 years	506,494	489,879	-3%
6-10 years	2,576,958	2,525,335	-2%
11-12 years	1,057,076	1,013,797	-4%

The estimated percentage of children ages 3-5 enrolled in preschool.

Los Angeles County reported that the percentage of children enrolled and attending preschool programs is 10 percent higher than the total California data, attributed to unknown factors.



COST OF CHILDCARE

The cost of childcare has increased by 2.17 percent in 10-years in Child Care Centers and by 8.50 percent in Family Child Care Homes.

YEAR 2012

THE YEAR 2022

	California	Los Angeles
Center	\$11,461	\$12,823
Family child care home	\$7,446	\$8,095

	California	Los Angeles
Center	\$17,384	\$16,866
Family child care home	\$11,718	\$10,465

STATE OF CALIFORNIA CURRENT PRESCHOOL PROGRAM OPTIONS:

February 2023, the Overview of Child Care and Preschool Programs presented to Senate Committee on Budget and Fiscal Review Hon. Nancy Skinner, included the services available for children under 5 in the State of California, available to Los Angeles County children who meet the Eligibility Requirements for each funded program, as stated in the chart below.

Program	Key Eligibility Requirements
CalWORKs Child Care	<ul style="list-style-type: none"> • Family earns at or below 85 percent of State Median Income.^a • Family is currently or formally enrolled in CalWORKs program. • Parent(s) work or are in school. • Child is under age 13. • Slots are available for all eligible children.
Alternative Payment and General Child Care	<ul style="list-style-type: none"> • Family earns at or below 85 percent of State Median Income.^a • Parent(s) work or are in school. • Child is under age 13. • Slots are limited based on annual budget appropriation.
Migrant Child Care	<ul style="list-style-type: none"> • Family earns at or below 85 percent of State Median Income.^a • Parent(s) work in agriculturally related field.^b • Child is under age 13. • Services are provided throughout the Central Valley. • Slots are limited based on annual budget appropriation.
Care for Children With Severe Disabilities	<ul style="list-style-type: none"> • Family earns at or below 85 percent of State Median Income.^a • Child is under age 21 and has exceptional needs.^c • Program is located in San Francisco Bay Area. • Slots are limited based on annual budget appropriation.
Emergency Foster Care Bridge	<ul style="list-style-type: none"> • Limited to children in foster care system and under age 13. • Time-limited child care vouchers until family finds longer-term child care solutions.^d
State Preschool	<ul style="list-style-type: none"> • Family earns at or below the State Median income.^e • Child is age 3 or 4. • Slots are limited based on annual budget appropriation.
Transitional Kindergarten	<ul style="list-style-type: none"> • Child is age 4 with a birthday between September 2 and February 2. • Slots are available to all eligible children.

FUNDING MODEL VARIES PROGRAMS

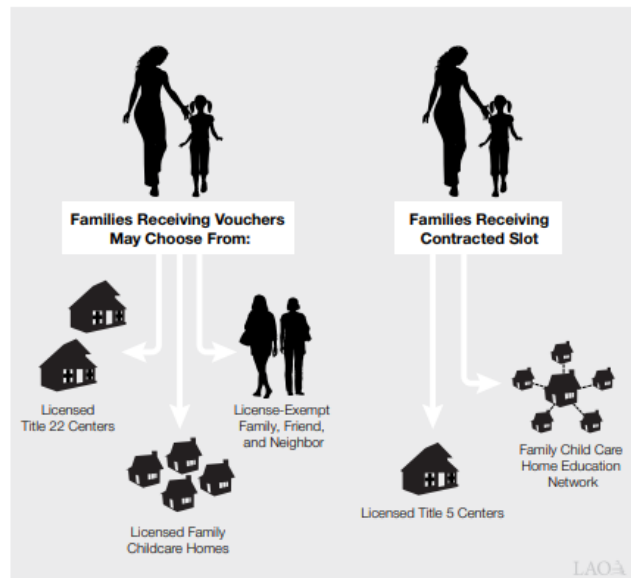
The State of California pays Childcare and Preschool Providers differently as follows:

- For voucher-based programs, the state contracts with local Alternative Payment agencies to help families arrange care services and reimburses child care providers selected by families to provide care.
- For direct contract programs, the state directly reimburses child care centers and Family Child Care Home Education Networks based on a fixed number of child care slots.
- For transitional kindergarten (TK), the state directly funds school districts based on the average number of students in class daily throughout the school year. Childcare and State Preschool Payment Rates Vary by County
- Historically, the state has used two different provider rates: — The Standard Reimbursement Rate (SRR) is a

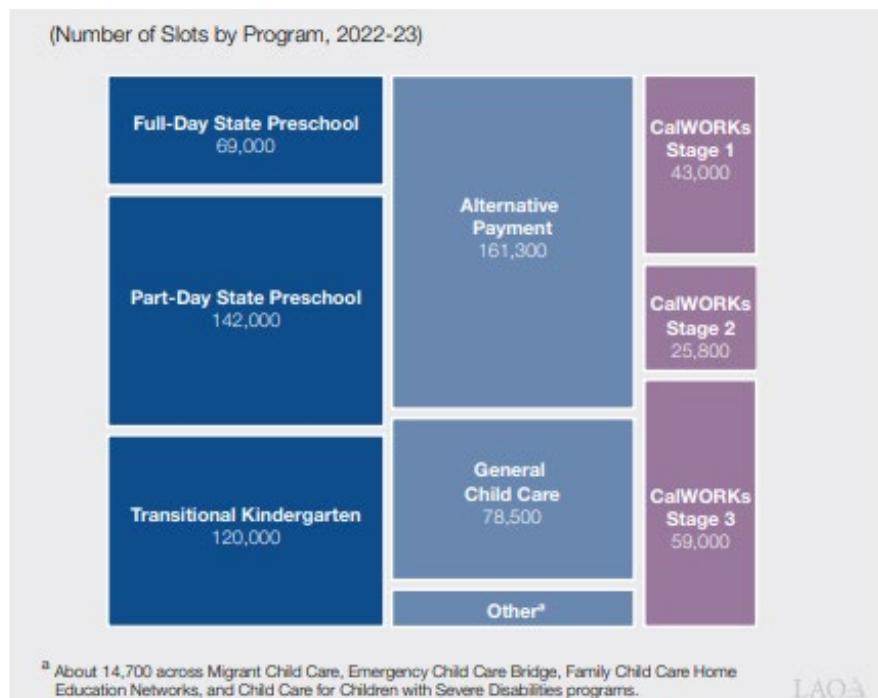
fixed statewide rate (currently \$54.93 per day and \$55.27 for Childcare State Preschool). The SRR receives a statutorily required annual cost-of-living adjustment. — The Regional Market Rate (RMR) varies based on the county where the child is served and on regional market surveys of a sample of licensed childcare providers (currently reflects the 5th percentile of the 2018 market survey). RMR levels typically only increase when the state takes action to use a higher percentile of the survey or the most recent survey.

- In 2021-22, the state shifted direct contract providers to the RMR to the extent that the RMR was higher than the SRR.

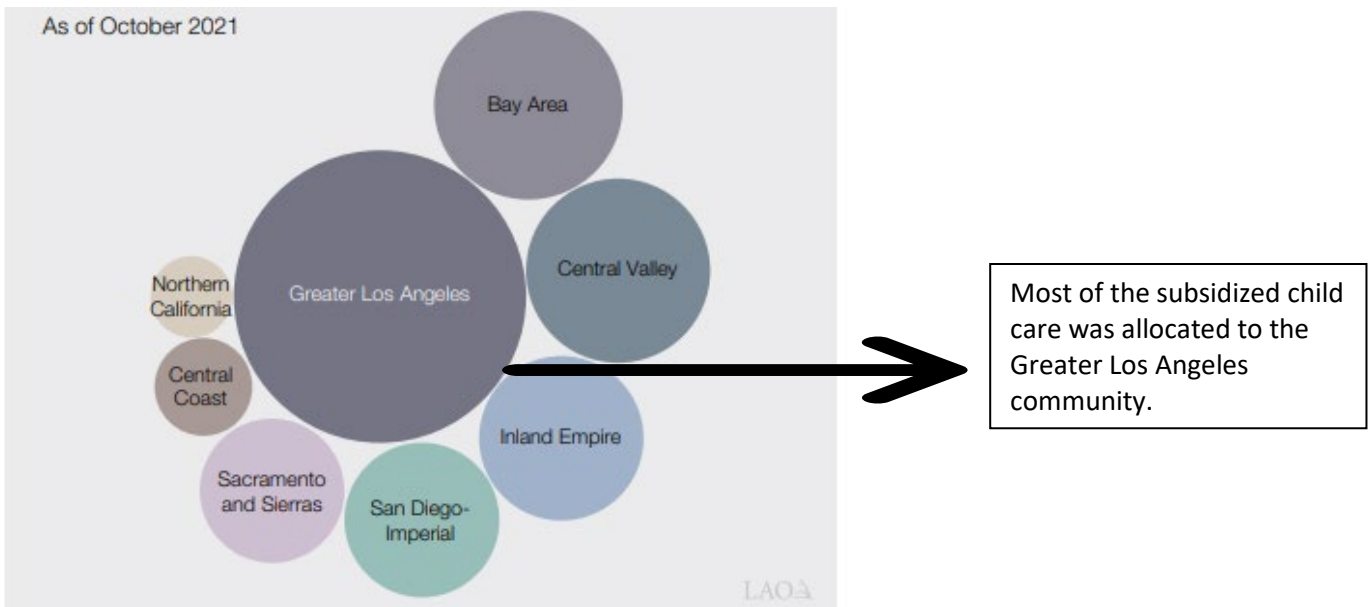
Type of Child Care Settings



California Provides Funding to Serve About 713,000 Children Through These Programs



Regional Distribution of Number of Children Receiving Subsidized Child Care



Other Recent Child Care and Preschool Changes

- Enactment of Temporary COVID-19 Relief Activities. The state implemented several temporary program changes in response to the COVID-19 pandemic, including, but not limited to, waiving family fees, providing one-time stipends and supplemental rate payments to providers, and establishing reimbursement flexibilities to mitigate the impact attendance declines would have on provider payment levels.
- Transition of Subsidized Child Care Programs to DSS. The 2020-2021 budget package shifted the administration of state childcare programs and initiatives from the California Department of Education to DSS beginning July 1, 2021.
- Authorization of State-Level Collective Bargaining for Certain Child Care Providers. In 2020-2021, the state authorized only licensed family child care home operators and license-exempt family, friend, and neighbor providers to collectively bargain on a defined number of issues, including, but not limited to, provider payment rates, benefits, and professional development. These providers are represented by the Child Care Providers United-California union.
- Establishment of Child Care Rate Working Groups. The 2021-2022 budget included legislation establishing two workgroups to recommend implementing a single childcare rate structure. One workgroup assessed the methodology for establishing a new reimbursement rate and quality standards. The other workgroup recommended a single rate structure to the Department of Finance to inform the 2023-2024 Governor’s Budget.
- Expansion of TK to All Four-Year-Olds. The 2021-2022 budget included legislation that expands TK eligibility from 2022-2023 through 2025-2026. At full implementation in 2025-2026, a child who has their fourth birthday by September 1 will be eligible for TK.
- Requirement for State Preschool Providers to Serve Children with Disabilities. The 2021-2022 budget included legislation requiring at least 5 percent of children to enroll in State Preschool programs for children with disabilities in 2022-23. This increases to 7.5 percent in 2023-2024 and 10 percent in 2024-2025 and in future years.

- Rate Increase for State Preschool Providers Serving Certain Children. The 2021-2022 budget increased rates for State Preschool providers serving children with disabilities to three-year-olds, dual language learners, and children receiving mental health consultation services.

Governor Newsom Releases FY23 Proposed Budget

Governor Newsom’s latest budget proposal continues to illustrate his desire to positively impact the lives of California’s children and their families.

In 2021, Newsom announced a vision to fill 200,000 childcare seats by 2025-2026. Among the efforts to meet this goal is a proposed framework for developing a single-rate reform structure for childcare providers across the state. In 2021, a Joint Labor Management Committee (JLMC) was established by the state and Child Care Providers United (CCPU), while in early 2022, a Rate and Quality Stakeholder Workgroup was convened to assess the methodology for reimbursement rates and quality standards for child care and development programs and preschool programs.

The proposal includes four elements related to rate reform:

- 1) an alternative methodology that considers a cost estimation model;
- 2) base rates;
- 3) incentives/enhancement rate-setting metrics; and
- 4) evaluation of the rate structure.

The administration is currently in negotiations with CCPU. A critical part of First 5 LA’s advocacy efforts in the coming year will be ensuring the development and implementation of an equitable rate reform system that recognizes childcare providers’ essential work. More significant compensation for providers will not only help ensure young families access to childcare resources — especially since operation costs have increased significantly in the wake of the pandemic — but will be necessary for Newsom to actualize his 2021 promise to expand childcare seats by 2025-2026.

Due to budgetary challenges now facing the state, Newsom proposed inevitable funding delays, budget pullbacks, and trigger reductions. Specific actions, such as delaying the implementation of certain spending into future years when the economy is more robust, could save an anticipated \$7.4 billion this year. The state Assembly budget blueprint considers a broadly similar approach. It plans to reevaluate the timing of planned one-time expenditures that could shift billions of 2020-2023 expenditures to later years. Some of these proposed funding delays or trigger cuts include:

- A delay in \$550 million in funding for the **Full-Day Kindergarten (FDK) grant program**, which supports the construction or conversion of school facilities into preschool and TK classrooms, from 2023-2024 to 2024-2025. Newsom also wants to delay the start of \$10 million in annual funding for **Preschool Inclusion grants** for two years, from 2022-2023 to 2024-2025.
- A proposed \$3.9 billion in “trigger cuts” — appropriations that will only go into effect if future fiscal considerations allow. Most triggers relate to **environmental or climate-related programs, transportation, and housing investments**.
- A reduction to spending on public health, including \$47.7 million less for **workforce and training development** over four years and \$614 million less on California’s Emergency Relief Fund. Both reductions

stem from assumptions that previously anticipated need related to COVID-19 is now significantly lessened or unnecessary.

- Measures to **increase revenue collection**, such as reinstating a tax on Managed Care Organizations (MCO) to provide excellent financial stability to the Medi-Cal system and bring in new revenue. This anticipates offsetting \$6.5 billion in General Fund spending over three years starting in 2024. More details and specific language on this MCO tax proposal will be released as a trailer bill.

NEWSOM'S JANUARY BUDGET PROPOSAL FOR 2023-2024 DISCUSSES

Cash grants through CalWORKs

The 2022-2023 adopted state budget included a trigger related to increasing by 11 percent the level of cash grants families receive through the CalWORKs program. This would prevent children in California from growing up in deep poverty, but the administration will only implement it if sufficient financial resources are available in 2024. Newsom's 2023-2024 January budget proposal does call for a 2.9 percent increase to the maximum aid payment levels through CalWORKs, increasing grants from \$1,130 to \$1,163 per month for a family unit of three residing in a high-cost county. That increase, which will be updated at the May Revision, is separate from the previous 11 percent commitment.

Continuous Medi-Cal eligibility

The 2022-2023 adopted state budget included a trigger related to continuous Medi-Cal eligibility for children from prenatal to age 5. While the January budget proposal does not discuss the trigger investment, it acknowledges that the administration has not yet accounted for a newly accelerated timeline related to Medi-Cal redeterminations. Due to provisions in the recently passed federal Omnibus spending bill and regardless of future public health emergency (PHE) extensions, continuous Medi-Cal coverage will end in April 2023, which may result in children losing access to health coverage earlier than expected. The Department of Health Care Services is evaluating the impact of the federal legislation and will reflect it in the May Revision. Both continuous access to health care and sufficient financial resources for families is critical for children to develop optimally, especially those from historically underserved and disadvantaged communities.

ADVERSE CHILDHOOD EXPERIENCES (Aces)

Adverse Childhood Experiences (ACEs) encompass various forms of physical and emotional abuse, neglect, and household dysfunction experienced in childhood. ACEs have been linked to premature death and health conditions, including those mental disorders.

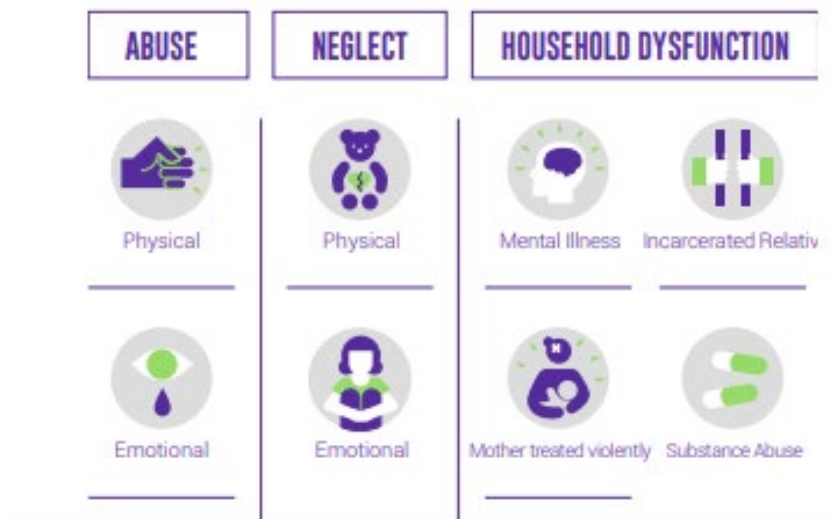
ACEs are potentially traumatic events in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide.
- Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems.
- mental health problems
- instability due to parental separation or household members being in jail or prison.

ACEs can have lasting, adverse effects on health, well-being, and life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

The three types of ACEs include



A person with 4 or more ACEs is:

- 2.2 times as likely to have ischemic heart disease.
- 2.4 times as likely to have a stroke.
- 1.9 times as likely to have cancer.
- 1.6 times as likely to have diabetes.
- 12.2 times as likely to attempt suicide.
- 10.3 times as likely to use injection drugs.
- 7.4 times as likely to be an alcoholic.

Early exposure to adversity is an unfortunate reality for most Californians (61. of California adults have experienced at least one ACE, and one in six, or 16.7 percent of adults, have experienced four or more ACEs. Moreover, scientific studies show high ACEs correlate with worse health outcomes in California adults. Adults with

four or more ACEs are likelier to experience worse physical and mental health and engage in risky health behaviors than adults without ACEs. In addition, a person with four or more ACEs is 50 percent more likely to lack access to health insurance, almost 13 times as likely to have been removed from the home as a child, and nearly 12t being forced to have sex after the age of 18 as compared with a person with no ACEs. The 2021 ACEs report shows California rates of ACEs are higher than the United States data reports, forcing the state to plan to address the mitigation of ACEs, one of their priorities.

COVID 19

The COVID-19 pandemic has evaluated all Californians and stressed hospitals, health systems, schools, and the overall economy. Despite these extraordinary challenges, the state’s science-based approach saved countless lives, and its solid fiscal position provided the foundation for a robust economic recovery. It also provided the resources for immediate relief to families and businesses. California now has one of the lowest COVID-19 positivity rates in the nation, and the state is gradually transitioning back to everyday life. The latest California Corona Virus data (2023) indicates that the Corona Virus has improved throughout the years, reflecting a decline of 19 percent of cases from the past month's data.

CALIFORNIA FOR ALL KIDS PLAN

The May 2021 California for All Kids Plan proposed universal access to transitional kindergarten starting in 2022 - 2023 and fully implemented by 2024 – 2025. With more children entering the K-12 school system, more preschool and childcare slots will become available to serve the 0-3-year-old population. The May Revision also proposes to fund 100,000 new childcare slots to support working parents further.

CONFRONTING HOMELESSNESS AND HOUSING AFFORDABILITY

Combined with the Governor’s Budget proposals, the May Revision makes the most significant investment to combat homelessness in the state’s history—\$11.87 billion over the next two fiscal years. Project Home key, deployed during the pandemic’s depths, has helped house individuals and families experiencing homelessness.

Additionally, CCRC has taken the use of collecting, aggregating, and analyzing data to a higher level by assigning a well-qualified and experienced staff to serve as their Continuous Quality Improvement Manager, working with a team of leadership staff (CQI) team. The CQI Manager, in collaboration with the CQI team, will offer the organization the opportunity to use analyzed data as a baseline and monitor for compliance while ensuring improvement control of the initiatives developed and implemented by the grant recipient.

RESOURCES FOR CHILDREN AND FAMILIES IN LA COUNTY

MEDICAL

Medi-Cal provides health insurance coverage to lower-income individuals in California. Medi-Cal has several programs for different populations. The County Children’s Health Initiative Program (CCHIP) and the Medi-Cal Access Program (MCAP, for pregnant women) have an income threshold of 322 percent of the FPL, higher than the income receiving childcare assistance. Medi-Cal for Children has a point of 266 percent of the FPL, and Medi-Cal for Pregnancy has 213 percent of the FPL. In addition, recipients of CalFresh, SSI, CalWORKs, foster care, and adoption assistance are categorically eligible for Medi-Cal. As an entitlement program, higher-income thresholds and presumptive eligibility have helped Medi-Cal enroll the most significant number of persons with lower incomes among all public assistance programs. The majority are Latino, live with two parents, have immigrant parents, speak a language other than English at home, and are less likely to live in deep poverty. Three issues are worth consideration for conferring eligibility to children covered by Medi-Cal. First, Medi-Cal–presumed eligibility for families with incomes above 70 percent of the SMI may not be financed with the federal CCDF. Second, this

presumptive eligibility proposal may not reach about a quarter of children who are income-eligible for childcare assistance and who are not covered by Medi-Cal (but instead covered by other health insurance). Currently, California leverages state funds to provide childcare benefits to undocumented children (usually from migrant families), which shows that an increase in undocumented children through Medicaid-based eligibility will require additional funds.

MIGRANT CASH ASSISTANCE PROGRAM

Cash Assistance Program for Immigrants and Migrant Education Programs Low-income immigrant families are less likely to participate in public assistance than their nonimmigrant counterparts. However, most of their children are native-born. The children in immigrant families are often dual language learners. Quality child care can support their acquisition of both or multiple languages, increase social support, and reduce the family's isolated immigration experience.

CalEITC

The federal Earned Income Tax Credit (EITC), a refundable tax credit for lower-income workers, has become the most extensive cash assistance program since the welfare reforms of the 1990s. Its income limit is approximately 200 percent of the FPL for a family of four, slightly lower than 70 percent of the SMI. Therefore, families with children that receive the EITC overlap with families that are income-eligible for childcare assistance. California's Earned Income Tax Credit (Calitz) provides a state EITC to families with incomes below \$30,000 in the tax year 2019, equivalent to 115 percent of the FPL for a family of four in 2020. California's Young Child Tax Credit (YCTC) offers an additional credit to those qualified for Calitz with children (ages zero to five).

CHILD MALTREATMENT

Currently, childcare assistance programs provide both categorical eligibility and prioritization to children identified as being abused, neglected, exploited, or at risk of abuse, neglect, exploitation, or receiving child welfare services. Child maltreatment increases the risk of mental and behavioral health problems in adolescence and adulthood. Child care can directly address child neglect, which is the principal primary of child maltreatment and often occurs when parents are unavailable. Child care can also provide children with an enriched environment not established in the home and help parents develop skills to nurture the child. Hence, it is recommended to continue this approach for maltreated children and recommend presumptive eligibility to families involved in the early stages of child welfare, such as Differential Response, and later stages of involvement, such as families in the Adoption Assistance Program and Kin-GAP (kinship care) Program.

CHILDREN AND ADULTS WITH DISABILITIES

It is recommended the following both to children with disabilities and parents with disabilities, given the economic, psychological, and social challenges supporting children and adults with disabilities categorical or presumptive eligibility and prioritization to child SSI recipients and children of adult SSI recipients eligibility and prioritization to children eligible for special education, the Department of Developmental Services Early Start program, and Regional Center services; and that definitions for a child with disabilities and adult with disabilities be based on the universe of disability program definitions and include long- and short term disabilities, and disabilities associated with substance abuse and mental disorders.

TRANSITION TO LONE PARENTHOOD

The phrase "transition to lone parenthood" refers to all types of family transitions in which children lose a

parent who was the child’s primary caregiver or wage earner. These types of transition could include the death of a parent, deportation, parental separation, and incarceration. Transitioning to lone parenthood is considered an adverse childhood experience (ACE) because it is often a stressful event for families to endure and can have a lasting impact on children. Whichever type of prior household labor division existed (e.g., single- or dual-income families), the parent left to live with the child often must adjust to new circumstances with less money and time.

NATIVE AMERICANS

Native Americans Research documents both risk and resilience among Native Americans in the face of historical trauma and cultural extinction experienced as a group. For example, there have been many community efforts to preserve the identities, cultures, and languages of Native Americans. Still, meanwhile, Native American youth are struggling with mental health and academic problems rooted in ACE. Because of these socioeconomic disadvantages that Native Americans constantly confront, we recommend presumptive eligibility and prioritization be offered to members of federally recognized Native American tribes and Alaska Natives and their children, such as those eligible for the Indian Health Service (IHS). IHS is a federal program that provides health services to eligible tribal members, their children, and their spouses. There are 50 IHS health programs (e.g., clinics that center CA).

COMMUNITY NEEDS ASSESSMENT BY VALLEY



SAN FERNANDO VALLEY DEMOGRAPHICS

The San Fernando Valley, known locally as the Valley, is urbanized in Los Angeles County, California. Located north of the Los Angeles Basin, it contains a large portion of the City of Los Angeles, as well as unincorporated areas and the incorporated cities of Burbank, Calabasas, Glendale, Hidden Hills, and San Fernando. The valley is well known for its iconic film studios, such as Warner Bros. Studio and Walt Disney Studios. In addition, it is home to the Universal Studios Hollywood theme park.

The San Fernando Valley is about 260 square miles (670 km²)[5] bound by the Santa Susana Mountains to
CHILD CARE RESOURCE CENTER

the northwest, the Simi Valley to the west, the Santa Monica Mountains and Chalk Hills to the south, the Verdugo Mountains to the east, and the San Gabriel Mountains to the northeast. The northern Sierra Pelona Mountains, northwestern Topatopa Mountains, southern Santa Ana Mountains, and Downtown Los Angeles skyscrapers can be seen from higher neighborhoods, passes, roads, and parks in the San Fernando Valley.

California’s 30th Congressional District comprises the San Fernando Valley. The Santa Susana Mountains are bound to the north and west, the Santa Monica Mountains to the south, and the San Gabriel Mountains to the east. It lies within Los Angeles County and includes the cities of Burbank, Calabasas, Glendale, Hidden Hills, San Fernando, and the San Fernando Valley portion of the City of Los Angeles.

More than 1.75 million people in San Fernando Valley exceed the populations of all but the four largest cities in the United States – New York, Los Angeles, Chicago, and Houston. San Fernando Valley residents, on average, are more educated than other parts of the County, with 118,575 people with graduate or professional degrees and another 239,705 with bachelor’s degrees. San Fernando Valley residents can access renowned colleges and universities, such as California State University, Northridge, Woodbury University, Los Angeles Pierce College, Los Angeles Valley College, and Los Angeles Mission College.

San Fernando Valley has numerous companies, including the most well-known motion pictures, music recording, and television production. The former movie ranches were branches of original studios: CBS Studio Center, NBCUniversal, The Walt Disney Company (and its ABC television network), and Warner Bros.

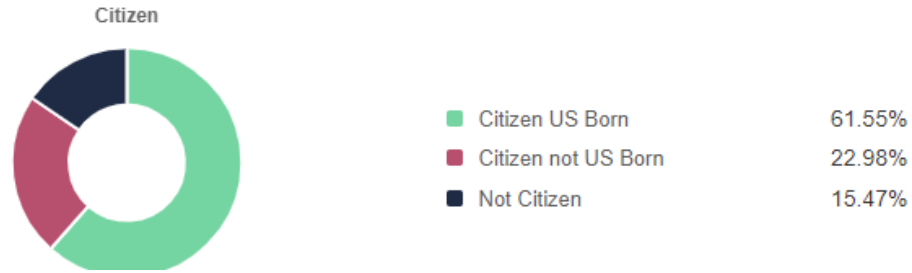
SAN FERNANDO VALLEY DEMOGRAPHICS

- There are 1,521,893 residents in San Fernando Valley, with a median age of 38. Of this, 49.4 percent are males, and 50.6 percent are females.
- US-born citizens make up 61.55 percent of the resident pool in San Fernando Valley, while non-US-born citizens account for 22.98 percent.
- Additionally, 15.47 percent of the population is represented by non-citizens.
A total of 1,365,260 people in San Fernando Valley live in the same house as last year.

The 2022 data on San Fernando Valley reported a continuous population decrease of an average of 1 percent. The median age continues to be 38 years old, and the majority (61.55 percent) were US-born citizens.

		Y-o-Y Change
Total Population	1,521,893	-1.3%
Male Population	751,750	-1.0%
Female Population	770,144	-1.6%

		Y-o-Y Change
Median Age	38	0.0%
Citizen US Born	936,695	-1.0%
Citizen not US Born	349,765	-0.7%
Not Citizen	235,433	-3.3%



Los Angeles (LA) (North Central/Arleta and Pacoima) and the cities of San Fernando Valley had a population of 155,000 people with a median age of 33.4 and a median household income which went from \$58,950 to \$61,472, representing a 4.28 percent increase in between the years 2017 and 2018.

The five most prominent ethnic groups in this area are White (Hispanic) (52.2 percent), Other (31.2 percent), White (Non-Hispanic) (5.94 percent), Asian (Non-Hispanic) (4.09 percent), and Black or African American (Non-Hispanic) (11 percent) (Hispanic) (3.2 percent). 79.6 percent of the households in LA (North Central/Arleta and Pacoima) and the cities of San Fernando Valley speak a non-English language at home as their primary language, and 77.8 percent of these residents are U.S. citizens.

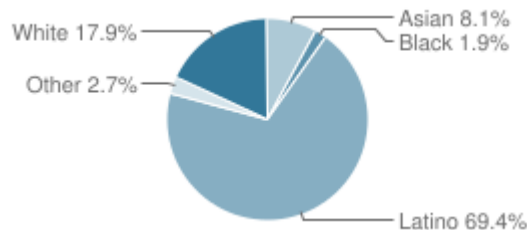
The largest city in San Fernando Valley is Burbank, with over 103,000 residents. The most populous districts of Los Angeles in San Fernando Valley are Van Nuys and Pacoima, which, like Burbank, have more than 100,000 residents each.

DIVERSITY

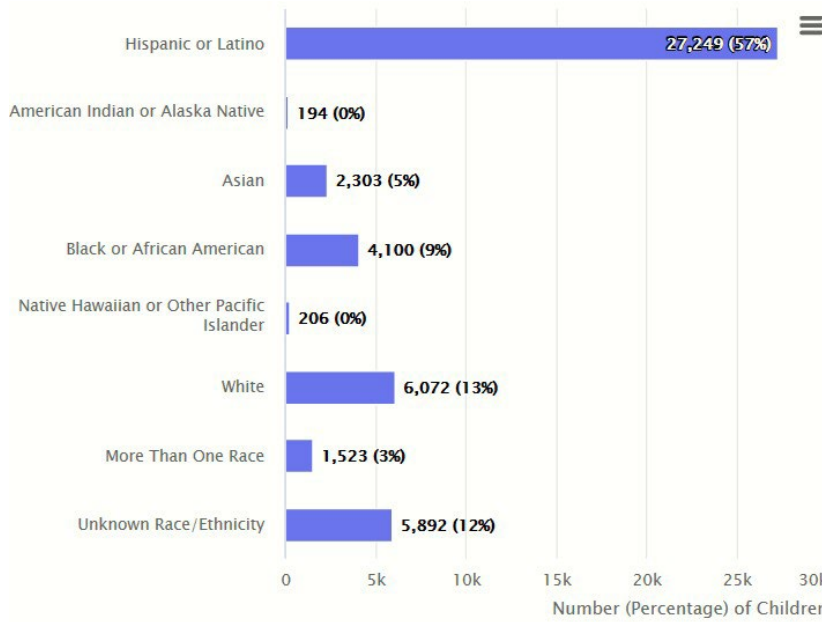
As of 2019, 41.3 percent of LA (North Central/Arleta and Pacoima) and San Fernando Valley residents were born outside the country (64,200 people), higher than the national average of 13.7 percent.

There are 1.67 times more White (Hispanic) residents (81.1k people) in LA (North Central/Arleta and Pacoima) and cities of San Fernando Valley than any other race or ethnicity. There were 48,500 Other (Hispanic) and 9.21k White (Non-Hispanic) residents, the second and third most common ethnic groups. The most common foreign language spoken in the area is Spanish (109,224 speakers).

ETHNICITY - 2022



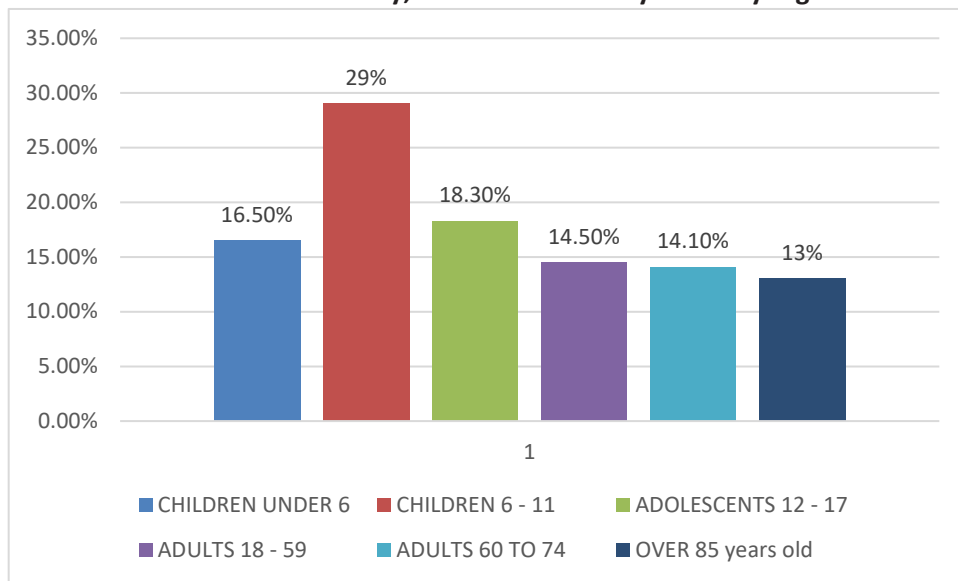
San Fernando Valley, California Children by Race



ECONOMY

The last report on San Fernando Valley, CA, Poverty Rate by Age, was available in 2021 and was included in the original CCRC Community Needs Assessment.

San Fernando Valley, California Poverty Rate by Age



NUMBER OF HOUSEHOLDS WITH CHILDREN IN SAN FERNANDO VALLEY

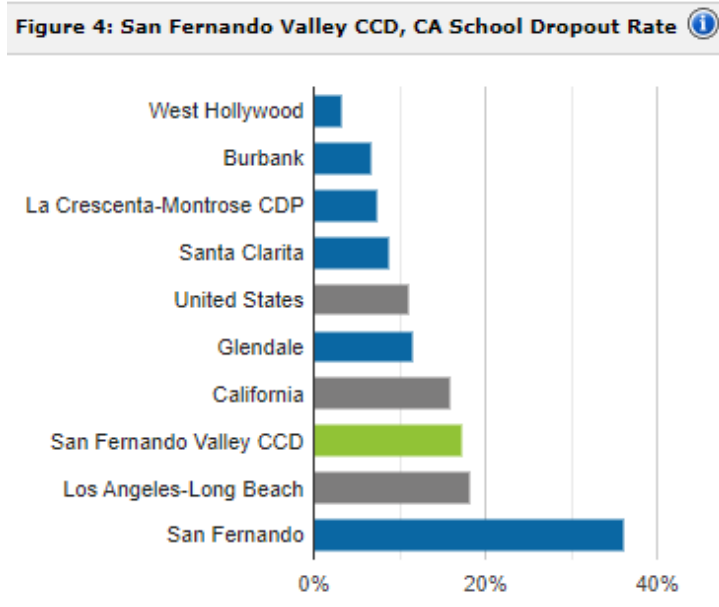
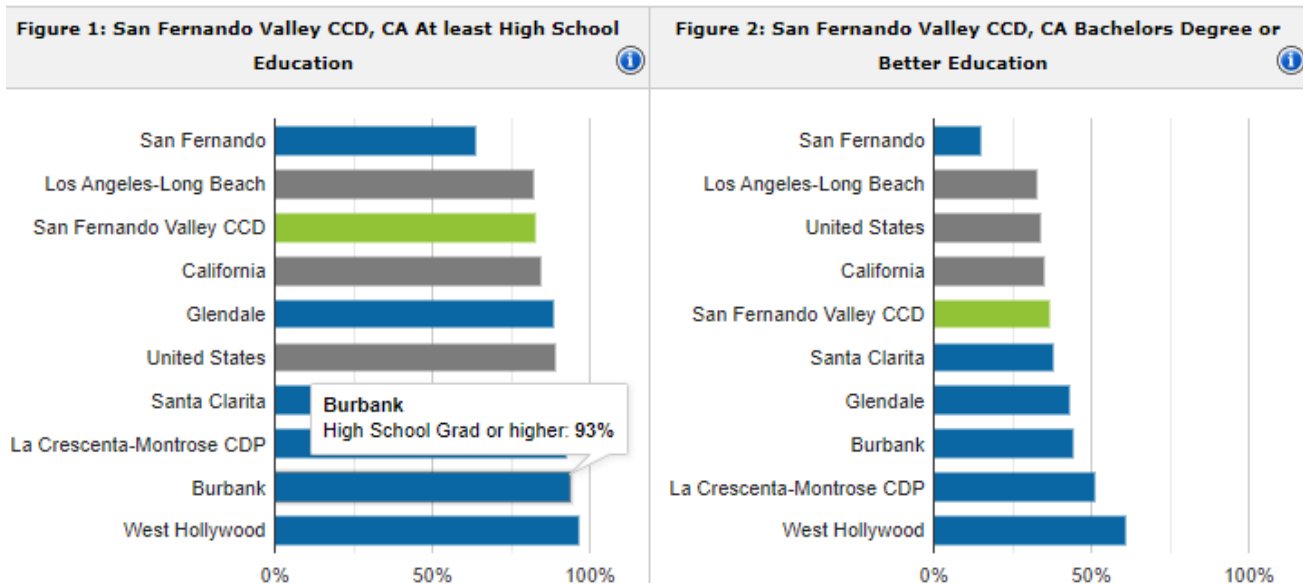
Y-o-Y Change

Households with Children	162,128	-1.5 percent
Households without Children	356,742	-0.3 percent

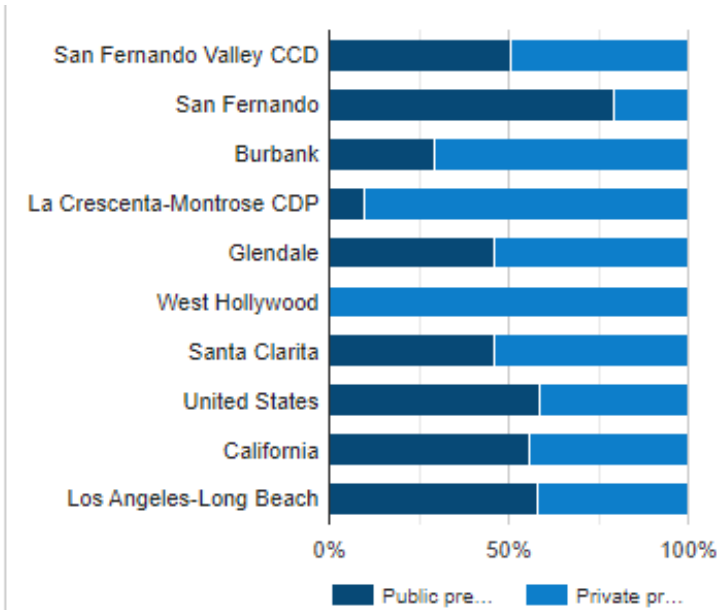
The 2022 data reported an increase of households with children from the previous year.

2022 San Fernando Valley CCD California Education Attainment Charts

San Fernando Valley CCD, CA data, reported a slight increase (1.3 percent) in education levels attained in San Fernando Valley



The 2022 data reported a little difference in the number of children enrolled in public, then private preschool programs.



SCHOOL DISTRICTS IN SAN FERNANDO VALLEY

The San Fernando Valley has three Unified School Districts serving the public schools in the San Fernando Valley; The Northwest and East Regions of the Los Angeles Unified School District, the Glendale Unified School District, and the Burbank Unified School District. There are four community colleges in San Fernando Valley; Los Angeles Valley College in Valley Glen, Los Angeles Mission College in Sylmar, and Los Angeles Pierce College in Woodland Hills. The Los Angeles Community College District serves all except Glendale College. The only state university in the San Fernando Valley is the California State University Northridge in Northridge.

HEALTH CARE

Two Kaiser Permanente hospitals serve the San Fernando Valley, one in Panorama City and another in Woodland Hills. Also, there are two Providence hospitals in Burbank and Mission Hills. Besides Kaiser Permanente and Providence hospitals, most of San Fernando Valley is also served by non-profit hospitals, such as Valley Presbyterian Hospital in Van Nuys, Northridge Hospital Medical Center in Northridge, Olive View – UCLA Medical Center in Sylmar, Encino Hospital Medical Center in Encino, Providence Tarzana Medical Center in Tarzana, and Sherman Oaks Hospital in Sherman Oaks.

CRIME RATE

The 2022 Dwellics analytics team assigned a score of **48.5** to San Fernando Valley, California (with 100 being the best). This score helps find the safest places to live in America. When determining if San Fernando Valley, California is safe, Dwellics analyze air quality, water quality, crime rates, natural disaster frequency, substance abuse rates, cancer instances, and more. Violent crime across Los Angeles rose for a third year, with spikes in homicides, robberies, and property crimes across the San Fernando Valley. According to the LAPD crime statistics, robberies across the Valley last year rose 33 percent — from 1,571 to 2,085, and the number of Valley homicides climbed 14 percent with 65 murders, compared with an increase of nearly 4 percent with 294 murders across Los Angeles. According to LAPD statistics, violent crime rose by more than 10 percent. That includes a 4 percent rise in homicide, a 14 percent rise in robberies, and a nearly 10 percent rise in aggravated assaults. The Valley followed a similar trend but with a steeper increase in violent crime, which rose more than 12 percent. But

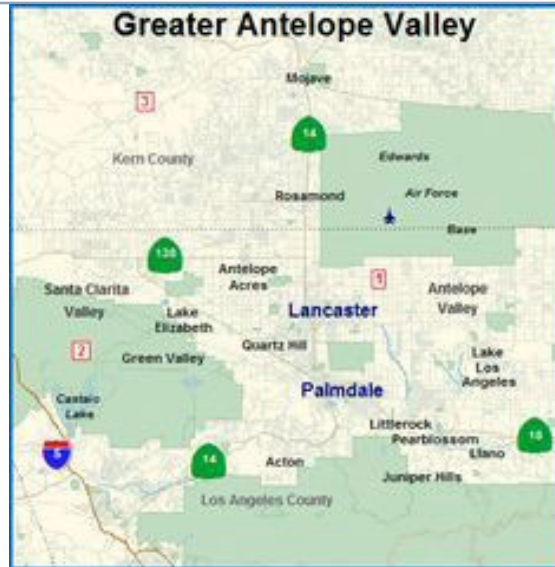
compared with the city, the Valley suffered fewer aggravated assaults, a nearly 6 percent increase, and a lesser increase in rapes at 3.4 percent. The Valley property crimes rose by almost 6 percent.



ANTELOPE VALLEY

In recent decades, Antelope Valley has become a bedroom community in the Greater Los Angeles area. Significant housing tract development and population growth took off beginning in 1983, which has increased the population of Palmdale to around 12 times its former size as of 2006. Neighboring Lancaster has increased its population since the early 1980s to approximately three times its former level. The current population in Antelope Valley is 48,421, indicating a 2.3 percent growth in population in 2020. The Antelope Valley 2022 data reported a poverty rate of 11 percent, and 3.4 percent of the residents are unemployed. Non-Hispanic whites made up approximately 48 percent of the population of Antelope Valley in 2020, with a reported increase of 2.7 percent in 2022.

Antelope Valley's first primary industry was agriculture. Historically known in the region for its extensive alfalfa fields and fruit crops, farmers now are growing a wider variety of crops, such as carrots, onions, lettuce, and potatoes. As housing tracts continue building in the middle of Antelope Valley, the farm operations are found farther to the west and east sides than in earlier decades. The northern reaches of Antelope Valley are part of the Tehachapi Wind Resource Area, the largest wind resource area in California. Antelope Valley also has numerous solar farms, some of which are among the largest in the United States.



DIVERSITY

Antelope Valley, CA 2022 Demographics reported as follows:

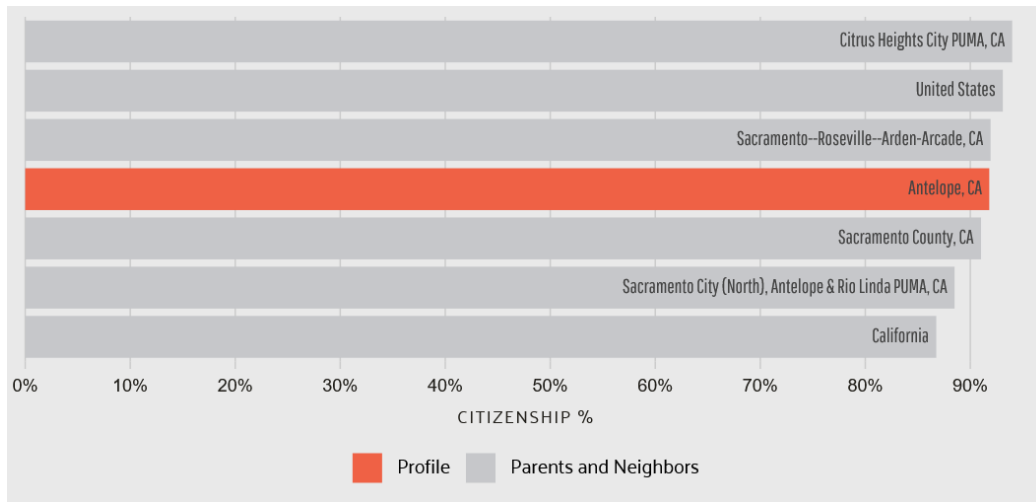
- White: 68.84 percent
- Asian: 11.3 percent
- Black or African American: 8.74 percent
- Two or more races: 7.17 percent
- Other race: 2.97 percent
- Native Hawaiian or Pacific Islander: 0.57 percent
- Native American: 0.41 percent

According to the latest data (2022), Antelope Valley is home to 47,300 people, of which 91.8 percent are citizens, and 8.2 percent of Antelope Valley residents were born outside of the country (11,800 people), which is higher than the national average of 13.7 percent. Additionally, there are 5.75 times more White (Non-Hispanic) residents of Antelope Valley than any other race or ethnicity. There were 4,870 White (Hispanic) and 4,820 Asian (Non-Hispanic) residents, the second and third most common ethnic groups.

CITIZENSHIP

The 2022 City Data reported that 91.8 percent of Antelope Valley residents were US citizens, which is lower than the national average of 92 percent. In 2021, the percentage of US citizens in Antelope Valley was 90.8 percent, meaning that the rate of citizenship has been increasing.

ECONOMY

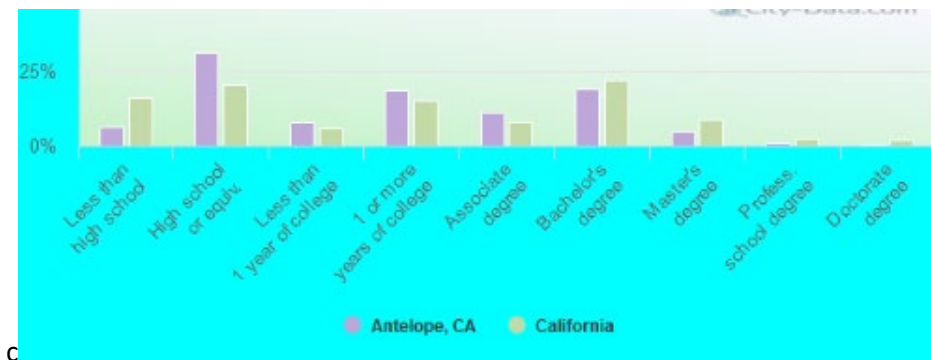


The median household income in Antelope Valley is \$77,996. The place with the highest Median Household Income in Antelope Valley was \$90,550. Males in California have an average income of 1.26 times higher than that of females, which is \$62,156. The income inequality in California is 0.499, which is higher than the national average.

The average household size reported in 2022 in Antelope Valley, CA, was 3.2, which is higher than the state’s data, reported at 2.9.

The percentage of family households in Antelope Valley reported in 2022 was 79.8 percent, 5.3 percent higher than the state’s data, writing 68,7 percent.

The 2021 city-data report included data on the educational attainment level of education in Antelope Valley compared to the state data, showing that Antelope Valley totals are higher at most ages until reaching the college level.



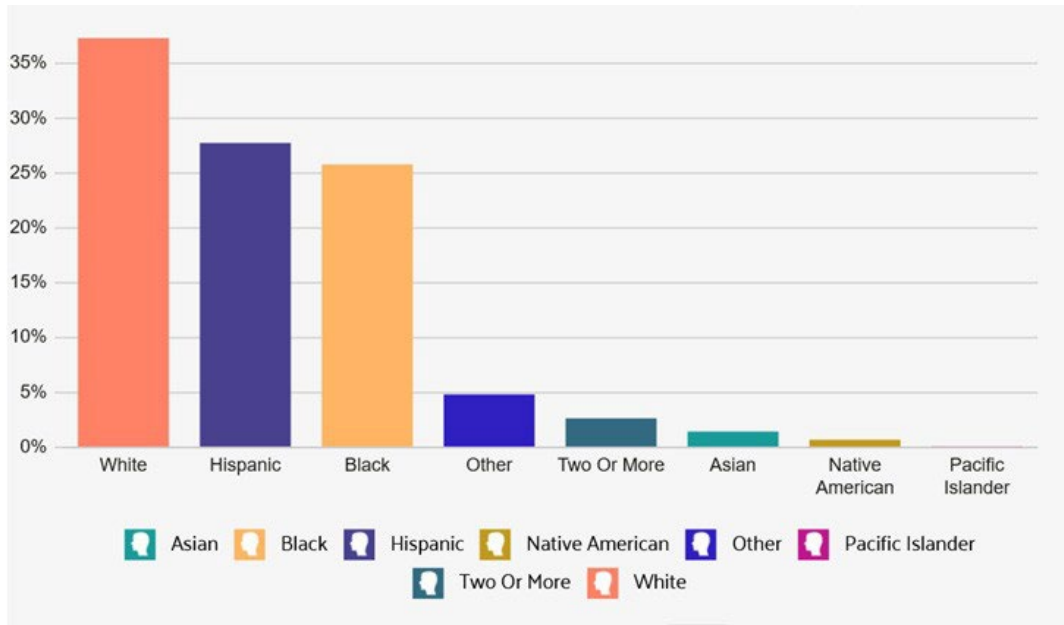
OCCUPATIONAL EMPLOYMENT IN ANTELOPE VALLEY

Antelope Valley employs 23,200 people. The largest industries in Antelope Valley are Health Care and Social Assistance (3,425 people), Retail Trade (2,783 people), and Construction (2,159 people), and the highest paying industries are Utilities (\$72,900), Public Administration (\$57,039), and Information (\$55,742).

POVERTY BY RACE OR ETHNICITY

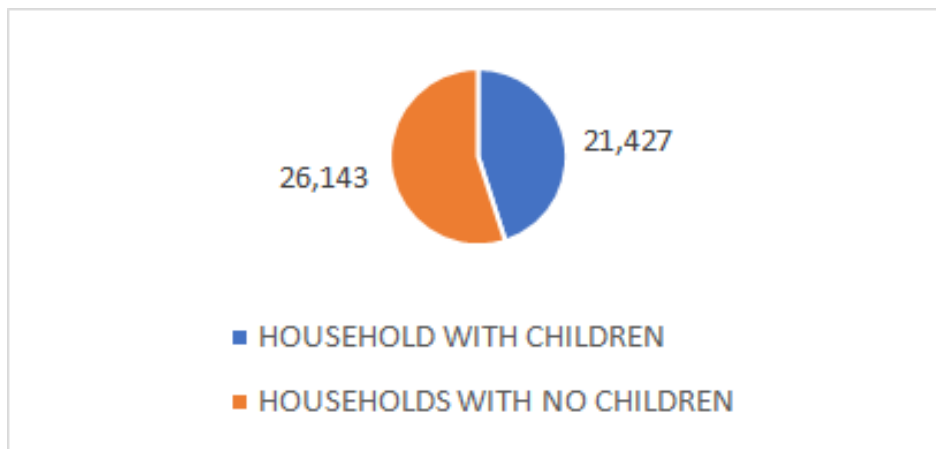
The most common racial or ethnic group living below the poverty line in Antelope Valley is White, followed by Black

and Hispanic. (2021 data – no updated data available)



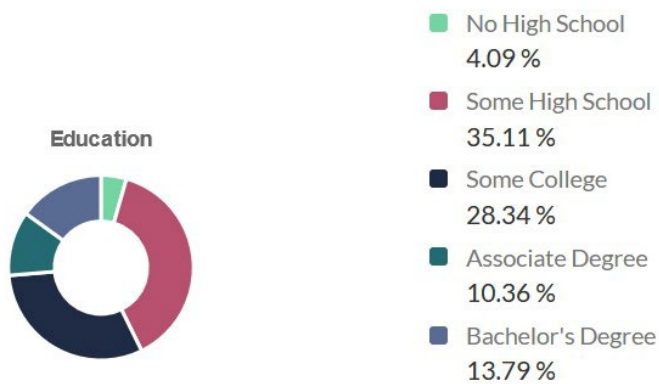
NUMBER OF HOUSEHOLDS WITH CHILDREN IN ANTELOPE

The report indicates that households with no children are 19 percent higher than those with children.



EDUCATIONAL STATISTICS IN ANTELOPE VALLEY

No High School	2,160
Some High School	18,523
Some College	17,945
Associate Degree	5,465
Bachelor's Degree	7,273



SCHOOL DISTRICTS

Antelope Valley Union High School District (AVUHSD) includes eight traditional and three alternative high schools, SOAR -- an early college high school on Antelope Valley College campus, the no-cost, charter Academy Prep Junior High, an online education program, and Antelope Valley Adult Education. The district serves 23,000 students in Palmdale, Lancaster, and surrounding areas. The Lancaster School District is the third-largest school district after

Palmdale and the A.V. High School District. This school district covers most of central and part of eastern Lancaster, with 15,000 students in 19 schools. The Westside Union School District covers western Palmdale, Lancaster, and their immediate suburbs, including Quartz Hill, Del Sur, Leona Valley, and Antelope Valley Acres. It has over 8,250 students in 11 schools. The Eastside Union School District covers eastern Lancaster with 3,500 students in 4 schools.

The Southern Kern Unified School District provides all public education in Rosamond and nearby Willow Springs. The Muroc Joint Unified School District provides all public school education for Edwards Air Force Base and the northern Antelope Valley communities of North Edwards and Boron. The Mojave Unified School District provides all public school education in the north of Antelope Valley communities of Mojave and California City.

HEALTH SERVICES

Precisely 93.7 percent of the population of Antelope Valley has health coverage, with 52.7 percent on employee plans, 21.5 percent on Medicaid, 5.05 percent on Medicare, 13.1 percent on non-group projects, and 1.28 percent on military or VA plans.

Per capita personal healthcare spending in California was \$7,549 in 2014. This is a 4.04 percent increase from the previous year (\$7,256).

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